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NPS Form 10-900

OMB No. 1024-0018

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National Park Service

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 National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form.* If any 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 certification comments, entries, and narrative items on continuation sheets if needed (NPS Form 10-900a).**

1. Name of Property

historic name Chicago Municipal Tuberculosis Sanitarium District

other names/site number

Name of Multiple Property Listing

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

2. Location

street & number 5601-6000 North Pulaski Road ☐ not for publication

city or town Chicago ☐ vicinity

state Illinois county Cook zip code 60646

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,

I hereby certify that this **x** 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 forth in 36 CFR Part 60.

In my opinion, the property **x** meets ___ does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance: ___ **national** ___ **statewide** **x** **local**

Applicable National Register Criteria: **x** **A** ___ **B** **x** **C** ___ **D**

Robert D. Cozzo — Aug 07, 19

Signature of certifying official/Title: Deputy State Historic Preservation Officer — Date

Illinois Department of Natural Resources

State or Federal agency/bureau or Tribal Government

In my opinion, the property ___ meets ___ does not meet the National Register criteria.

Signature of commenting official — Date

Title — State or Federal agency/bureau or Tribal Government

4. National Park Service Certification

I hereby certify that this property is:

X entered in the National Register

___ determined eligible for the National Register

___ determined not eligible for the National Register

___ removed from the National Register

___ other (explain:)

Barbara Wyatt — 9-26-19

Signature of the Keeper — Date of Action

Chicago Municipal Tuberculosis Sanitarium District
Name of Property

Cook County, Illinois
County and State

5. Classification

Ownership of Property
(Check as many boxes as apply.)

- [ ] private
- [X] public - Local
- [ ] public - State
- [ ] public - Federal

Category of Property
(Check only **one** box.)

- [ ] building(s)
- [X] district
- [ ] site
- [ ] structure
- [ ] object

Number of Resources within Property
(Do not include previously listed resources in the count.)

Contributing	Noncontributing	
12		buildings
1		site
1		structure
		object
14		**Total**

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.)

RESIDENTIAL
RECREATION

7. Description

Architectural Classification
(Enter categories from instructions.)

LATE 19TH CENTURY – EARLY 20TH
CENTURY AMERICAN MOVEMENTS/
Prairie School

Materials
(Enter categories from instructions.)

foundation: CONCRETE
walls: BRICK
roof: ASPHALT, CERAMIC TILE
other: STONE/Limestone

Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with **a summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity).

Summary Paragraph

The Chicago Municipal Tuberculosis Sanitarium District (MTS District) is a grouping of 12 buildings that historically served as center of the Chicago Municipal Tuberculosis Sanitarium, a 160-acre institutional complex built between 1911 and 1915 on Chicago's far northwest side in the North Park Village neighborhood. The complex, which served for nearly 60 years as a public residential treatment center for tuberculosis, consists of a series of substantial administrative and patient buildings designed in the Prairie School style with Italian Renaissance Revival elements by the Chicago architectural firm of Otis & Clark with later additions by Jarvis Hunt and Hans Liebert. The complex was originally designed with a central core of buildings—Administration Building, Dining Halls, Service Hall, Infirmary Buildings, Power House, and Laundry, along with several smaller service buildings—stretching west to east through the center of the large campus grounds, bound on the north by Peterson Avenue, on the south by Bryn Mawr Avenue, on the west by Pulaski Road, and on the east by Central Park Avenue. These main buildings created a separation between the men's and women's open-air cottages that were clustered to the north and south. An Auditorium Building was constructed west of the Administration Building in 1919; a Laboratory Building was added in 1919 north of the Transformer Building; a chapel was completed south of the Dining Halls in 1936, and the Children's Pool/Rock Garden was constructed by the WPA in 1938-1939 based on original plans by Jens Jensen. Auxiliary farm buildings that supported the MTS's occupational therapy program were built at the southeastern side of the complex. Although the open-air cottages were demolished by 1974 when the MTS closed and the farm buildings were demolished in the 1980s, the main buildings at the center of the complex, described in detail below, remain intact and convey the historic and architectural significance of the MTS.

The former MTS site's 108 acre land is protected as open space under a conservation easement put into place by the City of Chicago in 1989. The north end of the site currently serves as a nature center and public park; several modern buildings—including a school and senior apartment buildings—have been constructed in the last 30 years south of the historic core of MTS buildings. For this reason, the boundary of the Chicago Municipal Tuberculosis Sanitarium District is drawn to encompass only remaining historic buildings and significant landscape elements and not the entire 160-acre original campus.

Narrative Description

Site and Setting

The Chicago Municipal Tuberculosis Sanitarium (MTS) is located in the far northwest area of Chicago, in the North Park neighborhood, approximately 9 miles from downtown. The district is centered within a large, sparsely-developed block bound by Peterson Avenue on the north, Central Park Avenue on the east, Bryn Mawr Avenue on the south, and Pulaski Road on the west. Directly north of the district are Peterson Park and the North Park Village Nature Center; the area directly south of the district includes a multi-residential development at the northeast corner of Bryn Mawr and Pulaski, a senior housing development, and the Northside Learning Center High School.

The larger area surrounding the district includes residential developments, industrial sites, educational campuses, and several cemeteries and greenspaces. The former Chicago & Northwestern Railroad right-of-way runs north-south to the west of the district, and industrial buildings take up the block on the west side of Pulaski Road. The area east of Central Park Avenue is largely residential. Land south of the district is occupied by the Montrose Cemetery and St. Luke Cemetery, both west of Pulaski Road, and the Bohemian National Cemetery east of Pulaski. The cemeteries extend south from Bryn Mawr Avenue to Foster Avenue and continue the park-like atmosphere of the MTS site. The Northeastern Illinois University Campus is located south and west of the district, just east of Bohemian National Cemetery. North of the district are the Felician Sisters Convent and the CICS Northtown Academy; the Felician Sisters site includes a generous landscaped campus with grotto and stations of the cross east of the main convent building.

Historic Campus

The Chicago Municipal Tuberculosis Sanitarium was originally designed as a 160-acre campus with buildings planned at the center of the site with a ring of trees and green space for farming that would also serve as a buffer from the surrounding community. A 1913 site plan and 1938 aerial photograph (see below, Figures 7 and 8) show the original layout of the sanitarium as designed and as built. The main administration and infirmary buildings, all constructed of brick, were organized in a straight line across the campus, with the public Administration Building at the west end of the campus and the back-of-house functional buildings—the power house and grounds-keeping buildings—at the far eastern end. These buildings were connected by subterranean service tunnels for nurses and staff. The tops of the tunnels served as raised walkways with pipe railings and brick planters. The central axis of brick buildings also served to divide the grounds into two separate sections—the men's section to the north and the women's section to the south. Frame cottages for men were arranged along diagonal paths with a road connecting to the men's infirmary; a similar arrangement of cottages was constructed south of the main complex for female patients. A farm was located at the southeastern corner of the site, including a greenhouse, chicken coops, root cellar, and small dairy house that were built after the sanitarium opened in 1915. Open fields for outdoor activities were placed along the eastern edge and northeastern corner of the campus and a long, narrow pond was established near the center of the north end of the site.

A series of paved roads and walking paths served to connect the campus buildings. Historically, visitors entered from the main entrance gate at the southwestern corner of the site, at the intersection of Bryn Mawr and Pulaski Road, and followed a 1,400-foot-long driveway into the center of the campus. A secondary service entrance was located at the northeastern corner of the site at the intersection of Peterson and Central Park avenues. Both entrances featured a small brick gatehouse.

Landscape designer Ossian C. Simonds utilized the existing stock of trees and bushes that remained from the Petersen nursery that had previously occupied the site and added native plants to create a natural looking landscape that reflected the ideals of the Prairie School movement. The site remained flat like the native prairie, and Simonds concentrated groupings of trees, bushes, and flower beds among the patient cottages and along the curving main paths.

In 1923, nationally-known landscape architect Jens Jensen also developed ambitious plans for a children's camp and pool at the northwestern corner of the MTS campus to serve the sanitarium's youngest patients. Jensen's designs (which included a U-shaped pool with a large adjacent meadow, a grassy playground, and a camping site with tents and campfire circles set within an existing older grove of trees) were never fully realized due to lack of funds, a children's pool and rock garden was eventually completed in 1939 north of

the Men's Infirmary through the Works Progress Administration (WPA), based on plans developed by City of Chicago landscape architect Frank B. Przybyla. Although the pool and rock garden as built differ from Jensen's original plans, the general elements of design reflect his original design. The pool and spring-fed stream are were surrounded by a landscape of native plantings and encircled by a winding stone path and crossed by two stone bridges.

Alterations to Campus and Existing Condition

A sharp decline in tuberculosis cases in the late 1960s brought the first significant changes to the grounds of the MTS campus. Patients were consolidated into the larger infirmary buildings and women's cottages and all the men's cottages, along with several of the women's and children's cottages and adjacent landscaping, were demolished around 1970. After MTS closed in 1974, the site was renamed North Park Village and divided into several sections, each with a proposed reuse. The remaining frame cottages and adjacent landscaping were razed at this time.

During the 1970s and 1980s, the Administration Building, infirmary buildings, and Service Building and dining halls were rehabilitated for use as a senior housing complex for North Park Village. A new vehicular entrance to the main MTS campus of buildings was created on the west side in place of a former open field; it is named as a continuation of Ardmore Avenue. A new guardhouse and health services building were constructed south of the new entrance drive on former open fields. The area south of the central MTS campus was redeveloped with two groupings of affordable housing—Conservancy at North Park Village and the Senate Apartments—and a new high school, the Northside Learning Center High School. The Conservancy at North Park Villa consists of four apartment buildings located around a central non-historic pond. The development occupies the southwestern corner of the MTS site and is the former location of both the Nurses' Home and women's cottages numbers five and eleven, which were demolished in the 1970s. In addition, part of the original southwestern entrance road and its former topography were entirely removed and regraded within the borders of the development. The Senate Apartments consists of an H-shaped building, with two L-shaped buildings to the east completed in the 2000s. It is located middle southern portion of the former MTS site and occupies the original location of an open field and grove of trees. The Northside Learning Center High School is a rectangular building that is located in the southeastern corner of the former MTS site. It occupies a portion of the former location of the MTS "chicken yard," which was part of MTS's farming program.

The area north of the central campus was redeveloped with a nature preserve at the west side (North Park Village Nature Center) and a park (Peterson Park) to the east. The North Park Nature Center covers a large portion of the northwestern corner of the MTS site. It occupies the location of the men's cottages, and it covers a large area around a pond. With the Men's Unit Administration Building serving as a welcome center since the 1990s, the Nature Center has developed a series of gravel and woodchip walking trails that largely follow new pathways. A main east-west oriented trail (the Main Loop) roughly follows the location of an original wider paved road, but all original paving and curbing have been removed. All trails and one bridge across the narrowest part of the pond were added in the 1990s as part of the development of the Nature Center. Peterson Park occupies the northeast corner of the MTS site and was the former location of three open fields and groves of trees. Prior to the 1930s, historic images show this corner of the site contained agricultural fields for patients to tend as a form of outdoor activity. The establishment of Petersen Park in 1977 resulted in the development of new athletic fields, paths, ball fields, tennis courts, and a playground. According to the 1977 park development plan, all original paths and paved roadways were entirely removed

and replaced with the extant curvilinear walking and biking paths. Portions of the park were regraded, and new landscaping was planted.

A new fire department building and bus stop with semi-circular driveway occupy the far northwest corner of the site. The MTS Auditorium Building was repurposed in the 1990s by the Chicago Park District to serve as the Peterson Park Gymnastics Center. The Chicago Park District also utilizes the Laboratory Building for park programs and community activities.

The MTS site today still retains its core axis of historic sanitarium buildings at the center. The roads, pathways, and landscaping around these buildings have–since 1974–largely been rebuilt, replaced, and regraded with new circulation networks, paved parking areas, and landscaping. An exception is the children's pool and rock garden.

Existing circulation networks on the MTS site include paved roadways, paved and non-paved trails, and raised covered walkways above subterranean tunnels. Originally, a paved roadway extended from the site entrance and gatehouses in the southwestern corner northeast to a Y-split in the road, which either north to a circular road around a landscaped area between the Administration Building and the Auditorium Building or northeast along the south side of the Dining Hall and Service Building. This road then curved northward and led towards the Men's Administration Building before splitting into a Y-shape and encircling the building. A road branched off of this north-south oriented road and ran east-ward along the northside of the Men's Infirmary Building and then along the southside of the Laboratory Building to a paved area between the Power House and the Garage. A road led north from this this paved area to the gate and secondary entrance in the northeast corner of the site, while another road ran northwest to the men's cottages and extended west past the cottages, before turning southward and terminating at the Auditorium Building. Both the men's and women's cottages were organized in three rows of cottages set along three smaller parallel roads that were oriented northeast-southwest. These roads were connected by smaller roads to the previously describe main roads. In addition, a series of paved pedestrian paths also linked the main buildings with the patient cottages.

The original circulation networks throughout the MTS site remained intact until after 1974, when the sanitarium was officially closed, and redevelopment plans were proposed. The original main entrance was largely removed for construction of the Conservancy at North Park Village apartment complex, which is currently demarcated by a boundary fence. A portion of this road, including a Y-shaped split, remains outside the district boundary between the northern border of the apartment complex and Ardmore Avenue. The remaining segment is in disrepair with broken pavement and vegetation. At the split in the road there is a granite boulder that originally featured a bronze plaque honoring Dr. Robert Koch, but the plaque was removed, and the boulder is toppled. The current Ardmore Avenue entrance road was extended eastward from Pulaski Road in the late-1970s or early-1980s. It bisects a former open field. Between the Auditorium and Administration buildings is a circular road that borders a central landscaped garden. Both the road and garden occupy the location of an original C-shaped road and central garden, which were entirely removed. The land was graded approximately three-feet higher than the original level and the current road and garden were installed. This grade change is evident in the comparison between historic and current images of the Auditorium Building, which show that its front porch was historically accessed by a flight of steps, but is currently level with the new road. Ardmore Avenue along the south side of the Dining Hall and Service Building was built in the late-1970s or early-1980s and does not follow the location of the original road. The road segment and a U-shaped parking lot along the south side of the Women's Infirmary Building were

built in place of open space during the same time. This new road curves northward to a new intersection on the south side of the Laboratory Building.

On the north side of the MTS site there are two main roads that follow the locations of original roadways. One segment leads northeast from the Administration Building and serves as a northwestern border for the district. This road segment is was rebuilt in the 1980s as a wider access road with a non-historic cul-de-sac at its northeastern terminus near the Men's Administration Building. A set of curvilinear crushed gravel trails that lead from the road up to the building were built as part of the development of the Nature Center. These trails do not follow the location of the original concrete Y-shaped paths. Other paths and roads that historically led to Men's Cottages were removed and are the location of new landscaping as well as natural vegetation. To the south of the road and cul-de-sac is a large asphalt-paved parking lot. The extant lot was built in the 1980s and is composed of four connected groups of parking areas, with east-west oriented circulation paths, divided by landscaped strips. This site has been the location of a parking lot since the late-1940s; however, earlier lots featured north-south oriented circulation paths. A second road segment extends from the east side of the parking lot east to the Laboratory Building. This road segment follows the original road location and is paved in asphalt with concrete curbs; it is similar in width to the original road. A third road segment extends from an intersection on the south side of the Laboratory Building east to the Power House. It follows the path of an original road but was rebuilt in the 1980s. There are two adjoining parking lots on the east and west side of the Power House. The west parking lot was added sometime before 1938 and is bordered on the west and south side by existing subterranean tunnels. The east lot is a paved area that serves the service-related set of buildings that include the Power House, Transformer Building, Garage, and Barn. At the eastern end of the north side of the Infirmary Annex there is a non-historic concrete driveway that accesses a loading dock. On the north side of the eastern of the women's Infirmary Building, there is a straight concrete path that curves slightly at its eastern end. The path is similar in scale and location to a path that historically lead to the south end of the Power House. Although the eastern half of this road has been removed, its western half remains.

The current road network system, including main entrances, vehicular drives, roads, and parking lots, were all constructed in the 1970s and 1980s, outside the period of significance for the district, and are not contributing structures to the district. Similarly, the existing pedestrian path system dates largely from the 1970s and 1980s and does not reflect the historic system, and thus is not included as a contributing feature within the district.

Tunnels served as important parts of MTS's circulation network. Originally, the tunnels contained steam pipes, other utilities, and served as a service connection between the site's core buildings. The top of the tunnels served as a paved walkway between buildings. All original tunnels remain and form a linear path between the Power House on the east and the Administration Building on the west. A connecting branch leads to the Laboratory Building. Beginning on the Power House's west elevation, a tunnel extends westward about 125-feet and turns to the north to terminate at the west side of the Laboratory Building. This segment of the tunnel retains its original form and materials, except for where it passes beneath the main east-west road. The top of the concrete tunnel is raised above the ground level by approximately two feet. All sidewalls and top are of poured concrete, with red brick laid in a solider course along the edges of the top. A second segment extends from the first tunnel west to the east end of the Infirmary Building. This segment is partially covered by a new road that crosses it. Two final tunnel segments extended between the Infirmary Building and East Dining Hall, and the West Dinning Hall and Administration Building. These two segments were originally similar to the first segment, but they were lined by wrought iron railings

supported with brick piers topped by carved limestone planters. In the late 1970s, the railings and piers were removed and the tunnel roof walkways were raised with bermed and landscaped sides, and enclosed with metal and glass as corridors. Non-historic concrete stairs access a series of egress doorways in the corridors. Two banks of south-facing solar panels mounted on a metal frame were installed around 2006 on the south side of the tunnel segment between the Infirmary Building and the East Dining Hall. The system of tunnels is included as a single contributing structure within the historic district.

The MTS site has remained a largely open, with groves of trees and landscaped spaces between and around buildings, since the sanitarium's closing. The vegetation and landscaping across the MTS site include a variety of deciduous trees and shrubs that are clustered in groves and distributed around buildings and along roads. Most landscaping in and around buildings and along roads was planted in the late-1970s and early-1980s as part of various redevelopment projects. Remaining landscaping from the period of significance can be found throughout the site. In the northwest quarter of the site, according to historic aerial photographs, extant mature groves of trees and an open field are in roughly the same location as they were historically. The locations of groves and fields in the northwest quarter is also similar to a landscaping plan drafted in 1938 by architect Frank Przybyla for the city of Chicago. Przybyla's plan indicates a rectangular cluster of trees directly north of the Auditorium Building and west of the former Men's Cottages. This cluster was separated from clusters of trees along the western and northern edges of the site by two fields, which were indicated on the 1938 plan as "putting greens;" however, the grove of trees has spread, with younger trees and large shrubs now filling the former fields. Along the northern edge is the location of a manmade pond, which was designed part of the 1938 landscaping plan. The pond was designed as two long halves connected by a narrow stream cross by a footbridge. The western half has roughly the same shoreline, while the eastern half is partially infilled and planted with native plants at its eastern tip; the current footbridge is a modern replacement. In the northeastern quarter is Peterson Park, the development of which resulted in the retention of a grove of trees that currently serves to separate north and south athletic fields. A large remaining landscape feature in the northeast quarter is the rock garden, which is described in item number eleven in the description section below.

The southern half of the MTS site has large grove of trees, especially in the southeastern corner. This area historically had clusters of trees both along the outer perimeter of the site and within the site as a border between outdoor areas. Along the southern edge is the former location of a large open field that served as "chicken yards" for MTS's farming activity program. None of the associated small-scale elements, such as the chicken houses or fences remain. Currently, the middle third of the yard filled with trees and shrubs, while the eastern third remains open and the western third is occupied by the Northside Learning Center High School. South of the Power House is a small open rectangular field that is used as a community garden and is the former location of a group of six greenhouses that were built around 1925. In the southwestern corner of the MTS site is a grove of trees around the gatehouse and lodge, which generally cover an area that was covered in trees during the period of significance.

Building/Site Descriptions

Descriptions of each of the contributing resources in the district are included below; buildings are identified by number on the attached boundary and site map.

Contributing Resources

1. **Power House**
   Date: 1912, 1917
   Architects: Otis & Clark
   Additions: Jarvis Hunt

The Power House is the tallest and most recognizable building on the MTS site and can be seen at a considerable distance. Located on the far eastern end of the site, far from patient cottages, the Power House served a central role in the function of MTS by supplying several important services. Architects Otis & Clark issued the first construction contracts to J. C. Robinson & Son for the Power House's construction in late 1911. Ground was broken in December, and the fireproof building was completed the following summer for a total of $164,000 (1915 dollars). The L-shaped building is divided by a water tower into two main sections: a boiler room on the south end and laundry on the north. In the winter of 1916, architect Jarvis Hunt designed single-story additions for both the north side of the laundry and the south end of the boiler room; both were completed by 1917.

The overall style of the building reflects the Italian Renaissance Revival with its tall water tower disguised to look like a bell tower or campanile in the Italian countryside. Deep eaves and shallow rooflines, along with arched windows, quoins, and clay tile roofs, are especially notable elements of the style. At the same time, influences of the then-growing Prairie School style can be seen in overall horizontality emphasized by the low roofs, decorative tiles, brickwork patterns, and copper-clad eaves.

Boiler Wing
The boiler section was critical for the initial construction of the MTS campus because it supplied heat to workers during winter months. In addition to providing heat to all buildings, the boiler house also had an incinerator for infectious waste and locker rooms for employees. A central tunnel connecting all buildings from the Administration Building on the west end to the Power House on the east enters the Power House through its southwestern corner. The tunnel served both as a conduit for pipes supplying hot water, steam, brine (coolant for refrigeration), electricity, phone lines, and other utilities and as a main connecting corridor for employees bringing laundry to the laundry section of the building. On the building's south end, there was originally a separate entrance to the building's incinerator, which consisted of a large burner set into the building's basement floor. However, the boiler room was extended in 1917 to its current size, with a tall round brick chimney, which stands taller than the Power House tower.

The boiler section is a single story with copper eaves, clay tile roof, and a copper-flashed roof monitor and skylight that runs the length of the roof crest. East and west elevations feature nine eight-over-eight, divided-light, double-hung, wood, sash windows with arched transoms. The southern gable extends past the base of the chimney and has decorative exposed wood roof beam tails.

The interior of the boiler section is an open space with exposed concrete floor, brick walls, and steel truss ceiling. The main floor is approximately ten feet below grade. An open metal stair with pipe railings leads up from the floor to an entrance door on the east elevation. Doorways on the east and west sides open into tunnels that lead to other buildings. All walls have been painted.

Water Tower

On the northern side of the boiler room is the 120-foot-tall water tower, which concealed both living quarters for laundry employees and, at the top, a 60,000-gallon water tank for fire sprinklers. A boiler chimney projects from the tower's south elevation. The tower rises from the MTS campus like a bell tower or campanile in an Italian Renaissance landscape. Its design is divided into a base, shaft, and capital. The base has rusticated brickwork and arched double-hung windows; the tower's main entrance is on the east elevation. The base is visually separated from the shaft of the tower by a double soldier course of brick, which is set with decorative tile panels depicting various medical symbols. The tower's shaft, hiding the water tank, is primarily brick with only a few narrow windows. The top of the tower has a red clay tile roof bordered by copper eaves with decorative copper-clad rafter tails. Below the eaves is a brick frieze set with tile panels depicting various symbols, including the municipal "Y" and the red doubled-barred Cross of Lorraine. Each face of the tower has a triple set of tall, arched, divided-light, wood sash windows, which are framed by brick and set between engaged limestone columns with stucco spandrels. Projecting below each set of windows is a shallow limestone balcony with a decorative wrought iron railing.

Laundry Section

North of the tower is the two-story laundry building, which primarily held facilities for sterilizing, washing, drying, and ironing linens. The second floor had bedrooms for laundry employees, while the basement contained several important services for the campus, including pumps, water heaters, a refrigeration plant and ice machine, motors for machinery in the building, and a central air pump that supplied pressure for a campus-wide central vacuuming system. A single-story addition was built onto the north elevation in 1917 to accommodate extra laundry equipment.

Although the whole building was referred to historically as the "power house," the Sanitary District originally supplied electricity for MTS; the adjacent transformer house was connected to this system. However, by 1925 the Sanitary District's power supply proved too expensive at $3,000 annually; consequently, the MTS board decided to install a Corliss engine in the basement of the laundry wing, which used steam to generate electricity. This remained in use until later in the 20th century when MTS was connected to Chicago's power grid.

The laundry section of the Power House is one and two stories tall. The initial two-story portion has a hipped clay-tile roof with copper-clad dormers on all sides, as well as painted wood eaves. Along the north elevation is a single-story addition from 1917, which is T-shaped with loading bays cut into the northeastern and northwestern corners. The laundry section is regularly fenestrated with arched divided-light sash windows on the first floor and six-over-six double-hung wood windows on the second floor.

Integrity

The Power House retains excellent integrity of design, layout, form, and materials, with only minor alterations and additions. Nearly all fenestration features original wood doors or double-hung windows. One addition is a small single-story loading bay built on the west elevation of the boiler section. Alterations include the removal of part of the upper portion of the chimney stack beside the tower, and both the replacement of an arched window with an overhead door and the construction of a wood loading deck on the west elevation of the laundry.

On the interior of the boiler section the volume and materials are intact, but the space is empty of equipment.

2. Transformer Building
Date: 1912
Architects: Otis & Clark

East of the Power House is the fireproof single-story transformer building. The building held nine transformers, which reduced 12,000-volt current supplied by the Sanitary District to a usable voltage for the institution.

The building is a fine small example of the style of buildings designed by Otis & Clark for MTS. It was completed in 1913 for a cost of around $20,000. Influences of the Italian Renaissance Revival style can be seen in the building's form, with its tower, deep eaves, and low pitched roof. The tower, with its decorative brickwork panels, set in a basket weave pattern and its oculus windows suggest influences of the Prairie School style. This style can also be seen in the building's copper-clad eaves, quoins, and decorative frieze comprised of small glazed tiles centered in alternating round and square brick plaques, which are set in stucco fields.

The building is rectangular in plan with a main doorway frame in limestone on the west elevation and a tower on the eastern side. A brick frieze decorates the building below the copper eaves and features a series of small decorative glazed tiles that are set in round brick frames in a stucco field. The tower is slightly taller than the main building, and its top is decorated with panels of brick set in a basket weave pattern, which are punctuated by single round windows. The building is in excellent condition and retains its original fenestration and Ludowici clay tile roof; only the main door has been replaced.

3. Garage
Date: 1913–1914, 1940s
Architects: Otis & Clark
Addition: Paul Gerhardt Jr.

The garage stands immediately south of the transformer building and east of the Power House. It is a single-story brick building with a hipped roof completed around 1913 and designed by architects Otis & Clark. Originally it was part of the functional eastern end of the sanitarium where many of the services and maintenance offices and farm buildings were located. The garage was built to store a fleet of six to eight cars and trucks, and it held a management office, storage room, work room, and restroom. A large single-story, flat-roofed addition on the eastern side of the building was completed during the late 1940s and nearly doubled the garage's capacity. The addition was likely designed by then city architect Paul Gerhardt Jr., who designed a similarly spare addition to the MTS Laboratory Building in 1951. The original 1913 portion has the deep overhanging eaves that recall the Italian Renaissance Revival style, but the building's overall low form is primarily Prairie School in style. The 1940s addition is simply utilitarian.

The west elevation of the original 1913 structure features a central large vehicular entrance with a modern overhead door. To the right is the entrance doorway to main office, which is flanked by two original windows. The left side of the central garage door had a matching doorway and window set, but these are altered. The south elevation shows a clear contrast between the original 1913 building and its 1940s addition. Whereas the elevation of the original building is dotted by a series of four clerestory windows, the addition features a second vehicular entrance. The addition also stands out because of its plain flat roof and parapet

wall, as well as its brickwork, which unlike the original portion of the garage has stretcher courses showing the ends of bricks. Despite alterations to fenestration and the replacement of the original clay roof tiles with asphalt shingles, the garage and its 1940s addition retain sufficient architectural integrity. The changes reflect the utilitarian and malleable nature of the building and its importance in the daily function of MTS.

The interior of the garage is an open utilitarian space. Floors are concrete, walls are of exposed brick, and the eastern addition has an exposed truss ceiling with exposed pipes and conduit.

3A. One-Car Garage
Date: c. 1955

A cement block one-car garage is located just east of the Power House. The exterior walls are parged and painted, and the building has a flat room. A metal garage door is located on the south wall of the building. Based on aerial photographs of the complex, the garage was constructed after 1952 and before 1961.

4. Barn/Paint Shop
Date: 1913–1914
Architects: Otis & Clark

The barn is located south of the garage and east of the Power House in a section of the sanitarium that was originally devoted to farming. It is the only survivor of several farm buildings designed by Otis & Clark, which included a root cellar building, livestock house, greenhouses, and chicken houses. In addition, there was a private house for the groundskeeper and wagon shed. All of these buildings, including the barn, facilitated MTS's objective to get ambulatory patients outside in the fresh air and to engage them with wholesome activities.

The barn is a long rectangular brick building with a gable roof and wall dormer on the east side. The building's low profile, shallow pitched roof with bracketed eaves, and simple fenestration lend the building a refined Prairie School style.

The building is divided into three equal sections. The middle and southern sections feature a total of six former garage-like entry bays that allowed farming equipment, some wagons, and trucks to be stored; all entrances were later in-filled with brick and windows. The northern section is slightly narrower than the rest of the building and was originally the barn. Inside it featured a hayloft, small stable, and harness room. The original hayloft doors can be seen on the north gable. Asphalt shingles replace the original tile roof.

5. Administration Building
Date: 1913–1914, 1920s
Architects: Otis & Clark

The first large building encountered by a new patient or a visitor was the Administration Building, which is located at the western end of a main line of sanitarium buildings, all of which are connected by a central underground service tunnel. Architects Otis & Clark designed the symmetrical two-story and basement building to house MTS's main offices for doctors and medical staff, examination and treatment rooms, limited accommodations for some staff, and storerooms. Originally, the laboratory and autopsy room were

also in this building, located at the northern end of the first floor, but these were removed to the new purpose-built Laboratory Building at the eastern end of the campus in 1919. A large, two-story screened porch was seamlessly added to the northern end of the building sometime during the late 1920s, when the former laboratory spaces were converted to other uses. The screen porch addition was later enclosed with windows, as have many of the original screen porches at MTS.

The Administration Building has an I-shape, which was determined to be ideal for the construction of future additions. Twin wings forming the "I" contribute to the symmetry of the building, which is maintained by the pattern of fenestration, placement of copper-clad dormers and chimneys, and central location of the building's main entrance. The design has elements of the Italian Renaissance Revival style mixed with the Prairie School style, which can be seen in the overall symmetry, limestone details, quoins, extensive use of different brick patterns in the window tympana, arched window frames, and the deep eaves and clay tile of the shallow pitched roof. According to a 1915 construction accounting record, the extant Chicago firm of Wagner Brothers & Company executed the exterior copper work, J. A. Torstenson & Company supplied window glazing; and Tiffany Studios created a bronze tablet.

On the west elevation, modern concrete steps lead to the entrance, which is set in a limestone portico featuring full round columns and pilasters with composition capitals that support a pediment; flanking sidelights are protected by decorative wrought iron grilles. A grand entrance loggia was located on the east elevation but is currently obscured by a modern enclosed corridor that leads to the dining hall buildings. On the east elevation, there are twin stair towers at each end of the building. The towers rise slightly above the roofline with a peaked roof and feature an oculus; each stair has an entrance pavilion with a gable roof limestone portico.

The interior covers two main floors and a basement. There are three main staircases. The first floor features a large original reception hall, which extends between a vestibule on the west side and a loggia on the east side. The vestibule serves the main west entrance door and is finished with tile floors, marble wainscoting, and plaster upper walls and ceiling. The ceiling has a plaster cornice and features decorative painting that includes branches with flowers. An original brass pendant light fixture is centered on the ceiling. The main reception hall is finished with non-historic replacement tile floors, walls have marble wainscoting and plaster upper walls, and the ceilings are of plaster. The marble wainscoting has a verde marble base with grey marble panels above that framed by borders of checkered black and white marble mosaic tiles. A plain marble frieze caps the wainscoting, which terminates above the height of the doors in the space. The plaster ceiling also features a plaster cornice and original brass pendant fixtures. The loggia consists of a series of three doors, with rounded arched transoms, that led to the building's east entrance, which was altered in the 1970s to accommodate a connection to the connecting exterior corridor from the west dining hall. Flanking the loggia in the reception hall are two recessed panels with bracketed marble shelves. The panels are flanked by original brass sconces.

Currently, the Administration Building serves as the main office for North Park Village, which was developed in the late 1970s. Alterations include the enclosure of screened porches on the north addition, and the replacement of windows in addition to the original main entrance doorway, which featured wrought iron grilles to match existing sidelights.

6. Dining Halls and Service Building
Date: 1914, 1917, 1920s

Architects: Otis & Clark
Additions: Jarvis Hunt

The two dining halls and Service Building are located east of the Administration Building and are arranged in a cross-shaped plan, in which the former women's (east) and men's (west) patient dining halls are connected by enclosed passageways and separated by the I-shaped Service Building. Architects Otis & Clark designed these buildings as part of a series of main sanitarium buildings, which are connected by a central underground service tunnel. The group of buildings cost approximately $207,000 to build in 1914. Architect Jarvis Hunt designed a new physicians' dining room and an extension to the Service Building in 1917. During the late 1920s, a single-story addition with a hipped roof was built off the south elevation of the connecting corridor between the Service Building and the east (women's) dining hall; it later served as a library

The two-story and basement Service Building is similar in design, detail, and footprint to the Administration Building, but is smaller in area. Well-executed details including brick quoins, various patterned brick tympana, stair towers with peaked roofs and ocular windows, deep overhanging eaves, and a shallow tile clad roof with copper-clad dormers that evoke the Italian Renaissance Revival style of architecture. Inside, the first floor of the Service Building had the main kitchens and bakery, which provided food to the patient dining rooms, nurses' and staff dining rooms in the same building, and patients in the infirmary buildings to the east. Ancillary rooms for food storage, including refrigerators operated by large refrigerant pumps in the Power House, were located in the basement, and the second floor held quarters for employees and housekeepers.

Each of the dining halls is a single story with a basement. Both have a rectangular footprint with projecting entrance porticoes at each corner, and a gabled clay tile roof. North and south elevations are lined by tall, arched multi pane windows that allow ample light and ventilation into the dining halls. Although essentially the same, the men's and women's dining halls have slight differences. Both halls feature four limestone entrance porticoes on; one on each corner. Above the porticoes on the women's hall is an oculus window, while above the porticoes on the men's dining hall there are instead detailed round tile panels with different symbols. Artificial stone planters flank most dining hall entrances.

The interiors of the men's and women's dinning rooms are large open spaces with beamed arched ceilings. Large rounded arched windows line the north and south walls of both dining rooms, while the walls connecting to the Service Building feature central double leaf wood doors that are flanked by twin rounded arch doorways with double leaf paneled hardwood doors set in wood frames with tympana above. The rooms are finished with square terra cotta tile floors, exposed buff face brick wall and plaster clad upper walls. A decorative frieze with a brick soldier course, inset tiles, and a wood cornice separates the brick and plaster walls and forms imposts along the row of arched windows; decorative sconces are mounted to the frieze and centered between the windows. The ceilings are clad in plaster and feature arched plaster box beams that follow the curve of the ceilings. Original decorative pendant lights with glass bowl shades are arranged in two rows along the length of each room. All windows are framed by wood trim. Covered radiators are located around the periphery of the dining rooms primarily below the windows. In the northeastern corner of the east (women's) dining room a smaller room projects into the dining room with matching brick and plaster walls. Its south wall has a singled rounded arched doorway and three rounded arched service windows with original wrought iron wickets and a bracketed wood shelf; the room was converted for use as a restroom. Centered on the eastern end of the east dining room is a doorway, which leads through a

covered exterior corridor to the Infirmary Administration Building. A similar opening centered on the western end of the west dining room lead through a covered exterior corridor to the Administration Building.

The Service Building and dining halls are especially well-designed and have excellent integrity of overall form, design, and materials. The buildings currently serve as dining halls for North Park Village residents. The dining rooms retain their original layouts, finishes, and fixtures. Alterations include the addition of louvered ceiling vents.

7. Infirmary Buildings
Date: 1913–1914, 1919, 1927, 1939
Architects: Otis & Clark
Additions: Jarvis Hunt, Unknown

The infirmary is an H-shaped group of buildings east of the dining halls and west of the Power House. Architects Otis & Clark designed a central two-story and basement Infirmary Administration Building flanked by twin men's and women's infirmary wings for advanced tuberculosis cases. Construction was begun in 1913, and the completed buildings cost approximately $613,000. Although plans for an addition to this complex were drawn by architect Jarvis Hunt as early as 1916, a three-story $500,000 Infirmary Annex was not built until 1927, with a fourth story added in 1939.

The infirmary was placed far from the cottages, dining halls, and the Power House so as to provide a quite space for recuperation. All necessary provisions, including medical and laboratory facilities, operating rooms, a maternity ward, and dining halls were located within the buildings. Food prepared in the main kitchen was brought to the building through the connecting central underground service tunnel. Because food was an important aspect of the treatment process, each wing had its own special diet kitchen to provide special meals for certain cases. The patients in the infirmary were primarily those in advanced stages of the disease and limited in mobility. Rooms were organized into singles and doubles, with large open screened porch wards along the southern side and at the eastern ends of each wing. Although most patient rooms were equipped with sash windows that could open to allow for maximum airflow, the screen porches had large openings that were open year round and provided patients with ample fresh air. The porches were enclosed with windows following MTS's closure; rows of limestone scuppers visually indicate the location of these former spaces.

The design is similar to other buildings on the MTS campus and draw inspiration from the Italian Renaissance Revival and Prairie School styles of architecture. Each building is clad in red brick with limestone water table, sills, string courses, and gable coping. The shallow, hipped clay tile roofs feature deep eaves with scroll-cut rafter tails and exposed gable-end roof beams. Copper, now weathered to a vivid teal green, was used for gutters, downspouts, and as cladding for the many evenly spaced attic dormers. Inside, a bronze tablet dedicating the buildings was executed by Tiffany Studios.

Infirmary Administration Building
The two-story and basement Infirmary Administration Building is centered between the infirmary wings. It is visually defined by a gabled clay tile roof set with dormers and decorative chimneys. The north and southern ends originally featured single-story pavilions, which connected to passageways with rooftop promenades that lead to the twin infirmary wings. The original first floors of the passageways have large

arched windows with decorative brick spandrels set with glazed tile. Glazed tile can also be found set above the windows in round frames of brick. The first floor is topped by limestone bracketed banding, which originally served as the eaves of the passageway roof. According to an entry in a July 1919 issue of *American Contractor*, architect Jarvis Hunt designed the plain brick and limestone second-floor additions to the passageways and pavilions. Originally, the building's main entrance was on the east elevation, which features a central projecting bay and an extant small porch. This entrance opened on to a large central courtyard, where the 1927 annex is now located. A second entrance on the west elevation is covered by a 1970s enclosed passageway that leads to the dining hall complex. Several basement windows have been in-filled with brick.

The Infirmary Administration Building has a basement level and two upper floors. All floors are bisected by double loaded corridors, which connect the building with adjacent men's and women's infirmary buildings through two-story connectors. There are two main staircases in the northwest and southwest corners. Corridors and units are typically finished with carpeted floors and drywall clad walls and ceilings. Windows typically have drywall returns with wood sills.

Infirmary Wings
The two-story and basement men's and women's infirmary wings were identically designed. As with other buildings, red brick, clay tile roofs, limestone trim, and scroll-cut rafter tails supporting deep eaves define the infirmary wings. Some sections have attractive projecting bays, pent clay tile roofs, stair towers, cupolas, and occasional glazed tiles set into the masonry. Each wing is divided into five sections: an open screened porch ward, at the eastern end; an L-shaped section with single rooms facing south, a north projecting single-story bay with east-facing rooms, and a central stair tower on the northern side with chamfered corners; an L-shaped section with a gable-end bay and a hipped roof bay along the south elevation (both had open-air porches), and a single-story dining room wing to the north; a section similar to the third, without additional rooms off the north elevation, and a pyramid- roofed cupola with a boarded triptych window facing north; and a rectilinear section with rooms facing both north and south, and a central stair tower on the north elevation. Two-story screened porches designed by Jarvis Hunt were added to the west elevations of each wing in 1917; these have been enclosed with windows. The women's infirmary retains a main entrance on its south elevation between the third and fourth sections, which features a carved limestone surround set with the date of the building's completion: 1913.

The infirmary wings retain excellent exterior integrity and have only a few additions or alterations. These include the in-filling of some doorways and windows, and the addition of elevator towers to the north elevation of the northern end of each wing.

The men's and women's wings have a basement levels and two upper floors, which are served by elevators and four staircases located along the north side of each building. The staircases have metal stairs with square plain steel newel posts and steel railings. The stair landings and treads are terrazzo. All floors are bisected by a double loaded corridor with units on either side. The main entrance in the south (women's) infirmary building is centered on the south elevation and is covered by a non-historic awning. The main door opens into a vestibule, which connects to the main first floor corridor and to a corridor that leads north to the Infirmary Administration Building. The vestibule has non-historic replacement metal framed glass doors. All corridors are finished with carpeted floors, drywall finished walls and drywall ceilings. Two community rooms are located on either side of the entrance vestibule in former sleeping porches; both have carpeted floors, drywall finished walls, and dropped ceilings. Individual units are larger than original patient units,

with several along the south elevations occupying former open-air sleeping porches. Units have kitchens and bathrooms and are typically finished with carpeted floors and drywall clad walls and ceilings. Bathrooms and kitchens have tiled floors. Sprinkler pipes are covered by drywall soffits.

Infirmary Annex

In 1916, Dr. John Dill Robertson was appointed as Commissioner of Health. Following the death of Dr. Sachs, Dr. Robertson immediately made provisions to expand MTS. One of his first projects involved the conversion of the east basement of the men's and women's infirmary wings into children's "sun wards." This resulted into the opening of several new windows at ground level on both wings. Dr. Robertson also hired architect Jarvis Hunt to design a series of additions, including a proposed four-story annex for additional patient and operating rooms. The proposal was published in the *Chicago Tribune* in December 1916 and the *Chicago Medical Recorder* in 1917; however, the project was not begun.

In 1925, MTS board president John J. Collins planned for the Infirmary Annex to be funded through the sale of municipal bonds. Construction started in 1926, and the facility was dedicated in February 1928. No architect for the annex was identified, but the design and details of the building are similar to the other infirmary buildings. As completed, the building was of three stories with a basement and central four-story section. Men were on the first floor, women on the second floor, and the third floor was devoted to children, and it contained its own kitchen, dining room, and play rooms. The annex added over 225 beds to the campus, which increased the infirmary's capacity by 25 percent and significantly reduced wait lists. The roof originally featured an outdoor garden, but in 1939 a full fourth floor was added.

The Infirmary Annex is a long four-story, brick-clad building with regular fenestration and a shallow, hipped, clay tile roof with copper gutters and copper-clad dormers. On the north and south elevations, three bays project from the middle and eastern and western ends. The east and west bays have three large windows per floor, which are divided by brick piers that extend from the limestone water table and extend to the top of the third floor, where they terminate with limestone caps. The middle bay forms a central four-story section and remains slightly taller than the rest of the annex; the fourth floor has decorative brickwork with repeating, Crosses of Lorraine rendered in contrasting brick large. The narrow east elevation has an in-filled limestone entrance surround centered on the first floor featuring the building's date of construction: 1927. All but two windows on this elevation have been in-filled with matching brick. Four copper downspouts with decorative leader heads decorate the elevation. The Infirmary Annex was connected to the Infirmary Administration Building to the west via a two-story passageway.

The infirmary annex has four stories and a basement, which are accessed by an elevator tower on the western end of the building. The basement has utilitarian finishes. All upper floors are bisected by double loaded corridors that run the length of the building. Corridors and units are finished with carpeted floors and drywall walls and ceilings. Units are larger than original patient rooms; units on the north side were enlarged with the addition of four non-historic bays.

The conversion of the infirmary complex into efficiency apartments during the 1980s included the construction of four banks of four-story additions along the north elevation and an elevator tower on the west elevation. These additions obscure most of the original north elevation, except for the three original projecting bays. A service entrance and loading dock with a driveway were added to the northeastern corner. Other alterations include the in-filling of some windows and doorways.

8. Men's Unit Administration Building
Date: 1914, 1990s
Architect: Otis & Clark
Addition: Unknown

The former Men's Unit Administration Building is located several hundred feet north of the dining halls and Service Building on what used to be the men's section on MTS's north side. It is the only remaining building on the MTS campus directly related to the patient cottages, which historically surrounded the building in diagonal, southeast-facing rows. A similar building once stood on the south side of the campus and served as the administration building for the women's section. The single-story brick building functioned as a satellite of the main administration and infirmary buildings, and it provided a place within each cottage section for nurses to closely supervise and treat ambulant patients. Regular examinations could be made without patients having to go to the main buildings; special foods could be locally prepared, and drug treatments could be distributed. The building held the office of the head nurse for the section, along with a waiting room, examination rooms, a small laboratory, kitchen, and some storage rooms. The Women's Unit Administration Building was demolished around 1980.

The Men's Unit Administration Building is a single-story building with a clay tile hipped roof. Half-round dormer vents punctuate the roof, with two on the north and south sides of the roof, and single dormer vents on the east and west sides. Deep eaves, as found on other MTS buildings, extend beyond the exterior walls and are supported by decorative, scroll-cut rafter tails. The main south elevation is symmetrical, with a central projecting entrance pavilion; there are six evenly spaced, four-over-four, double-hung windows with limestone sills on either side of the entrance.

The interior is organized into a main front room with an adjoining office to the southwest, and a corridor to the northeast with offices and restrooms along its north side. The rear (northwest) addition is accessed through a doorway on the north wall of the original building, opposite the main entrance. The front room has a terrazzo floor, yellow-glazed ceramic tile block walls and a dropped acoustic tile ceiling. All windows and doorways have curved tile block returns with steel lintel beams. The tile block partition between the main front room and the office has a single half door with a steel jamb, and a pass-through window with a four-pane sash that retracts up into the wall. The office has a terrazzo floor, plaster walls, and a dropped ceiling. A bank of non-historic cabinets line the southwest and northwest walls.

In the 1990s, after the building was repurposed as the welcome center for the North Park Nature Center, a large single-story addition was built using a similar design and matching materials on the building's north elevation. Despite the addition and a new set of concrete steps for the south entrance, the building retains excellent integrity.

9. Auditorium Building
Date: 1919
Architect: Jarvis Hunt

The Auditorium is a two-story brick building at the western end of the MTS campus, opposite the main Administration Building. Early site plans proposed that a future auditorium and chapel be built across from

each other around a central lawn that was to stretch westward from the Administration Building. After the change in administration of MTS in 1916, Commissioner of Health and MTS president Dr. Robertson hired architect Jarvis Hunt to design several additions and new buildings, including the auditorium. The estimated $100,000 building was begun in late 1918 and dedicated as the Hall for Health Education on June 29, 1919.

The building provided a space where, as an article in MTS's monthly bulletin of January 1920 stated, "education, recreation and pleasure may be found under very pleasant surroundings." The general public and patients alike could attend lectures on health, hygiene, and proper sanitation to prevent the spread of diseases such as tuberculosis. In addition, the space held conventions of tuberculosis societies and organizations, and it also served as a venue for lectures to physicians and researchers. As a social space, patients were invited to use the auditorium to present their own theatrical, vaudeville, and musical shows; to be entertained by films and stage productions; and to hear lectures related to vocational classes taught at MTS.

The Auditorium is a handsome building that is similar in style to other MTS buildings. Its red brick walls, arched front doorways and tympana, terra cotta details, and shallow pitched front roof clad in clay tile reflect the Italian Renaissance Revival style. However, these elements are applied to the building in a manner that expresses the Prairie School style more strongly than any other MTS building. Its heavy limestone water table and elaborate cornice emphasize the building's horizontal lines and tie the building closely to the expansive prairie aesthetic. The water table consists of a tall band of limestone with a Renaissance Revival carved rope molding along its top. Below the roofline and parapet, the building's cornice frieze is an exemplar feature of the building, combining both the natural palette and form of the Prairie style with Renaissance revival flourishes. Soldier courses of brick frame the cornice on all elevations, which contains alternating rectangular and round panels. The rectangular panels are of brick set in a basket weave pattern and have central diamonds of brick set in stucco. The round panels are composed of brick voussoirs, which encircle round foliate terra cotta grilles in the Italian Renaissance Revival style. At the ends of the cornice on the east elevation are panels with checkerboard blue and grey tiles.

Three main sections define the building: the front fifth is capped by a clay tile roof and serves as the main entrance and originally held a balcony; the middle three-fifths originally contained the main auditorium space and has a slightly pitched flat roof obscured by parapet walls; and the rear fifth contained the stage and backstage spaces.

The main east elevation has three double doorways, which together are flanked by tall twin decorative wood lattice structures attached to the building. Below the lattice are twin Classical cast iron planters decorated with rows of stylized acanthus leaves, set atop an extension of the auditorium's limestone water table, which serves as a secondary planter. Originally, the entrance doors were reached by a flight of stone steps; however the construction of new roadways to the east of the building during the 1980s required raising the grade around the Auditorium by approximately two to three feet, and resulted in either the burying or removal of the original steps and landing. The three main entrance doorways are set in tall decorative terra cotta surrounds with arched tympana set with wood lattice panels and a projecting terra cotta planter. Flowering vines growing in the planters were trained to grow up the building's various lattice structures. Cast iron light standards designed like rope-twist columns with Corinthian capitals are set in niches flanking each doorway.

The interior of the auditorium is divided into an entrance vestibule on the east side and a large gymnasium space. A smaller former backstage area is used for storage along the west wall. The original auditorium

space was converted into a two-level gymnastics center in the 1990s. A new floor with exposed steel beams and corrugated metal floor pans was added to divide the space. The vestibule fills the width of the building and is approximately ten feet deep. The outer (east) and inner (west) walls are line with sets of non-historic glazed metal frame double leaf doors with sidelights. The space is finished with terrazzo floors. All lower walls, up to the top of the door frames, are clad in glazed square tile with decorative foliate pattern caps. Upper walls are of painted exposed masonry; the interior partition is of exposed concrete block. The main gymnastic space has exposed masonry walls with decorative tile wainscoting. Folding bleachers are located along the south and north walls. Pipes, conduit, and gymnasium equipment are attached to the walls and ceiling.

The Chicago Park District acquired the building during the 1990s and renovated its interior for use as a gymnastics center. The auditorium is a spectacular building and retains excellent exterior integrity. Its masonry was restored in the 2000s. Alterations are few and limited to the removal/covering of the front steps, burying of the lower brick work of the water table, replacement of windows and doors, and in-filling of some windows. The interior is significantly altered, with only some historic decorative tile and flooring finishes remaining in the vestibule and former auditorium space.

10. Laboratory Building
Date: 1919, 1951
Architect: Jarvis Hunt
Addition: Paul Gerhardt Jr.

The Laboratory Building is located north of the Power House at the eastern end of the MTS grounds. Built during World War I, the two-story and basement building was designed by architect Jarvis Hunt and completed in 1919 for approximately $64,000. Although the building was completed, its equipment was not purchased and installed until 1922 due to a lack of funding, according to Henry C. Sweany, who was the medical research director at the time.

Laboratory and clinical research were critical for the study of tuberculosis effects of the disease, and refinement of treatments. Research at MTS was published nationally and contributed significantly to the advancement of treatments for the disease. A main two-room laboratory was originally included in the centralized Administration Building, but its size and proximity to offices proved inefficient and potentially dangerous. By 1916, the laboratory was consolidated in the groundskeeper’s five-room house, which stood at the far eastern end of the grounds near the garage, but this also was too small. Plans for a new dedicated Laboratory Building were drawn by architect Jarvis Hunt and promoted by Commissioner of Health Dr. Robertson.

The research facility was organized across two floors and a basement. Chemical storage rooms, a photography studio, room for housing small animals for testing, operating room for large animals, the morgue, and autopsy room were located in the basement. The first floor held primarily technician offices, a library and medical record room, laboratory for the study of bacteria, and museum. The second floor consisted of chemical laboratories, an animal hospital, and operating rooms. The Laboratory Building also included rooms for testing samples taken from patients and specialized disinfection equipment. As advancements were made, the interior layout and types of laboratories were continually updated. Building blueprints from 1951 indicate that city architect Paul Gerhardt Jr. designed substantial renovations for all

floors and created new chemical and histopathology laboratories, library space, offices, and consultation rooms. Gerhardt also designed new basement-level autopsy and storage room additions on the building's north side, which resulted in the expansion of an existing patio and the construction of a delivery dock.

The Laboratory Building is a symmetrical structure with a C-shaped footprint and shallow pitched roof with clay tiles and plain eaves. Its design incorporates elements of the Classical Revival and Prairie School styles of architecture. Centered on the south elevation is the building's grand double-height main entrance, which is reached by a short flight of concrete steps with stepped brick sidewalls. Plain limestone frames the entryway, which features a double doorway with sidelights. The doorway is topped by a large multi pane transom, which is set in a border composed of fasces (a Classical motif consisting of bundled sticks) with corner rosettes. The building is regularly fenestrated with sets of six evenly spaced windows flanking either side of the main entrance. Basement windows are capped by a running limestone band that encircles the building, and first floor windows have plain limestone sills and flat arches with limestone keys. The second-floor windows also have limestone sills and are capped by another band of limestone, which runs just below the cornice. White squares of stucco, outlined in brick, form a repeating cornice pattern below the beadboard soffit of the projecting eaves. The east and west elevations are also symmetrical and have smaller secondary doorways. The north elevation has a large raised patio over what was a basement autopsy room.

The interior remains largely intact since its remodeling in 1951. The main entrance opens into a small vestibule, which leads to a stair up to the first floor level. All levels have a central double loaded corridor that runs the length of the building, with offices on either side. The vestibule has a terrazzo floor, a marble floor border and wainscoting, and small ceiling below the level of the exterior transom window. A secondary glazed double leaf slab doorway opposite the entrance doorway leads to the stair. The stair has marble treads and risers with marble wainscoting and plaster clad upper walls with Art Moderne style borders. A ceiling above both the vestibule and stair has plaster moldings. A fluorescent light fixture suspended from the ceiling by three metal pipes with flared canopies is centered over the stair. Round wood railings flank the stair. The middle third of the main corridor has grey terrazzo floors with marble borders and plaster clad walls and ceilings. The east and west segments of the corridor are separated from the middle portion of the corridor by large arched openings and have acoustic tile floors and plaster clad walls and ceilings. Doorways along the corridor are wood veneered slab doors with metal jambs. Fluorescent lights are suspended from the ceiling in a row along the length of the corridor. Opposite the main entrance and stair is a reception area that opens off the main corridor. It is finished with acoustic tile floors, plaster walls, and a dropped acoustic tile ceiling.

Today, the Chicago Park District occupies the building and programs it with community activities. The exterior has excellent integrity of its overall form, design, and materials. Minor alterations include the in-filling of some windows, replacement of exterior doors, and replacement of a metal stairway on the east elevation. Interior alterations since the 1951 remodeling include the replacement of some office doors and the installation of dropped ceilings.

11. Children's Pool/ Rock Garden
Date: 1930s [1938–39]
Architect: Frank Basil Przybyla

North of the former men's infirmary wing is a landscape feature unlike any other on the MTS grounds. A shallow pool, lined by an irregular border of stratified limestone blocks, is surrounded by trees and shrubs,

with a limestone bluff and stone bridges towards its rear. The pool and surrounding paths were initially developed by landscape architect Jens Jensen in 1923 as part of a larger plan for a children's campground. Although the full plan was never completed, the city received funding in the 1930s through the Works Progress Administration (WPA) and landscape architect Frank B. Przybyla (1896-1962) prepared the final plans for a pool and rock garden that, though not identical, were clearly based on Jensen's original designs.

Jens Jensen had become a nationally known landscape architect by the 1920s when he drafted a series of plans for a Midwestern prairie-inspired "spring-fed" pool and camp ground on the grounds of MTS. Jensen is acknowledged as one of three pioneering landscape architects who guided the development of natural or Prairie style landscape design. His designs readily emulated the serene and rugged beauty of the Midwestern landscape, transplanting seemingly natural scenes into otherwise artificial landscapes. Jensen established a series of signature design elements that he would incorporate or reference in his projects. Most important was the use of undressed, local limestone, which could be built into walls to resemble bluffs, set along the edge of pools or ponds, or laid as a path. Flowing water too was a significant feature, its energy and sound recalling the meandering streams and rivers of the Midwest; especially dramatic was the combination of stone and water to form cascading water flows or falls. Each unique scene was then connected to the greater Midwestern landscape through the use of native trees and plantings. Within the trees, Jensen would create winding paths leading to outdoor rooms or gathering places, where he would typically place a stone camp fire circle.

Jensen designed the original 1923 landscape plan for children of MTS's "preventorium" camp. The preventorium program gave children who were malnourished and susceptible to developing tuberculosis symptoms a place to receive treatment, supervision, and fresh air. Existing tent groupings for boys and girls did not have a dedicated location on the MTS campus. Jensen's plan was intended to create such a space for the children of MTS. His 1923 plan for a Children's Camp and Pool was designed to extend from north of the auditorium building along the western end of the ground to the northern border along Peterson Avenue. His plan made use of an existing older grove of trees at the northwestern corner of the grounds. The plan included a U-shaped pool with a large meadow on its southeastern shore, small grassy playground, camping site with a circle of tents, and four camp fire circles set along paths through the grove of trees. The pool itself was to be edged with stacked limestone and fed by a pump-driven "spring."

The northwestern corner of MTS was never developed with Jensen's design for a children's campground, and instead the land and grove of trees were left alone, with only the addition of a small putting green. Funding undoubtedly limited the scope of Jensen's plan. It was not until the 1930s, through the WPA, that a portion of Jensen's plan was finally built, with city landscape architect Frank B. Przybyla serving as the architect of record for the pool and rock garden. Aerial images taken in November 1938 appear to show the current site of the pool under construction, without trees, and with only a bare outline of the pool.

The extant pool and surrounding garden as designed by Przybyla do not match the design drawn by Jensen. Jensen's pool was U-shaped, while the pool as built has a more irregular shape with a long meandering stream to the north. Jensen's plan featured a four-foot-tall ledge beside a narrow rock-lined channel with a bubbling spring. The ledge and its higher plateau are identified on Jensen's plans as a "players hill" where an orchestra could serenade patients seated in a meadow-like clearing across the pool from the ledge.

Ultimately, a much larger version of Jensen's pool design was built. The pool and its long spring-fed stream are surrounded by a landscape of native trees and plantings and are encircled by a winding stone path. The

curvilinear pool is irregularly shaped with a rim of irregular slabs of stacked local limestone that give it a natural appearance. Along the south side of the pool, the rim is only slightly higher than ground level, while portions of the northern rim rise five or more feet with retaining walls of stacked slabs of limestone. At the pool's northernmost point, tall stone retaining walls come together to form the sides and basin of a curving stream that runs to the pool from a waterfall feature to the east of the pool. The side walls of stacked limestone vary between one and five feet and form two higher vantage points on the north side of the pool, which are accessed by a winding irregular flagstone path. The path begins on the west side of the pool, wends past a tiered sunken rock garden to the west, curves on an incline around the north side of the pool and crosses the stream over a bridge of limestone slabs with stone steps. The path historically continued east to a second stone bridge, which accessed a second viewing point to the north of the waterfall wall. Currently, the steam and waterfall are dry and do not function. The stone stream walls and bed, with raised rocks and deeper pools to create patterns in the flowing water, remain intact. The curved waterfall wall is approximately seven feet tall and faces northwest. At its base is a deeper pool where water could collect before overflowing and heading down the stream.

Despite differences in the final execution, the elements and general design of the pool reflect Jens Jensen's original design for a children's campground and pool, and they form an important part of MTS's landscape. The garden and pool suffered during the 1980s and became overgrown with invasive plants. Much of the site was cleared and repaired during the 2000s.

The pool was restored and remains filled with water. Trees and other large plants that were not removed in the 2000s remain, some of which have grown through the stream bed retaining walls and against other stone features. Few, if any, of the original plants remain. Some larger stone structures visible in historic photographs, including a stone archway, a miniature castle, and raised stone planting beds along the east side of the site, no longer appear to remain. According to the 1938 site plan, the area south of the pool featured a segment of the path and was graded with a high mound. This area is now a flat grassy picnic area with non-historic stone slab benches and picnic tables.

12. Church of the Sacred Heart – Lewis Memorial
Date: 1936
Architect: Hans Theodore Liebert

The Church of the Sacred Heart is located south of the dining hall buildings, near where the women's open-air cottages were located. The $100,000 building was designed by architect Hans Liebert in the form of a Romanesque church but with distinctly Prairie School and Modern style details. According to a plaque in the church's lobby and an entry in a 1935 issue of *The Annals of St. Joseph*, philanthropist of Catholic causes Francis J. Lewis donated money toward the construction of a Catholic chapel at MTS. The offer was accepted by the Chicago City Council and the Catholic Bishop of Chicago (the Archdiocese of Chicago) in memory of George Cardinal Mundelein, who had served as Archbishop of Chicago from 1915, and cardinal from 1924 until his death in 1939. Lewis, for whom the Lewis Memorial Chapel is named, was the owner of the F. J. Lewis Manufacturing Company, a tar products manufacturer, before retiring to pursue philanthropic and charitable causes, primarily for the archdiocese. Lewis became the director of the Federal Reserve Bank of Chicago in 1936. According to historical permits, construction was begun in April 1936, and the finished church was dedicated on October 25th of that year.

The two-story and basement rectilinear church is clad in multi-hued red brick with limestone trim and has a clay tile roof. Twin projecting bays flank the main west elevation, while a single-story vestry and other rooms wrap around the two-story apse. A tall and narrow bell tower, with a single bell, rises vertically from the northeastern corner and is topped by an ornamental metal cross.

Architecturally, the church echoes the Romanesque style in form only, with only general references to the style. The use of plain stone trim, contrasting brick, windows set into corners, and general rectilinear forms have their base in the Modern style of architecture, which was defined by refined geometric forms. The Prairie School style can be seen in the horizontal form and linear emphasis of the north and south elevations and in the use of decorative glazed tiles.

The refined west elevation is clad in limestone and outlined by a cross-hatched border of brick and limestone, with an outer border of brick laid diagonally and a limestone cross at the peak. In contrast, the west elevations of the aisles are clad in red brick. The main double doorway has a tympanum with a lattice relief and raised cross and is surrounded by radiating voussoirs. The cross matches the stylized design of the cross on the gable peak. Above the entrance is a wheel window with three horizontal and three vertical mullions set in a slightly recessed square frame. A blind arcade with plain corbels caps the elevation within the brick border. Flanking the main entrance are tall light standards framed by limestone with opaque glass panels.

On either side of the west elevation are two-story flat-roofed bays with an unusual Modern design. Above the building's limestone water table, the bays are clad in brick and have recessed steel-framed windows with limestone surrounds, which wrap the corners and create the appearance of two-story corner windows. The north and south elevations are clad in brick and punctuated by a row of six evenly spaced arched stained-glass windows that illuminate the main sanctuary. Each window has a heavy limestone sill and an inner limestone arch that frames a smaller operable sash within the greater window. Decorative glazed ocher and teal tiles take the place of imposts and form a contrasting band between the windows and around the building.

The interior of the church has a main entrance vestibule at its western end and a large rectangular sanctuary. The vestibule is finished with stone floors, yellow brick walls, and a beamed plaster clad ceiling. The inner east wall of the vestibule has a central double leaf doorway, with doors of vertical oak boards, that leads into the main sanctuary. The doorway is flanked by two square marble memorial plaques with decorative two-toned Tennessee marble borders. The south plaque reads: A Gift to God – In Memory Departed Relatives – Francis J. Lewis – Please offer a prayer for their Souls. The north plaque reads: George Cardinal Mundelein – Archbishop of Chicago – 1936. Decorative marble pilasters appear to support the plaster ceiling beams, which visually divide the vestibule ceiling into three square section. The same pattern is repeated in stone borders in the floor. The main sanctuary has a floor of rectangular white marble tiles with a light red Tennessee marble border. The original pews have rectangular paneled ends and flank the central aisle. The two-story space has plaster clad walls with decorative Art Moderne style plaster frames around windows. At the east end of the space is the marble alter, which was designed int eh Art Moderne style. Twin niches flank the alter and have white marble backs. A marble sanctuary rail separates the sanctuary from the alter area.

The church retains its overall form and materials and remains in very good condition with a high degree of integrity. Alterations include the boarding of some windows on the east elevation and the construction of a

wheelchair ramp to access the north entrance. The flat main entry doors with single, small glazed openings are original. The interior has excellent integrity in volume and materials. Both the vestibule and sanctuary retain original finishes and fixtures.

Integrity

The Chicago Municipal Tuberculosis Sanitarium exhibits a high degree of integrity with regard to design, materials, context, form, and layout. The Prairie School and Italian Renaissance Revival hospital buildings designed by Otis and Clark and grounds designed by Ossian Simonds, and later by Frank B. Przybyla, are unique in Chicago. Although all of the patients' cottages, nurses' home, and a few other secondary buildings have been demolished and most pathways and roadways have been removed or rebuilt, the brick buildings that historically formed the central core of the site continue to convey the site's history as a sanitarium devoted to the treatment of tuberculosis and reflect all of the complex's historic functions. The physical character of these buildings in terms of scale, setback from the street, entries, architectural features and finishes, and door and window configuration have remained largely intact, with only a few instances of in-filling of windows or replacement of finishes, windows, or doors. The remaining buildings and grounds immediately surrounding the core axis of buildings, while somewhat altered, continue to provide the visitor with a meaningful sense of the architects' and Dr. Sachs' intended vision for the visual character of the site.

The buildings within the Chicago Municipal Tuberculosis Sanitarium District all exhibit a high degree of exterior integrity. Some buildings, including the Administration Building, Men's Unit Administration Building, Dining Halls, Chapel, Power House, and Laboratory Building all exhibit a high degree of interior integrity with regard to layout and finishes. Buildings such as the Infirmary group and the Auditorium Building retain their overall layout but have been significantly altered for use by the Chicago Park District and for use as affordable senior housing. The site immediately surrounding the buildings expresses its architectural and aesthetic value through the individual characteristics of each building and structure as well as the cohesive visual form of the site's arrangement. Although areas along the perimeter of the original site are excluded from the district due to later development and alterations, the nature of these alterations—particularly Peterson Park and the North Park Village Nature Center north of the district—preserve much of the park-like setting of the original clinic. Even along its south boundary, the district is screened from the more intensive development at the south end of the original site by trees and other plantings. Despite the loss of some sanitarium buildings, the interior alteration of some buildings, and the removal of circulation networks, the Chicago Municipal Tuberculosis Sanitarium District continues to represent the historic architectural and institutional significance of the sanitarium's core, and expresses the site's development over time as a key public component in Chicago's municipal campaign to control tuberculosis.

Boundary Justification

Given the significant new construction and alterations to the historic landscape that have occurred north and south of the historic axis of main buildings, the proposed boundaries for the Chicago Municipal Tuberculosis Sanitarium District have been drawn to encompass only these remaining buildings and the one significant landscape structure—the Children's Pool and Rock Garden—that remains intact. The boundaries as drawn create a district that is cohesive and clearly tells the story of the historic function and design of the complex. The north and west boundaries of the district generally follow the south boundary of the North Park Nature

Center, except where it diverges to encompass the Men's Administration Building; the eastern portion of the north boundary roughly follows the southern border of Peterson Park, except where it diverges to encompass the Laboratory Building; the eastern boundary runs parallel to and west of Central Park Avenue by approximately 75 feet; the eastern third of the southern boundary runs along the northern edge of the North Park Village Community Garden; the middle third of the southern boundary follows the northern edge of the Senate Apartments parking lot; and the western third of the southern boundary follows the southern edge Ardmore Avenue.

Chicago Municipal Tuberculosis Sanitarium District
Name of Property

Cook County, Illinois
County and State

8. Statement of Significance

Applicable National Register Criteria

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

[X] 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.

[X] 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 a birthplace or grave.

[ ] D a cemetery.

[ ] E a reconstructed building, object, or structure.

[ ] F a commemorative property.

[ ] G less than 50 years old or achieving significance within the past 50 years.

Chicago Municipal Tuberculosis Sanitarium District
Name of Property

Cook County, Illinois
County and State

Areas of Significance
(Enter categories from instructions.)

HEALTH CARE

ARCHITECTURE

Period of Significance

1911-1974 (Criterion A)

1911-1939 (Criterion C)

Significant Dates

1911-1915; 1919, 1923, 1936; 1938-39

Significant Person
(Complete only if Criterion B is marked above.)

Cultural Affiliation (if applicable)

Architect/Builder

Otis & Clark, Ossian C. Simonds, Jarvis Hunt, Hans T. Leibert, Frank B. Przybyla

Chicago Municipal Tuberculosis Sanitarium District | Cook County, Illinois
Name of Property | County and State

Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations).

The Chicago Municipal Tuberculosis Sanitarium (MTS) District, currently the site of North Park Village, is locally significant under National Register Criterion A for Health/Medicine as one of the largest facilities built in the United States to treat tuberculosis, one of the deadliest diseases in human history. The 160-acre institution was built between 1911 and 1915 on Chicago's far northwest side in the North Park neighborhood. The sanitarium was the manifestation of Chicago's "I will" spirit – the determination to control and defeat the spread of tuberculosis.

During the late 19th century, tuberculosis accounted for about twenty percent of all deaths. Leading a progressive charge against the disease during the 1900s, Dr. Theodore B. Sachs helped make tuberculosis a primary health concern in Chicago, and he showed that there was a need for a dedicated institution to treat the disease. The development and design of MTS as an effective facility owed much to Dr. Sachs' authority on the treatment of tuberculosis. As one writer for the *Journal of the Outdoor Life* wrote in 1916, "The architect designed, but it was Dr. Sachs who breathed his genius through everything."

The Chicago's Municipal Tuberculosis Sanitarium is also significant under National Register Criterion C for Architecture. The complex's design made it an effective component in Chicago's charge against tuberculosis. C. A. Anderson wrote in *The Brickbuilder* in 1915 that, "the sanitarium must invite by combining fear and comfort — fear of the future course of the disease, and comfort through attractive buildings, good treatment, and a creative interest." Chicago's municipal sanitarium accomplished each of these points. It provided a lush campus designed by notable landscape designer Ossian C. Simonds, it established a series of substantial administrative and patient buildings designed in the Prairie School style with Italian Renaissance Revival elements by the firm of Otis & Clark, it advanced valuable treatments beyond the typical rest and fresh air encouraged by earlier sanatoriums, and it offered patients a range of activities during their lengthy treatments that would both keep patients from leaving prematurely and prepare them for reentry into society. Above all, MTS provided ample comforts for patients facing a fearsome and unrelenting disease – tuberculosis.

On February 16, 1916 (opening day of the sanitarium), board member William A. Wieboldt spoke optimistically to a crowd and said, "I hope the professional world and the scientists will, through such work as the work of the Municipal Sanitarium, after long years, be able to stamp out this plague and that buildings of this kind will not be necessary and that 160-acre farms such as this one can be then used for recreation spots for old and young." MTS served Chicago for nearly 60 years before tuberculosis was finally controlled in the 1970s. The grounds and collection of buildings that remain today represent one the largest and most significant public health projects in Chicago's history.

For Criterion A, the period of significance begins in 1911 when construction began and ends in 1974, when the MTS closed. For Criterion C, the period of significance begins in 1911 and ends in 1939, when the final component of the sanitarium's central complex—the Children's Pool and Rock Garden—was completed.

Narrative Statement of Significance (Provide at least **one** paragraph for each area of significance.)

TUBERCULOSIS: THE GREAT WHITE PLAGUE

By the beginning of the 19th century, tuberculosis had killed approximately one in seven of all people who had ever lived. The disease had plagued humans for well over 5,000 years and has been described in writing and art

for millennia. In Ancient India (around 1500 BC), it was called *yaksma*, and ancient Egyptian mummies have shown characteristic lesions, or tubercles, on remaining bones. Early Greeks called the disease *phthisis*, meaning "wasting," referring to physical degradation caused by the disease as it destroyed organs and other tissues. In Latin it was referred to as *consumptione* or consumption, which remained a popular name for the pulmonary form of the disease through the early 20th century. Throughout history, sufferers are characterized as feverish, dehydrated, and afflicted by strong bouts of coughing, which left them fighting for breath. Their bodies became emaciated, lethargic, and pale-white, earning the disease the name "the great white plague."

Tuberculosis is a highly communicable disease that is transmitted through infected droplets from a sneeze, cough, or simply from talking. The bacterium produces large hardy spores that can survive nearly any environment, which make it easily contractible from infected surfaces or food, especially from milk or meat of infected cows. Very few of the slowly replicating bacterium are required to develop an infection, which form the disease's characteristic tubercles. In severe cases, the tubercles can burst and cause hemorrhages, or bloody coughs. Although a pulmonary infection is most common, any organ or part of the body can be affected.

The disease became known as "tuberculosis" for the presence of tubercles formed by clusters of bacterial cells. The specific bacteria responsible for the disease were identified in 1882 by Dr. Robert Koch. Prior to Dr. Koch's discovery, the term "tuberculosis" was used to refer to any disease that produced tubercles.

Historically, tuberculosis was unlike the great plagues that had earlier ravaged Europe or even the myriad diseases that were commonly found in any city of the 19th century. Tuberculosis did not make a sudden appearance, devastate a population, and quickly vanish like the Black Plague or outbreaks of cholera. Instead, tuberculosis could infect and consume a person over a period of years or decades through alternating cycles of sharp attacks and remissions. Because symptoms could appear weeks or years after exposure, it was difficult to identify newly infected cases or to determine the source of outbreaks. Consequently, without a means to identify a clear source of the disease, the best treatment was to isolate the sick to prevent the disease's spread. This formed the basis of sanitarium treatment.

LIFE IN 19TH CENTURY CHICAGO

Chicago, like many cities during the 19th century, was made perilous by contaminated water, spoiled and/or adulterated food, malnutrition, exposure to poisons, and dangerous working and living conditions. The average life expectancy in Chicago during the mid-19th century was about 40 years. Of all the unmitigated dangers that could kill a person, disease was the most potent. Between Chicago's incorporation in 1837 and the turn of the century, life in Chicago was made especially miserable by outbreaks of cholera, diphtheria, scarlet fever, typhoid, smallpox, measles, and malaria. However, the most common cause of death in Chicago and across the country at the time was consumption, known today as tuberculosis.

Chicago's relationship with disease improved over the course of the 19th century, mirroring the experience of the nation. Although cures were unknown and the cause of diseases were not understood, efforts were made to control their spread by improving sanitation or by isolating the sick.

Confronting disease in Chicago during the 19th century
Early in Chicago's history, cases of malaria, borne by mosquitoes that bred in lakefront marshes, afflicted early Chicagoans. However, this disease was quickly eliminated as development led to the draining and filling of the soggy ground.

Epidemics of diarrheal diseases including cholera, dysentery, and typhoid were the leading causes of death during the mid- to late-19th century. A cholera outbreak in 1854 killed over 1,400, with nearly as many dying from typhoid that same year. Dysentery killed around 1,600 between 1854 and 1860. Although the cause of diarrheal diseases was not known, clean water was identified as important to the health of the city. Lake Michigan was and remains Chicago's preferred water source, but during the 1850s it also served as the destination for sewage. Wastewater and raw sewage leaching from privy pits laced with disease-causing pathogens flowed directly into the lake or into the Chicago River, which also flowed into the lake. It was not until English physician John Snow identified tainted water as the carrier of cholera during an 1854 outbreak in London that cities like Chicago began to consider improving water hygiene.

By the early 1870s, Chicago's water supply and wastewater systems were greatly improved. A water intake crib two miles from shore provided fresher water by avoiding the polluted shore. Further, in 1871 the flow of the ever-polluted Chicago River was first reversed to direct pollution and sewage away from the lake. However, the river's flow was slow, making it appear stagnant, and major rains tended to restore the river's flow into the lake, which led to continued outbreaks of disease. Yet by the 1880s, Chicago's death rate from cholera was below those of Boston and New York.

The Chicago Sanitary District was formed in 1889 through special state legislation to improve the city's water supply. It successfully completed the reversal of both the Chicago and Calumet rivers by digging miles of canals, including the Sanitary and Ship Canal, which was completed in 1900. All shoreline sewerage outlets into the lake were permanently closed in 1893, and chlorination was introduced to the water supply around 1917. By the early 1900s, the death rate from diarrheal diseases such as cholera and typhoid was reduced by half, from 25.5 in 1885 to 12.9 in 1905, for every 10,000 of population.

Despite these improvements, disease still spread easily, if not by polluted water then by tainted or adulterated food, or simply close proximity to other infected individuals. Researchers and the city's health department promoted the improvement of sanitary conditions, as filth and noxious odors, or "miasmas," were believed to bring disease. Annually during the 1870s and 1880s, the carcasses of thousands of horses and dogs, and hundreds of cattle and sheep, were removed from the city streets. The health department struggled to cope with the mounting garbage and ash spilling into the streets, the prevalence of heavy smoke and fumes from locomotives and factories, and tens of thousands of noisome privies that leached infected water. Improving the health of the city under these conditions was a monumental task.

Adding to the misery was Chicago's growing population density. The city's health department identified several neighborhoods as severely overcrowded, with unsanitary conditions contributing to deaths. Chicago's population doubled each decade during the mid- to late 19th century with the arrival of new residents and immigrants, growing from around 112,000 in 1860 to over 1,000,000 by 1890. The majority of the population, often living in the poorest districts, was concentrated in a dense band around downtown.

Respiratory and other diseases, spread in overcrowded conditions, tore through Chicago's dense districts. Deaths from diphtheria and whooping cough soared during the 1870s, while scarlet fever accounted for 10 percent of all deaths in Chicago in 1877 alone. Smallpox was also widespread despite quarantines and compulsory vaccination of 95 percent of the population in 1868. The arrival of new immigrants outpaced vaccination programs and continued to introduce and spread the disease, leading to an epidemic in 1881–1882 that killed nearly 2,500. Vaccinations finally halted major smallpox epidemics by 1893.

The risk of disease was not only from foul water and in overcrowded districts, but also from the very food that nourished the city. Chicagoans were frequently at risk for deceit, unconscious errors by vendors, or simply poor choices due to misconceptions about sanitation and disease. Unscrupulous vendors hawked ice cut from sewage-tainted lakes; sold milk that was either spoiled or filled with additives such as chalk, borax, or typhoid-laden water; or marketed meat and vegetables that were simply spoiled. Before 1880, according to the City's Board of Health report for 1905, 65.8 percent of all deaths were of children under five years of age. Milk tainted by any number of diseases, including tuberculosis, was seen as the central cause. Efforts to control the distribution of milk and to force food makers and vendors to improve their sanitary conditions were not fully undertaken until the beginning of the 20th century.

At the close of the 19th century, deaths from a multitude of common diseases were declining, while deaths resulting from heart disease and cancer rose as residents lived longer. Chicago's average life expectancy nearly doubled between 1875 and 1905. However, despite progress in controlling and reducing many of the most common and deadly diseases, Chicago had yet to fully address the greatest cause of death: tuberculosis.

TREATING TUBERCULOSIS

Treating tuberculosis was difficult because the disease provided bewildering symptoms that developed over long periods of time. Because of the bacteria's facile spread between people in close quarters as well as the disease's record of attacks and remissions, many believed that tuberculosis was hereditary. During the 19th and early 20th centuries, because there was no standard understanding of how the disease functioned, tuberculosis treatment focused on keeping it in remission. This was accomplished by reducing exposure to environmental triggers that were believed responsible for acute attacks.

One of the earliest treatments, dating to ancient Greece, targeted respiratory symptoms and lethargy, and called for sufferers to move to more healthful climates where they could seek relaxation and fresh air. Although fresh, outdoor air remained the most popular treatment through the 20th century, diet regimens, mental stimulation, varying levels of physical exertion, and finally surgical and drug treatments became the tools for reducing the effects of the disease. However, without a formal cure, isolating the sick at institutions – called "sanatoriums" or "sanitariums" – was agreed to be the best possible treatment alternative. A cure and an inoculation against tuberculosis were actively sought following the discovery of the tuberculosis-causing bacteria in 1882, but none was developed until after World War II.

The 19th century saw the rise of fresh-air tuberculosis treatment institutions. Two types of fresh-air institutions developed in the United States. The first is the *sana*torium, which originates from the Latin word *sanare*, meaning "to heal." Most sanatoriums both in Europe and the United States were opened to treat early or curable cases. The second is the *sani*tarium, whose meaning comes from the Latin word *sanitas*, meaning "health." Sanitariums developed as institutions, or health resorts, for cases of all classes regardless of their prospect for improvement. Although a fine distinction, the use of the terms sparked debate during the first decades of the 20th century. Doctors, physicians, and researchers widely agreed that facilities that were focused on the treatment of tuberculosis cases should be referred to as *sana*toriums. Many believed that *sani*tariums were facilities that cared for patients with a variety of ailments. Early in Chicago's bid for a tuberculosis institution, the proposed facility was referred to as the Chicago Municipal *Sanatorium*; however, before its opening, for reasons unknown, it became the Chicago Municipal *Sanitarium*.

Sanatoriums offered sufferers both ample rest and relaxation in the open air, and they provided a careful regimen aimed at improving hygiene and diet to keep the disease in remission. The first systematic and large-scale sanatorium for the treatment of curable cases of tuberculosis opened in Germany during the mid-19th century. The "German system," as U.S. doctors referred to it, was essentially a closed "school of hygienic discipline, with little left to the patient's initiative except strict obedience." Although the concept and strict practices of European institutions did not reach the United States until the late 19th century, the idea of seeking improved health through better climate did become popular in the U.S. Climate quickly became the most popular means of treatment for all types of diseases, especially tuberculosis, during the mid-to late 19th century.

Seeking Better Health: 1840s–1890s

The American West was partially settled with the help of people sick with tuberculosis. Those suffering from tuberculosis followed the popular notion that an outdoor lifestyle with a regimen of activity in the right climate would quickly cure consumption in any stage. The cult of fresh air and sunlight had gained traction in Europe, where some of the best resort-like sanitariums basked in sunny locales or benefited from higher altitudes where the air was perceived to be clearer and therefore healthier – any place away from the dense city with its noxious fumes and filthy streets was considered to promote better health.

In the period from the 1840s through 1890s, tens of thousands of "health seekers," many of whom were consumptives, spread westward in search of the panacea offered by the new western states and territories. In turn, the states, territories, and the railroads that connected them saw the sick as potential settlers and actively promoted the healthful climates of their lands. Because tuberculosis was not yet tied to class and because it was seen as a hereditary disease, there was no perceived risk in inviting those with tuberculosis to help settle new western towns.

Profit and politics drove the invitation for a migration of the sick. New railroad lines, unprofitable alone, sold real estate around stations, offering each stop as a healthful and restful place to live. Entire western towns were developed and sold as panaceas of health. Denver, Los Angeles, San Diego, and Pasadena were some of the dozens of small towns that promoted their ideal climates for outdoor recuperation. The State of California proclaimed itself the "land of sunshine," and in an 1883 guidebook *California for Fruit Growers and Consumptives* encouraged "all persons" to come and enjoy "a life of outdoor luxury associated with good health." Although most western towns wanted to attract only higher class and white consumptives, they drew sick and invalids of all races and levels of society. Even those of little means left their lives and jobs behind for the booming health towns in search of the elusive "climate cure."

Dr. Robert Heinrich Hermann Koch (1843-1910)

Prior to the discoveries made by German physician and microbiologist Dr. Robert Heinrich Hermann Koch little was understood of the microscopic causes of many diseases. However, early researchers identified how some diseases were spread, and consequently how they could be controlled. Small-pox was for millennia controlled by processes of inoculation, which relied on introducing a less virulent form of the virus to the body to develop immunity. This process was improved and made safer during the late 18th century, and regular vaccinations against the disease became common during the mid- to late 19th century. Similarly, cholera outbreaks during the early to mid 19th century were quickly reduced once tainted water was identified as the primary means for the disease's spread. Researchers determined that if small-pox and cholera could be mitigated, then tuberculosis could be controlled as well.

Koch was influential in establishing the study of disease-causing microorganisms, and for identifying the specific bacteria that cause diseases such as cholera, anthrax, and tuberculosis. Dr. Koch is credited with developing many

innovative and fundamental laboratory techniques that gave rise to the field of microbiology, and he was awarded the Nobel Prize for physiology or medicine in 1905.

Early in his career, Dr. Koch was drawn to the problem of anthrax among farm animals, especially sheep, in a region of Germany. His research proved that the symptoms of anthrax were caused by microorganisms – oblong-shaped bacilli – and that animals exposed to the bacteria could become infected. He used his findings to study other diseases, including cholera in Egypt and India, which led him to develop rules for the control of epidemics. His research was instrumental in applying the developing field of "germ theory" to public health, which prompted major changes in sanitation toward the end of the 19th century and helped establish guidelines for the control and mitigation of diseases.

Koch identified the *tubercle bacillus*, currently known as *Mycobacterium tuberculosis*, which causes tuberculosis. Recognizing the presence or absence of the *tubercle bacillus* meant being able to define "the boundaries of the diseases to be understood as tuberculosis." All forms of the disease, from the common respiratory infection to infections of other organs and the bones could be identified as having one source and differentiated from other diseases such as pneumonia.

Koch's research on the tuberculosis bacteria, *Die Aetiologie der Tuberkulose* (or *The Etiology of Tuberculosis*), was published in April 1882. Its findings were immediately controversial, as contemporary medical professionals believed that diseases like tuberculosis were inherited and not caused by a single source such as a tiny organism. However, the chance to vanquish the dreaded disease seemed ever closer, and Koch's revolutionary research became international news, influencing researchers and sufferers worldwide.

Edward Livingston Trudeau (1848–1915)
U.S. physician Edward Trudeau opened the first American tuberculosis sanatorium in upstate New York in the mid-1880s. At a time when health spas catered to the wealthy, Trudeau's open air cottage sanatorium represented the first attempt to offer treatment for tuberculosis to the poor.

Trudeau was diagnosed with tuberculosis in 1873 and, following conventional logic, left his home in New York City for a change of climate; he eventually moved his family to Saranac Lake, New York and opened his medical practice there while also enjoying fresh air, as recommended. Although the fresh air helped to arrest some of his symptoms, Trudeau remained debilitated by the disease. However, Trudeau's life was transformed in 1882, after he was introduced to both the German sanatorium concept, which regulated hygiene and diet, and Koch's methods for isolating and studying tuberculosis bacteria. Trudeau then used Koch's methods to determine which effects environment and diet had on arresting the growth of the bacteria. In 1887 he published his research on rabbits, which showed that a healthy outdoor lifestyle with proper nourishment could almost eliminate symptoms of the disease. With these findings, he opened his Adirondack Cottage Sanitarium at Saranac Lake, an institution that became the model for the development of hundreds of similar private sanatoriums across the country.

Tuberculosis Treatment after Koch's Discovery
Once tuberculosis was recognized as a communicable disease in the 1880s, the sanatorium became the standard public facility in the United States during the drive in the early 20th century to combat the disease. Patients in all stages of the disease were treated in isolation from the rest of the population. Sanatoria offered patients fresh air and prevented the continued spread of the disease. By the early 1900s, 1 of every 170 Americans resided at a sanatorium. Sanatorium care remained popular in the United States through the mid-20th century, even after the Bacillus Calmette–Guérin vaccine (BCG or the tuberculosis vaccine) was successfully introduced in France in

1921. Treatment in the United States remained sanatorium care, as physicians opted against mass vaccination, which was instituted in several countries around the world at the time.

Views toward tuberculosis changed during the late 19th century. As it became clear that the disease was spread by germs and not simply filth or heredity, the view of the disease and those afflicted quickly changed in the public's eye. Chicago physician Theodore B. Sachs observed in 1904 that:

> Consumption is beginning to be considered a disgrace, it is a disease which must be covered up if possible, or called by another name. People will tell willingly how many cases of typhoid fever they have had in their families, but they are loath to admit a case of consumption, for the infectiousness of that disease is gradually becoming known and nobody wishes to be an object of dread to his neighbors.

Tuberculosis was no longer viewed as a hereditary disease that afflicted rich and poor alike. Instead, as germ theory advanced, the disease quickly became associated with the poor, stigmatizing those who suffered from it. As families met tuberculosis with disgrace, they also found additional financial burdens from providers of life insurance, which raised rates if a near relative was known to have died from the disease. In the West, the once-welcoming health towns closed themselves to consumptives and passed laws to keep them out. The recognition of tuberculosis as a significant communicable disease raised the need for a greater system for control. States, counties, and municipalities across the country started what would become the United States' first nationwide campaign on health and opened isolation hospitals or sanatoriums dedicated to treating tuberculosis sufferers.

20TH CENTURY: CLEANING CITIES AND CONTROLLING TUBERCULOSIS

The fight against tuberculosis was the first national public health campaign in the United States. It was met at the dawn of the 20th century with a great push to clean up cities and take charge of the food supply, which had been identified as a great source of disease. The idea that germs caused sickness promoted a wide range of policies that propelled profound improvements in city life. The sanitization of cities aided and guided efforts to mitigate the spread of tuberculosis.

Improving the Welfare of the City

Within the first decades of the 20th century, the National Association for the Study and Prevention of Tuberculosis (now known as the American Lung Association) was founded in 1904 by Edward Trudeau, the Pure Food and Drug Act was passed in 1906 to protect consumers from adulterated products, milk was first pasteurized in 1909 to destroy bacteria, and Chicago's water was first chlorinated in 1912. Using the understanding of bacteria and the transmission of disease, social reformers and the City's health department targeted their efforts to sanitize the city using new scientific methods.

Diminishing filth and overcrowding was the most visible aspect of the fight against tuberculosis. These conditions were addressed at the neighborhood level in several ways. Progressive reformers and the city health department increased efforts to improve sanitation services. One block of O'Brian Street in particular, in what is today the University Village neighborhood in the Near West Side community area, was described in a 1904 survey by Bertha Hazard of the Hull House as potentially attractive if only for filth that made the area truly unwholesome. She described the edges of the street were:

> …in early May covered with a long, yellowish border of varying width, the sun-dried and wind-blown remains of the street manure. This accumulation is light and chaffy, and when not mixed

> with too many other substances is used by the children in their play, as other children would use sand heaps. The alleys are unspeakably filthy and disgusting.

The City soon required the collection of garbage and manure, no longer allowing the latter to be stored in bins next to or beneath sidewalks. Similarly, in 1904, architect Dwight H. Perkins and landscape architect Jens Jensen published a report on the development of neighborhood parks that could breathe fresh air and offer open space to the city's densest districts. New public bathhouses offered a chance for better personal hygiene.

At the level of the home, organizations and settlement houses, such as the Hull House and Chicago Commons, offered all manner of assistance to immigrants and the poor, including instruction on everything from American customs to sanitation in the home. At the same time, residents at all levels of society were influenced by fashion choices that gave the impression of cleanliness: florid Brussels carpets gave way to hardwood floors, whitewash and light paints became favored over dark colors, and dust-collecting bric-a-brac were replaced by easier-to-clean spaces.

To promote better health at the individual level, social reformers fought for the health and rights of children and workers. They pushed for shorter shifts and better light and ventilation in factories to improve the workers' health. They also joined the national charge against child labor and supported strengthening the state's compulsory education laws, which gave children the opportunity to learn as well as access a healthful environment and wholesome food for at least part of their day.

Controlling Tuberculosis

Improving the general welfare of the city set the basis for the control of tuberculosis. Mortality rates in Chicago from the disease remained stubbornly steady from the 1880s through the 1900s, at around 18 to 19 deaths annually for every 10,000 persons. At the same time, fatal cases of other diseases declined steadily, suggesting that a hygienic society was only part of the battle against tuberculosis. The City's greater concern was the unknown thousands, possibly tens of thousands, of individuals that were at risk of spreading tuberculosis.

National public education programs on the prevention of tuberculosis and new municipal laws were created to control the disease. The National Society for the Study and Prevention of Tuberculosis was founded in 1904 and helped develop facilities that provided free examinations and treatment in cities across the country. It also held educational campaigns to change popular misconceptions about the spread of tuberculosis and helped cities enact programs to control the disease. One of Chicago's first major anti-tuberculosis measures was the passage of an anti-spitting ordinance in 1901.

Although it became clear by the early 1900s that sick individuals should ideally recover in isolation from healthy society, many consumptives could neither afford the often-distant and expensive private sanatoriums, nor wanted to enter public hospitals. City and County hospitals were dreary places with few comforts. Many poor chose to starve from malnutrition and the stress of tuberculosis rather than endure the humiliation of going to the County hospital, which resembled the feared "poor house." Many sufferers would choose not to go until it was too late and they were already in advanced, irreversible stages of the disease. Chicago also lacked power to quarantine the sick or to force sufferers into treatment. Regardless, public hospital beds for consumptives were in extremely short supply at area institutions. In 1907, there were only 300 beds, 250 of which were in the dreaded County poor house, known as Dunning. The opening of Cook County's tuberculosis sanatorium in Oak Forest in 1910 only transferred cases from Dunning, while adding only a few new beds to the regional total.

According to Chicago's Department of Health, over 3,600 people were reported to have died from tuberculosis in Chicago in 1905, which made it clear that there was a great need for more beds and treatment. That year, the City's Department of Health appealed to Mayor Edward F. Dunne, saying that, "an isolation hospital for consumptives owned by the city would readily be filled with patients who are a menace to the health of the community and flatly refuse to go to Dunning. Give the Department of Health a sanatorium for tuberculosis and an increased working force and it is a certainty that the infection of tuberculosis will be less frequently conveyed from the sick to the well."

A free municipal sanitarium was seen as the foremost component of a city-wide program to control tuberculosis. Many people were interested in addressing the tuberculosis crisis in Chicago, but no one was more devoted to the cause than Dr. Theodore B. Sachs, who proved the need for and helped open a quality sanitarium for all Chicagoans.

DR. THEODORE BERNARD SACHS (1868-1916)

Theodore Sachs was one of the country's foremost leaders in the control and treatment of tuberculosis. His ambition and selflessness drove him in the pursuit of helping those in need. The municipal sanitarium desperately needed by Chicago in the 1900s became Dr. Sachs' exclusive goal. His understanding of the disease and his experience directly influenced both the physical design and the clinical organization of the Chicago Municipal Tuberculosis Sanitarium.

Theodore Sachs was born in what is today Daugavpils, Latvia (then in Russia) in 1868 to a Russian-Jewish family. He received a law degree from the Imperial New Russian University of Odessa (Odessa National University) in Ukraine. As a student, the Imperial Russian army offered him a position as captain on the condition that he convert to the Greek Orthodox faith. In response, local Russian authorities exiled him. At the time, Jews were blamed for the death of Tsar Alexander II in 1881 and targeted by government-sponsored massacres, or pogroms. Many Jews fled Eastern Europe; some arrived in the U.S. Sachs' exile likely prompted him to immigrate to the U.S. following his graduation in 1891.

Arriving in Chicago, Sachs chose to study medicine at the College of Physicians and Surgeons (now the University of Illinois Medical College) with specialization in diseases of the lungs. Living with his aunt, he studied English by night and paid for his degree by both working at the school and for Hart, Schaffner and Marx as a sewing machine operator. After graduating in 1895, he became house physician at Michael Reese Hospital, and two years he later opened his own practice to serve the poor near Hull House at Halsted Street and Roosevelt Road (then known as 12th Street). His office was at the heart of one of Chicago's most significant and vital immigrant communities, mere blocks from the notable Maxwell Street vendor district, which was then the geographic center of the city's population.

In his work, Sachs encountered impressive cases of poverty and disease, especially tuberculosis, which led him to develop the first systematic study of the disease in Chicago. His study focused on an area around Hull House (currently the Little Village neighborhood), and it was published in 1904, along with additional studies by Bertha Hazard of the Hull House. In an address published in the *Chicago Tribune* to the Council of Jewish Women in October 1904, Sachs expressed the need to clean up the city's poorer neighborhoods and address issues of dust and smoke. He stated that "hunger for pure air is the cry of the neighborhood." Sachs' study revealed that Chicago had far more cases of tuberculosis than previously thought; it exposed the stark differences between poorer and higher classes in both living standards and the risk of death from tuberculosis, and it proved the need for a local

sanitarium that could provide the care and treatment so desperately needed by many Chicagoans. Chicago's Department of Health agreed.

In 1906, Sachs helped found and became president of the Chicago Tuberculosis Institute. Modeled after similar national anti-tuberculosis groups, it educated the public on tuberculosis and set up a series of clinics, or dispensaries, in neighborhoods across the city to help control it. The institute also wanted to prove that Chicago's climate was as ideal for the successful treatment of tuberculosis as any rural setting. Sachs personally led experimental treatment at two new sanitariums just outside the city: the Gads Hill Settlement in Glencoe, which was modeled after Trudeau's Saranac Lake, and a small tent facility named Camp Norwood on the grounds of the County Tuberculosis Hospital at Dunning. The success of these ventures led Dr. Sachs to found the Edward Tuberculosis Sanatorium outside of Naperville in 1907 (demolished in the 1950s for the Edward Hospital complex). The Edward Tuberculosis Sanatorium was designed by the architectural firm of Otis & Clark with significant guidance from Sachs. Besides his work with the Edward Sanatorium and later the Chicago Municipal Tuberculosis Sanitarium, Sachs was also engaged in work at other area sanatoriums, including the Chicago Winfield Sanatorium, West Side Dispensary, and all other Chicago dispensaries, and he guided the restructuring of nursing care at the Cook County sanatorium in Oak Forest, which had opened in 1910 to replace facilities at Dunning Hospital.

By showing the great need for local tuberculosis treatment and proving that such treatment could be accomplished in the Chicago area, Sachs shifted the discussion on tuberculosis and led the charge for a city sanitarium. Chicago Mayor William Busse appointed in 1909 as board member of the Chicago Municipal Tuberculosis Sanitarium and he was promoted to director in 1913. MTS triumphantly opened to the public in 1915. Later that year, Sachs was elected president of the National Association for the Study and Prevention of Tuberculosis (later the American Lung Association), which at the time was the single most important organization leading educational and research efforts against tuberculosis. Sachs was recognized as America's foremost leader in the field of tuberculosis treatment.

As director of MTS, Dr. Sachs felt certain of his ability to guide the treatment of tuberculosis in Chicago and the institution. He held positions at MTS and the Edward Sanatorium, both of which were unpaid, and he maintained a private practice as well. The election of Mayor William "Big Bill" Thompson, one of the city's most colorful and corrupt figures, came only a month after MTS's opening in 1915. Dr. Sachs felt that MTS's integrity and growing reputation were at risk of political interference under the new administration.

Over the course of 1915, Sachs' concerns multiplied. First, Mayor Thompson was reluctant to reappoint Sachs as director of MTS, but public pressure finally compelled him to do so. Second, over the course of several months, new employees were appointed to replace some existing MTS staff. Sachs objected to these changes and charged that the mayor and his newly appointed Commissioner on Health, Dr. John Dill Robertson, were turning MTS into a "job factory" and "political football." According to the *City Club Bulletin* of December 1915, 494 employees were replaced by temporary appointees between May and September. Third, in November 1915, plans drawn by Otis & Clark for an expansion of MTS in 1916 were rejected by the Thompson administration. Fourth, MTS's business manager and early board member Frank W. Wing was replaced by the mayor. Finally, Mayor Thompson offered Sachs a new position at another hospital with a salary of $10,000, which Sachs refused on the grounds that he had never received remittance for his efforts to control tuberculosis in Chicago. In a letter to the mayor, Sachs wrote:

Chicago, March 20, 1916

Hon. William Hale Thompson,
Mayor of Chicago.

Dear Sir:
I hereby resign my position as President of the Board of Directors of the Chicago Municipal Tuberculosis Sanitarium. I am taking this step because I do not believe in political management of hospitals, sanitaria, or similar institutions.
My service to the Sanitarium during the past six years has been prompted by the earnest desire to give the best in me to this community in which I have resided during the past twenty-seven years. It is my personal judgment, after ten months' experience with the present administration, that the continuation of efficient service under the present conditions is absolutely impossible.

Respectfully yours,
(Signed) Theodore B. Sachs
March 21, 1916

In the spring of 1916, the Thompson administration opened a formal investigation into MTS's financial management and construction. Despite wide encouragement to remain on the board, from physicians and others in Chicago and across the country, Sachs resigned in March 1916. Ultimately, Sachs' greatest concern was the welfare of all Chicagoans afflicted with tuberculosis and the integrity of the institution he had created to combat the disease. In his resignation letter to Mayor Thompson, he expressed doubt about his ability to do so, writing, "…after ten months' experience with the present administration… the continuation of efficient service under the present conditions is absolutely impossible."

Tragically, two weeks later, Sachs committed suicide with an overdose of morphine in what many described as a heroic suicide of self-sacrifice. Dr. Sachs never testified in the mayor's finance investigation, which continued despite his death through June 1916. In an open letter to Chicago published in several city newspapers Dr. Sachs implored Chicago's citizens to resist all political interference in the sanatorium and that the institution created, "in a boundless love of humanity and made possible by years of toil," be protected. Dr. Sachs' suicide highlighted the injustice of Chicago's politics. His action made national news and raised him to the status of a political martyr. Over two thousand people attended his funeral, which was held at the Edward Sanatorium in Naperville.

FOUNDING THE CHICAGO MUNICIPAL TUBERCULOSIS SANITARIUM

A Groundswell Vote for a Municipal Sanatorium

Illinois Senator Edward J. Glackin was influenced by the work of Dr. Sachs and the Chicago Tuberculosis Institute when he formulated a bill in 1905 and again in 1907 for the establishment of a system of state tuberculosis sanitariums. However, with state funding impossible to secure, Glackin reformulated the bill by holding municipalities responsible for funding. Senate Bill No. 598 finally passed in January 1908 as the Illinois Public Tuberculosis Sanatorium Law, or the "Glackin Law," enabling municipalities and villages to levy taxes to build and maintain their own sanitariums.

With state law authorizing local sanitarium construction, it was up to the City of Chicago to hold a public vote on whether or not to adopt the new law. Immediately, Sachs and the Chicago Tuberculosis Institute campaigned to have the Glackin Law instituted in Chicago by the following year to start building the much-needed sanitarium as soon as possible. Endorsements for the law came directly from the Commissioner of Health and the City's health department, local alderman, the Chicago Federation of Labor, settlement houses, numerous social and civic clubs, and the Chicago Medical Society, among many more. The city's many daily newspapers and dozens of

smaller foreign language papers printed editorials supporting the sanitarium measure. Sachs and the Chicago Tuberculosis Institute made regular appearances at city clubs and in public meetings insisting, "tuberculosis is not so much a disease of paupers as it is a pauperizing disease and it is cheaper in the long run to cure the early stage consumptive and return him to his family than to care for him in a late stage in a pauper institution."

In the weeks leading up to the April 5, 1909 vote, thousands of posters and hundreds of thousands of booklets urged "Mr. Voter!" to vote "yes" for the sanitarium and against the Great White Plague. Cities in the Midwest and across the country proudly displayed the poster as Chicago's drive for a municipal sanitarium made national news.

The City referendum to adopt the Glackin Law was held on April 6, 1909 and showed overwhelming support for the establishment of a municipal sanitarium, with 167,000 votes, or 81 percent, in favor. Chicago's new law allotted $1 million annually for public health work related to tuberculosis and appropriated $2.5 million for construction of a new facility over four years. Chicago Mayor Busse appointed three directors for the new Municipal Tuberculosis Sanitarium: Harlow Higinbotham as president, who had presided as president of the World's Columbian Exposition Corporation; Dr. William A. Evans, a previous Commissioner of Health; and Theodore Sachs as secretary. A secondary group, called the "Committee on Building Plans," comprised of Sachs and his colleague, Frank Wing from the Chicago Tuberculosis Institute, delegated the general design details of the sanitarium's development.

Placing the Sanitarium

The City Council approved the expenditure of $407,000 in 1910, through its tax-levying ordinance, toward the purchase of land and the start of construction. The board searched the city for a suitable site, ultimately focusing on the city's northwest side due to the prevailing winds. Board member Higinbotham explained that, "The prevailing winds in Chicago are from the southwest. They blow the poison and the soot and the odor and the gases all away into the lake from that direction. … We wanted to get outside of that air … where the poison would not contaminate, or where the air would be pure; therefore we looked northwest." Two sites were identified before they settled on the current 160-acre parcel west of the North Branch of the Chicago River at Bryn Mawr Avenue and Pulaski Road (historically known as 40th Avenue and later as Crawford Avenue).

The site was part of a lush landscaping nursery called Peterson Nursery, and was set in one of the city's least-populated areas. Yet, surrounding landowners protested the proposed sanitarium for fear that tuberculosis germs would be carried on the wind, patients would wander off into their community, and that its very presence would reduce property values. Sachs took the opportunity to educate residents about the true nature of the disease and the benefit that the sanitarium would have on the community. In later testimony, Higinbotham recalled enduring meetings with "indignant" community members but that he and Sachs, "turned the tables entirely so they were glad we were coming there. Among other things, I told them we would make the grounds so beautiful we would have to lock the gates in order to keep them away." With community approval, the board acquired the land in February 1911 for $156,000.

Chicago's Northwest Side

The land selected for the Municipal Tuberculosis Sanitarium was near the North Branch of the Chicago River in an area that was home to many vegetable farms. One of the area's early settlers, Pehr Samuel Peterson, established a nursery that eventually covered 486 acres, 160 acres of which became the site for the new sanitarium. Peterson's nursery supplied Chicago with trees and plantings for its parks, boulevards, and the grounds of the World's Columbian Exposition in 1893. The area around the Peterson Nursery remained sparsely settled through the 1900s. Cemeteries and institutions, such as the National Bohemian Cemetery (founded 1877) and Chicago

Parental School (opened 1906) occupied vast tracts of land along the nursery's southern and western borders. North Park's population in 1910 was only 478. Residential development progressed slowly, with tracts of subdivided land complete with streets and utilities remaining largely vacant and undeveloped for years. Peher Peterson's son William took over the nursery in 1903 and began to sell off large portions of the land in 1910. After selling a half mile square portion to the City for the Municipal Tuberculosis Sanitarium, William sold off adjacent land to the east, which was gradually developed with frame houses following the sanitarium's opening. Development progressed slowly, but was aided by the opening and paving of Central Park Avenue, on the Sanitarium's eastern border, in 1919. North Park's population tripled between 1920 and 1930 as many Swedish-American families moved into the area. It continued to develop after World War II due to strong demand for new housing.

Design and Construction of the Sanitarium

The initial design and layout of the Municipal Tuberculosis Sanitarium was the product of Sachs' intimate understanding of the requirements for treating tuberculosis and the intellect of architects Otis and Clark for creating functional spaces. According to Sachs, MTS was, "planned to gradually meet the needs of the tuberculosis situation in a growing city, which has at present a population of two and a half million." Construction of the facility lasted from December 1911 through April 1915. Several planned additions were completed to both buildings and the overall landscape through the following decades to better address Chicago's tuberculosis problem.

In May 1911, the three-person MTS board of directors selected the Chicago architectural firm of Otis & Clark to design the new sanitarium buildings and layout; it selected landscape gardener Ossian C. Simonds to develop a plan for the landscape. Sachs, who was both a director of the new sanitarium and chairman of the newly minted two-person design team called the "Committee on Building Plans," highly recommended Otis & Clark for owing to its work with him on the design for the Edward Sanatorium in Naperville in 1907. Sachs had very specific design and layout ideas for Chicago's new sanitarium, and he needed architects that would be both receptive to his requests and able to develop an effective plan. Physician Philip P. Jacobs later wrote of Dr. Sachs:

> Of all the many activities in which he engaged, however, none claimed so large a share of Dr. Sachs' personality and skill as the Chicago Municipal Tuberculosis Sanitarium. In a very real sense the Sanitarium was and is Dr. Sachs. It breathes his personality and his genius from almost every ward and brick. Into it he put his very body and soul.

Architects William A. Otis and Edwin H. Clark began the monumental task of designing the sanitarium grounds by developing a general site plan. Because sanitarium design was still a new field, with less than a decade of development and study, the architects and Sachs had to create a plan for Chicago's new facility based on existing sanatoriums. Through his study of tuberculosis treatment and development of the Edwards Sanatorium, Sachs had amassed information on the best practices and design features for modern sanatorium design. He had surveyed and studied sanatoriums around Chicago and across the country, which provided a general idea as to the required size of the institution and the types of facilities that would be needed. Survey information helped determine a wide range of details, from the optimal distance between buildings down to the number of lavatories per patient cottage.

Regarding aspects of the plan that were not detailed by Sachs, the architects were given a blank slate and high standards. Otis recalled later that MTS directors sought quality over cost. "Don't be extravagant, we were told that all the time, but give us thorough work." Otis and Clark relied on their expertise as architects, but they also based some design decisions on a series of books on sanatorium design by Dr. Thomas Spees Carrington.

Carrington had also surveyed sanatoriums across the country, including the Edwards Sanatorium, and developed a careful set of detailed criteria for best design. His seminal 1911 book *Tuberculosis Hospital and Sanatorium Construction* was written for the National Association for the Study and Prevention of Tuberculosis, of which Sachs was president. In the book, Carrington preached simplicity over luxury so as to build sanatoriums that could treat as many patients as possible for as low a cost as possible; this was precisely what the MTS directors had requested. Carrington's book became the definitive source for efficient sanatorium design through the 1920s.

During the 1900s and early 1910s, the majority of sanatoriums across the country were designed as sprawling campuses; MTS was no exception. Most sanatorium campuses were designed with administrative, office, and hospital functions at their center, surrounded by a ring or clusters of two or more cottages or lean-to type structures for patients. These types of campuses were best suited for large tracts of land. Carrington regarded rural areas and former farmland as ideal locations and suggested that they be scaled to two acres of land per patient. This left ample room for outdoor activities, allowed buildings and cottages to be evenly spaced for maximum air circulation, and forced ambulatory patients to walk outdoors; after all, the primary treatment was exposure to fresh air. The design for MTS adopted this standard format on a large scale, while also providing adequate patient privacy and room for future expansion.

One aspect of this type of campus that met criticism was the inefficiency caused by having great distances for staff to walk between buildings. Patient wards, offices, stock rooms, and other locations could be far apart, which was beneficial to patients, as it increased their exposure to fresh air, but also meant valuable staff time was spent in transit. Institutions, such as the Muirdale Tuberculosis Sanatorium in Milwaukee County, Wisconsin (opened in 1915), chose to build a compact campus with room for vertical expansion, thus reducing staff trips, but which also limited patient interaction with the outdoors. The tradeoff between the efficiency and comfort of staff and the effectiveness of fresh-air treatment for patients was addressed at MTS by providing covered subterranean service tunnels for nurses and staff delivering food and laundry; the tops of the tunnels were treated as slightly raised walkways with pipe railings and brick planters. The tunnels remain, but the above-ground walkways were enclosed with modern metal and glass during the 1970s. Through the distances were still great, staff members were at least comfortable; the longest tunnel at MTS extends 1,500 feet from the Administration Building to the Power House and laundry.

By the fall of 1911, architects Otis and Clark had developed and revised a general layout of the site, incorporating comments from Sachs. The whole complex of buildings was planned for the center of the site and would be buffered from the surrounding community by a ring of trees and green space for farming. The buildings, as Sachs explained, were organized so that a "line of administration and infirmary buildings, from west to east, divides the Sanitarium grounds into two separate sections – one for the male and the other for the female patients." The main buildings were set in a straight line across the campus, ranging from the public Administration Building at the front or west end of the campus to the functional Power House and grounds-keeping buildings at the far eastern end. A farm was located at the southeastern corner, and open fields for outdoor activities were placed along the eastern edge of the grounds and in the northeastern corner.

New patients and visitors entered the site from the sanitarium's main entrance at the southwestern corner, at the intersection of Bryn Mawr and Pulaski Road, and followed a 1,400-foot-long driveway into the heart of the sanitarium. A secondary service entrance was located at the northeastern corner of the site at the intersection of Peterson and Central Park avenues. Sachs described the layout of the site as follows:

> The Administration Building comes first, reached from the main entrance to the grounds by a driveway 1,400 feet long. This building is removed 800 feet from North [Pulaski] Avenue. Next,

> 100 feet east of the Administration Building comes the Dining Hall for men patients, the Service Building and, east of it, the Dining Hall for women patients. These buildings are connected by enclosed corridors and form by their position a cross (+), the horizontal line representing the Service Building. One hundred and twenty-five feet from the Women's Dining Hall comes the group of Infirmary buildings, consisting of an Administration building and two wings, forming by their position the letter "H." The Infirmary has a capacity of about 300 beds. The Power House and Laundry is at the extreme eastern point of the median line of buildings, placed at a distance of 500 feet from the Infirmary. The Open Air Cottages for ambulant men and women patients, with a Unit Administration Building in the center of each, form two separate groups of buildings, one on the south and the other on the north side of the grounds.

The location of each building was carefully determined for maximum patient privacy. Clusters of men's and women's open-air cottages were built in southeast-facing rows to the north and south of the main line of buildings; none survive today. Both sections had a Unit Administration Building, which served as a small infirmary. Cottages were far enough from the edge of the grounds to isolate patients from the surrounding community; they were located close enough to unit administration buildings for supervision but far enough for quietude and privacy. Of all the cottage buildings, only the Men's Unit Administration Building remains today.

The Municipal Tuberculosis Sanitarium's sprawling grounds also provided room for the institution to grow as needed. Sachs and the board of directors initially planned for the sanitarium to serve 346 patients, but they recognized that Chicago's tuberculosis problem was far more severe and would require a much larger facility. In April 1912, plans were changed to allow for a future capacity of over 800 patients. Architect William Otis later explained:

> The board started out with a thought of a comparatively small institution. I felt, however, that would be somewhat questionable, and where it was possible, even without instructions from them [the board], the buildings were arranged so that future additions could be made. Almost all the buildings out there are, in a way, administration building, nurses' home, were laid out in the shape of the letter "I"... The arrangements were made so that they could be easily added to; that was the scheme we tried to carry out, except in the cottages, where there was no provision of that kind at all.

Designing the sanitarium's main buildings with I-shaped footprints allowed for future additions to be built at right angles, thus creating H-shaped buildings. Ample open space around each building would allow MTS to expand as needed to fully address Chicago's tuberculosis problem.

Although MTS was designed for future expansion, by the 1910s, government tuberculosis sanatoriums across the country found that patients were increasingly abandoning their treatment. Specialists like Carrington identified the reason as a lack of mental stimulation and uninspiring surroundings. He believed that the sites required not only access to fresh air, but they also had to be scenic to hold patients' interest for the duration of their six-month to two-year stay.

To help resolve the issue of patient disinterest, additional attention was given to patient activities and to the sanitarium's landscaping. Landscape "gardener" Ossian C. Simonds was selected by the Committee to design the sanitarium grounds. Simonds had established himself as an important designer after creating notable landscapes for Graceland Cemetery, Lincoln Park, and parks throughout the United States. Although challenging, the MTS site proved a manageable task for Simonds who used the site's existing groves of trees and the nursery's remaining five thousand specimen trees and bushes to develop beautifully landscaped grounds as MTS board president Higinbotham had promised the surrounding community.

The site remained flat like the native prairie, with inclines and undulations kept to a minimum. The primary visual features of the landscape came from groupings of trees, bushes, and flower beds that Simonds had carefully planted throughout the campus, especially among the patient cottages and along main curving paths. Simonds closely followed the growing Prairie School movement in architecture and landscape design and developed clusters of plantings that reflected the school's penchant for natural-looking displays of native flora. His work focused on the use of plants native to Illinois and the Midwest, which naturally merged with the socially progressive thinking of the early 1900s that involved the conservation and restoration of landscapes.

Construction of MTS began in late 1911 with the draining and grading of the land. Deliveries of construction materials were piled at the edges of the vast property and had to be hauled onsite by wagon. A lack of roads or rail lines for moving materials made construction harder and more expensive. The beginning of winter also limited progress by making excavation work and concrete setting nearly impossible. Heat was critical for completing buildings, so work started on the Power House, which could serve as a heat source during construction. Contracts for the Power House were signed to contractor J. C. Robinson & Son and ground was broken in December. However, according to Otis, the Power House was not completed until the summer of 1912, which meant that work on other buildings could not commence until then.

At last, in the spring of 1912, when construction of several key buildings began, Otis started to visit the site, often two or more times per week. Otis later recalled that his partner, Edwin Clark, handled the majority of office work and was uninvolved with issues onsite. Indeed, Clark made almost no mention of the project in his diaries of the time. Construction proceeded at a rapid pace. The Power House and laundry building were completed first, along with the auxiliary transformer house, garage, barn, and other non-extant buildings. The infirmary complex, Administration Building, dining halls and central service building, and the entrance gate houses were begun in 1913. The last structures to be completed were six male and six female frame patient cottages and four specially designed cottages for children, which was a new concept not found at any existing sanatorium. All buildings were completed in time for the grand opening ceremony in April 1915.

In addition to main buildings and cottages, Otis & Clark designed a series of auxiliary buildings that would support activities for patients. These included several farms buildings for the southeastern corner of the grounds: a large greenhouse, a chicken farm with long coop buildings for gathering eggs, root cellar, and even a small dairy house. Of these structures, only the foundations of the greenhouse remain today. Farm work was intended to both provide food for use in the main kitchens and also to give patients meaningful "occupational therapy" to keep them mentally stimulated as well as to prepare them for reentry into the work force. Although the structures were not immediately built, they were added later. Other buildings that were planned for and later built include the assembly building and the Laboratory Building by architect Jarvis Hunt, the chapel by architect Hans Liebert, and the children's camp and pool by landscape architect Jens Jensen.

Design and Materials

Nearly every material selection, finish, and other fine details were chosen by William Otis, who in turn made his decisions based on both direction from Sachs' and specifications given in Carrington's book. When asked during a hearing in 1916 of how contractors should meet specifications given in Carrington's book, Otis noted, "we were given to understand that they must live up to them explicitly, very accurately; that we must have special instruction from the board to the contrary." Accordingly, Otis intervened on at least two occasions: once when a contractor attempted to substitute a cheaper and highly flammable stain for cottage shingles, and again when a contractor ordered 140 doors that did not meet specifications.

Although some material specifications were made for health and safety, other building choices reflected Sachs' desire to build a substantial and permanent institution for the care of tuberculosis sufferers. Buildings were specified to be visually appealing and built using materials of higher quality to give patients a greater sense of respect for the facility. Otis, when asked if MTS directors had insisted on more expensive materials than necessary, noted that, "one of the points [the board] seemed to have in mind was to have everything look cleanly, and have the excuse, if one could put it so, to insist upon the patients' keeping it so." Sachs and the other board members felt that sanitarium's built as temporary facilities of cheaper materials were prone to vandalism from disrespectful patients. Creating a sense of importance without extravagance was the ultimate goal for the design of MTS. C. A. Erickson wrote in *The Brickbuilder* in 1915 of MTS:

> There is nothing of a temporary nature to be seen; the cattle shelter primitiveness is missing and in its stead one feels the strength and seriousness of the group. The red brick buildings with the overhanging roofs of purple and red tiles, the gleaming white cottages, the gay tile panels, the winding roads, the green of the clipped lawns and of the bushes, the sparkle of gay flowers, with a soaring water tower dominating the whole and emphasizing the ease and snugness of its fellow-buildings — all this seems to smack more of the well-ordered life of leisure than of the giant institution. … [the architects] have let their fancy play over the buildings until each has its distinct individuality.

Instead of the usual frame sanatorium buildings that had been used out of economy at other institutions and that were promoted in Carrington's book, Sachs and Otis and Clark opted for more substantial brick construction for all of MTS's buildings, except for the cottages. Not only did brick evoke permanence and command respect, but it was also a versatile material that could transform ordinary walls into tapestries of visual interest without significant additional cost. Later, the American Face Brick Association advertised the extensive use of molded face brick at MTS. In an advertisement from 1922 highlighting the Administration Building, the association poses:

> What could be more delightful than the simple and effective pattern work here rendered by means of the always adaptable brick units? The patterned tympana over the windows, the basket weave door jambs, the soldier and rowlock belt courses, and the field of Flemish Bond unite in a chaste mosaic of which the eye never tires.

Although the buildings at MTS are primarily defined by brick, fine detailing including copper cornices and eaves, limestone trim, multi-hued clay roof tiles, and decorative tile panels contribute to the aesthetic appearance of the campus. Of these elements, some of the most colorful and visually significant are the many decorative tile panels set in the brick walls of MTS buildings, from the Power House and transformer building to the infirmary buildings and dining halls. The Henry Marble Company supplied the tiles. The panels are composed of either a single tile or several tiles in a mosaic and portray a variety of symbols. Symbols include the City of Chicago municipal "Y," which stands for the intersection of the city's three riverways; the swastika representing peace and good luck (well before the symbol was co-opted by Nazis); torches for life and enlightenment; the lamp of knowledge; and the Rod of Asclepius, representing medicine and health care. Other tile panels show lions, griffins, and the Cross of Lorraine, which became the international symbol for the fight against tuberculosis.

The double-bar Cross of Lorraine appears prominently on several buildings at MTS. The cross, suggested by Parisian physician Gilbert Sersiron, was adopted at the 1902 International Conference on Tuberculosis in Paris. It became the symbol for the U.S. fight against tuberculosis in 1906 when the National Association for the Study and Prevention of Tuberculosis (later the American Lung Association) used it. Several versions of the cross design existed, but it was standardized in 1913 by the association, which favored a double-barred cross with equal cross arms, and the lower standard being longer than the cross arms. All ends were to be pointed at 45 degrees. The final design was trademarked in 1920 due to its use by institutions with dubious reputations; reputable sanatoriums

could license the use of the cross for a fee. At MTS, the cross appears in multi colored tile panels in a frieze below the eaves of the Power House tower, in brick at the top of the central infirmary operating building, in limestone pediments above the entrances of the dining halls, and several other places.

HISTORY OF THE CHICAGO MUNICIPAL TUBERCULOSIS SANITARIUM

Having achieved his ultimate goal, Dr. Sachs announced on dedication day February 16, 1915:

> Years of incessant labor, without a day's intermission, are at an end and the Chicago Municipal Tuberculosis Sanitarium completed stands today with its doors open to give the tuberculosis sufferer in the city a chance against the deadliest malady of mankind. … The magnitude of this undertaking, the liberality of the provisions for this institution on the part of the citizens of Chicago, the broad scope of the organization which though its dispensaries, physicians and nurses reached out into the innumerable recesses of the tuberculosis problem, the broadness of the scheme at present in operation is but an expression of the great forces of progress which through all kinds of conditions have always animated Chicago during its comparatively brief period of existence and made this one of the greatest cities of modern times.

The Chicago Municipal Tuberculosis Sanitarium opened its doors on March 9, 1915, with a capacity of 650 beds and 25 buildings. By 1916, the sanitarium expanded with an increased capacity of 950 beds and 38 buildings. The new sanitarium more than tripled the number of available beds for tuberculosis care in the Chicago area and even added facilities that previously had not existed, including 240 beds for pediatric cases, a maternity department and nursery for infants of tuberculous prospective mothers, both medical and research laboratory facilities, and open-air sleeping quarters for employees. The new sanitarium also was linked with 35 existing dispensaries across Chicago, which served as outposts of the sanitarium, where prospective patients could receive testing, treatment, and be recommended for treatment at MTS. All treatment was free to Chicagoans. The Municipal Tuberculosis Sanitarium gave Chicago a lead in its fight to control tuberculosis and save its citizens from avoidable death.

In 1914 there had been over 3,900 deaths from tuberculosis in Chicago, or 16.3 for every 10,000 deaths. According to the Chicago Department of Health, tuberculosis shifted in 1915 from the second-most common cause of death in Chicago to third, after pneumonia and a new prominent cause – heart disease. However, tuberculosis was likely still the greatest cause of death as many cases were misdiagnosed as pneumonia. Chicago started requiring tuberculosis cases to be registered beginning in 1915; that year there were over 10,000 known cases, but many more were still being misdiagnosed due to the disease's slow growth and symptoms that can be similar to other less deadly afflictions. By 1924, the reported death rate from tuberculosis had fallen by nearly half, to 8.3 per 10,000 deaths.

During the 1910s and 1920s, between 4,000 and 8,000 patients were treated annually at MTS. Patients came from all parts of the city and represented dozens of nationalities. Although many hospitals and sanatoria were segregated, Sachs and the MTS board "refused to draw a color line" and opened all parts of the sanitarium to African American patients. African American and white patients were given the same cottages and mixed together in all activities and arrangements. A *Chicago Tribune* reporter noted that in some cottages as many as one third of all patients were African American.

Occupational Therapy

The Chicago Municipal Tuberculosis Sanitarium, like other sanatoriums built during the early 20th century fight against tuberculosis, operated on the notion that living in fresh, open air with a regulated and rich diet was the best treatment for alleviating the symptoms of tuberculosis. The site was principally an outdoor hospital where

patients spent the majority of their time lounging in bed either outside in the sun or covered in large screened porches. All cottages for convalescent patients were essentially large covered porches with a central enclosed room with lockers for personal storage. The infirmary buildings, which were for more advanced cases, similarly had open wards with screened porches for maximum light and air. In winter, patients were well bundled in wool blankets before being wheeled out into the open porches for hours at a time.

Patients at the Municipal Tuberculosis Sanitarium were isolated, but the grounds also served a more productive end than to simply quarantine and treat patients with fresh air. Sanatorium treatment since Trudeau's Saranac Lake had meant months of enforced idleness and monotony, which tended to starve patients of mental stimulation and limited their ability to rejoin the workforce at the end of their treatment. To improve the post-treatment life of patients and prevent patients from ending their treatment prematurely, since the facility could not forcibly hold patients, MTS offered a range of activities as well as occupational therapy. Patients in early stages of the disease were allowed to participate in outdoor exercise, light farming, vocational studies, and productive work at the institution. Time spent at the sanitarium was not simply lost in a fight for recovery; patients were allowed to gain knowledge and become as or more productive on their return to society.

The grounds, designed by Simonds, featured long walking paths that gently curved around the buildings, across grassy fields, and through existing wooded sections. Convalescent patients were prescribed time to wander the campus and enjoy its serenity. Otherwise, more vigorous activity could be had in light farming. Tilled farms growing dozens of types of vegetables occupied the northeastern and southeastern corners of the grounds. Food produced on these farms was consumed by patients and staff in the two main dining halls. Later, chicken coops were added to provide eggs as part of the rich and wholesome diet encouraged by the sanatorium.

Food preparation was primarily performed by kitchen staff, but one aspect of occupational therapy included involving patients in aspects of running the sanitarium, including kitchen duties. A vocational school was established at MTS, following the popularity of occupational therapy programs at sanatoriums across the country. In 1919, Wisconsin was the first state to require occupational therapy for sanatorium patients. However, most programs offered arts and crafts–oriented therapy such as beading, woodworking, jewelry making, basket weaving, and other manual projects. In contrast, at MTS patients had the opportunity to learn from nearly every department of the sanitarium. Patients could train in diet and cooking, pharmaceutics, chemistry, radiology, photography, telegraphy, stenography, horticulture and agriculture, electrical wiring, sewing and tailoring, barbering, and English. Undergraduate nursing classes were also offered. Lectures were given by instructors or even patients in some cases. Finally, a provision was made for the employment of discharged patients in areas of the sanitarium where they had gained experience.

Clinical Therapy

Sunlight and fresh air was not the only treatment available at the Chicago Municipal Tuberculosis Sanitarium. Medical advances allowed for a range of invasive procedures to be perfected and employed to mitigate the effects of tuberculosis.

During the 1920s, developments in radiology allowed doctors to investigate patients before making any incisions. One significant use was to capture an image of a patient's lungs. Pulmonary tuberculosis left cavities and voids in the lungs that would appear as dark spots on x-ray films. At MTS, the procedure known as thoracoplasty was perfected and became standard procedure at dozens of other sanatoriums across the country. The surgery, which collapsed infected portions of the lung, had a significant effect on tuberculosis treatment and reduced mortality rates across the U.S. From 1880 to 1937, mortality from tuberculosis in the U.S. fell from 300 for every 100,000 deaths to 69 per 100,000. MTS filmed the procedure in 1925 to and to illustrated the practices. Alternative

procedures included the less invasive pnumothorax, which involved collapsing infected portions of the lungs by filling sections with air or nitrogen through a needle. Both procedures were largely supplanted by chemotherapy.

Doctors at the Chicago Municipal Tuberculosis Sanitarium were open to new procedures and conducted research into alternative and less invasive treatments, including the first vaccine to be effective against tuberculosis. The Bacillus Calmette–Guérin (BGC) vaccine was successfully introduced in France in 1921 and quickly implemented as part of effective mass immunization programs in countries around the world. However, in the United States, the BGC vaccine was not widely distributed as health officials preferred established methods of detection as well as sanatorium treatment. Although the mantra of many state and local tuberculosis leagues was "prevention is cheaper than cure," researchers in the U.S. generally focused on finding a cure rather than relying on preventative measures such as the BGC vaccine. Despite this, MTS had a strong prevention program and chose to use the BGC vaccine beginning in 1934 to vaccinate school-children. MTS's "prevention clinic" was led by Dr. Sol Rosenthal, who was also involved in tuberculosis research at the University of Illinois. MTS's use of the BGC vaccine made Chicago the first city to widely vaccinate children and infants against the disease. Through continued research, the vaccine was made 80 percent effective at preventing tuberculosis in children. The vaccination program became a major component of MTS's and Chicago's greater fight against the disease through the 1960s. A 1961 study among children of MTS's vaccination efforts found a 75% reduction in mortality.

The protection of children was perhaps the greatest goal and success of MTS. It was the first sanitarium to allocate nursing and infirmary space specifically for childhood cases as well as maternity wards for expectant mothers with tuberculosis. MTS developed a series of spaces and programs aimed at protecting children from the disease. Children were seen as the roots of society, which if kept healthy would limit the future spread of tuberculosis. Architects Otis and Clark designed, with Sachs' guidance, the first patient cottages designed specifically for children. Two boys' and two girls' frame cottages were built, the designs for which were later published in Carrington's updated 1916 book on sanatorium design. According to a 1915 note in the *Journal of the American Medical Association*, MTS was the first public sanitarium to accommodate not only children but infants as well. Beginning in 1916, MTS director Dr. Robertson added 116 beds for children by having new "sun wards" carved from the ground floors of the infirmary building wings. An entire floor for children was opened in 1928 in the Infirmary Annex. In addition to treating children, MTS developed a year-round program for preventing the spread of tuberculosis in children. It isolated children, especially those who were malnourished and had been exposed to and were susceptible to the disease. Children received fresh air, medical and dental treatment, and eye exams from MTS nursing staff. The MTS "preventorium" occupied cottages during the winter and expanded during summer vacation to include eight tents with a capacity for 256 young patients.

Later History of the Chicago Municipal Tuberculosis Sanitarium

Despite progress, a national survey in 1945 identified Chicago as one of the "nation's tuberculosis plague spots." The city's death rate was one of the highest in the country despite its innovative procedures and extensive anti-tuberculosis programs. By the time MTS's quality and care had suffered. By the late 1940s, MTS had room for 1,200 patients, but, the *Chicago Tribune* reported, "many patients died while seeking to cut the political red tape which frequently balked their admission." MTS was overhauled to remove political interference in 1949 following the election of Mayor Martin H. Kennelly, with a new board headed by Dr. Ernest E. Irons, who had served as president of the American Medical Association. The entire institution was then revamped for increased efficiency to better accommodate the hundreds of critical tuberculosis cases that had been on waiting lists to enter the facility. The city's death rate from tuberculosis declined by 20 percent in 1950 following reforms at MTS, and by the late 1950s there was no longer a waiting list for treatment.

Between 1955 and 1965, deaths from the disease decreased by 64 percent. Part of this decline was because of improvements at MTS and the city's hospital system, but the reduction was also due to new drugs to fight tuberculosis. Postgraduate researcher Albert Schatz studied soil-born microorganisms that could destroy or inhibit the growth of penicillin-resistant bacteria. Of the thousands of species of microorganisms, one had to be identified that killed tuberculosis bacteria. In 1943, he identified the microorganism *Streptomyces griseus*, which excretes a substance that Schatz called streptomycin. This substance formed the basis for new anti-tuberculosis drugs. Although the drug alone does not completely eradicate tuberculosis, when combined with other drugs it was found to be very effective in its treatment if taken correctly. Although new drugs to defeat tuberculosis were developed and improved during the 1940s, they were not widely administered at MTS until after the MTS board was overhauled in 1949.

During the late 1960s, the number of beds at MTS for tuberculosis patients decreased by around 100 per year over a period of five years. Childhood tuberculosis cases had declined significantly in Chicago, and despite many adult cases, infection rates among adults were decreasing faster in Chicago than in other cities at the time. At MTS, patients were consolidated to the women's section of the grounds, and around 1970 all the frame men's section cottages and several of the women's section children's cottages were demolished. Only 200 patients remained at MTS by 1974. The objectives of fresh air, sunlight, and good diet had been successfully replaced by drug therapies, which many patients preferred to take at home.

The Chicago Municipal Tuberculosis Sanitarium closed in 1974. Several redevelopment projects were proposed, and the remaining frame cottages were razed, but neighborhood opposition prevented the complete demolition of the facility and its grounds. Instead the site was divided into several sections, each with a different proposed reuse. In 1975, Mayor Richard J. Daley announced plans to repurpose the grounds by maintaining open space for the current Peterson Park and nature preserves; development of new senior housing buildings; conversion of the former infirmary building into efficiency apartments; reuse of the dining halls and other buildings as dining halls for seniors; and the construction of a public school for the deaf and blind. Many of the original buildings remained vacant and deteriorated through the 1980s, when the original nurses' home, grounds keeper's cottage, and other farm-related buildings on the campus's eastern end were demolished.

At last, the hopes expressed by board member William A. Weiboldt on MTS's opening day in February 1915 were realized. Tuberculosis was no longer an incurable plague, and the landscape could be set aside for the enjoyment of both old and young.

ARCHITECTS

The Firm of Otis & Clark

The firm of Otis & Clark was founded in 1908, when William A. Otis added draftsman Edwin H. Clark as a junior partner to the firm. The previous year, the firm had been hired to design the buildings for the Edward Tuberculosis Sanatorium in Naperville, which was overseen by Dr. Theodore B. Sachs. This early sanatorium development proved successful, and the firm was again hired, this time at the recommendation of Dr. Sachs, to design the Chicago Municipal Tuberculosis Sanitarium. The firm's head draftsman, G. P. Ericson, lead the development of plans for both the Edward Sanatorium and MTS. The partnership between Otis and Clark lasted until 1920, when Clark left to found his own firm.

Although the Chicago Municipal Tuberculosis Sanitarium was one of the firm's largest commissions, Otis & Clark also designed numerous residences for private clients including the Edward Cudahy residence at 1304 North

Astor Street (1915, demolished); the Ferdinand O. Baumann house at 530 West Hawthorne Place (1909, Chicago Landmark); and the terra cotta–clad, Prairie School–style Porter Building at 125 North Wabash Avenue. One of the residences that the firm designed was for James Ward Thorne in Lake Forest, Illinois (525 Broadsmore Drive, 1912). Mrs. Thorne later hired Edwin Clark to design some of the first of the famed "Thorne Miniature rooms," which are displayed at the Art Institute of Chicago. Many of their residential works are eclectic in style and are notable for their overt Prairie School style references mixed with other styles. Describing the firm's domestic architecture, progressive journalist Herbert Croly wrote in *Architectural Record* in 1915:

> The cleverness of architects who can handle so many different styles with so much taste and with such a nice sense of the idiom of each particular style is incontestable. It is to be hoped, however, that soon they will settle down and specialize in a particular type of design. The biggest successes in American architecture have been made by firms whose work was characterized less by versatility than by the mastery of one particular style, which can only be derived by patient and varied experimentation with its possibilities.

William Augusts Otis (1855 – 1929)
Otis was born in Almond, New York in 1855. He studied civil engineering at the University of Michigan, where he was in the same class as future landscape gardener Ossian C. Simonds. Both students were drawn to the field of architecture when they took a special course in architecture in 1876 taught by architect William Le Barron Jenney. After graduating, Otis shifted his studies to architecture and continued his studies at the Ecole des Beaux Arts in Paris, France. Arriving in Chicago in 1881, Otis joined Jenney's firm as a draftsman and became a junior partner in 1887. A few years later he entered private practice before partnering with the younger Edwin H. Clark in 1903. Otis was also an architectural historian and gave lectures at the Art Institute of Chicago. He was also part of an early group of young architects credited with promoting and expanding what would become known as the Prairie School movement during the late 1890s and early 1900s. In 1920, Otis partnered with his son Samuel S. Otis as W. A. Otis & Son.

Otis is known not only for his buildings at the Chicago Municipal Tuberculosis Sanatorium but also for schools and residences in Winnetka and the North Shore suburbs. These include the Gothic Revival style Christ Church in Winnetka from 1905, the red brick Greeley School in Winnetka from 1912, and numerous private residences.

Edwin Hill Clark (1878-1967)
Edwin Clark was born in Chicago in 1878. His father, Alison Ellis Clark, was a member and director of the Chicago Board of Trade, but he entered the paint business in 1888 when he purchased a controlling interest in the Chicago branch of the Boston-based Wadsworth Holland paint company. Edwin Clark studied chemistry at Yale University and, along with his brother Marcell, joined his father's paint company in 1900. However, in 1903 he developed lead poisoning, which required a period of recuperation. During that time he enrolled in drafting classes at the Armour Institute of Technology (currently the Illinois Institute of Technology), which was near his home. In 1903 the firm of William A. Otis hired him as a draftsman, and he was made a partner in the firm in 1908. In 1920, Clark left Otis's North Shore firm to begin his own in downtown Chicago. He continued to design many homes for wealthy clients, primarily on the North Shore, where he lived.

Clark, who favored a style of eclectic Classicism, designed several buildings across Chicago and the North Shore. These include the Lake Forest Library (360 East Deerpath Road, 1931), the Spanish Court shopping mall in Wilmette (1515 Sheridan Road, 1928; large portions of the development were lost to fire in the 1930s), City Hall buildings in Hinsdale; Winnetka City Hall (510 Green Bay Road, 1925), the Jacob A. Wolford Memorial Tower of the Waveland Field house in Lincoln Park north of Addison Street (1931), and the Brookfield Zoo (1926).

During the 1910s, Clark oversaw the redesign and expansion of the Great Lakes Naval Station in Waukegan, Illinois.

Clark also designed several schools, including the grounds of North Shore Country Day School (310 Green Bay Road), Grove School Campus (40 East Mill Road, Lake Forest, 1929), and the original Latin School (1531 North Dearborn Street, Chicago, 1926, demolished).

Ossian Cole Simonds (1855 – 1931)
Ossian C. Simonds was born near Grand Rapids, Michigan on his family farm in 1855. He attended the University of Michigan in 1874 to study civil service, and like his classmate William A. Otis, he switched briefly to take classes in architecture to study under architect William Le Barron Jenney, who taught at the university in 1876. Simonds graduated in 1878 and moved to Chicago at Jenney's invitation. Simonds' introduction to landscape design began with his work on Graceland Cemetery.

Graceland Cemetery, founded by Thomas Barbour Bryan in 1860, is a rural-style cemetery that was platted across acres of largely undeveloped farmland in what was then the Town of Lake View, now part of Chicago's Lakeview neighborhood. In the late 1870s Jenney developed a series of plans for its eastward expansion and hired Simonds to oversee its development, despite his having no formal education in landscape design. Bryan Lathrop, who was the cemetery's manager, is said to have recognized Simonds's talent as a landscape designer. Simonds's work at Graceland presented similar challenges to those he later encountered designing the grounds for MTS. Simonds' described the challenges he found at the cemetery site in 1878:

> The cemetery occupied a rather high sandy ridge largely covered with oak trees. The new and undeveloped portion was then low — partly swamp, partly slough, and partly a celery field. The changing of this treeless land into an attractive part of the cemetery called for some engineering skill in putting in drains, excavating a lake, grading and building roads, and in grading the various sections. In this work the knowledge gained in acquiring the degree of civil engineer made me somewhat useful to the cemetery company and to W.L.B. Jenney, the architect, who had drawn an outline of the lake and planned its outlet.

Simonds completed the work with William Holabird, who also worked in Jenney's firm, and in 1880 he partnered with Holabird as the firm of Holabird & Simonds. Martin Roche, also of Jenney's firm, joined the firm in 1881, but Simonds left that year to pursue landscape design and become a member of the board of managers of Graceland Cemetery. Bryan Lathrop mentored Simonds and travelled with him to see numerous parks and landscapes, which would later influence his designs and lead him to introduce native plants into his landscapes.

Simonds preferred to be called a "landscape gardener" instead of architect. Over the course of his career he designed dozens of cemeteries and parks in Illinois and around the Great Lakes region, including portions of Lincoln Park, several West Side parks, and Library Park in Kenosha, Wisconsin. Institutional grounds were his specialty. Simonds designed grounds for Fort Sheridan, Illinois (1887); the Morton Arboretum in Lisle, Illinois (1923); Nichols Arboretum in Ann Arbor, Michigan; Indian Hill Club in Winnetka (club buildings were designed by architect Edwin Clark); and one of the earliest 18-hole golf courses, at the Chicago Golf Club in Wheaton, Illinois (1894).

Simonds was an early adopter of native plants in landscape design, which naturally merged with the progressive notions of conservation and restoration that were gaining popularity during the early 1900s. Wilhelm Tyler Miller, in his 1915 publication *The Prairie Spirit in Landscape Gardening* credits Simonds, along with Jens Jensen and Walter Burley Griffin, as the creators of the Prairie Style of gardening. Simonds' use of native plants

complemented the growing Prairie School movement in architecture, which took design cues from the Midwestern landscape and its plants. His later designs, such as for Lincoln Park and MTS, reflected the natural growth of native landscapes.

Simonds was a founding member of the American Association of Landscape Architects, and he also helped establish the landscape architecture program at the University of Michigan.

Jarvis Hunt (1863 – 1941)
Architect Jarvis Hunt designed the Laboratory Building and the Infirmary Building at MTS in 1919, as well as several additions to buildings. Jarvis, a nephew of New York architect Richard Morris Hunt, was born in Weathersfield, Vermont in 1863, and he attended both Harvard and the Massachusetts Institute of Technology. Winning the design for the Vermont Pavilion at the World's Columbian Exposition in Chicago, Jarvis Hunt came to Chicago in 1893 to work on the building. His uncle Richard Hunt designed the fair's main Administration Building. Following the fair Jarvis Hunt benefited from the city's building boom and formed his own firm in partnership with architect William Bosworth. Hunt quickly found a following of wealthy clients for whom he designed large summer homes and substantial suburban residences near Chicago and in Lake Geneva, Wisconsin. Prior to his retirement in 1927, Hunt partnered with architect Charles Bohasseck, who became a resident and co-owner of Hunt's 900 North Michigan Avenue building.

Hunt's notable national commissions include the original buildings at the Great Lakes Naval Station in Waukegan, Illinois (1903—1927); Dallas Union Terminal train station (Dallas, Texas, 1918), Newark Museum (Newark, New Jersey, 1923—1926), 900 North Michigan Avenue building (1926, demolished), and Lakeshore Athletic Club at 850 North Lake Shore Drive (1927).

Hans Theodore Liebert (1877 – 1966)
Hans T. Leibert designed the Lombard Romanesque style Sacred Heart Chapel on the campus of MTS in 1936 for the Archdiocese of Chicago. He was born in Berlin, Germany in 1877 and immigrated to the United States in 1884. During the 1890s, he lived briefly in Milwaukee where he worked as a draftsman. In 1900, he became an independent architect before moving his business that year to Hancock, Michigan. There he designed commercial buildings, club buildings, the local St. Joseph's Hospital (1902—1904, demolished), and residences.

Leibert returned to Wisconsin in 1914, establishing his architectural practice in Wausau, Wisconsin. Although he executed buildings in a range of styles, his notable Wisconsin commissions were strongly influenced by the growing Prairie School style. Examples include his designs for the public libraries in Clintonville and Medford, Wisconsin. Both libraries were completed in 1916 with funds from Andrew Carnegie and feature Rookwood tile accents, strong horizontal lines, and design elements of the Prairie School. During the 1930s he designed several religious buildings, including a chapel addition to Mather Hall at Kansas City University in Kansas City, Kansas (1936, locally designated), as well as the Sacred Heart Chapel at MTS.

Jens Jensen (1860 – 1951)
Landscape architect Jens Jensen designed a special campground for children of tuberculosis-infected parents at MTS. The campground was planned for the northwestern corner of the sanitarium grounds and was to feature a natural garden with rock outcroppings, cascading water, and a "spring-fed" pool for children to enjoy during the summer. The design was similar to other prairie-inspired landscapes he designed for cities and private grounds across the country. In addition to Ossian C. Simonds and Walter Burley Griffin, Jensen is credited as one of the creators of the Prairie Style of gardening.

Jensen was born in Denmark in 1860 and attended the Tune Agricultural School near Copenhagen, Denmark. In 1883, he immigrated to the United States and tried farming in Florida and then Iowa before moving to Chicago in 1885 to work for the West Park Commission, which managed all parks on Chicago's West Side. While he was at the commission, he designed several park grounds with non-native plants, which tended to fare poorly in Chicago's climate. He tried a new approach in 1888 using only native, transplanted wildflowers to develop what became known as the "America Garden" in Union Park (the America Garden no longer exists). The success of the native garden led him to become a park foreman, a position he held for several years.

He returned as general superintendent of the West Park Commission in 1906 and redesigned Garfield, Douglas, and Humbolt parks using native wildflowers and plants. He also newly designed Columbus Park. Regarding Jensen's use of native plants, an article in *Prairie Gardening* from 1915 noted that "the primary motive was to give recreation and pleasure to people, but the secondary motive was to inspire them with the vanishing beauty of the prairie." Jensen encouraged the conservation of natural landscapes and led initiatives to preserve parkland including the Indiana Dunes and the Wisconsin Dells. In Chicago, he collaborated with Dwight H. Perkins to publish an influential report in 1904 on the need to preserve forests around Chicago and develop neighborhood parks in the congested city. The report prompted the creation of the Cook County Forest Preserve and dozens of parks across Chicago. Another notable project was the landscape design for the Marktown community in East Chicago, Indiana in 1917.

Jensen founded a private practice in 1920, and one of his first commissions was the Children's Camp and Pool for MTS in 1923. He continued to design public and private gardens, each emphasizing natural elements found in the prairie. He designed gardens for four of Henry Ford's homes in Michigan and Maine. Jensen's work involved informal winding garden paths through organic or natural-looking landscapes with water features. Natural scenes were created by using local plants and materials, especially limestone slabs stacked into bluffs, walls, stream edges, and paths; all evoked the natural river systems of the Midwest.

Frank Basil Przybyla (1896 – 1962)
Frank B. Przybyla [Chapelle] was born in Chicago to German-Polish immigrants and grew up in his family's frame two-flat in the South Chicago neighborhood. His father worked in the steel mills. Przybyla started work as a binder at a printing company during the 1920s before becoming a draftsman. In the 1930s, he became a landscape architect for the City of Chicago Health Department. It was in this capacity that Przybyla designed the extant rock garden and pool. In the 1940s, Przybyla became an architect with the firm of Holabird and Root.

CONCLUSION

The Chicago Municipal Tuberculosis Sanitarium (MTS) District, at the center of what is now known as North Park Village, is locally significant under National Register Criterion A for Health/Medicine as one of the largest facilities built in the United States to treat tuberculosis, one of the deadliest diseases in human history. The grouping of 12 buildings/sites that comprise the district historically served as center of the Chicago Municipal Tuberculosis Sanitarium, a 160-acre institutional complex built between 1911 and 1915 on Chicago's far northwest side in the North Park village neighborhood. The complex, which served for nearly 60 years as a public residential treatment center for tuberculosis, consists of a series of substantial administrative and patient buildings designed in the Prairie School style with Italian Renaissance Revival elements by the Chicago architectural firm of Otis & Clark with later additions by Jarvis Hunt and Hans Liebert.

The Chicago's Municipal Tuberculosis Sanitarium is also significant under National Register Criterion C for Architecture. The complex's design made it an effective component in Chicago's charge against tuberculosis. C. A. Anderson wrote in *The Brickbuilder* in 1915 that, "the sanitarium must invite by combining fear and comfort — fear of the future course of the disease, and comfort through attractive buildings, good treatment, and a creative interest." Chicago's municipal sanitarium accomplished each of these points. It provided a lush campus designed by notable landscape designer Ossian C. Simonds, it established a series of substantial administrative and patient buildings designed in the Prairie School style with Italian Renaissance Revival elements by the firm of Otis & Clark, it advanced valuable treatments beyond the typical rest and fresh air encouraged by earlier sanatoriums, and it offered patients a range of activities during their lengthy treatments that would both keep patients from leaving prematurely and prepare them for reentry into society. Above all, MTS provided ample comforts for patients facing a fearsome and unrelenting disease – tuberculosis.

For Criterion A, the period of significance begins in 1911 when construction began and ends in 1974, when the MTS closed. For Criterion C, the period of significance begins in 1911 and ends in 1939, when the final component of the sanitarium's central complex—the Children's Pool and Rock Garden—was completed.

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Chicago Municipal Tuberculosis Sanitarium District | Cook County, Illinois
Name of Property | County and State

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Previous documentation on file (NPS):

__X__ 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 # _____
____ recorded by Historic American Landscape Survey # _____

Primary location of additional data:

__X__ State Historic Preservation Office
____ Other State agency
____ Federal agency
____ Local government
____ University
____ Other
Name of repository: _____

Historic Resources Survey Number (if assigned): HARGIS #

Chicago Municipal Tuberculosis Sanitarium District | Cook County, Illinois
Name of Property | County and State

10. Geographical Data

Acreage of Property 33.7 acres
(Do not include previously listed resource acreage; enter "Less than one" if the acreage is .99 or less)

Latitude/Longitude Coordinates
Datum if other than WGS84:
(enter coordinates to 6 decimal places)

1	Latitude 41.986530	Longitude -87.727148
2	Latitude 41.985744	Longitude -87.724418
3	Latitude 41.984691	Longitude -87.724288
4	Latitude 41.984691	Longitude -87.721650
5	Latitude 41.985419	Longitude -87.721646
6	Latitude 41.985429	Longitude -87.719283
7	Latitude 41.986553	Longitude -87.719287
8	Latitude 41.987111	Longitude -87.720523
9	Latitude 41.986897	Longitude -87.721800
10	Latitude 41.988043	Longitude -87.721757
11	Latitude 41.987595	Longitude -87.723631
12	Latitude 41.988126	Longitude -87.726095
13	Latitude 41.986527	Longitude -87.726095
	Latitude 41.988126	

Verbal Boundary Description (Describe the boundaries of the property.)
Beginning at a point 366 feet east of the intersection of North Pulaski Road and Ardmore Avenue; turning north and extending 240 feet; turning east and extending 280 feet to the west side of a paved road that connects the Auditorium Building and the Men's Unit Administration Building to a point 83 feet west of the pedestrian path that connects the paved road to the Men's Unit Administration Building; turning northwest and extending 280 feet northwest; turning ninety degrees and extending northeast 202 feet; turning ninety degrees and extending southeast 250 feet; turning ninety degrees and following an undulating line to a point 400 feet north of the paved road that runs between the Infirmary Buildings and the Child's Rock Garden and Pond and extends east to the east edge of the district; turning south and extending 400 feet south to the north side of that road; turning east and following that road 258 feet; turning north and extending 130 feet; turning ninety degrees and extend east 200 feet; turning ninety degrees and extending south 141 feet to the north side of the paved road; turning east and extending 230 feet to end of the paved road; turning ninety degrees and extending south 450 feet; turning ninety degrees and extending west 650 feet to the south side of Ardmore Road; turning ninety degrees and extending south 230 feet; turning ninety degrees and extending west 720 feet to the east side of a paved road that connects Ardmore Avenue and the Church of the Sacred Heart; turning ninety degrees and extending

north to the south side of Ardmore Road; turning ninety degrees and extend west along the south side of Ardmore Road to the point of beginning.

Boundary Justification (Explain why the boundaries were selected.)

The original 160-acre MTS site was divided into separate sections for different uses beginning in the 1970s with the plan for North Park Village. The area north of the core axis of historic MTS buildings currently serves as a nature center and park. Although some natural features remain from the MTS landscaping, much of this area has been altered with new paths, plantings, athletic fields, and parking lots. South of the core axis of historic MTS buildings, several modern buildings—including a school and senior apartment buildings—have been constructed in the last 30 years with new landscaping features, paved access drives, walkways, and parking lots. For this reason, the boundary of the Chicago Municipal Tuberculosis Sanitarium District is drawn to encompass only the historic buildings and significant landscape elements that comprise the core axis of the MTS and not the entire 160-acre original campus.

11. Form Prepared By

name/title Matt Wicklund and Emily Ramsey date 12/17/18
organization MacRostie Historic Advisors, L.L.C. telephone 312-786-1700
street & number 53 W. Jackson Blvd., Suite 1142 email eramsey@mac-ha.com
city or town Chicago state IL zip code 60604

Additional Documentation

Submit the following items with the completed form:

- **GIS Location Map (Google Earth or BING)**
- **Local Location Map**
- **Site Plan**
- **Floor Plans (As Applicable)**
- **Photo Location Map** (Include for historic districts and properties having large acreage or numerous resources. Key all photographs to this map and insert immediately after the photo log and before the list of figures).

Chicago Municipal Tuberculosis Sanitarium District | Cook County, Illinois
Name of Property | County and State

Photographs:

Submit clear and descriptive photographs. The size of each image must be 3000x2000 pixels, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

Photo Log

Name of Property: Chicago Municipal Tuberculosis Sanitarium (MTS)

City or Vicinity: Chicago

County: Cook **State:** IL

Photographer: Matt Wicklund

Date Photographed: 2018

Description of Photograph(s) and number, include description of view indicating direction of camera:

1. Power House (#1) – South and east elevations, looking northwest
2. Power House (#1) – North and west elevations, looking southeast
3. Transformer Building (#2) – West and south elevations, looking northeast
4. Transformer Building (#2) – South and east elevations, looking northwest
5. Garage (#3) – South and west elevations, looking northeast
6. Garage (#3) – South elevation, looking north
7. One-car Garage (#3a) – South and west elevations, looking northeast
8. Barn/Paint Shop (#4) - North and east elevations, looking west
9. Administration Building (#5) – West elevation, looking east
10. Administration Building (#5) – East elevation, looking northwest
11.Administration Building (#5) – South elevation, looking north
12. Administration Building (#5) – North elevation, looking south
13. Dining Halls and Service Building (#6) – South elevation (Men's Dining Hall and Service Building), looking north
14. Dining Halls and Service Building (#6) – South elevation (Service Building and Women's Dining Hall), looking north
15. Dining Halls and Service Building (#6) – South elevation (Men's Dining Hall), looking north
16. Dining Halls and Service Building (#6) – West and north elevations (Men's Dining Hall), looking southeast
17. Dining Halls and Service Building (#6) – North elevation (Men's Dining Hall), looking southeast
18. Dining Halls and Service Building (#6) – West elevation (Service Building), looking northeast
19. Dining Halls and Service Building (#6) – South and east elevations (Service Building), looking northwest
20. Dining Halls and Service Building (#6) – South elevation (Women's Dining Hall), looking northwest
21. Dining Halls and Service Building (#6) – North elevation Women's Dining Hall), looking northeast
22. Dining Halls and Service Building (#6) – East elevation (Service Building), looking west
23. Dining Halls and Service Building (#6) – North and west elevations (Service Building), looking southeast
24. Infirmary Buildings (#7) – South elevation (Men's Infirmary) and west elevation (Infirmary Administration Building and north connector), looking east
25. Infirmary Buildings (#7) – West elevation (Infirmary Administration Building), looking east
26. Infirmary Buildings (#7) – West elevation (Infirmary Administration Building), looking east
27. Infirmary Buildings (#7) – North elevation (Women's Infirmary Building), looking southeast

28. Infirmary Buildings (#7) – West and south elevations (Women's Infirmary Building), looking northeast
29. Infirmary Buildings (#7) – South elevation (Women's Infirmary Building), looking east
30. Infirmary Buildings (#7) – South and east elevations (Women's Infirmary Building), looking northwest
31. Infirmary Buildings (#7) – North elevation (Women's Infirmary Building), looking southeast
32. Infirmary Buildings (#7) – North elevation (Women's Infirmary Building), looking southwest
33. Infirmary Buildings (#7) – East elevation (Infirmary Administration Building and south connector), looking west
34. Infirmary Buildings (#7) – East elevation (Infirmary Administration Building), looking west
35. Infirmary Buildings (#7) – South and east elevations (Infirmary Annex), looking northwest
36. Infirmary Buildings (#7) – North elevation (Infirmary Annex), looking east
37. Infirmary Buildings (#7) – South elevation (Men's Infirmary Building), looking northwest
38. Infirmary Buildings (#7) – North elevation (Men's Infirmary Building), looking southeast
39. Men's Unit Administration Building (#8) – South elevation, looking northwest
40. Men's Unit Administration Building (#8) – North elevation, looking southeast
41. Auditorium Building (#9) – West elevation, looking east
42. Auditorium Building (#9) – South and east elevations, looking northwest
43. Auditorium Building (#9) – East elevation, looking west
44. Auditorium Building (#9) – North elevation, looking southeast
45. Laboratory Building (#10) – South elevation, looking north
46. Laboratory Building (#10) – North elevation, looking south
47. Laboratory Building (#10) – North and east elevations, looking southwest
48. Laboratory Building (#10) – North and west elevations, looking southeast
49. Children's Pool and Rock Garden (#11) – Looking north
50. Children's Pool and Rock Garden (#11) – Looking south
51. Church of the Sacred Heart (#12) – West elevation, looking east
52. Church of the Sacred Heart (#12) – East elevation, looking west

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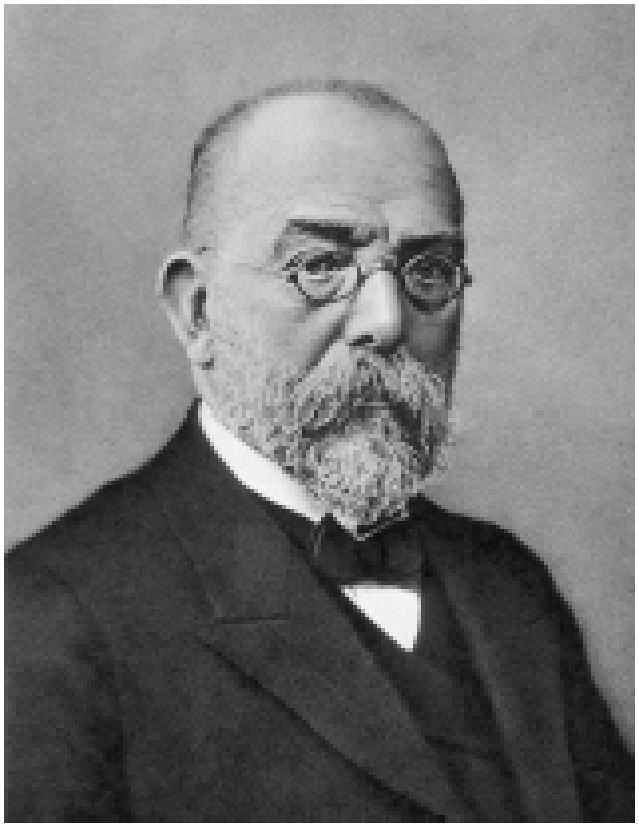
List of Figures
(Resize, compact, and paste images of maps and historic documents in this section. Place captions, with figure numbers above each image. Orient maps so that north is at the top of the page, all document should be inserted with the top toward the top of the page.



Figures 1 and 2: Dr. Robert Heinrich Hermann Koch (left), German physician and microbiologist who identified the bacteria that caused Tuberculosis in 1882, and Dr. Edward Livingston Trudeau (right), who founded the first sanitarium in the United States at Saranac Lake, New York to implement open-air treatment of tuberculosis.

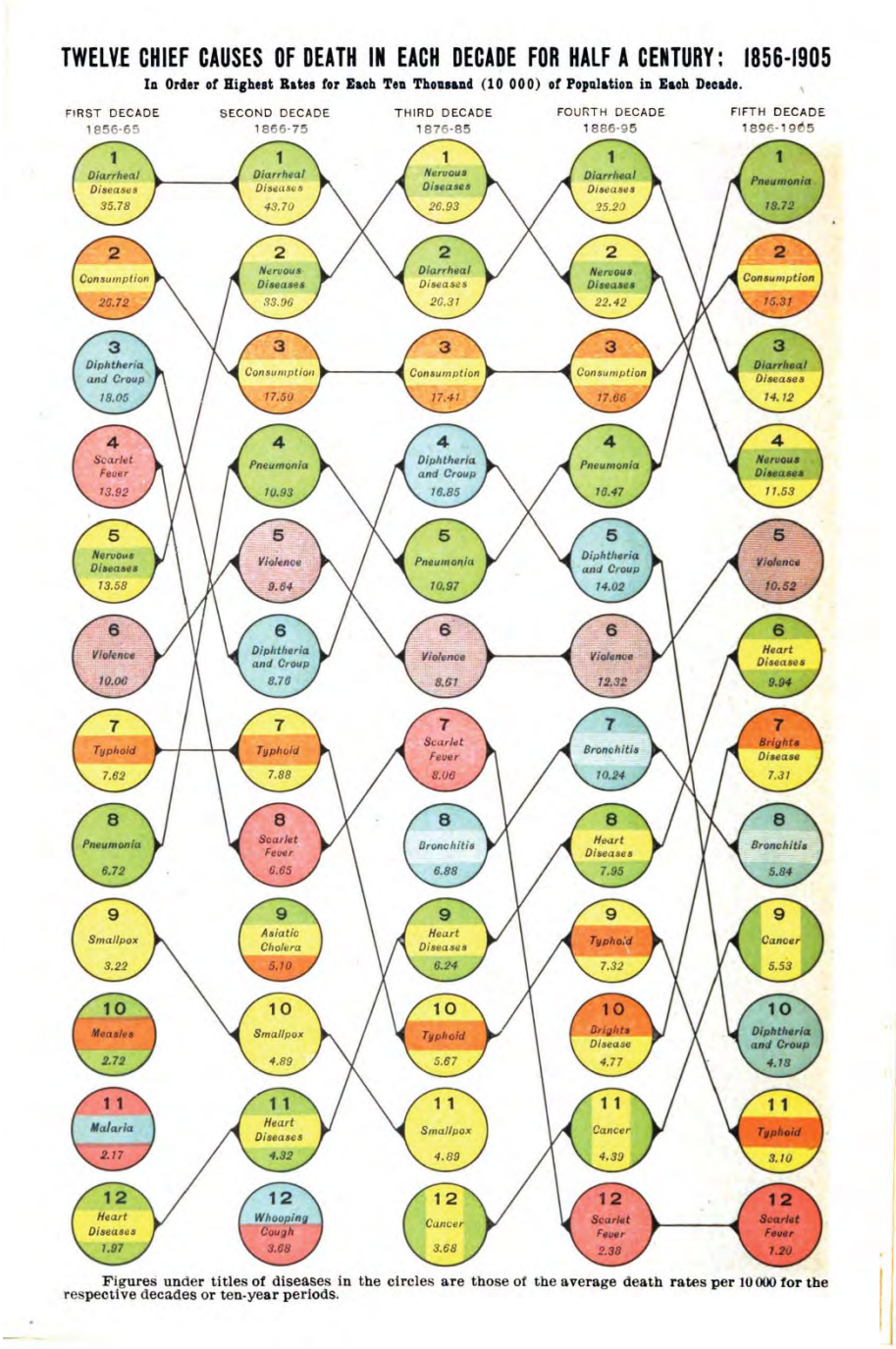


Figure 3: This chart from the Chicago Health Department showed tuberculosis, or consumption, as a leading cause of death in Chicago between 1856 and 1905 (Biennial Report of the Department of Health of the City of Chicago for the Years 1904-1905).

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Figure 4: Dr. Theodore Bernard Sachs (1868-1916), one of the country's foremost leaders in the control and treatment of tuberculosis, was instrumental in the promotion and development of a free municipal sanitarium as the foremost component of a city-wide program to control tuberculosis in Chicago (U.S. National Library of Medicine Digital Collections).

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Figure 5: Following state legislation passed in 1908 allowing municipalities to operate local tuberculosis sanitoria, the proposal for a City of Chicago sanitarium was put to a vote in 1909. The Chicago Daily Tribune published this cartoon on the front page of the paper the day before the vote, urging citizens to vote for a sanitarium (Chicago Daily Tribune, April 5, 1909).

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Figure 6: The site selected for the Chicago Municipal Tuberculosis Sanitarium was on the far northwest side of Chicago, which was developed as a 500+ acre landscaping nursery run by Swedish immigrant Pehr S. Peterson (Peterson Nursery Catalog, 1908).

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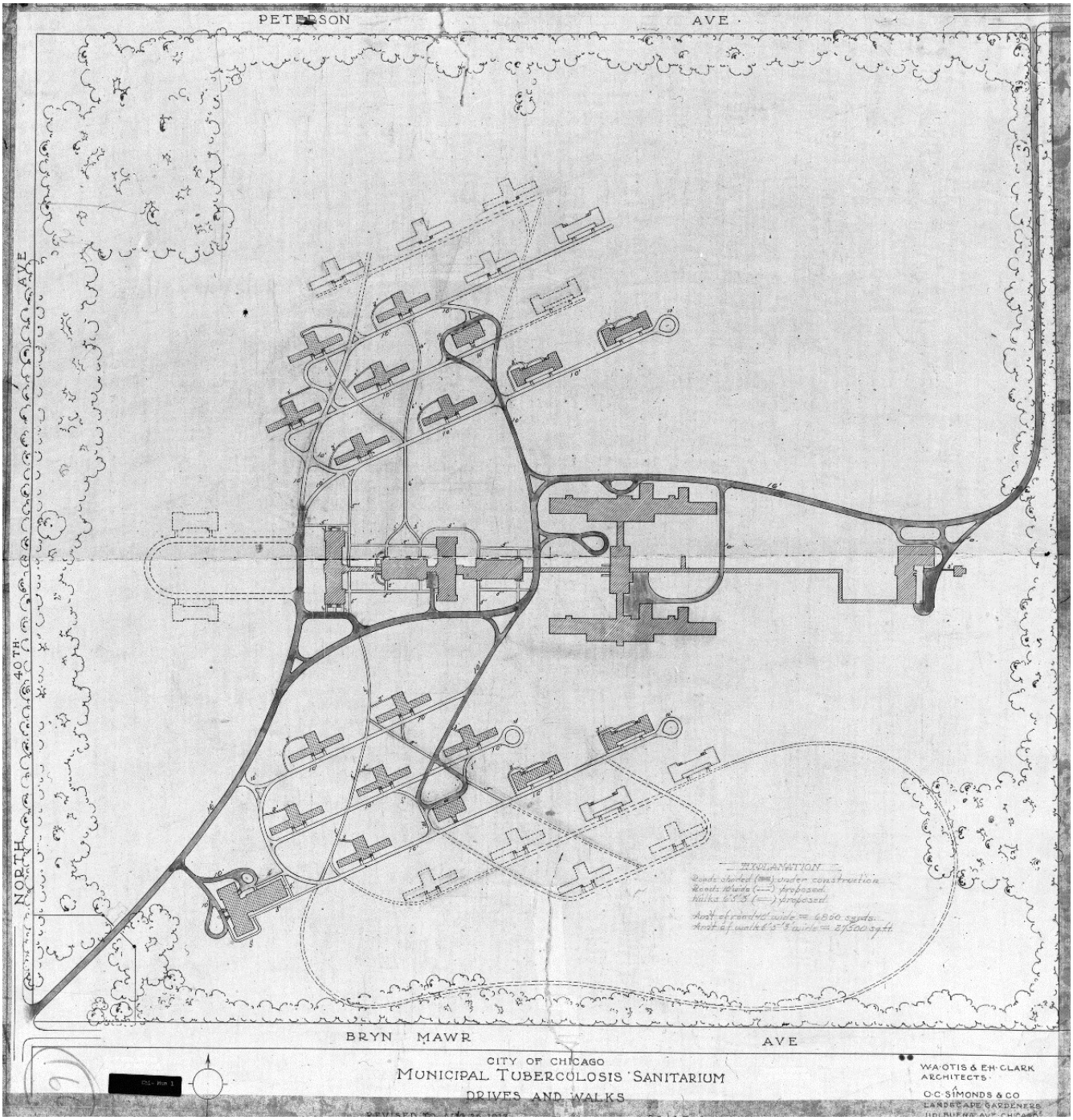

Figure 7: This plan, drafted in 1911 and revised in 1913, shows the general layout and footprint of the main buildings on the Chicago Municipal Tuberculosis Sanitarium campus (Jens Jensen drawings and papers, University of Michigan).

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County and State

Name of multiple listing (if applicable)

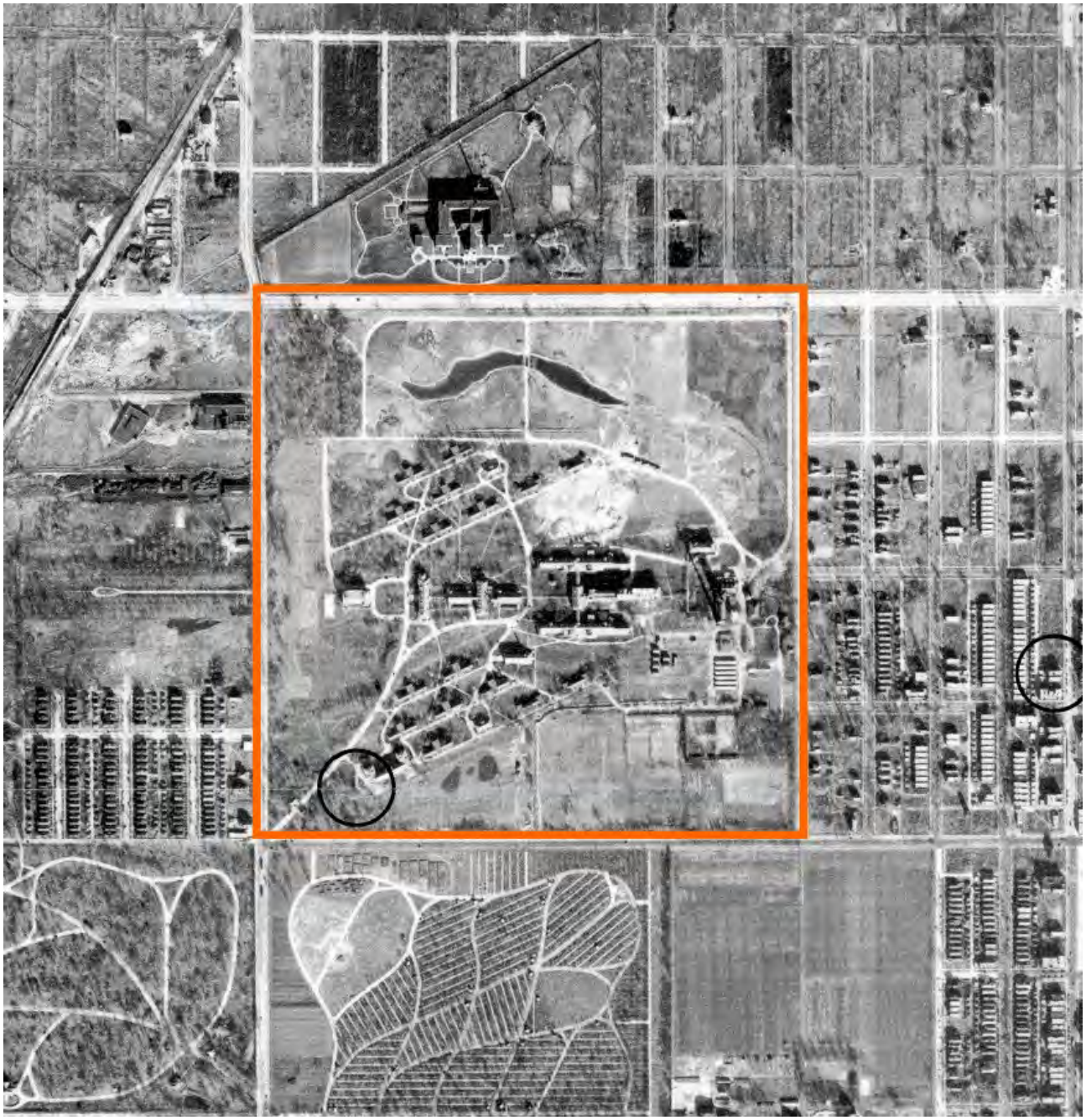

Figure 8: This 1938 aerial photograph shows Chicago Municipal Tuberculosis Sanitarium complex substantially completed (Illinois State Geological Survey #07017, November 24, 1938).

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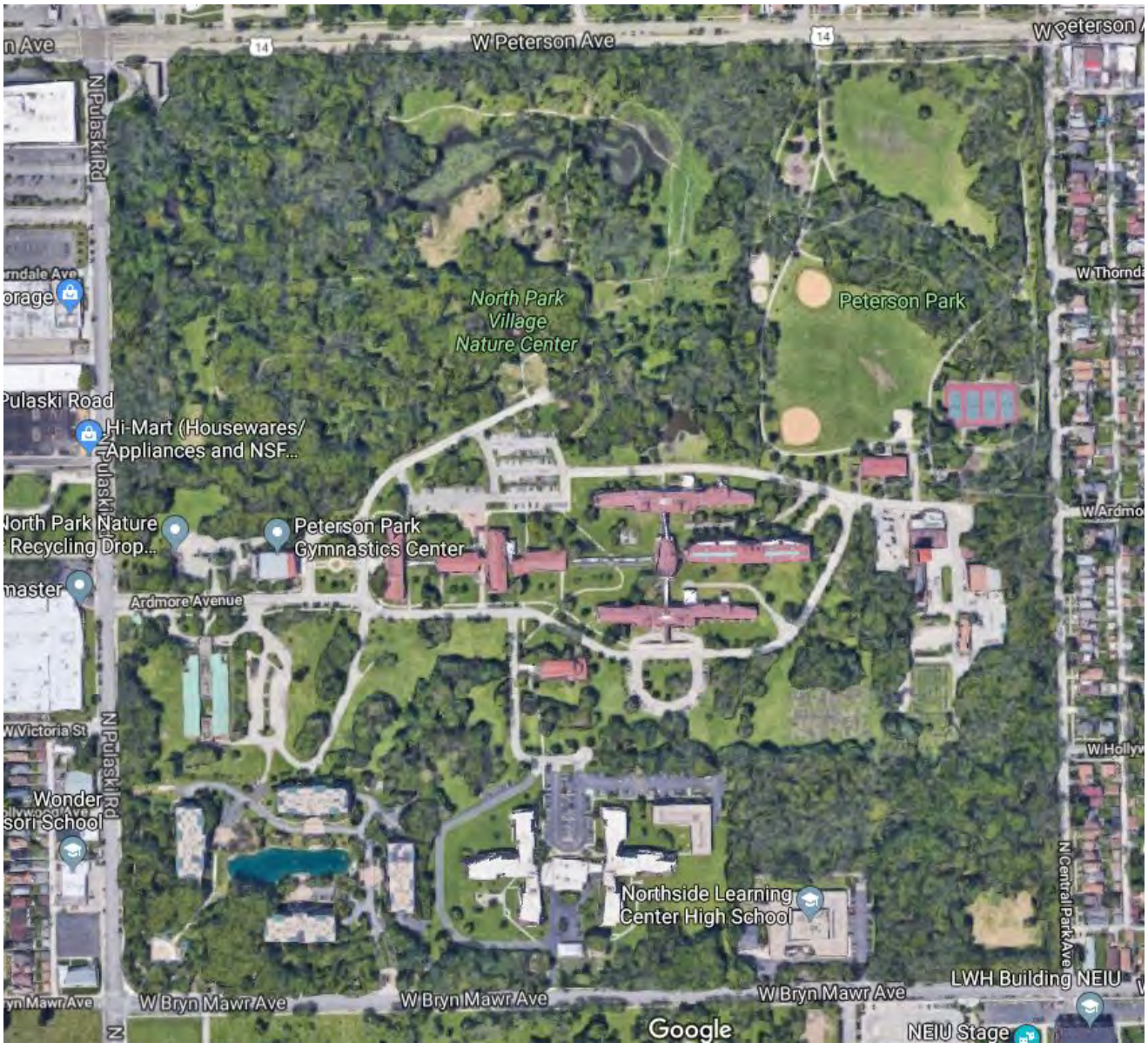

Figure 9: This Google Earth image shows that, despite subsequent alterations and development, the original site of the clinic retains its park-like atmosphere.

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Figures 10 and 11: Current views of the site south of the district boundaries, looking east from the health building at the west end of the site (above) and south to the senior housing development (below)

Figures 12 and 13: Current views of the site north of the district boundaries, looking northwest (above) and northeast (below) to the North Park Village Nature Center

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Figure 14: View of the sanitarium in February 1915, three days after it opened to the public, looking west from the Power House (DN-0064106, Chicago Daily News Negatives Collection, Chicago History Museum)

Figures 15, 16, and 17: The architects for the main sanitarium complex, William A. Otis (left, c. 1878, photo from Winnetka Historical Society) and Edwin H. Clark (center, photo from Chicago Daily Tribune, March 25, 1928), and landscape architect Ossian C. Simonds (right, photo from Washtenaw County Historical Society).

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Figures 18 -21: The Chicago MTS established a vocational school that was designed to train patients for re-entry into the workplace. Classes ranged from farming and cooking to nursing and arts and crafts. Top left: a stenography class. Top right: a nursing class. Bottom left: students in a laboratory class; Bottom right: students in a commercial art class. (Monthly Bulletin of the City of Chicago Municipal Tuberculosis Sanitarium, January 1920)

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Figure 22: The children's "preventorium" on the grounds of MTS (Monthly Bulletin of MTS, 1926).

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Figure 23: View of the Auditorium Building (Architectural Record, February 1923)

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County and State

Name of multiple listing (if applicable)

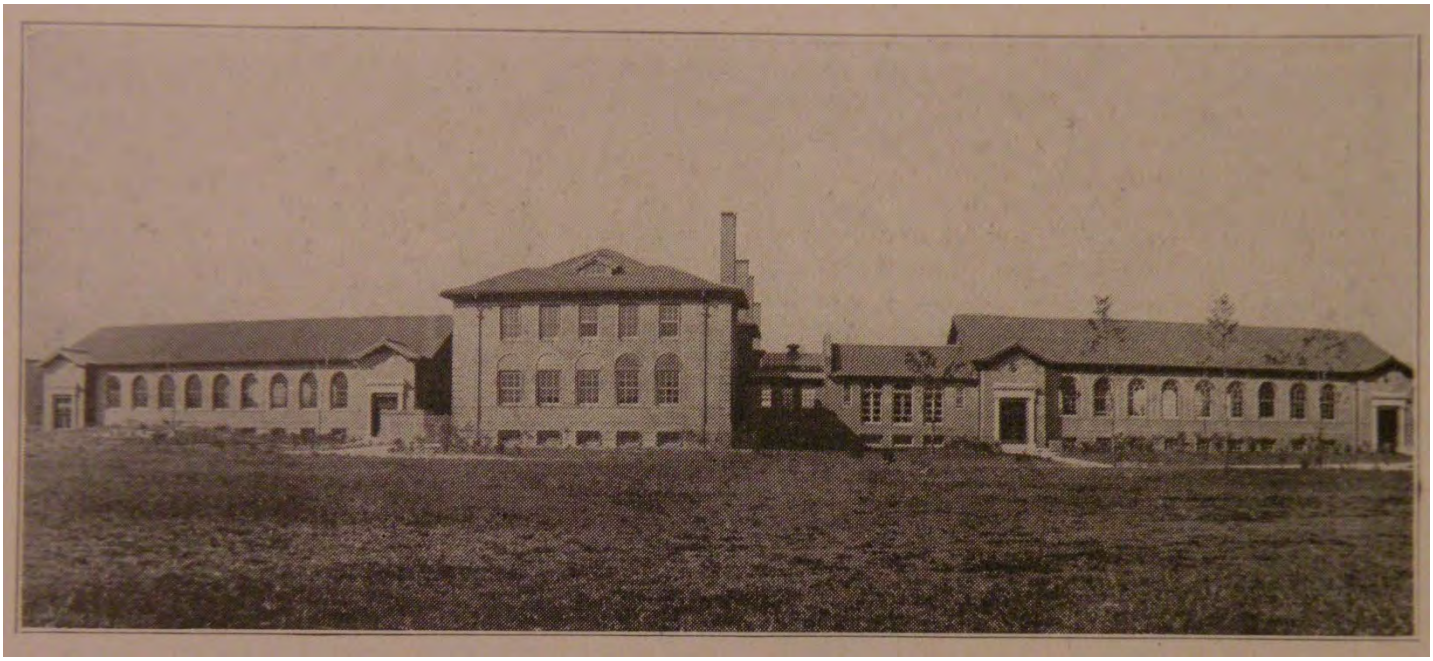

Figure 24: View of Dining Hall in 1915 (Dedication Day, 1915)

Figure 25: Interior view of main dining room, 1920s (Chicago History Museum)

Figure 26: Infirmary group looking east along pathways above underground tunnels (Outdoor Life, 1916)

Figure 27: Infirmary group, looking west, 1920s (Chicago History Museum)

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Figure 28: Laboratory Building in 1923 (Monthly Bulletin of Chicago MTS, August 1923)

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Name of multiple listing (if applicable)

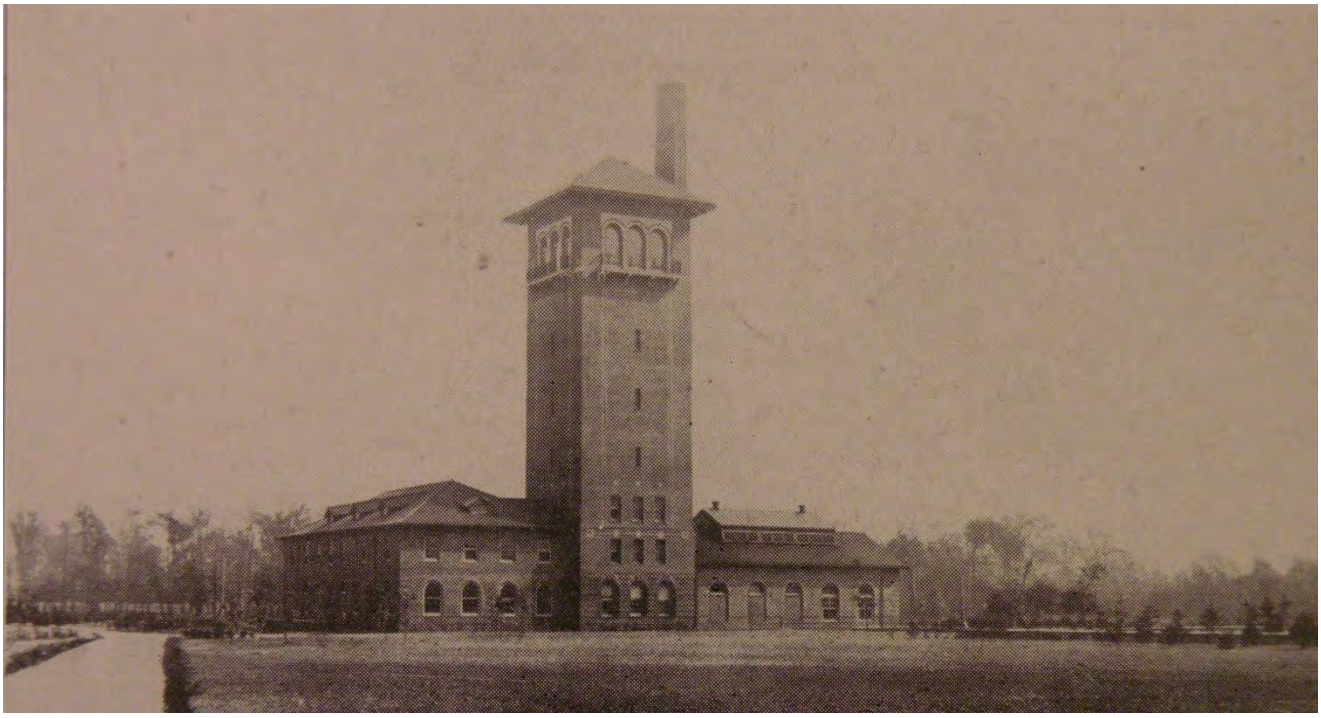

Figure 29: Power House and Laundry, 1915 (Dedication Day, 1915)

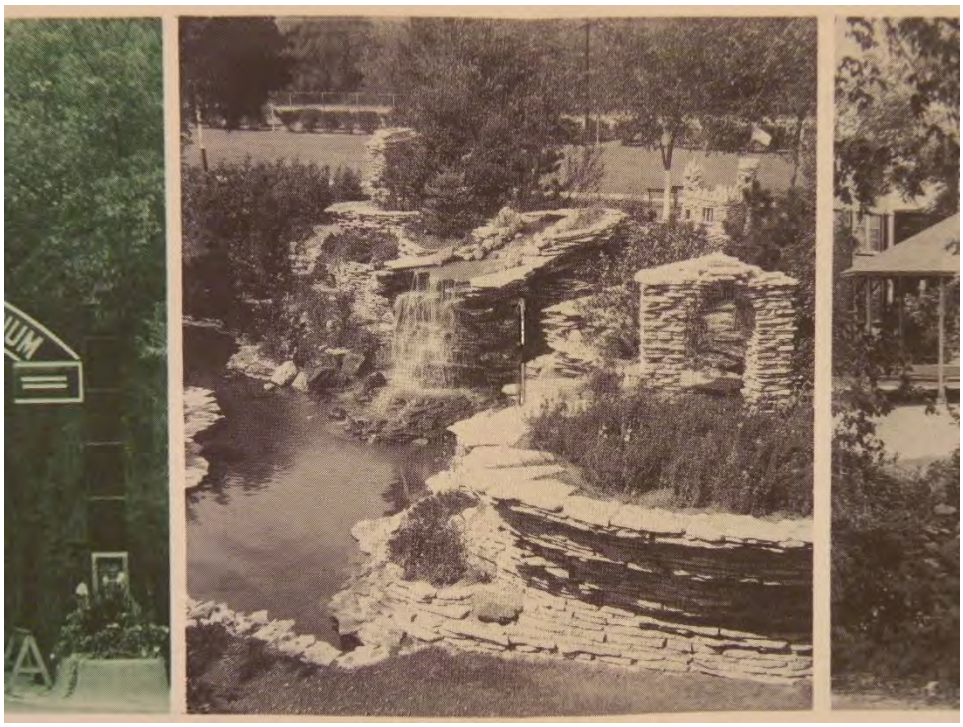

Figure 30: Children's Pool and Rock Garden, 1959 (Monthly Bulletin of Chicago MTS, 1959)


EVENT
PARKING
EVENT
PARKING


BUILDING M


BUILDING-M


STOP


PETERSON PARK


Flood Brothers
773-826-5800
630-261-0400
Flood Brothers
Flood Brothers

National Register of Historic Places
Memo to File

Correspondence

The Correspondence consists of communications from (and possibly to) the nominating authority, notes from the staff of the National Register of Historic Places, and/or other material the National Register of Historic Places received associated with the property.
Correspondence may also include information from other sources, drafts of the nomination, letters of support or objection, memorandums, and ephemera which document the efforts to recognize the property.

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
EVALUATION/RETURN SHEET

Requested Action:	Resubmission
Property Name:	Chicago Municipal Tuberculosis Sanitarium District
Multiple Name:	
State & County:	ILLINOIS, Cook

Date Received:	Date of Pending List:	Date of 16th Day:	Date of 45th Day:	Date of Weekly List:
8/12/2019			9/26/2019	9/30/2019

Reference number:	RS100003913
Nominator:	SHPO

Reason For Review:

X Accept _____ Return _____ Reject **9/26/2019** Date

Abstract/Summary Comments:

Recommendation/ Criteria

Reviewer Barbara Wyatt Discipline Historian

Telephone (202)354-2252 Date

DOCUMENTATION: see attached comments : No see attached SLR : No

If a nomination is returned to the nomination authority, the nomination is no longer under consideration by the National Park Service.

ILLINOIS
DEPARTMENT OF NATURAL RESOURCES

Illinois Department of **Natural Resources**

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

JB Pritzker, Governor
Colleen Callahan, Director

March 20, 2019

Ms. Barbara Wyatt, National Park Service
National Register of Historic Places
1849 C Street, NW, Mail Stop 7228
Washington, DC 20240

Dear Ms. Wyatt:

Enclosed are the disks that contain the true and correct copies of the National Register nomination recommended for nomination by the Illinois Historic Sites Advisory Council at its October 26, 2018 meeting and signed by the Deputy State Historic Preservation Officer:

Lilacia Park Historic District, Lombard, DuPage County
Chicago Municipal Tuberculosis Sanitarium District, Cook County, IL

PLEASE NOTE: Lombard is celebrating its 150th anniversary this year and would like to coordinate an announcement of the district's designation with local events occurring May 1, 2019 if at all possible.

Please contact me at 217/785-4324 if you need any additional information. Thank you for your attention to this matter.

Sincerely,

Andrew Heckenkamp, Coordinator, Survey and National Register program
Illinois State Historic Preservation Office/Illinois Department of Natural Resources
Attachments

NPS Form 10-900

OMB No. 1024-0018

United States Department of the Interior
National Park Service

3913

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 National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form.* If any 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 certification comments, entries, and narrative items on continuation sheets if needed (NPS Form 10-900a).**

1. Name of Property

historic name Chicago Municipal Tuberculosis Sanitarium District

other names/site number

Name of Multiple Property Listing

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

2. Location

street & number 5601-6000 North Pulaski Road ☐ not for publication

city or town Chicago ☐ vicinity

state Illinois county Cook zip code 60646

3. State/Federal Agency Certification

Returned

As the designated authority under the National Historic Preservation Act, as amended,

I hereby certify that this **x** 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 forth in 36 CFR Part 60.

In my opinion, the property **x** meets ___ does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance: ___ **national** ___ **statewide** **x** **local**

Applicable National Register Criteria: **x** **A** ___ **B** **x** **C** ___ **D**

Robert D. Appl 03.21.19

Signature of certifying official/Title: Deputy State Historic Preservation Officer Date

Illinois SHPO, Department of Natural Resources
State or Federal agency/bureau or Tribal Government

In my opinion, the property ___ meets ___ does not meet the National Register criteria.

Signature of commenting official Date

Title State or Federal agency/bureau or Tribal Government

4. National Park Service Certification

I hereby certify that this property is:

___ entered in the National Register

___ determined eligible for the National Register

___ determined not eligible for the National Register

___ removed from the National Register

___ other (explain:)

Signature of the Keeper Date of Action

Chicago Municipal Tuberculosis Sanitarium District
Name of Property

Cook County, Illinois
County and State

5. Classification

Ownership of Property
(Check as many boxes as apply.)

X	private
	public - Local
	public - State
	public - Federal

Category of Property
(Check only **one** box.)

X	building(s)
	district
	site
	structure
	object

Number of Resources within Property
(Do not include previously listed resources in the count.)

Contributing	Noncontributing	
12		buildings
		site
		structure
		object
12		**Total**

Number of contributing resources previously listed in the National Register

Returned

6. Function or Use

Historic Functions
(Enter categories from instructions.)

HEALTH CARE/Sanitarium

Current Functions
(Enter categories from instructions.)

RESIDENTIAL
RECREATION

7. Description

Architectural Classification
(Enter categories from instructions.)

LATE 19TH CENTURY – EARLY 20TH
CENTURY AMERICAN MOVEMENTS/
Prairie School

Materials
(Enter categories from instructions.)

foundation: CONCRETE
walls: BRICK
roof: ASPHALT, CERAMIC TILE
other: STONE/Limestone

Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with **a summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity).

Summary Paragraph

The Chicago Municipal Tuberculosis Sanitarium District (MTS District) is a grouping of 12 buildings that historically served as center of the Chicago Municipal Tuberculosis Sanitarium, a 160-acre institutional complex built between 1911 and 1915 on Chicago's far northwest side in the North Park Village neighborhood. The complex, which served for nearly 60 years as a public residential treatment center for tuberculosis, consists of a series of substantial administrative and patient buildings designed in the Prairie School style with Italian Renaissance Revival elements by the Chicago architectural firm of Otis & Clark with later additions by Jarvis Hunt and Hans Liebert. The complex was originally designed with a central core of buildings—Administration Building, Dining Halls, Service Hall, Infirmary Buildings, Power House, and Laundry, along with several smaller service buildings—stretching west to east through the center of the large campus grounds, bound on the north by Peterson Avenue, on the south by Bryn Mawr Avenue, on the west by Pulaski Road, and on the east by Central Park Avenue. These main buildings created a separation between the men's and women's open-air cottages that were clustered to the north and south. An Auditorium Building was constructed west of the Administration Building in 1919; a Laboratory Building was added in 1919 north of the Transformer Building; a chapel was completed south of the Dining Halls in 1936, and the Children's Pool/Rock Garden was constructed by the WPA in 1938-1939 based on original plans by Jens Jensen. Auxiliary farm buildings that supported the MTS's occupational therapy program were built at the southeastern side of the complex. Although the open-air cottages were demolished by 1974 when the MTS closed and the farm buildings were demolished in the 1980s, the main buildings at the center of the complex, described in detail below, remain intact and convey the historic and architectural significance of the MTS.

108 acres of the former MTS site are protected as open space under a conservation easement put into place by the City of Chicago in 1989. The north end of the site currently serves as a nature center and park; several modern buildings—including a school and senior apartment buildings—have been constructed in the last 30 years south of the historic core of MTS buildings. For this reason, the boundary of the Chicago Municipal Tuberculosis Sanitarium District is drawn to encompass only remaining historic buildings and significant landscape elements and not the entire 160-acre original campus.

Narrative Description

Site and Setting

The Chicago Municipal Tuberculosis Sanitarium (MTS) is located in the far northwest area of Chicago, in the North Park neighborhood, approximately 9 miles from downtown. The district is centered within a large, sparsely-developed block bound by Peterson Avenue on the north, Central Park Avenue on the east, Bryn Mawr Avenue on the south, and Pulaski Road on the west. Directly north of the district are Peterson Park and the North Park Village Nature Center; the area directly south of the district includes a multi-residential development at the northeast corner of Bryn Mawr and Pulaski, a senior housing development, and the Northside Learning Center High School.

The larger area surrounding the district includes residential developments, industrial sites, educational campuses, and several cemeteries and greenspaces. The former Chicago & Northwestern Railroad right-of-way runs north-south to the west of the district, and industrial buildings take up the block on the west side of Pulaski Road. The area east of Central Park Avenue is largely residential. Land south of the district is occupied by the Montrose Cemetery and St. Luke Cemetery, both west of Pulaski Road, and the Bohemian National Cemetery east of Pulaski. The cemeteries extend south from Bryn Mawr Avenue to Foster Avenue and continue the park-like atmosphere of the MTS site. The Northeastern Illinois University Campus is located south and west of the district, just east of Bohemian National Cemetery. North of the district are the Felician Sisters Convent and the CICS Northtown Academy; the Felician Sisters site includes a generous landscaped campus with grotto and stations of the cross east of the main convent building.

Historic Campus

The Chicago Municipal Tuberculosis Sanitarium was originally designed as a 160-acre campus with buildings planned at the center of the site with a ring of trees and green space for farming that would also serve as a buffer from the surrounding community. A 1913 site plan and 1938 aerial photograph (see below, Figures 7 and 8) show the original layout of the sanitarium as designed and as built. The main administration and infirmary buildings, all constructed of brick, were organized in a straight line across the campus, with the public Administration Building at the west end of the campus and the back-of-house functional buildings—the power house and grounds-keeping buildings—at the far eastern end. These buildings were connected by subterranean service tunnels for nurses and staff. The tops of the tunnels served as raised walkways with pipe railings and brick planters. The central axis of brick buildings also served to divide the grounds into two separate sections—the men's section to the north and the women's section to the south. Frame cottages for men were arranged along diagonal paths with a road connecting to the men's infirmary; a similar arrangement of cottages was constructed south of the main complex for female patients. A farm was located at the southeastern corner of the site, including a greenhouse, chicken coops, root cellar, and small dairy house that were built after the sanitarium opened in 1915. Open fields for outdoor activities were placed along the eastern edge and northeastern corner of the campus and a long, narrow pond was established near the center of the north end of the site.

A series of paved roads and walking paths served to connect the campus buildings. Historically, visitors entered from the main entrance gate at the southwestern corner of the site, at the intersection of Bryn Mawr and Pulaski Road, and followed a 1,400-foot-long driveway into the center of the campus. A secondary service entrance was located at the northeastern corner of the site at the intersection of Peterson and Central Park avenues. Both entrances featured a small brick gatehouse.

Landscape designer Ossian C. Simonds utilized the existing stock of trees and bushes that remained from the nursery that had previously occupied the site and added native plants to create a natural looking landscape that reflected the ideals of the Prairie School movement. The site remained flat like the native prairie, and Simonds concentrated groupings of trees, bushes, and flower beds among the patient cottages and along the curving main paths.

In 1923, nationally-known landscape architect Jens Jensen also developed ambitious plans for a children's camp and pool at the northwestern corner of the MTS campus to serve the sanitarium's youngest patients. Jensen's designs (which included a U-shaped pool with a large adjacent meadow, a grassy playground, and a camping site with tents and campfire circles set within an existing older grove of trees) were never fully realized due to lack of funds, a children's pool and rock garden was eventually completed in 1939 north of

the Men's Infirmary through the Works Progress Administration (WPA), based on plans developed by City of Chicago landscape architect Frank B. Przybyla. Although the pool and rock garden as built differ from Jensen's original plans, the elements of general design reflect his original design. The pool and spring-fed stream are were surrounded by a landscape of native plantings and encircled by a winding stone path and crossed by two stone bridges.

Alterations to Campus and Existing Condition
A sharp decline in tuberculosis cases in the late 1960s brought the first significant changes to the grounds of the MTS campus. Patients were consolidated into the larger infirmary buildings and women's cottages and all the men's cottages, along with several of the women's and children's cottages and adjacent landscaping, were demolished around 1970. After the MTS closed in 1974, the site was renamed North Park Village and divided into several sections, each with a proposed reuse. The remaining frame cottages and adjacent landscaping were razed at this time.

During the 1970s and 1980s, the Administration Building, infirmary buildings, and Service Building and dining halls were rehabilitated for use as a senior housing complex for North Park Village. A new vehicular entrance to the main MTS campus of buildings was created on the west side. A new guardhouse and health services building were constructed south of the new entrance drive. The area south of the central MTS campus was redeveloped with two groupings of affordable housing—Conservancy at North Park Village and the Senate Apartments—and a new high school, the Northside Learning Center High School.

The area north of the central campus was redeveloped with a nature preserve at the west side (North Park Village Nature Center, with the Men's Unit Administration Building serving as a welcome center since the 1990s) and a park with new athletic fields, pathways, and plantings (Peterson Park) to the east. A new fire department building and bus stop with semi-circular driveway occupy the far northwest corner of the site. The MTS Auditorium Building was repurposed in the 1990s by the Chicago Park District to serve as the Peterson Park Gymnastics Center. The Chicago Park District also utilizes the Laboratory Building for park programs and community activities.

The site today still retains the core axis of historic sanitarium buildings at the center, although the driveways, pathways, and landscaping around these buildings have been altered with the exception of the children's pool and rock garden and new paved parking areas installed.

Building/Site Descriptions

Descriptions of each of the contributing resources in the district are included below; buildings are identified by number on the attached boundary and site map.

Contributing Resources

1. **Power House**
   Date: 1912, 1917
   Architects: Otis & Clark
   Additions: Jarvis Hunt

The Power House is the tallest and most recognizable building on the MTS site and can be seen at a considerable distance. Located on the far eastern end of the site, far from patient cottages, the Power House served a central role in the function of MTS by supplying several important services. Architects Otis & Clark issued the first construction contracts to J. C. Robinson & Son for the Power House's construction in late 1911. Ground was broken in December, and the fireproof building was completed the following summer for a total of $164,000 (1915 dollars). The L-shaped building is divided by a water tower into two main sections: a boiler room on the south end and laundry on the north. In the winter of 1916, architect Jarvis Hunt designed single-story additions for both the north side of the laundry and the south end of the boiler room; both were completed by 1917.

The overall style of the building reflects the Italian Renaissance Revival with its tall water tower disguised to look like a bell tower or campanile in the Italian countryside. Deep eaves and shallow rooflines, along with arched windows, quoins, and clay tile roofs, are especially notable elements of the style. At the same time, influences of the then-growing Prairie School style can be seen in overall horizontality emphasized by the low roofs, decorative tiles, brickwork patterns, and copper-clad eaves.

Boiler Wing

The boiler section was critical for the initial construction of the MTS campus because it supplied heat to workers during winter months. In addition to providing heat to all buildings, the boiler house also had an incinerator for infectious waste and locker rooms for employees. A central tunnel connecting all buildings from the Administration Building on the west end to the Power House on the east enters the Power House through its southwestern corner. The tunnel served both as a conduit for pipes supplying hot water, steam, brine (coolant for refrigeration), electricity, phone lines, and other utilities and as a main connecting corridor for employees bringing laundry to the laundry section of the building. On the building's south end, there was originally a separate entrance to the building's incinerator, which consisted of a large burner set into the building's basement floor. However, the boiler room was extended in 1917 to its current size, with a tall round brick chimney, which stands taller than the Power House tower.

The boiler section is a single story with copper eaves, clay tile roof, and a copper-flashed roof monitor and skylight that runs the length of the roof crest. East and west elevations feature nine eight-over-eight, divided-light, double-hung, wood, sash windows with arched transoms. The southern gable extends past the base of the chimney and has decorative exposed wood roof beam tails.

Water Tower

On the northern side of the boiler room is the 120-foot-tall water tower, which concealed both living quarters for laundry employees and, at the top, a 60,000-gallon water tank for fire sprinklers. A boiler chimney projects from the tower's south elevation. The tower rises from the MTS campus like a bell tower or campanile in an Italian Renaissance landscape. Its design is divided into a base, shaft, and capital. The base has rusticated brickwork and arched double-hung windows; the tower's main entrance is on the east elevation. The base is visually separated from the shaft of the tower by a double soldier course of brick, which is set with decorative tile panels depicting various medical symbols. The tower's shaft, hiding the water tank, is primarily brick with only a few narrow windows. The top of the tower has a red clay tile roof bordered by copper eaves with decorative copper-clad rafter tails. Below the eaves is a brick frieze set with tile panels depicting various symbols, including the municipal "Y" and the red doubled-barred Cross of Lorraine. Each face of the tower has a triple set of tall, arched, divided-light, wood sash windows, which

are framed by brick and set between engaged limestone columns with stucco spandrels. Projecting below each set of windows is a shallow limestone balcony with a decorative wrought iron railing.

Laundry Section
North of the tower is the two-story laundry building, which primarily held facilities for sterilizing, washing, drying, and ironing linens. The second floor had bedrooms for laundry employees, while the basement contained several important services for the campus, including pumps, water heaters, a refrigeration plant and ice machine, motors for machinery in the building, and a central air pump that supplied pressure for a campus-wide central vacuuming system. A single-story addition was built onto the north elevation in 1917 to accommodate extra laundry equipment.

Although the whole building was referred to historically as the "power house," the Sanitary District originally supplied electricity for MTS; the adjacent transformer house was connected to this system. However, by 1925 the Sanitary District's power supply proved too expensive at $3,000 annually; consequently, the MTS board decided to install a Corliss engine in the basement of the laundry wing, which used steam to generate electricity. This remained in use until later in the 20th century when MTS was connected to Chicago's power grid.

The laundry section of the Power House is one and two stories tall. The initial two-story portion has a hipped clay-tile roof with copper-clad dormers on all sides, as well as painted wood eaves. Along the north elevation is a single-story addition from 1917, which is T-shaped with loading bays cut into the northeastern and northwestern corners. The laundry section is regularly fenestrated with arched divided-light sash windows on the first floor and six-over-six double-hung wood windows on the second floor.

Integrity
The Power House retains excellent integrity of design, layout, form, and materials, with only minor alterations and additions. Nearly all fenestration features original wood doors or double-hung windows. One addition is a small single-story loading bay built on the west elevation of the boiler section. Alterations include the removal of part of the upper portion of the chimney stack beside the tower, and both the replacement of an arched window with an overhead door and the construction of a wood loading deck on the west elevation of the laundry.

2. Transformer Building
Date: 1912
Architects: Otis & Clark

East of the Power House is the fireproof single-story transformer building. The building held nine transformers, which reduced 12,000-volt current supplied by the Sanitary District to a usable voltage for the institution.

The building is a fine small example of the style of buildings designed by Otis & Clark for MTS. It was completed in 1913 for a cost of around $20,000. Influences of the Italian Renaissance Revival style can be seen in the building's form, with its tower, deep eaves, and low pitched roof. The tower, with its decorative brickwork panels, set in a basket weave pattern and its oculus windows suggest influences of the Prairie School style. This style can also be seen in the building's copper-clad eaves, quoins, and decorative frieze

comprised of small glazed tiles centered in alternating round and square brick plaques, which are set in stucco fields.

The building is rectangular in plan with a main doorway frame in limestone on the west elevation and a tower on the eastern side. A brick frieze decorates the building below the copper eaves and features a series of small decorative glazed tiles that are set in round brick frames in a stucco field. The tower is slightly taller than the main building, and its top is decorated with panels of brick set in a basket weave pattern, which are punctuated by single round windows. The building is in excellent condition and retains its original fenestration and Ludowici clay tile roof; only the main door has been replaced.

3. Garage
Date: 1913–1914, 1940s
Architects: Otis & Clark
Addition: Paul Gerhardt Jr.

The garage stands immediately south of the transformer building and east of the Power House. It is a single-story brick building with a hipped roof completed around 1913 and designed by architects Otis & Clark. Originally it was part of the functional eastern end of the sanitarium where many of the services and maintenance offices and farm buildings were located. The garage was built to store a fleet of six to eight cars and trucks, and it held a management office, storage room, work room, and restroom. A large single-story, flat-roofed addition on the eastern side of the building was completed during the late 1940s and nearly doubled the garage's capacity. The addition was likely designed by then city architect Paul Gerhardt Jr., who designed a similarly spare addition to the MTS Laboratory Building in 1951. The original 1913 portion has the deep overhanging eaves that recall the Italian Renaissance Revival style, but the building's overall low form is primarily Prairie School in style. The 1940s addition is simply utilitarian.

The west elevation of the original 1913 structure features a central large vehicular entrance with a modern overhead door. To the right is the entrance doorway to main office, which is flanked by two original windows. The left side of the central garage door had a matching doorway and window set, but these are altered. The south elevation shows a clear contrast between the original 1913 building and its 1940s addition. Whereas the elevation of the original building is dotted by a series of four clerestory windows, the addition features a second vehicular entrance. The addition also stands out because of its plain flat roof and parapet wall, as well as its brickwork, which unlike the original portion of the garage has stretcher courses showing the ends of bricks. Despite alterations to fenestration and the replacement of the original clay roof tiles with asphalt shingles, the garage and its 1940s addition retain sufficient architectural integrity. The changes reflect the utilitarian and malleable nature of the building and its importance in the daily function of MTS.

3A. One-Car Garage
Date: c. 1955

A cement block one-car garage is located just east of the Power House. The exterior walls are parged and painted, and the building has a flat room. A metal garage door is located on the south wall of the building. Based on aerial photographs of the complex, the garage was constructed after 1952 and before 1961.

4. Barn/Paint Shop
Date: 1913–1914
Architects: Otis & Clark

The barn is located south of the garage and east of the Power House in a section of the sanitarium that was originally devoted to farming. It is the only survivor of several farm buildings designed by Otis & Clark, which included a root cellar building, livestock house, greenhouses, and chicken houses. In addition, there was a private house for the groundskeeper and wagon shed. All of these buildings, including the barn, facilitated MTS's objective to get ambulatory patients outside in the fresh air and to engage them with wholesome activities.

The barn is a long rectangular brick building with a gable roof and wall dormer on the east side. The building's low profile, shallow pitched roof with bracketed eaves, and simple fenestration lend the building a refined Prairie School style.

The building is divided into three equal sections. The middle and southern sections feature a total of six former garage-like entry bays that allowed farming equipment, some wagons, and trucks to be stored; all entrances were later in-filled with brick and windows. The northern section is slightly narrower than the rest of the building and was originally the barn. Inside it featured a hayloft, small stable, and harness room. The original hayloft doors can be seen on the north gable. Asphalt shingles replace the original tile roof.

5. Administration Building
Date: 1913–1914, 1920s
Architects: Otis & Clark

The first large building encountered by a new patient or a visitor was the Administration Building, which is located at the western end of a main line of sanitarium buildings, all of which are connected by a central underground service tunnel. Architects Otis & Clark designed the symmetrical two-story and basement building to house MTS's main offices for doctors and medical staff, examination and treatment rooms, limited accommodations for some staff, and storerooms. Originally, the laboratory and autopsy room were also in this building, located at the northern end of the first floor, but these were removed to the new purpose-built Laboratory Building at the eastern end of the campus in 1919. A large, two-story screened porch was seamlessly added to the northern end of the building sometime during the late 1920s, when the former laboratory spaces were converted to other uses. The screen porch addition was later enclosed with windows, as have many of the original screen porches at MTS.

The Administration Building has an I-shape, which was determined to be ideal for the construction of future additions. Twin wings forming the "I" contribute to the symmetry of the building, which is maintained by the pattern of fenestration, placement of copper-clad dormers and chimneys, and central location of the building's main entrance. The design has elements of the Italian Renaissance Revival style mixed with the Prairie School style, which can be seen in the overall symmetry, limestone details, quoins, extensive use of different brick patterns in the window tympana, arched window frames, and the deep eaves and clay tile of the shallow pitched roof. According to a 1915 construction accounting record, the extant Chicago firm of Wagner Brothers & Company executed the exterior copper work, J. A. Torstenson & Company supplied window glazing; and Tiffany Studios created a bronze tablet.

On the west elevation, modern concrete steps lead to the entrance, which is set in a limestone portico featuring full round columns and pilasters with composition capitals that support a pediment; flanking sidelights are protected by decorative wrought iron grilles. A grand entrance loggia was located on the east elevation but is currently obscured by a modern enclosed corridor that leads to the dining hall buildings. On the east elevation, there are twin stair towers at each end of the building. The towers rise slightly above the roofline with a peaked roof and feature an oculus; each stair has an entrance pavilion with a gable roof limestone portico.

Currently, the Administration Building serves as the main office for North Park Village, which was developed in the late 1970s. Alterations include the enclosure of screened porches on the north addition, and the replacement of windows in addition to the original main entrance doorway, which featured wrought iron grilles to match existing sidelights.

6. Dining Halls and Service Building
Date: 1914, 1917, 1920s
Architects: Otis & Clark
Additions: Jarvis Hunt

The two dining halls and Service Building are located east of the Administration Building and are arranged in a cross-shaped plan, in which the former women's (east) and men's (west) patient dining halls are connected by enclosed passageways and separated by the I-shaped Service Building. Architects Otis & Clark designed these buildings as part of a series of main sanitarium buildings, which are connected by a central underground service tunnel. The group of buildings cost approximately $207,000 to build in 1914. Architect Jarvis Hunt designed a new physicians' dining room and an extension to the Service Building in 1917. During the late 1920s, a single-story addition with a hipped roof was built off the south elevation of the connecting corridor between the Service Building and the east (women's) dining hall; it later served as a library

The two-story and basement Service Building is similar in design, detail, and footprint to the Administration Building, but is smaller in area. Well-executed details including brick quoins, various patterned brick tympana, stair towers with peaked roofs and ocular windows, deep overhanging eaves, and a shallow tile clad roof with copper-clad dormers that evoke the Italian Renaissance Revival style of architecture. Inside, the first floor of the Service Building had the main kitchens and bakery, which provided food to the patient dining rooms, nurses' and staff dining rooms in the same building, and patients in the infirmary buildings to the east. Ancillary rooms for food storage, including refrigerators operated by large refrigerant pumps in the Power House, were located in the basement, and the second floor held quarters for employees and housekeepers.

Each of the dining halls is a single story with a basement. Both have a rectangular footprint with projecting entrance porticoes at each corner, and a gabled clay tile roof. North and south elevations are lined by tall, arched multi pane windows that allow ample light and ventilation into the dining halls. Although essentially the same, the men's and women's dining halls have slight differences. Both halls feature four limestone entrance porticoes on; one on each corner. Above the porticoes on the women's hall is an oculus window, while above the porticoes on the men's dining hall there are instead detailed round tile panels with different symbols. Artificial stone planters flank most dining hall entrances.

The Service Building and dining halls are especially well-designed and have excellent integrity of overall form, design, and materials. The buildings currently serve as dining halls for North Park Village residents.

7. Infirmary Buildings
Date: 1913–1914, 1919, 1927, 1939
Architects: Otis & Clark
Additions: Jarvis Hunt, Unknown

The infirmary is an H-shaped group of buildings east of the dining halls and west of the Power House. Architects Otis & Clark designed a central two-story and basement Infirmary Administration Building flanked by twin men's and women's infirmary wings for advanced tuberculosis cases. Construction was begun in 1913, and the completed buildings cost approximately $613,000. Although plans for an addition to this complex were drawn by architect Jarvis Hunt as early as 1916, a three-story $500,000 Infirmary Annex was not built until 1927, with a fourth story added in 1939.

The infirmary was placed far from the cottages, dining halls, and the Power House so as to provide a quite space for recuperation. All necessary provisions, including medical and laboratory facilities, operating rooms, a maternity ward, and dining halls were located within the buildings. Food prepared in the main kitchen was brought to the building through the connecting central underground service tunnel. Because food was an important aspect of the treatment process, each wing had its own special diet kitchen to provide special meals for certain cases. The patients in the infirmary were primarily those in advanced stages of the disease and limited in mobility. Rooms were organized into singles and doubles, with large open screened porch wards along the southern side and at the eastern ends of each wing. Although most patient rooms were equipped with sash windows that could open to allow for maximum airflow, the screen porches had large openings that were open year round and provided patients with ample fresh air. The porches were enclosed with windows following MTS's closure; rows of limestone scuppers visually indicate the location of these former spaces.

The design is similar to other buildings on the MTS campus and draw inspiration from the Italian Renaissance Revival and Prairie School styles of architecture. Each building is clad in red brick with limestone water table, sills, string courses, and gable coping. The shallow, hipped clay tile roofs feature deep eaves with scroll-cut rafter tails and exposed gable-end roof beams. Copper, now weathered to a vivid teal green, was used for gutters, downspouts, and as cladding for the many evenly spaced attic dormers. Inside, a bronze tablet dedicating the buildings was executed by Tiffany Studios.

Infirmary Administration Building
The two-story and basement Infirmary Administration Building is centered between the infirmary wings. It is visually defined by a gabled clay tile roof set with dormers and decorative chimneys. The north and southern ends originally featured single-story pavilions, which connected to passageways with rooftop promenades that lead to the twin infirmary wings. The original first floors of the passageways have large arched windows with decorative brick spandrels set with glazed tile. Glazed tile can also be found set above the windows in round frames of brick. The first floor is topped by limestone bracketed banding, which originally served as the eaves of the passageway roof. According to an entry in a July 1919 issue of *American Contractor*, architect Jarvis Hunt designed the plain brick and limestone second-floor additions to the passageways and pavilions. Originally, the building's main entrance was on the east elevation, which

features a central projecting bay and an extant small porch. This entrance opened on to a large central courtyard, where the 1927 annex is now located. A second entrance on the west elevation is covered by a 1970s enclosed passageway that leads to the dining hall complex. Several basement windows have been in-filled with brick.

Infirmary Wings
The two-story and basement men's and women's infirmary wings were identically designed. As with other buildings, red brick, clay tile roofs, limestone trim, and scroll-cut rafter tails supporting deep eaves define the infirmary wings. Some sections have attractive projecting bays, pent clay tile roofs, stair towers, cupolas, and occasional glazed tiles set into the masonry. Each wing is divided into five sections: an open screened porch ward, at the eastern end; an L-shaped section with single rooms facing south, a north projecting single-story bay with east-facing rooms, and a central stair tower on the northern side with chamfered corners; an L-shaped section with a gable-end bay and a hipped roof bay along the south elevation (both had open-air porches), and a single-story dining room wing to the north; a section similar to the third, without additional rooms off the north elevation, and a pyramid- roofed cupola with a boarded triptych window facing north; and a rectilinear section with rooms facing both north and south, and a central stair tower on the north elevation. Two-story screened porches designed by Jarvis Hunt were added to the west elevations of each wing in 1917; these have been enclosed with windows. The women's infirmary retains a main entrance on its south elevation between the third and fourth sections, which features a carved limestone surround set with the date of the building's completion: 1913.

The infirmary wings retain excellent exterior integrity and have only a few additions or alterations. These include the in-filling of some doorways and windows, and the addition of elevator towers to the north elevation of the northern end of each wing.

Infirmary Annex
In 1916, Dr. John Dill Robertson was appointed as Commissioner of Health. Following the death of Dr. Sachs, Dr. Robertson immediately made provisions to expand MTS. One of his first projects involved the conversion of the east basement of the men's and women's infirmary wings into children's "sun wards." This resulted into the opening of several new windows at ground level on both wings. Dr. Robertson also hired architect Jarvis Hunt to design a series of additions, including a proposed four-story annex for additional patient and operating rooms. The proposal was published in the *Chicago Tribune* in December 1916 and the *Chicago Medical Recorder* in 1917; however, the project was not begun.

In 1925, MTS board president John J. Collins planned for the Infirmary Annex to be funded through the sale of municipal bonds. Construction started in 1926, and the facility was dedicated in February 1928. No architect for the annex was identified, but the design and details of the building are similar to the other infirmary buildings. As completed, the building was of three stories with a basement and central four-story section. Men were on the first floor, women on the second floor, and the third floor was devoted to children, and it contained its own kitchen, dining room, and play rooms. The annex added over 225 beds to the campus, which increased the infirmary's capacity by 25 percent and significantly reduced wait lists. The roof originally featured an outdoor garden, but in 1939 a full fourth floor was added.

The Infirmary Annex is a long four-story, brick-clad building with regular fenestration and a shallow, hipped, clay tile roof with copper gutters and copper-clad dormers. On the north and south elevations, three bays project from the middle and eastern and western ends. The east and west bays have three large windows

per floor, which are divided by brick piers that extend from the limestone water table and extend to the top of the third floor, where they terminate with limestone caps. The middle bay forms a central four-story section and remains slightly taller than the rest of the annex; the fourth floor has decorative brickwork with repeating, Crosses of Lorraine rendered in contrasting brick large. The narrow east elevation has an in-filled limestone entrance surround centered on the first floor featuring the building's date of construction: 1927. All but two windows on this elevation have been in-filled with matching brick. Four copper downspouts with decorative leader heads decorate the elevation. The Infirmary Annex was connected to the Infirmary Administration Building to the west via a two-story passageway.

The conversion of the infirmary complex into efficiency apartments during the 1980s included the construction of four banks of four-story additions along the north elevation and an elevator tower on the west elevation. These additions obscure most of the original north elevation, except for the three original projecting bays. A service entrance and loading dock with a driveway were added to the northeastern corner. Other alterations include the in-filling of some windows and doorways.

8. Men's Unit Administration Building
Date: 1914, 1990s
Architect: Otis & Clark
Addition: Unknown

The former Men's Unit Administration Building is located several hundred feet north of the dining halls and Service Building on what used to be the men's section on MTS's north side. It is the only remaining building on the MTS campus directly related to the patient cottages, which historically surrounded the building in diagonal, southeast-facing rows. A similar building once stood on the south side of the campus and served as the administration building for the women's section. The single-story brick building functioned as a satellite of the main administration and infirmary buildings, and it provided a place within each cottage section for nurses to closely supervise and treat ambulant patients. Regular examinations could be made without patients having to go to the main buildings; special foods could be locally prepared, and drug treatments could be distributed. The building held the office of the head nurse for the section, along with a waiting room, examination rooms, a small laboratory, kitchen, and some storage rooms. The Women's Unit Administration Building was demolished around 1980.

The Men's Unit Administration Building is a single-story building with a clay tile hipped roof. Half-round dormer vents punctuate the roof, with two on the north and south sides of the roof, and single dormer vents on the east and west sides. Deep eaves, as found on other MTS buildings, extend beyond the exterior walls and are supported by decorative, scroll-cut rafter tails. The main south elevation is symmetrical, with a central projecting entrance pavilion; there are six evenly spaced, four-over-four, double-hung windows with limestone sills on either side of the entrance.

In the 1990s, after the building was repurposed as the welcome center for the North Park Nature Center, a large single-story addition was built using a similar design and matching materials on the building's north elevation. Despite the addition and a new set of concrete steps for the south entrance, the building retains excellent integrity.

9. Auditorium Building
Date: 1919
Architect: Jarvis Hunt

The Auditorium is a two-story brick building at the western end of the MTS campus, opposite the main Administration Building. Early site plans proposed that a future auditorium and chapel be built across from each other around a central lawn that was to stretch westward from the Administration Building. After the change in administration of MTS in 1916, Commissioner of Health and MTS president Dr. Robertson hired architect Jarvis Hunt to design several additions and new buildings, including the auditorium. The estimated $100,000 building was begun in late 1918 and dedicated as the Hall for Health Education on June 29, 1919.

The building provided a space where, as an article in MTS's monthly bulletin of January 1920 stated, "education, recreation and pleasure may be found under very pleasant surroundings." The general public and patients alike could attend lectures on health, hygiene, and proper sanitation to prevent the spread of diseases such as tuberculosis. In addition, the space held conventions of tuberculosis societies and organizations, and it also served as a venue for lectures to physicians and researchers. As a social space, patients were invited to use the auditorium to present their own theatrical, vaudeville, and musical shows; to be entertained by films and stage productions; and to hear lectures related to vocational classes taught at MTS.

The Auditorium is a handsome building that is similar in style to other MTS buildings. Its red brick walls, arched front doorways and tympana, terra cotta details, and shallow pitched front roof clad in clay tile reflect the Italian Renaissance Revival style. However, these elements are applied to the building in a manner that expresses the Prairie School style more strongly than any other MTS building. Its heavy limestone water table and elaborate cornice emphasize the building's horizontal lines and tie the building closely to the expansive prairie aesthetic. The water table consists of a tall band of limestone with a Renaissance Revival carved rope molding along its top. Below the roofline and parapet, the building's cornice frieze is an exemplar feature of the building, combining both the natural palette and form of the Prairie style with Renaissance revival flourishes. Soldier courses of brick frame the cornice on all elevations, which contains alternating rectangular and round panels. The rectangular panels are of brick set in a basket weave pattern and have central diamonds of brick set in stucco. The round panels are composed of brick voussoirs, which encircle round foliate terra cotta grilles in the Italian Renaissance Revival style. At the ends of the cornice on the east elevation are panels with checkerboard blue and grey tiles.

Three main sections define the building: the front fifth is capped by a clay tile roof and serves as the main entrance and originally held a balcony; the middle three-fifths originally contained the main auditorium space and has a slightly pitched flat roof obscured by parapet walls; and the rear fifth contained the stage and backstage spaces.

The main east elevation has three double doorways, which together are flanked by tall twin decorative wood lattice structures attached to the building. Below the lattice are twin Classical cast iron planters decorated with rows of stylized acanthus leaves, set atop an extension of the auditorium's limestone water table, which serves as a secondary planter. Originally, the entrance doors were reached by a flight of stone steps; however the construction of new roadways during the 1980s required raising the grade around the Auditorium by approximately three feet, and resulted in either the burying or removal of the original steps and landing. The three main entrance doorways are set in tall decorative terra cotta surrounds with arched tympana set with

wood lattice panels and a projecting terra cotta planter. Flowering vines growing in the planters were trained to grow up the building's various lattice structures. Cast iron light standards designed like rope-twist columns with Corinthian capitals are set in niches flanking each doorway.

The Chicago Park District acquired the building during the 1990s and renovated its interior for use as a gymnastics center. The auditorium is a spectacular building and retains excellent exterior integrity. Its masonry was restored in the 2000s. Alterations are few and limited to the removal/covering of the front steps, burying of the lower brick work of the water table, replacement of windows and doors, and in-filling of some windows.

10. Laboratory Building
Date: 1919, 1951
Architect: Jarvis Hunt
Addition: Paul Gerhardt Jr.

The Laboratory Building is located north of the Power House at the eastern end of the MTS grounds. Built during World War I, the two-story and basement building was designed by architect Jarvis Hunt and completed in 1919 for approximately $64,000. Although the building was completed, its equipment was not purchased and installed until 1922 due to a lack of funding, according medical research director at the time Henry C. Sweany.

Laboratory and clinical research were critical for the study of tuberculosis effects of the disease, and refinement of treatments. Research at MTS was published nationally and contributed significantly to the advancement of treatments for the disease. A main two-room laboratory was originally included in the centralized Administration Building, but its size and proximity to offices proved inefficient and potentially dangerous. By 1916, the laboratory was consolidated in the groundskeeper's five-room house, which stood at the far eastern end of the grounds near the garage, but this also was too small. Plans for a new dedicated Laboratory Building were drawn by architect Jarvis Hunt and promoted by Commissioner of Health Dr. Robertson.

The research facility was organized across two floors and a basement. Chemical storage rooms, a photography studio, room for housing small animals for testing, operating room for large animals, the morgue, and autopsy room were located in the basement. The first floor held primarily technician offices, a library and medical record room, laboratory for the study of bacteria, and museum. The second floor consisted of chemical laboratories, an animal hospital, and operating rooms. The Laboratory Building also included rooms for testing samples taken from patients and specialized disinfection equipment. As advancements were made, the interior layout and types of laboratories were continually updated. Building blueprints from 1951 indicate that city architect Paul Gerhardt Jr. designed substantial renovations for all floors and created new chemical and histopathology laboratories, library space, offices, and consultation rooms. Gerhardt also designed new basement-level autopsy and storage room additions on the building's north side, which resulted in the expansion of an existing patio and the construction of a delivery dock.

The Laboratory Building is a symmetrical structure with a C-shaped footprint and shallow pitched roof with clay tiles and plain eaves. Its design incorporates elements of the Classical Revival and Prairie School styles of architecture. Centered on the south elevation is the building's grand double-height main entrance, which

is reached by a short flight of concrete steps with stepped brick sidewalls. Plain limestone frames the entryway, which features a double doorway with sidelights. The doorway is topped by a large multi pane transom, which is set in a border composed of fasces (a Classical motif consisting of bundled sticks) with corner rosettes. The building is regularly fenestrated with sets of six evenly spaced windows flanking either side of the main entrance. Basement windows are capped by a running limestone band that encircles the building, and first floor windows have plain limestone sills and flat arches with limestone keys. The second-floor windows also have limestone sills and are capped by another band of limestone, which runs just below the cornice. White squares of stucco, outlined in brick, form a repeating cornice pattern below the beadboard soffit of the projecting eaves. The east and west elevations are also symmetrical and have smaller secondary doorways. The north elevation has a large raised patio over what was a basement autopsy room.

Today, the Chicago Park District occupies the building and programs it with community activities. The exterior has excellent integrity of its overall form, design, and materials. Minor alterations include the in-filling of some windows, replacement of exterior doors, and replacement of a metal stairway on the east elevation.

11. Children's Pool/ Rock Garden
Date: 1930s [1938–39]
Architect: Frank B. Przybyla

North of the former men's infirmary wing is a landscape feature unlike any other on the MTS grounds. A shallow pool, lined by an irregular border of stratified limestone blocks, is surrounded by trees and shrubs, with a limestone bluff and stone bridges towards its rear. The pool and surrounding paths were initially developed by landscape architect Jens Jensen in 1923 as part of a larger plan for a children's campground. Although the full plan was never completed, the city received funding in the 1930s through the Works Progress Administration (WPA) and landscape architect Frank B. Przybyla prepared the final plans for a pool and rock garden that, though not identical, were clearly based on Jensen's original designs.

Jens Jensen had become a nationally known landscape architect by the 1920s when he drafted a series of plans for a Midwestern prairie-inspired "spring-fed" pool and camp ground on the grounds of MTS. Jensen is acknowledged as one of three pioneering landscape architects who guided the development of natural or Prairie style landscape design. His designs readily emulated the serene and rugged beauty of the Midwestern landscape, transplanting seemingly natural scenes into otherwise artificial landscapes. Jensen established a series of signature design elements that he would incorporate or reference in his projects. Most important was the use of undressed, local limestone, which could be built into walls to resemble bluffs, set along the edge of pools or ponds, or laid as a path. Flowing water too was a significant feature, its energy and sound recalling the meandering streams and rivers of the Midwest; especially dramatic was the combination of stone and water to form cascading water flows or falls. Each unique scene was then connected to the greater Midwestern landscape through the use of native trees and plantings. Within the trees, Jensen would create winding paths leading to outdoor rooms or gathering places, where he would typically place a stone camp fire circle.

Jensen designed the original 1923 landscape plan for children of MTS's "preventorium" camp. The preventorium program gave children who were malnourished and susceptible to developing tuberculosis symptoms a place to receive treatment, supervision, and fresh air. Existing tent groupings for boys and girls did not have a dedicated location on the MTS campus. Jensen's plan was intended to create such a space for

the children of MTS. His 1923 plan for a Children's Camp and Pool was designed to extend from north of the auditorium building along the western end of the ground to the northern border along Peterson Avenue. His plan made use of an existing older grove of trees at the northwestern corner of the grounds. The plan included a U-shaped pool with a large meadow on its southeastern shore, small grassy playground, camping site with a circle of tents, and four camp fire circles set along paths through the grove of trees. The pool itself was to be edged with stacked limestone and fed by a pump-driven "spring."

The northwestern corner of MTS was never developed with Jensen's design for a children's campground, and instead the land and grove of trees were left alone, with only the addition of a small putting green. Funding undoubtedly limited the scope of Jensen's plan. It was not until the 1930s, through the WPA, that a portion of Jensen's plan was finally built, with city landscape architect Frank B. Przybyla serving as the architect of record for the pool and rock garden. Aerial images taken in November 1938 appear to show the current site of the pool under construction, without trees, and with only a bare outline of the pool.

The pool and surrounding garden as designed by Przybyla do not match the design drawn by Jensen. Jensen's pool was U-shaped, while the pool as built has a more irregular shape with a long meandering stream to the north. Jensen's plan featured a four-foot-tall ledge beside a narrow rock-lined channel with a bubbling spring. The ledge and its higher plateau are identified on Jensen's plans as a "players hill" where an orchestra could serenade patients seated in a meadow-like clearing across the pool from the ledge.

Ultimately, a much larger version of Jensen's pool design was built. The pool and its long spring-fed stream are surrounded by a landscape of native trees and plantings and are encircled by a winding stone path. The path follows the gradually changing grade around the pool and crosses two stone bridges over a stone-lined stream, which is similar to the channel and spring proposed in Jensen's 1923 plan.

Despite differences in the final execution, the elements and general design of the pool reflect Jens Jensen's original design for a children's campground and pool, and they form an important part of MTS's landscape. The garden and pool suffered during the 1980s and became overgrown with invasive plants. Much of the site was cleared and repaired during the 2000s.

12. Church of the Sacred Heart – Lewis Memorial
Date: 1936
Architect: Hans Theodore Liebert

The Church of the Sacred Heart is located south of the dining hall buildings, near where the women's open-air cottages were located. The $100,000 building was designed by architect Hans Liebert in the form of a Romanesque church but with distinctly Prairie School and Modern style details. According to a plaque in the church's lobby and an entry in a 1935 issue of *The Annals of St. Joseph*, philanthropist of Catholic causes Francis J. Lewis donated money toward the construction of a Catholic chapel at MTS. The offer was accepted by the Chicago City Council and the Catholic Bishop of Chicago (the Archdiocese of Chicago) in memory of George Cardinal Mundelein, who had served as Archbishop of Chicago from 1915, and cardinal from 1924 until his death in 1939. Lewis, for whom the Lewis Memorial Chapel is named, was the owner of the F. J. Lewis Manufacturing Company, a tar products manufacturer, before retiring to pursue philanthropic and charitable causes, primarily for the archdiocese. Lewis became the director of the Federal

Reserve Bank of Chicago in 1936. According to historical permits, construction was begun in April 1936, and the finished church was dedicated on October 25th of that year.

The two-story and basement rectilinear church is clad in multi-hued red brick with limestone trim and has a clay tile roof. Twin projecting bays flank the main west elevation, while a single-story vestry and other rooms wrap around the two-story apse. A tall and narrow bell tower, with a single bell, rises vertically from the northeastern corner and is topped by an ornamental metal cross.

Architecturally, the church echoes the Romanesque style in form only, with only general references to the style. The use of plain stone trim, contrasting brick, windows set into corners, and general rectilinear forms have their base in the Modern style of architecture, which was defined by refined geometric forms. The Prairie School style can be seen in the horizontal form and linear emphasis of the north and south elevations and in the use of decorative glazed tiles.

The refined west elevation is clad in limestone and outlined by a cross-hatched border of brick and limestone, with an outer border of brick laid diagonally and a limestone cross at the peak. In contrast, the west elevations of the aisles are clad in red brick. The main double doorway has a tympanum with a lattice relief and raised cross and is surrounded by radiating voussoirs. The cross matches the stylized design of the cross on the gable peak. Above the entrance is a wheel window with three horizontal and three vertical mullions set in a slightly recessed square frame. A blind arcade with plain corbels caps the elevation within the brick border. Flanking the main entrance are tall light standards framed by limestone with opaque glass panels.

On either side of the west elevation are two-story flat-roofed bays with an unusual Modern design. Above the building's limestone water table, the bays are clad in brick and have recessed steel-framed windows with limestone surrounds, which wrap the corners and create the appearance of two-story corner windows. The north and south elevations are clad in brick and punctuated by a row of six evenly spaced arched stained-glass windows that illuminate the main sanctuary. Each window has a heavy limestone sill and an inner limestone arch that frames a smaller operable sash within the greater window. Decorative glazed ocher and teal tiles take the place of imposts and form a contrasting band between the windows and around the building.

The church retains its overall form and materials and remains in very good condition with a high degree of integrity. Alterations include the boarding of some windows on the east elevation and the construction of a wheelchair ramp to access the north entrance. The flat main entry doors with single, small glazed openings are original.

Integrity

The Chicago Municipal Tuberculosis Sanitarium exhibits a high degree of integrity with regard to design, materials, context, form, and layout. The Prairie School and Italian Renaissance Revival hospital buildings designed by Otis and Clark and grounds designed by Ossian Simonds are unique in Chicago. Although all of the patients' cottages, nurses' home, and a few other secondary buildings have been demolished and most pathways have been removed, the brick buildings that historically formed the central core of the site continue to convey the site's history as a sanitarium devoted to the treatment of tuberculosis and reflect all of the

complex's historic functions. The physical character of these buildings in terms of scale, setback from the street, entries, architectural features and finishes, and door and window configuration have remained largely intact, with only a few instances of in-filling of windows or replacement of finishes, windows, or doors. The remaining buildings and grounds immediately surrounding the core axis of buildings, while somewhat altered, continue to provide the visitor with a meaningful sense of the architects' and Dr. Sachs' intended vision for the visual character of the site. They also reflect the evolving needs of the sanitarium in Chicago's campaign to control tuberculosis.

Except for minor alterations, the buildings within the Chicago Municipal Tuberculosis Sanitarium District all exhibit a high degree of integrity. The site immediately surrounding the building expresses its architectural and aesthetic value through the individual characteristics of each building and structure as well as the cohesive visual form of the site's arrangement. Although areas along the perimeter of the original site are excluded from the district due to later development and alterations, the nature of these alterations—particularly Peterson Park and the North Park Village Nature Center north of the district—preserve much of the park-like setting of the original clinic. Even along its south boundary, the district is screened from the more intensive development at the south end of the original site by trees and other plantings.

Boundary Justification

Given the significant new construction and alterations to the historic landscape that have occurred north and south of the historic axis of main buildings, the proposed boundaries for the Chicago Municipal Tuberculosis Sanitarium District have been drawn to encompass only these remaining buildings and the one significant landscape structure – the Children's Pool and Rock Garden—that remains intact. The boundaries as drawn create a district that is cohesive and clearly tells the story of the historic function and design of the complex.

Chicago Municipal Tuberculosis Sanitarium District
Name of Property

Cook County, Illinois
County and State

8. Statement of Significance

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

[X] 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.

[X] 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 a birthplace or grave.

[ ] D a cemetery.

[ ] E a reconstructed building, object, or structure.

[ ] F a commemorative property.

[ ] G less than 50 years old or achieving significance within the past 50 years.

Areas of Significance
(Enter categories from instructions.)

HEALTH CARE

ARCHITECTURE

Period of Significance

1911-1974 (Criterion A)

1911-1939 (Criterion C)

Significant Dates

1911-1915; 1919, 1923, 1936; 1938-39

Significant Person
(Complete only if Criterion B is marked above.)

Cultural Affiliation (if applicable)

Architect/Builder

Otis & Clark, Ossian C. Simonds, Jarvis Hunt, Hans T. Leibert, Frank B. Przybyla

Chicago Municipal Tuberculosis Sanitarium District | Cook County, Illinois
Name of Property | County and State

Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations).

The Chicago Municipal Tuberculosis Sanitarium (MTS) District, currently the site of North Park Village, is locally significant under National Register Criterion A for Health/Medicine as one of the largest facilities built in the United States to treat tuberculosis, one of the deadliest diseases in human history. The 160-acre institution was built between 1911 and 1915 on Chicago's far northwest side in the North Park neighborhood. The sanitarium was the manifestation of Chicago's "I will" spirit – the determination to control and defeat the spread of tuberculosis.

During the late 19th century, tuberculosis accounted for about twenty percent of all deaths. Leading a progressive charge against the disease during the 1900s, Dr. Theodore B. Sachs helped make tuberculosis a primary health concern in Chicago, and he showed that there was a need for a dedicated institution to treat the disease. The development and design of MTS as an effective facility owed much to Dr. Sachs' authority on the treatment of tuberculosis. As one writer for the *Journal of the Outdoor Life* wrote in 1916, "The architect designed, but it was Dr. Sachs who breathed his genius through everything."

The Chicago's Municipal Tuberculosis Sanitarium is also significant under National Register Criterion C for Architecture. The complex's design made it an effective component in Chicago's charge against tuberculosis. C. A. Anderson wrote in *The Brickbuilder* in 1915 that, the sanitarium must invite by combining fear and comfort — fear of the future course of the disease, and comfort through attractive buildings, good treatment, and a creative interest." Chicago's municipal sanitarium accomplished each of these points. It provided a lush campus designed by notable landscape designer Ossian C. Simonds, it established a series of substantial administrative and patient buildings designed in the Prairie School style with Italian Renaissance Revival elements by the firm of Otis & Clark, it advanced valuable treatments beyond the typical rest and fresh air encouraged by earlier sanatoriums, and it offered patients a range of activities during their lengthy treatments that would both keep patients from leaving prematurely and prepare them for reentry into society. Above all, MTS provided ample comforts for patients facing a fearsome and unrelenting disease – tuberculosis.

On February 16, 1916 (opening day of the sanitarium), board member William A. Wieboldt spoke optimistically to a crowd and said, "I hope the professional world and the scientists will, through such work as the work of the Municipal Sanitarium, after long years, be able to stamp out this plague and that buildings of this kind will not be necessary and that 160-acre farms such as this one can be then used for recreation spots for old and young." MTS served Chicago for nearly 60 years before tuberculosis was finally controlled in the 1970s. The grounds and collection of buildings that remain today represent one the largest and most significant public health projects in Chicago's history.

For Criterion A, the period of significance begins in 1911 when construction began and ends in 1974, when the MTS closed. For Criterion C, the period of significance begins in 1911 and ends in 1939, when the final component of the sanitarium's central complex—the Children's Pool and Rock Garden—was completed.

Narrative Statement of Significance (Provide at least **one** paragraph for each area of significance.)

TUBERCULOSIS: THE GREAT WHITE PLAGUE

By the beginning of the 19th century, tuberculosis had killed approximately one in seven of all people who had ever lived. The disease had plagued humans for well over 5,000 years and has been described in writing and art

for millennia. In Ancient India (around 1500 BC), it was called *yaksma*, and ancient Egyptian mummies have shown characteristic lesions, or tubercles, on remaining bones. Early Greeks called the disease *phthisis*, meaning "wasting," referring to physical degradation caused by the disease as it destroyed organs and other tissues. In Latin it was referred to as *consumptione* or consumption, which remained a popular name for the pulmonary form of the disease through the early 20th century. Throughout history, sufferers are characterized as feverish, dehydrated, and afflicted by strong bouts of coughing, which left them fighting for breath. Their bodies became emaciated, lethargic, and pale-white, earning the disease the name "the great white plague."

Tuberculosis is a highly communicable disease that is transmitted through infected droplets from a sneeze, cough, or simply from talking. The bacterium produces large hardy spores that can survive nearly any environment, which make it easily contractible from infected surfaces or food, especially from milk or meat of infected cows. Very few of the slowly replicating bacterium are required to develop an infection, which form the disease's characteristic tubercles. In severe cases, the tubercles can burst and cause hemorrhages, or bloody coughs. Although a pulmonary infection is most common, any organ or part of the body can be affected.

The disease became known as "tuberculosis" for the presence of tubercles formed by clusters of bacterial cells. The specific bacteria responsible for the disease were identified in 1882 by Dr. Robert Koch. Prior to Dr. Koch's discovery, the term "tuberculosis" was used to refer to any disease that produced tubercles.

Historically, tuberculosis was unlike the great plagues that had earlier ravaged Europe or even the myriad diseases that were commonly found in any city of the 19th century. Tuberculosis did not make a sudden appearance, devastate a population, and quickly vanish like the Black Plague or outbreaks of cholera. Instead, tuberculosis could infect and consume a person over a period of years or decades through alternating cycles of sharp attacks and remissions. Because symptoms could appear weeks or years after exposure, it was difficult to identify newly infected cases or to determine the source of outbreaks. Consequently, without a means to identify a clear source of the disease, the best treatment was to isolate the sick to prevent the disease's spread. This formed the basis of sanitarium treatment.

LIFE IN 19TH CENTURY CHICAGO

Chicago, like many cities during the 19th century, was made perilous by contaminated water, spoiled and/or adulterated food, malnutrition, exposure to poisons, and dangerous working and living conditions. The average life expectancy in Chicago during the mid-19th century was about 40 years. Of all the unmitigated dangers that could kill a person, disease was the most potent. Between Chicago's incorporation in 1837 and the turn of the century, life in Chicago was made especially miserable by outbreaks of cholera, diphtheria, scarlet fever, typhoid, smallpox, measles, and malaria. However, the most common cause of death in Chicago and across the country at the time was consumption, known today as tuberculosis.

Chicago's relationship with disease improved over the course of the 19th century, mirroring the experience of the nation. Although cures were unknown and the cause of diseases were not understood, efforts were made to control their spread by improving sanitation or by isolating the sick.

Confronting disease in Chicago during the 19th century

Early in Chicago's history, cases of malaria, borne by mosquitoes that bred in lakefront marshes, afflicted early Chicagoans. However, this disease was quickly eliminated as development led to the draining and filling of the soggy ground.

Epidemics of diarrheal diseases including cholera, dysentery, and typhoid were the leading causes of death during the mid- to late-19th century. A cholera outbreak in 1854 killed over 1,400, with nearly as many dying from typhoid that same year. Dysentery killed around 1,600 between 1854 and 1860. Although the cause of diarrheal diseases was not known, clean water was identified as important to the health of the city. Lake Michigan was and remains Chicago's preferred water source, but during the 1850s it also served as the destination for sewage. Wastewater and raw sewage leaching from privy pits laced with disease-causing pathogens flowed directly into the lake or into the Chicago River, which also flowed into the lake. It was not until English physician John Snow identified tainted water as the carrier of cholera during an 1854 outbreak in London that cities like Chicago began to consider improving water hygiene.

By the early 1870s, Chicago's water supply and wastewater systems were greatly improved. A water intake crib two miles from shore provided fresher water by avoiding the polluted shore. Further, in 1871 the flow of the ever-polluted Chicago River was first reversed to direct pollution and sewage away from the lake. However, the river's flow was slow, making it appear stagnant, and major rains tended to restore the river's flow into the lake, which led to continued outbreaks of disease. Yet by the 1880s, Chicago's death rate from cholera was below those of Boston and New York.

The Chicago Sanitary District was formed in 1889 through special state legislation to improve the city's water supply. It successfully completed the reversal of both the Chicago and Calumet rivers by digging miles of canals, including the Sanitary and Ship Canal, which was completed in 1900. All shoreline sewerage outlets into the lake were permanently closed in 1893, and chlorination was introduced to the water supply around 1917. By the early 1900s, the death rate from diarrheal diseases such as cholera and typhoid was reduced by half, from 25.5 in 1885 to 12.9 in 1905, for every 10,000 of population.

Despite these improvements, disease still spread easily, if not by polluted water then by tainted or adulterated food, or simply close proximity to other infected individuals. Researchers and the city's health department promoted the improvement of sanitary conditions, as filth and noxious odors, or "miasmas," were believed to bring disease. Annually during the 1870s and 1880s, the carcasses of thousands of horses and dogs, and hundreds of cattle and sheep, were removed from the city streets. The health department struggled to cope with the mounting garbage and ash spilling into the streets, the prevalence of heavy smoke and fumes from locomotives and factories, and tens of thousands of noisome privies that leached infected water. Improving the health of the city under these conditions was a monumental task.

Adding to the misery was Chicago's growing population density. The city's health department identified several neighborhoods as severely overcrowded, with unsanitary conditions contributing to deaths. Chicago's population doubled each decade during the mid- to late 19th century with the arrival of new residents and immigrants, growing from around 112,000 in 1860 to over 1,000,000 by 1890. The majority of the population, often living in the poorest districts, was concentrated in a dense band around downtown.

Respiratory and other diseases, spread in overcrowded conditions, tore through Chicago's dense districts. Deaths from diphtheria and whooping cough soared during the 1870s, while scarlet fever accounted for 10 percent of all deaths in Chicago in 1877 alone. Smallpox was also widespread despite quarantines and compulsory vaccination

of 95 percent of the population in 1868. The arrival of new immigrants outpaced vaccination programs and continued to introduce and spread the disease, leading to an epidemic in 1881–1882 that killed nearly 2,500. Vaccinations finally halted major smallpox epidemics by 1893.

The risk of disease was not only from foul water and in overcrowded districts, but also from the very food that nourished the city. Chicagoans were frequently at risk for deceit, unconscious errors by vendors, or simply poor choices due to misconceptions about sanitation and disease. Unscrupulous vendors hawked ice cut from sewage-tainted lakes; sold milk that was either spoiled or filled with additives such as chalk, borax, or typhoid-laden water; or marketed meat and vegetables that were simply spoiled. Before 1880, according to the City's Board of Health report for 1905, 65.8 percent of all deaths were of children under five years of age. Milk tainted by any number of diseases, including tuberculosis, was seen as the central cause. Efforts to control the distribution of milk and to force food makers and vendors to improve their sanitary conditions were not fully undertaken until the beginning of the 20th century.

At the close of the 19th century, deaths from a multitude of common diseases were declining, while deaths resulting from heart disease and cancer rose as residents lived longer. Chicago's average life expectancy nearly doubled between 1875 and 1905. However, despite progress in controlling and reducing many of the most common and deadly diseases, Chicago had yet to fully address the greatest cause of death: tuberculosis.

TREATING TUBERCULOSIS

Treating tuberculosis was difficult because the disease provided bewildering symptoms that developed over long periods of time. Because of the bacteria's facile spread between people in close quarters as well as the disease's record of attacks and remissions, many believed that tuberculosis was hereditary. During the 19th and early 20th centuries, because there was no standard understanding of how the disease functioned, tuberculosis treatment focused on keeping it in remission. This was accomplished by reducing exposure to environmental triggers that were believed responsible for acute attacks.

One of the earliest treatments, dating to ancient Greece, targeted respiratory symptoms and lethargy, and called for sufferers to move to more healthful climates where they could seek relaxation and fresh air. Although fresh, outdoor air remained the most popular treatment through the 20th century, diet regimens, mental stimulation, varying levels of physical exertion, and finally surgical and drug treatments became the tools for reducing the effects of the disease. However, without a formal cure, isolating the sick at institutions – called "sanatoriums" or "sanitariums" – was agreed to be the best possible treatment alternative. A cure and an inoculation against tuberculosis were actively sought following the discovery of the tuberculosis-causing bacteria in 1882, but none was developed until after World War II.

The 19th century saw the rise of fresh-air tuberculosis treatment institutions. Two types of fresh-air institutions developed in the United States. The first is the *sana*torium, which originates from the Latin word *sanare*, meaning "to heal." Most sanatoriums both in Europe and the United States were opened to treat early or curable cases. The second is the *sani*tarium, whose meaning comes from the Latin word *sanitas*, meaning "health." Sanitariums developed as institutions, or health resorts, for cases of all classes regardless of their prospect for improvement. Although a fine distinction, the use of the terms sparked debate during the first decades of the 20th century. Doctors, physicians, and researchers widely agreed that facilities that were focused on the treatment of tuberculosis cases should be referred to as *sana*toriums. Many believed that *sani*tariums were facilities that cared

for patients with a variety of ailments. Early in Chicago's bid for a tuberculosis institution, the proposed facility was referred to as the Chicago Municipal *Sanatorium*; however, before its opening, for reasons unknown, it became the Chicago Municipal *Sanitarium*.

Sanatoriums offered sufferers both ample rest and relaxation in the open air, and they provided a careful regimen aimed at improving hygiene and diet to keep the disease in remission. The first systematic and large-scale sanatorium for the treatment of curable cases of tuberculosis opened in Germany during the mid-19th century. The "German system," as U.S. doctors referred to it, was essentially a closed "school of hygienic discipline, with little left to the patient's initiative except strict obedience." Although the concept and strict practices of European institutions did not reach the United States until the late 19th century, the idea of seeking improved health through better climate did become popular in the U.S. Climate quickly became the most popular means of treatment for all types of diseases, especially tuberculosis, during the mid-to late 19th century.

Seeking Better Health: 1840s–1890s
The American West was partially settled with the help of people sick with tuberculosis. Those suffering from tuberculosis followed the popular notion that an outdoor lifestyle with a regimen of activity in the right climate would quickly cure consumption in any stage. The cult of fresh air and sunlight had gained traction in Europe, where some of the best resort-like sanitariums basked in sunny locales or benefited from higher altitudes where the air was perceived to be clearer and therefore healthier – any place away from the dense city with its noxious fumes and filthy streets was considered to promote better health.

In the period from the 1840s through 1890s, tens of thousands of "health seekers," many of whom were consumptives, spread westward in search of the panacea offered by the new western states and territories. In turn, the states, territories, and the railroads that connected them saw the sick as potential settlers and actively promoted the healthful climates of their lands. Because tuberculosis was not yet tied to class and because it was seen as a hereditary disease, there was no perceived risk in inviting those with tuberculosis to help settle new western towns.

Profit and politics drove the invitation for a migration of the sick. New railroad lines, unprofitable alone, sold real estate around stations, offering each stop as a healthful and restful place to live. Entire western towns were developed and sold as panaceas of health. Denver, Los Angeles, San Diego, and Pasadena were some of the dozens of small towns that promoted their ideal climates for outdoor recuperation. The State of California proclaimed itself the "land of sunshine," and in an 1883 guidebook *California for Fruit Growers and Consumptives* encouraged "all persons" to come and enjoy "a life of outdoor luxury associated with good health." Although most western towns wanted to attract only higher class and white consumptives, they drew sick and invalids of all races and levels of society. Even those of little means left their lives and jobs behind for the booming health towns in search of the elusive "climate cure."

Dr. Robert Heinrich Hermann Koch (1843-1910)
Prior to the discoveries made by German physician and microbiologist Dr. Robert Heinrich Hermann Koch little was understood of the microscopic causes of many diseases. However, early researchers identified how some diseases were spread, and consequently how they could be controlled. Small-pox was for millennia controlled by processes of inoculation, which relied on introducing a less virulent form of the virus to the body to develop immunity. This process was improved and made safer during the late 18th century, and regular vaccinations against the disease became common during the mid- to late 19th century. Similarly, cholera outbreaks during the early to mid-19th century were quickly reduced once tainted water was identified as the primary means for the

disease's spread. Researchers determined that if small-pox and cholera could be mitigated, then tuberculosis could be controlled as well.

Koch was influential in establishing the study of disease-causing microorganisms, and for identifying the specific bacteria that cause diseases such as cholera, anthrax, and tuberculosis. Dr. Koch is credited with developing many innovative and fundamental laboratory techniques that gave rise to the field of microbiology, and he was awarded the Nobel Prize for physiology or medicine in 1905.

Early in his career, Dr. Koch was drawn to the problem of anthrax among farm animals, especially sheep, in a region of Germany. His research proved that the symptoms of anthrax were caused by microorganisms – oblong-shaped bacilli – and that animals exposed to the bacteria could become infected. He used his findings to study other diseases, including cholera in Egypt and India, which led him to develop rules for the control of epidemics. His research was instrumental in applying the developing field of "germ theory" to public health, which prompted major changes in sanitation toward the end of the 19th century and helped establish guidelines for the control and mitigation of diseases.

Koch identified the *tubercle bacillus*, currently known as *Mycobacterium tuberculosis,* which causes tuberculosis. Recognizing the presence or absence of the *tubercle bacillus* meant being able to define "the boundaries of the diseases to be understood as tuberculosis." All forms of the disease, from the common respiratory infection to infections of other organs and the bones could be identified as having one source and differentiated from other diseases such as pneumonia.

Koch's research on the tuberculosis bacteria, *Die Aetiologie der Tuberkulose* (or *The Etiology of Tuberculosis*), was published in April 1882. Its findings were immediately controversial, as contemporary medical professionals believed that diseases like tuberculosis were inherited and not caused by a single source such as a tiny organism. However, the chance to vanquish the dreaded disease seemed ever closer, and Koch's revolutionary research became international news, influencing researchers and sufferers worldwide.

Edward Livingston Trudeau (1848–1915)
U.S. physician Edward Trudeau opened the first American tuberculosis sanatorium in upstate New York in the mid-1880s. At a time when health spas catered to the wealthy, Trudeau's open air cottage sanatorium represented the first attempt to offer treatment for tuberculosis to the poor.

Trudeau was diagnosed with tuberculosis in 1873 and, following conventional logic, left his home in New York City for a change of climate; he eventually moved his family to Saranac Lake, New York and opened his medical practice there while also enjoying fresh air, as recommended. Although the fresh air helped to arrest some of his symptoms, Trudeau remained debilitated by the disease. However, Trudeau's life was transformed in 1882, after he was introduced to both the German sanatorium concept, which regulated hygiene and diet, and Koch's methods for isolating and studying tuberculosis bacteria. Trudeau then used Koch's methods to determine which effects environment and diet had on arresting the growth of the bacteria. In 1887 he published his research on rabbits, which showed that a healthy outdoor lifestyle with proper nourishment could almost eliminate symptoms of the disease. With these findings, he opened his Adirondack Cottage Sanitarium at Saranac Lake, an institution that became the model for the development of hundreds of similar private sanatoriums across the country.

Tuberculosis Treatment after Koch's Discovery

Once tuberculosis was recognized as a communicable disease in the 1880s, the sanatorium became the standard public facility in the United States during the drive in the early 20th century to combat the disease. Patients in all stages of the disease were treated in isolation from the rest of the population. Sanatoria offered patients fresh air and prevented the continued spread of the disease. By the early 1900s, 1 of every 170 Americans resided at a sanatorium. Sanatorium care remained popular in the United States through the mid-20th century, even after the Bacillus Calmette–Guérin vaccine (BCG or the tuberculosis vaccine) was successfully introduced in France in 1921. Treatment in the United States remained sanatorium care, as physicians opted against mass vaccination, which was instituted in several countries around the world at the time.

Views toward tuberculosis changed during the late 19th century. As it became clear that the disease was spread by germs and not simply filth or heredity, the view of the disease and those afflicted quickly changed in the public's eye. Chicago physician Theodore B. Sachs observed in 1904 that:

> Consumption is beginning to be considered a disgrace, it is a disease which must be covered up if possible, or called by another name. People will tell willingly how many cases of typhoid fever they have had in their families, but they are loath to admit a case of consumption, for the infectiousness of that disease is gradually becoming known and nobody wishes to be an object of dread to his neighbors.

Tuberculosis was no longer viewed as a hereditary disease that afflicted rich and poor alike. Instead, as germ theory advanced, the disease quickly became associated with the poor, stigmatizing those who suffered from it. As families met tuberculosis with disgrace, they also found additional financial burdens from providers of life insurance, which raised rates if a near relative was known to have died from the disease. In the West, the once-welcoming health towns closed themselves to consumptives and passed laws to keep them out. The recognition of tuberculosis as a significant communicable disease raised the need for a greater system for control. States, counties, and municipalities across the country started what would become the United States' first nationwide campaign on health and opened isolation hospitals or sanatoriums dedicated to treating tuberculosis sufferers.

20TH CENTURY: CLEANING CITIES AND CONTROLLING TUBERCULOSIS

The fight against tuberculosis was the first national public health campaign in the United States. It was met at the dawn of the 20th century with a great push to clean up cities and take charge of the food supply, which had been identified as a great source of disease. The idea that germs caused sickness promoted a wide range of policies that propelled profound improvements in city life. The sanitization of cities aided and guided efforts to mitigate the spread of tuberculosis.

Improving the Welfare of the City

Within the first decades of the 20th century, the National Association for the Study and Prevention of Tuberculosis (now known as the American Lung Association) was founded in 1904 by Edward Trudeau, the Pure Food and Drug Act was passed in 1906 to protect consumers from adulterated products, milk was first pasteurized in 1909 to destroy bacteria, and Chicago's water was first chlorinated in 1912. Using the understanding of bacteria and the transmission of disease, social reformers and the City's health department targeted their efforts to sanitize the city using new scientific methods.

Diminishing filth and overcrowding was the most visible aspect of the fight against tuberculosis. These conditions were addressed at the neighborhood level in several ways. Progressive reformers and the city health department increased efforts to improve sanitation services. One block of O'Brian Street in particular, in what is today the

University Village neighborhood in the Near West Side community area, was described in a 1904 survey by Bertha Hazard of the Hull House as potentially attractive if only for filth that made the area truly unwholesome. She described the edges of the street were:

> …in early May covered with a long, yellowish border of varying width, the sun-dried and wind-blown remains of the street manure. This accumulation is light and chaffy, and when not mixed with too many other substances is used by the children in their play, as other children would use sand heaps. The alleys are unspeakably filthy and disgusting.

The City soon required the collection of garbage and manure, no longer allowing the latter to be stored in bins next to or beneath sidewalks. Similarly, in 1904, architect Dwight H. Perkins and landscape architect Jens Jensen published a report on the development of neighborhood parks that could breathe fresh air and offer open space to the city's densest districts. New public bathhouses offered a chance for better personal hygiene.

At the level of the home, organizations and settlement houses, such as the Hull House and Chicago Commons, offered all manner of assistance to immigrants and the poor, including instruction on everything from American customs to sanitation in the home. At the same time, residents at all levels of society were influenced by fashion choices that gave the impression of cleanliness: florid Brussels carpets gave way to hardwood floors, whitewash and light paints became favored over dark colors, and dust-collecting bric-a-brac were replaced by easier-to-clean spaces.

To promote better health at the individual level, social reformers fought for the health and rights of children and workers. They pushed for shorter shifts and better light and ventilation in factories to improve the workers' health. They also joined the national charge against child labor and supported strengthening the state's compulsory education laws, which gave children the opportunity to learn as well as access a healthful environment and wholesome food for at least part of their day.

Controlling Tuberculosis

Improving the general welfare of the city set the basis for the control of tuberculosis. Mortality rates in Chicago from the disease remained stubbornly steady from the 1880s through the 1900s, at around 18 to 19 deaths annually for every 10,000 persons. At the same time, fatal cases of other diseases declined steadily, suggesting that a hygienic society was only part of the battle against tuberculosis. The City's greater concern was the unknown thousands, possibly tens of thousands, of individuals that were at risk of spreading tuberculosis.

National public education programs on the prevention of tuberculosis and new municipal laws were created to control the disease. The National Society for the Study and Prevention of Tuberculosis was founded in 1904 and helped develop facilities that provided free examinations and treatment in cities across the country. It also held educational campaigns to change popular misconceptions about the spread of tuberculosis and helped cities enact programs to control the disease. One of Chicago's first major anti-tuberculosis measures was the passage of an anti-spitting ordinance in 1901.

Although it became clear by the early 1900s that sick individuals should ideally recover in isolation from healthy society, many consumptives could neither afford the often-distant and expensive private sanatoriums, nor wanted to enter public hospitals. City and County hospitals were dreary places with few comforts. Many poor chose to starve from malnutrition and the stress of tuberculosis rather than endure the humiliation of going to the County hospital, which resembled the feared "poor house." Many sufferers would choose not to go until it was too late and they were already in advanced, irreversible stages of the disease. Chicago also lacked power to quarantine

the sick or to force sufferers into treatment. Regardless, public hospital beds for consumptives were in extremely short supply at area institutions. In 1907, there were only 300 beds, 250 of which were in the dreaded County poor house, known as Dunning. The opening of Cook County's tuberculosis sanatorium in Oak Forest in 1910 only transferred cases from Dunning, while adding only a few new beds to the regional total.

According to Chicago's Department of Health, over 3,600 people were reported to have died from tuberculosis in Chicago in 1905, which made it clear that there was a great need for more beds and treatment. That year, the City's Department of Health appealed to Mayor Edward F. Dunne, saying that, "an isolation hospital for consumptives owned by the city would readily be filled with patients who are a menace to the health of the community and flatly refuse to go to Dunning. Give the Department of Health a sanatorium for tuberculosis and an increased working force and it is a certainty that the infection of tuberculosis will be less frequently conveyed from the sick to the well."

A free municipal sanitarium was seen as the foremost component of a city-wide program to control tuberculosis. Many people were interested in addressing the tuberculosis crisis in Chicago, but no one was more devoted to the cause than Dr. Theodore B. Sachs, who proved the need for and helped open a quality sanitarium for all Chicagoans.

DR. THEODORE BERNARD SACHS (1868-1916)

Theodore Sachs was one of the country's foremost leaders in the control and treatment of tuberculosis. His ambition and selflessness drove him in the pursuit of helping those in need. The municipal sanitarium desperately needed by Chicago in the 1900s became Dr. Sachs' exclusive goal. His understanding of the disease and his experience directly influenced both the physical design and the clinical organization of the Chicago Municipal Tuberculosis Sanitarium.

Theodore Sachs was born in what is today Daugavpils, Latvia (then in Russia) in 1868 to a Russian-Jewish family. He received a law degree from the Imperial New Russian University of Odessa (Odessa National University) in Ukraine. As a student, the Imperial Russian army offered him a position as captain on the condition that he convert to the Greek Orthodox faith. In response, local Russian authorities exiled him. At the time, Jews were blamed for the death of Tsar Alexander II in 1881 and targeted by government-sponsored massacres, or pogroms. Many Jews fled Eastern Europe; some arrived in the U.S. Sachs' exile likely prompted him to immigrate to the U.S. following his graduation in 1891.

Arriving in Chicago, Sachs chose to study medicine at the College of Physicians and Surgeons (now the University of Illinois Medical College) with specialization in diseases of the lungs. Living with his aunt, he studied English by night and paid for his degree by both working at the school and for Hart, Schaffner and Marx as a sewing machine operator. After graduating in 1895, he became house physician at Michael Reese Hospital, and two years he later opened his own practice to serve the poor near Hull House at Halsted Street and Roosevelt Road (then known as 12th Street). His office was at the heart of one of Chicago's most significant and vital immigrant communities, mere blocks from the notable Maxwell Street vendor district, which was then the geographic center of the city's population.

In his work, Sachs encountered impressive cases of poverty and disease, especially tuberculosis, which led him to develop the first systematic study of the disease in Chicago. His study focused on an area around Hull House

(currently the Little Village neighborhood), and it was published in 1904, along with additional studies by Bertha Hazard of the Hull House. In an address published in the *Chicago Tribune* to the Council of Jewish Women in October 1904, Sachs expressed the need to clean up the city's poorer neighborhoods and address issues of dust and smoke. He stated that "hunger for pure air is the cry of the neighborhood." Sachs' study revealed that Chicago had far more cases of tuberculosis than previously thought; it exposed the stark differences between poorer and higher classes in both living standards and the risk of death from tuberculosis, and it proved the need for a local sanitarium that could provide the care and treatment so desperately needed by many Chicagoans. Chicago's Department of Health agreed.

In 1906, Sachs helped found and became president of the Chicago Tuberculosis Institute. Modeled after similar national anti-tuberculosis groups, it educated the public on tuberculosis and set up a series of clinics, or dispensaries, in neighborhoods across the city to help control it. The institute also wanted to prove that Chicago's climate was as ideal for the successful treatment of tuberculosis as any rural setting. Sachs personally led experimental treatment at two new sanitariums just outside the city: the Gads Hill Settlement in Glencoe, which was modeled after Trudeau's Saranac Lake, and a small tent facility named Camp Norwood on the grounds of the County Tuberculosis Hospital at Dunning. The success of these ventures led Dr. Sachs to found the Edward Tuberculosis Sanatorium outside of Naperville in 1907 (demolished in the 1950s for the Edward Hospital complex). The Edward Tuberculosis Sanatorium was designed by the architectural firm of Otis & Clark with significant guidance from Sachs. Besides his work with the Edward Sanatorium and later the Chicago Municipal Tuberculosis Sanitarium, Sachs was also engaged in work at other area sanatoriums, including the Chicago Winfield Sanatorium, West Side Dispensary, and all other Chicago dispensaries, and he guided the restructuring of nursing care at the Cook County sanatorium in Oak Forest, which had opened in 1910 to replace facilities at Dunning Hospital.

By showing the great need for local tuberculosis treatment and proving that such treatment could be accomplished in the Chicago area, Sachs shifted the discussion on tuberculosis and led the charge for a city sanitarium. Chicago Mayor William Busse appointed in 1909 as board member of the Chicago Municipal Tuberculosis Sanitarium and he was promoted to director in 1913. MTS triumphantly opened to the public in 1915. Later that year, Sachs was elected president of the National Association for the Study and Prevention of Tuberculosis (later the American Lung Association), which at the time was the single most important organization leading educational and research efforts against tuberculosis. Sachs was recognized as America's foremost leader in the field of tuberculosis treatment.

As director of MTS, Dr. Sachs felt certain of his ability to guide the treatment of tuberculosis in Chicago and the institution. He held positions at MTS and the Edward Sanatorium, both of which were unpaid, and he maintained a private practice as well. The election of Mayor William "Big Bill" Thompson, one of the city's most colorful and corrupt figures, came only a month after MTS's opening in 1915. Dr. Sachs felt that MTS's integrity and growing reputation were at risk of political interference under the new administration.

Over the course of 1915, Sachs' concerns multiplied. First, Mayor Thompson was reluctant to reappoint Sachs as director of MTS, but public pressure finally compelled him to do so. Second, over the course of several months, new employees were appointed to replace some existing MTS staff. Sachs objected to these changes and charged that the mayor and his newly appointed Commissioner on Health, Dr. John Dill Robertson, were turning MTS into a "job factory" and "political football." According to the *City Club Bulletin* of December 1915, 494 employees were replaced by temporary appointees between May and September. Third, in November 1915, plans drawn by Otis & Clark for an expansion of MTS in 1916 were rejected by the Thompson administration. Fourth, MTS's business manager and early board member Frank W. Wing was replaced by the mayor. Finally, Mayor

Thompson offered Sachs a new position at another hospital with a salary of $10,000, which Sachs refused on the grounds that he had never received remittance for his efforts to control tuberculosis in Chicago. In a letter to the mayor, Sachs wrote:

Chicago, March 20, 1916

Hon. William Hale Thompson,
Mayor of Chicago.

Dear Sir:
I hereby resign my position as President of the Board of Directors of the Chicago Municipal Tuberculosis Sanitarium. I am taking this step because I do not believe in political management of hospitals, sanitaria, or similar institutions.
My service to the Sanitarium during the past six years has been prompted by the earnest desire to give the best in me to this community in which I have resided during the past twenty-seven years. It is my personal judgment, after ten months' experience with the present administration, that the continuation of efficient service under the present conditions is absolutely impossible.

Respectfully yours,
(Signed) Theodore B. Sachs
March 21, 1916

Returned

In the spring of 1916, the Thompson administration opened a formal investigation into MTS's financial management and construction. Despite wide encouragement to remain on the board, from physicians and others in Chicago and across the country, Sachs resigned in March 1916. Ultimately, Sachs' greatest concern was the welfare of all Chicagoans afflicted with tuberculosis and the integrity of the institution he had created to combat the disease. In his resignation letter to Mayor Thompson, he expressed doubt about his ability to do so, writing, "…after ten months' experience with the present administration… the continuation of efficient service under the present conditions is absolutely impossible."

Tragically, two weeks later, Sachs committed suicide with an overdose of morphine in what many described as a heroic suicide of self-sacrifice. Dr. Sachs never testified in the mayor's finance investigation, which continued despite his death through June 1916. In an open letter to Chicago published in several city newspapers Dr. Sachs implored Chicago's citizens to resist all political interference in the sanatorium and that the institution created, "in a boundless love of humanity and made possible by years of toil," be protected. Dr. Sachs' suicide highlighted the injustice of Chicago's politics. His action made national news and raised him to the status of a political martyr. Over two thousand people attended his funeral, which was held at the Edward Sanatorium in Naperville.

FOUNDING THE CHICAGO MUNICIPAL TUBERCULOSIS SANITARIUM

A Groundswell Vote for a Municipal Sanatorium

Illinois Senator Edward J. Glackin was influenced by the work of Dr. Sachs and the Chicago Tuberculosis Institute when he formulated a bill in 1905 and again in 1907 for the establishment of a system of state tuberculosis sanitariums. However, with state funding impossible to secure, Glackin reformulated the bill by holding municipalities responsible for funding. Senate Bill No. 598 finally passed in January 1908 as the Illinois Public

Tuberculosis Sanatorium Law, or the "Glackin Law," enabling municipalities and villages to levy taxes to build and maintain their own sanitariums.

With state law authorizing local sanitarium construction, it was up to the City of Chicago to hold a public vote on whether or not to adopt the new law. Immediately, Sachs and the Chicago Tuberculosis Institute campaigned to have the Glackin Law instituted in Chicago by the following year to start building the much-needed sanitarium as soon as possible. Endorsements for the law came directly from the Commissioner of Health and the City's health department, local alderman, the Chicago Federation of Labor, settlement houses, numerous social and civic clubs, and the Chicago Medical Society, among many more. The city's many daily newspapers and dozens of smaller foreign language papers printed editorials supporting the sanitarium measure. Sachs and the Chicago Tuberculosis Institute made regular appearances at city clubs and in public meetings insisting, "tuberculosis is not so much a disease of paupers as it is a pauperizing disease and it is cheaper in the long run to cure the early stage consumptive and return him to his family than to care for him in a late stage in a pauper institution."

In the weeks leading up to the April 5, 1909 vote, thousands of posters and hundreds of thousands of booklets urged "Mr. Voter!" to vote "yes" for the sanitarium and against the Great White Plague. Cities in the Midwest and across the country proudly displayed the poster as Chicago's drive for a municipal sanitarium made national news.

The City referendum to adopt the Glackin Law was held on April 6, 1909 and showed overwhelming support for the establishment of a municipal sanitarium, with 167,000 votes, or 81 percent, in favor. Chicago's new law allotted $1 million annually for public health work related to tuberculosis and appropriated $2.5 million for construction of a new facility over four years. Chicago Mayor Busse appointed three directors for the new Municipal Tuberculosis Sanitarium: Harlow Higinbotham as president, who had presided as president of the World's Columbian Exposition Corporation; Dr. William A. Evans, a previous Commissioner of Health; and Theodore Sachs as secretary. A secondary group, called the "Committee on Building Plans," comprised of Sachs and his colleague, Frank Wing from the Chicago Tuberculosis Institute, delegated the general design details of the sanitarium's development.

Placing the Sanitarium

The City Council approved the expenditure of $407,000 in 1910, through its tax-levying ordinance, toward the purchase of land and the start of construction. The board searched the city for a suitable site, ultimately focusing on the city's northwest side due to the prevailing winds. Board member Higinbotham explained that, "The prevailing winds in Chicago are from the southwest. They blow the poison and the soot and the odor and the gases all away into the lake from that direction. … We wanted to get outside of that air … where the poison would not contaminate, or where the air would be pure; therefore we looked northwest." Two sites were identified before they settled on the current 160-acre parcel west of the North Branch of the Chicago River at Bryn Mawr Avenue and Pulaski Road (historically known as 40th Avenue and later as Crawford Avenue).

The site was part of a lush landscaping nursery called Peterson Nursery, and was set in one of the city's least-populated areas. Yet, surrounding landowners protested the proposed sanitarium for fear that tuberculosis germs would be carried on the wind, patients would wander off into their community, and that its very presence would reduce property values. Sachs took the opportunity to educate residents about the true nature of the disease and the benefit that the sanitarium would have on the community. In later testimony, Higinbotham recalled enduring meetings with "indignant" community members but that he and Sachs, "turned the tables entirely so they were glad we were coming there. Among other things, I told them we would make the grounds so beautiful we would

have to lock the gates in order to keep them away." With community approval, the board acquired the land in February 1911 for $156,000.

Chicago's Northwest Side

The land selected for the Municipal Tuberculosis Sanitarium was near the North Branch of the Chicago River in an area that was home to many vegetable farms. One of the area's early settlers, Pehr Samuel Peterson, established a nursery that eventually covered 486 acres, 160 acres of which became the site for the new sanitarium. Peterson's nursery supplied Chicago with trees and plantings for its parks, boulevards, and the grounds of the World's Columbian Exposition in 1893. The area around the Peterson Nursery remained sparsely settled through the 1900s. Cemeteries and institutions, such as the National Bohemian Cemetery (founded 1877) and Chicago Parental School (opened 1906) occupied vast tracts of land along the nursery's southern and western borders. North Park's population in 1910 was only 478. Residential development progressed slowly, with tracts of subdivided land complete with streets and utilities remaining largely vacant and undeveloped for years. Pehr Peterson's son William took over the nursery in 1903 and began to sell off large portions of the land in 1910. After selling a half mile square portion to the City for the Municipal Tuberculosis Sanitarium, William sold off adjacent land to the east, which was gradually developed with frame houses following the sanitarium's opening. Development progressed slowly, but was aided by the opening and paving of Central Park Avenue, on the Sanitarium's eastern border, in 1919. North Park's population tripled between 1920 and 1930 as many Swedish-American families moved into the area. It continued to develop after World War II due to strong demand for new housing.

Design and Construction of the Sanitarium

The initial design and layout of the Municipal Tuberculosis Sanitarium was the product of Sachs' intimate understanding of the requirements for treating tuberculosis and the intellect of architects Otis and Clark for creating functional spaces. According to Sachs, MTS was, "planned to gradually meet the needs of the tuberculosis situation in a growing city, which has at present a population of two and a half million." Construction of the facility lasted from December 1911 through April 1915. Several planned additions were completed to both buildings and the overall landscape through the following decades to better address Chicago's tuberculosis problem.

In May 1911, the three-person MTS board of directors selected the Chicago architectural firm of Otis & Clark to design the new sanitarium buildings and layout; it selected landscape gardener Ossian C. Simonds to develop a plan for the landscape. Sachs, who was both a director of the new sanitarium and chairman of the newly minted two-person design team called the "Committee on Building Plans," highly recommended Otis & Clark for owing to its work with him on the design for the Edward Sanatorium in Naperville in 1907. Sachs had very specific design and layout ideas for Chicago's new sanitarium, and he needed architects that would be both receptive to his requests and able to develop an effective plan. Physician Philip P. Jacobs later wrote of Dr. Sachs:

> Of all the many activities in which he engaged, however, none claimed so large a share of Dr. Sachs' personality and skill as the Chicago Municipal Tuberculosis Sanitarium. In a very real sense the Sanitarium was and is Dr. Sachs. It breathes his personality and his genius from almost every ward and brick. Into it he put his very body and soul.

Architects William A. Otis and Edwin H. Clark began the monumental task of designing the sanitarium grounds by developing a general site plan. Because sanitarium design was still a new field, with less than a decade of development and study, the architects and Sachs had to create a plan for Chicago's new facility based on existing sanatoriums. Through his study of tuberculosis treatment and development of the Edwards Sanatorium, Sachs

had amassed information on the best practices and design features for modern sanatorium design. He had surveyed and studied sanatoriums around Chicago and across the country, which provided a general idea as to the required size of the institution and the types of facilities that would be needed. Survey information helped determine a wide range of details, from the optimal distance between buildings down to the number of lavatories per patient cottage.

Regarding aspects of the plan that were not detailed by Sachs, the architects were given a blank slate and high standards. Otis recalled later that MTS directors sought quality over cost. “Don’t be extravagant, we were told that all the time, but give us thorough work.” Otis and Clark relied on their expertise as architects, but they also based some design decisions on a series of books on sanatorium design by Dr. Thomas Spees Carrington. Carrington had also surveyed sanatoriums across the country, including the Edwards Sanatorium, and developed a careful set of detailed criteria for best design. His seminal 1911 book *Tuberculosis Hospital and Sanatorium Construction* was written for the National Association for the Study and Prevention of Tuberculosis, of which Sachs was president. In it Carrington preached simplicity over luxury so as to build sanatoriums that could treat as many patients as possible for as low a cost as possible; this was precisely what the MTS directors had requested. Carrington’s book became the definitive source for efficient sanatorium design through the 1920s.

During the 1900s and early 1910s, the majority of sanatoriums across the country were designed as sprawling campuses; MTS was no exception. Most sanatorium campuses were designed with administrative, office, and hospital functions at their center, surrounded by a ring of clusters of two or more cottages or lean-to type structures for patients. These types of campuses were best suited for large tracts of land. Carrington regarded rural areas and former farmland as ideal locations and suggested that they be scaled to two acres of land per patient. This left ample room for outdoor activities, allowed buildings and cottages to be evenly spaced for maximum air circulation, and forced ambulatory patients to walk outdoors; after all, the primary treatment was exposure to fresh air. The design for MTS adopted this standard format on a large scale, while also providing adequate patient privacy and room for future expansion.

One aspect of this type of campus that met criticism was the inefficiency caused by having great distances for staff to walk between buildings. Patient wards, offices, stock rooms, and other locations could be far apart, which was beneficial to patients, as it increased their exposure to fresh air, but also meant valuable staff time was spent in transit. Institutions, such as the Muirdale Tuberculosis Sanatorium in Milwaukee County, Wisconsin (opened in 1915), chose to build a compact campus with room for vertical expansion, thus reducing staff trips, but which also limited patient interaction with the outdoors. The tradeoff between the efficiency and comfort of staff and the effectiveness of fresh-air treatment for patients was addressed at MTS by providing covered subterranean service tunnels for nurses and staff delivering food and laundry; the tops of the tunnels were treated as slightly raised walkways with pipe railings and brick planters. The tunnels remain, but the above-ground walkways were enclosed with modern metal and glass during the 1970s. Through the distances were still great, staff members were at least comfortable; the longest tunnel at MTS extends 1,500 feet from the Administration Building to the Power House and laundry.

By the fall of 1911, architects Otis and Clark had developed and revised a general layout of the site, incorporating comments from Sachs. The whole complex of buildings was planned for the center of the site and would be buffered from the surrounding community by a ring of trees and green space for farming. The buildings, as Sachs explained, were organized so that a “line of administration and infirmary buildings, from west to east, divides the Sanitarium grounds into two separate sections – one for the male and the other for the female patients.” The main buildings were set in a straight line across the campus, ranging from the public Administration Building at the

front or west end of the campus to the functional Power House and grounds-keeping buildings at the far eastern end. A farm was located at the southeastern corner, and open fields for outdoor activities were placed along the eastern edge of the grounds and in the northeastern corner.

New patients and visitors entered the site from the sanitarium's main entrance at the southwestern corner, at the intersection of Bryn Mawr and Pulaski Road, and followed a 1,400-foot-long driveway into the heart of the sanitarium. A secondary service entrance was located at the northeastern corner of the site at the intersection of Peterson and Central Park avenues. Sachs described the layout of the site as follows:

> The Administration Building comes first, reached from the main entrance to the grounds by a driveway 1,400 feet long. This building is removed 800 feet from North [Pulaski] Avenue. Next, 100 feet east of the Administration Building comes the Dining Hall for men patients, the Service Building and, east of it, the Dining Hall for women patients. These buildings are connected by enclosed corridors and form by their position a cross (+), the horizontal line representing the Service Building. One hundred and twenty-five feet from the Women's Dining Hall comes the group of Infirmary buildings, consisting of an Administration building and two wings, forming by their position the letter "H." The Infirmary has a capacity of about 300 beds. The Power House and Laundry is at the extreme eastern point of the median line of buildings, placed at a distance of 500 feet from the Infirmary. The Open Air Cottages for ambulant men and women patients, with a Unit Administration Building in the center of each, form two separate groups of buildings, one on the south and the other on the north side of the grounds.

The location of each building was carefully determined for maximum patient privacy. Clusters of men's and women's open-air cottages were built in southeast-facing rows to the north and south of the main line of buildings; none survive today. Both sections had a Unit Administration Building, which served as a small infirmary. Cottages were far enough from the edge of the grounds to isolate patients from the surrounding community; they were located close enough to unit administration buildings for supervision but far enough for quietude and privacy. Of all the cottage buildings, only the Men's Unit Administration Building remains today.

The Municipal Tuberculosis Sanitarium's sprawling grounds also provided room for the institution to grow as needed. Sachs and the board of directors initially planned for the sanitarium to serve 346 patients, but they recognized that Chicago's tuberculosis problem was far more severe and would require a much larger facility. In April 1912, plans were changed to allow for a future capacity of over 800 patients. Architect William Otis later explained:

> The board started out with a thought of a comparatively small institution. I felt, however, that would be somewhat questionable, and where it was possible, even without instructions from them [the board], the buildings were arranged so that future additions could be made. Almost all the buildings out there are, in a way, administration building, nurses' home, were laid out in the shape of the letter "I"... The arrangements were made so that they could be easily added to; that was the scheme we tried to carry out, except in the cottages, where there was no provision of that kind at all.

Designing the sanitarium's main buildings with I-shaped footprints allowed for future additions to be built at right angles, thus creating H-shaped buildings. Ample open space around each building would allow MTS to expand as needed to fully address Chicago's tuberculosis problem.

Although MTS was designed for future expansion, by the 1910s, government tuberculosis sanatoriums across the country found that patients were increasingly abandoning their treatment. Specialists like Carrington identified the reason as a lack of mental stimulation and uninspiring surroundings. He believed that the sites required not

only access to fresh air, but they also had to be scenic to hold patients' interest for the duration of their six-month to two-year stay.

To help resolve the issue of patient disinterest, additional attention was given to patient activities and to the sanitarium's landscaping. Landscape "gardener" Ossian C. Simonds was selected by the Committee to design the sanitarium grounds. Simonds had established himself as an important designer after creating notable landscapes for Graceland Cemetery, Lincoln Park, and parks throughout the United States. Although challenging, the MTS site proved a manageable task for Simonds who used the site's existing groves of trees and the nursery's remaining five thousand specimen trees and bushes to develop beautifully landscaped grounds as MTS board president Higinbotham had promised the surrounding community.

The site remained flat like the native prairie, with inclines and undulations kept to a minimum. The primary visual features of the landscape came from groupings of trees, bushes, and flower beds that Simonds had carefully planted throughout the campus, especially among the patient cottages and along main curving paths. Simonds closely followed the growing Prairie School movement in architecture and landscape design and developed clusters of plantings that reflected the school's penchant for natural-looking displays of native flora. His work focused on the use of plants native to Illinois and the Midwest, which naturally merged with the socially progressive thinking of the early 1900s that involved the conservation and restoration of landscapes.

Construction of MTS began in late 1911 with the draining and grading of the land. Deliveries of construction materials were piled at the edges of the vast property and had to be hauled onsite by wagon. A lack of roads or rail lines for moving materials made construction harder and more expensive. The beginning of winter also limited progress by making excavation work and concrete setting nearly impossible. Heat was critical for completing buildings, so work started on the Power House, which could serve as a heat source during construction. Contracts for the Power House were signed to contractor J. C. Robinson & Son and ground was broken in December. However, according to Otis, the Power House was not completed until the summer of 1912, which meant that work on other buildings could not commence until then.

At last, in the spring of 1912, when construction of several key buildings began, Otis started to visit the site, often two or more times per week. Otis later recalled that his partner, Edwin Clark, handled the majority of office work and was uninvolved with issues onsite. Indeed, Clark made almost no mention of the project in his diaries of the time. Construction proceeded at a rapid pace. The Power House and laundry building were completed first, along with the auxiliary transformer house, garage, barn, and other non-extant buildings. The infirmary complex, Administration Building, dining halls and central service building, and the entrance gate houses were begun in 1913. The last structures to be completed were six male and six female frame patient cottages and four specially designed cottages for children, which was a new concept not found at any existing sanatorium. All buildings were completed in time for the grand opening ceremony in April 1915.

In addition to main buildings and cottages, Otis & Clark designed a series of auxiliary buildings that would support activities for patients. These included several farms buildings for the southeastern corner of the grounds: a large greenhouse, a chicken farm with long coop buildings for gathering eggs, root cellar, and even a small dairy house. Of these structures, only the foundations of the greenhouse remain today. Farm work was intended to both provide food for use in the main kitchens and also to give patients meaningful "occupational therapy" to keep them mentally stimulated as well as to prepare them for reentry into the work force. Although the structures were not immediately built, they were added later. Other buildings that were planned for and later built include the

assembly building and the Laboratory Building by architect Jarvis Hunt, the chapel by architect Hans Liebert, and the children's camp and pool by landscape architect Jens Jensen.

Design and Materials

Nearly every material selection, finish, and other fine details were chosen by William Otis, who in turn made his decisions based on both direction from Sachs' and specifications given in Carrington's book. When asked during a hearing in 1916 of how contractors should meet specifications given in Carrington's book, Otis noted, "we were given to understand that they must live up to them explicitly, very accurately; that we must have special instruction from the board to the contrary." Accordingly, Otis intervened on at least two occasions: once when a contractor attempted to substitute a cheaper and highly flammable stain for cottage shingles, and again when a contractor ordered 140 doors that did not meet specifications.

Although some material specifications were made for health and safety, other building choices reflected Sachs' desire to build a substantial and permanent institution for the care of tuberculosis sufferers. Buildings were specified to be visually appealing and built using materials of higher quality to give patients a greater sense of respect for the facility. Otis, when asked if MTS directors had insisted on more expensive materials than necessary, noted that, "one of the points [the board] seemed to have in mind was to have everything look cleanly, and have the excuse, if one could put it so, to insist upon the patients' keeping it so." Sachs and the other board members felt that sanitarium's built as temporary facilities of cheaper materials were prone to vandalism from disrespectful patients. Creating a sense of importance without extravagance was the ultimate goal for the design of MTS. C. A. Erickson wrote in *The Brickbuilder* in 1915 of MTS:

> There is nothing of a temporary nature to be seen; the cattle shelter primitiveness is missing and in its stead one feels the strength and seriousness of the group. The red brick buildings with the overhanging roofs of purple and red tiles, the gleaming white cottages, the gay tile panels, the winding roads, the green of the clipped lawns and of the bushes, the sparkle of gay flowers, with a soaring water tower dominating the whole and emphasizing the ease and snugness of its fellow-buildings — all this seems to smack more of the well-ordered life of leisure than of the giant institution. … [the architects] have let their fancy play over the buildings until each has its distinct individuality.

Instead of the usual frame sanatorium buildings that had been used out of economy at other institutions and that were promoted in Carrington's book, Sachs and Otis and Clark opted for more substantial brick construction for all of MTS's buildings, except for the cottages. Not only did brick evoke permanence and command respect, but it was also a versatile material that could transform ordinary walls into tapestries of visual interest without significant additional cost. Later, the American Face Brick Association advertised the extensive use of molded face brick at MTS. In an advertisement from 1922 highlighting the Administration Building, the association poses:

> What could be more delightful than the simple and effective pattern work here rendered by means of the always adaptable brick units? The patterned tympana over the windows, the basket weave door jambs, the soldier and rowlock belt courses, and the field of Flemish Bond unite in a chaste mosaic of which the eye never tires.

Although the buildings at MTS are primarily defined by brick, fine detailing including copper cornices and eaves, limestone trim, multi-hued clay roof tiles, and decorative tile panels contribute to the aesthetic appearance of the campus. Of these elements, some of the most colorful and visually significant are the many decorative tile panels set in the brick walls of MTS buildings, from the Power House and transformer building to the infirmary buildings and dining halls. The Henry Marble Company supplied the tiles. The panels are composed of either a single tile or several tiles in a mosaic and portray a variety of symbols. Symbols include the City of Chicago municipal "Y,"

which stands for the intersection of the city's three riverways; the swastika representing peace and good luck (well before the symbol was co-opted by Nazis); torches for life and enlightenment; the lamp of knowledge; and the Rod of Asclepius, representing medicine and health care. Other tile panels show lions, griffins, and the Cross of Lorraine, which became the international symbol for the fight against tuberculosis.

The double-bar Cross of Lorraine appears prominently on several buildings at MTS. The cross, suggested by Parisian physician Gilbert Sersiron, was adopted at the 1902 International Conference on Tuberculosis in Paris. It became the symbol for the U.S. fight against tuberculosis in 1906 when the National Association for the Study and Prevention of Tuberculosis (later the American Lung Association) used it. Several versions of the cross design existed, but it was standardized in 1913 by the association, which favored a double-barred cross with equal cross arms, and the lower standard being longer than the cross arms. All ends were to be pointed at 45 degrees. The final design was trademarked in 1920 due to its use by institutions with dubious reputations; reputable sanatoriums could license the use of the cross for a fee. At MTS, the cross appears in multi colored tile panels in a frieze below the eaves of the Power House tower, in brick at the top of the central infirmary operating building, in limestone pediments above the entrances of the dining halls, and several other places.

HISTORY OF THE CHICAGO MUNICIPAL TUBERCULOSIS SANITARIUM

Having achieved his ultimate goal, Dr. Sachs announced on dedication day February 16, 1915:

> Years of incessant labor, without a day's intermission, are at an end and the Chicago Municipal Tuberculosis Sanitarium completed stands today with its doors open to give the tuberculosis sufferer in the city a chance against the deadliest malady of mankind. … The magnitude of this undertaking, the liberality of the provisions for this institution on the part of the citizens of Chicago, the broad scope of the organization which though its dispensaries, physicians and nurses reached out into the innumerable recesses of the tuberculosis problem, the broadness of the scheme at present in operation is but an expression of the great forces of progress which through all kinds of conditions have always animated Chicago during its comparatively brief period of existence and made this one of the greatest cities of modern times.

The Chicago Municipal Tuberculosis Sanitarium opened its doors on March 9, 1915, with a capacity of 650 beds and 25 buildings. By 1916, the sanitarium expanded with an increased capacity of 950 beds and 38 buildings. The new sanitarium more than tripled the number of available beds for tuberculosis care in the Chicago area and even added facilities that previously had not existed, including 240 beds for pediatric cases, a maternity department and nursery for infants of tuberculous prospective mothers, both medical and research laboratory facilities, and open-air sleeping quarters for employees. The new sanitarium also was linked with 35 existing dispensaries across Chicago, which served as outposts of the sanitarium, where prospective patients could receive testing, treatment, and be recommended for treatment at MTS. All treatment was free to Chicagoans. The Municipal Tuberculosis Sanitarium gave Chicago a lead in its fight to control tuberculosis and save its citizens from avoidable death.

In 1914 there had been over 3,900 deaths from tuberculosis in Chicago, or 16.3 for every 10,000 deaths. According to the Chicago Department of Health, tuberculosis shifted in 1915 from the second-most common cause of death in Chicago to third, after pneumonia and a new prominent cause – heart disease. However, tuberculosis was likely still the greatest cause of death as many cases were misdiagnosed as pneumonia. Chicago started requiring tuberculosis cases to be registered beginning in 1915; that year there were over 10,000 known cases, but many more were still being misdiagnosed due to the disease's slow growth and symptoms that can be similar to other less deadly afflictions. By 1924, the reported death rate from tuberculosis had fallen by nearly half, to 8.3 per 10,000 deaths.

During the 1910s and 1920s, between 4,000 and 8,000 patients were treated annually at MTS. Patients came from all parts of the city and represented dozens of nationalities. Although many hospitals and sanatoria were segregated, Sachs and the MTS board "refused to draw a color line" and opened all parts of the sanitarium to African American patients. African American and white patients were given the same cottages and mixed together in all activities and arrangements. A *Chicago Tribune* reporter noted that in some cottages as many as one third of all patients were African American.

Occupational Therapy

The Chicago Municipal Tuberculosis Sanitarium, like other sanatoriums built during the early 20th century fight against tuberculosis, operated on the notion that living in fresh, open air with a regulated and rich diet was the best treatment for alleviating the symptoms of tuberculosis. The site was principally an outdoor hospital where patients spent the majority of their time lounging in bed either outside in the sun or covered in large screened porches. All cottages for convalescent patients were essentially large covered porches with a central enclosed room with lockers for personal storage. The infirmary buildings, which were for more advanced cases, similarly had open wards with screened porches for maximum light and air. In winter, patients were well bundled in wool blankets before being wheeled out into the open porches for hours at a time.

Patients at the Municipal Tuberculosis Sanitarium were isolated, but the grounds also served a more productive end than to simply quarantine and treat patients with fresh air. Sanatorium treatment since Trudeau's Saranac Lake had meant months of enforced idleness and monotony, which tended to starve patients of mental stimulation and limited their ability to rejoin the workforce at the end of their treatment. To improve the post-treatment life of patients and prevent patients from ending their treatment prematurely, since the facility could not forcibly hold patients, MTS offered a range of activities as well as occupational therapy. Patients in early stages of the disease were allowed to participate in outdoor exercise, light farming, vocational studies, and productive work at the institution. Time spent at the sanitarium was not simply lost in a fight for recovery; patients were allowed to gain knowledge and become as or more productive on their return to society.

The grounds, designed by Simonds, featured long walking paths that gently curved around the buildings, across grassy fields, and through existing wooded sections. Convalescent patients were prescribed time to wander the campus and enjoy its serenity. Otherwise, more vigorous activity could be had in light farming. Tilled farms growing dozens of types of vegetables occupied the northeastern and southeastern corners of the grounds. Food produced on these farms was consumed by patients and staff in the two main dining halls. Later, chicken coops were added to provide eggs as part of the rich and wholesome diet encouraged by the sanatorium.

Food preparation was primarily performed by kitchen staff, but one aspect of occupational therapy included involving patients in aspects of running the sanitarium, including kitchen duties. A vocational school was established at MTS, following the popularity of occupational therapy programs at sanatoriums across the country. In 1919, Wisconsin was the first state to require occupational therapy for sanatorium patients. However, most programs offered arts and crafts–oriented therapy such as beading, woodworking, jewelry making, basket weaving, and other manual projects. In contrast, at MTS patients had the opportunity to learn from nearly every department of the sanitarium. Patients could train in diet and cooking, pharmaceutics, chemistry, radiology, photography, telegraphy, stenography, horticulture and agriculture, electrical wiring, sewing and tailoring, barbering, and English. Undergraduate nursing classes were also offered. Lectures were given by instructors or even patients in some cases. Finally, a provision was made for the employment of discharged patients in areas of the sanitarium where they had gained experience.

Clinical Therapy

Sunlight and fresh air was not the only treatment available at the Chicago Municipal Tuberculosis Sanitarium. Medical advances allowed for a range of invasive procedures to be perfected and employed to mitigate the effects of tuberculosis.

During the 1920s, developments in radiology allowed doctors to investigate patients before making any incisions. One significant use was to capture an image of a patient's lungs. Pulmonary tuberculosis left cavities and voids in the lungs that would appear as dark spots on x-ray films. At MTS, the procedure known as thoracoplasty was perfected and became standard procedure at dozens of other sanatoriums across the country. The surgery, which collapsed infected portions of the lung, had a significant effect on tuberculosis treatment and reduced mortality rates across the U.S. From 1880 to 1937, mortality from tuberculosis in the U.S. fell from 300 for every 100,000 deaths to 69 per 100,000. MTS filmed the procedure in 1925 to and to illustrated the practices. Alternative procedures included the less invasive pneumothorax, which involved collapsing infected portions of the lungs by filling sections with air or nitrogen through a needle. Both procedures were largely supplanted by chemotherapy.

Doctors at the Chicago Municipal Tuberculosis Sanitarium were open to new procedures and conducted research into alternative and less invasive treatments, including the first vaccine to be effective against tuberculosis. The Bacillus Calmette–Guérin (BGC) vaccine was successfully introduced in France in 1921 and quickly implemented as part of effective mass immunization programs in countries around the world. However, in the United States, the BGC vaccine was not widely distributed as health officials preferred established methods of detection as well as sanatorium treatment. Although the mantra of many state and local tuberculosis leagues was "prevention is cheaper than cure," researchers in the U.S. generally focused on finding a cure rather than relying on preventative measures such as the BGC vaccine. Despite this, MTS had a strong prevention program and chose to use the BGC vaccine beginning in 1934 to vaccinate school-children. MTS's "prevention clinic" was led by Dr. Sol Rosenthal, who was also involved in tuberculosis research at the University of Illinois. MTS's use of the BGC vaccine made Chicago the first city to widely vaccinate children and infants against the disease. Through continued research, the vaccine was made 80 percent effective at preventing tuberculosis in children. The vaccination program became a major component of MTS's and Chicago's greater fight against the disease through the 1960s. A 1961 study among children of MTS's vaccination efforts found a 75% reduction in mortality.

The protection of children was perhaps the greatest goal and success of MTS. It was the first sanitarium to allocate nursing and infirmary space specifically for childhood cases as well as maternity wards for expectant mothers with tuberculosis. MTS developed a series of spaces and programs aimed at protecting children from the disease. Children were seen as the roots of society, which if kept healthy would limit the future spread of tuberculosis. Architects Otis and Clark designed, with Sachs' guidance, the first patient cottages designed specifically for children. Two boys' and two girls' frame cottages were built, the designs for which were later published in Carrington's updated 1916 book on sanatorium design. According to a 1915 note in the *Journal of the American Medical Association*, MTS was the first public sanitarium to accommodate not only children but infants as well. Beginning in 1916, MTS director Dr. Robertson added 116 beds for children by having new "sun wards" carved from the ground floors of the infirmary building wings. An entire floor for children was opened in 1928 in the Infirmary Annex. In addition to treating children, MTS developed a year-round program for preventing the spread of tuberculosis in children. It isolated children, especially those who were malnourished and had been exposed to and were susceptible to the disease. Children received fresh air, medical and dental treatment, and eye exams from MTS nursing staff. The MTS "preventorium" occupied cottages during the winter and expanded during summer vacation to include eight tents with a capacity for 256 young patients.

Later History of the Chicago Municipal Tuberculosis Sanitarium

Despite progress, a national survey in 1945 identified Chicago as one of the "nation's tuberculosis plague spots." The city's death rate was one of the highest in the country despite its innovative procedures and extensive anti-tuberculosis programs. By the time MTS's quality and care had suffered. By the late 1940s, MTS had room for 1,200 patients, but, the *Chicago Tribune* reported, "many patients died while seeking to cut the political red tape which frequently balked their admission." MTS was overhauled to remove political interference in 1949 following the election of Mayor Martin H. Kennelly, with a new board headed by Dr. Ernest E. Irons, who had served as president of the American Medical Association. The entire institution was then revamped for increased efficiency to better accommodate the hundreds of critical tuberculosis cases that had been on waiting lists to enter the facility. The city's death rate from tuberculosis declined by 20 percent in 1950 following reforms at MTS, and by the late 1950s there was no longer a waiting list for treatment.

Between 1955 and 1965, deaths from the disease decreased by 64 percent. Part of this decline was because of improvements at MTS and the city's hospital system, but the reduction was also due to new drugs to fight tuberculosis. Postgraduate researcher Albert Schatz studied soil-born microorganisms that could destroy or inhibit the growth of penicillin-resistant bacteria. Of the thousands of species of microorganisms, one had to be identified that killed tuberculosis bacteria. In 1943, he identified the microorganism *Streptomyces griseus*, which excretes a substance that Schatz called streptomycin. This substance formed the basis for new anti-tuberculosis drugs. Although the drug alone does not completely eradicate tuberculosis, when combined with other drugs it was found to be very effective in its treatment if taken correctly. Although new drugs to defeat tuberculosis were developed and improved during the 1940s, they were not widely administered at MTS until after the MTS board was overhauled in 1949.

During the late 1960s, the number of beds at MTS for tuberculosis patients decreased by around 100 per year over a period of five years. Childhood tuberculosis cases had declined significantly in Chicago, and despite many adult cases, infection rates among adults were decreasing faster in Chicago than in other cities at the time. At MTS, patients were consolidated to the women's section of the grounds, and around 1970 all the frame men's section cottages and several of the women's section children's cottages were demolished. Only 200 patients remained at MTS by 1974. The objectives of fresh air, sunlight, and good diet had been successfully replaced by drug therapies, which many patients preferred to take at home.

The Chicago Municipal Tuberculosis Sanitarium closed in 1974. Several redevelopment projects were proposed and the remaining frame cottages were razed, but neighborhood opposition prevented the complete demolition of the facility and its grounds. Instead the site was divided into several sections, each with a different proposed reuse. In 1975, Mayor Richard J. Daley announced plans to repurpose the grounds by maintaining open space for the current Peterson Park and nature preserves; development of new senior housing buildings; conversion of the former infirmary building into efficiency apartments; reuse of the dining halls and other buildings as dining halls for seniors; and the construction of a public school for the deaf and blind. Many of the original buildings remained vacant and deteriorated through the 1980s, when the original nurses' home, grounds keeper's cottage, and other farm-related buildings on the campus's eastern end were demolished.

At last, the hopes expressed by board member William A. Weiboldt on MTS's opening day in February 1915 were realized. Tuberculosis was no longer an incurable plague, and the landscape could be set aside for the enjoyment of both old and young.

ARCHITECTS

The Firm of Otis & Clark

The firm of Otis & Clark was founded in 1908, when William A. Otis added draftsman Edwin H. Clark as a junior partner to the firm. The previous year, the firm had been hired to design the buildings for the Edward Tuberculosis Sanatorium in Naperville, which was overseen by Dr. Theodore B. Sachs. This early sanatorium development proved successful, and the firm was again hired, this time at the recommendation of Dr. Sachs, to design the Chicago Municipal Tuberculosis Sanitarium. The firm's head draftsman, G. P. Ericson, lead the development of plans for both the Edward Sanatorium and MTS. The partnership between Otis and Clark lasted until 1920, when Clark left to found his own firm.

Although the Chicago Municipal Tuberculosis Sanitarium was one of the firm's largest commissions, Otis & Clark also designed numerous residences for private clients including the Edward Cudahy residence at 1304 North Astor Street (1915, demolished); the Ferdinand O. Baumann house at 530 West Hawthorne Place (1909, Chicago Landmark); and the terra cotta–clad, Prairie School–style Porter Building at 125 North Wabash Avenue. One of the residences that the firm designed was for James Ward Thorne in Lake Forest, Illinois (525 Broadsmore Drive, 1912). Mrs. Thorne later hired Edwin Clark to design some of the first of the famed "Thorne Miniature rooms," which are displayed at the Art Institute of Chicago. Many of their residential works are eclectic in style and are notable for their overt Prairie School style references mixed with other styles. Describing the firm's domestic architecture, progressive journalist Herbert Croly wrote in Architectural Record in 1915:

> The cleverness of architects who can handle so many different styles with so much taste and with such a nice sense of the idiom of each particular style is incontestable. It is to be hoped, however, that soon they will settle down and specialize in a particular type of design. The biggest successes in American architecture have been made by firms whose work was characterized less by versatility than by the mastery of one particular style, which can only be derived by patient and varied experimentation with its possibilities.

William Augusts Otis (1855 – 1929)

Otis was born in Almond, New York in 1855. He studied civil engineering at the University of Michigan, where he was in the same class as future landscape gardener Ossian C. Simonds. Both students were drawn to the field of architecture when they took a special course in architecture in 1876 taught by architect William Le Barron Jenney. After graduating, Otis shifted his studies to architecture and continued his studies at the Ecole des Beaux Arts in Paris, France. Arriving in Chicago in 1881, Otis joined Jenney's firm as a draftsman and became a junior partner in 1887. A few years later he entered private practice before partnering with the younger Edwin H. Clark in 1903. Otis was also an architectural historian and gave lectures at the Art Institute of Chicago. He was also part of an early group of young architects credited with promoting and expanding what would become known as the Prairie School movement during the late 1890s and early 1900s. In 1920, Otis partnered with his son Samuel S. Otis as W. A. Otis & Son.

Otis is known not only for his buildings at the Chicago Municipal Tuberculosis Sanatorium but also for schools and residences in Winnetka and the North Shore suburbs. These include the Gothic Revival style Christ Church in Winnetka from 1905, the red brick Greeley School in Winnetka from 1912, and numerous private residences.

Edwin Hill Clark (1878-1967)

Edwin Clark was born in Chicago in 1878. His father, Alison Ellis Clark, was a member and director of the Chicago Board of Trade, but he entered the paint business in 1888 when he purchased a controlling interest in the

Chicago branch of the Boston-based Wadsworth Holland paint company. Edwin Clark studied chemistry at Yale University and, along with his brother Marcell, joined his father's paint company in 1900. However, in 1903 he developed lead poisoning, which required a period of recuperation. During that time he enrolled in drafting classes at the Armour Institute of Technology (currently the Illinois Institute of Technology), which was near his home. In 1903 the firm of William A. Otis hired him as a draftsman, and he was made a partner in the firm in 1908. In 1920, Clark left Otis's North Shore firm to begin his own in downtown Chicago. He continued to design many homes for wealthy clients, primarily on the North Shore, where he lived.

Clark, who favored a style of eclectic Classicism, designed several buildings across Chicago and the North Shore. These include the Lake Forest Library (360 East Deerpath Road, 1931), the Spanish Court shopping mall in Wilmette (1515 Sheridan Road, 1928; large portions of the development were lost to fire in the 1930s), City Hall buildings in Hinsdale; Winnetka City Hall (510 Green Bay Road, 1925), the Jacob A. Wolford Memorial Tower of the Waveland Field house in Lincoln Park north of Addison Street (1931), and the Brookfield Zoo (1926). During the 1910s, Clark oversaw the redesign and expansion of the Great Lakes Naval Station in Waukegan, Illinois.

Clark also designed several schools, including the grounds of North Shore Country Day School (310 Green Bay Road), Grove School Campus (40 East Mill Road, Lake Forest, 1929), and the original Latin School (1531 North Dearborn Street, Chicago, 1926, demolished).

Ossian Cole Simonds (1855 – 1931)
Ossian C. Simonds was born near Grand Rapids, Michigan on his family farm in 1855. He attended the University of Michigan in 1874 to study civil service, and like his classmate William A. Otis, he switched briefly to take classes in architecture to study under architect William Le Barron Jenney, who taught at the university in 1876. Simonds graduated in 1878 and moved to Chicago at Jenney's invitation. Simonds' introduction to landscape design began with his work on Graceland Cemetery.

Graceland Cemetery, founded by Thomas Barbour Bryan in 1860, is a rural-style cemetery that was platted across acres of largely undeveloped farmland in what was then the Town of Lake View, now part of Chicago's Lakeview neighborhood. In the late 1870s Jenney developed a series of plans for its eastward expansion and hired Simonds to oversee its development, despite his having no formal education in landscape design. Bryan Lathrop, who was the cemetery's manager, is said to have recognized Simonds's talent as a landscape designer. Simonds's work at Graceland presented similar challenges to those he later encountered designing the grounds for MTS. Simonds' described the challenges he found at the cemetery site in 1878:

> The cemetery occupied a rather high sandy ridge largely covered with oak trees. The new and undeveloped portion was then low — partly swamp, partly slough, and partly a celery field. The changing of this treeless land into an attractive part of the cemetery called for some engineering skill in putting in drains, excavating a lake, grading and building roads, and in grading the various sections. In this work the knowledge gained in acquiring the degree of civil engineer made me somewhat useful to the cemetery company and to W.L.B. Jenney, the architect, who had drawn an outline of the lake and planned its outlet.

Simonds completed the work with William Holabird, who also worked in Jenney's firm, and in 1880 he partnered with Holabird as the firm of Holabird & Simonds. Martin Roche, also of Jenney's firm, joined the firm in 1881, but Simonds left that year to pursue landscape design and become a member of the board of managers of Graceland Cemetery. Bryan Lathrop mentored Simonds and travelled with him to see numerous parks and landscapes, which would later influence his designs and lead him to introduce native plants into his landscapes.

Simonds preferred to be called a "landscape gardener" instead of architect. Over the course of his career he designed dozens of cemeteries and parks in Illinois and around the Great Lakes region, including portions of Lincoln Park, several West Side parks, and Library Park in Kenosha, Wisconsin. Institutional grounds were his specialty. Simonds designed grounds for Fort Sheridan, Illinois (1887); the Morton Arboretum in Lisle, Illinois (1923); Nichols Arboretum in Ann Arbor, Michigan; Indian Hill Club in Winnetka (club buildings were designed by architect Edwin Clark); and one of the earliest 18-hole golf courses, at the Chicago Golf Club in Wheaton, Illinois (1894).

Simonds was an early adopter of native plants in landscape design, which naturally merged with the progressive notions of conservation and restoration that were gaining popularity during the early 1900s. Wilhelm Tyler Miller, in his 1915 publication *The Prairie Spirit in Landscape Gardening* credits Simonds, along with Jens Jensen and Walter Burley Griffin, as the creators of the Prairie Style of gardening. Simonds' use of native plants complemented the growing Prairie School movement in architecture, which took design cues from the Midwestern landscape and its plants. His later designs, such as for Lincoln Park and MTS, reflected the natural growth of native landscapes.

Simonds was a founding member of the American Association of Landscape Architects, and he also helped establish the landscape architecture program at the University of Michigan.

Jarvis Hunt (1863 – 1941)
Architect Jarvis Hunt designed the Laboratory Building and the Infirmary Building at MTS in 1919, as well as several additions to buildings. Jarvis, a nephew of New York architect Richard Morris Hunt, was born in Weathersfield, Vermont in 1863, and he attended both Harvard and the Massachusetts Institute of Technology. Winning the design for the Vermont Pavilion at the World's Columbian Exposition in Chicago, Jarvis Hunt came to Chicago in 1893 to work on the building. His uncle Richard Hunt designed the fair's main Administration Building. Following the fair Jarvis Hunt benefited from the city's building boom and formed his own firm in partnership with architect William Bosworth. Hunt quickly found a following of wealthy clients for whom he designed large summer homes and substantial suburban residences near Chicago and in Lake Geneva, Wisconsin. Prior to his retirement in 1927, Hunt partnered with architect Charles Bohasseck, who became a resident and co-owner of Hunt's 900 North Michigan Avenue building.

Hunt's notable national commissions include the original buildings at the Great Lakes Naval Station in Waukegan, Illinois (1903—1927); Dallas Union Terminal train station (Dallas, Texas, 1918), Newark Museum (Newark, New Jersey, 1923—1926), 900 North Michigan Avenue building (1926, demolished), and Lakeshore Athletic Club at 850 North Lake Shore Drive (1927).

Hans Theodore Liebert (1877 – 1966)
Hans T. Leibert designed the Lombard Romanesque style Sacred Heart Chapel on the campus of MTS in 1936 for the Archdiocese of Chicago. He was born in Berlin, Germany in 1877 and immigrated to the United States in 1884. During the 1890s, he lived briefly in Milwaukee where he worked as a draftsman. In 1900, he became an independent architect before moving his business that year to Hancock, Michigan. There he designed commercial buildings, club buildings, the local St. Joseph's Hospital (1902—1904, demolished), and residences.

Leibert returned to Wisconsin in 1914, establishing his architectural practice in Wausau, Wisconsin. Although he executed buildings in a range of styles, his notable Wisconsin commissions were strongly influenced by the

growing Prairie School style. Examples include his designs for the public libraries in Clintonville and Medford, Wisconsin. Both libraries were completed in 1916 with funds from Andrew Carnegie and feature Rookwood tile accents, strong horizontal lines, and design elements of the Prairie School. During the 1930s he designed several religious buildings, including a chapel addition to Mather Hall at Kansas City University in Kansas City, Kansas (1936, locally designated), as well as the Sacred Heart Chapel at MTS.

Jens Jensen (1860 – 1951)
Landscape architect Jens Jensen designed a special campground for children of tuberculosis-infected parents at MTS. The campground was planned for the northwestern corner of the sanitarium grounds and was to feature a natural garden with rock outcroppings, cascading water, and a "spring-fed" pool for children to enjoy during the summer. The design was similar to other prairie-inspired landscapes he designed for cities and private grounds across the country. In addition to Ossian C. Simonds and Walter Burley Griffin, Jensen is credited as one of the creators of the Prairie Style of gardening.

Jensen was born in Denmark in 1860 and attended the Tune Agricultural School near Copenhagen, Denmark. In 1883, he immigrated to the United States and tried farming in Florida and then Iowa before moving to Chicago in 1885 to work for the West Park Commission, which managed all parks on Chicago's West Side. While he was at the commission, he designed several park grounds with non-native plants, which tended to fare poorly in Chicago's climate. He tried a new approach in 1886 using only native, transplanted wildflowers to develop what became known as the "America Garden" in Union Park (the America Garden no longer exists). The success of the native garden led him to become a park foreman, a position he held for several years.

He returned as general superintendent of the West Park Commission in 1906 and redesigned Garfield, Douglas, and Humboldt parks using native wildflowers and plants. He also newly designed Columbus Park. Regarding Jensen's use of native plants, an article in *Prairie Gardening* from 1915 noted that "the primary motive was to give recreation and pleasure to people, but the secondary motive was to inspire them with the vanishing beauty of the prairie." Jensen encouraged the conservation of natural landscapes and led initiatives to preserve parkland including the Indiana Dunes and the Wisconsin Dells. In Chicago, he collaborated with Dwight H. Perkins to publish an influential report in 1904 on the need to preserve forests around Chicago and develop neighborhood parks in the congested city. The report prompted the creation of the Cook County Forest Preserve and dozens of parks across Chicago. Another notable project was the landscape design for the Marktown community in East Chicago, Indiana in 1917.

Jensen founded a private practice in 1920, and one of his first commissions was the Children's Camp and Pool for MTS in 1923. He continued to design public and private gardens, each emphasizing natural elements found in the prairie. He designed gardens for four of Henry Ford's homes in Michigan and Maine. Jensen's work involved informal winding garden paths through organic or natural-looking landscapes with water features. Natural scenes were created by using local plants and materials, especially limestone slabs stacked into bluffs, walls, stream edges, and paths; all evoked the natural river systems of the Midwest.

CONCLUSION

The Chicago Municipal Tuberculosis Sanitarium (MTS) District, at the center of what is now known as North Park Village, is locally significant under National Register Criterion A for Health/Medicine as one of the largest facilities built in the United States to treat tuberculosis, one of the deadliest diseases in human history. The grouping of 12 buildings/sites that comprise the district historically served as center of the Chicago Municipal

Tuberculosis Sanitarium, a 160-acre institutional complex built between 1911 and 1915 on Chicago's far northwest side in the North Park village neighborhood. The complex, which served for nearly 60 years as a public residential treatment center for tuberculosis, consists of a series of substantial administrative and patient buildings designed in the Prairie School style with Italian Renaissance Revival elements by the Chicago architectural firm of Otis & Clark with later additions by Jarvis Hunt and Hans Liebert.

The Chicago's Municipal Tuberculosis Sanitarium is also significant under National Register Criterion C for Architecture. The complex's design made it an effective component in Chicago's charge against tuberculosis. C. A. Anderson wrote in *The Brickbuilder* in 1915 that, "the sanitarium must invite by combining fear and comfort — fear of the future course of the disease, and comfort through attractive buildings, good treatment, and a creative interest." Chicago's municipal sanitarium accomplished each of these points. It provided a lush campus designed by notable landscape designer Ossian C. Simonds, it established a series of substantial administrative and patient buildings designed in the Prairie School style with Italian Renaissance Revival elements by the firm of Otis & Clark, it advanced valuable treatments beyond the typical rest and fresh air encouraged by earlier sanatoriums, and it offered patients a range of activities during their lengthy treatments that would both keep patients from leaving prematurely and prepare them for reentry into society. Above all, MTS provided ample comforts for patients facing a fearsome and unrelenting disease – tuberculosis.

For Criterion A, the period of significance begins in 1911 when construction began and ends in 1974, when the MTS closed. For Criterion C, the period of significance begins in 1911 and ends in 1939, when the final component of the sanitarium's central complex—the Children's Pool and Rock Garden—was completed.

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Chicago Municipal Tuberculosis Sanitarium District | Cook County, Illinois
Name of Property | County and State

Ancient Building Permit Files, City of Chicago Department of Buildings. Daley Library, University of Illinois at Chicago.

Chicago Park District Records: Drawings, Park 452, Special Collections, Chicago Public Library.

City of Chicago Municipal Tuberculosis Sanitarium. *Statement of Accounts on the Various Buildings and Contents*. 1915. Chicago Public Library.

_____. *Municipal Tuberculosis Sanitarium Investigation*. 1916. Chicago Public Library.

_____. *General Rules and Regulations of the City of Chicago Municipal Tuberculosis Sanitarium*. 1918. Chicago Public Library.

_____. *Here Is the Story of One of the Largest Control Programs of Its Kind in the World*. 1953. Chicago Public Library.

_____. *Golden Anniversary, 1915 – 1965*. 1965. Chicago Public Library.

Edwin H. Clark (1878-1967) Papers, 1885-1960; 1995.1. Ryerson and Burnham Archives, Art Institute of Chicago.

Illinois State Geological Survey, Aerial Photograph #07017, November 24, 1938.

Jens Jensen drawings and papers, Bentley Historical Library, University of Michigan.

The Chicago Municipal Tuberculosis Sanitarium and Its Various Agencies. 1915. Chicago Public Library.

United States Decennial Census, [various years].

Previous documentation on file (NPS):

__X__ 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 # _____
____ recorded by Historic American Landscape Survey # _____

Primary location of additional data:

__X__ State Historic Preservation Office
____ Other State agency
____ Federal agency
____ Local government
____ University
____ Other
Name of repository: _____

Historic Resources Survey Number (if assigned):

Chicago Municipal Tuberculosis Sanitarium District | Cook County, Illinois
Name of Property | County and State

10. Geographical Data

Acreage of Property 33.7 acres
(Do not include previously listed resource acreage; enter "Less than one" if the acreage is .99 or less)

Latitude/Longitude Coordinates
Datum if other than WGS84:
(enter coordinates to 6 decimal places)

1	41°59'17.86"N	87°43'42.72"W	2	41°59'18.31"N	87°43'7.74"W
3	41°59'5.40"N	87°43'7.29"W	4	41°59'5.24"N	87°43'42.31"W

Verbal Boundary Description (Describe the boundaries of the property.)
Beginning at a point 366 feet east of the intersection of North Pulaski Road and Ardmore Avenue; turning north and extending 240 feet; turning east and extending 280 feet to the west side of a paved road that connects the Auditorium Building and the Men's Unit Administration Building to a point 83 feet west of the pedestrian path that connects the paved road to the Men's Unit Administration Building; turning northwest and extending 280 feet northwest; turning ninety degrees and extending northeast 202 feet; turning ninety degrees and extending southeast 250 feet; turning ninety degrees and following an undulating line to a point 400 feet north of the paved road that runs between the Infirmary Buildings and the Child's Rock Garden and Pond and extends east to the east edge of the district; turning south and extending 400 feet south to the north side of that road; turning east and following that road 258 feet; turning north and extending 130 feet; turning ninety degrees and extend east 200 feet; turning ninety degrees and extending south 141 feet to the north side of the paved road; turning east and extending 230 feet to end of the paved road; turning ninety degrees and extending south 450 feet; turning ninety degrees and extending west 650 feet to the south side of Ardmore Road; turning ninety degrees and extending south 230 feet; turning ninety degrees and extending west 720 feet to the east side of a paved road that connects Ardmore Avenue and the Church of the Sacred Heart; turning ninety degrees and extending north to the south side of Ardmore Road; turning ninety degrees and extend west along the south side of Ardmore Road to the point of beginning.

Boundary Justification (Explain why the boundaries were selected.)

The original 160-acre MTS site was divided into separate sections for different uses beginning in the 1970s with the plan for North Park Village. The area north of the core axis of historic MTS buildings currently serves as a nature center and park. Although some natural features remain from the MTS landscaping, much of this area has been altered with new paths, plantings, athletic fields, and parking lots. South of the core axis of historic MTS buildings, several modern buildings—including a school and senior apartment buildings—have been constructed in the last 30 years with new landscaping features, paved access drives, walkways, and parking lots. For this reason, the boundary of the Chicago Municipal Tuberculosis Sanitarium District is drawn to encompass only the historic buildings and significant landscape elements that comprise the core axis of the MTS and not the entire 160-acre original campus.

Chicago Municipal Tuberculosis Sanitarium District | Cook County, Illinois
Name of Property | County and State

11. Form Prepared By

name/title Matt Wicklund and Emily Ramsey date 12/17/18
organization MacRostie Historic Advisors, L.L.C. telephone 312-786-1700
street & number 53 W. Jackson Blvd., Suite 1142 email eramsey@mac-ha.com
city or town Chicago state IL zip code 60604

Additional Documentation

Submit the following items with the completed form:

- **GIS Location Map (Google Earth or BING)**
- **Local Location Map**
- **Site Plan**
- **Floor Plans (As Applicable)**
- **Photo Location Map** (Include for historic districts and properties having large acreage or numerous resources. Key all photographs to this map and insert immediately after the photo log and before the list of figures).

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number Additional Documentation Page 53

Chicago Municipal Tuberculosis Sanitarium District
Name of Property
Cook County, IL
County and State
N/A
Name of multiple listing (if applicable)

Photographs:

Submit clear and descriptive photographs. The size of each image must be 3000x2000 pixels, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer, photo date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

Photo Log

Name of Property: Chicago Municipal Tuberculosis Sanitarium (MTS)

City or Vicinity: Chicago

County: Cook **State:** IL

Photographer: Matt Wicklund

Date Photographed: 2018

Description of Photograph(s) and number, include description of view indicating direction of camera:

Returned

1. Power House (#1) – South and east elevations, looking northwest
2. Power House (#1) – North and west elevations, looking southeast
3. Transformer Building (#2) – West and south elevations, looking northeast
4. Transformer Building (#2) – South and east elevations, looking northwest
5. Garage (#3) – South and west elevations, looking northeast
6. Garage (#3) – South elevation, looking north
7. One-car Garage (#3a) – South and west elevations, looking northeast
8. Barn/Paint Shop (#4) - North and east elevations, looking west
9. Administration Building (#5) – West elevation, looking east
10. Administration Building (#5) – East elevation, looking northwest
11.Administration Building (#5) – South elevation, looking north
12. Administration Building (#5) – North elevation, looking south
13. Dining Halls and Service Building (#6) – South elevation (Men's Dining Hall and Service Building), looking north
14. Dining Halls and Service Building (#6) – South elevation (Service Building and Women's Dining Hall), looking north
15. Dining Halls and Service Building (#6) – South elevation (Men's Dining Hall), looking north
16. Dining Halls and Service Building (#6) – West and north elevations (Men's Dining Hall), looking southeast
17. Dining Halls and Service Building (#6) – North elevation (Men's Dining Hall), looking southeast
18. Dining Halls and Service Building (#6) – West elevation (Service Building), looking northeast
19. Dining Halls and Service Building (#6) – South and east elevations (Service Building), looking northwest
20. Dining Halls and Service Building (#6) – South elevation (Women's Dining Hall), looking northwest
21. Dining Halls and Service Building (#6) – North elevation Women's Dining Hall), looking northeast
22. Dining Halls and Service Building (#6) – East elevation (Service Building), looking west
23. Dining Halls and Service Building (#6) – North and west elevations (Service Building), looking southeast

24. Infirmary Buildings (#7) – South elevation (Men's Infirmary) and west elevation (Infirmary Administration Building and north connector), looking east
25. Infirmary Buildings (#7) – West elevation (Infirmary Administration Building), looking east
26. Infirmary Buildings (#7) – West elevation (Infirmary Administration Building), looking east
27. Infirmary Buildings (#7) – North elevation (Women's Infirmary Building), looking southeast
28. Infirmary Buildings (#7) – West and south elevations (Women's Infirmary Building), looking northeast
29. Infirmary Buildings (#7) – South elevation (Women's Infirmary Building), looking east
30. Infirmary Buildings (#7) – South and east elevations (Women's Infirmary Building), looking northwest
31. Infirmary Buildings (#7) – North elevation (Women's Infirmary Building), looking southeast
32. Infirmary Buildings (#7) – North elevation (Women's Infirmary Building), looking southwest
33. Infirmary Buildings (#7) – East elevation (Infirmary Administration Building and south connector), looking west
34. Infirmary Buildings (#7) – East elevation (Infirmary Administration Building), looking west
35. Infirmary Buildings (#7) – South and east elevations (Infirmary Annex), looking northwest
36. Infirmary Buildings (#7) – North elevation (Infirmary Annex), looking east
37. Infirmary Buildings (#7) – South elevation (Men's Infirmary Building), looking northwest
38. Infirmary Buildings (#7) – North elevation (Men's Infirmary Building), looking southeast
39. Men's Unit Administration Building (#8) – South elevation, looking northwest
40. Men's Unit Administration Building (#8) – North elevation, looking southeast
41. Auditorium Building (#9) – West elevation, looking east
42. Auditorium Building (#9) – South and east elevations, looking northwest
43. Auditorium Building (#9) – East elevation, looking west
44. Auditorium Building (#9) – North elevation, looking southeast
45. Laboratory Building (#10) – South elevation, looking north
46. Laboratory Building (#10) – North elevation, looking south
47. Laboratory Building (#10) – North and east elevations, looking southwest
48. Laboratory Building (#10) – North and west elevations, looking southeast
49. Children's Pool and Rock Garden (#11) – Looking north
50. Children's Pool and Rock Garden (#11) – Looking south
51. Church of the Sacred Heart (#12) – West elevation, looking east
52. Church of the Sacred Heart (#12) – East elevation, looking west

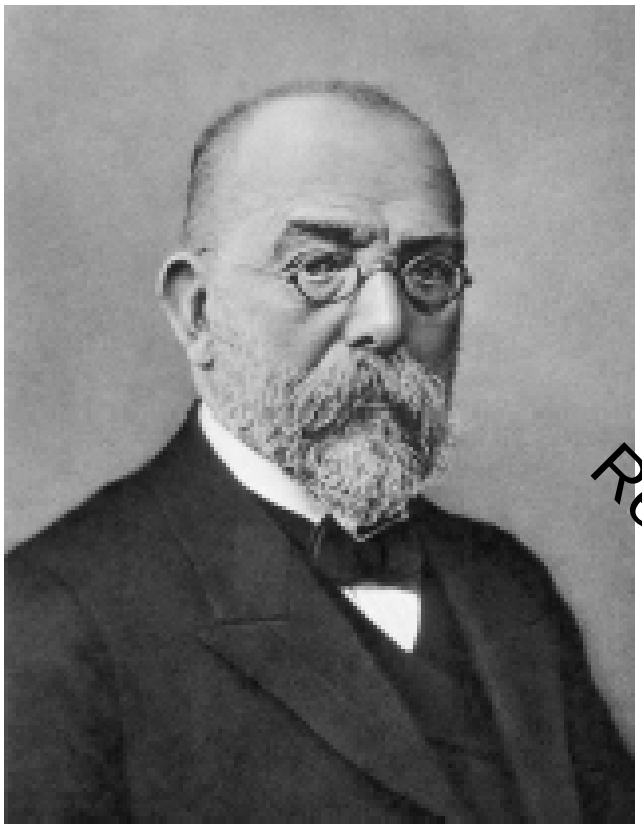
United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number Additional Documentation Page 55

Chicago Municipal Tuberculosis Sanitarium District
Name of Property
Cook County, IL
County and State
N/A
Name of multiple listing (if applicable)

List of Figures
(Resize, compact, and paste images of maps and historic documents in this section. Place captions, with figure numbers above each image. Orient maps so that north is at the top of the page, all document should be inserted with the top toward the top of the page.



Figures 1 and 2: Dr. Robert Heinrich Hermann Koch (left), German physician and microbiologist who identified the bacteria that caused Tuberculosis in 1882, and Dr. Edward Livingston Trudeau (right), who founded the first sanitarium in the United States at Saranac Lake, New York to implement open-air treatment of tuberculosis.

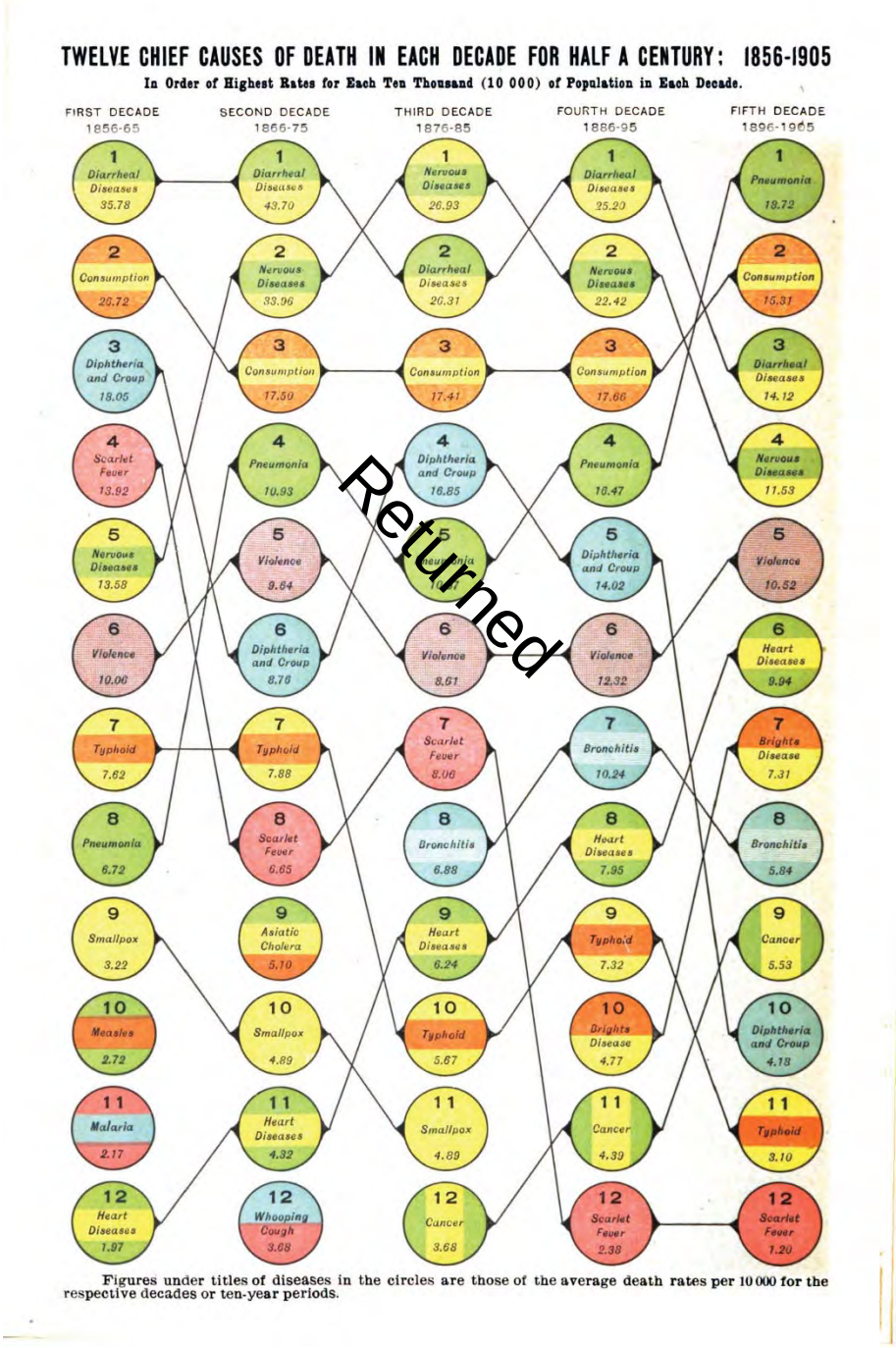


Figure 3: This chart from the Chicago Health Department showed tuberculosis, or consumption, as a leading cause of death in Chicago between 1856 and 1905 (Biennial Report of the Department of Health of the City of Chicago for the Years 1904-1905).

Figure 4: Dr. Theodore Bernard Sachs (1868-1916), one of the country's foremost leaders in the control and treatment of tuberculosis, was instrumental in the promotion and development of a free municipal sanitarium as the foremost component of a city-wide program to control tuberculosis in Chicago (U.S. National Library of Medicine Digital Collections).

Figure 5: Following state legislation passed in 1908 allowing municipalities to operate local tuberculosis sanitoria, the proposal for a City of Chicago sanitarium was put to a vote in 1909. The Chicago Daily Tribune published this cartoon on the front page of the paper the day before the vote, urging citizens to vote for a sanitarium (Chicago Daily Tribune, April 5, 1909).

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number Additional Documentation Page 60

Chicago Municipal Tuberculosis Sanitarium District
Name of Property
Cook County, IL
County and State

Name of multiple listing (if applicable)

Figure 6: The site selected for the Chicago Municipal Tuberculosis Sanitarium was on the far northwest side of Chicago, which was developed as a 500+ acre landscaping nursery run by Swedish immigrant Pehr S. Peterson (Peterson Nursery Catalog, 1908).

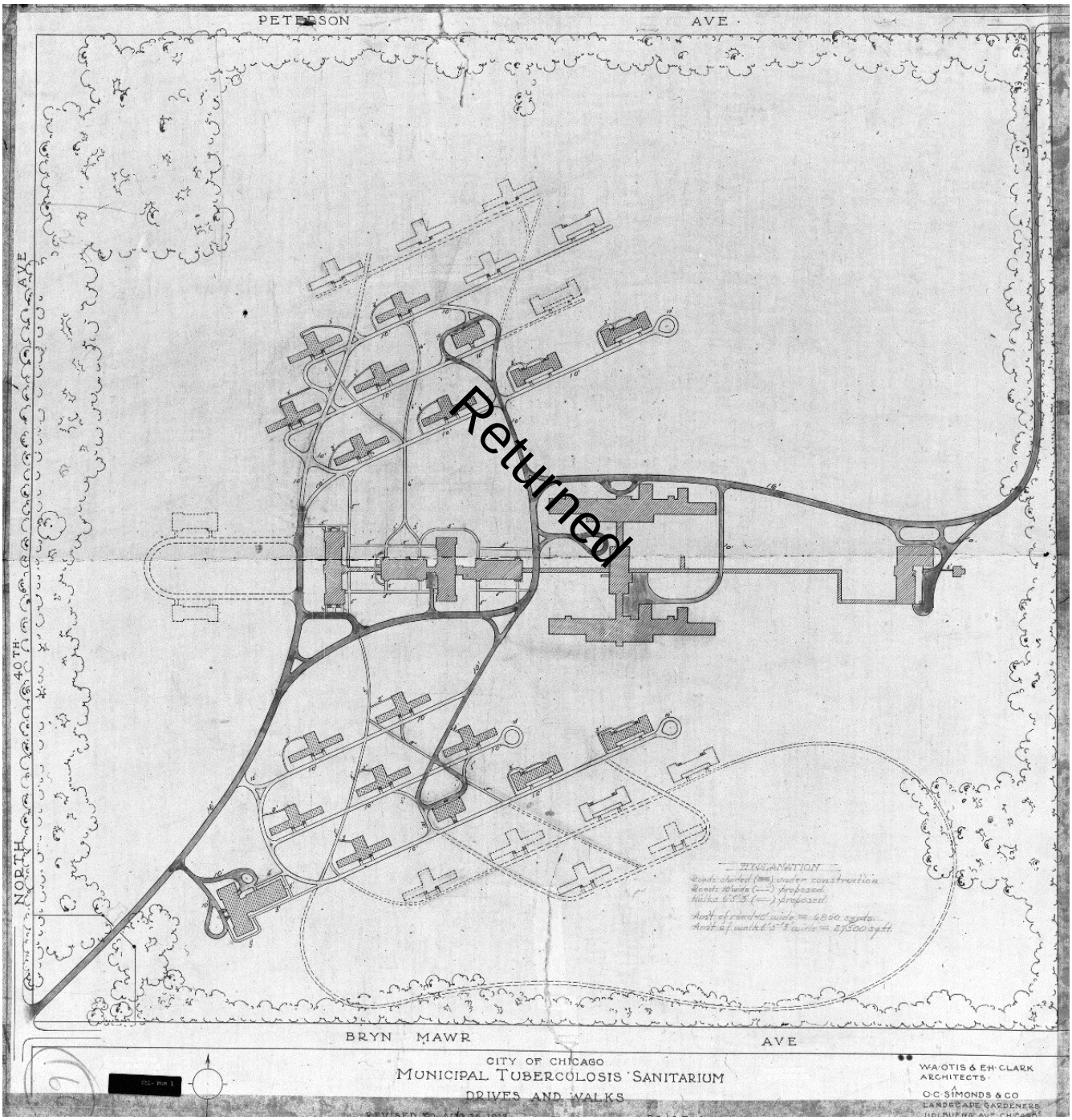


Figure 7: This plan, drafted in 1911 and revised in 1913, shows the general layout and footprint of the main buildings on the Chicago Municipal Tuberculosis Sanitarium campus (Jens Jensen drawings and papers, University of Michigan).

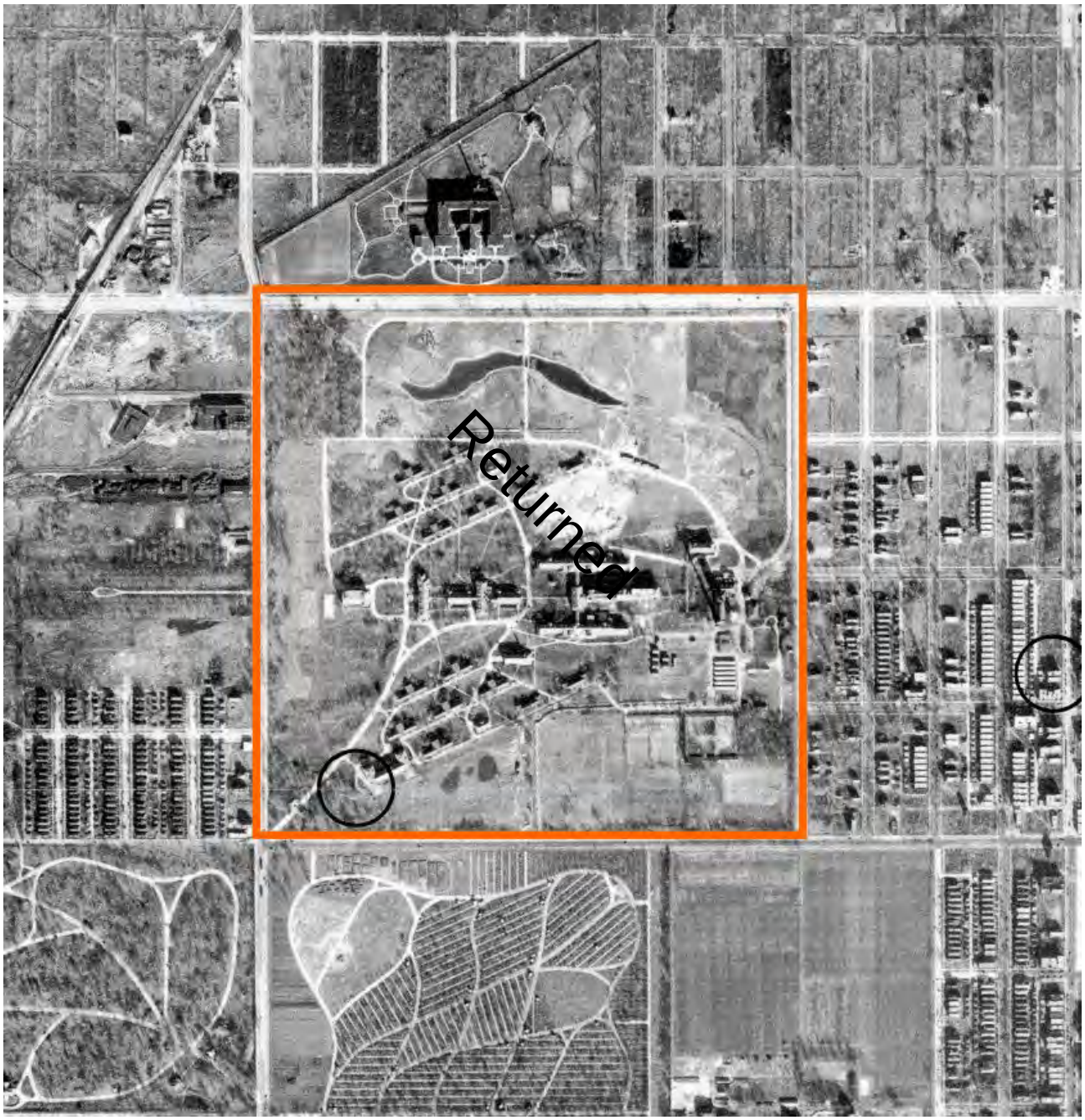


Figure 8: This 1938 aerial photograph shows Chicago Municipal Tuberculosis Sanitarium complex substantially completed (Illinois State Geological Survey #07017, November 24, 1938).

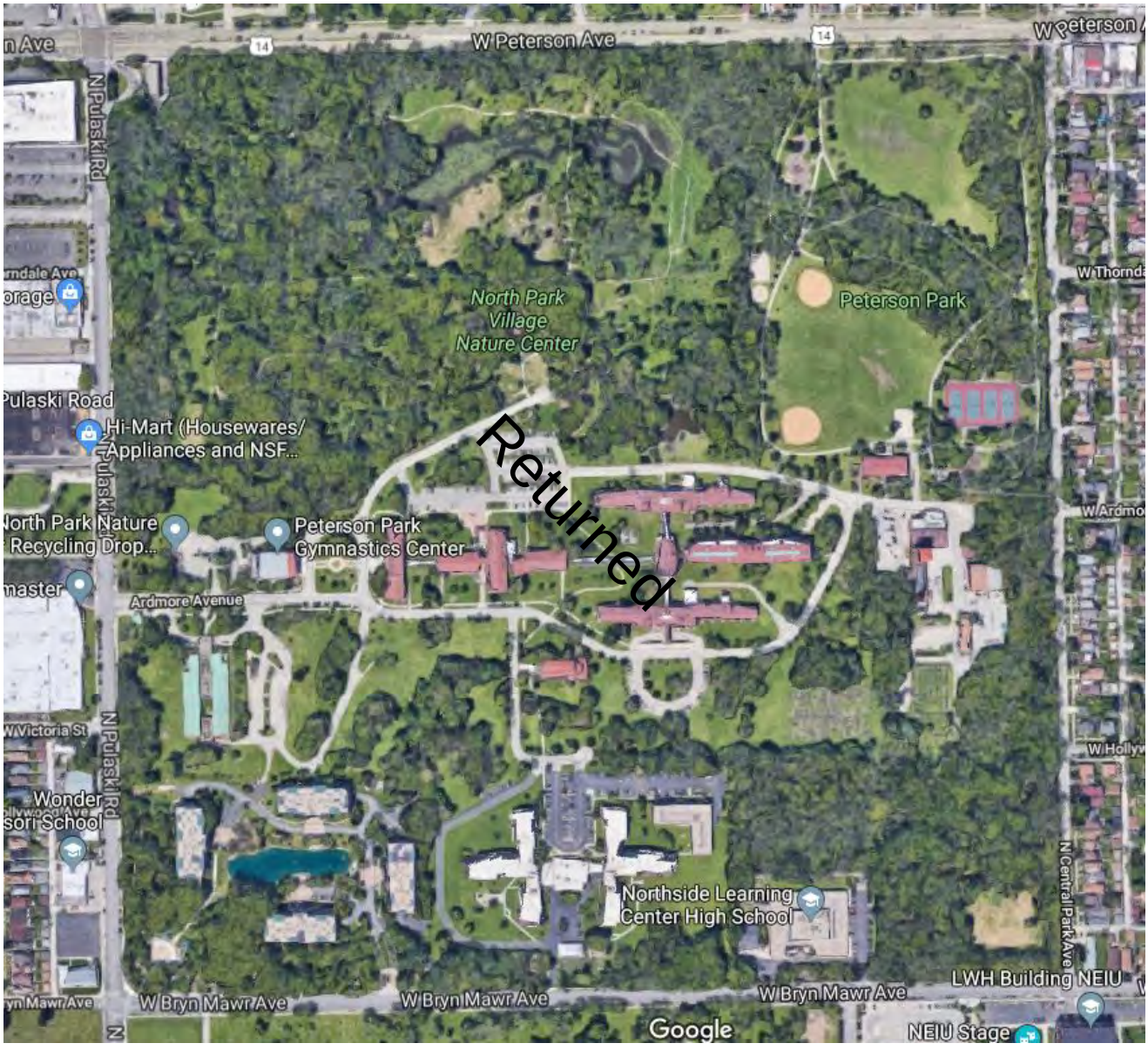


Figure 9: This Google Earth image shows that, despite subsequent alterations and development, the original site of the clinic retains its park-like atmosphere.

Figures 10 and 11: Current views of the site south of the district boundaries, looking east from the health building at the west end of the site (above) and south to the senior housing development (below)

Figures 12 and 13: Current views of the site north of the district boundaries, looking northwest (above) and northeast (below) to the North Park Village Nature Center

Figure 14: View of the sanitarium in February 1915, three days after it opened to the public, looking west from the Power House (DN-0064106, Chicago Daily News Negatives Collection, Chicago History Museum)

Figures 15, 16, and 17: The architects for the main sanitarium complex, William A. Otis (left, c. 1878, photo from Winnetka Historical Society) and Edwin H. Clark (center, photo from Chicago Daily Tribune, March 25, 1928), and landscape architect Ossian C. Simonds (right, photo from Washtenaw County Historical Society).

United States Department of the Interior
National Park Service

National Register of Historic Places Continuation Sheet

Section number Additional Documentation Page 67

Chicago Municipal Tuberculosis Sanitarium District
Name of Property
Cook County, IL
County and State

Name of multiple listing (if applicable)

Figures 18 -21: The Chicago MTS established a vocational school that was designed to train patients for re-entry into the workplace. Classes ranged from farming and cooking to nursing and arts and crafts. Top left: a stenography class. Top right: a nursing class. Bottom left: students in a laboratory class; Bottom right: students in a commercial art class. (Monthly Bulletin of the City of Chicago Municipal Tuberculosis Sanitarium, January 1920)

Figure 22: The children's ''preventorium'' on the grounds of MTS (Monthly Bulletin of MTS, 1926).

Figure 23: View of the Auditorium Building (Architectural Record, February 1923)

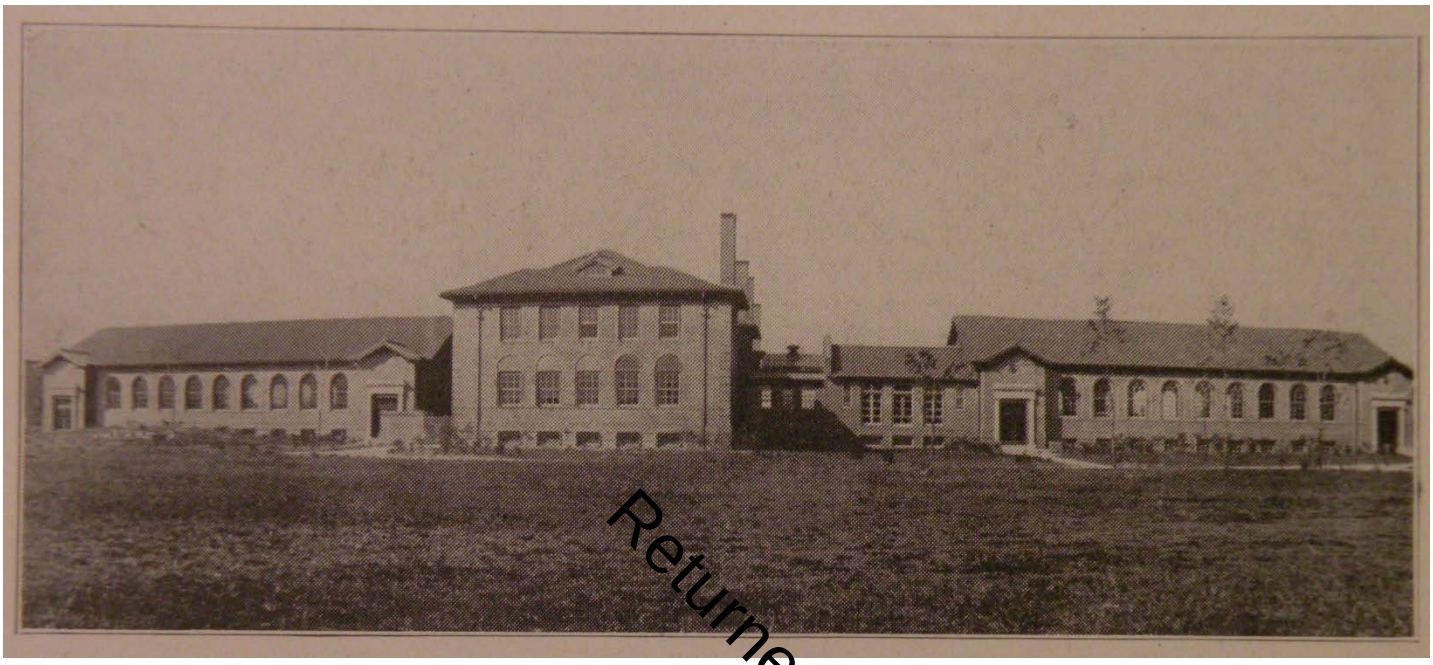


Figure 24: View of Dining Hall in 1915 (Dedication Day, 1915)

Figure 25: Interior view of main dining room, 1920s (Chicago History Museum)

Figure 26: Infirmary group looking east along pathways above underground tunnels (Outdoor Life, 1916)

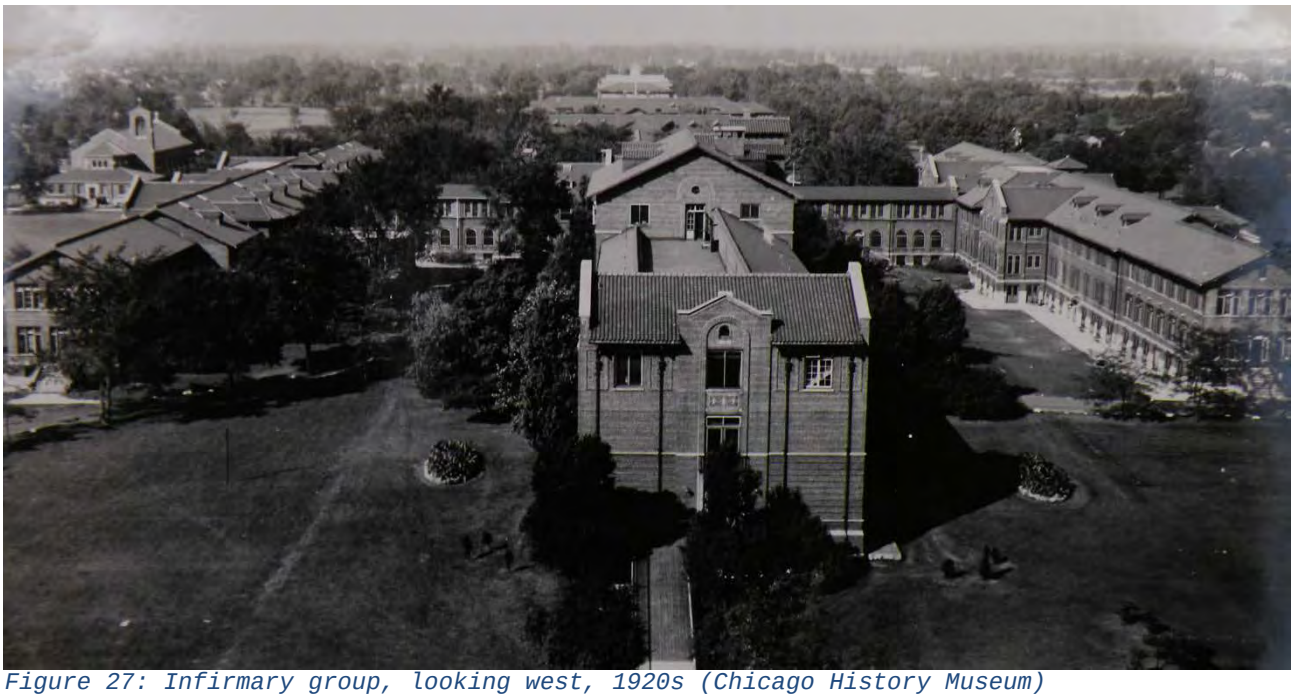


Figure 27: Infirmary group, looking west, 1920s (Chicago History Museum)

Figure 28: Laboratory Building in 1923 (Monthly Bulletin of Chicago MTS, August 1923)

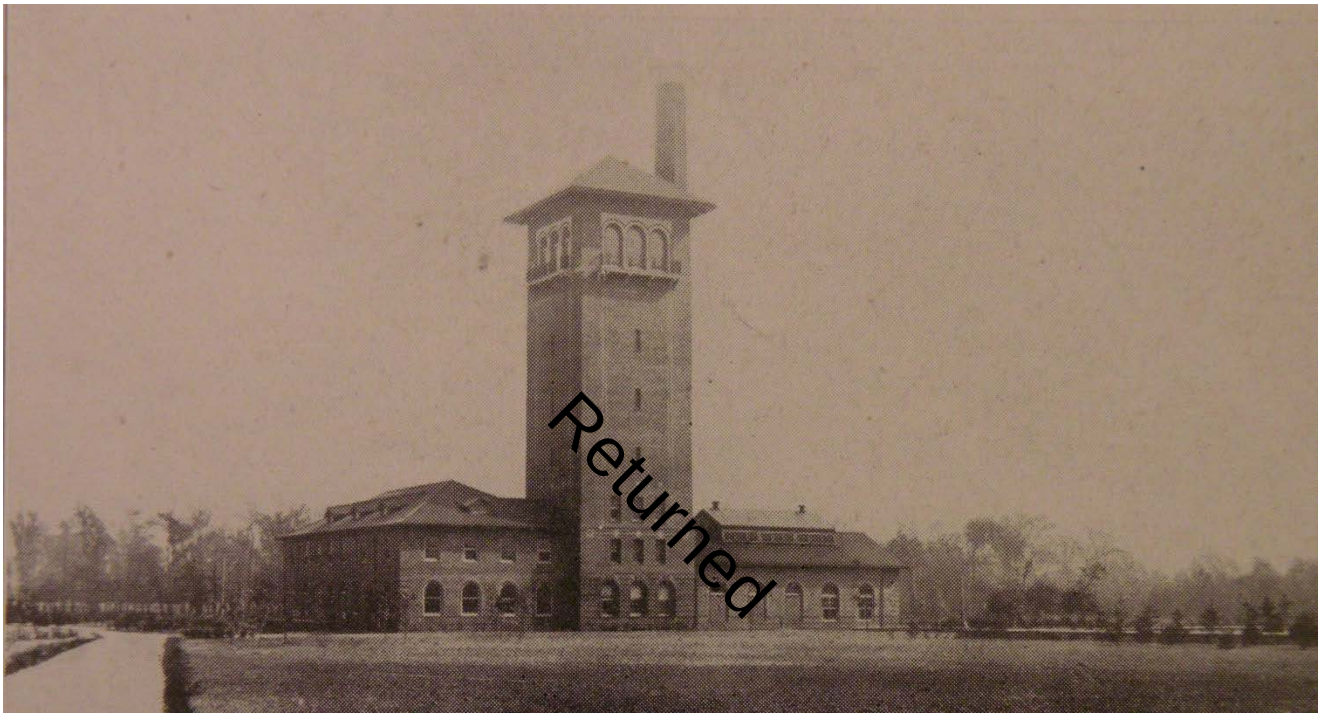


Figure 29: Power House and Laundry, 1915 (Dedication Day, 1915)

Figure 30: Children's Pool and Rock Garden, 1959 (Monthly Bulletin of Chicago MTS, 1959)

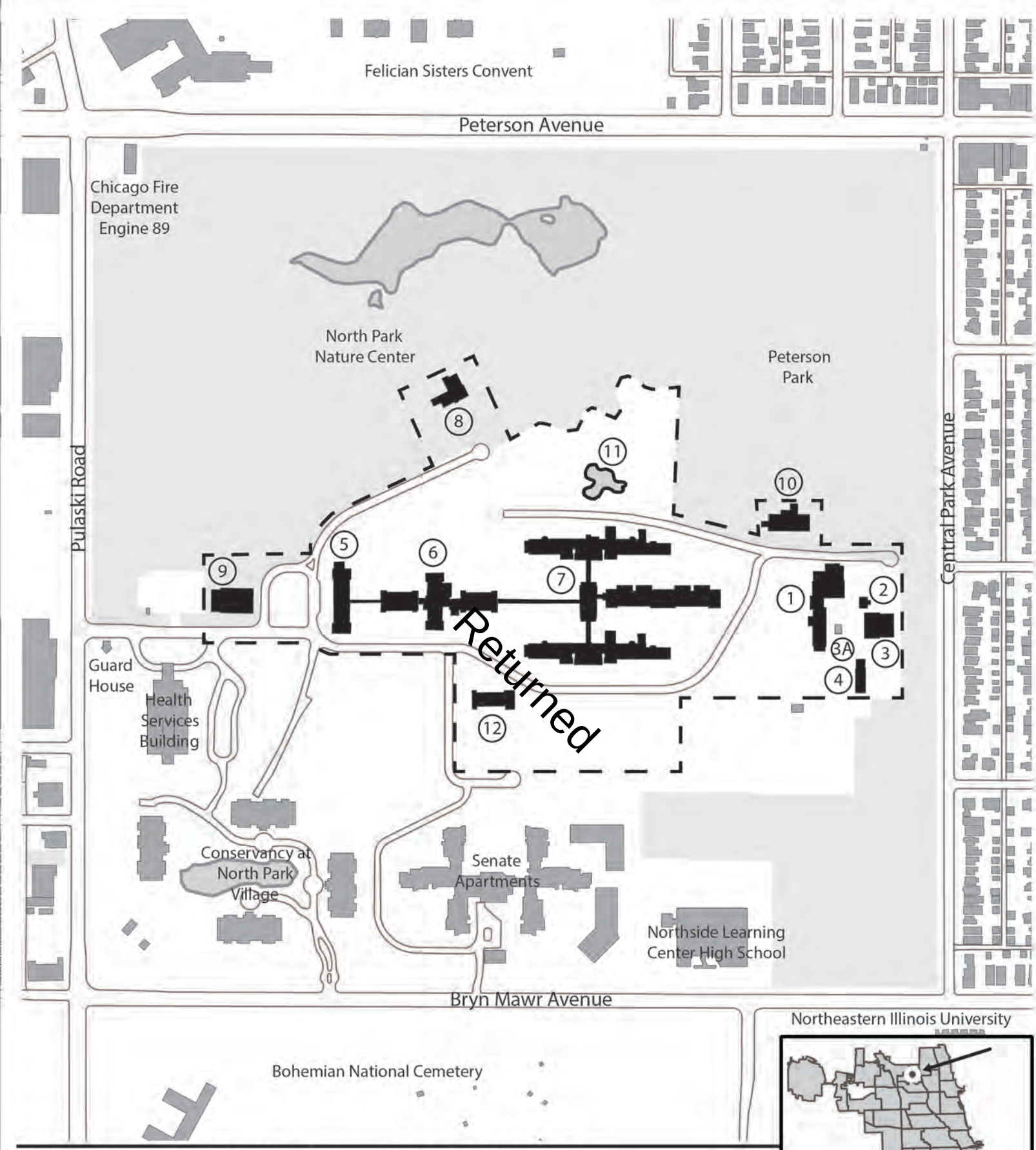
Chicago Municipal Tuberculosis Sanitarium
Cook County, IL
GIS Coordinates

A. 41°59'17.86"N
87°43'42.72"W

B. 41°59'18.31"N
87°43'7.74"W

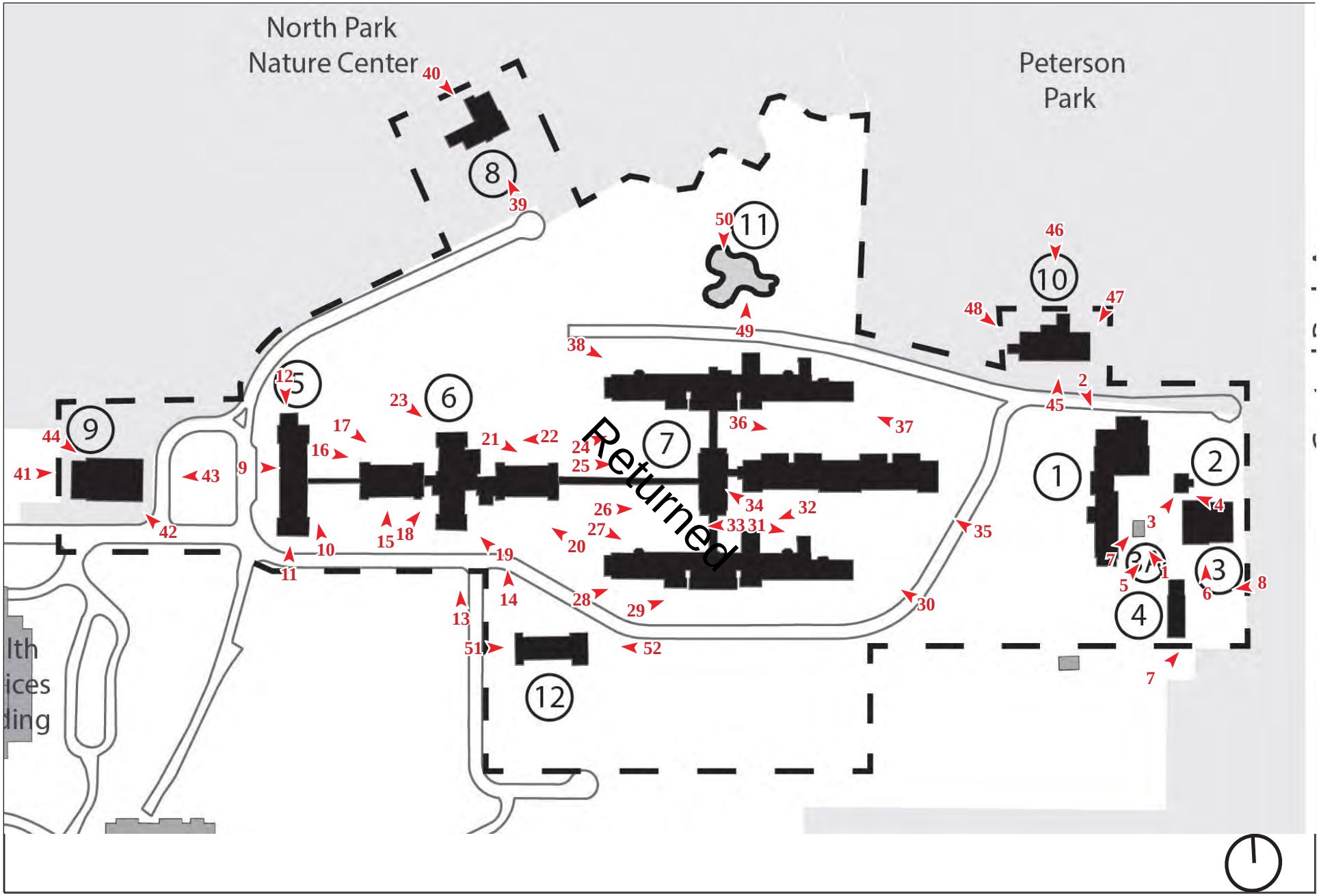
C. 41°59'5.40"N
87°43'7.29"W

D. 41°59'5.24"N
87°43'42.31"W



Chicago Municipal Tuberculosis Sanitarium

1. Power House
2. Transformer Building
3. Garage
3A. One-car Garage
4. Barn/Paint Shop
5. Administration Building
6. Dining Halls and Service Building
7. Infirmary Buildings
8. Men's Unit Administration Building
9. Auditorium Building
10. Laboratory Building
11. Children's Pool/Rock Garden
12. Church of the Sacred Heart – Lewis Memorial



MacRostie Historic Advisors
Bringing strategy, equity, and experience
to historic building development

Chicago Municipal Tuberculosis Sanitarium District
Chicago, Cook County, IL

National Register Photo Key

UNITED STATES DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES
EVALUATION/RETURN SHEET

Requested Action:	Nomination
Property Name:	Chicago Municipal Tuberculosis Sanitarium District
Multiple Name:	
State & County:	ILLINOIS, Cook

Date Received:	Date of Pending List:	Date of 16th Day:	Date of 45th Day:	Date of Weekly List:
3/26/2019	4/22/2019	5/7/2019	5/10/2019	

Reference number:	SG100003913
Nominator:	SHPO

Reason For Review:

__ Appeal	**X** PDIL	**X** Text/Data Issue
__ SHPO Request	__ Landscape	__ Photo
__ Waiver	__ National	**X** Map/Boundary
__ Resubmission	__ Mobile Resource	__ Period
X Other	__ TCP	__ Less than 50 years
	__ CLG	

_____ Accept ___**X**___ Return _____ Reject ___**5/9/2019**___ Date

Abstract/Summary Comments:	
Recommendation/ Criteria	

Reviewer Barbara Wyatt Discipline Historian

Telephone (202)354-2252 Date

DOCUMENTATION: see attached comments : No see attached SLR : No

If a nomination is returned to the nomination authority, the nomination is no longer under consideration by the National Park Service.

United States Department of the Interior
National Park Service
National Register of Historic Places
Comments
Evaluation/Return Sheet

Property Name: Chicago Tubercular Sanitarium Historic District
Property Location: Chicago, Illinois
Reference Number: 100003913
Date of Return: 5-14-19

Reason for Return
The Chicago Tubercular Sanitarium Historic District is being returned for a number of technical and substantive issues. Please note the following errors and omissions presented by the submitted nomination.

Section 5
The property is named and described as a historic district, but in Section 5 it is classified as "building(s)". Please structure this nomination entirely as a district, due to its complexity and size, and check "district" in Section 5. In Section 5, ownership is checked to be "private", but the Men's Unit #8, Lab Building #10, and Auditorium #9 are within Peterson Park. Section 5 needs to be corrected. Please confirm that the notification reflected public and private ownership.

Section 7
Site and Unnamed Resources. A number of resources located in the district are not adequately described or mapped, including paths/walks and parking lots. The nomination states that "the site today still retains the core axis of historic sanitarium buildings at the center, although the driveways, pathways, and landscaping around these buildings have been altered, with the exception of the children's pool and rock garden and new paved parking areas installed" (p. 5). Although these features may be altered, they still need to be described and evaluated. Only 12 buildings were counted as contributing resources, so Google Earth images (2018, see end of this report), historic photos, and Sanborn maps were consulted so NPS staff could have a better understanding of the site.

Section 7 begins with a description of the historic campus and notes the contributions of Simonds and Jensen, but it pays scant attention to the appearance of the nominated site today. It is impressive that the site design was influenced by both Simonds and Jensen, two nationally prominent landscape architects, with contributions from the architects and Dr. Sachs. Apparently little remains from the early period, but what remains from the period of significance, which extends to 1974? How has the site changed, particularly with the number of historic buildings removed? The site should be described using the list of landscape components included in

Bulletin 30 as a guide, including circulation and other site features. This only needs to be an overview, with specific structures, objects, and sites described in the inventory and counted. If the entire site is not considered contributing, any part of the site that is contributing should also be included in the inventory and counted. The following resources are mentioned in the nomination, but have not been adequately addressed:

Parking lots. A number of parking lots have not been identified on the site plan, described, counted as structures, or considered in the integrity evaluation. Please indicate if the parking lots are within the period of significance, and whether they are contributing or non-contributing. If noncontributing, assess their impact on integrity.

Paths and related features. The paths located in the vicinity of the Men's unit, #8, (now the nature center) need to be described, evaluated, and mapped. Were they part of the landscape plan that dates to the period of significance or are they more recent paths affiliated with the Nature Center?

The paths, stone bridges, and stone-lined stream in the vicinity of #11, the Children's Pool (see pages 16-17) are not adequately described and only the pool appears on the map. It is not clear how these resources are classified and counted. The description of this feature is more focused on Jensen than Przybyla, whose plan was built. Although interesting that Jensen had the original concept, Przybyla's plan was built in this location and the pool has a different shape and different details. The pool may "reflect Jens Jensen's original design for a children's campground and pool", but Przybyla's plan seems to reflect the site conditions and, perhaps, the functions suitable for the site he selected farther south on the property. Determine if the bridges, pool, and paths are contributing structures and if this is a contributing site.

Tunnels. Apparently, the system of tunnels is still intact, but the description is minimal. Are they considered contributing structures?

Descriptions of buildings. The buildings that remain are described as having very good exterior integrity, but the H-shaped group of infirmary buildings requires further explanation. Historic images help explain how the infirmary buildings have changed and the effect of the repurposed screen porches. Please explain the impact on the interior of these changes and the conversion to apartments.

The interiors of several of the nominated buildings are not described. For some, changes in function indicate major losses of interior integrity. For example, the infirmary complex (#7) was converted into efficiency apartments, including the construction of "four banks of four-story additions along the north elevation and an elevator tower on the west elevation" (page 13). What is left of the original interiors and what is the impact of the new construction on integrity?

What remains of the interior of the Men's Unit Administration Building since its conversion to the Nature Center? Although "excellent integrity" is claimed, this is without a description of the

interior. It seems that the conversion of the Auditorium to a gymnasium would have a major impact on interior integrity, but nothing is mentioned. Any remnants of historic features and interior integrity should be described for each of these buildings.

Integrity Statement

The integrity statement (pages 18-19) may convey an overall impression of integrity, but it seems a stretch to say that "Except for minor alterations the buildings within the Chicago Municipal Tuberculosis Sanitarium District all exhibit a high degree of integrity" (p. 19). The statement should address the losses of integrity of the site and buildings, including removals and interiors, in a straightforward way and discuss why the property is eligible *despite* losses of integrity. For any nomination this is the best path.

Section 8

The statement of significance provides an excellent description of tuberculosis and its treatment, as well as the history of the property.

Map/Site Plan

1. The site plan on page 75 should show all roads and parking, as indicated on Google Earth, as well as other features mentioned in the discussion above. All roads should be labelled by name (especially Ardmore Avenue).
2. The image on page 55 doesn't have a figure number but includes this note: "List of Figures (Resize, compact, and paste images of maps and historic documents in this section. Place captions, with figure numbers above each image. Orient maps so that north is at the top of the page, all document should be inserted with the top toward the top of the page." This message seems an error to be removed.

Section 10, Verbal Boundary Description

A few changes to the verbal boundary description would make it easier to understand. For example, could it accurately be stated that the north and west boundary of the nominated district follows the south boundary of Peterson Park, except where it diverges to encompass buildings #8, 9, and 10? On the east it seems to correspond with the park boundary some number of feet west of Central Park Avenue, and on the south it is not clear if it is following property lines or some landscape feature. Please explain.

If you have any questions, please contact me at barbara_wyatt@nps.gov.

Barbara Wyatt
National Register of Historic Places

ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Illinois Department of **Natural Resources**

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

JB Pritzker, Governor
Colleen Callahan, Director

August 6, 2019

Ms. Barbara Wyatt, National Park Service
National Register of Historic Places
1849 C Street, NW, Mail Stop 7228
Washington, DC 20240

Dear Ms. Wyatt:

Enclosed are the disks that contain the true and correct copies of the National Register nomination recommended for nomination by the Illinois Historic Sites Advisory Council at its June 28, 2019 meeting and signed by the Deputy State Historic Preservation Officer:

Downtown Rock Island Historic District, Rock Island County

PLEASE NOTE:

The revised nomination form for the Chicago Municipal Tuberculosis Sanitarium Historic District (Reference Number 100003913) is included.

Please contact me at 217/785-4324 if you need any additional information. Thank you for your attention to this matter.

Sincerely,

Andrew Heckenkamp, Coordinator, Survey and National Register program
Illinois State Historic Preservation Office/Illinois Department of Natural Resources
Attachments