WASHED ASHORE AT FORT STANTON

Healing Consumptive Sailors
The young sailor lay in bed, his eyes sunk in their sockets and his body wracked with pain. He was drowning on dry land. He sat up, struggled to clear his lungs, and began coughing uncontrollably. Trying to catch his breath, he shuddered briefly as blood poured from his mouth and nose. Tuberculosis was an excruciatingly painful way to die, and during the nineteenth century it killed thousands each year. In fact, it was the leading cause of death in America.
Lacking effective drugs, physicians instead prescribed climate. Following doctor’s orders, many patients headed to the sunny Southwest, where they lived in tents or worked on ranches, believing a vigorous life in the open air would make them stronger. Although some survived, many died. Physicians began to realize that climate alone was not sufficient and that “heroic therapy” could be dangerous. A new therapeutic regimen was desperately needed.

As the century drew to a close, an abandoned military fort in a remote section of New Mexico would help usher in a new era in the treatment of tuberculosis. Fort Stanton, ten miles from Lincoln and bounded by the snowcapped peaks of the Sierra Blanca and the El Capitan Mountains, would be the setting for the country’s first federal sanatorium. The fort, originally established in 1855 to protect settlers and travelers from marauding Apaches, now lay abandoned.

In 1896 the Department of the Interior assumed control of the property, which attracted the attention of Dr. J. O. Cobb, assistant surgeon with the Marine Hospital Service. In 1898 Cobb, at the request of the surgeon general, traveled to the Southwest in search of a suitable site in which to establish a sanatorium for consumptive sailors.

It was a bold idea—a facility designed to treat the sick and protect the well—for tuberculosis, previously viewed as hereditary, was now considered contagious. In 1882 German scientist Robert Koch had discovered *Mycobacterium tuberculosis*, the bacillus responsible for the disease. Although tuberculosis sanatoriums were already in use in Germany, the United States was slow to follow. In 1885 physician Edward L. Trudeau established the Adirondack Cottage Sanatorium. But despite its apparent success, by the turn of the century few sanatoriums had been established.

Tuberculosis, however, continued to spread. Sailors, in particular, seemed at risk, for despite the much touted benefits of sea air, hundreds of seamen suffered from the disease. To explain this anomaly, Cobb pointed out that “the sailor breathes pure air only when he is on watch, but when he ‘turns in,’ his sleeping quarters are exceedingly bad.” Moreover, he continued, “the average sailor spends a great part of his life ashore, participating in drunken brawls [and] gambling in the vile holes underground.”

Cobb returned from his journey and recommended Fort Stanton as the best site for the Marine Hospital Service sanatorium. “With its undoubted advantage of climate, a generous water supply, a large reservation, and with substantial stone buildings it is an ideal site,” he explained. At an elevation of 6,150 feet, the area had low humidity and lots of sunshine—both considered ideal in treating tuberculosis. The Rio Bonito flowed through the center of the reservation, which contained the resources needed to be self sufficient. At nearly forty-five square miles, it had more than enough land to raise beef and dairy cattle, as well to plant a truck garden. The property already included stables, silos, and barns. Plans moved forward quickly.

**On April 1, 1899,** President William McKinley issued an executive order setting Fort Stanton aside as a tuberculosis sanatorium for seamen of the Merchant Marines and Revenue Cutter Service. The Department of the Interior transferred the property to the Marine Hospital Service, which later became the Public Health Service.

Cobb was named medical director, and on November 18, 1899, Seaman Joseph Ryan, the first of twenty patients, arrived. “The Government is doing good in two ways,” wrote physician Oliver Newman. “It is giving relief . . . to afflicted men who are too poor to place themselves in private sanatoria; and it is removing to an isolated place patients infected with a readily communicable disease.” The sanatorium provided free treatment and a “decent burial” for those who died.

On December 16, 1899, John Dower became the first patient to die and be buried in the Fort Stanton Cemetery. Within the next twelve years, another 600 consumptive sailors would be buried there.

The medical director had his hands full. Paul M. Carrington, who succeeded Cobb in 1900, complained that its thirty some buildings were in a state of “deplorable dilapidation.” These included officers’ quarters, barracks, offices, and an old hospital. But, he noted, at least the walls were good. His staff struggled to repair them to accommodate the arrival of nearly 200 patients. Carrington converted the parade ground into a bluegrass lawn and added tent houses. Although the use of tents was not new, he improved the design, enlarged each house to accommodate two people, and made them livable year round. It was, he said, “a nearly perfect consumptive dwelling.”
A ward in the Marine Hospital Service Sanatorium at Fort Stanton, in Lincoln County, ca. 1920s. This hospital was replaced in 1936. Unattributed photograph. Courtesy of Fort Stanton Kids, per Danna Henderson. **Above:** "Tentville" at Fort Stanton in summer and in winter. Patients breathed plenty of fresh air, living two men to a tent, year round. “A nearly perfect consumptive dwelling,” said medical director, Dr. Paul M. Carrington. Photographs by Dr. Freach Simpson, ca. 1907–9. Courtesy Palace of the Governors Photo Archives (NMHM/DCA), Neg. Nos. 114851 and 114852.
Top left: Dr. Paul M. Carrington, the second medical director of the Fort Stanton sanatorium, ca. 1902–3. William Sundt Photograph Collection, Image No. 20901. Courtesy of the New Mexico State Records Center and Archives, 1205 Camino Carlos Rey, Santa Fe, NM 87504.

Top right: Patients who were licensed engineers enjoy a weekend picnic with staff at Fort Stanton, ca. 1920s. Unattributed photograph. Courtesy of Fort Stanton Kids, per Willett White.

Bottom: Patients, staff surgeons, and attendants enjoy the sun in front outside one of the hospital buildings (originally a military barracks) in the early 1920s. Unattributed photograph, courtesy of Fort Stanton, Inc.
The medical profession watched with interest. By this time, the army had established a similar facility at Fort Bayard, New Mexico, but as one physician explained, “The most reliable statistics come from Fort Stanton.” Cure rates, however, were far from spectacular. In 1908 Carrington reported that of the 1,337 patients treated at Fort Stanton since its inception, only 9 percent had been discharged as cured or apparently cured. More than 33 percent had died, and the rest were somewhere in between.

The fact that most patients had survived, however, was impressive, for nearly 60 percent had been in a “far advanced stage of tuberculosis” when they arrived at Fort Stanton. Territorial officials used these results to promote New Mexico during its long struggle for statehood. In his 1908 “Report to the Secretary of the Interior,” territorial governor George Curry wrote, “The splendid successes in the treatment of tuberculosis being achieved by the … Marine Hospital Service Sanatorium, at Fort Stanton, in Lincoln County, furnish constant and convincing proof of the right of New Mexico to the title of ‘the nation’s sanatorium.’”

Pulmonary tuberculosis, or consumption, typically began with a dry cough, pains in the chest, and a racing pulse. Patients in the incipient stage, as it was called, had the best prognosis. At Fort Stanton, fewer than 6 percent fell into this category. Fever, night sweats, a severe cough producing sputum, and hemorrhages indicated the disease had progressed. But acute attacks often alternated with periods of remission, for as one Fort Stanton patient explained, “This damn disease plays with a man like a cat plays with a mouse. It grabs him and lets him go and grabs him again, instead of killing him outright.”

The treatment offered at Fort Stanton helped set the standard for the time. “In the main, it consists of rest, ample food, and life in the open,” explained Carrington. “The whole gist is to build up the general tone of the body to a point where the system, of its own accord, will throw off the disease,” noted Newman. Although other procedures would be implemented, fresh air, diet, and rest remained the bedrock of treatment at Fort Stanton for the next fifty years.

Although this therapy seemed simple, implementing it was not. As Cobb reported, “To get the patients constantly in the open air has been a most vexatious problem. Most of them came here from hospitals which were heated by steam and would have rebelled had they been put in the open air to sleep immediately.” Fort Stanton, however, had a bevy of nurses to ensure that their charges stayed outside during the day and in ventilated rooms at night.

The cure also required consuming copious amounts of food. Tuberculosis literally consumed the body, and gaining weight became an important indicator of progress. But for someone with little appetite, facing a breakfast of oatmeal, bacon, fried and boiled eggs, fried potatoes, wheat cakes, bread, and milk could be daunting. Lunch and dinner were even larger. In between meals, patients were plied with more eggs and milk.

Much of their food came from the farm, for Fort Stanton produced its own beef, milk, eggs, and vegetables. Patients complained about the diet, but the regimen worked. Carrington reported that between October and December 1902, patients gained an average of 4.6 pounds. Carrington himself had been a “stage one consumptive” when he took command of Fort Stanton in 1900. Two years later a colleague described him as a “ruddy-cheeked man, weighing a few pounds less than two hundred … and now in perfect health.” By 1912 the average caloric intake of ambulatory patients resembled that of the farmhands—4,026 calories per day.

Rest, the third component of treatment, was a radical departure from the earlier emphasis on “roughing it.” “A body in which the vitality is badly impaired should not be taxed further,” warned Newman. At Fort Stanton, morning and afternoon rest periods were strictly observed. As patients improved, restrictions were relaxed, and graduated exercise was permitted.

A person who made significant progress might be offered a job. In fact, a patient was not discharged as “apparently cured” unless he had worked for two months without a relapse. Some weeded or washed dishes, while others worked as clerks or barbers. Some became permanent employees. Both the postmaster and chief engineer had been patients.

Life at Fort Stanton was highly regimented. Upon arrival, patients were instructed in “sanitary precautions.” Each was given two sputum cups—one for his room, and a portable pocket flask, for spitting on the ground was strictly forbidden. This proved challenging. As one sailor remarked, “I would like to see a man who could spit in that small opening in a stiff gale.”
Patients were expected to follow the rules and to do so cheerfully, for physicians believed that a positive outlook was essential to the cure. This proved challenging, for most patients were under thirty-five. Treatment averaged eighteen months, and they got bored. As Cobb explained, “While they are running fever or otherwise doing badly, I have no trouble, but just as soon as they begin to get well they become restless for the water again.” Unhappy patients were more likely to leave or, at best, engage in unsuitable activities in town. As physician James Laws observed, “When sailors left the Fort for Capitan or Lincoln, they spoke of the experience as going ashore and often returned gloriously drunk.”

To keep patients amused, Fort Stanton started a library, acquired three croquet sets, and built a golf course. “Religious exercises are held twice each week,” reported Carrington, “and occasional concerts relieve to some extent the monotony of life.” So did playing cards, walking, shooting, and riding horses, which he explained, were better than “having them brood and mope.” Eventually, movies were shown, the Seaman’s Social Club was built, and occupational therapy was added.

The sailors, however, were not the only patients. By 1908 the sanatorium had treated fifty-eight consumptive employees, including Carrington himself, who cited his recovery as proof of the program’s success. Consumptives seeking employment frequently applied to Fort Stanton because it afforded an opportunity for people otherwise ineligible for admission to receive treatment in what was reputedly the best climate in the country. One such applicant was James Laws, a young physician from Memphis, Tennessee. Diagnosed with tuberculosis, he applied to Fort Stanton, where he was assigned to the officer’s mess. His companions, he explained, were “political consumptives”—men who got jobs at the sanatorium through their political pull in order to get treatment.

An intense camaraderie developed among the group, who used humor to cope with their illness. Architect J. Ross Thomas, who remodeled the fort’s old buildings between bouts of tuberculosis, told his comrades, “I have long since quit breathing with my lungs and now breathe with my stomach.” When his friends expressed concern, he replied, “Don’t you worry over me, Brother. I have fooled the undertakers so many times they have gotten to where they won’t speak to me, and my relations with the florist [are] strained.”

Ross eventually left Fort Stanton to become professor of mathematics at the New Mexico Military Institute in Roswell. James Laws moved to Lincoln, where he established the Ranch Sanatorium.

Fort Stanton also brought jobs, emergency medical care, and entertainment to the region. Its Fourth of July rodeo attracted hundreds of local residents, who also came to watch sailors and staff play baseball against neighboring teams. The fort had become a vital part of the community. It was a good-sized town itself, for it took more than 150 doctors, nurses, technicians, and support staff to run the facility. Employees had their own community center. Their children attended elementary school at the fort and enjoyed “a playground that covered almost 49 square miles.”

Despite its isolation, the depression that gripped the nation during the 1930s deeply impacted the fort. By this time, tuberculosis rates had declined nationwide. Whether the decrease stemmed from improved sanitation, treatment, or the natural epidemic cycle is not clear. But one thing is certain: climate was no longer considered a panacea. In fact, some physicians suggested a link between high elevation and pulmonary hemorrhages. Regardless, most agreed that it was the treatment regimen, not its location, that was critical. In addition to fresh air, diet, and rest, the regimen now included surgical interventions such as artificial pneumothorax—the deliberate collapse of a diseased lung to allow it to rest and heal.

By 1930 thousands of patients had been treated at Fort Stanton. The sheer volume of activity had taken a toll on its physical plant, which was in serious need of improvement. But unlike other communities, Fort Stanton was afforded unprecedented opportunities for expansion. Roosevelt’s New Deal programs provided funds for the repair of old buildings, the construction of new ones, and the labor for many other improvements. In 1935 a new power plant and laundry building were added. In 1936 a ninety-two-bed hospital—the first in the state with an electric elevator—was completed. The tent-houses were replaced with wooden cottages. The Works Progress Administration funded
Top: Patients play cards at the Seamen’s Social Club (since destroyed in a fire) at Fort Stanton, ca. 1940s. Unattributed photograph, courtesy of Fort Stanton, Inc.

Bottom: Southwest basket weaving was part of the occupational therapy program at Fort Stanton. This patient is inside one of the closed cottages (or “shacks”) that eventually replaced the tents. (Smoking, though not considered therapeutic, was permitted.) Unattributed photograph, ca. 1930s–40s. Courtesy of Fort Stanton Kids, per Danna Henderson.
The U.S. Public Health Service Cemetery, established by the Marine Hospital Service 1899 at Fort Stanton, and today part of the Fort Stanton State Monument. A “decent burial” was provided to sailors who died at the Fort Stanton sanatorium. Photograph by Jonathan Lewis, 2008.
the construction of two silos at the farm, a concrete bridge over the Rio Bonito, and a new road. Civilian Conservation Corps (CCC) workers, housed in a camp on the fort, repaired roads, dug ditches, planted trees, and drilled wells. In 1940 a new nurses’ residence, built in the Spanish-Pueblo Revival style, was completed.

World War II brought an end to these programs. In 1941 the former CCC camp became an internment camp for 410 displaced German seamen from a scuttled luxury liner, the SS Columbus. Later regarded as enemy aliens, the Germans built shops, a swimming pool, and a gymnasium, all of which were turned over to the sanatorium at the end of the war. Employees and their children were soon playing basketball in the gym and swimming in the pool. Other buildings were used for staff housing.

The most profound change to Fort Stanton was instigated not by war but by a medical breakthrough that eventually rendered sanatoriums obsolete. During the mid-1940s, streptomycin was discovered, followed by other drugs that proved highly effective in treating tuberculosis. At first sanatoriums added these drugs to their medical arsenal, but physicians soon realized that they could be administered just as effectively through outpatient clinics. The handwriting was on the wall.

On May 28, 1953, officials received word that Fort Stanton Hospital would be closing within a month. A few weeks later, they learned that its buildings, equipment, and more than 1,320 acres would be turned over to the state of New Mexico for use as a tuberculosis hospital. On June 20, the last patient, Virgil E. Wilmot, was taken to a hospital in New Orleans. On June 30 a short ceremony marked the transfer of the sanatorium to New Mexico.

For the next thirteen years, the facility provided treatment for local residents. Originally established to accommodate the “overflow” from the state sanatorium in Socorro, it also treated Navajo patients through a contract with the Indian Health Service. But with the establishment of outpatient clinics, the numbers dwindled, and in 1966 the Fort Stanton Tuberculosis Hospital closed. A healing tradition that had started sixty-seven years earlier with consumptive sailors had finally come to an end.

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Sources Cited


visiting FORT STANTON

Fort Stanton’s new museum includes many artifacts, documents, and photos from the decades when the fort was a tuberculosis hospital. The museum is open Monday and Thursday through Saturday, 10:00 AM to 4:00 PM, and Sunday, noon to 4:00 PM. Admission is free, but donations are welcome. Because Fort Stanton restoration is ongoing, many historic buildings can be appreciated only from outside. For tours and information about special events, call (575) 354-0341 or visit www.fortstanton.com.

Fort Stanton offers sixty miles of hiking, horseback, and mountain bike trails, and camping is allowed. Fort Stanton Cave has thirteen miles of mapped passages open seasonally for recreational caving under permit from the Bureau of Land Management. For more information on outdoor recreation at the fort, call the BLM Roswell Field Office at (575) 627-0272, or download a brochure at www.blm.gov/nm/. A trip to Fort Stanton State Monument is easily combined with a trip to Lincoln State Monument, only thirteen miles away. Lincoln State Monument boasts many historic buildings and a visitor’s center, open seven days a week, 8:30 AM to 4:30 PM (closed some holidays). For more details, visit www.nmmonuments.org or call (575) 653-4372.