

SAVING CHILDREN FROM THE WHITE PLAGUE:
THE MARION COUNTY TUBERCULOSIS ASSOCIATION'S CRUSADE AGAINST
TUBERCULOSIS, 1911-1936

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Abbreviations

Abbreviations found in the text:

MCTA	Marion County Tuberculosis Association
ITA	Indiana Tuberculosis Association
NTA	National Tuberculosis Association
WIC	Woman's Improvement Club

Abbreviations found in the citations:

MCTA	Marion County Tuberculosis Association Records
ALA	American Lung Association Records
WIC	Woman's Improvement Club Records
ALC	Alpha Latreian Club Records

Chapter 1: Tuberculosis in America

At the end of the nineteenth century, Americans feared tuberculosis (hereafter abbreviated TB) as a deadly and insidious disease, one of the leading causes of death in the United States. In an attempt to decrease tuberculosis mortality and control the disease, Americans undertook a number of initiatives to combat TB beginning in the late 1880s that continued through the mid-twentieth century, when antibiotics that effectively treated the disease were discovered. These efforts constituted an anti-tuberculosis movement that can be defined as a sustained crusade to decrease TB mortality and eradicate the disease by voluntary health organizations, government agencies, charities, medical societies, doctors, and members of the public. They worked at the local, state, and national levels using a variety of methods, especially education, that focused on preventing the spread of the disease. The American anti-tuberculosis movement was part of broader public health reform efforts in the nineteenth century inspired and enabled by new medical discoveries, as this chapter will later illustrate.

Residents of Indianapolis and Marion County shared in the mortality and fear generated by tuberculosis and they participated in the anti-tuberculosis movement with the rest of the nation. TB ranked as the number one cause of death in Indianapolis in 1910.¹ A year later in 1911 physicians and lay members of the Marion County public decided to join the burgeoning anti-tuberculosis movement by forming a voluntary health organization to combat the disease called the Marion County Tuberculosis Association

¹ David J. Bodenhamer and Robert G. Barrows, eds., "Table 12: Resident Death by Age and Cause of Death in Indianapolis: 1910," *The Encyclopedia of Indianapolis* (Bloomington: Indiana University Press, 1994), 1513.

(MCTA).² The MCTA's mission was to eliminate the disease, and to do so it embraced many of the same goals and methods as the anti-tuberculosis movement as a whole.

To fulfill its mission, the MCTA ran a variety of public education campaigns to teach people of all ages about the causes of, treatments for, and proper preventive measures to take against tuberculosis. It lobbied Indianapolis and Marion County governments to open TB clinics and a county tuberculosis sanatorium so that consumptives, as tuberculosis patients were called, had access to medical care and so that the spread of the disease could be checked. The organization also cooperated with other groups to fight tuberculosis including local agencies, the Indiana Board of Health, the Indiana Tuberculosis Association (ITA), and the National Tuberculosis Association (NTA).

One aspect of the MCTA's activities came to dominate its mission and resources within a few years of its establishment, that of child health education. In this emphasis the association differed from other organizations in the anti-tuberculosis movement that recognized the need to improve child health but never designated it as *the* number one priority like the MCTA. This thesis will examine the first twenty-five years of the MCTA to analyze how and why the organization elevated child health and child health education to such a high priority as a means of controlling and eradicating tuberculosis in Indianapolis and Marion County.

² The group's name was originally the Marion County Society for the Study and Prevention of Tuberculosis. It was subsequently changed to the Marion County Society for the Prevention of Tuberculosis in 1914, then changed again to the Marion County Tuberculosis Association in 1920. For simplicity's sake, the organization will be referred to as the Marion County Tuberculosis Association, or MCTA, throughout this paper. Hazel E. Randolph, "A History of Marion County Tuberculosis Association, 1913-1923" (Master's thesis, Indiana University, 1950), 56.

There are three reasons why the MCTA focused so much attention on child health. First, around the time that the group was founded, the anti-tuberculosis movement came to recognize that most TB patients were initially infected as children and that children were not as immune to the disease as previously believed. Thus, if children's health could be improved, they would be more resistant to both the disease's initial infection as well as subsequent reactivation and less likely to die from tuberculosis later in life. Anti-tuberculosis groups, including the MCTA, therefore promoted child health as a means of limiting TB mortality. Second, and more importantly, MCTA leaders cared deeply about child health and their individual convictions and interests in child welfare influenced the direction of the association's mission. Thirdly, the MCTA judged that adequate child health education programs did not exist in Marion County and correspondingly developed those needed programs.

During its first twelve years, the MCTA's child health education programs focused on reaching children directly via schools. The group supported fresh air schools, where screened classrooms provided students with ample healthy fresh air all year round. Group members and staff ran the Modern Health Crusade, an NTA-designed program promoting health and hygiene. Children performed a variety of health chores like washing their hands and earned the status of knights, like a medieval crusade. Association nurses and doctors also delivered health talks to schoolchildren.

As the MCTA continued its programming into the mid-1920s, it refined its child health education program to address the evolving needs of the Indianapolis and Marion County community and to reflect new trends in the anti-tuberculosis movement. For example, it decreased its involvement in fresh air schools in favor of nutrition education

in schools and at summer camps. As city and county governments increased their funding and recognized the value of MCTA's programs, such as fresh air schools and health education, their boards of health and education assumed control of these programs. This freed the group's resources to be used elsewhere, including in nutrition work. The broader anti-tuberculosis movement exhibited a strong interest in child nutrition in the 1910s and 1920s, which also influenced the MCTA's focus on nutrition.³

During the mid-to-late 1920s, the MCTA also refined its programs by scaling back its direct education of school students in favor of providing teachers with educational materials and training in how to teach health. The organization realized that with so many students in the city and county schools, it could not reach them all. Instead, it could better educate all of the children by preparing their teachers to teach tuberculosis and health topics. By 1936, these refinements had adjusted the MCTA's child health education programming, but children were still the organization's top priority.

Tuberculosis: The White Plague

The MCTA and other anti-tuberculosis agencies had good reason to fear the disease. It was seemingly ever present and killed a significant number of people each year. Although TB had maintained a high mortality rate since at least the mid-nineteenth century, an active campaign to eradicate the disease did not begin until Robert Koch identified the bacillus that caused tuberculosis in 1882. That knowledge galvanized physicians and concerned citizens to unite to fight the disease in a worldwide anti-tuberculosis movement.

³ Georgina D. Feldberg, *Disease and Class: Tuberculosis and the Shaping of Modern North American Society* (New Brunswick, NJ: Rutgers University Press, 1995), 110.

Tuberculosis was the leading cause of death in nineteenth-century America, calculated as the cause of death for between 16 percent and 20 percent of all Americans.⁴ By 1900, it had fallen to the second leading cause of death nationwide, surpassed only by pneumonia and influenza (the two were grouped together).⁵ This high mortality rate plus new scientific knowledge about TB resulted in new medical, social, and cultural perceptions of the disease in the late nineteenth century that sparked a reform movement to end the public health threat posed by tuberculosis.

Tuberculosis, a communicable disease, is caused by the tubercle bacillus. Pulmonary TB was and is the most common form of the disease, which attacks the lungs. The bacilli are spread when an infected person talks or sneezes and expels the germs with spit or sputum which can be inhaled by others nearby. While most of the bacilli are never inhaled or are trapped in nasal passages, some settle in the lungs and begin to multiply. In this initial infection, the body recognizes the threat and encloses the bacilli in tubercles. Thus contained, the disease can lay in quiescence for years. If the body is weakened through malnutrition or sickness, the bacilli may break free and begin again to multiply and attack lung tissue. Once this occurs, a person is diagnosed with an active case of tuberculosis. Other forms of tuberculosis exist that affect other parts of the body.

⁴ In addition to tuberculosis, the disease was also known as consumption and phthisis in the late nineteenth and early twentieth centuries. Esmond R. Long, "The Decline of Tuberculosis as the Chief Cause of Death," *Proceedings of the American Philosophical Society* 92, no. 3 (July 19, 1948): 141.

⁵ Tuberculosis mortality varied by region, so that even though tuberculosis was second nationwide, it was still first in Indianapolis. Barbara Gutmann Rosenkrantz, ed., *From Consumption to Tuberculosis: A Documentary History* (New York: Garland Publishing, 1994), 3.

For example, meningeal tuberculosis attacks the brain while lupus is tuberculosis of the skin.⁶

TB was not a new disease in nineteenth-century America. It affected cultures from ancient Mesopotamia, Greece, and Rome through medieval Europe as well as indigenous Native American societies in the sixteenth and seventeenth centuries.⁷ By the nineteenth century, tuberculosis was a familiar disease to Western nations, which held certain medical and social ideas about it. By the end of the century, however, new scientific knowledge turned many of these concepts on their heads. As these concepts evolved, so too did the West's attitudes and approach to tuberculosis and consumptives.

During the first two-thirds of the nineteenth century, doctors debated the cause of diseases, including tuberculosis. One reason for the disagreement was the ongoing debate in America between the miasmatic theory of disease and germ theory. The miasmatic theory, dominant for much of the nineteenth century, stated that diseases were caused when people breathed air contaminated with noxious substances emanating from putrefying matter; in other words, dirt and filth cause disease. Louis Pasteur introduced germ theory in 1878 to the French Academy of Medicine when he argued that microbes caused disease. Americans debated the veracity of germ theory and it was not fully accepted nationwide in the United States until the end of the nineteenth century.

Due to these debates, there was no clear consensus on the causes of tuberculosis during most of the nineteenth century. In 1881, August Flint and William H. Welch published the fifth edition of their medical textbook, *The Principles and Practice of*

⁶ Barbara Bates, *Bargaining for Life: A Social History of Tuberculosis, 1876-1938* (Philadelphia: University of Pennsylvania Press, 1992), 7-8; Rene Dubos and Jean Dubos, *The White Plague: Tuberculosis, Man, and Society* (New Brunswick, NJ: Rutgers University Press, 1952), 4.

⁷ Long, "The Decline of Tuberculosis," 139-140.

Medicine. It listed “hereditary disposition,” poor climate, a sedentary indoor life, bad ventilation, poor light, and “depressing emotions” as causes of TB.⁸ The authors denied that the disease was communicable, although other physicians argued that it was.⁹ One doctor who believed tuberculosis was communicable was French army surgeon Jean-Antoine Villemin, who in 1861 proved that TB could be transmitted from animal to animal.¹⁰

In 1882 German medical researcher Robert Koch identified the bacillus that caused tuberculosis.¹¹ His research revolutionized medical concepts about the disease, but like so many other new theories, American physicians and scientists debated and replicated Koch’s work until it was accepted in America by 1900.¹² Once Americans understood what caused TB, that infection and death were not inevitable but preventable, their cultural and social ideas about the disease began to change, and medicine and society looked for ways to prevent TB.

Tuberculosis treatments followed from physicians’ understanding of the disease. During most of the nineteenth century, because many doctors believed that environmental conditions like dirt and air quality caused tuberculosis, they recommended patients recover in healthy settings outside of filthy cities. In America, some recommended that patients travel west in search of those ideal climates.¹³

⁸ Dubos, 69.

⁹ Hereditary disposition, also known as constitutional disposition, meant that some individual were predisposed to acquire tuberculosis. Katherine Ott, *Fevered Lives: Tuberculosis in American Culture since 1870* (Cambridge, MA: Harvard University Press, 1996), 16-17.

¹⁰ Feldberg, 11.

¹¹ Feldberg, 37.

¹² Richard Harrison Shryock, *National Tuberculosis Association 1904-1954: A Study of the Voluntary Health Movement in the United States* (New York: National Tuberculosis Association, 1957), 25. Ott, 57.

¹³ Ott, 39, 40.

Sanatoria developed as key treatment centers for tuberculosis patients in the late nineteenth century. Sanatoria first began in Europe as a way to treat and cure TB with a healthy lifestyle: plenty of fresh air, lots of rest, and a healthy diet.¹⁴ The concept then spread to America and the first sanatorium in the United States opened in Asheville, North Carolina, in 1875. By 1910, America had over 400 tuberculosis hospitals and sanatoria. The American anti-tuberculosis movement embraced the idea of isolating TB patients in sanatoria to help prevent the spread of the disease. But proponents also believed that providing tuberculosis patients with rest, plenty of fresh air, and plenty of food in an appropriate climate at sanatoria would arrest and cure their TB. As the twentieth century progressed, physicians no longer recommended that patients travel west in search of a cure. Instead they recommended that their patients seek admittance at a county or state sanatorium. Twentieth century treatments also expanded to include surgery, such as artificial pneumothorax, collapsing a lung to let it rest and recover from tuberculosis.¹⁵

The Start of the Anti-Tuberculosis Movement

Koch's discovery of the tubercle bacillus and the growing consensus that TB was communicable ended a "popular apathy" towards the disease.¹⁶ In its place people now feared this preventable disease with a devastatingly high mortality. These evolving

¹⁴ Dubos, 174-176.

¹⁵ Shryock, 28, 47, 113, 115.

¹⁶ Prior to Koch's discovery of the tubercle bacillus, people accepted the endemic disease as a fact of life and "inherent in the nature of things." During the nineteenth century, Western middle and upper class society also saw tuberculosis as a romantic disease. For example, the ill became thin and pale with flushed cheeks, approaching the era's ideals of beauty. Many Romantic poets and writers suffered from tuberculosis and wrote about their experiences, propagating this romantic image. Shryock, 39-40, 47-48.

medical, social, and cultural ideas about tuberculosis combined to motivate the middle class to create an anti-tuberculosis movement dedicated to eliminating the disease.

In Europe, national anti-tuberculosis efforts began as early as 1891 when France founded a national association. Germany followed suit in 1895, Belgium in 1898, and Portugal and Italy in 1899. By the early twentieth century, the movement spread worldwide. Canada began a national anti-tuberculosis association in 1900, followed by Denmark and Australia in 1901, Sweden in 1904, Japan in 1908, and Norway and Russia in 1910.¹⁷

Britain's National Association for the Prevention of Tuberculosis began in 1898 with the goals of educating the public, opening TB facilities for the infected, and eradicating bovine tuberculosis. Historian Linda Bryder examined the motivations of those in the movement. She credited Koch's discovery of the tubercle bacillus as a catalyst for the anti-tuberculosis movement in Britain, writing that once Britons knew what caused the disease, they believed they could prevent it. However, she contended that Britain's main reason for waging an anti-tuberculosis battle was to increase national efficiency in the economy and to maintain its Empire and world status. Contemporaries lamented the loss of life, but researched the cost of TB in terms of loss of workers in the economy and the cost of medical care.¹⁸ American motivations seem to have differed as physicians and anti-tuberculosis workers concentrated on stopping the tremendous loss of life due to tuberculosis and eliminating the public health threat that TB posed to American communities. The tuberculosis movement in the United States focused less on broadly improving society and the economy than it did on improving its collective health.

¹⁷ Linda Bryder, *Below the Magic Mountain: A Social History of Tuberculosis in Twentieth-Century Britain* (Oxford: Clarendon Press, 1988), 15.

¹⁸ Bryder, 5, 15-17, 22.

The American anti-tuberculosis movement began in the 1880s. Progressive Era reform ideas about using public health measures and sanitation to improve society influenced the goals and activities of anti-tuberculosis organizations. For example, progressives thought that government could regulate society and public health via legislation like requiring doctors to report TB cases. Scientific philanthropy also influenced the movement through the efforts of the professional staffs of many organizations and the extensive and meticulous planning they undertook.¹⁹ By the end of the First World War the American anti-tuberculosis movement reached nation-wide. It continued through the mid-twentieth century until people were convinced that TB had been defeated by antibiotics. The American movement initially operated at city and state levels in the nineteenth century and only reached the national level in the twentieth century.

Historians recognize that the New York City Metropolitan Board of Health's public health campaign against TB in 1889 marked the start of the American anti-tuberculosis movement. That year Dr. Herman Biggs, head of the Board's bacteriology lab, Dr. Alfred Loomis, and Dr. T. Mitchell Prudden issued a *Report on the Prevention of Pulmonary Tuberculosis*. In July 1889, the Board acted on recommendations in the report and issued a circular to the public entitled "Rules to be Observed for the Prevention of Tuberculosis." By 1894, the Board had acquiesced to Biggs' requests for public education campaigns, reporting tuberculosis cases, hiring special inspectors, holding bacteriological exams for suspected cases, and opening TB hospital facilities.²⁰

¹⁹ William Trattner, *From Poor Law to Welfare State: A History of Social Welfare in America*, 6th ed., (New York: The Free Press, 1989), 94.

²⁰ Ira Cohen and Ann Elder, "Major Cities and Disease Crises: A Comparative Perspective," *Social Science History* 13, no. 1 (Spring 1989), 30-1.

In 1897, the city sanitary code required physicians to report tuberculosis cases, whereas most cities did not pass such ordinances until after 1900.²¹ By 1897, twenty-four state boards of health had issued circulars similar to New York City's or conducted other anti-tuberculosis educational work, including Indiana.²²

Although the New York City Board was the first governmental agency to commence anti-tuberculosis work, voluntary associations initiated most of the anti-tuberculosis work in America. Inadequate budgets, narrow mandates, and a wide range of sanitary and public health concerns limited the actions of many city, county, and state boards of health. In their place voluntary agencies with members and means of fundraising stepped in to conduct anti-tuberculosis work in the nineteenth and early twentieth centuries. These voluntary agencies encouraged local health boards to expand their anti-tuberculosis work and lobbied governments to increase funding to health boards. As boards of health increased their funding in the twentieth century and as they came to recognize the value in the programs begun by voluntary associations, these agencies took over many of these programs. Indianapolis followed this trend and the MCTA began many health programs when the city and county health boards could not because they lacked the necessary resources. Many programs that the MCTA began were later taken over by the city or county health board when their funding allowed.

Dr. Lawrence Flick and other community partners started the first voluntary anti-tuberculosis organization in 1892 in Philadelphia: the Pennsylvania Society for the Prevention of Tuberculosis. The Pennsylvania Society conducted some early direct relief

²¹ The delay was usually due to opposition from doctors because they felt it breached doctor-patient confidentiality. Godias J. Drolet and Anthony M. Lowell, *A Half Century's Progress Against Tuberculosis in New York City, 1900-1950* (New York Tuberculosis and Health Association, 1952), xxii; Feldberg, 84.

²² Michael E. Teller, *The Tuberculosis Movement: A Public Health Campaign in the Progressive Era* (New York: Greenwood Press, 1988), 21.

measures to assist TB patients, conducted educational programs, and worked to open a sanatorium.²³ In 1902, Henry Phipps, formerly a partner of Andrew Carnegie in the iron and steel business in Pittsburgh, endowed a research institute in Philadelphia, the Henry Phipps Institute for the Study, Treatment, and Prevention of Tuberculosis.²⁴ Such philanthropic support from wealthy patrons was unusual in campaigns against TB, although it was more common in the early years of the movement.

These early actions established the character of the anti-tuberculosis movement. Voluntary associations of middle class doctors and lay members of the public along with governmental agencies working at the local and state levels worked with physicians and sanatoria to fight the disease. Medical historian Richard Shryock concluded that this partnership between the medical establishment and the public via voluntary associations was a “novel” feature of the American movement compared to other countries, because of the popularity of voluntary organizations and the American perception that tuberculosis was not just a medical problem, but a social and moral one as well.²⁵

The American Anti-Tuberculosis Movement in the Twentieth Century

The anti-tuberculosis movement picked up speed and effectiveness in the United States in the twentieth century as a national organization was formed, additional local and state groups started, and more state and local health boards became involved. By the end of the First World War, the movement reached coast to coast.

²³ Bates, 16, 22, 254, 275.

²⁴ The Institute included a dispensary, hospital, and research laboratory. In 1910 the University of Pennsylvania assumed control of the Institute. Shryock, 54. Bates, 99-101, 132.

²⁵ Shryock, 55, 57.

The NTA formed in 1904 in New York City among competition between existing regional and quasi-national groups for the honor of becoming *the* national anti-tuberculosis group. But the NTA prevailed, partly due to the prestige of the physicians and scientists who formed it, including Dr. Lawrence Flick, Herman Biggs, William Welch, dean of the Johns Hopkins medical school, and Edward Trudeau, founder of the famed sanatorium at Saranac Lake, New York. Founders and members were both doctors and members of the public, although physicians initially dominated the membership.²⁶ Its goals were to study the disease; disseminate information about its causes, treatments, and prevention to the American public; and encourage prevention and scientific treatment of tuberculosis.²⁷ State and local associations were encouraged to affiliate with the NTA, but they remained largely autonomous. The NTA's early educational efforts focused on teaching the public how to avoid exposure to TB, and it campaigned against spitting, dust, and the use of a common drinking cup at public water fountains, all thought to spread tuberculosis germs. It did not initially include general hygiene, as it later would.²⁸

In order to fund these activities, the NTA and other early anti-tuberculosis groups relied on volunteers and financial donations.²⁹ Then in 1907 the American anti-tuberculosis movement struck gold with its first sale of Christmas seals. Each year, starting the day after Thanksgiving, anti-tuberculosis societies sold one-cent seals or stickers which could be used to decorate envelopes during the holiday season. Local

²⁶ The NTA was originally called the National Association for the Study and Prevention of Tuberculosis. It changed the name to the NTA in 1918. Shryock, 69-77.

²⁷ Esmond R. Long, "Development of the Voluntary Health Movement in America as Illustrated in the Pioneer National Tuberculosis Association," *Proceedings of the American Philosophical Society* 101, No. 2 (April 19, 1957): 143.

²⁸ Shryock, 84, 86.

²⁹ Shryock, 80.

anti-tuberculosis associations conducted the sale and kept about eighty percent of the profits, forwarding the remaining twenty percent on to their state associations and the NTA.³⁰ The Christmas Seal Sale quickly became the primary means of fundraising for voluntary anti-tuberculosis groups and was an extremely effective tool. It provided the NTA and local anti-tuberculosis societies with the bulk of their annual budgets. Writing in 1961, author Richard Carter succinctly described the success of the seals when he wrote that “The mere mention of Christmas Seals is enough to make fund-raisers for other voluntary agencies sob with envy.”³¹

The Christmas Seal Sale began in 1904 in Denmark when postmaster Einar Holboell used Christmas stamps as an anti-tuberculosis fundraiser. Emily P. Bissell, secretary for the Delaware Red Cross, read an article by Jacob Riis who suggested America duplicate the Danish idea.³² Bissell held the first seal sale in Delaware in 1907 and raised \$3,000 for TB work. The Red Cross took over the sale in 1908 and spread it nationwide. In 1910, the Red Cross and the NTA partnered on the sale and continued to do so until 1920 when the NTA assumed control of the whole sale. The Christmas seal sale garnered \$250,000 in 1909, and by 1917 earnings totaled \$1.8 million. Revenue from the seal sale continued to increase until the onset of the Great Depression when income then decreased. It began to rise again by the mid-to-late 1930s.³³

Additional state and local anti-tuberculosis associations formed in the early twentieth century following the creation of the NTA, and more health boards became

³⁰ M.A. Auerbach to County Associations, 17 October 1933, Marion County Tuberculosis Association Records 1913-1949, Indiana Historical Society, Indianapolis, Indiana, Box 1, Folder 3; Long, “Development of the Voluntary Health Movement,” 144-5; Shryock, 131.

³¹ Richard Carter, *The Gentle Legions: National Voluntary Health Organizations in America* (New Brunswick: Transactions, 1992; originally published by Doubleday, 1961), 75.

³² Shryock, 127; Carter, 75-76.

³³ Shryock, 223, 225.

involved in anti-tuberculosis work. By 1904, there were four state and local voluntary groups in Massachusetts, four in New York, three in Pennsylvania, two in Vermont, two in New Hampshire, two in Ohio, two in Illinois, two in Minnesota, two in Georgia, and two in California. By 1909 there were thirty-two statewide groups and by 1917 all fifty states had a state anti-tuberculosis association.³⁴ The ITA and the Indiana Board of Health reflected this twentieth century expansion of the anti-tuberculosis movement. These two groups embodied the voluntary and the government aspects of the anti-tuberculosis movement, and the goals and priorities of each are representative of the broader movement.

Concerned Indiana citizens first attempted to form a voluntary state association in 1904; however, the ITA soon failed due to a lack of funds.³⁵ Interested members tried to restart the organization in 1907 and conducted limited anti-tuberculosis work in Indianapolis. The ITA reorganized in 1911 and finally got on its feet after a meeting with a representative from the NTA. The ITA began to raise funds that year via the seal sale and held its first annual meeting in 1912. In 1914 it appointed a full time executive secretary. The ITA lobbied state officials for a state sanatorium, TB hospital beds, anti-tuberculosis legislation, and funding for tuberculosis work; educated physicians about the disease; and conducted public education campaigns. As the state association, the ITA also coordinated efforts with the NTA, Indiana State Board of Health, and county associations.³⁶

³⁴ Shryock, 67, 120.

³⁵ The ITA's original name was the Indiana Society for the Prevention of Tuberculosis.

³⁶ "Collection Guide: Historical Sketch," American Lung Association of Indiana Records 1904-1980, Indiana Historical Society, Indianapolis, Indiana, Box 1, Folder 1 [hereafter abbreviated ALA Records]; ITA annual meeting minutes from April 1935, ALA Records, Box 2, Folder 7; minutes from the meetings

In addition to voluntary associations like the ITA, more local and state health boards joined the anti-tuberculosis movement in the twentieth century, including the Indiana Board of Health. The state Board of Health was established in 1881, but really only became an effective force with the appointment of John N. Hurty as secretary in 1896.³⁷ Led by Hurty, the Board of Health began to take steps against TB in 1900 when it issued 10,000 copies of an eight-page circular to tuberculosis patients. It periodically reissued the circular over the next twenty years, rewriting it to focus on prevention. The Board also used traveling exhibits to educate the public about the disease and prevention methods. The Board of Health launched its first exhibit in 1907, which traveled to each county seat with a staff member who presented a lecture along with it. The Board of Health also began publishing a *Monthly Bulletin* for the state's health workers starting in 1899. Issues contained information on infectious diseases like TB, pure food and drug acts, the bacteriological lab, and sanitation. The subject of tuberculosis was of such importance that each issue contained at least one article or story about the disease. The board asked the state legislature to construct a state tuberculosis sanatorium in 1901. The legislature finally agreed to fund a state sanatorium in 1907, and the Rockville state sanatorium in Parke County opened in 1911.³⁸ It reserved twelve beds out of 100 for Marion County patients.³⁹ The Board of Health's actions in 1900 were some of the first steps taken in Indianapolis in the campaign against TB.

of the ITA Board of Directors and the ITA Executive Committee from 1930-1935, ALA Records, Box 1, Folder 1.

³⁷ Thurman B. Rice, *The Hoosier Health Officer: A Biography of Dr. J.N. Hurty* (Indianapolis: Indiana Board of Health, 1946), 69-70.

³⁸ Indiana State Board of Health, *Monthly Bulletin* 22, no. 10 (October 1919): 5-6, Indiana Memory, <http://www.in.gov/memories/index.html> (accessed 30 November 2009).

³⁹ Marion County Tuberculosis Association, *25 Years of Service* (Indianapolis: MCTA, 1939), 7; Harriett Salinger Iglauer, *The Program for the Control and Prevention of Tuberculosis in Indiana* (Indianapolis, Indiana Tuberculosis Association, 1943), 24, in ALA Records, Box 22, Folder 14.

Within the anti-tuberculosis movement, there were practices shared by many affiliated organizations. Most groups turned to public education as the best way to reach and educate people about preventing the spread of the disease. They used three basic appeals in educational materials: the danger to the public from the spread of the disease, sympathy for the enormous mortality it exacted, and the economic cost of tuberculosis to the nation. While anti-tuberculosis groups began with TB education only, they quickly expanded their repertoire to include hygiene, nutrition, and general health issues to better educate the public about healthy living and disease prevention. Because of this, campaigns against public spitting were common.⁴⁰ Providing direct relief to patients in the form of food, clothing, and/or housing assistance was an early practice of some anti-tuberculosis associations, but their focus soon shifted away from relief towards prevention.⁴¹

The war against tuberculosis did not initially focus on child health and preventing childhood infections as a way to combat the disease. In fact, during the nineteenth century physicians believed that children between five and fifteen were generally immune to TB and scientists only began to challenge this assumption in the early twentieth century. In 1903, scientist Emil von Behring suggested that people were initially infected with tuberculosis as children, but the disease could remain dormant for years until it was reactivated later in life, often killing the infected.⁴² Doctors realized that if most adults with active cases of TB had originally been infected as children, then

⁴⁰ Teller, 33; Feldberg, 82-83.

⁴¹ Bates, 22.

⁴² Cynthia A. Connolly, *Saving Sickly Children: The Tuberculosis Preventorium in American Life, 1909-1970* (New Brunswick, NJ: Rutgers University Press, 2008), 26-27.

preventing either the original infection or its later reactivation would eliminate active occurrences of the disease and decrease tuberculosis mortality.

After this new information came to light, the medical field took another look at child health. Physicians aimed to improve children's health and resistance to disease as a means to prevent the initial TB infection or to ensure that the disease would remain quiescent in those already infected. As this occurred the anti-tuberculosis movement became interested in child health. By 1906, the NTA's annual meeting included presentations about children and TB.⁴³ Around 1912 the movement began to focus more specifically on children. In a recent study about tuberculosis preventoriums, historian Cynthia Connolly concluded that children were seen as the "key to eradicating the tuberculosis epidemic."⁴⁴ This new focus on child health as an aspect of prevention remained a concern in the anti-tuberculosis movement for decades. Associations implemented various programs including fresh air schools and the Modern Health Crusade, which was the first "real" program in personal hygiene in education.⁴⁵ The anti-tuberculosis movement also intersected with a broader child welfare reform movement occurring during the Progressive Era. The child welfare movement aimed to decrease childhood mortality by improving childhood nutrition and ensuring the quality of milk, including eliminating bovine tuberculosis.⁴⁶ The overlapping interests drew more reformers into the anti-tuberculosis movement, such as Emma Lieber in the MCTA (see Chapter 2).

⁴³ Connolly, 45-46.

⁴⁴ Connolly, 60.

⁴⁵ Teller, 111; Shryock, 171.

⁴⁶ Richard A. Meckel, *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality, 1850-1929* (Baltimore: Johns Hopkins University Press, 1990), 62.

For the MCTA, child health and child health education were the top priorities from the start of its programming in 1913 through 1936, as shown by the time and resources devoted to those programs. But historians who have written about the movement have not recognized the same prominence of child health education in the general movement that was the case for the MCTA. One of the features that distinguished the Marion County group within the movement was this higher priority given to child health education.

Historiography

Since the mid-twentieth century, there has been a growing body of literature examining the anti-tuberculosis movement. Medical histories at the beginning of the twentieth century chronicled great men and their great discoveries, reflecting the view that the history of medicine was one of continual advancement. Beginning in the 1940s, medical historians moved beyond this simplistic history and incorporated social history. Later in the twentieth century, medical histories added cultural history to their analyses. During this time, medical history shied away from depicting medicine as a purely beneficial presence that offered continual improvement to health care.⁴⁷ The secondary sources consulted for this paper have been written since the mid-twentieth century and reflect this newer and more nuanced approach towards medicine and science. Authors wrote of medical improvements that greatly benefited health and life expectancy, but also recognized that the medical field featured less positive aspects like middle class social

⁴⁷ Judith Leavitt, "Medicine in Context: A Review Essay of the History of Medicine," *American Historical Review* 95, no. 5 (December 1990): 1471, 1473.

control and failures, like the fact that TB was not actually eradicated as a result of the anti-tuberculosis movement.

Writings on the history of the anti-tuberculosis movement cluster around two peaks during the twentieth century, the first in the 1950s and 1960s and the second from the 1980s through the present. The first peak occurred at mid-century as physicians and the American public declared the disease beaten thanks to new antibiotics. These authors witnessed the devastating mortality of TB earlier in the century and the corresponding decrease in mortality during the anti-tuberculosis movement. In addition, many authors were active participants in the movement. For example, Rene Dubos researched TB, and coped with the fact that his wife Jean had the disease. The result was a body of literature that presented a sympathetic and laudatory portrayal of medicine, physicians, and the anti-tuberculosis movement. Authors wrote in a triumphal tone of the defeat of tuberculosis through the efforts of public health measures and the anti-tuberculosis movement.⁴⁸ These writings cease after the 1960s as people lost interest in a disease they considered beaten.

Interest in tuberculosis reappeared in the 1980s and has continued through the present day. Two events sparked this renewed interest in tuberculosis: the spread of new, deadly diseases like AIDS, and the reemergence of TB as a public health threat. Some authors studied tuberculosis and the anti-tuberculosis movement to draw parallels between that disease and AIDS when the latter appeared on the world stage in the 1980s and 1990s. In an era when the public relied on medicine to produce wonder cures, as it

⁴⁸ See for example: Shryock, *National Tuberculosis Association 1904-1954*; Rene Dubos and Jean Dubos, *The White Plague*; Rice, *The Hoosier Health Officer*; Randolph, "A History of Marion County Tuberculosis Association, 1913-1923;" Madelyn Kearney, "A History of the Marion County Tuberculosis Association, 1924-1936" (Master's thesis, Indiana University, 1954).

had in the past with penicillin and the polio vaccine, people struggled to understand AIDS, a deadly disease with no cure, vaccine, or effective medication. Historians sought to use the historical example of tuberculosis and the movement that played a role in bringing it under control to understand how to deal with AIDS. In addition TB, which had in fact continued to affect residents of third world countries since mid-century, reappeared in the developed world as a public health concern in the late twentieth century. It affected AIDS patients with compromised immune systems and mutated into new drug-resistant strains. Historians studied the anti-tuberculosis movement to understand how physicians and the public handled TB in the early twentieth century when there was no cure. They also tried to explain why it reappeared as a health concern when so many believed the disease to be defeated by the 1960s.

As a result, these later studies of the anti-tuberculosis movement lack the victorious tone of earlier histories. They approach medicine, medical care, and the anti-tuberculosis movement as complex interactions between the public, government, patients, medical practitioners, and voluntary health organizations. These historical studies incorporate social and/or cultural history into their medical histories and institutional studies of the anti-tuberculosis movement.⁴⁹ Once basic studies about the anti-tuberculosis movement were published and historians painted a broad picture of events, historians turned their attention towards specific aspects of the anti-tuberculosis

⁴⁹ See for example: Teller, *The Tuberculosis Movement*; Bryder, *Below the Magic Mountain*; Bates, *Bargaining for Life*; Feldberg, *Disease and Class*; Ott, *Fevered Lives*.

movement, including race and children.⁵⁰ This final evolution in tuberculosis literature occurred early in the twenty-first century.

Approach of this work

This thesis follows the progression of literature on TB by incorporating social and cultural history of tuberculosis into its medical history. It provides a local case study of the MCTA and its activities in Indianapolis and Marion County. Studies of local organizations are not prolific, so this study will enrich the literature and aid future scholars investigating the movement. This analysis of why the MCTA undertook the mission and activities that it did, will provide a detailed picture of the MCTA, an organization that was part of the Indianapolis community and a distinct part of the national anti-tuberculosis movement. Although the MCTA shared many similarities with the broader anti-tuberculosis movement, such as its membership composition and educational focus, it differed from the broader movement in one important aspect—its high priority on child health. The conclusion that the MCTA promoted child health and child health education to a greater extent than the broader movement suggests that there was individuality and variation within the movement, a theme not previously expanded upon in other studies and an avenue of possible future research.

The following chapters will demonstrate the evolving nature of the MCTA's child health education program and the priority it assigned such work. Chapter 2 illustrates the situation in Indianapolis at the time of the MCTA's creation, followed by details of the group's establishment, founders, members, mission, and early activities. It concludes

⁵⁰ In addition to Connolly, *Saving Sickly Children*, see also Samuel Kelton Roberts, Jr., *Infectious Fear: Politics, Disease, and Health Effects of Segregation* (Chapel Hill: University of North Carolina Press, 2009).

with an analysis of how and why the MCTA almost immediately chose child health education activities as the best way to bring tuberculosis under control in Marion County. Chapter 3 describes the evolution of the MCTA's child health education program in the mid-to-late 1920s and 1930s, as the association responded to changing needs in Indianapolis and trends in the broader movement. The MCTA continued to place high priority on child health through 1936, although it refined the methods of child health education.

This study ends in 1936, twenty-five years after the founding of the MCTA. Subsequent years witnessed dramatic changes that altered the way in which the anti-tuberculosis movement conducted its work. The 1940s witnessed World War II and new efforts in medical research that brought about the introduction of effective antibiotics against tuberculosis. Chapter 4 therefore concludes this study with an overview of the MCTA and the anti-tuberculosis movement after 1936 and a summary of the analysis and findings of this study.

Chapter 2: The MCTA Sets Up Shop

*“Build well the tissues of the child of today,
that in the adult of tomorrow
the state may have an asset instead of a liability,
sure to increase with each succeeding generation.”*

-MCTA Sixth Annual Report, 1919

The above quote illustrates the core and priority of the MCTA’s work in Marion County: that strengthening children’s health and corresponding resistance to disease would help to end the scourge of tuberculosis and improve the health of the community as a whole. Although this quote introduced the *Sixth Annual Report*, it could have appeared in any of the association’s earlier publications. The MCTA initiated programs to improve child health in 1913, just two years after it formed in 1911, along with adult educational programs and efforts to provide medical care to Marion County’s tuberculosis patients. These programs continued unchanged through the mid-1920s.

Community members first organized a Marion County anti-tuberculosis group in 1911 and within twelve years it grew into an active and well respected organization. The founders of the MCTA created their organization because they recognized the threat that tuberculosis posed to their community: in 1910, TB was the leading cause of death for Indianapolis residents.¹ Because of the high tuberculosis mortality rate and the limited anti-tuberculosis work already in progress in Indianapolis and Marion County, the founders felt there was a need for an organization such as the MCTA. Indeed, the

¹ David J. Bodenhamer and Robert G. Barrows, eds., “Table 12: Resident Death by Age and Cause of Death in Indianapolis: 1910,” *The Encyclopedia of Indianapolis* (Bloomington: Indiana University Press, 1994), 1513.

MCTA's anti-tuberculosis activities filled a pressing need in the community by teaching residents of all ages, classes, income levels, and occupations about tuberculosis' causes, methods of transmission, and prevention, and by supporting the availability of treatment for the infected. The paid staff and volunteer members of the association conducted a range of activities that encompassed year-round educational campaigns including child health education, lobbying governmental officials to expand tuberculosis facilities and to pass anti-tuberculosis legislation, and cooperating with other health organizations in the city, state, and nation to successfully combat tuberculosis. When viewed against a backdrop of these activities, the priority that the MCTA placed on child health becomes clear.

The Public Health Scene in Indianapolis, ca. 1911

Indianapolis contended with many public health issues in the late nineteenth and early twentieth centuries. In addition to tuberculosis, the city confronted epidemics of typhoid fever, inadequate garbage and sewage disposal, limited access to clean water, and a questionable milk supply for infants. The city established a permanent board of health in 1859 which instituted sanitary measures.² A state board of health was established in 1881, but it really only became an effective force with the appointment of John N. Hurty as secretary in 1896.³ During the nineteenth century and at the turn of the twentieth century, the state board collected vital statistics, confronted typhoid, diphtheria, and

² Katherine Mandusic McDonell, "Medicine," in *The Encyclopedia of Indianapolis*, ed. David J. Bodenhamer and Robert G. Barrows (Bloomington: Indiana University Press, 1994), 123, 126.

³ In addition to his leadership of the state board of health, Hurty was a member of the MCTA. He served on the 1916 Christmas Seal sale committee and on the board of directors in the 1920s. Hurty was a member of the first executive board of the National Tuberculosis Association, a mark of his interest in the tuberculosis problem and the national respect with which he was held. S. Adolphus Knopf, *A History of the National Tuberculosis Association: The Anti-Tuberculosis Movement in the United States* (New York: National Tuberculosis Association, 1922), 30-31.

smallpox epidemics, passed a pure food and drug act, and worked to ensure clean water and safe milk supplies.⁴ The actions and early history of the Indiana board were consistent with the history of state health boards in America. As historian John Duffy has shown, permanent state boards of health were only established around the turn of the century and these boards then worked to gain power and effectiveness during the early twentieth century.⁵

Several voluntary associations and government agencies had begun to attack the tuberculosis problem in Indianapolis prior to the MCTA's creation. They included the Indianapolis Health Department, Indiana State Board of Health, the Indianapolis Flower Mission, the Woman's Improvement Club (WIC), and the Indiana Tuberculosis Association (ITA). The activities of these groups prior to and during the MCTA's early years influenced the direction the association took in its activities as the group sought to fill gaps in anti-tuberculosis coverage and avoid duplicating the efforts of others. The leaders of the MCTA did not see any of these organizations addressing child health to any significant extent and this influenced its decision to take up that task. In addition to pursuing this new avenue of TB prevention, the MCTA also cooperated with many of these groups throughout its history to achieve other goals such as opening tuberculosis clinics.

As described in Chapter 1, the Indiana Board of Health and the ITA began to take steps against tuberculosis in the early twentieth century. In 1900 the Indiana Board used circulars, exhibits, and lectures to inform the public about TB, and established a state

⁴ Thurman B. Rice, *The Hoosier Health Officer: A Biography of Dr. J.N. Hurty* (Indianapolis: Indiana State Board of Health, 1946), 61, 72, 83, 105, 121.

⁵ There were temporary health boards established earlier in the nineteenth century but these were generally only created during disease epidemics and disbanded afterwards or given no real power. John Duffy, *The Sanitarians: A History of American Public Health* (Urbana: University of Illinois Press, 1990), 222-223.

sanatorium. These and other actions in the early twentieth century were some of the first steps taken in Indianapolis in the campaign against TB. Its educational efforts were part of an ongoing struggle to establish an effective board while improving Hoosiers' health and battling a number of public health threats with limited resources. A report issued by the ITA in 1943 concluded that the Indiana Board of Health was able to devote more of its limited resources to other pressing health issues because it was able to rely on the state and county tuberculosis associations, the MCTA included, to handle the TB situation and manage an active and effective anti-tuberculosis campaign.⁶ As a result the ITA served Indiana as the statewide anti-tuberculosis association. The ITA and the MCTA developed a close working relationship, even sharing office space for a time. Many members and leaders belonged to both organizations, facilitating such cooperation.

The Indianapolis and Marion County governments were also involved in the anti-tuberculosis campaign, although each would become more active later in the twentieth century as a result of the MCTA's presence. In 1905, Indianapolis passed a law for a full time city health officer, and in 1908 the first TB clinic in the city opened. In 1919, the MCTA convinced the city to levy a tax for anti-tuberculosis work at a rate of one cent on each \$100 of taxable property; the city used the proceeds to conduct more anti-tuberculosis work including operating additional TB clinics.⁷

There were few medical facilities and hospital beds for tuberculosis patients prior to the MCTA's creation. Most Indianapolis hospitals would not accept TB patients,

⁶Hariett Salinger Iglauer, *The Program for the Control and Prevention of Tuberculosis in Indiana* (Indianapolis: Indiana Tuberculosis Association, 1943), 87-90.

⁷Ruby M. Grosdider and Maria Rosads, eds., *History: Marion County Health Department, A Division of the Health & Hospital Corporation* (Indianapolis: The Corporation, 1984), 24, 34; Brief History of the Tuberculosis Clinics and the Part Dr. Alfred Henry Played in the Tuberculosis Movement, 1933, Marion County General Hospital Collection, 1861-1979, Indiana Historical Society, Indianapolis, Indiana, Box 3, Folder 21.

resulting in many such individuals being cared for at home and spreading the infection.⁸ The government-run state sanatorium reserved only twelve out of 100 beds for Marion County residents and the city tuberculosis clinic functioned with limited resources. Two voluntary organizations recognized the threat of the disease and provided additional medical care: the Flower Mission and the Woman's Improvement Club.

The Indianapolis Flower Mission officially incorporated in 1892 and opened a twenty-five bed hospital for tuberculosis patients in 1904. It also provided relief to consumptive patients and their families by supplying them with fresh milk, vegetables, and other food and by sending visiting nurses to the home-bound ill.⁹ Surviving records for the MCTA and the Flower Mission suggest little formal cooperation between the two organizations; each pursued its own agenda, the Flower Mission focusing on its hospital and direct care and the MCTA on education and prevention. There was some overlap of members, and information was likely communicated informally through these channels.

The Woman's Improvement Club (WIC) formed in 1904 as an African-American women's club. In response to the lack of medical facilities for African Americans, the WIC decided to focus on health issues, TB in particular. From 1905 to 1916, it operated the Oak Hill outdoor summer camp for incipient tuberculosis cases, children included.¹⁰ After 1910, the WIC focused on anti-tuberculosis education and prevention, nurse training, and it began to lobby the Indianapolis government to provide hospital beds for

⁸ William H. Walsh, *The Hospitals of Indianapolis: A Survey* (Indianapolis: Indianapolis Foundation, 1930), 15, 81.

⁹ Thurman B. Rice, "History of the Medical Campus: Chapter XI The Flower Mission," *Monthly Bulletin* [of the Indiana State Board of Health] 50, no. 11 (November 1947): 261-263.

¹⁰ Various handwritten histories of the WIC, Woman's Improvement Club, Records, 1909-1965, Indiana Historical Society, Indiana, Box 1, Folder 4; Earline Rae Ferguson, "The Women's Improvement Club of Indianapolis: Black Women Pioneers in Tuberculosis Work, 1903-1938," *Indiana Magazine of History* 84, no. 3 (September 1988): 250, 255. Woman's Improvement Club Records will be abbreviated as WIC in further citations.

African Americans in existing TB facilities.¹¹ The MCTA and WIC worked together on several occasions. Mary Meyers, MCTA executive secretary, frequently spoke at WIC meetings, and the WIC loaned the anti-tuberculosis association its tents for events. The two organizations also collaborated in opening a fresh air school in an African-American elementary school. In 1920, after nine years of cooperation, the MCTA formally endorsed the work of the WIC.¹²

The Founding of the Association and Its Members

Existing records do not indicate what specific event(s) prompted the association's founding or what motivated the founders to do so. The struggling ITA received a kickstart in 1911 from a visiting NTA representative; perhaps the three MCTA founders, also involved with the ITA, heard the NTA envoy and were encouraged to start a county organization. In any case, James W. Lilly, Dr. Alfred Henry, and Dr. Theodore Potter confronted the threat of TB and founded the MCTA in the spring in 1911.¹³ The MCTA's creation paralleled that of other anti-tuberculosis groups in the twentieth century, originating in the cooperation of doctors and lay members of the public.¹⁴ During the next two years, Lilly, Henry, and Potter worked to place the fledgling association on firmer organizational and financial footing. The new club conducted

¹¹ Earline Rae Ferguson, "A Community Affair: African-American Women's Club Work in Indianapolis, 1879-1917" (Ph.D. diss., Indiana University, 1997), 84; Ferguson, "The Woman's Improvement Club," 250.

¹² Ferguson, "The Woman's Improvement Club," 256; Ferguson, "A Community Affair," 186, 224; Various handwritten histories of the WIC, WIC, Box 1, Folder 4.

¹³ History of the Marion County Society for the Prevention of Tuberculosis, 1916, Marion County Tuberculosis Association Records 1913-1949, Indiana Historical Society, Indianapolis, Indiana, Box 27, Folder 1. Hereafter, this collection will be abbreviated MCTA in citations.

¹⁴ Michael E. Teller, *The Tuberculosis Movement: A Public Health Campaign in the Progressive Era* (New York: Greenwood Press, 1988), 39.

Christmas Seal sales in 1911 and 1912, donating the proceeds to the Flower Mission and the WIC.¹⁵

James W. Lilly (1862-1925) was the president of the Lilly Hardware Company when he established the MCTA. Born in Lafayette, Indiana, Lilly relocated to Indianapolis and in 1885 bought an existing hardware business which he renamed after himself. Although a founder, Lilly never held office in the MCTA, but did serve on Sunnyside Sanatorium's board of directors and as treasurer for the ITA. At the time of his death, he was a well respected businessman and member of the community, serving as a director of the Indiana National Bank, a director of the Farmers Trust Company, and a vice president of the National Tile Company in Anderson, Indiana. Lilly also served on numerous boards of civic organizations, such as the Southeast Hospital for the Insane in Madison, the War Chest of Indianapolis during World War One and its successor the Community Chest, and the Indianapolis Red Cross beginning in 1916. He was also a member of the Art Association of Indianapolis, an active member of the First Presbyterian Church in Indianapolis, and a Mason.¹⁶

Dr. Alfred Henry (1875-1932) was born on a farm near Jacksonville, Indiana. He attended the State Teacher's College then graduated from the Indiana Medical College (later part of the Indiana University School of Medicine) in 1907. He became a Clinical Professor of Medicine at the Indiana University School of Medicine, worked as the director of the Indianapolis Free Tuberculosis Clinic starting in 1911, and acted as the secretary of the Indianapolis Medical Society for a time. Henry served as the MCTA's president for more than ten years and sat on the board of directors until his death. He

¹⁵ History of the Marion County Society for the Prevention of Tuberculosis, MCTA.

¹⁶ James W. Lilly does not appear to be related to the Eli Lilly family. "J.W. Lilly Dead, Ill Many Months," *Indianapolis News*, 22 June 1925.

served as the medical director for the Theodore Potter Fresh Air School in Indianapolis and sat on Sunnyside Sanatorium's board of directors. He also served as the president of the ITA in 1917 and as its treasurer for many years. Henry represented Indiana in the national anti-tuberculosis movement, serving as president of the Mississippi Valley Conference on Tuberculosis in 1916 and as the president of the NTA from 1931 to 1932. Outside of medicine, he was a long time member of the Rotary Club and a president of that group. He was known to friends and colleagues as a generous and humorous man.¹⁷ Henry guided policy for the MCTA from its foundation through his death in 1932. At his death, he was hailed as a "pioneer in tuberculosis work and a leader in the Indiana field" and as a "nationally-known scientist in the anti-tuberculosis field."¹⁸

Dr. Theodore Potter (1861-1915) was born in Glendale, Ohio. He graduated from Princeton with honors in 1882 and attended the Ohio Medical College, graduating in 1887. Potter then traveled to Germany and spent a year as a student and assistant to Robert Koch in Berlin. He moved to Indianapolis in 1889 and took up a teaching position at the Medical College of Indiana. He eventually became the Professor of Pathology and Bacteriology at the Indiana University School of Medicine. Potter led a busy life, working on the 1905 tuberculosis hospital commission established by the state legislature, serving as the chair of the first committee on tuberculosis appointed by the state medical society, and working as an associate editor of the *Indiana Medical Journal* for ten years. He volunteered as secretary and vice president for the ITA and as secretary

¹⁷ The Mississippi Valley Conference on Tuberculosis was a regional association of state and local anti-tuberculosis groups in the Midwest and Mississippi River valley. American College of Chest Physicians, "Alfred Henry, M.D.," *Chest* 5 (1938): 28; "Dr. Henry, Leader in Fight on Tuberculosis, Dies Here," *Indianapolis Star*, 13 December 1932, 4; "Stories of Dr. Henry's Humor Still Being Told by His Friends," Henry Biographical Newspaper Clipping File, Indiana State Library, Indianapolis, Indiana.

¹⁸ American College of Chest Physicians, 28; "Dr. Alfred Henry, Indianapolis, Elected Head of National Tuberculosis Body," *Indianapolis Star*, 14 May 1931.

for the MCTA from 1912 to 1914.¹⁹ Potter was considered an expert on tuberculosis both for his work with Koch and his experience in Indiana. He maintained an interest in child welfare and was a key figure in the fresh air school movement in Indianapolis. His position within the MCTA likely pushed these activities higher on the group's agenda. Potter died on 8 February 1915 from tuberculosis contracted a few years earlier. At his death, he was called a "leading exponent of the anti-tuberculosis movement."²⁰

While information on the MCTA's founders is available, the same cannot be said for most of its members, because membership rolls for the organization have not survived. However the names of members holding leadership positions can be gleaned from existing records. Profiles of representative members reveal a typical composition of medical doctors and other men and women from the community, paralleling that of other anti-tuberculosis organizations.

Dr. Edward Mansfield Amos (1866-1945) was a medical doctor in Indianapolis who held various leadership positions within the MCTA including over ten years on the board of directors starting in 1918, vice president from 1929 to 1933, and president from 1933 to 1935 (see Appendix 1). Dr. Amos graduated from the Indiana Medical College, contracted tuberculosis and overcame it, and then chose to specialize in that disease. He worked at St. Vincent Hospital, Methodist Hospital, and Sunnyside Sanatorium; directed the tuberculosis clinic at the City Hospital; and maintained a private practice.²¹ Amos represented two trends within the movement: many campaigners had personal

¹⁹ Indiana Medical History Museum, *Wishard Scrapbook*, 39, The Digital Collections of IUPUI University Library, <http://indiamond6.ulib.iupui.edu/imhm/> (accessed 1 November 2009); Lucretia Ann Saunders, "Theodore Potter," in *The Encyclopedia of Indianapolis*, eds. David J. Bodenhamer and Robert G. Barrows (Bloomington: Indiana University Press, 1994): 1130; "Prominent Physician Dead, Disease He Fought Caused His Death," *Indianapolis News*, 18 February 1915, 1.

²⁰ Indiana Medical History Museum, 39; "Prominent Physician Dead," 1.

²¹ "Funeral Saturday for Dr. E.M. Amos, Lung Specialist," *Indianapolis News*, 20 July 1945.

experience with tuberculosis, either as a patient or as a family member of a patient, and many doctors joined the anti-tuberculosis fight.

Emma Rappaport Lieber (1874/5-1955) served on the MCTA board of directors from 1920 to 1926, and on its advisory committee in the mid-to-late 1920s (see Appendix 1). In addition to her work with the MCTA, Lieber was on the board of the Children's Museum, worked with Flanner House, joined the League of Women Voters, and established the Claire Ann Shover Nursery School in 1927. She also worked with medical social services at the city dispensary.²² Her participation demonstrated the involvement and leadership of many women in the MCTA. Lieber represented the typical female member of the association: women who were concerned citizens, community leaders, and who worked or volunteered with charitable and educational organizations.

John Lauck, Jr. (?-1970) served on the board of directors in the 1920s and 1930s and as secretary of the MCTA from 1929 to 1932 (see Appendix 1). Lauck founded the Lauck Manufacturing Company, was a former director of the Concord Community Center, and was a member of the Elks. Lauck served on the MCTA's building committee for its summer nutrition camp for youth. In fact, Lauck was so committed to the nutrition camp that he visited it regularly and the children knew him as "Mr. Lollipop" because he always brought them candy when he visited.²³ Many of the men who joined the MCTA were also businessmen and respected members of their communities.

²² Emma's husband, Richard Lieber, was prominent in the Indianapolis community and in the state as the founder of the state park system and the state's department of conservation (now the Department of Natural Resources). "Emma Lieber Dies in Home of Daughter," *Indianapolis Star*, 9 August 1955, 15; Maude Swift Anthony, "Well Known Indianapolis Women," *Indianapolis Star*, 20 August 1922, 1.

²³ "John Lauck, Jr., Company Founder," *Indianapolis News*, 30 January 1970, 4.

These member profiles, while admittedly only of a few board members, reveal an organization typical of a Progressive Era voluntary organizations. Members were doctors, business owners, professionals and/or volunteers with other charity organizations in their communities. Middle class men and women joined the MCTA hoping to institute social reforms to improve their neighborhoods.²⁴ In the case of this organization, the middle class focused on the health of the city

Catering to its constituency, the MCTA established multiple membership levels. Depending on the dues paid, Marion County residents could join as sustaining members, voting members, or life members, or be inducted as honorary members. Yearly dues for sustaining members started at just 25 cents, but rose to \$2 by 1921.²⁵ In 1916, sustaining members paid \$1 in dues, voting members paid \$3, and life members paid \$25.²⁶ At first, the association elected a president, secretary, treasurer, nine township vice presidents, and three additional members to form the board of directors. In 1917, the group expanded the positions to include a vice president along with the other officials. In 1922, the MCTA added an advisory committee of experts and community leaders, and in 1930, it eliminated the township vice president position while expanding the number of general board members (see Appendix 1 for a listing of office holders).²⁷ The association had three initial standing committees: one for the Christmas Seal sale, one for finance, and one for membership, while additional committees were created as needed. For example,

²⁴ Teller, 39.

²⁵ Hazel E. Randolph, "A History of Marion County Tuberculosis Association, 1913-1923" (Master's Thesis, Indiana University, 1950), 55.

²⁶ Membership Committee form letter, 21 September 1916, MCTA, Box 28, Folder 3.

²⁷ Letterhead located in multiple folders, MCTA, Box 2, Folders 1 through 3 and Box 29, Folder 3.

a fresh air school committee and a tuberculosis hospital committee existed in 1915 and 1916 as these were the association's two main goals at the time.²⁸

In 1913, the MCTA felt secure enough in its income to rent office space and hire an executive secretary, Miss Mary A. Meyers, R.N. (1878-1948). Mary Meyers was a powerful force within the association for over thirty years, serving as the executive secretary from 1913 through her retirement in 1947. Seven years prior to joining the MCTA, she graduated from the Joseph Eastman Hospital as a trained nurse.²⁹ As the first paid staff member, Meyers handled much of the daily administrative work, coordinated the volunteer work of members, and made valuable connections within the community and with other anti-tuberculosis associations. As executive secretary, Meyers guided policy and designed programs. She was considered “one of the pioneer nurses in tuberculosis work in Indiana” and was intimately involved in several successes of the organization, including the creation of Sunnyside Sanatorium, the Potter Fresh Air School, and the nutrition camp.³⁰ By 1913, the MCTA established a leadership structure, recruited members, and was ready to embark on an ambitious campaign against TB.

The MCTA's Mission and General Activities

The MCTA adopted a mission to educate Marion County residents about tuberculosis, including how it spread, treatment options, and prevention; as well as to promote the infrastructure needed to identify and care for TB patients including sanatoria,

²⁸ Randolph, 54; Executive Secretary to Mrs. C.P. Aten, 7 April 1915, MCTA, Box 2, Folder 2; Membership Committee to Mr. Mason, 26 September 1916, MCTA, Box 2, Folder 2.

²⁹ The MCTA shared this office with the ITA. History of the Marion County Society for Prevention of Tuberculosis, MCTA; Randolph, 60.

³⁰ Indiana State Board of Health, “Miss Mary Meyers Resigns—An Appreciation,” *Monthly Bulletin* 50, no. 11 (November 1947): 256.

tuberculosis clinics, and nurses; and to work with the NTA and ITA to eliminate the disease.³¹ To fulfill this mission, it conducted year round educational campaigns aimed at all ages; although the MCTA prioritized its child health program it still maintained a program of adult education. It lobbied the city and county governments for additional and expanded TB facilities and to pass anti-tuberculosis legislation, and cooperated with local charitable and health organizations, the ITA, and NTA to achieve these goals.

No organization can remain active for long without funds and the MCTA was no exception. Throughout its existence the association raised the vast majority of its budget from the annual Christmas seal sale, which it saw as fundraiser, a public relations event, and educational opportunity all rolled into one.³² The MCTA held its first Christmas seal sales in 1911 and 1912, but donated the proceeds to the Flower Mission (\$500 in 1912) and to the WIC (\$100 in 1912).³³ Starting in 1913, the organization initiated its own programs and retained its Christmas seal sale profits to fund them. The amounts generated from the seal sale rose from 1911 throughout the 1920s. In 1918 the seal sale was canceled due to World War One and the Red Cross funded anti-tuberculosis associations directly, including the MCTA.³⁴ As seen in Figure 1 below, the MCTA realized additional income from donations and memberships, but this only amounted to a

³¹ The MCTA did not engage in relief measures because other Indianapolis groups, like the Flower Mission, filled this role. History of the Marion County Society for the Prevention of Tuberculosis, MCTA.

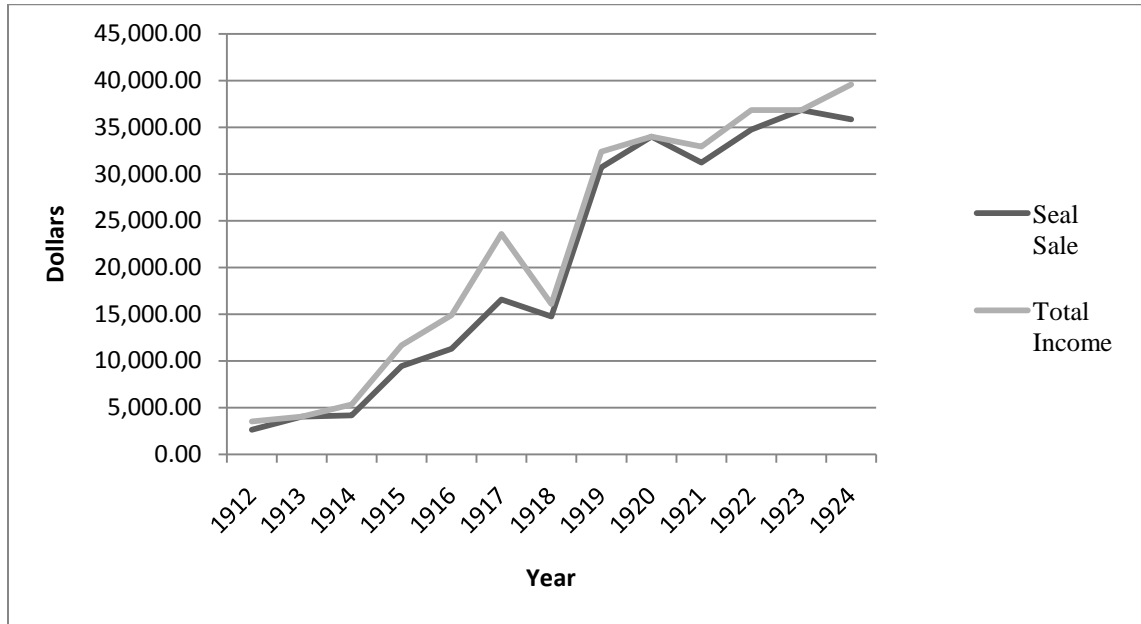
³² Between 1915 and 1918, the MCTA also operated a waste paper business to raise money. It was discontinued during World War One due to the war shortage of men to staff it. [MCTA Seal] Sales Commission to Gentlemen, 23 November 1915, MCTA, Box 2, Folder 2; Coining Health Out of Old Papers, MCTA, Box 2, Folder 2.

³³ Marion County Society for the Prevention of Tuberculosis, *Battling the White Plague in Marion County* (Indianapolis, Marion County Society for the Prevention of Tuberculosis, 1914), 5.

³⁴ At this time, the Red Cross was a major fundraiser and the Christmas Seal sale was still conducted in conjunction with the Red Cross. Executive Secretary to Myron R. Green, 23 July 1919, MCTA, Box 2, Folder 4; Richard Carter, *The Gentle Legions: National Voluntary Health Organizations in America* (New Brunswick, NJ: Transaction Publishers, 1992; originally published by Doubleday, 1961), 79-80.

fraction of its income, compared to the tens of thousands of dollars raised from the Christmas seal sale.³⁵

Figure 1: Christmas Seal Sale Income Versus Total Income, 1913-1924³⁶



To raise funds via the Christmas seal sale, the MCTA utilized a large seal sale committee with members and volunteers. The committee mailed donation letters with language tailored to recipients in order to catch their attention and raise more money. MCTA members, community leaders, PTA's, fraternal groups, unions, churches and ministers, and other organizations all received letters. The association asked those groups to pass resolutions supporting the Christmas seal sale and to mail a copy of said

³⁵ H.A. Pattison and H.R. Edwards, *Tuberculosis Survey of Indianapolis and Marion County* (Indianapolis, MCTA, 1924), 102 in American Lung Association Records, Box 17, Folder 25. Hereafter, the American Lung Association Records will be abbreviated ALA in citations.

³⁶ Since this chart compares Christmas Seal sale income to total income, it does not show the MCTA's total cash reserves each year. Pattison, 102; various financial information from the MCTA collection.

resolution to the MCTA.³⁷ The group then publicized those resolutions as signs of community support. In 1917, the MCTA won an NTA second place award in its class of cities for the number of seals sold per capita in the 1916 sale. In 1925, it earned another award from the NTA for the highest per capita in the 1924 Christmas seal sale.³⁸

Educational Programs

The MCTA began educational programming within two years of its creation. The organization held education in high regard and considered an informed public to be the best way to stop the spread of tuberculosis, a view shared by its fellow Progressive Era reformers.³⁹ The MCTA conducted both general ongoing educational endeavors and specific, targeted campaigns that were distinguished from general educational work by the limited time frame in which campaigns were conducted, the specific audiences targeted, and/or the specific topics they covered. It ran educational campaigns aimed at the general public, created topical campaigns about public spitting and unsanitary water fountains, and targeted campaigns at certain demographics like African Americans. The MCTA taught people about the basics of the disease, explained how to prevent its spread, and recommended treatment options.

The most frequent methods for publicizing anti-tuberculosis information were lectures and literature with occasional exhibits. Talks were given to church groups, mothers' clubs, fraternal organizations, unions, industrial employees, business owners,

³⁷ Various letters written by the MCTA, MCTA, Box 28, Folders 4 and 5.

³⁸ "Winners of Honors and Pennants in 1916 Red Cross Seal Sale," *Bulletin of the National Association for the Study and Prevention of Tuberculosis* 3, no. 7 (April 1917): 4; Mary Meyers to Philip Jacobs of the NTA, 12 August 1925, MCTA, Box 5, Folder 6; Mary Meyers to Basil Eaves of the NTA, 4 May 1925, MCTA, Box 5, Folder 7.

³⁹ Georgina D. Feldberg, *Disease and Class: Tuberculosis and the Shaping of Modern North American Society* (New Brunswick, NJ: Rutgers University Press, 1995), 122.

and other organizations. The volume of the MCTA's educational work increased into the 1920s. In 1915, the association gave 35 lectures to various clubs, schools, churches, and organizations.⁴⁰ In 1920 that number grew to 62 health talks a year.⁴¹ In 1913, the MCTA sponsored an anti-tuberculosis exhibit at the Indiana State Fair. In 1917, it partnered with the State Board of Health and other anti-tuberculosis associations to present a fair exhibit that occupied three tents and drew 5,000 people a day. In 1915, the MCTA distributed 70,000 pieces of literature and by 1917 that number grew to over 100,000 pieces of literature distributed in a year. Many local businesses agreed to deliver and display such literature. Three utility providers, Central Union Telephone Company, Merchants Heat and Light Company, and the Indianapolis Light and Heat Company, distributed 60,000 pieces of literature with their monthly billing statements to customers that year.⁴²

Occasionally, the MCTA focused its efforts on one particular aspect of prevention; for example, one popular campaign covered the dangers of public spitting. In the early twentieth century, people spit often and everywhere. Public health nurse Erna Slike described the situation: "I would find great puddles [of spit] on the floor beside the sick bed, or [in] old tin cans standing around."⁴³ What Slike saw in homes was commonly repeated in public. Dr. Hurty of the Indiana State Board of Health and other public health officials warned of the dangers of careless spitting because tuberculosis germs were expelled with spit; when dried these germs would combine with dust

⁴⁰ Multiple documents in MCTA, Box 2, Folder 2.

⁴¹ Annual Report of 1920, 6, MCTA, Box 10, Folder 1.

⁴² Multiple documents in MCTA, Box 2, Folder 2; 1917 Annual Report, 2-3, MCTA, Box 9, Folder 23.

⁴³ Eran Slike, "The Anti-Tuberculosis Movement in Charleston," *American Journal of Nursing* 11, no. 2 (November 1910): 93.

particles to be inhaled by member of the public, spreading the disease.⁴⁴ Hurty had long been an avid anti-spit campaigner and launched several anti-spitting campaigns under the purview of the Board of Health in the 1890s. The state legislature, at the urging of the Indiana Board of Health, passed anti-spitting laws in January 1899.⁴⁵ Hurty's concern may have encouraged the MCTA's campaigns.

The MCTA held its first anti-spitting campaign in 1913 hoping both to inform the public and change their habits on public spitting. The fact that it chose to begin its educational work with spit revealed its fear about spit's role in spreading TB. The MCTA distributed anti-spitting literature and displayed posters in shops, businesses, and factories. It advised the public on the dangers of careless spitting and recommended that businesses sweep their floors with a damp broom so as not to spread dust and disease. The club also ran anti-spitting campaigns in 1921 and 1925.⁴⁶ In 1925, organizations like the Golden Leaf Club and Branch 39 of the National Association of Letter Carriers of Indianapolis passed anti-spitting resolutions and forwarded copies to the MCTA, which were then passed on to newspapers. Ten thousand "Don't Spit" posters were distributed to factories, businesses, shops, and schools to be displayed. The Boy Scouts even held a parade for the campaign.⁴⁷ The campaigns achieved mixed results as the association successfully distributed its message about careless spitting and preventing tuberculosis to a receptive public. However, the repeated campaigns suggest that efforts to change long held habits about spitting were not entirely successful.

⁴⁴ A Public Revolt Against Spitting, MCTA, Box 11, Folder 5.

⁴⁵ Rice, *The Hoosier Health Officer*, 76, 138; Indiana State Board of Health, *18th Annual Report of the State Board of Health of Indiana* [1898-1899] (Indianapolis: William B. Burford, 1900), 258.

⁴⁶ Untitled document beginning "Women do not....," MCTA, Box 2, Folder 1; Annual Report, 1921 (Brief Report), MCTA, Box 10, Folder 2.

⁴⁷ Various letters and records on the anti-spitting campaigns, MCTA, Box 11, Folder 5.

The MCTA initiated a more successful campaign against the common drinking cup at the Soldiers and Sailors Monument in Indianapolis. The custom of the time was to provide a cup at the drinking fountain that the public would share. This unsanitary practice horrified the health-conscious anti-TB organization. In 1914, the MCTA asked the Board of Control of the State Soldiers and Sailors Monument to remove that common drinking cup and replace it with sanitary disposable cups. The group even offered to pay for the disposable cups if needed. To the delight of the MCTA, the Monument's board installed a sanitary drinking fountain that same year.⁴⁸

In addition to these topical campaigns, the MCTA also targeted certain groups, such as African Americans. Rates of TB mortality were much higher for African Americans than for whites. For example, in 1903, the tuberculosis mortality rate in Indiana was 111.2/100,000 for whites and 184.2/100,000 for African Americans.⁴⁹ As such, the MCTA participated in the National Negro Health Week in the early 1920s to raise awareness of TB among African Americans. The MCTA and the Aesculapian Medical Society, an African-American medical society, spoke to African-American schools, churches, and organizations about tuberculosis.⁵⁰

Another campaign targeted industrial and factory workers, the ongoing Health in Industry program began in 1919. The MCTA launched this initiative to educate

⁴⁸ Executive Secretary to Board of Control, State Soldiers and Sailors Monument, 16 April 1914, MCTA, Box 2 Folder 1; Brief Outline of Work Done During 1914 and 1915, MCTA, Box 2, Folder 2.

⁴⁹ Ferguson, "The Women's Improvement Club," 248.

⁵⁰ Racism and access to health care were problems for African Americans in Marion County and the MCTA's work with African Americans only ever amounted to a small part of its work. The Aesculapian Medical Society was a professional medical association of African-American doctors, dentists, and pharmacists formed around the start of the twentieth century when the Marion County Medical Society would not admit African Americans as members. Various letters and reports from National Negro Health Week, MCTA, Box 15, Folder 6; Michelle D. Hale, "Aesculapian Medical Society," in *The Encyclopedia of Indianapolis*, eds. David J. Bodenhamer and Robert G. Barrows (Bloomington: Indiana University Press, 1994), 232-233. See also David McBride, *From TB to AIDS: Epidemics Among Urban Blacks Since 1900* (Albany: State University of New York Press, 1991).

industrial workers about the dangers of tuberculosis and about prevention. The organization hired an industrial secretary in 1919 to manage this campaign; however, a salaried individual with this title does not appear in records after 1922. This staff member either quit or was let go and the Education Secretary assumed control of this campaign. The MCTA distributed literature to factories and shops, presented talks to employees, and showed films to workers as part of the campaign in the 1920s. In 1924 association doctors and nurses examined employees at banks, stores, factories, and normal schools for tuberculosis and other health concerns like high blood pressure and thyroid problems.⁵¹

Medical Care

In addition to its educational activities, the MCTA promoted the availability of medical care for tuberculosis patients. It did not provide medical care itself, but lobbied city and county governments to pass legislation and to open public medical facilities for patients. For example one of the group's top priorities in its early years was opening a county TB sanatorium.⁵² The MCTA began to lobby the county for a sanatorium and established a sanatorium committee by 1914 to publicize the issue and gain the support of the Marion County Council.⁵³ The committee approached county government officials directly and asked for their help. It also mailed letters to its members and the community apprising them of the MCTA's campaign and need for anti-tuberculosis work in their

⁵¹ Various reports of physical examinations of workers, MCTA, Box 20, Folder 4; Annual Report: Members of the MCTA, March 1, 1919-March 1, 1920, pp. 4-5, MCTA, Box 10, Folder 1.

⁵² The other priority was fresh air schools. Marion County Society for the Prevention of Tuberculosis, *Battling the White Plague*, 1.

⁵³ The committee was composed of Dr. Severage Burrage, Dr. Alfred Henry, and Mrs. Jacquelin S. Holliday. Holliday served on the board of directors from 1917 to 1919 and Burrage was a MCTA member and served on the board of directors for the NTA. 1915 letterhead, MCTA, Box 28, Folder 3; Executive Secretary to Mr. C.M. Hobbs, 28 August 1914, MCTA, Box 2, Folder 1.

community. These letters asked the recipients to voice their concerns and support to officials via letters and resolutions of support.

In conjunction with this lobbying, the MCTA presented a petition to the County Council about the need for a sanatorium. The Council agreed to fund one and invited the MCTA to form a joint committee to study the blueprints of model sanatoria. In 1917, Sunnyside Sanatorium opened with 70 beds. Indianapolis newspapers credited the association with successfully opening this facility.⁵⁴ But the MCTA did not rest on its laurels. It lobbied the County Council again in 1918 to enlarge Sunnyside to provide better care for children, African Americans, and World War One veterans. In a twelve month period during 1918-1919, the organization mailed 14,000 letters about the need for more tuberculosis beds at Sunnyside.⁵⁵ Again, the MCTA's efforts were successful and Sunnyside was enlarged to over 130 beds in 1923.⁵⁶

The MCTA also lobbied the city of Indianapolis to conduct more anti-tuberculosis work, believing that the government had a duty to protect its citizens from disease. In 1919 club president Dr. Alfred Henry wrote to Indianapolis Mayor Jewett, voicing concerns that Indianapolis was spending less on anti-tuberculosis work than other cities of comparable size. For example, he pointed out that Indianapolis had only one TB clinic and needed four more clinics to put it on par with other cities. Henry concluded with a request that Jewett provide the city health department with additional funds for anti-tuberculosis work.⁵⁷ At the same time, the MCTA lobbied other city officials for

⁵⁴ *A History of Sunnyside Sanatorium, 1917-1925* (Indianapolis, 1952), 5-6; 1917 Annual Report, p. 7, MCTA, Box 9, Folder 23.

⁵⁵ MCTA, *Sixth Annual Report of the MCTA, 1918-1919* (Indianapolis: MCTA, 1919), 8.

⁵⁶ MCTA, *Tenth Annual Report of the MCTA, 1922-1923* (Indianapolis: MCTA, 1923), 5-6; Annual Report, 1919-1920, MCTA, Box 10, Folder 1.

⁵⁷ Dr. Alfred Henry to Mayor Charles W. Jewett, 16 January 1919, MCTA, Box 2, Folder 4.

additional anti-tuberculosis funding. That year, the organization succeeded in getting the city to pass a one cent tax levy on each \$100 of taxable property, which funded the city health department and its anti-tuberculosis work starting in 1920.⁵⁸

The MCTA occasionally lobbied the state legislature to pass anti-tuberculosis laws. An Indianapolis newspaper credited the association's efforts for the passage of two state laws in 1917. The first allowed county sanatoria to be built by county referendum, and the second required compulsory registration of tuberculosis patients.⁵⁹

Despite these efforts, the MCTA left most lobbying of state officials to the ITA.

In conjunction with its efforts to open Sunnyside, the MCTA took steps to ensure that tuberculosis patients and those who might be infected had access to TB clinics.

While the Indianapolis Free Tuberculosis Clinic opened in 1908, this was the only such facility in the city for many years. A second clinic opened at Sunnyside in 1917. In 1919, Flanner House (an African-American settlement house), the MCTA, and the WIC jointly opened a tuberculosis clinic at Flanner House funded by MCTA Christmas seal sales. Once the Indianapolis TB tax levy went into effect in 1920, the city used the money to take over the Flanner House clinic.⁶⁰ With the success of the city's tax levy for anti-tuberculosis work, the opening of additional tuberculosis clinics, and the expansion of Sunnyside Sanatorium, there was less for the MCTA to do in this area in the late 1920s and 1930s.

The MCTA made nursing services more available to tuberculosis patients. In 1916 it arranged for the Public Health Nursing Association to visit those infected with tuberculosis in their homes and the MCTA paid the association 50 cents for each visit. In

⁵⁸ MCTA, *Sixth Annual Report*, 12.

⁵⁹ 1917 Annual Report, p. 4, MCTA, Box 9, Folder 23.

⁶⁰ "Brief History of the Tuberculosis Clinics."

1917, these nurses made 1,536 visits. This practice continued through 1922 and in the early 1920s, the MCTA replaced that partnership with a new collaboration with the county to employ county public health nurses.⁶¹

Relations with other anti-tuberculosis groups

By the early 1920s the MCTA had become a well established and respected organization both within Indiana and on the national stage. Members and staff advised other anti-tuberculosis groups, assumed leadership roles in regional and national organizations, and participated in regional and national conferences.

The MCTA was in constant contact with other public health and anti-tuberculosis groups throughout America. Periodically, the society asked other anti-tuberculosis associations for information about various policies and programs, but in the 1920s a number of anti-tuberculosis associations turned to the Marion County group for advice on a range of issues. The Pittsburgh Tuberculosis League, for example, requested information on the MCTA's school programs. The Orange County (New York) Committee on Tuberculosis and Public Health read an article about its Christmas seal sale in an NTA *Bulletin* and requested information on the ways in which the MCTA conducted its sale. The Johnstown (Pennsylvania) Society for the Prevention of Tuberculosis asked for examples of the MCTA's anti-spitting literature. Notably, the Johnstown Society first wrote to the NTA for such information and the NTA referred it to

⁶¹ See below for a discussion on the county public health nurses. 1917 Annual Report, p. 7, MCTA, Box 9, Folder 23; Pattison, 102; The Control of Tuberculosis in Marion County, 1931, p. 6, MCTA, Box 10, Folder 9.

the MCTA as the best source for such data.⁶² In 1925, the Toledo District Nurse Association and the Columbus Society for the Prevention and Cure of Tuberculosis requested copies of the MCTA's anti-spitting publicity materials.⁶³

MCTA staff and members were active in regional and national anti-tuberculosis and health organizations. Mary Meyers, Dr. Henry, Dr. Amos, and other members presented talks at the Mississippi Valley Conference on Tuberculosis annual conferences throughout the 1920s.⁶⁴ Meyers was involved in several nursing organizations, including the National Organization of Public Health Nurses.⁶⁵ She chaired its TB section for several years in the 1920s.⁶⁶ Meyers was also involved with the National Conference of Tuberculosis Secretaries. During the 1920s, she served on multiple committees, but most significantly she served as the organization's president in 1925, a clear mark of the national respect and authority she and her organization had gained. Meyers filled all these roles while continuing her job as executive secretary with the MCTA.⁶⁷

Other signs of national recognition came when several articles about the MCTA appeared in the NTA *Bulletin*, distributed monthly to anti-tuberculosis associations. In 1922 the NTA published five articles about the MCTA's work in the *Bulletin* on its child health education program, Indianapolis's Christmas seal sale, its health programs, the

⁶² Various letters from those organizations to Mary Meyers and the MCTA, 1921-1923, MCTA, Box 10, Folder 7.

⁶³ Toledo District Nurse Association President to Superintendent of MCTA, 27 July 1925, MCTA, Box 11, Folder 5; The Columbus Society for the Prevention and Cure of Tuberculosis President to Mary Meyers, 19 December 1925, MCTA, Box 11, Folder 5.

⁶⁴ Various conference programs from the 1920s, ALA, Box 19, Folder 1.

⁶⁵ Meyers was involved with the Indiana State Nurses Association as well. Various letters including one from Frances V. Brink of the National Organization of Public Health Nurses to Mary Meyers, 19 April 1924, MCTA, Box 18, Folder 1.

⁶⁶ Various records about the National Organization of Public Health Nurses, MCTA, Box 16, Folders 2 and 3.

⁶⁷ Various letters concerning Mary Meyers' positions in the National Conference of Tuberculosis Secretaries, MCTA, Box 33, Folder 8; Annual Report of Mary A. Meyers, President, National Conference of Tuberculosis Secretaries, 1925, MCTA, Box 33, Folder 8.

group's campaign against migratory consumptives, and Indianapolis's tuberculosis clinic hours offered per week compared with that of other cities.⁶⁸ In 1927 additional articles described the Indianapolis conference on Child Health Education and the NTA conference held in Indianapolis.⁶⁹

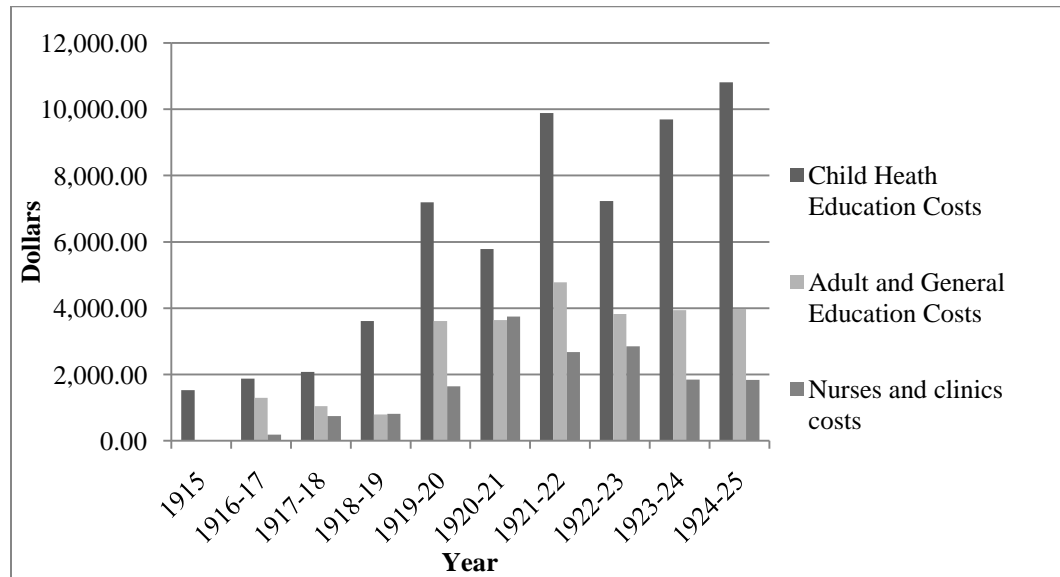
The MCTA Child Health Education Program

The MCTA conducted a wide range of programs aimed at educating the public and obtaining necessary tuberculosis care for Marion County residents through the mid-1920s. But those efforts were exceeded by the emphasis and resources devoted to child health and child health education, making them the top priority for the MCTA. As Figure 2 illustrates, child health education expenditures were the MCTA's number one program from 1915 to 1925. The association launched its child health program in 1913 focusing on reaching children through schools. It initially offered only anti-tuberculosis educational programs, but almost immediately expanded its scope to encompass general health and hygiene as well.

⁶⁸ Migratory consumptives were those that traveled west to regain their health. "The Health Fairy," *Bulletin of the NTA* 8, no. 12 (December 1922): 80; Mary Meyers, "The Seal Sale in Indianapolis and Marion County," *Bulletin of the NTA* 8, no. 10 (October 1922): 67; "Health Shows in Indiana," *Bulletin of the NTA* 8, no. 9 (September 1922): 62; "Indiana Attacks Migratory Consumption Problem," *Bulletin of the NTA* 8, no. 8 (August 1922): 1-2; *Bulletin of the NTA* 8, no. 7 (July 1922): 2; MCTA, Box 31, Folder 4.

⁶⁹ "Indianapolis Conference on Child Health Education Directors," *Bulletin of the NTA* 13, no. 7 (July 1927): 41; Various articles in *Bulletin of NTA* 13, no. 4 (April 1927): 21-27; "Program for Child Health Education Conference," *Bulletin of the NTA* 13, no. 5 (May 1927): 29-31; MCTA, Box 31, Folder 7.

Figure 2: Child Health Education Expenditures Compared with Other Educational Costs and Expenditures on Nurses and Clinics⁷⁰



The MCTA gave a higher priority to this aspect of its mission for three reasons. First, founders and members had an interest in and passion for helping children. Noting that child health programs were lacking in Marion County, they used the MCTA to begin such programs. Founder Dr. Theodore Potter took the lead in the MCTA, opening a fresh air school later named after him. John Lauck, Jr. poured his efforts into the organization’s nutrition camp. Mary Meyers also cared deeply about child welfare.

According to author Hazel Randolph:

...it appears that the greatest single motivation in the career of Miss Meyers, and the one in which she found the most satisfaction, was in her work for the health and welfare of children. She seems to have had a great love for children, and it is in the promotion of activities designed to benefit children that the warmth and humanity of Miss Meyers became

⁷⁰ Data were drawn from financial records throughout the MCTA collection. The 1922-1923 financial information is incomplete and lacks amounts for the Crusade, exhibits, and industry. Starting in 1921-22, child health education expenditures include nutrition expenditures in addition to fresh air schools and Crusade costs, as this was a new program (see Chapter 3 for a description of the nutrition program).

most apparent. She frequently spent many hours at the Theodore Potter School for frail children....⁷¹

Finally, another reason for the emphasis on child health was that medical opinion held that most people were infected with tuberculosis in childhood, and that one way to increase a child's resistance to TB, and therefore eliminate the disease, was to improve their general health. An MCTA document from 1917 stated that "In the prevention of tuberculosis, the most important factor is the care and attention given to children, as statistics show that 17% to 20% of the children are infected with tuberculosis before they are three years of age."⁷² These interests and concerns served to place child health education as the MCTA's top priority through the 1920s.

The anti-tuberculosis movement as a whole realized the importance of child health as a means of controlling TB mortality. For example, the NTA developed and promoted the Modern Health Crusade as a way to teach children proper health habits, and some anti-tuberculosis associations funded fresh air schools.⁷³ However, the significant amount of resources the MCTA devoted to its child health program suggested that it placed an even stronger emphasis on child health than the movement in general.

The MCTA worked directly with children during this phase of its child health education program and its primary vehicle for doing so was the schools. The club delivered talks and presented exhibits at schools, distributed educational material to children, initiated programs like the Modern Health Crusade, and opened fresh air schools. In many cases, the MCTA first began its educational programs in city schools,

⁷¹ Randolph, 68.

⁷² Untitled document beginning "Indianapolis now has 4 Open Air Rooms....," MCTA, Box 23, Folder 1.

⁷³ Richard Harrison Shryock, *National Tuberculosis Association 1904-1954: A Study of the Voluntary Health Movement in the United States* (New York: National Tuberculosis Association, 1957), 170.

then expanded its offerings to include county and parochial schools. School officials supported the organization's programs and worked with members, although schools could not afford to fund the programs themselves. Later, when their funds allowed, city and county officials assumed control over many programs that the MCTA had begun.

The MCTA did not start health education in Indianapolis and Marion County schools. However, it did much to expand health education into all schools and incorporate the practice into the standard school curriculum. Generally speaking, health and hygiene education began in American public schools in the 1880s and 1890s by temperance reformers teaching about the dangers of alcohol. General health education was a part of, but not the focus of, these practices in many states.⁷⁴ In Indiana, health issues like ventilation in school buildings were addressed starting in the 1880s. About the same time, school children were required to be vaccinated against smallpox. The Indianapolis school board appointed a committee on physical education and training in the 1890s, children were examined for contagious disease by 1900, and by 1910 physical education and school hygiene were taught in Indianapolis schools.⁷⁵ Despite these steps, TB prevention was not taught to children and the MCTA believed existing programming was inadequate to properly educate children about hygienic living.

⁷⁴ Ruth E. Grout, *Health Teaching in Schools: For Teachers in Elementary and Secondary Schools*, Second edition (Philadelphia: W.B. Saunders Co., 1953), 14-15.

⁷⁵ Norma Deluse, "A History of the Indianapolis Elementary Schools, 1821-1900" (Master's thesis, Butler University, 1933), 64-65, 72; Randolph, 111; William J. Reese, "Education," in *The Encyclopedia of Indianapolis*, eds. David J. Bodenhamer and Robert G. Barrows (Bloomington: Indiana University Press, 1994), 78.

Fresh Air Schools

One of the MCTA's first child health efforts was its support of fresh air schools. Fresh air schools were school rooms open to fresh air year round, usually by means of multiple screened windows in the classroom. Children came dressed in heavy clothing to stay warm in colder months, but received the benefits of fresh air all day long.

Fresh air schools began in a Berlin suburb in 1904, and the concept quickly spread to America. A fresh air school opened in Puerto Rico the same year, in London in 1907, and in Providence, Rhode Island, Boston, and New York City in 1908. The movement came to the Midwest in 1909 when a fresh air school opened in Chicago. Fresh air schools in the United States were initially designed to improve the health of children already exposed to tuberculosis but evolved to include all unhealthy children. They were based on the idea that access to fresh air and a healthy environment could cure TB or at least arrest the disease.⁷⁶

The MCTA formed a committee in 1915 to establish fresh air schools, one of which was later named after Theodore Potter for his support of the school.⁷⁷ Fresh air schools quickly grew into the most significant, and most expensive, part of the association's child health program and remained so through the mid-1920s. The MCTA believed them worth the cost because fresh air schools were "the best method to prevent tuberculosis in children."⁷⁸ The group worked with community partners like the PTAs and the city boards of health and education to open fresh air schools in Indianapolis. The

⁷⁶ Brief History of fresh air schools in Indianapolis and Marion County, MCTA, Box 23, Folder 6; Cynthia A. Connolly, *Saving Sickly Children: The Tuberculosis Preventorium in American Life, 1909-1970* (New Brunswick, NJ: Rutgers University Press, 2008), 41, 50.

⁷⁷ Various fresh air school records in MCTA, Box 23, Folder 1.

⁷⁸ Untitled document beginning "Indianapolis now has 4 Open Air Rooms."

MCTA and its partners maintained their support of the schools to ensure that children who attended the fresh air schools received vision, dental, and medical care as needed.⁷⁹

The Lucretia Mott School opened the first fresh air school in Indianapolis in two of its classrooms for roughly sixty children during the 1913-1914 school year. At first the desks were reserved for healthy children but starting in 1916, the school accepted only sick children. The MCTA did not create this school, but it provided clothing, cots, blankets, and transportation fees for children, a total expense of a few hundred dollars each year. For instance, costs came to \$241.36 during the 1920-1921 academic year.⁸⁰

The MCTA took the initiative in establishing the second fresh air school in Indianapolis on the grounds of the Arsenal Technical Institute on 12 October 1914, later renamed the Theodore Potter Fresh Air School. The group refurbished a building on site, installed water and gas, and opened a two-room school for 50-65 children, ages 6-17. The children who attended had been exposed to tuberculosis, but no active tuberculosis cases were accepted. The MCTA provided blankets, clothing, food, transportation to and from school, a nurse, a matron, and a janitor, while the city board of education provided a teacher.⁸¹

Students arrived at 8:30 in the morning and began with thirty minutes of exercise and study. A morning lunch followed at 9 am with additional school work from 9:15 am to noon. A second meal followed from 12-1 pm with a rest period from 1-2 pm, another hour of school work from 2-3 pm, and children were dismissed at 3 pm. The children received two meals to improve their health. The morning lunch included bread, butter,

⁷⁹ Various fresh air school reports in MCTA, Box 23, Folder 4.

⁸⁰ Various fresh air school reports in MCTA, Box 23, Folders 1 and 4.

⁸¹ Various fresh air school reports in MCTA, Box 23, Folder 1.

and hot cocoa. Noon lunch might include roast beef, potatoes, gravy, bread, butter, prunes, and milk or simpler fare of vegetable soup with meat and beans.⁸²

The Potter Fresh Air School was by far the most expensive fresh air school the MCTA funded, because the association supplied most of the operating costs as well as refurbished the school building. Generally food was the largest expense. During the 1918-1919 academic year, it spent \$2,102.75 on the Potter school while it spent only \$107.11 on all other Indianapolis fresh air schools combined. Total expenditures were \$10,718 that year.⁸³ In 1918, the Indianapolis Board of Education assumed control of the Potter school, and in 1919 the city health board began to pay the nurse's salary. This limited the MCTA support to carfare, food, cooks, and clothing expenses, which between 1921 and 1922 came to \$4,257.48.⁸⁴ Then, during 1922 and 1923, the Indianapolis Board of Education responded to the popularity of the Potter Fresh Air School by constructing a new building at a cost of \$100,000. The new building housed 120 children in four classrooms and was the only dedicated fresh air school building in Indianapolis. The MCTA's costs from 1922 to 1923 were \$3,087.56.⁸⁵ In 1925, the city health board assumed the expense of the food.⁸⁶

Additional fresh air classrooms opened in schools during the MCTA's first fifteen years. The third was in two rooms at School #57 in Irvington at the urging of the local PTA. Unlike the Potter school, the Irvington fresh air school was for healthy children. A fourth fresh air school opened in 1916 at School #60 at 33rd and Pennsylvania Streets through the efforts of Mrs. Eli Schloss, a member of the MCTA board of directors. At

⁸² Daily Schedule, MCTA, Box 23, Folder 1; Open Air Schools, MCTA, Box 23, Folder 2.

⁸³ Report Theodore Potter Fresh Air School, School Year, 1918-1919, MCTA, Box 23, Folder 3.

⁸⁴ Various fresh air school reports in MCTA, Box 23, Folder 5.

⁸⁵ Report Theodore Potter Fresh Air School, September 1922-July 1923, MCTA, Box 23, Folder 4.

⁸⁶ Brief History of fresh air schools in Indianapolis and Marion County, MCTA, Box 23, Folder 6.

both School #57 and School #60, the students' families paid for their clothes and food.⁸⁷ In February 1917, the fifth group of fresh air classrooms opened at McCoy School, an African-American school at North and Agnes Streets. It educated twenty to thirty sick children each year. The MCTA provided clothing for the children while the WIC raised money to provide students with hot lunches.⁸⁸

The sixth fresh air school opened at the Robert Dale Owen School at West and McCarthy Streets for sick children in September 1917. At first, the single classroom educated twenty-five students in fourth and fifth grades. By 1920, the school added a second room to accommodate 55-65 children a year and added a third room in 1929. The MCTA provided clothing for students and worked with the Jewish Federation and other groups to supply the food.⁸⁹ The seventh fresh air school opened in September 1918 at Sunnyside Sanatorium where the MCTA provided heavy coats for students.⁹⁰ An eighth fresh air school opened in 1924 in two rooms at the Nebraska Cropsey School.⁹¹

The MCTA's support of Indianapolis's fresh air schools commanded more and more of the organization's budget over the years. In 1915, its support of fresh air schools occupied 19 percent of its budget. By 1919, this number peaked at 21 percent of the budget. This fell to 16.6 percent of the budget by 1925.⁹² It far exceeded the costs of any other educational program and exceeded the salaries of the whole MCTA staff. In fact, in many years, the fresh air schools were the biggest or one of the top expenses in the organization's budget (see Figure 2 and Figure 3). Within the budget for fresh air

⁸⁷ Various fresh air school reports in MCTA, Box 23, Folder 1.

⁸⁸ Various fresh air school reports in MCTA, Box 23, Folder 1.

⁸⁹ Various fresh air school reports in MCTA, Box 23, Folders 1 and 6.

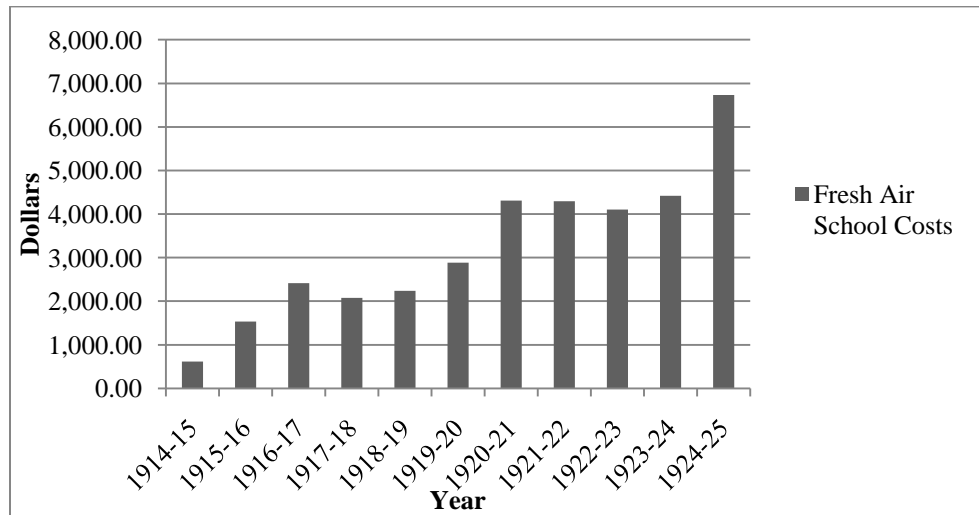
⁹⁰ Brief History of the fresh air school in Indianapolis and Marion County, MCTA, Box 23, Folder 6.

⁹¹ MCTA, *Twelfth Annual Report of the MCTA 1924-1925* (Indianapolis, 1925), 9.

⁹² Financial Report for 1915, MCTA Box 2, Folder 2; MCTA, *Sixth Annual Report*, 14; MCTA *Tenth Annual Report*, 9; MCTA *Twelfth Annual Report*, 13.

schools, the Potter Fresh Air School consumed the bulk of the MCTA's resources. Other fresh air schools received a few hundred dollars each year while the Potter Fresh Air School got thousands. This was because the Potter School was significantly larger (120 children versus 30-60 at other schools) and the association was more invested in its daily operations since it founded this fresh air school. In addition, the fresh air schools received community support that helped defray the MCTA's costs. For example, during the 1921-1922 school year, in addition to the money the organization budgeted, the MCTA board donated \$489.59 and the MCTA received \$383.50 in donations, mostly from students' families, churches, and women's clubs.⁹³

Figure 3: Fresh Air School Expenditures⁹⁴



Supporting the fresh air schools was a major undertaking for the MCTA, but its hard work paid off in national recognition. In 1924, an NTA survey of Indianapolis described the Potter Fresh Air School as “one of the best examples of a fresh air school

⁹³ Various fresh air school reports in MCTA, Box 23, Folder 4 and 5.

⁹⁴ Financial information drawn from various MCTA records.

that can be found in this country.”⁹⁵ Flora Dutcher, MCTA Education Secretary, was familiar with the Cleveland fresh air schools and in comparing the two cities’ fresh air schools in 1927, concluded that “Indianapolis and Marion County had something to be proud of...”⁹⁶

Health Work at Schools

In addition to supporting fresh air schools, MCTA staff and members visited school children to teach them about tuberculosis and health. In March 1914, the Indianapolis Board of Education approved the organization’s plan to have staff and volunteer nurses talk to students about hygiene. In presenting talks and exhibits at schools, the MCTA designed its own educational materials as well as used materials from the ITA, NTA, and other organizations. That spring, the group gave 347 talks to 24,102 students. The next year, the MCTA’s child health education program reached all the city, county, and parochial schools in Marion County in one form or another.⁹⁷ During the 1918-1919 school year, the association gave 851 talks to students.⁹⁸ This program continued through the 1920s and the MCTA addressed students, mothers’ clubs, and school principals about tuberculosis prevention, oral hygiene, the value of bathing, and other health topics. The MCTA also purchased traveling exhibits on hygiene from the Indianapolis Board of Health in 1918 to show in schools.⁹⁹ It effectively used the exhibit

⁹⁵ Pattison, 44.

⁹⁶ Flora Dutcher, Report of Educational Work, MCTA, Box 10, Folder 3.

⁹⁷ History of the Marion County Society for Prevention of Tuberculosis 1916, MCTA, Box 27, Folder 1.

⁹⁸ MCTA, *Sixth Annual Report*, 8.

⁹⁹ Various child health education reports, MCTA, Box 12, Folder 1; MCTA, *Sixth Annual Report*, 8.

to educate children by having them view the exhibit then write essays about health and hygiene.¹⁰⁰

In addition to its school program, the MCTA ran the Modern Health Crusade, a program promoting child health and hygiene developed by the NTA in 1915. Children performed health chores and practiced hygienic habits like brushing their teeth and getting a good night's sleep. In return, they were awarded the status of knights, mimicking a medieval crusade.¹⁰¹ Hugely popular with anti-tuberculosis groups and children, the Crusade quickly occupied much of the MCTA's attention after it was introduced.

The 1918-1919 school year was the first year the MCTA supported the Crusade. Endorsed by both the city and county boards of education, the organization involved 35,119 children in city, county, and parochial schools in the Crusade.¹⁰² Involvement continued to increase over the next few years: 53,119 children during the 1918-1919 academic year and 42,165 students in 1919-1920.¹⁰³ But such involvement was expensive as the MCTA provided the supplies for the schools. The Crusade commandeered 17 percent of the organization's budget from 1918-1919 and exceeded fresh air school costs the following school year.¹⁰⁴

Despite these costs, the MCTA continued to work to reach every school in the county with the Crusade. By 1921, the Indianapolis public schools incorporated the Crusade into their regular curriculum, relieving the anti-TB group of those programming

¹⁰⁰ Untitled document beginning "Marion County Tuberculosis Sanatorium," MCTA, Box 23, Folder 1.

¹⁰¹ Various NTA *Bulletins* and articles about the Crusade in MCTA, Box 31, Folders 2-6; Shryock, 171.

¹⁰² MCTA *Sixth Annual Report*, 6-7; Modern Health Crusade, MCTA, Box 2, Folder 3.

¹⁰³ Pattison, 101.

¹⁰⁴ MCTA, *Sixth Annual Report*, 14.

costs.¹⁰⁵ With Indianapolis school students participating separately in the Crusade via their school curriculum, MCTA-sponsored figures for the Crusade decreased sharply and the association expanded the program in county and parochial schools. In 1920, it reported 4,000 students in the Crusade, 3,315 in 1921 at 65 county and parochial schools, and 8,025 by the 1924-1925 school year.¹⁰⁶ By 1926, the organization reached 32 schools with the Crusade.¹⁰⁷

The fresh air schools and the Crusade were the MCTA's major child health education programs, supplemented by additional talks and exhibits to school children. But the association also devoted some resources to reaching children during the summer months at local playgrounds. In 1921 the MCTA held programs at local playgrounds using health songs, plays, games, story time, films, and a marionette show. It visited a total of eighteen playgrounds, although only eight regularly. That summer 3,000 children saw the marionette show. Staff and volunteers gave 39 talks, presented four marionette shows to 1,150 children, distributed 138 copies of health games, songs, and bulletins, and told 180 health stories to 10,016 children.¹⁰⁸ The program continued in 1922 and 1923 when a health fairy was added which educated 5,000 children.¹⁰⁹

Medical Care

While conducting educational work, the MCTA also ensured that children were healthy by providing access to medical care. In 1920, the first county school nurse,

¹⁰⁵ Various letters, MCTA, Box 28, Folder 2; Annual Report 1921 (Brief Report), MCTA, Box 10, Folder 2.

¹⁰⁶ Annual Report 1921 (Brief Report), MCTA, Box 10, Folder 2; MCTA, *Twelfth Annual Report*, 7.

¹⁰⁷ Report Child Health Education June 1925-June 1926, MCTA, Box 12, Folder 6.

¹⁰⁸ August 5, 1921, MCTA, Box 10 Folder 2; various playground reports and activities, MCTA, Box 20, Folder 6.

¹⁰⁹ MCTA, *Tenth Annual Report*, 11.

employed by Marion County, began her work. She visited schools to examine children, an overwhelming task considering the number of school children. The MCTA also hired a nurse, Miss Florence Waltz, in 1920 to visit school children and homebound tuberculosis patients. In 1921, the association partnered with the county so that the two nurses effectively divided the work between them to reach the school children.¹¹⁰

While the MCTA-funded county public health nurse's responsibilities included visiting adult tuberculosis patients, much of her work focused on children. She examined school children for TB and other health problems, gave students diphtheria immunizations, held monthly infant welfare clinics, conducted home and school visits of children, and assisted the county's traveling dental clinic that visited schools.¹¹¹ During the early 1920s, the MCTA-funded nurse examined between 5,000-6,000 children each school year. She also delivered health talks in schools, twelve in 1921 for example, and conducted home visits as necessary, 640 during the 1923-1924 academic year. Later a third county public health nurse was employed by the county and the association nurse's territory decreased as the three nurses shared the workload. As such, during the 1925-1926 school year, she was able to conduct a general health inspection of all students in nineteen Wayne, Center, and Warren township schools.¹¹² The MCTA's county public health nurse continued her work through 1936, although several different women held the position (see Appendix 1).

¹¹⁰ Various nurses held the MCTA-funded county nurse position over the years. See Appendix 1 for a complete listing. Annual Report March 1920-March 1921 (Full Report), p. 11, MCTA, Box 10, Folder 2.

¹¹¹ Annual Report of the County Public Health Nurse Work, MCTA, June 1926-1927, MCTA, Box 16, Folder 9; 16th Annual Report, 1928-1929, MCTA, Box 10, Folder 4; Annual Report County Public Health Nurse, 1928-1929, MCTA, Box 10, Folder 5; Annual Report County Public Health Nurse, MCTA, Box 10, Folder 6.

¹¹² Various Nurse Reports, County Schools, MCTA, Box 16, Folders 5, 7, and 8.

Conclusion

When doctors and concerned community members began a county tuberculosis association in 1911, they stepped onto a field already populated with agencies concerned with Hoosiers' health. However, limited resources, varying missions, and the public's perception of the threat of TB meant the MCTA provided needed services within the city and county by promoting tuberculosis knowledge and prevention via public educational campaigns. It also advocated that TB sanatoria and clinics be opened and facilitated access to nurses and medical care for tuberculosis patients.

Seeking the optimum methods to eradicate tuberculosis, the MCTA focused its attention on children. Following medical beliefs of the time, that most initial tuberculosis infections occurred in childhood, the association's leaders reasoned that if it could strengthen children's health they would be less likely to develop active cases of the disease. Combined with members' interest in child welfare and a lack of such programs, child health education quickly developed into the MCTA's top priority. It launched an ambitious program of child health activities, including the Modern Health Crusade, health talks at schools, promoting and funding fresh air schools in the city, and funding a public health nurse for schools. Figure 2 compared the organization's top program costs to reveal the priority given to children and the significant amount of resources that the MCTA dedicated to their health.

By the mid-1920s, the MCTA had established itself as a respected organization with a variety of programs. Starting in the mid-1920s it began to refine its programs in response to the evolving needs of the community. Significant shifts took place within the MCTA's child health education program, as the next chapter will show.

Chapter 3: The MCTA Refines its Educational Agenda

Indianapolis residents interrupted their Christmas season in 1932 to mourn the loss of one of their greatest champions against tuberculosis, Dr. Alfred Henry, who died December 13. The death of this locally and nationally recognized leader in the war against TB was a great blow to his colleagues, patients, and the MCTA. Indianapolis remembered him as a “master in the treatment of tuberculosis.”¹ Dr. Henry’s twenty years of leadership in the MCTA placed him in the center of an evolving movement in the 1920s and 1930s where he witnessed and led the changes occurring in the organization’s programming.

By the time that Dr. Henry died, the MCTA had been refining its program of activities since the mid-1920s, especially its child health education department, to better combat tuberculosis and address the health needs of Marion County. The group continued successful programs like the Christmas seal sale and implemented new programs like the Early Diagnosis Campaign and tuberculin testing in schools. In its Child Health Education Department, attention to fresh air schools decreased as city health and education officials assumed control of those schools. Concern with nutritional health replaced fresh air school work and the MCTA started school nutrition classes and a summer nutrition camp. The importance of the Modern Health Crusade decreased as health education was incorporated into schools’ regular curricula. In response the association shifted from teaching students directly to preparing educators to teach health. Despite these changes, child health education remained a top priority through 1936.

¹ “Dr. Henry, Leader in Fight on Tuberculosis, Dies Here,” *Indianapolis Star*, 13 December 1932, p. 4.

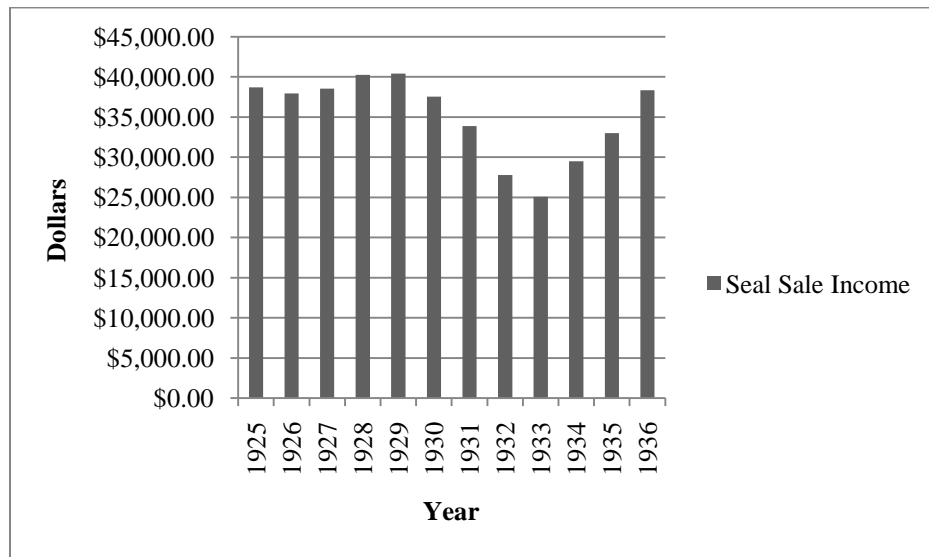
Business as Usual

Through 1930s, the organizational structure, purpose, and procedures of the MCTA remained the same. The group continued its Christmas seal sale, which still produced the majority of its annual revenue. Income increased dramatically during the prosperous 1920s; however, funding fell during the Great Depression and only began to rise again towards the mid-1930s (see Figure 4). The MCTA believed that the financial hardships of the Great Depression would affect the health of Indianapolis residents, especially its tuberculosis mortality rate; therefore, the group judged that its services were needed more than ever. As such, the organization continued all of its programs through the Great Depression, coping with limited funds by using money saved during the 1920s and slashing 1930s budgets to work within its means. The MCTA's response to the Great Depression was typical of the anti-tuberculosis movement; for example, the NTA cut budgets to handle falling Christmas seal sale income in the same way.² The MCTA won several awards from the ITA for its fundraising in the 1930s. It earned certificates of excellence in 1930 for seals sold per capita (9.1 cents per capita), and in 1931 and 1933 for ranking at the top of Class A cities, and in 1934 garnered an Honorable Mention.³

² Richard Harrison Shryock, *National Tuberculosis Association 1904-1954: A Study of the Voluntary Health Movement in the United States* (New York: National Tuberculosis Association, 1957), 223.

³ Certificates with ITA correspondence, Marion County Tuberculosis Association Records 1913-1949, Indiana Historical Society, Indianapolis, Indiana, Box 1, Folders 1-3. Hereafter, this collection will be abbreviated MCTA in citations.

Figure 4: Christmas Seal Sale Income, 1925-1936⁴



Dr. Henry stepped down as president in 1927, fifteen years after first being elected to the position. He remained active on the board until his death in 1932, presenting papers at the Mississippi Valley Conference on Tuberculosis annual meeting in 1930 and chairing the MCTA's health education committee in 1932.⁵ As the proceeds from Christmas seal sales increased in the 1920s and the MCTA's activities expanded, Dr. Henry and the board hired additional staff. They employed an Education Secretary starting in 1921, first hiring Thaddeus Sleszynki through March 1922, June Gray from 1922 to 1927, Flora Dutcher from 1927 to 1936, and Edna Grabiell starting in 1936. The association hired a Child Health Education coordinator, Helen Neal, in 1924. Louise Dumas replaced Neal in 1931 and worked through 1937 (see Appendix 1 for an employee list).⁶

⁴ Financial figures obtained from various records in the MCTA collection.

⁵ Program: Mississippi Valley on Tuberculosis and Sanatoria Association 1930 [a combined meeting of the two groups], p. 10, 13, MCTA, Box 32, Folder 6; From MCTA, Meyers-Kiser Building, Press Release, MCTA, Box 22, Folder 9.

⁶ See Appendix 1 for a list of other staff.

The MCTA continued its collaboration with other health agencies in Indiana. A 1929 document identified the “friendly relationship” that existed between the anti-TB group and the Indianapolis and Marion County health boards.⁷ Indicative of the cooperative nature between health organizations in Indianapolis was the Institute for Tuberculosis Workers. In 1933, the MCTA partnered with the NTA, ITA, and Indiana University Extension School Division to offer the Institute, which taught all aspects of anti-tuberculosis work, including prevention, treatment, education, child health, and working with government officials and was open to all local anti-TB and health workers.⁸

The MCTA also continued to participate in regional and national anti-tuberculosis organizations. The Mississippi Valley Conference on Tuberculosis elected Mary Meyers its 1935-1936 president. Indicative of the respect with which Meyers and her anti-TB work was held, she was the first woman to be elected president of the Mississippi Valley group. Fellow Mississippi Valley Conference officer A. W. Jones described her as a “popular” and “great” president.⁹ Dr. Henry also represented the MCTA on the national stage, serving as president of the NTA during 1931-1932.

General Educational Program

While the general structure and operations of the MCTA remained the same through 1936, its educational line up gradually changed. The association continued its public and adult educational activities, expanding, adding, and curbing programs as

⁷ The Relationship between the MCTA, Indianapolis, IN, and the City and County Boards of Health, MCTA, Box 33, Folder 1.

⁸ Institute for Tuberculosis Workers, MCTA, Box 1, Folder 3.

⁹ As president, Meyers championed women in leadership positions within the tuberculosis movement and the Mississippi Valley organization. Silver Anniversary-Mississippi Valley Conference on Tuberculosis, (1938), p. 17-18, MCTA, Box 33, Folder 3.

needed. Changes were made to better address the tuberculosis situation in Indianapolis and in response to suggestions from the NTA.

As it had in the past the MCTA distributed anti-tuberculosis literature and presented lectures to groups and clubs.¹⁰ The MCTA added motion pictures to its educational repertoire in the mid-1920s. It rented and purchased equipment and films and increasingly used them to educate the public into the 1930s. The novelty of films gave the MCTA a new way to attract audiences to its educational talks. The organization provided these films, talks, and literature free to the public.

The MCTA discontinued its targeted anti-spitting campaigns after 1925. The group continued to send anti-spit posters and cards to factories through the 1920s and in 1930, but this was the limit of its anti-spit efforts and this can be linked to its Health in Industry campaign, described below.¹¹ This might also be the result of its officers concluding that they had succeeded in altering attitudes towards public spitting and that their resources would be more effectively spent elsewhere.

The MCTA expanded its work with African-Americans in Indianapolis, although this remained a small portion of its work overall. The association worked with the Aesculapian Medical Society during National Negro Health Week and visited African-American schools, churches, and other groups to present talks, distribute materials, and show films.¹² The MCTA also partnered with the Indianapolis Health Department and

¹⁰ MCTA, *Twelfth Annual Report of the MCTA 1924-1925* (Indianapolis, 1925), 5-6; 16th Annual Report, MCTA, Box 10, Folder 4; various Education Secretary monthly reports by Flora Dutcher from 1929-1934, MCTA, Box 13, Folder 8; MCTA, *Twenty-second Annual Report of the MCTA* (1935), 11-12.

¹¹ Various reports and letters about anti-spit work, 1925-1927, MCTA, Box 11, Folder 5; Mary Meyers to Managers of Industrial Plants of Indianapolis, 17 March 1930, MCTA, Box 29, Folder 3.

¹² The MCTA participated in the National Negro Health Week every year through 1936. Various Education Secretary monthly reports by Flora Dutcher from 1929-1934, MCTA, Box 13, Folder 8; Joint Campaign on Negro Health, MCTA, Box 15, Folder 8.

the Aesculapian Medical Society to host an Institute for Negro Doctors about tuberculosis. In 1934, twenty-seven African-American doctors attended the first Institute. It proved so successful that the MCTA held a second one in 1936 that was executed so well that an NTA doctor said the national organization was considering publishing the program as an example to others.¹³ The association also promoted a NTA-sponsored TB essay contest at Crispus Attucks, the African-American high school in Indianapolis, and in 1936 Elizabeth Stanfield, a senior from Crispus Attucks won third place in the national contest.¹⁴

The MCTA enlarged its Health in Industry program in the mid-1920s and allocated additional resources to it through the 1930s. It included health talks to workers and distribution of literature and posters through the 1930s. In 1928 and 1929, new posters were distributed monthly, and the organization delivered more than 600 posters a month to factories and businesses.¹⁵ The MCTA's efforts in industry reflected both its own interest in outreach to adult groups as well as a rising interest in industrial health by the NTA, which encouraged such programs by local organizations.¹⁶

In addition to these ongoing activities, the MCTA added new programs like the Early Diagnosis Campaign to its public education drives. The Early Diagnosis Campaign, developed by the NTA, was designed to locate early and treatable cases of tuberculosis and to educate the public about the need for early detection and prevention.

¹³ Joint Campaign on Negro Health, 1934, MCTA, Box 11, Folder 4; Mary Meyers to Dr. C. St. C. Guild of the NTA, 12 April 1934, MCTA, Box 24, Folder 1; (From the MCTA) for release, MCTA, Box 24, Folder 1; Mary Meyers to Dr. L.L. Allen, 25 November 1936, MCTA, Box 24, Folder 2.

¹⁴ Kendall Emerson of the NTA to Miss Elizabeth Stanfield, 9 November 1936; Meyers to Dr. Edgar Kiser, 16 November 1926, MCTA, Box 13, Folder 12.

¹⁵ 16th annual report, MCTA, Box 10, Folder 4; various Education Secretary monthly reports from Flora Dutcher, 1929-1934, MCTA, Box 13, Folder 8; report labeled September 1936, MCTA, Box 13, Folder 10; MCTA, *Twenty-second Annual Report*, 11-12; various monthly child health education reports of Louise Dumas, MCTA, Box 12, Folder 3.

¹⁶ Shryock, 237.

The NTA and ITA sold the MCTA materials for the campaign, including posters, billboards, and films, which the Marion County group distributed to doctors and nurses, parents, teachers, school boards, clubs and organizations, medical societies, and governmental agencies. The MCTA also gave lectures and showed films during the campaign, offering an extra dose of education in an effort to motivate people to see their doctor for an annual physical exam.¹⁷ The first campaign ran in 1928 with the slogan “Let Your Doctor Decide,” focusing on the early discovery of pulmonary tuberculosis.¹⁸ In 1929, the Early Diagnosis Campaign focused on childhood TB with the slogan “Early Discovery—Early Recovery.” The MCTA distributed 1,700 posters and 21,000 pieces of literature during the campaign.¹⁹ The Early Diagnosis Campaign focused on children in subsequent years with the slogans “Protect Them From TB” in 1930 and “TB: The Foe of Youth” in 1931. The Early Diagnosis Campaign was renamed the Spring Health Educational Campaign in 1932 and adopted the slogan “Every Case of TB Comes from another—Where is the Other Case?”²⁰ The Spring Health Educational Campaigns continued through 1936.²¹

The MCTA’s public education programs responded to health needs in Indianapolis. It adopted new technology like films, expanded its work with African Americans, and added new programs like the Early Diagnosis Campaign to strengthen

¹⁷ 15th Annual Meeting Report of the Executive Secretary, MCTA, Box 10, Folder 3; Floyd Evans to Mary Meyers, 16 March 1929, MCTA, Box 14, Folder 10; “Plan for 1930 Early Diagnostic Campaign,” MCTA, Box 14, Folder 10.

¹⁸ Untitled document, starts “The Early Diagnosis Campaign this year is being called the Spring Health Educational Campaign....” MCTA, Box 15, Folder 2.

¹⁹ 16th Annual Report, p. 8, MCTA, Box 10, Folder 4.

²⁰ Report of the Executive Secretary, MCTA, Box 11, Folder 2; untitled document, starts “The Early Diagnosis Campaign this year is being called the Spring Health Educational Campaign....” MCTA, Box 15, Folder 2.

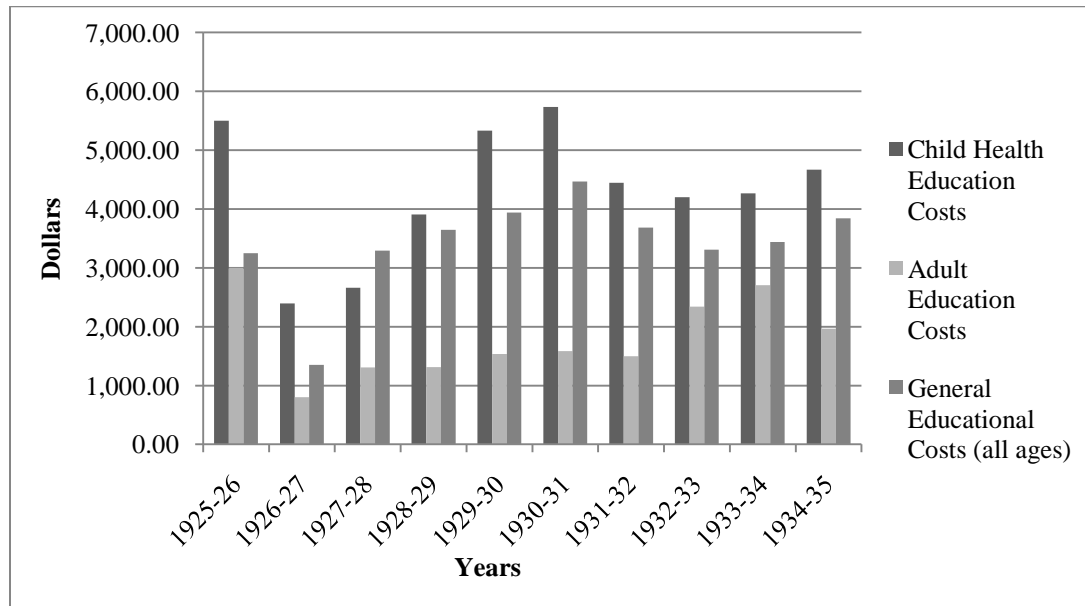
²¹ MCTA, *The Annual Report of the MCTA for 1932-1933* (Indianapolis: MCTA, 1933), 3; MCTA, *Twenty-first Annual Report of the MCTA* (Indianapolis: MCTA, 1935), 7; MCTA, *Twenty-second Annual Report*, 12.

preventive work. Although the board continued to allocate more resources to child health education overall, the association did implement noteworthy adult education programs.

Child Health Education

The MCTA continued its child health education program, with modifications, from the mid-to-late 1920s through the 1930s. It continued the county public health nurse's work and added new programs like tuberculin testing and observance of National Child Health Week. At the same time, the association curtailed other programs and shifted tactics to better address tuberculosis prevention in children. Although the biggest change came as the association switched resources and priorities from fresh air schools to nutrition education, the way in which the MCTA conducted child health education also shifted: from teaching children directly via the Crusade and school talks to preparing educators to teach health classes and providing them with the resources to do so. Despite these alterations, child health education remained the organization's top priority. As Figure 5 illustrates, child health education expenditures exceeded other educational programming costs every year save one between 1925 and 1935.

Figure 5: Child Health Education Expenditures versus Adult Health Education Expenditures²²



The MCTA added two new programs to its Child Health Education department: observance of National Child Health Week/May Day and tuberculin testing in schools. The association observed May Day, originally called the National Child Health Day, starting in 1925 and continuing through 1935. The MCTA’s May Day program reached 6,387 students in 24 schools in 1925.²³ To put this in perspective, there were 111 grade school buildings in Indianapolis during the 1925-1926 school year with 45,952 total students.²⁴ By 1928 observance of May Day was combined with events for National Child Health Week since the two coincided at the beginning of May. Another example of cooperation between the MCTA and other community organizations was their joint

²² Data are drawn from various financial reports in the MCTA collection. Data for 1925-1926 comes from a proposed budget.

²³ Report Child Health Education June 1925-June 1926, MCTA, Box 12, Folder 6; “Report Child Health Education April 1935, MCTA, Box 12, Folder 3.

²⁴ This included public and parochial schools. Report of Nutrition Work, Indianapolis, Indiana by the MCTA School year 1925-1926, MCTA, Box 19, Folder 10.

observation of May Day/Health Week and their cooperation to plan events throughout the city. From 1928 to 1933, Mary Meyers chaired the committee in charge of Child Health Week, composed of representatives from the ITA, Indiana Board of Health, various children's groups, women's groups, and PTAs in Indianapolis. During National Child Health Week, the MCTA gave talks in schools and distributed materials to schools and to the public. It sponsored a community clean-up at white and African-American schools.²⁵

In 1934, the MCTA began to offer tuberculin testing and x-rays in schools to determine which students had been infected with tuberculosis. This gave the organization concrete information as to how prevalent TB exposure and infection really were among Marion County children and allowed it to locate early cases and encourage those exposed to tuberculosis to seek medical care in order to prevent the spread of the disease. The MCTA prepared students by sending letters and literature to parents and showing educational films coupled with question and answer sessions for students. Students were given a tuberculin test, and if the test was positive, an x-ray was given as a follow up to determine conclusively if the child was infected with tuberculosis.²⁶ In addition to school students, the organization also examined Indiana Central College students, medical students, and nurses at area hospitals and the Indiana University Hospital Training School. The exact procedure differed from group to group. For example in 1935, Dr. Charles McIntyre, a member of the MCTA, performed the testing at St. John's Academy. In 1936, the MCTA simply provided the tuberculin testing

²⁵ Child Health Week in Indianapolis, 1929, MCTA, Box 12, Folder 11; Report on Child Health Week, 1929, MCTA, Box 12, Folder 8; Seventeenth Annual Report, p. 2-3, MCTA, Box 10, Folder 6; Report of the Executive Secretary, MCTA, Box 11, Folder 2; Child Health Week Observation, 1933, MCTA, Box 13, Folder 3.

²⁶ MCTA, *25 Years of Service* (Indianapolis: MCTA, 1939), 18; Flora Dutcher's Education Secretary monthly reports, 1934, MCTA, Box 13, Folder 9; MCTA, *Twenty-second Annual Report*, 12.

materials and tracked records of the nurses tested at the Indiana University Hospital Training School while a staff doctor there performed the actual tests. The tuberculin testing continued through 1936.²⁷

The First Shift: From Fresh Air Schools to Nutrition

The MCTA continued to support Indianapolis's fresh air schools through the mid-1920s. However its growing interest in nutrition combined with the city of Indianapolis assuming the majority of fresh air school costs, resulted in a decrease in the association's support of fresh air schools from the mid-1920s through the 1930s. In 1925, the Indianapolis boards of health and education assumed all costs of the Potter Fresh Air School except for students' transportation costs, which the MCTA still paid through 1936. MCTA nurses visited the schools to examine children and checked up on current and former children at home through the 1920s, and Dr. Henry examined students at the Theodore Potter Fresh Air School. But from a high of 21 percent of the annual budget in 1919, fresh air schools commanded only 3 percent of the MCTA's budget in 1933.²⁸

The MCTA's support for fresh air schools decreased in the 1920s for two reasons. While its support for fresh air schools never wavered, after the city assumed the costs of fresh air schools the MCTA had little to do. The organization also followed a trend in the anti-tuberculosis movement that increasingly emphasized proper nutrition as the best way

²⁷ Louise Dumas monthly Child Health Education reports, 1936, MCTA, Box 12, Folder 3; Flora Dutcher's Education Secretary monthly reports, 1935, MCTA, Box 13, Folder 9; Report Child Health Education Department January 1935, MCTA, Box 12, Folder 3; Report Child Health Education September 1936, MCTA, Box 12, Folder 3.

²⁸ Nutrition Report, June 1925-June 1926, MCTA, Box 19, Folder 9; MCTA, *The Annual Report of the MCTA for 1932-1933*, 8.

to strength child health against TB.²⁹ Following this belief, the MCTA began nutrition work in the early 1920s with school nutrition classes and later expanded its work to include summer camps.

A key figure in the MCTA's nutrition program, especially the summer nutrition camp, was Julia Grayson Jameson. Julia Jameson came from a prominent Indianapolis family, was a member of the Family Welfare Society, and had been a member of the MCTA since 1927.³⁰ She expressed a keen interest in the nutrition program, chairing the nutrition committee and visiting community groups to solicit support for the camp. She was a driving force behind the opening of the association's summer nutrition camp. Jameson died on 15 May 1935; the MCTA renamed the summer nutrition camp the Julia Jameson Nutrition Camp for Frail Children in her honor later that year.³¹

In preparation for its nutrition program, the MCTA worked with Dr. William R. P. Emerson of the Nutrition Clinic for Delicate Children in Boston. Dr. Emerson worked at Tufts Medical School as a professor of children's diseases and at Massachusetts General Hospital as chief of its nutrition clinics.³² In October 1921, Dr. Emerson held a two week Institute on the Nutritional Problems of Children in Indianapolis. This institute publicized the start of the MCTA's nutrition work to the community and its belief that proper nutrition would improve child health. It taught teachers, parents, social workers, and doctors about nutritional concerns for youth and how to teach nutrition to schoolchildren. In conjunction with the institute, 140 children attended a nutrition class

²⁹ Georgina D. Feldberg, *Disease and Class: Tuberculosis and the Shaping of Modern North American Society* (New Brunswick, NJ: Rutgers University Press, 1995), 110.

³⁰ Alpha Latreian Club, *The Alpha Latreian Club 1924-1959: A Record of Activities Volume I, 1924-1959*, Alpha Latreian Club Records 1924-1989, Indiana Historical Society, Indianapolis, Indiana, BV2655. Hereafter, this collection will be abbreviated ALC.

³¹ Julia Jameson is also listed in MCTA records as Mrs. Alexander Jameson. MCTA, *Twenty-second Annual Report*, 17.

³² Mary Meyers to Mrs. Felix T. McWhirter, Sr., 26 August 1922, MCTA, Box 10, Folder 7.

run by Dr. Emerson. The children were taught about proper nutrition and were examined with an eye towards nutritional health. Emerson then issued nutrition recommendations to parents.³³ The MCTA argued that the nutritional problems Emerson uncovered in Indianapolis youth through the nutrition class, including many underweight children, demonstrated the need for such education in the city.

Responding to the popularity of its nutrition program and the first institute, the MCTA held another institute in April 1925, this time in cooperation with the Indiana University Extension School, ITA, and Indiana Board of Health. Mary Meyers served on the committee that planned the institute along with Murray A. Auerbach, the executive secretary of the ITA, Mrs. Edna Hatfield Edmonson from the Indiana University Extension School, and Miss Isabel Glover, Director of the Division of Nursing in the state Board of Health. The Institute on Nutrition taught doctors, nurses, teachers, and anti-tuberculosis workers how to teach nutrition and health to youth, how to examine students for health problems, and how to organize a nutrition class. Lectures were given by nurses, doctors, and ITA and NTA staff.³⁴ These Institutes illustrated the increasing priority given to nutrition and a growing preference for training teachers.

The MCTA began nutrition classes in Indianapolis city schools in 1921. The group held six classes during the 1921-1922 school year, five during the 1922-1923 academic year, another six in 1923-1924, and seven in 1924-1925.³⁵ In 1925 the Indianapolis Board of School Commissioners and the Board of Health assumed control of

³³ MCTA, *Institute on the Nutritional Problems of Children* (Indianapolis, 1921); Nutritional Work by the MCTA, Indianapolis, IN, October 1921-July 1922, MCTA, Box 20, Folder 3; Nutrition Work, 1921-1922, MCTA, Box 10, Folder 8.

³⁴ Indiana Institute on Nutrition, *Program April 21-24, 1925* (Indianapolis, 1925), 1, 4.

³⁵ MCTA, *Tenth Annual Report of the MCTA, 1922-1923* (Indianapolis: MCTA, 1923), 8; MCTA, *Twelfth Annual Report*, 6.

the classes, of which there were then over fifty, including those begun by the MCTA and those begun by teachers and schools.³⁶ But the association was not pushed completely out of the picture. In 1926, the MCTA visited city school nutrition classes and offered suggestions to teachers.³⁷ In the meantime, the group began nutrition classes in county and parochial schools and began nutrition classes at Real Silk Hosiery Mills and at L.S. Ayres Department Store in 1925.³⁸ The MCTA persisted in leading nutrition classes in Marion County schools through at least 1930, at which point it appeared to stop teaching the classes itself in favor of preparing teachers to lead their own nutrition classes.

These nutrition classes taught students proper nutritional habits and monitored their weight. Weighing students was part of the selection process to see which children were underweight, undernourished, and in need of nutrition education. Students in the nutrition class were weighed throughout the course to encourage them to gain weight and to monitor their health. MCTA staff nurses weighed students, and the organization supplied schools with scales and taught teachers how to use them. For instance, during the 1928-1929 academic year, 3,909 parochial school students were weighed and 460 were selected for a nutrition program. These students were weighed monthly to track their progress while being taught about nutrition and health habits.³⁹

By 1923, the shift from fresh air schools to nutrition was well underway and the MCTA elucidated its new approach to child health education in its *Tenth Annual Report*. Establishing nutrition classes for youth was described as the first step because they would

³⁶ Report of the Nutrition Camp Operated by the MCTA, July and August 1928, MCTA, Box 10, Folder 3; MCTA, *Twelfth Annual Report*, 6.

³⁷ Various nutrition reports from 1926, MCTA, Box 19, Folder 9.

³⁸ Nutrition Report, June 1924-June 1925, MCTA, Box 19, Folder 8; Nutrition Report, June 1925-June 1926, MCTA, Box 19, Folder 9.

³⁹ Annual Report of Child Health Education, 1928-1929, MCTA, Box 10, Folder 4.

teach and encourage children to practice good nutritional and health habits to increase their resistance to tuberculosis. Step two was to establish fresh air schools for children who failed to gain weight in the nutrition classes. This highlighted the change in the MCTA's child health education programming: fresh air schools had become secondary in importance to nutrition work. Next, organizations should establish summer nutrition camps for children to teach proper nutritional habits and provide a healthy environment for sick or undernourished children, something that the MCTA had just begun to contemplate. Finally, undernourished children who had not responded to any of the previous treatment steps should be sent to Sunnyside Sanatorium for care.⁴⁰

The MCTA first began to think about summer nutrition and health camps for children at about the same time it began nutritional work in Indianapolis schools. At first, it simply assisted other organizations with their summer camps by providing doctors and nurses to examine campers for tuberculosis and other health issues. For example, in 1923, the MCTA partnered with the Family Welfare Society, which ran a summer camp for women and children. That year the Family Welfare Society opened its camp to just children and the MCTA provided a nutrition program, doctors, and nurses for forty-three children.⁴¹ From 1924 through 1936, the MCTA staff worked with the city board of health to examine children at other summer camps including those of the Salvation Army, Girl Scouts, Camp Fire Girls, Girls Reserve, Boys Scouts, Boys Club, and the Ida Wineman Camp of the Jewish Federation. The MCTA provided clerical staff and a health supervisor to oversee the health program while city board of health doctors and nurses examined the children. At least one of the health board physicians, Dr. James

⁴⁰ MCTA, *Tenth Annual Report*, 10.

⁴¹ Report of Fairview Nutrition Camp, 1923, MCTA, Box 19, Folder 4; "Nutrition Report March 1923-June 1, 1924," MCTA, Box 20, Folder 1.

Stygall, was also a member of the MCTA.⁴² These exams evaluated the general health of campers and looked for tuberculosis and proper weight and nutrition.

In 1924 the MCTA began to ponder hosting its own summer nutrition camp. When the city boards of health and education assumed control of nutrition classes in 1925, this freed MCTA staff and resources to invest in its own summer nutrition camp. Without that city takeover, the association at the very least would have had to delay its plans for a nutrition camp, as it would have required additional time to raise the needed funds. But in 1925 the board began to budget and raise funds for a camp. The next year the group purchased eighty acres along White Lick Creek near Bridgeport.⁴³ It continued to solicit funds and donations to operate the camp through 1936. While raising money, Mary Meyers asked for advice on operations and fundraising from several other anti-tuberculosis associations around the country that ran summer youth camps, including the El Nido Preventorium in California, the San Diego Tuberculosis Association, and the Prendergast Preventorium of the Boston Tuberculosis Association.⁴⁴

To raise community awareness and support for the camp, the MCTA mailed donation letters and sent staff and volunteers like Julia Jameson to speak to community groups. Many individuals, clubs, and businesses donated products, services, or money. After the camp opened in 1928 the MCTA invited donors to the campgrounds during summers for afternoon tea or dinner so that donors could see the children and how their

⁴² Various Physical Findings Children in Summer Recreation Camps reports and examination records from summer recreation camps in MCTA, Box 26, Folders 7-9; Report of Health Activities in the Summer Recreation Camps of Indianapolis, 1927, MCTA, Box 26, Folder 7; Report dated 27 August 1924, MCTA, Box 19, Folder 5; Nutrition Report, June 1925-June 1926, MCTA, Box 19, Folder 9; Monthly Child Health Education Reports by Helen Neal, MCTA, Box 12, Folder 1.

⁴³ In today's terms, the camp is located 2 miles south of West Rockville Road and 2.5 miles west of I-465.

⁴⁴ Report of the Nutrition Camp, July and August 1928, MCTA, Box 10, Folder 3; letters to and from Meyers and those organizations in 1926 and 1927, MCTA, Box 26, Folder 3.

contributions were put to good use.⁴⁵ It also invited Indianapolis school principals, teachers, and PTA officers to the camp for tea to raise support for the camp.⁴⁶

Among its many donors, the MCTA established close ties with the Alpha Latreian Club of Indianapolis, which had been formed on 28 February 1924 as a junior group of the Indianapolis Federation of Women's Clubs.⁴⁷ A few years later, in April 1928, Julia Jameson spoke to the club about the MCTA's summer nutrition camp and asked for donations. The club agreed to support the camp and decided to host a skating party at Riverside Skating Rink to raise funds.⁴⁸ The first skating party in May 1929 raised \$417 for the camp. The club immediately donated all the money to the MCTA, but asked that it be held in abeyance until the new camp building was completed; then the club would inform the MCTA how it wanted its money spent.⁴⁹ Once the MCTA's new building was finished, the club asked that its donations be used to equip the kitchen.⁵⁰

In 1930, the Alpha Latreian Club decided to exclusively support the summer nutrition camp and from then on declined donation requests from other charities.⁵¹ The club continued to host fundraising skating parties through the 1930s, even in the face of the Great Depression. The skating parties became one of Indianapolis's social events of the year with the governor, mayor of Indianapolis, Eli Lilly, and Booth Tarkington in attendance. Over 1,000 people attended in 1931. Attendance decreased during the next

⁴⁵ 16th Annual Report, MCTA, Box 10, Folder 4; MCTA Nutrition Camp June 22, 1923-August 26, 1932 (financial reports), 2, MCTA, Box 24, Folder 7; Mrs. Henry H. Hornbrook to unknown recipient, 1 July 1932, MCTA, Box 24, Folder 7.

⁴⁶ Mary Meyers and Julia Jameson to Principals of the Indianapolis schools, 15 July 1929; and Julia Jameson and Mrs. Royal McClain of the PTA to Presidents of Parent and Teacher Associations, 15 July 1929, MCTA, Box 29, Folder 2.

⁴⁷ 28 February 1924 entry, *Alpha Latreian Club Secretary's Book*, p. 2, ALC, Box 1, Folder 1.

⁴⁸ 24 April 1928 entry, *Alpha Latreian Club Book*, p. 83; 8 May 1928 entry, *Alpha Latreian Club Book*, p. 84; 9 April 1929 entry, *Alpha Latreian Club Book*, p. 100, ALC, Box 1, Folder 1.

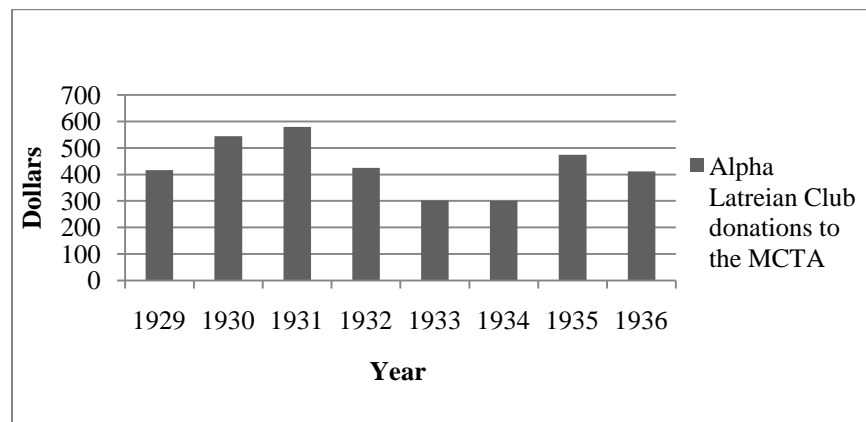
⁴⁹ 11 May 1929 entry, *Alpha Latreian Club Book*, p. 103-4, ALC, Box 1, Folder 1.

⁵⁰ Mary Meyers to Mrs. George M. Hoster of the Alpha Latreian Club, 24 July 1936, ALC, Box 2, Folder 4.

⁵¹ 14 January 1930 entry, *Alpha Latreian Club Book*, p. 117, ALC, Box 1, Folder 1.

few years, probably due to the Depression, but remained between 500-800 people.⁵² The Alpha Latreian Club raised between \$300-\$600 each year from 1929 to 1936 for the nutrition camp (see Figure 6).⁵³ In addition to the skating parties, club members also assisted with the 1928 and 1929 Christmas seal sale and helped to transport children to the camp in 1930.⁵⁴

Figure 6: Alpha Latreian Club Donations to the MCTA



Having successfully solicited support, the MCTA opened its summer nutrition camp in 1928. Twenty-eight girls attended the camp in July, and twenty-eight boys came during August as the camp's limited housing required that boys and girls attend separately and only for a month. Children stayed in the Margaret McQuiddy Memorial Cottage, a portable school building that had been relocated to the campgrounds.⁵⁵ The

⁵² Various newspaper articles including: "Many Persons at Club Skating Party," *Indianapolis News*, 24 March 1931; "About Five Hundred," *Indianapolis Star*, 14 April 1932; "700 Attend Skating Party to Aid Camp"; "Skating Benefit Patron and Patronesses Announced"; "500 Attend Skating Party at Riverside," *Indianapolis Star*, 3 April 1934 in Alpha Latreian Club, *The Alpha Latreian Club 1924-1959: A Record of Activities Volume I, 1924-1959*, ALC, BV2655.

⁵³ Mrs. Howard F. Foltz letterhead, starts "Camp opened in 1928...", p. 1-2, ALC, Box 2, Folder 4.

⁵⁴ 27 November 1928 entry, p. 91-92 and 12 November 1929 entry, p. 111-112 and 14 October 1930 entry, p. 133 in *Alpha Latreian Club Secretary's Book*, ALC, Box 1, Folder 1.

⁵⁵ MCTA, *25 Years of Service*, 11.

MCTA received far more applications each year for the camp than available beds indicating the popularity and perceived worth of the program.

Children had to be recommended for the camp by a hospital, clinic, school, the Family Welfare Society, or Sunnyside Sanatorium because they were undernourished, ill, or had been exposed to tuberculosis (active tuberculosis cases were not accepted). Upon entering the camp, children received a physical exam by Dr. James Stygall of the City Health Department (and member of the MCTA), as the physician in charge of the camp. Stygall and the MCTA ensured that children received plenty of rest and food at the camp to improve their health. An association nurse followed up to monitor the health of the children after the camp ended.⁵⁶

The camp continued to operate with limited space, serving approximately 60 children each summer, and the MCTA soon began to raise money to enlarge the camp. However, the Great Depression meant that fundraising was not progressing as quickly as the organization hoped. Then, on Christmas Day in 1934, an anonymous donor contributed \$50,000 to the MCTA's nutrition camp and with this money the organization was finally able to begin construction.⁵⁷ The cornerstone of the new building was laid in October of 1935 and the building was complete by the following year.⁵⁸ The enlarged facilities meant that 70 children could attend the camp all summer, instead of only a month each for thirty boys and thirty girls respectively.

The association publicized several success stories from its nutrition work with members and supporters over the years. Nutrition worker Elthea Whiteside shared the

⁵⁶ Report of the Nutrition Camp Operated by the MCTA July and August 1928, MCTA, Box 10, Folder 3; 16th Annual Report, MCTA, Box 10, Folder 4.

⁵⁷ MCTA, *25 Years of Service*, 14.

⁵⁸ Mary Meyers to Dr. F.L. Hade, 19 September 1935, MCTA, Box 25, Folder 6; Mary Meyers to Mrs. Henry Jones, 13 February 1936, MCTA, Box 25, Folder 6.

story of Julianna Smith, who joined one of the MCTA nutrition classes in the Indianapolis city schools in 1924. Dr. William Emerson singled Julianna out in front of her class, including her mother who stopped by that day to observe, to describe her symptoms of undernourishment: dark undereye circles, sunken eyes, extended shoulder blades, and fatigue posture. Julianna's mother, shocked to hear her daughter described so, responded by moving her family to Beech Grove (then considered a country area) where her daughter could live in a healthier environment. There, Julianna enrolled in another MCTA nutrition class. By 1925, Julianna was "bright-eyed, red-lipped, rosy-cheeked, straight as an arrow—the very picture of health," having gained nine pounds during the thirteen-week class. Mrs. Smith gratefully told Elthea Whitesides "...I want to thank you for what you have done for my daughter. No one could have done anything that would have meant as much to me as what you have accomplished with Julianna....I can only say, bless you and bless Dr. Emerson and may you spread the good work everywhere, giving mothers healthy children to replace the underweights."⁵⁹

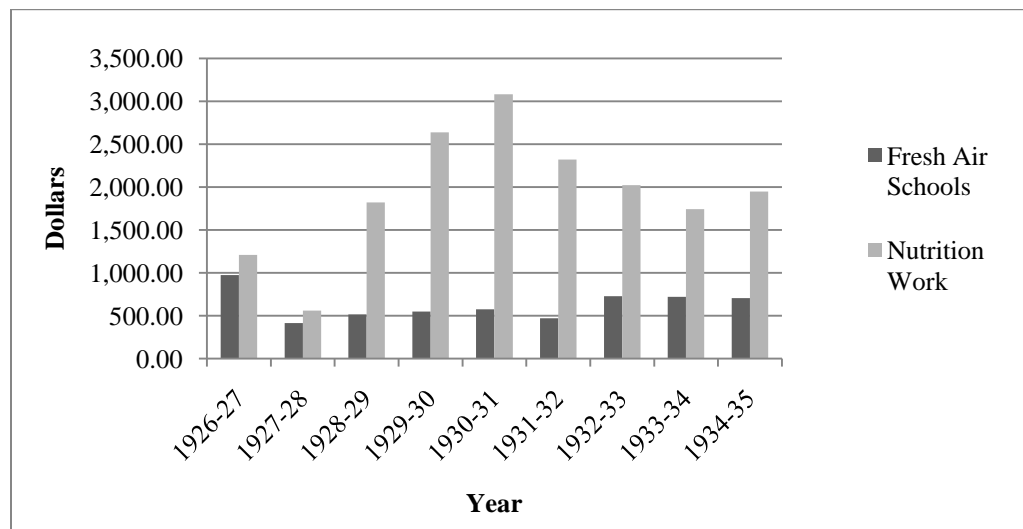
An MCTA nurse reported the story of another young girl who had attended the summer nutrition camp. After the girl returned home from camp, she insisted that her siblings be allowed to play with her outside just as she had been taught at camp, and her mother acquiesced.⁶⁰ The nutrition worker celebrated this as a clear success: not only had the association improved the health of one child at the camp, but had succeeded in instilling health habits which would result in permanent improvements to her health and to the rest of her family.

⁵⁹ Elthea Whitesides, Untitled document, begins "On January 28, 1925....," MCTA, Box 19, Folder 7.

⁶⁰ Report of the Nutrition Camp Operated by the MCTA, July and August 1928, p. 6, MCTA, Box 10, Folder 3.

The MCTA's nutrition work quickly became a top priority for the association and remained so for fifteen years. As Figure 7 shows, nutrition rose in prominence and displaced the fresh air schools as the association's flagship program. The MCTA believed nutrition was a better way to improve children's health and resistance against tuberculosis. With its support of fresh air schools taken over by the city, the path lay clear for the group to shift resources to nutrition. But this was only the first of two significant alterations to the MCTA's child health education department.

Figure 7: Fresh Air School Versus Nutrition Expenditures⁶¹



The Second Shift: From Students to Teachers

The second shift in the MCTA's child health education program occurred in the mid-1920s following the success of its school health programs. Not many would fret over this problem, but the organization was approaching the limit of its ability to reach all of Indianapolis and Marion County's students. It realized that it could not adequately

⁶¹ Drawn from various financial reports in the MCTA collection.

teach all those children and at the same time expand its activities to the rest of Marion County's schools. City school officials ameliorated the situation somewhat as they incorporated MCTA health education programs into the regular curriculum. Even so, the association moved away from teaching children directly to instead preparing educators to teach students and provided them with health-related educational materials. In reality, this shift was never as complete as the MCTA desired. In fact, the group continued to educate students directly through the 1930s, albeit on a much smaller scale.

During the mid-1920s, the MCTA continued to send staff and volunteers to schools to present health talks to students. Helen Neal, head of the Child Health Education Department, worked hard on the child health education program. A document from the 1926-1927 period stated that under her leadership, "practically all parochial and county schools have undertaken the comprehensive health program throughout the school year...."⁶² She and other staff members communicated regularly with principals and teachers to arrange the MCTA's educational work in schools. During 1925 and 1926, the association ran an oral hygiene program in seventeen schools, giving practical toothbrush demonstrations to 1,061 first and second graders. Neal gave talks to children about proper bathing and conducted toothbrush drills with students. The MCTA also taught first aid home nursing classes in the 1920s and early 1930s.⁶³ In 1928, it sponsored a health talk by Professor Happy of the National Cleanliness Institute to over 10,000 high school students. Professor Happy proved so popular that the MCTA arranged for an encore performance in 1929. Additional anti-tuberculosis talks were given that year by

⁶² (From the Marion County Tuberculosis Association), MCTA, Box 12, Folder 6.

⁶³ Report Child Health Education June 1925-June 1926, MCTA, Box 12, Folder 6; Monthly Child Health Education Reports, MCTA, Box 12, Folder 1; Child Health Education Reports, 1928-1931, MCTA, Box 12, Folder 7.

MCTA doctors to all city and county high schools save one. In 1929 the group was still involved in nutrition work in eight city schools and had expanded its work to seventeen county and twenty-two parochial schools and worked to reach additional schools.⁶⁴

The MCTA continued its school work in the 1930s. Dr. A.E. Fogg of Colgate-Palmolive-Peet's education department spoke to all city schools in 1932 and was invited to return and speak to the county and parochial schools.⁶⁵ Talks and classes given by MCTA staff and doctors focused on nutrition and the association's nutrition camp, meningitis prevention, first aid and home nursing, and home hygiene.⁶⁶ In addition to talks, the MCTA increasingly used movies and films as educational tools in schools, especially in conjunction with tuberculin testing.⁶⁷ Showing the reduction in direct education, the group gave 213 talks at schools during the 1933-34 academic year, compared with 851 talks delivered to students during the 1918-1919 academic year.⁶⁸

The MCTA continued to operate the Modern Health Crusade during the 1920s and during the 1925-1926 school year, the Crusade was active in fifteen schools with 4,080 students. The 1928-1929 annual report indicated that many more students participated from city, county, and parochial schools (see Figure 8).⁶⁹ Despite these figures, the importance of the Crusade began to decrease in the mid-to-late 1920s and it disappeared from the association's reports after 1931. This decreasing significance of the

⁶⁴ 16th Annual Report, MCTA, Box 10, Folder 4

⁶⁵ Report of the Executive Secretary, MCTA, Box 11, Folder 2.

⁶⁶ Helen Neal's monthly Child Health Education reports, MCTA, Box 12, Folder 2 and 4; Seventeenth Annual Report, MCTA, September 1929-September 1930, MCTA, Box 10, Folder 6; Louise Dumas' monthly Child Health Education reports, MCTA, Box 12, Folder 3.

⁶⁷ Various Education Secretary monthly reports from Flora Dutcher, 1929-1934, MCTA, Box 13, Folder 8; Flora Dutcher's Education Secretary monthly reports, MCTA, Box 13, Folder 9; Edna Grabiell's Education Secretary's monthly reports, MCTA, Box 13, Folder 10.

⁶⁸ MCTA, *Twenty-first Annual Report*, 6. MCTA, *Sixth Annual Report of the MCTA*, 1918-1919 (Indianapolis: MCTA, 1919), 8.

⁶⁹ Report Child Health Education June 1925-June 1926, MCTA, Box 12, Folder 6; Annual Report Child Health Education, MCTA, Box 10, Folder 4.

Crusade in the MCTA's programming paralleled its decreasing significance within the NTA. Starting in 1924, the NTA redesigned the Crusade from a program run by anti-tuberculosis groups to a service that assisted educators with training and curriculum materials.⁷⁰

Figure 8: School Involvement in the Crusade, 1928-1929⁷¹

School Type	Number enrolled in the Modern Health Crusade, 4 th -6 th Grade	Number enrolled in the Junior Crusade, 1 st -3 rd Grade
City Schools	275 students in 8 schools	8,500 students in 72 schools
County Schools	1,500 students in 17 schools	4,000 students in 17 schools
Parochial Schools	5,050 students in 22 schools	3,000 students in 22 schools

As the MCTA staff conducted health talks and the Crusade, they realized they could not directly reach every child in Marion County. In response the organization began to alter its thinking about child health education. While it would continue to work directly with children on a more limited basis, the MCTA emphasized the need to prepare administrators to incorporate health education into the curriculum and to train teachers to educate their students about health matters. The organization began to work more explicitly with teachers in the mid-1920s, hosting training seminars and providing educational materials to teachers, plus guidance and suggestions about planning classes.

In 1924, the MCTA organized a nutrition class at the Teacher's College of Indianapolis to train new teachers.⁷² In the late 1920s, the organization operated a Health

⁷⁰ Shryock, 172.

⁷¹ Annual Report Child Health Education, MCTA, Box 10, Folder 4.

Institute for parochial school teachers, attended by 125 people each day of the three day conference. MCTA members, including Dr. Henry, gave presentations at the conference.⁷³ Another Health Institute was held in 1930 with 100 participants each of the three days and a third was held in 1934.⁷⁴

In addition to training conferences, the MCTA prepared and provided educational materials for teachers. Some of these items were donated by or purchased from businesses concerned with health, nutrition, and food. These businesses included the Metropolitan Life Insurance Company, California Fruit Growers Exchange (Sunkist), Kellogg's home economics department, the National Dairy and Food Council, the American Institute of Baking's Department of Nutritional Education, Quaker Oats, the Furnas Ice Cream Company, and the Indianapolis Milk Pool.⁷⁵ These companies provided posters, pamphlets, booklets, health comic books, and health charts through the 1920s and 1930s. For example during the 1928-1929 academic year, the National Dairy Council provided 30,000 leaflets, the Metropolitan Life Insurance Company provided 500 sets of the Health Hero Series (a health comic) and 2,000 pamphlets, and Colgate provided 350 dental charts and pamphlets.⁷⁶ These educational materials proved very popular with teachers and students.

Beginning in 1928 and continuing through the 1930s, the MCTA staff prepared a monthly bulletin for teachers. Each two to three page bulletin concentrated on one health topic such as tuberculosis, basic health and hygiene, washing hands, fresh air, eating

⁷² Nutrition Report, June 1924-June 1925, MCTA, Box 19, Folder 8.

⁷³ Annual Report, Child Health Education, MCTA, Box 10, Folder 4.

⁷⁴ Various Child Health Education reports of Helen Neal, MCTA, Box 12, Folder 2; Monthly Child Health Education reports of Louise Dumas, MCTA, Box 12, Folder 3.

⁷⁵ Various correspondence with those companies and the MCTA in Child Health Education Reports and Correspondence, 1928-1931, MCTA, Box 11, Folder 8 and 9.

⁷⁶ Annual Report of the Child Health Education, 1928-1929, MCTA, Box 10, Folder 4.

right, National Child Health Week, May Day, the common cold, or the Christmas seal sale. The bulletin included factual information and ways to teach students by using songs, crafts, and activities. One popular practice was to put health-related lyrics to a popular tune. For example, the MCTA co-opted “Jingle Bells” in one bulletin and rewrote the lyrics to read:

Cheeks are all aglow
Eyes are sparkling too
We’re the ones who know
What exercise will do.
Joyously we shout
As out of doors we play
If you would grow well and strong
That’s the wisest way.
Chorus; Exercise, exercise; Exercise and play
Oh what fun it is to be; Out of doors each day.
Exercise, exercise; Exercise and play
If you would grow well and strong; That’s the wisest way.⁷⁷

The association sent letters to principals and teachers informing them that the bulletins were available for free upon request.⁷⁸ During the 1928-1929 academic year, 2,000 bulletins were distributed each month and during the 1933-1934 academic year, 388 teachers requested materials.⁷⁹ With such a large demand, preparing and delivering these materials occupied a significant portion of staff time.

The MCTA reacted to its own limited resources and the evolving needs of Indianapolis and Marion County schools in the 1920s by altering its approach to child health education. To better aid its constituency, it limited direct education of students in

⁷⁷ Child Health Protection Through Home and Community Cooperation Bulletin, April 1930, MCTA, Box 27, Folder 12.

⁷⁸ 16th Annual Report, MCTA Box 10, Folder 4; Helen L. Neal to School Principals, 6 November 1929, MCTA, Box 29, Folder 2.

⁷⁹ MCTA, *Twenty-first Annual Report*, 6.

favor of assisting teachers with curriculum development. MCTA staff trained teachers in health education content and provided free educational materials. Despite increasing its work with teachers, the association continued a much smaller volume of talks and classes in schools through 1936.

Conclusion

By the mid-1920s, the MCTA established a solid footing as an anti-tuberculosis organization. After approximately twelve years of active programming, it began to refine its activities, eliminating redundancies and adding new programs that better fit Marion County's needs. It also responded to suggestions from the national organization and expanded programs with proven success. The lobbying arm of the MCTA was not as active after its earlier successes and the group ended anti-spitting campaigns in favor of new activities like the Early Diagnosis Campaign. It maintained the profitable Christmas seal sale through the Great Depression. It began tuberculin testing in city schools to definitively track tuberculosis and prevent its spread and started programs for industrial workers.

But the biggest refinements occurred within the MCTA's child health education department. The organization's most costly activity, the support of fresh air schools, was replaced by a nutrition program in schools and at summer camps, while staff increasingly worked more with teachers than with students. Although the MCTA spent the rest of the 1920s and 1930s adjusting its child health education program, it never relinquished the priority it gave to this aspect of its work.

The MCTA's shift in child health education programs was similar to what happened within the broader anti-tuberculosis movement. In 1931, the NTA and the National Conference of Tuberculosis Secretaries noted the changes in child health education policy within the movement. First came the Modern Health Crusade and initial efforts to establish health education in schools. As those programs became entrenched in schools, anti-tuberculosis groups discarded the Crusade in favor of preparing teachers.⁸⁰ There was a recognized shift from "pioneer" to "partner"⁸¹ in the sense that anti-tuberculosis agencies, including the MCTA, had blazed a trail with their child health education programs. Then schools recognized the value of such education and cooperated with teachers, parents, and anti-TB agencies in child health education.

Despite this priority for children, the MCTA did not neglect its work in adult health education. Although never achieving parity with child health education, the association was able to begin several new programs for adults, such as the Early Diagnosis Campaign. As the city and county governments picked up the tab for many programs the MCTA started, such as the fresh air schools and nutrition classes, the organization's resources were freed up to be used elsewhere, including for adult education. The NTA promoted adult education programs like the Early Diagnosis Campaign and Health in Industry in the mid-to-late 1920s and in the 1930s and the MCTA followed the lead of the national organization in promoting these adult education programs. Despite these changes, child health education remained the top priority for the MCTA, exceeding other educational costs every year save one from 1925 through 1935.

⁸⁰ Child Health Education Policy of the NTA, MCTA, Box 11, Folder 9; Memo from Child Health Advisory Committee to the National Conference of Tuberculosis Secretaries, 11 May 1931, p. 1-2, MCTA, Box 33, Folder 10.

⁸¹ Memo from Child Health Advisory Committee to the National Conference of Tuberculosis Secretaries, 11 May 1931, p. 2, MCTA, Box 33, Folder 10.

Chapter 4: Conclusions

The MCTA combated TB in Marion County during its first twenty-five years of existence by supporting anti-tuberculosis legislation, medical facilities for patients, and adult and child health education. It continued this work after 1936, adapting to wartime, new treatment options, and the changing needs of Indianapolis. It added and expanded programs as the situation warranted through the mid-twentieth century. As the MCTA evolved and adapted, so too did the national anti-tuberculosis movement until America considered TB to be defeated by the 1950s and 1960s.

Later History of the Anti-Tuberculosis Movement

Two key events defined the later history of the anti-tuberculosis movement: an increased interest in medical research and the introduction of effective chemotherapeutic agents against TB. The anti-tuberculosis movement began to conduct and support TB research after World War I, albeit on a small scale. Interest in such research started to increase during the 1930s but increased dramatically during and after the Second World War. The NTA, for example, offered grants to researchers working on a variety of subjects including the biology/chemistry of the tubercle bacillus, tuberculin, diagnostic tests, tuberculosis pathology, and chemotherapy.¹

¹ Angela N.H. Creager, "Mobilizing Biomedicine: Virus Research Between Lay Health Organizations and the United States Federal Government, 1935-1955," in *Biomedicine in the Twentieth Century: Practices, Policies, and Politics* ed. Caroline Hannaway (Amsterdam: IOS Press, 2008), 173-174; Richard Harrison Shryock, *National Tuberculosis Association 1904-1954: A Study of the Voluntary Health Movement in the United States* (New York: National Tuberculosis Association, 1957), 292, 294.

Scientists developed safe, effective antibiotics in the 1940s. Dr. Selman Waksman and Dr. Albert Schatz isolated streptomycin in 1943 and demonstrated its effectiveness against tuberculosis in clinical trials occurring over the next few years at the Mayo Clinic. PAS, or paro-amino-salicylic acid, was introduced into clinical testing against TB in the late 1940s and reached patients by the early 1950s. Isoniazid, another effective drug, was introduced in 1952.² By the end of the 1950s, doctors were regularly using drug therapies against tuberculosis. In Indianapolis about 10 percent of patients at Sunnyside Sanatorium were on a streptomycin regimen in 1948, and that percentage increased into the 1950s. Isoniazid was introduced at Sunnyside by 1958.³

Looking at the first half of the twentieth century, one can see that the accepted treatment for TB evolved from an initial stage that emphasized hygiene, fresh air, and rest at sanatoria (1900-1920) to one focused on surgical interventions like artificial pneumothorax at sanatoria and medical institutions (1920-1945) to a final stage relying on antibiotics and new types of thoracic surgery as in- and out-patients hospital based procedures (1945-1954). New thoracic surgeries included thoracoplasty (which reduced the size of the rib cage), procedures whereby a lung or lobes of a lung were removed, and procedures whereby only localized lesions were removed. By the early 1950s, doctors realized the effectiveness and usefulness of antibiotics over that of traditional long-term sanatoria care. As a result sanatoria began to close across the nation beginning in the

² Shryock, 298-300; Rene Dubos and Jean Dubos, *The White Plague: Tuberculosis, Man, and Society* (New Brunswick, NJ: Rutgers University Press, 1952), 155.

³ Annual Report Sunnyside Sanatorium, Jan. 1, 1948-Dec. 31, 1948 and Jan. 1, 1949-Dec. 31, 1949, Marion County General Hospital Collection 1861-1979, Indiana Historical Society, Indianapolis, Indiana, Box 4, Folder 4; Annual Report Sunnyside Sanatorium, Jan. 1, 1951-Dec. 31, 1951, Jan. 1, 1952-Dec. 31, 1952, Marion County General Hospital Collection, Box 4, Folder 5; Sunnyside Sanatorium Biennial Report 1953-1954, Marion County General Hospital Collection, Box 4, Folder 5; Sunnyside Sanatorium Annual Report, 1958, Marion County General Hospital Collection, Box 4, Folder 6.

mid-1950s as treatments shifted to hospitals.⁴ In Marion County, Sunnyside Sanatorium closed in 1967.⁵

In the years leading up to the introduction of these antibiotics, the MCTA continued most of its programs begun prior to 1936. These included fundraising via the Christmas seal sale, engaging in public education campaigns like the Early Diagnosis Campaign and Health in Industry, distributing literature and giving lectures, and cooperating with other local health agencies.⁶ Association staff and board members participated in the Mississippi Valley Conference on Tuberculosis and in the National Conference of Tuberculosis Secretaries.⁷ The MCTA continued to support TB medical care like tuberculosis beds for patients and lobbied the county and city for such facilities as needed.⁸ In 1945, for example, the association lobbied the county to enlarge Sunnyside Sanatorium in order to accommodate men rejected for military service due to health issues and returning soldiers from World War II who had tuberculosis.⁹

The MCTA also continued its child health education department after 1936. It still supported the Theodore Potter Fresh Air School, paying a few hundred dollars each year for students' transportation costs to and from school.¹⁰ The club's Julia Jameson

⁴ Shryock, 300, 302.

⁵ Harold Sabin, "Sunnyside Bows to TB Medical Progress," *Indianapolis Star*, 26 May 1968, Marion County General Hospital collection, Box 3, Folder 22.

⁶ "Program MCTA," years from 1951-55, American Lung Association Records 1904-1980, Indiana Historical Society, Indianapolis, Indiana, Box 17, Folder 29 [hereafter abbreviated ALA Records]; M.A. Auerbach to County Associations, 25 September 1943, Marion County Tuberculosis Association Records 1913-1949, Indiana Historical Society, Indianapolis, Indiana Box 15, Folder 5 [hereafter abbreviated MCTA]; 1942 Early Diagnosis Campaign Order Form and Price List and Early Diagnosis Campaign Supplies 1943 Price List and Order Form, MCTA, Box 15, Folder 5; Alice E. Gurtner to Mr. Dreyer of Chevrolet, 1 February 1943, MCTA, Box 11, Folder 11; Proposed Budget, MCTA, Box 14, Folder 4.

⁷ C.W. Kammeier, Executive Secretary of Iowa Tuberculosis Assoc. to Mary Meyers, 17 September 1940, MCTA, Box 33, Folder 4; James G. Stone to Members of the National Conference of Tuberculosis Secretaries, 15 July 1940, MCTA, Box 34, Folder 1.

⁸ "Program MCTA," years from 1951-1955, ALA Records, Box 17, Folder 9.

⁹ Meyers to Kendall Emerson, 8 June 1945, MCTA, Box 4, Folder 4.

¹⁰ Proposed Budget, MCTA, Box 14, Folder 4.

Nutrition Camp continued and expanded, opening a new wing of the dormitory for boys in 1941 and hosting 100 children in the summer of 1945.¹¹ In addition to running its own camp, the organization continued to provide exams for children attending other summer recreational camps in Indianapolis.¹²

The MCTA prepared bulletins and other health education materials for teachers as it had in the past. The association continued to show films in schools, free of charge, with an accompanying nurse to answer any questions.¹³ The MCTA ensured children still received medical attention by supervising the school nurses in Lawrence and Wayne townships and even paying for a nurse for Lawrence Township during the 1942-1943 academic year, tasks it accomplished in cooperation with the county.¹⁴

Some of the MCTA's existing programs expanded significantly after 1936. For example, it continued to participate in the National Negro Health Week.¹⁵ But concern about the higher TB mortality among African Americans increased within the anti-tuberculosis movement and in the MCTA so that by the 1950s, the association hired an African American health education assistant for those communities.¹⁶ The amount of case finding activities also increased as more school children, college students, nurses, and industrial workers received tuberculin tests and x-rays.¹⁷

¹¹ Meyers, 29 May 41, MCTA, Box 30, Folder 5; Meyers to Principals, 15 March 1945, MCTA, Box 3, Folder 7; "Program MCTA," years from 1951-195, ALA Records, Box 17, Folder 29.

¹² Report Education Secretary, 15 October 1942, MCTA, Box 14, Folder 4.

¹³ Meyers to Principals, 20 September 1945, MCTA, Box 4, Folder 8; Meyers to Principals, 10 October 1947, MCTA, Box 5, Folder 5.

¹⁴ Report Education Secretary, 15 October 1942, MCTA, Box 14, Folder 4; Proposed budget, MCTA, Box 14, Folder 4; Mary Meyers to Mr. John T. Plummer, 25 August, 1942, MCTA, Box 17, Folder 6.

¹⁵ Report Education Secretary, 15 October, 1942, MCTA, Box 14, Folder 4; Meeting of the Board of Directors, 21 February 1945, MCTA, Box 3, Folder 5.

¹⁶ Chester D. Kelly to Mrs. Charles Pope, 20 February 1952, MCTA, Box 17, Folder 27; Questionnaire for Local Associations, ALA, Box 17, Folder 28.

¹⁷ Report of Executive Secretary, 1944, MCTA, Box 2, Folder 9; Three-Year Study of Student Nurses, 1935-1937, MCTA, Box 18, Folder 6; Untitled document, starts "To date a total of 22,300," MCTA, Box 3, Folder 6.

The MCTA added new programs, some as a result of the Second World War. The group tracked men rejected for military service because of tuberculosis or suspected tuberculosis. It located and followed up with these men to confirm their conditions and helped them seek appropriate medical care.¹⁸ The organization also compiled statistics about tuberculosis and health in Marion County in the 1940s and later hired a statistician. Prior to the war, the MCTA hired Rufus J. Dearborn in 1939 to take charge of a rehabilitation unit for patients at Sunnyside. The rehabilitation included education, job training, and medical care for sanatorium and home care patients. Patients were also taught how to live and work with their disease so as not to reactivate the disease and die. The MCTA's support of rehabilitation continued through the 1950s. In the 1950s, the organization also began to study antibiotic treatments with streptomycin and PAS in home care and sanatoria patients.¹⁹

During these new and evolving programs, Mary Meyers retired as executive secretary in the spring on 1947. After thirty plus years working for the MCTA, health problems forced Meyers to regretfully step down and she died a year later. Her replacement, Alfred Kessler from Denver, began as executive secretary for the group in October 1947.²⁰

By the 1950s Americans' concept and understanding of tuberculosis had shifted from perceiving TB as a feared chronic disease to one that was simply a treatable

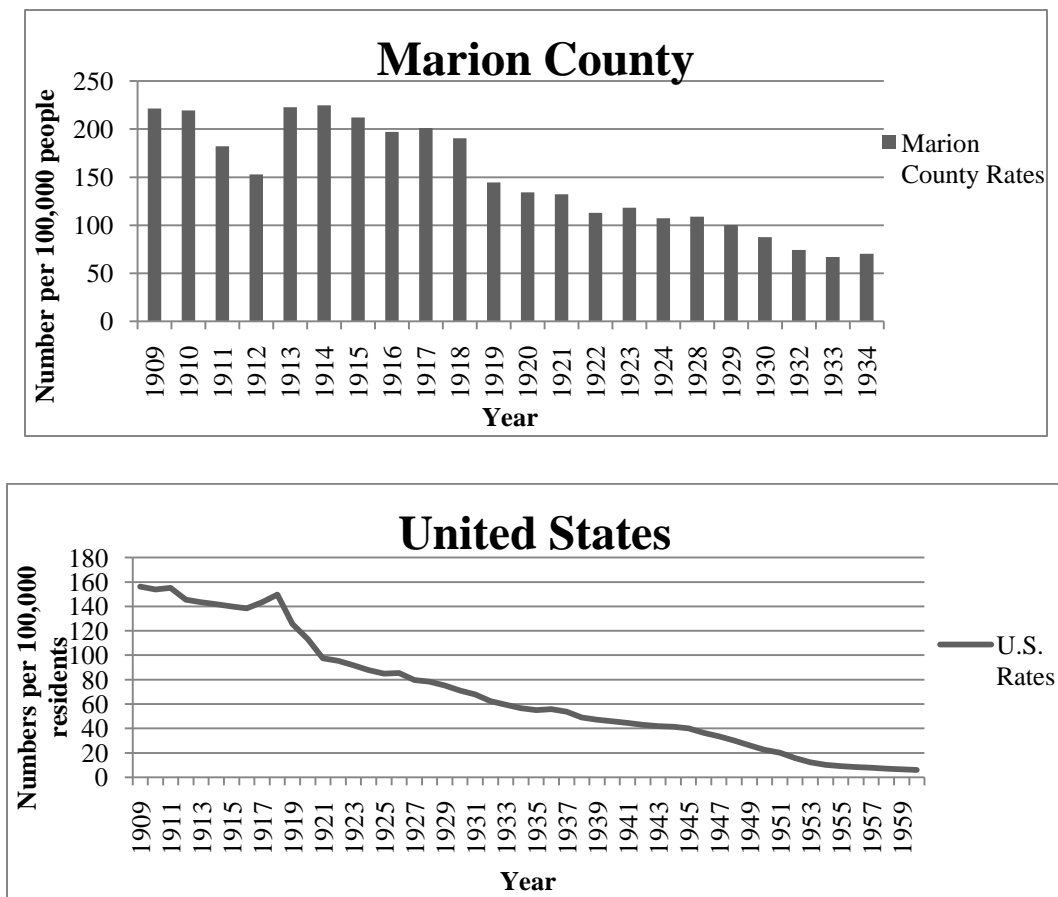
¹⁸ Report Education Secretary, 15 October 1942, MCTA, Box 14, Folder 4; Lagemann to Sir, MCTA, Box 3, Folder 4.

¹⁹ Program MCTA, years from 1951-1955, ALA Records, Box 17, Folder 29.

²⁰ Meyers to M.C. Furscott, 9 May 1947, MCTA, Box 5, Folder 2; Executive Secretary to L.L. Taylor, 24 September 1947, MCTA, Box 5, Folder 4; Walter Myers, Jr. to Board, 13 September 1947, MCTA, Box 5, Folder 4.

infection thanks to the discovery of effective antibiotics.²¹ There was good reason for this. For example in Indiana, even before the introduction of antibiotics, the mortality rate dropped from 221.4/100,000 in 1909 to 70.2 in 1934 (see Figure 9). Moreover, national tuberculosis mortality rates show a steady decline after the 1940s due to antibiotics.

Figure 9: Tuberculosis Mortality Rates for Marion County and the U.S.²²



²¹ Cynthia A. Connolly, *Saving Sickly Children: The Tuberculosis Preventorium in American Life, 1909-1970* (New Brunswick, NJ: Rutgers University Press, 2008), 114; Shryock, 303.

²² Marion County data drawn from various MCTA records. Data are absent for the years 1925-1927, 1931, and 1935-1936. U.S. data drawn from Forrest E. Linder and Robert D. Grove, *Vital Statistics Rates in the United States, 1900-1940* (Washington, DC: U.S. Government Printing Office, 1947), 210, 216, 222, 229, 238, http://www.cdc.gov/nchs/data/vsus/vsrates1900_40.pdf (accessed 30 January 2010); Robert D. Grove and Alice M. Hetzel, *Vital Statistics Rates in the United States, 1940-1960* (Washington, DC: U.S. Dept. of Health, Education, and Welfare, Public Health Service, 1968), 587, 595, http://www.cdc.gov/nchs/data/vsus/vsrates1940_60.pdf (accessed 30 January 2010).

TB mortality had actually been declining from its zenith in the mid-nineteenth century. This rate of reduction did increase after 1920, when the anti-tuberculosis movement was active nationwide. The efforts of various anti-TB organizations undoubtedly played a role in decreasing tuberculosis mortality, and the MCTA would claim in their literature and annual reports that their efforts played a significant role in decreasing tuberculosis mortality in the county. However, historians generally agree that public health and sanitation measures in the nineteenth and twentieth centuries that improved the standard of living played a larger part in decreasing tuberculosis mortality before the introduction of antibiotics in the 1940s.²³

Watching this declining mortality rate and believing that TB was eliminated as a public health threat, the NTA and its affiliated anti-tuberculosis associations expanded their mission and activities during the 1950s and 1960s to encompass other respiratory disease like asthma, bronchitis, and pneumonia.²⁴ By the 1970s, the NTA recognized this broader mission by renaming itself the American Lung Association.²⁵ At the same time, the ITA reorganized itself and its county associations, the MCTA included, into regional districts of the American Lung Association.²⁶

Final Conclusions

During its first twenty-five years, the MCTA was an active participant in the anti-tuberculosis movement in America and an active health organization in Indianapolis.

Typical of the movement, it was composed of physicians and lay members of the public

²³ John Duffy, *The Sanitarians: A History of American Public Health* (Urbana: University of Illinois Press, 1990), 202, 263.

²⁴ Shryock, 244.

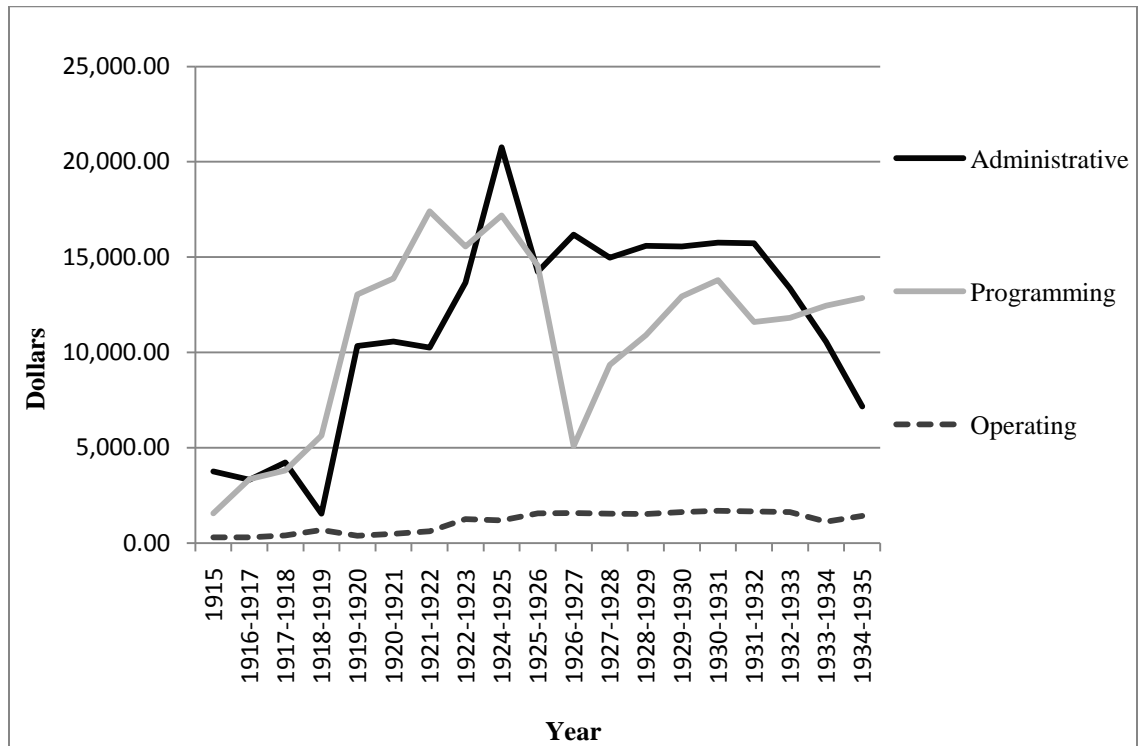
²⁵ Connolly, 112.

²⁶ "Collection Guide: Historical Sketch," MCTA, Box 1, Folder 1.

including founders James Lilly, Dr. Theodore Potter, and Dr. Alfred Henry, along with members like Emma Lieber, John Lauck, Jr., and Julia Jameson. They were actively involved in their communities as business leaders, physicians, and leaders in other voluntary organizations and were dedicated to improving the health of their community.

The MCTA was created in 1911, years after the late-nineteenth century start of the movement, as a relative latecomer to the well established anti-TB movement. Recognizing the need for anti-tuberculosis work in its community, the association quickly initiated an array of programs aimed at combating TB in Indianapolis and Marion County. Many of these methods were duplicated by other anti-tuberculosis associations, including general educational programs, working with other organizations, and supporting TB facilities like sanatoria. Even so, the unique emphasis that the MCTA placed on child health education differed from the movement as a whole. The organization utilized the sale of Christmas seals to raise its operating funds, as did other anti-tuberculosis associations. As Figure 10 illustrates, the group applied most of those funds to anti-tuberculosis programs and activities. Administrative costs occasionally exceeded programming costs because the MCTA spent a good deal of money running the annual Christmas seal sale campaign. Although technically classified as an administrative cost because it was a fundraiser, the association also used the Christmas seal sales as a publicity and educational opportunity.

Figure 10: MCTA Expenditures: Administrative Costs Versus Operating and Programming Costs.²⁷



Many of the programs that the MCTA began were later taken over by the Indianapolis and Marion County boards of health or education. In the early twentieth century, these government agencies could not fund anti-tuberculosis or child health education programs themselves due to limited resources. In their place, the MCTA, with its volunteer members and funds, initiated programs. As support for these programs increased and health and school boards increased their budgets, they assumed control of many of the MCTA's programs, including the fresh air schools and school nutrition classes. This demonstrated the success the association had in convincing the community

²⁷ Data drawn from various MCTA financial records. Operating costs include rent, electricity, and telephone expenditures. Administrative costs include salaries, supplies, postage, and seal sale costs. Data from 1925-1926 are based on an estimated budget only.

and local government of the need and effectiveness of such anti-tuberculosis and health education programming. In addition, when local government assumed control of MCTA programs, the organization knew those programs would continue and it repositioned its resources to begin new programs, reaching even more people with its anti-tuberculosis message.

Public educational campaigns formed an integral part of the MCTA's activities. In an effort to control tuberculosis, the group launched these campaigns and conducted adult education to inform the public about the danger of the disease, how to limit its spread, and where to seek treatment if infected. These educational methods included distributing leaflets, posters, billboards, and other literature; showing films; advertising on the radio; and sending MCTA doctors, nurses, and lay members to give lectures to a variety of groups and individuals including churches, PTA groups, mother's clubs, physicians and medical societies, business owners, business and industrial employees, stores, clubs and voluntary associations. Some educational campaigns were aimed at specific segments of the population or against certain unhealthy actions. These campaigns included, for example, those targeting certain at risk portions of the population like the association's outreach efforts to African Americans during National Negro Health Week. Another targeted campaign was launched against the dangerous practice of spitting in public, thought to spread tuberculosis.

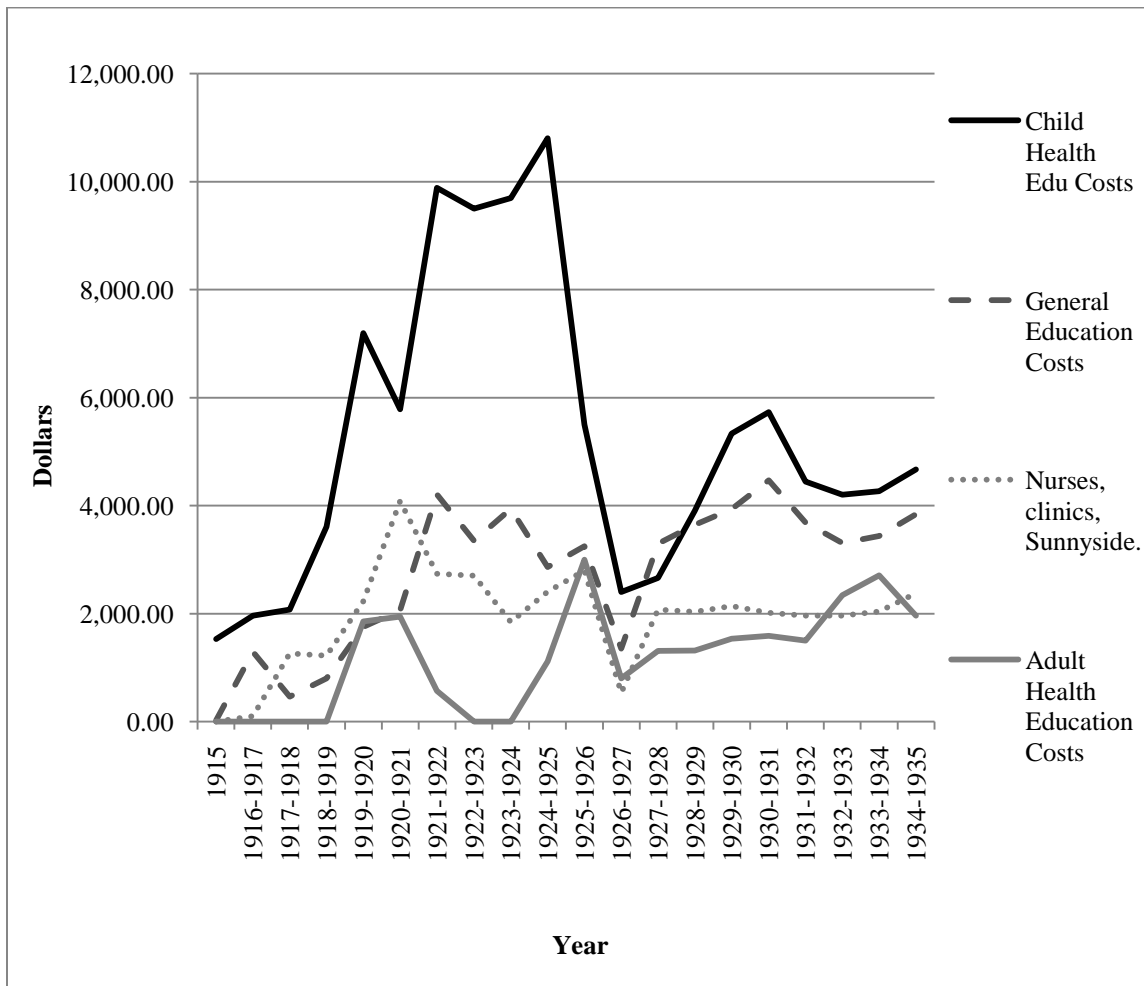
The MCTA also worked to provide tuberculosis patients with medical care, both as a way to prevent the further spread of the disease and to save lives and decrease TB deaths. The group lobbied city and county governments to fund clinics, a county sanatorium, and nurses, while it funded some clinics and nurses directly. It helped

Indianapolis pass a tax levy for anti-tuberculosis work, which allowed the city health board to fund more tuberculosis clinics and conduct additional anti-tuberculosis work. The organization lobbied the county council and worked with them to open Sunnyside Sanatorium. It funded county nurses and school nurses in cooperation with the city and county. The MCTA also worked with private organizations, for example the Woman's Improvement Club (WIC) and Flanner House, to open a tuberculosis clinic at Flanner House for African-Americans.

The MCTA cooperated with several organizations in Indianapolis to conduct its anti-tuberculosis work. These groups included the Indiana Board of Health, the city health board, ITA, and the WIC and Flanner House mentioned above. The Marion County group also participated in and at various time led regional and national health organizations like the Mississippi Valley Conference on Tuberculosis, the National Conference of Tuberculosis Secretaries, and the NTA, keeping it connected to trends within the broader anti-TB movement. Executive Secretary Mary Meyers frequently corresponded with other anti-tuberculosis and health organizations from all over the country.

Overshadowing all of these efforts were the steps that the MCTA took to promote child health and child health education. As seen in Figure 11, the association made child health education a top priority during its first twenty-five years by starting and supporting programs like the fresh air schools, the Modern Health Crusade, school health classes, and a nutrition camp, and by supplying educational materials to teachers and schools.

Figure 11: Comparison of Programming Costs, 1915-1935²⁸



The fresh air schools and the nutrition camp provided healthy environments for children to learn and grow while strengthening their resistance to disease. The Modern Health Crusade, school health talks and classes, and school nutrition classes educated children about proper health and hygiene habits and the prevention of tuberculosis. The MCTA increased the number of children educated about tuberculosis prevention, health, and

²⁸ Data drawn from various MCTA financial records. General education costs for 1923-1924 include both adult and general education expenditures. Data from 1925-1926 based on an estimated budget only.

hygiene by providing health education materials for teachers and instructing educators and administrators how to teach health subjects.

The MCTA charted this particular path because members and staff like Dr. Potter and Julia Jameson were keenly interested in the health and welfare of children. Believing that improving child health was the optimum way of eradicating tuberculosis and seeing a need for such programs in Marion County, they embarked on a child health education program in 1913. The association's decision to focus so strongly on child health education is noteworthy because while child health was a concern within the anti-tuberculosis movement, it does not appear to have achieved the same attention in the broader movement as it did in the MCTA. The movement focused on child health as a way to prevent tuberculosis and eliminate the disease in the early twentieth century as doctors realized that most adults were originally infected as children. They reasoned that strengthening children's health and resistance to disease would either prevent the original infection or prevent an initial infection from later developing into an active case of the disease.

The MCTA's emphasis on its child health education program differed from the general priorities of the movement, including those of the NTA. This was due to the fact that although child health was a common concern within the anti-tuberculosis movement, it was never *the* top concern as it was in the MCTA. For example, in 1917 the NTA drafted a prioritized list of objectives. Topping the list were establishing state associations and helping create anti-TB divisions within local and state health boards. These were followed with conducting educational work about the nature, prevention, and treatment of tuberculosis; promoting TB facilities; conducting educational work aimed at

preventing the further spread of tuberculosis; opening clinics; opening fresh air schools; opening preventoriums; and providing financial aid and relief to patients and their families.²⁹ The objectives that target children specifically, fresh air schools and preventoriums, were eighth and ninth on the list. While child health educational efforts might have been part of the general educational objectives, even these were third and fifth on the list. The NTA clearly believed that child health was a concern, but it was only one of many issues to be dealt with.

The MCTA, on the other hand, prioritized children through its twenty-fifth anniversary as seen in the time, staff, and resources devoted to the child health education activities. Fresh air schools, one of the first programs the association began, commanded a large portion of the MCTA's yearly budget for years, up to 21 percent at one point, while it also funded the Modern Health Crusade and school talks. Later in the 1920s, funding for fresh air schools decreased as the Indianapolis schools assumed costs. In its place, the organization placed a new focus on nutrition education through school nutrition classes and a summer nutrition camp as a better way to strengthen children against disease and tuberculosis. In addition to its nutrition program, the MCTA decreased its involvement in the Crusade and its school talks in preference of supporting educators and schools by providing educational materials and teacher training.

Although the MCTA's child health education programs evolved from their 1913 origins, children and child health education remained a top priority for the group from its inception through the 1936. The result was an organization that spread health education into Indianapolis and Marion County schools, worked to create healthier children, and limited the spread of TB in its community. A number of factors contributed to the

²⁹ Shryock, 135.

decline in tuberculosis mortality in the early twentieth century, including public health and sanitation measures. Even so, the MCTA's actions, as part of an active anti-tuberculosis movement that fought the disease, played an important role in Marion County in decreasing TB mortality.

Appendix 1: MCTA Office Holders and Staff, 1912-1936¹

President:	Dr. Alfred Henry 1912-1927 Fred A. Sims, 1927-1929 Edward Harris, 1929-1933 Dr. E.M. Amos, 1933-1935 Grier Shotwell, 1935-1936
Vice President:	Edna G. Henry, 1917-1918 Sol Schloss, 1920-1929 Dr. E.M. Amos, 1929-1933 Grier Shotwell, 1933-1935 Dr. Charles McIntyre, 1935-1936
Secretary:	Dr. Theodore Potter, 1912-14 H. Thomas Head, 1915-1918 Edna G. Henry, 1918-1920 Mrs. M. F. Ault, 1920-1922 Mrs. James Floyd, 1922-1924 Mrs. James Barrett, 1924-1929 John Lauck, Jr., 1929-1932 Mrs. Henry Hornbrook, 1932-1936
Treasurer:	Edna Henry, 1912-1916 Mrs. A.C. Rasmussen, 1916-1937

Selected long-term members of the Board of Directors, Township Vice Presidents, and Advisory Committee:

Dr. E.M. Amos	Township Vice President, 1917-1918 Board of Directors, 1918-1929
Dr. E.O. Asher	Township Vice President, 1917-1929 Board of Directors, 1929-1936
Mrs. M.F. Ault	Board of Directors, 1922-1936
Frederic M. Ayres	Advisory Committee, 1924-1936
Judge James A. Collins	Board of Directors, 1918-1924 Advisory Committee, 1924-1936
Mrs. Roy Corwin	Township Vice President, 1922-1936
R.J. Dearborn	Township Vice President, 1920-1927

¹ MCTA officer from 1912-1924 and staff drawn from MCTA records. Due to gaps in the records, listings may not be complete. MCTA officers from 1925-1936 from Madelyn Kearney, "A History of the Marion County Tuberculosis Association, 1924-1936" (Master's thesis, Indiana University, 1954).

Rev. Ernest Evans	Advisory Committee, 1930-1936
Rabbi Morris M. Feuerlicht	Advisory Committee, 1922-1936
Michael E. Foley	Board of Directors, 1918-1935
Mrs. William Gale	Township Vice President, 1918-1929
Rev. Francis H. Gavisk	Advisory Committee, 1922-1932
Mrs. J.A. Goodman	Advisory Committee, 1930-1936
Charles A. Greathouse	Advisory Committee, 1922-1931
Mrs. George Haerle	Advisory Committee, 1929-1936
Dr. Harold Hatch	Board of Directors, 1929-1932
	Advisory Committee, 1922-1930
Joseph G. Haynes	Board of Directors, 1924-1936
Dr. Alfred Henry	Board of Directors, 1927-1932
Mrs. Jacquelin S. Holliday	Township Vice President, 1917-1918
	Board of Directors, 1918-1919
Mrs. Henry Hornbrook	Board of Directors, 1928-1932
Dr. Henry Hummons	Advisory Committee, 1924-1936
Dr. John Hurty	Board of Directors, 1922-1924
Frank C. Jordan	Board of Directors, 1918-1924
	Advisory Committee, 1924-1933
Leo Kaminsky	Board of Directors, 1918-1929
Dr. Edgar Kiser	Township Vice President, 1915-1917
	Board of Directors, 1917-1919, 1929-1936
	Advisory Committee, 1928-1930
John Lauck, Jr.	Board of Directors, 1924-1928, 1932-1936
Irving Lemaux	Board of Directors, 1920-1924
	Advisory Committee, 1925-1936
Mrs. Emma Lieber	Board of Directors, 1920-1926
	Advisory Committee, 1928-1930
Eli Lilly	Board of Directors, 1930-1932
Walter Marmon	Advisory Committee, 1928-1936
Dr. C.J. McIntyre	Township Vice President, 1918-1924, 1932-1935
	Advisory Committee, 1924-1930
Mrs. W.H. Moore	Township Vice President, 1918-1929
Dr. Herman G. Morgan	Advisory Committee, 1930-1936
F.B. Ransom	Advisory Committee, 1930-1936
Mrs. A.C. Rasmussen	Township Vice President, 1915-1917
Mrs. R.S. Records	Township Vice President, 1918-1936
Thurman B. Rice	Board of Directors, 1932-1935
Sol Schloss	Board of Directors, 1918-1920
Grier Shotwell	Board of Directors, 1929-1933
Fred A. Sims	Board of Directors, 1924-1927, 1929-1936
Frank D. Stalnaker	Advisory Committee, 1922-1930
Mrs. Frank D. Stalnaker	Advisory Committee, 1931-1936
Paul C. Stetson	Advisory Committee, 1930-1936
Dr. James Stygall	Advisory Committee, 1931-1936
Dr. J.A. Swails	Township Vice President, 1914-1924

Rev. F.S.C. Wicks

Advisory Committee, 1922-1930

MCTA Staff

Executive Secretary:

Mary A. Meyers, R.N., 1913-1947

Bookkeeper:

Grace Webb, 1922-1935

Office Secretary:

Vera B. Gullet, 1922-1935

Education Secretary:

Thaddeus Sleszynski, 1921-1922
June Gray, 1922-1927
Flora Dutcher, 1927-1936
Edna Grabiell, 1936-

Child Health Education Coordinator:

Helen Neal, 1924-1931
Louise Dumas, 1931-1937

Crusade and Education Worker:

Pearl Stanton, 1920-1922
Emma Liesse, 1924

Nutrition Worker:

Florence Waltz Bell, 1921-1926
Elthea B. Whiteside, 1924-1925

Secretary, Nutrition Camp Committee:

Julia Jameson, 1929-1935
Mrs. Herbert Wagner, 1935

Industrial Secretary:

Charles J. Ritchie, 1919-1920
Clarence Gaumer, 1920-1921

County Public Health Nurse:

Florence Waltz Bell, 1920-1921
Emma Leiss, 1921-1923
Elthea B. Whiteside, 1923-1924
Alma Lancaster, 1924-1929
Alma Taylor, 1929-1935

Fresh Air School Nurse:

Jessie Rodman, 1922-1925

Public Information Service:

Walter S. Greenough, 1929-1933

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Curriculum Vitae Kelly Gayle Gascoine

EDUCATION

IUPUI

Indianapolis, IN

- Master of Arts Degree from Indiana University in Public History May 2010
- University Fellowship recipient 2007-2008
- Graduate Student History Association Vice President, 2007; President 2008

Allegheny College

Meadville, PA

- Graduated Magna Cum Laude; GPA 3.71; Phi Beta Kappa May 2005
- Bachelor of Arts in History, minor in chemistry
- Senior Comprehensive Project September 2004-April 2005
“Margaret of Anjou: A Study of the Scope of the Queen’s Power during the Wars of the Roses,” a 77 page paper, defended orally before 3 Allegheny professors.

EXPERIENCE

IUPUI Medical Humanities Program

Indianapolis, IN

Graduate Intern

August 2009-May 2010

- Conducted research on the history of radiology for Indiana University School of Medicine’s Dr. Richard Gunderman’s book project.
- Researched the history of western medicine in China for Dr. William Schneider.

The Historic Ambassador House and Heritage Gardens, Inc.

Fishers, IN

Board of Directors

April 2009-present

- Prepared an Interpretive Plan for this restored 19th century home; created a 30-minute guided historic tour of the house.
- As the Programming committee chair, planned a range of cultural and historical programming for the house, including a Victorian Christmas event, bridal show, and Cultural Lecture Series.

Indiana State Division of Historic Preservation and Archaeology

Indianapolis, IN

Graduate Intern

August 2008-July 2009

- Conducted archival and census research for projects on the Underground Railroad, Jewish History, and African-American history in Indiana.
- Used ContentDM software to upload historic Indiana images and metadata to an online database. Digitized Indiana Cemetery Registry files to an online database.
- Researched the history of diversity in Whitley County, Indiana and created an 81 page document with that history and corresponding lessons plans for teachers.

Indiana Historical Society

Indianapolis, IN

Collections and Library Intern

September 2007-August 2008

- Processed 5 collections of manuscript and visual materials including over 9,000 19th and 20th century photographs and approximately 4,300 glass plate, nitrate,

and acetate negatives, with accompanying manuscript and printed materials.
Wrote collection guides for all collections processed.

The Corwin House

Salem, MA

Manager

December 2005-July 2007

Intern & Tour Guide

May 2005-November 2005

- Educated visitors in the 17th century as part of a 30-minute historic house tour.
- Managed daily operations of museum with 20,000 visitors a year, including seasonal staff of thirty interns, volunteers, and tour guides and a gift shop.
- Assistant Producer for *Haunted City* 2006, a 6 night October theater event with an audience of 1,350; 2005 Production Assistant. Coordinated with city officials and event participants; managed café; handled ticket sales.
- Wrote a successful grant proposal for Witch House Program Series 2007; managed grant and planned educational programs, including children's programs, family programs, and a lecture.

Peabody Essex Museum

Salem, MA

Guest Services Representative

January-May 2007

- Enhanced visitor's experience through customer service at admissions, membership, information desks, and Yin Yu Tang Chinese House entrance desk.

The Senator John Heinz Pittsburgh Regional History Center

Pittsburgh, PA

Department of Education Intern

May 2003-August 2003

- Edited a text on the history of western Pennsylvania for publication.
- Conducted over 200 visitor surveys for a Civil War museum exhibit.

PUBLICATIONS, PRESENTATIONS, CONFERENCES

- "The History of the Ambassador House" and "The Jeffries Family: Contested 'Whiteness' in Indiana" presented at 27 Feb. 2010 Indiana Association of Historians annual meeting.
- "Saving Children from TB: The Marion County TB Assoc.'s Campaign, 1912-1932" presented at the March 2010 Southern Association for the History of Medicine and Science annual meeting.
- Jan/Feb. 2009 *Outdoor Indiana*: 1,000 word article on the history of transportation in Indiana.
- "Public Safety and Managing Epidemic Diseases" and "Early Healthcare Reform" written for the forthcoming *Encyclopedia of American Reform Movements*.
- Served on the American Association for State and Local History's Hotel Hospitality Subcommittee for the 2009 annual meeting.
- Attended the 2008 and 2009 National Council on Public History annual meetings.
- Attended the 2006 and 2007 New England Museum Association annual meetings.