

***Doctor Forrest Pitt Baker and the
History of the Eastern Oklahoma
Tuberculosis Sanatorium***



*By Glen R. Roberson**

She was scared. Fifteen-year-old Stella Long sat in the backseat of the family station wagon as it turned off Oklahoma State Highway 63 onto the winding gravel driveway leading to the main building. At first, family doctors had diagnosed her persistent cough and night sweats as double pneumonia. But no matter what they tried, nothing could break her fever. X-rays revealed something else—Stella had tuberculosis (TB). Now, as she stared out the front window of the family car, she saw a cluster of people wearing white coats and uniforms waiting for her at an open side door. The car reached the building and stopped. The people opened the car door and hustled her out of the station wagon and into a wheelchair. They whisked her through the open door and

EASTERN OKLAHOMA TUBERCULOSIS SANATORIUM

down a light green hallway. "Is this the end?" she wondered. She had heard rumors that the sanatorium was a place you go to die.¹

Stella had entered the Eastern Oklahoma Tuberculosis Sanatorium (EOTS), the first publically run institution for TB in the state. She was one of the more than fourteen thousand initial admissions to the sanatorium between the years 1921 and 1975. If the fourteen thousand figure is added to the thousands more who passed through the institution's outpatient section, plus those who had to be readmitted three, four, maybe five times, and then added to those numbers the hundreds of medical personnel around the state trained through its outreach programs, the significance of the contribution made by EOTS in the fight against tuberculosis in the state of Oklahoma becomes apparent.²

That fight started in 1918 when a comprehensive survey conducted by the Oklahoma Tuberculosis Association on the preparedness of the state to treat tuberculosis fell into the collective lap of the Oklahoma State Legislature. "Poorly trained physicians, inadequate sewerage disposal, a shortage of hospitals," the report hammered in its alarming findings with devastating rapidity.³ In its cold, deliberate listing of facts, the report insisted the state was "woefully lacking in any ability to address the growing number of people infected with the dreaded disease."⁴ The survey findings were startling in their condemnation of medical preparedness.

The message was not ignored. Before the end of the session, the legislature responded by creating three tubercular sanatoriums. Governor James B. A. Robertson signed the bill appropriating \$100,000 for two hospitals, the first one in Talihina, a small town in the southeastern quarter of the state, named the Eastern Oklahoma Tuberculosis Sanatorium (EOTS) and the other in Clinton, aptly named the Western Oklahoma Tuberculosis Sanatorium (WOTS). A "Colored" institution was established in Boley for "Negro citizens."⁵

In November 1921, under the direction of Dr. R. M. Sheppard, EOTS accepted its first patients: a man from Enid, one from Comanche, and a third from Tulsa.⁶ They entered a five-building institution consisting of three framed cottages built for staff and guests, a two-story brick Administration Building, and a framed, open-air pavilion. By far the largest structure on the grounds, the Administration Building housed on its first floor the general offices, a fifty-bed unit, a laboratory, a drug room, an x-ray room, an examination room, an operating room, the kitchen for the staff and patients, and a dining hall. The second floor included dormitory

THE CHRONICLES OF OKLAHOMA

rooms and a sitting area for female employees.⁷ Patients slept in the open-air, two-story pavilion on a screened-in sleeping porch where, even in winter, they spent the night alfresco. A series of closet-sized private rooms just off the porch functioned as places for patients to dress.⁸ Overlooking the Kiamichi Valley three miles northwest of Talihina, the entire complex sat on Winding Stair Mountain in a bucolic setting among Northern Red Oak and Eastern Red Cedar trees.

The decision to build there was not by chance. *Mycobacterium tuberculosis*, the bacillus that caused TB, measured only 1/25,000 of an inch. It was projected through the air whenever an actively infected person coughed, sneezed, or spoke. One cough by an infected person sent millions of germs into the wind endangering hundreds of unsuspecting victims.⁹ The disease usually attacked the lungs. However, the infection could spread via the blood stream from the lungs to all organs in the body. This meant that tuberculosis could develop in the pleura (the covering of the lungs), in the bones, the urinary tract and sexual organs, the intestines, and even in the skin. Symptoms might include coughing up blood, fatigue, weight loss, and fever. In developed countries TB was once known as consumption because its victims seemed to waste away. Because tuberculosis was highly contagious and often fatal, news of the disease struck fear in a community. Conventional medical practice prescribed social isolation, nourishing food, plenty of fresh air, and large amounts of bed rest to bolster the body's natural immune systems. A sanatorium isolated infected people from the general public and lowered the odds of infecting others. The rural setting of Winding Stair Mountain was ideal.

Prussian physician Dr. Hermann Brehmer (1826–1889) receives credit for being the first to treat tuberculosis patients with what he called “the rest cure.” In the United States the idea of sanatoriums found its most ardent champion in Dr. Edward Livingston Trudeau (1848–1915), a tuberculosis sufferer himself and one of the founders of the American Lung Association.¹⁰ Trudeau watched helplessly as his elder brother James died from tuberculosis after three months of violent, bloody coughing fits. Much to his horror, he too contracted tuberculosis at age twenty-five. In 1875, in an attempt to escape city life and the sad memories of James's death, he bought a home on Saranac Lake in the Adirondack Mountains. There he established a small but successful medical practice among the sportsmen,

EASTERN OKLAHOMA TUBERCULOSIS SANATORIUM

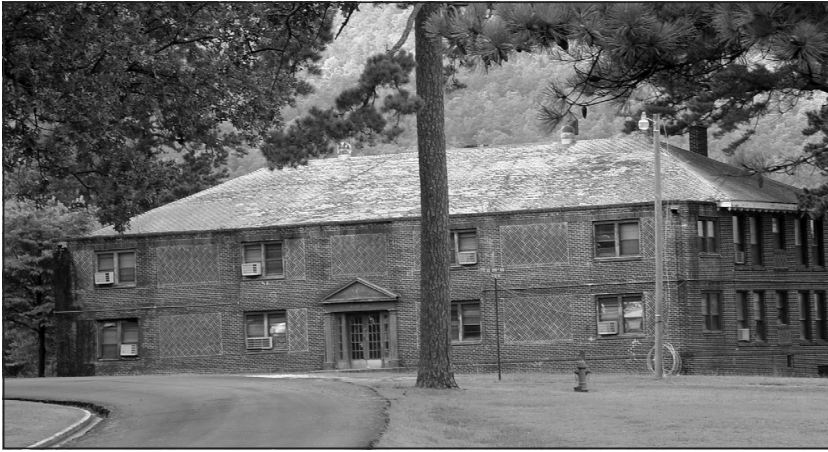
guides, and lumberjacks of the region. He also found himself getting better.

Here, in the peaceful Adirondacks in 1882, Trudeau read of Brehmer's "rest cure."¹¹ Convinced by his own experience that Brehmer was right, Trudeau, with financial backing from several wealthy friends, opened the Adirondack Cottage Sanatorium. Trudeau later added the Saranac Laboratory for the Study of Tuberculosis, the first research facility in the United States constructed solely to study the hated disease.¹²

Brehmer's and Trudeau's "rest cure" was just the latest strategy in the long, frustrating struggle against TB. It is the oldest of all the documented communicable diseases. Archaeologists have discovered skeletal remains of Egyptian mummies dating back to 2400 B.C.E. that display bone decay caused by tuberculosis. The word "phthisis" (consumption) appears in ancient Greek literature written before the birth of Jesus. But efforts by Dr. Trudeau and his staff offered hope. If they were not always cured, at least patients got better. Saranac Lake provided a pathological lifestyle of rest and tranquility for patients who might require a stay in a sanatorium for years. So it was also for the patients at EOTS.¹³

Even with the "rest cure," there were no measures for preventing the disease. As the number of infected people in Oklahoma rose, EOTS worked to expand its facilities. In the beginning because amenities were limited, EOTS staff admitted only those patients considered to be far-advanced cases.¹⁴ But in 1924 help arrived in the form of a new barrel-design, 112-foot-tall metal water tower that provided fresh water every day and a one-story, red-brick power house with a three-bay side gable roof on the west wing and a five-bay hipped metal roof on the east wing. Down the road load after load of germ-ridden bed linen and clothes were washed in a new one-story brick laundry with a standing seam metal roof and a set of sliding wood doors with two small windows. The following year contractors finished a second hospital wing, doubling the bed capacity to one hundred. Each patient occupied a private room that opened onto a screened sleeping porch. Accommodations also featured a linen closet and indoor plumbing with hot and cold running water and a toilet—something maybe only half of the homes in Oklahoma enjoyed in 1925.¹⁵ Three years after its completion the hospital staff installed the most powerful x-ray machine in the state. The same year also saw new housing. The nursing staff was treated to a red-bricked facility later named Baker Hall.¹⁶ Two years later a new service building was added. The year 1930 wit-

THE CHRONICLES OF OKLAHOMA



Housing for nurses, later named Baker Hall (photograph courtesy of the author).

nessed the completion of more housing to handle the growing number of staff, patients, and visitors, along with an outbuilding and a shop building.¹⁷

Maryjo Pretari, the daughter of an EOTS lab technician who lived on the grounds, remembered:

The last house on that street was occupied by Mr. and Mrs. McLemore. He was in charge of the farm on the hospital grounds where they grew fresh vegetables. On the other side of Mr. McLemore's home was a shop building where they kept tractors and trucks used on the grounds. There was also a hot house behind Mr. McLemore's home. Next, was the barn that housed the mules that pulled the plows. The big pond was used to irrigate the farm. On the other side of the pond were a house and the barns where they would milk the dairy cows. I guess the man in charge of the dairy lived in the house. I don't recall his name. They also had pens around the dairy barn where they raised pigs. Across the street from the McCawley's home was a wood shop where carpenters were employed to repair and paint things on the grounds. On the other side of the shop building was the hospital garden where vegetables were raised. They also had a store across from where I lived. Employees who lived on the grounds could go in and purchase some groceries. They also had a laundry on the grounds and I remember my mom marking their uniforms with a marking and a number and placing them in a cart. Someone would pick them up once a week to be cleaned. They also had a plant on the grounds that generated the steam for the radiators that heated the homes. A loud whistle will blow, I believe at 8 and 5 to signify time to go to work and get off. They also had a store in the building that housed the post office, and administration offices. It sold cigarettes, candy, magazines, etc.¹⁸

EASTERN OKLAHOMA TUBERCULOSIS SANATORIUM

With all the changes, the sanatorium had become its own village.

No change proved more significant than the arrival of the second director, Dr. Forrest Pitt Baker, and his wife, Maude, in 1928.¹⁹ Maybe Henry S. Johnston's best appointment while governor, the new superintendent brought with him an extravert's personality and an administrator's eye for detail. He was born on February 2, 1889, to Dr. William Pitt Baker and Adelia Hays Baker, natives of Arkansas. William was a West Point graduate and a physician who made the Cherokee Outlet Land Run in 1893.²⁰ Forrest worked his way through Oklahoma A&M and earned his medical degree from the University of Arkansas School of Medicine. In medical school he stood out from even the most dedicated students due to his fine-tuned study routine that habitually lasted from just after sunrise to midnight.²¹ Among the medical books and microscopes Baker became fascinated by infectious diseases—how they were transmitted and how they were treated.²² After a stint in the military like his father, he and Maude settled in Arkansas. His mid-thirties found him at the front lines of medical research for treatment of TB. When Governor Johnston picked him for superintendent, he was serving as the resident physician at the State Sanatorium of Arkansas at Booneville. He arrived with little administrative experience save what he had learned as a military officer stationed in Pan-

Laundry facilities built onsite at the EOTS after the installation of a new water tower in 1924 (photograph courtesy of the author).



THE CHRONICLES OF OKLAHOMA

Dr. Forrest Baker in 1934 (photograph courtesy of the author).



ama.²³ What he brought were the skills of a first-class surgeon, the knowledge of the latest surgical procedures, and the same professional drive he had exhibited since medical school.

He also brought a love of poker and was a regular in the weekly staff game. Weekends in the fall found him in Norman sitting in Memorial Stadium, “yelling until he was hoarse,” recalled former administrator Frank McCawley.²⁴ A gregarious man possessed of a master politician’s warmth, he was active in the International Lions Club (including the domino game after meetings), became a 32nd degree Mason, and held office in Shriners International.²⁵ He might have joined the Girl Scouts if they would have had him.

Patients adored him, especially the female ones. “I love you,” wrote ex-patient Eula Sharp in 1930, “. . . not ‘flapper (romantic) love,’ . . . but the honest-to-goodness kind. I am grateful.”²⁶ People who had been shunned by their neighbors and even their own families, people who had been forcibly separated from classmates and loved ones, found not just a doctor, but a companion who accepted them with all their hurts.²⁷ “He has been a combination of doctor and father confessor.”²⁸

Though he bore a slight resemblance to movie star Spencer Tracy, Baker seemed best remembered by his patients for his eyes and hands. “At that first meeting, your glances travel many times

EASTERN OKLAHOMA TUBERCULOSIS SANATORIUM

from his eyes to his hands,” former patient Robyn Eldridge once wrote to a friend. “You have no way of knowing how much his hands and his eyes will guide you back . . . to a complete recovery.”²⁹ He seemed to understand that just sitting and talking, dispensing encouragement and acceptance, was just as much a part of the recovery treatment as any medical procedure.³⁰

He set high standards for his staff but never “rode them hard,” and he handed out praise for work well done. “He was a people person,” remembered McCawley, who came as a patient in 1941 and stayed to work as an administrator, “always in good cheer.”³¹ A number of patients, like Frank McCawley, stayed on to work with Baker. Others wrote letters filled with warmth and tenderness for him long after they had been discharged.³² He was EOTS just as much as the brick buildings and the yellow pines and magnolias that grew there. No one thought of EOTS and not of him.

Five months after he arrived, Baker described what he had found. “At this time we can accommodate sixty-five patients who are classified as bed patients. [Ones who require more or less absolute rest treatment.] We find that sixty-five per cent of our incoming patients require absolute rest.”³³ A bed patient was defined as, “. . . whenever either of the following conditions is present, a fever constantly at 99 [degrees] or above, spitting of blood, night sweats, extreme loss of weight, severe cough, or disease in the lung that does not improve.” As of April 1928, EOTS was treating fifty patients capable of dressing themselves and eating three meals a day in the cafeteria. While the institution rated one hundred beds, it ran at over capacity the vast majority of the time. “Don’t bring someone to the sanatorium without a referral,” he warned, “because it often becomes our painful duty to send ‘them’ back.”³⁴

A monthly pamphlet published at EOTS called *Mountain Air* played a huge role in Baker’s determination to keep tuberculosis in the public consciousness. As editor, he filled each edition with articles about the causes of the disease, new theories for cure, and the activities at the institution. His prose was clear and direct with little flare. In his advice on how to mentally respond to TB, he wrote, “(Too) much energy is consumed by blaming yourself . . . for allowing your trouble to advance to the point to which it has. . . . Recrimination avails nothing.”³⁵ Frequent pamphlet issues featured guest writers who took the opportunity to rhapsodize about the wonders of rest, hiking, camping, and the value of nutritious eating.³⁶ Occasionally, Baker used an article to strike out against the injustices he saw in the battle against tuberculosis. “There is

THE CHRONICLES OF OKLAHOMA

very little done in this state to care for colored tuberculosis people,” he wrote in the May 1948 edition.³⁷ Records that would tell what the pamphlet circulation numbers might have been are gone, but so important did *Mountain Air* become in the eyes of the anti-tuberculosis leaders that it received funding from the state legislature beyond what lawmakers appropriated for the sanatorium.³⁸

Because so many people stayed from six months to a year, life there achieved a certain level of normality. Maryjo Pretari recalled family life as a youth:

Milk from the dairy was delivered in small glass bottles and set on the back porch of our home. They even made chocolate milk. Our garbage was put in a metal bucket and hung from a nail on a tree. Workers came by and picked up the bucket and the garbage was heated or cooked and fed to the pigs by the workers. Our trash was burned individually in big metal trash cans behind our homes. I can remember trick or treating on the grounds. My mom would take me to the other employees' homes or apartments on the grounds.

Christmas was a magical time on the grounds when I was growing up. They piped Christmas music over the grounds during certain times of the day for everyone's enjoyment. They also decorated the grounds with lights. The maintenance workers would go into the woods and cut down real cedar trees and nail a wooden stand on the bottom. They would always let us come and pick out our Christmas tree and bring it to the house for us.

There was an apartment building on the grounds across from the park area in front of the old administration building. They also had an apartment building called the Harper Building. It had a huge patio on the back that I remember my parents saying they'd had dances there.³⁹

While serving in Arkansas's sanatorium, Baker had accepted the proposition that one good lung could inhale enough air for a person's normal daily activity. If such was true and if only one healthy lung would suffice, why not surgically collapse the infected, fluid-filled lung that bred the bacteria patients coughed into the air? While at first glance a radical notion, in fact, over months of inactivity the damaged lung would heal. “Let the lungs rest,” became the motto, and Forrest Baker became one of its most ardent believers.⁴⁰

There were two dominant methods practiced in the mid-1920s for letting the lungs rest. One named pneumothorax (noo'mu-thor'aks) required the attending physician to inject the infected lung with a heavier-than-air, slow-to-absorbed gas such as nitrogen until it collapsed.⁴¹ Or one might choose the procedure called phrenicectomy (fren-a-sek-ta-me). Primarily used for pulmo-

EASTERN OKLAHOMA TUBERCULOSIS SANATORIUM



The Harper Building, dedicated in 1930. Children who tested positive for primary but inactive TB were housed in the Harper Building (photograph courtesy of the author).

nary tuberculosis, the doctor cut an incision in the back end of the rib cage and removed a section of the phrenic nerve, paralyzing the diaphragm and collapsing the lung.⁴² Patients undergoing phrenicectomy remembered feeling a “pricking” sensation during the operation and considerable chest and back pain afterward.⁴³ As invasive as these surgeries were, Baker saw them as progress in the struggle, and they became common practice at EOTS.⁴⁴

Expansion of the campus during the first decade of its life reached a pinnacle in 1930 with the dedication of the Harper Building, a red-bricked, two-story, sixty-five-bed unit for undernourished children who had tested positive for primary but inactive TB. No higher priority existed for the leaders of the antituberculosis movement in the state than protecting children from advanced complications. During the next forty-five years hundreds of Oklahoma’s children came to live in Harper. Some had primary tuberculosis; others were children the authorities had removed from homes where parents or siblings battled the disease. In a few cases they were children of patients.⁴⁵ So as not to disrupt their education, a fully accredited public school opened as an extension of the Talihina Public School System. In later years the school added vocational training classes to the curriculum.⁴⁶

THE CHRONICLES OF OKLAHOMA

For many children, their stay at the sanatorium was a time of sadness and isolation. Dorothy Macomb Fowler, who attended the third grade at the institution in 1939, remembered worrying about her own as well as her sister's health, and she also had a dark, ever-present feeling of loneliness triggered by restricted contact with the outside world and limited visits from family. Nothing interrupted a daily routine of sterilized thermometers, wooded hikes, and school study.⁴⁷ Many of the patients' letters home had the feeling of a plaintive cry to them. "Dear Mom, I feel better come today or tomorrow. Bring Lilly and Marian. Tell daddy to come," one young boy wrote his mother and father.⁴⁸ Robert Carroll took his presents with him when he was admitted on a cold and windy day in December 1941 because his friends and family thought this would be his last Christmas.⁴⁹ It is not a stretch of the imagination to picture a child sitting at an open window staring out across the lawn into the distant woods while contemplating escape.⁵⁰

Other children seemed to be better prepared for their confinement. Robert Carroll did not die. On the contrary he and many of his classmates would recall in later years that EOTS was not a place of dread but a sanctuary that provided them with happy childhood memories.⁵¹ Here they found an acceptance of their conditions that did not happen often in the outside world. Many of the

Below: Robert Carroll, 1959. Right: Dorothy Macomb Fowler (photographs courtesy of the author).



EASTERN OKLAHOMA TUBERCULOSIS SANATORIUM

children grew into adulthood to tell of their attachment to the institution. “[I] remember hikes into surrounding areas,” Dorothy Macomb Fowler recalled, “. . . Sleeping where very large windows (like entire wall [sic]) were screened, with tarps (brownish) that could be rolled up or down.”⁵² Many patient at Talihina formed a network of friends that lasted far beyond their days at the hospital.

Despite dwindling public financial support, Baker moved the hospital forward during the Great Depression. In 1932 a new three-story, red-bricked infirmary for women provided eighty new beds.⁵³ This infirmary was a receiving ward and was also where the staff cared for the most advanced patients. The largest and most expensive hospital building construction occurred in 1937, assisted by Public Works Administration funding.⁵⁴ When completed, it expanded the capacity of the complex with the addition of 140 beds. Unfortunately, the new facilities offered only partial relief to the waiting list. In 1937 the administration still turned away two hundred people in need.⁵⁵

In attempts to meet the ever-present demands, Baker and his staff undertook an extensive review of their rules for admittance and their operating procedures. They prioritized those patients who had a chance to recover and who would hopefully be hospitalized for a year or less.⁵⁶ They placed more emphasis on outreach programs to train more doctors and nurses in the current treatments. They expanded a nurses’ teaching program begun in 1927 to train nurses affiliated with other hospitals or private care facilities on teaching patients to treat themselves at home and to prevent spreading germs. The better-trained the medical help outside the institute capable of offering treatment to the citizens of the state, the greater the relief for EOTS from taking on more patients than there was ca-



*Superintendent's house
at the Eastern
Oklahoma Tuberculosis
Sanatorium near
Talihina (photograph
courtesy of the author).*

THE CHRONICLES OF OKLAHOMA

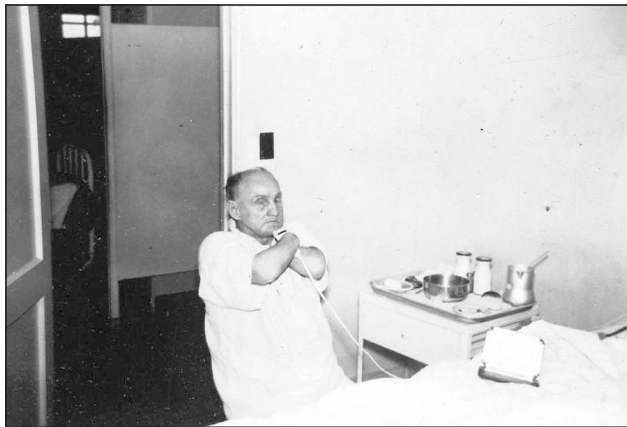
capacity to serve. Outreach training to staff in other medical institutions would remain a major focus well into the post-World War II era. This outreach included foreign countries. Patients remembered being administered to by visiting doctors from Mexico, Korea, Cuba, and even the Middle East.⁵⁷

The revamping of the program proved a success. By 1941 Baker concluded EOTS could safely stop admitting children with primary tuberculosis, a mild case that could be treated by properly trained physicians without hospitalization.⁵⁸ Children and adults with progressive tuberculosis were still admitted for long-term care up to the late 1950s.

While Baker and his staff worked to modernize their program, major forces in the global community were about to impact the little secluded community. The Selective Service claimed all the physicians except for Baker and one other during World War II, and their absence challenged the staff to function properly.⁵⁹ But the war also brought the first sign of a drug that cured. Success came in 1944 when streptomycin (strep toe mi sin), a new antibiotic, was administered to a critically ill TB patient. Almost immediately, the bacteria in the patient's body started to disappear and the symptoms began to fade. Success breeds success, the saying goes. The discovery of streptomycin was followed by other antibiotic discoveries, and soon new anti-TB drugs arrived on the scene. By 1958 the doctors at EOTS were administering six different drugs to clients with progressive TB with marvelous results.⁶⁰

The impact of these new drugs was dramatic and immediate. The average length of stay for patients at the sanatorium fell to less than six months.⁶¹ Money for research and patient care began to

A patient in his room at the Eastern Oklahoma Tuberculosis Sanatorium (photograph courtesy of the author).



EASTERN OKLAHOMA TUBERCULOSIS SANATORIUM



Dr. Forrest Baker just before his retirement in 1967 (photograph courtesy of the author).

pour in, and a third floor was added to the Infirmary for expanded operating rooms in 1952.⁶²

But as the money for research increased, the number of people afflicted with TB dropped. So too did the need for sanatoriums. The need to hospitalize victims was declining fast. Throughout the country sanatoriums were disappearing from the map. In 1964, with the patient capacity at 250 but the patient load at 172, EOTS managed to survive a legislative audit and avert consolidation with its sister institution in Clinton only by a major outpouring of public and political support.⁶³ Other state institutions were not so lucky. The Indian Sanatorium in Shawnee closed in the 1960s as did the tuberculosis unit of the Veterans Hospital in Sulphur. By March 1970 the Western Oklahoma Tuberculosis Sanatorium in Clinton shut its doors.

Perhaps the greatest change at EOTS came with the retirement of Baker in 1967 after thirty-nine years of service. His work had not gone unnoticed. The man who hugged and shook hands good-bye with the staff and patients was a Fellow of the American Medical Association and the American College of Chest Physicians and a distinguished member of the American College of Chest Surgeons and the National Tuberculosis Association. Out the front door Baker carried the University of Oklahoma's Distinguished Service Citation he had received in 1949 "in recognition of a career dedicated to the cause of tuberculosis sufferers in Oklahoma, and for

THE CHRONICLES OF OKLAHOMA



Infirmary on the grounds of the Eastern Oklahoma Tuberculosis Sanatorium (photograph courtesy of the author).

outstanding achievement in their behalf and in behalf of the state, which he serves as superintendent of the tuberculosis sanatorium in Talihina.”⁶⁴ But perhaps his major contribution, what everyone who was ever a patient there or had worked there knew, was that by the power of his personality and medical skills he had made a place that by the nature of its business could have been drab and weary into a place full of energy and hope.

Baker walked to his car, got in, and drove into retirement. Behind him was an institution in decline. New medicines and new stay-at-home-treatments insured the trend of declining admissions. Over the next five years the state closed the doors of one building after another. By 1972 the few patients still there were staying for ninety days or less.⁶⁵ In 1975 the end came. EOTS was transferred from the Oklahoma Department of Health to the Oklahoma Department of Veterans Affairs for operation as the Oklahoma Veterans Center-Talihina Division. After fifty-four years the institution was gone. Though he must have known it was coming, he did not live to see it. Dr. Forrest Baker died on May 19, 1973.⁶⁶ But the buildings still stand and the memories still live.

Endnotes

* Glen R. Roberson works in the Oklahoma State Historic Preservation Office at the Oklahoma Historical Society. He holds a Ph.D. from Oklahoma State University

EASTERN OKLAHOMA TUBERCULOSIS SANATORIUM

in history and has taught courses in Oklahoma history and the history of the Great Plains at the University of Oklahoma and the University of Central Oklahoma. Dr. Roberson would like to thank Lynda B. Schwan and Stacey Bayles for their contributions to this work. Lynda B. Schwan is the architectural historian and National Register program coordinator with the Oklahoma State Historic Preservation Office (OKSHPO). She has been with the OKSHPO since 2008. Stacey Bayles is the daughter of a former Eastern Oklahoma Tuberculosis Sanatorium patient who was institutionalized as a child with active tuberculosis. Her mother's fond memories of the people and places of her childhood were the inspiration for preserving the history of Oklahoma's crusade against tuberculosis.

¹ Stella Long, interview by Roger Harris, June 24, 2005, tape, Research Division, Oklahoma Historical Society, Oklahoma City, OK.

² Laverne McCawley, *A Short Story: The Oklahoma State Sanatorium to Oklahoma Veterans Center, Talihina Division*, (Talihina: Oklahoma Department of Veterans Affairs, 1975), Eastern Oklahoma Tuberculosis Sanatorium file, State Historic Preservation Office, Oklahoma Historical Society, Oklahoma City, OK, 1 (hereafter cited as EOTS File, OKSHPO).

³ Murray P. Horowitz and Jules Schevitz, *The Oklahoma Public Health Surveys* (Oklahoma City: Oklahoma Tuberculosis Association, 1919), 110, <http://books.google.com/>

⁴ Ibid.

⁵ Minnie Wagoner to Glenn P. Dewberry, *History of Eastern Oklahoma Tuberculosis Sanatorium*, August, 1973, EOTS File, OKSHPO, 1.

⁶ McCawley, *A Short Story*, 1.

⁷ "There's Health in Those Mountains of Oklahoma, at Gateway to the Ozarks," *Tulsa Tribune*, December 7, 1930, 10.

⁸ Dorothy Macomb Fowler, *Notes on Being a patient at Talihina, April, 2010*, EOTS File, OKSHPO, 2 (hereafter cited as Macomb, *Notes*).

⁹ "Oklahoma's Crusade Against Tuberculosis," EOTS File, OKSHPO, 1.

¹⁰ "Tuberculosis," University of Virginia Health System, Claude Moore Health Science Library, <http://www.hsl.virginia.edu/historical/medical/history/alav/tuber>.

¹¹ Ibid.

¹² Renamed the Trudeau Institute, the laboratory continues today to study infectious diseases.

¹³ "From Koch to Today," *American Lung Association Bulletin*, 68, (March 1982), 2.

¹⁴ Wagoner to Dewberry, 1.

¹⁵ "Oklahoma Tuberculosis Sanatorium," Power Plant Historic Preservation Resource Form, EOTS File, OKSHPO.

¹⁶ "Eastern Oklahoma Tuberculosis Sanatorium," Baker Hall Historic Preservation Resource Form, EOTS File, OKSHPO; McCawley, *A Short Story*, 3.

¹⁷ "Where Hundreds Successfully Fight White Plague," *Muskogee (OK) Daily Phoenix*, March 24, 1929, EOTS File, OKSHPO; McCawley, *A Short History*, 2; Wagoner to Dewberry, 2.

¹⁸ Maryjo Pretari, interview by Stacy Bayles, February 19, 2011, transcript, State Historic Preservation Office Oklahoma Historical Society, Oklahoma City, OK, 1.

¹⁹ "Dr. F.P. Baker is New Superintendent at State Sanatorium," *Talihina (OK) American*, December 1, 1927, 1.

²⁰ Ibid.

²¹ "TB Hospital at Talihina is Example of Well Managed State Institution," *Tulsa Tribune*, November 1948, 23.

THE CHRONICLES OF OKLAHOMA

- ²² Ibid.
- ²³ “Dr. F.P. Baker,” *Talihina American*, 1.
- ²⁴ Frank McCawley, interview by Glen R. Roberson, December 21, 2010, transcript, State Historic Preservation Office, Oklahoma Historical Society, Oklahoma City, OK.
- ²⁵ “Talihina Rites Scheduled for Dr. Forrest P. Baker,” *Daily Oklahoman (Oklahoma City)*, May 21, 1973, EOTS File, OKSHPO.
- ²⁶ Eula Sharp to F.P. Baker, 1930, EOTS File, OKSHPO.
- ²⁷ McCawley, interview, 1.
- ²⁸ “TB Survivors Club Gives Talihina Big Party,” *Talihina American*, 1963, 2.
- ²⁹ Robyn Eldridge to unknown patient, undated, EOTS File, OKSHPO.
- ³⁰ Pauline Hathaway to F.P. Baker, November 5, 1936, EOTS File, OKSHPO; “Dr. Forrest Baker,” *Parent-Teacher Magazine*, May, 1946, 12.
- ³¹ McCawley, interview, 1.
- ³² “TB Survivors Club,” *Talihina American*, 2.
- ³³ Forrest Baker, *Mountain Air* 4, no. 6 (April 1928): 4.
- ³⁴ Ibid.
- ³⁵ Forrest Baker, “In defense of Fatalism,” *Mountain Air* 26, no. 5 (May 1949): 6.
- ³⁶ A.L. Paine, “The Main Treatment—Rest,” *Mountain Air* 26, no. 26 (October 1949): 5.
- ³⁷ Forrest Baker, *Mountain Air* (May 1948): 8.
- ³⁸ Floyd Feldman, “The Tuberculin Test,” *Mountain Air* 32, no. 3 (March 1956): 9.
- ³⁹ Pretari, interview, 2.
- ⁴⁰ “A History of Tuberculosis Treatment,” Global Tuberculosis Institute, Newark, NJ, 2010, <http://www.umdnj.edu/ntbc/tbhistory/html>.
- ⁴¹ Ibid.
- ⁴² Ibid.
- ⁴³ Long, interview.
- ⁴⁴ “Diseases of the Chest,” *American College of Chest Physicians* 7, no.4 (April 1941): 120.
- ⁴⁵ Fowler, *Notes*, 1.
- ⁴⁶ “Training Plays a Big Part in Activities at State Sanatorium Near Talihina,” *McAlester (OK) World*, November 19, 1957, 7; McCawley, *A Short History*, 3; Wagoner to Dewberry, 1.
- ⁴⁷ Fowler, *Notes*, 1.
- ⁴⁸ Author unknown, May 4, 1939, EOTS File, OKSHPO.
- ⁴⁹ Robert Carroll to Stacy Bayles, September 26, 2009, EOTS File, OKSHPO.
- ⁵⁰ Fowler, *Notes*.
- ⁵¹ Eula Sharp to Forrest P. Baker, December 22, 1930, EOTS File, OKSHPO.
- ⁵² Fowler, *Notes*.
- ⁵³ Wagoner, *A Short History*, 5.
- ⁵⁴ Ibid., 6.
- ⁵⁵ Ibid.
- ⁵⁶ Ibid., 7.
- ⁵⁷ McCawley, interview.
- ⁵⁸ Wagoner, *A Short History*, 7.
- ⁵⁹ “At Talihina,” *Tulsa Tribune*, October, 1944, 5.
- ⁶⁰ Bill Butler, “Fighting Tuberculosis,” *Tulsa Daily World*, March 16, 1958, 22.
- ⁶¹ “Talihina TB Hospital Homey Place,” *Tulsa Tribune*, July 21, 1956, 6.

EASTERN OKLAHOMA TUBERCULOSIS SANATORIUM

⁶² John M. Fleming, "New Infirmary at Talihina Gives Reality to Doctor's Dream Begun, 24 Years Ago," *Tulsa Daily World*, July 15, 1952, 8; Edward Foster, "Talihina State Hospital Gets Two New Wings," *Tulsa Daily World*, July 27, 1952, 5.

⁶³ "State Hospital Merger Out," *Tulsa World*, March 6, 1964, 25.

⁶⁴ "Talihina Rites Scheduled for Dr. Forrest P. Baker," *Daily Oklahoman*, May 21, 1973.

⁶⁵ Wagoner, *A Short History*, 8.

⁶⁶ "Talihina Rites Scheduled," *Daily Oklahoman*.