



ST AGATHA
“PREVENTORIUM”

HOME AND GROUNDS, WINTER-1948

-Photo Courtesy of St. Agatha Home for Children

“Mothersite”

<http://stagathahome.org/>

**Saving Sickly Children:
the tuberculosis preventorium in American
life -1909-1970**

-Cynthia A Connolly

This brief, but informative and solidly researched book deals with a peculiar type of medical institution in the United States mainly in first half of the twentieth century, the tuberculosis preventorium. The preventorium catered for “pre-tubercular” children who were not ill but, due to their family history, were deemed at risk of becoming ill with tuberculosis. Here, children were to build resistance to the disease through a regime of fresh air, ample nourishment and moral fostering. In practice, this meant that the preventorium sought to imbue indigent children, often with an immigrant background, with the values of an idealized, white, American middle-class home life, as Connolly convincingly argues. A central theme is the contested, often conflicting, relationship between changing medical knowledge and the culturally and socially grounded practices in the preventorium.

The preventorium was the result of a combination of late-nineteenth-century North American efforts at “child-saving” and scientific discoveries, mainly by European medical researchers, of the numbingly high tuberculosis infection rates in urban populations around the turn of the century. As the overwhelming spread of the TB bacillus was documented, preventive efforts targeted children. Arrangements to boost their organic resistance—and to form them into efficient, healthy citizens—were made in many countries, and the United States was no exception. Through an analysis of the pioneering Farmingdale preventorium in New Jersey, opened in 1909, Connolly explores what went on in these institutions. Drawing on a wide range of sources, effectively applying cultural, social and political perspectives, she discusses the different meanings of the preventorium for the children and their parents, as well as for the institutions’ founders, staff and the wider society. Even though there was resistance among parents and in local communities where preventoria were built, they were deemed a great achievement, as their national proliferation in the 1920s demonstrates. Supported by the National Tuberculosis Association and other enthusiastic child-savers, these institutions were established throughout the United States by many different agencies.

Initially, the preventoria were rooted in the prevailing scientific understanding of TB, but, as Connolly argues, once established, they proved rather resistant to changes in medical science as well as to new social welfare practices. By the 1930s, many experts concluded that the removal of children from their homes had few health benefits, rather the opposite. The scientific rationale underlying the preventorium crumbled as case finding and prevention of infection rather than resistance-building were employed as prophylactic strategies. Many preventoria were closed or reoriented to other fields in the wake of the new antibiotic therapy in the 1940s; even so, some continued to offer a mix of fresh air and moral uplift as a solution to the medical and social problems of indigent children. Ultimately, keeping the institutions running and beds occupied proved more important than assuring the scientific soundness and social adequacy of preventorium treatment; fittingly, it was financial, not medical considerations that led the last ones to close in the 1960s. Avoiding moral judgement, Connolly carefully historicizes the preventorium and employs an epic perspective on the child-savers' engagement: the preventorium may have seemed like the most humane choice, given the alternatives of orphanage, juvenile asylum, or even homelessness threatening indigent children with tuberculosis in the family.

The analysis is grounded in the international scientific context, but the focus of the book is national, concentrating on US developments. I miss a systematic comparison of the US preventorium and its European counterparts: were they the same or different institutions? Nevertheless, the book is highly recommended for everyone interested in the history of tuberculosis and children's health. The focus on prevention of pediatric tuberculosis, and on an institution far less studied than the TB sanatorium, makes this book a welcome addition to the historiography of tuberculosis. The author's engagement in current debates on children's health makes the sound historical analysis also highly relevant for today's concerns in preventive and public health.

St. Agatha's Home for Children

Location and Grounds—Nanuet, N. Y. 170 acres.

Type—Congregate.

Superintendent—Sister Xavier Maria.

Telephone—Nanuet 25.

Purpose—Care of dependent Catholic children; boys 2 years to 11 years, girls 2 years to 16 years.

Education—Institution school.

Capacity—583.

Visiting Days—Sundays. Erie R. R. to Nanuet.

Children committed in 1919—191.

New York City charges—641.

Money paid institution in 1919—\$134,604.51.

St. Agatha's Preventorium

(See Preventoria for Children)

PREVENTORIA FOR CHILDREN—PRIVATE

St. Agatha's Preventorium

Location and Grounds—Nanuet, Rockland County, N. Y. (See St. Agatha's Home, Page 42.)

Type—Congregate.

Superintendent—Sister Xavier Maria.

Telephone—Nanuet 25.

Purpose—For the building up of Catholic children 4 to 14 years who are predisposed or who have been exposed to tuberculosis. Institution school.

Capacity—100.

Visiting Days—Sunday afternoons. Erie Railroad (New Jersey and New York Branch).

Number of children admitted in 1919—412.

Amount paid in 1919—Included in amount paid St. Agatha's Home.