oil handkerchiefs for a half hour. Keep carpets, curtains, and upholstered furniture out of the room. Shave off beards and mustaches. Open the bedroom window night and day. Spit in a pasteboard cup (above) and burn it afterward. In 1906 the State Board of Health issued these directives as ways of preventing the spread of tuberculosis. Doctors and health officials fully understood that the tubercle bacillus, discovered by Robert Koch and the cause of tuberculosis, was communicable through sputum. Thus, patients plagued with pulmonary TB, and their caretakers, were ordered to confine and destroy spit and to control exposing others when coughing.

Called the “white plague” because of patients’ pale appearance, tuberculosis ran rampant in America’s crowded cities, where the impoverished living in squalor had low resistance to disease. But it was not a disease of only the poor. In the late 19th century, TB killed one of every seven Europeans and Americans. Sanitation and quarantine had made some inroads against the disease in urban areas at the end of the century.

Early in the 20th century, public health experts fighting tuberculosis shifted to personal hygiene—thus the long lists of instructions for the in-home care of “lungers,” as TB patients were called. Physicians also recommended that TB patients move to states with mountain or desert climates; fresh air and rest were among
the few weapons with which to fight the persistent disease.

Prolonged and direct exposure was required to contract tuberculosis, and the tubercle bacilli grew extremely slowly. Nevertheless, the public feared that TB was quite contagious, and in time, more patients were moved out of their communities to sanatoria, where they could rest in fresh air, eat nourishing food, and limit activity—in a facility usually isolated from the public.

Iowa’s oldest and largest public tuberculosis sanatorium was Oakdale, built in 1907 on 280 acres about seven miles outside of Iowa City and the university’s medical college. By 1910 Oakdale housed 506 patients. The number peaked in 1926, at 814. In the late 1920s, doctors started using surgery, in which a diseased lung was allowed to collapse and rest, as another weapon against TB.

Early stages of TB were hard to detect, and many were reluctant to find out they were infected. But in 1906, an estimated 7,000 to 8,000 Iowans had TB. The State Board of Health and the Iowa Tuberculosis Association worked together to spread information about prevention and pushed for early testing. The association’s annual Christmas Seal campaign, begun in 1907, raised considerable money. Later, legislation was strengthened to require that dairy cattle be tested for bovine tuberculosis (and destroyed if diseased), and to require pasteurization of milk.

Mortality rates did fall in Iowa: from 2,000 deaths in 1906; to 1,000 in 1925; and to 600 in 1934. By 1946–1947, writes medical historian Susan Lawrence, “Iowa boasted the lowest death rate from tuberculosis in the nation (11.8 per 100,000, compared with the 33.5 national rate), which had resulted from extensive efforts to identify people with tuberculosis as early as possible so that they, and those around them, could take preventive measures against its spread. State-funded tuberculin testing, along with traveling x-ray diagnostic clinics paid for by donations and staffed partly by volunteers, had eased the burden of tuberculosis before streptomycin was widely available.” By 1950, TB was no longer considered one of the ten leading causes of death in Iowa, and in 1981, Oakdale Sanatorium closed as a TB treatment center.

Worldwide, however, tuberculosis is still the second leading cause of adult deaths—with more than two million deaths yearly. When compared to the past, it is seldom seen in Iowa, but still the state averages 30 to 50 new cases a year.