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ON THE ROAD AGAIN
CONSUMPTIVES TRAVELING FOR HEALTH
IN THE AMERICAN WEST, 1840–1925

JEANNE ABRAMS

I set out for the land [Colorado] that was to bring me health. To bring me health! Yes, there was no doubt about it. I never for one moment doubted that I was to be well.
—Thomas Galbreath, Chasing the Cure in Colorado

To travel hopefully is a better thing than to arrive.
—Robert Louis Stevenson, The Art of Writing

From the mid-nineteenth century through the first decades of the twentieth century, hundreds of thousands of health seekers, on the advice of their physicians, family members, or popular advertisements, took to the road to "chase the cure" for tuberculosis, the most dreaded disease of the era. Indeed, tuberculosis, also commonly known as consumption or "the White Plague," held the dubious distinction of being the leading cause of death in nineteenth-century America. In the first years of the twentieth century 150,000 Americans died of it yearly, and more than ten times that number were afflicted with the disease.1 Whether they came by horse, wagon, stagecoach, ship, train, or later by automobile, many of these men and women, propelled by hope and often desperation, made their way across the Great Plains to the American West, their destination in search of renewed health. In other words, traveling for health became the prescription for numerous consumptives, and transportation became the means for "filling" the prescription.

Unsurprisingly, literary figures were prominent among those tuberculosis victims who recorded their experiences with "chasing the cure" for the public and for posterity. By examining their experiences, as well as the individual

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stories of other less famous but no less important health seekers, we open an intimate, firsthand window into tuberculosis treatment during the period. Their stories demonstrate that tuberculosis transformed the western American landscape through social and cultural influences that extended far beyond the field of medicine. It not only helped shape public health policy but also affected personal habits, from legal prohibitions against spitting and the length of women’s skirts (shortened, to prevent spread of germs), to the design of homes throughout the western states to increasingly include the addition of a sleeping porch. For many decades, sanatoriums and tent colonies were highly visible town landmarks. Indeed, tuberculosis became a regional preoccupation in the American West, as well as the source of a robust economy, perhaps nowhere more visibly than in Colorado, New Mexico, and California.

Of course, the connection between a particular location and health was not a new one for Americans. In the eighteenth century, Thomas Jefferson famously maintained that Albemarle County, Virginia, the site of the family plantation of Shadwell, and later his home at Monticello, was the “healthiest” place in the country. And as Conevery Bolton Valencius has demonstrated in her important study The Health of the Country: How American Settlers Understood Themselves and Their Land, by the nineteenth century the search for a “salubrious” locale was a significant ingredient in the decision of where to settle. The geography of health became a metaphor that extended beyond the human body and connected to the political and economic “health” and advancement of the nation. However, in Valencius’s case study of Missouri and Arkansas, tuberculosis victims receive little specific attention and the book ends before 1860. Yet that is precisely when the number of men and women traveling west to seek a cure for tuberculosis increased dramatically, fueled by major improvements in transportation and the growth of popular advertising.

No single accepted standard for tuberculosis treatment prevailed in American medicine in the early years. Various experimental medications, surgical procedures, and folk remedies competed with the “open air” method of therapy. In addition, the diagnosis of tuberculosis was uncertain at the time as definitive identification through microscopic examination of the bacillus in the sputum only came into practice in the 1880s. Even then, all medical practitioners were not necessarily adept at accurately preparing or reading the stained slides. Prior to microscopic analysis, diagnosis through the use of a stethoscope was only reliable once the disease was far advanced. Thus, many who were initially diagnosed with tuberculosis were not necessarily actually stricken with the disease, and conversely, many consumptives in the early stages of the disease were not identified. Despite multiple approaches among physicians to treat consumptives, by the 1850s medical opinion began to emphasize a “healthful” climate as a central ingredient, and many American physicians sent their patients west to take advantage of “nature’s remedy.” Thus, in the absence of a “magic pill” to cure the disease, traveling often became an essential part of the search for a cure, although the undertaking produced mixed results. Certainly it provided psychological benefits, as traveling to regain health required planning and determination and thus was one of the most proactive and visible activities that tuberculosis victims undertook in seeking their own recoveries. Those who were not officially diagnosed with tuberculosis, but who considered their general health uncertain, also often traveled west to strengthen their “constitutions,” fearing that tuberculosis might strike them. They further swelled the number of health seekers and augmented the population of many Great Plains and western states. Although the modes of transport changed over time, transportation was intricately linked to the quest for health among those legions of consumptives who uprooted themselves and headed west, that ever-changing target, in an attempt to actively conquer their illness. It is useful to explore the different travel options available to gain a better understanding of the challenges underpinning “chasing the cure.”
EARLY TRAVELERS FOR HEALTH IN THE AMERICAN WEST

Serious interest in the American West as a region beneficial for health began as early as the 1830s, and high altitude and mountains were particularly viewed as healthy locales for those with respiratory ailments. In 1831 Josiah Gregg, following the advice of his physician, made his first trip to the West to seek a cure for tuberculosis. His experiences were recorded in *Commerce of the Prairies*, published in 1844. In a matter of weeks Gregg, who had begun the journey by lying prone in a wagon, was apparently healthy enough to continue his trip on the Santa Fe Trail by horseback, an improvement he attributed to the western climate. Gregg became a successful trader and journalist, and on later visiting the Rocky Mountains, he observed that "journeys for health" to the territory were not uncommon.3

Over the next decade many others would laud the health-giving properties of the West. John Bidwell, who in 1841 helped guide a wagon train caravan to California from the Midwest, maintained in his book that "those of the Company who came here for their health, were all successful."4 The following year Captain John C. Fremont, who led a much-publicized expedition to the Rocky Mountains in 1842, recorded in a published report that "the climate has been found very favorable to the restoration of health, particularly in cases of consumption."5 Within a short time the vision of the West as a healthful environment became embedded in the collective American imagination, and became especially popular with a number of physicians around the country.

Sleeping in the outdoors to maximize exposure to fresh air became a primary ingredient in chasing the cure for tuberculosis, and by the late 1840s consumptives who traveled to the West by prairie schooner, the covered wagons that brought pioneers west, routinely camped outdoors at night during the two-month trip. Catherine Haun, who had witnessed the deaths of her four young consumptive sisters and faced the prospect of her own early demise due to tuberculosis, wrote that in 1849 her "physician advised an entire change of climate. . . . [He] approved of our contemplated trip across the plains in a 'prairie schooner' for an out of door life was advocated as a cure for this disease. . . . [M]y health was restored long before the end of the journey."6 Some health seekers even made the wagon journey in some style. Before railroads arrived in Colorado, it was not unusual to see some affluent tuberculars traveling though the area in covered wagons that featured mounted feather beds designed for the comfort of invalids.7

Western stagecoach travel, which was introduced in the late 1850s, was quicker than wagon train, but its cramped and often bone-jarring ride, frequently delayed by breakdowns along muddy roads, was still quite taxing. Coaches generally could accommodate nine passengers crowded inside on hard benches and another dozen riders hanging on for dear life outside on top, hardly an ideal mode of travel for passengers suffering from tuberculosis. One writer described stagecoach travel disparagingly as "splendid misery." In addition, the fare of a little under 200 dollars was prohibitive in cost for many invalids.8 Of course, faster, more comfortable transportation in the 1850s and 1860s by steamship was available to California from New York and New Orleans. However, for people beginning their journeys from the Midwest, it made little sense to travel hundreds of miles in the wrong direction to board a ship, so for these health seekers, traveling by stagecoach was more expeditious.9

CONSUMPTIVES SETTLE THE WEST

The stories of Josiah Gregg and Catherine Haun illustrate that consumptives who traveled west across the American continent in search of a cure were active agents in their treatment and not merely hapless victims of disease. Prior to Robert Koch's discovery of the tubercle bacillus in 1882, most physicians felt that tuberculosis was a hereditary disease best treated in a favorable climate supplemented by long-term exposure to fresh air and the
maintenance of a proper diet. Yet despite the knowledge that tuberculosis was transmitted by a germ, the belief in the efficacy of climate and travel persisted for decades after Koch's discovery. As a result of the development of the medical specialty of "climatology," common medical wisdom as well as popular opinion through the early 1900s held that for pulmonary ailments in general, and tuberculosis in particular, "change of climate was desirable, that traveling of itself helped to effect a cure."11

Although many of those who traveled to the West died and others returned to their place of origin with renewed health, a significant number settled in the region. Indeed, one of the most significant by-products of the medical belief in the efficacy of climate was western settlement. Health seekers who came to the Southwest before 1900, for example, accounted for at least 20 percent of the region's population and were second numerically only to those who migrated west seeking land.12 Tuberculosis was a central factor in the development and peopling of New Mexico beginning in the mid-nineteenth century, when the territory quickly became known as "a salubrious El Dorado."13 By 1900 at least a quarter of the migrants to California had arrived in search of health, and Arizona's dry air and sunny climate made Yuma, Florence, and Sunnyslope north of Phoenix among the most well known of health resorts.

According to a local survey in Colorado, which became an especially popular destination for "traveling" consumptives as early as the 1870s, as much as 60 percent of the state's population by 1925 may have migrated, either directly or indirectly, for treatment of tuberculosis, since many health seekers were often joined by relatives and friends.14 A disproportionate number of Jewish consumptives from eastern Europe were attracted to Denver because of the existence of two Jewish national tuberculosis sanatoriums there, the National Jewish Hospital for Consumptives (NJH) and the Jewish Consumptives' Relief Society (JCRS). A study of patients at the JCRS from 1905 to 1907 reveals that 40 percent of discharged patients were listed in the Denver City Directory for at least one year following their discharge.15 After 1910, the numbers became even more substantial. In 1916 prominent New York social worker Chester Teller estimated that over 2,000 Jewish consumptives had resided in Denver during the previous year.16

PUBLICIZING THE "WELL COUNTRY"

Most of the health seekers traveling west were ordinary citizens, but some were famous, like Helen Hunt Jackson, poet, journalist, travel writer, and best-selling author of the novel Ramona. Understandably, literary figures were most likely to record their personal experiences with tuberculosis for posterity. Hunt's novel Ramona, published in 1884, traced the life of a fictional young Indian woman. It became an instant success and helped raise public awareness about the plight of American Indians. Hunt, who grew up in New England, suffered from a variety of respiratory illnesses during her life and had turned to writing as therapy after the tragic deaths of her husband and two young children. In the spring of 1872 she made her first adventure trip as a journalist to the American West accompanied by Sarah Woolsey, a fellow author. Hunt's costly
adventure (about 800 dollars round trip) was made in rather luxurious style and included a private Pullman car “drawing room” with a pullout bed, hot cooked meals on the train, and stops at upscale hotels along the way. The trip was paid for by Hunt’s writing a series of popular travel sketches that chronicled her journey for the New York Independent. The two friends traveled 3,000 miles on the transcontinental railroad (which had recently been completed in 1869) from New York to San Francisco.17

The completion of the transcontinental railroad, linking the American West with the East, made the overland journey west significantly shorter, safer, and more comfortable, bringing even more health seekers to the region and ushering in a veritable “health rush.” Before the coming of the railroads, those undertaking the westward journey made the trip across the prairies and the Great Plains by one of three routes, either along the Missouri River, the Oregon Trail, or the Santa Fe Trail. As we have seen, horseback or wagon travel could take as much as three months and was especially demanding for those who were in a weakened state of health.

Stagecoaches became obsolete after trains became the primary vehicle for transporting those who traveled to the area for its therapeutic potential, and railroads encouraged the growth of a robust health industry in the West.18 For many years railroad promoters made a conscious effort to attract consumptives to the region. Not only did the railroads foster trade and commerce along their routes, but with the aid of local boosters and physicians, they helped transform many a western mining camp into a burgeoning metropolis. Western
doctors, many of whom had traveled west to
cure their own cases of tuberculosis, particu-
larly helped shape “fantasies of the West as a
health-giving Eden.”

In a 1908 essay appearing in the Denver
Medical Times, Dr. A. C. Magruder found that
32.7 percent of the state’s physicians had come
to Colorado because they or someone in their
family suffered from tuberculosis. Not surpris-
ingly, many of them made the treatment of
tuberculosis their specialty.

For example, Dr. Charles David Spivak gave
up a growing medical practice in Philadelphia
to move to Denver in the late nineteenth
century because his wife had incipient tuber-
culosis. When Spivak, his wife, Jennie, and
two small children arrived at Denver’s Union
Station in 1896, over a hundred trains arrived
and departed daily, and undoubtedly the arriv-
als included many invalids. In 1904 Spivak
became one of the primary founders and the
executive secretary (director) of the Jewish
Consumptives’ Relief Society, one of the
premier tuberculosis sanatoriums in the nation.
He became a leader in the American tubercu-
losis movement and an advocate of Colorado’s
healthful climate. Under Spivak’s direction,
over the next quarter of a century the sana-
torium attracted thousands of primarily poor
eastern European Jewish immigrants stricken
with tuberculosis, and a significant percentage
of cured patients and their families ultimately
made Colorado their permanent home.

The arrival of trains to New Mexico at
the end of the 1870s transformed the trickle
of health seekers to the “Well Country” into
a flood of thousands between the 1880s and
1930s. The new railroad also prompted the estab-
lishment of a territorial New Mexico
Bureau of Immigration, which generated pub-
licity to attract tuberculosis victims to partake
of the territory’s “pure, fresh, life-giving air.”

Through the efforts of town boosters, Santa Fe
as well as Albuquerque drew large numbers of
health seekers. In the first decades of the twen-
tieth century Albuquerque featured several
public and privately owned tuberculosis san-
toriums and rest homes as well as ranches that
catered to those consumptives well enough to
pursue more vigorous outdoor activities.

Railroad travel was an improvement over
wagon and stagecoach treks, yet even for
those who could afford a comfortable Pullman
car it was not without challenge. Ironically,
while high altitude was touted as beneficial
for consumptives, the thin air encountered
in mountainous areas during the transconti-
nental train journey sometimes exacerbated
breathing problems, and it was not unheard
of for consumptives to die en route. Travelers
with pulmonary ailments who arrived by the
slower method of wagon journeys may have
had an easier time incrementally adjusting to
the altitude. However, as two health seekers
who traveled west during the 1880s observed,
“All invalids, no matter how they may take
the trip, arrive in California fatigued and
exhausted.”

In 1873 Helen Hunt’s physician in Massa-
chusetts advised her to travel west again, this
time to the new town of Colorado Springs,
Colorado, in an effort to improve her health.
She had contracted diphtheria after her return
from California the previous year and suf-
fured from incipient tuberculosis. Frail and
ill, after a tiring five-day transcontinental trip
in the fall of 1873, she arrived in the frontier
town. Hunt immediately moved into a local
boardinghouse that catered to consumptives.
By the time of Hunt’s arrival, Colorado was
well on its way to earning its nickname of “the
World’s Sanatorium,” and Colorado Springs
had become an increasingly popular destina-
tion for well-to-do health seekers. In 1847 one
early visitor to the unsettled Pike’s Peak area
had already noted, “It is an extraordinary fact
that the air of the mountains has a wonder-
fully restorative effect upon constitutions
enfeebled by pulmonary disease.” Moreover,
as one historian observed, “No portion of
the health frontier, with the possible excep-
tion of Southern California, received greater
nationwide publicity after the Civil War than
Colorado.”

The infant town of Colorado Springs did
not make a good first impression on Hunt: “I
shall never forget my sudden sense of hopeless
disappointment at the moment when I first
looked on the town," she later recalled in one
of her signature travel essays.

It was a gray day in November. I had crossed
the continent, ill, disheartened, to find a cli-
mate which would not kill. There stretched
before me, to the east, a bleak, bare, unre-
lied desolate plain. There rose behind
me, to the west, a dark range of mountains,
snow-topped, rocky-walled, stern, cruel,
relentless. . . . One might die of such a place
alone, I said bitterly. Death by disease would
be more natural.28

However, within a short time Hunt became
enamored of her new home as well as of a new
local admirer who would become her husband,
successful businessman William Sharpless
Jackson, vice president of the Denver and Rio
Grande Railroad. The two took many carriage
trips through the mountains as well as rides on
the newly constructed narrow-gauge railroad,
drinking in the touted health-giving properties
of the area's semiarid climate, bright sunshine,
and high altitude. She also became a fervent
booster of Colorado's reputation as a health
resort, declaring "asthma, throat diseases, and
earlier stages of consumption [were] almost
without exception cured by dry and rarefied
air."29 Although over the next decade Helen
Hunt Jackson made many trips back east, and
in her last year moved to California, Colorado
became her beloved base. As one biographer
aptly put it, "Colorado was good for her health
and for her writing." Despite setbacks, traveling
to the American West had clearly benefited
Jackson's respiratory difficulties. In the end she
died of cancer rather than pulmonary disease
at the age of fifty-five.30

A British woman who also visited Colorado
in 1873 did even more than Jackson to boost
the state's reputation. Isabella Bird's remarkable
series of letters to her sister in Scotland were
later published as A Lady's Life in the Rocky
Mountains. The most popular of her travel
adventure books, it was published in 1879 in
England with an American edition appearing
the same year. Suffering from a variety of ail-
ments related to a spinal tumor she developed
in her youth, Bird was advised by physicians
to travel for her health. In 1873 she embarked
on a stormy crossing and a disappointing visit
to Australia, but she continued on by ship for
an enjoyable two-month stay in Hawaii, where
she climbed mountains and rode on horseback.
Soon she set off on yet another ship voyage,
this time to San Francisco. After an energiz-
ing stay in the California mountains, Bird
entrained in Oakland and thus approached the
Rocky Mountains from the west, traveling first
to Wyoming and then to Colorado. Bird looked
forward to a long sojourn in Colorado because
of its reputation for invigorating air.31

Isabella Bird did much to promote Colorado's
standing as a health paradise. Colorado at
the time was still a territory, with many areas
sparsely populated and untamed. In one
letter, the intrepid Bird reported her Colorado
exploits, which encompassed more than 800
miles of travel through the mountains on
horseback and on foot, as well as her experi-
ence living in an isolated cabin near Estes Park.
In September of 1873 she enjoyed the mild
Colorado weather, writing her sister that
consumptives, asthmatics, dyspeptics, and
sufferers from nervous diseases, are here
in hundreds and thousands, either trying
the "camp cure" for three or four months
or settling here permanently. . . . All have
come for health, and most have found or are
finding it.32

A number of prominent writers were
attracted by the temperate climate and health-
ful reputation of the American West. When
teacher and short story writer Margaret Collier
Graham's husband attorney Donald McIntyre
Graham was diagnosed with tuberculosis in
1876, the couple followed the popular advice
to move to a milder climate. The Grahams
were accompanied by Margaret's younger sister,
Jennie Collier. Starting from their home in
Bloomington, Illinois, during July the three
traveled for six days by train to San Francisco at a cost of 150 dollars per ticket. They carried food supplies with them for the railroad journey, and Margaret observed in a letter back home to Iowa that “our lunch held out to the end—and some left to go to housekeeping on.”

The railroad drawing-room car the three occupied afforded them comfort as well as an attractive view of the scenery, and once they reached their destination of Oakland, California, Margaret sent her parents a letter detailing the journey. She wrote that they would have been amused at the excitement that prevailed... the general jumping from one side of the car to the other [as they approached the Black Hills] until we saw our first real snow capped mountain in the distance with its shining summit like a misty celestial city... [At] Sherman we reached the highest point on the road—over 8000 feet above the sea. Don did not feel so well during the day nor indeed at any time our elevation was above 4000 or 5000 feet.

Margaret’s remarks graphically demonstrate the challenge high elevation placed on traveling consumptives. As the train moved through California on the way to Sacramento, Margaret found the area to be one of “unbroken grandeur.”

Later in July 1876 the Grahams and Jennie traveled to Southern California and boarded the Ancon, a steamer that connected San Francisco to Los Angeles before the completion of the railroad later that year. The cost of a ticket was a modest $12.50 and included their staterooms and meals. In a separate letter to her parents, Jennie Collier reported she as well as her sister and brother-in-law had all been plagued by seasickness on the voyage and complained that the trip to Los Angeles was “very pleasant as long as your stomach doesn’t come into your mouth and you don’t freeze to death.” But the trip improved by the second day as they continued south and entered a “summer clime.” Eventually, the Grahams settled in Pasadena. Donald succumbed to tuberculosis in 1890, but Margaret remained in Southern California, using the West as inspiration for stories that were published in such prestigious magazines as the Atlantic Monthly.

The well-known Scottish author Robert Louis Stevenson experienced a variety of health problems including tuberculosis throughout his short life, and he traveled frequently in search of a more healthful climate. Although best known today for his novels such as Kidnapped and Treasure Island, like Jackson and Bird he was a popular travel writer. Adventure travel books were a highly fashionable genre during the era. Between 1830 and 1900 nearly 2,000 travel accounts were published in the United States, with an even higher number released in Europe during the same period. Stevenson recounted his trip to America and to San Francisco, Monterey, and Silverado, California, in The Amateur Emigrant and The Silverado Squatters.

Stevenson's arduous 1879 trip to California from Scotland via the port of New York and across the American continent was prompted by his desire to be reunited with the love of his life, American Fanny Osburne (whom he married in 1880) rather than primarily a search for health. However, in the end, he found both in the American West. Short of money, the impoverished writer booked a second-class passage in steerage on a steamer, and after a turbulent ten-day voyage he arrived in New York City in an August downpour. Within two days he had arranged passage on an emigrant train, the fastest and least expensive way at the time to make the 3,000-mile trip by land across the American continent. Stevenson's train excursion was in stark contrast to Helen Hunt Jackson's comfortable trip. His lengthy journey across the Great Plains and then on to the Far West was grueling. In Ogden, Utah, Stevenson changed trains from the Union Pacific to the Central Pacific railroad line, and he gratefully wrote, “The cars on the Central Pacific were nearly twice as high, and so proportionally
and featured upper berths instead of bedboards, bringing a small measure of comfort to his compromised lungs.40

The two-week train journey had a negative effect on the sickly Stevenson, who appeared to have contracted pleurisy during the trip, and he wrote a friend, “What it is to be ill in an emigrant train let those declare who know.” Yet as he approached California in late August of 1879 he was moved to observe, “At every turn we could see farther into the land and our own happy futures.... For this was indeed our destination; this was the ‘good country’ we had been going to for so long.”41 He remained severely ill for months and had several brushes with death, but was nursed back to health in Monterey and in the mountain areas near San Francisco, where he benefited from the bracing air and altitude. Stevenson and Osburne married in 1880 and honeymooned in an abandoned mining camp on Mount Saint Helena, located north of San Francisco. Eventually Stevenson regained enough of a semblance of health in California to return with his new wife to Scotland.42

It is interesting to note that when Robert Louis Stevenson suffered a severe relapse in 1887, his doctor in England advised him to make another lengthy transatlantic voyage to America and continue on to Colorado. However, once he arrived in New York he was persuaded instead to try treatment at the famous Saranac Lake sanatorium in that state.43

In the early 1870s many consumptives making the trip to California still arrived by ship. As many as a hundred health seekers per steamship docked regularly in the increasingly popular health resort of Santa Barbara.44 Once the railroads arrived, however, a sea voyage became a less common way to travel west for health, yet it was the method employed by twenty-five-year-old George Weeks, a New York City typesetter who was diagnosed with tuberculosis in 1875. His doctor admonished the young husband and father to leave the city “if you care to live more than five or six months longer... and go to a warmer climate—to Florida or California.”45 Weeks consciously chose the American West, influenced by tales of the restorative powers of the San Bernardino Mountains. His doctor had advised him against taking a transcontinental winter train journey, so instead, with money collected from family members and friends, he was able to book passage on a ship to Panama, where he crossed the isthmus by train and then boarded a steamer for San Francisco. The long journey took several months, and his young family remained behind in New York City.46

Due to his weakened state, Weeks spent most of his time aboard ship in bed or on a makeshift cot on the deck. Once in San Francisco, he was able to secure a place boarding on a ranch in the San Bernardino Mountains, which he had finally reached by yet another exhausting trip, this time via Los Angeles in a rundown stagecoach that bumped along the rough back roads. In a matter of months Weeks recovered his health in California, became a wine grower, and before long was able to bring his family to the West to join him.47

In January 1886, a little over a decade after Weeks sailed for California, Charles D. Willard arrived in Los Angeles aboard the Southern Pacific Railroad, which had actively advertised the city as a promised land for health seekers. He was so ill his mother had to accompany him on the trip, and he had to be carried off the train. In his own words, he arrived in California “more dead than alive.” Willard had been encouraged to travel to California by his Chicago physician’s recommendation that he move to a more healthful climate to benefit his severe case of tuberculosis.48

For decades Willard battled the disease that eventually took his life. However, despite his initial antipathy to the California weather and bouts of recurring illness, he did recover his health to a sufficient degree to become a highly visible and leading Los Angeles booster. As the secretary of the local chamber of commerce from 1891 to 1897 and a key figure in building the city’s reputation for health and wealth, and through his talents as a writer and promoter, Willard helped bring Los Angeles to national prominence. Horseback riding and walks
in the mountains and hills surrounding Los Angeles and bicycling in the city itself, activities thought to be especially beneficial for consumptives, helped to build up his stamina, and he was able to undertake a series of successful stints at local newspapers which opened the door for his rise. In boomtown Los Angeles he worked as a journalist for the *Times* and the *Herald* and was a cofounder of *Land of Sunshine*, a magazine that played a central role in advertising California’s salubrious climate.

**CHASING THE CURE IN THE LATE NINETEENTH CENTURY**

In the mid-1880s, Mary Herren traveled from Oregon to California by canvas-covered spring wagon powered by two horses. She was accompanied by her devoted husband, Theodore, a farmer, and their two young children, and they conducted their seven-week journey by wagon because the railroad line from Oregon to California had not yet been completed. The twenty-seven-year-old wife and mother suffered from tuberculosis, and the family made the trip specifically with the goal of improving her health. Mary kept a daily journal from the day they embarked on the journey on September 15, 1885, until they returned to Oregon on May 23, 1886, which gives us a unique window into the experience of traveling for health.

Laden with supplies, which included coffee, cheese, ham, bacon, and pear preserves, as well as soap, a mattress, a feather bed, pillows, and cooking implements, the Herrens joined the trek with two other families to reduce expenses. Each night Mary recorded the day’s events by the light of the campfire. “This is our first night camping out. We left home at noon came 16 miles,” she wrote at the beginning of the journey. The trip was both tiring and inspiring for the ill young woman. On September 29, 1885, Mary observed an especially beautiful landscape:

> We traveled over a desert you might call it most of the day such dry barren and rocky mts I never seen. . . . [W]e crossed the Klamath river this morn. They charged $1.00 ferryage, the water looks muddy and was very foamy on top. Can see the Snow peak Mt. Shasta. It is not far from us and is as grand a scene as I ever saw.

During the trip itself and later in Southern California, Mary gained some weight, considered a good sign for consumptives who were said to suffer from a “wasting” disease. She and her husband found the weight gain encouraging, but her health still remained somewhat uncertain. The Herrens had family in Los Angeles and camped in nearby Pasadena, a town founded and primarily populated by consumptives. While residing there Mary noted in November of 1885 that “I spit blood all day Tues, why do I have such a time.” By March 1886 her health was still a source of concern, and she consulted a local woman known to be an expert on tuberculosis treatment: “I have been about the same in health until since Sun, am doctoring with Mrs. Woodin. She pronounces both my lungs affected, but not bad.”

Believing Mary had at least partially recovered, her grateful family returned to their farm in Oregon in May of 1886, but this time made the journey by a combination of train and boat. At one point Mary remarked that “our vessel . . . is such a nice one and is full. Our room is small and very crowded. We had dinner soon after getting on. They set a splendid table. . . . [W]e have a very smooth sea & no one seemed to get sick.” Other parts of the voyage were choppy, but the family arrived back in Oregon optimistic that their journey for health had benefited Mary’s illness. Sadly, less than a year later, in March 1887, Mary died at home at the age of twenty-eight, reminding us that the touted California climate did not work miracles for all.

Traveling for health still remained popular in the early years of the twentieth century. When Harvard University student Thomas Galbreath was diagnosed with tuberculosis in September 1903, his doctor immediately advised him to travel to “Colorado, or some place in the West.” Just five days later
Galbreath’s mother accompanied him on the “long [train] trip” to Denver. Upon arrival, Galbreath and his mother checked into a Denver boardinghouse, one of many he would reside in during his stay in the mile-high Queen City of the Plains, and the next morning his mother went down to the train station to retrieve their trunks. Once on the road to recovery, Galbreath produced several publications about his experiences to offer advice to other consumptives.57

Yale professor Irving Fisher, a contemporary of Galbreath’s, was diagnosed with consumption in 1898. After spending several months at the famed Saranac Lake open-air sanatorium in New York’s Adirondack Mountains, on the advice of doctors he traveled by train to sunny, dry Colorado Springs to “chase the cure.” A year later he moved on to Santa Barbara, California, another health resort, in yet another effort to improve his health. In the end, Fisher spent two years in the West before he returned to New Haven with his case of tuberculosis arrested. As a successfully “cured” consumptive, Fisher became a vocal advocate of living a healthy lifestyle that included the popular triad of rest, plenty of fresh air, and good nutrition.58

Both Galbreath and Fisher were fortunate that their middle-class status enabled them to afford the more comfortable Pullman sleeper berth transportation, a cost that was frequently a challenge to indigent consumptives who were often forced to spend the last of their savings to travel west. A first-class round trip in a Pullman car at the time could easily run 300 dollars. Less expensive than Pullmans, ordinary railroad cars were crowded, with passengers “packed like sardines in a box.”59 In the late nineteenth century, tourist-class train travel had been introduced, making “cut-rate” fares available and travel west more affordable. Although the tourist train cars were far more modest than the luxurious Pullman Helen Hunt Jackson had traveled in, they were clean and fairly comfortable. In 1905 a tourist ticket from Chicago to Los Angeles came to less than 60 dollars.60

By the late 1880s the benefits of climate and the wisdom of travel in the treatment of tuberculosis began to be questioned by some medical experts. Yet many doctors still emphasized sunshine, outdoor living, equitable temperatures, high altitude, and travel through the first decades of the twentieth century. And the American West continued to draw health seekers. Thomas Galbreath reported in 1908 that “I am of the opinion that very few of them [physicians] can resist giving the old-time advice, ‘Go to Colorado, or to Asheville [North Carolina], or to Saranac.’”61

We are fortunate that the records have been preserved for some of the less prominent health seekers. Among the ordinary Americans who traveled west for her health in the early twentieth century was Fannie Jaffe Sharlip, an eastern European Jewish immigrant who had arrived in the United States from Russia in 1889 as a young girl. Fanny began her working life at the age of twelve in a factory in Philadelphia, where she contracted incipient tuberculosis, the disease that killed her father. Like many consumptives, Fanny was determined that she would not let her illness defeat her and actively sought a cure. After her marriage to Ben Sharlip, the couple moved to Los Angeles in the early years of the twentieth century in search of better health. Her physician in Philadelphia had advised her to “move to a warm climate, and since I was not going to give up without a fight, we decided to go to California.” Fanny and Ben gave up the family home and business in Philadelphia “to pioneer” in Los Angeles. Ben was also very enthusiastic about the proposed move west, declaring “it is a new part of the country and we will grow with it.”62

Within a short time after visiting the Philadelphia physician, the Sharlips and their infant daughter made the six-day trip west, experiencing the rough motion on the “jerky” train, and upon entering California, Fanny “was overjoyed to see the green after all the snow and frost we had left behind.”63 Fanny recovered her health in California and with her husband opened a grocery store
and worked on behalf of other tuberculosis victims as a founder of the nonsectarian Jewish Consumptive Relief Association of Southern California, later known as the "City of Hope." 64

GROWTH OF THE AMERICAN TUBERCULOSIS SANATORIUM MOVEMENT

By 1910 the phenomenon of informal travel for health by consumptives had been significantly supplanted by the growth of medical sanatoriums, which treated tuberculosis in a controlled environment. Most of these institutions incorporated some elements of outdoor living as well as the emphasis on rest, supervised exercise, and large quantities of nutritious food along with close medical supervision and strict rules governing patient life. In 1900 there were thirty-four sanatoriums in the United States but by 1925 the number had climbed to over 500, reflecting the growing popularity of the institution nationally. 65 Many tuberculosis victims sought treatment in one of the numerous local medical sanatoriums across the country. Yet others still rebelled against the prospect of the regimented, institutionalized life characteristic of a sanatorium and continued to follow a more informal course, which sometimes involved traveling to a new location. 66

As time went on, with the proliferation of local sanatoriums and the increased professionalization of tuberculosis treatment, "going west" to seek a cure began to be discouraged by both local governments and physicians, who increasingly felt tuberculosis patients could receive good treatment in their own home cities. When the implications of Koch's 1882 discovery of the infectious nature of tuberculosis became better understood and accepted, fear of contagion made many city leaders become hostile to the consumptives they had formerly courted to increase population and raise capital. Thomas Galbreath, who was forced to move from one boardinghouse after another once his landlords ascertained he had tuberculosis, declared bitterly, "Colorado is most glad to welcome the contents of the purse the invalid brings with him, but she would prefer that the invalid not accompany the purse." 67 In California a public health movement arose to regulate travel on railroads, which required that consumptives ride only in special separate train cars that were to be fumigated after each trip, in retrospect a wise policy. 68 In 1900 the Denver City Council passed a similar ordinance, which required that Pullman cars be fumigated if a tuberculosis victim had occupied seats in specific train carriages. 69

However, the saga of another eastern European Jewish immigrant, Lena Markovitz Mizel, reveals that traveling for health was still believed in as late as the 1920s, demonstrating that popularly accepted remedies often survive in the face of scientific evidence. In 1922 Mizel, who lived in Tulsa, Oklahoma, traveled around the Southwest with her husband and two young sons in their Dodge Touring Car to literally "chase the cure" for Lena's tuberculosis. Every evening the family camped out next to their car in the open air during their stops in Arizona, Texas, and Colorado, reminiscent of the practice that had been so popular with an earlier generation of wagon-train pioneer health seekers. However, outdoor life alone did not have the desired effect, and eventually Lena was admitted to Denver's world-renowned Jewish Consumptives' Relief Society sanatorium. While she recovered, her children lived for a year with an uncle and aunt back in Tulsa. 70

CONCLUSION

The stories of the individuals highlighted here illuminate an often overlooked perspective on medicine in relation to western history: the American West played a central role in the American tuberculosis movement. Of those who journeyed west, many came to seek their fortunes, but a significant number-perhaps as many as a third of the migrants to the region—came to recover their health. By the end of the nineteenth century, an ever-growing number of tuberculosis victims were arriving in the West in
search of a more favorable climate that afforded plentiful fresh air and sunshine, and many were finding a new permanent place to live as well as searching for a cure for their disease.

The question remains as to how effective traveling for health was in reality. It undoubtedly had a psychological value in promoting hope and optimism in tuberculosis victims, and today medical opinion certainly recognizes what an important role the mind plays in the healing process. Recent research has focused on the relatively new field of psychoneuroimmunology, which links illness, stress, and even depression, and appears to confirm that stress has a measurable and negative influence on the immune system. "Stress makes you physically sick," maintains University of Colorado psychology professor and researcher Steven Maier. In addition, those who succumbed to tuberculosis generally had compromised immune systems, and for those afflicted with mild cases, prescriptive doses of rest, sunshine, and fresh air could indeed be therapeutic in rebuilding resistance and energy. And for many tuberculosis victims, traveling for health empowered them by giving them a proactive role in overcoming their illness; their activities demonstrated an active and highly conscious sense of agency.

Medical issues seem to echo over time, and the connection between tuberculosis and traveling for health once again has taken on a contemporary aspect. In 2007 the story of a young lawyer from Georgia, who had contracted a drug-resistant type of tuberculosis and then flew several flights internationally before returning to the United States, dominated newspaper headlines and radio news for weeks. Ironically, more than a century after Denver's National Jewish Hospital had opened to heal tuberculosis victims, the western hospital was back in the limelight, treating the infamous patient who was sent west for a cure. It appears that what is today labeled as "medical tourism" is not a new concept, nor is traveling...
for health an entirely outmoded practice, as many Americans go abroad for more affordable surgery or procedures. The stories of those consumptives who traveled across the United States to “chase the cure” in the late nineteenth and early twentieth centuries provide us with insight into the intersection between medicine and early western settlement, and the central role that health seekers played in the culture and development of western communities.

NOTES

1. The Jewish Consumptives’ Relief Society. Thirty Years of Saving Lives: The Sanatorium of the Jewish Consumptives’ Relief Society, 1904-1934 (Denver: Jewish Consumptives Relief Society, 1935), 7, JCRS Collection, Box 170, Beck Archives, Special Collections, University of Denver.


4. John Bidwell, A Journey to California, with Observations about the Country Climate and the Route to This Country (San Francisco: J. H. Nash, 1844), 44.


15. JCRS Patient Records, Boxes 89 and 90, JCRS Records, Beck Archives, Special Collections, University of Denver and the Denver City Directory, 1905 to 1907.


21. For a detailed look at Spivak’s life, see Jeanne E. Abrams, Dr. Charles David Spivak: A Jewish Immigrant and the American Tuberculosis Movement (Boulder: University of Colorado Press, 2009). The author’s examination of patients at the JCRS from 1904 to 1906 revealed that as many as 40 percent of the patients settled in Denver after leaving the sanatorium.


25. Ibid.

26. George Frederick Ruxton, Ruxton of the Rockies (Norman: University of Oklahoma Press, 1950), 269. This is a reprint of Ruxton’s earlier travel memoir of his 1847 trip to the Rocky Mountains, Adventures in Mexico and the Rocky Mountains.

27. Jones, Health Seekers in the Southwest, 89.
29. Ibid., 226.
32. Ibid., 61.
34. Ibid.
35. Letter from Maggie to Mother and Father (July 16, 1876), in *We Three Came West: A True Chronicle*, ed. Helen Raitt and Mary Collier Wayne (San Diego: Tofua Press, 1974), 10–11.
36. Letter from Maggie to Mother and Father (July 21, 1876), in Raitt and Wayne, *We Three Came West*, 22.
37. Letter from Jennie to Father and Mother (July 23, 1876), in Raitt and Wayne, *We Three Came West*, 26–27.
41. Ibid., 146.
42. Ibid., xv–xxxvii.
46. Ibid., 46.
47. Ibid., 81.
49. Ibid., xv, 20.
52. Ibid., 231.
53. Ibid., 235.
54. Ibid., 249.
55. Ibid., 253.
56. Ibid., 254.
59. Frank Leslie's Illustrated Newspaper (February 9, 1878).
63. Ibid., 122–24.
64. Ibid., 124–26.