Healthy Living in the Alps: the Origins of Winter Tourism in Switzerland, 1860-1914

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At the turn of the 20th century the tourism industry in the Swiss Alps was an invaluable element in the national economy. Recent studies of the subject, notably Laurent Tissot’s *Naissance d’une Industrie Touristique* (1) have focused on its economic development, particularly the role of transport and communications and promotional publicity, Thomas Cook and alpinism in the formation of the industry and the image of Switzerland as a tourist destination. Susan Barton’s study of winter tourism in Switzerland therefore provides a welcome new perspective on the subject by taking as its theme ‘the pursuit of health and the celebration of health as the opposite of illness in the alpine resorts between the latter years of the nineteenth and early twentieth centuries (p. 6)’. The book breaks new ground as Barton charts the relationship between the development of health tourism in the middle of the 19th century and the subsequent growth of the winter sports industry in five Swiss resorts as she sets out to discuss the extent to which their pre-existence as health centres and summer resorts influenced their development as centres for winter sports (p.16).

Behind this work there lies a personal history for, in a moving introduction, Barton recounts how, as a sickly child, she was despatched to a children’s clinic in the high altitude Swiss resort of Arosa where she was subjected to a regimen based on milk, rest, fresh air and sunshine. She gives a vivid account of the experience of being removed from familiar surroundings, of her insertion into a strange and highly-regulated institutional environment, in which she manages to convey a sense of how in the enclosed world of the clinic is seen by its inmates as normal life is put on hold and everything revolves around simple daily routines centred on diet, rest and exercise in the fresh air and sunshine.

The book is organised into eight chapters of which chapter one, ‘The Quest for Health in the Alps’ functions as a review of the relationship between the early development of health cures in the region and its subsequent evolution into the ‘Kurhaus of Europe’, the principal themes of which are then elaborated in five case studies, beginning with Davos (chapter two), the first place to be developed as a winter refuge for invalids with consumption and respiratory diseases. This is followed by chapters on St Moritz, Arosa, Leysin and Grindelwald (chapters three to six) which detail their individual histories and evolution into winter resorts, including discussions of their ‘creation myths’, the treatments and theories associated with particular doctors (for there were subtle differences depending upon the particular climatic profile of each resort) and
key events in the development of winter sports in each locality. Chapter six on the ‘Transfer of Technology’
discusses the ways in which innovations in transport and technology developed elsewhere were applied to
remote alpine landscapes and facilities such as mountain railways, ski lifts and laundries represented the
spread of a modernising, commercialised tourist infrastructure (p.112–3). Chapter seven, entitled ‘Who
Were the First Winter Sportsmen and Sportswomen?’, discusses examples of the kind of people who visited
these resorts focusing on British visitors. The ‘Conclusion’ includes a discussion of the growing importance
of winter sports as tuberculosis treatment in lowland hospitals and the use of antibiotics made it unnecessary
to incur expensive sojourns at high altitude.

Why did sick people undertake arduous journeys to spend six months in small villages in relative
discomfort? Barton attributes the initial appeal of the Swiss winter to a combination of mystical, Romantic
attitudes to mountains and, in particular, a belief in the Alps ‘as a place of healing’ (p. 7) and in alternative
therapies and, perhaps most importantly, reports of good results. Certainly, for a number of patients,
adoherence to regimens centred on diet, rest and exposure to sunshine and fresh air did bring respite from
many of their symptoms although for others the local graveyards provided a final resting place.

This is a highly focused account which in chapter one takes the reader from the mid 19th century to the years
before the First World War by which time Switzerland had become as famous for its sanatoria and ski slopes
as for scenery. The country was already well known for its thermal and mineral water spas. In some areas, in
common with other high altitude pastoral communities, the Swiss often combined the use of milk and milk
products with mineral waters to treat consumption and other respiratory illnesses.(2) In some places the
practice of the milk cure led to the development of localised tourist infrastructures as, for example, in the
village of Davos in the Grisons, which acquired a reputation for cowshed cures. Chapter two tells the story
of how, as dry air therapy gained ground, in the 1860s chronic invalids began to visit Davos in the hope of
being healed by the thin, pure, cold air and warm winter sunshine. As its reputation grew and it became more
accessible and, like the spa of St Moritz, in the 1880s it developed rapidly as doctors and wealthy invalids
perceived it as an alternative to the warm climatic resorts of Mediterranean. Both resorts developed into
modern tourist centres with big hotels and new amenities such as ice rinks and toboggan runs to keep visitors
exercised and entertained. In the 1890s more specialised establishments appeared in Arosa and Leysin in the
Vaud (chapters four and five). These developments were supportive of and influenced by the growing
fashion for winter sports among the upper classes, particularly skiing around 1900, which turned summer
resorts, including Grindelwald (discussed in Chapter Six) into centres for winter sports and usefully
extended their season throughout the year.

The author is clear that she is not writing a history of tuberculosis in general, nor of treatments in Britain,
and that she is dealing primarily with a wealthy minority of upper class tourists (p.7) although, as her
account shows, in some resorts charitable institutions were set up to help the less fortunate. As her account
demonstrates, there were two main stages in the development of winter health tourism each of which was
shaped by shifts in theories about the management of tuberculosis, a terrible and incurable disease. The key
factor in the first was the dissemination of theories about the therapeutic effects on the consumptive body of
the pure, dry air found at high altitudes, and in the second, Koch’s discovery of the infectious germ, the
tubercle bacillus in 1882, which led to the appearance of ‘closed’ sanatoria in the 1890s and new specialised
resorts as his theories gained wider acceptance. This was one reason why the pattern of development in the
resorts of Davos and St Moritz differed from that of Arosa and Leysin, since the former originated as ‘open’
resorts while in the latter, particularly Leysin, ‘closed’ sanatoria predominated even if they did not identify
themselves as such. Grindelwald, though originally a summer health resort, was situated at a lower level
than the others and was better known as a sporting centre.

Months spent in small closed communities could be taxing. Barton’s account provides plentiful evidence of
the way that invalids and their family and friends, finding themselves thrown upon their own devices with
long periods of time to kill found ways of alleviating the tedium not only by bobsleighing, tobogganing,
skiing and skating, but also by creating clubs, associations and regulatory frameworks within which these
activities were organised and carried out. Membership and participation in competitions generated forms of
sociability and excitement. The British seemed to have devoted the same kind of energy to the management of winter sports as they applied to the work of devising rules and codes of conduct for the organisation and promulgation of trade and empire (p. 171) and to their domestic associations and clubs at home. These pastimes eventually gave rise to a highly profitable industry which made a valuable addition to the Swiss economy. Barton illustrates her narrative with a wealth of interesting detail gleaned from local archives, newspaper reports and memoirs relating to the particular medical theories and practices favoured by key figures in the development of each resort, identifying the different factors which influenced their development. She pays particular attention to the way in which each of the principal sports evolved, identifying differences in approach, technique and style.

A positive feature of this study is its attention to the interaction between the visitors and the local inhabitants as Barton shows how sporting activity provided a mechanism that facilitated the adjustment of visitors to their confinement, on the one hand, and helped the local communities to respond to the presence of winter visitors and their particular needs and interests, on the other. Tissot focused primarily on the economic factors promoting tourism and did not give readers much sense of how Switzerland was perceived and experienced by its visitors. By contrast, Barton’s account succeeds in giving readers a very detailed picture of how visitors spent their days. Like Tissot, she concentrates on the British (a perspective which is, as she admits, partly influenced by her sources) although there were in fact other foreign communities (such as the American one in Davos) and it would have been interesting to know a bit more about them. The general question of how Switzerland was promoted and marketed to the British was discussed by Tissot but Barton adds new interesting detail and gives credit to the travel agent, Henry Lunn, who owed much of his success to a talent for publicity (although she does not mention his magazine Travel) and ability to ingratiate himself with British establishment networks centred on the clergy and leading public

Informative as this study is, there are some weaknesses and omissions. Firstly, the organisation of the book and the predominantly resort by resort approach (and sometimes the lack of a clear chronological thread) has merit in the energy with which it describes local developments, but also makes for repetitiveness in places. On a wider front how did these particular resorts fit into the broader system of health resorts? Did the majority of invalids wintering in Davos go home directly, or was it customary to acclimatise to a change of environment by spending time in some nearby resort such as Meran or Vevey? Secondly, greater contextualisation of the developments discussed in the book within the broader issues of tourism history would have been useful and for purposes of comparison, for example, it would have been helpful to have some analysis of ways in which the economic and political structure of Switzerland in the form of relationships between state, regional and local authorities affected the regulation of local commercial life and, most particularly, the medical professions. How, for example, might these have impinged on resort development and the setting up and staffing of private sanatoria? In bureaucratic Austria, for example, the development of health resorts and private clinics took place within a framework of centrally generated regulations regarding licensing and the education and training of medical personnel. In Switzerland foreign doctors and pharmacists appear to have been able to set up clinics and practices without difficulty (p. 20). Did this state of affairs continue? In Germany it became increasingly difficult for foreign doctors to practice in spas, impossible in Austria and was the cause of much resentment in the south of France where British hivernants preferred to be attended by their own or English speaking doctors. And while Barton identifies the many initiatives undertaken by pioneering foreign doctors and grateful entrepreneurs, foreign residents and local businessmen, spa companies and communal initiatives, it would be interesting to know what interest, if any, the state and regional authorities took in winter tourism (apart from funding transport) and what measures they took to foster and promote it, particularly when competition for the winter sports trade grew more intense in the 20th century.

As indicated above, during the period covered by this study a major shift took place in the social meanings attached to tuberculosis and to places and institutions with which it was associated. When Davos began its rise as a resort for consumptives Romantic attitudes to the disease still influenced aesthetic and literary discourses and representations relating to the disease, these persisted in the last decades of the century in works such as Thomas Mann’s Tristan and Magic Mountain.(3) However, while acceptance and
acknowledgement of the infectious nature of the disease was relatively slow in Britain and France, partly because of medical awareness of its social implications, in Germany it led to the rapid establishment of ‘closed’ institutions and a shift from the conception of consumption as an illness of the Self to its representation as a disease of the ‘Other’. (4) In St Moritz, a resort patronised by non-consumptives, possession of the famous Blaue Heinrich (‘Blue Henry’) spittoon became a marker of exclusion as consumptives were increasingly segregated from other visitors and a proposal for a new sanatorium caused considerable dissent, not least because of its possible impact on summer tourism (p. 43). While a more interpretative mode of analysis is at odds with the empirical methodology employed in this particular study, studies of the discourses framing perceptions of the disease are relevant to an understanding of how sufferers ‘performed’ their particular illness and in this context the competitive aspect of winter sports culture as it is portrayed by Barton presents a sharp and interesting contrast with the ‘effeminate’ image associated with the male consumptive of Romantic mythology and is in tune with the attitudes and values driving British alpinism which Peter Hansen has argued, were linked to anxieties about masculinity and empire. (5) Did such concerns fuel the enthusiasm with which healthy visitors and the more athletic invalids, such as the homosexual Symonds, engaged with winter sports, particularly in such perilous activities as tobogganing on the Cresta Run? Barton deals rather cursorily with gender issues, although she notes that greater laxity in female behaviour was possible abroad than at home (p.172) and this relative freedom certainly provided a context for the activities of the pioneering women mountaineers, such as Mrs Aubrey Blond. Images of women climbing and sledging in the Alps were in circulation from the 1860s (photography seems to have been another popular activity for hivernants) and surely contributed to the shift in attitudes in some social circles which was epitomised by the emergence of the New Woman in the 1890s. (6) Finally, in what is the weakest section of the book in terms of its structure, Barton lists brief histories of British visitors to these resorts, the details of which are often culled from the pages of the Oxford Dictionary of National Biography: this does however give some idea of the social and cultural profiles of the upper classes who patronised these resorts. However, although the chapter concludes with a discussion of the affiliations and habits of these expatriate communities more could perhaps have been done overall here, at least with individuals who ventured into print with their experiences.

In sum, notwithstanding these criticisms, this energetic and interesting study is a very welcome addition to the history of tourism which adds substantially to our understanding of the role played by winter health resorts in the development of alpine winter sports in Switzerland. There are illustrations but unfortunately no map.

**Notes**


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