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

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Susan Barton. *Healthy Living in the Alps: The Origins of Winter Tourism in Switzerland, 1860-1914*. (Manchester UK and New York: Manchester University Press. First printed in 2008; reprinted in paperback in 2014).

Susan Barton's book, *Healthy Living in the Alps: The Origins of Winter Tourism in Switzerland, 1860-1914* will be a welcome addition to the libraries of Victorian scholars. Written for a series titled "Studies in Popular Culture", Ms. Barton selected five established Swiss resort towns—Davos, St. Moritz, Arosa, Leysin, and Grindelwald—to create comparative narratives set in the foreground of a rich and complex social tapestry so familiar to those who document the history of the British Empire. Barton's book honors the long-standing friendship of two nations, Switzerland and the United Kingdom. Since the Reformation, Switzerland was a European haven for religious dissidents. During the nineteenth century, at the height of Britain's global hegemony, mutual political and economic interests were the foundations for profitable investments in tourism. Railroads and electrification were important factors in meeting the demands for efficiency in European travel. The first mountaineering club, the Alpine Club, was founded in London in 1857. Generations of middle and upper class men and women toured the Swiss Alps as a hobby; later, slalom and Alpine skiing became popular counterparts to the traditional Nordic trek across snowbound flatlands, eventually becoming standard events in the 1936 Winter Olympics.

Important innovations in microbiology, sanitation, and public health; critical social studies of poverty, urban blight and environmental degradation; the advent of modern psychiatry; and a growing appreciation for the health benefits of regular physical exercise were the antecedents of social action championed by an affluent global middle-class and industrial workers seeking a better quality of life for their families during the nineteenth century. During the second half of the century institutional forms of health care evolved, having a major influence on the development of health networks worldwide. Health care institutions, including infirmaries and dispensaries and sanatoriums specializing in

chronic disease, physical disability, and mental health management were designed with the needs of the socially dependent in mind. The rising numbers of urban workers and servants in need of medical attention was a sobering statistic directly correlated to the effects of industrialization and the dire poverty of the working classes. For centuries England and the European nations developed sources of private philanthropy for the charitable care of the indigent. Between the years 1801 and 1901 London's population sprawled to 6 million. A rising population and miserable conditions in the factory mills, slums, and waterfront tenements contributed to the unprecedented numbers of indigent individuals in need of assistance.

Families today remember with sorrow those who perished during the great epidemics that threatened populations worldwide in past centuries. Cholera, chicken pox, diphtheria, scarlet fever, small pox - and tuberculosis. An ancient scourge, it is estimated that 4 million English and Welsh citizens died of tuberculosis in the late 1800s. In 1882 it was proven by Robert Koch that this was an airborne disease, *Mycobacterium tuberculosis*, transmitted by inhaling the bacterium expelled by a carrier's cough, phlegm, or sneeze. That realization was the stimulus for the radical transformation of treatment of this highly contagious disease. Medical training programs flourished and licensed practitioners spread across Europe, establishing cutting-edge therapies for the stricken.

Barton details the legacy of the health programs established in Switzerland. Her account is a personal one; in 1968 she was one of a group of children sponsored by the charity *Alpine Sun for British Children*. A healthy diet, regular periods of rest and moderate exercise, and daily periods of silent solitude in the high-altitude mountain air and sunshine were remedies long touted by country health practitioners. Various milk therapies, healthy grains, the wicker lounge chair, the "Blue Henry" spittoon, and heliotherapy regimens were standard amenities available to health-seekers of varying levels of ability. Health resorts soon developed a rapid turnover supporting winter sports athletes and invalids alike. Indeed, as Barton illustrates, winter sports activities

soon became an integral part of the health regimen for patients recovering from various respiratory illnesses.

Today global health organizations worldwide recognize new conflagrations of tuberculosis unanticipated in the afterglow of the discovery of penicillin and streptomycin as powerful antibiotics in the twentieth century. The rise of HIV and the evolution of TB strains resistant to drug therapies, coupled with rising immigration from developing countries produce upwards of a million new cases of disease every year. Nevertheless, the legacy of wellness programs such as those made popular in Switzerland continue to have a profound influence on health standards worldwide.

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