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15

# CLIMATE IN PULMONARY CONSUMPTION,

AND

## CALIFORNIA AS A HEALTH-RESORT.

By LEWIS ROGERS, M. D.

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# CLIMATE OF THE UNITED STATES

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A book of the United States Department of the Interior, Bureau of Land Management, Washington, D. C. 20240. This book is a reprint of the original published in 1908. It is a valuable reference work for the study of the climate of the United States. The book is divided into two parts. The first part is a general description of the climate of the United States, and the second part is a detailed description of the climate of each of the States and Territories. The book is written in a clear and concise style, and is well illustrated with maps and diagrams. It is a valuable reference work for the study of the climate of the United States.



# CLIMATE IN PULMONARY CONSUMPTION,

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## CALIFORNIA AS A HEALTH-RESORT.

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A brief visit to California in November and December, 1873, enabled me to make some observations and inquiries in regard to that wonderful state as a health-resort for pulmonary invalids. Much has been reported and written upon this subject in the last few years by both professional and non-professional persons, and the attention of pulmonary invalids has been strongly and hopefully directed to that interesting portion of our country. I desired to see and judge for myself as far as this could be done in a brief visit. This desire was intensified by some of the incidents of the trip. The various trains from the north, east, and south converge at Omaha, and one consolidated train is daily made up containing the passengers going west. The train upon which I traveled was a long one, consisting mainly of sleeping-coaches filled with through passengers, many of whom were in quest of health. An association of a day or two brought me into contact with sufferers from pulmonary consumption in its various forms. Among these were some in the very last stages of the disease. One was a refined and cultivated lady from Boston, the wife of a physician, who had been taken from her bed upon the preceding cold Sunday night



and placed in a sleeping-section, from which she was only removed when compelled by change of cars. One change was made at Chicago, a second at Omaha. I saw her in her berth, after leaving Omaha, suffering from cough, dyspnœa, pleuritis, loss of appetite, and all the discomforts incident to confinement in a crowded apartment, in which there could be neither quiet nor privacy. I have rarely seen a greater sufferer. At Ogden the Union Pacific Road terminates and the Central Pacific begins. Here she was compelled to change again. We reached this point at 6 P. M., and were detained two hours. For a portion of this time this exhausted woman was placed in a cold and cheerless reception-room until her sleeping-section could be secured. When we reached Stockton, on Sunday afternoon, she was utterly worn out and could go no further, having crossed the continent in six days. Another patient was a gentleman, from one of the eastern cities, emaciated and hectic, with lungs disorganized by tubercular softening. He was unable to complete the journey, and was left at Ogden or some other equally inhospitable and desolate place. A few days before, the celebrated pugilist, Heenan, had died on the train, somewhere between Denver and San Francisco, from pulmonary hemorrhage.

My experience during this trip was doubtless the expression of that which occurs on every train. Such cases as these are well calculated to excite serious and thoughtful inquiry as to what California promises in the cure of pulmonary consumption to those who incur such hazards and make such sacrifices to reach it. This is an inquiry which may be raised not only in regard to California, but every other place of note in this relation. There is a strong popular as well as professional faith in change of climate in the treatment of pulmonary consumption. Is this faith founded in fact? Do those invalids who formally travel from place to place in search of some healing climate more certainly get well or more surely prolong their lives than those who remain at home? Is the



sum of human health and happiness increased or diminished by change of climate, considering in such an estimate the several elements of permanent cure, prolongation of life, separation from home, from old friends and associations, the hazards and vexations of travel, the countless anxieties and fears, the pecuniary sacrifices often very great? Is the good done by change of climate so great, so certain, as to entitle it to the prominent place which it holds as a remedial agent? Let every physician of sufficient observation appeal to his experience carefully and answer these questions.

I have seen much of pulmonary consumption, and have no hesitation in expressing the opinion that in many cases the disease is entirely arrested, and in many others a fatal termination postponed for years. I am equally confident that these fortunate results have been as often obtained in cases which have not enjoyed the influences of a formal change of climate as in those who have had such a questionable privilege. Facts will warrant me in going even further, and in stating that I have observed more recoveries among those who did not change their place of residence than in those who did. This opinion is seemingly opposed to most of the authorities on the subject of change of climate in the treatment of pulmonary consumption, but it is not really so when the true meaning and intent of the best authorities are accurately interpreted. I believe that judicious travel and a climate selected with a careful adaptation to each individual case may be productive of infinite good, just as injudicious travel and the selection of a climate not properly adjusted to the requirements of the case may do infinite harm. Just here the great difficulty lies. Travel and climate are powerful therapeutic agents, and require care and precision in their administration, as other powerful agents do. Cod-liver oil is beneficial, eminently so in many cases, but in others it disagrees to such an extent as to prove hurtful. Alcohol as a remedy for consumption affords a still stronger illustration



of the point which I seek to enforce. Its indiscriminate and copious administration in all cases, as if it were endowed with some specific properties antidotal to consumption—and this has been and is still the practice with many—is calculated to inflict and has inflicted great harm. Given judiciously, it is a remedy often of precious value; and so of arsenic, iron, the hypophosphites, and the entire list of remedies which have found a place in the therapy of this disease. A thorough knowledge of the requirements of each case, and a wise adaptation of travel and climate to these requirements, are the means by which good results may with some certainty be secured.

This is the doctrine theoretically taught by the authorities, and it is the true doctrine; but practically it is not enforced, and hence the unfortunate failures in many—in much the larger proportion indeed—of the unhappy subjects of climatic changes.

Fashion has its influence in medicine as in all the affairs of life. Remedies are in vogue for a time, and are lauded for their wonderful curative powers, and then sink into unmerited disrepute possibly, or pass wholly out of notice. So has it been in regard to various noted places in their climatic relations to pulmonary consumption. A few years ago Madeira was the favorite resort in Europe, then Nice, and now Mentone. In this country Florida long held the leading position, paling for a time before Minnesota, and now again re-asserting its claims to superior consideration. For a few years a large proportion of invalids of this class sought Minnesota, but at the present time this state does not maintain the curative celebrity which it enjoyed. At the present time Colorado and California are attracting a large share of attention, and thousands of invalids have gone thither with hopes even more sanguine than animated the pilgrims to the other resorts alluded to. Sufficient time has not elapsed to determine how far their hopes will be realized, how far



the glowing accounts of the beneficial influences of these climates will stand the test of direct and extended trial. I do not doubt what the result will be. The history of all other climates will be repeated in these, for the reasons which I have endeavored to set forth. There is no climate in the world, and there can not be, which possesses specific powers in the cure of pulmonary consumption. Here the great error exists. All the climates mentioned possess virtues which are adapted to some conditions and some cases, and are equally hurtful to others. The former improve, have life prolonged, or get well, and are heralded all over the world; the latter perish and are forgotten. The few who are so fortunate as to recover give unmerited repute to the climate; the many who die do not tell their story.

Consumption can not be successfully treated in the Procrustean bed of any one climate. The indiscriminate resort of patients in the various stages of the several forms of the disease to the same climate must necessarily lead to failure in a very large proportion of the cases. This irrational course affords an explanation of what I have ventured to express as my own experience, that more pulmonary invalids recover who stay at home and are properly cared for than when they subject themselves to the uncertain and unknown chances of change of climate. In a vast proportion of instances unknown conditions of disease are subjected to unknown conditions of climate.

Let us consider a few of the elements of the problem to be solved when the question of climate is raised in regard to a case of pulmonary consumption. We shall see that it is a most complex question. In the first place, the precise nature of the case must be known. We must determine to which of the several varieties of the disease it belongs; whether it is the result of an inherited diathesis, which surely sooner or later discloses itself in the form of a disorganizing disease, even under the most favorable circumstances, and



without any apparent exciting cause immediately provoking its development. These diathetic cases are common, the organism being innately endowed with a vitality sufficient only for a limited number of years. Or whether it belongs to that class of cases which has its origin in inflammatory processes—bronchitis or pneumonia, or broncho-pneumonia—which recent pathologists assign as frequent causes of consumption without any hereditary predisposition. Or, again, whether the result of special modes of life and occupation, or the septic influences incident to a residence in a crowded city or badly-ventilated and foul habitations. These factors must enter into the solution of the question of climate. The special condition of the case at the time must be carefully considered. The stage of the disease, the extent to which the lungs have been disorganized, the condition of the digestive organs, the constitutional symptoms, all these and many other important details must be estimated in the decision of the question. The special susceptibilities of the case must be known; whether a cold or a warm, a moist or a dry, a stimulating or a relaxing climate is most likely to agree. These are points which should, if possible, be predetermined, but which often are not or can not be until actual experiment is made, probably too late to rectify any error of selection.

Assuming that a thorough knowledge of all these essential matters has been secured, the qualities of climate adapted to the special requirements must be known to exist in the place which may be selected. In regard to most of the health-resorts of pulmonary invalids, both in this country and in other parts of the world, we are supplied with much reliable information. We have hygrometrical and thermometrical tables for each day and week and month of the year, the diurnal variations, the electrical conditions, the prevalent winds, the geological and other telluric features. Without entering into further details of this kind, we have such data



as would seem sufficient to enable a physician to select a climate adapted to the case in hand; and this is sometimes done, and the result is most fortunate. Such instances are exceptional, however. My own experience tells me that a large proportion of pulmonary patients who seek health in distant climates fail to find the adaptation so essential, and are sadly disappointed in securing the anticipated benefits. If this be so when a climate is selected by the aid of all the light that can be shed upon the selection, how much more certain must be the disappointment, and how much more disastrous the failure, when patients rush indiscriminately to such places as may be the fashion for the time, under the guidance of inadequate evidence and false statements? It is a suggestive fact, indicating strongly the uncertainty of the adaptation of the means to the end, that patients rarely realize their expectations in regard to the benefits of climate. The place to which they go, though chosen with never so much care, rarely fails to be deficient in some essential conditions. It does not prove what it has been represented to be; the season often happens to be exceptionally bad; weather such as was never known before is encountered; and this is the experience of a large proportion of cases year after year. The truth is that no climate is invariable. Every year there are fluctuations, and the future can not be accurately predicated upon the past. I have sent patients to Florida, to Minnesota, and other health-resorts abroad, and with few exceptions the result has not been favorable. They have returned with the report that the season or the year was an exceptionally bad one, or that they had gone too late for the beneficial influences of the climate, or that they had been damaged by improper and badly-prepared food and the want of the comforts connected with home.

A due estimate of these latter causes of failure must be made when sick people are sent to strange places. However well adapted a climate may be in itself, it will fail to do good



unless the food be just what it should be, in quality and quantity, and this is very seldom the fact. The sick can rarely get what they need in hotels and boarding-houses, or that kind of food essential to their proper nutrition. They who have ample pecuniary means can not do so, while the larger class, who are compelled to exercise economy, often suffer very seriously in this regard. If sick people be compelled to deprive themselves of many things essential to their comfort because of their cost, the good effects of climate and travel will be more than neutralized. No invalid should ever travel unless prepared to spend money without the harassing sense that he is not able to afford the large outlay necessary to his comfort. I am now taking a practical view of the matter, for I have known the depressing and damaging influence of this kind of thing upon many people.

There are other topics of a kindred character which may be adverted to here as modifying and sometimes counter-acting the good effects of climate, and which should be estimated in sending invalids to distant regions. There are many people so constituted that they are miserable when long absent from home. Homesickness will more than neutralize the good effects of a climate perfect in its adaptation.

Again, in health-resorts of much repute the society must consist largely of invalids suffering with pulmonary disease. It is not possible to say how far the atmosphere of a place crowded with consumptives may be contaminated by morbid effluvia, but it is altogether probable that such contamination does exist to some degree, and that it must prove more or less reciprocally hurtful. It can not be doubted, however, that the moral influence of such association must be damaging. Despite the hopeful view that consumptives generally take of their condition, they can not fail to feel more or less acutely the death of those with whom they may have been associated, or to indulge in depressing sympathy with such as may seem to be incurable.



The scope of this paper indicates in very clear terms my opinion that the formal migration of pulmonary invalids to the various distant health-resorts which acquire or have acquired celebrity has not been productive to them of benefit as a constant or even frequent result. I have given reasons why this was not likely to be the effect, even when the places were selected with careful regard to climatic adaptation, and less so when such migration was a mere haphazard venture. This opinion is not inconsistent with a very great confidence in what I have called judicious travel. In the treatment of all chronic diseases, in many functional and even organic affections which have not gone to the extent of structural disorganization incompatible with life, and especially in the treatment of pulmonary consumption in its first and sometimes in its later stages, we have no remedial agencies comparable with judicious travel; such travel involving, in its manifold power, change of climate, of scenery, of food and water; of mental, moral, and physical states; of all the forces which influence organic nutrition. Such travel may be desultory and various, varied to suit the exigencies of each individual case, long or short, to near or more remote points, to warm or cold, to high or low regions, to the country or to cities, as taste, inclination, money, or special requirements may dictate. Patients may travel in this way and return home from time to time, and derive more surely all the beneficial influences possible in their cases without any of the damaging effects of homesickness, monotony, bad food, incompatible climate, long banishment to a distant and strange land, without suffering what Holden so happily denominates "ostracism for consumption."

The opinions which I have long entertained, and have endeavored in an imperfect way to indicate in this paper, were not modified by my observations and inquiries during my recent brief visit to California. With a special purpose of great interest to me, I consulted a number of the most



intelligent physicians of San Francisco in regard to most of the parts of California which have been spoken of as eminently useful in their influence upon pulmonary consumption. My inquiries were more particularly directed to San Diego, Santa Barbara, San Bernardino, Los Angeles, and San José. Southern California, as we know, has acquired very great repute in the last few years, and has been spoken of as destined to become the great sanitarium for this and many other forms of pulmonary disease. It is to this portion of the state that thousands of people are now going for the restoration of their health, either as temporary sojourners or permanent residents. All of the towns mentioned are thronged with people of this kind, particularly in the winter season. To my surprise, I did not find a single resident physician at all enthusiastic in his praises of Southern California. They all expressed the rational view of the subject which I have expressed. I asked them if they were in the habit of sending their patients to Southern California, and they replied that they did so occasionally and for a brief period of the winter, but that they preferred for most of their cases the high and cool resorts of the Sierra Nevada Mountains. This preference is expressed by Dr. F. W. Hatch, as the result of observation and statistical deduction, in his two able reports upon the Climatology and Diseases of California to the American Medical Association. These physicians, however, claimed for California what probably exists nowhere else—the possession of every variety of climate which has been found useful in the various forms and stages of consumption, a variety which admits of a ready and very perfect adaptation to individual peculiarities and requirements. A very few hours of travel will place a patient in whatever climate he may desire; warm or cold, dry or moist, on the mountains or the plains, inland or on the sea-shore, in sheltered valleys or breezy uplands. This variety and facility of adaptedness exists nowhere else in this country. In Florida



every kind of warm climate may be found suitable to that class of patients who require warmth; but there are no mountain-ranges, no elevated regions in which the influences of a low temperature and a diminished atmospheric pressure can be enjoyed, conditions of climate now deemed so valuable in a large class of consumptive invalids. In Minnesota we find the cool, dry, bracing air of a moderately elevated country, with the absence of the warm, equable temperature so necessary to a large class of invalids. In Colorado we have cool, dry, invigorating air, with a low barometric pressure, without the equable warmth so congenial to many delicate constitutions. In California all of the best qualities of these several resorts can be readily found, while those which are likely to prove hurtful, after a brief trial, can be avoided.

San Diego is distinguished for its warm and remarkably equable temperature, the diurnal variations being very slight, and the changes due to the seasons so inconsiderable as to be harmless. Its proximity to the sea renders the air salt and somewhat humid, unless the wind blow from inland, and in the winter season cold fogs are sometimes troublesome for a portion of the day. Many of the physicians of San Francisco prefer San Diego to any other place as a winter residence for a certain class of patients. From what I could learn, it is deficient in variety and abundance of the best kinds of food. The general supply of some of the most essential articles is brought from a distance.

Santa Barbara enjoys a like equable temperature, somewhat colder than that of San Diego, with a salt and somewhat humid air, and occasional but less frequent and warmer fogs. The weather is sometimes too warm and relaxing for some consumptives, patients "deliquescing," as I heard a physician remark in regard to the effect of that climate upon a distinguished member of the medical profession from New York.

San Bernardino enjoys a temperature very similar to that



of San Diego and Santa Barbara, but being more remote from the coast its air is more dry, free from sea impregnation, and fogs do not so frequently occur. Stockton and Visalia are inland towns, with a mild, dry, and equable air, and very agreeable to many invalids to whom sea-air is offensive.

San Francisco is generally conceded to be injurious to pulmonary invalids, though the months of April, May, and June are unexceptionable in most of the qualities of a delightful climate.

My observations and inquiries about San José and its vicinity, and particularly the warm belt of the foot-hills, led me to think most favorably of them as a place of temporary or permanent residence for many pulmonary invalids. Apart from its qualities of climate, San José is a lovely city, in a valley of unsurpassed beauty and fertility, with the mountain-scenery of the coast-range on either hand, good society, and all the refinements and luxuries of life.

Sufficient time has not elapsed to determine what influence the varied climates of California may have upon the permanent residents of the state, upon the inhabitants born and reared there, in the prevention or production of pulmonary consumption. No fair inference can be drawn from mortuary statistics, for the constant influx and death of consumptives from other parts of the world must vitiate any present deductions from such statistics. Even if the line could be accurately drawn between cases produced in California and those imported, hereditary predisposition or taint may fairly be supposed to extend its influence through several generations, and be legitimately held to modify or oppose effects strictly due to climate. Many of the present citizens of the state are the progeny of consumptive ancestors, who settled there in search of health. Even if California should be found not more exempt from phthisis than other places, or absolutely more productive of it, this could not be held as valid proof of its unfitness for strangers seeking it as a health-resort; for,



as Dr. Walshe pertinently remarks, the apothegm "*pessimum ægro cælum est, quod ægrum fecit*" can not be accepted unconditionally. "Probably the earth offers no more favorable spot to the tuberculized British patient than Nubia, yet the native Nubians are extensively destroyed by phthisis. Again, the climates of Australia almost invariably prove serviceable to delicate Europeans, natives of northern latitudes; yet pectoral disease is far from being unknown among the natives of Australia of British stock." These facts conclusively disprove the prevalent popular idea of specific virtues for consumptives in any climate.

In times which now seem old, so vast have been the strides of modern enterprise, but which really are within the limits of a half decade, "a trip across the plains" was accounted one of the most efficacious of the means for the prevention and cure of consumption. Such a trip doubtless proved beneficial often, but not infallible. While many were improved, many perished by the wayside. This trip, which once consumed six months, and derived its usefulness in part from the toil, exposure, wild adventure, and danger incident to it, can now be made in six days with ease, comfort, and safety. It yet presents, however, strong claims to consideration as a remedial agent. The travel from Omaha to the Golden Gate is as delightful as travel can be. The road is under almost military discipline, the cars capacious, comfortable, and elegant, the officials polite, the eating-saloons superior to those on many of the eastern roads, and the companions of the voyage often very interesting. The novelty and variety of incidents and scenery produce and sustain a constant state of mental exhilaration and dispel all sense of fatigue, and the traveler reaches San Francisco, refreshed and invigorated, after an unbroken journey of more than two thousand miles. If an invalid choose to do so, he can pause for a time at Cheyenne, Laramie, or some other place of interest, or make most agreeable and instructive detours to Denver, Salt-Lake

City, Nevada City, the mines, or the lakes and mountains on either hand. Apart from all climatic change, such a trip as this, judiciously made, can not fail to be productive of most salutary results.

LOUISVILLE.





