

# A “Canadian Bethesda”: Reading Banff as a Health Resort, 1883-1902<sup>1</sup>

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## Abstract

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When two railway workers discovered Banff’s hot springs in 1885, an isolated mountain siding quickly became the object of national and international interest. This paper highlights a hitherto neglected factor in the creation of Canada’s first national park: the rich nineteenth-century health theories and philosophies, particularly medical geography, that invested the springs and the surrounding environment with salutary properties and drove Banff’s early development as a health and pleasure resort. Before the conservation movement took a firm hold of the national park mandate, the region’s physical, psychological, and moral health benefits were the focus. The curative mineral springs, pure air, and ennobling scenery intrigued a financially struggling government, a powerful railway company, and work-weary urbanites alike, and the vision of a luxury hotel and bathing resort soon expanded to a vast and healthful adventure playground. Banff was at once a region to be civilized and developed into a modern resort, and a natural antidote to the evils of modern life. Canada’s national park system originated in the popular and profitable association between health and the natural environment; medical and environmental histories are inextricably linked in the study of Banff’s first two decades.

## Introduction

“Aside from its natural beauty there can be no doubt that what with the absolute purity of the mountain air, and the magical action of the mountain waters, the name Banff is coming to be understood as a synonym for health.”<sup>2</sup>

In November 1883, Canadian Pacific Railway (CPR) workers William McCardell and Franklin McCabe set out towards what was

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<sup>2</sup> “The Canadian Wonderland,” [*St. Paul Free Press?*], unidentified newspaper clipping in Scrapbook, Stewart Family Fonds, M104 1 accn 729, Whyte Museum of the Canadian Rockies Archives, Banff.

then known as Terrace Mountain, a low peak near the Bow River in the Canadian Rockies. The pair was hoping to find gold or valuable minerals. Instead, they stumbled upon a large basin of steaming water and a cave leading to a warm, sulphurous pool. The amateur prospectors were far from disappointed. Realizing the value of their discovery, the two men, with the help of McCardell's brother, built a hasty fence around the cave entrance and a rough wooden shack nearby. Banff's first hotel was born.<sup>3</sup> |2

Most histories of Banff National Park begin with a version of this tale, but few fully explain why the hot springs were so valuable, and why they led to a federal reserve in 1885 and the establishment of Rocky Mountains Park in 1887.<sup>4</sup> This paper highlights what should be considered a key cultural factor in the creation of Canada's first national park: the rich and complex contemporary health theories and philosophies that invested the springs and the surrounding environment with salutary properties and guided Banff's early development as a health and pleasure resort. The most complete study of this history to date is Ronald C. Johnson's "Resort Development at Banff," which charts the attempts to make the park a viable spa.<sup>5</sup> To Johnson's analysis this paper adds a detailed examination of the health culture that was central to Banff's conception, manifestation, and early reputation. In an age that gave great credence to medical geography—that is, the study of often dynamic and deterministic relationships between health and the environment—the region's mineral springs, pure air, and ennobling scenery offered physical, psychological, and moral health benefits; it

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<sup>3</sup> Adapted from Sid Marty, *A Grand and Fabulous Notion: The First Century of Canada's Parks* (Toronto: NC Press, 1984); and W.F. Lothian, *A Brief History of Canada's National Parks* (Ottawa: Minister of Supply and Services Canada, 1987).

<sup>4</sup> See, for instance, Paul Kopas, *Taking the Air: Ideas and Change in Canada's National Parks* (Vancouver: UBC Press, 2007); Leslie Bella, *Parks for Profit* (Montreal: Harvest House, 1987); Janet Foster, *Working for Wildlife: The Beginning of Preservation in Canada* (Toronto: University of Toronto Press, 1978); and Robert Craig Brown, "The Doctrine of Usefulness: Natural Resource and National Park Policy in Canada, 1887-1914," in *Canadian Parks in Perspective*, ed. J.G. Nelson and R.C. Scace (Montreal: Harvest House, 1969), 46-62.

<sup>5</sup> Ronald C. Johnson, "Resort Development at Banff," *Alberta History* 23 (Winter 1975): 18-24.

was a “therapeutic landscape.”<sup>6</sup> It is only recently that health has taken a more central role in environmental history, and that medical geography’s cultural-historical aspects (rather than its epidemiological or public health aspects, for instance) have been resurrected for inquiry.<sup>7</sup> Studies by Gregg Mitman, Linda Nash, Conevery Bolton Valenčius, Susan Edwards, Sheila M. Rothman, and James Cassedy, among others, have opened up a vibrant discussion | 3 about the complex relationship between humans and their environments, particularly in the nineteenth-century United States, as mediated through understandings of bodily and mental health.<sup>8</sup> As medical and environmental historians re-evaluate geographies of health, the two fields converge: space becomes an active force in shaping illness, while place “is not simply a location, but a landscape that is produced and acquires meaning through social interaction.”<sup>9</sup> Moreover, health seekers can be re-evaluated not only as historical *patients*, but also historical *agents* that contributed to the physical, cultural, and political shaping of a landscape.

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<sup>6</sup> I take this term from Robin A. Kearns and Wilbert M. Gesler, who define therapeutic landscapes as “places that have achieved lasting reputations for providing physical, mental, and spiritual healing.” Introduction to *Putting Health into Place: Landscape, Identity, and Well-being*, ed. Kearns and Gesler (Syracuse: Syracuse University Press, 1998), 8.

<sup>7</sup> For an excellent commentary on the place of health in environmental history, see Gregg Mitman, “In Search of Health: Landscape and Disease in American Environmental History,” *Environmental History* 10 (2005): 184-210. For two overviews of medical geography’s rising place in cultural-historical study, see Kearns and Gesler, 1-13; and Conevery Bolton Valenčius, “Histories of Medical Geography,” in *Medical Geography in Historical Perspective*, ed. Nicolaas A. Rupke, *Medical History* Supplement 20 (London: Wellcome Trust Centre for the History of Medicine at UCL, 2000), 3-28.

<sup>8</sup> Gregg Mitman, “In Search of Health”; “Hay Fever Holiday: Leisure, Health, and Place in Gilded-Age America,” *Bulletin of the History of Medicine* 77 (2003): 600-635; and “Geographies of Hope: Mining the Frontiers of Health in Denver and beyond, 1870-1965,” *Osiris*, 2nd series 19 (2004): 93-111. Linda Nash, “Finishing Nature: Harmonizing Bodies and Environments in Late-Nineteenth-Century California,” *Environmental History* 8 (2003): 25-52; and “Transforming the Central Valley: Body, Identity, and Environment in California, 1850-1970” (PhD diss. University of Washington, 2000). Conevery Bolton Valenčius, *The Health of the Country: How American Settlers Understood Themselves and Their Land* (New York: Basic Books, 2002). Susan Jane Edwards, “Nature as Healer: Denver, Colorado’s Social and Built Landscapes of Health, 1880-1930” (PhD diss. University of Colorado at Boulder, 1994). Sheila M. Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (New York: Basic Books, 1994). James Cassedy, *Medicine and American Growth, 1800-1860* (Madison: University of Wisconsin Press, 1986).

<sup>9</sup> Mitman, “Hay Fever Holiday,” 604.

Mitman insists that “we have yet to fully investigate how ... illness experiences translated into political action mobilized around the conservation of forests, fields, and streams.”<sup>10</sup> Banff must be re-examined from a medical-geographical perspective, with an emphasis on the historical influence of health culture. The region’s sanative promise intrigued a financially struggling government and a powerful railway company. Capitalizing on the cachet of illness and resort life, the park would draw wealthy health seekers and civilize the west. As Banff strove to attract tourists, moreover, its health offerings diversified and the curative waters for invalids were overtaken by the idea of a vast adventure playground for work-weary urbanites, an idea that came both to complement and complicate the growing conservation movement. This was at once a region to be civilized and developed into a modern resort, and a natural antidote to the evils of modern life. In 1902 the park boundaries were greatly expanded under the aegis of conservation, but for its first two decades, Banff was primarily, as contemporary newspaper puffs put it, “a synonym for health” and “the great pleasure resort, breathing place, and sanitarium of the Dominion.”<sup>11</sup> Canada’s national park system originated in the popular and profitable association between health and the natural environment. |4

### **Nineteenth-Century Health Culture**

Mineral springs were a familiar part of nineteenth-century health culture. Wealthy and aspiring Britons, following fashion and society as much as good health, patronized continental spas, as well as domestic destinations such as Bath and Malvern; holidays to these resorts became increasingly popular with the rise of mass tourism in the second half of the century. Across the Atlantic, moneyed invalids might visit Saratoga Springs, New York or Hot Springs, Arkansas, for instance, which flourished as the railroad network expanded. The

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<sup>10</sup> Mitman, “In Search of Health,” 200.

<sup>11</sup> Respectively, “The Canadian Wonderland”; and “Wonders of the Queen’s Dominion,” unidentified newspaper clipping in Scrapbook.

first luxury accommodations opened at Hot Springs in 1875, around the time the new railway line reached the city, and the town's Bathhouse Row underwent serious renovations in the late nineteenth century, with new and imposing facilities that, as historian Richard West Sellars puts it, "launched the heyday of therapeutic bathing at Hot Springs."<sup>12</sup> Arguably, the water cure movement, a program of drinking, bathing in, and applying pure, cold water to the body, encouraged visits to spas and sanatoria as well.<sup>13</sup> Also known as hydropathy or hydrotherapy, the movement came to North America in the 1840s, where it readily combined with the popular health benefits of exercise, fresh air, and wholesome diet. Many hydropathists saw illness as a violation of the natural laws of health, and a measured lifestyle without the vanities and artificialities of civilization was the corresponding physical and moral cure. Invalids with sufficient funds eagerly patronized water-cure sanatoria, which shared a strained genealogy with luxury spas. The most spartan of the former were at odds with sometimes hedonistic resort life, but the long history of healing spa waters may have eased acceptance of the water cure; at the same time, many spas adopted hydrotherapeutic techniques. The classed luxury of more general spas, in the end, was irresistible to the new middle classes, and eventually these facilities all but took over from purely water-cure establishments, which were in decline by the 1870s.<sup>14</sup>

New techniques for identifying chemical compositions also gave validity and additional attraction to some spas, since a particular ailment could ostensibly be treated by certain mineral waters. Balneology had orthodox, scientific approval: in the 1880s, for instance, an Army-Navy hospital opened in Hot Springs. Still,

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<sup>12</sup> Richard West Sellars, *Preserving Nature in the National Parks: A History* (New Haven: Yale University Press, 1997), 18.

<sup>13</sup> This article uses "sanitarium" to denote a general treatment facility or health resort and "sanatorium" for a facility specifically designed to treat tuberculosis. Not all nineteenth-century writers, however, observed this distinction.

<sup>14</sup> See Jane B. Donegan, *"Hydropathic Highway to Health": Women and Water-Cure in Antebellum America* (New York: Greenwood Press, 1986); Susan E. Cayleff, *Wash and Be Healed: The Water-Cure Movement and Women's Health* (Philadelphia: Temple University Press, 1987); and James C. Whorton, *Crusaders for Fitness: The History of American Health Reformers* (Princeton: Princeton University Press, 1982), especially 138-39.

physicians disagreed about how these curative waters worked, and many held that hot springs were only effective in combination with or because of additional physical and psychological factors. “Much of the benefit accruing from a residence at the various spas,” declared Dr. Bushrod W. James, for example, “arises from the climate and surroundings, such as: altitude, temperature, atmospheric conditions, scenery, outdoor exercise, sanitary and hygienic surroundings, nutritious food, pleasant amusements, congenial company, and other similar circumstances.”<sup>15</sup> Spa towns attempted to cater to the varied demands of their guests, who were unsurprisingly known to visit for pleasure as well as health. |6

In fact, pleasure and health were closely related, especially in the developing fields of neurology and psychology, and with regard to a new disease of American life, neurasthenia. Dr. George Beard, who popularized both the illness and the term, argued that the progress and pace of modern American society, the sensitivities of a highly developed race, and the insecurities of civil, religious, and social liberty combined to drain an individual’s “nerve force,” or nervous energy. Collectively, the disease could threaten all of American society. “All our civilization hangs by a thread,” warned Beard. “[T]he activity and force of the very few make us what we are as a nation; and if, through degeneracy, the descendants of these few revert to the condition of their not very remote ancestors, all our haughty civilization would be wiped away.” Neurasthenia constituted both a consequence of and threat to American life; the two were so closely connected that Beard also called the disease “American nervousness,” while others referred to it as “Americanitis.” Secondary factors such as moral laxity, worry, and climate also aggravated neurasthenia, but it was undoubtedly the disease of highly civilized “brain-workers.” The myriad of symptoms, ranging from dyspepsia to sweating hands, made neurasthenia a perfect catch-all for the puzzled physician.<sup>16</sup>

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<sup>15</sup> Bushrod W. James, *American Resorts with Notes Upon Their Climate* (Philadelphia: F.A. Davis, 1889), 128.

<sup>16</sup> George M. Beard, *American Nervousness: Its Causes and Consequences* (New York: Putnam, 1881), 9, 97, 7.

While Beard identified neurasthenia, his fellow physician Silas Weir Mitchell is best known for offering solutions to it. Mitchell developed the notorious “rest cure” for women, which involved long periods of indoor inactivity and isolation, but in other cases he encouraged both sexes to exercise and spend time outdoors. As an obvious antithesis to modern civilization, with a tradition of healing dating back to Hippocrates, nature was a sensible place to look for a cure. In *Doctor and Patient*, Mitchell praised the benefits of camp life: “nothing so dismisses the host of little nervousnesses with which house-caged women suffer as this free life,” he wrote. “The man who lives out of doors awhile acquires better sense of moral proportions, and thinks patiently and not under stress, making tranquil companions of his worthy thoughts.”<sup>17</sup> Frederick Law Olmsted offered a similar solution in the form of the urban park: its “charming natural scenery” was a valuable “prophylactic and therapeutic agent.”<sup>18</sup> Theodore Roosevelt, for his part, pursued a more robust form of outdoor therapy, using hunting, riding, and alpinism to ward off neurasthenia and strengthen his political position. He once claimed that “Black care rarely sits behind a rider whose pace is fast enough.”<sup>19</sup> The idea of the curative wilderness, or at least the curative outdoors, even extended to medicine: a poster for Rexall’s Americanitis Elixir depicted mountains behind an idyllic meadow. The environment guaranteed the cure.<sup>20</sup> | 7

Beard was cautious about prescribing outdoor therapies, as well as hydropathy and balneology, although he did suggest that the cool, pure air of the mountain regions could benefit patients.<sup>21</sup> Resort boosters, however, took over the task of promotion themselves. Camps for neurasthenic men emerged in Maine and the

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<sup>17</sup> S. Weir Mitchell, *Doctor and Patient* (Philadelphia: Lippincott, 1888), 161.

<sup>18</sup> Frederick Law Olmsted, *Mount Royal, Montreal* (New York: Putnam, 1881), 22.

<sup>19</sup> Theodore Roosevelt, *Ranch Life and the Hunting-Trail* (1888; reprint, New York: Century, 1899), 59. See also Tom Lutz, *American Nervousness, 1903* (Ithaca: Cornell University Press, 1991).

<sup>20</sup> Greil Marcus, “One Step Back; Where Are the Elixirs of Yesteryear When We Hurt?” *New York Times*, 26 January 1998, sec. E, p. 2.

<sup>21</sup> George M. Beard, *A Practical Treatise on Nervous Exhaustion (Neurasthenia): Its Symptoms, Nature, Sequences, Treatment* (New York: William Wood, 1880), 167, 186, 190, and 192.

Adirondacks, for example, while railroad companies advertised the west as an appropriate antidote to the civilized east. If essentially American cities produced neurasthenia, the essentially American wild might cure it. “The entire Rocky Mountain region is a sanitarium,” declared a Union Pacific booklet,<sup>22</sup> while *The Great West* described Manitou Springs, Colorado as a “secluded retreat” where “many of the wealthy and well-known citizens of the United States ... | 8 seek during the summer months that recreation and repose so much needed by brain-workers.”<sup>23</sup> Social status was a crucial aspect of health tourism. Historian Janet Browne points out that as early as the mid-nineteenth century, British spas aimed at what patients liked to think of as “the disorders of great men and their spouses: disorders emanating from hard intellectual struggle, from overwork, from nervous exhaustion.”<sup>24</sup> The same was true in the United States, where elite resorts appealed to a certain class, and writers came to critique neurasthenia’s over-commercialization.<sup>25</sup>

This emphasis on the healing environment was not restricted to neurasthenia, but rather formed part of a broader nineteenth-century vogue for the “wilderness cure” or “wilderness therapy,” which relied on the principle that wild areas, removed from refined artificialities, could relieve a variety of physical and psychological ailments. Like spa treatments, wilderness therapy depended heavily on the physical effects of pure air, good nutrition, and exercise, as well as the psychic or spiritual influences of aesthetics, isolation, and recreation. The mountain regions were an obvious destination for strapping health seekers, especially since they featured clear skies and coniferous trees: sunlight was known to kill bacteria, while conifers were thought to purify air, exude healthy terebinthines

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<sup>22</sup> Union Pacific Railway, *A Description of the Western Resorts for Health and Pleasure Reached via the Union Pacific Railway, Overland Route* (Omaha: J.S. Tebbets, 1888), 60.

<sup>23</sup> W.B. Vickers, “Colorado,” in *The Great West: Its Attractions and Resources*, ed. F.V. Hayden (Bloomington, IL: Charles R. Brodix, 1880), 108.

<sup>24</sup> Janet Browne, “Spas and Sensibilities: Darwin at Malvern,” in *The Medical History of Waters and Spas*, ed. Roy Porter, *Medical History Supplement* 10 (London: Wellcome Institute, 1990), 113.

<sup>25</sup> See Brad Campbell, “The Making of ‘American’: Race and Nation in Neurasthenic Discourse,” *History of Psychiatry* 18 (2007): 165-66. However, public institutions, including the Hot Springs Army-Navy Hospital, also treated neurasthenia.

and resins, and produce disinfectant ozone.<sup>26</sup> Though wilderness therapy worked in harmony with miasmatic theories of disease, it could also complement germ theory, which rose to precedence in the last third of the century but still left many physicians unsatisfied. “Wilderness,” however, did not always involve roughing it. Marc Cook’s *The Wilderness Cure* suggested that patients set up camp close to a well-supplied hotel and employ a “guide” to cook and clean.<sup>27</sup> Nature’s beneficence was most evident to those who had the luxury of ignoring her harshness. This was an “urban vision” of nature and the landscape.<sup>28</sup>

Wilderness therapy, in turn, was closely related to climatotherapy, the examination and exploitation of regional climatic variation for therapeutic effect. In his discussion of climatotherapy in California, Kenneth Thompson argues that the treatment “represented a plausible and gentle form of therapy on which the factionalized medical profession could at least partly agree”; medical climatology and climatotherapy had long histories and seemed to explain many cures and local health conditions.<sup>29</sup> Although there was some disagreement as to how it worked, and whether the change in habits, the change in climate, or the final destination was most important, the movement gained official status: the American Climatological Association was founded in 1883, serving, as Rothman puts it, “as both scientific clearinghouse and travel agency,” and several journals specialized in climate treatments.<sup>30</sup> While medical experts and federal bodies, including the Smithsonian Institution, embarked on meticulous projects to record

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<sup>26</sup> See Kenneth Thompson, “Wilderness and Health in the Nineteenth Century,” *Journal of Historical Geography* 2 (April 1976): 145-61; and “Trees as a Theme in Medical Geography and Public Health,” *Bulletin of the New York Academy of Medicine* 54 (1978): 517-31. Terebinthinates in this context refers to the turpentine oleoresins exuded from coniferous trees (see *Oxford English Dictionary*, 3rd ed. [online], s.v. “terebinthine” and “turpentine”). Diluted by the atmosphere and inhaled, they might have a positive effect in treating bronchitis, for example. See John M. Scudder, *On the Use of Medicated Inhalations, in the Treatment of Diseases of the Respiratory Organs*, 2nd ed. (Cincinnati: Moore, Wilstach & Baldwin, 1867), 65.

<sup>27</sup> Marc Cook, *The Wilderness Cure* (New York: William Wood, 1881), 42-43.

<sup>28</sup> See Mitman, “In Search of Health,” 614.

<sup>29</sup> Kenneth Thompson, “Climatotherapy in California,” *California Historical Quarterly* 50 (June 1971): 117.

<sup>30</sup> Rothman, 154.

meteorological and geographical phenomena, arming medical geography with Baconian rigour, local governments and enterprises also compiled and shared such data to track and prove their regions' merits.<sup>31</sup>

Although doctors prescribed different climates according to individual constitutions and diseases, the general therapy applied to a variety of illnesses, including neurasthenia and tuberculosis. The latter was an especial focus, thought to be relieved by crisp, dry air. Some physicians further theorized that an altitude “line of immunity” existed for the disease. Factors such as latitude, local geography, and meteorology played a role as well, but five or six thousand feet were common estimates of where the air was free from germs and open to the benefits of heat, light, and electricity, triggering full, deep, healthy breathing. The “sanatorium movement” combined gentle exercise and rest with climatotherapy and its derivative, altitude therapy, and tuberculosis facilities flourished in the west as luxury railroads expanded.<sup>32</sup> Even after germ theory took precedence, medical geography offered complementary—and sometimes even exclusive—therapies, especially for more nebulous illnesses. Bacteriology had little to offer asthmatics and allergy sufferers, for example, and hay fever experienced a period of heady popularity in the last two decades of the nineteenth century, with burgeoning *Luftkurort*-style resorts forming the basis of a health economy in the White Mountains. Mitman explains that the illness was “[w]idely regarded as a symptom of the rapid progress, moral complacency, and physical degeneracy of modern civilized life,” and it accordingly became “the pride of America’s leisure class.” The supposed

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<sup>31</sup> Cassedy, 48-49; and Paul P. Bernard, *Rush to the Alps: The Evolution of Vacationing in Switzerland* (New York: Columbia University Press, 1978), 89.

<sup>32</sup> See, for example, Charles Denison, *Rocky Mountain Health Resorts: An Analytical Study of High Altitudes in Relation to the Arrest of Chronic Pulmonary Disease*, 2<sup>nd</sup> ed. (Boston: Houghton Mifflin, 1881); Julius L. Wilson, “Pikes Peak or Bust: A Historical Note on the Search for Health in the Rockies,” *Rocky Mountain Medical Journal* 64 (September 1967): 60; and Frank B. Rogers, “The Rise and Decline of the Altitude Therapy of Tuberculosis,” *Bulletin of the History of Medicine* 43 (January/February 1969): 7-8, and 11.

climatological and geographical benefits of the place catered to an existing and classed tourist culture.<sup>33</sup>

Wilderness therapy, climate therapy, and more general interest in the salubrious qualities of regions and environments, whether for quotidian, prophylactic, or therapeutic health purposes, fell under the popular and catholic umbrella of the period's medical-geographical philosophy. Ronald Numbers declares that "[d]uring the first two-thirds of the nineteenth century, medical geography, broadly conceived, reigned as the queen of the medical sciences";<sup>34</sup> it continued vestigially long afterward. Medical-geographical thinking was so influential, in fact, that one scholar estimates that "[b]y 1900 fully one-quarter of the migrants to California and one-third of the newcomers to Colorado had come in search of health."<sup>35</sup> They were drawn by the supposedly salutary climate and active, outdoor mode of life that rendered bodies and souls strong, pure, and productive, even if much of the healthful ruggedness of the journey was undermined by train travel. Thus, in conjunction with infrastructure like telegraphs and railroads, the project of defining the west's medical geography and subsequently filling the region with civilized health seekers helped the United States secure a feeling of geographical, political, and social domination over an unwieldy landscape.<sup>36</sup> Railroad companies, enterprising physicians, and town boosters successfully "surveyed, extracted, and marketed" the natural resource of health, as they might any other commodity, shaping the physical nature and social understanding of the landscape and encouraging the development of cities like Denver.<sup>37</sup> But while this health extraction was aggressive, it could also preserve landscapes: social leaders seeking respite from hay fever

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<sup>33</sup> Mitman, "In Search of Health," 197. See also Mitman, "Hay Fever Holiday"; and Gregg Mitman and Ronald Numbers, "From Miasma to Asthma: The Changing Fortunes of Medical Geography in America," *History and Philosophy of the Life Sciences* 25 (2003): 403, 406.

<sup>34</sup> Ronald L. Numbers, "Medical Science before Scientific Medicine: Reflections on the History of Medical Geography," in *Medical Geography in Historical Perspective*, 217.

<sup>35</sup> Rothman, 132.

<sup>36</sup> See Valenčius, "Histories of Medical Geography," 10.

<sup>37</sup> Mitman and Numbers, 404. See also Mitman, "Geographies of Hope," 94; and Edwards.

pushed for the creation of Franconia Notch State Park and the White Mountain National Forest, for example, assuming that these areas' relative wilderness (compared to the city) entailed better air quality.<sup>38</sup> Nash similarly notes that "many physicians argued that the careless pursuit of mining, agriculture, and irrigation were destroying the landscape and ultimately threatening the viability of white bodies in this new place."<sup>39</sup> In the case of Banff, such concerns would soon lead to the formal establishment of a national park. | 12

Indeed, much of Canada's medical history runs parallel to that of the United States, although Beard argued that Canada's reliable cold and quieter way of life protected its citizens from the worst neurasthenia.<sup>40</sup> Still, Canada had its own health seekers. In his study of attitudes toward nature in late nineteenth and early twentieth-century Canada, George Altmeyer highlights the image of nature as the "Benevolent Mother capable of soothing city-worn nerves and restoring health, of rejuvenating a physically deteriorating race, and of teaching lessons no book learning could give."<sup>41</sup> In 1894, a Canadian journalist wrote that "one of the characteristics of modern times" was that people needed to escape competition and "seek recreation and restoration in a closer approach to nature," while another added in 1899 that "[n]o fact of contemporary life is more significant or more hopeful than this return to nature, for breathing space, for those whose daily walk is the tumultuous city streets."<sup>42</sup> Many of the dominion's poets looked to nature as a therapeutic, and the Cottage and Fresh Air movements of late nineteenth-century Canada were closely related to climatotherapy and the wilderness cure: each attempted to find relief from the dirt, anxiety, boredom, and degenerating influences of

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<sup>38</sup> Mitman, "In Search of Health," 199.

<sup>39</sup> Nash, "Finishing Nature," 26-27.

<sup>40</sup> Beard, *American*, 161.

<sup>41</sup> George Altmeyer, "Three Ideas of Nature in Canada, 1893-1914," in *Consuming Canada: Readings in Environmental History*, ed. Chad Gaffield and Pam Gaffield (Toronto: Copp Clark, 1995), 98.

<sup>42</sup> The journalists are, respectively, Thomas W. Gibson, "Algonquin National Park," *Canadian Magazine* 3 (September 1894): 543; and J.W. Dafoe, "A Day in the Laurentians," *Rod and Gun* 1 (August 1899): 51. Both are quoted in Altmeyer, 99.

industrial life.<sup>43</sup>

Immersed in this rich health culture, the CPR workers who found the Banff springs in 1883 had struck “liquid gold.”<sup>44</sup> New environments were not always medically welcome, but with its waters, scenery, and clean air, Banff had immediate potential as a health resort—the northern counterpart to the United States’ successful spas, sanitarium, and climate resorts. The region’s isolation and novelty could attract wealthy invalids from North America, Europe, and even Asia, as well as urbanites seeking respite from both their illnesses and the hordes of tourists at their favourite resorts; the west would be called upon to relieve the pressures of civilization. Fiscal health was also at stake. Conscious of the financial opportunity, multiple settlers attempted to claim the land around the springs and provided services for local visitors. In 1885 their battles drew government attention and visits from curious Members of Parliament. One reported to Prime Minister John A. Macdonald that the springs were worth “a least half a million,” and he suggested that the government reserve the area immediately.<sup>45</sup> The waters were already selling themselves, “daily visited by patients ... many of whom boast[ed] of having been cured.”<sup>46</sup> As Macdonald later explained, between the sulphur and magnesia-rich springs, the inspiring scenery, and the mild climate, Banff had “all the qualifications necessary to make it a great place of resort.”<sup>47</sup> Environmental conditions played into the hands of contemporary health culture, and the government intended to capitalize. The natural world was “a commodity in the consumption of health,” and the quest for wellness became a forceful player in the political and environmental history of Canadian landscape and land-use.<sup>48</sup>

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<sup>43</sup> Altmeyer, 101-2.

<sup>44</sup> Parks Canada, *Cave and Basin National Historic Site of Canada* brochure ([Ottawa]: Parks Canada, n.d.).

<sup>45</sup> Peter Mitchell to John A. Macdonald, 23 July 1885, Macdonald Papers, MC26-A, vol. 229, p. 99347, Library and Archives Canada.

<sup>46</sup> P.R.A. Belanger, “Report,” *Annual Report of the Department of the Interior [ARDI] for the Year 1885* (Ottawa: 1886), part 2, 19.

<sup>47</sup> John A. Macdonald, *Canada House of Commons Debates [Debates]*, vol. 23 (Ottawa: 1887), 233.

<sup>48</sup> Mitman, “In Search of Health,” 202.

## Developing a National Park

Robert Craig Brown has famously argued that Macdonald's "doctrine of usefulness," a commitment to exploiting the nation's resources, underlay the government's national parks policy. The mineral waters were a boon for the mountain region, which some politicians saw as an otherwise unproductive drain on the transportation budget. Reserving the area would channel international and domestic tourist dollars to a government fighting debt and economic depression. Federal control would also ensure careful management of the springs and scenery; the government no doubt recalled Niagara Falls, the shameful overdevelopment of which, at least one historian contends, inspired Congress to create a federal reserve at Hot Springs in 1832.<sup>49</sup> In November 1885, an Order-in-Council reserved about ten square miles containing "several hot mineral springs which promise to be of great sanitary advantage to the public."<sup>50</sup> "[I]t was of great importance," Macdonald later confirmed, "that all this section of country should be brought at once into usefulness, that people should be encouraged to come there, that hotels should be built, that bath-houses should be erected for sanitary purposes, and in order to prevent squatters going in, the reservation was made."<sup>51</sup> The waters were, at this point, the reserve's *raison d'être*: the area's first road led from the train station to the springs, and Terrace Mountain was renamed Sulphur Mountain, highlighting the springs' most potent and medically recognized chemical constituent. The Department of the Interior optimistically enthused that "[w]ithin the next few years [the park] is likely to become one of the greatest and most successful health

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<sup>49</sup> John Shultis, "Improving the Wilderness: Common Factors in Creating National Parks and Equivalent Reserves during the Nineteenth Century," *Forest & Conservation History* 39 (July 1995): 122.

<sup>50</sup> "Hot mineral [*sic*] springs at Banff," Order-in-Council Number 1885-2197, Library and Archives Canada.

<sup>51</sup> Macdonald, *Debates*, 233

resorts upon the continent of America.”<sup>52</sup> Health was a profitable industry.

William Cornelius Van Horne and Charles Drinkwater, general manager and secretary of the CPR, respectively, also endorsed the idea of a national reserve, envisioning hoards of train travellers and a monopoly in the park; the Conservative government was heavily indebted to the company and the party’s electoral success depended on the CPR’s solvency. In June 1885, Drinkwater sent water samples to public analyst H. Sugden Evans. Evans’s analysis, reprinted in the Department of the Interior’s *Annual Report*, is strictly empirical, noting the samples’ odours, appearances, and chemical compositions.<sup>53</sup> The *Report* concludes that the springs’ “remarkable curative properties ... hav[e] thus been made apparent,”<sup>54</sup> but Evans gives no indication of curative properties; in fact, the absence of lithia, thought to relieve gout, could have been damning.<sup>55</sup> The CPR and the government were evidently more interested in the tangibility of figures than their interpretation. Despite numerous personal accounts of the waters’ medicinal powers and the fact that as early as the winter of 1885-86 about fifty invalids were staying near the springs for treatment, the company’s haste to order the analysis and the department’s privileging of it in the *Report* indicate a preoccupation with hard science. Public funds could not be invested without quantitative support. For Victorian Canadians, essentially civilized and cosmopolitan science could not only order the wild and make it legible, but also rationalize its exploitation and allow the nation to assert its progress and intellectual achievement.<sup>56</sup> Factual medical analysis secured Banff as a useful, exciting, and reassuring prospect for the government,

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<sup>52</sup> A.M. Burgess, “Report of the Deputy Minister of the Interior,” *ARDI 1886* (Ottawa: 1887), xxiii.

<sup>53</sup> H. Sugden Evans to Charles Drinkwater, November 1885, in Burgess, “Report,” *ARDI 1886*, xx-xxii.

<sup>54</sup> Burgess, “Report,” *ARDI 1886*, xxiii.

<sup>55</sup> Great Plains Research Consultants, “Banff National Park, 1792-1965: A History” (Ottawa: Parks Canada, 1984), 58.

<sup>56</sup> See Suzanne Zeller, *Inventing Canada: Early Victorian Science and the Idea of a Transcontinental Nation* (Toronto: University of Toronto Press, 1987), especially 5-6; and Carl Berger, *Science, God, and Nature in Victorian Canada* (Toronto: University of Toronto Press, 1983), especially 9.

enacting at the intellectual or discursive level what topographical surveys or the construction of roads and bridges would do on a physical level—it fitted the landscape to established frameworks.<sup>57</sup> And the physical level quickly followed. Confident in the springs' curative potential, or at least in the impression of their curative potential, the government immediately began surveying the area and constructing roads, bridges, and "other operations necessary to make of the reserve a creditable national park."<sup>58</sup> If illness was disorderly and irrational, its cure had to be made to seem, to some extent, the opposite. More practically, the improvements also rendered the park suitable for genteel tourists. George Stewart, a Dominion Land Surveyor, "clever landscape architect," and Banff's first superintendent, designated spaces for luxury villas.<sup>59</sup> Macdonald boasted that these would be "leased to people of wealth"; government officials would supervise construction to prevent any unsightly monstrosities.<sup>60</sup> Health was highly classed. Indeed, aside from the possibility of federal financial gain, the Order's mention of the public was mostly rhetorical. It is telling that in a fair copy of the Privy Council minutes, the interlineated phrase "to the public" appears to have been added as an afterthought to the springs' "promise to be of great sanitary advantage" (figure 1).<sup>61</sup> Most Canadians could not afford to take the train to Banff, let alone patronize the springs, but the government, motivated by potential profits, bypassed Parliamentary approval and secured Governor General's warrants for the funds to pursue these initial developments. Stewart explained to the Department of the Interior that "[t]he necessity for this work to be advanced with all despatch was made evident by the many inquiries from a distance by invalids and others desirous of reaching the Springs, and the work was consequently pushed on with vigor."<sup>62</sup> The government did not wish

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<sup>57</sup> Valenčius, *Health of the Country*, 161; see also 165-66.

<sup>58</sup> Burgess, xxii.

<sup>59</sup> Thomas White, *Debates*, 244.

<sup>60</sup> Macdonald, *Debates*, 245. See also George A. Stewart, "Report of the Superintendent of Rocky Mountains Park," *ARDI 1887* (Ottawa: 1888), part 6, 8;

<sup>61</sup> Privy Council Minutes, Library and Archives Canada, P.C. 1885-2197, 3

<sup>62</sup> Stewart, "Report," *ARDI 1886*, 4.

its vision of a profitable health resort to be delayed by Parliamentary quibbling.

In developing the springs, the government also sought to avoid the problems that plagued other resorts. In 1886, John R. Hall, secretary of the Department of the Interior, went to Arkansas to examine Hot Springs. He was unimpressed. The resort suffered from water distribution problems, lax management, and poor medical supervision and hygiene. Hall recommended “absolute government control, and management under medical supervision” for Banff.<sup>63</sup> This solution, however, was expensive, and the government compromised by leasing properties and water to strictly regulated private bathhouses while keeping full control over the central Cave and Basin springs. Such monitoring would “prove an attraction to the numerous invalids who have little confidence in the conduct of such places by private enterprise,” as the Minister of the Interior, Thomas White, put it.<sup>64</sup> An access tunnel to the Cave was constructed, and the pools were cleaned and masonry was added to control their temperatures and give the impression of sanitation. New bathhouses were constructed, too; these “rustic buildings in Swiss style” were apparently an attempt to evoke the prestige and established health benefits of Alpine resorts.<sup>65</sup> Constructing a health resort meant elevating the rough Canadian west to the standards of pristine Europe.

As the government intended, the many entrepreneurs who set up in 1886 were brought under strict regulations. White recommended that bathhouses have at least thirty tubs, as well as approved architecture, materials, and plumbing; the government could also fix prices and cancel leases upon infraction, thereby maintaining a first-class resort.<sup>66</sup> One of the first leases went to R.G. Brett, a former CPR doctor whose connections ensured him a prime site at the foot of Sulphur Mountain, where he built the Banff Springs Sanitarium Hotel. The railway company may have helped finance

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<sup>63</sup> John R. Hall, “Report on National Park and Hot Springs,” *ARDI 1886*, part 1, 83.

<sup>64</sup> Thomas White, “Memorandum,” *ARDI 1886*, part 1, 85.

<sup>65</sup> A.M. Burgess, “Report of the Deputy Minister of the Interior,” *ARDI 1887*, xxxii.

<sup>66</sup> White, “Memorandum,” 85.

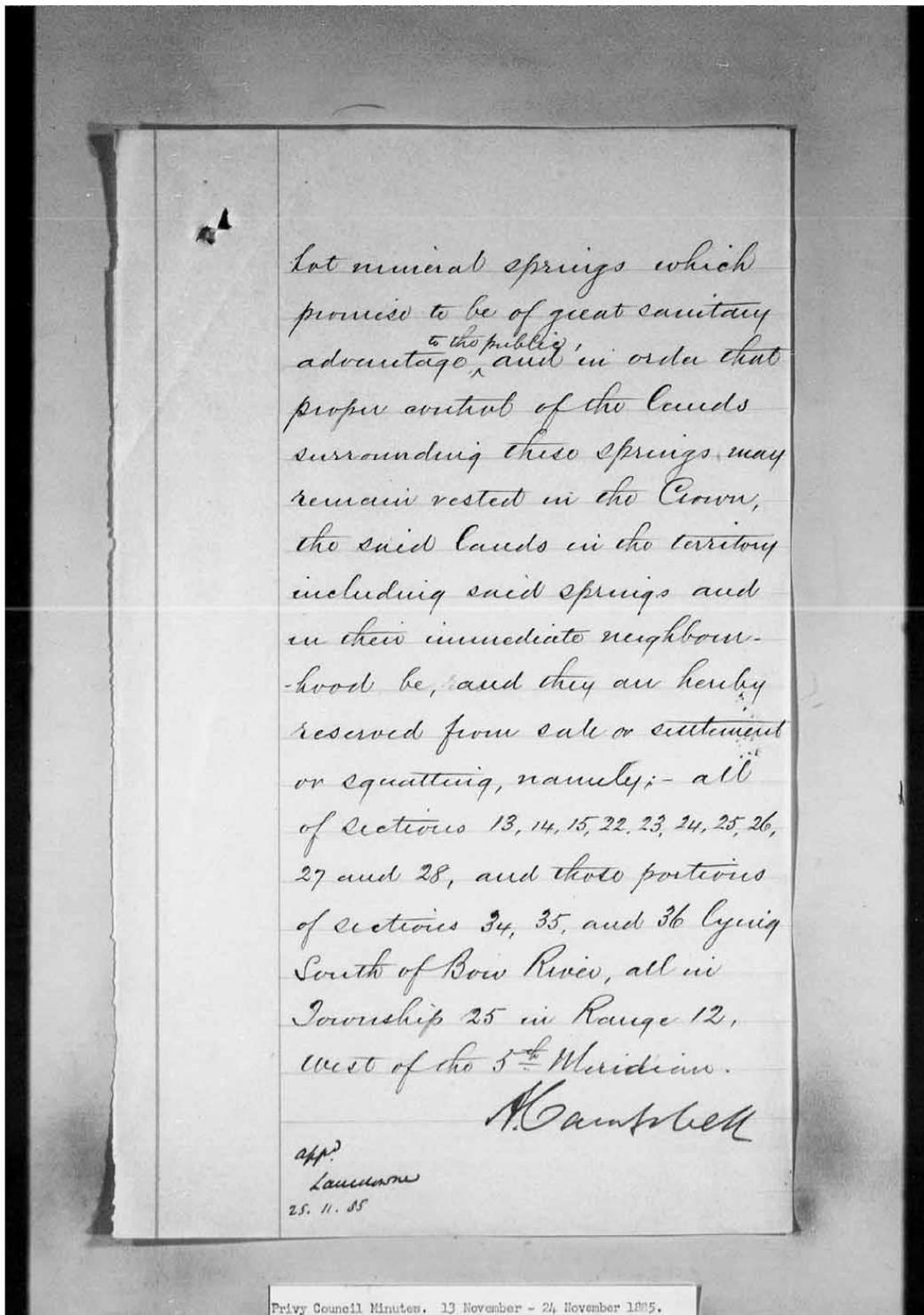


Figure 1: Privy Council Minutes with the insertion "to the public" visible in the third line. Library and Archives Canada, P.C. 1885-2197, 3.

Brett's endeavour, since a resident doctor would benefit tourism, legitimizing the region's health economy with professional authority and the appropriate medical regiments and treatments, particularly in the clinical half of his split hospital-hotel complex.<sup>67</sup> Insulated, government-constructed pipes were to carry water 8,000 feet from the Upper Springs to the Sanitarium baths, but slow progress and a flood of guests in the summer of 1886 compelled Brett to build a rough shack at the Upper Springs as well. Brett soon expanded the shack into the Grand View Villa (figure 2), and the discarded crutches and canes that lined the handrails up to both the Villa and the Cave and Basin quickly became the stuff of travel writing legend. | 19

The government assured Parliament that the expenditure, which by 1887 totalled about \$46,000, was worthwhile.<sup>68</sup> Still, the Commons was unconvinced. The government had intended, almost from the outset, to expand the reserve and form a national park,<sup>69</sup> but as the Rocky Mountains Park Act came before Parliament in 1887, MPs like Mitchell were forced to champion Banff's health benefits:

Two years ago, when I was there the people were flocking to the place, and they were lying on the hill-sides and rocks taking the benefit of the springs, without any of the comforts and conveniences that sick people ought to have; and if one-tenth part of the reports of the health-giving qualities of the springs have any truth in them, then I say that no reasonable amount of money that the country can lay out in improving and beautifying a locality with such advantages should be

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<sup>67</sup> See Fiona C. Harris and Gerald M. McDougall, "The Banff Sanitarium Hotel," in *Medical Clinics and Physicians of Southern Alberta*, ed. Gerald M. McDougall and Fiona C. Harris (Calgary: G.M. McDougall, 1991), 183. Mitman, among others, has made similar arguments about the western United States ("Geographies of Hope," 99).

<sup>68</sup> Note that the federal government's total expenditure for the 1886-87 financial year was \$60,103,630. From J. Scott Keltie, ed., *The Statesman's Year-Book: Statistical and Historical Annual of the States of the Civilised World for the Year 1889* (London: Macmillan, 1889), 590.

<sup>69</sup> See, for example, H.H. Smith, "Report of the Land Board," *ARDI 1886*, part 1, 10: "The park is nine miles in width by twenty-four in length." These dimensions are close to 1887 dimensions, and the use of "park" prior to the passing of the Act confirms the government's vision.

and I am sure will not be—refused by the Parliament of Canada.<sup>70</sup>

Macdonald concurred, noting that while invalids were willing to stay in rough tents, “[t]he sooner the town was built the better.” Despite the vogue for the wilderness cure, most visitors wanted luxury. Gently mocking such health seekers, Macdonald |20 quipped that a national park would “recuperate the patients and recoup the Treasury.”<sup>71</sup> Politicians debated the park in only vague medical terms, but they had a firm grasp of its business potential. In June, the Rocky Mountain Parks Act passed. Banff, it stated, was to be the country’s “national park and sanatorium.”<sup>72</sup>



Figure 2: The Grand View Villa, 1890s. Glenbow Archives NA-529-23.

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<sup>70</sup> Peter Mitchell, *Debates*, 195.

<sup>71</sup> Macdonald, *Debates*, 233.

<sup>72</sup> “An Act Respecting the Rocky Mountains Park of Canada,” in *Acts of the Parliament of the Dominion of Canada*, Vol. 1 (Ottawa, 1887), 119.

Banff was already booming. By 1887 special rail cars stayed at the station to house visitors, and there were seven or eight new hotels.<sup>73</sup> The Conservatives hoped especially for a luxury CPR establishment; one of the first roads that Stewart built led from the railway station to the potential hotel site. In 1887, Van Horne consulted Dr. J.S. Lynch to confirm Banff's "qualities as a resort for invalids and tourists," and Lynch concluded that the springs were comparable to the best European spas, "highly beneficial in a large number of afflictions which cannot be treated at home." The pine forest, moreover, was good for "pulmonary afflictions," the scenery was "unrivalled," and government control ensured respectability.<sup>74</sup> Van Horne was satisfied, and the Banff Springs Hotel opened in 1888. As the name indicates, taking the waters was regarded as central to any visit. The hotel had a bathhouse with ten bathing rooms, fashionable Turkish and Russian baths, and a common plunge fed from the Upper Springs through 6,900 feet of pipe.<sup>75</sup> |21

The hotel's construction, however, brought charges of cronyism against the government. MP John Kirk struck to the heart of the national park: "Why should [the government] go into the business of preparing public parks as a resort—for whom? Not for the people of Canada, not for the people who pay the taxes, but for the wealthy people of the cities of the Dominion and the cities of other countries."<sup>76</sup> Some politicians argued that Canada would do better to follow the example of Yellowstone National Park, established by Congress in 1872 and commonly perceived to exemplify public ownership.<sup>77</sup> Perhaps they did not realize, however, that the Secretary of the Interior could lease park land to developers, and in the early 1880s a consortium backed by the Northern Pacific Railway opened a luxury hotel at Mammoth Hot Springs. Other

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<sup>73</sup> Stewart, 9-11.

<sup>74</sup> J.S. Lynch, "Report Made for the CPR on Banff by Dr. J.S. Lynch, Winnipeg, 1887, for William Van Horne, Vice President, CPR," Rocky Mountain Archives [i.e. Whyte Museum Archives], M305, quoted in Bella, 17.

<sup>75</sup> Bart Robinson, *Banff Springs: The Story of a Hotel* (Banff: Summerthought, 1973), 18; and France Gagnon Pratte, *The Banff Springs Hotel: The Castle in the Rockies* (Quebec: Editions Continuite, 1997), 15.

<sup>76</sup> John Kirk, *Debates*, 232

<sup>77</sup> Samuel Barton Burdett, *Debates*, 241.

leaseholders and squatters also operated bathhouses, despite the consortium's official monopoly.<sup>78</sup> Parliament had no real models for a public health park. As with the Order-in-Council, for most Canadians the 1887 Act's emphasis on "the public interest" and Banff's supposed function as "a public park and pleasure ground for the benefit, advantage and enjoyment of the people of Canada" would take the form of financial trickle-down rather than health treatment.<sup>79</sup> As White stated, "the first consideration would seem to be, to secure to the public the utmost benefit which can be derived from the waters without loss to the revenue."<sup>80</sup> Banff was an expensive resort, not a public health service.

A few did imagine that the springs might serve a philanthropic purpose: Mitchell argued that the reserve could "give reputation and character to the public men of Canada, in dealing with the interests of the poorer classes of the community." The public, having paid for the railway, were owed this resort, and the government might even set up a hospital for servicemen, as at Hot Springs. At the same time, however, Mitchell wanted to protect Banff from becoming, as some "southern springs" had, "the resort of a very doubtful class of people." He went on to argue that "these [Banff] springs, which are said to be of very great value for their disease-curing qualities, should be preserved for the use of the sick in such a manner that they can enjoy the greatest amount of comfort, and be surrounded by the greatest respectability."<sup>81</sup> For even the most outwardly principled politicians, the public park would ideally be little more than a nationally owned spa town nestled in a scenic landscape. Elitist attitudes lurked not far below the veneer of

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<sup>78</sup> Speculators in Yellowstone constructed small bathhouses and were serving approximately fifty people when the Hayden expedition arrived in 1871. Although most of these bathhouses failed because of delays in railway construction, Hayden acknowledged that the area could one day become a resort for invalids, and promoters of the park wrote letters and editorials praising the potential of the climate and the curative springs for international tourism. See Sellars, 7-22; and Mark Daniel Barringer, *Selling Yellowstone: Capitalism and the Construction of Nature* (Lawrence, KS: University Press of Kansas, 2002), 28.

<sup>79</sup> "An Act Respecting the Rocky Mountains Park of Canada," 119-20.

<sup>80</sup> White, "Memorandum," 84.

<sup>81</sup> Mitchell, *Debates*, 239 and 195.

Victorian respectability, and good health—at least, as experienced at a resort—remained largely the preserve of the wealthy.

### Reading Banff as a Health Resort

In 1888, Rocky Mountains Park brought in approximately 5800 visitors, many of whom were invalids who came to drink and bathe in the waters. Optimistic comparisons to Bath, Leamington, Baden-Baden, and Hot Springs, Arkansas abounded, based on the chemical composition of the waters, temperature, curative properties, or setting and scenery.<sup>82</sup> Medical journals, newspaper articles, and brochures listed ailments that Banff could relieve, extending from constitutional syphilis and haemorrhoids to gout to neurasthenia and its “allied” conditions. Certain springs were even called “liver” or “kidney” based on the organ they were supposed to treat.<sup>83</sup> As one of Brett’s brochures declared,

[Banff’s] waters have properties that are commended strongly by medical men to patients who have rheumatism, lumbago, dyspepsia, asthma, neuralgia, paralysis, blood poisoning, delirium tremens, nervousness, headache, and pains across the small of the back, eczema, indigestion, liver and kidney complaints, salt rheum, inflammatory rheumatism, la grippe, scrofula, sciatica, catarrh and all other skin diseases.<sup>84</sup>

Patients might also receive active treatments. The Sanitarium, which Brett wished to conduct “along the lines of the

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<sup>82</sup> See, for example, *A Canadian Tour: A Reprint of Letters from the Special Correspondent of “The Times”* (London: George Edward Wright, 1886), 35; “Canada’s Park: The Scenery at Banff in the Canadian Rockies Graphically Described,” unidentified newspaper clipping in Scrapbook; and Canadian Pacific Railway Company [CPR], *The Canadian Rockies* ([Montreal]: Canadian Pacific Railway Co., 1900?), 34.

<sup>83</sup> H.B. Lake, “Thermal Waters of Western Canada” (Winnipeg: 1909), 2. For other conditions the springs were reputed to treat, see J. Murray M’Farlane, “Banff as a Health Resort,” *Canada Lancet*, 23 (1890): 39. For “allied conditions,” see Beard, *Practical*, 7.

<sup>84</sup> Grand View Hotel, *Testimonial Book of the Grand View Hotel at Banff Hot Springs* (Banff: [c. 1900]), 5.

celebrated German Spas,”<sup>85</sup> provided hydropathic spout and needle baths year-round, as well as dietary regimens like those of John Harvey Kellogg’s famous Battle Creek Sanitarium.<sup>86</sup> The Grand View Villa offered “Electric Baths,” as well as the usual steam and massage, and the Grand View Hotel, which later replaced the Villa, also advertised hydrotherapeutic fixtures, including hot and cold “Tub, Plunge and Shower Baths.”<sup>87</sup> Technological innovation was |24  
apparently a sign of medical efficacy, and at least one doctor, perhaps in collusion with the CPR, praised the railway company hotel’s state-of-the-art sewer system and incandescent lights.<sup>88</sup> The company insisted that although the Banff Springs Hotel was “not intended to be a sanitarium, in the usual sense, the needs and comforts of invalids [were] fully provided for.”<sup>89</sup> Banff had become a modern spa town, the health benefits of which the CPR vigorously promoted. In the late 1880s, the railway company even invited the Canadian Medical Association to hold a meeting in Banff. Civilization, in the form of medical expertise, was moving west, or at least passing a highly public and influential stay in the mountains.

Some sources attempted to explain the medical operation of the alkaline sulphur springs, suggesting, for instance, that their gentle capillary stimulation accelerated the natural decay and rebuilding of tissue.<sup>90</sup> At the same time, however, the healing waters were supplemented by, as one article put it, “the tonic air of the region, the change of scene, and the enjoyment of the glorious works of nature.”<sup>91</sup> Banff’s hotels and sanitarium may have been modern, but the crux of the resort’s health benefits for invalids lay in the

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<sup>85</sup> See R.G. Brett, “Prospectus for Investors,” quoted in Bella, 16.

<sup>86</sup> Guy Hinsdale, “Climates and Health Resorts in the Dominion of Canada,” *Transactions of the American Clinical and Climatological Association*, 18 (1902): 175.

<sup>87</sup> Grand View Hotel, cover page. Brett would also embark on a bottling venture in the early twentieth century, clarifying the fact that the springs—and indeed, health—were marketable through the exportation of resources as well as the importation of tourists.

<sup>88</sup> M’Farlane, 37.

<sup>89</sup> CPR, *The Canadian Rockies*, 34.

<sup>90</sup> Mrs. Arthur [Ellen] Spragge, *From Ontario to the Pacific by the C.P.R.* (Toronto: C. Blackett Robinson, 1887), 58.

<sup>91</sup> “Life in the Mountains, [The Globe, 1888?], unidentified newspaper clipping in Scrapbook.

salubrious climate and the environment's capacity to act as an antidote to modernity, or at least to the physical ills of modern urban life. In his 1890 article about Banff in the *Canada Lancet*, Dr. J. Murray M'Farlane emphasized the mountain climate, which expanded both cardiac and pulmonary capacities.<sup>92</sup> The locality was supposed to "afford exemption from hay-fever,"<sup>93</sup> and Brett's materials emphasized consumption and asthma as well;<sup>94</sup> in an age of respiratory concerns, Banff was literally to be, as one CPR brochure declared, the "great breathing place of the nation."<sup>95</sup> Cool, pure air was a healthful contrast to the germ-ridden atmosphere of crowded, hot and humid cities, which were increasingly expanding in western as well as eastern Canada. The 1894 *Report of the Department of the Interior* observed that "a very considerable increase was visible in the number of families who came to the park and rented vacant houses for the summer months to escape the sickness that prevailed in Calgary and other places .... [Such visitors could] give their sick children the benefit of the pure and bracing atmosphere of Banff."<sup>96</sup> The tenets of climatotherapy remained popular, and Stewart diligently gathered meteorological data as quantitative currency for the empirical and statistical cravings of fact-mad Victorians.<sup>97</sup> Science validated environmental health benefits, and park promoters took on the task of publicizing this information. CPR brochures included meteorological tables to sway the rationalized bourgeoisie,<sup>98</sup> who also responded to various breakdowns of the waters' chemical content and reports of its exact temperatures.<sup>99</sup> Brett's advertisements, too, boasted of the grand

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<sup>92</sup> M'Farlane, 37.

<sup>93</sup> Hinsdale, 174.

<sup>94</sup> Banff Sanitarium, "The Great Health Resort," facsimile in Harris and McDougall, between 179 and 180.

<sup>95</sup> CPR, *Banff in the Canadian Rockies and the Glaciers of the Selkirks* ([Montreal]: Canadian Pacific Railway Co., 1899), 2.

<sup>96</sup> George A. Stewart, "Rocky Mountains Park," *ARDI 1894* (Ottawa: 1895), part 4, 5.

<sup>97</sup> George A. Stewart, "Report of Superintendent of Rocky Mountains Park," *ARDI 1888* (Ottawa: 1889), part 6, 9.

<sup>98</sup> CPR, *Banff in the Canadian Rockies*, 5, for example. For a full discussion of Canadian meteorology, see Zeller, *Inventing*, 115-80.

<sup>99</sup> See the Grand View Hotel, cover page; Spragge, 57; and CPR, *The Canadian Rockies*, 34.

scenery, as well as the pure air and “long periods of brilliantly sunny days,”<sup>100</sup> and one newspaper puff stated that Banff had “one of the finest climates in the world—bright, clear, bracing, health giving.”<sup>101</sup> Many brochures, moreover, mentioned Banff’s 4,500-foot elevation, which may relate to altitude therapy.

Wilderness therapy persisted as well, sometimes in its more sedentary forms. What might otherwise have been visual or philosophical experiences of the landscape, for example, were in many instances perceived primarily in terms of pragmatic health benefits. “[A]t Banff Springs,” wrote M’Farlane, “the sublime scenery of the surrounding country, with its wealth of rugged beauty ... potentially assist the recovery of the invalid, who is taking a course of the sulphur waters.”<sup>102</sup> Another article described the environment from the hotel veranda alone: one could “inhale the invigorating mountain breezes, and at the same time feast [one’s] eyes upon the magnificent panorama without fatigue or exertion.”<sup>103</sup> If, for the invalid, Banff was an antidote to modernity’s physical evils, for the “jaded man of business” in search of “rest and change” the park was also an antidote to modernity’s psychological evils: “nerve force” drained in the city could be replenished in the remote and relaxing outdoors.<sup>104</sup> M’Farlane similarly asseverated that visitors could eat heartily, exercise, and sleep well, reflect on the peaceful scenery, and enjoy the clean drinking water, free from “the cares and worries of business, or professional pursuits.”<sup>105</sup> The park cured prestigious ailments. The CPR hotel offered the neurasthenic “perfect rest and quietness,”<sup>106</sup> while the clean air and isolation “seem[ed] to endow the muscles with new strength,” and the “nervous system is braced up as by a powerful tonic.”<sup>107</sup> The environment was medicinal. A

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<sup>100</sup> Banff Sanitarium.

<sup>101</sup> Edith May Nordheimer, “Among the Rockies,” [*The Tribune?*], undated newspaper clipping in Scrapbook.

<sup>102</sup> M’Farlane, 38.

<sup>103</sup> Nordheimer.

<sup>104</sup> Charles T. Ford, *From Coast to Coast: A Farmer’s Ramble through Canada, and the Canadian Pacific Railway System* (Exeter: Bearne Brothers, 1899), 17.

<sup>105</sup> M’Farlane, 36.

<sup>106</sup> Nordheimer.

<sup>107</sup> CPR, *The Canadian Rockies*, 20-21.

Sanitarium advertisement directly stated that “adults suffering from overwork, or too great tension of the brain or body, may ... spend a pleasant and profitable holiday [at the Sanitarium], while regaining their lost physical or mental vigor.”<sup>108</sup> The language leaned heavily toward the masculine, framing even the passive act of resting in active, energetic terms. Indeed, the 1887 park boundaries reserved an impressive 260 square miles, offering scenic jaunts to divert and inspire the health seeker, and new carriage roads to Lake Minnewanka, Bow Falls, and Spray Lake granted “tourists, artists, and sportsmen” access to “the sporting field and principal beauties of the Park.”<sup>109</sup> Clearly, invalids and bathers were not the only visitors; in fact, by the late 1880s spas were declining in popularity. Brett’s two-sided Sanitarium was telling, as was his advertising’s focus on games, entertainment, livery, “romantic rides and drives,” well-stocked rivers and forests, and mountain climbs, boating, and other adventures.<sup>110</sup> The appeal of a Veblenesque consumptive pallor was fading,<sup>111</sup> and medical specialization, the slow pace of balneological treatments, and the growing popularity of germ theory also discouraged spa use. Some invalids still preferred mineral waters to harsh orthodox medicine, and hot springs remained popular for holistic or “last-resort” treatments, as well as general pleasure, but the national park could only be sustained if its offerings stretched beyond the springs to a more active model of environmental healthfulness. Recreation therapy complemented or even superseded more specific curatives or palliation.

The new park also took advantage of a shifting definition of American (or North American) masculinity. By the end of the nineteenth century, as historian Tom Lutz has noted, men were no longer expected to enjoy poor health; the feminized neurasthenic man, once a symbol of the United States’ development and civility, had fallen out of fashion. A new “entrepreneurial and militarist

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<sup>108</sup> Banff Sanitarium.

<sup>109</sup> Stewart, “Report,” *ARDI 1887*, 8.

<sup>110</sup> Banff Sanitarium.

<sup>111</sup> See Earl Pomeroy, *In Search of the Golden West: The Tourist in Western America* (New York: Knopf, 1957), 119.

ethos” arose as America found success in business, industry, and imperialism. “The civilized man,” Lutz explains, “was being replaced as a middle-class hero by the civilizing man.”<sup>112</sup> In Banff, this shift is subtly evident in the fact that the town’s 1887 newspaper was called the *Hot Springs Record*, while by 1900 it had been replaced by the more adventurous-sounding *Crag and Canyon*. The civilizing man increasingly commanded the park’s physical challenges, and even as early as 1887 Macdonald extolled to Parliament the virtues of Banff’s “prairie sport” and “mountain sport,” alongside the more passive scenery, curative waters, and “genial climate.” The park, the government and local enterprises knew, could not prosper without diverse offerings.<sup>113</sup> The Sanitarium offered outdoor games, rides, drives, fishing, hunting, climbing, and boating,<sup>114</sup> and one CPR booklet of the late 1880s even claimed that “Banff [was] chiefly a resort of tourists and pleasure seekers,” rather than invalids.<sup>115</sup> What Sid Marty terms the “tourist explorer of the ’90s” was crucial to Banff’s solvency during that decade’s recession, and the needs of sportsmen and other recreationalists were a going concern for the Department of the Interior, which sought to improve access to climbing guides, riding trails, boating, fishing, and even golf.<sup>116</sup> Although hunting within the park was formally banned in 1890, Banff was the headquarters for sportsmen and the breeding ground for the animals they pursued just beyond the boundaries.<sup>117</sup> A conservation, not preservation, movement supported the energizing and healthful pursuits of hunters, and advertising emphasized recreation. Banff was “[a] public pleasure ground without an equal,” where “[s]treams have been bridged, roads laid out and trails cut, penetrating for miles into the solitudes, so that in several directions the visitors may drive, ride or wander afoot inhaling the health-

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<sup>112</sup> Lutz, *American*, 35.

<sup>113</sup> Macdonald, *Debates*, 233. White expressed the importance of diversity as well (*Debates*, 194).

<sup>114</sup> Banff Sanitarium.

<sup>115</sup> CPR, *Banff and the Lakes in the Clouds* ([Montreal]: Canadian Pacific Railway Co., 1888?), 6.

<sup>116</sup> Marty, 79.

<sup>117</sup> See Stewart, “Report,” *ARDI 1887*, 10; and W.F. Whitcher, “Report,” *ARDI 1886*, part 1, 86-93.

giving mountain air, or seeking the most favourable spots for pencil, kodak, rod or gun.”<sup>118</sup>

Banff’s two identities—“natural watering place and pleasure resort”—both promised visitors an infusion of healthfulness;<sup>119</sup> “pleasure resort,” especially, carried connotations of psychological salubrity. Neurasthenia’s star was fading, but it was hardly extinguished, and mental fatigue still needed to be cured, whether by relaxation or by outdoor pursuit. Banff could provide “peace of body and mind”;<sup>120</sup> it was “one of the most delightful retreats in the world for the jaded and the tired, the feeble and the invalid, the discontented and the ennuyed, as well as for the strong and healthy admirer of the beauty of nature.”<sup>121</sup> Women, increasingly active in urban life in the late nineteenth century, were encouraged to take part in the outdoor adventure as well. Advertisements aimed at overworked urbanites of both sexes:

New surroundings, novel expectations, agreeable climate, and high altitude give an exhilarance to life and a buoyancy and a zest for enjoyment that is a tonic to the work weary, far beyond the skill of the apothecary. Nature is a wonderful physician, and her cures are many in this wonderful playground, for not only are the mountains a splendid place for the sick and the sad, but the well also find renewed energy and a fresh inspiration that adds so much to the enjoyment of life.<sup>122</sup>

While the hot springs were scientific, Banff’s recreational health appeal was more popular, marketed through good feelings rather than exact analysis. At the same time, historian Carl Berger argues that “an emphasis on the usefulness of pleasure itself” indicates “the immensely practical spirit of colonial culture”: if “work

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<sup>118</sup> CPR, *Banff and the Lakes in the Clouds*, 5.

<sup>119</sup> Advertisement, *Crag and Canyon* (1900?), quoted in Lothian, 25.

<sup>120</sup> M’Farlane, 39.

<sup>121</sup> “Life in the Mountains.”

<sup>122</sup> CPR, *Resorts in the Canadian Rockies* ([Montreal]: Canadian Pacific Railway Co., [1912?]), 4-5.

was regarded as a moral discipline, and idleness was equated with sloth and hence guilt, recreation could not mean unprofitable relaxation.”<sup>123</sup> By framing the resort experience in terms of useful physical and mental powers gained, the park’s managers reinforced its moral rectitude. Rest and recreation were acceptable with the proper attitude. A visit to Banff would heal the sick and energize the well, and hunting trophies and souvenir photographs would help the worker recall his brief respite as he fell back into the ruts of industrial existence. Nature, ironically, fitted man for civilized life. |30

It was no great leap to extend this psychological healing to personal morality and spirituality. In 1901, American conservationist John Muir expressed how nature could psychologically heal “thousands of tired, nerve-shaken, over-civilized people.” “Briskly venturing and roaming,” he wrote, “some are washing off sins and cobweb cares of the devil’s spinning.”<sup>124</sup> The references to vice and sin explicitly evoke nature’s ability to heal morally. Civilization may have been crucial to a nation’s progress, but the park also counterbalanced the corruption of modern urban life, and many descriptions of Banff combine nature, health, and a religious or spiritual impulse. In one model, derived from transcendentalist and romantic philosophies, contact with wild and beautiful nature could be morally inspiring, as well as physically healing. Awesome scenery was an especially potent reminder of the Creator’s power. One article about Banff, for instance, quoted Rev. H.M. Field: “[o]ne must be dull and insensible who does not feel stirring within him some sentiment akin to worship as he looks up to these lofty pinnacles and towers.”<sup>125</sup> Such uplifting spiritual experiences could, in turn, improve mental and bodily health. Neurasthenia, for instance, was sometimes linked to a religious crisis or a sick soul, and Mitchell’s cures relied not only on physical changes in the environment, but also on changes to the patient’s

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<sup>123</sup> Berger, 48.

<sup>124</sup> John Muir, *Our National Parks* (Boston: Houghton Mifflin, 1901), 1-2.

<sup>125</sup> “Wonders of the Queen’s Dominion.”

“moral atmosphere.”<sup>126</sup> Mitchell also proposed that women take up “close observation of nature”; in the contemporary context, this might involve the study of natural history, which drew attention to the harmony and beneficence of God’s work in contrast to society’s conflict and maliciousness.<sup>127</sup> Berger adds that natural history also satisfied the diligent and industrious Evangelical character, and, like outdoor recreation, the practice could sharpen “those intellectual | 31 traits that were so necessary for success in business.”<sup>128</sup> Banff could produce healthier, more efficient Christians, especially after its natural history museum opened in 1895. Indeed, Lord Lister, physician extraordinary to the Queen, praised the quality of the museum on his visit.<sup>129</sup> Mineral springs, too, were associated with spiritual as well as physical healing. Valenčius has argued that the Arkansas hot springs could provide spiritual solace and were read as a demonstration of “God’s beneficent and appropriate provision.”<sup>130</sup> In Banff, a Grand View Hotel promotional booklet referred to the ancient powers of the water for Aboriginal healers and extended this mysticism to a more orthodox contemporary experience: “It is a holy sight to see men advanced in years raising their hands in heart felt prayer and thanking their creator for deliverance from the pangs of disease.”<sup>131</sup> Chemical analysis was insufficient explanation for the action of the springs. The established Victorian connection between physical and moral cleanliness ran deep in Banff, where, not unlike at healing shrines such as Lourdes, corporeal and spiritual health were inseparable. One writer enthused that the natural powers of the scenery and the hot springs conspired to make Banff a “Canadian Bethesda,” a reference to the healing Pool of Bethesda in

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<sup>126</sup> S. Weir Mitchell, *Fat and Blood: An Essay on the Treatment of Certain Forms of Neurasthenia and Hysteria*, 8<sup>th</sup> ed. (Philadelphia: Lippincott, 1911), 46. See also Lutz for the spiritual and religious aspects of neurasthenia. This experience of nature may also be linked to modes of healing such as the mind-cure.

<sup>127</sup> S. Weir Mitchell, *Doctor and Patient*, 164. See also Zeller, “Botany,” in *Inventing*, 183-268; and Zeller, *Land of Promise, Promised Land: The Culture of Victorian Science in Canada* (Ottawa: Canadian Historical Association, 1996).

<sup>128</sup> Berger, 48-9.

<sup>129</sup> CPR, *Banff in the Canadian Rockies*, 4.

<sup>130</sup> Valenčius, *Health of the Country*, 156.

<sup>131</sup> S.R. Reid, “The Grand View,” in Grand View Hotel, *Testimonial*, 7.

Jerusalem.<sup>132</sup> Environment, spirituality, and health were intimately linked.

Nature apparently cured and civilized man, but the wild could not; for Europeans especially, its imposing rawness was too threatening. Descriptions reduced the landscape to psychologically manageable dimensions and kept visitors safely separated from any savagery. The train ride itself obviated the harsh bumps of the landscape and reduced the scenery to window pictures, while a British medical journal described a “pleasant winding road through the woods” as though Banff were the tame and picturesque English countryside.<sup>133</sup> A healing environment might offer opportunities for activity and even the stimulation of a sublime view, but it should not be truly intimidating. Bridges, hotels, and railroad tracks also featured in many articles and photos as part of the scenery’s attraction, especially as they opened the mountains and secured the landscape comfortably within Canadian dominion.<sup>134</sup> Banff’s charms were enhanced by “the work of the engineer and the landscape gardener,” while its reserved status prevented the kind of development that compromised Denver, for example.<sup>135</sup> Banff could remain an antidote to the evils of modern life, including the “madding crowd and its ignoble strife,” but the resort was not *anti-modern*: neither the government nor the CPR made any attempt to hide the management of the wild and the medical technology that made Banff a health destination.<sup>136</sup> As one railway brochure proclaimed, “science has availed itself of nature’s gifts to create out of the wilderness a mountain park.” Just as nature could soften the ills attendant to industrial life, the sophistication inherent in a health resort, in particular, tamed the wild. The CPR hotel, the brochure further boasted, “though situated in the wildest part of the continent,

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<sup>132</sup> Spragge, 51.

<sup>133</sup> “Banff, in the Canadian Rocky Mountains Park,” *British Medical Journal* 2 (13 November 1897): 1438.

<sup>134</sup> See, for example, *Canada’s Scenic Grandeur*, 2nd ed. (Toronto: W.G. MacFarlane, 190?). See also Nordheimer, who noted that the region was now, “through man’s ingenuity, opened up to wondering humanity, and the magnificent trip through this great heritage of ours is one of the finest in the world”.

<sup>135</sup> “Life in the Mountains”; Edwards, 183.

<sup>136</sup> CPR, *The Canadian Rockies*, 7.

is in its appointments and luxurious accessories as if in the heart of eastern civilization,” bringing the “luxury of the city” to the mountains.<sup>137</sup> M’Farlane too, rhapsodised that the hotel’s food was equally “pleasing to the vitiated palate of the gourmand, and the fastidious stomach of the valetudinarian,” and he mused that “Nothing makes a prettier sight than is presented by a view of Banff just about dusk in the evening. The myriad electric lights of the C.P.R. Hotel, twinkl[e] through the slender greenish-brown pines ....”<sup>138</sup> Aside from crickets and fish, there is no mention of wildlife.

Thus, while Banff was still celebrated for its healing wilds,<sup>139</sup> it also symbolized and reinforced man’s civilizing powers and his ability to use nature for very human purposes, including curing the industrial work-weary. A civilized nation could remedy the problems attendant to this civilization. In the nation’s east, movements toward sanitation and fresh air were increasingly shared by all, but in the west they remained for the privileged few. The Deputy Minister of the Interior was delighted with the number of visitors of the “tourist class” from countries like Great Britain,<sup>140</sup> and even the relatively inexpensive Grand View Hotel claimed to cater to the “refined” sort, where high-calibre invalids would save one another from ennui, although the large majority were Canadian.<sup>141</sup> The park was realizing Macdonald’s original declaration: the spot combined attractions of “pecuniary advantage to the Dominion,” as well as the prestige of attracting international visitors.<sup>142</sup> Vagrants were expelled from the town, and swanning visitors might delight in spotting celebrities at the springs.<sup>143</sup> Even M’Farlane praised “the social benefits of the palatial hotels,” while a CPR brochure enthused that “to say at parting with an acquaintance in the east, ‘We’ll meet again at Banff,’ is likely to become one of those addenda to ‘good-bye,’ that indicate

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<sup>137</sup> CPR, *Banff and the Lakes in the Clouds*, 5-6.

<sup>138</sup> M’Farlane, 37.

<sup>139</sup> See, for instance, “Wonders of the Queen’s Dominion,” which declared that both Banff and Yellowstone “are almost in the same condition as Nature and the Savage with his forest fires left them.”

<sup>140</sup> Burgess, “Report,” *ARDI 1888*, xxiii.

<sup>141</sup> Reid, 8.

<sup>142</sup> Macdonald, *Debates*, 233.

<sup>143</sup> See “Life in the Mountains.”

the more fastidious class of that ever increasing multitude, the travelling public.”<sup>144</sup> Civilization may have been, as Mitman eloquently puts it, “the fin-de-siècle’s emerging disease,”<sup>145</sup> but the example of Banff indicates that this disease—and its social attendants—also motivated a specific development of the western landscape. Banff meant international prestige and confirmed Canadian civility, as the young Dominion now had its own first-class resort. Like that of the spas preceding it in Europe and America, Banff’s health appeal was strongly linked with society and conspicuous consumption. The country exhibited energy in nature and maturity in its capacity to heal itself and flatter the wealthy through its medical geographical qualities. |34

National parks reflect the priorities of their time. Although the springs were initially central to the park, the decline of spa culture shifted the emphasis to recreation, and the 1902 expansion to over 4,000 square miles signalled Banff’s growing association with the budding conservationist movement. The region became less an island of civilization in wildness than a mythical place of wilderness in civilization. Banff and its surroundings continued, however, to provide a novel and healthful escape from daily urban life. James B. Harkin, for instance, who began his quarter-century as commissioner of the Dominion Parks Branch in 1911, promoted the park’s potential to help servicemen and weary men of business. He himself may also have travelled to Banff for his health.<sup>146</sup> Other concerns would wrest their way to the forefront in the twentieth century, but Canada’s national park system owes its start to the health culture of the nineteenth, and the untangling of environmental and medical histories’ influences is an unfolding project. Rocky Mountains Park’s physical, psychological, and moral health benefits, framed in and consumed through resorts, could fill the nation’s coffers, civilize the wild, and draw global recognition. The lens of medical history blurs the lines between nature and

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<sup>144</sup> M’Farlane, 37; CPR, *Banff and the Lakes in the Clouds*, 6.

<sup>145</sup> Mitman, “In Search of Health,” 195.

<sup>146</sup> Alan MacEachern, *Natural Selections: National Parks in Atlantic Canada, 1935-1970* (Montreal and Kingston: McGill-Queen’s University Press, 2001), 27.

culture, and presents another factor in the rich history of Canadian politics, expansion, and environment.