

What Open-Air Treatment Accomplishes in Colorado

BY B. P. ANDERSON, M. D.



COMPLYING with your request for an article upon the "Success of the Open Air Treatment for Pulmonary Tuberculosis in Colorado," I am confronted at the outset with an inability to strictly confine myself to the title of the article. Statistics bearing upon the subject are not obtainable; neither do I find that any authoritative notes or tables on the "success of the open air treatment" have been taken or kept by any majority of physicians or by any individual or individuals. However, the subject during the past few years has been pretty thoroughly threshed out, and both professional and lay opinion are agreed as to the importance and success of the open air treatment, or rather life in the open air. Such a mode of living, followed by strict adherence, offers by far the greater chance for recovery, and it is the very best remedy known at present to the medical profession.

The subject of open air treatment, however, is not a new or modern one. Its recent advocacy, and the many articles published during the last few years, would very naturally lead one to believe that an entirely new discovery had been made and a few recent advocates were the discoverers. The truth is, this as well as many other modern theories only illustrates the old saying, "There is nothing new under the sun." From the earliest days of history, even from the date of Man and the Garden, open air has been intelligently recognized, not only as necessary to man's existence, and as a means for the support of life, but also as the means, properly applied, for the perpetuation of perfect health. A glance into ancient history will convince one of the splendid health and physique of the human inhabitants of the earth, whose nomadic habits kept them constantly in the open air. Coming down to more modern times, the Civil war demonstrated in a practical way the great benefit and advantage of the open air life for the feeble body, and in many cases for the predisposed tuberculosis subject. Many such cases came under my observation, and I dare say there are many Civil war soldiers who can recall, among their acquaintances and comrades, such cases as entered the army comparative invalids, who not only survived, but were restored to perfect and robust health by the open air life. The results in such cases could not possibly be due to other causes.

Thirty-five years ago, when first coming to this country, everyone then resident in the territory, and those coming for health, looked upon living in the open as a matter of course. I believe it is a historical fact that attention was first called to this climate and its curative power by a party of invalids halting, I am told, from Baltimore. They started some time in the year 1863, with the intention of crossing the plains and eventually settling in California. The open air life in Colorado worked such curative wonders that many of the party were practically cured before reaching Denver. From this beginning and result, the fame of Colorado climate spread until this region was for a time a very Mecca for those so afflicted.

Great tribes of Indians were then largely in the majority as inhabitants of this country, and, as all know, lived the year round in the open air. I do not recall ever having heard at that time or since of an Indian being afflicted with

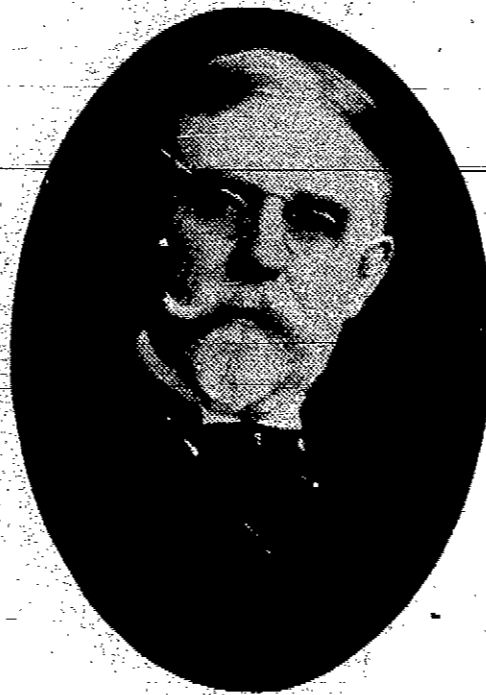
ering, was all that was asked for or needed. There were at that time no advocates in favor of, or dwellers in, the wall tent, with its hot stove, its four sides and roof closed, or such other tents as are advocated today as offering the proper means for obtaining the open air, when, in truth, the occupants of such tents obtain barely as much of the open air as is admitted to a room with open windows. In my judgment, the success of the open air can only be gained by a literal interpretation of the name. Live absolutely in the open, day and night. Sleep in a tent with three sides open, and the closed side only used as a shield from violent winds, and of course the side closed in the direction from which the wind prevails at the time. A sleeping porch would be better than a tent, if built without canopy or roof, and with canvas screens to be used in case of wind storms, the screen to be placed against the direction of the wind. This would be living out of doors, and I am sure the results would be infinitely more satisfactory.

The selection of the proper climate and the proper air for obtaining salutary results is of the greatest importance. The modern teaching of "home treatment" in the open air, "no matter what the climate," is to be deprecated, and can only prove disastrous to the consumptive invalid. In a recent number of a leading medical journal I find the following editorial sentence, treating of the care of the tuberculosis invalid:

"The health-giving properties of the climate in several regions of the west are so marvelous that the temptation to hurry the sufferer as rapidly as possible from his humid and otherwise unsuitable surroundings to the dry air and sunny weather of the states of Colorado, Arizona or New Mexico—" etc., and yet with "humid and otherwise unsuitable surroundings," physicians are advocating the "home treatment" in exactly such cases. This "home treatment" includes the stuffing process. Good wholesome food in such quantity as a healthful digestion can appropriate is as important as plenty of fresh air, but the insistence upon quantities of food for stomachs having probably been ruined by the administration of nauseous drugs such as creosote, maltine, cod liver oil, etc., chiefly used as a part of the so-called "home treatment," is upon a par with our Hebrew brother stuffing his goose for the rich fat liver. Not pleasant for the goose; not always so pleasant for the Hebrew.

Advocating the open air in cities, no matter what section of the city—the slums answer just as well, say these home treatment advocates—is just as reasonable and appealing to common sense as advising the patient to cast his tent in a Missouri river swamp.

As to the success of the open air treatment in Colorado, and in the absence of statistics, I can only say in concluding this article that the early growth and development of this city and of the state was brought about by those who were first attracted by the climate. The "health seekers" who recovered health remained to become permanent inhabitants of the country. A large number of the old-timers induced to come here by impaired health are still living examples of the open air life. These people were those who spent their days and nights in the open; their days picnicking on the plains or in the mountains,



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Great tribes of Indians were then largely in the majority as inhabitants of this country, and, as all know, lived the year round in the open air. I do not recall ever having heard, at that time or since, of an Indian being afflicted with consumption or of one dying from it. It is also a matter of record that the slaves of the south were rarely afflicted with tubercular diseases. These people led an open air life. Their cabins and sleeping rooms were open and well ventilated, admitting at all seasons a maximum of fresh air. Their freedom from tuberculosis must be attributed to the open air life, and not to any racial resistance against the disease, since emancipation and life in the cities and confinement to indoors and badly ventilated and close rooms abundantly proves that they are not immune, but as susceptible to the disease as the whites under the same conditions and mode of living.

In the early days of the settlement of this region life in the open air was followed much more zealously and literally than at present, and yet to listen to the recent advocates of the open air treatment, one would suppose that an entirely new discovery had been made. To such an extent has the claim of the modern discoverer been advanced and emphasized that the layman all but realizes that a new fad is upon him, and perhaps wonders if this, like the history of all fads, will not soon drop out of view, only to be replaced by the ever recurring new.

Open air treatment, however, is not a fad, and can never become such. The only question is its systematic and rational administration, and, above all, the quality and composition of the air to be used. Upon this selection and use, in my judgment, depends the success. This can be demonstrated and proved by statistics which later of course will be gathered and attested by the medical profession most actively engaged in treating tubercular disease. The advantage of open air life cannot be too strongly advocated or encouraged, but at present there are antag-

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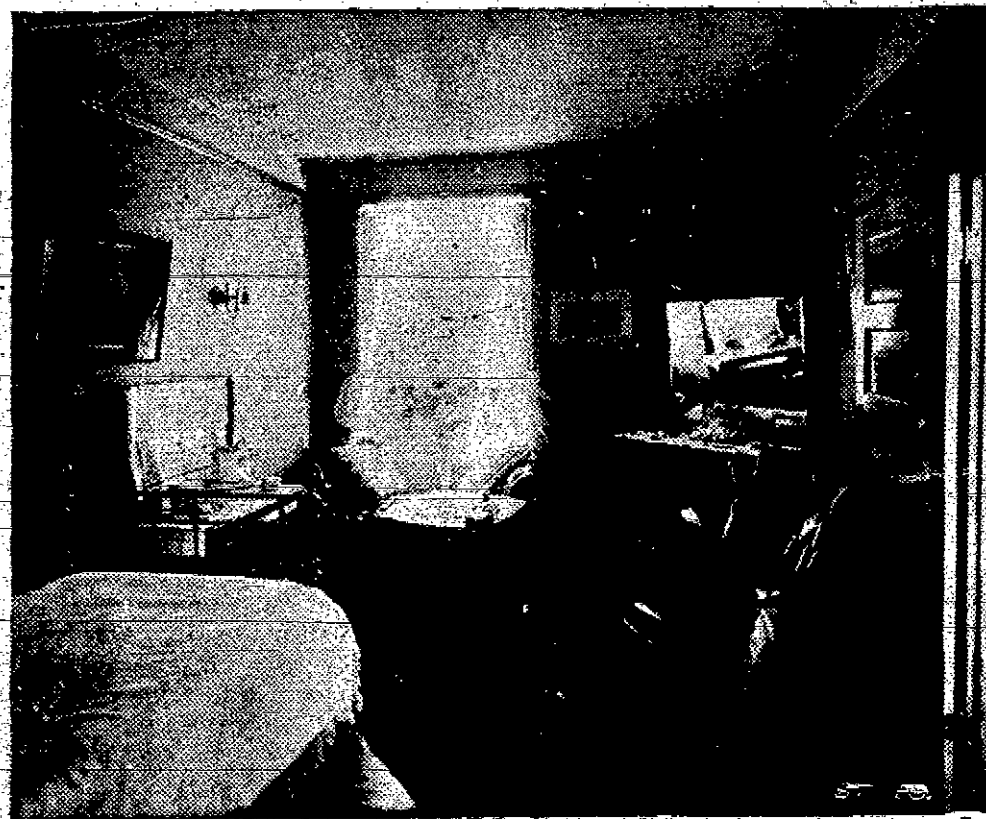
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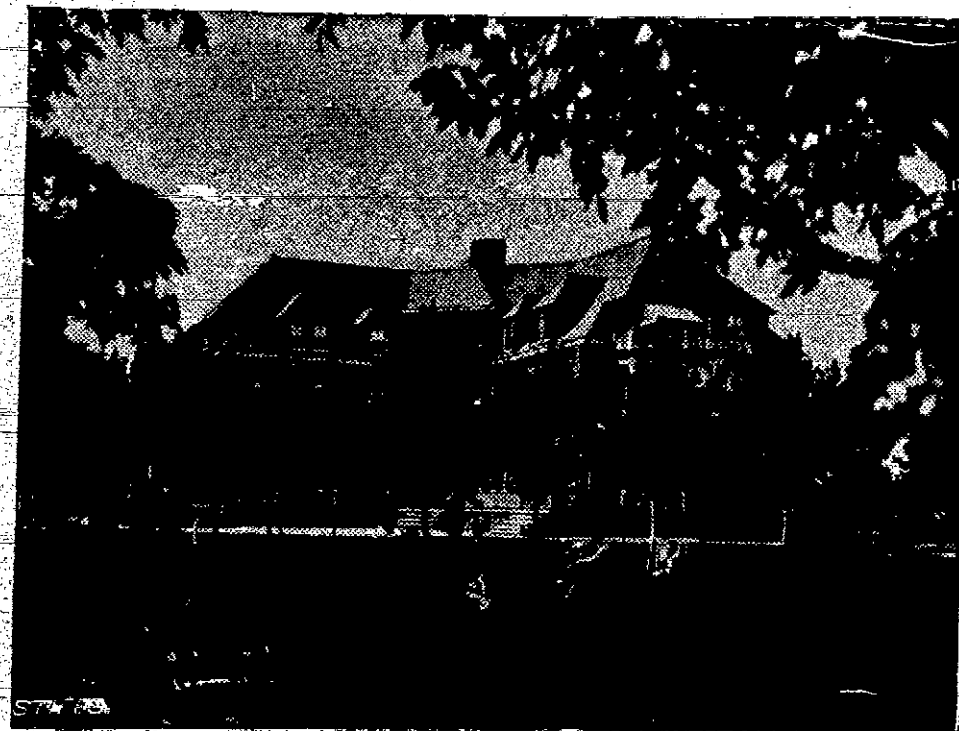
It is not intended to convey the idea that these latter cases will receive benefit by the open air treatment here or elsewhere. Such cases should remain at home, and the doctor who advises such to leave home, to meet certain death among strangers, should by law be criminally prosecuted. The large number of cured inhabitants of this city and vicinity alone is sufficient to plead the "success of the open air treatment of the tuberculosis invalid in Colorado."

The average invalid comes fully armed and imbued with the one idea to get as much air as possible. In truth to "get his money's worth." This patients must do in as short a time as possible. They have come to live out of doors and the number and depth of inspirations are commensurate with their early recovery. They are following instructions. The family physician may or may not give them a pocketful of prescriptions but in any event rarely fails to impress upon them the importance of exercise; "rough it," "live out of doors," "ride horse back," "climb the mountains." In truth, do everything but keep quiet. Again the average patient does not consider that he or she makes the change of climate for health instead of pleasure. Often new comers devote themselves to the social phase of life, which is almost or quite as detrimental as lack of moderation in exercise.—Dr. B. P. Anderson.

onistic views as to the proper method to be pursued, and also as to what is meant by open air living. Many advise and imagine that if one window is open at night in an all day heated and closed room, this is sleeping in the open. As previously stated in this paper, thirty-five years ago open air living in this climate was followed much more strictly and conscientiously, if the word may be allowed, than at the present time. Invalids lived and slept out of doors the year round, frequently upon the bare ground, or when camping in the parks in the mountains or adjacent foothills, a fir or spruce bough mattress, built upon the ground, made a most excellent bed, and with blankets and the blue sky for a cov-



ONE OF THE ROOMS AT THE GLOCKNER.



THE GLOCKNER HOME.