Hay Fever Holiday: Health, Leisure, and Place in Gilded-Age America

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SUMMARY: By the 1880s hay fever (also called June Cold, Rose Cold, hay asthma, hay cold, or autumnal catarrh) had become the pride of America’s leisure class. In mid-August each year, thousands of sufferers fled to the White Mountains of New Hampshire, to the Adirondacks in upper New York State, to the shores of the Great Lakes, or to the Colorado plateau, hoping to escape the dreaded seasonal symptoms of watery eyes, flowing nose, sneezing fits, and attacks of asthma, which many regarded as the price of urban wealth and education. Through a focus on the White Mountains as America’s most fashionable hay fever resort in the late nineteenth century, this essay explores the embodied local geography of hay fever as a disease. The sufferers found in the White Mountains physical relief, but also a place whose history affirmed their social identity and shaped their relationship to the natural environment. And, they, in turn, became active agents in shaping the geography of place: in the very material relationships of daily life, in the social contours of the region, and in the symbolic space that nature inhabited. In the consumption of nature for health and pleasure, this article suggests, lies an important, yet relatively unexplored, source for understanding changing perceptions of environment and place and the impact of health on the local and regional transformation of the North American landscape.

KEYWORDS: climatotherapy, hay fever, leisure, nature conservation, tourism, wilderness, place

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“None others than sufferers are competent witnesses,” wrote the Boston physician Morrill Wyman in his 1872 treatise *Autumnal Catarrh*, “and these for only about one month in the year; none others are catarrhoscopic.” E. F. Atkins was one such catarrhoscope whose journey in search of health offered Wyman insight into the geography of a disease. Atkins left Boston on 13 August 1869 for Sacramento, four months after the opening of the transcontinental railroad linked the eastern and western shores of the United States. Traveling west, he hoped to avoid the sneezing, itching, watery eyes, and profuse discharges from the nose that marked the annual recurrence of his catarrh. “Went to New York well,” he wrote,

riding in a railway “sleeping car”; on awaking the following morning, perceived a little cold in the head and throat, which ceased on reaching Pittsburgh. The following morning, on awaking in the western part of Indiana, felt a slight catarrhal affection, which continued during passage through Iowa, but on arrival at Omaha (960 feet) was quite well.²

He journeyed across “the uncultivated prairies of Nebraska to Cheyenne, in Wyoming Territory,” without symptoms, but found his “eye irritated” on a “hot and dusty road” taken from “Denver (5,200 feet) to Cheyenne (5,800) feet.”³ Upon arriving in Sacramento, Atkins visited the Yosemite Valley, before returning home by the Pacific road. He was healthy until “reaching the Mississippi River on the 22nd of September”; then “unmistakable symptoms of [his] Autumnal Catarrh appeared.”⁴ Through the observations of this very sensitive catarrhoscope and others like him, Wyman mapped the topographic extent of an illness that by the late nineteenth century had come to be regarded as “the price of wealth and culture, a part of the penalty of fine organization and indoor life.”⁵

By the 1880s hay fever—also known to its sufferers as June Cold, Rose Cold, hay asthma, hay cold, or autumnal catarrh—had become the pride of America’s leisure class and the base of a substantial tourist economy

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2. Ibid., p. 57.
3. Ibid.
4. Ibid.
that catered to a culture of escape. In mid-August, thousands of hay fever sufferers each year fled to the White Mountains of New Hampshire, to the Adirondacks in upper New York State, to the shores of the Great Lakes, or to the Colorado plateau. Seeking refuge from the watery eyes, flowing nose, sneezing fits, and attacks of asthma that developed with the “regularity of a previously calculated eclipse,” these “accomplished tourists” also sought refuge from the “desk, the pulpit, and the counting room” of the city. In urban spaces a nervous predisposition, which many physicians deemed a necessary precondition for the development of the ailment, prevailed. Hay fever, in the popular opinion of physician George Beard, was a functional nervous disease that bore a close relation to the much-celebrated American malady of the late nineteenth century: neurasthenia. In American Nervousness, published in 1881, Beard pointed to modern civilization, and particularly American civilization, as the source of nervous exhaustion, which included among its many symptoms sensitivity to climatic change and “special idiosyncrasies in regard to food, medicines, and external irritants.” An extremely sensitive nervous system, coupled with the depressing influences of heat, Beard believed, made a particular class of individuals susceptible during the dog days of summer to a host of external irritants that ranged from dust, to sunlight, to plant pollens. In the absence of effective drugs, removing oneself from the cause to an exempt place became the preferred remedy among the country’s afflicted bourgeoisie.

As catarrhoscopes, hay fever sufferers became attuned to aspects of both the built and the natural environment that evaded the senses of humans not so affected. Their bodies were self-registering instruments—accurate barometers and seasonal calendars—likened to “a torsion balance which registers meteorological variations so delicate to twist a glass

8. Beard, Hay-Fever (n. 5), p. 82.
Atkins’s transcontinental journey is itself a remarkable chronicle of railroads and dust, soil types and vegetation, altitude and temperature—prominent features of little interest to the average tourist, who was thoroughly familiar with the land along the forty-first parallel from Omaha to Sacramento through the writings and pictures of literary travelers, artists, journalists, and photographers. Atkins’s travel narrative is just one of hundreds written by hay fever sufferers, accounts profoundly shaped by their authors’ knowledge of environment and place experienced through chronic illness. From preferred travel routes to choice of summer refuge, their relationship to place was embodied in the immediate realities of everyday life. While the material conditions of illness powerfully shaped relationships to environment and place, so too did the social position and regional identity of hay fever sufferers, as well as the meanings of nature that they embraced. Each of these—the material, the social, and the symbolic—became integral to the defining characteristics of hay fever resorts and the experience of hay fever as a disease.11

Issues of environment and health have long been of interest to environmental historians. A flourishing body of literature in urban environmental history has greatly expanded the historical scope of American environmentalism by elucidating the struggles of citizens and scientists to combat environmental hazards of the city and the workplace, and by demonstrating the integral role that health issues have played in the history of environmental and social justice.12 On the larger world stage,


environmental historians have used methods derived from medical geography and epidemiology to explain historical patterns of human settlement and conquest through the spread of infectious diseases. In world environmental history, microbes become biological agents of empire.13

In this essay, I take a slightly different approach to the history of environment and health, one focused not on nature’s transcendent agency, but on heterogeneity and place. The recent shift within medical geography and environmental history to more place-centered approaches that give attention to the embodied local geographies of health and disease offers an important point of convergence between environmental history and the cultural and social history of medicine in America.14 Space, no longer a container occupied by disease, becomes an active agent in shaping illness. Place is not simply a location, but a landscape that is produced and acquires meaning through social interaction. From this perspective, the relationship between environment and health acquires historical meaning through an analysis of the material conditions, cultural values, and social relations that have given form and substance to the everyday life experience of the chronically ill.

Through a focus on the White Mountains as America’s most popular hay fever resort in the Gilded Age, this essay explores the embodied local geography of hay fever as a disease. My purpose is twofold. First, in writing a history of illness that takes place as its starting point, I want to investigate the ways in which hay fever as a disease incorporated and became an integral part of the place history and identity of a particular region. My article thus builds upon recent historical scholarship on consumption, malaria, and other nineteenth-century diseases, exploring the ways in which perceptions of environment and place were mapped onto particular illness narratives. The place history of the White Moun-

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tains as a tourist attraction, integral to the self-promotion and defining characteristics of hay fever resorts, also played an important part in the sufferer’s experience and the definition of hay fever as a disease. Second, issues of health have been important not only to the environmental history of the city, but also to that of forests, fields, and streams. As this essay demonstrates, chronic illness has shaped relationships to place that, in the case of the White Mountains, have had a long-lasting impact on regional development, land use, and social change.

A Disease of Leisure

Hay fever first became medically prominent, not in America, but in Great Britain. In 1819, Dr. John Bostock delivered a paper to the London Medico-Chirurgical Society, describing his own condition of a catarrhal inflammation of the eyes and chest that appeared regularly each year during the early summer season. Twenty-eight additional cases and nine more miserable summers later, Bostock in 1828 named the disease “Catarrhus Aestivus” or “Summer Catarrh.” Other physicians began to report on a condition known among the lay public as “hay fever” or “hay asthma,” allegedly because the symptoms appeared most noticeably in England during the hay-making season.


The regular seasonality of symptoms afforded hay asthma sufferers the opportunity to observe and corroborate repeatedly the environmental conditions that most aggravated their attacks. By the mid-nineteenth century, a list of exciting causes included heat, light, dust, and pollen, among others. Sensitivity to place also featured prominently in patient accounts. Bostock was among many sufferers who found relief along Britain’s coast, where health and leisure had been prominent features in the place promotion of seaside resorts like Ramsgate since the eighteenth century.

While the inner city of a large town provided a space relatively free from the aggravating effects of pollen, the increase of wealth and luxury, which afforded more people the means to travel or to summer in the countryside, increasingly exposed this urban elite to a less idyllic side of country life. In fact, the particular geographic and chorographic relations of hay fever and its abatement mapped closely onto the places and times of residence and leisure afforded by Britain’s upper classes. The Manchester physician Charles H. Blackley observed in his seminal 1873 treatise, *Experimental Research on Hay Fever*, that among his hay fever patients, the overwhelming majority were clergy and doctors by profession. Many physicians shared Blackley’s opinion that hay fever was an “aristocratic disease”: if it was not “almost wholly confined to the upper classes of society, it was rarely, if ever, met with but among the educated”; rarely did it seem to afflict the rural working class. According to Blackley, two factors could explain why farmers rarely seemed to be afflicted with the disease: either it was due to “the absence of the predisposition which mental culture generates; or . . . there [was] the possibility of a patient being rendered insusceptible to the action of pollen by continued exposure to its influence.” Blackley speculated that the geographic and class differentiation observed among hay fever patients gave a clue to this increased prevalence of the disease among urban professionals. The differentiation between town and country had removed larger numbers of people from the action of pollen to which agricultural laborers were continually exposed. At the same time, the influx of the rural population


19. Ibid., p. 160.
into the cities, where greater educational opportunities, wealth, and luxury prevailed, created circumstances “favorable to the development of the pre-disposition to hay-fever.” Blackley speculated, “as population increases and as civilization and education advance, the disorder will become more common.”

In the United States, too, the increasing spatial differentiation—both physical and social—between urban and rural life created conditions in which hay fever flourished. Morrell Mackenzie, a physician at the London Hospital, may have prided himself that the “national proclivity to hay fever” in Britain offered “proof of our superiority to other races”—but, by the 1870s, physicians and sufferers in the United States were making similar claims. Hay fever, William Hard boasted, had become an “American speciality . . . the English compete with us no longer.” “In no other country are summer resorts built up on Hay Fever patronage,” remarked this adept hay fever patient:

In no other country is the Hay Fever travel toward certain regions so thick that railways serving those regions might well enter Hay Fever with the Interstate Commerce Commission as the basis for part of their capitalization. In no other country does Hay Fever give so much employment or cause so much prosperity. It has come to deserve to be a plank in the national platform of the Republican party.

Like many hay fever sufferers, Hard employed humor and hyperbole to great literary effect, but his claims were not completely facetious. While hay fever never became the center of Republican politics, it did find a place in Whig party affairs. Daniel Webster, prominent Massachusetts senator, Whig party leader, and twice secretary of state, was the most celebrated hay fever sufferer in nineteenth-century America. He dated his first attack to 1832, when he was fifty years old. His annual cold commenced about the 23d of August, accompanied by fits of sneezing and profuse discharges from the nose; his eyes became progressively swollen, preventing him from reading and limiting the stroke of his pen to signatures (see Fig. 1); and by the middle of September, the disease had moved into its last recognizable stage—asthmatic. In the fall of 1850, Webster wrote to President Fillmore that given the “annual occurrence of

20. Ibid., p. 162.
23. Ibid., p. 263.
I. At midnight, on the 19th of August, Mr. A. Wiper Weeps is awakened with an irritation of the eyes, and remarks to Mrs. Weeps that he “feels it coming on.”

II. Whereupon he jumps out of bed, and grinds his eyes with both his fists.

III. Becoming weary, he implores his partner to help him.

Fig. 1. The onset of Mr. Weeps’s Dreaded Disease. Laughter spoke tellingly of the class identity of hay fever as a disease. Augustus Hoppin’s caricatures of Mr. Weeps, illustrating the early stages of hay fever, were inspired by Morrill Wyman’s 1872 treatise, *Autumnal Catarrh.* Source: Augustus Hoppin, *Hay Fever* (Boston: J. R. Osgood & Co., 1873), n.p. Courtesy of Middleton Health Sciences Library, University of Wisconsin–Madison, Madison, Wisconsin.
his illness” and his long absences from Washington, he wondered whether he “ought not” to consider himself unfit for the holding of such an office. Two years later, Webster resigned his post as secretary of state due to health reasons.24

One of the nation’s highest-paid lawyers, branded by his political adversaries as a friend of the rich, Webster adopted a lifestyle in keeping with those of his clients and political supporters. Hay fever was another bond that linked him to America’s leisure class. Like his British counterparts, he found the “bracing air of the ocean beneficial” in offering at least partial respite from his annual symptoms.25 He often fled to his seaside “gentleman” farm in Marshfield (near Plymouth), Massachusetts, at the onset of the hay fever season. Still, relief was never complete. In 1849, Webster experienced a much milder attack of his annual malady while visiting Franklin, New Hampshire, in the vicinity of the White Mountains, a place to which he again returned in early August 1851. “Thinking that the mountain air might strengthen [him] against the times when” he expected his “enemy, the catarrh, to attack” him, he journeyed to the White Mountains, hoping for quiet, privacy, and refuge.26 On 19 August he wrote in expectation: “Four days hence is the time of its customary approach.”27 The 23d, 25th, and 27th of August passed, and still no signs of catarrh. Webster managed to escape his dreaded annual enemy, only to have it return on 8 September, when he took a railway train and was derailed in Boston, en route to his Marshfield residence. He attributed his remarkable success, not to his surroundings, but to a medical regimen of iron, potash, and arsenic recommended by a sufferer of June cold.28 To the many pilgrims who later journeyed to the White Mountains, however, Webster’s account became hallowed testimony, and he a witness to the therapeutic powers of place. His brief mountain sojourn became part of the landscape and memory of the area as America’s most luxurious and popular hay fever resort.

One reason why hay fever became a favored American pastime by the 1870s was that it drew upon and contributed to a flourishing tourist industry that catered to an educated elite largely centered in the urban and industrial East. Webster himself first visited the White Mountain region in 1831, when it was frequented by a group of distinguished

25. Ibid., p. 137.
26. Ibid., p. 139.
27. Ibid.
28. Ibid.
artists, writers, and scientists—including Thomas Cole, Ralph Waldo Emerson, Nathaniel Hawthorne, Benjamin Silliman, and Henry David Thoreau—who capitalized on the mountain scenery in promoting their own careers. A region on the economic margins of New England, its thin, rocky soil unable to profitably sustain farming as a livelihood, the White Mountains appeared a dreary, desolate, and primitive landscape to early nineteenth-century New Englanders. Civilized landscapes, like those of the Connecticut and Hudson River valleys where panoramic views of pastoral scenery included “prosperous farms, fine homes, and thriving villages, as well as dramatic mountain views,” were some of the preferred tourist attractions on the American Grand Tour, the standard itinerary of America’s well-to-do traveler. For Ethan Crawford, who owned a small farm and inn near the Notch of the White Mountains, his main clientele consisted of farmers and merchants who journeyed through the mountain pass on their way between Portland, Maine, and New Hampshire’s northern interior. In the early 1820s, however, a new type of guest came to Crawford’s inn: wealthy and educated travelers from eastern cities began to appear, slowly at first, intent upon climbing Mount Washington. Timber had supported a large potash industry, but scenery was the natural resource upon which a flourishing tourist industry developed.

Crawford saw the possibilities early on and began to transform the land to accommodate the interests of his new clientele. By 1831, he was able to accompany Webster to the summit of Mount Washington on a path he had spent years clearing and improving to allow for easy access by foot or horseback. In 1826, nature too intervened: on 28 August, a day of steady rains following a summer drought triggered a series of landslides that altered the course of the Saco river, destroyed the turnpike through the Notch, and killed all nine of Samuel Willey’s household, including five children. The Willey house itself, the nearest homestead to Crawford’s, was miraculously left untouched, protected by a boulder behind it that diverted the slide to both sides. The family’s tragic end came when they fled outside, presumably upon hearing the mountain roaring down upon them. The subject of extensive press coverage, paintings, and literary and philosophical speculation, the Willey disaster transformed the region overnight into a tourist attraction. For New Englanders, the incident presented an unfathomable mystery that only God

could comprehend. The Willey house, like the ruins of ancient civilizations in the Old World, became a reminder of man’s mortality and of God’s untold power. By the 1850s, nine hotels in the immediate vicinity of Mount Washington, in addition to those in the surrounding area, provided accommodations for as many as five thousand visitors who visited the Willey house and climbed to the top of Mount Washington expecting to imbibe the moral sublime.30

Guidebooks, part of the White Mountains’ flourishing tourist trade when Webster revisited the region in 1851, pictured a refined and cultivated class of visitors, appreciative of the genteel aesthetic experience to be had there. Hotel registers of the period, however, suggest a slightly different picture. Roughly 10 percent of the guests of Mount Washington’s Tip Top House were farmers who lived in geographic proximity to the area, and another 33 percent came from either lower white-collar occupations or the trades. Nevertheless, more than two-thirds of the tourists came from cities with populations over 10,000, and more than one-half from the highest-ranking occupations, such as merchants, managers, and professionals. By 1855, tourists from Boston could reach the area on the Grand Trunk Railroad in less than ten hours; those from New York City could make the trip in less than twenty-seven. The size of the urban area from which a tourist came, as well as its distance from the White Mountains, correlated closely with social class, and thus with which hotels a traveler could afford to stay in.31

The expansion of grand hotels after the Civil War, like the palatial Maplewood Hotel or Sinclair House (later to become a favored meeting place of the U.S. Hay Fever Association), further enhanced the region’s qualities as a place of urban refuge. Able to house five hundred and three hundred guests, respectively, the Maplewood Hotel and Sinclair House lavished upon their guests luxury and culture at rates almost double those of New York City’s first-class hotels.32 (See Fig. 2.) Karl Abbot recalled the highlight of summers in Bethlehem when the Maplewood hosted the Grand Ball and Cotillion: “Up the splendid stairway and into

30. On the religious symbolism of the Willey disaster, see Sears, Sacred Places (n. 29), pp. 72–86; Eric Purchase, Out of Nowhere: Disaster and Tourism in the White Mountains (Baltimore: Johns Hopkins University Press, 1999), pp. 4–21.


32. Rate comparisons to New York City hotels are from Purchase, Out of Nowhere (n. 30), p. 52. Actual rates for the Maplewood Hotel and Sinclair House are from “White Mountain Resorts,” WME, 7 August 1880, p. 4.
Fig. 2. Exterior and Dining Room of the Maplewood Hotel, c. 1890. Grand hotels like this one helped transform the White Mountains by the late 1870s into a genteel tourist region that catered to a northeast urban professional clientele. Source: Gregory C. Wilson and Mike Dickerman, eds., *Bethlehem, New Hampshire: A Bicentennial History* (Littleton, N.H.: Bondcliff Books, 1999), p. 34, p. 72. Courtesy of the town of Bethlehem and Bondcliff Books.
the mammoth high-ceilinged ballroom swept people whose names made the society columns in New York, Boston, and the southern and European spas,” he wrote. There they were met by a twenty-piece orchestra of Boston Symphony musicians. In these resorts, culture and nature had been carefully refined. In addition to the “pleasing aspect of finish and cultivation” that adorned these grand hotels, proprietors improved upon the “entrances of shady paths or rocky hills” through which guests passed to “woo the goddess Nature.”

In fashioning a landscape of leisure, hotel proprietors and their guests in the White Mountains understood cultivation, not in terms of agriculture, but of art. It was through art, nineteenth-century philosophers like Ralph Waldo Emerson and landscape architects like Frederick Law Olmsted believed, that humans improved upon and purified nature. If the “rugged grandeur” of the mountains was “somewhat marred by the presence of [such] mammoth hostelries, and by the lines of railroad which pass with sinuous course through the valleys, . . . far better this,” cried the editor of the region’s summer weekly paper, the White Mountain Echo, “than the time when only a few could visit them in their primitive grandeur.” Fifty years after Webster first visited the region, “a few small farm houses and poorly cultivated fields had given way to large and tasteful residences.” The estates and grand hotels that sprang up after the Civil War were populated largely by the middle- and upper-class residents of large Eastern cities, who had “wrung out of the nervous hand of commerce enough means to realize” an extended summer holiday. They drew poetic inspiration, botanized, and took solace in nature; they did not care to toil in it. The regional transformation of the White Mountains into urban retreat depended upon distancing the forces of production—of not only the factory, but also the farm. As the railroads carried urbanites into the valleys of the White Mountains, they also

carried grain from the Midwest eastward, further diminishing the importance of agriculture to the region’s economic sustainability. In bringing the hinterlands closer to the city, the railroads helped transform the White Mountains into a genteel tourist region, one that drew upon Romantic ideals and urban income in fashioning the area as cultivated wilderness.  

In this refined space, an urban vision of the landscape prevailed in which the purity of nature, a product of both God’s providence and artful human construction, sustained body, soul, and a thriving tourist trade. By the 1870s, an urban malady had been added to that urban vision. Hay fever became the prided malady of the summer residents who had escaped the nervous energies of the city to breathe more deeply and freely in the relaxed setting of cultured nature.

The Geography of Health

Hay feverites came in search of the “promised land” in increasing numbers during the 1870s. For many, the small village of Bethlehem, located fifteen miles northwest of the Notch, was the mecca of their annual pilgrimage. In September 1865, when Helen Hunt visited the area, she described Bethlehem as a “place not yet ready for strangers, but [a place] meant to be.” Her words were prophetic: from a little hamlet with one small stagecoach inn, the town was transformed in a matter of twenty years into a thriving resort with thirty boarding houses and hotels, and five hundred seasonal hay fever residents. By the early 1900s, the number of hay fever victims visiting Bethlehem alone in the summer months had escalated to two thousand.

We do not know what drew Helen Hunt to the White Mountains: her hay fever, or the influence of her literary mentors, Hawthorne and

38. On the impact of the railroads on grain markets and regional economics, see Purchase, Out of Nowhere (n. 30), p. 49. The creation of the White Mountains as a tourist region for major metropolitan centers of the northeast parallels the story of the creation of Chicago’s hinterlands by the railroads in William Cronon’s brilliant book, Nature’s Metropolis: Chicago and the Great West (New York: Norton, 1991). Far too little attention has been paid to date to the integral role that railroads played in the development of regional health economies in nineteenth-century America.


Emerson. It was likely both. By the time she arrived in 1865, a trickle of hay fever sufferers were beginning to make their annual pilgrimage to the White Mountains.42 Here they found a landscape devoid of their dreaded enemy, and infused with the romantic sublime. “We had come hither for recreation,” wrote Hunt; “had escaped the confines of a close office for life in the open air.”43 Atop Mount Washington—whose 6,285 foot elevation was rivaled by only Mont Blanc, eastward, or Pike’s Peak, westward—Hunt felt that “the Lord was in his holy mountain; here were the symbols of his power; yea, also of his sweetness.”44 In Hunt’s transcendental musings, Emerson found a poet on whom to lavish praise. For hay feverites, however, the Lord’s presence was visible not just atop Mount Washington: in the region, and in Bethlehem, in particular, “the climate, the soil, the hotels, and the railways [were] arranged by a special kind of providence to ameliorate [their] sufferings.”45

To the physician Morrill Wyman, providence was not, in itself, a sufficient explanation for the power of place. Wyman, who suffered his first attack of hay fever upon his graduation from Harvard in 1833, began his annual summer pilgrimage to the White Mountains in the 1860s, after hearing of the region’s beneficial properties from a fellow sufferer and patient. Wyman’s own family offered abundant material for studying the natural history of the disease: his father, two brothers, sister, and two children were all sufferers. By the time he published Autumnal Catarrh, in 1872, he had extended the study of his own family to eighty-one case histories of the disease, fifty-five of which reported either partial or complete relief while residing in the White Mountains. Many of these cases he gathered by walking on foot through the region, inquiring at hotels and inns for guests who had come in search of hay fever relief.46 Wyman differentiated between two annually recurring catarrhs: Summer Catarrh—first described by Bostock, and more commonly known as hay fever or June or Rose Cold—appeared in the last week of May or first week of June and lasted roughly four or five weeks; but another annual catarrh, unknown in England, which Wyman named Autumnal Catarrh, commenced the last week of August and persisted until the first frost.

42. See the case histories reported in Wyman, Autumnal Catarrh (n. 1), p. 67.
46. Morrill Wyman, “Journey to the White Mountains to Avoid Autumnal Catarrh” (1867), B MS b 200.1, Rare Books and Special Collections, Francis A. Countway Library of Medicine, Harvard University, Cambridge, Mass. (hereafter RBSC, Countway Library).
Unlike British hay fever sufferers, many Americans reported little relief at the seashore, except at Fire Island on the southern coast of Long Island. In America, unlike Britain, the city also offered little relief. But in certain mountain regions, at elevations above eight hundred feet, exempt places could be found. Not all higher elevations were exempt, and even within exempt regions like the White Mountains, there were narrow limits within which refuge might be taken (see Fig. 3). Such observations resonated well with earlier geographic sensibilities of health found among antebellum American emigrants, for whom elevation could bring about a change in well-being; for them, a salubrious place might refer to a region as expansive as the Rocky Mountains or as limited as a particular hillside.47

In the case of hay fever, exactly what combination of temperature, moisture, atmospheric conditions, and vegetation created a place of refuge remained a mystery. But to the question posed by one sufferer—“Was the disease in an incipient form in me, only waiting for an exciting cause which was found in the dust, or was it in the atmosphere?”—Wyman offered an answer: an individual predisposition, found more prominently among people with indoor occupations, resulted in a susceptibility to exciting causes that acted upon the nervous system during particular seasons of the year.48 The exciting causes that triggered hay fever were well known to hay feverites, although there was much individual variation—requiring each patient, Wyman urged, to become “his own physician.”49 Dust and the smoke of a railway train were the bane of many a sufferer, a cruel irony given the necessity to travel (see Fig. 4). Strong sunlight, fruits of various kinds (particularly peaches), and the fragrances of flowers could also trigger an attack during the sneezing season.

Like the seasonality of intermittent fever, from midsummer to first frost, the chronography of hay fever was an integral part of the disease experience.50 The Reverend Henry Ward Beecher scheduled his annual vacation to the White Mountains from mid-July to early October, as did many a hay fever sufferer. Others who could not afford the time or expense marked 20 August as the last date of departure to escape their “dreadful visitor.”51 Jeffries Wyman, brother of Morrill, wrote from Cam-

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47. See, e.g., Valencius, Health of the Country (n. 15).
49. Ibid., p. 127.
50. On the seasonal understandings of malaria in the nineteenth century, see Humphreys, Malaria (n. 15), pp. 11, 43.
Fig. 3. Morrill Wyman’s Map of the White Mountains. This map illustrates the microgeography of exempt places: the gray shaded areas offered no refuge; only in the white region did hay feverites find escape from their dreaded disease. Source: Morrill Wyman, *Autumnal Catarrh (Hay Fever)* (New York: Hurd and Houghton, 1872), frontispiece.
bridge on 20 August 1873 with a sense of relief: “my hay cold has not yet come, a fortunate circumstance for at present I cannot leave [for Bethlehem].”

The precise onset of the disease each year, evident from his brother’s letter, led Morrill Wyman to suspect a vegetative origin for the general cause of paroxysms. Nineteenth-century Americans, and particularly those in transcendentalist New England, drew upon their intimate knowledge of flora and fauna, gained through the popularity of natural history and botany as leisure pursuits, in marking seasonal change. Helen Hunt, for example, captured the “miracle play” of autumn performed in Bethlehem in 1870 in a bewildering description of the varied colors donned by the many trees and plants of the region.

Thus, it was not just a predisposi-

52. Jeffries Wyman to Susan Wyman, 20 August 1873, HMS c12.1, fd. 11, Jeffries Wyman Papers, 1814–74, RBSC, Countway Library.

tion of mental culture, but also one of botanical knowledge, that led more than one sufferer to report on the irritations provoked when walking along a road where Roman wormwood was present. *Ambrosia artemisiifolia*, more commonly known today as ragweed, flowered in the middle of August, grew abundantly along the seashore and in catarral regions, and was rarely present in the mountains. In the fall of 1870, Wyman gathered specimens of the flowering plant in Cambridge, Massachusetts, sealed them in a parcel, and carried them along on his railway journey to Glen House. On 23 September he opened the package, whereupon he and his son intentionally inhaled the contents. Promptly, they were seized with sneezing and itching of the eyes, nose, and throat. When a portion of the plant sent by Wyman to the Waumbec House at Jefferson Hill, fifteen miles northwest of Glen House, arrived, eight persons who sniffed the plant developed symptoms that ranged from sneezing and watering eyes to “asthma and stricture in the chest”;54 eight other hay fever sufferers staying at Waumbec House who did not inhale the pollen remained free of their usual hay fever symptoms. Wyman was unwilling to attribute the “cause of the whole disease” to ragweed.55 The plant occurred, for example, in exempt places, although Wyman believed this could be explained on the basis of its having different properties in different regions. It also failed to produce the same symptoms when it was grown in a pot indoors and was prompted to flower one month earlier, in July.

But if Wyman could not account for the disease’s origin, he still had hope—for the study of its natural history had presented a remedy offering complete relief: “removal to a non-catarrhal region.”56 Although the White Mountains was not the only exempt region, it was the first to capitalize on its natural resources in developing a sizeable industry that catered to the hay fever tourist trade. Through word of mouth and the advice of physicians like Wyman, news of the healing properties of the White Mountains spread. On 15 September 1874, hay fever sufferers gathered to establish the U.S. Hay Fever Association in Bethlehem, New


55. Ibid., p. 103.
56. Ibid., p. 126.
Hampshire, where it continued meeting for the next fifty years. “Among all the maladies of men,” reflected the retiring President Samuel Lockwood in 1891,

this is the only one which has crystallized into an organic companionship. It came into being as the result of two forces—the attraction of the social magnet, and the gravitation to a common center—the hope that in the social impact of suffering and inquiry might be found the secret of relief, and perchance complete deliverance.57

Unlike the Adirondacks, the Rocky Mountains, or southern California, the White Mountain region did not market its climate and locale to consumptives and a wide range of pulmonary sufferers. Neither did Petoskey, Michigan, where the Western Hay Fever Association established itself in 1882. Both the U.S. Hay Fever Association and the Western Hay Fever Association were fashionable societies that claimed a disease and their respective regions as signs of exclusiveness. As one hay fever skeptic remarked, “people who have small-pox or scarlet fever, or even gout, have never formed a small-pox club, a scarlet fever society, or a gouty men’s association.”58 Except for perhaps those suffering from gout, however, such people did not care to distinguish themselves.59 In the case of hay fever, being seen was precisely the point. As a disease of the genteel elite, it became part of the conspicuous leisure and consumption that characterized Gilded Age resorts.

The witty speeches delivered by prominent members, like the Reverend Henry Ward Beecher—whose residence and Sabbath sermons at Twin Mountain House were built-in advertisements for the area—gave the society a jocose flair in its early years and made great newspaper copy. Beecher remarked at an Association meeting in 1879 how he disliked the “ingratitude . . . shown by hay fever patients who were constantly maligning a disease which sticketh closer than a brother. . . . For his part, he could never be grateful enough for having been thought worthy of enrollment in the ranks of Hay Feverites.”60 “I can’t get well, and it seems to me that I won’t get well,” chided Beecher; “I esteem my six week’s vacation in the mountains too well.”61

61. Ibid.
Red-nosed humor reflected a certain class aesthetic of hay fever as a disease, just as a pallid sadness was limited to mid-nineteenth-century romantic middle- and upper-class sensibilities of consumption. Laughter spoke tellingly of class membership in the U.S. Hay Fever Association. Although anyone afflicted with hay fever or Rose Cold who paid one dollar could join, the Association was overwhelmingly composed of physicians, judges, lawyers, ministers, merchants, and other educated male professionals for whom a six-week vacation away from business and family, costing anywhere from six to twelve months of a laborer’s wage, was little problem. To those who could not afford the expense, hay fever was not so humorous a disease. “Unlike most hay-fever victims, I am neither rich nor intellectual, and must stay at home,” wrote a sufferer to the Association’s president. “Up to the day I take the fever, I love my life. Afterward, I often pray that I may die.” The experience of the less fortunate confined to home was shaped more by medications, patent nostrums, and cures tried than by holidays enjoyed. To aid the less fortunate, the U.S. Hay Fever Association published in its annual manual a list of remedies that individual members found useful for palliative relief. Galvano-cauterization, cocaine, hydrozone, and the ice-bag treatment were just a few of the remedies that came in and out of vogue as the years progressed.

Hay fever exiles looked suspiciously upon almost all proposed cures, as they did upon those sufferers who could not afford the holiday cure. Meetings of the Association, where personal experiences were recounted, also served as a forum for individual testimonies about remedies and exempt places tried. Although a few esteemed brethren claimed to be cured, such lost souls inevitably found their way back to Bethlehem. Hotel proprietors may have looked anxiously upon curative treatments, since an estimated one-quarter of their summer customers were hay fever sufferers, but they could readily console themselves each year as the U.S. Hay Fever Association proclaimed Bethlehem and other exempt places to be the only effective remedy. Such proclamations were essential to

64. For the popularity of these remedies, see, e.g., WME, 12 September 1885, p. 5; ibid., 6 September 1890, p. 13; Manual of the United States Hay-Fever Association for 1887 (Lowell, 1887).
the identity of hay fever exiles, for they were bound to the lifestyle of leisure that their disease both afforded and, in their opinion, necessitated.

And hay fever resorts reinforced the impression that it was an upper-class disease. E. J. Marsh, a physician in Paterson, New Jersey, recognized this problem in the hay fever censuses conducted by both Wyman and Beard, since their statistics were largely gathered from visitors frequenting hay fever resorts. In Paterson, Marsh found its presence just as common among manual laborers as among white-collar professionals.66 Similarly, while physicians and sufferers assumed that the paucity of reported cases among African-Americans and Native Americans distinguished hay fever as a disease of the white race, the evidence could just as easily have supported the geographic differentiation of health care in American society along race and class.67

To the general public, however, hay fever flourished in places of wealth and leisure, and thereby seemed to offer the promise of social mobility. When George Scott read an account stating that “only individuals of the highest intellectual grasp, and the strongest moral fibre have the disease,” he “rejoiced” in his “infirmity.” He remarked, “if it were not for the hay fever, I might have lived all my life among those who are not classed among the intellectual giants of America.”68

Contrary to Scott’s hope, hay fever did not open the doors to privilege and class for those on the lower rungs of the social ladder. Although the “mysterious bond in their throats, . . . noses, and eyes” made hay fever sufferers, in the opinion of one writer, “first cousins, if not brethren,” social status limited how far this bodily brotherhood could extend.69 Perhaps their moral predisposition, or perhaps the spirited sermons of Beecher, inspired a few to make charitable appeals on behalf of the less fortunate among them. But their appeals to the Protestant social gospel fell on deaf, and sometimes hostile, ears. In 1889, when a Boston woman urged the U.S. Hay Fever Association to launch a fund-raising effort for the establishment of a home “in the mountains for poor people unable to visit them,” she was met with sharp reproach. Col. M. Richard Muckle, the Association’s president, “was satisfied that $1,000,000 would not be

67. Wyman, Autumnal Catarrh (n. 1), p. 82, and John O. Roe, “Coryza Vasomotoria Periodice (Hay-Asthma) in the Negro,” Med. Rec., 1884, 26: 427–28, are the only two reported cases among blacks and Native Americans that I have found in late nineteenth-century America.
68. Daily Resorter, 3 September 1894, p. 6.
sufficient for that purpose.” The Association, he reminded her, “was endeavoring to find a remedy for Hay Fever, which would enable poor people to stay comfortably at home.”

Hay fever exiles established a community that was held together through disease, class, and place. The flourishing of the White Mountains as a fashionable resort in the Gilded Age, with its grand hotels, festive social scene, and inspirational nature walks, contributed to and profited from the establishment of hay fever as a disease of urban wealth, education, and refinement. By the 1880s, the disease had become as prominent a seasonal feature in the society pages of urban newspapers as the cotillions and coaching parades of resort towns. One skeptic thought that “the unfailing certainty with which hay fever patients select the most attractive and fashionable Summer resorts” was a sure sign that hay fever was “simply the creation of hotel-keepers.” While the White Mountain Echo disagreed, the remark does underscore the extent to which the regional identity of the White Mountains and hay fever as a disease became intertwined. Hay fever sufferers found in Bethlehem and the surrounding White Mountains physical relief, but also a place whose history affirmed their social identity and shaped their relationship to the natural environment. And they, in turn, became active agents in shaping the geography of place: in the very material relationships of daily life, in the social contours of the region, and in the symbolic space that nature inhabited.

Purifying the Landscape

If place shaped illness, illness also shaped place. Seasonal residence made hay fever sufferers (like tourists in general) outsiders to the local community, but their wealth, patronage, and illness combined to make them a powerful force in town development and land use. The presence of hay feverites induced hotel proprietors to keep their doors open an additional month beyond August, the traditional end of the annual summer holiday; they were the primary reason why the region’s tourist season extended into the early fall beginning in the 1870s. But hay feverites shaped town life in other ways as well—from the interior decor of hotels, to the landscaping of sidewalks and streets, to natural resource development. Hay fever exile Frank Fay may have expressed diffidence at a citizen’s association meeting “about taking such an active part in the

affairs of the town,” when “he was a stranger,” but this did not stop him and others from interceding in local and regional environmental issues.72

Considerable tensions arose in the late 1870s and early 1880s between hay fever tourists and local residents as the region’s beneficial properties as a hay fever refuge came into question. Contrary to the claims of town boosters and hotel advertisements, not every year was free from hay fever symptoms. Every exempt place, some more than others, had years that sufferers referred to as “off color”—even Bethlehem, where 1880 and 1881 were such “off color” years.73 Two seasons of unusually hot and dry weather, coupled with the prevalence of southwest winds and smoke from forest fires that extended as far west as the Great Lakes, had left hay fever sufferers in Bethlehem and members of the Western Hay Fever Association in Petoskey and Mackinac Island, Michigan, struggling to breathe. Considerable discussion ensued at the U.S. Hay Fever Association meeting in 1881 as to whether a star, which indicated that an area was only partially exempt, should be added to Mackinac and Bethlehem in the list of exempt places.74

While nature had not cooperated in these years, hay feverites were also quick to blame the citizens of Bethlehem for their failure to maintain this place of sanctuary. Bethlehem’s dusty streets became a particular point of contention between the town’s seasonal and permanent residents during these off-color years. Spraying the town streets with water was a common technique used by municipalities in the nineteenth century to dampen the clouds of dust raised by horses and carriage traffic, but reluctance on the part of hotel proprietors to pay for operation of the water-sprinkling cart, coupled with an insufficient water supply, had combined with the forces of nature to create a flash point around which tempers flared. At the town association meeting in 1880, Muckle accused Bethlehem’s citizens of being “derelict in providing for the summer comfort of boarders”; although the unsafe conditions of the plank walk and poor lighting were noteworthy neglects, “worst of all . . . was the dust,” an evil upon which he laid particular stress.75 Muckle (and

73. “Montpellier, Vt.,” WME, 5 August 1882, p. 5.
others) also complained of the grass and weeds left to grow in the town. To facilitate his travel between the Centennial and Sinclair Houses, he employed a man at his own expense to cut down the weeds on the south side of the road so he could walk “without irritation from the dust.”

Muckle’s financial means enabled him to control his local environmental surroundings in ways not possible for others, who similarly remarked on how their daily paths were determined by dust, prevailing winds, and shade. To add weight to his individual voice and money, a committee was subsequently formed to put pressure on hotel proprietors to sprinkle the streets and to cut down weeds along the sidewalks and in the cemetery. The following year, summer residents noted a marked improvement in the watering of the streets, but the issue flared up again and again, particularly during drought years when increased demands on the city’s water supply and the aggravating effects of heat and dust fueled many outcries from hay fever guests. Only after 1894, when the precinct passed a resolution for the Crystal Springs Water Company to keep the town reservoir full enough to supply sufficient water for fire protection and street sprinkling, did tempers cool.

As the dust began to settle, other irritants increasingly became a focal point of concern in Bethlehem’s town life. Railroads brought hay fever sufferers to this natural sanctuary, but the building of the branch line of the White Mountains Railroad into Bethlehem Station, and of an additional narrow-gauge line to the town center, added in 1881, brought unintended environmental changes. Ragweed, which flourishes in disturbed soils, had also arrived as a most unwelcome guest. Its appearance in 1878 along the railroad, just north of Bethlehem near the village of Littleton, was cause for alarm and prompted residents to launch a community effort to exterminate the “baneful weed” that season. By 1886, however, Dr. Morrill Mackenzie observed that “the spread of this pest is simply marvelous.”

By the turn of the century, ragweed had become symbolic of all that hay fever tourists sought to escape. Like hay fever, it came to be regarded as a product, not of nature, but of civilization. Other pollen-bearing plants that followed the plow also came under attack. “Everything around

76. Ibid. See also “Down with the Dust,” WME, 3 August 1878, p. 3.
77. “Hay Fever,” WME, 3 September 1881, p. 5; WME, 10 September 1881, p. 2; “Hay Fever,” WME, 7 September 1895, p. 2. For a vivid description of how hay fever determined the daily path of one sufferer, see Beard, Hay-Fever (n. 5), p. 199.
78. “Ragweed on the Railroad,” WME, 14 September 1878, p. 3.
the patient” was “saturated with . . . poisonous emanations” of “corn, peas, fodder, and other farm products,” wrote James Bell in the Hay Fever Association’s prize essay of 1887.80 “Increasing cultivation and growing use in parlors and dining rooms of fragrant flowers” were also, in the opinion of the Rev. John Peacock, “vitiating the natural purity and exemptiveness of the atmosphere of Bethlehem and its vicinity.”81 The proliferation of vegetable and flower gardens in the early 1890s prompted the U.S. Hay Fever Association to pass a resolution urging Bethlehem citizens to restrict “the planting of corn and other pollen-bearing vegetables” on the north side of town at some distance from the street.82 (See Fig. 5.) “Improvements and other civilizing changes” in Bethlehem, were, in the opinion of some, “diminishing its immunity from Hay Fever.”83 “Even in the very best of resorts,” observed Professor Samuel Lockwood, “unless Nature has been left to her virgin forms and moods,” complete relief could no longer be found; the proximity of local industries, “whether of agriculture or other pursuit,” had affected Bethlehem’s exemptive qualities.84

In contrast to the situation in tuberculosis sanatoria, where an emphasis on nutritional treatments proved beneficial to the surrounding farm communities, hay feverites in the White Mountains found little to praise in the region’s agricultural land use.85 The disdain expressed toward agriculture and the value placed on “virgin Nature” by members of the U.S. Hay Fever Association were deeply embedded in the artistic and literary production of the White Mountains as a place to experience the natural sublime. In July 1858, en route from Concord, Massachusetts, Henry David Thoreau reflected on the view northward as he approached the White Mountains, where Glen House served as his base camp: “a dozen miles off seemed the boundary of cultivation”;86 “I felt,” he mused, “near the edge of a wild and unsettlable [sic] mountain region.”87

87. Ibid., p. 11.
Fig. 5. Sinclair House, 1870s. The presence of vegetable gardens, like this one in front of Sinclair House, a popular meeting place for the United States Hay Fever Association, became of increasing concern to Bethlehem’s seasonal residents. Source: Gregory C. Wilson and Mike Dickerman, eds., *Bethlehem, New Hampshire: A Bicentennial History* (Littleton, N.H.: Bondcliff Books, 1999), p. 31. Courtesy of the town of Bethlehem and Bondcliff Books.
Thoreau’s journal entry alludes to the increasing divide between “civilization” and “nature,” between the city and country, that his writings helped to establish later in the nineteenth century. In grounding the pastoral ideal in leisure, in natural history pursuits such as botany and bird-watching, he denigrated the toil of farming as a guide to interaction with nature. Later nature writers like John Burroughs, a leader in the back-to-nature movement of the late nineteenth century, looked to Thoreau and his mentor Ralph Waldo Emerson in crafting an Arcadian landscape, a place of wilderness where the educated classes might find regeneration and solace from the throngs of city life. If pristine nature was the antidote to civilization by century’s end, then surely it would benefit those suffering from the malady for which modern urban life claimed responsibility: hay fever.

Agriculture was not the only local White Mountain industry that hay fever tourists looked upon with suspicion: commercial logging also became of increasing concern in the last two decades of the nineteenth century, as large pulp and paper producers began harvesting second-growth conifers at a devastating rate (see Fig. 6). The dense forests and high mountains of the region created a barrier to southerly winds, which always “caused trouble” whenever they appeared in an exempt district; many hay fever sufferers believed that “the passage of the south winds through [the] forests robbed [them] of their noxious elements.” Mr. Hoyt told members of the U.S. Hay Fever Association, “bore an important relation to the disease and should not be destroyed.” This sentiment accorded well with popular medical opinion common in the


91. Ibid.
“The largest and most desirably located House in the region, and the only one where from every window of its four hundred feet front, and its broad piazza (extending to double its former width), the highest mountains in New Hampshire are distinctly seen from base to summit, viz., Mts. Washington, Jefferson, Adams, Madison, &c. A sure relief is here obtained for catarrhal complaints, hay fever and rose cold. A large Farm from which vegetables are obtained, and a fine Dairy. Its Cuisine will compare favorably with the best Hotels in the United States. The “Glen” is reached from Gorham, N.H., on the Grand Trunk Road by eight miles staging, from the Glen Station on the Portland and Ogdensburg Road fifteen miles; from the Mount Washington R.R., eight miles.”
1880s that ascribed therapeutic value to coniferous forests, particularly in the treatment of malaria and consumption. But it also reinforced the growing consumption of nature through leisure by America’s middle and upper classes to which hay feverites belonged. “Trees and forests,” one sufferer noted, “are worth more, financially than any garden vegetables or fragrant flowers that can be grown in their place. The preservation and even cultivation of trees would do much to retard the deterioration of this region, from a Hay Fever point of view, without lessening the pleasure of those who come for other reasons.” Consuming nature for health and consuming it for pleasure went hand in hand.

Fearing that “deforestation, cultivation, and civilization” would soon “drive Hay Fever people to Maine, the British Dominion, and Europe as their only resort,” the U.S. Hay Fever Association called upon its members to become active in the campaign launched in the 1890s by the Appalachian Mountain Club (AMC), the Society for the Preservation of New Hampshire Forests (SPNHF), and the New Hampshire Forestry Commission to establish a federal forest reserve in the White Mountains. Attributing the region’s health-giving qualities to the “purity of its atmosphere,” Hay Fever Association officials pointed to the benefits of New Hampshire forests and the economic loss that their wanton destruction would inflict on the region’s tourist industry. Only through the active cooperation of “Hay Fever sufferers in the Forestry movement” could the exemptive qualities and identity of the region be assured.

The shared interest in forest preservation among members of the U.S. Hay Fever Association, the AMC, and the SPNHF was grounded in more than just a common political cause: it was also rooted in the material and social relations that defined the White Mountains as a hay fever refuge. Along with descriptions of hikes explored and new trails proposed,


health—and hay fever, in particular—was a persistent theme in the decade-long correspondence between AMC members Edith Cook, Lucia and Marian Pychowska, and Isabella Stone. A hay fever sufferer and member of the Appalachian Mountain Club for forty-one years, Isabella Stone first began traveling to the White Mountains in 1863. According to nineteenth-century medical accounts, she was among the minority of hay fever sufferers, for the disease allegedly afflicted twice as many men as women. Such statistics were socially reinforced by the regulations of the U.S. Hay Fever Association, which restricted the role of women to a place on the advisory board, while only males were entitled to full membership on the executive committee. In the mountains, however, Isabella found both relief from her disease and freedom from the limiting gender roles of the Hay Fever Association and New England society. Ascending Mount Lafayette, clearing the first trail to Bridal Veil Falls in Franconia Notch, or guiding a party up to Loon Pond Mountain, Stone took delight and pride in adventures that were unavailable at her home in Framingham, Massachusetts, and made possible through her seasonal affliction. All the more reason to ensure that the forests and mountains in which she and others found freedom and relief would be preserved.97

To the region’s summer residents, health was just as important a reason to preserve New Hampshire’s forests as were standard conservation arguments for clear streams, stable soils, and sustainable timber. Nor were such arguments confined merely to the region’s health seekers: in its report to the 1891 New Hampshire legislature, the Forestry Commission listed the “life-giving and health restoring qualities” of the White Mountain region as one of four primary reasons to protect and preserve the state’s forests.98 SPNHF lecturer John D. Quackenbos similarly praised the therapeutic benefits of “the rank scenting ozones and balsamic aromas” of New Hampshire’s evergreens to help enlist support for public ownership of the White Mountain forests. Although Quackenbos’s claims may sound like “medical nonsense” to contemporary environmental


historians, to his peers they were grounded in both lay experience and scientific evidence.  

Naturalists and hay feverites like Samuel Lockwood understood well that if the White Mountains were to remain a favored refuge, more than individual testimonies to the power of place were needed to attract hay fever exiles, particularly as dissenting voices grew alongside Bethlehem’s weeds. Other places to the west—Petoskey and Mackinac Island, and Denver and Colorado Springs—vied for the hay fever tourist trade. In 1896, Denver’s Chamber of Commerce and Board of Trade invited the U.S. Hay Fever Association to move their annual meeting to the “Queen City of the Plains,” a place known for its curative power over asthma and consumption, backed not only by individual testimonies but also by scientific studies on Colorado’s climate and health conducted by Charles Denison, president of the American Climatological Association. Lockwood had himself turned the efforts of the Association in 1888 to what he hoped would become a comprehensive scientific study of the hygiene of the atmosphere in exempt and nonexempt regions. Enlisting the support of laymen, he endeavored to gather meteorological records of temperature, wind velocity and direction, humidity, and barometric changes, along with microscopic analysis of atmospheric particles and experiences of patients under their local influence, to arrive at “trustworthy” results “on the line of comparative pathology.”

During three consecutive seasons, Lockwood conducted a comparative microscopic analysis of the air around three White Mountain resorts—the Maplewood, the Twin House, and the Waumbec—and his nonexempt home in Freehold, New Jersey. Daily catches using slides coated with glycerine were collected from 16 August until 20 September and their contents compared. Of the fifty slides collected at the Maplewood in the first season, only two showed any signs of pollen, the bulk of the material being minute particles of wood, mineral dust, and occasional scales of butterflies and moths; in contrast, Lockwood’s home slides were

inundated with hundreds of pollen grains of ragweed, in addition to greater amounts of road dust, the former tapering off in early October. The daily average temperature in the White Mountains was approximately ten degrees cooler, and the air was decidedly less humid. Although Lockwood was unable to undertake a chemical analysis of Bethlehem’s air, he believed that the cool, dry air, in addition to the “terebinthine effect from the balsams which clothe the mountains,” made the air “markedly tonic.” This tonic air, coupled with the smaller quantity of vegetable matter and the comparative absence of pollen in Bethlehem, went far, he argued, in explaining the hygienic qualities of the White Mountains as a hay fever resort.103

When the Hon. J. B. Walker, president of the Forestry Commission of New Hampshire, addressed the future of the White Mountains in 1892, he thus found an enthusiastic audience among the region’s hay fever residents. The $5 million in estimated income from summer tourists visiting the White Mountain region in three months of the year exceeded the annual income derived from New Hampshire farmers, which meant, to Walker, that the region’s economic future rested not in timber and farms but in the preservation of its forests and natural scenery.104 His vision of land use was one heartily endorsed by hay fever exiles and confirmed by Lockwood’s study. Only through the preservation and cultivation of New Hampshire’s forests, and the establishment of the area as a state park, could the deterioration of the region from “a hay fever point of view” be retarded. “Places change,” observed the Rev. John B. Sewell; Petoskey, in his opinion, had lost its exemptive character when extensive clear-cutting and a tremendous forest fire had swept the region.105 Left to “reckless axe and the denuding fire,” the White Mountains could follow the same path.106 But the path to the future of the White Mountains was backward, to a nostalgic past when Webster, Emerson, Hunt, and others had found here a natural tabernacle to heal body and soul. In seeking to reenact the pilgrimage to pristine nature, hay feverites at the century’s turn hoped to purify the landscape and themselves of the malady of civilization. Their enemy was both without and within.

103. Lockwood, “Comparative Hygiene” (n. 84), pp. 49–55, quotation on p. 55.
Conclusion

In July 1951, the *Saturday Review of Literature* featured a checklist of hay fever resorts where an estimated four million hay fever sufferers, heading for summer vacations on American highways, might find a place for both recreation and relief. The White Mountains occupied a prominent place in the list of East Coast hay fever getaways, even if the automobile had transformed the experience of a hay fever holiday by the mid-twentieth century into one of mass consumption. Just four years earlier, New Hampshire’s Department of Health conducted a statewide pollen survey that demonstrated the absence or relatively light presence of ragweed and other hay fever pollens in the White Mountain region. Franconia Notch State Park and the surrounding 780,000 acres of the White Mountain National Forest acted as a barrier against the ragweed and grass pollens carried by the prevailing northwest winds from Canada. Southwest winds sweeping up through the farmlands of the Connecticut Valley could still make for an occasional off-color year, but hay fever tourists had largely succeeded in helping preserve the White Mountains as a hay fever refuge.107

The history of the White Mountains as a hay fever resort is just one episode among many that suggest the extent to which attitudes toward the environment and land use were markedly shaped by and also influenced experiences of health and illness. Other examples that point to the interplay between the history of health and place in late nineteenth-century America include the Adirondacks in the East, the Upper Peninsula of Michigan in the Midwest, and Denver and Tucson in the West.108 Apart from recent work in urban environmental history, however, the historiography of environmentalism in America has been largely silent on the role that health has played in changing environmental attitudes prior to the Second World War. The shift from the conservation and management of natural resources to quality-of-life concerns that Samuel Hays argues was instrumental in the rise of American environmentalism, for example, overlooks the extent to which the relationships between


environment and health were also at the forefront of concerns among health-seekers, nature tourists, and physicians in late nineteenth- and early twentieth-century America. The early years that Theodore Roosevelt spent in search of health—voyaging to the Alps, the Adirondacks, the White Mountains, and the Badlands, where a change of air was believed to offer respite from his symptoms of chronic asthma—were pivotal in his growing appreciation of wilderness. Similarly, members of New Hampshire’s Forestry Commission regarded the value of mountain forests as natural preserves for fish and game as part of the same “sanitary function” that the White Mountain region conferred upon its human inhabitants. Environment and health intermingled in the lives of sufferers and in the Hippocratic parlance of “airs, waters, and places” that permeated medical climatotherapy. Health, I suggest, occupied a prominent role in the growing consumption of nature in late nineteenth-century America. In the lived experiences of health-seekers lies an important, yet largely untapped, source for understanding changing perceptions of environment and place, and the impact of health on the local and regional transformation of the North American landscape.