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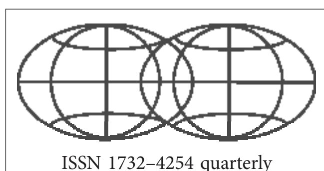

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Climate therapy and the development of South Africa as a health resort, c.1850-1910

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Abstract. Historical research is undeveloped concerning tourism in sub-Saharan Africa. This research contributes to scholarship about the history of tourism for climate and health. In South Africa the beginnings of international tourism are associated with its emergence as a health resort and to climate therapy. Using archival sources an analysis is undertaken of the factors that influenced the emergence of South Africa as a health destination during the 19th century. Climate therapy was of particular interest for the treatment of consumption or tuberculosis. Arguably, the perceived therapeutic regenerative qualities of South Africa's climate became a driver for the development of a form of international tourism that pre-dated the country's emergence as a leisure tourism destination.

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Contents:

1. Introduction 112
2. Tourism and Climate Therapy 112
3. Climate Therapy and South Africa 114
4. Conclusion 118
Acknowledgements 119
References 119

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1. Introduction

The geographer Gordon Pirie (2021: 1) pinpoints that whilst tourism research in Africa has been buoyant for the past quarter century "only a small component of this work has been historical". Behind the humble standing of tourism's past within African tourism scholarship is a close linkage of tourism research with policy issues as well as an emphasis in teaching programmes on training for employment in the hospitality sector (Visser, 2016; Rogerson and Visser, 2020). Another consideration is that the nature and availability of data and information sources can constrain the pursuit of historical tourism research in several settings (Dredge, 2001). At the local level for many African countries detailed historical information in relation to tourism often is scarce (Grundlingh, 2006; Pirie, 2021). The relevance of historical perspectives in re-thinking research agendas for African tourism in the COVID-19 environment is argued by Rogerson and Baum (2020). Globally, the value of conducting historical research on tourism is evidenced most clearly in significant works produced by Walton (1997, 2005, 2009a, 2009b, 2009c, 2011). Butler (2015), MacKenzie and Gannon (2019) and MacKenzie et al. (2020) endorse the merits of conducting historical research in order to further the progress of tourism and hospitality studies. Dredge (2001) demonstrates for geographers how historical research can assist understanding of current processes of change. Similarly Saarinen et al. (2017) recommend a greater application of historical perspectives by tourism geographers. Overall, Walton (2009a, 2011) calls for an extended scholarly engagement with the past in tourism research, the significance of history in tourism studies in general and analysis of particular aspects which have not been scrutinised in depth to date.

Against this backcloth the aim in the paper is to examine essentially what is the opening chapter in the history of international tourism for South Africa. Our focus is upon an analysis of the factors that influenced the emergence of South Africa as a health destination during the 19th century. Arguably, the therapeutic regenerative qualities of South Africa's climate became a driver for the development of a form of international tourism that pre-dated its emergence as a leisure tourism destination (Bell, 1993). The research reported in this article advances scholarship in the history of tourism for climate and health. Among the most notable international works are those by Kevan (1993), Beckerson and Walton (2005), Jankovic (2006) and, most recently, Morris (2018). In addition, the study represents a modest further contribution to literature which excavates tourism's past in South Africa, the best documented country across the historical record of sub-Saharan Africa (Pirie, 2021). Existing studies are authored by historians (Carruthers, 1989, 1994, 1995; Davidson, 2000; Grundlingh, 2006; Saunders and Barben, 2007; Bickford-Smith, 2009; Carruthers, 2013; van Wyk, 2013; Dhupelia-Mesthrie, 2020), geographers (Brooks, 2005; J.M. Rogerson, 2017, 2018, 2019, 2020; C.M. Rogerson, 2020; Rogerson and Rogerson, 2018, 2019, 2020a, 2020b; Rogerson and Visser, 2020; Rogerson and Rogerson, 2021a, 2021b) as well as those who might be classed as environment or conservation scholars (Brett, 2018, 2019a, 2019b, 2020). In terms of research methods, this investigation uses an archival approach. It draws from a range of sources which includes material extracted from the Cape Town archives depot of the National Library of South Africa, historical medical journals, and a review of local and international literature. The mining of archival materials – viewed as the raw material of history – is recognised as one of the major historical approaches for tourism research (Power, 2018; Pirie, 2021).

2. Tourism and Climate Therapy

As far back as the third millennium BC there is a recorded history of people travelling away from detrimental health conditions and towards locations which were thought to provide climate cures (Zangel, 2017). Historically, the application of climate therapy has been dependent upon the collective wisdom of the times as well as subject to the shifting currents of social values. Kevan (1993: 113) argues that "the prescription of medical treatments, such as climate cures, reflects the progression of medical philosophy which has been swayed by changing cultural concerns". Tourism for climate and health was practiced by ailing people in the hope that a change

of climate would, if not provide a cure, at least alleviate their underlying health conditions. It is observed that the English started "on their quest for a 'change of climate' towards the middle of the eighteenth century" (Kevan, 1993: 116). Morris (2018) records that health travel came into vogue as physicians began recommending a 'change of air' particularly to patients suffering from nervous conditions such as melancholy and hypochondriasis. By the mid-19th century under the influence of Victorian medical climatology that held the Mediterranean in high therapeutic esteem, Jankovic (2006) shows that the practice of European travel for health purposes was well-established.

Bell (1993: 332) states that "during the second half of the nineteenth century 'natural cures', including sea voyages and spas, health resorts and open-air sanatoria, became fashionable prescriptions within Europe for a range of illnesses including gout, bronchitis, dyspepsia 'nervous afflictions' and phthisis (pulmonary tuberculosis or consumption)". Favoured geographical environments for the search of climate therapies included not only parts of the Mediterranean (especially the Riviera) but also California and increasingly South Africa (Jankovic, 2006; Mahony and Endfield, 2018). By the end of the nineteenth century physicians were according considerable attention to the curative attributes of the sea, sea voyages therapy and for the therapeutic powers of seaside resorts which were 'selling air'(Beckerson and Walton, 2005). The special enthusiasm of the British for 'bracing air' was associated in part with widely accepted theories of environmental determinism which held that "the creativity, enterprise and drive that sustained British innovation, trade, wealth and empire owed its origins to a stimulating climate" (Beckerson and Walton, 2005: 60). Beyond the seaside the potential therapeutic value of mountain air also was recognised and encouraged by the opening of mountain sanatoriums (Kevan, 1993). Places "with high altitudes and sunny dry climates were promoted extensively in both medical and lay publications" (Zangel, 2017: 8).

The rise of climate therapies was given considerable impetus by the Industrial Revolution which led in Europe to the expansion of unhealthy cities with squalid living environments, contaminated water and deleterious air pollution conditions. Wealthier patients exited disease-infested cities in search of warm and dry climates. With escalating urban populations linked to the incidence of many diseases it was considered that the health of many individuals seemed to improve with a change in environment and 'change of air' (Beckerson and Walton, 2005; Morris, 2018). This said, according to Morris (2018: 51) "there was no consensus among physicians as to which geographic locations were better for which diseases, or which symptoms improved in which locales". Among the diseases which "was thought to respond to a change of climate was tuberculosis" (Kevan, 1993: 123). This disease, deemed as more fearsome than any other, was known variously as phthisis, consumption, or 'The White Death' (Morris, 2018). Throughout most of the 19th century as consumption had no cure, all treatments were palliative and focussed on "making the patient as comfortable as possible in the right climate, so the body could, in the fulness of time, possibly heal itself" (Morris, 2018: 51). Sufferers were dispatched initially to seaside locations but later recommended to travel further to equable southern climes with drier air.

Overall, therefore the early geography of most 'health resorts' for climate therapy was concentrated in Europe. A general devaluation of seaside resorts in consumption therapy accompanied, however, the growing appreciation of the benefits of mountain resorts, dry inland resorts and sea voyages (Morris, 2018). With improvements occurring in sea travel increasing numbers of consumptives were encouraged to seek out climate therapy in the colonies which were opening up in North America, Africa and Australasia (Zangel, 2017). Mahony and Endfield (2018: 7) observe certain colonies or topographic features within colonies "began to be identified as places offering 'climate therapy' for those invalided back home through old world disease or indeed those whose health had been diminished elsewhere in the colonies". By the second half of the 19th century temporary stays in certain colonial destinations thus offered a measure of relief from degenerative diseases such as tuberculosis which was associated with the crowded urban environments of Europe. South Africa – more specifically the Cape Colony - was one of those destinations viewed as imbued with such health-giving properties (Bell, 1993; Zangel, 2017).

3. Climate Therapy and South Africa

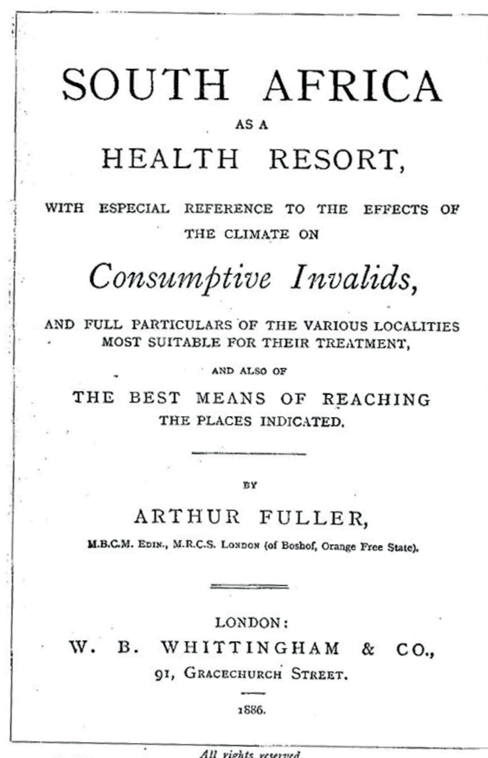
The Cape Colony garnered appeal for its 'healthy climate' as early as 1858, a status that would be sustained by medical beliefs for at least the next half century (Scholtz, 1897). Arguably, throughout the late 19th century exploration was undertaken of the opportunities and assets of South Africa as a health resort. It is suggested that the "reason why South Africa was such an important health asset was the fact that it had more than one healing 'characteristic'" which made the country particularly attractive for people traveling to health resorts in search of cures for a failing health (van Wyk , 2013: 52). In addition to its climate, clean air and sunshine there were also several thermal mineral springs in the country that strengthened its reputation as a health resort. Patients in South Africa could spend their day in the open air, away from crowds and exercise in clean air in order to help the body recover from consumption by using the climate as a form of medicine (Scholtz, 1897). As late as 1907 the colonial government was issuing pamphlets that proclaimed 'Cape Colony – The Health Resort of Europe' (Cape of Good Hope, 1907). Shortly following the formation of the Union of South Africa (1910) promotional literature asserted that the climate of South Africa simply was "the best in the world" (Wilmot, 1911).

The origins of South Africa as a health destination can be traced to the period of the mid-19th century when health visits to the Cape were popular amongst civil servants on duty in India, especially for those suffering the ravages of a tropical climate (Bell, 1993). It was recorded that by 1858 "Cape Town had become a favourite 'sanatorium' for officers and members of the civil service who were serving in India; they would visit Cape Town whilst they were on furlough" (Zangel, 2017: 37). The Cape Colony became an attractive destination for the British military and most especially for its tuberculosis sufferers. The suitability of the colony also for invalids from Europe was confirmed by a growing number of positive reports from both travellers and medical scientists (Scholtz, 1897; Bell, 1993). Beliefs surrounding the healing climate of South Africa were deemed as specifically helpful for chest illnesses (Scholtz, 1897). As there was no understanding of the origins of the disease until the 1880s as well as no means of treatment available this belief catalysed a continued flow of invalids to the Cape Colony in search of appropriate therapeutic environments (Zangel, 2017). In addition to the climatic advantages of South Africa the health-giving properties of the sea voyage often were highlighted and lauded: in one example "the voyage to South Africa is one of the finest in the world" (Fuller, 1886: iii). In particular, consumptives were encouraged to travel to the Cape for the duration of the British winter (Zangel, 2017).

Above all, therefore, South Africa expanded as a health destination in the late 19th century because of the widespread belief in Britain and Europe that travel to places with dry air and high altitudes was beneficial to tuberculosis sufferers. For this reason van Wyk (2013: 53) asserts that "South Africa's status as a health resort was achieved, because it was the healing of this dreadful and common ailment that South Africa's climate was famous for". For medical practitioners South Africa was preferred for the treatment of consumption because its climate (at least in parts) was known to be warm, highly invigorating and very dry (Fuller, 1886; Scholtz, 1897). The 'discovery' that air and climate might assist in curing the condition of consumptives was particularly important in the context of imperial Britain which had occupied South Africa during the 19th century. Bell (1993: 334) maintains that medical judgments were "neither neutral nor objective" and could be intertwined with political and economic interests. Likewise, van Wyk (2013: 55) points out that Britain "was now in charge of their own health resort, and this meant that British invalids would visit so-called British soil, and not other European countries and the revenue would therefore be ploughed back into British pockets". Another advantage of South Africa was that as a British colony English was spoken almost everywhere which was in contrast to the European health resorts of the period (van Wyk, 2013).

By the mid-19th century several factors coalesced to support the emergence of the Cape Colony as an attractive health destination (Bell, 2013). Alongside imperial economic interests and ambitions these included advances in ocean travel which became progressively safer, more accessible and affordable. In addition, as a result of the march of industrial-

ization, living conditions continued to deteriorate across many urban centres of Britain. A number of promotional initiatives appeared in the form of the preparation of guide books that provided information on the healthful opportunities of the Cape Colony. Such guide books as *Brown's South Africa*, published in 1893, advertised South Africa as a resort both for the use of tourists, hunters ('sportsmen') and 'invalids' (Brown, 1893). The shipping companies played a crucial role in promoting the Cape as a health destination and developing its reputation. Further, the potential of South Africa as health resort was boosted by collaborations between medical practitioners and shipping lines through the development of guide books which encouraged visits to the Cape Colony 'for the benefit of people's health'. The most notable is that the Union Shipping Line commissioned Dr Arthur Fuller in 1886 to "write a book which would promote South Africa as a destination for those suffering from tuberculosis" (Zangel, 2017: 44).


SOUTH AFRICA
AS A
HEALTH RESORT,
WITH ESPECIAL REFERENCE TO THE EFFECTS OF THE CLIMATE ON
Consumptive Invalids,
AND FULL PARTICULARS OF THE VARIOUS LOCALITIES MOST SUITABLE FOR THEIR TREATMENT,
AND ALSO OF
THE BEST MEANS OF REACHING THE PLACES INDICATED.

BY
ARTHUR FULLER,
M.B.C.M. EDIN., M.R.C.S. LONDON (of Boshof, Orange Free State).

LONDON:
W. B. WHITTINGHAM & CO.,
91, GRACECHURCH STREET.
1886.

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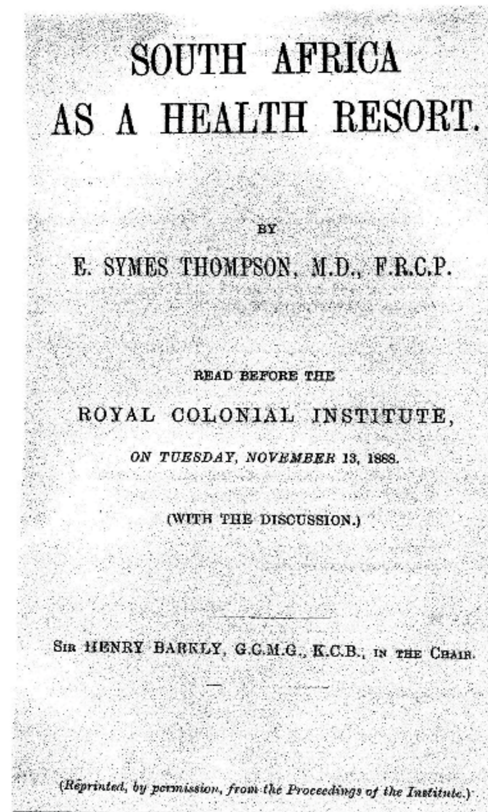
Fig. 1. Promotional Book for the Cape Colony as Health Destination (Source: Fuller, 1886 from National Archives Depot, Cape Town).

The resulting publication was influential for building the appeal of South Africa as a health destination (Fuller, 1886: see Fig. 1). The book - published in London - was revised and reprinted on a regular basis; by 1898 it was in its sixth edition with over 55 000 copies having been printed (Zangel, 2017). According to Bell (1993: 336) the book was targeted to correct the backward image of South Africa; instead "Dr Fuller sought to ensure that South Africa's image in Britain was of a progressive, technologically sophisticated country to which the invalid could quickly adapt". Fuller (1886: 12) was unambiguous in his praise and recommendation of South Africa as a destination for climate therapy: "The writer has no hesitation in saying that out of the many patients who seek relief in the South African climate, very few gain no benefit at all: a goodly proportion have their life prolonged, and live in greater comfort in the dry sunny air than they could at least in Northern Europe; while a not inconsiderable number, especially of those who come out when symptoms are first threatening, or before any actual tubercular disease is present, make a thorough recovery". Pointing out that the benefits of the health resources South Africa were available both for the wealthy as well as the less affluent populations the following practical advice was offered:

> *First of all, then, there are a large number of people who have perhaps a hereditary predisposition to consumption and suffer from chest weaknesses, manifesting itself principally during the winter in England by prolonged cold sinking to the chest, and being got rid of with difficulty; leaving behind them a cough which lingers perhaps for months. Such persons are (as we know) on the verge of consumption, and every winter they spend in the damp, cold climate of England is a source of danger to them, which only too frequently proves eventually fatal. To the wealthier classes change is easy, and they should not fail to avail themselves of it. They cannot do better than come out to South Africa and take advantage of its climate. They should leave England in September and October, before the winter commences, and will arrive, after a pleasant three weeks' voyage (itself frequently of great service to the invalid) in Cape Town just as summer begins, and before it has become hot (Fuller, 1886: 43-44)..*

Public opinion concerning the opportunity for improved health in South Africa was influenced also by the writings of leading medical practitioners of the time. In 1888 at a meeting of the Royal Colonial Institute in London Dr Symes Thompson, a consulting physician who had spent time researching South Africa and in particular its climate, presented an influential address that was subsequently published (Fig. 2). The focus was South Africa's ability of 'giving or restoring health' as climate was viewed as one of the most significant factors for the healing of consumption (Symes Thompson, 1889). Special attention was accorded to "dryness" which determined overall "the character of 'South Africa as a health resort'" (Symes Thompson, 1889: 27). Indeed, the call was issued by Symes Thompson (1889) for doctors in Britain to recommend the Cape Colony as an appropriate place to send consumptive patients. Arguably, by the 1890s van Wyk (2013: 61) observes "South Africa was fully 'licensed' in a manner of speaking to be called a health resort". Further medical debates occurred in the British Medical Journal (BMJ) debating the merits and disadvantages of South Africa. One letter in 1895 from Surgeon-Colonel Hamilton (1895: 207) affirmed that "there can be no doubt that the climate is, in many places, the finest in the world and that cases of tubercle do well if not sent out too far advanced". Other letters warned, however, against the choice of South Africa for poor invalids whose journey to the country often was in third class passage on ships which aggravated the condition of consumptives (Zangel, 2017).

Much detailed discussion occurred as to the unique climatic character and setting of different towns within South Africa in order to determine which particular places themselves might be called 'health resorts' (Fig. 3). As a whole the interior highlands with few people and clear air were viewed as healthier than the larger towns and especially the coastal centres (Bell, 1993). In Fuller's (1886: 17) opinion neither Cape Town or Port Elizabeth were to be recommended for climate therapy because of 'boisterous' winds and dust. In addition for Cape Town because of the poor state of local sanitation a situation which was described three years later as "in a truly disgraceful condition" (Symes Thompson, 1889: 16). Other coastal centres such as East London and Port Alfred also were dismissed, albeit


SOUTH AFRICA
AS A HEALTH RESORT.

BY

E. SYMES THOMPSON, M.D., F.R.C.P.

READ BEFORE THE

ROYAL COLONIAL INSTITUTE,

ON TUESDAY, NOVEMBER 13, 1888.

(WITH THE DISCUSSION.)

SIR HENRY BARKLY, G.C.M.G., K.C.B., IN THE CHAIR.

(Reprinted, by permission, from the Proceedings of the Institute.)

Fig. 2. South Africa as a Health Destination Meeting at the Royal Colonial Institute (Source: Symes Thompson, 1889 from National Archives Depot, Cape Town).

the latter complimented as "a pleasant place of seaside sojourn during June and July, but it is unsuited for cases of phthisis" (Symes Thompson 1989: 12). The harshest comments, perhaps, were reserved for Mossel Bay, "a somewhat dreary place, with very little to recommend it" (Fuller, 1886: 16). By contrast, lavish praise was given to 'the high table land' of the Karoo region (Fuller, 1986; Langham-Carter, 1979). Symes Thompson (1889: 5) described the Karoo as follows: "a region characterised by excessive dryness of air and soil, where, at a level less than 3,000 feet above the sea, remarkable purity and coolness of air are secured, with an almost complete absence of floating matter; together with great intensity of light and solar influence; great stillness in winter; a large amount of ozone, and a degree of rarefaction of proved value in cases of phthisis". With its dry and smoke-free air, far different to English cities with industries and smog, the Karoo "was by far the most praised for its curative powers by many, particularly for the relief it gave to consumptive patients" (van Wyk, 2013: 65).

A number of individual Karoo towns made accessible by the developing rail network were applauded for "being blessed with healing climates and even healing thermal springs" (van Wyk, 2013: 62). Among those towns one of the most celebrated as a health resort for consumptive invalids was Ceres (Fuller, 1886; Ceres Sanatorial Company, 1890). The town was compared favourably with famous European health resorts and was the first to be named a health resort after a visit there by a Dr Harry Leach from London in 1878. In particular Fuller (1886: 19) extolled the town's virtues:

> *It is situated about 1,700 feet above sea level, in the midst of the most delightful mountain scenery, and has nearly all the attractions, including sanitary conveniences, that an ordinary traveller or invalid might expect to find in a small European township. It is well laid out, the streets being broad, cutting one another at right angles, and lines on both sides with beautiful oak trees (Fuller, 1886: 19).*

Additional assets of Ceres driving its growing popularity were the existence of "a suitable climate", a number of agreeable hotels and boarding houses in the town as well as the town's accessibility by rail and cart from Cape Town (Ceres Sanatorial Company, 1890: 6). Another resort was Matjiesfontein, established in 1883 by a visionary Scottish entrepreneur and consumptive invalid who recognized the personal financial benefits as well as the health improvements from establishing such a health resort in the clear crisp air of the Karoo (Saunders and Barben, 2007). The Matjiesfontein resort was styled as "the little oasis on the border of the Karoo desert", developing as an international health resort because it was easily accessible by rail from Cape Town (van Wyk, 2013). The reputation of Matjiesfontein was well-known both in the Colony and England (Langham-Carter, 1979). With the air said to be "wonderfully dry and bracing" and with an altitude of just under 3000 feet the resort attracted a cohort of international visitors and celebrities who numbered Cecil Rhodes, the Sultan of Zanzibar and Rudyard Kipling (Saunders and Barben, 2007). Indeed, "in British high society, travelling to Cape Town was not complete without having stayed at Matjiesfontein" (van Wyk, 2013: 64).

Several other Cape towns were credited frequently with health-giving properties including Aliwal North, Beaufort West, Cradock, Graaff Reinet, Grahamstown and Prince Albert (Fuller, 1886; de Wit, 1894; Scholtz, 1897). Aliwal North was described as having a "good reputation" and its popularity was boosted by its thermal springs (van Wyk, 2013). The government district surgeon for Grahamstown was a great champion of the town as one that "could be honestly promoted as a place where one could resort to improve one's health" (Davidson, 2000: 177). Symes Thompson (1889: 19) gave the highest recommendation to Cradock, "a haven to an ever increasing number of health seekers" more especially after the opening of the rail connection to Port Elizabeth. Fuller (1886: 27) also praised the town describing it as "one of the best health resorts in South Africa", "with many English residences", and "with accommodation houses for the invalid and travellers". Finally, as the rail network of South Africa expanded and improved in the late 19th century the capital and largest town of the Orange Free State, Bloemfontein became a destination of choice for many consumptives and "had established a reputation for the 'cure of consumption'" (Zangel, 2017: 39).

Overall several challenges confronted invalids seeking benefits anywhere in South Africa as an early health destination for climate therapy. Warnings were sounded that South Africa was "not for the faint hearted" and that because of the absence of 'luxuries' invalids "had to be able to 'rough' it out in the interior towns where luxuries were not readily known" (van Wyk 2013: 58). In discussions within the BMJ it was reflected as follows: "I should suppose that for a person who requires home comforts and coddling – I do not use the term offensively – South Africa is not the place" (Arnison, 1896: 813). Local medical physicians readily conceded "the want of comfort out here" (de Wit, 1894: 1259). Mobility within 19th century South Africa was difficult as the rail network was still developing and often travel in the interior was necessarily undertaken or completed by ox-wagon or cart (Fuller, 1886). Moreover, early rail travel in South Africa was not always of the highest levels of comfort. In the *BMJ* Surgeon-Colonel Hamilton (1895: 207) cautioned that "railway journeys in South Africa are not comfortable in the summer, the carriag-

es being small and the food procurable at some of the stations being vile in the extreme".

One consistent criticism related to the generally poor quality of available accommodation services. Symes Thompson (1889: 16) stated "hotels in South Africa are, for the most part unsatisfactory" adding that the "attendance is bad, and the conveniences few". Hamilton (1895: 207) provided a similar assessment: "The great drawback to South Africa as a health resort, once you leave the [Cape Town] peninsula, is the miserable hotel accommodation and the want of suitably cooked food. As an officer suffering from tubercle of the lungs said to me lately; "All the good I derived from the climate was undone, and more than undone, by the absolute starvation I had to put up with. The food was never decently cooked" (Hamilton, 1895: 207). Similar sentiments had been expressed in earlier discussions (1888) which took place at the Royal Colonial Institute concerning the need for improving the quality of hotels and services, most especially in the location of health resorts. It was observed as follows:

> *I can bear testimony to the fact that there are not many good hotels….This need of good hotels throughout the interior and in health-giving districts is a great want for invalids and ordinary travellers, and most of all, of course for invalids. I find frequently that persons entrusted to our care for conveyance to the Cape speak of this matter on their return, and regret that owing to the lack of accommodation, they have been unable to stay as long as they desired, and to enjoy the full benefits of the admirable dry climate, so beneficial to health, which distinguishes that part of the world (Sir Donald Currie in Symes Thompson, 1889: 37)*

Poor quality and lack of variety of food were constantly highlighted in several critical letters to the BMJ. Indeed, there were reports "with some apprehension that meat or mutton was apparently served in the Cape every day, and therefore became known as '365' (van Wyk, 2013: 58). With critical voices continuing to appear in the *BMJ* about the woeful state of food and hotels in South Africa one local medical physician was prompted to respond in defence that at "the average up-country hotel the visitor will get the ordinary fare which is met with at the tables of the middle class in England" (Murray, 1895: 1158). This aside, the poor condition of the majority of hotels in 19th century South Africa continued a matter of major concern for proponents of the therapeutic qualities of its climate.

4. Conclusion

Tourism for climate and health records a long history with changes in geographies. This paper has analysed the factors behind emergence the 19th century popularity of South Africa, and specifically the Cape Colony as a destination for climate therapy. Medical beliefs and advances in medical science moulded global and local geographies of health destinations (Kevan, 1993). By the time of the 1910 formation of the Union of South Africa climate therapy as a cure for consumption was losing its credibility (Morris, 2018). In 1882 the history of tuberculosis entered another era as a result of Robert Koch's discovery of *Mycobacterium tuberculosis* as the causative agent of the disease. Morris (2018: 60) argues that this discovery "marked the beginning of the end of climate therapy". The acknowledgment that tuberculosis was an infectious disease together with the lack of effective treatment led to the situations that patients were often cut off from the wider community and that by the close of the 19th century travel to foreign destinations no longer was encouraged.

By 1900 climate therapy was increasingly discredited and in steep decline. In the case of South Africa there is little doubt some of the early invalid arrivals experienced a restoration of their health; others, however, did not share this fate and died in foreign soil. Significantly, as they had brought to South Africa an infectious disease it was inevitable "that their presence in communities where little regard was taken to prevent the spread of infection would leave a legacy far beyond their own life histories" (Zangel, 2017: 63). Accompanying a growing recognition from the South African medical community that tuberculosis was spreading in the country as a result of its introduction by health tourists from Britain and Europe the movement was launched for government restrictions on entry

into the country of tuberculosis sufferers (Packard, 1989). By 1913 the era of climate therapy and travel to South Africa for health was at a close.

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