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Hydropathy at Home: The Water Cure and Domestic Healing in Mid-Nineteenth-Century Britain

HILARY MARLAND AND JANE ADAMS

SUMMARY: This article explores domestic practices of hydropathy in Britain, suggesting that these formed a major contribution to the popularity of the system in the mid-nineteenth century. Domestic hydropathy was encouraged by hydropathic practitioners in their manuals and in the training they provided at their establishments. We argue that hydropathy can be seen as belonging to two interacting spheres, the hydro and the home, and was associated with a mission to encourage self-healing practices as well as commercial interests. Home treatments were advocated as a follow-up to attendance at hydros and encouraged as a low-cost option for those unable to afford such visits. Domestic hydropathy emphasized the high profile of the patient and was depicted as being especially appropriate for women, though in many households it appears to have been a common concern between husbands and wives.

KEYWORDS: hydropathy, water cure, domestic practice, patients, advice manuals, women, alternative medicine, nineteenth century

It is supposed by vast numbers who are interested in water cure, that its benefits are confined to large and expensive establishments. This is a very deplorable mistake . . . Of the millions of our people, how few could ever have the benefits of the water-cure, if they were to be had at only what are called water-cure establishments!1

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The potential healing and strengthening powers of hydropathy seized the imagination of growing numbers of British practitioners and patients from the 1840s onward, and water was used in multiple ways in therapeutic and hygienic practices. Hydropathists trumpeted the ability of water to cure—or at least alleviate—a host of acute and debilitating diseases where orthodox treatments had failed. Pure water was declared invaluable in health maintenance and disease prevention. In place of the powerful drugs and therapies of allopaths, hydropathists advocated a straightforward and natural, albeit demanding, regime of treatment involving imbibing and bathing in pure water and vigorous exercise—ranging from hill walks to gymnastics—interposed with rest and enforced breaks from mental activity; a simple, strengthening diet; and the adoption of habits of regularity and temperance. Unlike its predecessor, spa medicine, with its associated frivolity and indulgence, socializing, dancing, drinking, gambling, and flirting, hydropathy was “all business”; its patients were to soberly abide by nature’s laws, drinking and washing in nature’s fluid, in “deadly earnest about recovering their health.”

The System and Diversity of Hydropathy

The system of hydropathy originated with Vincent Priessnitz’s discovery of the healing benefits of pure water and his establishment of Gräfenberg in the Silesian Alps in the mid-1820s as the first and most famous hydropathic center. His treatments were based on the external application of cold water, using baths and douches, wet bandages and sheets, and rubbing, combined with the drinking of large quantities of water, a plain diet, abstinence from alcohol and other stimulants, and rigorous exercise. Priessnitz proclaimed hydropathy as “the negation of orthodox therapy; it was intended to make medicine redundant.” Captain R. T. Claridge’s


3. For older traditions of water bathing in Britain, which suggest that hydropathy was not an original invention, see, for example, John Floyer, *An Enquiry into the Right Use and Abuses of the Hot, Cold, and Temperate Baths in England* (London: R. Clavel, 1697), in which Floyer recommended cold bathing for physical weakness; and John Wesley, * Primitive Physic* (London: Thomas Trye, 1747), which emphasized the folk traditions associated with healing waters and promoted cold water as a universal cure available to all. For further discussion of cold water bathing, see Virginia Smith, *Clean: A History of Personal Hygiene and Purity* (Oxford: Oxford University Press, 2007), especially pp. 217–23, 236–44.

proselytizing of the regime in the early 1840s, through his book and a lecture tour, proved particularly significant in introducing Priessnitz’s ideas to Britain two decades later.\textsuperscript{5} In 1841, Dr. Joseph Weiss set up the first hydropathic treatment center in the country at Stansteadbury in Hertfordshire. This establishment was soon outranked by Malvern, when Dr. James Wilson began to practice there in 1842, having converted to hydropathy following a visit to Gräfenberg. Further establishments were developed in Malvern by Dr. James Manby Gully—initially Wilson’s collaborator and later his rival—in the same year. By 1861, Malvern’s hydropathic centers were receiving around six thousand patients a year.\textsuperscript{6} Meanwhile, in Derbyshire, John and Caroline Smedley set up what was to become Britain’s largest and most enduring water cure center at Matlock, opening their hydro in 1853. Following the Smedleys’ lead, numerous other hydros were set up in the town, including several smaller establishments. By 1857, the Smedleys’ hydro alone was treating six hundred patients a year; in 1867, two thousand; and by 1876, three thousand.\textsuperscript{7} Despite a mixed reception from the medical faculty, including unbridled hostility from many, hydropathy quickly won converts. By the 1860s, there were over twenty hydropathic institutions in Britain, many of which attracted large numbers of patients,\textsuperscript{8} and by 1891, there were sixty-three, including twenty in Scotland. Some were modest, but others were large, impressive, and bustling with visitors.\textsuperscript{9}

Much of the literature on British hydropathy has foregrounded such institutional settings and the development of health tourism, whereas the impact of hydropathic practices on domestic healing has scarcely been


In this article, we argue, however, that home-based practices contributed in a major way to the popularity of the system in the mid-nineteenth century. Hydropathic practitioners urged patients to continue treatment at home, applying the knowledge and techniques learned at the hydro and following instructions contained in hydropathic manuals. Indeed, by the mid-nineteenth century, hydropathy could be depicted as belonging to two interacting spheres, the hydro and the home, and as associated with commercial interests as well as with a mission of encouraging self-healing. Drawing on patients’ recollections and correspondence, we also respond in this article to Janet Browne’s advocacy of exploring the high profile of the patient—and not just the celebrity patient—in shaping hydropathic treatment. The patient’s input was deemed vital to the success of his or her cure, which depended on commitment, a robust approach, and continuity. By emphasizing the links between prescriptive literature and lived experience, we seek to demonstrate how patients responded to the advice provided in manuals and at hydropathic establishments and to understand how they connected home and hydro. The system was described as being particularly appropriate for women, and in a separate section, we will explore women’s links with the water cure, focusing in particular on the work of Matlock hydropathist Caroline Smedley and on Mary Gove Nichols, who was active in Malvern from 1867. Men, however, also reported their experiments with hydropathy with great enthusiasm, and in many households, water cure practice appears to have become a common concern between husbands and wives. The low cost of home treatment was emphasized by hydropaths, who presented domestic hydropathy as an ideal means of broadening access to the poor and urban dwellers, who lacked the means to visit expensive hydros. Mary Gove Nichols claimed that “almost all the advantages and blessings of the water cure may be enjoyed at home, and that far cheaper, as a general thing, than any other system of medical treatment.” Air, exercise, and


proper food were the only necessities: “All the rest is water, which can be had wherever rain falls, springs bubble, or rivers run.”

This advocacy of a robust and empowering approach to water curing suggests a fit with popular and long-standing traditions of self-healing, such as the use of home-prepared remedies, as well as an alignment with other mid-nineteenth-century forms of alternative medical practice. Kathryn Gleadle has pointed to hydropathy’s radical associations and its frequent overlap with other “medical heresies.”

It went hand in glove with the increasing popularity of a range of reforming health and lifestyle approaches in mid-nineteenth-century Britain: medical botany or Thomsonianism, herbalism, spiritualism, vegetarianism, homeopathy, teetotalism, dress reform, birth control reform, and antivaccination.

Many water cure advocates linked hydropathy to one or several of these systems and movements, which tended to embody criticism of orthodox medicine and its practitioners and to emphasize patient accessibility. A handful of hydropathic centers were known for their radical credentials, particularly Ben Rhydding in Ilkley, run by Dr. William Macleod, which was attended by many radical liberal Quakers and Unitarians. And a handful of hydropaths, notably Thomas Low and Mary Gove Nichols, were associated with radical approaches to health, sexuality, and women’s rights, with Thomas Low Nichols suggesting that health reform and the “healing force or power” were capable of addressing disease, high mortality rates,

poverty, vice, and urban decay at a stroke: “A nation may have fever or insanity like an individual. The conditions of health are the natural and best means both of prevention and cure. Universal education requires a corresponding social reformation.”

Yet hydropathy remains difficult to place resolutely within a framework of “alternative medicine.” As Kelvin Rees has pointed out, from its inception in Britain in the 1840s, hydropathy maintained “an image at once radical and respectable.” Logie Barrow too has been ambivalent about hydropathy’s alternative status, struggling to position it alongside the radical discourses that typified other unorthodox therapies. In terms of therapeutics, hydropathists were a diverse group, differing on the finer points of water usage and methods. Some used hydropathy in isolation, while others combined it with homoeopathy, spiritualism, mesmerism, galvanism, or dietary reform. The support of the system by unqualified and qualified doctors, as well as a dovetailing in the second part of the nineteenth century with the holistic approaches that were increasingly advocated in orthodox practice, acted as barriers to the development of associations with radical fringe practices and hindered hydropathy’s claims to alternative status. Moreover, as Roberta Bivins has argued, to have medical systems, theories, and practices that can “be regarded as ‘alternative’ one must have a recognized, definable, and at least relatively stable orthodoxy to which they oppose themselves.”20 This was something that nineteenth-century medicine signally failed to provide, with confusion surrounding theories, therapeutics, licensing, and practice, aggravated by an overheated and competitive marketplace.

19. See Bradley and Dupree, “A Shadow of Orthodoxy?” (n. 8), for a detailed and compelling development of this argument.
The diversity of hydropathic practitioners complicates matters further. James Wilson, James Manby Gully, and Edward Johnson were medically qualified practitioners who had undergone processes of conversion—in varying degrees—to hydropathy. But other hydropathists—John Smedley, Joseph Constantine, and Thomas Preston, for instance—lacked any form of medical qualification and rejected the need to acquire such trappings, arguing that experience and practice equipped them to treat patients and to pass on their knowledge. Self-taught hydropathists saw themselves as consciously and practically acting in opposition to allopathic practice. Yet it was from the ranks of medically qualified hydropathists that the sternest critics of allopathic medicine emerged. Dr. James Manby Gully lambasted orthodox practitioners for their indiscriminate use of drugs and expounded on the plight of female patients in particular, who were subjected to a range of useless local treatments, bleeding, cauterization, and injections. In Gully’s view, such treatments were not only unnecessary but were also based on trumped-up diagnoses for exploitation and profit. He spurned orthodox medicine in no uncertain terms; yet in his Malvern practice, far from centering on the treatment of the poor or urging a democratization of the water cure, he chiefly focused on administering expensive regimes of treatment to wealthy patients.

Other hydropathic doctors were more accommodating and eclectic in their approaches; many, as James Bradley and Marguerite Dupree have convincingly argued, “adhered to orthodox views of the body and disease” while differing from allopaths in “therapy and action.” They saw hydropathy as a powerful supplement to orthodox treatments and thus as “complementary.” Macleod’s vigorous regime at Ilkley, for all its radical associations, employed orthodox medical therapies alongside cold water hydropathy, homeopathy, and medical gymnastics. Dr. Edward Johnson, meanwhile, attempted to normalize the water cure within orthodox medical discourse and suggested that hydropathy should supplement allopathy. Presenting hydropathy not as “quackery” but as “extra-professional,” Johnson was unable to align himself with “that senseless clamor against ALL drugs . . . which has been raised and reverberated in

all the hydropathic works which I have read.” For Johnson, hydropathy’s potential lay in its putting the body in the most favorable circumstances to resist and cure disease—“The difference between drug treatment and the water treatment is this: that the latter strengthens while it cures. The former weakens while it cures.”

The Promotion of Domestic Hydropathy

Given that their choices were often shaped by expediency, patients may have been little concerned with the categories of “orthodox” and “alternative” and may have adopted hydropathy simply as a straightforward method of curing and promoting health, aligning themselves with particular approaches such as cold or warm water bathing and, in some cases, combining hydropathy with other healing systems. Relying as it did on the application and drinking of pure water, hydropathy was domestically adaptable in ways that traditional spa medicine, requiring special mineral waters, was not. Many of the baths and treatments administered in hydropathic centers were carried out in private rooms and lodgings and were fairly easy to transpose to domestic spaces. Hydropathy proved flexible enough to become a serious commercial proposition and a means of supporting large hydropathic centers for many of its practitioners, as well as a means of generating income through the sale of manuals and appliances. For some hydropaths, the promotion of the system, in home and hydro, also became akin to a missionary enterprise.

British hydropathy had a broad appeal, and so too did its domestic application. Less aristocratic than their continental equivalents, Britain’s hydros attracted a largely middle- and respectable working-class clientele with a sprinkling of aristocratic patrons, Members of Parliament, and “ail- ing intellectuals and artistic luminaries.” Celebrity visitors to Malvern included Charles Darwin, Charles Dickens, Alfred Tennyson, Wilkie Collins, Thomas Carlyle, Harriet Martineau, and Florence Nightingale, who were mostly attracted to the water cure by personal recommendations. Several of these famous visitors continued to follow the regime they had learned at Malvern on returning home. Most notable of these was Charles


Darwin, who, after three months of treatment at Malvern under Gully’s direction, built an outdoor douche and bath in his garden at home. He used this daily for five years, with his butler, who had learned how to do rubbings and sluicing at Malvern, in attendance. Darwin carefully followed instructions on diet, bought a horse for exercise, and limited his mental activity to two and a half hours a day, which, he reported in correspondence with acquaintances, checked his sickness and increased his strength.30

Though hydropathists were a mixed bunch in terms of qualification and the finer points of treatment, they all shared an eagerness to promote the system, to attract converts, and to keep them. For many, this meant putting the patient in a central role in the therapeutic process. Water cure patients were described by advocates of the system as highly motivated, and active engagement in the healing process was seen as intrinsic to its success, with the patient ideally “an intelligent co-operator in the aims and plans of his physician.”31 Susan Kinder has argued that although hydropathy was in many ways authoritarian, regimented, and paternalistic, it was also marked by strong elements of individualism and self-help, as treatment regimes were adapted for particular diseases, patients, and circumstances.32 The process of healing, particularly for chronic or nervous complaints, whether followed at a hydro or at home, was often lengthy and involved long-term commitment, and for some patients hydropathy became a method of alleviation rather than cure. Charles Darwin and Lord Tennyson both remained in poor health for much of their lives but credited the water cure with relieving their worst symptoms. Despite its failure to cure him, Tennyson was generous in his praise of hydropathy, which was responsible for “the most marvellous cures.”33

Water cure patients were envisaged as being active consumers of knowledge who were eager, given the correct instructions and provided with appropriate equipment, to learn basic techniques in order to apply them at home, to deal with sickness within the family, as well as to improve

31. James Wilson, M.D., The Principles and Practice of the Water Cure and Household Medical Science: in Conversations on Physiology, on Pathology, or the Nature of Disease, and on Digestion, Nutrition, Regimen and Diet (London: John Churchill, 1854), p. 5.
32. Susan A. Kinder, “The Struggle for Legitimacy in Victorian Alternative Medicine: The Case of Hydropathy and Mesmerism” (Ph.D. diss., University of London, 2005), p. 63. Kinder refers (p. 64) to Gully’s despair of patients who were “lukewarm believers,” since if they failed to respond to the treatment it would reflect badly on him.
their general well-being. The importance of learning about illness and its causes was stressed even in cases in which patients were advised not to take initiatives themselves. Wilson described the water cure as an “artistic process” and stressed the role of the physician in teaching as well as healing. Edward Johnson believed that his publications would serve as a reference “of mutual understanding and consultation between patient and physician.” The water cure enthusiast Lord Lytton avowed that an individual experiencing hydropathy did “not merely start forward again with renewed health, but with something added to his education. He has imbibed new ideas with reference to health, and the laws of its maintenance.”

Hydropathy was notable for the rapid growth in the number and size of its water cure establishments and the enthusiastic responses of visitors but was also marked by a sense of unease about the cost of hydros, which prohibited the poor from taking advantage of the system. In response to this, several hydropathic institutions for the poorer classes were established. William Macleod opened a short-lived dispensary for the working classes in Ilkley, while a hydropathic dispensary in Kensington, London, described as “Malvern in miniature,” “cured many diseases and many drunks” before fear of the Turkish bath setting the building on fire resulted in “these invigorating operations” being closed. In 1851 John Smedley, textile mill owner, evangelical philanthropist, and founder of the largest hydropathic empire in Britain, set up a free hospital for his employees at Lea Mills in Matlock. When he opened his hydro in 1853, he offered reduced rates for less well-to-do patients, and in some instances, he waived his charges altogether. Smedley also urged former bath employees to establish modest hydropathic facilities for local artisans and lower-middle-class

34. Wilson, Principles and Practice (n. 31), pp. xiii, 5.
35. Johnson, Domestic Practice (n. 27), p. viii.
37. Gleadle, “The Age of Physiological Reformers” (n. 13), p. 205. Others, such as Charles Scudamore, a gout specialist working in London and Buxton, advocated the establishment of hydropathic hospitals: A Medical Visit to Gräfenburg, in April and May 1843; for the Purposes of Investigating the Merits of the Water-Cure Treatment (London: John Churchill, 1843), p. 97.
39. After his death in 1874, this was replaced by The Smedley Memorial Hydropathic Hospital, which opened in 1882: Benjamin Bryan, Matlock Manor and Parish: Historical and Descriptive (London: Bemrose and Sons, 1903), p. 231.
40. Matlock Bank Hydropathic Establishment, “Copy of Rules” (n. 7).
visitors. One of his disciples, Thomas Preston, manager of the West of England Hydropathic Establishment, which was conducted “on religious principles” at Limpey Stoke, near Bath, created a fund for the establishment of a sanatorium for laborers and treated cases at a nearby cottage on moderate terms.41

These various initiatives served to extend the reach of hydropathy down the social scale. However, potentially of much greater influence was the publication of hydropathic manuals that explained how the water cure could be applied cheaply at home. The manuals, ranging from small inexpensive pamphlets to more substantial and costly publications, offered detailed advice on bathing and water temperature and outlined the kind of baths required for particular ailments and their timing, frequency, and duration, as well as including information on exercise, diet, and general regimen.

Explaining his motivation in spreading hydropathical knowledge, Joseph Weiss declared in 1844 that “It has been my chief endeavour to render myself intelligible to the non-professional reader, that the treatment of water may be safely introduced into domestic use.”42 Edward Johnson, inspired in part at least by his experiences in treating poor patients while in general practice in London, published The Domestic Practice of Hydropathy in 1849 with the declared objective of bringing “the benefits of hydropathy, as much as possible, within the reach of the poor. The accomplishment of this has always appeared to me in the light of an imperative duty . . .” 43 Seeing hydropathy as complementary to allopathy rather than opposed to it, Johnson was keen to teach patients how to cure themselves, and his book was intended to offer guidance to those who could not make visits to hydropathic centers due to “pressing claims of business” and to those of his patients who wished to continue with home treatments on leaving his establishments.44 Johnson was convinced that people would treat themselves hydropathically at home “whether hydrop-

44. Johnson, Domestic Practice (n. 27), p. vi.
pathic physicians desire it or not” and that even an “imperfect” guide to treatment was a useful tool.\textsuperscript{45} Like other manuals, Johnson’s stressed accessibility but also contained much detail on treatments. In 1863 James Manby Gully was also inspired to produce a “popular work” using plain language, explaining earlier that “It is an absurd error . . . to suppose that the water treatment cannot be carried out as effectually out of a water cure establishment as in it.”\textsuperscript{46} While Gully used this book, as well as his other publications, as an opportunity to lash out at those rejecting hydropathy, it was presented first and foremost as a response to the demands of his patients for guidance in water cure techniques after they had left his personal supervision; “having thereby acquired a faith in them, as well as distrust of their previous practices, they naturally wished to learn how to deal, through the same method, with the disorders which might assail them when they were home.”\textsuperscript{47}

Hydropathic manuals outlined treatments for everyday disorders: aches and pains, sore throats, digestive complaints, and mild children’s diseases. Gully suggested that home treatment was also appropriate for chronic and nervous patients, who would struggle to bear the noise of “more active and hardy patients.”\textsuperscript{48} Disorders considered resistant to orthodox approaches were declared curable under a hydropathic regime and straightforward to apply in the home. Gully maintained, however, that he had placed “a prudent limitation” on the number and character of conditions “which I believe an usually educated and intelligent person may safely and efficiently venture to treat.”\textsuperscript{49} Notwithstanding, Gully’s guide explained how to tackle fevers, coughs, indigestion, headaches, piles, rheumatism, brain fever, and palpitation of the heart, whereas Weiss gave instructions on dealing with inflammations, kidney, liver, and stomach disorders, smallpox, measles, spitting and vomiting of blood, gonorrhoea, seminal discharge, diarrhoea and dysentery, diseases of the nervous system, and apparent death. The latter was to be tackled by removing clothing, ensuring the circulation of fresh air, pouring cold water on the victim, brushing and rubbing the feet and stomach, and inflating the lungs, and, if all else failed, warm bathing and tickling with a feather.\textsuperscript{50} Hydropathists

\textsuperscript{45} Ibid., pp. ix–x.
\textsuperscript{47} Gully, \textit{Domestic Hydrotherapia} (n. 22), p. v.
\textsuperscript{48} Gully, \textit{Water Cure in Chronic Disease} (n. 46), p. 539.
\textsuperscript{49} Gully, \textit{Domestic Hydrotherapia} (n. 22), pp. vi–vii.
\textsuperscript{50} Weiss, \textit{Handbook of Hydropathy} (n. 42), p. 424.
also offered advice on treating terminal conditions, not with the intent of treating what was deemed incurable, but “to palliate, and to put the general system into that state which shall enable it to bear up against the disorder, for the longest possible period of time, and with the greatest possible amount of comfort.”

The authors of hydropathic manuals were eager to present themselves, on one hand, as authorities on hydropathic medicine and, on the other, as able teachers presenting information in a user-friendly way to be adapted for home use. Cheaper editions were aimed specifically at the poor: for example, Joseph Constantine, woollen worker turned “Practical Hydropathist” of Manchester, intended “to convey to his readers, in a plain and clear manner, the readiest and most effective means of attaining a practical knowledge of Hydropathy,” particularly for domestic accidents, ailments, and casualties, emphasizing the need for simple treatments for use “in the cottage as well as the mansion.” Though sometimes complex and tedious to apply, Constantine’s instructions on treatment were broken down into easy stages, not unlike the medical recipes that were still familiar resources for many nineteenth-century families. He explained how rheumatism was most prevalent in damp, marshy districts with poor drainage or in confined and badly ventilated conditions in large towns. Likely to afflict “persons of mature age” who worked outside, particularly farmers, gardeners, and navvies, it was also caused by damp clothes and beds, drafts, and sudden chills. Constantine recommended treatment with the vapor bath and wet bandage, and included the encouraging story of a patient he had treated who had been so badly crippled that he could be moved only with two sticks and assistance, yet could walk unaided after three weeks of hydropathy. While hydropathic manuals spelled out methods of treatment in some detail, these were intended as starting points for personal initiatives, adaptable to individual constitutions and circumstances and to be improved on by practice. Archibald Hunter, Scottish hydropathist and author of a popular home guide first published in 1876, emphasized that “The home circle is the best field for

testing the value of Hydropathy, as ailments, slight at first, are of frequent occurrence, and the mother or nurse, after a few lessons, and observing the efficacy of a tepid wash, head bathing, wet bandage, or fomentation, speedily applies the remedy, and prevents disease, or mitigates its violence and shortens its duration.”

In addition to providing guidance on the treatment of specific disorders, hydropathists set themselves up as lifestyle coaches, giving advice on regimen and advocating the benefits of fresh air, simple food, exercise, and abstinence. Their manuals suggested that the adoption of the water cure would be the start of a new and better approach to healthy living. John Smedley’s *Practical Hydropathy* proclaimed the simple lifestyle changes that could support good health and bring “a certain profitable reward”—“the temperate use of plain and wholesome food, cleanliness, and taking proper open air exercise, with that proper denial in abstaining from intoxicating drink, smoking, and other pernicious habits, and a strict governance of the passions . . .” Hydropathy, the *Pocket Guide to the Water-Cure for the Million* proclaimed, was “not the mere application of water, but enters into all the causes of diseases, and assists all the efforts of nature for its cure . . . prescribes fresh air and bracing breezes in place of heated, ill-ventilated rooms; plain but wholesome food, carefully adapted to the wants of the system, in place of seasoned dishes and refined cookery; early and regular hours of rest, . . . the use of even a weakly pair of limbs, instead of horse and carriage . . .” “Health,” declared Thomas Low Nichols, “is to every organised being, the condition of perfect development; to every sentient being, the condition of happiness . . . the perfection of bodily organisation, intellectual energy, and moral power.”

The Smedleys’ Derbyshire water cure empire became emblematic not only for its combination of entrepreneurial and evangelical enterprise, with John Smedley’s conversion to hydropathy being depicted as something of a religious experience, but also for the ways in which practical knowledge on hydropathy circulated out from Matlock. The Smedleys were self-taught in the system, learning by experience and slowly perfecting their techniques. They went on to instruct numerous bath attendants.

59. See Rees, “Water as a Commodity” (n. 7), for the Smedleys’ evangelical approach.
at their hydro, many of whom later set up independent practices, and their hydros in turn promoted training in domestic hydropathy. George Davis, an ex-Matlock employee, explained how “A short sojourn at this Establishment will enable patients to carry out the treatment at their own homes, which is of great importance in many cases, and especially where expense is a consideration.”61 Meanwhile, the Smedleys’ manuals circulated widely, offering guidance and instructions, listing special bathing schedules for home application. In *Practical Hydropathy*, John Smedley avowed that one of his principal objects was “to teach Hydropathic remedies for self-application, and to show the labouring classes how to manage many of the processes by the simple means within their reach . . . Resolution, and not sparing trouble, alone are necessary.”62 His brisk introductory summary on home treatment provided “general directions, and for such operations that can be readily practised where there is but little time to spare, or few conveniences.”63 His manual contained numerous illustrations demonstrating the necessary equipment and how to improvise it. Several showed bathers taking hand, leg, and eye baths dressed in the rough worsted clothing and flat caps of local working men.64 Numerous letters and testimonials—which we discuss in the next section—demonstrate how the Smedleys’ patients used the manuals and the knowledge they had acquired at the hydro; patients also provided a constant flow of information back to Matlock on treatment techniques and experiences.

Sales figures for hydropathic manuals were robust, with several passing through multiple editions. Joseph Weiss sold seven thousand copies of his *Handbook*, even though it dealt with hydropathy on a “scientific basis,” as well as many more copies of a cheaper abstract.65 Mary Gove Nichols’s *A Woman’s Work in Water Cure* cost just 1 shilling, and Constantin’s *Hydropathy at Home* was reviewed as a “handy little book, giving for the nominal price of sixpence, nearly 120 pages of the theory and practice of the Water-cure.”66 By 1872 John Smedley, who undisputedly topped the

64. Ibid., pp. 69a–b.
hydropathic bestsellers list, had sold eighty-five thousand copies of *Practical Hydropathy*, which was first published in 1858, priced at 2 shillings 6 pence. His wife Caroline produced a guide specifically for women, the *Ladies’ Manual of Practical Hydropathy*, in 1861, and this too was a runaway success; by 1875 it had gone into its fifteenth edition, having sold forty-five thousand copies. Even after John Smedley’s death in 1874 *Practical Hydropathy* continued to be sold in large numbers; by 1877 it had passed through fifteen editions and sold ninety-five thousand copies.

Domestic guides, while validating home treatment, were also likely to publicize the benefits to be gained from attendance at water cure centers. Joseph Weiss stressed that treatment at home and hydro were interchangeable and concluded his handbook with an explanation of how to set up a hydropathic establishment. Edward Johnson’s advice on domestic treatment was tempered by the rider that it was not his wish “to induce people to suppose that their diseases can be as well and effectively treated at home as at a well-conducted establishment.” Further publicity for the system was generated at public meetings of “friends of hydropathy” and in newspaper reports, which no doubt drummed up business at hydros while at the same time declaring home practice “a necessity.” Such a meeting, attracting an audience of two hundred, was hosted in Edinburgh in 1860, where Reverend Alexander Munro of Lochhead Hydro outlined techniques of bathing at home without professional assistance. Without doubt, advocacy of home treatments offered numerous commercial opportunities aside from the sale of manuals and reminders of the opportunity for treatment and training at hydropathic establishments. Preston’s *Domestic Hydropathy*, itself costing 1 shilling, advertised a wide selection of foodstuffs, appliances for domestic use, and materials for packing and rubbing (a vapor bath, for example, cost 6 shillings 6 pence; a footbath, 4 shillings), and Constantine included advertisements for his Patent Convoluted Stove in his manuals, while Smedley marketed

67. Rees, “Water as a Commodity” (n. 7), p. 34.
72. “Hydropathic Conversazione,” *Caledonian Mercury & Daily Express*, 27 January 1860. Munro was also editor of *Journal of Health* in the late 1840s and the *Aberdeen Water Cure Journal* between 1859 and 1862. See Durie, *Water is Best* (n. 10), pp. 35–37 for Munro’s career.
not only bathing equipment and food but also clothing from his woollen mills. Local newspapers, trade directories, water cure journals, and advertisements inserted into hydropathic manuals all offered the opportunity to purchase equipment for home use, and, as Rees has pointed out, “the considerable quantity of information on the artefacts of hydropathy . . . point to a hydropathic clientele that took a deep interest in the finest details of the theory and practice.”

Patients as Practitioners

Armed with their manuals and a practical training in water cure techniques, patients themselves became promoters of hydropathy as they set up their own facilities at home and urged others to try the system. Edward Bulwer Lytton, one of James Wilson’s patients, commented that improvement at a water cure center was often slight compared with the subsequent results achieved at home, though he also emphasized the absolute importance, in his view, of following a domestic regime under the supervision of an experienced hydropathist. In *Life at the Water Cure*, Richard Lane described his experiences at Wilson’s establishment, which he attended with his son in 1845. Noting the enfeebled state of his two patients upon arrival, Wilson declared at their first meeting, “Give me a month, and I will teach you to manage yourself at home.” Lane followed his detailed account of his treatment at Malvern with a sequel on home treatment. He had commenced his domestic adventure in a somewhat agitated state, believing that he had left Wilson’s care too soon. However, he persevered with baths and wet sheet packings, closely following Wilson’s instructions. He drank copious amounts of water and devoted himself to gymnastic exercises and walking in the open air, was rigorous in the use of the foot bath as recommended by Wilson, and claimed “the manifold virtues and the luxury of the SITZ.” Lane was able to incorporate this time-consuming regime into his daily routine and working hours and had the means, as a sculptor and lithographer in service to the royal family, to afford ample supplies of water and servants to deliver it, prepare his meals, and tidy up after his bathing exploits. Able to afford the best that

73. Preston, *Domestic Hydropathy* (n. 41), p. 243, includes a price list of items.
74. Rees, “Water as a Commodity” (n. 7), p. 34.
77. Ibid., p. 135.
hydropathy could offer, he kept in close contact with Wilson to check on his progress and the finer points of his approach.78

The *Water Cure Journal* and similar publications, however, urged an ethos of equality and inclusion, receiving communications from those trying hydropathy for themselves and also providing a mouthpiece for those keen to extend the water cure to the poor, appealing in November 1847, for example, for “hydropathy for the million!”79 The water cure journals also published letters describing hydropathic experiences. In 1849, in a surprisingly candid account, one enthusiast explained how he had self-treated venereal disease, skin eruptions, bowel disorders, and congestion of the brain, deriving instruction from hydropathic pamphlets and books.80 Another devotee described how, after borrowing Captain Claridge’s book from a friend, he had used hydropathy to cure years of illness and general deterioration that had brought him to the brink of suicide. After taking himself to a water cure establishment for two months, he “continued the cold sponging at home, drank water, took exercise, kept from stimulating meats and drinks, and am now, for the first time in my life, to my knowledge, perfectly well!”81

Patients’ testimonials and correspondence, which made up a substantial portion of the contents of many hydropathic manuals, provide another rich source of evidence on home treatments. In a case reported to the *Daily Telegraph* and subsequently incorporated into John Smedley’s *Practical Hydropathy*, “A Convert to the Water Cure” related how he was inspired to try hydropathy after reading a favorable newspaper account of treatment at Matlock hydro when his wife fell ill from cold nine days after childbirth. Despairing of the attentions of both an allopathic doctor and homeopathic practitioner, the correspondent took matters into his own hands, applying wet packs, dripping sheets, a body bandage, and a tepid sitz bath, “when in about seven or eight days I had a perfect cure.”82 Caroline Smedley’s manual, meanwhile, contained “a few specimens of letters I receive almost daily from suffering, despairing, given-up cases,” as well as much more positive accounts of the benefits derived from hydropathy. One such account referred to the treatment of the correspondent’s sister,

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78. Charges at Malvern in the 1840s were in the range of 4 to 5 guineas a week, plus a weekly payment of 2 shillings 6 pence to the bath servant. Fees of 2 guineas were charged for initial consultations with Gully: Browne, “Spas and Sensibilities” (n. 6), p. 108.
Annie, who had been struck down by mania. Since her return home from Matlock, Annie, it was reported, had “enjoyed perfect health” and “been a source of joy and cheerfulness to us all”; “She practises the treatment regularly, and has applied it with great success to several of our friends.”

Poor patients-turned-practitioners relied on simple and cheap regimes of bathing and care, and accounts of their experiences are particularly rare. In a letter applying to Caroline Smedley for assistance, one correspondent explained how his wife’s knee had been badly damaged by a fall. She was offered a place in the Smedleys’ free hospital, and when the woman’s husband explained that she could not easily leave home, Mrs. Smedley wrote back with advice and provided bandages for treatment. Later the man declared, “I paid every attention to your directions; and, bad as it was, I have made a perfect cure . . . This is felt at our house to be a great blessing; what at one time we scarcely dared hope for.” He added that he was going through the winter “manfully,” living simply and making porridge and pudding regularly from the Smedleys’ special meal.

A substantial number of the Smedleys’ correspondents traveled abroad to the colonies, taking their manuals with them. An anxious mother wrote from Auckland in 1872, describing her son’s long-term paralysis and difficulties in walking. She had a copy of John Smedley’s handbook but asked for additional guidance; Smedley replied with a precise regime of bathing, bandaging, and rubbing with “chillie” paste. A couple living in Canterbury, New Zealand, explained that they had saved their passage back to England in order to visit Matlock. They had managed this by abandoning costly orthodox doctors and applying hydropathic treatments themselves but had also, the letter reported, been forced to sell their furniture. Both were still ill despite the relief hydropathy had brought them and requested that “you will be so kind as to receive us in your Free Hospital at Lea Mills.”

As a compromise between visiting a hydro and self-treatment, some water cure devotees arranged for trained bath attendants to attend them at home, a practice encouraged by the Smedleys. A letter reproduced in

84. Ibid., p. 59.
85. Ibid., p. 55, claimed testimonies had been received from North America, Mexico, Peru, Russia, the Persian Gulf, South Africa, New Zealand, and many other parts of the globe: Metcalfe, *Rise and Progress of Hydropathy* (n. 5), p. 264.
Caroline Smedley’s volume described the arrival of a “nurse” who was to treat a severe case of smallpox in an eleven-month-old child. The letter related that the nurse was sponging the infant and applying wet packs; “PS.—We don’t pay any regard to the doctor who comes; he thinks it is a bad case . . .”88 Another correspondent described the benefits of the attentions of one of the Smedleys’ bathwomen at the girls’ school she ran in Selby, Yorkshire: “I have now tried hydropathy for eight years, and Marth Smith is the fifth bathwoman that I have had over at my school; in every case they have been most successful. Scarlet fever, quinsy, bronchitis, inflammation of the liver and rheumatic fever have alike yielded to the treatment . . .”89

Those penning such testimonials and accounts of self-treatment were presumably highly motivated and enthusiastic about the system. They were not only very satisfied with hydropathic treatments but also took the trouble to write about them. Meanwhile, journal editors and authors of manuals selected favorable accounts for publication; stories of failed treatments were unlikely to make it into print, though some correspondents commented on the partial effectiveness of the regime or the length of time it had taken to produce an improvement. We do not know how many hundreds of the hydropathic manuals sold lay unopened, gathering dust on bookshelves. What some of the letters demonstrate is the financial struggle some faced in accessing hydropathic treatments, though, surprisingly, few refer to what must have been a very real problem for many of the poor—access to abundant supplies of clean water. By the 1840s, for example, only about 20 percent of houses in Birmingham had piped water. In Newcastle, 10 percent had piped water, while in London, thirty thousand inhabitants were without a piped water supply even from a communal street tap.90 And though the potential for domestic hydropathy seems for the most part to have been greeted with enthusiasm, a few commentators were less favorable. Captain J. H. Lukis, a frequenter of Ilkley and Malvern, conceded that some remarkable cures had been achieved at patients’ homes but believed that treatment at a hydropathic

89. Ibid., p. 55.
establishment was preferable, because the doctor would be at hand, as would all of the necessary equipment. Indeed, he had serious reservations about the dabbling he associated with domestic hydropathy, describing it as “uncomfortable and barbarous. For an invalid it is decidedly injurious. In the enlarged frying pan commonly used in private houses, the ablutionary process can only be conducted piecemeal . . . The towels in domestic use are not much larger than pocket-handkerchiefs . . . and the shivering bather, unless he have a vast amount of superfluous vitality, goes from his bath to his breakfast a moist and miserable man.”

Women and Hydropathy

Lukis was scathing too about the woeful responsiveness of women to hydropathy, particularly their “wilful and systematic neglect of exercise,” as they sat “with their feet on the fender till it is time to go to their baths.” Yet many commentators claimed that hydropathy was particularly appealing to women and that they were ideally suited for water cure work. Richard Lane and Joseph Leech, visitors to Malvern, noted women’s enthusiasm for hydropathy, with “the ladies . . . bolder-like with the wet sheets and Douches, and that, than the gentlemen” and their “ecstatic devotion” to the douche. As visitors to hydros, they often seem to have outnumbered men, and the Malvern News indicated in the 1860s that the ratio of women to men in the visitors’ list was approximately three to one.

At a time when the health needs of women were high on the agenda of allopathic doctors and, in particular, specialists in the diseases of women, hydropathists too recognized them as an important clientele group. And what seemed to unite all hydropathists—whatever their gender, status, or qualifications, and whatever their general view of allopathic medicine—was anger about the way orthodox medicine dealt with female disorders.

92. Ibid., p. 94.
94. Ibid., p. 88. On census night 1871, there were eighty-one female and fifty-three male boarders listed as resident at Smedley’s hydro: 1871 Census Enumerators’ Books, Matlock.
95. For expanding opportunities to treat female patients, see Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720–1911* (Cambridge: Cambridge University Press, 1994).
and childbirth. Traditional approaches to childbirth were described by Edward Johnson as “irrational, indefensible and most preposterously foolish . . . we treat it as though it were some formidable and dangerous malady.” John Smedley deferred largely to Caroline in superintending the treatment of female patients at Matlock but condemned heroic and surgical methods: “Grievous indeed have been many of the cases who have submitted to the use of the speculum, caustic, leeches, and the knife internally . . . Nothing of this kind has ever been used at our establishment, and many have come here as a last hope of relief, and have been, without exception that I know of, cured or relieved; and the great recommendation to the treatment is, that ladies soon learn to apply it at home without further advice or assistance.” At a time when childbirth, almost without exception, took place at home, hydropathists supported natural, water-based approaches. Caroline Smedley argued that a doctor was unnecessary during childbirth, and that even in cases of “unforeseen danger,” a “sensible midwife” rather than a medical man was advisable. She also criticized conventional management of deliveries, which included the use of laxatives and “horrible instruments.” Mary Gove Nichols confidently proclaimed the efficacy of hydropathy for women who had previously experienced numerous miscarriages and difficult deliveries, explaining that water promoted health during pregnancy and diminished the pains of childbirth.

Female participation in the water cure was likely to have been spurred by Caroline Smedley and Mary Gove Nichols, and tangible evidence of Caroline Smedley’s impact appears above in her exchanges with visitors to Matlock and in offering practical advice on treatments. Working

96. The use of the water cure in childbirth will be discussed more fully in Hilary Marland, “‘Speculum Horrors’: Women, Health and Hydropathy in Nineteenth-Century Britain,” submitted for publication, Med. Hist.
100. Ibid.
102. Women’s role in hydropathy has been largely passed over in the British context compared with the United States with two major studies: Cayleff, Wash and Be Healed (n. 14) and Donegan, “Hydropathic Highway to Health” (n. 14). A chapter in Kinder’s 2005 dissertation, “The Struggle for Legitimacy” (n. 32), focuses on female hydropathists, particularly Mary Gove Nichols.
alongside her husband, Caroline Smedley was heavily involved in the
day-to-day running of the free hospital at Lea Mills and, subsequently,
the Matlock Hydro, where she took responsibility for the female patients.
She was also instrumental in training a number of female bath attendants,
who went on to set up their own establishments in Matlock and further
afield specializing in the treatment of women and children. Mary Gove
Nichols’s hydropathic career followed a different trajectory. She arrived
in England in 1861, following the outbreak of the American Civil War,
with her husband and fellow health reformer Thomas Low Nichols. In
America, she had lectured on physiology, edited health journals, involved
herself in spiritualism, and run a water cure center and vegetarian com-

Smedley and Gove Nichols, while encouraging treatment at their own
facilities in Matlock and Malvern, were keen to offer advice directly to
women, depicted the home as a natural healing environment, and urged
women to inform themselves about the treatment of family ailments and
their own disorders, as well as about the preventative and hygienic aspects
of the water cure. Gove Nichols’s books were intended to offer “plain and
safe guidance to women in home treatment,” asserting that women would
suffer disease and even die rather than consult a male physician.104 Smed-
ley’s Ladies’ Manual made the same point: “almost daily cases come before
me for advice, in which I see a few simple applications of Hydropathy

(by B. Aspinwall), http://www.oxforddnb.com/view/article/58353 (accessed 10 March
2008). Most accounts of Gove Nichols deal with her years in the United States: Jean L.
Silver-Isenstadt, Shameless: The Visionary Life of Mary Gove Nichols (Baltimore: Johns Hopkins
University, 2002); Cayleff, Wash and Be Healed (n. 14), pp. 111–14; but see, for Nichols’s
career in Malvern, B. Aspinwall, “Social Catholicism and Health: Dr. and Mrs. Thomas Low
Nichols in Britain,” in The Church and Healing, ed. W. J. Sheils (Oxford: Basil Blackwell, 1982),

104. Mary Gove Nichols, Experience in Water-Cure, a Familiar Exposition of the Principles and
Results of Water Treatment in the Care of Acute and Chronic Diseases (New York: Fowler & Wells,
1849), p. v. A Woman’s Work in Water Cure and Sanitary Education (n. 101), published in 1868,
was largely an expansion of her 1849 Experience in Water Cure.
would have prevented diseases most distressing, in some cases fatal to the poor sufferers; and several of their symptoms had never been mentioned by them to their doctors, out of feelings of delicacy, which entirely gave way when conversing with one of their own sex.”\textsuperscript{105} Smedley had learned her water cure work through experience and practice, slowly gaining the ability to “direct the application of simple remedies,”\textsuperscript{106} and she imparted this approach to her readers, too. She saw her own busy role treating patients on a day-to-day basis as an act of duty, piety, and charity, remarking on the exhausting nature of the task: “but when we see the certain effects of our treatment, we cannot for a moment think of leaving such a glorious work, so long as God enables us to go on.”\textsuperscript{107}

Smedley proposed making hydropathy simple and nontechnical. In light of women’s difficulties in reading scientific and medical texts, she declared her manual “entirely free from such terms.” Yet Smedley anticipated that her manual would enable women to treat children and adults for a variety of disorders, fevers, inflammations, smallpox, “and all diseases that the human frame is liable to, with safety and certainty.”\textsuperscript{108} Her correspondents appear to have responded robustly to this encouragement, dealing with a wide range of ailments affecting themselves, their children, and other family members. Gove Nichols—taking a somewhat different tack—argued that women had a large capacity for learning. Gove Nichols had already picked up a good deal of physiological knowledge and had attended formal medical lectures before she embarked on her water cure work, and this may have shaped her aspirations for other women.\textsuperscript{109} Sharing the confidence of her husband, Thomas Low Nichols, about her ability to reform health, she was also inspired by radical feminism and had high expectations of women’s capacity to engage in education, family, and political life, as well as in healing activities. Gove Nichols was keen to explain the causes of weakness and sickness, urging women to understand why they became ill, “rather than to think these things come upon them because they are women,” be their disorders due to tight dressing, improper food, late hours, dissipation, mental anxiety, or the solitary vice.\textsuperscript{110} Women should, she argued, actively seek to work as health missionaries: “I also have the hope that many women may find in sanitary

reform, in their families, and the wider sphere that may open to them, a kind of woman’s work suited to their desires and capacities for usefulness.”¹¹¹ In effect, women were to mirror Gove Nichols’s own work in, as she rather immodestly put it, teaching the laws of health and restoring the health of thousands.¹¹²

Hydropathy was part of a much larger nineteenth-century enterprise aimed at producing and popularizing health advice, targeted particularly at the mothers of young children and exemplified by Thomas Bull’s Hints to Mothers, which went rapidly through fourteen editions after publication in 1837.¹¹³ But whereas Bull and his contemporaries working in orthodox practice would be quick to recommend seeking advice from a regular practitioner in severe cases of illness, practitioners of hydropathy urged families to be more adventurous.¹¹⁴ Gleadle has posited that alternative medicine offered radical women empowerment in both public and private spheres, with the family “constructed as the unit and means of reform,” and the opportunities hydropathy offered exemplify this.¹¹⁵ Archibald Hunter emphasized the specific role women played in encouraging hydropathy in the home; in his book, he intended to “afford information to mothers and nurses, so that, in due time, they may become real ‘Family Physicians.’”¹¹⁶

Yet domestic practice was likely to be a shared concern, and it could be suggested that in some ways it offered scope for men to extend their involvement with the health of their families.¹¹⁷ Attendance at a hydro

¹¹¹. Ibid., p. v.
¹¹². Ibid., p. 6.
¹¹⁴. For orthodox advice to mothers and the limitations set by doctors on home interventions, see Lisa Petermann, “From a Cough to a Coffin: The Child’s Medical Experience in Britain and France, 1762–1884” (Ph.D. diss., University of Warwick, 2007), pp. 63–68.
¹¹⁷. Davidoff and Hall have suggested that fathers were especially concerned about the frequent illnesses that befell their children, and took an active role in nursing them: Leonore Davidoff and Catherine Hall, Family Fortunes: Men and Women of the English Middle Class, 1780–1850 (London: Hutchinson, 1987), p. 330. See also John Tosh, A Man’s Place: Masculinity and the Middle-Class Home in Victorian England (New Haven, Conn.: Yale University Press, 1999) for the relationship between domesticity and male identity.
could be something of a family affair and stimulate a longer-term commitment to the system. Richard Claridge, one of British hydropathy’s most notable supporters, took his family on a visit to Gräfenberg in 1841, where together they “acquired the habit of living more moderately, of taking more exercise, of drinking more water, and of using it more freely in external ablutions . . . we have learned how to allay pain, how to ward off disease, and, I hope, how to preserve health.” \(118\) Darwin’s visits to the hydro were also often family events. \(119\) Just as Mary Gove Nichols and Caroline Smedley worked together with their husbands, so too did other couples across the country, trying out water cure techniques, treating each other and their children, reading books and articles on the topic, and exchanging information. The majority of commentators on hydropathy were men, who, aside from discussing their own treatment regimes and explaining how they went “manfully” to the hydro, described supporting their wives through childbirth, assisting with family ailments, and a form of collectivity based on family participation in healthful practices and hydropathic approaches.

The Survival and Fluidity of Domestic Hydropathy

Enthusiasm for the use of water in healing and health maintenance in the home did not abate, even as the popularity of institutional hydropathy began to diminish in the late nineteenth century and as hydros started to loose their curative thrust, shifting their emphasis toward leisure pursuits at the expense of water cure treatments. \(120\) As hydros themselves became ever more homely and welcoming, with increasing emphasis placed on the comfort of the patients, tea drinking and companionable pastimes, and country hotel facilities for the better off, the two spheres of activity—hydro and home—in some ways dovetailed even more, at least for wealthy water cure enthusiasts. \(121\) It could even be argued that in some ways, hydro and home exchanged places in their curative emphases. Archibald Hunter, for one, regretted the hydro’s move away from therapy toward entertainments and conviviality; meanwhile, his domestic guide, with its extensive and

wide-ranging information on treatments, passed into its thirteenth edition in 1899.\textsuperscript{122} Though proponents of the system continued to advocate hydropathy’s applicability for “every family in the kingdom”\textsuperscript{123} in terms of bathing facilities and access to clean water supplies, best-practice opportunities were likely to be restricted to the well-to-do, while access to the benefits of the water cure probably remained closed to the very poor.

Though practitioners such as John Smedley had long been active in product placement, like other alternative systems of medicine, from the 1860s onward hydropathy appears to have placed increasing emphasis on selling products, with stepped-up use of advertising in newspapers, manuals, and journals.\textsuperscript{124} The Nichols’ \textit{Herald of Health}, for example, offered for sale numerous water cure appliances, which became ever more elaborate and costly, including Dr. Nichols Portable Fountain Baths “for the home treatment of constipation, piles, fistula, protrusion of the lower bowel, falling and displacements of the womb, vaginal weakness,” and so on, priced at 63 shillings, which, he posited, was as good as and more economical than visiting “Establishments.”\textsuperscript{125} The rising purchasing power of the late Victorian consumer, as well as improved domestic water supplies for some, further stimulated the creative use of hydropathy at home. As piped water and separate bathing facilities became a feature of middle-class homes, more water was available on tap, hot and cold, for cleansing and bathing: a morning bath before breakfast was, quite simply, available to many more people.\textsuperscript{126}

It was remarkable, one doctor and water cure enthusiast observed toward the end of the century, “how much good may be done

\begin{itemize}
\item \textsuperscript{122} Durie, \textit{Water is Best} (n. 10), p. 91.
\item \textsuperscript{123} Dr. A. Munro, \textit{The Family Hydropathic Guide: A Practical Water Cure Manual} (Glasgow: Gallie & Son, 1870), p. 7.
\item \textsuperscript{124} The manufacture of bathing equipment also appears to have become a sideline for ironmongers such as Haydon’s General & Furnishing Ironmongery Establishment, Portsea, which advertised its Matlock sitz bath in 1868: \textit{Hampshire Telegraph & Sussex Chronicle}, 24 October 1868. For the commercialization of alternative healing practices, including medical botany and the rise in chemists’ and druggists’ trade, see Marland, \textit{Medicine and Society} (n. 53), chap. 6, and for the involvement of women in the purchase of domestic health products, Lori Leob, \textit{Consuming Angels: Advertising and Victorian Women} (New York: Oxford University Press, 1994).
\item \textsuperscript{125} \textit{The Herald of Health}, August 1885, 92: p. ii, and Special Number 1885, p. i.
\item \textsuperscript{126} Burnett describes how hip, slipper, and lounge baths for use in the bedroom were popularized by the Great Exhibition in 1851, but it was only in the 1870s that separate bathrooms began to be provided in architect-designed houses: John Burnett, \textit{A Social History of Housing 1815–1985}, 2\textsuperscript{nd} ed. (1978; repr., London: Methuen, 1986), pp. 214–15. See also David J. Eveleigh, \textit{Bogs, Baths and Basins: The Study of Domestic Sanitation} (Stroud: Sutton, 2002) and Smith, \textit{Clean} (n. 3), esp. pp. 287–91.
\end{itemize}
in an ordinary bedroom, with little more apparatus than is to be found in every well-ordered house.”  

Thomas Low Nichols, while touting his domestic appliances, continued to insist that “the beauty of domestic hydropathy is that it is costless, open and free to all. Water and the means of applying it are everywhere.”  He offered tips on how to improvise cut-price bathing equipment: a tinman, cooper, or carpenter could make a bath; oil cloth would protect carpets; and to have a thorough bath, a gallon of water was deemed sufficient. Access to clean water appears to have been taken for granted by hydropaths, and the mention of carpets as well as the employment of artisans to make the necessary equipment indicates that, consciously or not, Nichols’s marketing was directed at a fairly well-off clientele. Smedley, too, declared in his manual that all that was required was a mackintosh sheet, a sitz-bath or wash tub, a head bath, a foot bath, sponges, a thick cotton packing sheet, drying sheets, and a sitz-bath blanket.

By the final quarter of the nineteenth century, it could also be argued that hydropathy was becoming less discrete a practice, as water was being used in multiple forms of healing and hygienic practices, orthodox and otherwise. The water cure became at one and the same time more ubiquitous and less distinctive. Some commentators, such as Charles Scudamore, had advocated the adoption of hydropathic methods by regular practitioners even as the system was being introduced to Britain in the 1840s. By the 1860s Gully was explaining how the hydropathic system was moving into “ordinary practice”: “we hear of compresses being recommended by the better orders of the profession; we hear of sitz baths being ordered as an essential part of treatment; latterly we even hear of the learned Professor of the Practice of Physic in my own loved and revered University of Edinburgh packing patients suffering from scarlet fever in cold wet sheets . . .” Constantine commented on how “scepticism and prejudice” toward hydropathy were falling away, and how “many of the most eminent of the

129. Ibid., pp. 415–16.
130. Nor were problems of access to clean water referred to, as noted above, by patients. Virginia Smith, however, reports that in Shoreditch in London as late as 1938, only 14 percent of families had baths, with many having access to only a cold tap in a yard: Smith, *Clean* (n. 3), pp. 311–12. See also Wohl, *Endangered Lives* (n. 90), for the state of water supplies to the poor.
faculty, both metropolitan and provincial, have frankly acknowledged the paramount importance of the treatment": “The disuse of bleeding, save in extreme and desperate cases—the diminished administration of drugs—the increased regard for natural sanitary conditions—the improved attention to diet, air and exercise,—all practically indicate the gradual but universal adoption of the improved system. . .”

From hydropathy’s earliest days, it had been combined by some with homeopathy, vegetarianism, medical gymnastics, and hot air and vapor baths, and later in the century, hydropathy merged increasingly with spa practices. At Buxton, for example, a wide range of hydropathic baths was used by the late nineteenth century as part of an impressive proliferation of treatments. Medical botany incorporated vapor and Turkish baths into its treatment regimes, and homeopathic guides prescribed a range of beneficial baths, compresses, and wet packs. Ruddock’s *Lady’s Manual of Homoeopathic Treatment* offered extensive advice on the use of the bidet or hip bath to banish the nervous, fancied, and real ailments of invalids, providing relief from skin disorders and excessive sensitivity to cold, adding, “Probably there is no hygienic habit inculcated in this volume commensurate in value to the cold bath; and although it is much neglected by the illiterate and poor, we are glad to know that it is now largely and increasingly adopted by the intelligent and well-to-do classes.”

Bathing and other applications of water were recommended in a range of late-nineteenth-century health advice literature, as it seeped into the health, hygiene, and beauty regimes of the usually better-off Victorian home. Presented in guides to health and beauty, magazines, newspapers, and health periodicals, this material was authored not by hydropaths but by new self-styled experts in hygiene and health maintenance. *Beauty and Hygiene for Women and Girls*, one of many books produced on this topic in the late nineteenth century, included an entire chapter on the benefits of bathing. Popular health journals such as *The Domestic Magazine* and

Good Health, published in the 1890s, contained regular features on bathing, including articles praising the benefits of the douche for a wide range of ailments, from fevers to wounds and burns, and on the importance of cleansing the skin, recommending the sponge bath, wet-hand rub, and ablution. A blurring of boundaries, rather than disputes about where the boundaries between the water cure and other systems of healing lay, makes it difficult to assess the survival of hydropathy per se in the home, though the use of water in healing, hygiene, and beauty practices no doubt increased.

As hydropathic literature, promoting the healing power of pure water, proliferated in the mid-nineteenth century, the cure and lure of the hydro extended and was incorporated into health regimes in the home, a process that continued into the late nineteenth century. This extension into domestic hydropathy was prompted by pragmatism—not everyone could afford attendance at a hydropathic establishment—but also was motivated by missionary zeal and interest in spreading the benefits of the water cure as widely as possible. Though many hydropathists were outspoken reformers and opponents of allopathic medicine, it is probable that, while some patients were also highly committed to the system and ambitious in their approaches to treatment, others were merely eager to try a form of healing that offered straightforward and affordable options for minor ailments that had always been part and parcel of lay medical care. Home practice enabled patients to continue, to experiment with, and in some cases to complete treatments commenced in the hydro. Indeed, this continuity may have encouraged patients to revisit hydropathic institutions not only as a boost to health and to cure lingering disorders but also to school themselves further in hydropathic techniques. The dissemination of advice literature was no doubt seen as an opportunity by hydropaths for self-promotion and as a means of sharpening their competitive edge, providing opportunities to generate income through the sale of the manuals and the appliances required to practice hydropathy in the home, though this is not to deny that many felt inspired to encourage the spread of hydropathy and to attempt to enable patients of all means and classes to access it. Mission and moneymaking, home and hydro, and, toward the last quarter of the century, hydropathy and orthodoxy seem to have been compatible rather than conflicting.

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