HYDROPATHY IN ENGLAND 1840–70

by

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As Neuburger¹ observed, the doctrine of the natural healing processes runs like a thin red line through the history of medicine. It is the purpose of this paper to describe a small part of this thin red line as manifested in the rise and acceptance of the Victorian system of hydropathy; it claims to be no more than a footnote to Neuburger’s exploratory work on this subject.

Warner² has rightly pointed out that a philosophy based on the sovereignty of nature in curing disease carries with it a strong bias against laboratory science. With the rise of scientific medicine the trust in nature and thus the practice of hydropathy became anachronistic. Within the context of the nineteenth century, therefore, the return to a belief in the healing power of nature is to be seen “as an intermediate stage between medical practice grounded in the speculative pathological theories of the 18th and early 19th centuries and scientifically-grounded therapeutics based on laboratory research and checked against the clinical phenomena.” Whatever diminished form it finally took, hydropathy in its active phase is to be regarded both as a challenge to the abuse of powerful and poisonous therapies in the first half of the nineteenth century, and as a heroic but nature-centred therapeutic way out for those who rejected orthodox remedies. That the way out happened to require conversion, moral stamina, and physical courage is a valid reflection of the contemporary bias towards fervour and total dedication to the task in hand.

Though, in other words, it is possible artificially to fix hydropathy as an organic if

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¹ M. Neuburger, The doctrine of the healing power of nature throughout the course of time, translated by Linn J. Boyd, New York, [s.n.], 1943, p. 4; but in particular reference to “The problem of the natural healing power of nature is a great, perhaps the greatest of all problems which have occupied the physician for thousands of years. Indeed, one can designate it as the problem of medicine since the justification of existence, the aims and limits of therapeutics, are determined by its solution” [Neuburger’s italics]; and to p. 175 (footnote 3) on the practice of Priessnitz.

² J. H. Warner, “‘The nature-trusting heresy’”: American physicians and the concept of the healing power of nature in the 1850’s and 1860’s, Perspectives in Amer. Hist., 1977–78, 11: 291–324. Warner’s highly articulate essay includes much else of value on the theme of the healing power of nature during the mid-nineteenth century, not least on the contemporary American reaction to the value of medical intervention, on increasing moderation in therapeutic technique, on the change in practice towards stimulation rather than depletion, on the new regard by the orthodox for the vis medicatrix naturae, and on the need for the practitioner to stand “between the two extremes, neither verging towards meddlesome interference on the one hand, nor imbecile neglect on the other”. His theme touches in a parallel though more theoretical sense than the present paper on the need for the (American) practitioner to maintain the integrity of his therapeutic universe. Challenge, absorption, and re-emergent synthesis thus remain a theme of both papers.
idiosyncratic part of the long history of the use of water from at least the time of the Greeks, it is primarily as a nascent, growing, and dying cult, highly dependent on the unusual circumstances of the time, that this paper attempts to view it. That the internal and external use of water for therapeutic, magical, or health purposes happened also to be a custom of respectable antiquity is likely to have been no more than an added and subliminal recommendation to those already wishing to return to the primal simplicity of nature's law.

Implicit to the theme will be the contemporary evils of undrained, polluted, and rapidly growing towns, competitiveness, high social mobility, anxieties for survival and status, rapid transport, high living, and moral earnestness, which, on the evidence of contemporaries, made the Victorian middle and upper classes fit subjects for enthusiastic if ill-informed drugging by the medical profession. The problems of rapid urbanization are familiar and well-documented ground and need not detain us long, except to note that hydropathy, a drugless system of therapeutics intended to tranquilize and stimulate the nervous system, was in essence a reaction to prevailing assumptions medical and social. It was, in effect, both a safety-valve against excess, and the shadow of contemporary modes of thought and behaviour. It can also be seen as a lay return to nature, rather thinly if attractively disguised as the systematic medical use of pure cold water in natural surroundings, allied to a simple diet and frequent exercise, as well as an unconscious medical return to the recognition of the part played by the non-naturals in promoting health and vitality.

Contemporary physicians and patients alike testify to the reckless ignorance of many members of the medical profession in prescribing drugs. Among new arrivals in the armamentarium were the recently isolated alkaloids, varying much in standard and frequently toxic in amounts not far in excess of the therapeutic dose. Many of them first introduced into medical practice by Magendie (1822), the list included colchicum, morphine, veratrine, emetine, quinine, and aconite. There were also the more ancient compounds of mercury as well as mercury itself, and many substances fairly new to the pharmacopoeia as acetate of lead, tar and its preparation creosote, sulphur, squill, digitalis, stramonium or thorn-apple, tobacco, lobelia inflata, the balsams and gums, cantharides, and the prussic, acetic, and dilute sulphuric and nitric acids. This list is by no means complete. Among the therapies, bleeding was still excessive. Lane (1846) at the age of nineteen had had not less than twelve to sixteen ounces of blood abstracted on six successive days; “six pounds of life in six days!” as he trenchantly observed. The evidence suggests that a number of Victorians suffered from medically-induced ill health.

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1 F. Magendie, *Formulaire pour la préparation et l’emploi de plusieurs nouveaux médicaments, tels que la noix vomique, la morphine, l’acide prussique, la strychnine, la veratrène, les alcalis des quinquinas, l’émetine, l’iode*, etc., 2nd ed., Paris, Méquignon-Marvis, 1822. Interestingly enough, a translation by J. M. Gully was published in 1835 where he referred (pp. 85–86) to the dangerous “want of uniformity in the strength of hydrocyanic acid” and to reports of fatal overdoses as a result.

2 S. Dickson, *Fallacies of the Faculty; with the principles of the chrono-thermal system. In a series of lectures*, 2nd ed., London, Simpkin Marshall, 1841.

3 R. J. Lane, *Life at the water cure or a month at Malvern. A diary*, London, Longman, Brown, Green, & Longmans, 1846.

4 For instance, J. Forbes, ‘Homoeopathy, allopathy, and “young physic”’, *Br. for. med. Rev.*, 1846a, 21:
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Vincent Priessnitz (1799–1851) then, as now, something of a legend, became the focus for a radically new concept in therapeutics. Forbidding drugs, urging exercise, providing the coarsest of food and prescribing heroic quantities of cold water internally and externally, he drove his patients out to the mountain-side and back to good health. The use of water was not, of course, his exclusive idea, though its schematization may justly be regarded as his. He is best regarded as the nucleator of doctrines already well known to such eighteenth-century members of the profession as Buchan (1824)7 and to Priessnitz’s own contemporaries Forbes, Tweedie, and Conolly, the editors of that useful conspectus of contemporary principles and practice, the *Cyclopaedia of practical medicine* (1833–35).8 These were all very much aware of the work of Floyer (1702),9 Wesley (1747),10 Wright (1786)11 and Currie (1797)12 on the therapeutic value of cold baths; of Hancocke (1722)13 and Hoffmann (1761)14 on the value of drinking pure water; and of Hahn (1754)15 on the value of the cold pack in fevers. It was left to Priessnitz and his followers to crystallize the three traditions into a system, to devise the wet and dry pack methods, to invent the douche, to discover (as Priessnitz declared) *Man muss Gebirge habe*, and to embody his assertion “I do not cure diseases, I cure the man.” Priessnitz, born at Gräfenberg near Freiwaldauf in Austrian Silesia, the son of a small farmer, appears in his time to have developed a charisma, and like most heroes to have inspired his followers to collect folk-tales of his early experiences of water therapy. The story runs, for instance, how he noticed a young roe wounded in the thigh, regularly bathing its injured leg in a stream until

225–265, esp. pp. 258–261; J. Forbes, ‘Hydropathy, or the cold water cure’, ibid., 1846b, 22: 428–458, esp. pp. 454–455; and A. B. Granville, *The new German mineral-baths cure*, London, Garden, 1855, who, though by no means a supporter of Priessnitz, refers to the “drugging-system” as the parent of the “charlatanries” of hydrology, homoeopathy, mesmerism, etc.; and the contemporary quotations assembled by the anonymous author of *Why we should not be poisoned because we are sick? Confessions of its most eminent practitioners*, London, J. Burns, 1868, quoted by F. Wolff, ‘Some therapeutic disasters and their repercussions’, *Med. Annals of the Dist. of Columbia*, 1967, 36 (2): 81–87.

7 W. Buchan, *The new domestic medicine. . . . To which is now first added, memoirs of the life of Dr. Buchan . . .* by William Nisbet, M.D., London, T. Kelly, 1824.

8 J. Forbes, A. Tweedie, and J. Conolly (editors), *The cyclopaedia of practical medicine*, 4 vols., London, Sherwood, Gilbert, Piper, 1833–35. Articles on: *Bathing*, by J. Forbes, vol. 1, pp. 244–268; and *Fever*, by J. Gillkrest, vol. 2, pp. 158–298, esp. pp. 201–203.

9 Sir J. Floyer, *The ancient ιατρολογια revived: or, an essay to prove cold bathing both safe and useful. In four letters, . . .* London, S. Smith & B. Walford, 1702.

10 J. Wesley, *Primitive physic: or, an easy and natural method of curing most diseases*, London, T. Trye, 1747.

11 W. Wright, ‘Remarks on malignant fevers: and their cure by cold water and fresh air. Communicated in a letter to Samuel Foart Simmons, M.D.’, *London med. J.*, 1786, 7: 109–115.

12 J. Currie, *Medical reports, on the effects of water, cold and warm, as a remedy in fever, and febrile diseases; whether applied to the surface of the body, or used as a drink. . . .* Liverpool, J. McCreery for Cadell & Davies, 1797.

13 J. Hancocke, *Febrifugum magnum: or, common water the best cure for fevers, and probably for the plague*, London, R. Halsey & J. Roberts, 1722.

14 F. Hoffmann, *An essay on the nature and properties of water . . . proving it to be an universal medicine, both for preventing and curing diseases to which the human body is subject*, London, L. Davis & C. Reynolds, 1761.

15 J. S. Hahn, *Unterricht von Krafft und Würckung des frischen Wassers in die Leiber der Menschen besonders der Kranken bey dessen innerlichen und äusserlichen Gebrauch. . . .* 4th ed., Breslau and Leipzig, Daniel Pietsch, 1754, [first published in 1738].

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was cured, an observation which he used on himself in 1816 when he was run over by a farm cart fully loaded with oats. According to the local surgeon, he would remain an invalid for life. But Priessnitz removed the painful hot herbal compresses the surgeon had provided, forced his broken ribs back into place against the back of an oak chair, bound his chest with cold water compresses, and returned to work. Following his apparent cure a year later, local peasants began to apply to him for cures. In fact his early death at the age of fifty-two was, according to the post mortem, a direct result of the havoc caused by the accident. His early followers, however, were not to know this.

Gradually, as his techniques improved and expanded, his fame became more than local, until the imperial court sent their representative in 1838 to examine his illegal practice of medicine. Baron Turkheim was impressed by Priessnitz (few people were not), as well as by the imperial officials he discovered there taking the cure, and reported that “this new cure, and this extraordinary man, therefore, deserve the full attention of the Government; moreover, any serious interference would be entirely misplaced”. In the same year an order was issued awarding him the same privileges as members of the medical faculty in the practice of hygienic remedies. His position was won, and the stage was set for the arrival of overdugged, debilitated, and therefore impressionable Englishmen.16-17

The first of consequence was Captain R. T. Claridge, a contractor in asphalt, who travelled from Rome in 1841 for the relief of chronic headache and rheumatism, and whose enthusiastic and graphic report issued in 184218 (reaching a third edition in the same year) left no doubt in the mind of its lay readers of the cures achieved by Priessnitz, cures which in contemporary medical practice would have been unlikely. Claridge’s impressions serve as the type of the many reports both medical and lay which emerged as a result of visits to Gräfenberg in the early 1840s. He reports on the gaiety of spirits of the company then numbering 500–600 of all ages and ranks of society, the more unusual cures achieved by Priessnitz, his remarkable charisma, his confidence in his intuition, and the numbers of his distinguished patients. The latter must have added lustre to respectability in Claridge’s eyes, for in 1841, in the year of his treatment, there were at one time assembled under the care of Priessnitz, an archduchess, ten princes and princesses, at least a hundred counts and barons, military men of all ranks, several medical men, professors, advocates, etc., in all about five hundred; and he quotes the figures for each year from 1829 to 1839 which reveal a steady progression in numbers treated, from forty-five to more than 1400, a progression which must have appealed to the business spirit of the contemporary Englishman, and appalled members of the medical profession.

In his book, Claridge sets out a highly artificial schema of Priessnitz’s main tenets, which amount to a belief that health is the natural condition of the body, that every

16 R. Metcalfe, Life of Vincent Priessnitz founder of hydropathy, Richmond Hill, Surrey, Metcalfe’s London Hydro., 1898.
17 R. Metcalfe, The rise and progress of hydropathy in England and Scotland, London, Simpkin, Marshall, Hamilton, Kent & Co., 1912.
18 R. T. Claridge, Hydropathy: or, the cold water cure, as practised by Vincent Priessnitz, at Graefenberg, Silesia, Austria, 3rd ed., London, J. Madden, 1842.
Figure 1. The wet sheet treatment. From The water cure illustrated. London, Newman, [n.d., c. 1870], unnumbered engraving. (By courtesy of the Wellcome Trustees.)

Figure 2. The douche. From ibid., engraving no. 11. (By courtesy of the Wellcome Trustees.)
Figure 3. James Wilson (d. 1867), lithograph by R. J. Lane [n.d.], after a drawing by A. d'Orsay, 1845. In the Wellcome Institute for the History of Medicine. (By courtesy of the Wellcome Trustees.)

Figure 4. James M. Gully (1808–1883). Portrait from R. Metcalfe, The rise and progress of hydropathy in England and Scotland. London, Simpkin Marshall, 1912, facing p. 65. (By courtesy of the Wellcome Trustees.)
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disease consists of foreign matter introduced into the system, that acute disease is an attempt of the body to expel the diseased matter, and that only water can separate and carry it off. Moreover, by physic and bleeding acute disease becomes chronic, and chronic diseases cannot be cured by drugs. Only hydropathy can affect this by changing the chronic internal evil to acute external eruptions in the form of boils, etc. (i.e. the famous “crisis”), which are themselves cured in the same way as the first acute diseases; that is, by the water treatment. Only natural living in accordance with nature’s laws, eschewing poisonous drugs, intoxicating liquors, adulterated food, and by enjoying water, air, and exercise, will ensure a healthy life and a natural death. Over-schematized as this summary and the original summary appears, it was this intuitive and pragmatic model, suitably recodified and modified, that was to be followed by the English physicians.

In the characteristic pattern of Priessnitz as quoted by Smethurst (1843) all drugs were first withdrawn, and efforts initiated to induce the crisis by what was later considered an excessive use of hydropathic measures. To achieve this end he used the dry sweating blanket for half an hour to two hours (depending on the length of time the patient took to achieve a sweat), followed by a cold bath for two to eight minutes. For weak patients needing stimulation, he used the wet sheet rubbing method for a few minutes. To check fevers and to calm a neurasthenic patient, he used the wet sheet covered heavily with blankets and an eiderdown: in a high fever the sheet might be replaced every half hour (Fig. 1). To stimulate parts of the body affected by the disease, he would use wet bandages, and baths, designed for every part of the body including, rather absurdly, individual finger baths.

The patient would be advised to drink as much as his stomach could support without inconvenience – not less than twelve glasses a day, and up to twenty or thirty. Injections were made into affected cavities by special syringes. The much-feared douche bath, last in the armoury, was regarded “as the most powerful in removing the bad humours” (Fig. 2). Priessnitz advised against flannel and cotton, as their use made people delicate; and waters “impregnated with mineral poison” were forbidden. The diet provided at Gräfenberg, coarse, simple, and often fatty, Priessnitz regarded as good practice for the digestive confidence of his patients. Meat and vegetables were provided once a day, and breakfast and supper alike consisted of brown bread, butter, and milk, and naturally, at all times unlimited amounts of cold water. The aim in treatment, diet, and enforced exercise in fresh mountain air was to encourage the natural vigour of the system to discard the pattern of disease.

We come now to England. Although the German Dr. Weiss began hydropathic practice at Stansteadbury in Hertfordshire in 1841, it was Dr. James Wilson (d. 1867) (Fig. 3) who, after a year’s visit to Gräfenberg for nervous ailments brought on by overwork, established the first major practice in the country at Gräfenberg House at Malvern in June 1842; he was rapidly followed by his friend and professional rival Dr. James Manby Gully (1808–1883) (Fig. 4) at Tudor House (with the later addition of Holyrood House for ladies) in October of the same year. Third to be founded and

19 T. Smethurst, Hydrotherapia; or, the water cure. Being a practical view of the cure in all its bearings ... founded on observations and experience made at Grafenberg ... . London, J. Snow, 1843.
perhaph the most deeply-respected and certainly the longest-lived was Ben Rhydding, opened near Otley in the valley of the Wharfe in 1844 at the inspiration of a former mayor of Leeds recently returned from Gräfenberg. Incidentally, it was here that the idiosyncratic hosiery manufacturer John Smedley, founder of Smedley’s Hydro at Matlock, spent two courses of treatment for his nervous and physical breakdown in 1849 and 1850, courses which did so much to channel his later hydopathetic activities.

Malvern’s rise to fame inevitably initiated professional controversy. On the one hand there were the regular medical practitioners who were naturally and properly disturbed at the covert attack on conventional administration of drugs, and at the loss which they foresaw to their pockets in the flocking of patients to the new establishments; on the other hand there was the Lancet, organ of the profession, which lent its support to well-proven methods and which was already waging a holy war against charlatanry of all kinds, among which it included homoeopathy, mesmerism, and chronothermalism. The Lancet’s war against hydropathy began on 18 June 1842 and continued with intermittent violence until 24 January 1852, when it printed the final letter of a number which had reported the deaths of patients either under a trained hydropathist or under home treatment. Its irritability was such that in 1846 it indexed hydropathy with heavy irony under Water death, a reference to the action on a charge of manslaughter against the medically unqualified hydropathist James Ellis for subjecting a patient with a weak heart to baths and packs at 65°–85° (presumably Fahrenheit). He was later acquitted, but the Lancet reported this and any other such case that came to its notice. In its more general comments, however, while reserving its personal fire for hydropathy’s advocate, Sir Edward Bulwer Lytton, it sought to maintain a balanced and analytical view. In doing so, it printed a long and critical letter from Robert Dick, M.D., of Upper John Street, Golden Square, in November 1842 entitled ‘The treatment and maltreatment of disease, by water, hot and cold’ in which the writer quoted four cases of hydopathetic self-treatment, three of them with unfortunate results. He observed that success may attend “hydrous treatment” but that its importance chiefly lay in its convenience as a medicine for the external application of heat and cold, and that “to speak with correctness, the term HOT and COLD ought to be substituted for WATER treatment . . .”. In a subsequent editorial (20 May 1843) commenting on Dr. Scoutetten’s report on his tour of the hydopathetic institutions of Germany, the Lancet took the commonsense and unexceptionable view that the benefits of hydropathetic treatment were one with those of spas and watering-places in “the change of air, scene, and habits, and the exercise, and absence from domestic or commercial, or other anxieties. The ‘waters’ are as much indebted for their efficacy to the adjuncts of fresh air and free respiration, as carp is to the portwine in which good cooks stew it.”

It was left to Edward Johnson, M.D., in his letter of 8 March 1843 to the Lancet.

20 ‘Hydropathy; itinerant physicians’ [report of a meeting], Lancet, 1841–42, ii: 429–430.
21 ‘The hydropaths’ victim’ [letter], ibid., 1852, i: 108.
22 ‘The cold-water death’ [report of an inquest of 5 June], ibid., 1846, i: 666–667.
23 [Editorial on the Ellis case], ibid., 1846, i: 707–708.
24 [Editorial on Dr. Scoutetten’s report on his visit to Gräfenberg], ibid., 1842–43, ii: 271–272.
25 [Letter], ibid., 1842–43, i: 934.
to demonstrate that *Lancet* and hydropathists were arguing from different universes of experience. Having just returned from a winter visit to Gräfenberg, Johnson stated he had seen "a complete fistula in one cured; a fistulous opening into the urethra, of two years' standing, cured; epilepsy of four years' standing, cured; hemiplegia cured; deafness, of ten years' standing, cured; and a gentleman who had been completely bald for fifteen years, and who was undergoing the treatment for another disease (a cerebral affection which had rendered the patient perfectly fatuous) recovered both his health and his hair in a few months." With these observations in mind he delivered a few well-aimed shots: "No kind of successful treatment can justly be called 'quackery' merely because it happens to differ from the prescribed routine. 'Quackery' and 'extra-professional', are by no means synonymous terms"; and, quoting Dr. George Gregory, he firmly stated, the *Lancet* notwithstanding, that "all diseases must be cured by the inherent energies of the living system, and that medicine can do no more than place the body in the most favourable circumstances for resisting disease". Given these grounds of mutual criticism, the honours were even and irreconcilable in that the views of the *Lancet* and the profession rested on well-tried principles while the enthusiasm of the hydropathists rested on pragmatic success.

The antagonism of the *Lancet* in its attempt to support the highest professional standards, could hardly have been assuaged by the enthusiastic if balanced report by the well-respected physician, specialist on gout and its treatment by colchicum, Sir Charles Scudamore, F.R.S. (1779–1849), following his two-month visit to Gräfenberg in 1843. His book, published in the same year, observed that "As usually happens when any novel mode of practice is brought forward, it finds both friends and foes; and often, too, in such hostile array, that the desire of truth is lost in the conflict". He added in the preface, "I have always been of the opinion that a Physician should consider himself a student to the latest period of his life; for the wisest must still have something to learn. The maxim of Hippocrates should never be forgotten of 'the shortness of life, and the length of art'." For Priessnitz and his methods he had a measured praise, and concluded "that the subject of Hydropathy is one of the highest importance to the whole of the civilized world; and that its principles and practice deserve the closest examination. It would be the height of injustice in any part of the medical profession to disdain its pretensions because it had its beginnings from a humble source. As well might we cease to admire the noble river, in thinking only of the little spring from which it took its rise." The *Lancet*'s ill humour and that of the profession generally cannot have been improved by a similarly laudatory essay by Dr. Thomas Smethurst (1843) recounting his experiences at Gräfenberg; yet another by Herbert Mayo (1845) recounting his experiences at an establishment on the Rhine; and the charminngly written and illustrated *Life at the water cure or a month at Malvern*, by R. J. Lane, lithographer to the Queen, who had been treated at Wilson's establishment. The only critical (if genial) note was sounded by Robert Hay Graham

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26 Sir C. Scudamore, *A medical visit to Gräfenberg, in April and May 1843: for the purpose of investigating the merits of the water-cure treatment*, London, J. Churchill, 1843.
27 Smethurst, op. cit., note 19 above.
28 H. Mayo, *The cold-water cure, its use and misuse examined*, London, H. Renshaw, 1845.
29 Lane, op. cit., note 5 above.
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in 1844\textsuperscript{30} and that was soon obscured by the serious publications of the two major Malvern practitioners, Wilson and Gully, on the theory and practice of the water cure. Certain personal emphases apart, they drew similar conclusions and ended by codifying and modifying their practice to suit the intellectual assumptions and less extreme temperaments of their English patients. Both agreed that Nature herself must be encouraged to restore the system, and that drugs must be employed as little as possible; Wilson, however, was careful to point out that there were sometimes cases where drug treatment and water treatment should be used together. Both were adamant (like Priessnitz) that over-drugging and "medicinal irritants" frequently converted acute complaints into chronic disease: Nature should be assisted only when she seemed inadequate for the task of self-restoration. As Gully (1846)\textsuperscript{31} wrote, "Not all the sordid interests involved in the sale of drugs can prevent the intrusion of the omnipotent truth, that in the body itself is to be found the agent of restoration, and that Art only helps the body in that agency". Both insisted that the cure should be in the hands of qualified practitioners capable of judging the effects of the cure on the patient.

Wilson (1857)\textsuperscript{32} on the other hand, claimed that he had made a special study both on himself and on his patients of the proper mode of treatment for the peculiar psychological stresses to which the competitive Anglo-Saxons in England and America were subject, leading to nervous disorders which required excessive alcohol as a tranquilizer, cases of a kind not much seen by Priessnitz. "I believe", Wilson wrote, "I have been the more successful in their treatment ... and know what delicacy of management is required by the unstrung and aching nerves which it is as injudicious as fruitless to bully into tone." He pressed for the regular introduction of hydropathy into hospital practice and for its general acceptance as part of rational medicine. Both Gully and Wilson, like John Smedley later, tended to drop the insistence on stimulating a "crisis" as unnecessary and sometimes harmful.

It was left to Gully\textsuperscript{33} to re-elaborate the theory as handed down by the interpreters of Priessnitz. Beginning with the \textit{Vis medicatrix naturae} as axiomatic, he also assumed that water was best adapted to aid nature. The process of cure was initiated by withdrawal of all mental and bodily irritations. This he regarded as the \textit{negative} means, and among the irritations he included drugs and alcohol. He assumed further that the power of nature resided in the ganglionic nervous system whose centre lay in the viscera, and that in disease excessive blood gathers in that centre. The next step (having liberated the system from oppression by negative means) was to aid the process by the employment of water both internally and externally. This he called the \textit{positive} means, and the effect of the hydropathic processes broadly the same as those of Priessnitz, was to influence the ganglionic system through the use of water on the skin, and through the ganglia to influence both the viscera and the brain. By these

\textsuperscript{30} R. H. Graham, \textit{Graefenberg; or, a true report of the water cure, with an account of its antiquity}, London, Longmans, Brown, Green, & Longmans, 1844.

\textsuperscript{31} J. M. Gully, \textit{The water cure in chronic disease} ... , London, J. Churchill, 1846.

\textsuperscript{32} J. Wilson, \textit{The water-cure; its principles and practice} ... , London, Trübner; Malvern, H. Lamb, 1857.

\textsuperscript{33} Gully, op. cit., note 31 above.
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means he maintained it was possible to achieve a better distribution of blood, to induce the formation of better blood and to purify it. Water-drinking assisted purification by stimulating elimination from the organs. The “crisis” might be regarded as evidence of purification of the system, but was not, in his view, essential. Taken as a whole, Gully’s theory is superficially less humoral than physiological; but it is easy to see that he made a number of assumptions which we would now regard as scientifically though not necessarily pragmatically unjustifiable.

Both Gully and Wilson attracted influential patients. Gully, for instance, enjoyed the patronage of Tennyson (1847), Charles Darwin (1849), and Thomas Carlyle (1851). Wilson attracted eager publicists. It was the well-known Sir Edward Bulwer Lytton’s delightful and persuasive Confessions of a water-patient (first appearing in the New Monthly Magazine for 1845 and reprinted as a pamphlet in 1847\(^{34}\)) that made the cure respectable and therefore desirable. In the preface to the pamphlet Lytton modestly attributes the new popularity of the cure not to himself but to the time at which it appeared. Both attributions may have been correct. Suffering from the usual Victorian systemic reaction to over-work he “threw physic to the dogs, and went to Malvern”. Here he began his cure, which was completed, after some vicissitudes, in Germany. But in relating his experiences while under the care of Wilson he has captured for later readers the poetic vision of urban man regaining his health in natural surroundings:

The rise from a sleep sound as childhood’s—the impatient rush into the open air, while the sun was fresh, and the birds first sang—the sense of an unwonted strength in every limb and nerve, which made so light of the steep ascent to the holy spring—the delicious sparkle of that morning draught—the green terrace on the brow of the mountain, with the rich landscape wide and far below—the breeze that once would have been so keen and biting, now but exhilarating the blood, and lifting the spirits into religious joy; and this keen sentiment of present pleasure rounded by a hope sanctioned by all I felt in myself and nearly all that I witnessed in others—that that very present was but the step—the threshold—into an unknown and delightful region of health and vigour;—a disease and a care dropping from the frame and the heart at every stride.

Of the wet-sheet packing, the principal and remarkably effective treatment in acute conditions, he enthused that the “gradual and vivifying warmth, perfectly free from the irritation of dry heat—a delicious sense of ease is usually followed by a sleep more agreeable than anodynes ever produced. It seems a positive cruelty to be relieved from this magic girdle in which pain is lulled, and fever cooled, and wakefulness lapped in slumber. The bath which succeeds, refreshes and braces the skin, which the operation relaxed and softened.” He regarded the water cure as “an absolute panacea” in such chronic conditions as: (1) “rheumatism, however prolonged, however complicated.” “The cure is usually rapid.”; (2) gout, which “it seems to take up...by its roots; it extracts the peculiar acid which often appears in discolorations upon the sheets used in the application, or is ejected in other modes,” though the predisposition remains in spite of what the water doctors say; (3) dyspepsia and allied digestive complaints, which “appear precisely the complaints on which the system takes firmest hold” as well as “the disorders produced by the abuse of powerful medicines, especially

\(^{34}\) Sir E. Bulwer Lytton, Confessions of a water-patient, 3rd ed., London, H. Baillière, 1847. (Reprinted from W. Harrison Ainsworth (editor), New Monthly Magazine and Humanist, 1845, 75 (3): 1–16.)

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mercury and iodine, the loss of appetite, the dulled sense, and the shaking hand of intemperance, skin complaints, and the dire scourge of scrofula.”

Support for the system now came from one of the outstanding figures of nineteenth-century British medicine, Sir John Forbes, in two courageous reviews in the journal he founded and edited, the widely read and respected British and Foreign Medical Review. The first39 in reviewing nine works on homoeopathy, observed that though the effects of the homoeopathic system are largely the result of the operation of nature, it yet had much to teach allopathy with its attendant evils of polypharmacy and interference with the natural course of disease. Of hydropathy, Forbes observed the facility with which drugs may be dispensed with, and commented that one “intelligent and well-educated hydropathical physician” informed him that a number of patients from whom drugs had been withdrawn but who had purposely not been subjected to hydropathical measures had experienced cure of their symptoms with “suddenness and speed”. Pursuing his conclusions with a rigour which cannot have mollified his fellow practitioners, he observed that much disease is cured by nature and not by allopathic physicians; that in a lesser, but still not a small proportion, the disease is cured by nature, in spite of them; and that it would therefore be better if all active remedies were abandoned. He commented on “the feebleness and uncertainty of therapeutics”, and called on his fellow-physicians to examine these things openly and to act upon them: “Things have arrived at such a pitch, that they cannot be worse. They must mend or end. We believe they will mend.” In the spirit of the hydropathists he adds: “The springs of life are yet untouched; the constitution retains its rallying power; the vis medicatrix is in action; and we flatter ourselves that there is yet enough of young blood and energy and wisdom in our ranks, to redeem the past, and to achieve that glorious REGENERATION which has been long announced by infallible signs and portents in these later days.”

Not content with this broadside, the redoubtable Forbes manoeuvred himself again into position and delivered a second attack34 equally percipient and devastating, in a later number of his journal, in which he reviewed eight recent books on the water cure. Aiming at his fellow practitioners and perhaps at the Lancet, he found that hydropathy had become a taboo subject, saw “no good reason why the doctors of the orthodox or legitimate school should refuse to accept good things, even at the hands of the hydropathists”, and observed that “the absolute exclusionist, be he water-doctor or drug-doctor, is equally unreasonable and unjustifiable.” After finding that Priessnitz had obtained by manipulation of water the equivalent of the stimulant, sedative, tonic, reducing agent, purgative, astringent, diuretic, styptic, febrifuge, diaphoretic, alterative, and counter-irritant of the pharmacopoeias, he urged the medical profession itself to take up hydropathy as an insurance against quackery and as a safer and more certain system than the administration of drugs. It is hardly surprising that, partly due to professional antagonism to these reviews, the circulation of Forbes’s journal declined, obliging him to terminate the periodical a year later. However, though peace was never formally declared, the position had been won,

39 Forbes (1846a), op. cit., note 6 above.
34 Forbes, (1846b), op. cit., note 6 above.
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patients committed themselves to the water-doctors, the Lancet forbore to comment on hydropathy after 1852, Malvern continued, and imitative hydropathic establishments sprang up all over the British Isles.

For the next generation these establishments continued, in much the same vein, to provide a competent and usually professionally-based health maintenance service for the middle and upper classes. With the ageing and death of the major figures of hydropathy, changes entered the system. Smedley, for instance, handed the reins over to Dr. W. B. Hunter in 1872, having for some years previously modified his attitude to the profession. Wilson had died at Malvern in 1867, Gully retired in 1872 and scandalized a prying nation with the revelations of his relationship with the widow of the poisoned barrister, Charles Bravo, at the inquest of 1876. A few years earlier Macleod of Ben Rhydding, who died in 1875, had introduced alcohol to the premises.

Priessnitz, his disciples, and the return to Nature, were forgotten by all except the impressionable fringe who dabbled in the water cure of the Austrian priest Father Kneipp (1821–97) at Wörishofen, or those who passed on to such attractive exotics as the grape cure. The water cure itself passed in a modified and emasculated form into the respectability of orthodox medicine with such admirable supporters as R. Fortescue Fox (1858–1940) in England, and Wilhelm Winternitz (1835–1917) at his well-known establishment at Kaltenleutgeben near Vienna, where K. K. Kellogg, of cornflake and Battle Creek Sanatorium fame, became his disciple. But that is another fight for recognition, another acceptance, another decay, and our thin red line is again temporarily obscured.

SUMMARY

The water cure may be defined as the use of pure cold water internally and externally to regulate the temperature and perspiration in order to induce stimulation and tranquillization of the nervous system. The paper attempts to indicate some of the interdependent influences which made the system so attractive to the middle and upper classes in Britain between 1840 and 1870. Among these were the physical and moral stresses arising from excessive use of newly isolated and ill-understood alkaloids by the medical profession, urban pollution, moral earnestness, excessive competition, dietary self-indulgence, and a rapidly changing society and environment.

The system nucleated by the charismatic Vincent Priessnitz (1799–1851) in the hills of Austrian Silesia, and based on a humoral pathology and on the ancient vis medicatrix naturae, was rapidly introduced from Gräfenberg to England after 1842 by former invalids both medical and lay. Its theory and practice was modified and recodified largely by two qualified physicians at Malvern, James Wilson (d. 1867), and James Manby Gully (1808–1883).

Apart from the specifically hydropathic treatments such as sitz baths, wet and dry packing, the plunge, the douche bath, and the avoidance of all stimulants and drugs, the system depended on fresh air, exercise, a simple diet, and a regular life, facts which its contemporary critics such as the Lancet from 1842 to 1852 did not fail to point out. Nevertheless, the evidence suggests that the regimen had its successes, near-miraculous in terms of contemporary medical orthodoxy: a rate undoubtedly fortified
by the public enthusiasm of such converts as Sir Edward Bulwer Lytton, by the private if critical testimony of such well-known patients as Florence Nightingale, and by the reasoned approval of physicians such as Sir John Forbes (1787–1861) for systems which supported Nature in its struggle to recovery.

Medical heresies, the shadow of orthodoxies, often enable us to understand the assumptions and limitations of a period and should be examined with care. Heresies, however, usually end by merging with a changing orthodoxy, and after 1870 hydropathy shaded off gradually into hydrotherapeutics on the one hand, and into hydropathic hotels with liquor licences on the other. The return to Nature, initially so salutary, had been largely forgotten.