

Spreading the News about Hydropathy: How Did Americans Learn to Stop Worrying and Trust the Water Cure?

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Abstract

This paper was delivered at the 2012 annual meeting of the Society for Historians of the Early American Republic in Baltimore. It was included in a panel on information networks in the early republic and explores the question of how some Americans decided to trust information about the water cure, a nineteenth-century health reform movement also known as hydropathy.

Historians of the early republic now understand a great deal about how the post office, the steam engine, the telegraph, and the printing press helped to stitch a growing nation together while simultaneously connecting Americans to a wider world. The “water cure,” a nineteenth-century health reform movement also known as hydropathy, was in many ways the perfect example of how an antebellum “communications revolution” created extensive information networks on even the most obscure topics. After its genesis in Austria in the 1830s and 1840s, by the 1850s the “water cure” claimed a transatlantic following with devotees as diverse as Charles Darwin, Stonewall Jackson, David Ruggles, Harriet Beecher Stowe, and a host of unknown clients from Russia, Germany, Italy, and beyond. By the beginning of the Civil War, the New York City newspaper, *The Water-Cure Journal*, claimed tens of thousands of subscribers, and over 200 hydropathic establishments dotted the country from upstate New York, to Biloxi, Mississippi, and Salem, Oregon.¹

¹For overviews of the water cure and similar cures in the antebellum United States, see Susan E. Cayleff, *Wash and Be Healed: The Water-Cure Movement and Women's Health* (Philadelphia: Temple University Press, 1987), figures cited on p. 3; Norman Gevitz, ed., *Other Healers: Unorthodox Medicine in America* (Baltimore: Johns Hopkins University Press, 1988); Marshall Scott Legan, “Hydropathy in America: A Nineteenth-Century Panacea,” *Bulletin of the History of Medicine* 45 (September 1971): 267–280. On the transatlantic dimensions of the movement, see Annette Nolte, “The Ebb and Flow of Hydropathy: The Water-Cure Movement in Europe and America” (2001). For the Mississippi hydro, see John Duffy, “Medical Practice in the Ante Bellum South,” *Journal of Southern History* 25 (February 1959): 53–72. For Oregon, see G. Thomas Edwards, “Dr. Ada M. Weed: Northwest Reformer,” *Oregon Historical Quarterly* 78 (March 1977): 4–40. On the “communications revolution,” see Daniel Walker Howe, *What Hath God Wrought: The Transformation of America, 1815–1848* (New York: Oxford University Press, 2007); Richard R. John, *Spreading the News: The American Postal System From Franklin To Morse* (Cambridge, Mass.: Harvard University Press, 1995); John J. McCusker, “The Demise of Distance: The Business Press and the Origins of the Information Revolution in the Early Modern Atlantic World,” *American Historical Review* 110, no. 2 (2005), 295–321; Robert A. Gross

Yet health reform movements like the “water cure” also illustrate the two biggest points I would like to make in this talk. First, information networks built by new institutions, technologies, and publications never wholly displaced interpersonal networks as conduits of information. New media has almost always been “social” media, and in the early republic friends and family members remained crucial sources of information who shared and spread the news they liked and steered each other away from what they did not. Leaders and fans of alternative health movements understood this well. The followers of homeopathist Samuel Thomson sent agents into 22 states and territories by 1833 to form “Friendly Societies,” local groups of families and friends who could support each other and share information about botanical remedies. The publishers of the *Water-Cure Journal* likewise built their subscription base by offering prizes to readers who used their interpersonal ties to bring friends or family members to the cause. Such savvy tactics showed an awareness of how important the social network was to the spread of new ideas.²

A second point I want to make today is related to the first: interpersonal communication networks remained important in the early nineteenth century not just as means of *circulating* information, but as means of cultivating *trust* in information. The case of the “water cure” helps make this point especially clear, for the dramatic spread of hydropathy was more than just a matter of spreading news and methods. Rather, the spread of hydropathy was the product of countless private decisions by individuals to place their *trust* in “water cure” therapies—enough trust to try them on their own bodies or the bodies of those they loved.

The ailing American abolitionist Henry Clarke Wright made that decision in the winter of 1843 and 1844, when he traveled to the Austrian water cure establishment run by Vincent Priessnitz in Graefenberg, nestled high in the Silesian alps. Priessnitz was renowned as the inventor of hydropathy, and by the time Wright arrived he was attracting as many as 1700 people a year to Graefenberg. True believers in Priessnitz’s methods for curing illness preached that anyone could practice hydropathy, even in their own home. But Wright, who had suffered for much of the year with a persistent cough, was persuaded to travel all the way to the water cure’s source to consult with Priessnitz himself.³

The methods that Wright discovered there shared much in common with other contemporary health reforms—hostility to drugs and “heroic” therapies like blood-letting, distrust of traditional physicians, an emphasis on diet and preventive hygiene, and a belief that restoring the sick to health was mostly a matter of allowing nature take its course. But what distinguished Priessnitz’s ideas from other cures was the belief that applications of water alone could resolve most illnesses, whether they were chronic or acute. Patients like Wright were wrapped in freezing cold wet sheets and then cocooned in thick blankets to relieve fever. Water cure patients sat in water,

and Mary Kelley, eds., *An Extensive Republic: Print, Culture, and Society in the New Nation, 1790–1840* (Chapel Hill: University of North Carolina Press, 2010).

²On Thomsonian “Friendly Societies,” see William G. Rothstein, “The Botanical Movements and Orthodox Medicine,” in *Other Healers: Unorthodox Medicine in America*, ed. Norman Gevitz (Baltimore: Johns Hopkins University Press, 1988), 29–51, esp. pp. 43–45. On contests to encourage new subscriptions, see Cayleff, *Wash and Be Healed*, 26.

³On Wright, see Lewis Perry, *Childhood, Marriage, and Reform: Henry Clarke Wright, 1797–1870* (Chicago: University of Chicago Press, 1980). For Priessnitz’s clients, see Cayleff, *Wash and Be Healed*, 20–21.

submerged themselves in water, stood under water as it was poured over them, wore wet compresses, wrapped themselves in dripping sheets, and ate a meager diet washed down, of course, with water.

Needless to say, these experiences were not always pleasant in an Alpine winter. Nine weeks into his stay, Wright described climbing into baths rimmed with ice and confessed to a friend in England that he had developed a “perfect *Hydrophobia*. I have a horror of cold water. I can’t get warm. But I’m told it is a good sign!” Wright went on to joke with his correspondent, another water cure devotee, about the seeming absurdity of his position. “Oh dear me!” he exclaimed. “Weakness, low spirits, shiverings & shakings, fever, head-ache, tooth-ache, & every other ache, a good sign! Well—I know my *lungs* are getting well.”⁴

In these lines, Wright pinpointed the paradox at the heart of hydropathy: Priessnitz held that wet sheets and douches worked by bringing the body to a moment of crisis, in which any morbid elements would be expelled. But in practice, this meant that patients who began to feel *worse* under Priessnitz’s ministrations were often told they were getting better! “Everything is reversed here,” Wright explained, “& you are counted fortunate & happy according to the intensity of your pain & anguish. ‘The cure is taking effect’ is the consolatory response to all your groans & cries of torture.”⁵

Such candid admissions may seem amusing in retrospect, but they point to a problem that historians of the cure have only partially answered: in the heat (or the cold!) of the moment, how and why did water cure patients decide to *trust* specific treatments and doctors to make them well, even in the face of their own doubts or awareness of countervailing evidence? The experience of another, more famous abolitionist highlights how potentially unamusing such decisions could be. In April 1849, William Lloyd Garrison and his wife Helen Garrison watched with growing concern as their six-year-old son, Charles Follen Garrison, “complained of feeling unwell.” Through several days of vomiting and flu-like symptoms, the Garrisons attempted to treat their son with the water cure, wrapping him in “the wet sheet three or four times.” When that failed, Lloyd later reported in an anguished letter, “we also gave him the homeopathic prescriptions as accurately as we could discover his symptoms described in our books, but without much skill or knowledge.” Finally, after four days, while still “hesitating whether to go for a physician,” Garrison was “advised by a friend to try a medicated vapor bath.”⁶

The same friend “said that his wife would be happy to administer it,” and Garrison quickly agreed, believing that sweating was what Charley needed—a key premise for movements like hydropathy. He therefore agreed to make an “experiment” of the vapor bath, and even helped his friend’s wife strap his lethargic son into a wooden chair positioned above steaming water. Almost as soon as the “bath” began, however, the poor boy became, in Garrison’s words, “perfectly frantic . . . his screams were appalling.” When Charley was removed, fifteen or twenty minutes later, Garrison discovered, too late, that his child had been horribly scalded by steam from the vapor

⁴Henry Clarke Wright to Elizabeth Pease, March 13, 1844, Garrison Family Papers, Houghton Library, Harvard University, bMS, Am 1906 (653), hereafter cited as GFP.

⁵Henry Clarke Wright to Elizabeth Pease, March 27, 1844, Garrison Family Papers.

⁶William Lloyd Garrison to Elizabeth Pease, June 20, 1849, LWLG 3:618–22, quoted on 619, 620.

bath, “the skin being entirely destroyed on one side.” A few days later, the injured boy died, leaving his parents enveloped in guilt and grief.⁷

As the Garrisons’ tragic experience shows, decisions to trust alternative therapies and delay other sorts of care could quickly become matters of life and death for nineteenth-century families. Yet Garrison’s story illustrates just how persistent *trust* in the water cure or similar therapies could be, even in the face of strong countervailing evidence that the cures were not working or were actively causing harm. In this case, as Garrison later explained, “such was my confidence in the judgment of the lady” who administered the vapor bath that “I did not even suspect that she might be raising the steam to an undue height.” As his son screamed in pain, Garrison even “appealed to his little manhood in the best way I could . . . urging him to bear it all with fortitude, as he would undoubtedly be benefitted by the operation.”⁸

All parents face difficult choices when trying to care for a suffering child. But it is still appropriate to ask why someone like Garrison could place so much confidence in the prescriptions or judgments of alternative health practitioners, enough to urge his son to endure an obviously botched treatment? In the case of the water cure, the current historiography answers questions like this only in the most general terms. Scholars have explained the attractions of hydrotherapy partly by contrasting its relatively passive and hygienic regime with “harsh” conventional techniques practiced by professional doctors. And historians have also shown why hydrotherapy complemented general currents in antebellum culture, especially to women and reformers drawn to the camaraderie and respite of water cure establishments and the ethic of individual empowerment and non-conformism offered by the cure. More generally, historians of alternative medicine have shown why cures that seem ridiculous now made sense given nineteenth-century assumptions about the body and its operations that patients, physicians, and alternative practitioners all, to some extent, shared. Historians of medicine also point to the charisma and savvy marketing skills of individual physicians as crucial to establishing the credibility of unconventional therapies.⁹

Yet while all of these approaches do much to explain why antebellum Ameri-

⁷William Lloyd Garrison to Elizabeth Pease, June 20, 1849, LWLG 3:620. See also Harriet Hyman Alonso, *Growing Up Abolitionist: The Story of the Garrison Children* (Amherst: University of Massachusetts Press, 2002), 57–61. A vapor bath like the one Garrison tried was not among the techniques Priessnitz used, but as Susan Cayleff notes, the “ideological purity” of the water cure movement declined over time, as traditional methods like the wet sheet began to be used alongside electrical treatments, mesmerism, homeopathic therapies, and even clairvoyance. See Cayleff, *Wash and Be Healed*, 103.

⁸William Lloyd Garrison to Elizabeth Pease, June 20, 1849, LWLG 3:620. Occasional stories of casualties even from the cold water cure circulated in the correspondence of sympathizers and skeptics alike. Irish abolitionist Richard Davis Webb, for example, reported knowing a consumptive young man who panicked while wrapped in a wet sheet pack and died after exhausting himself trying to escape. An aunt of Webb’s wife also reported having a paralytic attack during a wet sheet bath. See RDW to NPR, November 17, 1844, Haverford Collection 806, Box 1. Infections caused by unsanitary sheets were also a real risk to patients of the cure. See Abby Kimber to Hannah Webb, June 20, 1847, BPL, Ms.A.1.2.17.50

⁹See Charles E. Rosenberg, “The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America,” *Perspectives in Biology and Medicine* 20 (Summer 1977): 485–506; Steven Shapin, “Trusting George Cheyne: Scientific Expertise, Common Sense, and Moral Authority in Early Eighteenth-Century Dietetic Medicine,” *Bulletin of the History of Medicine* 77 (Summer 2003): 263–297; Cayleff, *Wash and Be Healed*. For an account of Harriet Beecher Stowe’s conversion to hydrotherapy that reflects this historiography and emphasizes broad cultural factors, see Joan D. Hedrick, *Harriet Beecher Stowe: A Life* (New York: Oxford University Press, 1994), 173–85.

cans in general might be attracted to hydropony or persuaded to try its methods, they are less successful when it comes to explaining specific decisions by specific individuals like Garrison and Wright. For example, pointing to the perils of professional medicine at the time does not explain fully why a patient might trust the water cure over other alternative therapies, or why patients trusted certain combinations of therapies. As Garrison's experience illustrates, antebellum Americans attracted to hydropony seldom chose one therapy, even to address one case of illness. To understand the decision-making matrices that produced their trust in these therapeutic regimes, we need to know more than the things that made the water cure culturally appealing.¹⁰

It is here, I think, that attention to interpersonal networks of information may ultimately provide insights that an exclusively macroscopic approach cannot. Antebellum Americans who trusted the water cure did not make their decisions in a vacuum or solely with the help of impersonal media like printed books, which, as Garrison's testimony shows, could fail to offer consolation and help in a moment of crisis. In those moments, most people do—and did—turn to the embodied or empathetic knowledge provided by close friends and family members. Significantly, Garrison tried the vapor bath for his son largely on the advice of “a friend.”¹¹

The role that such friends played in shaping decisions like Garrison's is not easy to measure, primarily because obtaining glimpses into the private decisions of individual patients is more difficult than counting the number of water cure establishments or subscriptions to water cure publications. Garrison and Wright were hardly representative Americans, and may not even have been representative of those who tried alternative therapies like the water cure. Nonetheless, in their cases and others, anecdotal evidence *does* suggest the importance of close interpersonal ties of kinship and friendship in engendering confidence in hydropony.

Wright, for example, was largely convinced to visit Graefenberg on the recom-

¹⁰In the case of hydropony, certainly, encounters with charismatic practitioners like Priessnitz, whom Wright called “an extraordinary man,” were often decisive in making a person fall in love with the water cure. Yet trust in water cure therapies often survived even the death of prominent hydroponic practitioners whose methods failed to work in their own cases. Often, as in Garrison's case, Americans trusted alternative therapies enough to try them at home and in the absence of professional guides who ran hydroponic establishments. Finally, while the techniques of charismatic doctors to build credibility with patients undoubtedly played key roles in cultivating trust, they do not fully explain why a patient would seek out a doctor in the first place, or trust one charismatic practitioner over another.

¹¹Some more recent research suggests the importance of interpersonal connections and experience in shaping patient decisions about whether to, say, breastfeed an infant or accept prenatal genetic screening during pregnancy. Such forms of embodied knowledge, I am suggesting, played similar roles in the decisions of nineteenth-century Americans. See Holly Etchegary et al., “The Influence of Experiential Knowledge on Prenatal Screening and Testing Decisions,” *Genetic Testing* 12, no. 1 (2008), 115–24; Pat Hoddinott and Roisin Pill, “Qualitative Study of Decisions about Infant Feeding among Women in East End of London,” *BMJ* 318, no. 7175 (1999), 30–34; and, for the concepts of “embodied” and “empathetic” knowledge, Emily K. Abel and C. H. Browner, “Selective Compliance with Biomedical Authority and the Uses of Experiential Knowledge,” in *Pragmatic Women and Body Politics*, ed. Margaret Lock and Patricia A. Kaufert (Cambridge, Eng.: Cambridge University Press, 1998), 310–26. Such present-day studies should not be read back directly to the antebellum period, however, as other research suggests that contemporary patients place far more credit in biomedical technology and “authoritative knowledge” than previous generations. See C. H. Browner and Nancy Press, “The Production of Authoritative Knowledge in American Prenatal Care,” *Medical Anthropology Quarterly* 10, no. 2 (June 1996), 141–56.

mentation of his friend Elizabeth Pease, a Quaker abolitionist from Darlington, England, who frequented a water cure establishment at Ben Rhydding and who met many American abolitionists in person during their tours of the British Isles. Wright and Pease were also critical to Garrison's decision to try the water cure only a few months before Charley's death. When Garrison, a longtime adherent of homeopathic treatments, became ill in the spring of 1848, he initially considered using sarsaparilla. But, as he told his good friend Pease, "dear Henry is urging me very strongly to go to Dr. [David] Ruggles's Water Cure Establishment in Northampton," and Pease added her own strong endorsements of that advice, writing later that year that she hoped "hydropathy may do as much for thee as under the blessing of God, it has done for me."¹²

Garrison and Wright were not the only American abolitionists whom Pease ultimately persuaded to trust or try the water cure. In 1847 she also recommended the cure to the invalid wife of Boston abolitionist Wendell Phillips, who told Pease in August 1847 that "your cordial description of Ben Rhydding would almost draw Ann across the water. She looks longingly on the Cure, & may try it yet." When Wendell and Ann Phillips did ultimately go to Northampton to seek help from David Ruggles, the African American hydropathist, Wendell gratefully informed Pease of their decision "to try your own valued water cure." And Garrison's own eventual decision to go to Northampton also highlighted the importance of a valuable friend like Pease, the only correspondent to whom Garrison confided the details of Charley's gruesome death, in prompting individual decisions to act. In a letter of introduction to British abolitionists written for his friend Maria Weston Chapman, who was about to cross the Atlantic, Garrison noted that Pease would be "highly gratified on hearing that I am at last trying the 'Water Cure.'" And in the same letter, he wrote, in reference to Pease, "what would the world be without such friendship?"¹³

A world without such friendship may very well have been a world in which the "water cure" had a less extensive and enduring reach. To be sure, advice from friends was no guarantee that someone would trust hydropathy, any more than exposure to an issue of the *Water Cure Journal* might have been. Garrison had been "prevailed on" by friends to try the water cure for years before he actually did so. Another Boston abolitionist associated with Garrison confessed in a letter to an Irish abolitionist that his family remained "a sad set of misbelievers" in the "*hydromania*" of friends like Pease and Wright. For every example of someone converted to the water cure by the recommendation of a friend or relative, one could probably find another example of someone like the abolitionist John Brown, who had "little faith in the water treatment" even though his sons were devoted readers of the *Water Cure Journal* and his wife visited Ruggles's water cure establishment. Indeed, the authors of personal testimonials published in the *Water Cure Journal* often boasted of their persistence in trusting the water cure *against* the advice of their skeptical friends and family, or spoke vaguely

¹²WLG to Elizabeth Pease, May 3, 1848, LWLG 3:555ff; Pease to WLG, November 12, 1848, BPL, Ms.A.1.2.18.39. See also WLG to George W. Benson, May 17, 1848, LWLG 5:558. On Wright's health, see Pease to Nathaniel P. Rogers, September 13, 1843, Haverford Collection 806, Box 1.

¹³Wendell Phillips to Elizabeth Pease, August 29, 1847, BPL, Ms.A.1.2.17.66; Phillips to Pease, November 21, 1852, BPL, Ms.A.1.2.21.124; WLG to MWC, July 19, 1848, LWLG 3:568.

of having “heard of the Water-Cure” from no one in particular.¹⁴

Nonetheless, beneath these proud statements of individual self-reliance and skepticism, I suspect there are numerous experiences more akin to Garrison’s and Wright’s, like the decisions of abolitionists Abby Kelley and Stephen Foster to try the water cure only after urging from family and friends, or the decision of Susan Helen DeKroyft, a popular nineteenth-century author who began losing her eyesight in 1845 and published a book of letters about her long search for a cure. DeKroyft’s journey began at the New York Institution for the Blind, but there she was subjected to a battery of conflicting advice of what she should do. “Last summer,” she wrote, “the advice of all the doctors was, ‘Go to the springs; showering and bathing will do more for you than medicine,’” while still others advised that she try a water cure establishment on Long Island. “To that various objections were raised,” not least from DeKroyft herself, who was skeptical of hydropathy “until a friend gave it a very satisfactory trial.” This friend, equipped with her own douche bath and water cure apparatus in her home, allowed DeKroyft to try the method “with much benefit both to my general health and eyes.” Another “good friend” proved critical to her later decision to go to Long Island after all.¹⁵

I have sketched the outlines of a problem that I believe still warrants examination: how did antebellum Americans decide to trust particular information and recommendations about the water cure enough to submit to its rigors? I have also suggested that an answer may lie in the interpersonal means by which news of the water cure reached them. Both the problem and the answer are only visible, however, if we take seriously the difficult and sometimes agonizing choices that patients had to make about therapy for themselves and their loved ones.

After all, when antebellum Americans like Garrison chose to apply the water cure in their families, it was not a light decision. As Elizabeth Cady Stanton once said in the case of her own son’s sickness, which she treated with the water cure, “I am anxious beyond endurance” and “feel guilty when I have a sick child.” In the face of such powerful emotions of anxiety and guilt, simple belief in the proposition of the water cure may well have needed the endorsement of other patients who were close friends or kin. Helen DeKroyft suggested as much when she confessed that “sometimes the simple, unvarnished story of a patient, tells more in favor of the doctor than all of his long and well-written essays upon *Materia Medica, Theory and Practice*.”¹⁶

¹⁴Mary Grew to Helen E. Garrison, July 23, 1846, BPL, Ms.A.1.2.16.75; Edmund Quincy to Richard Davis Webb, January 30, 1844, BPL, Mss. 960, vol. 1, no. 5. For examples of testimonials in the *Water Cure Journal*, see “Dr. Ruggles’ Hydropathic Experience,” *Water Cure Journal*, April 1848; James Caleb Jackson, “Past and Present Experience of a Hydropathy,” *Water Cure Journal*, January 1850. On the Brown family’s disagreements over the water cure, see John Brown Jr. to John Brown, September 18, 1849; Jason Brown to John Brown Jr., August 17, 1849; and Thomas Thomas to John Brown Jr., September 4, 1849, all at Ohio Historical Society. The British reformer Richard Cobden likewise regarded hydropathy as a “*superstition*” even though his wife and brother-in-law were firm believers. See Richard Cobden to Joseph Sturge, February 3, 1857, British Library Add. 43722, f. 204.

¹⁵DeKroyft quotes are from her *A Place in Thy Memory* (New York: J. F. Trow, 1850), pp. 135–37. I am quoting from the edition of the book contained in the North American Women’s Letters and Diaries Database published by Alexander Street Press. Re: Abby Kelley’s decision, see Abby Kelley to Wendell Phillips, July 28, 1858, Phillips Papers (556/4). See also Dorothy Sterling, *Ahead of Her Time*, 277–78.

¹⁶DeKroyft, *A Place in Thy Memory*, 145–48.

To confirm that DeKroyft's insight was more widely shared would require more research than I have presented today. But examining the importance of inter-patient and interpersonal networks in the spread of the water cure may prove useful for two groups of historians. For historians of medicine who are usually focused on relations between doctor and patient, the water cure may present a case in which networks and friendships among patients proved critical to the cure's expansion and credibility. Meanwhile, for historians of the communications revolution in this period, the water cure suggests the need for continued attention to the micro-historical scale of information exchange. Infrastructural changes deserve most of the credit for the circulation and spread of news about hydropathy, but understanding why particular people made personal decisions to act on information received may require looking at ties closer at hand.