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Rochester and the Water-Cure 1844-1854

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In 1850 there was little on the American medical scene to inspire confidence in the cure, much less in the avoidance of disease. Bacteria and viruses were still to be discovered; save for inoculation for the smallpox and quinine dosing in malarial districts, neither individual nor mass protection against what would subsequently be recognized as infectious diseases was available. Few houses were screened and flies were everywhere. Epidemics of typhoid, typhus, and cholera were thought unavoidable. Except by maritime quarantine, there was no way to predict or protect against them and they were "managed" by isolation of the sick in a manner often reminiscent of human sacrifice.

Other than the town pump, community water supplies were uncommon, and those which did exist were neither guarded at the source nor purified before distribution. Comprehensive sewage disposal was equally rare; well and privy often shared the yard. The milk supply was uncertain and it was dipped, not bottled; pasteurization was a half-century in the future. Neither

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meat nor other food-products were systematically inspected, much less their handlers.

Neither colleges nor schools had courses in physical education or elementary hygiene—there were no teachers in these fields. Sex education, for men only, was obtained from tracts, half exhortatory, half terrifying, on the horrible results of masturbation, plus of course, abundant advertising for remedies guaranteed to restore "lost manhood," a euphemism of the time for impotence or venereal disease.

Although there were medical schools in the larger and briefly in some of the smaller cities, doctors commonly received their training as apprentices to local practitioners. The quality of a physician's education depended essentially on his own acumen and that of his preceptor. Most of it was therapeutic only, since study of the natural history of disease was in its infancy, as were normal and morbid physiology. A few students completed their education abroad; London, Edinburgh, and Paris were favored places. Moreover, while the right to practice had previously been under some measure of legal control, the State Legislature in 1844, spurred it might be noted by the Monroe County Medical Society, removed all restrictions. It was argued that such regulation was discriminatory. No matter how scanty had been one's training, it did not prevent one from attempting the healing of the sick.

The outcome of an illness was usually attributed to the success or failure of the physician's art, and few practitioners could resist using all the meager therapy they possessed when it appeared in doubt. While there were many drugs in use, few save opium, quinine, and digitalis have stood the test of the years. Current treatment was too often vigorous purging with calomel, and bleeding, often to exhaustion, without regard to the nature of the illness, much less to the patient's response. These aggressive measures may have satisfied the physician's need for action, but their effect on recovery was doubtful.
Surgery, still septic, was largely limited to orthopedics, amputations, and a few urological procedures; the first successful American laparotomy, in 1809, was not for almost half a century followed by many others. Inhalation anesthesia had been publicly demonstrated only four years earlier.

In 1850, such hospitals as existed were not the centers of medical culture which we know today, but the last refuge from cold, hunger and pain for the sick poor who could not have care at home. In every child-birth women faced death, whether they were delivered by midwives of limited ability, or by physicians who often carried with them the streptococcus of child-bed fever. The advantage of more than two years in life expectancy at birth, which women had over men in 1850 (40.5 vs. 38.3 years), was gone at age 20 (40.1 and 40.2 years respectively). After the childbearing period, women’s advantage returned. In 1959, on the contrary, the advantage women had at birth (74.2 versus 67.6 years) was largely retained at age 20. But even if she survived reproduction, a woman often was to some degree an invalid thereafter as the result of her experience. Though occasional attempts had been made for over half a century to repair the tears suffered at birth, or to correct distressing recto-vaginal or vesico-vaginal fistulas, elective operations to restore a damaged pelvic outlet were at the time rarely attempted and even less frequently successful.

But as at any period of history, whatever he lacked in knowledge, and whatever horrors he perpetrated in the name of treatment, the physician’s qualities—responsibility, integrity, empathy—were widely acknowledged. Without adequate methods of physical or chemical examination of the body, without the benefit of experimental observation and with only crude medical and limited surgical skills, he was nevertheless placed beside the priest as one who knew all and could do all, in a role not dissimilar to that of the witch-doctor in more primitive cultures.

Against this grim state of allopathic or “regular” medicine
there was naturally constant revolt, ranging from sheer fraud to the powerful homeopathic school of Hahnemann. The pace of self-improvement by the profession was slow. In the early and middle 19th century medical complacency was challenged by a number of “reform” movements, sponsored sometimes by professionals, sometimes by laymen, some of whom would eventually be labelled evangelists, some quacks. Most of these cults would be short-lived. One of the first was that of an unlettered New Hampshire farmer, Samuel Thomson, whose “do it yourself” system of medicine flourished in the 1820’s and 1830’s. This was a scheme of home treatment, independent of a doctor’s attendance, and had two popular features: it made what is complex seem simple, and it had an appealing veneer of democracy, since professionalism connoted inequality and in Thomsonism all men were equal (“Everyman his own physician”). It stimulated the Botanical and Eclectic movements, and as rivals it had Galvanism and Perkin’s Tractors.

Regardless of the theory set forth by their founders, these movements all relied unconsciously on the natural tendency to recover in many diseases. However, since they attributed their success to a theory, which they pursued defensively against derivative or newer concepts, they often reached absurdity in their formulae, and were bound to fail. Their proponents were often eccentric, but not necessarily dishonest, and deserved respect for their part in the reform of the orthodox profession, and in public education.

Somewhere in the spectrum which ranged from this almost lunatic fringe to the thoughtful and successful school of Homeopathy fell the Water-Cure. The casual use of water in therapy can be traced to antiquity and cures at Vichy were featured under Louis XVIth. Hydropathy as a major therapeutic method was already accepted in England at the beginning of the 19th century, as witnessed by a treatise on the subject by Currie of Liverpool, a Fellow of the Royal Society. But it was the not-so-
simple peasant Vincent Priessnitz who attributed recovery from
his own injuries to the internal and external use of water and
popularized his experience into a system. At Graefenburg, in
Silesia, he set up a health establishment in 1826 which attracted
many of the famous and wealthy invalids of Europe, and made
hydraphathy stylish.

While certain principles were generally followed in implemen-
ting the Water-Cure, considerable experimentation and varia-
tion were introduced. Basically, patients were treated for almost
any illness by the ingestion of large quantities of water, by irriga-
tion with water of all body orifices and especially by the im-
ersion of the body in whole or in part in hot or cold water.
This included sitz and general baths, hot or cold wet packs,
sweats, blanketings and towards the end of a cure, subjection
to the “douche,” a stream of cold water two inches in diameter
projected on the naked body from heights up to twenty feet!
In the course of treatment, patients often developed successive
crops of boils; these were called “crises” and hailed by the phy-
sicians and fellow-patients as a major step in recovery. They were
interpreted as the “elimination of morbid matter”; we might
think them the result of imperfect segregation of dirty linen.

But there was much more involved than water. Patients who
entered the establishments, usually situated in a rural or secluded
spot, submitted to curbs on excesses of food or drink and some-
times of tobacco, to specified hours of rest and sleep and to some
form of regular exercise: walking, bowling, gymnastics or
riding. Here they were at least partly isolated from the turmoil
and problems of daily living: it was an ordered regimen. While
physical illness among them was common there was no lack of
what we term neurotic or psychosomatic problems. As in any
doctor-patient relation, the personality of the directing physician
counted heavily. Some as has been noted, appear to have been
quacks; others, though studious, may have been too credulous, but
among those who made their mark (or pound or dollar!) and
left their name, many, as with "regular" physicians before and since, seem to have had enormous personal appeal. The actual degree to which patients improved is hard to judge, but we can gauge the success of the institutes by the prominent persons who apparently profited, and some of whom repeated the "cure" many times: Tennyson, Carlyle, Dickens, Charles Darwin and (probably) Florence Nightingale, and in this country Longfellow, Francis Parkman, Martin van Buren, Harriet Beecher Stowe and James Russell Lowell.

Two Cures opened in New York City in 1843 and the Empire State apparently took kindly to them, for numerically it established a two-to-one lead over Pennsylvania, its nearest rival. Four years later it could boast a third of the 28 American institutions, and by 1900 no less than 64 had come (and usually gone) in our state alone. They were found not only in large cities: every self-respecting community longed for one, and in this area they were started at Chautauqua, Clifton Springs, Cuba, Avon, Wyoming, Castile and Alden. Less fortunate but hopeful towns often advertised for a Water-Cure doctor (usually in the WATER CURE JOURNAL) much as today in standard medical journals they seek a physician for family medicine. Some of the Cures which opened were such in name only, really nothing more than resorts which offered mineral baths in order to capitalize on the current fad.

In Rochester, in 1850, the medical panorama was about average for upstate. There was no lack of physicians: the City Directory for 1855 lists 38 in a population of 43,877. Of these a fair number were homeopaths, and the minor cults were also represented. From time to time there were outbreaks of communicable disease, one of which, "Genesee Fever", may have been peculiar to this region. Because of epidemics of cholera and smallpox, "pest-houses" were intermittently maintained from 1832 to 1868, and continually thereafter until 1903. These were primarily for isolation rather than for treatment. There was no
permanent hospital; St. Mary's, the first, would not open for seven years, with the City Hospital (later renamed the Rochester General) to follow in 1863. Albany and Troy, which had to deal regularly with epidemics among immigrants, had hospitals a few years earlier and St. Mary's Infant Asylum in Buffalo, which cared for orphans left by cholera, probably functioned in 1848. Except during epidemics, the sick were cared for at home.

Though it lacked a hospital, Rochester was among the first communities to have a Water-Cure and by 1851 could boast of two. Brief as was their story, some of their features show how the Cure may have influenced American medicine and public health.

Hatfield Halsted is listed for the first time in the Rochester City Directory in 1841 with an office in the Reynolds Arcade. Other information places him here as early as 1837. He was then known as a doctor, but his qualifications for the title are doubtful, and in 1840 he advertised himself as a "Magnetic physician," and sold, under the name of H. Halsted and Company of Rochester, New York, "electric" pills, galvanized plasters, and three different varieties of "Magnetic ether"—one for consumption, one for nervous disease and one for liver complaints. A booklet illustrated and extolled these substances and gave testimonials. At this time he was operating a drug-store at 94 Buffalo (West Main) Street, this combination of enterprises being not at the time unusual.

In 1844, he purchased a substantial stone building, previously in use as a cattle market and drovers' home, at the southeast corner of Buffalo and Genesee streets, then on the outskirts of the city, and opened the Halsted Medical Institute. Earlier, a frame tavern known as the Bull's Head had stood on the site, the first such establishment west of the Eagle Tavern which stood in down-town Rochester at the site of the Powers Block. About 1826, Derrick Sibley and Joseph Field built in its place the 3½ story stone building which they used in their cattle business and which Halsted bought.
Originally, the business was strictly a Water-Cure establishment, and in earlier newspaper promotion, Halsted let it be known that he had instructed himself in this form of treatment, had practiced it for several years (at a site not specified) and that he had found in Rochester a plentiful supply of "pure rock water, as highly medicinal as the best spring water of the Eastern states; and in addition, a never-failing sulfur spring, off superior medicinal qualities, for extreme cases where it is required." He added that he had gone to "much expense" to enlarge and make pleasant the institution and its 11½ acres of grounds.

The newspaper announcement described at some length the beauties of Rochester, emphasizing Mt. Hope Cemetery (an interesting angle for a health resort) and the Genesee River with its falls. It was strongly suggested that "water, climate, scenery, ... sylvan parties ... to ramble alone, lulled by the sweet music of birds" was an integral part of the Cure. The theme of water and the river is recurrent; occasionally the writer himself seemed to have been entranced:

"Does the dash of the cataract, the roar and the foam of the maddened water, excite pleasurable emotion? You have but to stray along the banks of our loved Genesee, to watch the increasing turmoil of the waters as they boil and whirl and lash themselves into a fury, preparatory to taking their plunge of nearly one hundred feet into the abyss below. But did ever anger put on such a form of beauty, as the broad and gentle curved pillar of white and feathery foam, instinct with emotions, which seems as if it were repentant loveliness personified?"

This extravagant prose sounds more like the prospectus of a travel agent lost in his own imagery than the reflections of a physician, but we must remember that Madison Avenue was not yet flourishing; in 1843, publicity was strictly "do it yourself." And it had to be done; the Water-Cure institution was a resort
where sufferers from chronic disease or, more often, from chronic symptoms perhaps reflecting maladaptations only, hoped to be helped. It was not merely hydropathy; it was a change of scene with a regular regimen; a vacation with a health factor thrown in. Such an institution had to have appeal. Since its success or failure depended on the prosperous upper-middle class, it had to be inviting, and later stylish. The emphasis which Halsted placed on the virtues of Rochester shows that he clearly recognized the problem of maintaining a successful spa in the boondocks of western New York.

By 1848 things were going well. Halsted was Alderman from the 8th ward. During 1845 and 1846 there had been 457 patients at the Institute; the largest groups were of spinal curvature (63), scrofula (66) and gynecologic problems (leucorrhoea, uterine prolapse and unclassified “female diseases”) totaling 67. The remainder included cases of dyspepsia, liver complaint, diarrhea or dysentery, pulmonary disease, piles, palpitations of the heart, “nervous debility” and five masturbators. All but 3 were said to have been cured; a remarkable record, even if only those patients were accepted who were likely to improve.

In 1851 Halsted built a large addition, changed the name to Halsted Hall and announced the start of a new treatment—exercise or “Motorpathy”—in addition to hydropathy. Henceforth there would be emphasis on gynecological rather than spinal problems, and especially on uterine prolapse. To spread this new gospel and establish Rochester as its Mecca, he took to the road. In February he began a tour through upstate New York, Massachusetts and Connecticut, then the large eastern seaboard cities (to each of which he allotted two rather than his habitual single day) and finally Pennsylvania and Eastern Ohio. Even with minimal travel time, the trip must have taken two months during which the Institute was closed; winter in Rochester was not, then or now, the most appealing season for a river
ramble or a cemetery picnic. Re-opening was on April 15th and popularity apparently continued; on June 23, 1853, a newspaper noted that the Hall was rapidly filling up, with about a hundred boarders already in residence.

That year Halsted published a book: EXPOSITIONS OF MOTORPATHY: A NEW SYSTEM OF CURING DISEASE BY STATUMINATING, VITALIZING MOTION, which went through three editions, each of them with a slightly different title. Also offered was a booklet, (advertised in the WATER CURE JOURNAL for 22 cents in stamps) describing "a new system of therapeutics" especially for prolapsed uterus. Though it is possible that Halsted originated the term Motorpathy—as hydropathy implied water treatment, motorpathy signified motion treatment—the basic concepts of Motorpathy were not original with him. A New York physician, Charles F. Taylor, in 1860 wrote a book "Theory and Practice of the Movement-Cure" which described a therapeutic system similar to Motorpathy, and attributed its origin to Peter Henry Ling (1766-1839), a Swede who, to cure his gouty elbow, took up fencing and subsequently developed a system of therapeutic gymnastics on the basis of the result. Several European physicians who had adopted this as a method of treatment were cited but only Dr. Taylor was mentioned (not surprisingly) as an American practitioner.

Nevertheless, Halsted defended his own claim staunchly. The editors of the Water-Cure Journal, in answer to an enquiry, stated that available pamphlets gave no details, only a general idea of Motorpathy. They ventured further: "Motorpathy, Kinesipathy, Statumination, and other terms which do not just now occur to mind, have been employed by a number of physicians to a plan, they call it a system, of treating chronic diseases by manipulations, directed as much as possible to the exercise of enfeebled muscles. It has been more particularly employed in displacement of organs." In the same issue
(December 1853) a St. Louis physician was told that one “can get instructions in all the pathies known among men, and the above [Motorpathy] in particular, at the Hydropathic and Physiological School” in New York (where the JOURNAL was edited).

This was too much for Halsted, who replied indignantly. Agreeing that there was no publication with specific details of the method, he was nevertheless outraged at the statement that instruction in “all the pathies” was available in New York. “This, to say the least, is a sweeping assertion, and in my opinion, its correctness is not unquestionable. . . I am the father of my bantling, ‘Motorpathy,’ and I shall endeavor by all just and lawful means, to vindicate the paternity of so promising a child and rescue its genealogy. . . Motorpathy was lawfully conceived, and in due time born and christened in my own institution; and I may be permitted, with all deference, to question whether it has ever been intelligently taught by others.” Specific details had not been given to the profession because “it cannot be correctly taught without the demonstration to be witnessed in the hospital.” Thousands with chronic diseases, said the writer, had been treated successfully at his institution in recent years. He ended this fervent letter: “Yours, heart and hand, in all righteous reform.”

This series of query, reply, and anguished appeal was published from December 1853 to February 1854, and was accompanied in the JOURNAL by a paid notice: “Dr. Halsted closes his institution at Rochester, New York, until the 15th of April next, to comply with the solicitations of many physicians and ladies, who are anxious to avail themselves of his new method of curing disease.” Doctors were especially invited to come with their patients. One suspects that the sequence might have been “planted” as advance material for his tour, which this year touched only New England, including Northampton, and New York City. Demonstrations of the new treatment apparently
made a sizeable stir, for in April, rather than reopening in Rochester, Halsted purchased the famous Round Hill Water-Cure at Northampton, Massachusetts, where he went on to greater prominence in hydropathy and motorpathy.

Halsted Hall as a Water-Cure was no more. The Hall was sold for $25,000 to a Mr. Chamberlain of Riga and, in 1861, it was purchased by St. Mary's Hospital, just across the street. During the War Between the States, it was used as an annex for wounded soldiers, and later for surgical cases. In 1868, after remodelling, it became St. Mary's Orphan Asylum, and continued as such until torn down in 1909.

Halstead's new system deserves further notice. Originally only calisthenics, essentially a set of post-partum exercises to prevent and relieve uterine prolapse, it grew rapidly in compass. Motorpathy was for the treatment of chronic, not self-limited diseases. Cancer was specifically excluded; chronic "female" illnesses were considered most likely to respond favorably. Assistance was welcomed from other technics, especially hydropathy, and reliance was placed on diet, (rich, heavy and concentrated compounds were to be avoided), pure and fresh air, ventilated sleeping "apartments," vigorous general body exercise and, of course, change of scene. The importance of psychological factors was underscored: health was impossible without a normal state of mind. "The mind requires medical aid as well as the body . . . (and) mental derangements . . . cannot be so successfully treated while surrounded by the associations in which they were contracted." Physical education was urged for the schools; atrophy of disuse was touched upon and there was invective against the "delicacy of body and weakness of muscle" fashionable, presumably under Victorian influence, among American women.

This good sense, however, was topped by a murky and shaky theory. The body was described as a tabernacle, as empty without motion as was thought without action. A "substantia prima"
from a “higher source” was transmuted into “electron animal magnetic power,” a vita-motive fluid or ether produced by the brain and emitted to every corner by the medullary fibres or origins of nerves, (perhaps a harbinger of what would later flourish as osteopathy). Since perfect motion and perfect health produced harmony and balance, any distortion of this homeostasis led to disease and death; the balance could be restored by using motion as therapy. The specific exercises, however, were nowhere described. In 1854, secrecy often surrounded new medical weapons; the rage to publish and obtain confirmation of results was for the future.

In spite of this indigestible theory, which as noted above seemed essential to all new treatment systems, Halsted’s book covered a wide range of sound advice. He included emphasis on personal hygiene, some awareness of what a century later would be hailed as psychosomatic interactions in the genesis of chronic disease, a glimpse of the importance of natural resistance in recovery, and frank acceptance of the adjuvant value of other types of therapy. Some of this was derivative, and the theoretical structure is best forgotten, but cult though it was, it could not be ignored. As for Halsted himself, one cannot forget his magnetic sales pitch, but patent medicines have often fathered respectable causes, and Motorpathy marks him as an imaginative and observant physician, even if one whose enthusiasm led to an overuse of hyperbole.

Rochester’s second establishment, the Lake View Water-Cure, opened under very different auspices. On high ground known as Lorimer Hill, a pleasant country site then two miles north of but now well within the city limits (on the north side of Lake View Park near Lake Avenue), stood a two-story house in the Greek revival style built in 1831 by Lindley M. Moore. When Moore, father of Rochester surgeon Edward Mott Moore, had bought the land (at $30.00 an acre) in 1829 it was virgin forest except for the road (now Lake Avenue) which had been cut
north from Rochester to the Lake. Moore later sold the house to Freeman Clarke, Rochester banker and congressman (1862-4; 1870-4) who lived there until he built his new house on Alexander Street which later became the main building of the Homeopathic, now Genesee Hospital. Prior to being razed in 1949 the Moore-Clarke-Lake View house had become a convent for the Sisters of Nazareth Academy. It was here that the Lake View Water-Cure was established in 1851.

From Lorimer Hill one could see, on clear days, eight to ten miles in all directions: south, over the city, north to Lake Ontario, east and west to the orchards already flourishing on the Ridge. In 1851, it was bought by Captain Pliny M. Bromley, a Democratic politician whose title derived from earlier canal boat popularity and who was one of the city's aggressive entrepreneurs. His path later led through the furniture business and a share in the best hotel (the Osborne House) to the office of city treasurer. Perhaps inspired by the success of Halsted Hall, he here planned and established a Water-Cure. The promotional releases stated that an addition to accommodate sixty patients was being built, at an expense of $10,000, with dining and exercise rooms and a basement bowling alley. Large cement-floored and brick-lined tanks were constructed, in which rainwater would be stored after filtration through sand and charcoal. Six acres of park surrounded the buildings. Bromley, entitled superintendent and proprietor, hired as medical director Augustus P. Biegler, a local homeopathic physician, who presumably wrote or at least sponsored the publicity which launched the Lake View Water-Cure.

These advertisements stated that the Cure was intended “for that unfortunate class of patients who have exhausted all the skill of the different systems of medicine, and have no other alternative left, than either to go and die in a warmer climate in a foreign country, live on the nostrums of the day, or try the
efficacy of mineral springs, and thereby drag out a miserable existence, where the majority of them absolutely are still curable, and the rest might enjoy comfortable health, in cases where there is no organic lesion." (italics ours) Organic disease, said Biegler, was curable only by operation (perhaps a sly dig at Halsted's interest in manipulative gynecology) whereas functional illness was reversible even if "twenty doctors have passed sentence of death upon the unfortunate sufferer." Listed as functional, and hence presumably amenable to cure, were scrofula (a general term for tuberculosis of skin and glands), erysipelas, rheumatism, gout, bronchitis, rickets, cancer, dropsy, epilepsy and leprosy. Diagnosis in those days was less accurate than now, and many of the patients must have had self-limited diseases (such as erysipelas) or something quite other than attached to them. Finally, there was sharp selection of patients: "few if any will leave the Institution dissatisfied, for none will be received without a critical examination, and only those will be treated, whose cases will admit of a partial or perfect cure." It is small wonder that the DAILY DEMOCRAT commented that "We believe Mr. B. [Bromley] will find himself well repaid."

The story of Dr. Biegler, much of it on record, is almost incredible. Born in Prussia, he claimed to have had experience in German, French, English and Scottish hospital practice and to have visited Hahnemann in Paris. As a physician, he was in Albany as early as 1837, and possibly in New York City a little later. He is known to have been in Rochester by 1842; at Brick Presbyterian church, he took Jane McKillip for his second wife. This union soon proved inharmonious, and mutterings of cruelty appeared in the press. Presently there was a fire in his rented Spring Street home. His furniture had been insured for $6,000 and he was brought to trial for arson, convicted and sentenced to seven years in prison. However, he was soon released, and in 1847 was again in Rochester, as physician and druggist. After Lake View failed, he probably engaged once
more in private practice, but in 1857 he was tried and convicted for manslaughter following an extremely inept criminal abortion on a young servant-girl for whose pregnancy he appears to have been responsible. He died a year later in Auburn prison with rumors of suicide or mistreatment. At autopsy a cerebellar tumor was found. In spite of all this, he was popular in Rochester, and even after sentence for manslaughter, there were public demonstrations in his favor and in support of his lawyer and his son. It is difficult to think that he was skilled or scrupulous, as man or physician.

The charges at Lake View were high for the period: $10 a week for room, board and treatment. The famous Wesselhoeft cure at Brattleboro, Vermont, asked no more, and the weekly rate at Clifton Springs was a mere $5 to $8. As was customary, patients needed to bring 3 “comfortables,” 2 woolen blankets, 4 sheets, one of which had to be linen, and additional linen for bandages. Since homeopathy and the Water-Cure were quite compatible, it is not surprising that within a year Lake View was proclaiming such a combination. But unlike Halsted Hall, which relied on the personality of its owner, motoropathy, and the road show to attract patients, Bromley and Biegler used references and testimonials from prominent citizens. Among the nine names they cited were those of a judge, the pastor of the Brick Presbyterian church (apparently ignorant of or undeterred by Biegler’s personal history), three local bank presidents and the postmaster, but whether as character and financial references, or as beneficiaries of the Cure is uncertain. The minister habitually supported reform causes; two of the others were shareholders. In 1853, though Halsted was flourishing, the Lake View, less than 15 months after opening, was advertised for sale, and two months later, since no buyer had appeared, a presumably worried Bromley tried to rent it.

Later that spring, it was bought by Dr. Lorenzo D. Fleming, also a homeopath, who reopened it on June first. Though far
less lurid than Biegler's his life story was also eventful. Born in Canada, he was studying for the ministry in Philadelphia when his voice failed him, and accordingly he abandoned the ecclesiastical life for an apprenticeship to the physician who undertook his cure. Later, his voice was restored while under homeopathic treatment which he then adopted as his own therapeutic method. He located in New Bedford where he published a 70-page tract entitled: SELF POLLUTION, THE CAUSE OF YOUTHFUL DECAY: SHOWING THE DANGERS AND REMEDY OF VENEREAL EXCESS. Fleming's comments on the "solitary . . . soul-debasing . . . degrading vice" were usual for the time, and offered nothing new: he was against it. As remedy he advised a plain and largely vegetable diet, cold baths with frequent applications of cold water to the genitals, outdoor exercise and the avoidance of stimulants. "Stop now" was his concluding warning.

He also published in 1848, while still in New Bedford, A POPULAR LECTURE ON THE PHILOSOPHY AND CLAIMS OF HOMEOPATHY. This began with several pages in the spirit of: "They laughed at Columbus," proceeded to indict organized (allopathic) medicine for opposing innovation, and set forth sturdily the homeopathic principle. As he saw it; medical art should help but not attempt to direct, much less to oppose, Nature. This of course contradicted the prevailing medical philosophy of Benjamin Rush of Philadelphia, who held that Nature should be driven from the sick-room. Calling on English and other sources for support, Fleming concluded that homeopathy was certain to triumph. Into this philosophy the Water-Cure would fit admirably; its introduction and spread in the United States paralleled the rise of Hahnemann's doctrine. Moderation and common sense were making inroads on therapeutic rigidity.

In 1849 Fleming moved from New Bedford to Canandaigua and subsequently to Rochester. After he took over Lake View
it was advertised at times as an “Equestrian and Hydropathic Institute” for invalids and visitors; at others as a “Water-Cure and Homeopathic Institute.” The main change in treatment was the addition of daily horse-back riding. References were still depended on to attract patients, and some of Fleming’s were more prominent than Bromley’s. Besides judges and preachers from both New Bedford and Canandaigua, Fleming flaunted Governor Seward, Francis Granger, Horace Mann and Lewis Tappan. Tappan, a merchant and abolitionist-reformer, who had retired from business to devote his time and fortune to humanitarian causes, in 1853 wrote (naturally in the WATER CURE JOURNAL) a public tribute to Fleming’s skill as a hydropathic and homeopathic physician, and to the warmth of Dr. and Mrs. Fleming’s attentions. “I have voluntarily offered this testimonial as some slight acknowledgement of a very friendly attention to my daughter and myself.”

The reason for Governor Seward’s support is not clear, but presumably came from Mrs. Seward, a life-long hypochondriac and a devotee of homeopathy, who might have met Fleming when visiting her sister, Mrs. Alvah Worden, in Canandaigua.

Whatever may have been Fleming’s prospects at Lake View, they were shortlived. About three a.m. on July 15, a fire (“probably accidental” said the newspaper), broke out in the attic of Bromley’s $10,000 addition. Although it was the peak of the season, there were only between twenty and thirty guests in quarters designed for many more; all escaped safely. The firemen, who had hurried two miles to the site, had as a water supply only the large storage cisterns which had no spigots outside the burning building. It burned to the ground. “The spectacle” wrote the reporter, “was the grandest of the kind we ever witnessed.” The original Moore house survived, and there was insurance of $8,500 on the building and its contents. But the newsman predicted correctly that it would not be rebuilt, since it “was not very productive,” which he failed to understand in
view of its attractive location and good management, unless "Institutions of this character have increased faster than the public wants demand."

Fleming returned to the practice of homeopathy, with an office first on North Water Street and later on North St. Paul Street. In 1861, he also had a confectioner's shop on State Street, and in 1867 with his son, became medical director of the Rochester Air Bath Institute at Stone and Court Streets, of which one Draper Stone was superintendent. Although vouched for by Fleming in a booklet: THE AIR CURE OR ATMOSPHERIC THERAPEUTICS, ITS PHILOSOPHY, PATHOLOGY AND RESULTS, BEING A NEW DISCOVERY IN MEDICAL SCIENCE, the theoretical basis was a set of childish non-sequiturs. The technic consisted in breathing air under increased pressure in a chamber (called a "bath") with tension sometimes reduced over the body generally, sometimes over a single organ or limb. "Passage of air through the body with removal of impurities," it was assured by testimonial, would be helpful in a variety of illnesses, including alcoholism and impotence. For this last, potency was achieved by restoring "arterial circulation to the exhausted parts." For physicians who preferred to do their own treatment a portable model was available from the manufacturers, Messrs. Stone and Draper! Fleming died that same year.

Why was the Water Cure so short-lived in Rochester? When Halsted left for Northampton, he may have drawn with him the local loyalists; moreover late in 1853 Orin Davis, who had been his assistant and possibly heir-apparent, started his own establishment at Silver Lake. Lake View, from the start, had a commercial flavor and neither Biegler nor Fleming was Halsted's equal. Although still popular as a doctor, Biegler's brush with the law must have left some stain. Fleming, a newcomer to Rochester, like his predecessor had no previous "Cure" experience; we have no way of judging his personal appeal to patients and neither then or now were cures sold on testimonials alone.
Finally, Lorimer Hill was a pleasant spot, and the nearby Genesee not yet an open sewer (as judged by the accounts of salmon at the lower falls) but it was suburban, not rural; not quite the retreat from the pressures of living that favored Saratoga or Clifton Springs. Those Water-Cures which were most successful were really watering places, spas, and offered fun and good company. The few in Rochester who could afford to frequent the local establishments probably wanted something more than these places were able to offer. The amalgamation of the New York Central Railroad in 1853 made more felicitous locales accessible. In spite of Halsted’s proselytizing, few it appeared were willing to come to Rochester.

The influence of the Water-Cure on American medicine is hard to judge. It had definite assets; although by no means exclusively, it encouraged and made use of several important principles. First was the awareness, even if not entirely consciously, of the functional (by which we really mean reversible) nature of many symptoms and some diseases. A century before dynamic psychiatry became popular, the Cure showed that help could be found in periods of respite from daily tension, in vacations acceptable to a society which frowned on idleness. Next in importance came the recognition of self-limitation in disease: Nature rather than art often determined the outcome. This concept had been placed before the Massachusetts Medical Society by Jacob Bigelow in 1835, but it sounded Hahmemannian and was only slowly accepted. In the polypharmaceutical rage of today we might recall and reflect on it. The Cure emphasized personal hygiene: moderation in food and drink (at a time when excess in both was the rule), fresh air, regular hours of rest and sleep, the value of exercise. There was an attempt to explain physiology to the layman. The exercise featured by the Cure may have played a part in introducing physical education into schools and colleges (the Boston public schools and Antioch College in 1853), although English games-worship and Swedish
exercises were important. Last but not least, hydro- and physio-
therapy derive from the Water-Cure, although they suffer from
their ancestry: ignorance and denigration of physical medicine
today is much of it due to guilt by association with the manip-
ulative systems. Both physicians and laymen respect pills and
injections and distrust water, exercises and massage. But the
Water-Cure and some of the forms of treatment which grew
out of it recognized the importance in therapy of laying on of
hands, of touch rather than talk.

The Cure continued to cry out, but in somewhat less of a
wilderness, since “regular” medicine was now in a period of
rapid advance. Stimulated by Florence Nightingale and others,
hospitals were becoming places in which to get well rather than
die. Ether, antisepsis, and finally asepsis changed many diseases
from incurable to operable. The curricula of medical schools
were soon abreast of and contributing to new knowledge of
pathology and physiology. With the discoveries of bacteriology
and an understanding of its relation to infection, public hygiene
appeared, and political units: towns, cities, states were soon
obliged to spend heavily for water purification and sewage
disposal. By 1878, one city at least—Brooklyn—insisted that
milk should be bottled.

Meanwhile the Cure was suffering from some of its friend-
ships. Homeopathy, which had provided the theory on which
the Cure was truly based, became increasingly concerned with
survival, and, to stay exclusive, emphasized more and more its
weaker tenets: infinitesimal dosage, like cures like, etc. Al-
though it now had its own schools of medicine, which appear
to have drawn somewhat less capable students, its survival as a
separatist movement depended more and more on the fervor
of influential laymen, who, ignorant of physiology and of the
body’s capacity for self-cure, were more vociferous than critical.
Having played a powerful part in the reform of allopathic
medicine, but with no new program, it would now gracefully
retire. Even more unfavorable was the rise of the manipulative cults: Osteopathy and Chiropractic, which had seized and extrapolated the spinal nerve-root irritation theory of hydropathy and motorpathy. Both had some therapeutic successes but the rigidity to which the Cure had once offered an alternative was fixed in their doctrine. They did not enhance the Cure’s respectability. Osteopathy would later edge towards a merger with orthodox medicine.

To bolster the Water-Cure’s flagging appeal, some of its proponents reached for absurdities. Halsted, not content with Motorpathy, promoted and sold “Arnitine” water, apparently an astringent, which could be used as a tonic, sedative, anti-spasmodic, expectorant, emetic, enema, douche or just about anything which was needed; Fleming’s dying grasp was the Air Cure. The selection of patients, which had once assured a high likelihood of improvement, was lost as the list of disease acceptable for treatment became unlimited. Charles Darwin’s mysterious symptoms were often helped at Malvern, but his daughter died under the Water-Cure, probably of tuberculosis; Gully, the medical director, although licensed in both London and Edinburgh, apparently knew no pathology and admitted to no failures.

Arson, abortion, scare literature, aeropathic therapy helped give the Water-Cure a bad name in Rochester. In a few places it continued to thrive. At Clifton Springs, for example, there was originally a sulfur spring of obvious strength, in a village which still has charm, and two railroads made it easy to reach. Dr. Henry Foster, when he started the venture, had a respectable M.D. (from the predecessor of Case-Western Reserve University at Cleveland) as well as several years’ experience at Water-Cures. He was intelligent, unassuming and deeply religious, and he had enormous personal appeal; a man and doctor who could be trusted. Moreover, he moved with the times to aseptic surgery, even formal psychiatry, and he gradually changed the Cure to a Spa, the Spa to a sanitarium and finally
to a modern hospital. No wonder it succeeded! Saratoga, as
vacations for pleasure became socially acceptable, catered to the
crowd, with gaming, racing, music, ballet among the attractions.

With the passing of pump and privy, with the spread of
public hygiene, of disease control by immunization, of health
education beginning in the primary grades and reaching to all
the media or communication, the Water-Cure disappeared from
the scene, but its influence on nineteenth century medicine in
America cannot be ignored.

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Illustrations

[1] Methods of water application used in the Water-Cure.
These illustrations are taken from Hydrotherapia; or, The
[2] Lake View Water-Cure Institution as it appeared in the 1851 promotional brochure.


[4] Illustrations from L. D. Fleming: *The Air Cure or Atmospheric Therapeutics*.

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Rochester Newspapers.
Knee raising – acting on the iliac and psoas muscles to invigorate the uterus.

Passive stretching of the muscles in delicate persons, to warm the surface and give general muscular strength.

Knee separation – acting on the perineum and adductors of the thigh to invigorate the uterus.

Raising the hips by the abdominal muscles – a movement for prolapsus uteri.
Elimination, or Vacuum Treatment of the Legs.

The Eliminating or Bellows Respirator, used inside or outside the Bath.