

VIRUS

Beiträge zur Sozialgeschichte der Medizin

Band 13

Schwerpunkt:

Alternative und komplementäre Heilmethoden in der Neuzeit

Herausgegeben von

Elisabeth Lobenwein, Gerhard Ammerer und Alfred Stefan Weiß

für den Verein für Sozialgeschichte der Medizin

Leipzig: Leipziger Universitätsverlag, 2015



Christina Vanja

Women as Visitors of Spas

“Die Weiber und die Badereisen” (Women at Spas) that’s the title of a fictitious 19th century travel report, in which its author, Maximilian Leopold Langenschwarz from Frankfurt, Germany, in 1835 introduces an office clerk who is greatly distressed by his wife’s addiction to spas and by her demand to accompany her to various resorts and join her in endless treatments. He is forced to accompany her to *Wildbad Pfäfers*, a Swiss resort, where he is treated to uncomfortable quarters and a rigid treatment plan. One year later, however, the same author published a similarly humorous account of “Die Männer und die Badereisen” (Gentlemen at Spas). In this account, the *husband* insists that his wife should accompany him to Pfäfers. Both booklets were published in St. Gallen, a village adjoining Pfäfers, and we can assume they were meant to amuse local visitors. Entertainment, as we know today, can greatly enhance recovery.¹

Women travelling to spas – this phenomenon may be traced back all the way to the revival of baths and resorts during the Renaissance. Contemporary travel logs and drawings depict men and women enjoying baths together, although gender-divided baths were initially available only to the upper classes. Women of all social classes travelled on foot, by public or private coach and, since the middle of the 19th century, also by rail. They often undertook long and exhausting journeys. One of the more strenuous routes was the long and arduous climb over the Gemmipass, on the way to Leukerbad in the Swiss canton of Valais.²

These journeys were frequently undertaken by entire families or, as was the case for nuns, with their convents. But group travel was by no means mandatory; there were also women who travelled either alone or in the company of neighbours and acquaintances. All-female groups often consisted of female relatives, friends and acquaintances. Protection by a male co-traveller was not considered a *conditio sine qua non*.³ Women came from all social classes; impecunious

1 Christina VANJA, Weiber und Männer im Bade – Ehepaare beim Kuren im alten Pfäfers, in: Alexander Jendorff / Andrea Pühringer, Hg., Pars pro toto. Historische Miniaturen zum 75. Geburtstag von Heide Wunder (Neustadt an der Aisch 2014), 325–336.

2 Hiltgund JEHL, „Gemeiniglich verlangt es aber die Damen gar nicht sehr nach Reisen ...“ Eine Kartographie zu Methodik, Thematik und Politik in der historischen Frauenreiseforschung, in: Doris Jedamski / Hiltgund Jehle / Ulla Siebert, Hg., „Und tät’ das Reisen wählen“ Frauenreisen – Reisefrauen (Zürich–Dortmund 1994), 16–35; Birgit STUDD, Baden zwischen Lust und Therapie. Das Interesse von Frauen an Bädern und Badereisen in Mittelalter und Früher Neuzeit, in: Sylvelyn Hähner-Rombach, Hg., „Ohne Wasser ist kein Heil“. Medizinische und kulturelle Aspekte der Nutzung von Wasser (= Medizin, Gesellschaft und Geschichte, Beiheft 25, Stuttgart 2005), 93–117; Gabriele M. KNOLL, Badebüchlein Leukerbad (Leukerbad 2001).

3 Hiltgund JEHL, „Laß Deinen Mann zu Hause!“ Die Badereise im 19. Jahrhundert, in: Gruppe Neues Reisen, Hg., Frauen auf Tour. Reisebriefe (= Schriften zur Tourismuskritik 21/22, Berlin 1988), 20–30.

women received support from so-called bath-almshouses and found shelter at local hospitals.⁴ Some wealthy bourgeois and noble women had their entitlement to “take to the baths” included in their prenuptial agreements.⁵ After the beginning of the 19th century, a stay at one of the more popular summer health resorts was part of the annual ritual for wealthier bourgeois and noblewomen. Regrettably, we do not have any statistics available on the gender balance. So-called *Kurlisten* (spa registers) maintained by spa administrations are available from the 19th century onwards. For Bad Ems, Hermann Sommer analysed one such document, but found that these records only list group representatives, without actually registering other group members.

The documents do however show that about 50% of these representatives were women. It seems that they accompanied all-female groups, while male spokespersons generally represented their wives and daughters. There seems to have been a prevalence of female visitors at the Bad Ems spa, even though we are unable to provide exact numbers. We also know that many of these husbands and fathers were absent during the week, attending to their various businesses, and only returned to spend weekends with their families. The Bad Ems hospital for the poor kept its own records. The poor usually travelled alone, and here the number of men was slightly higher than the number of female patients. After 1880, spa visitors included increasing numbers of so-called *social guests* (*Sozialgäste*); these were patients paid for by the newly established health and disability insurances. As this type of insurance required previous gainful employment, this segment was male-dominated. This development was, however, balanced by the institution of welfare organisations for working women, such as that for teachers.⁶

The fact that for these purposes women were traditionally allowed to travel without male protection and chaperonage is connected with the structure of the spa villages. Behaviour at the resorts was strictly regimented. Even though these villages were often embedded in beautiful countryside, the spas themselves were rather urban. The so-called *Badepolizey* (spa police) was always present. Spa guests were forced to register upon arrival and to give notice of their departure; they were always under official and administrative control. Besides, as many of the guests returned year after year, the network of familial and social connections was quite reliable. In addition to typically luxurious spa hotels, bed and breakfast accommodation and pensions were also available; these smaller establishments were mainly run by female proprietors. Renting out rooms to spa visitors was considered a socially acceptable and respectable source of income to unmarried women and widows. In contrast to contemporary cities, spa towns allowed women to move in relative safety and to enjoy contacts within their own social circles. In particular, spas were a perfect place for matchmaking, another business segment mainly controlled by women. This aspect however, was not of importance to destitute, seriously ill women.⁷

4 Christina VANJA, Arme Hessen in Kurbädern des 18. Jahrhunderts, in: *Virus. Beiträge zur Sozialgeschichte der Medizin* 12 (2013), 11–25.

5 STUDDT, Baden, wie Anm. 2, 110; Mirjam TRIENDL-ZADOFF, Nächstes Jahr in Marienbad. Gegenwelten jüdischer Kulturen der Moderne (Göttingen 2007).

6 Hermann SOMMER, Zur Kur nach Ems. Ein Beitrag zur Geschichte der Badereise von 1830 bis 1914 (Stuttgart 1999), 223–234, 754.

7 Ute LOTZ-HEUMANN, Kurorte im Reich des 18. Jahrhunderts – ein Typus urbanen Lebens und Laboratorium der bürgerlichen Gesellschaft. Eine Problemskizze, in: Raingard Esser / Thomas Fuchs, Hg., Bäder und Kuren in der Aufklärung. Medizinaldiskurs und Freizeitvergnügen (Berlin 2003), 15–26.

What were the health issues that caused women to resort to spas? For both men and women, restoring health was the main purpose. A spa was seen as a place to engage in new dietary regimes, with a healthier lifestyle offered as a result. A typical spa regime was governed by six basic rules, the so-called *sex res non naturales*, with fresh air and sunshine, physical exercise and relaxation, sufficient sleep, healthy nutrition, physical cleansing and a generally lighter state of mind.⁸ None of the multitude of contemporary booklets published by spa doctors omitted instructions on a well-regulated daily routine, the consumption of water in the morning, baths, walks, regular meals, naps and early bedtimes. Even dancing in the evening was seen as a part of this healthy regime, as it exerted a positive influence on body and mind.⁹ At the same time, fun and games were seen as less conducive to the health of the poor, as during the 18th century spa administrations began to impose a stricter separation of social classes. Poor women were more or less barracked, while drinking wells, splendid boulevards and ballrooms of the ever more magnificent resorts were reserved for guests of higher social standing.¹⁰

But the poor as well as the majority of well-to-do women undertook these visits to spas hoping to be cured of a variety of persistent health problems; many of them had medical reports and individual prescriptions from their family practitioners. The range of chronic illnesses was just as varied for women as it was for men, and included paralyses of all kinds, cardiovascular diseases, metabolic and respiratory ailments, and nervous and mental disorders.

Therapeutic remedies followed contemporary concepts of treatment. Age and gender-specific notions were part of these concepts, as were special, supposedly gender-related ailments (such as for tuberculosis and neurasthenia).¹¹

A phenomenon specific to balneology was the so-called Ladies' Bath (Frauenbad), which was quite common until the early 20th century. Early spa instructions, such as by Johann Dryander (1500–1560) for Ems in 1535, emphasised the beneficial effects of water on many female disorders.¹² In later years, resorts such as Franzensbad, Bad Schwalbach, Bad Elster etc., were categorised as ladies' spas. Most of the other spas also included "female complaints" in their lists of possible cures.

-
- 8 Alfred MARTIN, Die 6 res non naturales im deutschen Badewesen einschließlich der Klimatologie, in: 80 Jahre Münchner Medizinische Wochenschrift 1853–1933 (1933), 5–9; Klaus BERGDOLT, Leib und Seele. Eine Kulturgeschichte des gesunden Lebens (München 1999).
- 9 Alfred MARTIN, Deutsches Badewesen in vergangenen Tagen (Jena 1906).
- 10 Martina BLEYMEHL-EILER, „Das Paradies der Kurgäste“ – Die Bäder Wiesbaden, Langenschwalbach und Schlangenbad im 17. und 18. Jahrhundert, in: Michael Matheus, Hg., Badeorte und Badereisen in Antike, Mittelalter und Neuzeit (Stuttgart 2001), 53–80; Christina VANJA, Arme und Frauen im alten Kurbad, in: Peter Weidisch / Fred Kaspar, Hg., Kurort und Modernität, Symposium in Bad Kissingen 7.–9. März 2014 im Rahmen der transnationalen seriellen Bewegung „Great Spas of Europe“ um die Aufnahme in die Liste des UNESCO-Weltkulturerbes (= Sonderpublikationen des Stadtarchivs Bad Kissingen 9, Bad Kissingen 2015), [in print].
- 11 Johannes STREUDEL, Therapeutische und soziologische Funktion der Mineralbäder im 19. Jahrhundert, in: Walter Artelt / Walter Rüegg, Hg., Der Arzt und der Kranke in der Gesellschaft des 19. Jahrhunderts (Stuttgart 1967), 82–97; Christina VANJA, Plädoyer für eine Geschichte der Heilanstalten, in: Gunnar Stollberg / Christina Vanja / Ernst Kraas, Hg., Krankenhausgeschichte heute. Was heißt und zu welchem Ende studiert man Hospital- und Krankenhausgeschichte? (Münster–Berlin 2011), 95–104.
- 12 Johann DRYANDER, Vom Eymsser Bade. Was Natur es in im Hab. Wie man sich darin halten soll. Auch zu was Kranckheit es gebraucht sol werdenn (Marburg an der Lahn 1981).

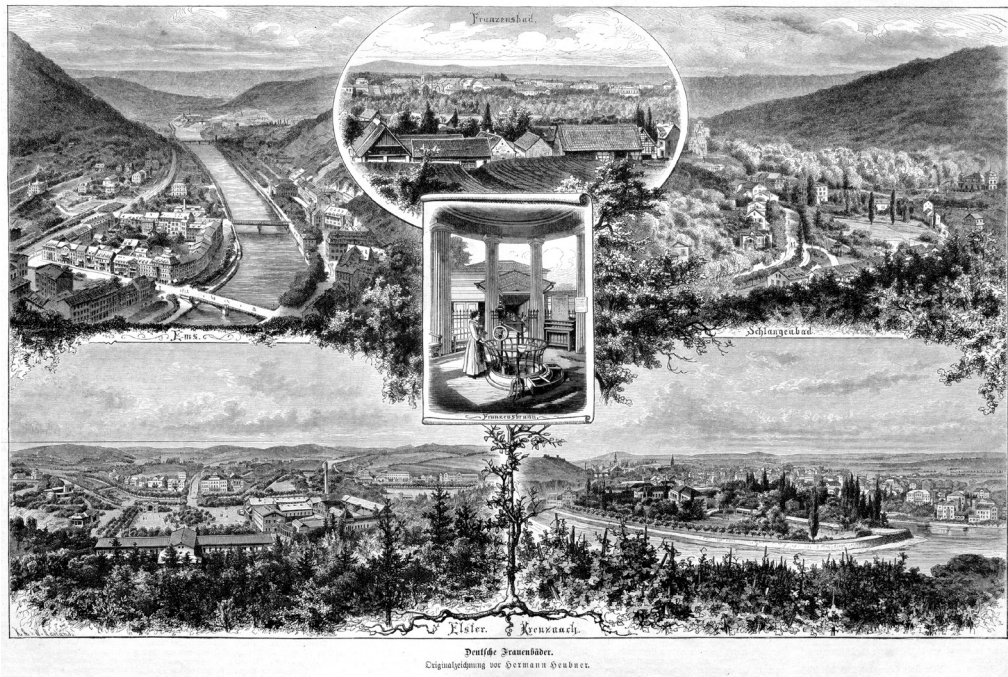


Abb. 1: Deutsche Frauenbäder, 6 Ansichten auf 1 Blatt (Kreuznach, Elster, Ems, Schlangenbad, Franzensbad und Franzensbrunn), von Hermann Heubner, um 1875 (Privatbesitz)

Which diseases were meant by this term? Zedler's Dictionary, published during the first half of the 18th century, provides the following catalog of "female physical complaints" (Weiber Krankheiten):

*"Abortui (miscarriages), Affectus oedematoli (swelling or fluid accumulation) Anomalis Mensium (irregular menstruation), Asthma siccum (dry short-windedness) Dyspnea, Cephalalgix (headaches), Clavus hystericus (hysterical headache), Commotiones ad Menses (disrupted menstruation), Epilepsia uterina (uterine cramps), Erysipelas Faciei (facial erysipelas), Exacerbationes calculost (sudden increase of bladder, gallbladder, lung and kidney stones), fluoris albi (vaginal discharge), hystericæ (hysteria, Gebärmutterrasen)."*¹³

As we can see from this list, Zedler's article refers to numerous complaints that were seen as exclusively female, but which today are no longer treated by gynaecologists. Zedler's list is not limited to complaints of the reproductive organs, but also refers to digestion, heart and lungs, head and skin. Nearly one century later, a dictionary authored by Krünitz limits "female

13 Johann Heinrich ZEDLER, *Grosses vollständiges Universal-Lexicon aller Wissenschaften und Künste*, Halle/Leipzig 1732–1754, Vol. 54, 1747, 76, quotation follows the online version: <http://www.zedler-lexikon.de> (letzter Zugriff: 8. 12. 14).

diseases” to specifically female parts of the body: as “those pathological conditions that are caused by the peculiarities of the female sexual functions. This includes diseases of the sexual organs, breasts, irregular menstruation, pregnancy, birth and puerperium”.¹⁴ In her book “The Woman beneath the Skin” (1987/1991), Barbara Duden refers to the change which the perception of female bodies underwent during the 18th century. Her analysis of the “Weibergeschichten” (Women’s Stories) by the Eisenach physician Dr. Storch, published in 1730 – actually the same period in which Zedler’s encyclopaedia was written, Duden provides an interesting account of the antique concept of bodies in and as a perpetual flow. According to this concept, all organs were linked in such a way, that their “humours” or fluids could easily change appearance and leave the body through its various orifices (such as blood or as milk). There was no specific assignment of discharge to orifice, e.g., of menstruation, as we know it today. An accumulation or congestion within the body was seen as a pathological symptom, dysmenorrhea seems to be a particularly serious symptom. Similarly serious were humours which had become uncharacteristically “hot” or caustic. The objective of humoral-pathological therapy was to re-establish the proper flow of fluids and to purge foul humours. Therapies included emetics, laxatives, bloodletting and cupping. A visit to a spa was seen as an effort to cleanse the body and to re-establish its fluid balance.¹⁵

This antique concept of four humours differentiated between blood, yellow and black gall, as well as phlegm, assigning two specific qualities to each of these fluids (warm, cold, dry or humid).¹⁶ Women were considered “humid” and “cold”. As Esther Fischer-Homberger has shown in “Krankheit Frau”, over-humidity and insufficient warmth were considered indicators of female “phlegmatic” weakness. In our translation:

*“It [the female constitution – C. V.] is more humid, less dense, less strong than man’s. Just as loose wool can absorb a great amount of humidity, loose female tissue absorbs a lot of moisture, and is at times brimming over – seen in this light, menstruation is nothing but a regulatory shedding of the superfluous. It indicates that the female body has lost its humoral balance, while at the same time remedying this situation [...] Dysmenorrhea is therefore to be considered to be the loss of this regulatory function [...]”*¹⁷

Disconcerting as they may seem to us today, these concepts of the functions of the female body do offer an explanation for the wide range of female diseases offered by Zedler, and the explanation why irregular menstruation and other symptoms which were seen as connected with menstruation were taken very seriously by contemporary women. Britta-Juliane Kruse has pointed out the great number of medieval and early modern prescriptions for preventing “uterine congestion”, the “rotting” of menstrual blood and the proliferation of tissue. Women were not only threatened by infertility, but also by death.¹⁸

14 Johann Georg KRÜNITZ, Oekonomische Encyklopädie oder allgemeines System der Staats-Stadt-Haus- und Landwirtschaft, in alphabetischer Ordnung, Berlin 1773–1858, „Weiberkrankheiten“, Vol. 236, 1856, quotation follows the online version: <http://www.kruenitz1.uni-trier.de> (letzter Zugriff: 8. 12. 14).

15 Barbara DUDEN, Geschichte unter der Haut. Ein Eisenacher Arzt und seine Patientinnen um 1730 (Stuttgart 1987).

16 Christina VANJA, Das Nachwirken der antiken Diätetik in frühneuzeitlichen Hospitalern, in: *Historia Hospitalium* 24 (2004–2005), 11–23.

17 Esther FISCHER-HOMBERGER, *Krankheit Frau. Zur Geschichte der Einbildungen* (Darmstadt 1984), 34.

18 Britta-Juliane KRUSE, „Die Arznei ist Goldes wert“. *Mittelalterliche Frauenrezepte* (Berlin–New York 1999), 79.

The possibility of treating “sterility” with thermal baths is emphasised in quite a number of spa publications.¹⁹ In pre-modern times, this was particularly important, as children were considered desirable for a variety of reasons. Children were God-given, and were part of Christian connubiality. They ensured the continued existence of families, and guaranteed survival and care in old age. Women were seen as solely responsible for childless marriages, and their presumed barrenness was for a long time considered grounds for divorce.²⁰ This is also expressed by the great number of remedies, including pilgrimages and magic spells. Baths were part of the medical therapy. Once again quoting Britta-Juliane Kruse in translation: “As sterility was traced back to the coldness of the female body, women were told to take baths infused with medicinal herbs which were then seen as having a ‘hot’ or ‘pungent’ quality [...]”.²¹ Some minerals were said to have similarly warming qualities. If these baths, usually taken at home, did not achieve the desired results, women resorted to hot mineral springs. These springs were expected to reduce superfluous humours in the uterus, to generally stimulate the flow of juices and to humidify an over-dry matrix. Preference was given to warm springs with an upward direction. These were also called *uterus springs* (Uterusquellen).

Christoph Wilhelm Hufeland (1762–1836), an enthusiastic advocate of balneological cures, advised “barren” women to travel to Bad Pyrmont or to Bad Driburg, as the springs there were of “carbonic iron water”. Krünitz emphasises the therapeutic benefits of these baths, as long as there was no organic reason for a woman’s “barrenness”. The corresponding article in his encyclopaedia already shows a body-image that is not only determined by traditional humoral pathology, but also by the concept of “nerves” and their “excitability”. Krünitz therefore recommended balneo-therapy if – in our translation: the “*main reason [for infertility – C. V.] is to be found in weakness or insufficient stimulation, or even abnormally increased and even painful stimulation of the uterus and its intimately connected reproductive functions*”.²² “*Also to be recommended is Ems*”, Krünitz refers to Hufeland, “*as many women go there to restore lost fertility in the so-called Bubenquelle or Knabenbad (boys’ spring). This spring is highly recommended for all dysfunctions of the uterine system, and is greatly beneficial for this organ’s receptivity and fertility. This has been shown by more than 100 years of experience.*”²³

In his mid-19th century publication “Schwalbach in seinen Beziehungen zu einigen Frauenkrankheiten” (Schwalbach and its relation to some female disorders, Wiesbaden 1861), Schwalbach’s spa physician Dr Frickhoeffer still cited “*faulty composition of blood*” as the cause of “*uterine and vaginal catarrh*”. He recommended women to resort to the Schwalbach “*steel well*”, which was rich in iron and carbon dioxide. He documented this by a number of

19 Annette JOSEPHS, Der Kampf gegen die Unfruchtbarkeit – Zeugungstheorien und therapeutische Maßnahmen von den Anfängen bis zur Mitte des 17. Jahrhunderts, in: Bettina Wahrig, Hg., Arzneien für das „schöne Geschlecht“. Geschlechtsverhältnisse in Phytotherapie und Pharmazie vom Mittelalter bis zum 19. Jahrhundert (= Braunschweiger Veröffentlichungen zur Pharmazie- und Wissenschaftsgeschichte 44, Stuttgart 2004), 35–50; J[osef] STEINBACHER, Handbuch der Frauenkrankheiten nebst Ursache und Behandlung der Unfruchtbarkeit für Aerzte und Laien (Stuttgart 1870).

20 Heide WUNDER, „Er ist die Sonn’, sie ist der Mond“. Frauen in der Frühen Neuzeit (München 1992), 162.

21 KRUSE, Arznei, wie Anm. 18, 140.

22 KRÜNITZ, Oekonomische Encyclopädie, wie Anm. 14, „Unfruchtbarkeit“, Vol. 196, 1848, quotation follows the online version: <http://www.kruenitz1.uni-trier.de> (letzter Zugriff: 8. 12. 14).

23 Ebd.

case histories, frequently ending with the happy birth of a baby boy or girl.²⁴ A less happy fate was suffered by Effi Briest, the protagonist of Theodor Fontane's famous novel (published 1894/95). She was sent to Schwalbach and to Ems to cure her inability to conceive and a lung infection (seen as connected by contemporary physicians). The marriage, however, was soon divorced and it was therefore not possible to verify the cure's success.²⁵

Conclusion

Ever since the late-medieval bath renaissance women and groups of women were a common sight at resorts. Travelling in groups offered safety even to single women. Gender-specific statistics are not available, but it is safe to assume there was a predominance of female spa visitors. Even though for women of higher social levels, recreation and entertainment were part of the spa regime, members of all social classes accepted strenuous voyages and costs to find cures for persistent medical conditions and disabilities. *Bath alms* and special clauses in pre-nuptial contracts were used to facilitate these journeys. Some resorts not only offered special bathing pools for women, but also emphasised their suitability for treating "female disorders". These female disorders were defined by the traditional view on women, as proposed by humoral pathology. Women's "cold" and "humid" constitution represented a "weakness", as was also expressed by menstruation. "Congestion" and "pungency" also caused disorders in various other parts of the body. Excessive "coldness" and "humidity" produced sterility. If baths taken in the privacy of the home did not achieve the desired effect, women and men travelled to resorts which sometimes offered aptly named wells (*Bubenquelle*). During subsequent centuries, medical concepts and the catalogue of "female disorders" underwent modifications, and more modern medical concepts influenced balneology. During the 18th century this was mainly the emerging "stimulus theory", which was later replaced by natural science. During the 20th century, "Women Spas" lost their relevance, as other therapies for the treatment of these ailments were developed. But even today, modern spas offer more modern therapies (such as bud baths) for gynaecological disorders.

Information about the Author

Christina Vanja, Prof. Dr., Professor at the University of Kassel and archive director of the Landeswohlfahrtsverband Hessen, Ständeplatz 6–10, D-34117 Kassel, christina.vanja@lwg-hessen.de

24 [Karl] FRICKHOEFFER, *Schwalbach in seinen Beziehungen zu einigen Frauenkrankheiten* (Wiesbaden 1861).

25 Theodor FONTANE, *Effi Briest* (Frankfurt am Main 1976).