Chapter 1

Health

i. The Hidden Female Spa-Patient

In Henry Bunbury’s *A Long Minuet as Danced at Bath*, voluptuous female figures are depicted dancing energetically, their bulky frames forming a comic contrast to their slight-of-form male partners [Fig.2]. This representation of healthy spa-visiting women is not uncommon in eighteenth-century caricature. Significantly, it is men who are most frequently represented stumbling to resorts for their wellbeing, while women are depicted enjoying the diversions of spa social life. In Thomas Rowlandson’s *The Comforts of Bath* series, for example, it is the male figures who are shown with flannel bound limbs, leaning for support upon crutches, while their wives, daughters and female friends appear unshackled by painful afflictions [Fig.3] Rowlandson’s series suggests that Bath was a society where ‘natural order’ was reversed, and enfeebled men struggled to regain their health, while their female kin adopted a hedonistic life style. James Gillray’s *A Modern Belle Going to the Rooms at Bath* [Fig.4], which depicts a fashionably attired young woman being carried in a sedan chair, also implies that women predominantly went to Bath to indulge their taste for fashion and amusement. The female invalid, however, is not a common feature of the spa caricature, her absence suggesting that caricaturists were more preoccupied with the notion of an ‘upside down’ spa society, of sickly men and their self-indulgent wives, than illustrating the its more complex and diverse reality.

Many eighteenth and early nineteenth-century fictional works set at Bath and Tunbridge Wells emphasised the concept that for women, spa visitation was
predominantly about the search for pleasure and husbands, rather than for health. This is not to say that novelists such as Jane Austen and Fanny Burney wished to

**Fig 2:** Detail from *A Long Minuet as Danced at Bath* (Henry Bunbury, 1787).

**Fig 3:** *The Comforts of Bath*, The Pump Room, (Thomas Rowlandson, 1798).
Fig 4: A Fashionable Belle Going to the Rooms at Bath, (James Gillray, 1796).
portray the ‘reversed’ society illustrated by Rowlandson, or the self-indulgent spa visitor captured in Gillray’s *A Modern Belle*. However, in locating their works at the spa, authors enlivened plots by removing their heroines from a domestic environment, and introducing a host of new characters and social experiences. In *The Expeditions of Humphry Clinker* (1771), Tobias Smollett satirises Bath as Rowlandson does in his caricatures. Its hero, Matthew Bramble, drinks the waters and takes the advice of a Bath physician for his gout, while his sister and niece delight in the opportunities for leisure and sociability provided by the spa. The ‘topsy-turvy’ society of enfeebled men and emboldened women is similarly conveyed when Matthew Bramble faints in Bath’s assembly rooms at ‘the stench of the crowd’ and repents attending the ball ‘at the request of an impertinent woman’.¹

The heroines of spa-located fiction rarely visit resorts for their own health, sometimes they attend as the companion of an invalid, for example in *Northanger Abbey* Mrs Allen visits Bath to accompany her gout-ridden husband, but most, such as Catherine Morland, attend for their own amusement.² None of the female characters in Thomas Rawlins’s play *A Dayes Courtship at Tunbridge Wells* (1678), or those in Thomas Baker’s *Tunbridge-Walks* (1703), attend for medicinal purposes; instead, they seek husbands and diversion. For example, Rawlins’s Mrs Paywell seeks sexual gratification through an affair with Owmuch, whilst Baker’s Hillaria, enjoys the pleasures of flirtation.³ In Burney’s *Camilla*, the three Tyrold sisters, their cousin Lavina and their governess, spend a season at Tunbridge Wells, purely in pursuit of pleasure.⁴ The depiction of spa-society in the works of Rawlins, Baker and Smollett hint at a more dangerous reversal of gender roles, while the novels of Austen and Burney use the resort as a device through which they can change settings and introduce new characters. All of these works however, emphasise the leisure and

social opportunities women experienced at the spa and rarely highlight the presence of ill women.

Through publicly highlighting the good health of the female visitor, satirists portrayed a comical image of women defying acceptable notions of retiring femininity. Satirical novelists and poets of the long eighteenth century often suggested women feigned illness in order to attend watering places. For instance, in Anna Barbauld’s *A Letter on Watering Places*, Henry Homelove takes his wife to Bath due to a ‘tedious lying in’, after which the women of his family request a watering-place visit every year. Initially Homelove refuses but eventually finds that ‘the plea of health cannot be decently withstood’. Barbauld implies that his wife and daughter feign ill health, rather than actually suffering genuine physical complaints: ‘It was soon discovered that my eldest daughter wanting bracing, and my wife had a bilious complaint.’

Travel writers reiterated the notion that health was not a primary factor drawing visitors to the spas. Daniel Defoe stated that Bath was ‘the resort of the sound rather than the sick.’ Of Tunbridge Wells, he claimed: ‘the ladies that appear here, are indeed the glory of the place; the coming to the Wells to drink the water is a meer matter of custom some drink, more do not, and few drink physically: But company and diversion is in short the main business of the place.’ Defoe’s peculiar reference to visitors not physically drinking, suggests that instead they ‘drank’ the pleasures of society. Henri Mission also questioned the genuine nature of the illnesses which took visitors the spa, claiming that: ‘the pretence of these waters brings together vast numbers of people of both sexes that are in very good health.’

Whether they affected ill health, or openly attended a watering place for pleasure, healthy women attending the spa were mocked in fiction for seeking the social and cultural benefits ideally reserved for patients. To visual satirists such as Bunbury, Rowlandson and Gillray and satirical authors such as Smollett and Barbauld, the very

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6 Defoe, *A Tour Through the Whole Island of Great Britain*, vi, p. 34.
7 Defoe, *A Tour Through the Whole Island of Great Britain*, i, p. 126.
8 Henri Misson quoted in Alderson, *The Inland Resorts and Spas of Britain*, p. 25.
health of the leisured female visitor was comical, as it questioned the necessity of her spa visit. Another reason satirists may have shown women pretending to poor health at the spa, was the degree of vigour required for a leisured life style. Dancing all evening, withstanding the hot temperatures of crowded ball-rooms and the long walks and rides promoted at the resorts, were not the easiest of activities for genuinely ill women and called in to question the authenticity of patient’s poor health.

The emphasis which historians have placed on leisure has limited investigation of the spas as a health resorts: Alfred Barbeau suggests that the amusements on offer at Bath provided a means for the idle to divert themselves, Roy Porter argues that ‘taking the waters’ for medicinal reasons was the excuse, but in reality it [Bath] was a holiday spa and Phyllis Hembry suggests that the ‘emphasis of spa life became more a search for pleasure and entertainment… under the pretence of taking the waters for health reasons.’  

John Cunningham offers a similar view of Tunbridge Wells, suggesting that the search for health became slowly subordinated by ‘the pursuit of pleasure’ as the seventeenth century progressed. This chapter investigates the connections between leisure and health, arguing that although the spas were increasingly devoted to ‘entertainments and conspicuous consumption’, the health facilities did not lose their original appeal. It reasserts the importance of health as a genuine factor which brought elite and middling women to Bath and Tunbridge Wells throughout the long eighteenth century and suggests that we should not assume leisured female visitors flocked to the resorts only for frivolous reasons.

The lack of attention paid to the connection between health and the spa has become striking in recent years, as work on other aspects of the social history of medicine have developed. For example, the professionalization of medicine and the world of alternative remedies provided by wise women and quack doctors have been explored in the work of Dorothy and Roy Porter; Jean Donnison, H. Roberts and Adrian Wilson have investigated eighteenth-century midwifery, tracing the disappearance of

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11 Corfield, ‘Georgian Bath’, p. 27.
the medieval and early modern female midwife to the emergence of the trained male physician. The roots of modern clinical depression have been considered in Clark Lawlor’s *From Melancholia to Prozac: A History of Depression* and *Melancholy Experience in Literature of the Long Eighteenth Century: Before Depression 1660-1800*; and the connection between illness, fashion and beauty have been addressed in *Consumption and Literature: The Making of the Romantic Disease*. In the recent ‘Fashionable Diseases’ project based at Newcastle and Northumbria Universities, the eighteenth-century fashion for nervous complaints such as stomach, spleen, bile and hypochondria has received attention. Connected to nervous complaints, but with a historiography of its own, research on the topic of sensibility is particularly rich. All of these works illustrate the increasing developments in the social history of medicine and consequently, highlight the absence of work on health and the female spa patient.

Moving away from the fictional, the remainder of this chapter considers the experiences of eighteenth-century female patients and carers at Bath and Tunbridge Wells. In turn, it explores the medical complaints of female patients at the two spas (with particular attention given to gynaecological problems), spa treatments and the leisure and social opportunities they provided. Finally, the roles and opportunities presented to women who resorted to the spas as companions to invalids are also addressed.

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ii. **The Waters and Feminine Health**

Spa waters were a subject of great debate throughout the long eighteenth century. Medical authors discussed the properties of mineral waters, how they effected a cure and the best way to use them. In 1711 Benjamin Allen identified five categories of health-giving mineral water:

1) ‘The Saline, from a peculiar Salt and Juice, which are our Purging Waters’.
2) ‘The Calybeat, Tintured by Steel or Iron’.
3) ‘A Compound of both, such are the Chalybeat Purging’.
4) ‘Sulphurous’.
5) ‘The Steamy, or more purely Spiritous, from a firmer Limestone, or Marble, join’d with some viotioline or ferreous Parts.’

These components were known as the ‘ethereal volatile spirit’; an invisible but essential part of the mineral waters which varied between resorts. The waters of Tunbridge Wells were believed to include sulphurous particles, a ‘ferrugineous juice’ containing a ‘volatile salt’ and iron. William Oliver’s *A Treatise on the Bath Waters* suggested that Bath’s mineral springs contained an ‘exalted vitriolic steel’, sulphur and earth. Therefore the two spas were linked as their waters were both categorised as chalybeate. Visitors were advised to take the waters of both resorts under the supervision of a physician, who would advise a patient how to take them and how to manage their ‘non-naturals’ to affect a cure. Generally, this would include going to bed and rising early, avoiding strong food and drink, exercising regularly, keeping

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20 Rowzee, *The Queens Welles*, pp. 62-76. This text was reprinted in 1671 and again in 1725 under the new title *Tunbridge Wells: Or, a Directory for the Drinking of Those Waters*. 
good company and banishing melancholy thoughts. Such were the teachings of Hippocrates whose works still held great sway in the medical profession.21

The waters at Tunbridge Wells were believed to cure by encouraging stool, vomit and urine while those at Bath were believed to heal by strengthening the body. As the waters at the former spa were not naturally heated, treatments originally focused on the drinking of the waters.22 However, in 1707 Dr Brone of Bath and London published his Account of the Wonderful Cures to be Perform’d by the Cold Baths, With Advice on The Water Drinkers at Tunbridge, following which James Long built a cold bath nearby at Rusthall in 1708.23 Shortly after, another cold bath was built ‘about a furlong from the walks’ which supplied visitors with the opportunity to bathe until the establishment of another cold bath house in 1804.24

In contrast, there were five thermal baths utilised by genteel visitors at Bath [Fig.5]. The King’s Bath, which sits south west of the Abbey Church, was the hottest, and was believed to be good for ‘Aches, or pains in the bones, scorbuck Rheumatisms, palsies, cholicks, and all Diseases of the solid parts.’25 The Queen’s Bath, which adjoins the King’s, was supplied with the same water at a more temperate heat. The Cross Bath, situated in the south west of the city, was said to help those who suffered from ‘the heats’ and in particular was used by ‘Hysterical women, and Hypochondriacal men’ and the Hot Bath, so called because it was once believed to be the hottest bath at the spa, was said to have ‘the same virtues’ ascribed to the King’s Bath, the temperature of the waters being regarded as beneficial in both instances.26 The Duke of Kingston’s Baths were the last to be established and were created as an exclusive bathing house. Philip Thicknesse argued they were ‘the only place where Persons of Condition, or delicacy, can bathe decently.’27

23 Alan Savidge, Royal Tunbridge Wells, p. 50.
24 Burr, A History of Tunbridge Wells, pp. 59-61; Barton, Tunbridge Wells, p. 174; Alan Savidge, Royal Tunbridge Wells, p. 51. It is possible the second bath was established by Todd of Sussex Tavern in 1750.
25 Oliver, A Practical Dissertation on Bath-Waters, pp. 149-150.
27 The baths were listed in many contemporary accounts and in each reprint of the Bath guides. The following offer a sample these: Goldsmith, The Life of Richard Nash, pp. 42-43; The New Bath Guide, (1762), pp. 26-27; Philip Thicknesse, The New Prose Bath Guide for the Year 1777. Dedicated to Lord
**Fig 5:** Map of Bath (John Speed, 1610).

K: King’s Bath  
W: Cross Bath.  
X: Hot Bath.
Gynaecology played a central role in attracting women to the resorts, as they sought cures for irregular menstruation, infertility, frequent miscarriages and still births; however, this subject has received little attention in spa historiography. In part, this may be due to the embarrassment surrounding the discussion of female biology. Patricia Crawford highlights the fact that historians are often keen to avoid mention of the body and bodily functions, suggesting that ‘repugnance and the taboo of silence may explain their lack of interest’ in menstruation.  

However, in order to understand why women went to the spa, it is necessary to investigate the ways in which the waters were believed to be especially helpful to women. Roger Rolls’s *Diseased, Douched and Doctured* is one notable exception. Rolls notes that women struggling to produce children, and those suffering from ‘the green sickness’ went to the spa, but gives few examples, and does not examine manuscript material on the subject of female health.  

Medical treatises produced in relation to Bath and Tunbridge Wells reveal that the waters were believed to strengthen the womb and wash away impurities, enabling women to conceive and helping them to carry their child full term. Doctor Pierce, a physician with a practice in Bath, in the later seventeenth century, claimed that the spa’s waters could cure women suffering from barrenesses, miscarriages and the green sickness, otherwise known as ‘chlorosis’ or ‘the virgin disease.’ These arguments were also emphasised by Oliver who provides more details, describing the different ailments in turn. According to Oliver, the ‘green sickness’ was a distemper which effected young teenage girls when an ‘acid, viscid, plegmatick and effete blood’ obstructed the womb and prevented regular menstruation. The white ‘Uterine flours’ was believed to occur as a result of ‘Weakness in the Glands of the Womb’ and the red ‘Flours’ were seen as the result of damaged blood vessels. Finally 'Barrenness’ was argued to be the result of a ‘cold and moist Womb.’

Lodowick Rowzee made similar claims for the waters at Tunbridge Wells, similarly arguing that there was nothing ‘better against Barreness’ than a course of the spa’s waters, adding  

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that they could cure ‘the greene sickness, the whites in women, and the defect and excess of their courses’.32

In her recent PhD thesis, Rachel Johnson suggests that the waters at Tunbridge Wells may have also been used as an abortifacient, highlighting Rowzee’s description of how the waters removed ‘obstructions’ from within the womb, as evidence of this.33 Whilst there is not substantial evidence to prove it was ever used in such a way, it is plausible that women pregnant with unwanted children, may have bathed in the spa waters or drunk them, hoping that the combination of heat and minerals would terminate the pregnancy. Dr Pierce argues in his memoirs that it was safe for pregnant women to bathe at Bath, yet, the fact he felt the need to discuss the matter illustrates that it was an issue of debate or at least concern.34 Therefore, it is possible that in some instances women resorted to the spa, self-prescribing the waters in the hope of miscarrying, in a similar manner to the other techniques women have used throughout history, believing they might prevent pregnancy or cause miscarriage.

Unsurprisingly, gynaecological complaints rarely formed a subject for written correspondence. The intimately personal nature of such issues was only one reason a woman would not have wanted her fertility, or lack of it, becoming a subject of general discussion. For a young unmarried woman, the suggestion she had ceased to menstruate could damage her ‘value’ in the marriage market, whilst for those who were already married, the embarrassment of being unable to reproduce could be acute. Another reason that gynaecological complaints may not be mentioned in correspondence is that such ailments were expected and required little comment.35 Edward Shorter emphasises the latter point, arguing that many women considered such problems to be a natural part of life, often choosing not to consult a medical professional and reducing the probability of their writing about such issues.36

32 Rowzee, The Queenes Welles, p. 41. ‘The whites’ could also refer to venereal diseases as indicated in J. H. Smyth, A New Treatise on Venereal Disease, Gleets, Seminal Weakness (1771).
34 Dr Pierce, Bath Memoirs, pp. 205-207.
35 Neale, Bath: A Social History, p. 15.
However, women’s handwritten recipe books hint that gynaecological complaints did trouble them, and that they often sought their own cures. In the eighteenth-century recipe book of a woman named Fenning, details can be found of ‘A Medicine for the Green Sickness’, consisting of ‘2 ounces of Brimstone, to one ounce of steel, mix’d up with Treacle.’\(^{37}\) Such recipes illustrate women were concerned by gynaecological ailments, and did seek remedy for them; whilst the inclusion of ‘steel’, believed to be contained in the waters of Bath, illustrates how home remedies bore a connection to the spa cure. On rare occasions details of mensuration were included in letters. Mary and Edward Clarke of Chippley offer one example of this. The couple openly discussed Mary’s gynaecological health and Edward Clarke frequently wrote to their family doctor, Doctor Locke, to discuss his wife’s fertility. In one instance Edward wrote to Locke; ‘I think my wife is breeding again, I hope of another boy’ and asked whether it would be advisable for her to drink the Bath waters whilst with child.\(^{38}\) It was not until August the following year that Mary went to Bath and her letters illustrate that she felt her health improve, as a result of drinking the waters, which she continued to do at home, by having barrels of the waters delivered.\(^{39}\)

The gynaecological complaints of royal women are relatively well-known, as the wombs of Queens and Princesses play pivotal political roles and therefore royal patronage of the spas for reasons of fertility is well documented. Henrietta Maria resorted to Tunbridge Wells in 1629 after the premature birth of her short lived son, Charles James. This visit was considered a great success, as the following year she gave birth to the future Charles II. This was of great importance to the spa, and Rowzee commemorated the event in his treatise *The Queenes Wells* confirming the spa’s reputation as a source of medical aid for gynaecological ailments. Henrietta Maria was only nineteen at the time of her visit and in his history of the resort, Thomas Benge Burr describes how the ‘gay young Queen’ spread a ‘splendour and

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magnificence’ during her six week residence. Significantly, Burr confuses the date of her stay, claiming that she visited in 1630, after the birth of the future Charles II, rather than after the sudden loss of her child in 1629. Her visit therefore serves as a prime example of a woman’s health driven visit, being widely and mistakenly regarded as a visit of leisure. Mary of Modena tried the waters of Tunbridge Wells in 1684, but found they were not to her liking. However, after resorting to Bath and bathing at the Cross Bath in the summer and early autumn of 1687, she became pregnant and in June 1688 gave birth to her son James, later the ‘Old Pretender’. Modena’s perceived success at Bath, like Henrietta Maria’s at Tunbridge Wells, appeared to confirm the potency of the waters, especially as she had previously experienced trouble with pregnancy, miscarrying in May 1674, October 1675, October 1683 and May 1684.

Queen Anne, who experienced fifteen pregnancies throughout her life (the majority of which ended in miscarriages and still births), used the waters of both resorts for gynaecological aid. She resorted to Tunbridge Wells in June 1684 after a miscarriage, but her general health being well, did not take the waters. In July 1685 she went to the spa again, at this time she had already produced one living child, her first daughter, Mary, but addressed herself to her crucial role of providing a male heir and believed that the waters improved her general health stating: ‘they agree very well with me’. In autumn of the same year Anne was pregnant again and on 12 May 1686 gave birth to a second daughter, Anne Sophie. By May 1688, she had lost her two daughters to smallpox and experienced a series of miscarriages, and so decided to try the waters at Bath. In July of the same year she went again to Tunbridge Wells where she stayed until mid-September, avoiding court where her step-mother, Mary of Modena, was celebrating the birth of Prince James, an occurrence which both diminished her own inheritance rights and highlighted her lack of children. Eventually, in July 1689 Anne gave birth to a son, William, at Hampton Court Palace. The fact she had sought a cure at both resorts the previous summer and autumn is unlikely to have gone un-noted by contemporary observers. In August

43 Oman, Henrietta Maria, p. 256.
Anne once again tried Bath, staying for August and September; she was pregnant by the end of the year, but experienced another miscarriage in May 1693. Successful or not, the visits of Royal women promoted the gynaecological reputations of the spa waters at Bath and Tunbridge Well as medicinally sound and suggested that it was one of the most highly esteemed cures available for infertility.

Whilst it is important to be cautious with historical diagnoses, it is also necessary to consider the full range of possible factors which took women to the resorts in the long eighteenth century. From examining marital status and history of pregnancies, it can be plausibly proposed that a number of the leisured, non-Royal women examined throughout this thesis, also resorted to the spas for fecundity. For example, Mary Isham’s visits to Bath in 1731, September 1732 and 1733 were possibly made in hope of improving her fertility; she married Justinian Isham in September 1725, yet never produced children. Similarly, Elizabeth Isham’s visit to Bath in 1738 may also have been made for fertility related reasons. She had married Edward Isham in 1734, but like Mary, never had children. Elizabeth Montagu’s multiple visits to Tunbridge Wells in 1745, 1749, 1751, 1752 and 1760, and to Bath in 1748, may also have been made with the hope of improving her ability to conceive. Elizabeth married Edward Montagu in 1742; their only child was born the following year and passed away in 1744, after which there are no further records of Elizabeth conceiving again. Whilst Elizabeth recorded other health complaints or social reasons amongst the factors which took her to the spas, hope of conception should not be ruled out.

Caroline Powys’s spa visit of 1765 was more clearly made for reasons of fertility. In her diary she recorded that her husband took her to Bath in April to raise her spirits after the death of her five month old daughter in March, yet it is likely the trip was also made to speed along her next conception.\textsuperscript{44} In 1766, when Elizabeth and John Giffard went to Bath, the couple had been married one year and already had one daughter, Elizabeth. Though unstated in her journal, it is possible that the Giffards resorted to Bath hoping to quicken the conception of another child, or to aid recovery from her previous pregnancy.\textsuperscript{45} Rachel Johnson also suggests that it was desire for a child which took Lady Polwarth to Tunbridge Wells in the 1770s, basing this

\textsuperscript{44} BL 42160 Powys Journal (27 April 1764).

\textsuperscript{45} FRO D/NH.1047 Elizabeth Giffard ‘A Bath Journal’ (1766-1767).
conclusion on the fact that she never produced a child, and that at this time she drank the waters twice a day.⁴⁶ Not one of these six examples explicitly state fertility as the central reason for spa-visitation, so it can only be tentatively proposed; however, considering the personal circumstances of each woman, it is worth noting as a possibility.

Doctor Pierce’s memoirs provide further examples of leisured women who attended the spas seeking gynaecological help. The memoirs take the form of a series of case studies, with gynaecological patients divided into four categories: virgins, married women without children, married women who did have children but were experiencing a period of infertility and finally, those who frequently miscarried. For each category, he provides a minimum of three case studies.⁴⁷ Of those suffering from the ‘Virgin Distemper’ he lists: thirteen-year old Miss La Chambre of France, sixteen-year-old Elizabeth Eyles of Wiltshire, the Irish Miss Berrisford of nineteen years and twenty-year-old Elizabeth Wayte. Amongst their symptoms he includes: hysterical fits, tiredness, stomach problems and irregular menstruation, claiming that all four were restored to health through bathing and drinking the Bath waters. Of those who went for the ‘common cause’ Pierce lists: a Mrs Hawkins of Marlborough who had been married at least thirteen years without producing children, Lady Blessington who was similarly married for a considerable period without offspring and Madam Heskstyles, the wife of a Dutch merchant who also had failed to conceive prior to her spa visit. The treatment for these women involved bathing and drinking the waters for between five to seven weeks; according to the memoirs all three women conceived children shortly after returning home from their spa visit.

The third category of Peirce’s gynaecological patients, women who found ‘renew’d conception upon using the Bath’ included: forty-year-old Mrs Clement who had experienced a nine year period of infertility, forty-two year old Mrs Horton who found herself unable to conceive for a period of seven years and thirty-eight-year-old Mrs Dorothy Davers, who had eight children followed by a six year gap. Three cases are also given of women who experienced frequent miscarriages: Mrs Sherrington, Lady Howard who usually miscarried after three to five months of pregnancy and

⁴⁷ Dr Pierce, Bath Memoirs, pp. 187-222.
Lady Kilmurry who had experienced three miscarriages. According to the memoirs all three women found they could carry a child full-term after a course of the Bath waters. The fact that he provides names, ages, country and sometimes even counties of origin suggest that Pierce’s work bares a truthful testimony of the women who sought his help for feminine ailments. Whilst only a handful, the fact he lists three elite women suggests that resorting to the spa for gynaecological help was a practice adopted amongst the highest echelons of society and that whilst the ailment itself was unfashionable, the recourse to spa treatment and the opportunities the treatments provided offered opportunity for fashionable diversion.

A late seventeenth-century sermon published at Bath entitled Prayers For The Use of All Persons Who Come to the Baths For Cure offers evidence that women resorted to the spa for religious as well as medical aid in conceiving. This text differs from others examined here in being neither medical treatise nor satire, but a religious work to be read by or to spa patients. Tellingly, the book concludes with a prayer entitled ‘A Prayer for a Wife’ which asks: ‘Deliver me O my God, from either a barren, or a miscarrying womb, and from dry Breasts; and if it be thy will, bless the Waters, that they may dispose me to be Fruitful.’ The prayer pleads with God, that he will allow the ‘barren woman to keep House, and to be a joyful Mother of Children’ illustrating the distressed emotional condition of many women when went to Bath and Tunbridge Wells, hoping for fertility.

Many contemporaries mocked the claims that the spa waters could improve fertility, and argued instead that women who went to the spas, in the hope of becoming pregnant, satisfied their sexual desires and their need for a child by having adulterous relationships while in residence there. In one such anonymous lampoon, a poet crudely tells his reader:

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You mistake much the matter
If you think that the water
Do’s help to get women with child,
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49 Barton, Tunbridge Wells, pp. 111-113.
Since their old Fool cannot do’t
With another go to’t,
For ’tis a pitty their youth shou’d be spoild.50

Similarly, in the play *A Days Courtship at Tunbridge Wells*, Owmuch speaks to a spa midwife, asking if she knows of any women there for the ‘common cause’ whom he can help: ‘waters are but waters Mrs Parret, there goes more to the composition of an Heir, than minerals’ after which he embarks on an affair with Mrs Paywell. 51 Some satirists took the joke one step further, implying that doctors cured their female patients of infertility by having sexual relationships with them. John Macky for instance stated that the Bath doctors ‘will tell you, that the waters will not have that prolific Effect on the Women that come thither from London and elsewhere, unless they leave their Husbands behind them.’52 Significantly, in all of his gynaecological cases, Pierce was quick to highlight the fact that his female patients became pregnant ‘soon after she returned home’; therefore suggesting they were not pregnant whilst at the spa and extricating himself from the suggestion that he was the father of their children.53

Whilst Rowzee and Oliver promoted the spa waters for being able to treat a range of female diseases, neither emphasised a connection between problems of the uterus and hysteria, illustrating they did not view women as the hopeless victims of their lustful desires, but saw women’s reproductive capacities as separate from their emotional state. In ancient Greece, Egypt and Rome, hysteria was viewed as a female ailment which occurred in women who were sexually unsatisfied, usually in young unmarried women and in widows and spinsters, as their wombs travelled around their bodies producing flying pains, headaches, nausea and sensations of suffocation. Such views, promoted by authorities including Hippocrates and Galen prevailed throughout medieval and early modern Europe, only starting to change in the later seventeenth and eighteenth-century, as hysteria became dissociated from the womb and more

50 NUSC PW V 47/94 (FF 130V-132V), Anonymous Bath Lampon (1693-94).
51 Rawlins, *A Days Courtship*, p. 5.
closely associated with the nervous system.\textsuperscript{54} Thomas Willis was one of the first medical authorities to challenge the concept that hysteria was produced by a ‘wandering womb’, and instead suggested it originated in the brain, whilst Nathaniel Highmore argued that it was the effect of ‘animal spirits’ in the blood. However, not all medics agreed and much confusion existed around the diagnosis of the disorder, which was sometimes also known as ‘the spleen’ or ‘the vapours’.\textsuperscript{55}

Rowzee and Oliver’s works suggest that they too agreed that hysteria was not produced in the womb. Rowzee noted that the waters at Tunbridge Wells could be useful in cases of hysteria, but he makes no connection between hysteria and the womb, or even between hysteria and women. Similarly, though Oliver mentions that the Bath waters could be useful for hysteric conditions, he claims that men could likewise suffer from the same attack of noxious ‘vapours’ which was named ‘hypochondria’ in men.\textsuperscript{56} These examples illustrate that medical knowledge at the spa was progressing and that women were not likely to be treated as the psychological victims of their wandering wombs.

The life-writings of leisured female visitors reveal that women went to resorts for a wide range of ailments, not only for gynaecological complaints. These included stomach complaints, for which Lady Jane Coke went to Tunbridge Wells for five weeks in 1752, cholick, which took Mrs Lyddell to Bath in 1706, gravel stones, which forced Isbaella Carr to seek a water cure there between 1761 and 1762 and gout.\textsuperscript{57} Whilst satirical representations most frequently portrayed men as sufferers of gout,\textsuperscript{58} women were equally susceptible, and went to the resorts hoping for a cure. The Duchess of Richmond’s complaints of pain and swelling in her legs, coupled with the fact she was taking the waters whilst at the spa, indicate that it was gout that


\textsuperscript{55} Skull, \textit{Hysteria}, p. 9.


\textsuperscript{57} Lady Jane Coke to Mrs Eyre (1752) in Rathbone (ed.), \textit{Letters of Lady Jane Coke}, p. 109; BL 74642 Autograph Journal of Dennis Lyddell (April 1706); NA. ZCE/F/1/1/5/3 Isabella Carr, Bath, to Ralph Carr (29 November 1761).

\textsuperscript{58} Corfield, ‘Georgian Bath’, p. 28.
took her to Tunbridge Wells in the early eighteenth century. At Bath in the 1740s, Priscilla Digby helped nurse her mother, who was suffering from a ‘lame foot’, a classic symptom of gout. In 1795 Katherine Plymley commented that her friend Lady Smythe, a Bath resident, was ‘quite a cripple with the gout.’ The following year Plymley met another gout-sufferer at the resort, the eighty-one year old Mrs Mary Isted who experienced ‘almost daily, great pain from the gout’, yet still retained a vivacious demeanour. In 1800, Magdalen Price left Wales for Bath, in search of a cure for her gout, where she was carried to the Cross Bath to drink the water. Anne Marriott, sister of Randolf Marriott (1736-1807) of Thirsk in Yorkshire, was a resident of Axford Buildings, Bath, in 1811. Her letters highlight the residence of two more female gout patients at the spa. Mariott’s sister Mrs Robinson suffered ‘gouty, rheumatic and asthmatic’ complaints, which kept her indoors, whilst her other sister, Mrs Lowe, is described as crippled by ‘pneumatic gout’. It is significant all four of these women lived in Bath; it is possible that their residence at the spa was determined by their chronic gout.

Many health complaints went undiagnosed, or at least, remained unspecified in the letters of spa correspondents. Mary Isham ‘found great benefit by ye waters & Bathing’ in 1731, though did not name her illness, Anabella Carr claimed to be burdened by ill health though did not note her diagnoses at Bath in 1799 and Lewis Weston Dilwyn took his daughter Fanny to Bath in 1828 as she needed a change of air, though he does not note what for. Similarly, though Francis, Emma and Caroline Mitford moved to Bath in the same year, partly for the health of the two latter sisters, the Mitford correspondence does not state what ailments forced Emma and Caroline to follow ‘strict regimen’ and spend half their days reclining on sofas. Bridget Ottley is another example of a female spa patient, with an unspecified illness. Ottley

59 WSRO GWD MS 102 Duchess of Richmond, Tunbridge Wells, to the Duke of Richmond (c.1719-1740).
60 NUSC Mol 78 Priscilla Digby, Bath, to Anne Molyneux (21 March 1742).
61 SRO 67/5/5/1/7 Katherine Plymley ‘Journey to London and Bath 1795 2nd’ (7 July 1795).
62 SRO 567/5/5/15 Katherine Plymley ‘Journey to Bath 1796 1st’ (22 October 1796).
63 NLW 9880 DTM Jones Magdalen Price, Bath, to, Edward James (27 March 1800).
64 NUSC WTC 14/8 Anne Marriott, Axford Buildings, Bath, to Mrs Elizabeth Marriott (28 November 1811).
65 NRO IC1995 Mary Isham, Bath, to Justinian Isham (29 May 1731); NA Anabella Carr, Bath, to Ralph Carr (1799); CRO J 3/2/683 Frances Mitford, at a village near to Bath (the specific name is illegible), to John Hawkins (14 August 1828).
went to Bath in 1741 and again in 1742; although her specific illness is never named
her symptoms included ‘pain & Lightness’ in her head, feeling ‘extreme hot & dry’
and experiencing ‘some little vomitings’, indicating the severity of her health
complaint, and in another letter she also notes pain in her back.\footnote{NLW 3647 Ottley Pitchford Hall Correspondence (3) Bridget Ottley, Bath, to Adam Ottley (2 April 1742).}

Although the connection between wombs and minds started to be questioned in the
eighteenth century, women were still believed to be particularly susceptible to illness
due to their ‘tense nerves’.\footnote{Oliver, \textit{A Practical Dissertation on Bath-Waters}, pp. 96-97.}
It was widely believed that women’s nerves were more
sensitive than those of men and that they were more easily influenced by external
stimuli. Therefore nervous illnesses ‘increasingly came to be associated with the
female species.’\footnote{Porter, \textit{Patient’s Progress}, p. 178.}
For example, Elizabeth Isham went to Bath suffering from
‘stomach’ and was relieved to find ‘numbers come here for nervous complaints & tell
me they have received great Benefit’.\footnote{NRO IC2566 Elizabeth Isham, Bath, to Edmund Isham, Lamport (4 November 1738).}
Similarly, in 1784 Francis Enys of Cornwall
noted that his sister Dorothy had died at Bath from a ‘nervous complaint, attended
with spasms in her stomach.’\footnote{CRO EN/906/19 Francis Enys to Thomas Warren (31 January 1784).}
An additional form of psychological distress came
from health anxiety, which then in turn, impacted the nerves. Anabella Carr was
depressed by her belief that good health would ‘never …be restored’ to her and found
her health concerns were ‘a burden to myself & a very troublesome one to my
mind’\footnote{NA ZCE/ F/1/1/3/12 Anabella Carr, Bath, to Ralph Carr (21 January 1799).}
Similarly, a Mrs Longden residing in Queen’s Parade at Bath felt ‘very low’
as a result of her inability to recover full health.\footnote{HRO 117M83/4/2 Mrs Longden, 11 Queens Parade Bath, to Lady Coote (16 November 1825).}

Watching the suffering of others also caused ‘low spirits’ in well women, who acted
as companions to the sick. In 1742 Priscilla Digby felt a ‘lowness of spirits’ as she
watched her mother’s health deteriorate. As her ailments increased from a pain in her
foot, to an additional pain in her head which was feared fatal, Digby declared: ‘To
people in Health these are terrible scenes, to lose a kind & worthy parent whose
health is wanted the shock is much greater.’\footnote{NUSC Mol 78 Priscilla Digby, Bath, to Anne Molyneux (21 March 1742).} Sarah Knollis was similarly concerned...
for her mother’s health: ‘I have fretted myself a good deal’ she wrote, worrying that ‘the rash she had, might have fallen on her lungs.’ In April 1799 Caroline Powys found that her husband’s poor health had made her so anxious that ‘this spring had not afforded us our usual pleasure’ at Bath. Similarly, Melesina Trench found Bath a ‘melancholy scene’ when her husband was affected for the full length of their visit with ‘the whooping Cough multiplied by five.’ Spas also had gloomy associations for those women whose friends and relations had passed away at the resorts. Despite regular visits to Bath throughout her life, Katherine Plymley did not return there after her visit of 1807, during which her niece Josepha passed away.

Anna Cradock perceived Bath as a cemetery full of ‘monuments’ to her friends who had lived and passed away at the spa. In 1809 she reflected that three of her Bath friends had died since her last visit to the spa, and wondered how long it would be until she joined them. Together the works of Pierce, Oliver and Rowzee, and the evidence of health complaints contained in the letters of leisured female visitors, suggest that poor health often formed a reason for women visiting Bath or Tunbridge Wells. They further suggest that even women who did not go for their own health problems, may have suffered disturbance at watching the physical distress of friends, relations and even the strangers who surrounded them in the public areas of the spas.

One of the most prevalent forms of ill health which women bemoan in their spa letters and journals was the common cold. In 1741 Bridget Ottley contracted a cold at Bath which was ‘just bad enough to prevent my drinking ye waters for about 9 days’; in 1775 Lady Polwarth noted that the ‘Doctors & Apothecaries’ of Tunbridge Wells ‘say everybody is ill, & in particular, that several people about here have had a kind of sore throat, or rather a swelling on one side’ and in February 1798 Melesina Trench bemoaned that she had, ‘in common with others a most violent feverish cold.’ In 1800 Magdalen Price had to delay starting the waters ‘when I was seized with a cold that effaces all ranks of people’ and in 1807 Plymley was confined ‘at

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74 HRO 110M91/6/1 Sarah Knollis, Bath, to Col Knollis (22 January 1805).
75 BL 42161 Powys Journals (27 April 1799).
76 HRO 23M93/30/1/37 Melesina Trench, Bath, to Charles St George (c. 1814).
77 NAP PC1/25M Anna Francesca Cradock, Gay Street, Bath, to Sarah Nichols (14 September 1809).
78 BLA L30/13/12/31 Lady Polwarth, Tunbridge Wells, to Mary Robinson (8 September 1785).
home with a bad cold that I had continued to go out with so long as I could’. Sore throats and sneezes did not take visitors to the resorts, bathing and drinking spa waters actually being regarded as dangerous when suffering from a sore throat, coughs and sneezes. However, unsurprisingly the influx of visitors coming together in close proximity meant that the cold was a constant presence at the spa.

iii. Treatments

During the eighteenth century it was believed that health was a natural state of the body, which could be maintained through balancing ‘non-naturals’: ‘air, food, drink, functions (e.g motion and rest), sleep, wakefulness, evacuation, retention of nutritive elements and psychological influences.’ Patients at Bath and Tunbridge Wells were advised to drink, or bathe according to the guidance of a physician, to eat and drink moderately and to exercise regularly. They were also advised that ‘all melancholy Impressions should be banished’ in order to give the waters the best possible chance to work. Throughout the eighteenth century, there was ‘a growing recourse to expert advice and professional services.’ While self-help and self-medication had been the most common form of practice for the sick in the seventeenth century, an increasing use of professional medical help developed throughout the eighteenth century. A university trained physician was the most expensive and perhaps most reliable choice of all medical professionals. For those who could not afford a physician, the advice of an apothecary was deemed valuable, though also expensive. Quack doctors, wise women, herbalists and self-proclaimed midwives offered an alternative form of medical support and advice and the elite and middling classes appear to have been happy to consult men and women from all walks of life in their search for health. However, as the ranks of professionally trained physicians expanded, they also came under attack. Professionals of all varieties came under

79 SRO 67/5/5/1/27 Katherine Plymley ‘Journey to Bath 1807’ (11 February 1807).
81 Rowzee, The Queenes Welles.
82 Porter, Patient's Progress, p. 11.
heavy criticism throughout the eighteenth century, but physicians more so than any other, as they were seen to fleece the public before killing them.\textsuperscript{83}

In 1778, Philip Thicknesse listed ten physicians, nine surgeons (seven of whom also practiced midwifery) and twenty two apothecaries, resident in Bath.\textsuperscript{84} In contrast, only two ‘skilful apothecaries and surgeons’ were listed as resident at Tunbridge Wells in 1792, but ‘skilful physicians from London’ attended the resort regularly.\textsuperscript{85} Trust in their medical advisers and fear that they risked their health by leaving too early, meant that patients often stayed at the resorts despite expensive medical bills. Edmund Isham informed his wife Elizabeth that their financial situation was tight, but advised her to stay, if she believed it would improve her health: ‘One good Reason for your coming away I find is, cash expiring, but if you bring Health in lieu of money, that I shall think most valuble.’\textsuperscript{86} Patients who suffered health-related anxieties were particularly susceptible to being persuaded to pay large medical bills, such as Anaballa Carr who lamented ‘the great expense I am obliged to be at particularly my Doctors.’\textsuperscript{87}

Many women appear to have trusted their spa doctors and felt reassured by their advice. Mary Isham noted ‘I’ve reason to regard his [her doctor’s] advice finding wt he has s[aid]d ab[out] me pas proved true’ and Mrs Digby, mother of Priscilla was ‘so bigoted to Doctor Harrington’s opinion she will try no other.’\textsuperscript{88} Similarly, Bridget Ottley had a great affection for her doctor, Dr Reyner, as did her father who encouraged her to seek Reyner’s advice in all situations. In May 1741 Adam Ottley wrote to ask his daughter to consult with Reyner about how long she should remain at the resort, adding that if the doctor wished her to stay until the end of the season, she was ‘heartily welcome to it.’\textsuperscript{89} When suffering her feverish cold, Melesina Trench had also found comfort from her doctor, noting that ‘the charming Dr Parry’ was ‘one

\textsuperscript{83} Porter, Patient’s Progress, p. 54.
\textsuperscript{86} NRO IC2571 Edmund Isham, Lamport Hall, to Elizabeth Isham, Bath (25 November 1738).
\textsuperscript{87} NA 2CF/F/1/1/3/13 Annabella Carr, at Bath, to Ralph Carr, Newcastle (3 February 1799).
\textsuperscript{88} NRO IC1995 Mary Isham, Bath, to Justinian Isham (29 May 1731); NUSC, MOL 82 Priscilla Digby, Bath, to Mrs Anne Molyneux (12 September 1745); NUSC, MOL 82 Priscilla Digby, Bath, to Mrs Anne Molyneux (12 September 1745).
\textsuperscript{89} NLW Ottley Pitchford Hall Correspondence (3) 3653 Adam Ottley, Pitchford, to Bridget Ottley, at Mrs Basset’s, Milliner, near the Cross Bath (14 May 1741).
of the most pleasing men.' Isham, Digby, Ottley and Trench all found medical practitioners at the spa whom they trusted with their physical and emotional health, and with whom, they developed comfortable patient-doctor relationships, illustrating that the spa offered women the opportunity to select their medical practitioners, and that they were not necessarily the victims of invasive and overly proactive doctors.

Taking the waters provided female patients with a variety of leisure and social opportunities. Public bathing, no doubt, created a sense of excitement for both male and female bathers, especially as heterosexual bathing was allowed in all five of the establishments at Bath, a practice which caused concern for some observers. Defoe commented that bathing became ‘more a sport and diversion, than a physical prescription for health.’ R. S. Neale argues that at Bath, bathing ‘was sweetened by the knowledge that it was accompanied by amatory dalliance, sexual titillation, and open prostitution.’ Contemporary observers certainly hinted that flirtation and self-display were part of the bathing experience. Defoe, for example, noted that within the baths ‘the ladies and gentlemen presented to keep some distance… but frequently mingle… they talk freely and talk rally, make vows and sometimes love.’ Thicknesse described mixed bathing as ‘promiscuous’ and asked: ‘is this the place then, where the sexes are to meet, in a manner half naked?’ Despite the fact that men and women were expected to stand in different areas Thicknesse comments that they frequently held hands ‘to conduct each other from recess to recess’. However, in the water this level of intimacy changed and became closer as the space between bodies was less clearly defined. Even without the allure of watery flirtations, bathing could provide opportunity for amusement. Mary Senior wrote that she was sorry her mother had to use the ‘Bath waters by night’, but added; ‘I hope you have received great benefit from this charming, & I think delightful medicine.’

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90 HRO 23M93/42/33/24 Melesina Trench, Bath, to Sarah Tuite (1798)
91 Defoe, A Tour Through the Whole Island of Great Britain, vi, p. 34.
93 Defoe, A Tour Through the Whole Island of Great Britain, vi, p. 34.
95 NLW Nassau Senior (2) E103 Mary Senior, Crompton, to Mrs Duke, Bath (1793).
In addition to mixed-sex bathing which continued throughout the long eighteenth century, nude bathing was allowed at Bath until 1737, when the Corporation ruled that ‘that no male person above the age of ten years shall at any time go into any Bath or Baths within this City by day or by night without a pair of drawers and a waistcoat on their bodies’ and that no female over ten would go into the baths ‘without a decent shift on their bodies.’ After this, men wore drawers and women long gowns. Just how many bathers would have gone into the baths naked before this point is unknown. During her visit to Bath in 1687 Celia Fiennes commented that most women bathed in yellow robes:

The laydes goes into the bath with garments made of a fine yellow canvas, which is stiff and made with great sleeves like a Parsons gown, the water fills it up so that it is orne off that your shape in not seen.

Therefore women’s bathing gowns were loose and very different from the corseted gowns they wore out of the water; allowing them more comfort and freedom of movement. Even when enveloped in their brown linen robes, swimming-women disturbed Phillip Thickesse, who commented in 1780 that he believed patients should bathe in private, as he was troubled to see ‘the female sex sprawling about, under the pump room window.’

The first act of the play The Bath, or, The Western Lass illustrates the popular image which has been drawn of the Restoration baths. The scene is set at the King’s Bath, where a Bath colonel discusses a mad man who has recently jumped into the waters:

Stalk naked as ever he was… and if there be eere a plump Londoner there, a fat-shoulder’d Lass or so… he’s on the back of her in a trice, and tabbering her Buttcocks round the Bath as if he were beating a drum.

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96 Bath Record Office, Bath Council Minutes (26 September 1737). I am grateful to Peter Borsay for this reference.
Neale’s description of the baths as a place of ‘sexual titillation’ is likely to have been influenced by plays as The Bath. While flirtations may have taken place within the baths, the concept that more serious sexual demeanours took place with any degree of frequency is more debatable.

It is significant that in describing the activities on offer at the resort, Defoe directly and predominantly addressed his female readers: ‘In the morning you (supposing you be a young lady) are fetch’d in a close chair, dress’d in your bathing cloths… to the Cross bath…. There the musick plays you into the bath.’ On entering the baths, women were presented with ‘A little floating dish, like a bason: in which the lady puts a handkerchief, and a nosegay, of late the snuff-box is added, and some patches.’ Amanda Herbert has identified female consumption of sweetmeats in the baths as evidence of women creating and expressing their ‘female selves.’ She argues that the making of homemade sweetmeats was an area in which women could illustrate their own domestic and artistic worth, and that the public consumption of such goods was an act of sociability which formed a bond between the female bathers.

Elite female visitors enjoyed using the baths a public space in which to parade their wealth and status. Elizabeth Montagu wrote to the Duchess of Portland from Bath, to tell her of an incident of social snobbery. She described how the:

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\text{dowager Duchess of _____ baths, and being very tall had nearly drowned a few women in the cross bath, for she ordered it to be filled till it reached her chin, and so all those who were below her stature, as well as her rank, were forced to come out or drown.}\]

The unnamed dowager Duchess clearly relished the opportunity to flaunt her physical stature and social prestige at the bath. Unfortunately, there is little evidence illustrating the female experience of bathing at Tunbridge Wells. As highlighted

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100 Defoe, A Tour Through the Whole Island of Great Britain, vi, p. 34.
102 Elizabeth Montagu, Bath, to the Duchess of Portland (7 January 1740) in The Letters of Elizabeth Montagu, i, p. 79.
earlier, cold baths were existent at the spa from 1708, but surprisingly, despite the frequent mention of bathing at Bath in novels, plays and poetry, as well as in letters and journals, there is no parallel discussion of bathing at Tunbridge Wells, highlighting that a much greater emphasis was placed on the internal consumption of the waters.

Taking the waters internally also presented similar prospects. At Bath, the drinking of the waters took place in the Pump Room [Fig 6] *between 8.00-10.00am during the seasons.* Some of the company also gathered to take a second dose in the early afternoon. In the Pump Room, visitors paid by glass to drink the tepid, sulphurous mineral waters, while strolling and listening to musicians. The Pump Room was built in 1704, enlarged in 1751 and underwent considerable rebuilding in the last decade of the eighteenth century. One of the most important features of the Pump Room was its role as a meeting place. On arrival at the spa, it was one of the first ports of call, both for those who had acquaintances at the resort, and for those who did not. Parties could be formed for daily outings, simply by meeting a friend or relative while taking a glass of water, or new friendships could be formed by mutual acquaintances performing introductions. The absence of pressure to engage in a specific activity such as dancing or card playing, the more relaxed attitude to dress, and the opportunity for sociability were all features of Pump Room gatherings which contributed to women’s enjoyment of their morning visit. Borsay argues that during the Urban Renaissance, urban architecture was used to ‘promote and take advantage of’ wide social intercourse’, and the Pump Room was designed for just such a purpose. It allowed medicinal drinking to become a pleasurable activity, and gave spa visitors an opportunity to socialise in the morning and afternoon [Fig.6].

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104 John Wood notes that bathers were originally attended by music at the Cross Bath, though this band had relocated to the Pump Room by the 1760s). Wood, *A Description of Bath 1765*, p. 437.
Fig 6: *The Bath Medley*, detail from a fan illustration (1737, Victoria Art Gallery, Bath).
Fig 7: Engraving of Tunbridge Wells (Johannes Kipp, 1719).
Fig 8: The Well at Tunbridge Wells (unknown date, presumed to be the work of Thomas Loggon, The British Museum).
At Tunbridge Wells, Rowzee advised that the waters should be drunk ‘about an Hour after sun rising’. The company usually attended the well, which sat at the top of the Walks [Figs.7 and 8], near the Chapel of King Charles the Martyr, between seven and eight in the morning. Here visitors would consume between one and three glasses of water, depending on the quantity recommended by a personal physician. The Tunbridge Wells Directory of 1792 states that the waters were taken twice in the morning, and once after dinner. Visitors were handed the waters directly from the Well by women known as ‘dippers’. They were drunk directly on the spot, taken to a long gallery nearby which was paved and covered or taken as the company strolled the walks. As at Bath, there was a relaxed attitude towards dress. Defoe noted that at the Well ‘the Ladies are all undress’d’, only appearing in their finery after they had taken the waters and returned home for breakfast. The cultivated tranquillity of water drinking was emphasised at both resorts by the presence of musicians. At Bath musicians were commissioned to play in the Pump Room, whilst at Tunbridge Wells music was played for the company as they drank their waters on the walks.

A range of social opportunities awaited women in the Pump Room and at the Well. They could engage in tete a tete, form large groups, or walk with their husband or children. Unlike the baths, men and women could mix freely, and unlike the ball room, older women were not confined to the side of the room, to let their younger and unattached daughters, nieces and charges take the lead. Peter Clarke argues that in the eighteenth century men ‘may have found it difficult to accept that women were entering the public arena’, an issue, which he suggests, they addressed spatially. He highlights the fact that at many routes and assemblies, women would stand near the entrances, while men took up the centre of the rooms. While space was technically divided by gender within the baths, this was far from the case at the Pump Room at Bath, or upon the walks at Tunbridge Wells, where women made up a substantial proportion of the company and felt no need to give precedence to their male companions.

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107 Rowzee, The Queenes Welles, p. 11.
109 Defoe, A Tour Through the Whole Island of Great Britain, i, p. 126.
Most accounts of the Pump Room describe it as a lively space, 'very full of genteel company strutting, lounging and parading in all directions.' Austen’s *Northanger Abbey* emphasises the role which the Pump Room played as a meeting ground for female company at Bath. Soon after arriving at the spa and meeting Eleanor Tilney, Catherine Morland wishes to further her friendship and decides to attend the Pump Room, knowing that ‘in the Pump-room, one so newly arrived in Bath must be met with.’ Catherine finds the space ‘favourable for the discovery of female excellence, and the completion of female intimacy’; it is here that she forms her friendship with Isabella Thorpe, and furthers that with Eleanor Tilney. Just as the fictional Catherine Morland finds the Pump Room favourable to the development of female friendships, so did many of Bath’s real visitors, such as Katherine Plymley who in October 1794 noted in her journal ‘we go every morning to the pump room, meet miss Charlotte there and we walk about together.’ Others took pleasure socialising with their partners outside of a domestic setting, such as Mr and Mrs Pearse a ‘rational, Domestic & happy Couple’ who visited Bath in November 1811 and took their glasses of water together each morning at the Pump Room.

iv. Companions

Single women often accompanied their invalid friends and relatives to the spa, either going specifically to perform the role of companion, or, falling into the position whilst at the resorts for alternative purposes. For example, between June 1742 and September 1745, Priscilla Digby helped care for her mother who was often ill, through providing companionship and observing the state of her health. Digby was also called upon by other friends who were in poor health: ‘I have so many sick friends here wch I am in charity and inclination obliged to see every day.’ In the 1770s, Anne Venables-Vernon accompanied her invalid father to Bath, to care for him as he took the waters for his health. Venables-Vernon’s letters suggest that she

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111 NLW 21701-225852 (1) 22131 C (1802) Lewis Evans to Mr John Evans.
113 NUSC WTC14/8 Anne Marriott, Bath, to Mrs Elizabeth Marriott, Ashton Court, Somerset (28 November 1811).
114 NUSC Mol Priscilla Digby, Bath, to Anne Molyneux (8 February 1743) [1744].
gave herself over to the role of companion. The length of the family’s stay depended entirely ‘on the length of time Dr Moysey thinks it proper for my father to drink these waters’. This highlights that however much a companion may have enjoyed the opportunities presented to them at the spa, the start and termination of a visit depended very much upon the invalid. Katherine Plymley was summoned to Bath in February 1799 to care for her uncle after a fall. In her journal she noted: ‘both he and she have repeatedly written to desire me to come to them, at least for a short time- It is not convenient to me to leave home, & it is still less desirable, but there are circumstances, & this is one, when to refuse is neither easy nor kind.’ Plymley’s response to being asked to care for her uncle illustrates that caring for invalid friends and relations was sometimes felt as a burden, thrust upon single women.

Whilst there were many benefits to the reaped by visiting Bath or Tunbridge Wells as a companion, carers had to deal with the daily distress of witnessing the sufferings of an invalid at close hand. This was an issue which affected the visits of all men and women who attended the spa, as they had to watch patients being conveyed to the baths, Well and Pump Room. Bridget Ottley was distressed by the ‘groans and outcry’ of a Mr Willbraham who occupied a room in the same lodging house and informed her father: ‘Lady Jenkinson was so obliging as to make me Breakfast & dine with her yesterday to be out of ye hearing of ym.’ The persistent presence of so many invalids no doubt shocked and disturbed those who visited to engage in the social life at the two resorts, but it had a much more direct effect on those female carers who witnessed daily sufferings and tried to alleviate these.

Administering medicine and offering medical advice allowed women to demonstrate their feminine caring. For elite and middling women visiting Bath and Tunbridge Wells, the chance to play the role of nurse to an ailing friend or relation allowed them to feel a sense of their own importance. A woman’s medical knowledge, especially when it came to caring for her family, was valued. Elite women, in particular, were held in esteem for their role as lady bountiful in their local communities. As Porter

115 NUSC 107/6/1 Anne Venables-Vernon, Bath, to Dr Addenbrooke (c. 1775-1776: un-dated).
116 SRO 567/5/1/17 Katherine Plymley ‘Journey to Bath 1799’ (24 February 1799).
117 NLW Ottley Pitchford Hall Correspondence (3) 3646 Bridget Ottley, Bath, to Adam Ottley, Aqualate (4 April 1742).
points out, gentry ladies ‘commonly laid claims to pharmaceutical knowledge and kept a medicine chest open to the parish poor.’\textsuperscript{118} Porter suggests that from the seventeenth century onwards, men and women held an equal claim to be able to offer medical assistance in caring for their family whilst Barbara Duden argues that in eighteenth-century Germany, ‘mothers seem to have been the real opponents who meddled in the trade of medicus, since their presence extended right into the sick room.’\textsuperscript{119} The women who nursed their sick friends and relatives at the resorts would not have been laughed at for trying their hand at the art of medicine, as it was partly encompassed within their domestic and familial responsibilities.

Marlene Legates has argued that during the eighteenth century a ‘Cult of True Womanhood’ was born, which replaced the misogynistic concept of henpecking and lustful women in earlier literature and thought, with a new image of woman which saw amiability ‘as the positive contribution of the fair sex to civilization.’\textsuperscript{120} In performing the role of nurse, female spa companions could illustrate their amiability to a spa audience, and feel a sense of their own importance and self-worth. It was a role in which many women took great pride, as a letter from Lucy Byng at Tunbridge Wells illustrates. Byng requested that she be allowed to nurse the Duchess of Portland: ‘too fatal experience has taught me to be a fit companion for a distress’d mind.’\textsuperscript{121} Although in this instance, the role of companion would have taken her away, rather than to a spa, the fact that she writes from Tunbridge Wells is of some consequence. Perhaps in being surrounded by ill women, Byng felt compelled to offer help to her ailing friend, or perhaps seeing other women fulfilling the role, it occurred to her that she too could play the part of companion.

Knowledge of health was important in the discursive lives of leisured women at the spa, both in their conversations and in their written correspondence. Just as they were able to feel a sense of importance in enacting the role of nurse, women were able to

\textsuperscript{118} Porter, Patient’s Progress, p. 25.
\textsuperscript{121} NUSC PWF 1555 Lucy Byng, Vicountess Torrington, Tunbridge Wells, to W.H. Cavendish Bentink, 3rd Duke of Portland (10 September 1771).
demonstrate their experience and knowledge of health in public conversation. Elizabeth Montagu complained that her visit to the Ladies Coffee House at Bath made her fancy herself ‘in the hospital or infirmary’ highlighting that discussion of health occurred in polite public spaces. Health formed a topic on which women could illustrate their intelligence and experience in public spaces at the spa. From the mid seventeenth to the mid nineteenth century, Porter argues, men and women ‘were both more or less equally involved in the practice of ‘medicine without doctors’, by which he specifically refers to men and women playing a role as family doctor. The experience women had in the art of caring for and medicating the family meant that they could discuss their familiarity with particular illnesses or remedies in the baths, Pump Room or upon the walks.

Alison Hurley has suggested that spa towns ‘helped women bypass the prevailing models of female friendship and female letters that submerged women’s alliances beneath the imperatives of a patriarchal society, thereby allowing them to develop a conversation that was truly their own.’ On examining the prominence of health in the letters of female spa visitors, it appears that women conformed to the common epistolary practices when discussing health. However, they used their spa experiences to add authority to their correspondence. Writing from a spa, where the subject of health was upon everybody’s lips; where the illnesses of prominent members of society were observed and medical issues were much discussed in public, women could pass on medical news and gossip and feel pride in being located at a fashionable medical centre.

Elizabeth Courtenay, who resided in Camden Place, Bath, during the 1830s, commented ‘health generally forms a subject for all letters’: a fact true of many eighteenth-century correspondence, but particularly so of those written to and from the spa.’ Writing down their own symptoms and health routines was one way in which women dealt with their ill health, as it enabled them to clarify what it was they

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122 Elizabeth Montagu, Bath, to the Duchess of Portland (27 December 1740) in Montagu, The Letters of Elizabeth Montagu, i, p. 72.
123 Porter, Patient's Progress, p. 177.
125 NLW Glansevern (4) 7979-80 Elizabeth Courtenay, Camden Place, Bath, to Mrs Anne Slaughter, Grey Friars, Chester (9 January 1835).
were suffering from and perhaps reassured them that they were being active in trying
to overcome their complaints. Mrs Duke wrote to her daughter, Mary Senior, in some
detail about her persistent cough, and the methods she used to try and alleviate the
irritation. In one letter, Senior asks her mother ‘have you had the mixture from the
chymists which you hoped would relieve it, & does nanny continue to boil you the
mixture of milk and suet?’126 Whether they were bemoaning their own ailments or
describing treatments they had tried, sharing details of their medical experience or
offering advice, the subject of health was one which gave elite and middling women
a role in public conversations and written correspondence at Bath and Tunbridge Wells.

The chance to accompany a patient to Bath or Tunbridge Wells was one which many
women eagerly accepted, in order to care for their loved ones as they fought against
various ailments, and perhaps knowing that such a visit would provide them with
social and leisure opportunities of their own. The young woman addressed the
manuscript poem *Advice to a Daughter going to Bath*, goes to the spa to accompany
an ill friend. Her father warns her:

Since ye, my daughter, soon for Bath intend,
Companion only of yr ailing Friend
For youth, & Bloom sit smiling in thy cheeks,
To my Advice attend with serious ear.127

It is significant that although the author states that his daughter goes to Bath in the
role of ‘companion’, he also warns her about the dangers of visiting Harrison’s
assembly rooms too frequently, implying that her role as companion will only take up
part of her time at the spa, and that she will also have room for the pursuit of pleasure
in her day.

In addition to being able to experience the social life of the spa, without the
restrictions of illness, companions had the advantage of *appearing* in full health,

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126 NLW Nassau Senior, (2) E99 Mary Senior, Compton Beauchamp, Berkshire, to, Mrs Duke, No.4
Marlborough Street, Bath (1792).
127 NLW Llanfair and Brynodol (1) FF. 37-8 Anonymous *Advice to a Daughter Going to Bath* (1726).
while the looks of their ailing friends and relations were likely to become the focus of malicious gossip. Little wonder then, that the author of *Advice to a Daughter Going to Bath* shows concern. The fact that he specifically comments on his daughter’s ‘youth’ and ‘Bloom’ suggests that such assets set her in stark contrast to the faded looks of her ill friend, and that as a result, she could easily become the prey of seducers and madams at the resort. The opportunities for leisure presented to a spa companion were numerous. When Mrs Ord accompanied Fanny Burney on a convalescent tour of the West Country in 1791, the two women stayed for three weeks in Queen’s Square, Bath. Although they lodged together, they often made and received social calls separately and Mrs Ord did not have to be at Burney’s constant beck and call. Therefore, the benefits she reaped through having an invalid friend, whom she could accompany to the spa, were significant. Female companions also enhanced their public image and reputation, through their display of care and affection. Eliza and Emma Courtnay looked after their mother when she fell ill at their home in Camden Place, and nursed her until her death. Eliza wrote to her mother’s friend, ‘Emma’s affliction is equal to my own, she and I, are my mothers constant and only nurses.’

The healthy and voluptuous women depicted in caricatures such as *A Long Minuet* and the heroines of novels such as *Northanger Abbey*, who visit spa towns in search of pleasure and diversion, are only representative of one section of the female company at Bath and Tunbridge Wells. In attendance at the baths, Well and Pump Room, and concealed in the privacy of their lodging houses, were many female patients whose spa visits were dictated by poor health. These less romantic figures have been obscured from the historian’s view by contemporary novels, poetry and caricatures, which have painted elite and middling women as the beneficiaries of spa social and cultural life. Bridget Mitchell, for instance, argues that ‘women were the first beneficiaries of the increasing vogue of spas… they were allowed to participate in every conversation, every outing, every social gathering.’ While elite and middling women certainly benefited from increased social freedoms during spa visits, it is important to remember that ill health also played a part in the spa lives of many

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128 NLW Glansevern 7979-80 Eliza Anna Courtnay, Camden Place, Bath, to Mrs Anne Sloughter, Grey Friars, Chester (17 June 1835).
such women. The evidence examined throughout this chapter paints an unfamiliar image of the female spa visitor; elite and middling women may have appeared to enjoy the pleasures of evening balls and card parties without disturbance, whilst in reality, preoccupied with thinking about the effects of the waters on their chances of conception. Similarly, they might have attended the baths, Pump Room and Well in the morning, whilst being painfully aware that their unhealthy appearance could become the subject of gossip, to be spread far and wide in letters and lampoons. Even the visits of companions and carers were often dominated by the emotional trauma of watching the sufferings of a friend and patient on a daily basis.

However, Bath and Tunbridge Wells also offered women the opportunity to take on specific health related roles as companions and nurses, each role allowing them to participate in spa society. In addition to this, women’s experiences in caring for friends and relations gave their medical knowledge the stamp of authority and their voice gravitas upon the subject. While poor health troubled a great many female visitors at Bath and Tunbridge Wells throughout the long eighteenth century, it also provided them with the key to a range of social and leisure opportunities which they may not have experienced so frequently or for such extended periods of time, if had they, or their companions had been in the full bloom of health.