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**The Last Resort: Spa Therapy and the Docile Body
in Victorian St. Catharines**

A Thesis
Submitted to the Graduate Program in Popular Culture
Brock University
St. Catharines, Ontario

In Partial Fulfillment of the Requirements
For the Degree of Master of Arts in Popular Culture

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For Russ and Alice Brady

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Abstract

By relying on existing cultural models, the Victorian spa promoted health and wellness. Advertising, together with other forms of promotion, strengthened the legitimacy of its claims to cure a variety of health problems. By the use of some links to science and a mystical folk belief about the efficacy of the local mineral waters, three spas emerged in St. Catharines: the Stephenson House, the Welland House, and the Springbank. As the twentieth century approached, the spa movement declined and institutionalized medicine struggled to establish a monopoly on health care. This thesis argues that the health spas in St. Catharines occupied that transitional space in nineteenth century medicine between home remedy and hospital.

The interplay between scientific discovery and business enterprise produced a climate in which the Victorian health resort flourished. This phenomenon, combined with the various maladies brought on by industrialization, nineteenth-century lifestyle, and the absence of medical options, created a surge in the popularity of health spas and mineral spring therapies.

By the turn of the twentieth century, interest in mineral water treatments had declined. The health resorts that had blossomed between 1850 and 1899 began to experience a serious decrease in business. This popular movement became outmoded in the face of emerging medical and scientific knowledge. In St. Catharines, the last resort to remain standing, the Welland House, finished out the city's spa era as a hospital.

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Chapter One: Introduction

The practice of resorting to baths, and potations of natural springs for curative purposes, is both sanctioned and recommended by the Medical Profession at large.

From an advertising pamphlet printed in St. Catharines, 1864 (Appendix A)

In 1860, the town of St. Catharines, Ontario had no hospital, no infirmary and no sanitarium. In the decade that followed, however, it easily supported three busy spa hotels where visitors came to “take the waters” and to recover from a variety of ailments. During this same period of time, spa therapy was extremely popular in North America. Upper Canada alone supported eight major spa hotels that stretched in a crescent from Windsor to Ottawa (Connor 149). Three of these eight noteworthy spas were in St. Catharines, clustered around the mineral spring wells near the Twelve Mile Creek, in the vicinity of Lot No. 19 (see Figure 1).

Because the three spas functioned mainly as health resorts, a staff physician was employed to plan appropriate treatments for the guests and to oversee their care. All eight hotels in Upper Canada flourished for about twenty-five years, but by the turn of the twentieth century, most had completely ceased operating as health resorts. In St. Catharines, only one of the three hotels, the Welland House, remained standing. By 1910, a section of the Welland House served as a maternity hospital called the Wellandra (Jackson and Wilson 165). From this knowledge, a question emerged with respect to the relationship between the spa hotels and the provision of health care for the people of St. Catharines. Were the spas in St. Catharines merely health resorts for a leisure class of seasonal visitors, or were they functioning as a precursor to the hospital? To what extent might these spas have served as a prototype for formal medical care?

In order to answer the governing question, several subordinate problems required exploration. They are outlined below:

- What factors contributed to the mass appeal of the spa and what rupture occurred to cause a decline in its popularity?
- What claims did the spa resorts make about their services and who used these services?
- If three of the eight important spas were located in St. Catharines, was there indeed something special about the local water and what therapeutic benefits might one expect from using it?
- How did ordinary people cope with serious illness during the time when the spas were flourishing and, in general, what medical options were available to them?
- When and how did formal hospital care originate in St. Catharines and how did it differ from the spa resort?

This thesis argues that spa therapy, as practiced in nineteenth-century St. Catharines health resorts, played a pivotal role in the transition from folk medicine to formal, institutionalized medical treatment. Furthermore, the spa itself functioned much like a hospital and contributed to an awareness of the need for institutionalized medical care in the town of St. Catharines. These ideas along with the questions above are analyzed in the chapters to follow.

Popular conceptions of healing in nineteenth-century Ontario were a part of the domestic ambit and the layman with experience was generally regarded as being capable of treating disease (Bynum 20). By contrast, people regarded doctors as theoretically challenged with regard to the cause and treatment of disease (Haley 10). In fact, people

feared hospitals and regarded surgery as a “shortcut to the grave” (MacDermot 26). The history of medicine in Canada witnessed a continual struggle between a few trained doctors who practiced orthodox medicine in urban centres and the itinerant practitioners who peddled both patent medicines and a variety of healing arts to the pioneer communities (Blishen 9). Within this milieu, and at a critical point in the history of medicine, the spa movement came into prominence in several Ontario cities.

Between 1850 and 1880, the city of St. Catharines boasted three grand resort hotels, The Stephenson House, The Welland and The Springbank, as well as a number of boarding houses, and at least two ordinary bathhouses. These facilities evolved in response to popular demand. For example, the *Evening Journal* of March 13, 1866 reported that, earlier in the season, visitors to the spas were unable to find quarters and had to be turned away. The spa hotels were continually undergoing renovation and expansion (Wilson 39) to accommodate the influx of visitors and to provide new services and comforts, as evidenced by regular announcements in the newspapers. The reason for this sudden growth was most likely related to two main thrusts. First, hospitals at that time were unlike our hospitals today. They were limited and were used infrequently, and even then, in only the most serious of situations (Purdon 103). This meant that people had to rely on themselves to a large degree and often tried other methods, such as water cures and tonics, which had their roots in folk remedy. Patients were “continually seeking springs without consulting their physician” (Walton [v]). Once they arrived at the springs, however, a resident physician was available to direct their treatment. The second point relates to the major scientific advances that occurred during the later half of the nineteenth century. The germ theory of disease changed the way in which patients were

treated (Weatherall 43). By the end of the nineteenth century, advances in physiology, toxicology, pharmacology and microbiology were part of the revolution that rejected the old ways of treating disease (Weatherall 43). Doctors began to use a scientific knowledge that could be measured and demonstrated to others (Weatherall 44).

A resort built around mineral springs was certainly not a new idea, nor was it unique to North America. In fact, North American resorts consciously attempted to imitate the famous European spas in Bath and Baden-Baden by incorporating the same fundamental elements to attract their clientele. At one point, St. Catharines promoted itself as “The Carlsbad of America” (*Impressions* [32]) in an obvious attempt to make that continental link and promote the popular European practice of “taking the waters” at the mineral springs. Most studies of North American spa culture situate this form of collective social expression as a leisure activity closely aligned with the elite classes (Chambers 2002, xiv), but limited attention has been given to the more sober face of spa therapy and its connection to acute illness, chronic suffering and the promise of a cure. Many people came to St. Catharines as a last chance to regain their health. The spa clientele consisted mainly of sick people (Coombs 493). One such example was the Reverend Peter Jones of Brantford who wrote to the Methodist Minister in St. Catharines for advice on the efficacy of the treatment (Spa files. 1. March 21, 1856). The advice he received was carefully worded¹. Peter Jones came to St. Catharines to find a cure for his illness, but lived only a few months after following this guarded recommendation.

The metaphor of rebirth was the message often repeated in newspapers and in print advertising. The religious overtones are unmistakable. In the following

¹ The letter states “Many persons on feeble health have, I’m told, found them very beneficial, but we have not used any in our family”.

advertisement, a new life is achieved, not by the water that obviously contained a special power, but by using the water in conjunction with advice from the wise and competent physician who had the knowledge to make the treatment work:

Hundreds of invalids received new life last summer at St. Catharines by the use of mineral waters; and through the excellent care of Dr. T. Mack, who is one of the best physicians in the world. (*St. Catharines Journal*, June 23, 1859, 1)

Other advertising characterized a spa visit as a pilgrimage (see Figure 2) placing the whole experience in the context of a spiritually-motivated journey. This advertising attempted to align with other concurrent movements, popular at the time, through crafting a linguistic association with revivalism language. An *Impressions* advertisement (see Figure 2) capitalized on several key aspects simultaneously by linking together medical, spiritual and secular worlds. For example, the advertisement suggests the need for a spiritual journey with the camaraderie of a “fellow pilgrim” who would understand the need to travel to a worthy destination. Participation in the associated rituals, “a course of Baths”, would undoubtedly cure ailments and restore a declining inner strength. Similarly, drawing water from a “well” and visiting a “spring” have a religious connotation as evidenced in many popular hymns and parables. These linguistic choices allude to the general life-giving properties associated with water. Words like “never-failing tonic”, “rest cure”, “skilled attendants” and “a physician prescribes” connect readers to the therapeutic world and signify that highly-competent medical expertise will resolve any existing health issues. The list of diseases that respond to “Nature’s specific” seems vague enough (“Nervous Disorders” and “Liver Troubles”) to withstand any claim of success. For example, an “Elixir of Life” has a magical and mystical resonance to it,

Are you weary, Fellow Pilgrim?

Take a course of Baths at the St. Catharines Well Saline Springs, Nature's specific for Rheumatism, Neuralgia, Sciatica, Gout, Liver Troubles, Nervous Disorders, and a never-failing tonic for weary ones.



The Welland

A happy combination of Sanitarium, Rest Cure and Family Hotel, equipped with everything to make your stay enjoyable.

Baths: Your tired body is immersed in a porcelain bath filled with saline mineral water, and skilled attendants in massage manipulate the parts affected. A physician prescribes duration. Come and see us before planning a vacation. We have the next best thing to the Elixir of Life. For further information address

The St. Catharines Mineral Springs and Sanatorium
Co., Limited

St. Catharines, Ontario, Canada.

Figure 2 Impressions, 1904 (September) 3:9, [6]

although as a prescribed potion, it may well be considered medicinal. The diseases that can be treated by a course of baths are listed (see also appendix D) and appear to be relatively common complaints.

Finally, the connection between business and medicine is made clear in the phrases a “Family Hotel equipped with everything to make your stay enjoyable” and “Come and see us before planning a vacation”. The concept of a “Family Hotel” signals that, unlike a clinic, not all of the people staying here are sick and there will be activities for the healthy as well as treatments for the ailing. The stylized footer, “St. Catharines Mineral Springs and Sanitarium Co., Limited”, places the reader firmly within a medico-business context. In 1904, a sanitarium is understood as a resort with favourable climatic and other conditions for invalids to restore their health (Oxford English Dictionary s.v. “sanatorium” = “sanitarium”). The inevitable interplay of business and medicine is constantly at work in the spa enterprise. In the words of Goodloe Bender, a character in the film *The Road to Wellville* (1994), American health resorts were, “enterprise – the very life blood that pumps through the veins of this wonderful country”.

Threats to health are a concern for most people. Notions about care of the self and the promotion of wellness are common, popular practices. By the twentieth century, an important shift in medical practice had occurred due to scientific discovery and a growth in knowledge concerning the body and disease. Folk medicine and home remedy were giving way to the development of institutionalized medicine. The Victorian spa is one observable site in which this shift, and the struggle for dominance between the aforementioned, can be examined. Through this example, one can also observe a two-tiered system of health care at work, one tier for the wealthy and another for the needy.

The wealthy had access to new technologies, trained physicians and nurses, current medical information and techniques, sanitary conditions for treatment, and the psychological benefits that might be gained through the doctor-patient relationship. The poor, on the other hand, did not have access to the spa treatments and the specialized care offered at these facilities. They relied on “kitchen physic” (Porter 282-84) or home remedy.

This gap between the privileged and the disadvantaged was noted by spa doctor Theophilus Mack and prompted him to take steps to care for the “sick and poor” (*St. Catharines Journal* August 11, 1865). By raising funds and support for a small hospital in St. Catharines, he established the St. Catharines General and Marine Hospital (Runnalls 10), which looks remarkably like a hotel rather than a hospital (Figure 3). Although the aim of the hospital was to provide an infirmary for “the reception and comfort of the sick and poor” (*St. Catharines Journal*, August 11, 1865), the rules and regulations of the new hospital continued to exclude those in the worst of circumstances by refusing admission to people with contagious diseases and to individuals who were deemed incurable.² This further marginalized the poor. It also signalled a lack of understanding on the part of the medical community as to its ability to control the spread of disease. Furthermore, it called into question the claims of the profession with respect to specialized knowledge and its ability to cure based on that knowledge. The hospital did offer year-round treatment which was not available in the early spa period. In its first year of operation, the hospital handled fifty-one cases of disease; two of these were found to

² See the Rules and Regulations of the Board of Trustees for governance of operation of the St. Catharines General and Marine Hospital (Runnalls 11).

be incurable and resulted in death and both were sailors (Ormsten [2], also in Runnalls, 13).

Traditionally, medicine occupies a pivotal place in the human sciences, one in which the human is both a subject and object of knowledge (Foucault 2003, 65). As an object, the patient becomes an external and rather irrelevant space occupied by the disease that is under investigation. The *medical gaze* is directed toward the disease and identification of its symptoms in an attempt to identify, segregate, and cure



Figure 3. Pencil drawing of the St. Catharines General and Marine Hospital. *One Hundred Years of Community Hospital Service 1865-1965*. St. Catharines: General Hospital Board of Trustees, 1965. [7]

(Foucault 2003, 15). Because attention is shifted away from the patient and toward the art of diagnosis and treatment, medical science has assumed an increasingly more important role than just care of the sick or a method of healing. It has established a central responsibility within the “machinery of power” over the last three centuries (Foucault 2000, 100). Power itself is not merely repressive, but it is also productive. It can instruct, shape behaviour, and create identities and self-awareness (Foucault 2000, 337-8). The spa was a site of such tension. It was also a site of tension between the

emergence of institutionalized medicine and folk medicine. Power and knowledge were soundly integrated into the spa enterprise. Struggles took place on a daily basis between individuals and their illnesses, between the doctor and the individual, between the individual and the system and between the doctor and communities of individuals. The body was the focus of the struggle. This thesis examines the discursive practices that reveal the technologies of power at work on the individual and how they work to establish truth.

Methodology:

Archival practice constitutes a substantial aspect of my professional portfolio. The theoretical side of collecting for archives involves actively seeking out and acquiring records and manuscripts related to the scope statement set out in the institution's collection development mandate. Because of this action, collections do not remain static and the opportunity for new scholarship and discovery is ever present. This being said, the archivist's role as collector is indispensable to the growth of his/her institution and to the service of scholarship (Cappon 79). But archivists are not only collectors and custodians of records, they are also records creators and in their capacity as appraisers, archivists decide what to keep and what to let go. This gives them the power to skew the study of culture by what they choose to preserve (Colman 484). Colman cites government as the greatest example of skewed holdings and, even then, according to retention schedules, only five percent of government information is retained as archival. Cappon points out the important fact that government records are created for its own operation and not for the purpose of scholarship and this represents a different kind of collecting (Cappon 80). Nevertheless, it is through government records that one can find statistical

information on ordinary people and ordinary families. The archives of everyday individuals rarely make their way into institutional holdings. A glaring example of this problem in our local archives is the lack of information that exists on the many thousands of canal labourers that lived and worked in the Niagara Peninsula. These people must have required and made use of a variety of local services, such as medical treatment, funeral or burial services and the rites and customs of the churches, but for the most part, such records are missing from our local, historical memory. From my insider's perspective, I was able to engage in my research with the knowledge that archives are highly political places (Manoff 12) and the realization that the information I would uncover, aside from newspaper entries, would not be representative of the entire population of the city, nor would I easily be able to get a substantial sampling of the lives of ordinary people during this time period.

The notion of archives as political places is well documented in *The Making of Memory: The Politics of Archives, Libraries and Museums in the Construction of National Consciousness*, a critical essay by sociologist Richard Harvey Brown and librarian Beth Davis-Brown (1998). Here, the authors conscientiously map out the political landscape of acquiring, cataloguing, digitizing, preserving and providing access to collections (Brown and Davis-Brown 17). Although the archive is generally regarded as a pure, historical, documentary memory, many realize that, as an institution, it is subject to political forces and is shaped by the same subjectivities as other power structures. The act of collecting, preserving and providing access embraces governmental regulations, institutional policies and the individual archivist's interpretation of researchers' needs. It also involves a degree of prognostication with respect to future

research and what will be deemed important in the years ahead. These conditions have given rise to such terms as the “postcolonial archive” (Shetty and Bellamy 25), the “raw archive” (Galin and Latchaw 279) or the “popular archive” (Lynch 65). Nevertheless, one also sees the influence of power structures at work in what has not been preserved. This situation, combined with the loss and destruction by fire during the nineteenth century, is certainly the challenge I faced with respect to locating primary materials from our local spas.

This study is mainly qualitative and relies on cultural evidence in the form of both primary and secondary materials. Some years ago, the St. Catharines Museum featured an exhibit on the three local spas. The publicity generated some new donations and information about related materials in other archives outside of Niagara. The range of resources includes images, plans, published materials, indexes, newspapers accounts, card files, ephemera (including advertisements) and transcriptions of unique items from other institutions, including a diary and letters. I have concentrated on the following aspects of the Museum’s collections: card files (i.e. visitors, cures and treatments, Dr. Mack); spa images (i.e. plans and architecture); and historical newspaper accounts, from which I was able to determine numbers of visitors and diseases treated. Within the Museum’s card file on visitors, I found a twenty-seven-card transcription of the *Diary of Elizabeth Harris. 1866*. The original diary is in Duke University’s Perkins Library, Manuscript Department. Elizabeth Harris had stayed at both the Stephenson House and the Springbank during the summer and fall of 1866 and provided a detailed account of her activities, treatments, response to treatments and her impressions of Dr. Mack and

two of the spas. Moreover, having stayed at two spas during her visit, Elizabeth Harris made many germane comparisons. Another relevant and useful discovery was letters from the Lee family papers (i.e., General Robert E. Lee's family). The original letters are in the archives of the Virginia Historical Society in Richmond, Virginia. Both the letters and the diary provide valuable first-hand accounts of the spa experience. They offer insight and information for the researcher to compare against contemporary newspaper articles and advertisements, which clearly had a different agenda.

In addition to the materials at the St. Catharines Museum, Brock University's Special Collections and Archives in the James A. Gibson Library has monographs, published pamphlets, books and secondary sources, periodicals, electronic journals, published travellers' journals, travellers' guidebooks, and historical newspaper accounts on microfilm. Likewise, the St. Catharines Public Library has clippings from newspapers and magazines, and published works, but no particular archives related to the spas. A small amount of information survives at the St. Catharines General Hospital Library in the archives of Dr. Theophilus Mack. The collection consists mainly of artefacts, including his medical instruments, two books, some typewritten recollections about Dr. Mack and an historical account (both unattributed). I read these and took notes, but did not use them extensively because of validity issues. Finally, I sought out postcards and similar ephemera of the day to complement the institutional holdings.

Contemporary advertisements appeared in a wide array of local publications that are available in Special Collections and Archives at the James A. Gibson Library, Brock University, and also at St. Catharines Public Library. City and county directories, Ridley College yearbooks, and publications of the Grand Trunk Railway and various local

Electric Railway Companies, such as the NS&T (Niagara, St. Catharines and Toronto), contain published advertisements in their original form. Also pamphlets, brochures and guidebooks are supplemented with original advertising. One rare source of advertisements and articles about the business of advertising in print is a serial called *Impressions [A Journal of Business Making Ideas]*. This journal was published in St. Catharines by the Print Shop around the turn of the twentieth century. In fact, only the beginning date of publication is known. The end date remains indefinite. There are no recorded copies of this serial in *Amicus*, Library and Archives Canada's catalogue, or in the Library of Congress online catalogue; nor does the journal show up in Watters or Thierman. I unearthed only one other volume located at the Thomas Fisher Rare Book Library at the University of Toronto. The journal is valuable for advertising because it was printed locally and contains many local articles and references. As an advertising journal for the printing firm of The Print Shop, a Canadian Printing Place, St. Catharines, Ontario, its purpose was the promotion of fine printing and the associated business enterprise. The photo reproduction is of especially good quality and colour printing techniques were used. The articles and letters to the editor often have humorous overtones, while the layout is of an arts and crafts style of the period and demonstrates the quality of the work. The presentation itself essentially functions as advertising.

In summary, the primary source materials include, but are not restricted to: advertisements, diary and journal entries, correspondence, newspaper accounts (first person and other), promotional literature, guidebooks, ephemera, plans, sketches and photographs. As mentioned earlier, an essential tool in locating relevant newspaper accounts was Colin Duquemin's *The Spas at St. Catharines*, published through Niagara

South Board of Education (1991) as a teacher's resource book. This booklet is an inventory and transcription of local, contemporary newspaper articles and advertisements about the St. Catharines' spas. This publication proved to be a practical resource that directed me to sources which might have otherwise been overlooked. It also served to pinpoint the dates of specific events which I could then investigate for myself. Secondary sources include monographs, critiques, journal articles and quasi-published materials.

The data were examined by means of qualitative content analysis and discourse analysis. As Weber points out, "there is no simple right way to do content analysis" and each researcher must determine the most effective and appropriate methods for the problem being investigated (Weber 13). Content analysis usually entails selecting the materials to be used as data and identifying coherent and important examples, themes and patterns within that data (Patton 149), then drawing up formal charts, tables and the like. For my study, I adopted a thematic approach (Palys 233) that is less structured and does not involve counting and tables. This approach required finding quotations or observations that matched with an underlying concept or issue to form coherent categories of subject matter. These themes, patterns and categories were not imposed but emerged out of the data in a natural way to maintain objectivity and to avoid skewing the information (Palys 227) to support what I expected to find. Content analysis also involves an aspect of semiotics, or signs defined as bonds between the signifier and the signified (Kuper and Kuper 767). Certainly, advertising is rich in signs and symbols. Semiotic systems of signs are useful tools of analysis, and as a feature of content analysis formed an underlying structure for the discourse analysis, or the interpretation of the content.

Semiotics is uniquely suited to research that encompasses sociocultural evolution and change (Kuper and Kuper 768).

Discourse analysis is primarily the study of text and talk as a form of social practice. Discourse is manifested in three main areas: written and spoken language, the production of text for distribution and consumption, and discursive events as instances of sociocultural practice. (Fairclough 2). The accumulated data were interpreted within their social and cultural context. The problem (stated on pages 1 and 3) was examined in terms of culture as practice, rather than culture as merely text, or agency alone. A broad examination of the historical development of scientific discoveries in medicine and their impact on the medical establishment is used to determine timelines. This timeframe is compared to the zenith and eventual decline of the spa health resort. The intersection of the two confirms a space in time where the spa health resort filled a particular need and was considered to be a valid medical option by the people who used it and operated it. This time frame combined with the tangential information from a variety of other areas (including text and semiotics) added support to this hypothesis.

In the field of medicine, which is the concern of this thesis, there has always been unequal access to institutionally-controlled linguistic and social resources. For example, a patient is usually disadvantaged when communicating with a physician. Fairclough notes that "language connects with the social through being the primary domain of ideology, and through being both a site of, and a stake in, struggles for power" (Fairclough 15). Michel Foucault, however, defines discourse and discourse analysis in a much broader sense than Fairclough. His definition includes an historical development of linguistic practices, but is similar in that it incorporates power relations and patterns of

domination/subordination. It is within this context that language and issues of discourse are considered in this thesis.

Both content and discourse analysis were applied in the examination of samples of historical advertising found in newspapers, promotional literature, and classified ads. At the Museum and the local Public Library, I read transcriptions of interviews with community people who had recollections of historical St. Catharines and spa activity. In addition, I used representative samples of documentation, through first-hand accounts found on postcards, and in the previously mentioned diary and letters, which offered additional opportunities for analysis. I also read secondary sources including local histories and journal articles on spa culture and medical history. To get a sense of the sociocultural context of the period, I read T. Coraghessan Boyle's novel *The Road to Wellville*, which is the story of Dr. John Harvey Kellogg's health resort in Battle Creek Michigan. I watched Alan Parker's film of the same name. I viewed Federico Fellini's film *8 1/2* (1963) to experience a different cultural model of the spa and to explore other ways of imagining the spa at a later period in time.

Employing content analysis and discourse analysis involves accepting some inherent limitations. These methods can be extremely time-consuming and are subject to error, particularly where interpretation is involved. Issues of reliability and validity continue to be subjects of debate among scholars. In my case, because both the diary and the letters were written by Americans, not Canadians, a cultural filter was at work, not only in the original writing, but also in the interpretation. Furthermore, I was only able to work with existing samples of many of the materials, in part, because that was all that had been preserved and made available for research. Keeping these limitations in mind there

was, nonetheless, an opportunity provided by the diary and letters to look directly at communication in context and get at the central aspect of the social interaction taking place. Qualitative operations were possible and valuable cultural and historical insights were presented. Because these narratives were written in the past, this method of analysis proved unobtrusive. As well, it allowed for a closeness to the data that was helpful in making interpretations. I did not rely solely on one or two sources in attempting to recreate the past. By using these pieces of documentary evidence (the diary and letters) and analyzing them together with other pieces (advertising and newspaper accounts), I was able to reconstruct a simulated historical context.

Terminology:

“Spa therapy” is a term I selected to convey the notion of all types of water treatments used in the three spas during this time period (see Appendix B). It should be noted here that there is a distinction between types of water cures and the medical therapies practiced by physicians. The water cure, or hydropathy, was invented by Vincenz Priessnitz (1790-1851). Priessnitz was a Silesian farmer who founded a “water university” at Grafenberg in the 1820s (Haley 16). The popularity of the treatment spread to England and many intellectuals such as Darwin, Ruskin, T. H. Huxley and George Eliot believed in its efficacy (Haley 16). Because medical training was not fully regulated in the nineteenth century, many practicing physicians were not licensed. This meant that diverse treatments, some nothing more than simple charlatanism, were available to consumers. The sick and suffering could choose from homeopathic treatments, herbalist, naturalist, general practitioner or the water-cure (Chambers 64).

The term water-cure, or hydropathy, was closest to the traditional idea of a therapeutic treatment at the mineral springs and as a result the distinction between the water-cure and mineral springs is often missed. The water-cure demanded the external application of water to the body, and it also allowed for a degree of internal water use for treating a variety of conditions. Hydropaths did not accept the idea that the chemical content of the water was a factor in treating the health problem, but rather, salutary benefits came from the interaction of the water on the skin or on the internal organs (Chambers 64). The hydropathic treatment deemphasized the role of the physician as healer, and assigned a more active role to the patient. Conventional water-cure therapy sidestepped all types of drugs and favoured baths, showers, steam treatments, purges and dietary moderation (Chambers 64).

By contrast, mineral springs had socializing as their main focus, with health as an important adjunct (Chambers 65), but the differing philosophies were consistent in terms of their goal to improve health and the quality of life. Connor is correct in pointing out the confusion that existed amongst these systems of treatment, not only at the time, but also by historians of medicine (Connor 149). All the same, the spas in St. Catharines did not make any rigid distinctions in their promotional literature and seemed to provide a more blended holistic approach. Because of the uniquely saline characteristic of the local water and the talent and reputation of the local physician, Dr. Theophilus Mack, the spas had something special to offer. This thesis will demonstrate how the St. Catharines model fit into the usual typology of water therapy, but it will also illustrate the distinctive aspects of each of the three spas and how they were utilized for treatment and for profit.

The term *discourse* also requires some elaboration since it is a word that has many different meanings. The Oxford English Dictionary Online provided an Addition Series in 1993 to which the noun *discourse* has been added, and this definition appears:

discourse, *n.* *Add [3.] e. Linguistics.* A connected series of utterances by which meaning is communicated, esp. forming a unit for analysis; spoken or written communication regarded as consisting of such utterances.

Foucault defines discourse as practices obeying certain rules (Foucault 1972, 138)

To this definition I would add *the act of understanding in context what has been communicated (and the manner), spoken, written, or by other means*. In this way, I am suggesting what scholars have already conveyed, that truth, power and knowledge are interconnected and form a system for determining what is right and what is wrong, what is true and what is false, and also for setting in place a structure for who gets to make such important determinations. This is the basis of Michel Foucault's theory on technologies of power. Mark Philp provides further insight into Foucault's argument that societies sanction the practices and knowledge claims of science. Thus modern society establishes a regime of power that controls people and turns human beings into subjects (Philp 67). In his own words (in translation), Foucault defines "discursive practices" in this way:

Now these groups of regularities [in discursive practices] do not coincide with individual works. Even if they appear through them, even if they happen to become evident for the first time in one of them, they extend substantially beyond them and often unite a considerable number. But they do not necessarily coincide either with what we habitually call sciences or disciplines, although their boundaries can sometimes be provisionally the same. (quoting Foucault in Lechte 110)

This passage means that one cannot reduce "discursive practices" to any familiar academic discipline or work. Instead, discursive practices are systematic and regular, but

not logical, nor are they linguistically-based. They occur at a non-conscious level. This is significant because they emerge at the point of articulation (Lechte 111).

“Biopower” is an important term in the discussion of medicine and institutional power. This word, invented by Foucault to describe power over human life, refers to the “diverse techniques for achieving the subjugation of bodies and the control of populations” (Johnston *et al* 48). The term also expresses the way in which individuals arrive at a form of self-regulation, and also how people as a collective entity are disciplined within the larger arenas of state subjugation. Biopower is explored in this thesis as the relationship between expert knowledge, truth claims, and the “docile body”.

Finally, also with respect to power, I examine the ways in which power was used in Victorian St. Catharines through the paradigm of the spa. I accept Foucault’s assertion that power exists, it is not possessed, and that power relations, not power by itself, shape discourse. The spa doctor was in a position of power because he had knowledge, a knowledge based in science. “Patients” at the spa expected customized therapies to suit their specific conditions. In spite of the fact that the treatment was most often a combination of water, fresh air, leisure activities, bed rest and exercise, and not medicine, the doctor had won the community’s trust, as evidenced by the continuous stream of visitors each season. The “interweaving effects of power and knowledge” (Foucault 1980, 109) gave the doctor license to speak the truth. He was in a position to make determinations about other peoples’ bodies and how they should conduct the most intimate and minute aspects of their days. Should they get out of bed? Should they wear a sweater? Should they go outdoors? What should they eat or drink? How much water should they have? These are merely a few examples of the effects of power that exist

within scientific statements. Moreover, the spa itself, as an institution, further enhanced the doctor's position of power and his connection to "truth". Even when science refuted its own facts and admitted past errors, or discontinuities that gave way to new thinking, scientific knowledge was still able to govern truth (Foucault 1980, 112). The underlying politics of knowledge is that knowledge determines who gets to have a say, to have a voice, and to be deemed credible.

Rationale:

I chose to undertake this study for several reasons. In the beginning, my interest was piqued by a library user I was assisting in my professional capacity. The researcher had asked for more information about the archaic term "minot", a measure for salt³ As our discussion progressed, he told of watching the construction of a stretch of highway (Hwy 406) along the banks of the Twelve Mile Creek in St. Catharines. He and his wife observed what they believed was the wooden foundation of the old salt works being carried away in dump trucks as the ground was tamped in preparation for the new roadway. We selected some maps and continued our investigation. I became interested in the salt works and the springs from which the saline water flowed. I wanted to know what happened to the springs, what was the connection between the salt works and the spas and why the spas here had ceased to operate when European spas continued to attract clients. My first exploration involved a walk through the area below Yates Street, where the wells had been marked on the maps. Then, with easy access to local resources, I began reading.

³ One "minot" of salt was equal to 12 litres supposedly weighing 100 pounds. See "Salt-Smugglers: The Gabelle (14th – 18th centuries)" by Michel Chasse, c 1997 rev., 2000 available online (10.08.05) at: <http://www3.sympatico.ca/mchasse/jfc/esauniers.htm>

I learned about the discovery of the salt water springs on the property purchased by William Hamilton Merritt after the War of 1812. Merritt was no stranger to business enterprise. He had an entrepreneurial spirit that served him well in the planning and development of the Welland Canals. He immediately recognized that the saline water on his property could be boiled down to make salt, a scarce and highly prized commodity at that time. Although St. Catharines had had access to limited quantities at the saltworks in Louth, it relied heavily on Onondaga County, New York (*Coventry Papers*. “Memoirs of William Hamilton Merritt”, 1815) for most of its salt. Import duties added to the expense, and to make matters worse, during the War of 1812, the salt operation in Louth had been destroyed (Green 426). Heavy reliance on American salt was once again unavoidable. William Hamilton Merritt returned to St. Catharines after the war and bought a mill site along the Twelve Mile Creek. Here he discovered a salt spring and had the waters analyzed by Dr. Prendergast (his father-in-law) and Prendergast’s assistant, William Chace. The news was good so he launched a saltworks operation (*Niagara Spectator*, December 11, 1817). Eventually Merritt sold out to Chace (Wilson 20), who continued the salt-making operation but added two features. One was a bottling operation, bottling and selling the concentrated water left over from salt production. The second was the establishment of a bath house adjacent to the salt-making production (*Farmer’s Journal* June 7, 1826).

The bath house became popular and, by 1840, under the management of Mr. Charles W. Hellems, season tickets were being sold to families and individuals wanting “cold, warm and shower salt water baths” (Duquemin 16). Later, Chace became involved in the business again, but through a series of calamities was finished with the spa

enterprise by 1849. E. W. Stephenson, a well-known hotelier and a man of many talents. Stephenson, also known as “the Colonel”, expanded the mineral springs business by adding a hotel⁴ and livery stable. The location at the intersection of Salina and Yates Streets, offered an exceptional view of the old Welland Canal and the Twelve Mile Creek (Figure 4), in anticipation of a clientele who would be coming to St. Catharines for the purpose of using the mineral waters (*St. Catharines Journal*, “Opening of the Stephenson House” June 21, 1855). The spa enterprise grew and two more hotels were built to accommodate the guests. This was not happening only in St. Catharines. As stated earlier, during the 1860s southwestern Ontario was home to eight major establishments west to east from Windsor to Ottawa (Connor 149). Holistic health movements such as this were extremely well-received at this juncture in the history of medicine. This phenomenon grabbed my attention and I began to examine its relationship to illness, rather than as a leisure activity for the social elite.

⁴ Originally known as the Durham House the name was changed to the Stephenson House just prior to opening. See Wilson, Chapters 3 The Spa Hotels, 1850s to 1870s pp. 22-26



Figure 4. Postcard view. Old Welland Canal from Yates Street. Ontario Postcard Collection. Special Collections and Archives, James A. Gibson Library. Brock University

As a long time resident of the area, I knew that one of the spa doctors played a significant role in the development of nurses' training in Canada and in the establishment of the city's main hospital. Dr. Mack's name has long been associated with health care, the General Hospital and the Mack School of Nursing in St. Catharines and in the Niagara region.

In the beginning I had not intended to study the spas. I was interested in salt, but my research led me down a different path. In the end, the thesis looked at what I believe to be a defining moment in the history of Canadian medicine, a critical juncture when dramatic changes occurred. Important scientific discoveries were taking place. For example, Joseph Lister introduced his report of success using carbolic acid in surgery in March of 1867 (Shortt 237). Germ theory began to evolve in the 1840s and by the 1880s

was making a profound impact on the medical world. By the 1890s it had gained wide acceptance within the medical community. This date coincides with the general decline of the spas in Ontario and supports the notion of the spa as a middle ground between formal and folk medicine. Germ theory represented a major paradigm shift in science and caused a rupture (Foucault's "discontinuity") in the intellectual spheres of the day. Thus, it had an influence on the human experience.

Regulatory measures were imposed in 1867 the Canadian Medical Association was officially formed (MacDermot 54). The licensing of physicians had long existed in Upper and Lower Canada, but it was not enthusiastically enforced because many remote communities had no licensed doctors (MacDermot 20); moreover, there was no legal penalty in Upper Canada for practicing medicine without a licence (Blishen 10). Licensing was a method of enforcing standards for education and practice as well as increasing professionalization (Blishen 11). This relationship between government regulation and the power-knowledge combination is significant for this study.

Scope Statement

A colleague once described the process of research through the metaphor of a jigsaw puzzle with no borders⁵. The researcher begins with one or two pieces and makes some initial links. Over time, after reading and searching, a section begins to form and part of a picture is revealed. The work continues and grows but can never be finished, even when the bigger picture begins to emerge. Similarly, what begins as a question or a problem will always have unanswered elements as the discovery process will only unveil

5 In conversation with Dr. Elspeth Cameron, Adjunct Professor, Brock University, Department of English Language and Literature. August 2005.

a small portion of a much larger view. This metaphor has stayed with me. The work I am submitting is merely the beginning of a broader study that is needed.

With respect to the scope of my study, there are several points to be made.

Although there are many theories of power, I chose to employ a Foucauldian analysis of power for this study. Foucault provided the best fit for the problems and issues I was addressing. When I refer to Foucault for support, I am not relying solely on one theorist, because every thinker is influenced by others, and Foucault is no exception. Knowledge is built upon the knowledge and upon the discovery that has preceded it. Foucault made this fact the underpinning of almost every major theoretical question he examined during his life. He offered a constructive look at power in that it is not possessed, it exists.

Because of that, individuals can influence change outside of powerful structures.

Foucault's interdisciplinary approach suits an interdisciplinary inquiry. The work of social and medical historians provided the broader literature review that informs this thesis, but the theoretical underpinning is the role of power within a medical context.

My exploration of the topic is restricted to the historical period when the spa hotels were thriving in St. Catharines, and also in North America, between 1850 and 1900. I have moved outside of that period briefly to lay a foundation for events that preceded the spas' establishment, and to demonstrate the immediate decline of the spas in relation to the founding of hospitals locally. I attempted to restrict all of the discussion to the Victorian era.

The scope of this thesis did not allow me to take into consideration related literature from the field of psychology, such as the relevance of the work of social psychologist Stanley Milgram. Milgram's experiments on obedience to authority in an

institutional setting, although relevant, have not been discussed. Also not included is any reference to “the placebo effect” and whether or not it plays a role in the efficacy of a therapy. Nor does the discussion address the effectiveness of a whole range of alternative therapies and non-traditional treatments, especially those dismissed by the medical profession. Finally, I also excluded the exploration of why people are afraid to die, even those who have a terminal illness or chronic pain. Most people cling to life, as difficult as it may be. They hope for cures or, at the very least, minor improvements and will invest fortunes in trying to regain health. However, serious illness has a democratizing effect. Regardless of wealth and privilege, or poverty and marginalization, the dying still die. The difference, of course, is that the rich have access to methods of reducing suffering. Such comfort is not available to the poor. The privileged, it seems, are able to prolong life, or hasten death. A closer look at the individual and his relationship to power within the medical sphere may shed some light on the popularity and eventual decline of the Victorian spa as a therapeutic option.

Chapter Two: Power and the Individual

Are not doctors the priests of the body?

(Foucault, *Birth of the Clinic* 37)

Much has been written about the early history and the subsequent development of medical care in Canada (Roland ix-x). The literature reveals that the first medical journal was published in Ontario in 1849, *The Unfettered Canadian* (Roland and Potter 59), only four years after the first medical school was established (Canniff 187). A brief time frame such as this suggests a lack of formal organization within the medical profession, and a paucity of scholarly published research at a time when health resorts began to emerge in Ontario. In the absence of published counter claims with respect to the efficacy of spa therapy, the playing field was open, so to speak. Furthermore, such evidence suggests that in most small communities there was little more than a naïve understanding of the body and its relationship to disease (King 36). This information, combined with the fact that one spa doctor (Dr. Mack), travelled to Europe in order to enhance his professional skills and to get “inspiration” (Runnalls 17) offers some support for the notion that it was necessary to go beyond local resources for professional development.

MacDermot states that unlicensed practitioners were found more often in Ontario than further east due to the lack of medically trained doctors in this province during the nineteenth century (MacDermot 20). Because qualified doctors were few and far-between, and access to information and treatment was restricted to urban areas, most people found other means of treating illness and injury. The pervasiveness of self-care (Crellin et al., 41) indicates that the division between self care and professional medical care was “less sharply differentiated than it is today” (Crellin et al., 45). Regular medicine was “more a part of the popular culture and there was much shared

understanding between patients and physicians” (Crellin et al., 46). For example, the term “alternative medicine” means something much different today than in the past. Treatments such as sulphate of quinine, rhubarb in powder, extract of colocynth, or calomel, items we might consider today to be alternatives to prescription medicines, were, in the 1800s, commonly found in the home arsenal of medicines (Crellin et al., 45). Furthermore, the continual shortage of regular doctors contributed to the increase in “irregulars”, or unlicensed practitioners (Gidney and Millar 1984, 68). One such group of rural practitioners known as the eclectics emerged from “root doctors”. These included Hydropathists, Thomsonians and Botanics (Gidney and Millar 1984, 68) all of whom used natural resources including plants and water to treat illness. By contrast, another group of irregulars the Homeopaths were well-educated and well-trained and usually confined themselves to established practices within cities and towns (Gidney and Millar 1984, 68). Because they used drugs rather than herbal medicine, and they were sought out by the middle classes, they were seen as a threat to the regular medical community (Gidney and Millar 1984, 69).

A cholera epidemic started in Europe in the 1830s, and by 1849 it had reached North America. Victims died quickly from acute symptoms that lasted only a few days (Bynum 75). People feared this disease because it killed quickly, caused a bluish tint to appear on the skin and the medical community was unsuccessful in treating it (Bynum 75). Because many of the people who died were poor, and the poor sections of towns were dirty and overcrowded, many assumed there was a link between dirt and disease (Bilson 129). As a response, town officials and citizens became interested in cleaning both the city and its inhabitants. This may have aroused the public’s interest in baths.

Entrepreneurs began to build public baths (Bilson 128). Prices, however, set at five pounds for a season ticket, clearly show that the bathhouses were not going to provide any great service to the poor (Bilson 129). Nevertheless, cleanliness and health entered the realm of business. I suggest the linking of the two may have directly influenced the popularity and proliferation of mineral water health spas as people grew increasingly conscious of wellness. Added to this, and as mentioned earlier, the medical profession was unregulated. It was not until 1865 that legislation was passed to strengthen control over the licensing of doctors and to establish specific educational requirements (Blishen 10). Nevertheless, this Act did not prohibit the practice of unconventional medicine, nor did it define any legal penalty for practicing medicine without a license (Blishen 10). Without a penalty, the legislation had no remarkable impact on limiting choices with respect to medical care and treatments. If money was no object, people who had it were free to choose.

New modes of thinking and new approaches to health and social welfare gained acceptance gradually. The climate of acceptance was not an instantaneous one that developed as an immediate result of discovery. People needed time to become receptive. Germ theory is an excellent example of this kind of intellectual inertia. Germ theory was not an event that had a specific date attached to it. As discoveries in bacteriology and immunization developed side by side, their acceptance grew. The interplay between new ideas and the intellectual milieu of medical thinking eventually resulted in a slow and careful recognition of the cause of disease (King 142). Science was beginning to have a profound impact on the everyday life of the individual. This influence affected all levels of society in terms of practical living for ordinary people and the intellectual attitudes of

the professional communities (King 209). Likewise, observable instances of governmentality could be seen as Victorian life became increasingly institutional. In addition to commonplace institutions, such as, schools, hospitals, churches and prisons, there were also homes for orphans, drug addiction clinics, industrial homes, asylums for the mentally ill, institutions for the physically and mentally challenged, and for juvenile delinquents. Such institutions functioned for a time as part of everyday life in populated centres. The formation of the institution was a response to a problem. Bringing together people with similar needs was society's way of isolating and treating, not individuals, but groups of people (Christie 272). Such organization was also a way of classifying problems and providing an impersonal prescription to a collective ailment. In this way, it was possible to direct the conduct of individuals, or of groups, and it allowed for the governing of children, of souls, of communities, of families, and of the sick (Foucault 1982, 221). To govern, in this sense, introduced a structure that severely restricted an individual's freedom to act (Foucault 1982, 221), thus the institution itself is a significant factor in the technology of power.

The principal form of power is exclusionary (Foucault 1995, 141) and implies abandonment (Fink-Eitel 48). Some institutions perform that very function in the sense of confinement or custody, as is the case with prisons or homes for orphans. The infirmary was not so different, but its main goal was to confine disease and prevent its spread to other populations. This exclusionary technique of segregation restricted both individuals and groups. It grew out of measures used to control plagues and contagion, thus it demonstrates some basic understanding of the spread of disease. Nevertheless, it also demonstrated an insensitivity to individual needs. Hospitals isolate sick people. In

this way they differed from the spa or health resort. Both had similar goals in that they wanted to return to the community people that were restored to good health. The hospital confined people, whereas the spa was chosen by the individual as a preferred type of treatment. At the spa, one might be confined to bed, but the environment therein consisted of a combination of healthy and sick, young and old. Moreover, the spa was an option that was not available to everyone. Those who could not afford to pay spa rates had to rely on home care and folk remedies.

A related but secondary form of power is normative integration (Foucault 2003, 40). Through treatment and/or education, sick individuals might be changed into healthy ones so that reintegration into society was possible. This form of power requires expert knowledge in order to operate. Strategies for normalizing individuals were subtle, but were carried out by means of an imposed morality which served to regulate human beings and to control their actions. This type of control begins with a combination of church and government, and ends with a self-disciplined individual who has an internalized system of surveillance in place. Foucault refers to this self-surveillance as a “disciplinary power” (Foucault 1995, 11), a power that is related to knowledge of the body and its behaviour, its gestures, and its elements. Disciplinary power requires the use of specific techniques such as: hierarchical observation (Foucault 1995, 170), normalizing judgment, or classification (Foucault 1995, 177), and finally, examination (Foucault 1995, 184). These aspects of power are certainly evidenced in hospitals, but they can also be observed to some degree at the spa. They reveal a common ground between the spa and the hospital in the treatment of the individual. These techniques of discipline will be examined in the discussion of St. Catharines spas in the chapters to follow.

Normalizing is especially significant to the argument because it required one to distinguish between normal and abnormal forms, and also involved the molding of people to fit into pre-existing structures. In order to make the distinction between normal and abnormal, a determination of what was normal needed to be established and accepted. In short, normalizing produced conformity. It also gave some individuals and institutions the right to declare what the standards would or should be in determining what is normal. This was achieved through governmentality (Foucault 1991b, 87), or a centralization of power within an organization or an institution. Such power is not negative power. On the contrary, this is a productive power that generates validity through ritualistic, repeated behaviours to which most individuals will conform. Because people usually accept rather than resist, they too become part of the normalizing force. This is how governmentality works and accomplishes its objectives. People become accustomed to codes of practice within accepted structures. Through techniques of disciplinary power, the system creates docile people who may be transformed, improved, and used (Foucault 1995, 145).

Governmentality (centralization of power) also includes a growing body of knowledge that presents itself as scientific. In this way it contributes to its own power base. Within the medical profession, this began with the concentration of knowledge in a privileged sphere (Foucault 2003, 66). This technique of power was “linked with knowledge, competence, and qualification ... the privileges of knowledge... secrecy, deformation, and mystifying representations imposed on people” (Foucault 1982, 212). A form of power such as this invades the daily life of people, categorizes them and objectifies them. As objects, individuals relinquish power to authority. Authorized

surveillance is permitted for one's own good and, in some instances, may require nothing more than a "gaze".

In *Birth of the Clinic*, Foucault speaks of the "clinical gaze" of the physician (Foucault 2003, 33). His term describes the penetrating observations of doctors. The gaze refers not only to observation and surveillance, but also to the body of collective knowledge that allows physicians to make diagnoses based on "knowing". He points to this as a "myth of a nationalized medical profession ... invested, at the level of man's bodily health, with powers similar to those exercised by the clergy over men's souls" (Foucault 2003, 36). Moreover, this clinical gaze is not the single gaze of an individual doctor, but it is the gaze of the entire medical community, a kind of totalization described by Foucault as a "multi-perception" where gazes intersect to reinforce an "imprecise form of knowledge" (Foucault 2003, 28). Foucault states:

The clinical gaze is not that of an intellectual eye that is able to perceive the unalterable purity of essences beneath phenomena. It is a gaze of the concrete sensibility, a gaze that travels from body to body, and whose trajectory is situated in the space of sensible manifestation. For the clinic, all truth is sensible truth ...

Thus this sensory knowledge – which nevertheless implies the conjunction of a hospital domain and a pedagogic domain, the definition of a field of probability and a linguistic structure of the real – is reduced to praise of the immediate sensibility. The whole dimension of analysis is deployed only at the level of an aesthetic. But this aesthetic not only defines the original form of all truth, it also prescribes rules of exercise, and it becomes, at a secondary level, aesthetic in that it prescribes the norms of an art. (Foucault 2003, 148-9)

Here Foucault describes yet another aspect of the gaze, the sensory. He speaks of a profession that made inadequate use of theory in treating and diagnosing illness because analysis had been replaced by observation and experience, both of which are connected to the sensory and are, therefore, not trustworthy structural guides to diagnosing and treating disease. They rely on aesthetic rather than scientific diagnosis.

Furthermore, the model of power relations in medical practice can be viewed in the context of a vertical/horizontal axis. The horizontal position itself is a significant aspect of the power relations of the clinic and treatments within the clinic. In a clinical setting, patients often find themselves horizontal for the purpose of examination or testing. No doctor's office or hospital would be complete without examination and treatment tables. The patient is in a position of disadvantage. The medical practitioner occupies the vertical plane, or the site of power and enlightenment. The whole notion of resting, getting horizontal, falling down, being on the floor, or in sexual terms, "getting laid", being in the missionary position, all involve the notion of submission whether it be to death, illness, or desire. The tests or procedures themselves may be invasive and always require compliance on the part of patients who surrender their privacy to the one in authority. Similarly, in classic psychoanalysis, the patient stretches out on the couch while the analyst, who is taking notes, is seated silently behind (and above) the recumbent individual (Shorter 145). In an ultimate signification, a horizontal plane is the position of death, as when the body is laid out in a coffin, laid to rest in a grave, or consigned to the sea from a horizontal plank.

Much has been written about doctors and the importance of bedside manner. Clearly, the bedside exchange between a doctor and patient is conducted from a position of disadvantage for the patient. First, the vertical-horizontal diametric is at work. The doctor asks questions. The patient responds. The doctor records information that the patient is not allowed to see. On occasion, the doctor will ignore the patient's response and turn to the attending nurse or therapist for details. The doctor then takes the patient's

own words and converts them into technical language, and abbreviates or further changes what the patient has said. Essentially, the doctor has appropriated the patient's own story (Hunter 51). Hunter goes on to say:

Medicine is not a science. Instead, it is a rational, science-using, interlevel, interpretive activity undertaken for the care of a sick person ... Medicine's claim to science, like the white coat that manifests that claim, is a part of its magic and serves as a rational, disinterested ideal (Hunter 53).

Nevertheless, medicine has been considered a science for many centuries and its ability to do so rests with its ability to demonstrate by scientific method its claims of truth.

Historically speaking, Foucault explains that one of the grand myths surrounding medicine was that of a nationalized medical profession that would lead people to good health and a happy life by the creation of a disease-free society (Foucault 2003, 36). To achieve this, the doctor would have the same control over secular life that the clergy had over the spiritual realm. This required control over the individual's environment through strict supervision. In turn, this practice would eventually eliminate the need for medical intrusion because the subject would self-regulate by becoming a "docile body". The inner self is exposed and in the process the person becomes a subject that has a mind to be trained, or a body that is constantly monitored for signs of sickness. Pastoral power is, therefore, an operating power. It presupposes how knowledge, morality, progress and reason depend upon a series of hierarchical social relations that work to cleanse. This new attitude caused a change in medical knowledge with respect to positive notions about normality and health (Foucault 2003, 40). By analyzing what was regular in an organism and determining where it deviated from normal (and also how it might be brought back to normal working order), medicine had an important role to play in establishing regimens of diet, exercise, and nutrition (Foucault 2003, 40). This relationship between health and

medicine required the subject to impose rules for daily living upon himself. Moreover, the prestige enjoyed by the health sciences in the nineteenth century was linked to a *healthy/melancholy* binary. When discussing groups of people and cultures, the “medical bipolarity of the normal and the pathological” (Foucault 2003, 41) always comes to mind. Biopower, as discussed in Chapter 1, is a specific form of power that emerges in the modern period (post-18th century) as a part of the larger technology of modern societies. Biopower is a dispersed form of power. Rather than coming from above and organizing people through restriction and prohibition, biopower is yet another apparatus for establishing truth. By establishing technical categories of classification of human beings, such as species, race, gender and population, a reference point has been introduced for determining variations or differences. By setting in place norms and standards, the ability to determine what is normal or abnormal falls easily into place. Through the process of examination, and by employing the tools of classification and normalization that resulted from scientific knowledge and study, the medical profession can establish with certainty correct ways of living and conducting one’s life. Science provides the facts. Facts convey power. But without the docile body, biopower cannot operate effectively. Disciplinary power may present itself as internalized surveillance. Foucault uses the metaphor of the Panopticon¹ to explain and reinforce this concept. Techniques of power, such as panopticism, are used to control the individual. The goal of such techniques of surveillance is to get people to discipline themselves. (Foucault 1982, 134-135).

¹ The term “Panopticon” was a name suggested by Jeremy Bentham who devised a plan for a model prison that allows guards to see continuously inside each cell, the “Panopticon” is the central observing tower. The prisoners cannot see if they are being observed but the possibility of a constant gaze controls the prisoners affecting not only what they do but how they see themselves (Foucault 1995, 195).

Deborah Lupton's thorough critique of illness, disease and the body in Western societies reveals that Foucault identifies the medical establishment as a major institution of power with respect to labeling bodies as normal or abnormal, wholesome or infected, under control or in need of control. Similarly, he introduces the idea of a medico-scientific gaze which intertwines knowledge with power. The gaze can survey the human body as if it were a map. This view of how the body *should be* has gone unchallenged by the medical profession and little change has occurred in finding other ways of looking at conceptions of the body and its state (Lupton 25). The result has been an increase in the monitoring of the body and disciplining it. The medical encounter insists on giving up secrets about one's body through physical examination or medical history, or by responding to the physician's interrogation. This is, for Foucault, the definitive form of surveillance (Lupton 26). While we know full well that the doctor-patient encounter involves intrusive techniques employed by physicians (i.e. touching, questioning, prodding and looking), we must not overlook the need for patients to comply with the procedures, to submit to authority, to reveal intimate information and to surrender their bodies. In some serious cases, the body becomes nothing more than an object, a site of medical jurisdiction (Lupton 26). The two entities must work together in order for power to be exercised, the medical gaze and the docile body. Clearly, power relations are at work when one dominates and the other submits. The docile body is a trained body.

Although Foucault's theories of power relations are often criticized, there is much to defend, and Colin Gordon articulates this defense in the "Afterword" of the book he edited (Foucault 1980 [229]-259). Gordon notes that Foucault does not attempt to discredit science. In fact, most critics acknowledge the fact that Foucault talks about the

development of a scientific knowledge through stages. Of course, some stages of scientific theory, as we well know today, were inaccurate. Science is imperfect. It is based on trial and error. Some of the flawed thinking of the past affected the human experience, often in negative ways. Furthermore, Foucault says only that this tendency to imperfection is part of a long process of evolution that was subject to the influence of power. This is why Foucault makes the claim that knowledge does not represent reality (i.e. truth), nor is truth absolute and unchanging. Foucault adds that truth is merely “a thing of this world”, a construct. Moreover, he makes a clear distinction between the human sciences and the physical sciences with respect to knowledge. He does not assign value to one or the other in terms of their importance, but rather uses the French terms “connaître” and “savoir”, respectively, to mark the difference. Furthermore, Foucault states his case explicitly that power and the exercise of power is not destructive in itself, but that it can be dangerous. He adds that absolute notions about truth and knowledge are also dangerous because they close off discussion and obstruct continued investigation.

Foucault has much to say about the use of power as it relates to medical practice and the development of social medicine. His own words on the subject taken from lectures delivered at the State University of Rio de Janeiro in October of 1974.² state:

What I maintain is that, with capitalism, we did not go from a collective medicine to a private medicine. Exactly the opposite occurred: capitalism, which developed from the end of the eighteenth century to the beginning of the nineteenth century, started by socializing a first object, the body, as a factor of productive force, of labor power. Society's control over individuals was accomplished not only through consciousness or ideology but also in the body and with the body (137).

Here Foucault names the body as a site of control. The body can be a productive force, but first it must be disciplined. In order to do this, techniques of discipline must be

² The second of two lectures delivered there and published in *The Essential Works of Foucault 1954-1984*, Paul Rabinow series editor. Volume 3 *Power*, edited by James D. Faubion. pp.134-56. See Works Cited.

employed. The techniques outlined by Foucault are techniques used by the medical community to discipline the body. These are controlling space through enclosure (Foucault, 1995, 141), partitioning (Foucault, 1995, 143), the use of functional sites (Foucault, 1995, 143), ranking within a system of classification (Foucault, 1995, 145), control of activity by means of a time-table (Foucault, 1995, 149), temporal, rhythmic activity, such as marching, (Foucault, 1995, 152), correlation of the body and gesture, for example, in playing a musical instrument (Foucault, 1995, 152), body and object synchronisation as required when using a tool or machine in a manoeuvre (Foucault, 1995, 153), and finally, exhaustive use of time and energy, so that nothing is wasted (Foucault, 1995, 154). All of this is carried out under the gaze that supervises. The docile body is also a productive body when institutional or governmental control is securely established.

Similar types of controls were imposed on bodies at the health resorts in St. Catharines. The highly structured spa visit included a regimen that controlled not only the outside of the body, but also the inside of the body. Spa patrons were required by the doctor to eat a specific diet, to purge the body in various ways, to drink the saline waters. Externally, massage therapists would knead the visitor's body, subject it to various hot and cold water treatments (see Appendix B), or insist that the body exercise, but these details will be discussed later. It is important to note here that these methods are not unlike the assault on the body that one might experience in an institutionalized medical setting. Similarities between the hospital and the spa are evident.

Awareness of the origins of social medicine allows for a clearer understanding of its effects. When examined in terms of a body's usefulness, illness and disease are problems

for the individual, but they also represent problems for society. A person becomes a double loss when he is unable to be productive and also requires care. Keeping up the labour force is important and requires collective measures of control. Traditionally, religious institutions and charities have accepted a great deal of responsibility for the problems of the poor (Christie 272). This meant they provided care for people in old age, in situations of unemployment and also in sickness. By the nineteenth century, structures of control were in evidence in Upper Canada. The *Act of 1818* created the first medical board of Upper Canada (MacDermot 20) and government began to intervene on problems related to illness, such as those outlined above. Government now had a vested interest in monitoring the spread of disease (Lupton 34). The medical profession became involved in the planning and control of social spaces such as population density, sanitary issues related to water, sewage, cemeteries, and animal and human coexistence to name just a few (Foucault 1980, 150). This resulted in the need for collecting information about patterns of disease in certain populations, measuring the subsequent spread of disease, and assessing risk to the healthy. Surveillance expanded to embrace the family unit by introducing programs of vaccination, exercise, food preparation, and hygiene. As information was gathered and recorded, the resulting surveys, measures and reports became tools of discipline for whole populations (Lupton 34).

In a healthcare context, what can be learned from Foucault's ideas? By carefully examining the historical development of institutionalized medicine in Canada, it is clear that the nineteenth century marked some significant events that set the stage for the knowledge, truth and power triad to begin operating. As mentioned earlier, the government began to set in place regulations monitoring the practice of medicine in

Canada. For example, doctors required a professional license to practice and a legislated medical board was established. The Canadian Medical Association was organized in 1867 (Blisshen 19), and this meant that a medical practitioner now had an authoritative organization to speak for him (Gidney and Millar 66). By 1865, anyone who falsely represented himself as a physician and was not registered with the General Council of Medical Education and Registration could be prosecuted (Gidney and Millar 80). The medical profession was establishing some legal controls over its own specialized knowledge. Specialized knowledge gave rise to claims of truth. This meant power.

Important scientific discoveries had been taking place around the world; the most dramatic event was the phenomenon of germ theory (King 142). Leading up to its acceptance, French chemist Louis Pasteur founded the science of stereochemistry (Singer and Underwood 330) and this work led to further knowledge about the nature and action of micro-organisms. Although his name is associated with the process of pasteurization, he conducted noteworthy investigations on fermentation, the study of anthrax, rabies, and diseases that had devastated the silkworm industry (Singer and Underwood 335). Pasteur may have laid the foundations for knowledge about infectious disease, but it was German scientist Robert Koch who made bacteriology into a field of science (Singer and Underwood 340). Likewise, in Britain, surgeon Joseph Lister had made the connection between germs and post-operative infections. He developed antiseptic techniques using carbolic spray. He published his account of this antiseptic surgical technique in the March 16th 1867 issue of *The Lancet* (Bynum 132). Almost a decade earlier, in 1859, Florence Nightingale had already published *Notes on Nursing* in which she stressed the importance of cleanliness, hygiene, diet and fresh air in hospital treatment (Porter 378). It appeared

that the medical world would gain credibility in the form of power, while charlatans and “irregulars” continued to be excluded, not only from practice and licensing, but also from research and from publishing in professional journals.

Through the classification of disease, the medical profession developed a concept of what is deemed normal and healthy. Foucault claimed that health gradually replaced salvation in terms of its importance to the modern world (Foucault 1982, 215). Through medical treatment, the body becomes a commodified subject. Not only is it capable of producing goods and services, but as a site of health management, it can also be used to generate revenue. Foucault warns that the power-knowledge combination is a complex and dangerous one³ and that the exercise of power continually creates new forms of knowledge. In medicine, such forms of knowledge are entangled in practices that supervise individuals and make them obedient, docile bodies.

³ The principal text in which Foucault evaluates and substantiates his model of power relations is *Power/Knowledge: Selected Interviews & Other Writings 1972-1977*. Edited and translated by Colin Gordon. Power-Knowledge is a knowledge of how behavior can be manipulated. It is based on new techniques of social engineering, education, and the use of specialized knowledge.

Chapter Three: Mystique and Ritual

“If there is a thread of common experience running through the past and present of medicine it is the ritual accompanying the medicaments, ministrations, and various gadgets that humans have used to treat each other for millennia” (Achterberg 158)

This chapter introduces the significance of legend or myth in spa promotion and also explores the connection between ritual, routine and regimen. One might well ask what is the goal of a ritual, and the answer would, no doubt, involve a discussion of how rituals attempt to connect people with a higher power, or a natural force outside of themselves. This belief has ancient cultural or folk roots. Some rituals are connected to healing, sometimes to spiritual healing, sometimes to physical healing. Similarly, the routine or regimen of the health spa relies on clients following prescribed activities from an imposed power (the medical practitioner) in order to promote healing or health¹. Repeating specific actions or patterns is part of both ritual and regimen. Science, too, is rooted in repetition as evidenced by the experimental method which imposes a specific format or routine in order to eliminate incongruity, establish norms, or enforce sameness. Sameness allows for comparisons to take place. Sameness establishes styles and genres. Sameness creates identities, both national and religious (Anderson 16). The scientific method, much like ritual, might be called a translation of the past. By replicating experiments, the scientific method produces a body of knowledge which in turn gives authority. From this chain of actions a power base is established for truth, which is securely anchored in knowledge.

Why did the spa appeal to the sick as an option that might produce results when other methods had failed? Perhaps patients needed to dig deep into their collective

¹Both words, healing and health, claim their etymological origin in the Old English word, *hal*, meaning whole. (See Chambers's Etymological English Dictionary. London: W & R Chambers Ltd., 1964.

psyche and look to the past. Maybe they hoped to restore their health by connecting with nature. Possibly they just ran out of options and were left with nothing but hope. Hope may be engendered through legends. Legends offer powerful cultural models that stir the imagination. They often incorporate a mystical element into the storyline involving rebirth or some similar event that defies logic. Spa promoters wanted to identify their establishments in some unique way that made them appear to be much more than just a rustic watering hole (Chambers 28). Moreover, the use of legends and folklore increased popular understanding of the message. Fables and legends provided the perfect esoteric element for making a connection with the past and also provided wonderful opportunities for advertising national sites (Chambers 28). This was the basis of an existing tension between the wild and the civilized that served as an opportunity to promoters for combining the two elements and attracting twice the number of visitors.

Both Saratoga Springs in New York State and White Sulphur Springs in Virginia had Indian legends associated with their waters. The North American Indian was presented as a “noble savage” who had lived in the wilderness long before the arrival of European settlers (Chambers 34) and was well acquainted with all the mysteries and secrets of the local landscape. The “signified” (Saussure 67) romantic concept of a “noble savage” was one of an unsullied human being living in perfect freedom, and in an ironic twist, one who was untouched by the world of commerce. He bore no resemblance to the fierce adversaries who had provided the opposition in territorial battles of the past (Chambers 34).

In the same way, St. Catharines used the legend of Bishegairdaug, the beautiful maiden whose dead lover was resurrected by the waters at St. Catharines’ mineral

springs. In the story, The Great Spirit declared that the waters of the springs would always have “the virtue of healing the dying and restoring the wounded to life” (Halkett 22). The legend incorporates the notion of rebirth into a natural element that has the power to purify – water. The result is the possibility of healing. Indeed, European spas had long claimed to possess “healing springs” (Lempa 37), a term that suggests the promise of the spring water was both mystical and medicinal. This same term was used to describe the waters of the well at St. Catharines (*St. Catharines Standard*, October 21st 1950). The legend predicted “from the north and the south, the east and the west, shall come thousands to be healed by the wonderful power that the spring will possess” (Halkett 22). The legend first appeared on May 13, 1858 in an issue of the *St. Catharines Journal* on the first page, space usually reserved for advertisements. Since the author, Halkett, was not a local resident, one might hypothesize that he was a guest at one of the local spas. Whether or not the legend had any basis in First Nation lore is unknown.

It was a well-documented fact that the waters from the springs at St. Catharines possessed extraordinary chemical properties (Walton 162). Dr. William Chace, the original owner of the saltworks, had noticed the men who worked for him drank from the springs and were never sick. In fact, if unwell when hired, they were quickly restored to health by drinking from the spring (*St. Catharines Journal*, “Chace’s testimonial”, May, 1846). Colonel Stephenson, owner of the Stephenson House, had the waters analyzed by Professor Croft (Craig 218) at the University of Toronto in 1853. Dr. Croft confirmed the extremely high levels of certain important properties. The analysis appeared in the *Encyclopaedia Britannica* (Encycl. Brit. 9th ed. v. 16, 436) along with the claim that St. Catharines’ mineral waters had a higher ratio of salts (more than three times the quantity)

than the renowned brine-baths at Kreuznach in Prussia (Encycl. Brit. 9th ed. v. 16, 436). The same entry states in some detail the various ailments for which salt waters are used and why they are considered to be of medicinal value (434). Moreover, Dr. Mack wrote an article published in the *New York Journal of Medicine*, January, 1858 (4:1, 67) entitled "The Loduretted Saline Waters at St. Catharines, C.W." (Spa files: Mack, envelope #2 of 2). Sounding much like an advertisement for the spa, the article speaks of the beauty of the area, the health of its inhabitants and of the annually increasing number of visitors. He also notes that the efficacy of the waters is of "especial interest to the profession" (67) and adds a long list of diseases that have improved with the "tonic action" of the water. He attests to the results being based on a "mass of clinical experience" (67).

The water had been analyzed prior to 1846 by William Chace, the druggist, who bought the saltworks from William Hamilton Merritt. The spring water was found to contain muriate, muriate of lime, muriate of magnesia, sulphate of lime, carbonate of iron and clear water. These were purportedly the same elements as sea water, but in differing proportions (*St. Catharines Journal* May 27, 1841) (Appendix C). The water, it stated, "acts like a charm in driving away fell disease" (*St. Catharines Journal* August 9, 1866).

The published articles in professional medical journals along with chemical analyses may have generated some professional interest in the use of mineral waters to treat disease. In 1874, the Medical Association of Ohio commissioned an investigation of minerals springs in the United States and Canada. The result was a comprehensive monograph written by Dr. George E. Walton. Walton admitted in the Preface of his book that the majority of medical professionals did not consider mineral springs to be a serious treatment for disease; nevertheless, in some chronic cases, problems had been "cured"

through mineral springs therapy (Walton [v]). Medical men abroad had assigned these treatments an important place in their clinical work and reported such case studies in the professional literature (Walton [v]). Walton had something to say about the saline springs in St. Catharines. He noted their efficacy in cases of gout, rheumatism, dyspepsia, scrofula and circulatory problems (Walton 161). This result was partly attributed to the “rare” chemical composition of the water in St. Catharines’ springs (Walton 160). In addition, he notes that saline waters, when taken internally, promote the cathartic action of the intestines, augment the flow of urine, stimulate glandular/lymphatic systems, increase the flow of bile and aid digestion (Walton 161). Taken as brine baths or steam, the waters increase the secretions of the mucous membranes, promote expectoration and stimulate the cutaneous nerves, thus enhancing peripheral circulation and they may even influence nerve-centres or remote organs (Walton 161).

Because formal medicine was still in a nascent state, folk medicine was practised synchronously. The woman of the house was “the widespread provider of medical care” (Mitchinson 20). In Victorian Canada, many remedies were passed down orally, or in writing via family recipe books (Mitchinson 20). For example, there were mustard plasters for chest colds, bread and milk poultices for infection, mud mixtures for wasp stings and a variety of teas for every common complaint. Many of the popular recipes can easily be found today in any number of home remedy or alternative medicine books. The practitioners of these treatments were usually rural folks, or indigent people who had to be self-reliant, presumably because there were limited options available to them. Early doctors faced competition from all sides and looked for sponsors, usually men in a social position to provide them with paying customers (Mitchinson 20). Curing disease was

related to therapeutics that dated back to the Greeks. It was based on restoring balance to the four humours of the body – blood, phlegm, yellow bile and black bile (Mitchinson 21). One can easily see how water might help in this regard. Water was already valued as a component of herbal mixtures or emulsions. One archaic recipe for “Dr. Stevens’ Water² appended a testimonial of efficacy from the Archbishop of Canterbury (Knight, 240-41).

Many schools of medicine and theories of healing were in vogue in the nineteenth century and earlier, under the rubric of folk medicine. Antipathy, for example, as a school of folk medicine, treated diseases by using medicines that were known to produce the exact opposite effect to the symptoms of the disease, in Latin *contraria contrariis oppenenda* translates as the opposite is cured with the opposite. Homeopathy followed a different principle, expressed in Latin as, *similia similibus curantur*, or like cures like, by treating a burn that refused to heal by cauterization (Fowler 184). The water cure, some joked, worked very well as a remedy for dirtiness, especially when used in combination with soap (Fowler 186). Although intended to amuse, this remark proved to have some validity in light of the work and discoveries in microbiology of Semmelweis, Lister and Pasteur in the mid 1800s. Still, water did form the basis of many home remedies such as tinctures, cough syrups, and bitters, while capsules and other types of medicine were taken with water as the preferred liquid. A recipe for making such tinctures, put down in writing by George Halleck Center, herbalist and patent medicine dealer, calls for one half

² “Dr. Stevens’ Water (ca. 1650) is a distilled compound made from Gascon wine and various herbs (e.g. lavender and mint), spices (e.g. ginger and nutmeg), and left in the sun to ferment. Its claims were many and broad: to comfort the “vital Spirrits”, to help all inward diseases that come of cold, to cure “contraction of the sinews”, to kill “worms in the belly”, to calm “palsie” and “cold dropsie”, to help in conception, to relieve kidney stones and gallstones, to restore youthful appearance and even to eradicate halitosis. The Archbishop’s testimonial was itself enhanced by a supporting claim that the Archbishop took the water whenever he was sick or needed comfort and had “lived to a great age”. (Knight pp. 237-259)

pint of boiling water, two ounces of any herb, bark, root, leaf, or gum along with half a pint of alcohol, then allowed to ferment for twelve to fourteen days (Fowler 196). Surely the patient would feel the effects of this medicine and might even have experienced some temporary relief from pain, but was it the herbs, the water, or the alcohol that produced the desired effect?

Most medicine or treatment is administered according to a schedule and follows a specified procedure. A common experience in medicine, both past and present, is the notion of the minor rituals that accompany the therapies (Parker and Horton 85). The rituals of the spa were practiced within a non-secular space. The spa was an area outside of the normal spaces of daily life. Much like a religious experience, this space is a reflective, contemplative space where the spa-goer might anticipate a special experience far beyond the prosaic. In 1866, Elizabeth Harris records one such experience in her diary: “took first Turkish bath this evening at 6 o’clock, At first found the extreme heat abominable but afterward felt delightful. Never had more delicious sensations” (Harris. September 24, 1866; 25). Accepted social constraints were often set aside. For example, during treatments and exercises, clients wore clothing usually reserved for private, rather than public, spaces (Mitchinson 66). Some people revealed intimate details not discussed in customary social circles. Stories about the laxative powers of the waters provided additional validation for the effectiveness and reliability of the treatment (Chambers 68). In short, spa-goers functioned as an artificial group within an artificial setting, searching for a real cure.

A sick person might well anticipate healing in this kind of environment. However, the ailing were not encouraged to mingle and in their seclusion they could focus on their

illness and retreat from life. Social connections bring about a sense of community which in turn dispels loneliness and isolation, the two main risk factors for depression (Achterberg 3, 5). Although the spa was a highly social space for most of the clients, the extremely ill were confined to bed and did not partake in the communal activities that were part of the usual spa experience. Isolation and exclusion are techniques of power and these techniques are likewise connected to the threat of contagion, or the patient's need for rest and quiet. Nevertheless, one wonders how a cure could be possible in an environment that encouraged passivity and marginalization.

Rituals provide maps and guides of behaviour and have the intention of engendering hope in the afflicted. In formalized medicine they serve to reduce alienation, reflect values, and provide codes of behaviour. In the clinic or the medical institution the accoutrements of ritual are evident in dress (the labcoat), instruments (stethoscope around the neck), symbols of healing (the caduceus) and the evidence of authority (the diplomas on the office wall). All serve to provide a confirmation of the collective power that exists in the medical community and the consensus of opinion that endures among practicing professionals. Doctors possess cultural capital and prestige by virtue of their knowledge. Because of their specialized training, their expertise in medicine, society confers privilege to members of the medical profession. This privilege extends beyond the realm of the profession and penetrates other areas. Some consider physicians to be the experts of the modern world and their opinions are sometimes sought on a range of topics not directly related to their knowledge and training. The "clinical gaze" of the doctor allowed him or her to see through illusion to the truth (Foucault 2003, 204). This powerful tool, "the clinical gaze", allowed for a modern myth to evolve concerning its ability to see

truth. This myth was “supported and justified by an institution” – in this instance, the medical profession (Foucault 2003, 89).

Nevertheless, for other people, ritual establishes a connection to “the popular”. Rituals can help us negotiate the changes connected with personal crises including illness, addiction, and death; furthermore, true ritual is more than just a repetitive behaviour pattern. It is logocentric and meaning-creating (Parker and Horton 82). The drugs and paraphernalia used to treat one another in times of illness and suffering are as much a part of the therapy as they are part of the ritual. Likewise, most ancient healing rituals involve the senses, body rhythms or emotions: chanting, touch, special diet, movement or laughing. In the case of spa therapy, thermal baths, water, salt, therapeutic massage, use of purgatives, shared personal experience, and the course of treatments all contributed to the healing process. Through such rituals people are able to connect their inner worlds (both self and other) via prayer, thought, emotional and physical presence (Achterberg 158). The ethereal element that surrounds these sensory aspects is part of the mystery of healing. Perhaps the regimen of diet, exercise, relaxation and rest played an important role in achieving a sense of wellness. The rituals and routines of day to day life can bring security and comfort to some personality types. Others may have benefited from having their day controlled by the doctor and by following his plan for their recovery with an almost religious fervour. Thus ritual plays a role, both in formal as well as in folk medicine.

Based on anecdotal information found in the letters and diary (Lee family and Harris), a typical spa visit in St. Catharines seemed to follow a certain pattern, not unlike that of the European model below, and included a rhythm and structure, both principal

disciplinary techniques. The length of stay was meant to be long enough to settle down and establish one's daily routines. Although difficult to pinpoint, the length of a stay varied from one patient to another, depending on individual circumstances. It was the special rhythm of life at the spa that made the experience so appealing (Lempa 41). The *Bad Pyrmont* spa in Germany provides this information on the daily routine for its guests:

1. Waking no later than six o'clock.
2. Between 6 and 7:30, washing, rinsing one's mouth, dressing, walking to the spring, and drinking six to eight glasses of water.
3. At 8, a light breakfast.
4. Between 9 and 12, a bath or socializing, walking, light reading or drawing.
5. Between 1 and 2 in the afternoon, lunch in company.
6. From 2 to 5, walking, riding, and relaxing excursions.
7. After 5, an hour of drinking waters, if prescribed.
8. From 6 to 8, cultural activities, theatre, concerts or assemblies (on Wednesday).
9. At 8, a light supper either in company or alone in one's room.
10. By 10, a patient is in bed.

"This spa schedule was as simple as it was common to all spas" (Lempa 42), but the fact that a regimen, drawn up by a doctor, infringed on private aspects of personal life (particularly diet and bathing) provides strong evidence for the existence of "medicalization and social disciplining" (Lempa 43) much like that of a hospital or clinic. Furthermore, the spa utilized "strategies of discipline" (Lempa 43) similar to those of barracks, jails, schools and workhouses, and these strategies appeared to be designed to exert a methodical control and suppression of the body and its instincts (Lempa 43).

Although I was unable to locate any schedule or daily regimen for St. Catharines spas, it may well have been similar. I was able to confirm some aspects of the daily routine in the local spas. The Harris diary confirmed dietary controls and restrictions. After commenting on the quality and abundance of local fruit, Harris states, “[but] the doctor has forbidden them [cherries]” (July 22, 1866). Also clear was the fact that the doctor conducted daily rounds, as is the custom in a hospital setting. She wrote, “kind Dr. Mack [came] to pay his usual visits at one o’clock” (August 29, 1866). The Lee letters confirm prescribed doses of water. Eleanor Lee remarks that she takes “a wine glass of water twice a day” (August 6, 1860). After consultation with the doctor, she bathes in the water daily, but uses the shower bath “just on my hair” (August 6, 1860). Furthermore, there is ample evidence of restriction of activity and imposed bedrest. Harris mentions, “the physician has consented for me to sit up and even drive out for a little while” (August 4, 1866), as well as the enclosure of the sick “there are several here too ill to leave their rooms” (September 5, 1866).

Approved activities are documented. For example, typical amusements were games called, “Going to Jerusalem”, “Fox and Geese”, “The Stage Coach” and “Lawyer and Old Sailor” (*St. Catharines Constitutional*, August 9, 1866). There is also mention of techniques of folk medicine being used in conjunction with the water treatments. In a letter to John Howard from his wife Jemina, she mentions, “I still keep up with the blisters and take a bath for one hour each day” (Spa files 1, October 14th, 1858). Blistering was a technique used early in the nineteenth century, as was blood-letting. They emerged from a branch of vigorous therapies known as “heroic” therapy (Crellin et al., 46) and Crellin adds that such therapies were factors that contributed to the “relatively

low esteem” (46) in which physicians were held at that time. Blood-letting was done as part of the “humours theory” in the hope that it would restore balance to the four bodily fluids listed earlier in this chapter (Mitchinson 21). Blistering was carried out with the idea of engaging the body’s natural defence mechanisms by inflicting a deliberate injury. It is not difficult then to understand why a gentler approach to wellness, such as spa therapy, might be embraced by those who could afford it.

The general ebb and flow of visitors each year demonstrated that the visit itself was an annual occurrence for the town. The spas closed down for the season between November and April. The newspapers duly reported the opening of the spa season: “The watering season has commenced” (*St. Catharines Journal* May 3 1862) and, with appropriate gloom, the date on which the last of the visitors made for home.

Gone Away- The last of the “Season Visitors”, at the celebrated retreat for invalids, known as Springbank, departed last evening in the person of F. P. Anderson, Esq., of Cincinnati, Ohio, whose amiable wife was for some months under the skilful medical treatment of Dr. Theophilus Mack, with the most beneficial results. (*St. Catharines Journal* February 8, 1868)

While the visitors were here, they too, engaged in predictable behaviours including an excursion by rail and steamer to Niagara Falls and on to Toronto. A popular slogan of the day for excursionists was: “One day to the Falls, One day to stay, Next day Toronto, And then get away” (Cumberland 2001). This seems to indicate that a short stay was preferred by clients. Nevertheless, it raises the question of how health care was provided during the winter months when the spas were closed. Mack was well aware of this problem, and in 1865 he initiated the purchase of the small cottage hospital on Cherry Street as a temporary solution (Mack Training School 1934, 4). Prior to this date, one surmises that

the physician made house calls, worked from the office, and invalids stayed in ordinary homes.

Since ancient times water has been considered to be therapeutic and this longstanding belief was strong throughout the nineteenth and twentieth centuries. The Victorian diet and lifestyle brought about all manner of maladies that mineral water was useful in treating³ ranging from simple constipation to the general benefits of relaxation in a tranquil setting (Shorter 118). Hydrotherapy, however, had become specifically associated with treatment of psychiatric problems. In Victorian Canada, the treatment of depression and other mental and emotional problems was, at best, undeveloped (Mitchinson 288). The spa was a blissful sanctuary when compared to the treatment one might receive in the late Victorian mental asylum. In sharp contrast to the asylum, the spa was more like a home. Harris describes the Springbank in this way when she arrives, “house is a large brick building, rather bare looking – only a few flowers and shrubs in front of it – parlour is quite comfortable and homelike – my rooms adjoining are small but cheerful looking, opening on a wide piazza with a beautiful grass plot in front where the children play croquet and Norvie romps with his dog Nero” (August 21, 1866). The main problem for many Canadians was the expense of the health spa and, because of that, many doctors were reluctant to recommend it (Mitchinson 288).

The commercial focus of the health resort began to shift its direction to accommodate more possibilities. A new disease called neurasthenia or “tired nerves”

³ Dr. Mack’s article, “The Ioduretted Saline Waters at St. Catharines, C.W.”, as mentioned earlier, claims the water as helpful in treating: lymphatic diathesis, chloro-anemia, gastralgia, enteralgia, muscular asthenia, chronic rheumatism, general paralysis, rickets, tumors, uterine tumors, hypertrophies, ulcerations, white swelling, skin diseases, “vice syphilitique”, oxaluria, psoriasis and leucorrhoea. He also states that he is now in a position to prove that the recorded results from German spas are valid, so his claim should “silence any discussion of their therapeutic value”. (Spa files: Mack, envelope #2 of 2 from the *New York Journal of Medicine*. 1858 (January) 4:1, 67)

was identified late in the nineteenth century and one treatment was an American invention called the rest cure (Shorter 129). In 1883, the *Canada Lancet* published an article extolling the benefits of such a cure, one that required completely new surroundings for the patient, plenty of rest, massage, electric therapy and excessive feeding (Mitchinson 288). Magical water springing from the earth was not a requirement of the rest cure, and this caused the water cure resorts to lose ground by the turn of the twentieth century. But this was only one of a number of co-existing dynamics that influenced the spa movement's eventual decline in popularity. Medical practice in general was changing rapidly as new information crept into the profession and the number of fully qualified doctors and other medical professionals increased dramatically. For example, a table of statistics entitled *Selected Occupations, Ontario 1851-1911* shows increases by decade beginning at 1851 and ending in 1911. The number of doctors jumped from 382 in 1851, to 2,266 in 1891 (Gidney and Millar 1994, 396).

The driving force behind the change was the combination of increased government involvement in the management of the body, the professionalization of medicine and scientific discovery. These forces were working together to provide doctors with the power to control medical knowledge.

Chapter Four: Promoting a Cure

“Where formerly a forbidding waste existed, now a noble and splendid hotel stands offering all the attractions of elegance and comfort”

St. Catharines Journal, June 21, 1855. Opening of the Stephenson House

Alan Parker's film *The Road to Wellville* (1994) made clear the link between health and commerce. In the film, entrepreneur Goodloe Bender summarized his business philosophy in this way, “One truth is undeniable – behind every shining fortune is the shadow of a lie – that’s what business is”. This remark demonstrates that in order to be successful in business, Bender believed it was necessary to “bend” the truth. With respect to health, he adds, “health is the ‘open sesame’ to the sucker’s purse” and furthermore, “it’s not stealing – it’s capitalism”. Since the preservation of health is a concern to most people, both wellness and illness provided unlimited opportunities for exploitation. Dr. John Harvey Kellogg promoted health maintenance and restoration through “biological living” as the Director of Michigan’s Battle Creek Sanatorium. This world-famous institution promoted hydrotherapy, abstinence and vegetarianism as an adjunct to a treatment that involved a combination of rest and exercise (Hunnicut 40). In the film, Kellogg tells patients that the “tongue is the billboard of the bowels” at his “temple of health”, while his assistant, Nurse Graves, refers to herself one of “nature’s nuns at the temple”. These comments connect good health and morality, an association that draws on the religious foundation of Kellogg’s beliefs. Although the film is broad comedy, it made some important points with respect to the various health movements popular before the turn of the twentieth century. These health movements had as their basis a belief in the constitutional theory of disease (Connor 148), since germ theory had not yet become widely accepted by the medical profession. This constitutional model adopted a more

holistic approach to health which was popular in the late 1800s. The film also underscores the strong business component of the health industry. Health resorts were clearly money-making ventures (Connor 149). The one in Battle Creek was arguably the “most famous health spa in the United States during the period from the 1890s to World War I” (Hunnicut 40).

St. Catharines, too, had its share of colourful characters connected with its health resorts. The two most important are Colonel E. W. Stephenson and Dr. Theophilus Mack. Colonel Stephenson took over the Bath House once owned by Dr. Chace, the druggist who managed the salt works and began the bottling operation. Chace promoted the saline water as a remedy for various ailments. After he sold out to Stephenson, his name continued to be used in promoting the chemical properties of the water (*St. Catharines Journal*, September 18, 1856). The bath house business prospered while Stephenson made frequent trips to the United States tapping into the market there by extolling the virtues of the water. In 1855, Stephenson erected a stately house at Yates and Salina Streets to provide accommodation for the visitors to the baths. In the beginning, the Stephenson House had accommodation for 200, but due to frequent inability to accommodate visitors, he not only expanded the hotel but also built rental cottages on his property (*St. Catharines Journal*, August 11, 1859; 2). The 1859 season saw more than 2,000 guests at the Stephenson House.

Stephenson was born in Massachusetts. He became mayor of St. Catharines in 1851. He had an outgoing personality, held various occupations (lecturer, innkeeper, farmer, contractor, stagecoach proprietor), and was an active and vocal member of the Temperance League. During his active business life Stephenson travelled a great deal in

the United States and had many social contacts there. The newspaper noted he “is a particular favorite of the ladies” (Junius 2) and hosted a grand affair for the hotel opening on June 13, 1855, with a sit-down dinner for about 200, while Morgan’s band entertained the many eminent guests. A letter from the Boston Journal reprinted in the *St. Catharines Journal* (July 21, 1859) described him well.

So he [Stephenson] entertained us until the small hours drew on, with marvellous accounts of miraculous cures, and in glowing language descanted upon the beauties and sublimities of Canadian scenery, Niagara Falls, only about ten miles from the springs, lofty peaks and fairy dells, trout fishing, flocks of pigeons and ducks – the only cloud that obscured the sunlight – fine houses and pretty women. ... Suffice it to say that the portly figure and descriptive powers of the Colonel were successful arguments, and that according to the promise made on board the Bay State upon that cold winter’s night, we are now, this beautiful summer’s day, the occupants of pleasant rooms in this well-kept hotel in this place.” ...

Dr. Mack had a markedly different personality from that of the Colonel (Figure 5). Born in Dublin, Ireland, he graduated from Geneva Medical College, New York, in 1843 and came to St. Catharines to set up a medical practice specializing in gynaecology. He married Jane Adams, the mayor’s daughter. His sterling reputation and “high principles” are supported by an interesting account of his reason for leaving the Stephenson House: “Finding that a system of false representation and interference was gradually being practiced, in 1864 he erected ‘Springbank’ one of the finest thermal establishments ...” and gave a “solemn guarantee that all charlatanry should be rigidly excluded” (Canadian Biographical Dictionary and Portrait Gallery. Ontario Volume. 218). Unfortunately, no additional references or details are provided in the account, so the allegations are not substantiated. Nevertheless, this demonstrates the tensions that existed between the professional community and the unlicensed practitioners.

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Figure 5. Dr. Theophilus Mack. Cabinet Card. Poole, St. Catharines
From the Collections of James A. Gibson Library, Brock University.

Mack's contribution to the city was significant. He started the first Nurses' Training School in Canada, established the first hospital in St Catharines and, through various philanthropic works, helped to improve the city through personal investment and fund-raising. The hospital became the principal centre where disease could be isolated and regulation over all aspects of a patient's life could be monitored and controlled.

In St. Catharines, the Springbank, in particular, was a precursor to the city's first hospital. Mack was a respected physician and his reputation had attracted many clients to the city, especially since he specialized in treating women's diseases. He travelled to Europe and consulted with physicians Sir James Young Simpson of Edinburgh and Sir James Paget of London (Godfrey 559). Between 1871 and 1879, Mack was an active member of the St. Catharines Medical Society for Mutual Improvement. Based on a transcription of its minutes (*St. Catharines Medical Society for Mutual Improvement. Minutes* [1]), the society appeared to be a body devoted to professional development for local doctors in a forum where they could share successes and failures. On February 21st 1871, Mack reported a successful case of ovariectomy on a woman aged forty years (Minutes 9). Full anaesthesia was administered by a Dr. Lambert while Mack performed a surgery described in great detail (Minutes 10). It appears from these records that, in addition to running the busy spa, Mack was also carrying out regular hospital duties that included surgery. Furthermore, he ran the Springbank more along the lines of a sanatorium and attempted to provide a more clinical approach than that which was being offered at the other two spa establishments (Shipley 114). The two concurrent activities support the thesis in that he was offering a hybrid service at the spa along the lines of a hospital.

He brought in nurses from the British Isles to train his therapists and assistants, and through these efforts, the Mack School of Nursing, the first Nursing School in Canada, was born. But Dr. Mack's concern for the sick was not restricted only to the wealthy class who made use of the spas. He recognized the need for a treatment centre to care for the city's sick and poor, and reportedly used his own investments to start the

St. Catharines General and Marine Hospital . Fundraisers were organized through the efforts of a committee established by Dr. Mack to raise money for the new hospital (Runnalls 8) which he called a “cottage hospital”. It was through this kind of effort that the first hospital was built in this city. Outside of the regular needs of the town, other factors, such as the Fenian Raid of 1866, emphasized the need for more beds¹. Soon afterward, a larger hospital was built nearby (Runnalls 14). In a physical sense, this larger hospital demonstrates the growth and power of institutionalized medicine.

Architecture is part of the symbolic power of the institution and was used to promote the spas in St. Catharines. Architectural power is evident, not only in the advertising, but also in the actual physical space and location of the spas. Newspaper accounts of the day made much of the physical attributes of the spas, describing in great detail the furnishings, receptions and the various facets of meals and events. Space, both inside and outside, was used in a variety of ways. All three spas were located along the high ground above the Welland Canal ravine in the vicinity of Yates Street, one of the finest old streets in the city². However, the spas in St. Catharines were a remarkable blend of home, hotel and institution. Traditionally the home is constructed as private space (Valentine 63) while the hotel and institution have both public spaces and private areas within them. The spa, then, might be considered a convergence of two very different concepts of space.

The concept of the threshold is an important one, both for the spa and for the cure. It represents a point of entry, a beginning, or a boundary, a psychological level. In

¹ Wounded soldiers from the Battle of Ridgeway were cared for by Dr. Mack (and women volunteers) in a temporary hospital in the Town Hall at St. Catharines (Currie 150).

² The location at Yates and Salina streets overlooked the Twelve Mile Creek, where steamers were able to dock at the foot of the hill. Salina Street was named for the saline springs. Today, Yates Street continues to be home to the affluent citizens of St. Catharines.

Foucauldian terms, it is the “rupture” which allows entry into new ways of thinking or deeper examination. In a metaphorical sense the openings to the buildings represent points of entry to the cure. Many superstitions in our culture are connected to the threshold. For example, the tradition of carrying the bride over the threshold originated in a belief that it would be bad luck if the bride were to trip or stumble as she entered her new dwelling and began her new life. The ancient Scottish superstition of “first foot” concerns the first person to cross the threshold in the New Year. To ensure good luck for the house, the “first foot” should arrive with gifts. In any event, the whole notion of navigating new terrain was true for the sick person who was crossing over from a reality of pain and suffering into the realm of hope and change. The thresholds of spa doorways are unquestionably symbolic of suspending reality and of entering the world of illusion and the artificiality of the health spa.

The exterior is that which is visible, on the outside, or on the surface. At the spa, large welcoming verandas (Figure 6) provided protection from sun and weather and created public spaces for social interaction. The veranda speaks of home rather than hospital and lends a certain friendliness to the building. The grand, structural design of the spas represented power, wealth, and erudition. Their opulence spelled success and, as a result, inspired confidence. Robust structures also signify strength and permanence. A good hotel was consistent with the good health of the city and its economy and future growth. Much like a private host, the city as public host viewed its hotels in a similar way³. From antiquity to the present, the guest–host relationship has always been a special one that maintains prescribed roles for each. Throughout mythology, when one side does not

³ At the opening of the Stephenson House, the toast before dinner honouring Colonel Stephenson was “Our Guest”. Stephenson spoke of his investment and its importance to the local economy. His remarks were recorded in the newspaper (*St. Catharines Journal*. June 21, 1855).



Figure 6. Welland House. St. Catharines. Ontario Postcard Collection.
James A. Gibson Library, Brock University.

fulfill expectations in some way, the rupture in the relationship can have permanent and/or serious repercussions, as it did, for example, in the well-known myth of Tantalus. Spa owners and the city took the role of host seriously, since, in St. Catharines, it was intimately linked with the town's economy. The annual influx of guests affected a variety of businesses in the town (*St. Catharines Journal*, January 9, 1867).

The Welland House was once the tallest building in the city (Wilson 27). The height and “panoramic view from the cupola” characterized its power within the city. All of St. Catharines’ spas were built on higher ground and were tall structures or “erections” with the associated symbolic power and fecundity (Figures 6 and 7). The spas required a great deal of space. For example, “[The Stephenson House] ... occupies a space of about six acres,” (Page 24). As well, the spas were connected to waterways, railroads and

streets and thus to the greater economy of Canada West. The spaces allotted to gardens with fountains and ponds served to reinforce the purification/cleansing allegory.



Figure 7. Stephenson House from St. Catharines Public Library Collections, in Wilson, Sheila M. Taking the Waters: A History of the Spas of St. Catharines. St. Catharines, Ont.: St. Catharines Historical Society, 1999. p.27

The Springbank's French chateau style of roof (Wilson 36) evoked a cosmopolitan aura. The Stephenson House had a sun room on the roof that was sixty feet long, linking interior and exterior. In addition, rooms were plentiful. Local newspapers reported regularly on the growth of the hotels. The Stephenson House had accommodation for 200 guests in 1855, but by 1857 the owner had completed a renovation to accommodate 600 (Wilson 29). Welland House, its competitor, could handle 400 guests in 1856 in its four-storey building (*St. Catharines Journal* June 26, 1856). By the end of the 1855 season,

the Stephenson House had entertained 4,000 “[c]osmopolitan” travellers, according to the regular column by Junius in the local paper (*St. Catharines Journal* September 11, 1856. 2). The newspaper offered frequent reports of turning away visitors because of inadequate numbers of rooms, even as late as 1873, when all three hotels had undergone considerable expansion and frequent renovation (*St. Catharines Journal* February 18, 1873). Such information demonstrates the surge in popularity of the spa movement. The overflow stayed in regular hotels, or small houses near the spas. These were rented out by private owners. As a health option, the spa movement offered the wealthy an alternative that was better than home remedies and far superior to the uninviting Victorian hospital where treatments ranged from blood-letting to the use of powerful drugs (Valentine 163). Rooms were used in different ways, usually defined by purpose and named accordingly, as in the dining room, the sitting room and the sleeping chamber. Interiors are hidden and exclusive spaces. They are physically on the other side of the threshold. Metaphorically, interiors represent the spiritual. Similar to the confessional, where sins are made known to a priest, people reveal personal details about their bodies to the doctor. The thresholds within thresholds of the spa represented levels of interiority connected to the cure. An interior view of the Stephenson House (Figure 8) shows a carpeted hallway with many small doors on either side. This use of space is clearly a disciplining technique reminiscent of the monastic cell or the confessional (Foucault 1995, 143). Just as there were many doors and rooms inside the spa, there were also many levels of sickness and healing.

The corridors inside the Welland were “suitable for strolling”, while expensive furnishings made of exotic woods and prized “clear white pine” decorated the Stephenson

House (Wilson 53)⁴. A “mammoth cook- stove” stood in the kitchen of the Welland,



Interior view of the Stephenson House.

Figure 8. Interior of the Stephenson House from the St. Catharines Museum. Hawley Collection, in Wilson, Sheila M. Taking the Waters: A History of the Spas of St. Catharines. St. Catharines, Ont.: St. Catharines Historical Society, 1999. p.26

while a “full-toned seven octave piano from Buffalo” occupied the music room. The bath house at the Welland was separate. Treatments such as Turkish baths and water massage

⁴ Descriptions of the hotel amenities in this paragraph can be found in Wilson’s *Taking the Waters* Chapter 3 pp. 22-38, unless otherwise noted within the text. Original sources in each case are local newspaper accounts. Transcriptions of the complete articles can also be found in Duquemin.

had an esoteric nuance that suggested unspecified powers and exotic remedies⁵. Dr. Mack ensured that specialized staff was available to assist with all treatments. At the Welland, the mineral water was piped in and there was a bottling operation on site, so science and technology were operating invisibly on the inside. Central heating for warmth and comfort extended the operating season. New inventions like the patent annunciator, or remote call bell demonstrated to visitors that they had all the “latest scientific appliances for the cure of disease” (Wilson, 34). There were interior spaces for leisure activities and retreat: a gymnasium, billiards, and “Crystal Ballroom” at the Welland, and a chapel at the Springbank. The Cypress Dining Room at the Welland was paneled with wood from Florida (Wilson 58). A library (1200 volumes) and small private spaces (parlours) with chandeliers (first with gas lighting, then electric) were available at the Welland. Later improvements of plumbing (with hot and cold water), a drugstore, elevators, telephones, and a barber shop were added over time as enticement for return business.

The interiors were a blend of public and private space designed to send a message of health and contentment within a highly controlled environment. The public spaces, used for strolling, dining and so on, were obvious in their attempt to promote health, contentment and social activity. By contrast, the private spaces were more hospital-like, because they were directed toward rest, seclusion and segregation. Undoubtedly, space can influence behaviour (Sibley 76) and thus can be used as a form of disciplinary power. An awareness of power relations gives meaning to the use of space (Sibley 76).⁶

⁵ British influence was strong in Canada and as Eastern destinations were colonized by the English, cultural influences could be observed, orientalizing, for example.

⁶ For more on this subject, see *Architecture in the Family Way: Doctors, Houses, and Women, 1870-1900*. Annmarie Adams. Montreal: McGill-Queen's Press, 1996.

Exposure to promotional literature is a highly sensory encounter. The language evokes visions. The use of colour and images can create a specific mood and stir the imagination. Messages are sent through specific word choices and carefully crafted marks and symbolic elements. Promotional literature for the spas was of many types: articles and advertising in newspapers, discrete pamphlets, ephemera and various printed materials including guidebooks. The language of advertisements always announced improvements and renovations so as to draw the customers back again. The changes signalled the spa was a dynamic and progressive place. The advertisements described the water as being the “most famous water in the world”, “pure and life giving”; with respect to its availability, “if your grocer or liquor dealer doesn’t keep it send a postal card to the Mack Mineral Springs Co.” The water had a good reputation as “successfully used for years” by “experienced physicians and skilled attendants”. The water’s mystical properties were endorsed by calling it an “Elixir of Life” (Figure 2). For international appeal, it was claimed that “St. Catharines was the most American town in the Dominion” (*Sylvan Retreat* 5), or the “Saratoga of the North” (*Weekly News*, November 21, 1872 p. 2) in order to lure American visitors north. The advertisements promised to treat and cure a variety of diseases and these were accompanied by testimonials and first-hand accounts.

The iconography in advertising the spas focused on the following: grand architecture signified power and success, fine interiors denoted comfort and luxury, couples dining linked to the good life and all the trappings of health and happiness, the superb grounds pointed to nature and fertility far removed from the angst-producing industry of the city, the image of an Indian drinking water from the spring (Figure 9)

resurrected the legend of Bishegaindaug and the mystical restorative properties of the water. In general, water itself symbolized cleansing, purification, peace, power, beauty and life. Water also had class distinctions since disease and pollution were connected to poverty (Sibley 57).

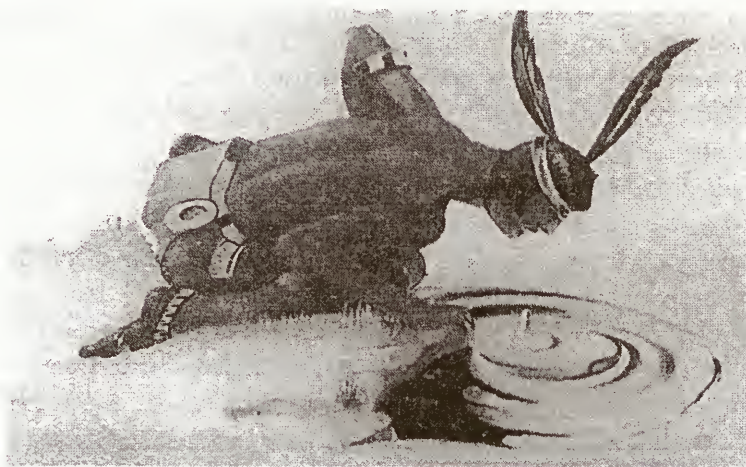


Figure 9. Advertisement for the Welland House from St. Catharines Museum N4167.
In Wilson, Sheila M. Taking the Waters: A History of the Spas of St. Catharines. St. Catharines, Ont.: St. Catharines Historical Society, 1999. p.13

The spa visitors themselves provide much interesting detail for study. In particular, the Elizabeth Harris diary gave a first-hand account with personal comments that would never have been published in a newspaper. Prominent guests included: Mary Anna Randolph Lee (wife of Confederate General Robert E. Lee), J. Sanfield Macdonald (Premier of Ontario), Sir John A. Macdonald (Prime Minister of Canada), Mary Todd Lincoln, Lord Dufferin (Governor General of Canada), and Preston S. Brooks (member of US House of Rep for South Carolina).⁷ Some details, not available in traditional sources, relate to the cost of a spa visit in 1860 and the perception of its value. In the Lee

⁷ See "Nineteenth Century Springs, Spas and Cures" in *Cuesta*. [Spring] 1984. p.10 [unattributed] (see also Page, H.R. and Company 24)

family letters, Mrs. Lee wrote, “We were all delighted to hear that St. Catharines [sic] was \$14 per month tho’ of course that was a mistake and you meant a week which is high I think. Cannot we get accommodated for less? I heard it was only \$10 last year but I suppose now it is getting into such repute they have raised their prices” (Spa files 1.) In another letter written in August of the same year, cost-effectiveness becomes a factor when she notes no improvement in her condition, after “8 baths” (Spa files 1.). This begs the question of whether or not the lack of efficacy of holistic health regimens contributed to the spas’ general disappearance from the local landscapes. However, other major factors were clearly at work. For example, as germ theory gained increasing acceptance, more physicians began to treat specific etiologic agents rather than fighting “an internal imbalance in the body’s natural healthy functions” (Connor 148). As well, such notions were becoming antiquated (Connor 148) in the face of scientific discovery. Although the local subscribers, such as the newspaper publishers and merchants, who promoted the medicinal properties of the waters had a vested interest in doing so, they helped to paint a picture of the era and they provided important context and detail in support of this thesis.⁸

⁸ While it would have been valuable to read the newspaper reports surrounding the closure of the Springbank in 1889, St. Catharines newspapers from 1875 to 1891 have not survived. The building was purchased and refitted for use as Bishop Ridley College in 1889. It was destroyed by fire in 1903 (*Daily Standard*. October 26, 1903). The Stephenson House suffered a series of financial setbacks and was converted for use as the Demill Ladies’ College in 1897 (*St. Catharines Journal. Veterans Edition* July 23, 1898 p.7). Bishop Ridley College made a temporary home there after the Springbank burned down and before the new facility was built in 1905 (*Daily Standard*. October 26, 1903).

Chapter Five: Uncovering the Social Structure of the Spas

“Medicine is fundamentally narrative ... and its daily practice is filled with stories.”

(Hunter 51)

People who are ill often attempt to gain an understanding of their situation by constructing their own narratives (Lupton 95). Western cultures generally adopt an optimistic perspective and have a tendency to focus on doing something about the illness and attempting to regain control of the predicament (Lupton 95). In part, this may explain the popularity of mineral springs health resorts in that they offered a hybrid form of therapy. The therapy is a fusion of fresh air and exercise and internal and external water treatments; but it also offers therapeutic massage, and possibly some minor medical procedures,¹ and dietary control prescribed by a practising, licensed physician. From this perspective, the everyday, local narrative takes on a new importance. Today, all forms of “petits recits” (Lyotard 84) are seen as having value, specificity and diversity. Local contexts offer evidence for a wide variety of theoretical standpoints based on the range and depth of our individual human experiences. Local narratives, because of their nature, often do not fit neatly into the overarching grand theories that have been constructed to organize truth and legitimise claims of knowledge. On occasion, accessing the commonplace narrative is complicated by certain structures and conventions. This, along with the fact that few personal accounts have been rescued from destruction, makes original research a challenging endeavour. Fortunately, through the diaries written during the spa era, along with contemporary newspaper accounts containing quotes from local

¹Dr. Mack reported performing 100 successful operations in 1862. He claimed to be the first doctor in Canada West to specialize in the treatment of diseases of women. He also served as professor of materia medica at the Buffalo Medical College for three sessions. (Godfrey. *Dictionary of Canadian Biography* XI, 559)

citizens, and the transcriptions of interviews with older citizens, one can piece together an account of spa life during Victorian times in St. Catharines.

Who is the real author of the story of a patient's illness? In theory, the patient should be the first voice. However, in telling the story to the doctor, the narrative is transformed. The doctor takes ownership by putting the story on paper in the form of a report in his/her own words (Hunter 53). The story may be expanded and changed, and perhaps will include additional information gathered through questioning, from open-ended interviewing, or from other health care workers. Details deemed to be non-essential are omitted from the story. The words are altered into medical and technical terminology that the patient did not know or use. Later, the story is retold to the patient by the physician in the form of a diagnosis (Hunter 53). In this way, the medical profession appropriates patients' narratives. This outcome requires the patient's permission and active participation. In relinquishing control, the patient has conformed to an accepted practice or technique used by the profession. At the same time, he or she has surrendered ownership of the narrative. The story now has a different perspective with a different motive and a new theme. As a result of accepting this traditional model, patients have no voice in the telling of their own stories of illness and recovery.

One way to rediscover the patient's voice is to find authentic stories and open up the original discourse to interpretation. Through the use of diaries and letters from the 1800s, I have been able to hear patients' stories told in their own words. These documents have provided access to the thoughts, feelings and fears of real people telling their own stories of treatment at the spas in St. Catharines, and a candid and historical glimpse into a health movement from the Victorian period.

The spa as a space of therapeutic practice gradually became closer and closer to that of a medical institution. In her diary, Elizabeth Harris of New Orleans attests to her own continuous compliance in following the doctor's orders. She had moved from the Stephenson House to the Springbank where "Dr. Mack, the physician at St. Catharines, has engaged two nice rooms at ... his 'infirmary' as we laughingly call it" (Spa files 1. Harris August 20, 1866). The term infirmary suggests the atmosphere was like a hospital. It also may have indicated that the Springbank was operating as more of a medical facility than the Stephenson House, but that is speculation. About a month into her stay at the Springbank, she mentioned that her husband took her out "with the doctor's consent" (Spa files 1. Harris, August 27, 1866). Later, in September, she noted, "I am up for the first time since last Wednesday. How thankful I am and how I enjoy the use of my limbs, but the doctor would not let me go out driving today. The old ogre." (Spa files 1. Harris, September 4, 1866). In spite of the derogatory comment, the doctor's authority was well-established and he clearly had power over how his patients conducted their lives while at the spa. This is evident only a few days later when Elizabeth indicated that she wanted to go out but was "afraid to ask the doctor's permission" (September, 5, 1866). One must remember that, in spite of the era, this comment is made by a mature woman married for eight years and travelling on her own. Clearly, this reveals the doctor's power over the individual. Yet again, in November, after she fainted in the Turkish bath, Dr. Mack exerted his authority and told her she "must not take any more [Turkish baths]" (Spa files 1. Harris, November 8, 1866). His authority was established by his position as spa doctor, an expert with an exceptional reputation, and the growing social power of the physician in society.

It was not only Elizabeth Harris that followed the doctors' orders. Similar comments appear in other places. In a letter published in the newspaper, the author (Ring Bolt [pseudonym]), stressed the importance of following the doctor's prescription. He said of Dr. Mack, "a most accomplished and skillful [sic] physician ... under his directions only are they [the waters] to be taken lest they do injury instead of good" (*St. Catharines Journal*, July 19, 1859). Mack's reputation was significant in attracting clients. Young Amanda Coon from Burford Township, Ontario, who was suffering from arthritis, was recommended to the Springbank in St. Catharines in 1874 for a course of therapy under the care of the renowned Dr. Mack. The newspaper stated, "Her father took her there and placed under the care of the celebrated Drs. Mack² under whose treatment, medicinal as well as mineral and Turkish baths, she remained three months" (Obituary, *Norwich Gazette*, September 29, 1887, 3). Unfortunately, Amanda Coon did not survive, but her obituary credits the spa therapy at St. Catharines with giving her a period of relief from her painful existence.

Others felt no improvement after treatment. Mary (Custis) Lee writes in a letter to Annie Lee, "I have taken eight baths and I do not feel any decided change" (Lee papers, August 13, 1860), but there were more serious conditions with more sober outcomes. The distinguished Reverend Peter Jones of Brantford tried spa therapy when he was in feeble health, but died shortly after taking treatments in St. Catharines (*St. Catharines Journal*, July 24, 1856)³. Another failed attempt at effecting a cure, this time a "Melancholy Suicide" took place at the Stephenson House. On June 22, 1869. Richard Johns of

² Dr. Mack had a brother, Francis L. Mack, also a doctor, who lived with him in St. Catharines at this time.

³ References are also in the Spa Vistors file at the St. Catharines Museum. Original source was the United Church Archives, William Black Creighton file, letter to Rev. Peter Jones, dated March 21, 1856.

Baltimore shot himself with a pistol. At least, that was the finding reported in the newspaper following a coroner's inquest of the man's death (Hutchinson 48). Many other sad references to the extremely ill make their way into the discourse. In the Lee letters, Eleanor, who stayed at the Stephenson House, remarks that, "The people are principally elderly or afflicted, and the most quiet of the quiet" (Spa files 1. Lee papers, August 6, 1860). Clearly, the impression here is that the spa hotel is indeed a last resort for some very sick people, and they were not taking the waters for reasons of socialization or for some temporary recuperation from a serious cold or a stressful life event. Elizabeth Harris spoke of Mrs. Hunter, another guest at the Springbank, who was "a great invalid and confined to her room a great deal" as well as "several [others] too ill to leave their rooms" (Spa files 1. Harris, September 5, 1866). Newspaper reports note that the "presence of the invalids who visit the place [Stephenson House] no doubt throws an air of sobriety and propriety over the gay and healthy". The same account reveals that the writer was struck by the "number of cripples" and the fact that "nearly everyone has a limp", and "crutches and walking sticks are the characteristics of the house" (*St. Catharines Constitutional*, August 9, 1866. also in Duquemin 107). Obviously, sick people came to the spa in the hope of recovery, but, much like a hospital, the presence of physical impairment and illness was a prevalent part of the spa's character. The spa catered to the traveller, but also served as a hospice for the ill. This leads one to question whether or not the spa was able to offer adequate treatment to the ailing. Was spa treatment merely a last resort in the absence of a hospital or medical alternatives?

By contrast, the power of positive thinking may have benefited some visitors to the spas. On a postcard sent early in 1900 (Figure 9), Cousin Sue tells of her stay at the Welland House:



I came here with friends July 4th am taking the Baths for rheumatism. Am sure they are going to benefit me. It is a lovely place beautiful trolley rides. I am pleased with everything the country around is fine. Love to Annie. Cousin Sue.

Figure 10. Welland House Canadian Souvenir Postcard [verso]. Ontario Postcard Collection. James A. Gibson Library. Brock University.

Certainly, the hope of a cure was a constructed notion. The testimonials that appeared in advertising and in newspaper articles promised positive results. Science and business forged a partnership at the spa to draw in the hopeful and sometimes these positive messages ended in positive results. Medicine, by way of its scientific basis, was considered by most people to be both powerful and mysterious. The grand architecture of the spas symbolized institutional power that went far beyond the power of the individual, or of a strong medical coalition. The spa was a legitimately constituted form of power.

Disciplining of patients came about at the hands of the doctor and the institution, both of which represented erudition, but there was another meaningful form of control continually at play through the general gaze of others. Social control was a strong and prevalent factor in the spa scene, particularly because many of the visitors were from the well-to-do class and their behaviour was always subject to social scrutiny. The gaze of society was an irrefutable form of restraint over the individual. Elizabeth Harris indicated that one of her reasons for leaving the Stephenson House was the fact that, “Ladies sit in gentlemen’s saloon, quite a free and easy way of doing altogether” (Spa files 1. Harris, July 22, 1866). This would not be a socially acceptable environment for a young married woman whose husband was away on business. Harris also remarked in a later diary entry that she was going to be introduced to Mrs. Hamilton, in whose “keeping” (Spa files 1. Harris, August 23, 1866) she would be when her husband left the following day. Similarly, in a letter from Eleanor Lee to Annie Lee, she noted of the Stephenson House baths that “The men and women enter at the door and have a pretty promiscuous time of it after they get in [the baths], which others seems to enjoy more than I do” (Spa files 1. Lee, Eleanor; August 6, 1860). Without a doubt, the rules of propriety were unstable at the spa. The situations that presented themselves were not customary, thus the protocol for behaviour was unclear. Chambers provides similar examples of social censure in his comprehensive treatment of the Saratoga Springs resort. He writes of acts of indiscretion and of damaged reputations. Idle gossip, whether true or not had the power to ruin lives (Chambers 157). This information provides more evidence for social controls at work in the spa setting. It also highlights the notion, mentioned in the previous chapter, that [cultural] space and behaviour are interrelated (Sibley 72).

Instances of mutable power relations are present and, at times, favour the patient.

Selecting and citing only comments that support my thesis would not be an accurate reflection of the situation, nor would it offer an authentic investigation of power relations at the spas; therefore, I have included a thorough and complete review of a number of first hand accounts, without bias, in the selection of entries. Eleanor Lee indicates that she let Dr. Mack know she would not drink more than a wine glass of water twice per day. She remarked, “I think he understood me so far as to know I would not take more” (Lee papers, August 6, 1860). In the same letter she notes that, “Dr. Mack thinks he knows everything”, but she personally believed the waters were too strong (Lee paper, August 6, 1860). Whether or not she influenced the dosage based on her belief is not available in the account, but the evidence is there for the possibility of resistance. Again, one doctor in a small health resort who needed to please his clients to have them return would have to use caution in exercising his power. Word of mouth and bad experiences could negatively impact his business enterprise. As part of a hospital staff, however, he would have an official body of medical professionals for support. Moreover, a doctor in a hospital with a monopoly on health care would not need to concern himself with pleasing patients.

By way of comparison, other impressions of nineteenth century medicine came from local resident, Charlotte Oille, the granddaughter of Welland Canal contractor Oliver Phelps. Oille wrote in her memoirs that she contracted the measles as a girl and was kept in isolation, in a darkened room for months, adding that, “The Medical profession [in 1845-50] was not as it is now being a mixture of ignorance, noxious drugs and old superstitions; so I was treated in the most approved methods of the day and now

live to tell the tale” (Oille 14). Charlotte Oille also mentions her mother’s serious illness in the 1830s and that “Medical Science was a strangely unreasoning thing, draining the life away by bleeding and starving one” (Oille 5). Her remarks demonstrate that early medical science was suffering from a credibility problem. By institutionalizing itself and developing a system of accreditation, as it did in the latter part of the nineteenth century, the “modern doctor”, with scientific knowledge and the power of the association of doctors behind him, might well be viewed in an entirely different light.⁴

During the nineteenth century, an undeveloped knowledge of medicine gave rise to all manner of unusual new theories about care and knowledge of the body. One distinguishing feature of nineteenth century culture was the diverse make-up of its medical communities (Crellin et al, 59). Examples, as mentioned in an earlier chapter, were the Thomsonians who practised homeopathy and the Eclectics, also known as Reformed, who, as the name suggests, embraced change and relied on a combination of therapeutic practices (Crellin et al, 59). Medical historian J. T. H. Connor suggests the Eclectics occupied a transitional space in clinical practice (Crellin et al, 60) by keeping what was valued from regular medicine and by rejecting all that was unacceptable. Moreover, if one accepts Connor’s hypothesis, the presence of Eclectics in the Niagara area in the 1860s (Crellin et al 71) suggests that this group, in particular, may have influenced the trend toward medical professionalization in St. Catharines. Certainly the time period is significant. Further study of this speculation may prove useful.

Because doctors were not able to “cure” disease, and home remedies didn’t

⁴ For a brief account of the professional organization of medical institutions in Canada, see Joseph F. Kett’s account “American and Canadian Medical Institution, 1800-1870” in *Medicine in Canadian Society: Historical Perspectives*. Edited by S.E.D. Shortt. Montreal: McGill-Queen’s University Press, 1981. 189-205.

always work, various fads came and went in the mid-nineteenth century. Each new one may have worked for a while, but only provided temporary relief (Haley 16). Nature therapy, however, gave regular medicine serious competition in establishing hegemony, because it offered a relatively pleasant approach to finding a cure, as compared to those relying on the usual elixirs and tonics. Theory was based on the notion that “disease is only filth” (Haley 17), a kind of thinking that evolved from the teachings of men like Herbert Spencer, who recommended “knowledge as guidance” (Haley 90) in self-preservation and hygiene. Likewise, Thomas Carlyle’s emphasis on personal conversion and rebirth through a return to nature and “a medicine of faith” (Haley 83) made that important link between behaviour and health. Prescriptions for achieving a state of excellent self-preservation involved light, fresh air, exercise, vegetarianism, and often, baths. Other remedies and theories had a pseudo-scientific foundation that lent a measure of credibility to their curative powers. Many of those treatments were portrayed in the *Road to Wellville* (1994). Both nudism and vegetarianism were among them as part of “biological living”. As a result, each of the various practices enjoyed a following of devotees. The alternative, in terms of “old school” method (Haley 15), was blood-letting, leeches, or the frightening prospect of surgery. Peculiar treatments, such as the ones just mentioned, and others involving the application of homemade plasters, bleeding, blistering or cupping, as discussed in Chapter Three, evolved from an incomplete understanding of medical science.⁵ However, change of all kinds was beginning to surface in the Victorian world.

⁵ It should be stated here that our scientific understanding of medicine and disease will always be incomplete. New discoveries continue to be made. This calls into question notions about scientific “fact” and the “truth claims” of science.

The appeal of new types of holidays took hold of the popular imagination.

During the late nineteenth century, wilderness or back-to-nature holidays became extremely popular. Men enjoyed hunting as a way of re-establishing a connection with their primitive side (Jasen 105). The attraction of the wilderness holiday was a common response to increased use of machines in nineteenth-century industrial societies (Jasen 106). In addition to seeking an escape from the industrial milieu, there was a perception that people were growing soft; others were concerned about the disappearance of the frontier; and Social Darwinism dominated sociological theory (Douglas 327).

Masculinity might benefit from holidays that involved outdoor camping, hunting and fishing. Likewise, family life, in general, and the nature of work were altered by industry, as was the Victorian class structure. The middle class was growing, and along with it, a certain degree of economic and cultural power (Lempa 40). In Canada, the middle-class system was securely established (Holman 9) and would soon outnumber the elites. In theory, the larger the number, the more they might influence change or establish new direction. These working people were not choosing an extended stay at a posh spa as a way to combat illness. They were looking toward a new model, one better suited to the times and to the working man's wage.

In everyday sites of control and order such as prisons, schools, armies, hospitals, and factories, self-concept is shaped through the interaction of knowledge and the use of power over the body (Pronger 53). Knowledge plays a critical role in maintaining power over the individual (Sibley 158). In the area of medical practice, an individual is governed by many techniques of control, in particular, through normalization (Foucault 2003, 40). Medicine's role was constantly strengthened and amplified throughout the

nineteenth century by scientific theory. The doctor penetrated the world of social power through the use of knowledge and education. A specialized form of power, based on a “medico-administrative knowledge” (Foucault 1994, 100) began to develop in Canada. This medical power began with the individual and extended into control over whole populations of people. This was carried out through a series of regulations relating not only to disease, but also to daily life. It encompassed such basic and personal elements as food, drink, sexuality, fertility, clothing, and living space (Foucault 1994, 100). In effect, this role granted doctors a kind of power that far surpassed any educational powers. From their foothold in scientific knowledge, doctors were able to act as advisors to governing bodies. As their numbers increased, their power grew. They organized themselves into self-regulating medical societies with the authority to advise, direct and provide expert opinion (Foucault 1994, 100). For the spas in early Ontario, operating with outmoded ideas about the cause and treatment of disease, this had serious consequences. Organized medicine was powerful competition. By the turn of the twentieth century, it was well on the way to establishing a monopoly on health care.

Late in the nineteenth century, professional doctors were beginning to gain the upper hand over other practitioners in dominating the field of medicine. Germ theory and medical education influenced how patients were treated⁶. Changes included increased use of hospitals and sterile equipment, gowns, gloves, masks, all of which had costs connected to them (Bynum 189). Holding down hospital costs is not a new phenomenon. Then, as now, it was important to make the hospital a cost-efficient way to manage health care. This, I propose, also gave the profession a good reason for wanting hegemony and

⁶ Dr. A. E. Malloch, of Hamilton, Ontario was the first doctor in Canada to use the antiseptic method. In 1870, he described treating an abscess according to Lister’s method (MacDermot 28).

eliminating competition. With the combination of new techniques being used in Canada, such as the first blood transfusion in 1883, and the first appendectomy the same year (MacDermot 28), combined with the growth of industry, an emerging middle class, and government regulations supporting professional medicine, the decline of spa era seemed inevitable.

But were the spas in St. Catharines a space only for the rich? In Wilson's account of local spas, the cost of a spa visit is reported as fourteen dollars per week in 1860 (Wilson 47). Wilson also mentions that the cost was a dollar a day when the spa opened in the mid 1850s, but no reference is given here (Wilson 44). Furthermore, an article that appeared in the *St. Catharines Standard* (April 19, 1926, 6) quoted the price of a stay in Niagara Falls' Clifton Springs Hotel as twenty-five dollars a day for mineral water treatment and board. In the year 1900, the *Annual Report* for the St. Catharines Board of Trade (47) gives the rate for a stay at The Welland spa as \$2.00 to \$3.00 per day, including treatment. This confirms the \$14.00 figure quoted by Wilson, but forty years had passed. A retroactive report published in 1979 indicates that circa 1875 one could feed a family of six for less than ten dollars a week (*St. Catharines Report*, March 1979 p. 3). The same report states:

Regular hotel prices were:

hotel room	\$1.50 per day
full course meal	\$0.35

The local newspaper (*St. Catharines Journal* October 27 1859, 2) asserts that, month by month, the number of visitors who stayed at the Stephenson House totalled 2004. If the

numbers are to be believed, many must have found the visit to be of good value when compared to the cost of an ordinary hotel stay with meals added to the tab.

Some may propose that the decline in the spa's popularity had nothing to do with rates or with the advent of institutionalized medicine, but rather that it was due to contamination of the environment by industry. The conflicting juxtaposition of industry with health resort, in the ravine along the Twelve Mile Creek in the 1850s and 1860s, reinforces the fact that spa and industry grew up together. Newspaper columnist Junius wrote that in order to make four barrels of salt from the mineral springs, operators burned twenty five cords of wood per week (Junius 227). Undoubtedly, the view and the air quality would be affected by the burning wood. Also, the steamer *Persia* docked every Monday at the Norris Flour Mill, very near the Stephenson House, and left on Tuesday carrying goods and passengers to Montreal (Spa files. Spa History. Stapleford). Likewise the steamer *Ocean* arrived from Montreal every Friday at the foot of Chestnut Hill and departed on Saturday at 1 p.m. (Spa Files. Spa History. Stapleford). In addition, a wide array of manufacturing was in full swing including four grist mills operating in 1849 (Smith 178). A steam machine pumped water from the artesian wells to the hotels located high above (Malcomson 39). City directories for the peak period of spa activity (1850 to 1870) reveal a number of thriving industries in the area. City directories also show industry in the spa zone before and after the peak period. It may well be that attitudes toward industry were positive for a fairly long period of time. Nevertheless, the demise of the health spa alongside industrial development seems to suggest an eerie premonition of the overall detrimental influence industry has brought to the environment. A busy highway now covers the land directly below the spa sites.

If the spa was operating as a prototype for the modern hospital, then it was no doubt a hybrid form. Hybrids can be studied in terms of binaries. In fact, this is often helpful since binaries provide a new perspective. Foucault used binary oppositions to shed light on his subject. For example, by studying madness, he learned about sanity. In researching the criminal mind, he discovered more about obedience. He also used the visible/invisible binary to advance his theory in *Birth of the Clinic*. Drawing on this technique, I have applied the same method to explore certain aspects of the spas. The notion of interior/exterior and its relationship to nineteenth century medicine is evident in the “germ theory” movement of the 1880s. Using the technique of microscopic analysis, this important scientific advance revolutionized many aspects of medical practice. It emerged from the study of tissues and microbiology as opposed to treating the patient’s observable symptoms. This interior/exterior diametric also extended to outdoor activities and garden strolls in contrast to the controlled environment within, and its prescribed meals and regimen of treatments. Certain guests were highly observable. They participated in all the social events and enjoyed trips to nearby towns. While the seriously ill, an already marginalized group, remained out of sight, and possibly suffering, inside closed quarters of the spas. Since the interior/exterior binary is closely aligned with personal freedom, it is consequently aligned with power over the individual.

The spa schedule itself adopted an interesting binary pair, that of a “leisurely regimen”, (Lempa 43) a routine that bound together the necessary activities of life with compulsory leisure time. An important part of the cure was to restore balance to all aspects of the patient’s life. Ironically this was accomplished by means of a rigid schedule involving the bipolar elements of activity and leisure. The doctor used the spa as

a site of discipline and repressive power (Lempa 44). While no one was forcibly confined to the spa, the doctor was consulted by his patients about the wisdom of exercising various personal freedoms. Permission was sought before embarking on outings, or eating certain foods. Visitors chose to come and take treatments at the spa. They surrendered their freedom presumably because they believed the claims, trusted the institution, and wanted to follow the doctor's prescribed therapies.

Light/darkness is another binary opposition closely related to the interior/exterior binary pair. Light is aligned with knowledge, while darkness signifies the unknown. Light is associated with the outdoors, with health and fresh air, fine weather, pleasant activities and a positive mental state (Adams 43). By contrast, darkness is associated with melancholy, mourning, bad weather, short daylight hours, illness and ignorance. The International Health Exhibition in London, England in 1884 demonstrated this point with spectacular displays of illuminated fountains and well-lit parks and gardens (Adams 21). The display of water and light together assumed a special importance as a conspicuous demonstration of the cleansing of London (Adams 18). In addition to making a point about cleanliness and health through water, the link between safety and health was made through the use of illumination (Adams 21). Spas required artificial light and unnatural methods to dispel the darkness (Crystal Ballroom at the Welland House), but excessive light could also serve as a surveillance technique. Power can be exercised by the use of both light and darkness.

Ultimately, the spoken/unspoken binary pair is most important with respect to spa therapy. The *clinical gaze* shifts power away from patients, as they are not required to articulate their problems. As Foucault points out, patients used to tell the doctor what was

wrong with them, now the doctor asks only where it hurts (Foucault, 2003, xxi).

Furthermore, the *clinical gaze* is not interrupted by discourse. Foucault identifies this as the “restraint of clinical discourse” (Foucault, 2003, xxi). It reflects the non-verbal conditions between what is seen and what is said. In this scenario, the sick have surrendered their voices and, indeed, have become docile bodies.

Sibley supports the positive argument for exclusion found in Stanley Cohen’s *Visions of Social Control*. Cohen argues that exclusion is “symbolically rich” and it has provided themes for literature of all kinds (Sibley citing Cohen 86). He contends that the oppositions of inside/outside, pure/defiled, and other spatial divisions are not necessarily a constant feature of social control (Sibley citing Cohen 86). Nevertheless, the narratives of the people who experienced spa therapy and medical treatment first hand in Victorian St. Catharines seem to contradict any affirmative notions one might encounter in literary descriptions of isolation. Harris declared she was “in holocaust on the altar of health” (August 21, 1866), and a “victim on the altar of health” (August 29, 1866) when Dr. Mack delivered his “verdict” that sent her to bed for five or six days. She added in entries written on September 7th and 8th consecutively, that she was “so lonely here” and it was “gloomy”. Because they are not written for an audience, journal accounts must be considered genuine. Harris and others certainly do not convey any sense of bittersweet pleasure in being marginalized or ostracized in illness.

Finally, all of these binaries exist under the overarching nature/culture dualism. In the case of spa therapy, nature was evident in many ways. The natural methods of treatment involved fresh air, healthy diet, moderation, exercise, the use of water and rest. All of this took place in a rather rustic landscape. The west view from the spas was

pastoral and undeveloped. By contrast, the east side and the north view along the canal presented industrial and other development. Evidence of culture was also apparent in the architecture of the spas. The lavish trappings of the interiors and the size and elegance of the buildings demonstrated something far from natural. Moreover, the impact brought about by scientific discovery and institutionalization of health care has taken this dualism to a much higher level. The spas and their holistic folk treatments were eventually replaced by formal hospital care that offered a wide range of professional services provided by licensed physicians. Unlike the spa, the hospital operated year round, treated rich and poor, old and young, male and female. In short, the spa had simply become old-fashioned.

Chapter Six: Conclusions

“... the document was always treated as the language of a voice since reduced to silence”

Foucault, Michel. *The Archaeology of Knowledge*, The Introduction

As mentioned in previous chapters of this thesis, the late nineteenth century was a period when scientific knowledge in the form of germ theory was gaining acceptance in developed countries around the world. Critical discoveries by Pasteur, Koch, and Lister in the field of bacteriology had already taken place. Furthermore, it seemed that attempts to institutionalize healing were emerging on several fronts. Local influences smoothed the progress of medical professionalism in a variety of ways. For example, hospitals were being built to accommodate the sick, the poor, the traveler and the elderly (Edginton 145). Regular doctors would soon have more power over “curing” the sick through legislation, such as the regulation of advertising and drugs, and the regulation of medical licenses. Prior to 1914, various narcotics such as cocaine, opium, morphine, laudanum and heroin were available to North Americans in patent medicines or in soft drinks (Lears 11). Alcohol was customarily prescribed (St. Catharines Medical Society. *Minutes*, 10). As mentioned in previous chapters, the *Medical Act* of Upper Canada (1869) gave regular doctors more power to control entry into the medical profession and to define standards of practice (Holman 60). Nonetheless, competition among the regulars themselves for patients and respectability led to a slight delay in their monopolization of medical practice (Holman 60). However, by the twentieth century, laboratory research and academic medicine became central to medical science and medical practice (King 231). It became incumbent on the profession to employ in practice the knowledge gathered from scientific experiment (King 231). Industrialization also served to elevate the profession

by creating a more polarized class division that elevated white collar workers and professionals (Holman 96).

Health movements and other parallel movements, such as revivalism, temperance, tourism and the purity movement were all part of Victorian life. Part of their mass appeal may have originated in Victorian repression and the puritanical influences imposed by the moral and social reforms of the day. Coming to the spa was in itself an admission that all was not perfect. The social acceptability of seeking out the water treatment was negotiated by means of cultural endorsement of the experience and the promise of gentrified activities. This gave the afflicted permission to ask for help under the guise of healthy social activity. Clearly, anxiety over mental and physical degeneration was common to industrial societies in the late nineteenth century (Jasen 106). People suffered from a range of common disorders brought on by “bad nerves” (Jasen 107) and this was usually attributed to the stresses of modern civilization (Lears 51).

The late Victorian period witnessed a backlash against industrialization and modern life. Resistance came in the form of vague illnesses, psychological problems, the popularity of various cultural movements related to health and wellness and a rise in moral reforms, some secular and some spiritual. T. J. Jackson Lears referred to this phenomenon as a “therapeutic world view”, the roots of which were firmly planted in antimodernism, and those reacting were from a variety of professions within the dominant class (Lears 56). Furthermore, the Victorians were living in an age of contagions. Disease was associated with filth (Haley 17). Physicians who had an unsophisticated understanding of ill health turned to hygiene as a foundation for their curative therapy (Haley 17). By flushing impurities from the body with water and steam

one might be able to preempt illness. Sir William Osler himself had identified the twentieth century as “the century of preventative medicine”¹ (Haley 17). Improved scientific theory and knowledge of disease were necessary for this to be realized. In the nineteenth century, scientific discovery provided the medical profession with the knowledge it needed to make “truth” claims. Truth, based in scientific theory, gave the medical profession power over the subject, the docile body.

Several converging forces contributed to the decline in popularity of the mineral water health resort in Ontario by the turn of the twentieth century. As a money-making venture, the spas proved to be a viable resource. People with money and free time embraced the health resort concept, but as scientific knowledge intensified, the medical profession grew in strength and credibility. Doctors began to treat specific diseases rather than promote a holistic view of health such as that offered by the mineral water spa (Connor 148). Modern hospital facilities that could offer a wider variety of services began to emerge, and as this happened, spa treatment became an outmoded concept (Connor 149). People no longer believed that the mineral water would cure them because the esoteric properties of the mineral springs had been demystified by scientific discoveries. Shifts in the understanding of medical practice undoubtedly influenced attitudes toward healing. This change in attitude was borne out in the example of the spas in St. Catharines as they went into a decline.

As stated earlier, Mack wanted to help the poor and sick and, as a result, brought the first hospital to St. Catharines in 1865. Prior to that date, people had to rely on home care, doctor’s office and house calls. In addition this development, he added professional

¹ Haley’s footnote indicates original source as Henry E. Sigerist, *On the History of Medicine*. New York: MD Publishers, 1960 p.16

nursing care. He realized the value that properly trained nurses brought to the medical environment and he valued their role in the patient care and healing process.² His contribution to formalized medical care in this city was significant.

The spa itself reflected aspects of both the hospital and the health resort. There were spaces designed for specific treatments as well as a combination of private and public rooms. Medical professionals were on site, including a licensed physician, who also looked after the business end of the operation. By the turn of the twentieth century, beliefs about the body and health had changed from a constitutional theory of disease to a scientifically supported germ theory (Connor 148).

The various techniques of discipline outlined by Foucault in *Discipline and Punish* involve many of the same methods and practices that visitors encountered at the spas. Based on a monastic model, the enclosure technique (Foucault 1995, 141) kept the very ill segregated from the rest of the spa guests. The sick individual was confined to a designated space reminiscent of a prison cell, and was permitted to move only with authorization or prescription. In addition to the enclosure afforded by the spa itself, a further level of segregation involved partitioning within the spa in the form of confinement to a sick room. This isolation factor provided even more control and likewise prevented groups of people from forming. The way space is used affects behaviour and is implicated in the construction of deviancy (Sibley 86). Within institutions, the aim of the practice of isolation was to establish individual presences and

² The *Dictionary of Canadian Biography* entry by Charles M. Godfrey (558) states that “Using his own funds Mack successfully overcame prejudice against public hospitals by providing professional nurses”. This remark seems to indicate that the role of the nurse in hospital care was generally recognized as a critical aspect of health care. Mack started the St. Catharines Training School and Nurses home in 1873. It was the first in Canada to use the Nightingale system. One might then consider Mack’s contribution toward nurses’ training to be his most significant contribution to institutionalized medicine.

absences in order to know where and how to locate bodies and provide surveillance (Foucault 1995, 143), perhaps for protection, or perhaps as behavioural monitoring. The spa itself was a “functional site” (Foucault 1995, 143) and the architecture allowed for that space to be coded for several possible uses. For example, the space might confine and control the spread of disease or it might serve to provide an area of medical observation. Based on this approach, a useful space was fashioned that allowed the attendants to observe symptoms, to consult or to provide specialized care and treatment. In the end, this architectural organization of space created a medically useful space, a therapeutic space, but its origins came from techniques of discipline (Foucault 1995, 144). In terms of services, the spa had more limitations than a hospital, but it served a purpose at a time when formal medical options were fewer and ideas about illness and disease were undeveloped.

Within institutions, techniques of power are not confined only to architecture and the use of space. The regulation of time through controlled activities and cycles of repetition also served to manage the individual. Increased supervision of the individual is accomplished by means of the timetable. As discussed in Chapter Three, in Lempa’s work on social disciplining at the Pyrmont Spa, the timetable is a long-established technique of discipline used in many institutions, such as, schools, factories, hospitals, and religious orders. The effects were recognized as being able to cultivate daily rhythms, to stipulate precise activities and to regulate sequences of repetition (Foucault 1995, 149). Spa therapy, when offered as a treatment, required a highly disciplined regimen of social activity, diet, rest and exercise. So the timetable was a useful tool for directing individuals and engaging them in the task of self-monitoring. In *Discipline and Punish*,

Foucault discusses the scientific organization of information (148) that proceeds from power. This technique began with classification of many types of data such as economic, botanical, political and zoological. Eventually such practices led to the establishment of permanent registers including lists of patients and treatments, the organization of hospital space, and the classification of diseases (148). These are the techniques of power that were a part of institutionalized medicine and formed the foundation for “truth claims”.

Disciplinary methods produce docile bodies or subjected and “practiced” bodies. The body has entered “a machinery of power that explores it, breaks it down and rearranges it” (Foucault 1995, 138). In the end, the body is not only more useful but also less likely to oppose. Docility is accomplished by working on the body individually and through a subtle coercion over gesture, posture and attitude, but it must be a constant and uninterrupted supervision over the body connected to time, space, and movement (Foucault 1995, 136). The goal is achieved by a multiplicity of minor processes that converge, beginning with family, church, school, army, government, hospital, and other disciplinary institutions. In the end, society accepts such treatment as normal and obediently becomes conditioned to behave in specific ways.

One serious question that needs to be answered, if this thesis is to have validity, is why the spas died out in St. Catharines but not everywhere in the world. Certainly, hospitals did not replace spas in Europe. Similarly, spas in parts of New York State continue to draw visitors. This question is one that may provide grist for further study, but a comment is desirable at this point. It has been established that all eight spas in Southern Ontario ceased to operate as major water cure centres (Connor 149). Clearly, something occurred in Ontario to influence their demise. This thesis has explored the

conditions in terms of changes in nineteenth century medicine and attitudes toward holistic cures such as those offered at the spas. But other factors may have also played a role. One hypothesis is that industry contaminated the area, or in some way polluted the waters and people no longer trusted water from springs. However, it is clear from the historical data in St. Catharines that a considerable amount of industry was already in place in the very locations selected as building sites for the spas. In fact, the Yates Street ravine had several mills (Williams 156), a distillery, a brewery (Williams 146), a few factories and a shipbuilder (Williams 160) in the same neighbourhood as the three spas. In addition to the industrial operations, the Welland Canal wound along the Yates Street ravine carrying steamers with goods and visitors to the nearby dock on a regular basis (Hawley transcription 1).

Although Niagara Falls and Toronto were possible as side-trips, the town of St. Catharines itself had little to offer a sophisticated, wealthy visitor other than rusticity. In New York, Saratoga Springs survived because it diversified its offerings through horse racing, gambling, and cultural embellishments. The focus was on the recreational aspect of the springs rather than the curative one. Moreover, Canada and the United States had, and still have, cultural differences between them that reveal themselves in many aspects of social life. In Europe, the cultural models were stronger, older, and more venerable and thus have a more established and enduring tradition. This explains to some degree the longevity of certain spas outside of Ontario.

City planning may have also played a role in the demise of the city's spas. Yates Street became a residential neighbourhood, while the canal route was also diverted away from the immediate area (Shipley 48). Another influential factor may have been the

appeal of alternative forms of travel. The first automobile was seen on the streets of St. Catharines in 1902 (Jackson and Wilson 368) and its advent has had an undeniable influence on travel and culture. People could travel more easily to hospitals in larger cities. Unquestionably, a multiplicity of factors was at play and the subject is worthy of continued enquiry.

What are the implications for further study? The Victorian spa itself is a vehicle that could lead a researcher in many directions. Clearly this topic is one that is rich in material. In particular, the local area where the spas were physically situated might prove to be a valuable archaeological field site. During my field inspection, I believe that I may have found archaeological evidence of the remnants of the Kentucky Arch. The Arch, built into the hillside, held forty kettles, and as a result was able to produce large amounts of salt, as many as fifty bushels per day (Duquemin 60). The stone arch was built in 1821 by Dr. William Chase at the request of William Hamilton Merritt (Duquemin 60). For geographers or archaeologists, the physical area itself holds great potential for new discovery.

As mentioned, the usual focus of spa study is the leisure class, but some aspects of that have not been comprehensively investigated. For example, a closer study of the spa regimen and related leisure activities might be undertaken. What were some of the popular parlour games and what customs could be reconstructed from the dances, or “hops” that people attended during their stay? Not everyone at the spa was sick. These studies would be difficult to do in St. Catharines because of the lack of evidentiary material, but some of the larger spas that existed for a longer period of time have

archival records. Furthermore, the spas served as employer to a large number of local, working class people. The potential exists for a labour history connected with the spas.

The concept of “a regimen of leisure”, a term from Heikki Lempa’s work on social disciplining in European spas, would make for an interesting area of further research. One might examine intersections at the spa: those between social classes (workers and visitors, privileged and underprivileged), between men and women, or young and old, sick and healthy, Jews and Gentiles, Americans and Canadians. Lempa also looked at the rise of the middle class and expansion of its economic and cultural power in European spas. It would be interesting to explore this idea through Ontario’s spas.

Comparative studies are always possible in terms of holistic health movements past and present. The Harris diary included Elizabeth’s first impression of Canadians. In those descriptions there may be information that could inform a discussion around perceived cultural differences between Americans and Canadians. In a completely different vein, a number of films, novels and plays have been produced around spa culture and these would also be constructive related studies.

For my own studies and personal interest, I continue to be attentive to the promotional literature surrounding the spa enterprise in St. Catharines – that is, print material, advertising and ephemera, as well as the language and images used to persuade. Likewise, Dr. Mack is high on my list of personal interests surrounding the St. Catharines spas. He was instrumental in bringing institutionalized medical care to this city through the establishment of the hospital and the nursing school. I hypothesize that he may have developed a new technique of water treatment here in St. Catharines that merged

hydrotherapy with mineral springs, both of which were soundly based in the medical knowledge of the day. Mack's career path indicates that his involvement with the professional association known as the Medical Society for Mutual Improvement, as mentioned in Chapter Four, focused on serious medical issues and treatments, with the hospital serving as the principal site of medical practice. This Medical Society was created exclusively for professional doctors. Meanwhile, the spa seemed to operate effectively with nurses and massage therapists, and with only a brief daily visit from the spa doctor. Clearly, Mack's interest, energy and attention seemed to have shifted to the hospital.

There were other signs of a growing professionalization throughout Mack's career, as evidenced by his trip to Europe to meet and consult with two eminent physicians. One physician was Sir James Young Simpson of Edinburgh and the other, Sir James Paget of London. This visit was a significant step for a small-town doctor to take. It demonstrates his regard for professional methods and practice. As well, Mack published in medical journals and promoted himself as a specialist in the treatment of the diseases of women. Again, this appears to point to support for the idea of an area of expert knowledge. Throughout his life, Mack's actions revealed that he valued the concept of an institutionalized and professional medical community. Had he lived longer, his allegiance to spa therapy might have shifted with the times, but that assumption will forever remain a mystery.

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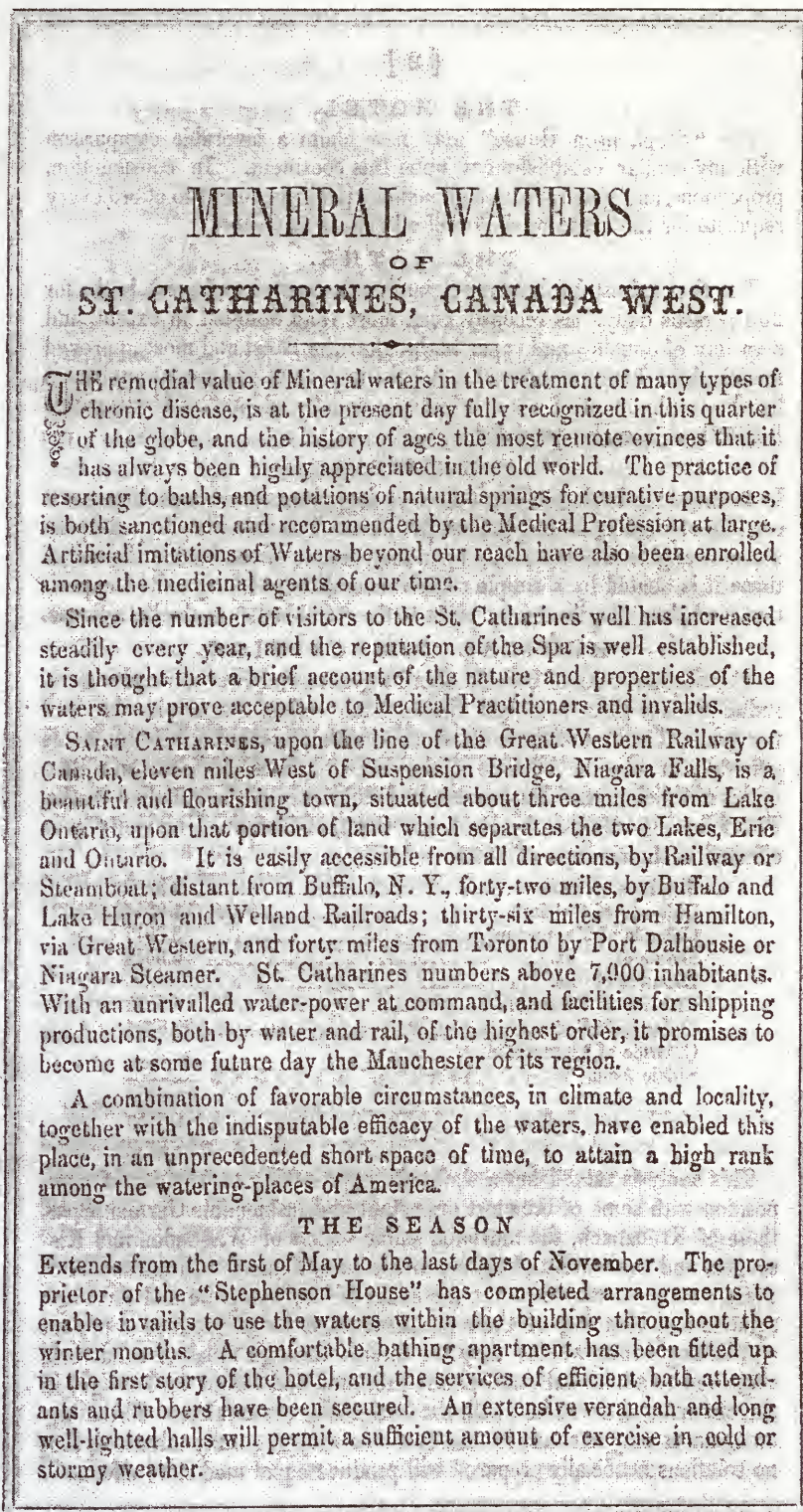
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Road to Wellville. Directed by Alan Parker. Columbia Pictures, 1994.



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Appendix B: Inventory of Water Treatment and Therapies, 1850-1915 (compiled from advertisements, guidebooks and newspapers)

- Hydrotherapy
 - soaking
 - sitz bath
 - water massage
 - sun-ray cabinet (dry heat)
 - Scotch douche (alternating jets used to relax muscles and nerves along the spinal column and stimulate circulation)
 - sprays
 - needle shower (cold shower follows heat or steam treatment)
 - Turkish baths (steam)
 - Russian baths (sweat baths)
 - foot soak
- Electrotherapy
 - electric massage
 - electric lamps
 - shock massager
 - dry bake
 - rigid cabinets
- Temperature
 - hot and warm to stimulate
 - tepid for calming
 - cold water baths were discontinued by 1850
- Other
 - application of cloths and wraps
 - drinking the water
 - ultraviolet ray
 - “water cure” or hydropathy
 - x-ray

Water treatments were combined with fresh air, exercise, social activities and diet of fresh local produce.

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Appendix C: Chemical Property of Water at St. Catharines' Wells

[2]

THE HOTEL.

The "Stephenson House" may now claim a favorable comparison with any similar establishment upon this continent. In construction, proportions, and general commodiousness, it will be found to afford every requisite for the accommodation of all classes of visitors.

THE BATHS.

The thermal establishment originally constructed to furnish baths for 200 persons daily, has recently been more than doubled in extent, and a variety of douches and vapor baths, after the latest and most approved models, have been introduced. All the important and useful appliances for the employment of water in disease, usually adopted at Hydropathic Institutions, are also provided.

THE WELL.

Is an Artesian boring, about 600 feet deep, into corniferous limestone, capable of yielding 30,000 gallons per diem. The water is pumped up by a steam engine into reservoirs upon the summit of the bank. In one of these it is heated by a simple contrivance, without injury to its composition, and then distributed by pipes to the "Cabinets" in the bath-house.

CHEMICAL COMPOSITION.

The silurian rocks of Canada afford a great number of mineral waters, reducible into three principal classes—the saline, the sulphurous, and the acid. The first of those divisions, to which this spring belongs, holds generally in solution Alkaline Chlorides, Chlorides, Iodides, and Bromides of Calcium, and Magnesium, and Sulphates of the Alkaline earths. The following analysis, by Professor Croft, of Toronto University, was effected in the summer of 1853:—

Sulphate of Lime	2.3977
Chloride of Calcium	14.8541
Chloride of Magnesium	3.3977
Iodide of do.	0.0044
Bromide of do.	A trace.
Chloride of Potassium	0.3555
Chloride of Sodium	29.8034
Chloride of Ammonium	A trace.
Silicic Acid,	
Loss	50.6075
	1.0670
	51.6745

This analysis establishes a similarity approaching to identity of composition with some of the most important and fashionable German Spas, those of Kreuznach, the muriated saline waters of Wiesbaden and Kissingen, and the waters of Salins, in the Jura, France. In the source of these waters we may discover the cause of the complete and thorough solution and blending of their constituents, so as to produce a perfect and homogeneous whole; they are filtered through miles of solid rock, subjected to additional atmospheric pressure, and stored up for ages in the chasms and caves in which they originally accumulate. These circumstances may account for the fact now very generally admitted, that no solutions artificially prepared will produce equal medicinal effects.

Stephenson, E.W. The Medical Properties of the St. Catharines Mineral Waters.
St. Catharines: H.F. Leavenworth's "Herald" Power Press, 1864 [2]

Appendix D: Diseases Treated (compiled from advertisements)

ague
arthritis
chronic diseases (unspecified)
clears sinus, mucous membranes
constipation
declining health
digestive problems
dyspepsia
eruptions of the skin
fever
foot problems
general debility
gout
kidney disease
lassitude
liver problems
loss of appetite
lower back pain
lumbago
lungs, eyes, nose and ears
nervous disorders
neuralgia (shingles, facial)
palsy
paralysis
preventative treatment
rheumatism
sciatica
scrofula (swollen lymph nodes)
sea sickness
“sovereign remedy for female diseases in their varied and distressing forms”
sprains
“swollen limb”
urinary complaints
weak joints
worms in children

