

Taking the Water-Cure: The Hydropathic Movement in Scotland, 1840-1940

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The business of health and leisure is a significant but relatively understudied feature of nineteenth and twentieth century business and economic history – its relationship to changing medical ideas and practice is even less understood. In Scotland, for example, between 1875 and 1884 over half of the total capital mobilized in the service sector can be attributed to the fourteen hydropathic establishments that were limited liability companies (Table 1). Within the United Kingdom hydropathic hotels were a business in which Scots were disproportionately interested. The purpose of this paper is to examine the nature and development of the hydropathic movement and the businesses it produced in a particularly important region between 1840 and 1940. The first section introduces hydropathy and the business opportunities it offered medical entrepreneurs. The second section briefly outlines the business history of the movement in Scotland and the third and fourth sections explore several aspects of this history in greater depth, including the changing regime, or the product on offer; and the financial performance of the enterprises. The analysis concludes with an assessment of the hydropathic movement in Scotland, suggesting that in the long-term a variety of business strategies emerged in which changing medical ideas and practices and family firms were important elements.

Hydropathy

In the turmoil of early nineteenth-century medical theory and practice, a number of competing heterodox systems challenged orthodox therapeutic regimes. Among these was hydropathy, the therapeutic use of water. Water, as a tool of medicine, had a classical heritage in the ancient civilisations of Egypt,

¹ Much of the contemporary evidence on which this paper is based is drawn from the records of Peebles Hydro Hotel and Crieff Hydro still in the possession of the current owners, local newspapers, the dissolved companies files in the Scottish Record Office and the George Walker Journals, Aberdeen Public Library. We would like to thank Ian Pemberton and John Leckie for access to the records of their establishments and the librarians and staff of the libraries and record offices for their generous assistance. This research is supported by a Project Grant from the Wellcome Trust (Ref. 045072/Z/95).

Greece and Rome. In Europe, the application of water in the treatment of fevers and other maladies had, since the seventeenth century, been consistently promoted by a number of medical writers. In the eighteenth century, taking the waters became a fashionable pastime for the wealthy classes who decamped to resorts around Britain and Europe to cure the ills of over-consumption. In the main, treatment in the heyday of the British spa consisted of sense and sociability: promenading, bathing, and the repetitive quaffing of foul-tasting mineral waters.

Table 1: *Aggregate Called-Up Capital of Limited Liability Companies in the Service Sector and Hydropathics (1865-1884)*

	£000s Service	£000s Hydros	%
1865	31.7	6.00	18.9
1866	33.5	11.54	34.4
1867	47.5	21.31	44.9
1868	68.5	13.11	19.1
1869	79.6	14.24	17.9
1870	85.7	26.13	30.5
1871	87.3	27.84	31.9
1872	100.1	29.60	29.6
1873	124.5	43.12	34.6
1874	146	58.19	39.9
1875	191.8	85.10	44.4
1876	251.9	130.95	52.0
1877	324.4	196.03	60.4
1878	401.8	226.37	56.3
1879	430.5	256.20	59.5
1880	460.4	292.97	63.6
1881	494.3	280.74	56.8
1882	505.8	280.62	55.5
1883	478.9	250.44	52.3
1884	467.4	255.53	54.7

Sources: Payne [1980]; Scottish Record Office (hereafter SRO), BT2 Dissolved Company Files, West Register House.

Note: Both Payne's figures and our own are of companies that were subsequently dissolved. Consequently the "success stories" of Crieff and Peebles are not included.

Spas were not, however, hydropathic centers in the nineteenth-century sense. Hydropathy, as it initially appeared in the 1820s, was an entire medical system, exclusive of all other forms of treatment, based upon the internal and external application of water. Its creator, the Silesian "peasant" Vincent Priessnitz, developed the cure empirically; that is to say, he experimented with different methods, first upon the local livestock and then his willing neighbors, until the system was perfected. In an age when medical practice was dominated by "allopathy" – the use of emetic and astringent drugs, often combined with bleeding and leeching – hydropathy's appeal was based on the spiritual and

physical properties of water and the benefits of healthy air and a plain diet. From 1826, Priessnitz established Gräfenberg, in the Silesian Alps, as the first, and most famous, water cure. People flocked from all over Europe to experience the effectiveness of the treatment.

Table 2: *Hydropathic Institutions in Scotland – Their Location and Date of Opening*

Hydro Name	Place	Date Opened
Glenburn	Rothsay, Bute	1843
Kirn Pier	Dunoon	1846
Angusfield/ Lochhead	Aberdeen	1850 (Angusfield) and 1851 (Lochhead)
Bridge of Allan	Bridge of Allan	1855
Gilmour Hill	Glasgow	c. 1857
Cluny Hill	Forres	1864
Crieff	Crieff	1868
St Helens and Waverley	Melrose	1869
Dunblane	Dunblane	1870
Deeside	Near Cults	1874 (Heathcote) and 1899 (Murtle)
Shandon	Shandon, nr Helensburgh	1876
Kyles of Bute	Port Bannatyne, Bute	1877
Moffat	Moffat	1878
Pitlochry	Pitlochry	1879
Athole	Pitlochry	1880
Craiglockhart	Edinburgh	1880
Kilmacolm	Kilmacolm	1880
Seamill	Seamill, nr West Kilbride	1880
Skelmorlie	Wemyss Bay	1880
Peebles	Peebles	1881
Callander	Callander	1882
Morningside	Edinburgh	n/a (never used as Hydro)
Oban	Oban	n/a (never completed)

Note: There are several hydros for which we have no information, including these which were active in the 1920s: Garrison Hydro (Millport); Ard-Gairney Private Hydropathic (Kinross); Atholl Hotel Hydro (St Andrews); Taymouth Castle Hydro (Taymouth); Grampian Hills Hydro (Crieff).

Hydrotherapy made its initial impact in Britain following the publication of Captain Claridge's account of his visit to Gräfenberg in 1842. Members of the public and a few medical practitioners were enthused by what they heard. The bulk of the emergent medical profession was less convinced. Their reactions ranged from facetiousness to outright hostility. In the process, the most vocal critics linked hydrotherapy with other forms of medical "quackery" – homeopathy, mesmerism, phrenology, professional self-advertisement, and the

sale of patent medicines. Despite this, some practitioners were prepared to invest time and money in developing centers for the water cure, most importantly James Wilson and James Manby Gully who established hydropathic institutions in England at Malvern. Similar institutions treating both resident patients and outpatients emerged elsewhere, including Scotland at Rothesay on the Isle of Bute, where Dr. William Patterson established a hydropathic in 1843.

Hydropathics (or hydros for short) are, then, institutions created specifically to practice hydropathy. For the medical entrepreneur, Priessnitz had discovered an attractive formula. The hydropathic model, the cure center grafted onto a hotel, provided a new market, and therefore new opportunities, for those that ascribed to Priessnitz' system. From the 1840s, hydropathics were established across Britain. Initially, many of these were small institutions, catering to at most dozens of patients. By the later nineteenth century the typical hydropathic establishment had evolved into a more substantial undertaking, with thousands of patients treated annually for weeks at a time in a large purpose-built building with lavish facilities – baths, recreation rooms and the like – under the supervision of fully trained and qualified medical practitioners and staff. At the peak of the movement in the late nineteenth century there were over fifty hydropathic hotels in Britain, of which the best-known were Smedley's at Matlock in Derbyshire and Ben Rhydding near Leeds. Scotland, however, was over-represented with over twenty (Table 2), while Ireland had only a single institution.

The Experience of Hydropathic Enterprises in Scotland: A Brief Overview

The history of hydropathics in Scotland before World War II can be divided into four periods: the pioneers of 1843-63; the boom of 1864-1882; the bust followed by years of consolidation between 1883 and 1914; and finally, the Great War and decline from 1914. The pioneering period saw a series of small-to-medium hydropathics opened across Scotland dedicated to the water cure. Patterson's hydropathic on Rothesay was fairly typical – according to the Census of 1861 it had at least 47 Rooms. Probably smaller was Roland East's hydro at Kirm Pier (1846). These were followed by Angusfield (1850), which was moved to Loch-head (1851), Bridge of Allan (1855) and Gilmour Hill (also spelled Gilmorehill mid-1850s) in Glasgow. These institutions were invariably established and managed by hydropathic enthusiasts, a mixture of the medically qualified and unqualified.

The opening of Cluny Hill (Forres) in 1864 signaled the transition of the movement. What marked it out were three features. It was an enterprise capable of accommodating a much larger clientele; some 65 visitors were in residence in the first July. Secondly, as the visitors' lists show, the clientele was drawn from the immediate locality and further afield: Edinburgh and Glasgow in the main, but also locations like Cheshire and the Isle of Wight. Third, the size of the venture required a high level of capitalization and consequently the promotion was handled through a limited company rather than private partnerships.

Starting with Cluny Hill and ending with Callander, a building with over 150 rooms, in June 1882, sixteen hydros were opened. All but Deeside (Heathcote) and Pitlochry were limited liability companies. As one contemporary remarked in 1877, "Scots who are pretty cautious in their undertakings have plunged in surprising manner into enterprises connected with Hydropathic Establishments." With the exception of Deeside, which had around 50 rooms [Census, 1871], none was small and some were very large indeed; Crieff and Moffat, for example, could accommodate three hundred guests each. Furthermore, Bridge of Allan converted into a limited liability company (1865), while two ventures – Morningside and Oban – failed disastrously before either could welcome a single visitor. As mentioned above, these limited companies accounted for over 50% of the capital mobilized between 1875 and 1884 in the service sector in Scotland as estimated by Peter Payne (Table 1).

This boom, as will be discussed below, was the product of the promise of profits and was followed by a crisis due to over-expansion. There is every indication that supply ran ahead of demand, and it is not surprising that in the years up to World War I no further hydrotherapeutics were established and the fortunes of the hydro movement were mixed. Nevertheless, the period following the crisis was one of consolidation. Most survived. Some faced severe setbacks, including fires at Glenburn (1891), Callander (1893), and Peebles (1905). Even in these instances catastrophe was not enough to thwart survival. Bridge of Allan and Forres were able to pay handsome dividends in the 1890s with those at Forres rising to 12.5% in 1899. Local newspapers echoed the success of Dunblane, Crieff, and the Bridge of Allan to name a few. Crieff consistently managed to pay a dividend of 7% or better over the whole period, with an occasional bad year such as 1878 when it was reduced to 6%. The surface picture indicates calm and a degree of prosperity. And so it continued until World War I when many were commandeered for military or (in the case of Shandon) naval hospitals. The war was a watershed for many of the hydrotherapeutics. Some never reopened or closed during the war and its immediate aftermath: Deeside was put into liquidation in 1917; Craiglockhart was sold in 1920 to a Catholic Teaching order; Moffat was offered unsuccessfully by its Directors in the spring of 1921 to Glasgow Corporation for use as a sanatorium for TB patients.

But, while the 1914-1918 war clearly did have an effect, the writing had been on the wall for many of the hydrotherapeutics before then. Sir Henry Lunn had purchased both Athole at Pitlochry and its counterpart at Bridge of Allan in 1914 with a view to operating them as large family hotels at a lower tariff (the *Strathearn Herald* of 4 July 1914 indicates rates two-thirds those charged at a hydro). Yet it would be a mistake to exaggerate too far the extent of decline. Most of the hydrotherapeutics managed to stagger, more or less effectively, through the cycle of depression and recovery that characterized the inter-war years. The outbreak of World War II, with which this study concludes, again saw the majority of the hydros requisitioned for military purposes which further thinned their ranks when peace returned.

The Changing Regime

During the period 1842-1940, hydropathic establishments underwent major changes, so that by the end of the period hydropathic treatment and the hydropathics themselves had altered dramatically. The early years were dominated by entrepreneurs who wholeheartedly believed in the hydropathic mission – Patterson, East, Munro, Hunter, whether qualified or unqualified, were committed to a particular and exceptional view of disease and society. Hydropathics could hardly be described as servicing the nascent tourist industry. Rather, their entire *raison d'être* was the eradication of disease through water. By the end of this period, the hydropathics were servicing two different segments of the service sector – medicine and tourism. The baths, douches, packings and poultices were a small part of a larger package selling rest, recuperation, sociability and the romantic allure of the Scottish landscape. Hydropathics had become a hybrid – they were not the sole servants of health and illness; yet, unlike the vast majority of tourist hotels, they provided services geared towards the recovery of health.

Over this period, for most hydropathics, fewer and fewer guests came as patients, more and more for a holiday and a tonic. A turn-of-the-century publication summed up the change in hydropathic hotels, commenting that “most originally started with a full equipment for treatment, including a resident physician...but many now are merely high-class country boarding-houses” [*Chamber's Encyclopaedia*, 1906]. The local Peebles paper remarked in 1884 that staying in a hydropathic establishment was like being in a “great hotel minus the liquor and the late hours, and plus the baths and regular meals.” Gradually, the resident physician's post became less central to hydropathic operations. Important though the medical, or cure, departments remained in some hydro-pathics, increasingly it was the recreational and leisure facilities that mattered to the majority of guests. Less than 10% of Peebles' takings came from the cure department in 1908, even though it was a hydro to retain an active interest in this area. Bridge of Allan made a belated and unsuccessful attempt in 1910 to reorganize its medical department “which had been allowed to fall into desuetude for many years;” a resident physician from Smedley's was appointed but lasted less than a year in office.

The resident physician gave way to one who visited on a daily basis, and eventually in the inter-war years a local doctor who came as required. More and more attention was paid to the provision of both indoor and outside activities: tennis courts, croquet lawns, and golf courses became standard for hydros with any ambitions to retain their middle-class and professional clientele. The Directors of Cluny Hill Hydropathic at Forres, for example, congratulated themselves on their golf course in 1903, declaring that “it has been a decided success.” At Crieff Hydro a recreation room, gymnasium, billiard room, and bowling alley were complements to the treatment regime from 1870 and tennis courts from 1876 [Christie, pp. 116-17]. Entertainments also were provided in increasing numbers as a visitor to Crieff noted in 1881, “the evenings were spent very pleasantly in musical performances – charades – mock trials – elections

– tableaux vivants – one of which we got photographed as a remembrance” [George Walker Journal, August 27 1881].

A role of increasing significance was the organization of non-medical activities, generally undertaken by the manager or manageress. By the late nineteenth century there were posts for Lady Entertainers, full-time at the larger hydros but supplemented by other duties at the smaller, as at Cluny Hill where the job of resident pianist for the dances and musical evenings was combined with keeping the accounts. Their enthusiasm and skill was of importance to the guests; one visitor to Dunblane commented that “Miss Holland is responsible for the entertainment at the Hydro and the duty could not be entrusted to better hands. She is an accomplished singer, but besides that she is indefatigable in her efforts to make everything go well and make people amuse themselves and others” [*Stirling Journal*, 16 September 1910].

That the hydros had become more relaxed places to stay by the late nineteenth century is evident in a number of other respects. At Crieff Hydro the directors reluctantly provided a small smoking room in 1873 in an obscure part of the building [Christie, 1986, p. 21]. Tobacco, once taboo, made its appearance in 1910 at Dunblane where one guest remarked that “cigars and cigarettes are now in evidence in the favourite lounge, and life is worth living.” Alcohol, on the other hand, was not sure of any welcome at all. Indeed there was a widespread assumption that all hydrotherapies were temperance institutions. “In all the Scotch establishments, as far as we can learn, the principle of abstinence from alcoholic liquors is enforced as a general rule,” wrote Robert Chambers in 1878 [*Chamber’s Journal*, September 7, 1878]. A basic tenet of hydrotherapy was that the consumption of alcohol was unhealthy; as Hunter put it, “let spirits be kept by the apothecary in his suspicious bottles labelled poison, and be dealt out [only] in drops and drachms with caution on emergencies” [Hunter, 1883, p. 130]. Certainly some hydros remained adamant on the principle of abstinence, especially those owned by Andrew Philp. Glenburn’s advertisements stressed that no spirituous liquors or intoxicants were available or allowed. Philp, a friend of Thomas Cook, was closely associated with the Temperance movement in Scotland, and all his hotels were temperance institutions. Crieff Hydro was to continue “dry” for over a century; it was not until the 1970s that it first sought a table license.

Yet the reality may have been rather different from the image. Some hydros right from their inception seem to have taken a less severe line. Wine was available at Peebles, for example, which had a Glasgow wine merchant amongst its Directors in 1905. And even where the prohibition was total, there was always evasion; bottles smuggled in, or refuelling at licensed premises in the locality. A nice fictionalised account, which nevertheless has an authentic ring, of a visit by two Glaswegian men for a weekend at Rothesay Hydrotherapeutic, has them pausing after their trip from the mainland in a local hostelry. The leader instructs the landlady that “as we’re gaun awa’ tae a place where we’ll get naething but watter, ye’ll better fill oor pistols and this wauking stick with the ‘Auld Kirk’ an’ mak’ us ready” [Rae, p. 5].

One area where there was a slower degree of relaxation was over Sunday activities. Sabbath observance was strictly policed, something no doubt aided by the numbers of clergy amongst the guests. Several hydros offered special terms to ministers, who were in turn expected to conduct morning prayers, say grace at meals and lead Sunday worship: Crieff, indeed, had three special trusts to enable ministers and other Christian workers in need of a break to stay there at a heavily subsidised rate. Their presence kept Sunday decorous; even in the peak seasons of Easter and the New Year, when a week-long program of entertainments was arranged, the most that was normally permitted for the Sunday was a concert of sacred music. Some, especially visitors from outside Scotland, chaffed against the dullness of the Sabbath, and golfers were in the van of those pressing for a relaxation of the rules against Sunday play. And however much some of the Hydro managers may have sympathized, they had to be careful for fear of alienating a substantial and influential section of their visitors. A report in April 1896 that two gentlemen had had a Sunday game of golf on the Dunblane Hydro Course produced an instant denial from the Directors that it had been done with either their permission or knowledge. As the local newspaper observed, "this Golf Course is in connection with one of these unimpeachable institutions known as Hydropathic establishments. They are patronised by the 'unco guid' of all denominations. Our readers can understand how absolutely necessary it is for the proprietor of this Golf Course to disclaim all complicity with these Sabbath breakers" [*Bridge of Allan Reporter*, April 25, 1896]. Not until the inter-war years did Sunday in Scotland begin to change, and even then not at any pace.

Despite the increasing emphasis on leisure, the hydropathics remained to greater or lesser degrees committed to providing hydrotherapy. Central to this continuity were changes during the period in medical theory and practice which allowed an increased emphasis on both climatic location and leisure facilities, and new hydrotherapeutic techniques. No longer was hydropathy a cure-all; it had become one part of the "orthodox" therapeutic regime, geared particularly to rest, and the cure of gout and rheumatism, a substantially smaller niche than its original incarnation. As it became limited, it was recombined within the wider regime of physical medicine, encompassing both passive and active treatments. The former, formalized in the later nineteenth century in the "sciences" of balneology and climatology, emphasized the need for rest, fresh air and a plain and healthy diet and allowed increased emphasis on climatic location and leisure facilities, while the latter placed it alongside the newly emerging medical technology of röntgen rays, ultra-violet light, and electrotherapeutic and galvanic treatments. At the same time in the later nineteenth century competition from continental spas and a rebirth of the British spa movement offered fierce competition and necessitated the broadening of the hydros' appeal, blending their distinctive qualities with a wider range of leisure facilities.

Business Performance

There are two main criteria by which to evaluate the performance of the hydropathics in Scotland. The first is returns. The resident doctors could and did profit handsomely from their services; the resident at Peebles in 1908 earned £400 per annum, plus whatever was paid to him directly. Dr. Meikle at Crieff did even better; in 1874 his salary as the house doctor was increased to £500 p.a., (plus free board and lodging), and topped up yet further by a special bonus of £279 paid out of the surplus left after the basic dividend of 7% had been paid. What returns over time the owners and shareholders derived from the hydropathic movement are more difficult to piece together. There are occasional details of dividends for particular hydropathic companies; Melrose was said to have paid 10% in 1877 and before World War I, as mentioned above, Crieff consistently paid 7% or better, with an occasional bad year such as 1878 when it was reduced to 6%. For many years Bridge of Allan's performance was not far behind that of Crieff but it certainly had ceased to be much of a paying concern in the years immediately prior to its take over by Lunn in 1914. Forres' dividends rose from 7.5% in 1894 to 12.5% in the early 1900s. The shareholders in these hydropathics at Crieff, Forres, and Bridge of Allan did well out of their investment decade after decade in the later nineteenth century. But even they, all older established institutions, saw some pressure on their profits in the late 1870s and early 1880s. Their Directors blamed the weather, the dullness of trade, the effect of the collapse of the City of Glasgow Bank in 1878, and above all the opening of so many new hydropathics. As the management at Forres sourly and accurately observed of their company's performance in 1881, the sharp fall in revenue from visitors, down 27% on the previous year, was largely due to the "sharp competition of similar institutions which have multiplied in Scotland far beyond the needs of the country."

Other evidence firmly and unequivocally confirms their view. The profitability of the hydropathic movement in the 1870s tempted an over-expansion of capacity in the sector in the late 1870s and early 1880s, and the cost of this was borne by the shareholders of the newer companies (Table 3). The mortality rate among the more recently floated limited liability hydropathic companies was very high. The Athole, incorporated in 1874, lasted only six years before becoming insolvent shortly after it opened in 1880. Callander, given a splendid opening launch in June 1882, found itself being pursued by creditors in the courts in under two years and was put into sequestration in 1884. Dunblane found itself in the same situation at the same time, although it had managed to survive fourteen years. Other ventures in difficulty included Craiglockhart, Kilmacolm, Moffat (twice), and Glenburn. The crisis, as we have already seen, led to the abandonment of the project at Oban, and no other major hydropathic venture was ever attempted in Scotland, though the Aberdeen Hydropathic did move away from the city to Murtle on Deeside in 1899.

Table 3: *Limited Liability Hydropathics Opened during the Boom Years (1864-82), Formation of Company to Liquidation*

Hydropathic	Formation	Liquidation
Cluny Hill	1863	early 1950s
Bridge of Allan	1865	1914
Crieff	1867	live
Waverley	1869	1949
Kyles of Bute	mid-1870s	1950s
Peebles	Mid-to-late 1870s	live
Athole	1873	1886
Wemyss Bay (Skelmorlie)	1873	1905
Dunblane	1874	1884
Moffat (2)	1875	1886
Callander	1877	1884
Craiglockhart	1877	1885
Morningside	1877	1879
Shandon	1877	1919
West of Scotland (Kilmacolm)	1877	1882
Oban	1880	1882

Source: SRO. BT2 Dissolved Company Files.

While a complication in the background was the revival of spa therapy, on the Continent and in Scotland itself at Strathpeffer, which drew away some patrons of hydrotherapy, the basic cause of the crisis was over-expansion, with the accommodation in the sector more than doubled within a very few years. It was not just that so many were built; it was also their size. Moffat had over 220 rooms, and by the turn of the century was receiving annually some 25,000 visitors. Small wonder therefore, that the Directors of the Athole lamented that “no less than six new establishments [had] been erected since ours was projected.” Their troubles were compounded by an overrun in building costs, a not uncommon occurrence, and by under-capitalisation (only £40,000 of the £60,000 nominal capital was subscribed) which meant the company had to raise a series of mortgages to complete the building. The fundamental weakness was the inability to attract enough visitors, particularly in the winter and spring, which reduced their season from an anticipated six or nine months to just three [*Perth Courier*, 29 Dec 1885]. The reality was that there were simply not enough guests to go round. The *Christian Leader* in April 1882 denounced the folly of hydropathic promoters.

Because they saw the prosperity of a few moderate sized places...they rushed off to cover the land with huge monstrosities, the success of which would have involved the constant absence from home of an absurdly large proportion of our middle-class population. The pity is that so many decent folk should have been robbed of their hard-won savings invested in these unfortunate speculations.

Whether the problem of inflated expectations was particular to Scotland or peculiar to hydropathics is a question worth further examination; a large seafront hotel at Tynemouth in England changed hands in 1882 for a mere £27,000, having cost its original promoters £82,500 four years earlier.

The hydropathics all came back eventually into operation under new ownership, but at considerable cost to the original shareholders. The Athole, which had cost £80,000 in 1880, was bought for £25,000 in 1886 and converted into the Athole Palace Hotel. Callander fetched only £12,000 in the same year, having cost £45,000 to erect and furnish just three years previously, while Craiglockhart which cost £46,000 in 1880 changed hands for £13,500. Dunblane, expenditure on which had totalled at least £40,000, passed into the hands of the Standard Property Investment Company who held a bond over it for £15,000. They offered it for sale by roup at £20,000, and again at £18,000, but finding no takers, they were forced to lease it. Kilmacolm was all but purchased in 1882 by a philanthropist for conversion into a convalescent home, but did revert to its original use under new ownership. The failure of these five hydropathic companies was virtually total as far as the shareholders were concerned, and between them at least £180,000 was lost of paid-up capital. It was a heavy failure in a relatively short time, and harsh on some of the smaller investors. Athole, for example, numbered amongst its shareholders bank tellers, bakers and foresters as well as lawyers and merchants.

A second criterion of performance is that of long-term survival. A few Scottish hydros have achieved over a century of more-or-less continuous operation, broken only by war. Peebles and Crieff, two of the most successful, are currently and have been for several generations under the control of the same families. Both pursued dynamic, diversified growth strategies and successfully planned the managerial succession, characteristics which have not always been associated with family firms [Rose, 1994]. The survivors too tend to keep "hydro" or "hydropathic" in their names indicating a link between changing medical ideas and practices encouraging diversity, and long-term business strategy and performance.

Conclusion

Hydropathic enterprises changed dramatically between their inception in the early 1840s and the years preceding World War II. The early 1880s was a key period when the hydropathic movement over-expanded and was checked. Yet, the great majority came back into operation under new management and reestablished themselves successfully with a strategy of diversification. Yet, not all hydropathics adopted the same strategy. Their choices lay on a spectrum with "upmarket hotel" at one end and hydropathics proper at the other. Some, like Melrose, "Centre for the Scott Country," made tourism their central selling point. Others, like the Kyles of Bute Hydropathic, continued to emphasize the benefits of climate, hydrotherapy and health. Most struck the balance of the Peebles Hotel Hydro, which mentioned its health facilities in bold print below the notice of the golf course and above the "Special Tennis Week" (although in

the *Financial Times* in July 1922, the baths and resident physician were mentioned first).

The rigors of competition and World War I, followed by a cycle of recession and depression took a heavy toll among hydropathic enterprises in Scotland. Some like Forres, despite their "Electric and Spa Treatment" and golf course, found it increasingly difficult to ride the storm with reduced visitor numbers and rapidly increasing debt burdens. Yet, others like Melrose, Peebles and Crieff, continued to thrive. Indeed, if the records of the latter two companies were the only source of information about the inter-war years, then it could be concluded that the depression did not occur. Visitor numbers and income increased year on year. Crieff paid an annual dividend of between 7% and 9% each year between 1919 and 1939, and Peebles, with 25,000- 30,000 visitors each year, did even better, and not at the expense of heavy investment in facilities or of remuneration to the Directors and Management. Both were enterprises in which the managing families took increasing control by buying out other shareholders. Family firms have tended to have a bad press in business history [Rose, 1994], but in the hydropathic movement, the reverse appears true and they are associated with success. One thing is clear, however, whatever the differences in organisation, success and marketing, most retained the "hydro" or "hydropathic" label. That they regarded this as an important point of identification indicates that however much the hydrotherapeutic element had decreased, it was still an important point of differentiation from tourist hotels or spas and an important part of their identity and appeal within the leisure market.

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