INTRODUCTION

The mid- and late nineteenth century Greek literature contains a considerable number of published articles concerning types of baths and hydrotherapy. These topics were addressed for preventive, hygienic, or therapeutic purposes and were based largely on research in the foreign literature. This was because the Greek scientists of that era did not have much experience with these therapies and because Greece was being reorganized after the country had been liberated from Turkish rule.
CLASSIFICATION OF BATHS

At first, these Greek authors attempted to classify baths, according to the temperature of the water used in them, in two large categories: cold-water baths and warm-water baths (Tsiachtsiris, 1870). Furthermore, according to the bathing procedure, old baths, in turn, were categorized further as very cold baths, immersing baths, sponge baths, sprinkling-water baths, pack-sheet baths, and shower baths (Kanellidis, 1858; Polyzoidis, 1878). Warm baths were categorized further into cool, temperate, warm, and sweat baths. There were considered to be two types of sweat baths: dry sweat baths and steam baths. Finally, steam baths were described according to the way they were performed and according to local specifics involved in the bathing procedures, such as Russian, Egyptian, and Turkish baths (Kanellidis, 1858). This almost-endless classification seems to be somehow ritualistic in its persistence and caused many practitioners to adopt numerous different practices.

Cold-water baths

Each category of cold water-bath has been described separately. During an immersing bath (Polyzoidis, 1878), the bath attendant would enter a bathtub or tank or go into in a sea or river, where the water temperature ranged from 16°C–22°C. During a sponge bath (Burns, 1997), with water temperatures ranging from 20°C–22°C, a patient would either sit in a bathtub or stand in a washbasin. Sponge baths also included baths for particular parts of the body, such as half-baths, hand washing, and foot-baths (see drawing on the left of a chair used for half-baths; Fleury, 1875). In a sprinkling-water bath (Burns, 1997; Polyzoidis, 1878), the patient stood on a grid, in order to keep his or her feet off the cold water and held a vessel with a riddled bottom over his or her head. During a pack-sheet bath (Burns, 1997; Oulmont, 1904; Polyzoidis, 1878), a patient would soak a sheet in a water basin that contained cold water and wrapped his or her body for 3–4 minutes. Shower baths (Burns, 1997; Oulmont, 1904; Polyzoidis, 1878), were only performed with special devices to ensure that the water fell from a great height (see drawing of the douche bath on the right; Fleury, 1875). The temperature of these baths ranged from 14°C to 16°C and the duration of the bath was 3–4 minutes (Polyzoidis, 1878).

Warm-water baths

Warm-water baths were also categorized according to their temperatures (Kanellidis, 1858; Polyzoidis, 1878). The first type of warm-water bath was actually called a cool-water bath, and the temperature of the water for this type of bath ranged between 18°C and 22°C. Temperate baths used water that ranged from 25°C to 32°C. In very warm baths, the water temperature reached 40°C. In this type of bath, at first, the patient would experience “trouble in the chest,” dyspnea, headaches, a red face, swelling veins, and an increased pulse rate. Finally, the two types of sweat baths—dry sweat baths and steam baths—also had their own procedures. For dry sweat baths, the temperature of the room was increased by using five or six bricks that were warmed up, sprinkled with water and, while still warm, covered with a towel and placed by a patients’ bed. For steam baths, steam was generated and collected in a vessel that was warmed up and the steam was transferred through pipes in a room. In a Turkish steam bath (hammam), the patient would lie in a warm room, where an attendant provided a massage to improve blood circulation (Polyzoidis, 1878). The bather, after remaining for a short period of time in that room, entered a main steam room, where the temperature was increased up to 45°C. The attendant washed the patient with soap and wrapped the patient’s body with towels. At the end of this procedure, the attendant, before leaving the bath, rested for a while, smoking and drinking coffee (Kandela, 2000; Polyzoidis, 1878). In an Egyptian bath, the patient first entered a room where the temperature was rather low. Afterward, the bather moved to another room with a higher temperature, where an attendant provided a massage; and then the bather progressed to other rooms, where the temperature rose gradually in succession. The highest possible temperature was between 50°C and 55°C (Polyzoidis, 1878). In a Russian bath,
where the temperature may rise to 56° C, an attendant used canes to improve the bather’s circulation, then, the bather washed with soap and cold water or had a shower bath. Finally, the bather would ingest a stimulating drink and lay down to recover (Kanellidis, 1858; Polyzoidis, 1878).

INDICATIONS AND CONTRAINDICATIONS

While baths served primarily therapeutic purposes, the literature emphasized that baths should not be taken soon after meals, so as not to cause “congestion of the brain,” apoplexy, or other lethal damages (Kanellidis, 1858).

Fresh water baths were indicated for curing several diseases although they sometimes produced undesirable effects. In general, patients were advised not to undergo hydrotherapy when suffering from peritonitis, painful leukoflegmasia, pyemia, myocarditis, “gastric fever,” gonorrhea, hemorrhoids, bleeding of the lungs, or organic heart diseases, or if patients were susceptible to apoplexy (Kanellidis, 1858; Oikonomou, 1900; Papavasiliou, 1888; Tsiachtsiris, 1870).

Cold-water baths were also contraindicated for patients who had arthritis, tachycardia, neuralgia, dorsalgia, or vertigo, or who suffered from stress (Oulmont, 1904). Cold-water baths were said to slow blood circulation down and decrease the amount of sweat, while they helped to increase muscular strength, the ability to work, and the sense of well-being; and improved physical, mental, and moral balance (Oulmont, 1904). These baths were also said to help patients who had typhoid fever, pneumonia, or smallpox (Kanellidis, 1858) as well as neuralgia, some forms of paralysis, spasms, “unsettled tendons,” and “visceral congestion” (Polyzoidis, 1878). The baths also were reported to act as tonics and soothing agents (Oulmont, 1904); stimulate the skin capillary-vessel circulation (Tsiachtsiris, 1870); regulate the exchange of air through the skin, and help the body to adjust to atmospheric changes.

Shower baths were used to cure some forms of sciatica (depending on its etiology) and for “the prevention of deuteropathy” (Kotanov, 1900). Very cold baths were said to assist treatments for “milliary tuberculosis or tubercular meningitis” and diarrhea. It has been noted that shower baths produced different results, depending on the temperature and the pressure of the water. Therefore, for example, in the case of spermatorrhea, cold shower baths stimulated the disease, while tepid shower baths, with moderate water pressure, were said to soothe the spinal cord irritation and contribute to treating this disease (Gimoukopoulos, 1903).

Warm baths were reported to be relaxing, antispasmodic, and beneficial for treating nervous disturbances (Oulmont, 1904). These baths were used to “treat serious [conditions],” such as congestion, bleeding, or inflammations (Kanellidis, 1858) while, at the same time, these baths were said to soothe the muscular system and relieve tiredness of the limbs (Kanellidis, 1858; Polyzoidis, 1878). These baths were reported to cure all eruptive diseases and were said to be helpful for relieving symptoms of chronic diseases (Aaland, 1998). Very warm baths were not prescribed to enfeebled and nervous persons or to those who were susceptible to brain damage (Polyzoidis, 1878; Sarandis, 1841; Vasiliiou, 1904).

Contraindications or indications concerning baths depended not only on water temperature or bathing procedures but also were based on the patients’ gender and age (Kanellidis, 1858; Tsiachtsiris, 1870). Women were advised to wash their genitals with cold water because, in menstruation, the blood circulates more easily and blood discharge is increased (Tsiachtsiris, 1870). However, in some cases, cold baths were contraindicated for some women. Immersing and sponge baths were strongly discouraged for enfeebled and pregnant women. Cool baths were thought to be appropriate for women who were not in puerperium or menstruating. Temperate baths were said to be of great benefit for women who were decrepit, “high-strung,” pregnant, anemic, or chlorotic (Kanellidis, 1858). Temperate shower baths, with medium water pressure were reported to “cure” “eclampsia of women in labour” and hysteria and act as antipyretic and tonic agents for patients who had puerperal fever, by stimulating the heart and the nervous system (Oikonomou, 1900). Moreover, dry sweat baths were recommended for treating leucorrhrea (Polyzoidis,
1878); it was also said that Turkish baths were used to assist the birthing process (Kandela, 2000). Immersing and temperate baths were strongly contraindicated for children, although, sponge baths were considered to be beneficial for children who had rheumatism, who perspired too much, or had synanche or “bronchial rheum.” Cool baths were reported to be good for children because the baths fortified health and promoted growth (Kanellidis, 1858; Kyriazidis, 1878). Aging men and women were given different kinds of recommendations. Sponge, immersing, and temperate baths were contraindicated (Polyzoidis, 1878) while cool baths were deemed to be appropriate because all other kinds of baths were thought to cause brain damage, shock, hemorrhage, and inflammation of the vital organs (Kanellidis, 1858).

**DISCUSSION**

By studying this literature, one should consider some aspects of the situation that existed in Greece during the nineteenth century, particularly during the second half of that era. The kinds of bathing reported by these authors did not reflect the need for personal cleanliness and were not concerned with the everyday habit of bathing that is considered to be normal throughout much of the world today. Instead, these reports reveal what scientists thought at the time. Some of these ideas blended more ancient practices with those extant in the era. However, it is important to note that Greece was not less knowledgeable about the use of baths in comparison to the other more “developed” countries of that time period. Indeed, bathing was one of the main preventive and therapeutic treatments used in classical antiquity. Bathing was elaborated upon in the Hippocratic texts in relation to the theory of humors. The practice was so frequently advised that it must be considered one of the important, therapeutic interventions of the time. The Greek scientists of that time had studied abroad and tried to introduce “new” methods to the Greek people, incorporating Greek attitudes with those prevailing in more developed countries of Europe, especially France, Germany, Italy, and Great Britain. However, using water for personal hygiene was almost unknown to the majority of European countries in the nineteenth century. As a result, the introduction of such practices was a novelty, but the Greeks were less skeptical about their introduction for enhancing personal hygiene.

**REFERENCES**

Kanellidis G. Treatise on Hygiene. Constantinople: Editor of the Patriarchate, 1858.

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