Nineteenth-century attitudes to cleanliness, particularly among the middle classes, have been well-documented, as has their assumption that their class attitudes should be imposed on the lower classes. During the 1840s and 1850s, local and national ‘worthies’, many of them medical professionals, delivered lectures, or wrote pamphlets and books, emphasising the importance of personal cleanliness and advising the ‘labouring classes’ to adopt a regime of daily bathing since cleanliness was one of the ‘greatest aids to health’. Most agreed that the public baths and washhouses being created following the government legislation in 1846 were of ‘inestimable benefit’ and regarded them as the greatest boon which ‘modern civilization has yet given to the working classes’. According to its promoters, personal cleanliness went hand in hand with sober, industrious habits and a conscientious sense of domestic and social responsibility. With improved personal hygiene there was a chance that there may be an improvement in social and moral behavior, although there is little evidence that any improvements actually occurred as a consequence of public baths provision.

An obsession with hygiene and health encouraged experimentation. Vincenz Priessnitz developed a hydropathic establishment in Austria, which involved treatments including lengthy cold-water wraps, baths and showers and regular consumption of water, and Captain Claridge brought back the fundamental principles to Britain leading to a craze for hydropathy and the building of ‘hydros’. The Turkish bath was also introduced into England in this period and its popularity grew rapidly amongst all sections of the population. The Baths and Washhouses Act had stipulated the facilities that baths and washhouses had to provide and this had resulted in an unadorned and utilitarian approach to the design and use of these spaces. In contrast, Turkish baths, which did not have to comply with these requirements, provided a luxurious and pleasurable experience as well as, according to their supporters, offering therapeutic resolutions to a wide variety of conditions.

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Rather than simply a medical treatment, the Turkish baths became comfortable and pleasurable spaces with establishments increasingly becoming part of the commercialised leisure world by offering an array of services and amusements alongside medical treatments.  

Given his acknowledged expertise on the subject of Turkish baths, as evidenced by his being widely cited in publications that touch on the topic, it is no surprise that Malcom Shifrin has produced an excellent text on the Victorian manifestations of these facilities. His association with publishers Historic England has resulted in a lavishly illustrated volume that will appeal to all academic historians of the nineteenth century, most especially perhaps those interested in architecture and its interaction with the social history of the period. Shifrin has managed to bridge the divide between the ‘coffee table’ volume and the academic monograph, never an easy task, by combining visual appeal with meticulous, well-referenced research and the end product will satisfy the expectations of most of the potential audience for his work. Inevitably, given that the text itself raises some questions about the meaning and place of the Turkish bath within the Victorian public landscape, the book highlights potential areas for further study, particularly with respect to the social and medical implications of these structures. This is something that Shifrin himself notes at the end of his preface where he records the ongoing difficulties encountered by the independent researcher and expresses the hope that his work will act as a ‘trigger’ for further academic work (vii).  

Shifrin has helped to set the agenda for future research at a number of points, most notably in his chapters on ‘problems and attitudes’, ‘Victorian Turkish baths for all’, and ‘the world of the bather’, at which points he goes beyond the descriptive narrative to discuss issues of class, gender and propriety. The baths were not universally admired and the controversy among the medical profession about the therapeutic value of the facilities that Shifrin notes (94) is fertile ground for further exploration. There is considerable debate in the Press of the period about the efficacy of the Turkish baths with its proponents arguing that it achieved a degree of cleanliness ‘unattainable by any other expedient’ and that its successes had forced the medical profession to take notice. Barter believed that opposition had been at a personal level but that the system had prospered and others suggested the medical profession resisted anything that was new unless it was to its own advantage. One correspondent claimed a modernist perspective in that a ‘new age’ will have its demands supplied and that one of its first requirements was the Turkish bath. Opponents responded that excessive claims for treating diseases such as cancer and tuberculosis degraded the Turkish bath to ‘the level of the Elixir of Life, or any other of the grosser forms of charlatanerie’. This kind of debate and its relationship to the contemporary need for the medical profession to consolidate its social and professional status would appear to be a key area for further research.  

Similarly, there are exciting possibilities for an extension of the groundwork that Shifrin has completed on the provision of Turkish baths for the working classes (172) and for women (277) to reflect the changing nature of class and gender as the nineteenth century drew to a close. Whatever route researchers take over the next few years, they will all owe a debt of gratitude for the uncovering of these issues and the foundations provided for their studies by Shifrin in this text. It is an essential starting point as well as being a stimulating and informative read.

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