The struggle between the upper and middle class of Victorian London defined every aspect of a physician’s daily life. To define a true gentleman in mid-Victorian England was a daunting task. Anthony Trollope defined a gentleman exclusively in that, “any one would know what it meant.” A division between the middle and upper classes dominated English and in particular London social life during the mid-Victorian era. Many in London viewed this struggle as a class war. So much so, that this conflict led to the middle class’ eventual claim of victory over the upper class; a point highly disputed among London’s aristocracy. Unlike the dynastic upper class, who were either born into their wealth or received a high status occupation from their father, British medical men continually struggled to gain and retain their aristocratic status. The daily life of a Victorian London Physician most clearly demonstrates this struggle.

A Physician’s aristocratic status is determined by his lifestyle and through his family. From the moment he wakes up until he goes to sleep at night, the London physician is always aware of what he wears, who he converses with, and what he does or does not do. In the morning, he would dress in a casual in-house dressing-gown and eat a breakfast, consisting of toast, while sipping a full basin of tea, and reading the London Times. On this particular day, January 6, 1837, London would celebrate Epiphany. Epiphany is the Christian holiday which celebrates twelve days after Christ’s birth and the visit of the Wise Men. Any Physician of status would take part in this Anglican holiday with a “Twelfth Night” dinner party held in his

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home. A true aristocrat, at least outwardly as a member of the Anglican Church, practiced their Christianity.

As the household maids and servants finished up housework left over from the evening’s party, the Physician would read the London Times for any news or appealing advertisements. On this day, January 6, 1837 the Times had several advertisements that would appeal to the Physician. First, an education advertisement, would invite Gentlemen to send their sons to a “Young Gentlemen’s” boarding school. The physician’s oldest son would soon need to begin formal school in order to enter into law, or politics: Two professions that assured a gentlemen’s status. Most Physicians did not pass their profession on to their heirs: During the Victorian era, a mere 3% of known cases among Physicians trained their sons in the medical profession. Generally, the higher the status of the family, the more likely the youngest son would be a physician. A fact that points to the social stigma of the Victorian physician, that the priority in a physicians dynasty was not to pass on his profession, but rather to gain status through his son’s occupation by going into a profession that had a better social standing.

As the Physician read on, another advertisement would catch his attention: “Lincoln Union – . . . Wanted Medical Gentlemen to take charge of the four following districts: - The north-east district, containing 33 country parishes with a population of about 7,000, and part of Lincoln with a population of 4,000: salary £100 per annum.” Although the job would initially sound appealing, after further reading his interest would wane: “The contracts must include all

necessary attendances, appliances, medicines, midwifery cases . . . [and] surgery”7 – the last word would stand out like a sore thumb leaving the physician with no choice, but to forget completely about the job offer. **This paragraph and the next should be one.**

A true gentleman would not perform surgery. To perform surgery meant manual labor, a social faux pas among London’s aristocracy. While there were several types of medical men in the 1800’s, only the titled physician was considered a “professional.” The physician alone among medical men held aristocratic social status. Physicians did not perform surgeries, deal with any type of external injury, or set bones. Physicians did not perform any physical exam except to take a patient’s pulse or urine. An unprofessional, non-gentlemanly physician might perform these duties, but the professional physician only took case histories and wrote prescriptions. This social order of administrating drugs is best described by George Elliot’s *Middlemarch:* “Professional Practice . . . chiefly consisted in giving a great many drugs.”8

Although surgeons enjoyed higher social status in the late Victorian age, a surgeon in 1837 did not hold the social status of the physician. A physician’s wife could be presented in court as a lady of the aristocracy, while a surgeon’s could not. In addition, a Physician had the title “Dr.,” but the common surgeon received simply “Mr..” Below the surgeon was the apothecary, and although they had extensive training in medicine, they too would not hold the title “Dr.” This separation of class was due to the nature of the apothecaries profession- He sold drugs (goods) over the counter and therefore was placed among merchants and traders in the middle class.9

After the physician finished his morning tea and newspaper, he might join his family in the dining room for a formal tea breakfast. Although Victorian Aristocratic physicians as a whole tended to marry and have children, their families were often small. In fact, many physicians often went childless. A minority of physicians of the elite Royal College of Physicians raised three or more children. Only 24% raised three or more children. Many physicians married later in life, thus, as a group, had fewer children. Many physicians in the Royal College married for the first time in their thirties and forties. 39% of the whole group were known to have married late, if not at all. Like every other aspect of the physician’s life, family played a role in attaining aristocratic status. Many physicians had fewer children because of the prohibitory cost. The more children you could send to a gentlemen’s school and establish professional practices with, the more chance you have to becoming an aristocratic elite. Some physicians married into wealthy families to enter the aristocracy. Royal College Fellow Mathew Lister, who lived until he was 85, married a wealthy widow in his 50’s, and married again in his 60’s to another. Many tried to separate the family from the professional life, but personal and professional lives were always intertwined.

After the family breakfast, the physician would change into his attire for the day before his first appointments. A physician’s dress helped to determine his professional status as a gentleman. As Gilles Lipovetsky points out on dress of the time period: “The timeless logic of signs of power, brilliant symbols of domination and social difference.” This “signs of power”

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that Lipovetsky points out is particularly pertinent to the physician – to dress like a professional
gentlemen put you, in the eye of a commoner, as a man of power and prestige.

The symbol’s of power and prestige during this time period was of the horse and the
rider. In Victorian literature and culture, horses ideologically represented class. Women were
often compared to and depicted as horses, almost to the point of making a sexual statement. The
symbol of their rider of course would have been the male, thus fashion for men in the mid-
Victorian period evolved around horse transportation. An aristocratic physician in 1837 would
have dressed according to their profession, but would also dress up to their social status.

Aristocratic physicians would have had all their suits and clothes tailored and handmade
by a well-known and prestigious upper class tailor. A physician’s shirt and undergarments would
be composed of thin linen, commonly of a lawn or muslin consistency. Men of the middleclass
wore thicker varieties of linen, because of their long labor-intensive jobs. The shirts would be
dirtier and would only be changed ever so often. To always wear new, thin, clean linen, meant
that you had enough money to be a gentleman; a physician would always abide by this rule. Over
the linens, men wore either a stiff neck band known as a “stock,” or a “cravat,” which is similar
to a modern day bow tie. The 1830’s marked the beginning of dark fashion. Men would wear
primarily black, especially when it came to their coats. Coats were not generally worn during the
day; they were reserved for evening parties or around town. Men would have worn a vest or
waistcoat and a dress or riding coat made of wool. The riding coat would have been “cut high up
and double-breasted with large labels in the front over the waist and long-tailed in [the]

\[13\] Gina Marlene Dorre. “Horses and Corsets . . ., p. 159.
Since transportation evolved around horseback riding and carriages, riding boots were found to be the most practical and stylish shoes, in fact, were considered to be less formal. Because of the often muddy and sewer congested streets, boots would protect the gentleman from any unsanitary smells or street wear. Lastly, the tall boots were considered stylish and went well with the fashionable white riding tights. These boots had several styles and fashions including “top boots,” “Hessian,” and “Wellingtons.”

As for the face, men were clean-shaven up until the 1850’s when men returned from the Crimean wore with beards. Physicians would have played particular attention to this detail, for the clean-shaven look was considered as a “specific mark of protest against the middle-class.”

The clean-shaven look, and the dress alone did not separate the upper from the middle class. The finishing touches of the outfit made the final separation. Among these was a chain watch, which would have been an inherited piece and a symbol of dynastic aristocracy. Another would have been the cane, which no fine gentlemen left his home without. On rainy or foggy days, which were often in 1837 London, the doppelgänger, the German “tightly furled umbrella” would have been the piece of choice.

As the physician finished dressing and preparing for the day, he would pass through his front living area to the front door. A Physician’s house, furniture and fixture would also have been a symbol of his status: A home furnished with the latest fashions and trends would have


raised his status and would separate him from the upper middle class. Furniture of the time period hit a “renaissance revival.” Like women’s dress of the age, comfort was not a high priority when it came to furniture and fixtures. Furniture of the Victorian era tended to be solid and massive; with rectangular panels, molded medallions, and floral carvings. In general, the aristocrats home would be dominated by massive, ornate, and awkward; chairs, couches and tables. Most wooden furniture would be hand crafted made of heavy oak or rosewood – symbols of power and prestige.  

In addition to the furniture, fixtures, and overall style of the home representing the status of an 1837 physician, the location of a physicians home also played a large role. The physician would establish his practice out of his home in attempt to establish an aristocratic patient clientele. The highest paid physicians specialized or consulted in a specific area of medicine. However, the most prestigious physicians practiced general medicine or were the personal doctors for London aristocratic families. The most elite of these gentlemen would be a consultant and Fellow for the highly respected Royal College of Physicians, as well as a family bedside doctor for the upper class. The poor got the apothecary or the hospital, and the rich got the physician. On this basis, physicians generally located themselves in the West end of London – west of Temple Bar, London’s Center, and Charing Cross. This location proved strategic. The physician could be close to his patients and be among the aristocracy for social events. Many 1837 physicians lived in the Mayfair residential area, just south of Royalty in Westminster – a location that points to the ideology of the aristocracy: upper class means Royalty, or in this case,


as close to Royalty as one could get. The most prestigious of medical gentlemen lived on Harley Street. Harley Street composed mainly of the elite consultants and Fellows of the Royal College of Physicians. Physicians of a gentlemen’s status would find themselves among this group of elites.

As the physician gathered his medical bag and cane, he might grab his doppelgänger to protect himself from the immense amount of yellow fog that stretches 3-4 miles from the city center, especially during the months of November, December, and this month, January. As the physician steps out on to the street at about 8:00 am, the sky is black with smoke from coal fires burning in the city.19

Once again – combine this paragraph with the next one, or combine the next two. Explain the maladies he treats, and his prescriptions a bit more. Given the aristocratic problem, would he have bled people or left that to the surgeon?

Throughout the physician’s day, he would visit with clients, assist with the delivery of a baby, and write prescriptions for apothecaries. Physicians would often call in a surgeon for accidents involving broken bones or minor surgeries, which happened quite often due to horse accidents. On this day, because of a major influenza epidemic the physician might see a large number of patients affected by influenza. The epidemic would slow down and eventually die out in the spring of 1837.

The physician may also see patients with “black lung” and coughing symptoms. More than 700 people above the average mortality died because of black fog in 1837. This black fog covered all of London and would often create dust from pulverized stone. It coated furniture in good weather and turned to mud in rainy weather. This fog contributed to the ill health of many Brits and specifically those who resided in the city of London.

As the physician rides his carriage from client to client, he would ride through the streets and over bridges that straddle the Thames. London streets were dirty and unsanitary. One hundred tons of manure was dropped on the streets of London each day during this period. And some 278,000 tons of pollutants from factories were dumped in the Thames each day. Germ Theory was not discovered until 1862, so these environmental decisions were considered harmless. However, they probably were the source of many cholera epidemics, which plagued the city during this time period.

After a full day of patient visits, the physician might travel down town to attend a dinner for the Fellows of the Royal College of Physicians. The Royal College, which dates back to the early sixteenth century, was a group of elite London physicians who were dedicated to the gentlemanly practice of “Physic,” or internal medicine -the phrase in which the word Physician derives its name. Only the true aristocratic elite were members of the Fellows. They comprised only 4% of the College’s membership. Although a physician needed a college medical degree to be admitted to and be a Licentiate of the College, medical training meant little next to the “ability to move comfortably among the right sort of people.”

The speaker of this Royal College dinner may have focused on the problems of recruiting young gentlemen to the medical profession and how the College can change this trend. Recruiting young gentlemen to the profession was a big problem in the London medical community in 1837. This problem had many causes, but originated from the social stigma given to medical men. Medical men were not considered of a high social class. Many medical men

wrote about this “social injustice” in the pages of the *Lancet* and the *British Medical Journal*. Many pointed out in these journals how their low status often lead to poor treatment from the elite aristocracy, and to low incomes. **Combine with the following paragraph.**

Part of the problem stemmed from the Colleges themselves. London medical schools were not considered among the elite colleges of the time, Oxford and Cambridge, who distinguished themselves as schools of the gentlemen’s order. As Sir James Paget, the first dean of St. Bartholomew’s Medical College describes it, “[the problem of Oxford and Cambridge, is that they are] regarded as the schools of the gentry of the land, and . . . the medical schools are not.”

The Fellows dinner speaker might speak on the problems faced the profession in terms of the recruitment of medical gentlemen and the regulation of medical students’ conduct. In a socio-behavioral profile of Sir James Paget’s students at St. Bartholomew’s Hospital Medical School, less than 10% of the students observed were considered to have “Gentlemanly,” “well-conducted,” and/or “well conditioned,” behavior – a reflection that obviously carried over to the profession as a whole. **Combine with paragraph above**

After the Royal College dinner, the physician may head to Mayfair to mingle amongst London’s elite aristocracy. As he mingles in Pall Mall’s posh men’s clubs, he may reflect and evaluate his own day as it compares to the aristocratic social standard. His home life, family and lifestyle all represent the life of a prestigious gentleman aristocrat. His house is furnished with the newest and finest furniture on the market and his clothes symbolize the power of the upper

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class. He lives among the Aristocracy in Mayfair, on the fringes of nobility. He has an extensive upper class patient clientele and is a Fellow at the Royal College of Physicians. As the physician drinks with and greets his fellow aristocrats, he observes the differences between himself, a self-made man, and those of the inherited upper class. As these comfortable aristocrats bask in the easy life of their inherited upper class lifestyle, he notices the fundamental difference between these men and himself: While these men inherited their place in society, the Victorian physician had to acquire his aristocratic status on his own, and perpetually prove his standing in society. As Sir George Turner, a successful Victorian practitioner put it, “imagine that no doctor can be born a gentleman.”