

‘Making your Mark’ in Medicine: The Struggling Young Practitioner and the Search for Success in Britain, 1830s–1900s

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I

It seems a strange thing to me ... that the parents and guardians of young men do not warn them against entering upon a calling where competition is so very keen and remuneration for the most part so dreadfully small.¹

These observations – made by a correspondent to *The Lancet* who signed himself ‘One of the Crowd’ – reflect anxieties about the state of the medical profession in the nineteenth century. The early years in practice were typically represented as a period of significant hardship, in which the young medical man struggled to make a living, attract and retain patients, and build relationships with his professional colleagues.

A practitioner’s ‘early struggles’ were thought to encompass roughly the first decade after he had received his qualification and/or licence to practise. The 1858 Medical Act instituted a central register for practitioners and regulated entry requirements. Nevertheless, there remained myriad routes available – aspiring practitioners could obtain a medical degree from a university or a licence from one of the UK’s nineteen licensing bodies; many held both. The process of then establishing oneself in private practice was understood to take time. Jukes de Styrap’s *The Young Practitioner* (1890) was pragmatic about these challenges. It counselled its readers, ‘unless you succeed in making your mark, and establishing a fair reputation and practice in the first six or eight years, the probability is that you never will’.² These formative years were framed as a crucial determinant for future success.

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¹ ‘One of the Crowd’, ‘Correspondence: the remuneration of medical men’, *The Lancet*, 148/3803, 18 July 1896, p. 213.

² Jukes de Styrap, *The Young Practitioner* (London, 1890), p. 3.

How was the young practitioner supposed to make his 'mark' in medicine? What methods could he use to establish a 'fair reputation in practice'? This article will examine representations of the medical man's struggles for recognition and success that appeared between the 1830s and 1900s. It considers how a range of texts – advice literature, medical journals and fiction – presented strategies for young practitioners to persuade patients and colleagues of their legitimacy. The article focuses on entry into private general practice, the experience of most medical men. While there was fluidity between roles in this period, hospital practice differed markedly because it provided immediate access to patients and professional colleagues. I concentrate here on male practitioners, since medical women faced separate obstacles at the outset of their careers.³

The market for professional advice literature flourished during the nineteenth century, with the expansion of career opportunities for middle-class men. There were books aimed at those wishing to pursue a medical career, such as Charles Bell Keetley's *The Student's Guide to the Medical Profession* (1878) and de Styrap's *The Young Practitioner*. At the age of 30, Keetley was a relatively young practitioner when his book appeared. However, he had already attained the post of Assistant Surgeon to the West London Hospital, thereby cementing his status. By contrast, de Styrap was 75. He had retired early from clinical practice due to illness, but remained a prominent member of the profession.⁴ By his own admission, *The Young Practitioner* was a derivative work, offering 'modified selections from' and 'additions to' Daniel Webster Cathell's popular US manual, *Book on The Physician Himself* (1881).⁵ He revised Cathell's American vernacular and amended some advice to reflect the context of practice in Britain. His main innovation was to reframe the material into a direct address to the young practitioner. This article draws largely on de Styrap's guide, while recognizing that he did not materially modify the tenets of Cathell's text. These advice guides drew on an earlier tradition of works concerning medical ethics, such as Thomas Percival's landmark *Medical Ethics* (1803). Indeed, de Styrap had already published his own code of medical ethics (1878), itself based on the American Medical Association's code (1847).⁶

This article also explores fiction by authors with a medical background. It looks at 'Early Struggles', the first instalment of Samuel Warren's *Passages from the Diary of a Late Physician*, which was serialized in

³ Thomas Neville Bonner, *To the Ends of the Earth: Women's Search for Education in Medicine* (Cambridge, MA, 1992); Anne Digby, *The Evolution of British General Practice, 1850–1948* (Oxford, 1999), pp. 154–86; Laura Kelly, *Irish Women in Medicine, c.1880s–1920s: Origins, Education and Careers* (Manchester, 2012); Claire Brock, *British Women Surgeons and their Patients, 1860–1918* (Cambridge, 2017).

⁴ Robert M. Veatch, *Disrupted Dialogue: Medical Ethics and the Collapse of Physician-Humanist Communication (1770–1980)* (New York, 2004), p. 76.

⁵ De Styrap, *Young Practitioner*, p. i.

⁶ American Medical Association, *Code of Ethics of the American Medical Association* (Oxford, 1849); Jukes de Styrap, *A Code of Medical Ethics* (London, 1878).

Blackwood's Edinburgh Magazine between 1830 and 1837. Warren studied medicine at the University of Edinburgh between 1826 and 1827, though he subsequently entered the law. At the opposite end of this period, Arthur Conan Doyle published *Round the Red Lamp* (1894) – a collection of medical short stories – and *The Stark Munro Letters* (1895), an epistolary novella comprising a series of letters from the titular protagonist (a young surgeon) to an old friend. Conan Doyle graduated with a medical degree from Edinburgh in 1881 and spent nearly a decade practising medicine before focusing on his literary career instead. Though Warren wrote in a sensationalist mode and Conan Doyle in a comedic vein, both authors offered portraits of the early struggles in practice which were seen by some as not only authentic, but instructive. In *Address to a Medical Student* (1843), William Alexander Greenhill warned aspiring practitioners not to ‘fancy that Medicine is the way to wealth and honours’, noting that even when physicians did become celebrated, it was often ‘only after going through some of those fearful “Early Struggles”, so graphically described in the *Diary of a Late Physician*’.⁷ Upon its publication, *The Stark Munro Letters* was reviewed by the *Medical Press and Circular*. The journal noted that, though it was a work of fiction, it ‘contain[ed] suggestions which cannot fail to prove of value both to practitioners and students’.⁸

Historians of medicine have examined the struggles of young practitioners in this period. Anne Digby and Anne Crowther and Marguerite Dupree identify patterns in young medical men’s movements, illustrating that decisions about where and how to practise were shaped by both personal and professional considerations.⁹

The early struggles have been linked to the competitive and overcrowded nature of the profession. Irvine Loudon suggests there was an ‘over-production of practitioners’ during the first half of the nineteenth century,¹⁰ and Digby contends that these pressures in general practice were not relieved until the National Health Insurance Act (1911) reduced financial uncertainty and made it easier to start in practice.¹¹ Reappraising the role of medical failure, Alannah Tomkins suggests that it was not simply a ‘temporary staging post on the route to success’ but ‘central to the professionalisation process’, a situation she links to marketplace dynamics.¹² While medical men could experience periods of uncertainty at any stage of their career, I contend that the struggling young practitioner emerged as a distinctive representational category. Young medical men

⁷ William Alexander Greenhill, *Address to a Medical Student* (London, 1843), p. 15.

⁸ ‘Literature: the Stark–Monro [sic] Letters’, *Medical Press and Circular*, 16 Oct. 1895, p. 404.

⁹ M. Anne Crowther and Marguerite W. Dupree, *Medical Lives in the Age of Surgical Revolution* (Cambridge, 2007); Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720–1911* (Cambridge, 1994).

¹⁰ Irvine Loudon, *Medical Care and the General Practitioner, 1750–1850* (Oxford, 1986), p. 7.

¹¹ Digby, *Evolution*, p. 18.

¹² Alannah Tomkins, *Medical Misadventure in an Age of Professionalisation, 1780–1890* (Manchester, 2017), p. 3.

were depicted as particularly vulnerable, since both their living and their reputation among patients were insecure.

Historians Mark Jenner and Patrick Wallis have questioned the rigour of the 'medical marketplace' approach. They argue that greater attention should be paid to analysing how 'medicine has been conceptualized and imagined through the languages of trade, market and political economy'.¹³ This article will show how medical writing and fiction negotiated the commercial aspects of practice while promoting ideals of professional respectability. This was a period in which the profession sought to rid itself of its old associations with trade and establish its 'genteel status'.¹⁴

Thus far, historians have looked to medical writing and fiction as evidence of the difficulties facing aspiring practitioners, while Lilian Furst analyses *The Physician Himself* as part of her study on the power structures of doctor–patient relationships.¹⁵ Building on previous work, this article reads across a diverse range of texts to elucidate how they shaped ideas about the early struggles in practice in both the medical and popular imagination. I will reveal how textual practices were a vital medium for constructing professional identities and notions of etiquette. This article begins by looking at representations of the young medical man's efforts to attract patients, before considering depictions of his early patient encounters and his bedside manner. Finally, it examines his relationships with colleagues. Ultimately, the article evinces the role played by print culture in helping young medical men negotiate their formative years in practice and their emergent medical identities.

II

In medical writing and fiction, the early years in practice were typically associated with financial hardship and a struggle to attract patients. In Warren's 'Early Struggles', the protagonist finds that he has gone through one year 'almost without feeling a pulse or receiving a fee' and describes himself as 'baffled in every attempt to obtain a permanent source of support from [his] profession'.¹⁶ Conan Doyle's 'A False Start' opens with a young practitioner, Dr Horace Wilkinson, mistaking an officer from the Gas Company for a prospective patient. His desperation has reached such a pitch that he has become almost predatory in his approach to practice: '[i]n the thick, burly man in front of him, he scented a patient, and it would be his first'. After the visitor reveals the reason for his call (he has come to collect a debt) and takes his leave, Wilkinson returns to 'the terrible occupation of waiting', an activity which characterizes his professional

¹³ Mark Jenner and Patrick Wallis, 'The medical marketplace', in Jenner and Wallis (eds), *Medicine and its Market in Britain and its Colonies, c.1450–c.1850* (Basingstoke, 2007), pp. 1–23, at pp. 17, 10.

¹⁴ Digby, *Making a Medical Living*, p. 6.

¹⁵ Lilian Furst, *Between Doctors and Patients: The Changing Balance of Power* (Charlottesville, VA, 1998).

¹⁶ Samuel Warren, 'Early struggles', in *Passages from the Diary of a Late Physician*, 2 vols (Edinburgh, 1844) I, pp. 3–33, at pp. 5, 16.

life. Eager to cultivate an image of industry and professionalism, he ‘fill[s] up’ the pages of his ledger, day-book, and visiting-book with ‘notes of imaginary visits paid to nameless patients’.¹⁷ Conan Doyle presents his readers with an apparent paradox: a doctor without any patients. He recycled this encounter between a young practitioner and a gas officer mistaken for a patient in *The Stark Munro Letters*.

Warren’s narrator suggests that he has been thwarted by his ‘ambition’ and ‘egregious vanity’ in attempting to pursue fashionable metropolitan practice. He contends that the ‘humbler sphere’ of general practice would have enabled him to acquire a ‘respectable livelihood’.¹⁸ Megan Coyer notes that Warren’s story was originally intended for the *New Monthly Magazine*, which featured attacks on the medical elite. She suggests that, in this context, it might have been read differently – as satirizing the narrator’s own pretensions – but that it was received more sympathetically in *Blackwood’s*.¹⁹ In ‘A False Start’, Wilkinson settles in the ‘bustling, prosperous town’ of Sutton.²⁰ Like Warren’s protagonist, he seeks to capitalize on the easy availability of patients. Though he is also a physician by training, he seems more willing to pursue general practice, perhaps because it had achieved greater social acceptance by the *fin de siècle*. He decides to mix his own medicines, reasoning that ‘in such cities as Sutton there are few patients who can afford to pay a fee to both doctor and chemist’. He acknowledges that the practitioner must be ‘prepared to play the part of both’ to ‘mak[e] a living’.²¹ Charging for medicine was contentious given its associations with trade.²²

One reason for the difficulty in attracting patients was that advertising for one’s services was also regarded as antithetical to ideas of professional gentility. In 1896, an article in the *Medical Press and Circular* warned that, ‘Medical men are not tradesman, and even if some of them should so regard themselves and feel inclined to resort to advertising for the purpose of obtaining practice, they cannot do so save at the risk of compromising the honour of their profession.’²³

In the face of this prohibition, young medical men employed indirect means of self-promotion. Practitioners might signify their presence in a neighbourhood through the display of a red lamp and brass nameplate. However, Keetley was sceptical that this would enable them to build a practice in ‘a sober, slow place where the doctors already in possession are sound men liked by their patients’, particularly if they lacked capital

¹⁷ Arthur Conan Doyle, ‘A false start’, in Robert Darby (ed.), *Round the Red Lamp* (Kansas City, MI, 2007), pp. 45–58, at pp. 45, 47.

¹⁸ Warren, ‘Early struggles’, p. 11.

¹⁹ Megan Coyer, *Literature and Medicine in the Nineteenth-Century Periodical Press*: Blackwood’s Edinburgh Magazine, 1817–1858 (Edinburgh, 2017), p. 126.

²⁰ Conan Doyle, ‘False start’, p. 48.

²¹ *Ibid.*, p. 50.

²² See, for example, ‘Remuneration of the general practitioner’, *Provincial Medical and Surgical Journal*, 12 Feb. 1845, p. 106.

²³ ‘Advertising by medical men’, *Medical Press and Circular*, 30 Dec. 1896, pp. 684–5, at p. 684.

to support themselves.²⁴ There were also more creative ways to advertise covertly. In Conan Doyle's short story 'Crabbe's Practice' (1884), the narrator helps his friend – a struggling young practitioner – to stage an accident to attract public interest. The protagonist pretends to drown so that Crabbe can perform a remarkable resuscitation. As hoped, the spectacle raises the doctor's profile among the local community and establishes him in practice. This farcical sequence of events was clearly intended to amuse Conan Doyle's juvenile readership – the story originally appeared in the *Boys' Own Annual* – but it also engaged with anxieties about the difficulties facing young practitioners.²⁵

Conan Doyle was only too familiar with the early struggles in practice. When he arrived in Southsea, without connections, he placed an item in the local newspaper discreetly announcing his change of address. Later, after intervening in a horse accident, he arranged for the incident to be reported by the local press.²⁶ A fictionalized account of this appears in *The Stark Munro Letters*, where the protagonist justifies his actions by explaining that, 'it is hard enough for the young doctor to push his name into any publicity, and he must take what little chances he has'.²⁷

Projecting a genteel appearance was regarded as one way for practitioners to attract patients. Warren's narrator expresses incredulity that 'the regularity and decorum of [his] habits and manners' have not served as a better advertisement for his services. He wonders whether he would have been more successful had he been able to 'exhibit a line of carriages at [his] door' and 'be seen at the opera and theatres'.²⁸ Warren parodies the level of ostentation needed for the consultant to satisfy wealthy patients. Later advice manuals emphasized the importance of 'making a favorable impression'.²⁹ Reiterating Cathell's advice, de Styrap encouraged readers to consider their attire and choice of transportation. He counselled young practitioners not to 'ignore the fashions of the day' but to avoid wearing anything 'flashy'.³⁰ While social conformity was regarded as key to winning the regard of prospective patients, some show of success was considered advisable. De Styrap remarked that '[t]he inexperienced public' would 'infer that a practitioner who finds a carriage necessary must have an extensive and successful practice'. He also advised readers to present their consulting-room in a desirable manner, noting that patients would be 'sensibly impressed and influenced' by its arrangement.³¹

²⁴ Charles Bell Keetley, *The Student's Guide to the Medical Profession* (London, 1878), p. 34.

²⁵ Arthur Conan Doyle, 'Crabbe's practice', in *Round the Red Lamp*, pp. 207–18.

²⁶ Geoffrey S. Stavert, *A Study in Southsea: The Unrevealed Life of Dr Arthur Conan Doyle* (Portsmouth, 1987), pp. 19, 25.

²⁷ Arthur Conan Doyle, *The Stark Munro Letters* (London, 1907), p. 134.

²⁸ Warren, 'Early struggles', p. 8.

²⁹ Furst, *Between Doctors and Patients*, p. 3.

³⁰ De Styrap, *Young Practitioner*, p. 13.

³¹ *Ibid.*, pp. 16–17, 4–5.

In *The Stark Munro Letters*, when the protagonist settles in Birchespool, he prioritizes furnishing his consulting-room. He remarks that his 'mind had been so centred upon the essentials for practice, that [he] had never given a thought to [his] own private wants' – he suddenly realizes that he has no mattress on which to sleep. He had been adamant that he 'must show a presentable front to the public'.³² The fact that Wilkinson in 'A False Start' rearranges his room 'a dozen times in the day' indicates that a concern for outward appearances may become obsessive (particularly for those who had little else to occupy their time). Further, his decision to fill his books with 'imaginary visits paid to nameless patients' shows how the young doctor might be driven to fabricate details of his practice to create a positive impression. Ironically, he is scuppered by appearances – his first patient, a 'gipsy' woman, protests at paying a fee on the grounds that he already seems to be 'living in the lap of luxury'.³³ In medical fiction, a preoccupation with external appearances is satirized, but also used to create pathos. Though there may be feelings of personal pride at stake, maintaining appearances is presented as a matter of professional pragmatism.

The young practitioner was also expected to conduct himself respectably in his private life. Cathell and de Styrap warned their readers against socializing with undesirable characters and dissipated behaviour. Cathell's direct admonition against associating with 'harlots' reflects his forthright style and was not replicated in de Styrap's more reticent reworking.³⁴ However, de Styrap similarly advised his readers to 'eschew the hotel-bar, the smoking, the billiard, and the gambling room', adapting Cathell's original passage to suit a British social milieu.³⁵ Sobriety was widely advocated across medico-ethical literature. De Styrap warned that while '[i]n sobriety may be tolerated in practitioners fully established ... it would be fatal to one commencing practice'.³⁶ There is a sense that the bar for good behaviour was set higher for young practitioners.

Both writers also warned against overfamiliarity with the local community. De Styrap reiterated Cathell's advice to avoid 'dining out with your patients, and attending their tea or card parties'. He warned that 'conviviality and abandon' would have 'a levelling effect, and divest ... the physician of his legitimate prestige'. However, he also acknowledged that this might seem '[un]social and seclusive' and 'adverse to [one's] professional interests'.³⁷ Indeed, it runs counter to images of the doctor in contemporary fiction, where practitioners were often immersed in the social life of their community. Upon its publication, *The Young Practitioner* was reviewed by the *British Medical Journal*. While endorsing

³² Conan Doyle, *Stark Munro*, pp. 115–16.

³³ Conan Doyle, 'False start', pp. 47, 51.

³⁴ Daniel Webster Cathell, *Book on the Physician Himself* (9th edn; Philadelphia, PA, 1890), p. 8.

³⁵ De Styrap, *Young Practitioner*, p. 6.

³⁶ *Ibid.*, pp. 63–4.

³⁷ *Ibid.*, p. 66.

the book, the reviewer noted that, 'the standards which [de Styrap] sets up for our conduct towards the public ... is perhaps almost too high'.³⁸ Like Cathell, he was fastidious about good behaviour. Although these strictures may not always have been followed in practice, they demonstrate that medical etiquette extended beyond patient care.

III

Medical historians such as Digby suggest that 'social connections' and 'networking skills' were advantageous to the development of a 'viable practice'.³⁹ One of the reasons why the young practitioners in Warren and Conan Doyle's fiction struggle to secure footholds in the profession is that they are unknown. In 'Early Struggles', the narrator regards his 'want of introductions' as a 'great misfortune'. He attempts to draw upon tentative family connections but is mortified when his applications are met with a cool response.⁴⁰ In *The Stark Munro Letters*, the protagonist tries to set himself up in practice in Birchespool 'without connections, without introductions'.⁴¹ In 'A False Start', Wilkinson is shocked when he is summoned to attend the wealthy Millbank family, precisely because he is 'obscure, unknown, without influence'. He is sure '[t]here must be some mistake'.⁴² Which, it soon transpires, there has been.

The notion that social contacts facilitated professional success was widespread, but did not go unchallenged. De Styrap conceded that a doctor must at least 'put [himself] on a conversational level with the cultured classes of society'. However, he discouraged readers from relying upon their 'social influence', warning that 'even your truest friends and well-wishers may well prefer that you should test your skill and gain your experience by attendance on others rather than on themselves and their families'. Moreover, he suggested that – in times of trouble – friends would rely on the doctor whom they most trusted, rather than 'the young medical friend of whose unpractised skill they know too little'.⁴³

For young medical men seeking entry to illustrious practice without connections, the notion of the 'fortuitous encounter' with a wealthy patient was a well-established 'myth', as Dorothy and Roy Porter identify.⁴⁴ In Warren's 'Early Struggles', the young physician meets an elderly gentleman with a bad cough (Sir William) in St James's Park. He offers his medical opinion but refuses the guinea offered to him since the

³⁸ 'Review: *The Young Practitioner with Practical Hints and Instructive Suggestions on Subsidiary Aids for his Guidance on Entering into Private Practice* by Jukes de Styrap', *British Medical Journal*, 2/1550, 13 Sept. 1890, pp. 632–3, at p. 633.

³⁹ Digby, *Evolution*, p. 13.

⁴⁰ Warren, 'Early struggles', p. 8.

⁴¹ Conan Doyle, *Stark Munro*, p. 126.

⁴² Conan Doyle, 'False start', p. 52.

⁴³ De Styrap, *Young Practitioner*, pp. 71, 72–3.

⁴⁴ Dorothy Porter and Roy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Oxford, 1989), p. 119.

advice has been only ‘trifling’. The protagonist later reproaches himself for failing to capitalize on the exchange, considering how some medical men ‘with a more plausible and insinuating address’ than his ‘would have contrived to get into the confidence of this gentleman, and become his medical attendant’. However, the use of language such as *insinuating* and *contrived* points towards the way in which such behaviour might be regarded as unethical. Indeed, the young physician characterizes his reticence as ‘sensitiveness to professional etiquette’.⁴⁵ Later, de Styrap would advise his readers ‘to make *no charge* for ordinary or trifling advice incidentally given to patients ... or to persons for whom you chance to prescribe in places of public resort’.⁴⁶ In ‘Early Struggles’, the young physician’s dilemma is solved when Sir William places an advertisement in the newspaper seeking the doctor with whom he met.

The protagonist later has another fortuitous encounter, stumbling upon a young woman injured in a carriage accident. Someone raises the cry for medical assistance, and the young physician offers his professional services. He places the woman in a position to alleviate her suffering and prescribes her medicine. In this instance, he willingly accepts a generous ten-pound cheque from her father, an earl. De Styrap suggested that ‘[t]he instinct of humanity’ should ‘impel’ the young practitioner to ‘go to all cases of sudden emergency, accidents ... without regard to the prospect, or otherwise, of a fee’.⁴⁷ However, he did not imply that it would be unethical to accept payment. In ‘Early Struggles’, the fact it is willingly offered by such a wealthy individual absolves the practitioner from any charge of exploitation.

In ‘A False Start’, Wilkinson is reprieved through an equally fortuitous incident: a case of mistaken identity. He is summoned to attend the wife of local luminary Sir John Millbank, only to discover that the family attendant (Dr Mason) actually recommended that another (much more eminent) doctor of the same name be called in for consultation. Mason suggested the family receive a second opinion from Sir *Adam* Wilkinson (lecturer on pulmonary diseases at Regent’s College, London and physician at St Swithin’s Hospital), not Dr *Horace* Wilkinson, the local practitioner with whom he is unfamiliar.

In ‘Early Struggles’ and ‘A False Start’, professional success is engendered by chance or Providence. Warren’s young physician describes how ‘[f]ortune ... seemed tired of persecuting me; and my affairs took a favourable turn’.⁴⁸ This points towards problems latent in the profession: that the young doctor who lacked connections was relatively powerless in his attempts to secure a living. Yet the narratives also illustrate how tact, discretion and perseverance are rewarded. Warren’s protagonist makes a positive impression on wealthy prospective patients through his

⁴⁵ Warren, ‘Early struggles’, pp. 14–15.

⁴⁶ De Styrap, *Young Practitioner*, p. 222.

⁴⁷ *Ibid.*, p. 51.

⁴⁸ Warren, ‘Early struggles’, p. 30.

industry and conscientiousness. His 'unremitting and anxious attentions' towards the earl's daughter please the family and he is soon invited to attend the invalided countess as well, in tandem with their usual physician. After 'securing the confidence of the family' he is introduced to their wider circle and 'lay[s] the foundation of a fashionable and lucrative practice'.⁴⁹ Wilkinson impresses the Millbanks inadvertently. When he rejects Sir John's suggestion that he treat Lady Millbank without a physical examination, the client assumes that his impertinence signals disinterestedness, that he 'care[s] nothing either for his wealth or title'. Rather than being affronted, Sir John's 'respect for his judgement increased amazingly'.⁵⁰ Whereas Warren's young physician is eager to avail himself of the opportunity to attend a wealthy family, Wilkinson is less obsequious. The stories' resolutions are determined by their genre – Warren's is an appropriate end to a melodramatic tale of a young man forced to undergo poverty and mortification, while Conan Doyle's is fitting for a light comedy; 'A False Start' originally appeared in a Christmas edition of *Gentlewoman* magazine.

The myth of the fortuitous encounter with remunerative patients was appealing because young medical men's earliest work was likely to be among the lower classes. De Styrap informed his readers that, '[y]our reputation will probably begin ... in the back streets and alleys, among the very poor'.⁵¹ In *The Stark Munro Letters*, when the protagonist enters an assistantship with Dr Horton, he is allocated the working-class patients. He describes how a typical morning begins with 'Horton in a carriage and pair to see the employers; I in a dog cart to see the employed'. When he later establishes his own practice, he reflects that his first patients have 'nearly all been very poor people'.⁵²

Attendance on the poor was sometimes represented as demoralizing or degrading. In Warren's 'Early Struggles', the young physician describes 'being called in to visit the inferior members of families in the neighbourhood', namely the servants, housekeepers and porters. He considers these visits to be 'the most irritating' among 'all the trying, mortifying occurrences in the life of a young physician', not least because they involve using the servants' entrance.⁵³ In Conan Doyle's 'A False Start', Wilkinson feels disdain towards the 'small hard-faced [gipsy] woman' who requests his services; he fears her family does 'not look very promising'.⁵⁴ Readers may have either sympathized with the notion of professional men being unable to secure a 'better class' of patient or condemned such snobbery.

Service towards the poor was nevertheless widely represented as a professional duty. De Styrap advised readers that they should be 'ever

⁴⁹ Ibid., pp. 31–2.

⁵⁰ Conan Doyle, 'False start', p. 55.

⁵¹ De Styrap, *Young Practitioner*, p. 37.

⁵² Conan Doyle, *Stark Munro*, p. 43, 132.

⁵³ Warren, 'Early struggles', p. 9.

⁵⁴ Conan Doyle, 'False start', p. 49.

willing to do [their] share of charity for the deserving poor'. Like Cathell, he drew upon the enduring rhetoric that distinguished between the 'deserving' and 'undeserving' poor. However, he also developed his source material, counselling readers to adopt a considerate manner with patients across the social spectrum: 'Be careful to approach the sick, rich and poor alike, with noiseless step, with kindly hopeful greeting and gentle, thoughtful speech.'⁵⁵ In 'A False Start', Wilkinson adopts 'his very best sympathetic manner' with the 'gipsy' woman and her baby, despite his initial disdain. When the story appeared in *Gentlewoman* magazine, it was accompanied by an illustration which showed the doctor looking over the pair tenderly and conscientiously.⁵⁶ In these representations of private practice, ideas of philanthropy and public service intermingled.

Work among the poor was also regarded as serving a practical value, helping to develop a practitioner's skills and reputation. Conceding that there may be 'little, or no pecuniary reward' in these cases, de Styrap suggested that they might 'increase your fame' and 'educate both your hand and your eye'. He added, 'every patient you attend, rich or poor, will aid in enriching your experience, and forming public opinion'.⁵⁷ Writers constructed a hierarchy of patients; the poor were conceived as a stepping stone in one's career, while professional success was associated with work among the wealthy. In 'A False Start', Wilkinson imagines how his initial encounter with the 'gipsy' family might develop into something more prosperous: 'These wandering people have great powers of recommendation ... The hangers-on to the kitchen recommend to the kitchen, they to the drawing-room, and so it spreads.'⁵⁸ It is unclear whether this free indirect discourse reflects Wilkinson's wishful thinking or Conan Doyle's own view. Although Cathell and de Styrap discussed recommendations diffusing across the social hierarchy, they were sceptical about the utility of building one's reputation among the lower classes. De Styrap warned his readers that '[p]eople who, in their minds, associate you professionally with [their] servants, are apt to form a low opinion of your status'. He was sagacious and advised readers that 'the necessity of earning a living' should make them 'careful not to let [low-paid or unpaid work] crowd out [their] more or less remuneratory practice'.⁵⁹

Instead of seeking an illustrious clientele, some practitioners specifically tailored their practice towards the poor, offering lower rates. In *The Lancet*, the correspondent 'One of the Crowd' argued that, 'Young medical men are often blamed for taking miserable low fees, but what is a man to do on finding himself fully fledged, with the accompanying honour of course, and not a farthing to his pocket ...?' He acknowledged the competing pressures of professional etiquette and

⁵⁵ De Styrap, *Young Practitioner*, pp. 221, 34.

⁵⁶ Arthur Conan Doyle, 'A false start', *Gentlewoman*, Christmas 1891, pp. 2–4.

⁵⁷ De Styrap, *Young Practitioner*, pp. 36–7.

⁵⁸ Conan Doyle, 'False start', p. 51.

⁵⁹ De Styrap, *Young Practitioner*, pp. 37, 221.

financial hardship, showing little sympathy for those who derided the young practitioner's expediency. The correspondent admitted that he might have become part of the 'large army of sixpenny doctors' himself had he not had 'private means' to support himself during the early struggles in practice.⁶⁰ Nevertheless, writers such as de Styrap warned against 'undercharging', suggesting that it depressed fees and was thus 'injurious' to the interests of the individual practitioner and the wider profession.⁶¹

Building a remunerative practice was a central concern of *The Physician Himself* and *The Young Practitioner*. In their opening pages, both suggested that the doctor must 'possess a certain amount of professional tact and business sagacity'.⁶² They gave advice on obtaining remuneration. For example, they suggested that readers implement night-visit fees for calls made after bedtime and higher charges for contagious cases, since these might deter other patients and prove time-consuming as the practitioner would need to disinfect himself afterwards. They also provided guidance on how to collect money from those who delayed or avoided paying, a problem associated with patients of all social classes. Such advice was pertinent to medical men throughout their careers, but de Styrap (like Cathell) emphasized that practitioners should implement a consistent approach to charging from the outset: 'Let the public know in the early years of your practice what your rule or system is, or it will fail you in later life.'⁶³

Young medical men may have found it difficult to navigate the commercial side of practice with propriety. In 'Early Struggles', the narrator describes how, on two occasions, he was 'called in at an instant's warning' only to find 'the objects of [his] visits had expired before [his] arrival'. Although offered a fee, the 'manner' in which this is done implies that he would be 'cursed for a mercenary wretch if [he] accepted'.⁶⁴ De Styrap anticipated that anxieties surrounding general practice's old associations with trade might discourage new medical men from actively pursuing remuneration. Following Cathell's lead, he reassured his readers that:

Business is business and should always be regarded as such. The practice of medicine is your life's vocation; it is as honourable, as useful, and as legitimate as any other; in fact, none other earns the means of living more justly and deservedly, than does the hard-worked general medical practitioner.⁶⁵

⁶⁰ 'One of the Crowd', 'Correspondence', p. 213.

⁶¹ De Styrap, *Young Practitioner*, p. 209.

⁶² Cathell, *Physician Himself*, p. 1; De Styrap, *Young Practitioner*, p. 2.

⁶³ De Styrap, *Young Practitioner*, pp. 204–5.

⁶⁴ Warren, 'Early struggles', p. 9.

⁶⁵ De Styrap, *Young Practitioner*, p. 200.

He sought to legitimize the business of medicine, suggesting that – if conducted fairly – it was compatible with a respectable and gentlemanly profession.

IV

Success in practice entailed not simply attracting remunerative patients but retaining them in a competitive marketplace. In 1803, Percival's *Medical Ethics* suggested young practitioners had an advantage over their older colleagues, since they might be supposed to have 'more ardour ... in the treatment of disease' and to be 'bolder in the exhibition of new medicine'.⁶⁶ However, later medical writers displayed wariness about a scientific approach to practice. This is perhaps surprising given the medical advances in the period. Like Cathell, de Styrap suggested that novel methods might alienate patients. He cautioned readers that few patients could judge 'the amount of technical and scientific knowledge that you possess'. Instead, '[t]he majority are governed by the care and the devotion you show'.⁶⁷ He reasoned that:

although young practitioners have recourse to scientific 'extras', and modern instrumental and other aids to diagnosis ... in relying too much on them ..., they seemingly ignore the fact that the art of curing disease is more indebted to sound judgment and common-sense bedside observation and experience than to aught else.⁶⁸

This passage associated the young medical man with science and modernity, while characterizing the older doctor in terms of his bedside manner, here conceived as an 'art' form. Furst suggests that Cathell's book – the *Urtext* for de Styrap's – 'admits only halfhearted lip service to science'.⁶⁹ However, both writers seemed to assume that young readers already possessed scientific ability and that they needed to learn to cultivate a more patient-centred approach as well.

The young practitioner at the vanguard of science was a common trope in popular culture. In 'A False Start', Conan Doyle satirizes Wilkinson's attempts to assert his expertise. He displays his copy of *Quaint's Dictionary of Medicine* and tries to make 'as good a show as possible' of his instruments.⁷⁰ Such enthusiasm ran counter to contemporary advice; de Styrap warned against the display of surgical instruments, suggesting they may be regarded as 'repelling objects'.⁷¹ Moreover, although Wilkinson is 'young and elastic', he is simply 'a very reliable plodder, and nothing more'. When confronted with a visitor he is stumped and 'rack[s] his brains for some clue'. He feels that '[s]ome of his old

⁶⁶ Thomas Percival, *Medical Ethics* (Manchester, 1803), p. 50.

⁶⁷ De Styrap, *Young Practitioner*, p. 35.

⁶⁸ *Ibid.*, pp. 76–7.

⁶⁹ Furst, *Between Doctors and Patients*, p. 98.

⁷⁰ Conan Doyle, 'False start', p. 47.

⁷¹ De Styrap, *Young Practitioner*, pp. 4–5.

professors would have diagnosed [the] case by now' and 'electrified the patient by describing his own symptoms before he had said a word about them'.⁷² Youth is once again contrasted with age, with the latter placed in the ascendant position. Conan Doyle's use of the words 'clue' and 'case' in relation to a mysterious visitor undoubtedly prompts readers to think of Sherlock Holmes, who makes expert deductions from minute observations. This pattern of reasoning is reversed here; Wilkinson's attempts to offer rapid, intuitive diagnoses are met with failure. It is unsurprising that he struggles to deduce any physiological symptoms, since the visitor is quite well; he is not a patient, but an officer from the Gas Company. Intuitive or exceptional diagnostic skill is not needed in this encounter. Its value is called into question across the texts discussed here, which typically emphasize the importance of experience, or a considerate bedside manner, to patient care.

Conan Doyle's 'Behind the Times' is narrated by a practitioner who is 'young, energetic, and up-to-date'. Yet he and his friend Dr Patterson experience the archetypal difficulties attracting patients, finding that the local community prefers the more established practitioner, Dr Winter, instead. The protagonist remarks that the patients 'followed their own inclinations, which is a reprehensible way that [they] have'.⁷³ The aptly named Winter is 'a survival of the past generation'. Although backward in scientific theory, his bedside manner is popular and effective: 'He has the healing touch – that magnetic thing which defies explanation or analysis, but which is a very evident fact none the less.'⁷⁴ The narrator and Patterson 'remained neglected' by patients, despite their 'modern instruments' and 'latest alkaloids'. At the end of the story, the narrator himself falls ill, and finds that the 'idea' of Patterson attending him 'had suddenly become repugnant': 'I thought of his cold, critical attitude, of his endless questions, of his tests and tappings. I wanted something more soothing – something more genial.'⁷⁵ He opts for Winter instead. The narrator's reversal of opinion is a comedic close but it also conveys the story's message: when the doctor becomes the patient, he understands the allure of a sympathetic practitioner over a scientific one. With humorous nostalgia, 'Behind the Times' implies that young practitioners have much to learn from the older generation if they are to succeed in practice.

Conversely, *The Stark Munro Letters* presents a young medical man who has already achieved remarkable success. In part, James Cullingworth epitomizes the scientific practitioner. He has 'a quickness of diagnosis' and 'a daring and unconventional use of drugs'. However, he is also eccentric, irascible and thoroughly unorthodox in his methods. He offers free consultations, but charges those who wish to move to the front of the queue. During interactions with patients, 'he pushed them about, slapped

⁷² Conan Doyle, 'False start', pp. 49, 45.

⁷³ Arthur Conan Doyle, 'Behind the times', in *Round the Red Lamp*, pp. 3–7, at p. 6.

⁷⁴ *Ibid.*, pp. 4–5.

⁷⁵ *Ibid.*, p. 6.

them on the back, shoved them against the wall'. Cullingworth advises the protagonist that 'being polite' to patients is a 'fatal mistake': 'Many foolish young men fall into this habit, and are ruined in consequence.'⁷⁶ Cullingworth's actions drive the story's comedy and are unlikely to be taken seriously by readers, though they were based on Conan Doyle's own experiences of working in partnership with George Turnavine Budd.⁷⁷ In its review, the *Medical Press and Circular* characterized Cullingworth's approach as one which 'would make the old-fashioned orthodox physicians tremble'.⁷⁸ While the review did not endorse his behaviour, it implied that a deferential bedside manner was outdated. Ultimately, Cullingworth is discredited by other practitioners and leaves to pursue new opportunities in South America. The reader never learns how he fares with this venture.

Conan Doyle's writing typically advocated a sympathetic bedside manner. The *Round the Red Lamp* collection depicts a range of practitioners whose methods range from the orthodox to the unusual. Yet it closes with an idealized image of practice presented by an older surgeon to his young colleague: '[The doctor's] patients are his friends – or they should be. He goes from house to house, and his step and his voice are loved and welcomed in each ... It is a noble, generous, kindly profession, and you youngsters have got to see that it remains so.' Here, the older generation invites the younger to become the new custodian of medical values, though the speaker accepts that these are largely the product of experience, of a 'whole life ... seeing suffering'.⁷⁹

This humanistic approach to medicine was also endorsed in advice literature. De Styrap instructed his readers to 'study mankind as well as medicine'. He warned them: 'if you are not a keen observer of men and things, if you cannot read the book of human nature correctly, and unite knowledge of physic with an understanding of the thoughts, feelings, and desires of mankind ... you will be sadly deficient'.⁸⁰ De Styrap reproduced this passage almost directly from Cathell but repositioned it, using it to open his book.⁸¹ Both writers suggested that sympathy must become part of the medical man's repertoire, but de Styrap foregrounded this as a fundamental lesson for young practitioners.

These arguments were predicated on the idea that the young medical man was an unfinished article,⁸² who needed to learn to extend his sympathies (as well as his diagnostic abilities) to succeed. By suggesting that the young practitioner required further refinement, advice literature demonstrated its own utility. Yet Cathell and de Styrap emphasized skills

⁷⁶ Conan Doyle, *Stark Munro*, pp. 65, 64.

⁷⁷ Russell Miller, *The Adventures of Arthur Conan Doyle* (London, 2008), p. 161.

⁷⁸ 'Literature: the Stark-Monro letters', p. 404.

⁷⁹ Arthur Conan Doyle, 'The surgeon talks', in *Round the Red Lamp*, pp. 197–203, at p. 203.

⁸⁰ De Styrap, *Young Practitioner*, pp. 1–2.

⁸¹ Cathell, *Physician Himself*, pp. 38–9.

⁸² Crowther and Dupree, *Medical Lives*, p. 179.

which could not be acquired through reading, only cultivated through practical experience. Furst suggests that Cathell's advice reflects the 'power structure' of nineteenth-century doctor–patient encounters, with the doctor 'cast in the subordinate role of supplicant'.⁸³ However, writing on professional etiquette often implied that obligations towards one's colleagues outranked patient preference.

V

In addition to convincing prospective patients of their credibility, medical men also needed to persuade colleagues of their legitimacy. In *A Code of Medical Ethics*, de Styrup emphasized that practitioners 'should never decline to meet another, *merely* because he is his junior', hinting that some medical men were prejudiced about working with their younger colleagues.⁸⁴

In medical fiction, inter-generational professional encounters shape the narrative trajectory, providing obstacles for the protagonists to overcome. Throughout Warren's 'Early Struggles', the young physician is brought into contact with practitioners who treat him disdainfully. During his first 'consultational visit', he is 'anxious to acquit [himself] creditably' in the presence of 'the late celebrated Dr –'. However, he is received with 'insolent condescension' and his medical advice is met with a sneering rejoinder. The senior doctor directs 'a look of supercilious commiseration' towards the patient's wife, thereby discrediting the young physician in the eyes of the family. The narrator finds that his 'future services were dispensed with' and is incredulous that a colleague should take 'the bread out of the mouth of an unpretending and almost spirit-broken professional brother'.⁸⁵

This image is repeated after the protagonist's disastrous consultation with Sir William's physician. On this occasion, he remarks that, '[t]here is nothing in the world so easy, as for the eminent members of our profession to take the bread out of the mouths of their younger brethren with the best grace in the world'. Here, he seems resigned to the uneven power dynamics. In this instance, not only is the older physician already well established in the family, he is also medical attendant to a member of the Royal Family and thus occupies the upper echelons of the professional and social hierarchy. '[P]olite but haughty', he is 'much displeased' with his patient for calling in the younger physician. During the consultation, the protagonist seems to be fettered from expressing his own medical opinion. When the eminent physician assures Sir William that he needs only a 'change of air', the protagonist remarks, 'I could not but assent'. Sir William duly follows his doctor's advice, only to die several weeks later.

⁸³ Furst, *Between Doctors and Patients*, p. 5.

⁸⁴ De Styrup, *Code*, p. 32.

⁸⁵ Warren, 'Early struggles', p. 10.

Ironically, the young physician loses the prospect of ‘respectable practice’ by following the dictates of professional etiquette and acquiescing in the senior doctor’s recommendation.⁸⁶ His only act of resistance is to air his grievances through his diary.

By contrast, the young practitioner in ‘A False Start’ zealously and enthusiastically submits to the rules. Wilkinson declines the Millbanks’ offer to become the new family physician, in place of their usual attendant. As he explains to Sir John, to ‘take Dr Mason’s place in the middle of a case ... would be a most unprofessional act’. He is convinced that, by refusing the work, he has ‘upheld the best traditions of his profession’. Mason is duly impressed; he understands how great a ‘temptation’ it must have been for ‘so very junior a practitioner’ to accept the advances of ‘so very wealthy a patient’.⁸⁷ Although gently ironized, Wilkinson’s self-abnegating gesture secures his eventual success; it lays the groundwork for a friendship between the two medical men, and later a partnership. By forsaking the chance to practise on one family, Wilkinson gains access to a wider patient constituency. Here, an intergenerational encounter provides the narrative resolution.

Medical ethics and conduct manuals advised aspiring practitioners how to navigate the intricacies of professional etiquette. De Styrup suggested that, except in an emergency, practitioners should not visit a patient who had recently been under another’s care, unless the previous attendant had already been dismissed. Further, he warned readers against attempting to ‘unjustly retain’ patients whom they were called to attend in an emergency. This must have been tempting for young practitioners keen to utilize any opportunity for advancement. As shown, medical fiction presented the chance encounter as a possible entry route into remunerative practice. ‘When ... you entertain a doubt as to whether a patient is fairly yours’, de Styrup told his readers, ‘do not hesitate to give your rival the benefit of the doubt’.⁸⁸ It is this stricture which Wilkinson so fastidiously upholds. A range of guides warned practitioners not to criticize the treatment pursued by a previous attendant. Since the practitioner was expected to be cautious about making such remarks in his predecessor’s absence, it is unsurprising that Warren’s protagonist feels unable to offer a differential diagnosis in the presence of an eminent colleague. De Styrup suggested that readers must uphold medical etiquette from the outset. Then, should they ‘ever unwillingly infringe the rule’ later in their careers, ‘one and all will acquit [them] of any intentional error’.⁸⁹

Medical journals also negotiated the strictures of professional etiquette. In 1894, *The Lancet* featured a leading article on ‘The Ethics of Consultation’, which discussed patients who sought advice from consultants ‘without reference to or from’ their ‘ordinary medical

⁸⁶ Ibid., p. 19.

⁸⁷ Conan Doyle, ‘False start’, p. 57.

⁸⁸ De Styrup, *Young Practitioner*, pp. 42, 45.

⁸⁹ Ibid., p. 42.

attendant'. It declared that consultants who acquiesced and 'ignore[d] the general practitioner' contravened professional etiquette. It suggested that such men needed to 'refresh their memory – not to say their morals' by reading Percival's *Medical Ethics*. The fact it endorsed a guide published ninety years earlier demonstrates how ideas about etiquette endured across the century. The article acknowledged changes in the professional landscape, but argued that – since the general practitioner was better educated than before – this 'increase[d] his claim to be respected'. It contended that 'cooperation' between consultants and general practitioners was in the interests of patients and the profession.⁹⁰

The minutiae of medical etiquette must nevertheless have seemed absurd to some patients. In 'A False Start', the 'millionaire' Sir John is incredulous that Wilkinson cannot be persuaded to attend his family.⁹¹ Cathell and de Styrap suggested that patients might violate the principles of professional conduct. For instance, they might try to retain a medical man without dismissing his predecessor or reassure an incoming doctor that the previous practitioner would never discover that he had been replaced. In such instances, it was the practitioner's responsibility to uphold professional standards. Reiterating Cathell's advice, de Styrap advised that such 'solicitations' should be declined, 'with an impressive assurance that you desire to retain your own respect, as earnestly as you do that of others', though he added that the refusal should be given 'courteously but firmly'.⁹² The practitioner was expected to adhere to professional etiquette rather than accede to his patients' demands.

Medical writing represented positive intra-professional relationships as paramount to one's reputation and success. Medical etiquette was portrayed as a way of suppressing competitive practices and ensuring fair play, which was crucial when enmity between colleagues risked bringing the profession into disrepute. De Styrap instructed his readers to 'show respect for [their] seniors in practice' and cautioned his readers to be 'extremely discreet and chary of visiting patients under the care and treatment of other practitioners, even for social purposes, as it is a frequent case of suspicion and contention'.⁹³ During the Victorian period, the concept of patient ownership – the idea that a patient belonged to one practitioner – was central. Sally Wilde describes how respecting colleagues' 'proprietary interests' was perceived as important both for 'making a medical living' and for 'maintaining agreed ethical standards within the profession'.⁹⁴ The young practitioner was taught to uphold the status of medicine. Reiterating Cathell, de Styrap insisted that 'medicine is an honourable calling; resolve that it shall be none the less so by your

⁹⁰ 'The ethics of consultation', *The Lancet*, 144/3711, 13 Oct. 1894, pp. 860–1, at p. 860.

⁹¹ Conan Doyle, 'False start', p. 57.

⁹² De Styrap, *Young Practitioner*, p. 44.

⁹³ *Ibid.*, pp. 76, 42.

⁹⁴ Sally Wilde, 'The elephants in the doctor-patient relationship: patients' clinical interactions and the changing surgical landscape of the 1890s', *Health and History*, 9/1 (2007), pp. 2–27, at pp. 20–21.

adoption of it'.⁹⁵ As Jenner and Wallis suggest, the dominance of the medical marketplace model in historiography obscures the fact that '[a] practitioner's success depended on ... his integration into social networks rather than conflict with every professional rival'.⁹⁶

The value of shared ethical standards is satirized in *The Stark Munro Letters*. Cullingworth gladly admits that his methods are 'unprofessional' and that he 'break[s] every law of medical etiquette'. When Stark Munro asks why he does not 'conform', Cullingworth maintains that he 'know[s] better': 'All this etiquette is a dodge for keeping the business in the hands of the older men. It's to hold the young men back, and to stop the holes by which they might slip through to the front.'⁹⁷ Cullingworth contends that professional etiquette prioritizes the needs of established practitioners and that his unorthodox approach better serves his own interests. Although his approach is satirized, his cynicism taps into wider anxieties about the difficulties facing young practitioners.

Medical writing and fiction also represented more harmonious relationships between younger and older medical men. In Conan Doyle's 'Behind the Times', the young narrator describes how when he and Patterson arrived in the district they were 'most cordially received by the old doctor, who would have been only too happy to be relieved of some of his patients'.⁹⁸ It is not his actions which stifle the ambitions of the young medical men, but the unremitting loyalty of his patients. Winter's *laissez-faire* approach implies that he has hitherto monopolized a wide patient constituency or that he is planning to retire. By contrast, Sir William's physician in Warren's 'Early Struggles' is territorial. As a consultant in the metropolis, his position is perhaps less secure and he is more wary of competition.

In Warren's story, the young physician faces numerous rebuffs from colleagues, but his eventual success seems dependent on the goodwill of one of them. At the story's close, he attends the earl and countess in conjunction with their usual doctor. The fact he 'secur[es] the confidence of the family' implies that his attendance is well received not only by them but also by their physician. Yet the ending provides little insight into how the family doctor responds to a younger practitioner being called in for consultation. One might expect the narrator to express pleasure or gratitude that he has been allowed to share attendance on a wealthy family, particularly given the nature of his previous encounters with colleagues. The lack of information about the arrangement is conspicuous given that the chapter ends with the narrator advocating improved intra-professional relations. He maintains that, in future, he will 'never ... turn a deaf ear to applications from the young and

⁹⁵ De Styrap, *Young Practitioner*, p. 19.

⁹⁶ Jenner and Wallis, 'Medical marketplace', p. 14.

⁹⁷ Conan Doyle, *Stark Munro*, p. 67.

⁹⁸ Conan Doyle, 'Behind the times', p. 6.

less successful members of my profession'.⁹⁹ Perhaps Warren found it difficult to envisage cooperation between the younger and older physician but feared that any hint of discord would detract from the chapter's otherwise happy ending. Alternatively, he may have wanted to end with the image of his protagonist's personal success, untarnished by the idea that another had supported his efforts. 'Early Struggles' closes with the young physician establishing his own illustrious practice, rather than entering into a prosperous partnership.

Partnerships were sometimes presented as a solution to the pressures of general practice. In 'A False Start', this arrangement reconciles two practitioners who might otherwise be competitors. While a wealthy patient attempts to pit them against one another, they decide to work in tandem. Their partnership subverts the potential hostilities of the medical marketplace. It is also a great success; it is underpinned by 'friendship' and represents 'the largest family practice in Sutton'.¹⁰⁰

The desirability of partnerships was discussed in advice literature. Keetley advised that they might be popular with patients. He suggested that, if one practitioner was away, then 'patients object less to seeing a partner than an assistant'. Secondly, if a patient became 'tired' of one doctor and 'desire[d] a change', then he could be introduced to the other partner and therefore retained by the practice. Keetley called this a 'little manipulation', through which the practice 'los[es] nothing'.¹⁰¹ Conversely, de Styrap warned against entering into partnerships. Unlike Keetley, he felt that they were not usually popular with the public. He also advised that partners were unlikely to be 'equally matched in industry, capacity for professional work, temperament, tact, and other essential qualities, indispensable to a congenial and intimate fellowship'. His remarks anticipate the doomed partnership between the upright Stark Munro and the unorthodox Cullingworth. De Styrap's one exception was 'a co-partnership, for a limited period, with an elderly practitioner desirous to retire'.¹⁰²

As Digby suggests, older doctors might seek partners to help alleviate 'the personal stress and strain' of running a practice.¹⁰³ Partnerships that matched older, more established practitioners with their junior colleagues were often seen as mutually beneficial. The younger man could receive guidance, while helping his older colleague to maintain or extend the practice. In Conan Doyle's stories, neither Mason ('A False Start') nor Horton (*The Stark Munro Letters*) is elderly, but their greater experience has a positive influence on their younger colleagues.

The young practitioner as self-made man remained an important trope, however. Working with others was often conceived as less prestigious

⁹⁹ Warren, 'Early struggles', pp. 32–3.

¹⁰⁰ Conan Doyle, 'False start', p. 57.

¹⁰¹ Keetley, *Student's Guide*, p. 33.

¹⁰² De Styrap, *Young Practitioner*, p. 3.

¹⁰³ Digby, *Evolution*, p. 16.

than independent practice. In the midst of ruin, Warren's protagonist contemplates advertising for a 'small medical partnership, as a general practitioner', but realizes he does not have the necessary capital. He later applies to be an assistant, and considers accepting the '[a]bsurd' terms offered, but is rejected because he is married and thus deemed unsuitable for such low-paid work.¹⁰⁴ In *The Stark Munro Letters*, the protagonist has a positive experience of his assistantship with Horton – whom he regards as a mentor – but he nevertheless sees it as a stepping stone to something more illustrious. Ironically, he leaves this situation for the ill-fated arrangement with Cullingworth. Although the partnership fails due to his colleague's tempestuous nature, the narrative trajectory nevertheless endorses independent practice as the ultimate goal. For many practitioners, professional success meant 'making your mark' as an individual. In 1905, an article in *The Lancet* bemoaned that there were 'too many young medical men in England who desire[d] to start in independent practice'.¹⁰⁵ It intimated that this preoccupation with individual success was injurious to practitioners and the profession.

VI

The young practitioner was a remarkably stable representational category in medical writing and fiction from the 1830s to the 1900s. He was typically portrayed as a subordinate in an overcrowded profession, struggling to make his way in practice, often as a self-made man. Notions of hardship were predominant, though youth was understood to confer some advantages, and was associated with qualities such as modernity, energy and industry. Yet the young practitioner was regarded as lacking the experience and insight of his older colleagues. His reputation among patients and colleagues was in the process of being cultivated and his professional identity was vulnerable.

These early years in practice were conceptualized as a formative journey and the different forms of writing discussed here can variously be considered as having an educative function. Advice literature was modelled on the idea that the young man needed to be initiated into working life. These guides were typically structured around the idea of the author as a 'mentor' and the reader as 'mentee'. Thus older and more established men moulded the young practitioner's professional identity. While Keetley's advice was largely pragmatic, Cathell and de Styrup adopted a moralistic tone that recalled the approach of earlier medico-ethical codes. Medical journals were another mechanism for disseminating standards among young practitioners, but they also offered a space for ideas about etiquette to be debated. Warren and Conan Doyle's fiction was written from the periphery. Neither was actively practising at the time of writing, though their texts were seen by some as carrying

¹⁰⁴ Warren, 'Early struggles', pp. 12, 16.

¹⁰⁵ 'Medicine, its practice and its public relations', *The Lancet*, 165/4255, 18 March 1905, pp. 736–9.

a sense of authority and they utilized many tropes common to medical discourse.

Professional etiquette functioned as a hegemonic value system across this range of texts. The code of conduct was represented as governing the young medical man's interactions with patients and colleagues and as regulating both his professional and personal life. Regardless of the extent to which these strictures were followed in practice, there was a recognizable set of ideas about what constituted respectable conduct. Print culture was crucial to disseminating and popularizing these tenets, but it also offered opportunities to question the exigencies of etiquette. Advice manuals and correspondence in the medical press acknowledged the temptations facing young practitioners to lower their fees or inveigle themselves with prospective patients, while authors such as Warren and Conan Doyle satirized the rigidity of ethical standards. Nevertheless, the early years in practice were largely represented as a period of assimilation. Observing medical etiquette was conceived as an important route to achieving professional acceptance and success, particularly for those who lacked social contacts or capital.

Ideas about medical etiquette endured across the century. Following the publication of Percival's pioneering *Medical Ethics*, conduct guides reissued similar precepts. Concepts of patient 'ownership' and strictures against predatory behaviour were paramount. Although Cathell and de Styrup broached the 'business' aspects of medicine with candour, anxieties about general practice's associations with trade persisted. *The Lancet* continued to praise Percival as the byword in professional etiquette into the 1890s. Referring to a durable set of values was a way for the profession to buttress its self-image. It highlighted that medicine enjoyed a long history as a socially liberal profession and that a tradition of manners was sustained even as practice became more scientific. Further, a shared value system was important because, following the 1858 Medical Act, the profession was self-regulated. It needed to persuade the public that it was responsible and respectable, able to police its own conduct. Etiquette was conceived as a means of legitimizing medicine and print culture played an integral role in constructing and contesting these professional values.