“Unhistoric Acts:” Lydgate and Medical Reform in George Eliot’s *Middlemarch*

Arman Terzian
Haverford College
Senior Thesis
Advisor: Barbara Riebling
April 10th, 2014
Acknowledgments

I would like to thank Barbara Riebling, for all the great talks on healthcare and the encouragement she gave me throughout the thesis writing process. In addition, I’m very grateful to Charlie Birkel and Samara Flug for taking the time to look over my thesis and helping me feel confident about my work with medicine in Middlemarch.
Middlemarch physicians do not have enough or proper medical knowledge to successfully treat their patients. Mrs. Renfrew, a guest at one of Mr. Brooke’s earlier dinner parties, attracts attention from others “…on the ground of her complaint, which puzzled the doctors, and seemed clearly a case wherein the fulness of professional knowledge might need the supplement of quackery.” (Eliot, 90) The phrase “fullness of professional knowledge” suggests doctors should have all the facts necessary to treat Mrs. Renfrew’s illness. Yet “quackery,” which refers to unsubstantiated disease theories or treatments made by poorly taught doctors or laypeople without proper medical training, reveals how inadequately medical science helps Middlemarch doctors treat disease. Mrs. Cadwallader, wondering why no medicine helps Mrs. Renfrew, wrongly suggests that the medicine “…strengthens the disease.” (Eliot, 90) No research supports Mrs. Cadwallader’s guess, yet it has medical authority regardless because no Middlemarch doctor has the right cure for Mrs. Renfrew. Medicine in Middlemarch needs drastic improvement and dramatic change.

The poor medical knowledge Middlemarch physicians have access to reflects a historical deficit in scientific and medical thought that plagued England throughout the early and mid 19th century.1 It is not that training in the medical sciences was unavailable for students: medical schools and informal training programs did exist for physicians and other medical specialties during the 19th century. Throughout Great Britain, prospective medical students could go study at

---

1 The following paragraphs present a more in-depth discussion of medical issues in 19th century England. First, however, I wanted to demonstrate that medical education, although not excellent, did exist for English students interested in studying medicine. I believe showing England did have an “organized” medical education system makes the unstructured and poor medical training more of an anomaly and an issue.
the universities of Edinburgh, Glasgow, Aberdeen, Cambridge, Oxford, University College, to name a few, or alternatively learn medicine through pricey apprenticeships with seasoned physicians in private practice or hospital wards. Students would learn chemistry, physiology, natural history, and were even asked technical exam questions requiring them to demonstrate what they learned throughout their apprenticeships or four years at medical school. For example, an 1848 exam at the University of Edinburgh asks medical students “how is oxalic acid prepared? Give the formula both in the dry and in the hydrated state. Mention the best antidote to it when a poisonous dose has been given.” (Youngson, 13). Why, then, if British medical practitioners received education for treating illness, did doctors have such a hard time helping people recover from diseases?

Many students during the early and mid 19th century would graduate medical school or their apprenticeship without ever applying their medical skills to real life patient treatment. One man, in 1858 even after substantial reform acts took place throughout Great Britain, states: “If the candidate’s powers of endurance lasted out the hour he duly passed... without having had his anatomical knowledge tested on the dead subject, or his surgical acumen on a living patient. *Mutatis mutandis,* the same farce was enacted at the Apothecaries Hall...” (Youngson, 14) The public, however, did not seem to have an issue with the poor anatomical and physiological education physicians received. Most doctors, in addition to traditional medical subjects, took courses in Latin and other classical disciplines. A traditional education garnered physicians more public respect in 19th century England than sound medical schooling. The public’s willingness to trust physicians with a socially, not
medically, respectable education therefore contributed to the lack of progress in the medical sciences. (Youngson, 16)

When doctors did, however, try and apply the little practical medical knowledge they had in clinical cases, they often used cures that hardly helped their patients. Many physicians followed “the antiphlogistic system of treatment, taught in all medical schools in the 1830s and 1840s...” which “recommended copious bleeding, violent purgatives, and poor liquid diet for almost every kind of illness or malfunction.” (Youngson, 18) Prescriptions, moreover, did a similarly poor job healing patients: “Acetate or superacetate of lead combined with opium was prescribed for hemorrhage of the lungs.” (Youngson, 18) Yet, England wasn’t totally in the dark: the country did see advancements in disease treatment during the 18th and early 19th centuries. James Lind discovered the cause of scurvy in 1753 and the Anatomy Act of 1832 made dead bodies available for clinical research, therefore making clinical examinations more effective. (Loudon, 63; Youngson, 20) Doctors could examine deceased bodies, determine the cause of illness, and look to see if living patients experienced similar deformities or symptoms. England, thus, was making advances in medical science, but slowly. The public and much of the medical community, however, was simply unable to appreciate and incorporate new medical discoveries like James Lind’s scurvy or the wealth of new anatomical knowledge.

During this period, medical education in Paris, however, far surpasses the training physicians receive throughout London and the rest of England. In the 19th century, Paris and Edinburgh provided the most radical and progressive medical
education any ambitious physician could hope for. Paris, for example, offered “internat” programs which provided exceptional medical students opportunities to skip out on big lectures and test their own clinical ideas, in small groups under the guidance of a talented physician. (Bonner, 107) An 1812 French medical “internat” examined patients on their arrival at the hospital, took responsibility for their routine care, reported to his supervisors on their condition, supervised the less advanced externs in their work, and conducted the evening visits to the patients.” (Bonner, 132) French medical training and thought, thus, contrasts sharply with the learning experience English students undergo. Instead of receiving no patient contact and focusing on a classical education, French students spent time at the bedside of their patients, working with renowned physicians to apply clinical concepts and innovate clinical treatment.

While medical education in France far surpasses England’s, it was not inaccessible to British students: many foreign practitioners would travel to Paris and use the clinics as “…guides to the cognitive and social transformation of medicine in their own countries.” (Warner, 137) Lydgate, then, like many other practitioners during his time, travels to Paris “…with the determination that when he came home again he would settle in some provincial town as a general practitioner … in the interest of his own scientific pursuits and the general advance.” (Eliot, 145) The phrase “…in the interest of his own scientific pursuits and the general advance” suggests that Lydgate wants to use the information he learned...

---

2 The Medical University at Montpellier, even as early as 1760, granted students dual doctorates in both medicine and surgery. In England, deep stigma existed against surgeons performing the work of physicians and vice versa. The idea of a combined physician-surgeon suggests France was well ahead of England in medical thought, even in the late 18th century. (Bynum, 7)
throughout his foreign medical studies to improve both scientific and clinical practice in England. Upon arrival in Middlemarch Lydgate, thus, promises an alternative to the historical medical malpractice that plagued England for much of the 18th and early 19th century.

Lydgate, however, ultimately fails in his reform efforts. Towards the start of the novel, the narrator characterizes Lydgate as “...a happy fellow at this time: to be seven-and-twenty, without any fixed vices, with a generous resolution that his action should be beneficent, and with ideas in his brain that made life interesting...” (Eliot, 149). Lydgate’s passion for reform excites him and gives him a sense of purpose: his life will improve scientific thought and clinical practice in the medical sciences. Not only does Lydgate think his life will improve scientific thought and clinical practice, but Eliot also “…places Lydgate in the great research traditions of Vesalius, Bichat, and Raspail.” (McCarthy, 809) In addition to making significant medical science contributions, some of these figures, such as Vesalius, also had to deal with scientists who did not trust their insights. Lydgate remarks that “...some of the greatest doctors living were fierce upon Vesalius because they believed in Galen.” (458) Thus, as Greenberg notes “the true scientist is not only a reformer, but, in society’s terms, inevitably a transgressor.” (38) Lydgate’s likeness to the reformers he admires, then, is uncanny and suggests he may achieve the same level of success as his heroes, but he ultimately does not make the same impact on medical thinking that Bichat, Vesalius, or Raspail do. In fact, while Lydgate uses unusual medical practices, he tends to avoid the controversy that would garner his ideas attention and help him make headway against mainstream medical thought.
Instead of going to London, where Lydgate could fight directly against the people who refute advancements in clinical practice, Lydgate “...would keep away from the range of London intrigues, jealousies, and social trucking...” (Eliot, 149) Lydgate hopes he never has to participate in the politics that dominate the London medical scene. But when Lydgate goes to London, he gains “...an excellent practice, alternating, according to the season, between London and a Continental bathing place.” (Eliot, 83) Despite his financial accomplishments, however, Lydgate “...always regarded himself as a failure: he had not done what he once meant to do.” (Eliot, 835)

What, exactly, did Lydgate once mean to do? Throughout the novel, Lydgate tries to make reform in two different branches of medicine: clinical practice and scientific research. Lydgate hopes to determine “...some common basis from which they (tissues) have all started...” and plans on using Bulstrode’s new Fever Hospital to “...demonstrate the specific distinctions of fever and test therapeutic results...” (Eliot, 148, 180) Yet Lydgate never makes any monumental advancements in medical science. The farthest he gets is publishing a paper on gout: “he died... having written a treatise on Gout, a disease which had a good deal of wealth on its side.” (Eliot, 834) Moreover, Lydgate never gets his clinical reforms to catch on,

---

3 McCarthy offers a viable explanation for why Lydgate may find himself such a failure despite his financial security and flourishing medical practice. Discussing Lydgate in relation to physician heroes who appear in novels before Middlemarch, McCarthy argues “...Lydgate... differs from his fictional predecessors in the centrality of his work to his life – on its success or failure rests the whole validation of his character.” (808)

4 Lydgate, throughout the novel, expresses much more satisfaction from treating patients when he works with the poor rather than the rich who have the money to call on physicians. In response to Rosamond’s congratulations for adding the esteemed Casaubons and Chettams to his practice, Lydgate responds: “...I don’t really like attending such people so well as the poor. The cases are more monotonous, and one has to go through more fuss and listen more deferentially to nonsense.” (Eliot, 293) Treating the poor, then, provides Lydgate with more challenging and fulfilling medical work that will likely further his reform efforts. More variation in disease makes it more likely that Lydgate will make a novel scientific discovery about an illness. Gout, on the other hand,
either. He hopes to accomplish “...some particular reforms which were quite certainly within his reach... One of these reforms was to... simply prescribe, without dispensing drugs or taking percentage from druggists.” (Eliot, 147) Lydgate “simply prescribes” on his own and no other doctor in Middlemarch seems willing to sacrifice the extra income they get through dispensing medications for the additional integrity honest medical practices would give them.

Lydgate, both painfully and obviously, fails, yet what causes Lydgate’s downfall and sends him to London, feeling inadequate despite his financial success? Critics have come up with numerous answers to Lydgate’s not-so-grand ending.

Tucker argues that Lydgate never applies the rigor of scientific thinking to relationships: Lydgate never thinks critically about how his love interests affected his scientific work in the past and how his decision to marry Rosamond may halt his scientific endeavors indefinitely. Other critics believe the town and Rosamond, not Lydgate, should bear responsibility for his downfall. D.A. Miller, in his essay *Narrative and Its Discontents*, argues that *Middlemarch* uses gossip to ostracize townspeople who deviate from conventional community standards. The community, thus, pushes Lydgate away because of the very reforms he tries to achieve. Kettle believes Rosamond bears part of the responsibility for Lydgate’s

---

5 Similarly, many critics believe, as Tucker suggests, that Lydgate’s egotism, not just his failure to apply scientific thinking to his personal life, leads to his downfall. Mitchell, on p. 319, argues that “Lydgate... begins his approach to Rosamond Vincy with the conviction that his ambition – he is a doctor intent on reforming medical practices in England – will overrule any fancies of the heart.”

6 For a fascinating quote from Miller’s piece on community in Middlemarch, see page 118 in *Narrative and Its Discontents*. Miller quotes a passage from Eliot (p.737) describing how Lydgate “...thought of himself as the sufferer, and of others as the agents who had injured his lot.”
reform failures. He cites the “...Lydgate-Rosamond impasse... he unable to find a chink in her smooth blonde armour and she incapable of understanding the kind of man he could have been.” (180)

Sally Shuttleworth, however, does not blame the community, Lydgate’s poorly thought out social decisions, or Rosamond for Lydgate’s medical reform failures. Rather, she claims that Lydgate does not possess any “innate greatness” and therefore does not have any potential to restructure scientific and clinical medical practice as he hopes to. (Shuttleworth, 153) Lydgate, while in France, abandons his scientific experiments one night to “…finish his evening at the theater of the Porte Saint Martin, where there was a melodrama which he had already seen several times; attracted, not by the ingenious work of the collaborating authors, but by an actress…” The social tension Lydgate faces in Middlemarch may expose his “spots of commonness,” but Shuttleworth argues “…the history of Lydgate’s association with Laure illustrates his “two selves”; his relations with Middlemarch are but an external enactment of this fixed internal contradiction.” (Shuttleworth, 153) Lydgate has abandoned his scientific work in the interest of a girl before, and there’s no reason his habits will not continue and lead him to his downfall.

According to Shuttleworth, then, Lydgate does not possess the ability to change his own habits and therefore will not change scientific or clinical practice throughout Middlemarch and England.

---

7 For additional critics who believe Rosamond responsible for Lydgate’s downfall, see Ellen Moers, p. 72, Barbara Hardy, p. 101. In opposition to many critics who find Rosamond at fault for Lydgate’s downfall, Anne Patrick argues that Lydgate’s faulty perception of women leads him to misjudge Rosamond. Patrick believes Lydgate has both a condescending attitude towards women and does not take Rosamond’s suggestions or criticisms of the way he practices medicine seriously. In addition, Patrick argues that Lydgate believes women should chiefly “…minister to man’s needs for consolation and adornment.” (232)
Regardless of what critics think about Rosamond, Lydgate’s ability to change his personality, or the community, both the narrator in *Middlemarch* and advancements in histology during the 19th century make it worthwhile to ask if Lydgate ever had a chance of contributing to cell anatomy in the first place.

According to the narrator, Lydgate wondered “…What was the primitive tissue? In that way Lydgate put the question – not quite in the way required by the awaiting answer; but such missing of the right word befalls many seekers.” (Eliot, 148) The narrator, it seems, knows Lydgate was not asking the right questions to discover the underlying structure of tissues. In this context, “awaiting” likely implies the narrator possesses knowledge Lydgate does not: she writes the story from the future, with a perspective on scientific advancements different than any character in *Middlemarch* would have. The narrator knows “primitive tissue” implies Lydgate was totally on the wrong track if he wanted to understand the underlying structure of all tissues. Rather than pursue research “…which might have seemed to be a direct sequence of Bichat’s…” Lydgate should probably have paid more attention to scientific research that happened about 160 years before his time, in 1665, when Robert Hooke first discovered the “cell” and published his book *Microphagia*. (Eliot, 148) Had Lydgate, perhaps, thought of the word “cell” instead of “primitive tissue” his chances of making contributions to the field of histology may have been greater. After all, *Middlemarch* ends in 1832 and Theodor Schwann, Matthias Jakob Schleiden, and Rudolf Virchow put forth cell theory only 7 years after the novel ends, in 1839. Thus, Lydgate’s focus on “tissue” misleads him entirely, making it unlikely he would ever have succeeded in discovering the basic unit of anatomical structures: the cell.
The narrator begins the Prelude to *Middlemarch* by asking readers if they have “...not dwelt, at least briefly, on the life of Saint Theresa.” (Eliot, 1) Speaking directly to the reader, the narrator here asks us all to think about examples of those we know who have lead extraordinary lives with an unwavering dedication to moral ideals. Yet, the narrator also acknowledges that “many Theresas have been born who found for themselves no epic life... perhaps only a life of mistakes, the offspring of a certain spiritual grandeur ill-matched with the meanness of opportunity...” (Eliot, 1) Not every Theresa, therefore, has the opportunity to make revolutionary changes. These Theresas, however, do not live a life of failure. Rather, the narrator, at the end of *Middlemarch*, argues that “...the growing good of the world is partly dependent on unhistoric acts; and that things are not so ill with you and me as they might have been, is half owing to the number who lived faithfully a hidden life...” (Eliot, 838) Lydgate, then, may not have had the chance to reform medicine throughout Middlemarch and all of England as he aspires to at the age of 27, yet that does not mean, contrary to his own opinion and those of critics, that he fails entirely. Critics ignore the impact of Lydgate’s many small clinical successes throughout his time in Middlemarch treating patients.8 Throughout my thesis I will demonstrate that Lydgate effectively makes advancements in medical judgment and practice, succeeding as a clinical practitioner by combining traditional and unconventional

8 McCarthy, on page 809, actually suggests that many readers during the 1870s, just a few years after Eliot published *Middlemarch*, “would recognize him (Lydgate) as a good private practitioner... Not only because he could diagnose typhoid fever in the pink stage as he did with Fred Vincy, but also because he avoided recently discredited methods like bleeding and used the stethoscope, which had since won wide acceptance. They would approve too a man who followed the modern method of prescribing drugs without dispensing them or taking payment from druggists.” Thus, while the town of Middlemarch benefits from Lydgate’s treatment practices without ever validating or approving of them, the general public of the 1870s in fact *admires* Lydgate’s clinical skills and recognizes him as a successful clinician.
medical practices to make a small difference in the lives of many. And that matters, too.

**Lydgate and Dispensing Medications**

The narrator, throughout Chapter 15, gives an overview of Lydgate’s personal history and reform beliefs. Lydgate, the narrator declares, hopes “…to act stoutly on the strength of a recent legal decision, and simply prescribe, without dispensing drugs or taking percentage from druggists.” (Eliot, 147) Many practitioners during Lydgate’s time would collaborate “…with the druggists to dispense their prescriptions. Some even attended at stated hours in the druggists’ shops to give advice ‘gratis’, splitting the fees with druggists for the medicine dispensed.” (Loudon, 133-134) Physicians and general practitioners, thus, did not have their patient’s best interests at heart. Lydgate, likewise, dislikes physicians whose “…only mode of getting paid for their work was by their making out long bills for draughts, boluses, and mixtures.” (Eliot, 147) Many physicians, then, care more about making a profit than a healthy patient, and Lydgate hopes to practice medicine with integrity.

Lydgate’s decision to practice without dispensing medications, however, makes him seem untrustworthy to doctors who believe integrity entails upholding England’s tripartite medical system. The narrator informs readers that many physicians thought their “…exclusive distinction seemed infringed on.” (Eliot, 444) During the 19th century, apothecaries and general practitioners were legally allowed to prescribe and dispense medication for patients. The physician, however, was the most prestigious medical branch and “the position of the physician at the highest
orders or estates demanded that they undertook no form of manual operation and that they prescribed but did not dispense medication.” (Loudon, 20) Middlemarch doctors, then, find Lydgate’s choice not to dispense medication offensive because he practices medicine like a physician, but does not have an M.D. and thus lacks significant social prestige. (Loudon, 19) Lydgate, therefore, must try and reform medicine in Middlemarch without the help of his fellow doctors.

In addition, Lydgate has a hard time convincing Middlemarchers to abandon old dispensing practices. Lydgate, in conversation with Mr. Mawmsey, chastises the physicians who collaborate with druggists and apothecaries for extra money: “To get their own bread they must overdose the king’s lieges; and that’s a bad sort of treason, Mr. Mawmsey – undermines the constitution in a fatal way.” (Eliot, 445) In this case, the word “constitution” simultaneously refers to a legal doctrine and “the physical nature or character of the body in regard to healthiness, strength, vitality, etc.” (OED) Thus, the use of the words “treason” and constitution” in conjunction with one another suggest Lydgate tries to make both a political and medical argument in an attempt to persuade Mawmsey that doctors do a disservice to their patients by dispensing medications: not only may medication harm the body, but doctors should also feel a strong moral, almost lawful, obligation to provide their patients with the best care possible. In fact, few drugs did help any patients at all: “As far as therapies are concerned only four would pass the scrutiny of today – quinine, digitalis, fresh fruit and vegetables, and of course, opium.” (Loudon, 62-63) Yet Mawmsey and other Middlemarchers don’t buy it: Mawmsey believes “if physic had done harm to self and family, I should have found it out by this time” and Mr.
Powderell continues to give his wife Widgeon’s Purifying Pills after Lydgate ignores Mr. Powderell’s comment that “…Mr. Peacock on a similar occasion had administered a series of boluses.” (Eliot, 446, 449) Many Middlemarchers, thus, continue to ignore Lydgate’s suggestions because he has a difficult time persuading the townspeople to trust his new, unfamiliar treatment method.

Community members distrust Lydgate’s decision not to dispense medications, perhaps, because the consequences of sickness affect the livelihood of family members and other important figures. Mr. Mawmsey, a respected Middlemarch grocer, was “…asthmatic and had an increasing family: thus, from a medical point of view, as well as from his own, he was an important man…” (Eliot, 445) If Mawmey gets ill and his shop closes, he will lose out on much needed income to take care of his family and his asthma. Sick and unable to pay for asthma treatment, Mawmsey might develop worse symptoms and prolong the financial struggle his family must endure because of a sickness medication might have prevented in the first place. Moreover, Mawmsey “had enjoyed the pleasure of forming an acute judgment as to their [the drugs] immediate effects, so as to give an intelligent statement for the guidance of Mr. Gambit.” (Eliot, 445) Medications, then, not only make sure Mawmsey stays healthy, but also help him guide medical care and therefore maintain agency over his health. Medications affect the body and alter symptoms, and Mawmsey, knowing which medications reduce fevers and which might help with pain, maintains control over his life to keep him in his shop, working and supporting his family.
Eliot, then, it seems, uses Mr. Mawmsey to offer a commentary on early 19th century changes in prescription practices. Mr. Mawmsey “…had been paying bills with strictly-made items so that for every half-crown and eighteenpence he was certain something measurable had been delivered.” The phrase “measurable” likely implies that Mr. Mawmsey hopes to ensure customers get what they pay for. Likewise, medications show patients how much physicians care about their health: medicine produces “measurable” effects that may make the illness better or worse, yet either way medications reliably do something for the patient. Thus, many Middlemarch residents do not find Lydgate’s treatment methods very dependable. Mr. Standish, in a conversation at Mr. Brooke’s dinner party earlier in the novel, proclaims that he will not “…hand money out of my purse to have experiments tried on me. I like treatment that has been tested a little.” (Eliot, 93) Many Middlemarchers, including Mr. Mawsme, and Mr. Standish, thus, view Lydgate’s treatment methods as too “experimental.” His choice not to dispense medication is too new and not enough proof exists for the average Middlemarcher to believe it works.

Yet, Middlemarch physicians who dispense medications do not do much better: Mr. Wrench lacks the clinical skill to diagnose Fred’s fever and thereby gives him medications that fail to relieve Fred's symptoms. Upon examining Fred, Mr. Wrench “…came but did not apprehend anything serious, spoke of a ‘slight derangement’... and did not neglect sending the usual white parcels.” When Lydgate comes to treat Fred, however, he makes a completely different diagnosis: he “…was convinced that Fred was in the pink-skinned stage of typhoid fever, and that he had
taken just the wrong medicines.” (Eliot, 260) Wrench, it seems, lacks clinical skill in comparison with Lydgate: he completely misdiagnoses Fred’s fever gives him medicine that does him more harm than good. The medications were “...not alleviating to poor Fred, who,...rose at his usual hour the next morning, but succeeded in nothing but sitting and shivering by the fire.” (Eliot, 259) Medications might provide a “measurable” effect, yet Wrench’s misdiagnosis and poor medication choice seems to indicate a need for more progressive treatment methods in Middlemarch.

Although Wrench’s medication makes Fred worse, Lydgate does not abandon the idea of dispensing other medications while treating Fred’s typhoid fever. Lydgate “...would go immediately to the druggists and have a prescription made up in order to lose no time.” (Eliot, 260) Lydgate, then, runs over to the druggist, picks up medication, and administers it to Fred. Yet, what differentiates Lydgate’s decision to dispense medications from Wrench’s? Lydgate recognizes the acute danger of Fred’s case “...the case was serious enough... He must go to bed immediately, must have a regular nurse, and various appliances and precautions must be used, about which Lydgate was particular.” (Eliot, 260) The narrator lists numerous medical devices and practices to demonstrate that Lydgate understands the severity of Fred’s case. Fred needs more than just medicine, but constant medical attendance in addition. Wrench on the other hand, takes Fred’s case too lightly: Wrench simply notices a “slight derangement,” and leaves, with no intention of continuing to attend Fred. Lydgate, then, provides patients with an alternative to the usual medical practices traditional 19th century medicine and even 19th century
reform offer patients. Lydgate does not dispense medications to Fred for profit, but rather gives Fred medications because quality patent care demands he does. He lets his medical judgment and intuition, not his wallet, dictate when to go beyond just prescribing drugs.

**Medical Judgment Amongst Middlemarch Doctors**

While Lydgate may have a strong sense of medical judgment, many Middlemarch physicians likely lack medical intuition because the English medical system did not teach them how to practice. Earlier in the essay, I discussed the poor medical knowledge English medical schools provide students with. The academic and intellectual center of England, London, bred rather shoddy doctors with its emphasis on classical education instead of medical know-how. Yet the physicians in Middlemarch do not practice in London: they instead practice in a small provincial town on the fringes of modern medicine and society. Loudon suggests provincial doctors had practices “…based on a primitive knowledge of physic and pharmacy coupled with a crude lack of skill in surgery.” (Loudon, 12) London physicians, then, may have gotten an inaccurate or incomplete medical education, but at least they had *access* to the medical knowledge available to them in England, unlike Middlemarch physicians.

Many Middlemarch physicians do, however, apparently receive a classical education. Discussing reform with Mr. Toller, Mr. Hackbutt argues “A medical man should be responsible for the quality of the drugs consumed by his patients. That is the *rationale* of the system of changing which has hitherto obtained; and nothing is more offensive than this ostentation of reform, where there is no real amelioration.”
Hackbutt obviously knows the medical issues of his times, yet also uses words such as “ostentation” and “amelioration,” words any late 18th century or early 19th century physician could pick up from the conventional classical education. Yet, while Middlemarch physicians seem to have some education, Loudon’s claim that many of them have a medical practice “...based on a primitive knowledge of physic...” holds true: Mr. Wrench, in his attempt to cure Fred Vincy, completely misdiagnoses Fred’s typhoid fever. Wrench “...came but did not apprehend anything serious, spoke of a ‘slight derangement’, and did not speak of coming again on the morrow.” (Eliot, 259) Judgment amongst Middlemarch physicians, then, seems misguided: if any Middlemarch physician has any substantial education at all, it will likely not be very relevant to the diseases and symptoms patients face.

However, Wrench and other physicians do not need medical knowledge to gain respect from Middlemarch townspeople. During a description of Mr. Toller, the narrator discusses Toller’s medical practice: “...he was given to the heroic treatment, bleeding and blistering and starving his patients, but... his treatment was as active as you could desire:... he was a little slow in coming, but when he came he did something.” (Eliot, 447) Earlier in the novel the narrator regrets that antiquated medical practices still took place during the years 1829-1832: “For the heroic times of copious bleeding had not yet departed” (Eliot, 142) In this case, “departed” most likely implies that “heroic bleeding” was a replaceable medical practice because of its ineffectiveness.9 Wrench’s treatments, however, do not have to work. Many

---

9 Eliot’s *Quarry for Middlemarch* does suggest she knew, from her research, the dangers of bleeding. Citing Watson’s typhoid fever treatment guidelines, she notes “...it has been necessary to abstain wherever we could with safety, from taking blood at all.” (Eliot, “Quarry for Middlemarch,” 30)
physicians during the 19th century not only gained respect and an abundant practice through a classical education, but also the social rank they inherit from families they were born into. The narrator before discussing Mr. Toller’s medical aptitude, describes his social status: ‘Mr. Toller shared the highest practice in the town and belonged to an old Middlemarch family: there were Tollers in the law and everything else above the line of retail trade.” 10 The conjunction “and” suggests that having a great practice and coming from “an Old Middlemarch family” go hand in hand: the older the family, the better the medical practice. Middlemarch residents and physicians, then, mistake a respectable bloodline for a quality doctor.

Eliot continues to critique the average Middlemarch physician by blurring the lines between townsperson and physician. Towards the start of the novel, at one of Mr. Brooke’s classic dinner parties, the narrator discusses Mrs. Renfrew’s disease and Lady Chettam enters “…with much exercise of the imagination into Mrs. Renfrew’s account of symptoms, and into the amazing futility in her case of all strengthening medicines.” (Eliot, 91) The word “imagination” suggests that Lady Chettam does not have the medical knowledge necessary for diagnosing Mrs. Renfrew’s disease; she must invent an explanation because no one else has one. Yet, many Middlemarch residents, including the narrator [perhaps ironically], take Lady Chettam’s unconventional medical suggestions seriously because she was “…much too well-born not to be an amateur in medicine.” (Eliot, 90) Toller, Hackbutt, and Lydgate, like Mr. Toller, comes from a high-ranking and affluent bloodline. Middlemarchers gossip that Lydgate “…is one of the Lydgates of Northumberland, really well connected” and (Eliot, 91) his uncle, Sir Godwin, is a baronet. (Eliot, 91, 356) Yet, while Lydgate may share a respectable heritage with Mr. Toller, Lydgate’s background does him more harm than good. Mr. Brooke and other Middlemarchers invite Lydgate to many dinners due to his social status, but Lydgate’s presence at dinners gives other Middlemarch medical men the chance to learn about and discredit his hopes for prescription reform.
other Middlemarch physicians all come from fine Middlemarch families themselves and received an above average education. Yet they still use outdated medical practices to cure their patients. Lady Chettam’s imaginative cures, then, suggest that not much separates the typical townsperson from the common Middlemarch doctor.

Middlemarch doctors, then, lack proper medical judgment not only because they do not incorporate innovative medical practices into their treatments, but also perhaps because they so perfectly resemble the prototypical 19th century provincial physician. Upon Lydgate’s arrival in Middlemarch, Bulstrode argues that “medical knowledge is at a low ebb among us.” (Eliot, 92) Clearly, medical knowledge in Middlemarch needs improvement and a select few townspeople know it. Yet, Mr. Standish, in opposition to Bulstrode, barks back: “Hang it, do you think that is quite sound? – upsetting the old treatment which has made Englishmen what they are?... I am not going to hand money out of my purse to have experiments tried on me. I like treatment that has been tested a little.” (Eliot, 92-93) Standish’s statement “I am not going to hand money out of my purse to have experiments tried on me” indicates that he not only refuses experimental treatments, but does not want Middlemarch doctors to change the way they practice medicine. Townspeople, then, do not expect Middlemarch doctors to innovate treatment, but rather want the same old reliable treatment from the same type of provincial doctor they’ve grown comfortable with. Provincial physicians often received rudimentary medical educations, came from long-standing medical or wealthy families, and often oscillated “…between the orthodox or regular practitioner and the unorthodox irregular or quack.” (Loudon,
Middlemarch residents do not want their physicians to change and therefore medical judgment likely will not, either.

**Beyond Medical Judgment: Changing Clinical Practice**

Lydgate, unlike the townspeople, does try and make some dramatic changes to the way provincial physicians diagnose illness. Casaubon, after his trip back from Rome with Dorothea, falls ill and calls upon Lydgate to treat him. The narrator notes that Lydgate “...used his stethoscope (which had not become a matter of course in practice at that time).” (Eliot, 286) Prior to the stethoscope, doctors heard patients’ heart beats and breathing patterns with their ears. The stethoscope, however, amplifies sound and made it possible for medical practitioners to hear irregularities in the lungs or heart with greater clarity. The stethoscope not only made it possible to intensify once nearly inaudible sounds, but also increased the physical and figurative distance between the physician and patient. The stethoscope, approximately 30 centimeters in length, kept the doctor away from diseased patients but also freed him from relying solely on patient narrative to diagnose medical illness. Patient narrative was often unreliable and unscientific, potentially “...distorted by beliefs, emotions or outright deception.” (Caldwell, 163) The stethoscope, then, “...helped to create the objective physician.” (Caldwell, 163) Physicians, including Lydgate, no longer needed to rely on patient narratives, social status, or lofty words to retain business or diagnose patients, but could gather objective evidence that would help them uncover the causes of patient illness.

Lydgate, however, does not totally disregard the opinions of his patients and their caretakers: patient narrative still plays a crucial role in Lydgate’s medical
practice, albeit a non-traditional one. Caldwell argues that, “in his advice to both of the Casaubons, Lydgate also shows deference for his patients, as if they, rather than he, were the masters of the situation. He advises rest for Casaubon, and when Casaubon objects he acknowledges the difficulty of complying with such advice.” (Caldwell, 164) Lydgate admits to Casaubon that “…amusement is rather an unsatisfactory prescription.” (Eliot, 286) Yet, Lydgate does not abandon his initial diagnosis: rather he rephrases his primary diagnosis in a way that better aligns with Casaubon’s narrative as a scholar who requires constant and high-level thought.

“Perhaps I had better say, that you must submit to be mildly bored rather than to go on working.” (Eliot, 286) The word “bored” does not carry the same trivial connotations that “amusement” does. In fact Mr. Brooke, after Lydgate rephrases his prescription for Casaubon, goes from suggesting lighthearted and childish activities to less intense, but still intellectual, scholarly pursuits. Brooke tells Casaubon to dally with some “…light study: conchology… or get Dorothea to read you light things, Smollett – Roderick Random, Humphry Clinker…” (Eliot, 286) Patient narrative does not lead Lydgate to develop diagnoses, but rather understanding his patient’s background allows him to communicate cures in language his patients will understand and approve of, thus increasing the likelihood of patient compliance.

Lydgate, thus, does not embody the normal reformer many characters in Middlemarchers stereotype him as. Mr. Chichely, during a conversation with Lydgate about the coronership, believes “…you never hear of a reform except it means some trick to put in new men.” (Eliot, 157) With new men comes new ideas and practices. For Chichely, then, reform involves replacing tradition with new
practices most people do not feel familiar or comfortable with. Lydgate, a man who comes to the town and openly expresses his disdain for Middlemarch medical tradition, appears to embody the type of “new men” Chichely dislikes so much.  

Chichely hopes Lydgate is “…not one of the ‘Lancet’s’ men ...wanting to take the coronership out of the hands of the legal profession...,” yet believes Lydgate’s words “…point that way.” (Eliot, 157) While Lydgate comes across as reform minded, neither the characters in the novel or the narrator give Lydgate credit for his ability to combine the traditional medical practice of valuing patient narrative, along with using new clinical tools (like the stethoscope) to make more objective and accurate medical diagnoses. Lydgate does not entirely do away with tradition when he comes to Middlemarch, but rather, as his case with Casaubon demonstrates, finds some new and more helpful ways to use traditional practices in conjunction with his reform ideas. Reform, for Lydgate, does not entail ignoring traditional practices and “…some trick to put in new men.” (Eliot, 157) Rather, he employs reforms that will improve medical judgment and that involve sifting through and incorporating valuable traditional practices alongside new, research-based clinical tools that allow him to deal with disease by listening to both a patient’s body and what he or she has to say about the malady.

11 In addition to Chichely, numerous other characters bring up Lydgate’s status as a medical reformer. Bulstrode hails “...the advent of Mr. Lydgate,” Mr. Brooke believes Lydgate “…likely to be first-rate – has studied in Paris, knew Broussais; has ideas, you know – wants to raise the profession.” (Eliot, 92) Many characters in Middlemarch, thus, think Lydgate wants to totally reinvent medicine in Middlemarch, contrary to what he actually does: combine traditional medical practices, such as using patient narratives, with new clinical ideas about fever and technological advances such as the stethoscope.

12 Caldwell mentions Lydgate’s tendency to combine conventional medical practices with clinical ideas that came out of the medical reform movement: “When Lydgate examines Edward Casaubon, for instance, he combines scientific advances with techniques developed long before such technology.” (Caldwell, 163) Caldwell, however, does not use Lydgate’s innovative clinical methods to rethink the way Lydgate or other characters think about medical reform throughout the novel. Rather, Caldwell discusses the role of the stethoscope in
Clinical Failures and “Unhistoric Acts”

Lydgate’s innovative treatment methods of combining 19th century reforms with helpful traditional practices does meet a significant amount of success in Middlemarch. The narrator, during a description of Lydgate’s clinical successes, argues: “…in this doubtful stage of Lydgate’s introduction he was helped by what we mortals rashly call good fortune.” (Eliot, 449) At first, the phrase seems sarcastic and belittles Lydgate’s clinical achievements. Yet, the word “rashly” suggests that people do not give Lydgate’s accomplishments enough thought or credit.

Middlemarchers jump to conclusions about his clinical skills and believe luck helps him cure patients rather than the excellent medical judgment Lydgate demonstrates throughout the novel. Middlemarch doctors, then, might have a difficult time recognizing Lydgate’s medical talents, but the narrator believes they are wrong and provides plenty of evidence to prove Lydgate’s skill. Lydgate recognizes Nancy Nash does not have a tumor, but a cramp and, while Casaubon passes away, Lydgate correctly diagnoses his heart issue and does everything in his power to ensure Casaubon will avoid a sudden, but inevitable, death, for as long as possible. Despite the fact that Lydgate does not change the way people in Middlemarch or throughout England think about cell anatomy or fevers, Lydgate’s successful treatment of many Middlemarch patients does demonstrate that his reform ideas do have some small successes and change the lives of some Middlemarchers for the better.

Lydgate’s medical practice along with Lydgate’s tendency to show “…deference for his patients, as if they, rather than he, were the masters of the situation.” (Caldwell, 164)
To complicate matters further, however, Lydgate does not have a perfect history of helping patients recover fully: under Lydgate’s care, Raffles passes away. Lydgate, as per usual, performs a critical analysis of traditional medical practices while also paying attention to his patient’s personal needs. Not only does Lydgate ask for Raffles’ name, he also turns to Dr. Ware’s new treatment for alcohol poisoning which he “…had repeatedly acted on... with a favourable result.” (Eliot, 710) Lydgate, thus, combines traditional patient narrative with new treatment methods, a diagnostic technique that works well with all the Middlemarch patients he treats. Yet, Lydgate’s treatment does not succeed and he “…arrived at half-past ten, in time to witness the final pause of the breath.” (Eliot, 711) Though Raffles dies under Lydgate’s care, his diagnosis does stand correct. Bulstrode and Mrs. Abel provide Raffles with alcohol and excessive doses of opium that go against Lydgate’s orders, violating a protocol that worked so well in past alcohol poisoning cases.13 Bulstrode “forgets” to tell Mrs. Abel that Raffles needs small doses of opium at regular intervals, and wakes up the next morning to find “…a bottle with some brandy in it, and the almost empty opium phial.” (Eliot, 711)

Even though Lydgate diagnoses Raffles’ delirium tremens case successfully, his interactions with Raffles and Bulstrode ultimately prevent him from continuing his reform efforts in Middlemarch. The chairman of the Middlemarch town Board asks Bulstrode to come forward and defend himself against the libelous and widely-held beliefs that he intentionally helped kill, or murder, Raffles. Bulstrode, after

---

13 John Ware, in his essay *On the History and Treatment of Delirium Tremens*, notes that “in some rare cases, however, the patient actually dies after falling asleep, particularly where sleep has been procured by opium... large doses of opium.” (14)
some arguing, "...took his hat from the floor and slowly rose, but he grasped the corner of the chair so totteringly that Lydgate felt sure there was not strength enough in him to walk away without support." (Eliot, 728) Bulstrode’s body collapses along with his ability to defend the Christian image he unsuccessfully upholds amongst Middlemarch townsmen. Lydgate, however, rises to the occasion and demonstrates an unwavering commitment to his patient’s best medical interests: “What could he (Lydgate) do? He could not see a man sink close to him for want of help. He rose and gave his arm to Bulstrode, and in that way led him out of the room.” (Eliot, 728-729) Unfortunately, Lydgate’s decision to help Bulstrode leads many of his former friends to suspect Lydgate played a role in helping Bulstrode murder Raffles. Farebrother argues: “it is possible – I have often felt so much weakness in myself that I can conceive even a man of honourable disposition... accepting money which was offered more or less indirectly as a bribe to insure his silence…” (Eliot, 734) Ironically, then, Lydgate’s strong moral fiber and deep care for others forces him out of Middlemarch: he does everything right as a clinician and a good person yet tension in Middlemarch after Bulstrode’s conviction boils over and Lydgate must leave for London.

The narrator, while describing Lydgate’s medical ambitions, discusses the ineptitude of the medical profession during the years 1829-1832: “Considering that statistics had not yet embraced a calculation as to the number of ignorant doctors... it seemed to Lydgate that a change in the units was the most direct mode of changing the numbers.” (Eliot, 146) The phrase “...a change in the units...” suggests that Lydgate simply wants to help make clinical practice better by focusing on the
way he treats patients. Lydgate, thus, does not hope to make broad clinical reform a reality, but rather just wants to provide his patients with better healthcare than traditionally trained doctors. In this respect, he prevails. Lydgate successfully integrates traditional medical practices with reform models, and even the death of Raffles does not fall entirely on his shoulders: an archaic medical practice brought into use by two ignorant people subbing in as physicians leads to Raffles’s demise.

Thus, while Lydgate may not have changed the way all of Middlemarch thought about cell anatomy or fevers, he does succeed in doing some of what he sets out to do by becoming “...a change in the units...” during his time in Middlemarch.14 (Eliot, 146) Lydgate, then, serves as a triumphant testament to the impact “...unhistoric acts [may have on] the growing good of the world...” (Eliot, 838)

---

14 While Lydgate’s tendency to combine new medical practices with old ones does make him stand out in the Middlemarch community and provide both better and different care than the average Middlemarch doctor, I must concede that we do not learn whether or not Lydgate treats his wealthy, Continental bath patients with the same innovative clinical methods. Even if Lydgate does not change his treatment methods, treating patients to make money rather than change would not undermine or invalidate the clinical successes he had while helping Fred, Nancy Nash, Casaubon, etc. during his time in Middlemarch. Lydgate’s excellent medical judgment, combination of 19th and 18th century treatment practices, and many clinical triumphs, still deserve our attention and do amount to a success.
Works Cited


