Hungarian Historical Review 12, no. 3 (2023): 363–394

Social Class in the Czech Physicians' Quest for Professional Authority and Social Acknowledgement, 1830s–1930s

Barbora Rambousková
University of Pardubice
barbora.rambouskova@student.upce.cz

Darina Martykánová
Universidad Autónoma de Madrid
darina.martykanova@uam.es

In the mid-nineteenth century, physicians in the Czech lands could claim neither elite status as a professional group nor unquestioned authority in the medical field. Despite the legal protection granted by the Habsburg Monarchy, they did not have an efficient monopoly on medical authority and practice and had to face fierce competition from lay healers, male and female, and other medical professionals. This article examines how Czech-speaking physicians navigated social dynamics in nineteenth-century society in urban and rural areas and how they strove to strengthen their authority in the medical field both through appeals to their professional credentials and through class and gender discourses. We identify individual strategies of social ascension and collective efforts to boost the standing and authority of the whole professional group. Practices such as socializing in patriotic circles and authoring medical guidebooks for laymen proved as important as publications in the professional press and the work of professional associations in this complex effort, which was eventually crowned with success in interwar Czechoslovakia.

Keywords: social class, Czech physicians, professional authority, social mobility, individual strategies

In the mid-nineteenth century, physicians in the Czech lands could claim neither elite status as a professional group nor unquestioned authority in the medical field.[1] Despite the legal protection granted by the Habsburg Monarchy,[2] they did

1 Hanulík, "Professional dominance."

2 As early as in 1770, the health ordinance for the Habsburg domains established that "regional physicians" had the obligation to punish uneducated or incompetent persons who engaged in so-called *fušerství*, or "intrusion" into an expert field in which they were not considered qualified to work. Lenderová et al., *Tělo mezi medicínou*, 76–80; Tinková, *Zákeřná Mefitis*; Svobodný and Hlaváčková, *Dějiny lékařství*. See also Lang, *Medicinische policey in den habsburgischen Ländern der Sattelzeit*.

not have a monopoly on medical authority and practice and had to face fierce competition from lay healers, male and female, and other medical professionals.[3] In this article, we analyze how Czech-speaking physicians navigated social dynamics in nineteenth-century society in urban and rural areas and how they strove to strengthen their authority in the medical field both through appeals to their professional credentials and through class and gender discourses. We identify individual strategies of social ascension and collective efforts to boost the standing and authority of the whole professional group. Practices such as socializing in patriotic circles, employing fashionable architects to have their houses built, and publishing memoirs proved as important in this complex but eventually successful effort as publications in the professional press and the work of the various professional associations.

Our analysis is based on one main type of primary source: physicians' memoirs, unpublished and published (mostly during the physicians' lifetime). We complement these sources with analyses of one physician's edited notes, another physician's private correspondence, and public lectures delivered by a physician's child. They all share one feature: they were written in Czech. The use of Czech by authors in this multilingual and multiethnic region is a significant detail that should not be taken for granted or passed over. Further research also needs to be done on German-speaking physicians from this region, and it would be useful to compare the social backgrounds and careers of these physicians with the social backgrounds and careers of the physicians who left written narratives of their work in Czech. This would enable us to assess whether ethnic origins and the languages used in professional practice and social interaction were, in any way, relevant factors in a given doctor's social status. Moreover, future research should also examine the careers of physicians who came from the Czech lands but pursued practice in the imperial capital, as those who "made it" in Vienna probably did not write or publish memoirs in Czech, even if they were born into Czech-speaking families.

The edited notes and memoirs written by several male Czech physicians from the years between 1836 and 1936 constitute a rich corpus of sources that allows us to examine the long-term development of the profession as perceived by the physicians throughout a period in which several major political and administrative changes took place that had an impact on the physicians' professional practice.[4]

3 See Rambousková, "The Doctor and his Patients"; Hanulík, *Historie.*

4 Lenderová et al., *Tělo mezi medicínou,* 76–80; Tinková, *Zákeřná Mefitis*; Svobodný and Hlaváčková, *Dějiny lékařství v českých zemích*; Svobodný, "Lékaři v českých zemích"; Tinková, "Uč se vážit svého zdraví."

These notes and memoirs are sources of a personal nature from which we get hints concerning the physicians' understanding of themselves as physicians, as Czechs, and as respectable men of a certain social standing. In the case of two nineteenth-century physicians, we learn about their origins, professional practice, sociability, and attitudes through extensive laudatory lectures given by their children in the early years of the twentieth century and then published in print. The very fact that physicians' children engaged in such a practice and a growing number of physicians published their memoirs may point to the rise in the importance attributed to physicians by their close family members and by the physicians themselves and also to their increasing social standing. In these earlier memoirs and edited notes, family pride and Czech patriotism seem to have been among the motivations for publication. The memoirs from the later period offer proof of a perceived interest in the medical profession in Czechoslovakia, and they also tend to dwell on details concerning politicians, actors, other celebrities, and the changing political circumstances. The authors who had had bright professional careers under communism also seem to have sought to distance themselves in their writings from the regime and to stress their allegiance to the First Czechoslovak Republic (1918–1938), but this will be dealt with in future research.

Despite the differences among the sources, we observe a striking similarity in their structure and in the information they provide. The physicians tended to give details concerning their family backgrounds. They mention their parents and siblings, and sometimes they comment on their wider families. They explicitly address the financial means of their families, particularly linked to their own education. If they needed extra support and funding and their parents were unable to provide it, they tended to acknowledge this openly and even dwell on it. This indicates that, rather than trying to mask their social origins, they actually took pride in overcoming these initial financial obstacles. They describe their secondary studies, showcasing the key importance of the dense network of high schools created in Bohemia and Moravia in the first half of the nineteenth century.[5] They also tend to explain their motivations for choosing to study medicine. Concerning the years spent at medical school, the physicians discuss their teachers and their lectures. Some critically assess their teachers, their attitudes, and their talents as teachers (or lack thereof). Their narratives

5 The costs of education including, high school, five years at the faculty of medicine, and at least one year of free practice at a clinic, came to approximately 12,000 zlatých/guldens. See Sinkulová, *Stát,* 96.

dwell on the issue of practical training and on the choice of and preparation for future medical practice, including choosing a specialization and deciding whether to work at a hospital, start a private practice, or accept a public post in the provinces. Financial aspects of this decision-making process are often explicitly addressed.

The sections of the various narratives which touch on actual medical practice comment on everyday experiences with healing and its financial aspects. Medical doctors who worked in small towns tend to showcase their devotion to scientific innovation by commenting on the purchase and use of medical instruments, while physicians in urban settings linked to hospitals tend to make references to their professional publications and distinguished patients. Probably due to the notion of professional discretion, the edited memoirs do not include information on the diseases suffered by their patients or the treatments provided, but rather comment on how these distinguished patients came to require the services of a particular physician and on their social interactions with them. The physicians also comment on leisure activities, including occasional trips abroad, which were not always linked to their profession, including international conferences, patriotic events, theater excursions, and social occasions.

In the discussion below, we focus on the following questions: What was the social background of Czech-speaking physicians who practiced in the Czech lands in the second half of the nineteenth and first third of the twentieth century? Which motives did they cite for their choice of profession and the choice of a specific professional path? Which aspects of their education and training did they emphasize? How did they present their professional practice to their readers? How were they perceived by the communities in which they lived? In what kinds of social events and pastimes did they engage, both professional and casual? How did they spend their free time? We then offer conjectures, based on the answers provided by the sources to these questions, concerning the relationships between the physicians' social status and shifts in their social standing on the one hand and new legislation and social and political changes on the other.

Our historical analysis is enriched by sociological approaches and methodologies. Pierre Bourdieu's analytical concepts, including economic, social, and cultural capital, as well as his notion of distinction.[6] Erving Goffman's emphasis on self-fashioning and the ritual elements in social interactions has

6 Bourdieu, "The Forms of Capital"; Bourdieu, *La Distinction*.

made us sensitive to the different ways in which the physicians strove to embody what they considered their role and how they were transformed in the process. In line with the analysis by Kaat Wils, we understand that their attitudes, their ways of presenting themselves in their narratives, and their behavior can only be interpreted in relation to the specific and changing settings of their education and practice (including the state regulation of both) and to the internal dynamics of their professional community.[7]

The period under study allows for an analysis of long-term dynamics in a changing context, a methodological choice that makes it possible for us to de-naturalize the middle- and upper-middle class status the physicians achieved by the mid-twentieth century and explain it as a result of a culturally specific historical process. For the same purpose, we make occasional comparisons with other European countries in the same period. In the period under study, the Czech lands were part of the Habsburg Monarchy that morphed into Austria-Hungary in 1867, an imperial arrangement thought to be an efficient answer to the rising nationalist and constitutionalist movements in Hungary but left many other nationalist leaders less than satisfied. The Great War (1914–1918) opened the gate to the creation of Czechoslovakia in 1918, a nation state in which the Czech lands played the leading role.

Major changes also took place in the institutional and legal framework of the medical practice. Austria was early in granting the exclusive practice of the medical profession to physicians with specific credentials by law (see footnote 2). The implementation of this legal measure was patchy, at best, and physicians still felt the pressure of competitors in the medical field in the 1860s and 1870s. There were several milestones in the institutionalization of healthcare: the creation in 1817 of the post of a municipal physician paid by the municipalities, the abolition of the nobility physicians *(vrchnostenský lékař)*, which was a consequence of the drastic reduction in the role of nobility in the regional administration due to the revolutionary movements of 1848 and the imperial law on healthcare from 1870, which created a dense network of municipal and provincial physicians.[8] In addition to state initiatives, the professional cohesion and social status of physicians were also boosted by medical associationism.

---

7 Goffman, *Všichni hrajeme divadlo*; Wils, *Scientists' Expertise*.

8 The young Czechoslovakia did not approve any general law on healthcare that would be valid in all its territory. Thus, healthcare continued to be regulated by legal measures that had been introduced in Austria-Hungary. See Sinkulová, *Stát*. For a systematic treatment of the regulation of the medical field in the Czech lands during the period in question, see Svobodný and Hlaváčková*, Dějiny lékařství v Českých zemích*.

The first professional associations were founded in the Czech lands in the early 1860s, and they showcased ethnolinguistic divisions. In 1861, German-speaking physicians founded an association in Prague and a journal titled *Prager medizinische Wochenschrift*. As was often the case in an environment marked by ethno-nationalist strife and competition, Czech-speaking physicians followed suit in 1862, founding the Spolek českých lékařů (Society of Czech Physicians)

and its journal, *Časopis lékařů českých* (Journal of Czech Physicians). In Moravia, an association of German-speaking physicians, Centralverein deutscher Ärzte, was active between 1875 and 1894.[9]

Social Origins of the Physicians and Funding for Their Studies

The fact that many university-educated Czech-speaking physicians who practiced in the second half of the nineteenth century in the Czech lands were of lower-middle class and working class (craftsmen/artisan) origins may come as a surprise. Both the documents examined in this article and the university registers analyzed by Barbora Rambousková show that many of them were sons of craftsmen. Josef Salmon,[10] for example, was one of the five children of a stonemason, and Josef Pavlík[11] was the son of a miller, a craft that tended to come with a certain material wellbeing but still implied manual labor. A glance at the origins of the Czech cultural nationalists of the mid-nineteenth century confirms the presence of craftsmen's children among liberal professionals in the Czech lands. The physician Norbert Mrštík[12] offers a paradigmatic example of this: his father was a shoemaker, and he became a physician. His brothers, Alois and Vilém, who became famous writers and playwrights, went on to be part of the Czech cultural elite. One of the reasons behind this social mobility might be the fact that, in the Austrian Empire and particularly in the wealthy kingdom of Bohemia, a dense network of high schools had been established in the first half of the nineteenth century. It therefore became rather easy for a well-off artisan family to support its sons, and the study of medicine was seen as a means of social ascension for the whole family. The public high school system granted

9 Černý, "Lékařství," 277.

10 Josef Salmon (1844–1931). See Muzeum Českého ráje v Turnově. A – P-JS. Documents of physician Josef Salmon.

11 Josef Pavlík (1863–1926). Státní okresní archiv Tábor (State District Archive in Tábor), Rodinný archiv Petříčkův [Archive of Petříček's family] Documents of physician Josef Pavlík.

12 Norbert Mrštík (1867–1905). See Havel, *Nedosněné sny*.

these lower-middle and working-class young men important cultural capital, the wider family network and other patrons provided funding, and the expected outcome was for the future doctor to achieve social capital that could be passed on to future generations.

For lower-class students, the funding of their studies was clearly a matter of concern, though the physicians never attribute the decision to study medicine to financial motivations. Instead, they stress their desire to help others or illness/death in their family, following the centuries-long tradition of physicians' self-fashioning as selfless benefactors of the sick. However, they do acknowledge the problems they faced because the lack of money often became obvious already when they were in high school. One option to solve this problem was to call on wealthier relatives, or the budding physicians could turn to others, such as wealthy patrons, the Church, and, later, patriotic societies. Josef Salmon, for example, did his first four years of high school at the German Piarist High School in the town of Mladá Boleslav in central Bohemia. His uncle, royal and imperial civil servant Josef Dolanský, worked at this institution and supported Josef during his studies. Due to Josef's excellent academic performance, he was given the opportunity to continue his studies at the College of Clementinum in Prague. From 1862 on, he received 124 zlatých/guldens a year from the Johann Anton Střepský Foundation, which depended on the Royal and Imperial Governor's Office. In exchange, he had to assist at all Catholic festivities in the Saint Vitus Cathedral and the Basilica of Saint George. Still, to earn more, he had to complement his scholarship with private lessons. After he finished his secondary education, he enrolled at the Faculty of Medicine at Charles University in 1864 and successfully concluded his studies in 1870 as doctor of medicine. Salmon's story was not exceptional. Many students worked, mostly teaching younger primary and high school students, and some of them saved up to invest in their professional practice.[13]

The first half of the twentieth century brought about an important shift. The authors of the edited memoirs now tended to be of middle class-origin, often sons or relatives of a physician (Vladimír Vondráček, for instance).[14] Jan Bělehrádek[15] was the son of a clerk with a degree in law. Zdeněk Mařatka's father

13 Muzeum Českého ráje v Turnově.

14 Vladimír Vondráček (1895–1978). See Vondráček, *Fantastické*; Vondráček, *Lékař vzpomíná*; Vondráček, *Lékař dále vzpomíná*; Vondráček, *Konec vzpomínání*.

15 Jan Bělehrádek (1896–1980). See Linhartová, *Jan Bělehrádek a jeho cesta k svobodě ducha*.

was a renowned artist, and his uncle and cousin were physicians.[16] Jiří Syllaba's father belonged to the medical elite of the time. He was personal physician to the first president of the Republic of Czechoslovakia, Tomáš Garrigue Masaryk.[17] Josef Charvát[18] stands out among these sons of middle-class professionals as a "remnant of the past," when many physicians had been of artisan-working class origins. But he was also the child of his time, consciously commenting on his social background and proud of his rise through hard work and merit. As noted above, it was common for high school and medical students not only in the Czech lands, but also in Germany, Spain, and France to support themselves through private lessons. European fiction and memoirs are full of references to the financial difficulties students faced when pursuing their studies. However, Charvát's willingness to support himself by accepting a working-class job as a night watchman speaks of the porousness of Czech society in terms of social class. Charvát, whose father was a locksmith and whose mother worked as a concierge and did laundry for people in the neighborhood, felt that he faced no mental barriers to this kind of job, nor did he feel any need to hide it when he became a respectable doctor. On the contrary, he seems to have been proud of this, considering it another sign of his individual merit, one that further distinguished him from his more privileged colleagues.

Choosing a Path within the Medical Profession

Social origins continued to shape the physicians' careers after they finished their studies. Diplomas did not serve as equalizers. Once they had a diploma in their hands, the young men faced a key decision: choose between a practice that combined healing with medical research or take a well-paid post in the provinces which would grant them a stable income and the respect of local society but which would also place them on the lower echelons of the professional community. Hospital practice, scientific pursuits, and life in the capital were important considerations in the hierarchy of both social and professional prestige. From our sample, it seems that the young physicians' social origins were a key factor in the early-career choice of professional path. The physicians who opted for a career in research knew that they would have to work at a clinic free of charge for several years before they received a salaried post. Vladimír

16 Zdeněk Mařatka (1914–2010). See Mařatka, *Medicína.*

17 Jiří Syllaba (1902–1997). See Syllaba, *Vzpomínky.*

18 Josef Charvát (1897–1984). See Charvát, *Můj labyrint.*

Vondráček (1895–1978) stated he had served the state free of charge for 15 years. During this time, they could, of course, work for private clients, which Vondráček did, but whether they were actually willing or able to take such a risk and attract paying clients more often than not depended on the social status of the given physician's family.[19]

In the 1830s and 1840s, these career patterns were not yet clearly distinguishable and the situation was hard to read for the young graduates, as the memoir by Frantisek Bouček, who studied in Vienna, indicates: "Right after graduating, I wanted to stay in the hospital, but due to the lack of money and unstable health I could not."[20] He therefore chose to practice in his hometown of Hradec Králové, but this also proved difficult, partly for personal reasons. Bouček complained that his local friends expected him to provide care for them for free. He also complained about structural problems, namely the lack of a clear career path for young physicians: "What misery there is among the physicians! Many had to leave the hospital without getting any post. Nobody takes care of the physicians."[21] After a few years of practicing in Hradec, in 1838, Bouček applied for the post of *praktikant* at the General Hospital in Vienna. He brought with him his meagre savings, 212 zlatých/guldens, to establish himself in the city. Once again, as a young physician with no connections in the Habsburg capital, he wrestled with various challenges. Bouček ultimately accepted the post of manor physician-surgeon in the manor of Poděbrady in Bohemia, an administrative unit that represented the continuing administrative functions exercised by noble families in Austria, a remnant of feudal structures that did not exist, for example, in France or Spain at the time. Poděbrady manor covered an extensive area, and Bouček had to provide care for people in 63 villages which were often hard to access. He received a fixed salary of approx. 30 guldens a year, a flat in the Poděbrady chateau, wood for heating, and cereals. His tasks consisted of providing healthcare for the manor officials, servants, and retirees, for the sick in the manor hospital, and for poor subjects. He also had to supervise the recruits and carry out cadaver examinations and autopsies. When he could get private patients (he was allowed to provide care for them after he had fulfilled his manor duties), they would often pay him *in specie*, and Bouček stated that it would have been almost impossible for a physician to practice in the rural parts of the country without a fixed salary. In 1848, bondage was abolished and so

19 Vondráček, *Fantastické*, 403, 652.

20 František Bouček (1810–1882). See Bouček, *Zápisky*, 9.

21 Ibid., 27.

was the nobility's administrative role. Bouček lost his post and a "cruel struggle for existence"[22] began. He moved to the town of Chlumec in Eastern Bohemia, where he worked as a physician to the poor and as a coroner. He was paid for each service rendered, with no fixed salary, and this was a source of anguish for him. He later returned to Poděbrady, where he accumulated several posts. It took him decades to establish a relatively comfortable living for himself.[23]

Josef Pavlík, who was the son of a miller and thus also not a child of privilege, showed clear determination. He decided to study medicine after his mother died of illness. To fund his studies, he gave private lessons during his high school years. After graduating from the University of Prague, he worked at the university hospital with the obstetrician Karel Pawlik. He admitted to his daughter later in his life that his decision to leave his promising hospital career and settle in the provincial town of Tábor was motivated by financial reasons, in addition to his wish to "work among the people." In 1900, he combined his long-term post in Tábor as municipal physician with work for the Workers' Illness Fund, which provided medical care for insured workers and employees. He clearly made the right choice leaving Prague, as he established a prosperous practice that allowed him to buy a house in the city center and travel abroad. He traveled to Spain, Morocco, and Algiers. He did not give up on the ambition to keep up with progress in the medical sciences either. With his own money, he bought an x-ray machine for his practice in 1910, and he also attended the World Hygiene Exhibition in Dresden. He had a lively and remarkable social life, both in local and national circles. While in Spain, for instance, he was invited to attend the celebration of the fiftieth birthday of Oskar Nedbal, a famous Czechoslovak opera singer, engaged in the Bratislava Opera, who was on a widely advertised tour on the Iberian Peninsula. In his town of residence, he was active in the patriotic circles, taking part in the campaign to build a monument to Jan Hus, a medieval Bohemian preacher and reformer who became one of the main symbols of Czech nationalism.[24]

Josef Salmon, who practiced from 1870 to 1921, also sought financial stability after graduating. He applied for a post in the imperial army but was rejected on the grounds of "physical weakness." He found employment at the Emperor Franz Joseph Children's Hospital in Prague. He started as an assistant physician but rose to serve as deputy head of a hospital department *(zástupce*

22 Ibid., 40.

23 Bouček, *Zápisky*.

24 See Státní okresní archiv Tábor.

primáře). He also provided care for poor patients, which seems to have been expected of hospital physicians with a charitable spirit or social consciousness in many places in Europe and beyond at the time. In 1876, he opened a private practice in Prague. In addition to receiving paying patients, he also provided care for those insured by the Vltava Insurance Bank, which guaranteed him a steady income of 200 guldens per year. He built a respectable clientele. As he noted, his last patient in 1921 was the daughter of the president of the Czechoslovak Supreme Court. He had provided care for four generations of this prominent family.[25]

Vladimír Vondráček was the son of a middle-class family who started his career in the interwar period. Vondráček was even more explicit about the financial considerations involved in the choice of career path. He complained that most of the hospital posts available for recent graduates (such as junior doctor or *secundarius*) meant working with no salary. The graduates were supposed to be grateful to get practical training and prestige linked to a job in hospital, while they lived off money earned by providing care for private patients and/or family money. Vondráček, who clearly positioned himself against this system, nevertheless admitted that he worked "for the republic" for free for 15 years, abandoning ambitions to work as a psychiatrist, which was the most interesting field of medicine to him: "During that period, I understood I needed to deepen my knowledge of internal medicine. I found it interesting, and it also seemed to me that it would ensure me better financial conditions than I could have had at the time in psychiatry, it was not even clear if I would not have to leave Prague."[26] His precarious financial situation finally made him accept a post as spa physician in the Slovak spa of Ľubochňa (or Fenyőháza, by its Hungarian name). Slovakia was not considered a particularly desirable destination among the Czech physicians, and the pay and extra income were good. It was thanks to his practice as spa physician in Slovakia that Vondráček was able to save enough money to move back to Prague and establish himself as psychiatrist, the branch of medicine he had always dreamt of pursuing. [27]

The sources suggest that the situation for physicians improved in the interwar period, and more salaried posts were available in the hospitals. Several factors contributed to this change. First and foremost, more hospitals were opened in many cities and towns in Czechoslovakia, providing a growing number of

25 Muzeum Českého ráje v Turnově.

26 Vondráček, *Fantastické*, 211.

27 Ibid., 255.

salaried posts for qualified physicians. As the concept of hospital was rapidly becoming less and less associated with poverty and charity and the hospitals were becoming truly interclass[28] establishments, the notion that physicians should work in them for free was gradually abandoned, too. Moreover, training at a clinic became mandatory if one sought to open a specialized private practice, and thus many graduates were, in fact, given a chance to catch the eye of a senior hospital physician who would support their careers if they were inclined towards combining care for hospital patients with medical research. As in the past, patronage thus continued to be important even as medical institutions were expanding and consolidating. However, the powerful men who wished to provide support for young, talented people now had more opportunities to help them find a paid post that would truly enable them to follow the path their patrons had envisaged for them, as there were more such posts available in the system.

The career of Josef Charvát is a good case study of these changing patterns. As a young medical student from a working-class background, he worked with Professor Lhoták at the Pharmacology Institute as a medical student. As he notes in his memoirs, he did the work of an assistant physician (with a corresponding salary of 900 Czechoslovak crowns), but as he had not yet graduated, he could only be officially employed as assistant scientific staff (200 crowns), though he was paid an extra 300 crowns. After he graduated, Charvát obtained a post at the II. Clinic of Internal Medicine. As he was paid 200 crowns there, it was probably a post of assistant scientific staff.[29] Nonetheless, this proved a gateway to a stellar career for Charvát, the son of a locksmith and a concierge. His boss, Professor Josef Pelnář, was a well-respected, fatherly figure in the Prague medical community. He was also very authoritarian when convinced of someone's professional value. Charvát, who had married as a student, was constantly concerned about his income. His original plan was to work in a hospital only for the time required to obtain a license for a private practice. But Pelnář stepped in, told him he should strive for habilitation, and arranged several training trips abroad (to Paris, London, and Belgrade) for his talented young colleague. Years later, when Charvát wanted to apply for the post of Director of the Internal Medicine Section in a provincial hospital in the town of Hradec Králové, Pelnář used his symbolic authority and told him: "You are

28 Several researchers have examined how hospitals in different European countries morphed into interclass establishments at the turn of the century. See, for example: Horrent, *La population*; Barry and Jones, *Medicine*.

29 Charvát, *Můj labyrint,* 13–15.

not going anywhere, you are staying at the clinic."[30] Pelnář's authoritarian care for his talented colleague eventually proved beneficial for Charvát. Thanks to Pelnář's support, Charvát ended up reaching the highest echelons of the medical hierarchy in the Czechoslovak capital. Following Pelnář's advice, he applied for and got the prestigious post of Head of the Department of Internal Medicine at the Polyclinic. During these years, he socialized with members of the highest echelons of Prague society. As a man of working-class origins, Charvát originally lacked the social and cultural capital a physician would need to get private patients, but Pelnář was there for him in this sense, too. When Charvát opened a private practice, Pelnář recommended him to wealthy people, who became his patients. Charvát stressed that he used the income thus obtained to purchase medical equipment in order better to provide care for his patients, who came both from the capital and from rural areas. During the last days of World War II, he participated in the occupation by Czech medical staff of the First German Clinic of Internal Medicine in the General Hospital, where he remained until his retirement in 1970, successfully continuing his career under the communist regime.

Pelnář appears as a key actor in the career of two other physicians who wrote memoirs but came from far more privileged families than Charvát. One of them was Jiří Syllaba and the other was Zdenek Mařatka. As noted earlier, Syllaba was born into the Czech social elite. He was the son of the president's personal physician. After finishing his studies in 1926, he embarked on several journeys abroad to further his education (he went to Great Britain, France, and the United States). After returning to Czechoslovakia, he worked at the II. Clinic of Internal Medicine of the General Hospital in Prague, headed (and lorded over) by Professor Pelnář. His post was that of an unpaid *docent*: a senior physician who "after his habilitation worked as scientist-researcher and as teacher at the clinic for free every morning (for 6 hours). He then had to earn his living through private practice, generally two or three times a week."[31] According to Syllaba, robust scientific activities at the clinic were possible because the staff ran parallel private practices: "At Pelnář's clinic, up to 50 scientists worked in the period between 1922 and 1938, including three extraordinary professors (Cmunt, Prusík and, later, Charvát), about 10 to 14 docents, several paid medical assistants, and more unpaid assistants, demonstrators, scientific staff, and *fiškuses*

30 Ibid., 17.

31 Syllaba, *Vzpomínky a úvahy lékaře*, 63.

(medical students who practiced at a clinic even before the mandatory practice during their studies)."[32] Pelnář's ambitions reached beyond "his" clinic and encompassed Czech medicine as a whole. He strove to further the quality and status of the medical profession and also had nationalist goals. According to Syllaba, he came up with a plan to send his protégés to work as spa physicians. These were lucrative posts in pleasant locations. Pelnář's intention was to boost the standing and improve the scientific infrastructure of Czech spas, but, as Syllaba explicitly stated, he also wanted to "Czechify" them (that is, to reduce their German character): "For that purpose, he selected Pirchan to work in Jáchymov, he sent Vančura to Mariánské Lázně (Marienbad), Šimek to Františkovy Lázně (Franziskenbad), […] Hejda to Bohdaneč."[33] Syllaba himself was chosen for a position at the most prestigious Czech spa resort, Karlovy Vary (Karlsbad), and he worked there every year for four months over the summer months between 1932 and 1938. Clearly, the fact that his father has served as President Masaryk's personal physician may have played a role in him having been chosen for the most prestigious spa in the country.

Like Jiří Syllaba, Zdeněk Mařatka was also born into privilege, as he was the son of a famous Czech sculpturer. In his memoirs, Mařatka presented himself as having been very strategic in his career choices and having made the right decisions in terms of finance, professional prestige, and personal inclinations. His early and constant awareness of the possible pitfalls and opportunities in a career in medicine can be interpreted as a sign of his social and cultural capital. His uncle Ladislav and his cousin were also physicians. In a way, his uncle Ladislav served for Zdeněk as a negative example. Ladislav had worked with the prestigious surgeon Eduard Albert in Vienna, but, as his nephew put it, he had not had an entrepreneurial spirit and he had provided care for patients free of charge. He had ended up in dire straits and had had to leave Vienna and accept the post of municipal hygienist in Prague.[34] Zdeněk was not going to allow this to be his career path. As a student, he started working voluntarily as an assistant medical student at a clinic even before he reached the stage of his studies when such practice was mandatory (which was called *fiškusovat*). Mařatka assisted Dr. Prusík, but he did not care for his approach, particularly the way Prusík treated his patients: "I felt [Prusík treated them like] experimental objects rather than

32 Ibid.

33 Ibid.

34 Mařatka, *Paměti*, 10–13, 20, 22.

as suffering individuals who need help."[35] In the fourth year of his studies, he went to assist the famous Professor Pelnář, following the advice of Dr. Syllaba. He worked there as medical assistant from 1936 to 1938 and, after 1939, as physician.

Mařatka's memoirs offer very outspoken descriptions of the tensions at the clinic, informing us about the lasting importance of status, class, and patronage in the institutional settings of a modern hospital. The main cause of tension was the unclear decision-making hierarchies due to the hospital institutes being at both hospital departments and university clinics at the same time.[36] As Mařatka put it,

> The clinics were under the command of the Ministry of Education, and they were headed by a university professor. The same person was, at the same time, the director of the department and in this sense was under the command of the hospital's director. (Medical) assistants were employees of the clinic, that is, of the Ministry of Education, but the junior doctors [Czech *sekundář*, lat. *secundarius*] were employees of the general hospital. This double-rail system was a source of constant conflicts between the assistants, who enjoyed higher social status, had longer vacations, and enjoyed several other advantages and the junior doctors, who were simple subordinate physicians as in other hospitals. To be employed at the clinic was nonetheless disadvantageous financially and meant economic hardship, as everyone had to start as a physician with no pay and show through his work whether he was capable of progressing in his qualification.[37]

Mařatka's description clearly reveals that the career path associated with prestige and professional merit was, at the same time, a path accessible mostly to the well-off. Only those who, like Syllaba and Mařatka, could rely on their families' support (or were lucky enough to find an extra source of income) could, in fact, prove their talent at the clinic. The expectation to work for free were a social barrier and a typical mechanism with which the elites managed to maintain their place in an ostensibly meritocratic system: only those who had extra financial means could afford to work for free, prove themselves professionally, and secure paid posts within the career line associated with higher prestige and, once the initial "filtering" period was over, with higher income.

35 Mařatka, *Paměti*, 44.

36 There were problems caused by the fact that teaching hospitals depended on the university hierarchies in the twentieth century in other countries, too. See Núñez-García, "Los hospitales docentes."

37 Mařatka, *Paměti*, 76.

There were other aspects to this system of informal filtering. Mařatka was well aware of the fact that the "capacity for autonomous scientific work" was understood not only a question of knowledge and skills but also of "character" and social class. As the head of the clinic, Pelnář expected the young men to participate in and speak at weekly public meetings of the Society of Czech Physicians. He also fostered self-confidence and a sense of *esprit de corps* and entitlement among the selected group of young men at his clinic, granting them the right to discuss and approve the selection of new colleagues, so they felt that they were an essential part of the process to which they had had to submit and thus became emotionally involved in its perpetuation and defense.[38] Syllaba shows no hint of criticism when describing Pelnář's authoritarian attitude toward his protégés. Even Mařatka's more ambiguous description of the whole situation is a proof of the ways in which meritocratic discourse was used and how those who "succeeded" learn to perceive the system as a guarantee of quality, even if, like Mařatka, they acknowledged that it also worked as a social filter.

Mařatka called the clinic a "strainer" through which "only those passed who had skills and a will to renounce financial advantages temporarily and risk an unsure future," but he also presented this filtering system as a desirable means of ensuring high standards and scientific progress at the clinic. While most of his colleagues ended up leaving to take better-paid posts as municipal physicians or physicians in other hospitals or devoted themselves fully to private practice, Mařatka climbed the ladder with the financial support of his middle-class family, including his wife, who worked as an employee in a bank, while her mother helped in the household. After working for free for two years, Mařatka obtained a fellowship of 200 and later 400 crowns a month. Several years later, he was earning 2,000 crowns a month as an assistant physician. He still complained about his salary after he earned his habilitation degree and worked as senior physician at a clinic *(docent)*, and he maintained that he and his colleagues in the same position used their free afternoons to provide care for paying patients in their private surgeries.[39] In such a system, middle-class men like Syllaba and Mařatka, particularly those who had family in Prague, could succeed if motivated. Working-class *docents* like Charvát were an exception. He "made it" due to the continuous and multifaceted support of the boss, Professor Pelnář. Had Pelnář not constantly guided Charvát in his career choices, scolded him for

38 For a thorough analysis of these dynamics in an allegedly meritocratic selection system, see Charle, *Les hauts fonctionnaires*; Bourdieu, *La noblesse d'État*.

39 Mařatka, *Paměti*, 76–77.

wanting to leave, recommended him for paid posts, and sent paying patients to his protégé's private practice, Charvát (the talented son of a locksmith and a concierge) would probably have ended up working in a provincial hospital, like many of his, Mařatka's, and Syllaba's peers did.

Not all the patrons were as domineering as Pelnář. When invited by Professor Babák to join the faculty of medicine at Masaryk University in the Moravian city of Brno, the talented young scientist Jan Bělehrádek accepted the post under the condition that he could first pursue further studies abroad in the Belgian city of Leuven. After returning in 1923, he worked with Babák as junior physician, and he became a private docent in 1925. After Babák's death, Bělehrádek took over a great part of his mentor's work and was appointed extraordinary professor. It was now his turn to serve as a patron. He took pride in telling his son that he refused to favor the sons of his colleagues at the exams, and when some of them failed several times to pass, he advised them to pursue another career. Bělehrádek, who had been interested in science since as a child, also prided himself on his research. He must have been quite successful in his pursuits, as in 1934 he was made Chair of General Biology and dean of the faculty of medicine at Charles University in Prague, the oldest university in Central Europe. Again, timely intervention by a research-oriented patron, Professor Babák, had been decisive in setting the young Bělehrádek on track towards remarkable success in his desired academic career.[40]

"Slaves to Their Patients": Class and the Rise of the Physicians' Professional Authority

The clinic was clearly a privileged space of medical training, research, and practice and an important center where professional identities and self-confidence were forged. The existence of clinics enabled the physicians to present themselves as men of science and highly qualified professionals who had total control over their patients' health and recovery.[41] However, the physicians had to negotiate their collective status in everyday contact with patients, both in their homes and in private practices.[42] Hospital care was becoming more important, and the emergence of an interclass hospital was underway, but in the second half of the nineteenth century, healthcare in Europe, including the Czech lands, was still

40 Linhartová, *Jan Bělehrádek*, 62–93.

41 See Foucault, *Zrození kliniky*; Hanulík, *Historie*; Ackerknecht, *La médecine*.

42 See a long-term perspective on a patient-physician relationship in Nicoud, *Souffrir*.

far from being a hospital-centric system.[43] When a physician provided care for his patients at their homes or at his private surgery, he could present himself as an important senior physician at a university hospital and as a renowned man of science,[44] but he needed to use different tactics and tools to win his patients' respect and earn a fee for his services. Vladan Hanulík, Daniela Tinková, Milena Lenderová, and Barbora Rambousková have done research on the relationship between patients and physicians in the Czech lands. In his recent article on several Czech physicians who worked in hospitals in the late eighteenth and early nineteenth centuries, Hanulík shows that these physicians had precarious incomes and ambiguous social status. He quotes a physician who complained about the many physicians who, motivated by their "poverty," bent over backwards to please their patients, including flirting and even sleeping with their upper class female patients.[45] Still, at the same time, Hanulík shows that marriage to a wealthy patient of higher social status was also an option, from which we may interpret that these young physicians, if they played their cards well, could indeed be "read" by their patients as respectable bourgeois men.

The physicians who practiced in the Czech lands understood themselves as part of the good society, and they constantly worried about maintaining this status,[46] not unlike physicians in France, Germany, Spain, and Great Britain. The sense of entitlement to live as a gentleman and the anguish caused by not being able to finance this lifestyle characterized the careers of most physicians until the late nineteenth century.[47] Moreover, as Rambousková shows, Czech physicians, like their German and British colleagues, seemed very aware of the constant need to negotiate and assert their authority as experts with their patients. They had to engage in a twofold struggle: to assert their status as experts and to affirm their image as respectable men who were entitled to respectable incomes. Josef Salmon dwelt extensively on these issues when narrating his career to

43 This term has been widely used in France for decades and has been used in the official documents of the WHO, too, but it became popular recently in the history of medicine, as well. For an early criticism, see Sanquer, "Hospitalocentrisme," 61–63. For a recent application in historiography, see Comelles et al., "Del hospital."

44 On the professional elite within the medical profession in the mid-nineteenth century, before the physicians achieved a monopoly on authority in the medical field, see, for example, Núñez-García, "A Physician."

45 Hanulík, "Professional dominance."

46 Rambousková, "The Doctor and his Patients."

47 See, for example, Maehle, *Doctors*; Malatesta, *Professionisti e gentiluomini*; Martykánová and Núñez-García, "Sacerdotes en el mercado."

his son Jaroslav. He built his narrative on the highly topical notion of medical profession as a call *(poslání)*, a mission, and a passion. This topos was common in the discourse of medical professionals in Europe and beyond. To support this image, he impressed his public with the sheer quantity of "visits": 200,000 bedside visits plus patients for whom he provided care in his private practice. His "record" was 42 visits in one day during the influenza epidemic. He claimed that he provided care for patients from all social classes, stressing that patients of all social backgrounds liked him, but he also noted that he provided care for very prominent people, such as the world-famous composer Antonín Dvořák, Czech politician and journalist Julius Grégr, and the aristocrat Jiří (Georg) Lobkowicz. Overall, his practice was sustained by a stable clientele of paying patients, including several generations of some families. Like many physicians in Europe and America at the time, he maintained that he became a family friend of these long-term patients.[48]

However, he also addressed the issue of fees. As he put it, he charged his patients "according to their coat." While he charged the most prominent patients 200 guldens, he insisted that he provided care for patients who "lived in the sous-terrain lodgings of the Prague houses" (in other words, poor patients) for free. While he adapted his fees to his patients' financial circumstances, he claimed that he treated them all the same. He presents himself as friendly but strict, paying short visits. He took pride in memorizing his patients' addresses and ailments. He maintains that he resisted pressure to prescribe unnecessary medicine and that he refused to continue treating patients who did not follow his recommendations. He presents himself as firm and assertive but also fair and caring authority figure. This image was on the rise as the new ideal of professional practice in the second half of the nineteenth century. As a physician of his time, though, Salmon did not hesitate to acknowledge the need to dress to impress. He emphasized that he changed his shirt and shoes twice a day to ensure that he would always be presentable.[49]

Bouček and Mrštík practiced in rural areas, where sources of income were limited and competition was high, particularly from healers whose presence in the medical field was well established, though the physicians came to consider it illegitimate by the mid-nineteenth century.[50] According to Bouček, in the rural

48 Muzeum Českého ráje v Turnově.

49 Muzeum Českého ráje v Turnově.

50 On the continued presence of other figures in the medical field, in addition to physicians, see Jütte, *Medical Pluralism.*

areas of Poděbrady, broken limbs were healed by the miller until 1870, the sick went to the charmer until the 1890s, and the local skinner (who was in charge of killing or getting rid of stray animals) provided the ill with ointments and pomades. The rural physicians' patients were self-confident in terms of trying to control their healing and choosing expert advice and help only if they regarded it as necessary. They did not acknowledge the physicians claim of expertise or authority in the medical field. Rather, they saw the physician as one of many actors in the field from among whom they could choose. The physicians, of course, interpreted this attitude as a sign of ignorance and an inability to draw a distinction between medical science and quackery. Bouček made an observation in his narrative that captured his sense of resignation: "Once I found real human excrement placed onto phlegmon manus! Animal excrement is often placed on fresh wounds. Recently, an injured man was brought to me, the wound went through the skull up to the brain, and in order to stop the bleeding, they had put a horseshit on the wound!"[51]

Norbert Mrštík was particularly blunt in his correspondence about his view of the patients and competitors, which is perhaps not surprising, since his opinions were, initially, private and intended only for his family, which was not part of the community in which he practiced (the municipality of Olešnice). He took pride in his communication skills and in his capacity to convince and manipulate the patients: "I never would have guessed how good an actor I am [...]. People show trust in me, even an affinity, and all this not thanks to my scientific qualifications, but due to my able mouth and this so-called psychological exploitation of people's stupidity, credulity, spoiledness, inclination to suggestion, etc."[52] To keep up appearances, Mrštík avoided places where people from different background socialized, such as the pub: "I don't want to go to the pub and I will not go. I do not wish to give those leeches so much as a finger. Cool politeness—this is what these sparrow heads are impressed with."[53] In addition to expressing his disdain in terms of social class, cultural capital, and the urban-rural symbolic hierarchy, Mrštík depicted his patients as a bothersome drain on his energy and resolution. He dealt with them by combining distance with calculated moments of congeniality and benevolence.

Private practice in the city, including the capital, did not necessarily guarantee the physicians less competition (although at least in the urban environment

51 Bouček, *Zápisky*, 39.

52 Havel, *Nedosněné sny*, 142.

53 Ibid.

competition came mostly from other physicians, not alternative healers) or more respect for their authority as experts. Vladimír Vondráček complains that, up until the 1930s, he had to provide care for patients in their homes, a complaint about a practice which had been common in earlier centuries, clearly made a posteriori, when this had become almost unimaginable. Vondráček complains about how patients would doctor-hop and about how hard it often was to make the patients describe their symptoms. But his primary complaint was that many sick and injured people still preferred to control their healing process and give advice to other people on their health instead of accepting the supreme authority of the physician and following his orders. Vondráček complains of this traditional attitude, presenting it as illegitimate and stupid due to the laymen's lack of knowledge: "Few would dare to repair a watch, though more do try it with their car. […] Since the dawn of time, though, people have dared to repair their own organism, i.e., heal themselves or give advice on healing to others. However, they do not possess even the most basic knowledge of anatomy, physiology, or pathology."[54]

The aforementioned Jirí Syllaba, who was also an urban practitioner, also insisted on the active role patients continued to play in private medical practice:

> The sick naturally [...] choose physicians according to their nature, taste, and character: some prefer an outgoing, merry, and noisy physician, others a solemn, serious one. Some like them younger, some prefer older ones. Some prefer an energetic treatment, even a painful one, while others demand a painless one. Some patients always insist on operating immediately, others avoid even the mention of surgery. It is not rare to see the sick choosing the physician who is ready to tell them what they wish to hear. Often to the detriment of the patient himself.[55]

The physicians who worked at clinics commented less on their interactions with patients. This could be seen as an indication of their more robust position as experts whose authority was beyond question. However, many of them still wished to present themselves as benefactors of the patients and as people for whom patients mattered. One could think of Mařatka's disapproving remark (mentioned earlier) concerning on Prusík's tendency to treat his patients as experimental objects and his contention that this was the main reason why he switched to work with Pelnář, though Pelnář was clearly the more powerful

54 Vondráček, *Fantastické*, 593.

55 Syllaba, *Vzpomínky*, 108.

patron of the two. Pelnář's good reputation in this sense is confirmed by other sources, such as the memoirs of his other protégé, Jirí Charvát. Charvát admired Pelnář's friendly attitude towards his patients. He affirms that Pelnář remembered his patients' names and took time to chat with them. Pelnář is thus depicted as a powerful clinician who, however, still had some of the habits of the ideal physician from the times of bedside medicine,[56] when physicians had provided care for paying patients in their homes, such as a caring and friendly attitude towards the patients and a willingness to take time to gain their trust through conversation, albeit in a setting marked by a clear hierarchy of authority and control over the process of healing, with the physician on top. The role of hospitals in enhancing physicians' authority was by no means limited to Prague and Brno. The aforementioned Vladimír Vondráček, who served as head of a provincial hospital, offers a description which clearly reveals the prestige enjoyed by physicians in the clinic setting:

> The head of a department at a provincial hospital performs all kinds of surgery, gut, limbs, sometimes also the throat, nose, ears, eyes […] The chief surgeon of a hospital was the lord and sovereign of the region, the good god, the savior, the healer. He was honored and appreciated, and his income was high, as there were classes in the hospital. However, his work was exhausting.[57]

However exhausting the work may have been in rural hospitals and however time-consuming it might have been for the urban clinicians to chase private patients, the framework of the interclass hospital guaranteed those who were employed there authority and the respect of their patients.

Among Colleagues: Vertical and Horizontal Ties

Relationships with colleagues were key in the late nineteenth and early twentieth centuries in the physicians' quest for supreme authority and middle-class social status not only for themselves as individuals but for the whole profession. They needed to acknowledge existing professional hierarchies and make good use of them, but at the same time, they had to develop a strong collective identity that would reduce competition among them and allow them to present a common front *vis à vis* patients. In this sense, instead of insisting on specific individual

56 See Shorter, *Doctors*; Bynum, *The Western*; Stolberg, *Experiencing*.

57 Vondráček, *Fantastické*, 172.

privileges as university professors or royal physicians, even the most privileged physicians became involved in the mission to strengthen the social standing of all physicians and their status as expert authorities. The white coat would become the symbol of this professional unity.

We have already discussed the continuing importance of patronage and the role of senior clinicians in shaping the careers of their younger colleagues. The quest for the consolidation of authority and status required horizontal solidarity, too. Notions of professional honor and collegiality were therefore mobilized to regulate competition among physicians and police their behavior, since questionable conduct on the part of one physician could cast a shadow on his colleagues. Medical journals and societies became useful spaces for internal discussion, where disputes and conflicts could be addressed so that physicians could face patients with coherent and consistent attitudes and discourse. Physicians in the Czech lands, whether Czech-speaking or German-speaking (or both), did not fall for the tribunals of honor and dueling like the physicians in the German Empire analyzed by Andreas-Holger Maehle. They stuck to their *petit-bourgeois* ways and showed respect for state institutions and administrative procedures, peppering their discourse with nationalist attitudes and meritocratic topoi.[58] Moreover, while physicians were expected to ridicule alternative healers and undermine their patients faith in these "charlatans," they were also expected to refuse to listen to patients' complaints about other doctors and discourage doctor-hopping by refusing to provide care for patients who were seeing other physicians. Salmon claims to have "hated" being invited to see a patient who was seeing another doctor, and if he discovered that one of his patients was seeing another doctor, he "took his hat and left, never to come back" (at least according to his account). He only provided care for another physician's patients if asked to do so by the physician himself and only if he had a suggestion concerning a new treatment for the patient, and he insisted that his colleague be the one to communicate this suggestion to the patient. This behavior was far from the norm in a period when physicians still needed to compete for paying patients, but it was becoming an ideal. This is clear from the fact that Salmon's colleagues liked and appreciated Salmon's behavior and reinforced his reputation as a selfless and capable practitioner, capable of earning the trust of his patients who, in fact, included some of his colleagues.

58 Maehle, "Doctors in Court."

In articulating a common ideal of the physician that would unite them all in terms of expert authority and social class physicians had to negotiate complex and often contradictory considerations and principles.[59] Like their German, French, and Spanish counterparts, Czech physicians had to reconcile the notions of selflessness and sacrifice, which were the basis of their claim to honor (a concept that experienced a revival at the end of the nineteenth and the early twentieth centuries in Central Europe)[60], with the need to get and satisfy paying patients, whose fees they needed so that they and their families could maintain a middle-class lifestyle. Although pressure decreased with the growing number of well-paid posts and the spread of the medical insurance system (and in the 1920s and 1930s, physicians' wives could also contribute to the family income as women's work in white-collar jobs became respectable and even fashionable among the upper-middle classes in Prague), this tension still existed and influenced physicians' relationships with their peers.

Syllaba, the son of an elite, well-off physician, proposed a typology of physicians according to their attitudes towards the medical profession. In his assessment, there were businesslike doctors who only saw their patients as a potential source of profits, but they were rare exceptions. Most physicians, he contended, were the "lovers of humankind" and fanatics of their profession, and they were in danger of being totally absorbed with and exhausted by the task of providing care for their patients. Syllaba's criticism of this model is interesting, because it also stresses the importance of providing the best possible care for patients. He argues that, if they did not die prematurely of exhaustion, these selfless doctors who sacrificed themselves for their patients were unable to keep their medical knowledge up to date, which ended up affecting their skills as physicians. The ideal physician, according to Syllaba, sees the patient as an interesting "case" without forgetting that he or she is also a human being. As for himself, Syllaba emphasized his selflessness but also his interest in the progress of medicine:

> I always tried to help the sick. I empathized with their feelings, tried to understand their inner state, to sympathize with their worries and anxieties, and to calm them down at least by word, if expert help was not possible anymore. I never understood medical profession as a

59 For a case study of these dynamics in the context of the nineteenth-century state-building process, see Núñez-García and Martykánová, "Charlatanes."

60 Maehle, "Doctors in Court."

> business. To me, money was always only a means to buy medical books and cover the expenses of the travels of learning and study.[61]

Syllaba's colleagues—and not only those from poorer families—did not hesitate to note that they had experienced financial problems in their professional careers and worried more about covering everyday expenses than about traveling to conferences abroad. They too, however, took pride in attending international conferences and buying medical instruments and literature to keep up with medical science. Urban or rural, GPs or clinicians, most physicians wished to be seen as caring healers and men of science, not mere businessmen.

Trust and camaraderie among physicians were also encouraged at the clinics. Mařatka writes about spending hours playing chess with his colleagues after they had quickly checked up on their patients. Pelnář's habit of inviting his subordinates to participate in the decisions concerning the junior medical staff was another means of strengthening group identity. It was no coincidence that Pelnář emphatically encouraged his protégés to be active in the Society of Czech Physicians, which had the double aim of promoting the interests of the medical profession and those of ethnic Czechs among the country's physicians.[62] They were also expected to travel abroad to further their studies and to attend international events, such as conferences on medicine and hygiene, working towards the improvement of medicine and the medical profession and, at the same time, promoting Czech interests through scientific internationalism. This, of course, implied knowledge of foreign languages, a form of cultural capital that served as another social filter.

Keeping Up Appearances

The importance of informal sociability, appearance, and manners in the nineteenth-century physicians' quest for social recognition has been acknowledged and analyzed, for instance, in the work of Robert Nye on France, Andreas-Holger Maehle's work on Germany, and Martykánová and Núñez-García's research on Spain.[63] The sources we discuss in this article show that, like their French and Spanish peers, Czech physicians were similarly aware of the need to create and maintain an image that combined bourgeois respectability with the aura of professional authority. The physicians, for example, comment on their clothes

61 Syllaba, *Vzpomínky*, 108.

62 Mařatka, *Paměti*, 44.

63 Nye, "Medicine"; Nye, "Honor Codes"; Maehle, *Doctors*; Martykánová and Núñez-García, "Ciencia."

as a means of creating a certain impression. Salmon takes pride in changing his shirt and shoes twice a day to be always presentable in front of his patients. The period under study was a time of transition from dressing as a gentleman during practice to the professional uniform of the whitecoat, a very visible sign of the triumph of a strong collective professional identity over the socio-economic divides and hierarchies of prestige that had existed in the medical profession for centuries. There were still important differences, but by the end of the period under discussion, all physicians, both rich and poorer, whether clinicians or rural practitioners, saw an advantage in endorsing this common informal uniform.

While they opted for a white coat uniform when they practiced, physicians found other status symbols to put their social capital on display. An apartment or a house at a prestigious address was a sign of success in big cities and small towns alike.[64] Some physicians had their villas built by prestigious architects. They attended social events and parties and dressed properly for the occasion: the gentlemen wore smoking jackets and their wives donned long dresses. They took pride in socializing with famous people.[65] They also stressed their travels abroad, whether for professional reasons or leisure, thus projecting an image of cosmopolitanism.

It was not all about showing off. There were other ways of expressing one's middle-class status, such as charity. As his son argues, Dr. Pavlík was frustrated by his patients' poverty, and we have no reason to doubt his honest indignation, but the fact that he instructed his wife to send his patients food and clothes for their children can also be read as a means of reaffirming his family's position among the middle classes, since charity was one of the mechanisms of social distinction, one that began to become particularly associated with femininity in the mid-nineteenth century. The role of the wife was, overall, quite important and in a process of change: some physicians acknowledged their wives' key contributions to running the medical practice as nurses and accountants (Vondráček), while others presented them as companions at elite social gatherings (Charvát) and during their various travels. The case of Mařatka, whose wife helped him support the family's middle class lifestyle with her salary as a bank clerk while her mother took care of the household, is a clear sign of new times in a Czechoslovakia led by the openly feminist president Tomáš Garrigue Masaryk, who added his wife's surname to his own, and where an active women's movement existed

64 Linhartová, *Jan Bělehrádek*, 93–99.

65 Charvát, *Vzpomínky*, 101–2.

which successfully promoted political and civil rights for women.[66] A working, professional wife could now be an asset, not only in economic terms, but also as a clear sign of the modern Czech man's progressive attitude.

Patriotism was another way of asserting and affirming social status and presenting oneself as a respectable Czech gentleman. Physicians who practiced in towns were often active in patriotic societies, contributed to the local press, and actively participated in local middle-class social life by attending the theater, for instance. Physicians in big cities often had important Czech politicians and intellectuals among their patients, and as they note in their memoirs, they took pride in this. Several of them stress their resistance to the German occupation and the persecution they suffered during World War II, a very rewarding strategy of self-presentation in a society in which the "fight against fascism" remained a key part of the national narrative across different political regimes and political cultures during the second half of the twentieth century.[67]

Concluding Remarks: Future Comparisons and a Trans-Imperial Analysis

As in this article we focus on a specific group of physicians who wrote about their practice in Czech, we need to acknowledge that we cannot make generalizations about the physicians born and bred in the Czech lands, in part because we excluded physicians who practiced in the Czech lands but did not write in Czech but also because we left out doctors from Czech-speaking families whose professional careers developed mostly in other parts of the empire, particularly in Vienna. We nonetheless observe, even within this narrower group, several dynamics that had parallels in other European countries. First and foremost, there were two forces that led to the creation of a stronger collective identity of physicians as members of a profession. One was the quest for indisputable authority in the medical field, expelling or subordinating other actors, a quest that united physicians by giving them a common purpose and common enemies, despite differences in individual wealth and prestige among them. The other one was the redefinition of social status after the crisis of the Ancien Régime. The hierarchical society began to give way to equality before the law and new ways of legitimizing social differences. In the emerging class society, physicians struggled to position themselves firmly among the middle classes not only

66 See Jusová and Huebner, "Czechoslovak."

67 Kindl, "En Madrid."

as individuals, but also as a professional group. We have observed how they mobilized economic, social, and cultural capital in this collective pursuit. We have also shown how social differences shaped professional careers and how exceptions were integrated, interpreted, and used to legitimize the system and its hierarchies. In particular, we have identified a pattern: when a man knew he could rely on his middle-class family's material support, he could dream of pursuing a career in research. For less well-off physicians, however, obtaining a diploma was a costly achievement, and they felt compelled to start earning money as soon as they finished their studies. They sought posts that offered stable salaries and opportunities to earn extra income from private patients. The latter was not always easy in poorer regions, and even if physicians had private patients, they were often paid in specie rather than in cash. Patronage was a way of overcoming these material obstacles, and this practice did not disappear at the end of the period. Rather, it was strengthened due to the patrons' growing capacity to get paid posts for their protégés. In addition to individual patronage, the growing institutionalization of healthcare ended up giving most physicians some degree of financial stability, reducing the tension between the image of a selfless, lifesaving doctor and the need to secure an income that would permit a physician to live a middle-class life even when faced with competition from his peers. By the early twentieth century, a commitment to scientific progress and patriotism emerged as two other important pillars of the social representation of Czech physicians.

Archival Sources

Muzeum Českého ráje v Turnově [Museum of Český ráj in Turnov]

A – P-JS. Documents of physician Josef Salmon.

Státní okresní archiv Tábor [State District Archive in Tábor]

Rodinný archiv Petříčkův [Archive of Petříček's family] Documents of physician Josef Pavlík.

Bibliography

Printed sources

Bouček, František. *Zápisky praktického lékaře dr. Františka Boučka 1841–1880* [Notes of practitioner physician František Bouček 1841–1880]. Poděbrady: Bohumil Bouček, 1901.

Havel, Rudolf. *Nedosněné sny: Korespondence bratří Mrštíků* [Undreamed dreams: Correspondence of Mrštík's brothers]. Prague: Odeon, 1978.

Charvát, Josef. *Můj labyrint světa* [My labyrinth of world]. Prague: Galén, 2005.

Linhartová, Věra. *Jan Bělehrádek a jeho cesta k svobodě ducha* [Jan Bělehrádek and his way to freedom of mind]. Prague: Galén, 2003.

Mařatka, Zdeněk. *Medicína, umění a život v osmi politických režimech* [Medicine, art, and life in eight political regimes]. Prague: Karolinum, 1997.

Syllaba, Jiří. *Vzpomínky a úvahy lékaře* [Memories and reflection of a physician]. Prague: Avicenum, 1992.

Vondráček, Vladimír. *Lékař vzpomíná (1920–1938)* [The physician is reminiscing]. Prague: Avicenum, 1973.

Vondráček, Vladimír. *Lékař dále vzpomíná (1920–1938)* [The physician continues to reminisce]. Prague: Avicenum, 1978.

Vondráček, Vladimír. *Konec vzpomínání (1938–1945*) [End of memory]. Prague: Avicenum, 1988.

Vondráček, Vladimír. *Fantastické a magické vzpomínání* [A fantastic and magical memory]. Prague: Colombus, 2014.

Secondary sources

Ackerknecht, Erwin Heinz. *La médecine hospitalière à Paris (1794–1848)*. Paris: Payot, 1967.

Barry, Jonathan, and Colin Jones, eds. *Medicine and Charity Before the Welfare State*. London: Cambridge University Press, 1991.

Bourdieu, Pierre. *La noblesse d'État. Grandes écoles et esprit de corps*. Paris: Les Éditions de Minuit, 1989.

Bourdieu, Pierre. "The Forms of Capital." In *Cultural theory: An anthology*, edited by Imre Szeman, and Timothy Kaposy, 241–58. New York: John Wiley & Sons, 1986.

Bourdieu, Pierre. *La Distinction: Critique sociale du jugement*. Paris: Les Éditions de Minuit,1979.

Bynum, W. F., Anne Hardy, and Stephen Jacyna. *The Western Medical Tradition, 1800–2000*. Cambridge: Cambridge University Press, 2006.

Černý, Karel, ed. *Lékařství: Tématická řada Velké dějiny zemí Koruny České* [Medicine: Thematic series. Great history of Czech Lands]. Prague: Paseka, 2023.

Charle, Christoph. *Les hauts fonctionnaires en France au XIXe siècle*. Paris: Collection Archives, Gallimard/Julliard, 1980.

Comelles, Josep M., Elisa Alegre Agís, and Josep Barceló i Prats. "Del hospital de pobres a la cultura hospitalo-céntrica. Economía política y cambio cultural en el sistema

hospitalario catalán." *Kamchatka: revista de análisis cultural,* no. 10 (2017): 57–85. doi: 10.7203/KAM.10.10420

Foucault, Michel. *Zrození kliniky* [The birth of the clinic]. Červený Kostelec: Pavel Mervart, 2010.

Goffman, Erving. *Všichni hrajeme divadlo: Sebereprezentace v každodenním životě* [Everybody is playing theater: The presentation of self in everyday life]. Prague: Portál, 2018.

Hanulík, Vladan. "Professional dominance? Encounters between physicians and patients in the first half of the 19th century under the Habsburg Monarchy." *Dynamis* 41, no. 2 (2021): 323–56.

Hanulík, Vladan. *Historie nekonvenčních léčebných praktik v době profesionalizace medicíny: vznik a vývoj lázní Gräfenberg v první polovině 19. Století* [History of unconventional healing practices in the era of the professionalization of medicine: The origin and development of the Gräfenberg spa in the first half of the 19th century]. Pardubice: University of Pardubice, 2017.

Horrent, Yves, ed. "La population des grands hôpitaux universitaires belges du début du XIXe à lafin du XXe siècle." *Annales de Démographie Historique,* no. 1 (1994): 217–36.

Jusová, Iveta, and Karla Huebner. "Czechoslovak feminisms during the interwar period." In *The Routledge Handbook of Gender in Central-Eastern Europe and Eurasia,* edited by Katalin Fábián, Janet Elise Johnson, and Mara Lazda, 125–32. London: Routledge, 2021.

Jütte, Robert, ed. *Medical Pluralism: Past-Present-Future*. Stuttgart: Franz Steiner Verlag, 2013.

Kindl, Martin. "En Madrid se lucha por Praga: La Guerra civil española en la memoria cultural checa." *Ayer. Revista De Historia Contemporánea* 127, no. 3 (2022): 307–33. doi: 10.55509/ayer/895.

Lang, Lukas. *Medicinische policey in den habsburgischen Ländern der Sattelzeit. Ein Beitrag zu einer Kulturgeschichte der Verwaltung von Gesundheit und Krankheit*. Vienna: LIT Verlag, 2021.

Lenderová, Milena, Daniela Tinková, and Vladan Hanulík. *Tělo mezi medicínou a disciplínou: Proměny lékařského obrazu a ideálu lidského těla a tělesnosti v dlouhém devatenáctém století* [The body between medicine and discipline: Transformations of the medical image and ideal of the human body and corporeality in the long nineteenth century]. Prague: Nakladatelství Lidové noviny, 2014.

Maehle, Andreas-Holger. *Doctors, Honour and the Law: Medical Ethics in Imperial Germany*. Basingstoke: Palgrave Macmillan, 2009.

Maehle, Andreas-Holger. "Doctors in Court, Honour, and Professional Ethics: Two Scandals in Imperial Germany." *Gesnerus* 68, no. 1 (2011): 61–79.
doi: 10.1163/22977953-06801004

Malatesta, Maria. *Professionisti e gentiluomini: Storia delle professioni nell'Europa contemporanea.* Turin: Biblioteca Einaudi, 2006.

Marilyn Nicoud, ed. *Souffrir, soigner, guérir. Les patients et leurs médecins du Moyen Âge à l'époque contemporaine.* Paris: Vendémiaire, 2023.

Martykánová, Darina, and Víctor M. Núñez-García. "Sacerdotes en el mercado, héroes del progreso: los médicos e ingenieros y las transformaciones de la masculinidd liberal (1820–1900)." In *Ser Hombre: Las masculinidades en la España del siglo XIX,* edited by Darina Martykánová, and Marie Walin, 173–200. Sevilla: Universidad de Sevilla, 2023.

Martykánová, Darina, and Víctor M. Núñez-García. "Ciencia, Patria y Honor: los médicos e ingenieros y la masculinidad romántica en España (1820–1860)." *Studia Historica. Historia contemporánea,* no. 38 (2020): 45–75. doi: 10.14201/shhcont3820204575

Núñez-García, Víctor M. "A Physician and a Gentleman. Individual dimension of the collective pursuit of social standing." In *Respectable Professionals: The origins of the liberal professions in nineteenth-century Spain,* edited by Raquel Sánchez, and David Martínez-Vilches, 133–57. Oxford–New York: Peter Lang, 2022.

Núñez-García, Víctor M. "Los hospitales docentes en la España contemporánea." *Dynamis* 41, no. 2 (2021): 53–78.

Núñez-García, Víctor M., and Darina Martykánová. "Charlatanes versus médicos honorables: el discurso profesional sobre la virtud y la buena praxis en España (1820–1860)." *Dynamis* 41, no. 2 (2021): 391–414.

Nye, Robert. "Honor Codes and Medical Ethics in Modern France." *Bulletin of the History of Medicine* 69, no. 1 (1995): 91–111.

Nye, Robert. "Medicine and Science as Masculine 'Fields of Honor'." *Osiris* 12 (1997): 60–79.

Rambousková, Barbora. "The Doctor and his Patients: the intergenerational dispute concerning the ideal physician, the Czech Lands 1840s–1890s." *Dynamis* 41, no. 2 (2021): 443–71.

Sanquer, E. "Hospitalocentrisme: critique d'usage." *Psychiatrie française* 18, no. 6 (1987): 61–63.

Shorter, Edward. *Doctors and their patients: A social history.* New York: Routledge, 1991.

Sinkulová, Ludmila. *Stát, lékaři a zdraví lidu: Z historie zdravotní služby v českých zemích* [The state, doctors, and the health of the people: From the history of the health service in the Czech Lands]. Prague: SZdN, 1959.

Stolberg, Michael. *Experiencing Illness and the Sick Body in Early Modern Europe*. London: Palgrave Macmillan, 2011.

Svobodný Petr. "Lékaři v českých zemích 1848–1939" [Physicians in Czech Lands]. In *Profesionalizace akademických povolání v českých zemích v 19. a první polovině 20. století* [Professionalization of academic professions in the Czech Lands in the 19th and first half of the 20th century]. Prague: Ústav dějin, 1996.

Svobodný, Petr, and Ludmila Hlaváčková. *Dějiny lékařství v českých zemích* [History of medicine in Czech Lands]. Prague: Triton, 2004.

Tinková, Daniela. "'Uč se vážit svého zdraví, nemoc tě radosti zbaví': Zdravotnická disciplinace a osvěta obyvatelstva českých zemí na prahu 19. století" [Learn to appreciate your health, illness will rob you of joy: Medical discipline and education of the population of the Czech Lands at the threshold of the 19th century]. In *Čas zdravého ducha v zdravém těle: Kapitoly z kulturních dějin přelomu 19. a 20. století*, edited by Dagmar Blümlová, and Petr Kubát, 9–32. České Budějovice: Jihočeské muzeum v Českých Budějovicích, Společnost pro kulturní dějiny, 2009.

Tinková, Daniela. *Zákeřná Mefitis: Zdravotní policie, osvěta a veřejná hygiena v pozdně osvícenských Čechách* [Insidious Mephitis: Health police, education, and public hygiene in late Enlightenment Bohemia]. Prague: Argo, 2012.

Wils, Kaat. *Scientists' Expertise as Performance: Between State and Society, 1860–1960*. London: Pickering and Chatto, 2015.