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MORAL, MENTAL AND PHYSICAL: MEDICAL ATTITUDES TOWARDS MALE SPORT AND EXERCISE IN VICTORIAN ENGLAND, 1860-1914

by

Richard James Haynes

A Thesis submitted to the Faculty of Graduate Studies through the Department of History in partial fulfillment of the requirements for the Degree of Master of Arts at the University of Windsor

Windsor, Ontario, Canada

1988
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TO LAURIE
ABSTRACT

This paper is neither a history of the medical profession nor a history of sport and exercise, but rather a mixture of the two. The following chapters outline upper and middle class health ideals after the mid-nineteenth century and then apply the medical example to it. This proves to be a logical approach in that it illustrates the extent to which the medical profession was an integral part of upper-middle class society, and the ways in which class biases and suppositions affected scientific judgement.

This concept makes up the first half of the thesis and deals with such matters as the rise of the middle class, increasing professionalization, class division and class control, national physical degeneration; and the overall Victorian obsession with health. Moreover, the improvement of, and increased confidence in, science made the physician's role in society that much more significant.

The second half indicates the role of physical activity as a component of health improvement, showing that medical interest in this area was a sign of its own development towards preventive medicine, which had been occurring since the beginning of the nineteenth century. Factors dealt with include general judgements on sports and exercises, the concern with physical education, and the fluctuations in medical attitudes up to 1914.
A thorough examination of the *British Medical Journal* and the *Lancet* (1860-1914) not only gives an overview of medical attitudes towards sport, exercise and health in general, but also provides an insight into the 'Victorian frame of mind', hopefully filling a gap in both medical and health studies. This paper is therefore an analysis of upper-middle class health philosophy through the example of the medical profession and its views on sport and exercise. In this sense the medical profession is the perfect link among science, health, physical activity, and Victorian health philosophy.
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Vita Auctoris                                                            168
Chapter one: Introduction

In the aftermath of the industrial revolution there was, perhaps, no debate in Britain more passionate than that which concerned the health of the nation. "What became known as the 'Condition of England Question' preoccupied the Christian upper and middle class conscience, and it was endlessly debated in print and in private."¹ G. H. Lewes, in the Cornhill Magazine (1864) opined that "few of us, after thirty, can boast of robust health," and it was no wonder that, "whoso speaks on health is sure of a large audience."² Intellectuals in particular sought health religiously, trying all sorts of therapeutic methods. The fact that many of them seemed prone to physical, and indeed mental, breakdown as a result of their labours made this search all the more appealing. Moreover, the link between mind and body became the basis for a new concept of health, containing moral, mental and physical elements.

Herbert Spencer, in his treatise on Education: Intellectual, Moral and Physical (1854-9), concerned himself with the progress he saw in health awareness. For him there was too much emphasis on the mental at the expense of the physical, for a "chronic congestion of the brain," led to

² G. H. Lewes, 'Training in Relation to Health,' Cornhill Magazine 9 (February, 1864), 219.
physiological breakdown. In particular, he applied his theories to the young:

The fact is, that all breaches of the laws of health are physical sins. When this is generally seen, then, and perhaps not till then, will the physical training of the young receive the attention it deserves.  

Physical education (which included sport and exercise) was to become an important part of the new health consciousness after the middle decades of the nineteenth century, and this applied to adults also. The British Medical Journal (BMJ) in 1903 agreed with Spencer's treatise, saying that "to break Nature's laws as they affect any human being would be regarded as sin, and be followed by contrition and amendment." The health consciousness which had developed over fifty years earlier, then, had permeated virtually all areas of upper and middle class society by the twentieth century.

The medical example, with regard to this study, is important. Physicians took up the banner with enthusiasm. A new concern with preventive medicine, together with the increased authority of, and confidence in, science gave special relevance to the benefits of physical health. That doctors applied sport and exercise to ideas of health, hygiene and sanitation was a reflection of both the above


4 British Medical Journal, (July 11, 1903), 63.
factors. The laws of health, moreover, were also the laws of nature. Pointon notes that evolutionary theory and the quest for hygiene and a moral way of life combined to make Spencer's 'survival of the fittest' even more literal (especially with regard to sport and exercise). The struggle for existence was, according to Bannister, a relation of biological concepts to social ideologies. Social Darwinism, therefore, in all its shapes and forms, was important in the rise of a health consciousness. A preoccupation with physical vigour and manliness, together with physical and possibly hereditary deterioration, were elements of this ideology.

In the nineteenth century body-consciousness was held to be a public necessity, and people were becoming aware of what a body looked like inside as well as out. This, however, was at first a private matter. As McIntosh points out,

...the 50s and 60s were a period in which, while the government did little or nothing for physical education, private individuals did much to arouse and to shape public opinion, and those who were not primarily educationists did as much as, if not more than, those who were.

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In particular, public figures and intellectuals were prominent in this field. Whether they proposed physical education or simply an increase in healthy exercise for the populace as a whole, their basic concept was one of increased physical activity to achieve a balance of mind and body.

The constant reference to ancient ideas on physical training is essential to an understanding of this concept. In particular, the revived interest in ancient Greece among the Victorians led to the formation of a parallel philosophy concerning physical culture. Kingsley, in *Health and Education* (1874), mentioned the Greeks frequently, and they clearly had a profound influence on nineteenth-century thought. Indeed from this it would appear that medical men had traditionally taken an interest in sport and exercise. Harris refers to a number of Greek medical writers on the subject, notably Galen. However, as the BMJ in 1865 reported,

...modern medical writers had greatly distinguished themselves; but in the attention they paid to the influence of diet, of ablution, of exercise, of repose, and so forth, on the health of individuals, they seemed almost to fall behind the ancients; at any rate, systematic books of medicine did not teach the student the laws of health in the same full and intelligible manner of the ancient treatises.

Apart from the obvious military aspect, Greek physical

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9 BMJ, (November 11, 1865), 508.
culture was seen as the perfect health philosophy, an ultimate balance of the laws of nature. This was, of course, over-romanticized by the Victorians and led to many inaccuracies. However, as will be seen in later chapters, the influence of Greek culture should not be underestimated. As Haley points out, the coining of the word, 'calisthenics' (from the Greek word for beautiful strength) shows that, however new the training procedures, the classical ideal of harmonious development was always kept in mind.\(^\text{10}\)

Haley stresses the balance between mind and body, mentioning three factors which "coincided to give the healthy body a special conceptual prominence in nineteenth century thought."\(^\text{11}\) Firstly, the development of physiology as a separate and distinct biological science offered hope that the laws of life could be learned in their relation to humans. Moreover, a physiological approach to medicine was developed which stressed the interdependence of mind and body, and represented a move away from Cartesian dualism. Finally, Haley notes that education and physical exercise were seen as an essential part of personal culture. In the nineteenth century, then, physiology occupied a central position in scientific thought and, from its traditional

\(^{10}\) B. Haley, *The Healthy Body and Victorian Culture* (London, 1978); 137.

\(^{11}\) Ibid., 4.
concern with basic anatomy, it was moving in two directions: through biology to a general consideration of the laws of life; and through psychology to a special consideration of the laws of mind and thus the laws of social behaviour. Haley also relates this to that 'Victorian spirit of self-improvement,' a part of which was the new physical concept of life and nature - The 'March of Mind' giving way to the March of Body.' Indeed, with the opening of Archibald MacLaren's celebrated Oxford gymnasium (1859) modern training is said to have begun. A basic concern with health, therefore, was accompanied and often superseded by a considered attempt to improve and not just maintain the physique through systematic training. Samuel Smiles, physician and author, reflected the link between health and life when he said that "practical success in life depends more on physical health than is generally imagined." Health clearly was reflected in all aspects of Victorian upper and middle class life, and the role of sport and exercise in this was important.

The rise of sport was of considerable importance within this health ideal, and it was almost wholly a product of the middle Victorian decades. Haley notes that sport was not taken too seriously until after 1850, and that "what happened in the next thirty years or so can only be

12 Ibid., 69 and 136.
13 Ibid., 205.
described as a national mania, perhaps the most widespread and long-lasting of any in the Victorian age." 14 Moreover, as McIntosh points out, the growth of organised games coincided with, and was a result of "the winning of educational privilege by the [middle classes]." 15 The rise of a new middle class to educational privilege and political power was closely bound up with the phenomenal rise of sport and the eventual cult of athleticism. 16 Equally significant was sport’s institutionalization. Training books, manuals, school programs, rules and competitive events are examples of the middle class Victorian capacity for organization. The fact that this was achieved in so short a space of time was also a reflection of sport’s popularity as a factor in the new health revolution:

Sport could never have become institutionalized in the nineteenth century without the approval of institutional authorities; it could never have become sanctified without the assent of religious spokesmen who argued that health as a principle of moral betterment was fully compatible with healthy activity as simple amusement or recreation. . . . At mid-century the puritanical opposition to games . . . was now found only in religious zealots. Sports were no longer regarded as hindering moral development; the next step was to argue that far from limiting that development, they aided it. 17

Moreover, the enthusiasm for athletic games, which grew

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14 Ibid., 124.
16 McIntosh, Physical Education, 16.
17 Haley, Healthy Body, 140.
and flourished in the public schools—extended to the country at large in the 1860s and 1870s. This meant that sports and games became a prominent part of the new, middle class dominated society. The popularity of games such as rugby and cricket was in tune, in this sense, with much liberal thinking in politics, literature and even in theology, and that sport replaced religion as the dominant symbol of life has often been suggested.\(^{18}\)

However, the working classes had a part in this also, and the concept of sport as a form of social control has become a stock-in-trade of the social historian. The industrial revolution, in the minds of the middle class, tended to cause people to sink into alcoholism and "general physical and moral degradation."\(^{19}\) But as a result of industrial life, the working classes themselves began to demand more leisure hours and increased recreational facilities. A balance between mind and body, and the link between health and morality, were only concerns of the middle classes who debated the 'Condition of England' question in terms of the working classes. One strand in this debate, according to Peter Bailey, concerned popular recreations "and the desirability of promoting their reform.


in such a way as to make a constructive contribution to the general drive for amelioration or 'improvement.' Recreation and sports became an important instrument in indoctrinating the working classes with the social values of the middle classes. The 'new athleticism,' therefore, became a part of 'rational recreation.'

Another strand, and one which particularly applied to doctors, was the general lack of health among the labouring classes (which was brought to public attention by people such as Edwin Chadwick, Charles Booth and Seebohm Rowntree). Attitudes towards working class sport and exercise were thus representative of both political and social reformist aspirations. This was the position of general health, sport, and exercise in nineteenth century Britain. The significance of the medical profession in all this is that it became more authoritative on questions of health, as a result of scientific improvement and its own rise in social standing. The profession is, therefore, an ideal link among science, health, sport and exercise, and Victorian middle class philosophy.

In these terms, Alex Comfort writes about the acquisition of an entirely new authority by medicine at the same time as the moral climate changed at the turn of the nineteenth century. Although medicine was known as the

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'withered arm of science,' actual knowledge of disease and its prevention increased rapidly after mid-century.\textsuperscript{21} Reverence for medical science, however, was relatively new and had no part in the thinking of either aristocrats or ordinary folk a century earlier. As Peterson points out, Victorian society in 1858 had limited confidence in medicine and "serious reservations about" medical men's social authority and prestige.\textsuperscript{22} Furthermore, ignorance concerning scientific matters meant that the seventeenth century surgeon had to compete with unqualified practitioners. "Such quackery was encouraged by the irrational ignorance of even the best contemporary theory and practice."\textsuperscript{23} The significance of 1858 was that it heralded a Medical Act which sought to define the medical profession, and thus oust the pseudo-scientific quackery which had existed alongside it.

The 1858 Medical Act not only defined the profession, it also founded a General Medical Council which regulated the qualifications of practitioners in medicine and surgery. The profession was, therefore, legally defined and technically united. Out of this, medical men transformed their


\textsuperscript{22} M. Jeanne Peterson, The Medical Profession in Mid-Victorian London (Berkeley, 1978), 38.

\textsuperscript{23} D. Brailsford, Sport and Society: Elizabeth to Anne (London, 1969), 160-2.
profession through a mixture of individual ambition and collective effort. Like the rise of sport, the medical profession was a part of the rise of the middle classes after the industrial revolution. It was natural, therefore, that doctors would apply themselves to sport and exercise in order to assert their scientific authority and class prestige. The attachment of higher status to the medical profession was a further result of the 1858 Act. The British Medical Association, together with its representative journal, was instrumental in furthering the unity of the profession and imposed upon its members a code of professional ethics.

There thus occurred a subtle shift in emphasis from the doctor to the profession. As Holloway points out, "in the eighteenth century certain eminent practitioners brought prestige to the profession; in the nineteenth century the profession conferred a high status upon its members." In fact, medical institutionalization occurred before 1858, although the Act itself brought legal sanction to the process. Medical men could now claim a prominent status in the higher ranks of Victorian society, "not because of their profession, but by virtue of their prestigious associations,

24 Peterson, Medical Profession, 2.

25 S. W. F. Holloway, 'Medical Education in England, 1830-58,' History, 49 (October, 1964), 318.

26 Ibid.
university education, prosperity, and the 'paraphernalia of
gentility.' 

This shift in social status and medical authority progressed into the later nineteenth century:

With the end of publicity, with the withdrawal of medical debate from the public sphere, and with the increasing identity of medical men as men of science, medicine became a 'sacred' profession, set apart, its membership a 'priesthood' and its knowledge a mystery. For the public this meant dependence on the expert—the medical man. For the medical profession it was the apotheosis of authority and liberty from lay control.  

The shift in the balance of power between doctor and patient was also significant. Holloway mentions this shift in terms of health care: "Now the practitioner was able to define the problems and to seek for their solution according to criteria established by the profession, not by the patient."  

The improvement in medical education was one reason for this shift in authority. The scientific revolution had developed to a point where it was no longer part of the public sphere, and increasing professionalization emphasized this in the case of medicine. Between 1801 and 1850, over 8,000 university-educated men entered the profession. Moreover, the Apothecaries Act (1815) and the Anatomy Act (1832) increased the effectiveness of medical education. In 1815 most medical schools offered anatomy and physiology in one course. By

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27 Peterson, Medical Profession, 194.

28 Ibid., 282.

29 Holloway, "Medical Education", 317.
1855 the two were offered separately, and by 1884 the subjects consisted of physiology, morbid physiology, practical physiology and morbid anatomy.\textsuperscript{30} Moreover, the nineteenth century saw the identification of many diseases, examples being those connected with Richard Bright, Thomas Addison, Thomas Hodgkin, and James Parkinson.

Under these circumstances, doctors committed themselves to a doctrine of preventive medicine, of which sport and exercise was just one component. After mid-century the health of the nation improved but the elements of prevention (sanitation, hygiene, diet and exercise) were not yet fully under way. Medical application to the new health phenomenon, which included physical activity as a prime factor, was thus a reflection of that development towards preventive medicine in the later nineteenth century.

"If the medical profession had any particular disposition towards exercise before the nineteenth century, there was little progress made in securing its effects. Doctors who were favourable had to fight "against a background of intellectual scepticism and amidst the welter of unhygienic superstition with which both popular and professional opinion were riddled."\textsuperscript{31} If we compare this with the work of Clement Dukes, the Rugby School physician, it is obvious that the medical profession was both seeking and achieving

\textsuperscript{30} Ibid.

\textsuperscript{31} Brailsford, Sport and Society, 244.
authoritative predominance in the field of sport and exercise during the late nineteenth century. By concerning himself, in *Health at School*, with the miniscule details of proper attire, hooks in the changing rooms and baths, etc., he clearly had a definite ideal in mind. Another famous physician, Mathias Roth, emphasized the importance of 'rational gymnastics' and advanced a great many arguments in favour of adoption of the 'Swedish system' on a nationwide scale, particularly in schools. Significantly, Roth felt that his system would lead to a decrease in the mortality rate, and would teach people the means of preserving health.

Moreover, this often had military importance in the eyes of many doctors. Morrell Mackenzie (physician to the Royal Family), in a treatise on health and physical training (1891) noted the relatively bad state of the army, and, significantly, its debt to medical skill and equipment. The boyishness and weakness of the army was due, he said, to the intolerance of medical advice within military circles. Exercise was thus perceived as a means of maintaining and improving the health of the nation to make it both economically efficient and militarily strong.

McIntosh mentions that medical authority may have been helped by its similarity to the *Muscular Christian*


33 Dr. M. Mackenzie, 'Exercise and Training,' *New Review*, 5 (October, 1891), 367-74.
intellectuals of the 1850s and 1860s. People were bound to listen to men of national reputation, and the fact that athleticism could be allied with Christian morality was an important factor in the former's acceptance. Brailsford also indicates the close link between intellectuals and the medical profession two centuries before:

Physicians, no less than other men, had their social attitudes and religious beliefs. Social and religious pressures certainly had a considerable effect on medical attitudes towards physical activity, whether of children or adults.

The same applies for nineteenth century doctors. They were a part of the upper and middle class philosophy which viewed health and exercise in moral, mental and physical terms. Brailsford also points out that men would think in the same way about exercise as they thought about other activities, bringing to it the same suppositions and prejudices. This was true of the nineteenth century doctor, although the increasing independence of the profession meant that some of the prejudices and suppositions would in time be lifted. However, this developed fairly slowly for,

....as much as they might believe in the worthiness of their medical work, they shared with their lay patients and the rest of Victorian society a belief in the superior virtues of liberal learning and gentlemanliness and the inferiority of technical training and skill.

34 McIntosh, Physical Education, 103.
35 Brailsford, Sport in Society, 178.
36 Peterson, Medical Profession, 135.
The medical profession thus gained authority and independence through social factors rather than purely through the efficacy of their work. The mingling of medical science with cleanliness, godliness and morality was a reflection of that authority which had been gained. Alex Comfort shrewdly notes that "man is historically and mentally prone to confuse expertise in practical and verifiable matters with expertise in conduct and morality." 37 This was true in the case of medical expertise, although Comfort intended it for his discussion on sexual matters. It can, however, be applied equally well to medical attitudes on sport and exercise. Inquirers into physical activity, in this sense, looked for permission, prohibition, certainty and reassurance, just as they did in matters of sex. 38 Comfort continues this idea and, again, it can be applied to physical activity:

The English doctor, humane, pragmatic, and at best brilliant, had still retraced his phylogeny too far towards priesthood, and inherited too many rigidities...in his whole conscious and unconscious orientation towards advice-giving and social responsibility. 39

The tendency towards superstition and moderation in all matters concerning the body was a characteristic of the Victorian medical profession.

37 Comfort, Anxiety Makers, 3.
38 Ibid.
39 Ibid., 9.
Whorton points out that the clash of opinions over the consequences of athleticism was one of the profession's livelier intramural confrontations around the turn of this century. Fought along identical lines in America, it was "a significant factor both in the crystallization of sports medicine as an area of specialization and in the formation of public attitudes towards strenuous exercise."\textsuperscript{40} In view of the increased authority of the profession and the specialization of medicine, it is hardly surprising that the lay public would depend on an expert's advice at the turn of the century. It cannot be said that every command was obeyed, but certainly doctors had a strong voice in the formation of public attitudes towards physical activity. A \textit{BMJ} article (1890), with reference to physical education, said that it "concerns the intellectual, moral and physical activities and it is the duty of the medical profession to enlighten public opinion."\textsuperscript{41} The fact that this combination was also intellectual doctrine was important in its acceptance by the Victorian upper and middle classes. The best corrective for modern day hazards was, in the opinion of most doctors at the turn of the century and indeed earlier, a more general adoption of muscular exercise as part of daily life. This ideal was translated into physical

\textsuperscript{40} J. C. Whorton, 'Athlete's Heart: The Medical Debate Over Athleticism, 1870-1920,' \textit{Journal of Sport History}, 9:1 (Spring, 1982), 30.

\textsuperscript{41} \textit{BMJ}, (November 1, 1890), 995.
education and sport, and the *Lancet*, in 1909, felt it the
duty of its readers to ensure that a sound method of
exercise was universally adopted to maintain the balance
between mind and body.\textsuperscript{42} Three years later, the application
of science to physical training was reaching higher
proportions:

> Why do we inside the medical profession not regularize the training and make it a truly scientific study carried on within our medical schools?... Medicine in its forward march must year by year annex new territories. The scientific physical training of the people is a field awaiting culture. Let us medical men scientifically cultivate it.\textsuperscript{43}

This was the essence of medical opinion on sport and
exercise; when training methods were undertaken
'unscientifically' they were prohibited. Most of the debate,
however, was concerned with the point at which these methods
became dangerous. It will be shown that the concern, in this
respect, decreased in tandem with the increase in popularity
and acceptance of sport and exercise.

Brailsford notes that historians of medicine have given
surprisingly little attention to the fluctuations in medical
attitudes towards exercise.\textsuperscript{44} These fluctuations reveal much
about the development of both the medical profession and
sport and exercise after mid-century. 1860 is the most

\textsuperscript{42} *Lancet*, (May 15, 1909), 1391.

\textsuperscript{43} *BMJ*, (November 23, 1912), 1499.

\textsuperscript{44} Brailsford, *Sport in Society*, 161fn1.
relevant date to begin in that it witnessed the interaction of the Medical Act, Darwinian theories, the rise of sports and games, and the highly influential Tom Brown's Schooldays, by Thomas Hughes. All these developments have a bearing on this study and in many ways reflect the spirit of the age. 1914 is an obvious point at which to stop in that World War One saw the figurative end of the Victorian age. Moreover, a Times Literary Supplement article (1974) on 'The Literature of Medicine,' notes that the doctor's basic pabulum is the professional weekly "which in Britain means particularly the Lancet and the British Medical Journal."45 These two journals, originating in the early nineteenth century, reveal a complete cross-section of the attitudes held by the British medical profession between 1860 and 1914. As Pointon notes, the journals "both covered a spectrum far beyond.... immediate medical aspects" and gave a high priority to social considerations.46

Jeanne Peterson reminds us that it is unwise to accept one prominent doctor as representative of the medical profession. Moreover, we should be careful not to use the middle class as representative of the entire Victorian

45 H. Miller, 'The Literature of Medicine,' Times Literary Supplement (March 29, 1974), 315.

society. These warnings are noted; by considering all points of view submitted in the journals, it is hoped that a balanced conclusion can be reached. There were extremists, and those who wrote for the good of themselves and not the profession (in order to be recognised for instance, as experts), and "historians should be aware of the motives, status, and qualifications of the medical sources cited." This is where the medical journals are useful in that they represent the views of established members of the profession. Their distrust of 'quacks' tends to safeguard, with obvious exceptions, the legitimacy of the sources used.

This study deals only with upper and middle class views because the medical profession was a part of that society. It would, of course, be unwise to suggest that the medical views cited were representative of the entire Victorian age, or that they had a total effect on it. The study, therefore, illustrates views held by a selected group as representative of its class. The increased authority of medical science, however, may have had more effect on society as a whole than might be imagined. Peterson contrasts two doctors, James Paget and William Acton, and emphasizes the efficacy of subtle authority as opposed to extremism and the illusion of

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48 Ibid., 588.
expertise:

Professional authority meant professional control over clients. And Paget, by his very moderation, sympathy and scientific detachment, advanced the cause of medical dominance in ways that the extremists like Acton could never have accomplished.49

The study will attempt to place a medical debate within the framework of upper and middle class views on health, sport and exercise. It will be seen that theories on physical exertion rested on a combination of moral, mental and physical elements, and that medical interest in sport and exercise reflected the trend towards preventive medicine that was emerging along with increased knowledge of physiology. Moreover, the Victorian medical profession was an integral part of upper, and especially, middle class society and thus reflected these values. Doctors, according to Alex Comfort, were subject to the middle class disposition towards apprehensiveness, and this was indeed a characteristic of the profession. He also points out the nature of medical anxiety, and this can be related to sport and exercise. Health, manliness and sexuality, he suggests, were the three most important aspects of anxiety. One worried constantly about all three.50

49 Ibid., 590.
50 Comfort, Anxiety Makers, 38.
Chapter Two: The Healthy Body and the Healthy Mind.

An important element in the Victorian concern with health and physical fitness was the mind-body correlation. This was not so much a new concept as a resuscitated one, from the post-cartesian era of Hobbes and Locke in particular, and it found popularity among intellectuals and theorists after the industrial revolution. Students of British physical culture during this period will be familiar with the much used Latin phrase, *mens sana in corpore sano*. The healthy mind in a healthy body idea is vital to an understanding of the intellectual framework of the Victorian higher classes into which, to a large degree, the medical profession fell.

This chapter will introduce the concept and show its cultural background, thus linking an emerging physical culture with hygiene and sanitation. The connection between morality, cleanliness and godliness is important to this section of the study, no less for doctors than for their intellectual counterparts. Moreover, the new 'moral physiology', as Bruce Haley calls it, will be linked to the education of children, perhaps the most important component of the new preventive medicine that was to emerge alongside medical and scientific progress.¹ By applying physical culture to the education system the Victorians were able

¹ Haley, *Healthy Body*.  
22
more fully to impose their ideals of a healthy morality.

Moreover, the connection between physical culture and the rise of sport is important. The middle class desire for moral legitimation concerning sport and exercise was tied in with religious, ethical and sexual considerations. The popularity of ancient Greek culture is important at this juncture and Victorians ignored certain obvious differences concerning sex while applauding the apparent similarities between Greek morality and the Victorian concept of manliness. However, the development of these ideas had its critics, and it is important to point out the reservations expressed by intellectuals of the era before discussing the medical significance of this chapter.

The place of the medical profession in the mind-body debate is clear. Physicians held virtually identical opinions to those of the intellectuals writing in the contemporary periodicals or publishing separately. However, the significance of this, apart from what it reveals about the philosophical makeup of the medical profession, is that it illustrates the tendency towards increased authority over lay culture concerning health, and towards, in general, a preventive medicine. This could not be accomplished fully until the knowledge of physiology was increased, but it was similarly important. Strides were being made in the latter field, and the discipline of psychology, in pre-Freudian times, was as important in many respects as its
physiological counterpart.

J. A. Mangan, in the *Journal of Sport History*, points out that physical and moral health obsessed the Victorians. "The well-knit body was their model for a well-formed mind—and a soundly built character." However, the well-formed mind seems to have been of relevance when Victorians discussed exercise and health. The Latin *sanus* lent itself to both 'sane' and 'sanitary', so that the word health, to the Victorians, meant a life in perfect accordance with the essential spiritual laws governing man. The relationship between man's physical and mental states was debated as early as the sixteenth century, according to Peter McIntosh, who uses Michel de Montaigne, a French essayist born in 1533, to illustrate his point: "It is not a mind, it is not a body that we are training; it is a man and he ought not to be divided into two parts." Ideas such as this would find approval much later when theorists sought to claim the efficacy of increased health consciousness, especially in terms of exercise. It was, therefore, this renewed interest in the reciprocity of mind and body which led the Victorians to establish their own concept of health.

It is relevant that we consider, at this point, Haley's

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4 McIntosh, *Sport in Society*, 47.
working definition of that concept:

A state of constitutional growth and development in which the bodily systems and mental facilities interoperate harmoniously under the direct motive power of vital energy or the indirect motive power of the moral will, or both. Its signs are, subjectively recognised, a sense of wholeness and unencumbered capability, and, externally recognised, the production of useful creative labour.⁵

The various intellectual elements leading to this definition must be discussed and related to the consequent emergence of the latter in both physical education and sport.

In his book, Thoughts Upon Sport (1895), Harry Sargent expressed the concern that bodily labour was less, and mental labour was more than it had been thirty years earlier. "Everyone knows", he said,"the mind needs rest more than the body."⁶ He was, of course, writing for the higher classes and not the working majority, which found no shortage of bodily labour despite the decrease in health as a result of the urban migrations. He was, however, also writing at the end of the nineteenth century, when in fact the same debate had been in existence long before. Herbert Spencer applied his social darwinist ideals to this debate when he complained of the tendency to respect the mind while ignoring the body, instead of vice-versa. Both these attitudes, according to Spencer, were wrong; the ancient and modern conceptions of priorities in this matter must be

⁵ Haley, Healthy Body, 21.

⁶ H. R. Sargent, Thoughts Upon Sport (London, 1895), 305.
combined. The essence of this debate was that "we do not yet realize the truth that as, in this life of ours, the physical underlies the mental, the mental must not be developed at the expense of the physical." Furthermore, Spencer considered an excess of activity in one direction as conducing to a deficiency in other directions. It is apparent, therefore, that a serious discussion of the relationship between mind and body was already in motion. Its link with such new ideas as the survival of the fittest was to raise its importance considerably.

Foremost in the mind of most intellectuals, however, was the conclusion that a man's general well-being depended first of all on the general well-being of his body and that mind and body had a reciprocal effect on one another. As Spencer noted, "vigorous health and its accompanying high spirits are larger elements of happiness than any other things whatever", and Haley comments that, "if we give the plant plenty of light and water, the flower will bloom of its own accord." This is the mind-body idea in its simplest form.

Charles Kingsley seemed almost tentative in his expression of the corpus sanum:

But what if, when God gave me suddenly and strangely

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7 Spencer, Works, 189.
8 Ibid., 180.
9 Haley, Healthy Body, 94.
health of body and peace of mind, I learnt what a priceless blessing that corpus sanum was, and how it helped, humiliating as the confession may be to spiritual pride - to the producing of mentem sanum.\textsuperscript{10}

His reservation was, of course, a reflection of the struggle in his conscience to find religious and moral legitimation for physical rather than mental emphasis. This is important later in the chapter, although the question of body consciousness was appearing in the press as early as 1857. In the October 24 issue of The Times, a writer said that "we have no right to despise the body, or speak of it only and exclusively as something which is vile in comparison with the mind."\textsuperscript{11} Moreover, an article on health in the Cornhill suggested that "the mental operations, like all others, are connected with changes in the material of the body."\textsuperscript{12} Significantly, this was written by a member of the medical profession; and the existence of medico-philosophers like J. Hinton is an example of the close proximity of the two disciplines during the Victorian era.

It was, however, with the publication of Alexander Bain's inquiries that the mind-body idea began to gain scientific precedence. Basically, he wrote that, at the "instance" of modern physiology, "the doctrine of two substances - a material united with an immaterial in a

\textsuperscript{10} Ibid., 110.

\textsuperscript{11} The Times (London), October 24, 1857.

\textsuperscript{12} J. Hinton, 'Health,' Cornhill, 3 (March, 1861), 332-41.
certain vaguely defined relationship—which has prevailed from the time of Thomas Aquinas to the present day, is now in the course of being modified."\(^{13}\) Furthermore, he concluded that the dependence of purely intellectual operations upon the material processes had been reluctantly admitted by the "partisans of an immaterial principle; an admission incompatible with the isolation of the intellect in Aristotle and in Aquinas."\(^{14}\) It was from this that Bain asserted that "of mind apart from body we have no direct experience and absolutely no knowledge."\(^{15}\) This is an indication of the effects of increased physiological investigation on the mind-body theory. Bain was able to give three important elements in forwarding the idea; firstly, memory rose and fell with bodily condition (as well as hearing and sight), mental depression enfeebled all organs, whereas "happy outward circumstances" were favourable to health and longevity, and could often be cited as a cure for insanity. Lastly, good physical condition improved the quantity and quality of blood supplied to the brain.\(^{16}\) Here, then, was apparent medical proof of the correlation between physical and mental health. (Sport and exercise as a

\(^{13}\) A. Bain, Mind and Body: The Theories of their Relation (London, 1873).

\(^{14}\) Ibid.

\(^{15}\) Ibid., 130.

\(^{16}\) Ibid., 9-15.
preventive and curative medicine were important in later medical thinking, as will be shown in the final chapter).

The ideal of success in life also found relevance in the mens sana doctrine. S.W.F. Holloway states that "good health was seen both as a prerequisite for success and as a necessary condition for the enjoyment and exploitation of success."¹⁷ This was expressed most notably by Samuel Smiles in Self-Help (1859). Himself a doctor, Smiles appealed to a receptive middle class health consciousness, nurtured by a concern for health and the emerging theories of the evolutionist school. Kingsley expressed this most succinctly in his Health and Education:

But what if intellect alone does not even make money...unless backed by an able, enduring, healthy physique; such as I have seen, almost without exception, in those successful men of business whom I have had the honour and pleasure of knowing?...We must, in the great majority of cases have the corpus sanum if we want the mentem sanum; and healthy bodies are the only trustworthy organs for healthy minds.¹⁸

Kingsley typifies the views being expressed at the time. For him, as Haley points out, the source of health was the body so that, as an amateur sportsman, naturalist and physiologist, it was a short step to glorification.¹⁹

The obvious step to take from this increasing physical awareness was towards the promotion of physical education.

¹⁷ Holloway, 'Medical Education', 320.

¹⁸ C. Kingsley, Health and Education (New York, 1874), 10-11.

¹⁹ Haley, Healthy Body, 117.
Dennis Brailsford points out that the general attitude towards physical education in the seventeenth century was one of scepticism as to its role, and in many cases it stopped short at elementary hygiene.\textsuperscript{20} Furthermore there was a stress on the inferiority of the body in relation to the mind and spirit, and little reference to the physiology of the body being linked to the mental state.\textsuperscript{21} However, Brailsford does mention some notable exceptions, not least that of Robert Burton, author of The Anatomy of Melancholy (1621), who stressed that "body and mind must be exercised, not one, but both, and that in mediocrity: otherwise it will cause great inconvenience."\textsuperscript{22} More familiar contributions were made by Hobbes, who thought that the mind was of the same nature as the body,\textsuperscript{23} and by Locke, who thought that physical fitness "stemmed from the essential dualism in [his] view of man which made mind and body inescapable partners in existence."\textsuperscript{24} Locke, himself, took up medicine in the latter part of his seventeen years at Oxford. Clearly, therefore, the intellectual pattern was towards emphasis of the body as well as the mind, which would lead to increased speculation as to the importance of physical


\textsuperscript{21} Ibid.

\textsuperscript{22} Ibid., 161.

\textsuperscript{23} Ibid., 181.

\textsuperscript{24} Ibid., 190-1.
education in and out of school.

In terms of education about hygiene, Kingsley was of primary importance as a reformer. On the value of clothing, physical exercise, and stressless development of the brain, more than enough, he concluded, was known already: "It is written in dozens of popular books and pamphlets."²⁵ However, he was concerned about the practicalities of this question. Despite the abundance of literary advice and the increase in scientific knowledge, health was far from universal. With an eye towards prevention rather than cure, Kingsley asked, "why, then - to come to practical suggestions - should there not be opened in every great town in these realms a public school of health?"²⁶ Furthermore, he suggested teaching the people something of their own bodies and of the process by which they lived. They should "be taught something of how their bodies are made and how they work."²⁷ Indeed, sanitary hygiene and physical education became a stock-in-trade of the medical profession. In an issue of the Lancet in 1898, a report on a meeting of the York Medical Society addressed by Lauder Brunton, noted that,

"...the custom of bodily exercise is in our time not merely a part of education or even a recreation. It owes its present practically universal prevalence to

²⁵ Kingsley, Health and Education, 10-11.
²⁶ Ibid., 12.
²⁷ Ibid., 13.
being what it truly is, an important stage in sanitary evolution.28

This was the kind of acclamation Kingsley hoped for and doctors applauded as loudly as any. Moreover, fifteen years later, in the same journal, a report on physical training and the teaching of hygiene in Scottish schools said that,

the fact that the department [Local Government Board] has now appointed a medical specialist as chief of the inspectorial staff for physical education is in itself a proof that henceforward physical education will take its true place as at once an instrument in the promotion of personal health and in laying the foundations of physical vigour.29

This kind of theoretical development into the twentieth century makes up the basis of this thesis.

Concerning physical education and the introduction of a moral and mental physiology into schools, Brailsford quotes Locke as saying that, "it would be none of the least secrets of education to make the exercises of the body and the mind the recreation one to another."30 In the nineteenth century Herbert Spencer said that, "occasional letters and leaders in the newspapers have shown an awakening interest in physical training", and it had been implied not least by the Muscular Christian school that, "our present methods of bringing up children do not sufficiently regard the welfare of the body."31 He concluded by suggesting that the topic

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28 Lancet, (October 22, 1898), 1076.

29 Ibid., (March 15, 1913), 790.

30 Brailsford, Sport and Society, 197.

31 Spencer, Works, 147.
was evidently ripe for discussion. In addition to this, he wrote of an adult reaction to "the riotous living of the past. And along with this change in the regimen of adults, has come a parallel change in the regimen for boys and girls." 32

It was partly this concern with morality which brought physical education to prominence. As was stated earlier, the links between morality, cleanliness and godliness did not go unnoticed. Training of the body was developing in tandem with sanitary reform in effect, and it was Kingsley, again, who suggested that it was the duty of the people to see that every British child be developed to the highest level in terms of strength, beauty, intellect and virtue. 33 Samuel Smiles included two chapters on this subject in his Physical Education of the Young. In fact his concluding chapter presented physical education as the basis of moral and intellectual culture. 34 The book was first published in 1838 but was relevant throughout the Victorian period. His concluding chapter contains an ideal summary of the mens sana concept, and maintains physical education as the best means to an end — that of "moral and intellectual happiness." 35

32 Ibid., 148.
33 Haley, Healthy Body, 117.
35 Ibid., 208.
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This type of rhetoric was continued most notably in the contemporary periodicals. F. Napier-Broome, writing in *MacMillan's Magazine* (1870), contended that, "the training of youth must be at once intellectual, moral and physical", and these three elements were inseparable for any solution to the problem of health to be achieved.\(^3\) Three years later, in the *Cornhill*, J. Hinton warned against "a disproportionate exercise of the mind in comparison to the body."\(^4\) It is with all this in consideration, then, that Mangan could sum up the conclusions pertaining to physical education and training which fascinated both intellectuals and men of medical science:

Drawing on the fashionable physiopsychology of the day, Victorian authorities on medicine, psychology and physiology argued that individual temperament was predisposed to particular social and moral diseases but that this predisposition could be modified by training: a training that should be both mental and physical in deference to the fact that the mind and the body were in constant interaction.\(^5\)

This argument continued, in modified form, into the twentieth century. In 1911 the National League for Physical Education and Improvement published a pamphlet entitled, 'Organised Play at Home and Abroad,' which maintained that the teacher of physical education, "must above all be an

\(^3\) F. Napier-Broome, 'English Physique,' *MacMillan's*, 22 (June, 1870), 128-34.

\(^4\) J. Mew, 'Physical Education,' *Cornhill*, 28 (September, 1873), 345-55.

educational expert, able to conceive of the training of the mind and body as a whole...."\textsuperscript{39} That such a concept should prevail over this length of time is evidence of its impact upon the culture in which it was nurtured.

R. A. Woeltz, in the \textit{Journal of Sport History}, states that "the connection of the physical culture movement and the rise of sport appears obvious...."\textsuperscript{40} He was, of course, referring to the German example but the same is true for Britain. Moreover, Willibald Gerhardt, head of the German Olympic Committee in the early 1900s, expressed his view that the study of hygiene had brought him to recognize the value of sport.\textsuperscript{41} It was with the rise of sport in Britain after the 1850s that concerns over its moral implications emerged. Many intellectuals saw harm in the trend towards excessive competition and professionalism, so that one writer stated that the rule, above all, was to "make your sport the means of promoting the \textit{mens sana in corpore sano}."\textsuperscript{42} This appears to be a purely upper and middle class phenomenon in that those who played for the lower classes felt no compulsion to find justification for their games,

\textsuperscript{39} McIntosh, \textit{Physical Education}, 161.

\textsuperscript{40} R. A. Woeltz, 'Sport, Culture and Society in Late Imperial and Weimar Germany,' \textit{Journal of Sport History}, 4:3 (Fall 1977), 298.

\textsuperscript{41} Ibid.

\textsuperscript{42} F. Gale, \textit{Modern English Sports: Their Use and Abuse} (London, 1885), 65.
and did not consider the mens sana ideal. Peter Bailey talks about the choice of new leisure being "heavily constrained by that need for moral legitimation which characterised bourgeois leisure in those early years of new growth." Moral integrity and a code of respectability were thus the watchwords of the middle classes. Bailey's use of the term 'rational' to describe the rapid development of middle class sport shows how this would "relieve them of the need to apologise for their pleasures, yet still keep them within the bounds of moral fitness." Within this new code of ethics we can place a schoolmaster such as H. H. Almond, head of Loretto school from 1862-1903, who, "balanced a 'science of health' with a 'scheme of ethics'. Clearly, sport, exercise and moral ethics became intertwined in Victorian Britain.

Health and training also contained heavy religious overtones, and it has been observed that sport took the place of religion during this period. This may be exaggerated, although certainly health was often seen in religious terms. Herbert Spencer said that all breaches of the laws of health were physical sins, while Kingsley's

43 McIntosh, Sport in Society, 79.

44 Bailey, Leisure and Class, 65.

45 Ibid.


47 Haley, Healthy Body, 17.
interest in science brought a new dimension to health because, "science would enable the body to serve God more fully." Moreover, as Haley points out, Newman's ideas had an equally religious outlook:

As the trained body is an assistance to education, so the trained mind is to religion, but the ultimate goal of man's development must always be kept in mind. To stop with philosophy, the perfection of one's human nature, is little better than stopping with physical health, the perfection of his animal nature....Not surprisingly, Newman's thoroughly healthy man turns out to be a Christian as well as a gentleman.

This religiosity was inevitably reflected in the public schools. H. H. Almond asked, "why, of why, cannot there be a holy alliance against the common enemies of both."

Exercise, in this case, was a new religion and had to be sanctified through moral and religious legitimation. Mangan mentions the example of G.E.L. Cotton, headmaster of Marlborough School in 1852, who was careful to emphasize "the correct moral imperative implicit in physical effort. Only when such striving reflected religious goodness was it blessed." Moreover, on the same page, Mangan further notes that it has been suggested that if Hughes was the first in


49 Haley, Healthy Body, 103.


51 Mangan, Athleticism, 27.
literature to glorify athletics as a moral discipline. Cotton was the first to do so in practice.

There was a good reason, in the eyes of educationalists, for this moral imperative in the public schools. As Sutcliffe notes, "homosexuality was a problem within the public school system" and "athleticism was the 'weapon' to combat this 'evil'; not, as in Ancient Greece, an accompaniment to it."52 This, together with the danger of excessive homosexual urges and masturbation, gave physical exercise a further moral imperative. The introduction of athletic sports had the result (in theory) of discouraging "expensive habits and to remove temptation to immorality."53 There were those who saw games as a preventor of idle thoughts, which consequently took the form of 'vicious desire.' These examples, of course, reflect a familiar characteristic of the Victorian age.54 The medical profession did nothing to quell the layman's fears, for if a doctor could describe masturbation as a disease, it is little wonder that such anxieties prevailed.

However, the sexual imagery contained within physical training, and expressed by the ancient Greeks, was,


53 Mangan, Athleticism, 122.

54 Steven Marcus, The Other Victorians: A Study of Sexuality and Pornography in Mid-Nineteenth Century England (New York, 1966), and Comfort, Anxiety Makers.
ironically, suppressed, while a rediscovery of Greek culture was in progress. It was the Greek example, above all, which impressed the Victorians, and it was the emphasis on all-round development, precluding any kind of specialization, which had such an influence on them. Indeed, Kingsley confessed himself a Platonist and saw the mens sana ideal in Plato's works. The Greek influence, therefore, imbued in the Victorians a concept of physical and mental excellence which was both elitist and romantic:

The excellent should be imbued with temperance, all things in moderation, in particular food, drink and sex. He should be courageous and exult in being so. By training, he not only learns to overcome fear but not even to experience it. He also possesses the qualities of liberality, magnanimity, patience and good nature, all enhanced by intellectual ability.

We may infer from this that excellence is partly genetic rather than an acquired characteristic. It was, then, a rediscovery of ancient physical culture which agreed with the Victorians' own ideals; and certainly writers such as Aristotle thought that moral virtues were closely related to physical excellence. The ideal for a Greek "embraced not only the physical but the moral, intellectual and aesthetic capacities of the individual." If the Victorian higher classes never achieved that ideal, they developed their own

55 Sutcliffe, 'Greek Ideal', 139.
56 Tozer, 'Charles Kingsley', 36.
57 Sutcliffe, 'Greek Ideal', 138.
58 Ibid., 135.
particular version.

The final element in this mind-body idea was the concept of manliness. There were two kinds. One concerned character (discussed in the next chapter), the other had slightly more spiritual/religious connotations. Tozer notes that Almond's ideal of manliness combined the physical qualities of muscular Christianity with the scientific and rational spirit of the age as embodied in the philosophies of Herbert Spencer.59 This contains no platonic or romantic influence, yet others did not see manliness in that light. E. C. Howe, in 1856, in a sermon entitled 'The Image of God', said that physical education ensured a 'manly presence' and the external man was a sign of the man within.60 In fact the subject of masculinity, combined with morality, was of great concern to intellectuals. Edward Thring, Headmaster of Uppingham School and close associate of Kingsley, summed up his idea of healthy manliness by saying that "life is one piece....health of body, health of intellect, health of heart all uniting to form the true man."61 However, this concept, to the chagrin of a man like Hughes, tended to give way to its more 'brutal' counterpart, and, as Haley notes, to later critics of Victorian manliness "the anti-intellectual cast of this new romanticism was all

59 Tozer, 'Consecration of the Body', 87.
60 Mangan, Athleticism, 39.
61 Ibid., 46.
too apparent."\(^6\)\(^2\)

Problems like this led to reservations concerning physique and its connection with brain-power and morality. In fact it has been contended that, particularly after the muscular phase in the mid-1860s, there was a progression towards a very denial of the necessary connection between moral and physical wholesomeness, and in fact a connection between physique and brutality.\(^6\)\(^3\) These reservations, of course, allowed their middle class exponents to avoid the issue of lower class physique and morality. The *mens sana* ideal never permeated the state schools and thus we go back to the idea of gentlemen and breeding, witnessing the class bias implicit in *mens sana*. Perhaps the most obvious objection to physical over-exertion was the sexual aspect, and this was reflected in many novels of the time: "Deep-lying sexual and aggressive energies are directly expressed in physique, physiognomy, and the power of the controlling arm, rather than redirected by the intermediary faculties of the healthy mind."\(^6\)\(^4\) However, it was the intermediary faculties of the mind which many wished to develop through exercise and hygiene. The connection between poor hygiene, brute strength, a low mental capacity, and immorality was


\(^6\)\(^3\) Haley, *Healthy Body*, 224.

\(^6\)\(^4\) See Ibid., 213.
always apparent within the middle class conscience.

An important reason why these ideas were so popular was the support they received from science and medicine. As Haley points out, "...during the middle decades of the last century both medical philosophy and formal psychology were showing a particular interest in the mind-body relationship." The result, he suggests, was to bring the two disciplines closer together.\textsuperscript{65} This has already been witnessed in the case of Bain's work in 1873. However, the roots of this development, medically speaking, can be seen much earlier. In the eighteenth century physicians speculated that the basis of a healthy life lay in the state of the nervous system,\textsuperscript{66} and it became sound medical doctrine into the next century. By 1854 a surgeon, Benjamin Brodie, was convinced that "mental alienation is generally the result of some wrong condition of the body, either functional or organic."\textsuperscript{67} In light of the increasing confidence in science and medicine's concurrent rise in authority, the influence of the latter in terms of physical culture must not be underestimated. Morrel Mackenzie, writing in the New Review (1891), expressed the view that doctors had always been fighting to overcome the lay

\begin{footnotes}
\footnote{65}{Ibid., 23.}
\footnote{66}{Ibid., 38.}
\footnote{67}{Ibid.}
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prejudices concerning 'natural movement'. In the case of the earlier restriction of babies (natural movement tended towards a prompting of the evil spirit), he said that "the more enlightened among the doctors fulminated against the practice for centuries, but in that, as in most other things, medical wisdom cried out in the streets and no man regarded it."68 This, of course, has implications beyond the scope of this chapter, although it indicates the attitudes of one doctor towards the disrespect for science.

Haley comments that, as in medical thought, the tendency in Victorian psychology was towards a moral physiology and thus a truly psycho-physical concept of health evolved.69 The latter has already been discussed, and it seems, from Haley's work on Victorian physical culture, that the medical aspect is more important, despite his concentrating on the contemporary literature. If the basic assumptions of this psycho-physical concept were drawn from the physiotherapy of the day,70 then it would seem relevant to consider both doctors and moralists as having a reciprocal effect on one another.

Whorton, in the Journal of Sport History, comments that even had doctors been insulated from Kingsley and Hughes, 68


69 Haley, Healthy Body, 45.

70 Ibid., 63.
they "could have developed their own version of muscular Christianity from the medical philosophy of sanitary reform." It seems, then, that if medical philosophy differed from intellectual and moral philosophy, it was at least running parallel with the latter. Whorton also observes the equation of ungodliness with uncleanliness and therefore immorality with filthy living conditions. This undoubtedly permeated down to the working class example, but the mind-body correlation was restricted mainly to the middle and upper classes. Francis Galton, the eugenist, believed there was a close correlation between physical, spiritual and intellectual qualities ("...there is something to be said in favour of selecting men by their physical characteristics for other than physical purposes"), although the later damnation of the 'acquired characteristics' theory meant that eugenics and physical education would not necessarily meet. But in strictly medical circles mens sana was paramount. James Paget, in the 1850s, believed that "even a moderate acquaintance with the principles of physiology, acquired early in life, would benefit a man, with regard to both his body and his mind." Nearer the end of the century

71 Whorton, 'Athlete's Heart', 32.

72 G. R. Searle, Eugenics and Politics in Britain, 1910-1914 (Leyden, 1976), 76.

73 Peterson, 'Dr. Acton's Enemy', 576.
it was stated that one of the few things about which all doctors agreed was that a certain amount of exercise was needful for health, and that it was one of the still fewer things on which medical teaching was "submissively accepted by the non-professional public." Whether this was for health of mind, or body, or both, it is clear that the medical profession's authority was growing in terms of attitudes towards exercise.

Furthermore, there was a familiar Victorian ethic expressed in medical opinion. The effects of training, according to Mackenzie, were not confined to the body:

"...the mind shares in the general well-being of the economy and gains in clearness and vigour." Success and vigour in life, within the bounds of morality, were stressed, as in intellectual circles, through exercise. The same author expressed the view that

...a nation of laggards in the flesh will also be sluggish in spirit, and brains half-asphyxiated by imperfectly aerated blood will breed nothing but unwholesome mysticism, criticism of life in Count Tolstoi's later style, and schemes for the regeneration of society akin to that by which Medea tried to renew the youth of her father.76

This tendency away from sentimentalism, an implied anti-intellectualism, was typical of some of the more

75 Ibid., 5 (September, 1891), 233.
76 Ibid., 4 (April, 1891), 374.
'regimental' medical advocates of the mind-body ideal. In fact, the notion of a balance of mind and body was a stock-in-trade of the medical profession, especially where schoolboys were concerned. For Mackenzie, the golden rule of exercise was to promote the swift and clear stream of life, "never stagnating like a muddy pond, and on the other hand, never dashing itself to pieces in mere foam and fury."77 His example of ill-balance in these matters was to be found, perhaps inevitably, in the French lycees where "the bad effects, moral and physical, of insufficient exercise are writ so large as to strike the most indifferent eye."76

Increasingly, doctors began to realize their right to authority in the psycho-physiological field of exercise. In 1869 the Lancet applauded those men "familiar with the functions of the brain and the body in health, and able to detect in them the actual presence or the latent germs of disease," further suggesting that medical opinion was the highest to be sought concerning the "catholic culture of mind and body."79 Nine months later, at the Medical Society of London, a Dr. Farquharson emphasized the use of exercise to preserve the balance between mind and body, and to

77 Ibid., 4 (May, 1891), 460.
78 Ibid., 452.
79 Lancet, (March 6, 1869), 331.
"promote the functions of life."\textsuperscript{80} This balance, and reciprocity, became increasingly crucial. Farquharson, at the same meeting, stated that "...in mind lies the great secret of beneficial exercise; and without it, exercise is a misnomer, and a fraud on the constitution."\textsuperscript{81} In this case, exercise for its own sake was clearly not a medical option.

In 1879, an article in the \textit{Lancet} concerning athleticism commented that almost invariably, at that time of the year, a discussion arose as to the "alleged antagonism between mental and physical work, a considerable number of objectors still asserting that the two are incompatible."\textsuperscript{82} There seems to be little doubt, in the opinion of this article, however, that such an argument should exist. The later issues of both the \textit{British Medical Journal} and the \textit{Lancet} (with a few exceptions considered later in the chapter) are clearly in favour of a necessary balance between mind and body. Indeed, in 1889, the \textit{BMJ} considered favourably the work of a Professor Richards, at Yale, who had made a study of 2,425 students to determine the relation of athletics in Yale to scholarship. The conclusion that in some branches of athletics the students were above the average of the non-athletes in scholarship

\textsuperscript{80} \textit{BMJ}, (January 15, 1870), 59-60; \textit{Lancet}, (April 9, 1870), 513-15.

\textsuperscript{81} \textit{Lancet}, (April 9, 1870), 514.

\textsuperscript{82} Ibid., (March 15, 1879), 381.
seemed to prove their point. 83

The relationship between sport and education in terms of mind and body was, of course, one of the main reasons for sport's popularity among doctors and educationalists alike. An article in the BMJ (1889) said that play afforded "perhaps as much opportunity for the development of some of the brain-functions of the highest value in social life, as the work of the class-room does for the mental function." 84 Moreover, it is clear that the fact was well established, and even if this were not the case, "the physiologist would expect to find that moderate athletics and success in mental work are not divorced from one another." The same article suggested that "habits of bodily activity are often the best cure for sickly states of mind." 85 Four years later the Lancet was involving itself in the educational issue. "If an undue amount of nerve force is expended in one direction," said one article, "it will not be available in another, any more than an excess of blood can be determined to different parts of the body at the same time." 86 This reflected the physiological logic in medical thought at the time, and serious thought was given to adjusting mental and physical work in order to gain maximum efficiency from both. The same

83 BMJ, (October 26, 1889), 955.
84 Ibid., (March 16, 1889), 604.
85 Ibid., 605.
86 Lancet, (June 17, 1893), 1449.
article suggested that the natural qualities found in public schoolboys were often weakened, if not destroyed, by the cramming process. In fact it went further by submitting the argument that bookworms frequently had no ideas of their own. "They are mental parasites and live upon men's other thoughts." It seems that anti-intellectualism could also be found in medical quarters. The only true meaning of the term education, at least for the Lancet, was to "lead forth with equal step the mental and the physical powers of the human being....the ideal man is the possessor of a sound mind in a sound body."

This idea was also seen by the medical profession as projecting into later life, athletics being looked on as part of the education of that 'inseparable neuro-muscular arrangement' of which man was made up. The brain, it was contended in 1905, could not attain its fullest degree of vigour without exercise. Furthermore, "an ideal system of physical culture" could never be attained until "systematic games" were included in it. This emphasis on the development of physical culture is clear in both medical journals. As the Lancet said in 1892, it had always held out a helping hand "to everything that favours the interests of health and usefulness."

87 Ibid.
88 Lancet, (October 14, 1893), 943.
89 BMJ, (April 1, 1905), 736-7.
90 Lancet, (August 6, 1892), 744.
There was, in medical thought, that same preoccupation as in intellectual thought, with ancient culture and its connection with ethical philosophy. This says much about the intellectual background of the established medical profession as well as the class to which it belonged. "The great educational object of gymnastics," said the BMJ, "is to promote that beautiful harmony between mind and body which is presented to us in the life of the ancient Greeks."\(^9\) This ideal did not change throughout the century. In the same journal for 1904, the physical and intellectual beauty of the ancient Greeks was traced to the public games, "which formed part of a religious observance bidding them worship their Gods with athletic contests."\(^9\) In the same article it was suggested that the moral influence of these contests was as important as their physical effects. Clearly, doctors shared with moralists and intellectuals their religio-ethical view of sport and exercise based on ancient Greek culture. Sport was beneficial in all ways, according to the Lancet. The apparent decline in drinking meant that "the present rage for all kinds of bodily exercise has not merely promoted physical development, but has nearly removed a vice which all the preaching in the World has failed to touch."\(^9\) The

\(^9\) BMJ, (November 9, 1878), 692.

\(^9\) Ibid., (January 2, 1904), 45.

\(^9\) Lancet, (May 11, 1867), 575.
medical argument for the religious and ethical efficacy of sport and exercise was thus apparent as early as 1867. Similarly, a report in the BMJ, on physical education in the elementary schools, suggested that if the contributor's advice was carried out, "both health and morals must, without doubt, be improved." Exercise was also seen in its prophylactic context, when an article concerning physical training in Scottish schools saw it as being not only good in itself but as adding "an interest to the life of young men which acts as a considerable preventive." Physical discipline was to go hand in hand with mental progress, so that the capacity for exertion, within rational and moral bounds, was not diminished. "Our public institutions find that morality and health are the equivalents of exercise and recreation." 

This kind of rational recreation was, of course, wholly didactic (as explained by Bailey in his book on leisure and class); and in terms of education the medical profession was keen to involve itself in mental and physical training. Mackenzie suggested the appointment of a "professeur de Jeux," presumably of a medical disposition, at Board

94 BMJ, (May 27, 1871), 570.
95 Lancet, (January 28, 1899), 266.
96 Ibid., (October 10, 1863), 423.
schools,\textsuperscript{97} while Clement Dukes, for the public schools, suggested a recreation "carefully arranged and systematized, and as impartially applied to all, as is moral and intellectual training...."\textsuperscript{98} Into the early twentieth century the therapeutic value of physical training received special attention in the Chief Medical Officer's report for 1909,\textsuperscript{99} and a report in the \textit{Lancet} (1911) said that

\dots the system of school inspection by medical officers now affords a basis for concerted action. The healthy training of the body is the only foundation on which the healthy development of the mind may be built. All methods of training the muscular system are of practical utility.\textsuperscript{100}

There was a certain amount of reservation over this issue, although it does not seem to have received much support. One doctor wished to question "how to keep ourselves vigorous in mind and body....without going so far as the physician who maintained that a man's theological opinion depended on the state of his liver."\textsuperscript{101} To overemphasize training in this way was looked on negatively by a medical profession obsessed with moderation. In a similar vein the \textit{Lancet} deplored a recent tendency towards

\textsuperscript{97} Mackenzie, 'Exercise and Training,' \textit{New Review}, 4 (May, 1891), 454.

\textsuperscript{98} Dukes, \textit{Health at School}, 347.

\textsuperscript{99} McIntosh, \textit{Physical Education}, 160.

\textsuperscript{100} \textit{Lancet}, (November 25, 1911), 1464.

\textsuperscript{101} Hinton, 'Health', 332.
professionalism in sport as opposed to..."the maintenance by healthy rivalry of a high physical standard."\textsuperscript{102} Moreover, in the same article, it expressed the fear that "some of the methods pursued with that intent go far to show that the healthy body of the athlete may envelop a mind in a considerable condition of moral disease." Two of the worst offenders were athletics and, as will be seen in the last chapter, football.

There were limits to the pursuit of the physical. "Medical men must not look too exclusively to the growth of the body," said the \textit{BMJ} in 1893.\textsuperscript{103} Twelve years later the \textit{Lancet} felt that there were too many medical men in the country who allowed sports "to occupy a position of prominence which is detrimental to their proper intellectual interests and which spoils the sports as means of relaxation.\textsuperscript{104} An article in the same journal (1909) further warned against the error of acrobatic sights, which perverted public spirit "and serve to form certain athletes to satisfy the vain curiosity of the crowd."\textsuperscript{105}

These reservations concerning the psychological value of exercise were, however, anomalous. It was only when exercise was not taken moderately or with discretion, and

\textsuperscript{102} \textit{Lancet}, (October 14, 1893), 942.

\textsuperscript{103} \textit{BMJ}, (April 22, 1893), 858.

\textsuperscript{104} \textit{Lancet}, (October 7, 1905), 1044.

\textsuperscript{105} Ibid., (May 15, 1909), 1391.
failed to satisfy the middle class notion of decency, that it met with disapproval. In fact some of the most powerful acclamations sprang from an obvious protectiveness by the profession towards their selected medical territory. For instance, in the *Lancet* for 1909, this jealousy was illustrated:

Partly owing, no doubt, to the fact that England has offered a free dumping ground for numbers of so-called professional experts to practise their various methods of physical culture, and to advertise these methods as treatment for the cure of all sorts of diseases, the mention of physical training had come to have an echo of charlatanism about it.\textsuperscript{106}

There was obviously an element of paranoia involved in this kind of statement. The obsession with ‘quacks’, especially after the Medical Act, is clear, as is the emphasis on the medical profession’s right to authority, not only in physical terms but also moral. Dr. F. S. Billings, in an article in the *Medical Register* (1889) on ‘Physiological Morality’, said that "physicians and not theologians, must eventually become the real moral teachers of the World. Religion is not morality."\textsuperscript{107} Moreover, he expressed the view that the true aim of medicine was prevention:

When man knows himself, and his intellect is sufficiently developed so that he comprehends his place in nature, and subjects his actions to the physiological laws of his organism, when the physician is so educated as to realize that his chief work is to seek to prevent by educating the people, the treatment of disease will become largely a thing of the past.\textsuperscript{108}

\textsuperscript{106} Ibid., 1392.

\textsuperscript{107} Ibid., (January 26, 1889), 866.

\textsuperscript{108} Ibid. 54
If this was a little ambitious, it nevertheless summed up the ideas of not only the medical but the intellectual advocates of the production of a healthy mind in a healthy body through physical and physiological education.
Chapter Three: Sport, Medicine and the 'Battle of Life'.

An important corollary to the relationship between mind and body in physical culture was the rise of athleticism and the building of character, notably in the public schools. Timothy O'Hanlon, writing in the American context, suggests that throughout the twentieth century, defenders of sports have maintained that organised athletics are important because "they prepare boys and young men for the hard knocks of life. Properly supervised competition, it is argued, develops courage, discipline, and other virile qualities."¹ The nineteenth century British exponents of sports (which for boys took place almost exclusively in the public schools) entertained a similar ideal. The trend away from an intellectuality often seen as effeminate, especially with the popularisation of Darwin's ideas and the advent of Kingsley's Muscular Christianity, is noticeable. Although Muscular Christianity in its crudest form lost support by the late 1860s, the connection between manhood, virility and athleticism was maintained after this.

As explained in Chapter Two, sports and exercises were not developed simply for the pleasure they gave. A higher legitimisation was always attached to them, whether a sanitary, or a psychological or a military one. As with all

aspects of physical culture, doctors were keen to involve themselves and thus, by lending their authority, helped to solidify this appeal. The emphasis on character-building in sport illustrates two aspects of Victorian society. Firstly, it illustrates the obvious class divisions inherent in the development of organised sports for the working classes were not included in these character-building theories except from a disciplinary angle. Sport would, in effect, subordinate them to the products of the public schools, who had in theory developed inherent qualities of leadership. Secondly, it illustrates the essential military nature of British physical culture. This should, of course, be qualified by the reminder that militarism occurred in stages parallel to periods of national crisis. However, the connection between sport and physical education, class division, and the military should not be underestimated.

The similarity between the intellectual fraternity and the medical profession is perhaps most striking in relation to sport and the building of character. The intellectual trend towards sports and games as bases for male invigoration and military valour was a commonplace in Victorian society. But there were reservations about this ideal, particularly concerning excessive militarism and the apparent drift towards anti-intellectualism, even in the medical profession.

J. Scott, in The Athletic Revolution, notes that "the
English were captivated primarily by what they believed to be the character-building value of athletics."² This refers to the upper and middle classes, as the working classes found no need to legitimate their own traditional leisure pursuits. However, the notion usually attributed to Thomas Hughes' *Tom Brown's Schooldays* (1857) helped to encode games playing with a new respectability similar to the wider psychological one explored in Chapter 2.³ As McIntosh suggests, the characteristics most commonly attributed to sport after the 1850s were physical health, moral character and military valour.⁴ With the advent of Darwin's ideas in 1859, the link between the 'survival of the fittest' (Spencer's phrase adapted from Darwin's 'struggle for existence') and the emergence of athleticism seems important. It would be tempting to see these two ideas as products of the era; yet Mangan reminds us that English education "has embraced the belief in the efficacy of sport inter alia for character-building since Tudor times."⁵

³ Ibid. It should be noted that newer public schools were founded to educate the increasingly important middle classes, and that the older establishments had to express the ideals of this class in order to retain and attract new members. The new sporting ideal was thus important for both the upper and the middle classes. See N. Vance, 'The Ideal of Manliness,' in B. Simon and I. Bradley, eds., *The Victorian Public School* (Dublin, 1975), 115-28; D. Newsome, *Godliness and Good Learning* (London, 1961), 4.
⁴ McIntosh, *Sport in Society*, 76.
Moreover, it was not peculiar to Britain and was, for example, sign-posted by Rousseau much earlier:

The training of the body, though much neglected is... the most important part of education not only for making children healthy and robust, but even more for the moral effect, which is generally neglected altogether or sought by teaching the child a number of pedantic precepts that are only so many mis-spent words.  

The idea of instilling moral virtue into a child through a supervised program of free movement was firmly entrenched in Victorian physical culture. However, it was the building of character as a corollary to the general moral effect which held the attention of the higher classes.

Archibald MacLaren saw exercise as requiring a combination of movement, resistance and volition and the stimulus of the will, transmitted from the brain through the nerves. "It is necessary [he said] not only that the muscles shall act with tacit concurrence...of the will, but that they shall be urged to do so with a desire proportionate to the resistance to be overcome." Here the mental factor involved in exercise takes on a new meaning. The difference between mere toil and exercise is that forced or unenjoyed labour does not help the body, and it can in many cases destroy it. Thus, the force of will and strength of body are seen as inter-connected, the one helps the other; and it is

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6 McIntosh, *Sport in Society*, 54.

easy to infer from this that games, as opposed to mere toil, were seen as more effective developers of character. MacLaren did use systematic devices in his training schemes, although he recognized the value of recreative exercises after growth and development were completed, and in the public schools for the enhancing of character. Naturally, it was the use of games during growth and development which interested exponents of the public school system.

Mangan explains this interest in the educative value of games when he says that,

physical exercise was taken, considerably and compulsorily, in the sincere belief of many, however romantic, misplaced or myopic, that it was a highly effective means of inculcating valuable instrumental and impressive educational goals: physical and moral courage, loyalty and co-operation, the capacity to act fairly and take defeat well, the ability to both command and obey. These were the famous ingredients of character-training which the public schools considered their pride and their prerogative.

The building of character was, then, an exclusive concept, jealously guarded by the public school elites, and used to explain the greatness of England. As one supporter of the resumption of school cricket matches at Lords eulogised:

They argued that games were a preparation for the battle of life, that they trained moral qualities, namely respect for others, patient endurance, unflagging courage, self-reliance and self-control, vigour and decision of character 'to which England owes so much of her greatness.'

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8 Ibid., 36-7.
9 Mangan, Athleticism, 9.
10 McIntosh, Physical Education.
Cricket, according to Bailey, was constantly made to serve as a metaphor for the ideal society,\textsuperscript{11} and it was oversimplification which gave sustenance to the character-building theory. MacLaren, more interested in physical education than games, was not closeted from other considerations. His view was that "the influence of our national games upon the national character is valuable beyond computation: nothing could take their place, nothing could atone for their loss."\textsuperscript{12} But they did not fully train the body, and there was a further educational element which others did not wish to consider.

The character-building emphasis was a national phenomenon and, as one writer suggested, recreations would have a very far-reaching effect on national character.\textsuperscript{13} Not all were convinced but the majority saw the value of games outside of mere physical health. To support this point, Mangan argues with the traditional theory that athleticism in schools was rooted in the boys themselves, and suggests that the parents played a far from insignificant part in athleticism's rise to pre-eminence.\textsuperscript{14} Furthermore, he says that athleticism, after securing a coherent set of

\textsuperscript{11} Bailey, Leisure and Class, 128.

\textsuperscript{12} A. MacLaren, A System of Physical Exercise: Theoretical and Practical (Oxford, 1885), 36.

\textsuperscript{13} H. H. Almond, 'Football as a Moral Agent,' Nineteenth Century, 34 (December, 1893), 900.

\textsuperscript{14} Mangan, Athleticism, 133.
educational arguments for its existence, became the hallmark of an acceptable public school.\textsuperscript{15} Not the least of these arguments was that sport mirrored life and that the former prepared for the latter. That many men left their sporting activities behind at school did not, of course, mean the loss of those values learned.

The connection between sport and manliness was important in terms of character-building; and the sexual demarcation of the age, together with the trend away from the effeminate spirituality of Byron's era, was reflected in this respect. Sargent's \textit{Thoughts Upon Sport} mentioned that "the British excel all other nations in manly exercise....for to us all games and pastimes come easy."\textsuperscript{16} This, however, came at the end of the nineteenth century when the sporting revolution was at its height. In 1861, a London lawyer and socialite recorded in his diary the beginnings of such a view:

Muscular Christianity, the Volunteer Movement, and the alpine climbing are in the ascendant. The affected Dandy of past years is unknown. If he exists, he is despised. The standard of the average English gentleman of the present day must at least show vigour of body, if he cannot display vigour of mind.\textsuperscript{17}

In this frame of mind the physical often superceded the mental, and this is where objections were raised. The sporting boom seemed to many to give expression to this

\textsuperscript{15} Ibid., 122.

\textsuperscript{16} Sargent, \textit{Thoughts Upon Sport}, 302.

\textsuperscript{17} Bailey, \textit{Leisure and Class}, 61.
predilection for the physical, and the idea that the mental could be in some degree be separated from the physical (without losing its moral value) was never welcomed.\(^{18}\)

It is the worship of force which Houghton sees in the Victorian emphasis on manly sports. In upper class circles, for instance, the idol was "not power but manliness. That was a Victorian requirement for men - just as women had to be womanly."\(^{19}\) If men tried to minimise the differences between themselves and women they were accused of having little virility or 'red blood.' An article in Baily's Magazine (1864) expressed the view that "in the absence of spirit and character to follow a strong lead, [dandies] have 'intrenched themselves in the dignity of a ladylike langour.'"\(^{20}\) Furthermore,

if there can be no moderation, better, far better is the fragrant but expensive Havana, the well-cut though horsey pantaloon, the healthy polished boot, and the varmint puppy-dog style, than an inglorious affectation of loose dandyism.\(^{21}\)

Such a revolt against effeminacy meant that the author would rather see one extreme transcend the other. "Discomfort in the presence of the intellectual of questionable masculinity and preference for a 'manly' image led," according to

\(^{18}\) Ibid.


\(^{20}\) 'Mens Sana in Corpore Sano', Baily's Magazine, 7 (March, 1864), 333.

\(^{21}\) Ibid., 335.
Mangan, "to the general adoption of the ideal of the English male."\textsuperscript{22} In the public schools this reflected not only a trend away from effeminacy, but also one towards anti-intellectualism.

Mangan supports this statement by noting that "the disparagement of brains reflected nothing short of a general and virulent anti-intellectualism on the part of most boys and some masters."\textsuperscript{23} We must, of course, avoid exaggeration, as Mangan suggests, but that the "Greek worship of muscle now took pride of place" in public schools, and that traditional university pursuits were taken over by this training ethic, is clear.\textsuperscript{24} At Loretto, for instance, a simple equation of life existed. "Fresh air, personal cleanliness, careful diet, regular hours of sleep and study, physical exercise and sensible dress, combined to produce manliness."\textsuperscript{25} This almost spartan ideal of physical regimen was, to someone like Kingsley, the expression of the animal nature within the body, an expression emphasized by Spencer. In fact, Kingsley's own form of exercise was "so exhilarating that [he] soon felt in danger of succumbing wholly to it, of indulging in it as in strong drink."\textsuperscript{26}

\textsuperscript{22} Mangan, \textit{Athleticism}, 106.
\textsuperscript{23} Ibid., 107.
\textsuperscript{24} Ibid., 122.
\textsuperscript{25} Tozer, 'Consecration of the Body', 85.
\textsuperscript{26} Haley, \textit{Healthy Body}, 110-111.
Kingsley's 'healthy animalism', however much he may have denied it, was a part of the anti-intellectualism reflected in the public schools.

In terms of the actual games played in the schools, "all boys whether with good or bad physique received their share of attention in a planned programme of physical education." However, the emphasis on character training, as with moral training, tended to obscure the more physiological effects of sport and exercise. As McIntosh points out:

At some time during the century games became a recognised means of preventing certain forms of immorality, masturbation and the physical manifestations of homosexual relationships. Games, therefore, became a moral alternative to sex, and the release they offered from 'sins of the grosser kind,' meant that a schoolboy's essential masculinity would be maintained and improved. Mangan speaks of "that simple linear relationship between physical courage and moral worth - a relationship that represented an essential masculinity to the initiated...." Games, in this sense, became merely a means of moral regeneration; they were not necessarily solely for health. Recurring themes of fair play, gentlemanliness and public school valour meant that

27 McIntosh, Physical Education, 75.

28 Ibid., 58.

29 Mangan, Athleticism, 188.
professionalism and the infiltration of organised sport by the working classes met with opposition. "The charm of the University races," said one commentator, "is that they are rowed for honour only."\(^{30}\)

Sport and physical education, for all classes, was given a distinct military bias, and this was particularly true of the public schools.\(^{31}\) McIntosh notes that,

the growth of organised games and the cult of athleticism at public schools quickly made character-training its *raison d'être* and showed how, for one section of society at least, sport could be used to accustom boys 'to common action and stir up emulation' and to promote national solidarity and patriotism.\(^{32}\)

Woeltz has noticed this idea in late Imperial and Weimar Germany, and the analogies between Britain and Germany in this respect are very similar.\(^{33}\) Maclaren's application of his military system to civilian life further reflected the fact that sport was not simply a respite from the normal rigours of life, but an integral part of them. In 1885, the *Saturday Review* argued against calling them games on the principle that "the playing of games had little in common with 'the grim struggle of a mile race.'"\(^{34}\)

\(^{30}\) Gale, *English Sports*, 47.

\(^{31}\) McIntosh, *Physical Education*, 146. The link between militarism and sport is noted in Vance, 'Ideal of Manliness.' "As the World War One approached, and Officer Training Corps were established in the schools, manliness tended to be diverted more and more into military channels." (p. 127)

\(^{32}\) McIntosh, *Sport in Society*, 56.

\(^{33}\) Woeltz, *Journal of Sport History*.

\(^{34}\) Haley, *Healthy Body*, 125.
The correlation between sports and the competition in life was seen much earlier. An article in Baily's Magazine suggested that the sinews of a country like England should not depend wholly on the aristocracy. A wholesomely cultivated mind and body, together with "the sterner duties of chivalry, should be the distinguishing mark of our middle class youth." The hint of military duty was, however, put more clearly later in the article:

If I were disposed to lay so much stress on over-exertion, over-training and its effects, as some men are...it would only confirm me in my admiration of a course of education and self-discipline, which should keep boys and men of the middle classes ready for anything.

The fact that military division reflected class division further emphasized the military bias of Victorian public schools. Public schoolboys played games, which built character, and lent themselves to leadership in life and in battle. State schools, on the other hand, practised military drill, which prepared them for the discipline involved in the above.

It seems, however, that this sport mania diverged sharply from the notion of health and exercise held by the intellectuals. Vigorous and competitive games were a far cry from Carlyle's healthy life of moral strenuousness. This

35 'Mens Sana in Corpore Sano', 330.
36 Ibid, 335.
37 Haley, Healthy Body, 140.
trend away from moral and spiritual health to a more materialistic, anti-intellectualism caused reservations. As Haley points out, "manly did not mean strong-willed, daring, or stoical, but humane, displaying natural human kindness and sentiment." However, the word was developing "those more limited connotations in the nineteenth century." Character was equated with force to some extent, and this was seen as the distinctive quality of the red-blooded male. To others, "the worship of might took the place of the worship of God," and therefore seemed to many to be immoral as well as irreligious. Thomas Hughes was equally annoyed with the limited interpretation of his book and attempted to justify himself through his work, The Manliness of Christ. Muscular Christianity was in itself a moral legitimation of athleticism. MacLaren realized the problem when he said that so long as it was believed that exercise gave muscular power only, "few of those engaged in purely intellectual pursuits might care to possess it...." Moreover, as this type of masculinity developed, there was an inevitable division

38 Ibid., 206.


40 Haley, Healthy Body, 215. However much he disliked it, Tom Brown was popular for its muscularity rather than its morality, which reflected and encouraged a tendency to glorify games. Moreover, as manliness became reflected in games more than religion, it declined from the moral strenuousness of Arnold's conception to become a cult of the physical. See Vance, 'Ideal of Manliness', 115-29.

41 MacLaren, 'Systematized Exercise', 35.
between enthusiasts of the ideal and those of more cynical persuasion. Mangan points out that during the last quarter of the nineteenth century, Punch systematically monitored the development of muscularity at the schools and universities, "and consistently shot small, sharp, verbal barbs in the direction of philathletic staff and students." This led to a complete rejection, in some cases, of the necessary link between athletic endeavour and manliness through the building of character. As Matthew Arnold pointed out:

The aged Barbarian... admiringly mumbles to us his story how the Battle of Waterloo was won on the playing fields of Eton. Alas! disasters have been prepared in those playing fields as well as victories; disasters due to inadequate mental training - to want of application, knowledge, intelligence, lucidity. Thus, to many close to the public schools and universities, the new 'barbarized athlete' was a regrettable manifestation of the rise of athleticism, and large appetites tended "to preclude subtle philology and elevated philosophical speculation." The enthusiasm for sport and exercise in the building of character was, then, harnessed by a concern for that tendency towards brutality and anti-intellectualism nurtured in the public school system. The basic concept, however, remained untouched and, together with morality, was the cornerstone of sport's legitimation amongst the upper

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42 Mangan, Athleticism, 125.
43 Haley, Healthy Body, 179.
44 Mangan, Athleticism, 123.
Doctors were not the least of the professional experts impressed by sport as a character-builder. Whorton notes that the penetration of Muscular Christianity into the public sphere during the 1860s was accompanied by support from the medical profession.45

When that professional ethos fused with the pervasive lay excitement over muscular Christianity, there inevitably resulted a medical-moral philosophy of athletics which supposed the personal, internal sanitation of strenuous exercise must perfect the spirit as well as the body. Late Victorian physicians fairly tumbled over themselves searching for character-enhancing elements within the various outdoor games and recreations.46

As if to further their support for the moral and psychological physiology of the preceding chapter, doctors seemed more persistent than their lay counterparts in attempts to discover such elements. A report on a lecture entitled, 'Healthful Exercises,' by Alexander Alexander in the BMJ, noted that "he alluded to the influence of physical training upon the national character, and urged that it should have a place in our system."47 Twenty years earlier, the Lancet had expressed its appreciation of physical exercise among medical students:

We consider sound physical health quite as essential as

45 Whorton, 'Athlete's Heart, 32.
46 Ibid., 33.
47 BMJ, (January 9, 1886), 93.
great mental power for obtaining the objects of legitimate ambition, and trust to see a growing disposition amongst the medical students of our metropolis to find in manly sports and recreations...suitable relaxation from studies requiring earnest and active minds for their due and adequate appreciation.\(^\text{48}\)

The BMJ also endorsed the moral and physical benefits of sport, although clearly at this point, they were being seen in a more limited fashion. Nowhere is there a sign that the physical should undermine the mental.\(^\text{49}\)

Medical opinion at the public school was represented most notably by Clement Dukes, physician at Rugby. In Health and Education he concerned himself with the preservation of health, character, reciprocity of mind and body, as well as circulation, respiration and skin secretion, thus covering the areas in which medical authority was transcending lay control.\(^\text{50}\) Apart from the preservation of health, Duke's maintained that "exercise is of supreme value in relation to character," and mentioned familiar elements of good temper, self-reliance, self control, endurance, courage, quick action, and rapid judgement, in short the qualities essential in the battle of life.\(^\text{51}\) That Duke's book was dedicated to the memory of Thomas Arnold, "the benefactor of schools and scholars," comes as little surprise. In fact.

\(^{48}\) Lancet, (October 10, 1863), 424.

\(^{49}\) BMJ, (November 11, 1865), 515.

\(^{50}\) Dukes, Health at School.

\(^{51}\) Ibid., 327.
Dukes was a regular and important contributor to the BMJ, and is the obvious link between the public school and the medical profession:

We, as a nation, owe our success mainly to our mental and bodily vigour - a vigour which is irrepensible... what a training for life! These qualities are developed in our school playing-fields. Let them, therefore, be encouraged in every possible way, so that the honour and fairness which usually attend them may also be promoted.  

The importance of character, as well as mind, was emphasized throughout this era by physicians, so that in 1909 a discussion on the medical aspects of athleticism noted that apart from the mental relaxation and pleasure which games afforded, they also acted as a "great force in developing character." In the last ten years, it was contended, futures were based on character as well as examinations.

The value of exercise in terms of character does not, in theory, seem to have been the sole prerogative of public school education. However, doctors were content, like their lay counterparts, to illustrate the defects of state schools through their apparent lack of these qualities. Physical training "far more than book learning is the strength of our public school education, and similarly the want of it is the defect in most elementary schools." The fact that lower class education was restricted, through practicality as well

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52 Ibid., 325-6.

53 BMJ, (September 25, 1909), 829.

54 Lancet, (February 10, 1900), 398.
as philosophy, to military drill, did not improve matters. Systematic training was designed more to instill than to produce the supposedly well-rounded character of the rugby or cricket Blue. It was, however, the aim of the medical profession to improve at least physical education, if it could not nurture an enthusiasm for games. As a result, exercise in the state schools never really fluctuated from military drill and gymnastics (as will be seen in Chapter Four) and was a contradiction, in many ways, of lay and medical theories on character-building. However, in strictly medical terms, it was a product of the profession's philosophy concerning the preservation and creation of health. Physical exercise, however mundane, would help to preserve working class health and this would, theoretically, improve its moral disposition. This was character-building of a different sort, fashioned of course, by class division.\(^5^5\)

Most doctors displayed the familiar characteristics of the upper and middle classes (notably the latter) with regard to sport and exercise. An article in the Lancet, for 1870, contained brief applause for the British sporting character, as opposed in particular to the American, through "the proper balance of mind and body" and the "inevitable moral training of such combinations."\(^5^6\)

\(^5^5\) See *Lancet*, (July 22, 1911), 235-6.

\(^5^6\) Ibid., (April 9, 1870), 514.
introductory address at Charing Cross Hospital by Dr. C. W. Heaton expressed the view that

...in place of the wild dissipation of the past age, there were plenty of healthy amusements, which, so far, from hindering a man, would enable him to work the harder. A good pull on the river, a ten mile walk, or a stiffly-contested game of cricket, "would send" any man home to his work with cleared brain and cleansed fibres."

This was more typical of medical attitudes than the anti-intellectual tendencies often expressed by those noted earlier. In fact the intellectual advantages were more often stressed than ignored. Dr. Burm Murdock, in the Lancet, referred to the intellectual advantages of athletes and quoted MacLaren as saying that "the very elite of the university [Oxford] were more often found among the college eight than among any other section of the community." Headmasters and medical officers of schools testified to this, it was maintained, and "a few accidents or overstrains were nothing as compared with broken down morals, weakened will, or distorted intellect."

Again character was equated with manliness and the maintenance of sexual morality. Physical training, combined with the proverbial cold shower, was a fusion of medical philosophy which saw healthy exercise, hygiene and moral virtue as intertwined. A medical discussion on athletics, in

57 Ibid., (October 10, 1863), 399.
58 Ibid., (March 19, 1910), 794.
59 Ibid., 795.
1880, saw training as "another word for the strictest sobriety and self-denial, and in no branch of athletics is training to so great an extent as among rowing men."  

Similarly, the BMJ thought it impossible to overestimate the importance of football to public schoolboys, both physically and morally (if only the hooligan element could be stamped out).  

Although there was a divergent opinion over the value of games, there was little dissention concerning its obvious 'virile qualities'—games were manly, and therefore good for all, said the BMJ, "especially for medical students, whose future calling demands an exceptional amount of manliness."  

Moreover, the problem of 'loafers' in public schools was often seen as a barrier to the fulfillment of this medical philosophy. The BMJ felt it right to assert, in 1886, "that the hard worker who does not play must at least walk," presumably to maintain his physical and mental balance.  

Dukes felt that loafers were the curse of schools because their games were not only essential for the health of mind and body, "but also for the development of their character."  

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60 Ibid., (August 7, 1880); 218.
61 BMJ, (November 17, 1886), 1010.
62 Ibid., (April 10, 1886), 705.
63 Ibid.
64 Ibid., (November 1, 1890), 998.
should be "stamped out from our schools" and that a mere
walk led to "filthy objectionable talk on the unknown laws
of nature." His report on the medical management of public
school athletics was approved by the medical fraternity:

In conclusion, some very practical advice was given how
that the medical man, by entering with interest into
the boy's games, may be able to give them help in
matters of healthy training, and may show them how, by
abstaining from all fleshly lust and vices, they
improve their chance of success in games and in the
battles of life.  

Physical fitness was seen as "a valuable check to a boy
falling into bad habits," and in later life, "a strenuous
life of the athletic type is a valuable help to re-
establishing self-control." The loafer, on the other hand,
being less likely to redeem his character with such
strenuousness, was thought more readily to adopt
accompanying vices.

The basic analogy between games and life was further
expressed in the Lancet by Sir Clifford Allbut, who thought
that the ability to take loss well, and to subordinate one's
own opinions to a ruling captain, was a great training for
life. He also added that it would be a very great misfortune
if games were to fall out of fashion, or if "we paid other
people to play our game for us."  

65 Ibid., (January 16, 1886), 705.
66 Ibid.
67 Ibid., (September 25, 1909), 830.

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competition was important, of course. Sir James Barr was pleased to find that the British Medical Association, of which he was chairman, was meeting to consider the question of athleticism "because it is not so many years since the medical aspects of rest would have been considered a more suitable subject for discussion by such sections as this." But he added that competition was vital in terms of character. "If you abolish contests you do away with emulation and stifle the cry of 'Excelsior!'"

This kind of medical thought had obvious military implications. Barr, physician and eugenist, wanted universal military training and "a cultivation of the military spirit to arrest the decadence of the nation." Mackenzie gave the more recent German and Italian examples of this idea, as others had done with the ancient Greeks. There were certain medical eugenists who saw a use in military service. Colonel Melville, professor of hygiene at the Royal Army Medical College, argued in the Eugenics Review that it was "eugenically useful because it [kept] prominently before the community ideals of physical fitness and efficiency as well

69 BMJ, (September 25, 1909), 835.
70 Ibid.
71 Searle, Eugenics, 37. The majority of eugenists probably took the opposite view. It was dysgenic because it was a waste of germ plasm. See the discussion of eugenics in this respect in Chapter Four.
as of courage and patriotism." Eugenics, and the campaign for compulsory military service, thus reached agreement at this point. On a strictly medical note, however, the issue was plain to see. A BMJ article, two years before the First World War, stressed the military point more clearly:

Whether Wellington did or did not say that Waterloo was won on the playing fields of Eton, there can be no doubt that the qualities which go to the making of a leader in sports are the same as those which help to make a man a leader in war or politics. No clearer indication can be given of medical attitudes towards sport and its use in the building of character.

Reservations about the connection between sport, character and manliness consisted firstly in doubts concerning the moral virtue of excessive exercise, and secondly in a reaction against it being taken too far in the public schools. As with non-professional observers, there was a fear of 'muscular paganism,' and a reaction against the seemingly narrow divide between the sports arena and the circles. In this sense, athletic contests were losing their initial significance. The Lancet, in 1879, referred to the dangers of too much competition among the younger boys in public schools, whilst development was in its most active stage. Here we can see an emphasis on moderation which was

73 Searle, Eugenics, 36.
74 BMJ, (January 20, 1912), 153.
75 Lancet, (April 20, 1861), 397.
76 Ibid., (March 15, 1879), 381.
characteristic of the profession, and had important consequences for medical views on the strictly physiological effects of exercise, such as heart disease and Albuminuria. Earlier, Dr. R. Farquharson had suggested there was reason to fear the danger of athletic sports being carried too far in the public schools "and thus checking mental progress, and dulling the clearness and sharpness of the brain." 77

Physical exertion, therefore, was only a basis for improvement of the character if it was carried out with moderation, and thus enabled the mind to benefit fully. Moreover, in order to prevent loafers, it was suggested, rules had been enacted "which tended to transform a pleasant relaxation into a task more dreaded than those of the school horse." 78 Further objection was contained in the fact that small boys very often had to play with bigger ones, even if games were superior to other forms of exercise.

The apparent tendency towards anti-intellectualism was of major concern to the medical profession, which was attempting to combine the moral, mental and physical elements of sport and exercise, and present them as logical components of physical education. "All reasonable persons will agree," said one spokesman, that the larger place given to such exercises of late, in the schools of both sexes, is a good thing both morally and physically. On the other hand, many

77 BMJ, (January 15, 1870), 60.
78 Ibid., (October 5, 1889), 779.
reasonable men are enquiring whether this place can be too large, both in itself and as a means of social notoriety. Conversely, they are also inquiring whether the intellectual education of the public schoolboy is very defective, and, if so, whether this defect be due to too much good sport or too little good teaching.\(^7\)

Furthermore, Dr. Hornby of Eton, felt that athletics had become so serious, in terms of development, science and professionalism, that the time required for high excellence in them was a serious obstacle to academic studies.\(^8\) Sir James Crichton-Browne was also doubtful about the advantages of excessive athleticism for the character, and urged medical students in particular to "shake off the wildly exaggerated reverence for athletics and games which some public schools engender."\(^9\) There were, therefore, two sides to the athletic movement, and many doctors came to the conclusion that athletics had gained an undue prominence in the minds of boys and men.\(^9\)

In fact, doctors saw this exaggeration of the value of sports in life as unrealistic, and pertaining in many cases to immorality. The BMJ, at the end of the century, felt that violent competition and various displays of bodily strength "do not tend to the development of the highest type of man, any more than do the moral surroundings of the average

\(^7\) Ibid., (April 22, 1893), 858.
\(^8\) Lancet, (August 5, 1893), 316.
\(^9\) Ibid., (October 7, 1905), 1015-16.
\(^9\) BMJ, (April 22, 1893), 858.
A medical prejudice against high muscular development and the professionalism of sport is very noticeable at this point, and remained a problem into the next century:

Athletics in England have developed too much into gladiatorial displays by picked competitors struggling to win prizes or to earn wages before huge crowds of onlookers and can hardly be regarded as effective agents in the development of physical strength and physical activity of the people.84

Moreover, some doctors even objected to the link between the personal accomplishments of athletes and national physical health:

Let us hesitate before we avow a belief that the supremacy of our countrymen in certain games which they have sedulously practiced implies national physical pre-eminence. Still less let us encourage the devotion of the young to the cultivation of physical excellence to the detriment of their future lives as individuals and as individuals of the community.85

Medical support for athletics as a character-builder, therefore, stopped short of that tendency to anti-intellectualism expressed by Mangan. While doctors tried as hard as any to find character-building qualities in sports, they never lost touch with the essential balance between mind and body. When athleticism conflicted with intellectual performance, as it often did, they rejected it. Exercise was important for developing character, loyalty and discipline

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83 Ibid., (September 18, 1897), 730.

84 Lancet, (April 18, 1903), 1112.

85 Ibid., (July 20, 1907), 170.
but it had to be carried out in relation to the basic medical doctrine contained within the *mens sana in corpore sano* concept. Any break with the laws of moderation and 'moral physiology' was likely to invite serious reservations from the medical profession.
Chapter Four: Medicine, Exercise and the Working Class.

The fact that the medical profession was an integral part of the Victorian middle class was essential in its consideration of the working classes. Sport was just one component in a recreation boom after the 1850s which was both welcomed, for reasons of health, as well as harnessed for reasons of social control. Late Victorian Britons were "the inheritors of a complex blend of paternalism and competitive enterprise, of authoritative class assumptions as well as individual rights."¹ One factor in the rise of working class sport and exercise was the attention devoted to it by members of the higher classes, not least by doctors. The concept of sport, exercise and especially physical education as a form of social control is extremely important to an understanding of the middle class view of working class recreation. In this the medical profession played a very important role. However, doctors applied themselves particularly to sport as a vital source of health for the working classes. The element of prevention was at this time firm medical doctrine, as we saw earlier with the upper and middle classes. With respect to its class makeup, however, the profession advocated exercise for the working classes very often in military terms. From this it can be seen how increased physical activity at elementary schools

¹ Baker, 'Leisure Revolution,' 83.
had more than basic health as its purpose, and extended to social and military discipline and the reinforcement of class barriers.

Increased concern with national health related specifically to the working classes in terms of military preparedness and national physical degeneration. In view of the emerging authority of the medical profession there is little wonder that it took up the plea for increased physical education, again revealing the importance of doctors in the sport and exercise debate. In this, sport, exercise and physical education were important components of national health and national hygiene, because it was amongst the working classes that poor health was most prominent. This chapter will show how medical concern with sport and exercise was related to the elements of social control, military preparedness, national physical degeneration, and elementary physical education.

The problem of sport as a form of social control, particularly as it related to the working class, has now become an important one for the historian. Richard Woeltz, in the *Journal of Sport History*, suggests that the area would be fruitful for serious labour historians, and Peter Bailey makes it his focal point in *Leisure and Class in Victorian Society* (1978).² Doctors as well as other commentators saw the value of exercise to the working class.

² Woeltz, 'Sport, Culture and Society,' 306.
whether they were military recruits or workers. The mens sana ideal did not, of course apply. Where the working classes were concerned, sport was only physically practical, and if the mind did come into it, this was on a very superficial level. Meller's Leisure and the Changing City puts this simply by suggesting that attempts were made by the affluent middle class to control sporting organisations in recognition of the fact that sport had important social as well as athletic dimensions.  

It is important to note that social control developed from the middle class attempt to control themselves. Dowerson and Myerscough point out that the problem of the Victorian leisure revolution was "not the modern nightmare of an abyss of empty hours impossible to fill, but rather the difficulty of ensuring the proper exercise of moral responsibility in developing activities to occupy this time." Bailey adds to and develops this point. The middle classes, he says,

....did much to determine the moral and ideological climate of its [leisure] growth. The fact of their own increasingly unabashed pursuit of leisure served ultimately to legitimise it for the rest of society and secure it as a right rather than a privilege of modern life. Yet, the anxieties that beset the middle class during their initiation into the new leisure world of


industrial society were never completely extirpated, but rather displaced onto the working class.\textsuperscript{5}

The fate of the working class, as of the middle class, was rational recreation. If the moral resources of the middle classes had been tested during the leisure boom, how could the latter be safely entrusted to untutored working people?

The development of working class sport seemed to suggest, to its middle class onlookers, that this moral control had not been enough. Even the traditional upper class patronage had changed to "a sour impatience with plebian culture as morally offensive, socially subversive, and a general impediment to progress."\textsuperscript{6} Furthermore, the middle classes found themselves in a position to challenge both the aristocracy and the lower classes. By resting on moral sanctions and the teachings of political economy they found an effective platform on which to predominate.\textsuperscript{7} The medical profession, in light of its class makeup, had a footing on this platform. The assertion of middle class patronage was to some historians the most subtle form of social control, and play was condemned if it contained any form of licence. From this can be seen the familiar


\textsuperscript{6} Bailey, \textit{Leisure and Class}, 3.

\textsuperscript{7} Ibid., 65. The spread of middle class ideals into the upper ranks of society was reflected particularly in the new public and grammar schools. See J. A. Mangan, 'Grammar Schools and the Games Ethic in the Victorian Eras,' \textit{Albion}, 15:4 (Winter, 1983), 313-35.
connection between sport and life most notably expressed in Chapter Three. However, there was an important difference where the working classes were concerned. Ideally, recreation was an adjunct and complement to work. "It was, however, made clear that of the two constituents work was sovereign: work disciplines had to be projected into play, not vice-versa." Discipline was the essential element and working class 'play' was adapted towards this end. At this point, middle and upper class sport parted company from the working class example, and this was true for physical education as well.

For the upper and middle classes recreation was a basis for character, whereas for the working classes it was a vital source of health. McIntosh points out that by 1895, social and economic conditions had produced in England two distinct systems of physical education, one for the privileged rich and the other for the underprivileged poor. However, before this working class sport had been developing on its own without the moral shackles enforced upon its higher class equivalent.

Attacks on the emergence of professionalism in sport were perhaps the most obvious example of class-bias. Sport in 1868 had, for Trollope, become loaded with "the arrogance

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8 Ibid., 94.
9 McIntosh, Physical Education, 120.
and extravagance of professionals."\textsuperscript{10} To make sport one's lifework was to cease to be a gentleman, in his eyes, and the fact that many working class men had by necessity to make it their life's work is extremely relevant. Over thirty years later a New Review article's main concern was with professionalism in football, and the professional approach to games disgusted Almond at the turn of the century, although his reasoning was more in tune with medical thinking than class bias.\textsuperscript{11} The rise of professionalism, on top of earlier doubts about the respectability of the game, led to mixed reviews concerning football, particularly, in medical literature, the rugby game. The Football Association's sanctioning of professionalism in 1884 led to a middle-class fear of 'fashionable brutality.' However, since professionals had been accepted in cricket since the early 1800s, a double standard obviously existed. Ernest Ensor illustrated this bluntly in the Contemporary Review when he argued for the difference between cricket and football. Where footballers were concerned,

\ldots the class from which they are drawn is one that neither looks before nor after, and, if they know, they cannot realize that their career will be short\ldots After all the adulation, after a man\ldots has lived on the best

\textsuperscript{10} Trollope, British Sports and Pastimes, 7.

\textsuperscript{11} H. H. Almond, 'Football as a Moral Agent,' Nineteenth Century, 34 (December, 1893), 902. Football was physically dangerous because of its 'brutal' nature. See also Chapter Five of this thesis, and Tozer, 'Consecration of the Body', 87.
for nothing, how is he to set himself sternly to work and earn a hard-won living as a fitter or a labourer? 12

Clearly there was no inherent virtue in football, as there was in cricket, and the former did not help to keep the working man in his place.

As Bailey indicates, the working classes were never in danger of effeminacy, but "city-life blighted their health to an extent which alarmed doctors and disappointed recruiting sergeants." 13 It was a basic health problem which most concerned the upper and middle classes, because the majority of the population served as labourers in society or soldiers in the army. For instance, Samuel Smiles' *Self-Help* (1859) advised abundant exercise for the working classes, only a few years after the Crimean and Indian disasters. In view of this, a solution was sought in increased military drill. 14 Mid-Victorian England witnessed a preoccupation with national military preparedness, which led to a new respect for the physical health of the individual and the nation. 15 Indeed, much later (1902), the Inspector General of Recruiting himself commented that the "one subject which causes anxiety in the future, as regards recruiting, is the gradual deterioration of the physique of the working

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14 McIntosh, *Sport in Society*, 78.

classes, from which the bulk of the recruits must always be drawn."16 Concern for the health of the nation and the resulting respect for exercise and physical education are therefore the two important elements in this discussion.

With the industrial revolution, medical science became more critically aware of the effects of exercise, hygiene and diet as a result of the growing working class urban population. As Armytage points out, "the rotten conditions of these towns stimulated remarkable pioneers in preventive medicine."17 In particular the industrial revolution deprived town inhabitants of playgrounds and areas of recreation, and the means of casual recreation was lessening through enclosures and building. Medical attempts to rectify this situation were largely fruitless, and, after the dissolution of the Board of Health in 1854, it was evident that attitudes towards working class health (which included physical activity) needed to change. Hendry notes that for a time economic success meant that the poor health of the working class could be overlooked. However, as a variety of factors emerged, including overseas competition, it became harder to do so. "Some saw that the investment in human

16 Searle, Eugenics, 23.

lives, in the social betterment of the working classes, was itself a necessary investment for future prosperity."  

Race degeneration became a major concern after 1859, when Kingsley could speak of the 'terrible laws of natural selection,' and ask whether the British race was improving or degenerating; "...these are questions worthy the attention, not of statesmen only and medical men, but every father and mother in these isles." Kingsley felt that mankind, in wartime saved those most fit to die and killed those most fit to live. From this he saw that the weak should be helped by being taught, 

...sound practical science, the science of physiology, as applied to health. So, and so only, can we check - I do not say stop entirely - though I believe even that to be ideally possible; but at least check the process of degradation which I believe to be surely going on, not merely in these islands, but in every civilised country in the world, in proportion to its civilization.  

Similarly, William Hardwicke, Medical Officer of Health in Paddington in the 1860s, wanted state promotion of games and gymnastics to halt a degeneration of health. 

It should be noted here that degeneration of health differs from degeneration of race, and this is where exercise, health reform and eugenics become very difficult.

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20 Ibid., 10.

to reconcile. Eugenics became popular at the turn of the century because of the Boer War panic and a preoccupation with national efficiency. However, it was more concerned with breeding than improvement through education. Middle class commentators saw the increasing working class, urban population as a "reversed natural selection that was throwing up a biologically distinct sub-species congenitally incapable of conforming to accepted social norms." 22 Indeed, the drop in infant mortality, which began in the early twentieth century, "raised forebodings about the greater number of the 'unfit' who were being artificially kept alive by the miracles of modern medicine...." 23 The complexities of this genetical philosophy render it difficult to ally with the idea of increased physical education for the lower classes. As Searle notes, "...the acquired skills of a civilization might for a time 'mask' its biological decay, but in the last analysis the 'racial fitness' of the population was the factor which determined its survival chances." 24 Few biologists at this time believed that acquired characteristics were inherited, so eugenics came down to the most worthy classes breeding rather than those who gained from physical education. As one eugenist put it, "survival of the fit is of no use unless the fit produce and

22 Searle, Eugenics, 20.
23 Ibid., 22.
24 Ibid., 33.
rear a preponderating number of offspring." In this respect,

...eugenists obviously used it to throw cold water on educational effort and social reform generally. Not only could the species not be improved by these agencies, worse still these agencies might have positively harmful consequences, since they would tend to 'mask' evidence of biological degeneration.26

From this it would seem that doctors, by concerning themselves with physical education, were "fussing over the symptoms of a much more deep-seated problem, which derived from factors of genetic endowment."27 Indeed, eugenists mocked medical officers and schoolteachers "who had started from the premise that, given a constant environment, all human beings could perform at an equally adequate level."28

Searle is correct in saying that medical men were second only to biologists in their attachment to eugenics, but this contains an important qualification. Many doctors were critical of the movement's indication that by attempting to improve environmental conditions they were interfering with natural selection. They were, Searle argues, "with their commitment to preventive medicine, to improved hygiene and to sanitary reform...not likely to find eugenics

25 W. C. D. Whetham in Ibid., 27.

26 Ibid., 46.

27 Ibid., 47.

28 Ibid.
attractive."29 Eugenics, then, posed a threat to the efficacy of the medical profession. The collision was "between a predominantly hereditarian and a predominantly environmental social philosophy."30 Moreover, Searle points out that the support of Sir James Barr, President of the British Medical Association in 1912, did not imply the support of its members; in fact they were openly hostile.31

There are two further points to this argument. Firstly, eugenists often complained that few doctors possessed even a rudimentary understanding of statistics or genetics. Most doctors, therefore, were uncertain of the complexities contained within eugenics. Secondly, the eugenic converts were always specialists, and there was a division between these and the mass of general practitioners. "In short, medical men may have been one of the largest groups within the eugenics society, but they comprised a small minority of the profession as a whole."32 A discussion of medical attitudes towards exercise and national physical degeneration cannot, on the basis of this evidence, contain a serious discussion on eugenics.

30 Ibid., 225.
31 Ibid.
32 Ibid., 226-7.
The promotion of sport and exercise in elementary schools was limited, and reflected the tendency to ignore the working classes as worthy of educational attention. The Clarendon Report in 1861 recognised the value of sport in character-training but not for the working classes. Moreover, the Newcastle Commission Revised Code in 1862 gave its employees no brief to investigate either physical education or the absence of playgrounds. A clear practical barrier to school recreation, lack of space in the cities, was therefore reinforced by this lack of official support for the inclusion of physical education in lower class educative schemes.  

In 1870 physical education in state schools was still largely neglected except for a basic concern with militaristic discipline (the New Code of Regulations, in 1871, allowed drill to be counted as school attendance). Recreational games were longer coming - Smith notes their widespread existence only from the 1930s. Games were essentially impracticable in many city schools which made the gap between those which practised them very wide. The lack of attention given to state schools on this subject

33 Smith, Stretching Their Bodies, 83.

34 McIntosh notes the two systems of physical education which emerged in the last century, "the one concentrated on character-training and the other on discipline and the physiological effects of systematized exercise." (Physical Education, 12).

35 Smith, Stretching Their Bodies, 157.
was, then, due to class bias and the impracticality of games in particular.

Both these elements were reflected in the introduction of drill, although many school boards gradually introduced other forms of exercise such as swimming and athletics where possible. From 1890, exercises including Swedish gymnastics were included in the system, although no grant was available for physical activity until the twentieth century. The lower classes were evidently considered neither deserving nor requiring facilities for physical development, as the monotony of drill, and its similarity to punishment, indicate. Hendry finds it easy to see why all these systematic exercises never became popular in England. "[They were] associated with the poor, the second rate, poverty and elementary education." 

Gradually, however, physical education and all its components were seen as assistants to human development in both preventive and curative respects. The introduction of gymnastics and free-standing exercises into school curricula was a result of reform suggestions, and materialized in the syllabuses of 1905 and 1907 (although Ling's Swedish gymnastics, inspired by Dr. Roth, had been accepted in

36 Hendry points out that the Education Department was reluctant on this issue.

1878). After the turn of the century, the educational authorities obviously saw an efficient nation in an efficient child. 38

Games, however, were not appreciated in state schools until the 1930s. The social and moral attributes described in the preceding chapter did not apply to the working class. Increasingly doctors became involved in these developments. The setting up of the first medical department of the Board of Education in 1908, under Sir George Newman, meant that "at last the health of children could be tackled through a national system of legislative machinery." 39 The culmination of these developments was the formation of the Physical Education Committee, in 1935, to assess the means of national physical 'regeneration':

By stressing the value of the combined work of doctors and teachers of physical education in preventive medicine and in creating 'greater health, fitness and happiness for the people as a whole,' the committee helped to raise the status of those engaged in this work in schools. 40

Clement Dukes considered the modern development of recreation as one whose promotion had been aided by "all sorts and conditions of men and women, but mainly by the


40 Smith, Stetching Their Bodies, 68.
members of the profession to which I have the honour to belong, through recognition of its paramount value in the attainment of the highest form of health."41 This assertion, if a little exaggerated, reflected the medical confidence on matters of health. Medical authority was equally, if not more prominent, in terms of the working classes, and doctors took on a larger responsibility towards the victims of urban industrial life. G. H. Lewes asked in 1864 whether it was not a mockery to ask the working man, striving to live, to work only a certain number of hours for his health's sake: "...feeling the cogency of this fact, you perhaps say, 'then let him take more exercise.'"42 He went on to say that this might also be injurious, and so clearly the physiological, as well as the social problem, of working class sport and exercise needed medical attention. It was recognised that new ideas of exercise were needed among the rising city-dwellers as some traditional prescriptions were now clearly impractical. As John Morley pointed out, "the persistence of doctors in urging horse exercise is, to the majority, absurd."43 Moreover, the medical link between physical exercise and sanitary evolution meant that physicians' attitudes could be particularly applied to the urban working class.

41 Dukes, Health at School, 324.
42 Lewes, 'Training', 219.
43 John Morley (1867), in Bailey, Leisure and Class, 126.
In an article entitled 'Physical Exercise for the People,' (1890) the BMJ expressed interest in a meeting of the National Physical Regeneration Society, in which its chairman, Herbert Gladstone, appealed for public support. This was the kind of organisation which attracted medical men in their concern for the seeming degeneration in the health of the poor. The Lancet, fifteen years earlier, had suggested that

...too much attention is given to the mental, and too little to the physical, education of the poorer classes, and the consequence is that too many of them, especially those of the manufacturing towns, are stunted in growth, jaded in aspect, and very vulnerable to the exciting causes of constitutional diseases.

The emerging trend towards preventive medicine no longer allowed the medical man simply to cure those who were vulnerable. In fact, the emphasis on exercise was designed to increase national vigour in order to prevent so much disease. A medical officer for the London Post Office commented in 1862 that the candidates were much below the medium of height, strength and physique generally. This type of concern, of course, had implications far wider than the Post Office.

An article in the Lancet (1871) on physical education in the schools, suggested that not only did it not receive the

44 BMJ, (July 5, 1890), 60.
45 Lancet, (July 10, 1875), 72.
46 BMJ, (January 10, 1862), 30.
attention it deserved, but also that it should consist of a system of military drill.\(^{47}\) The fact that the article advocated extra drill as a punishment is perhaps an indication of the latter's theoretical utility, and the link between physical education amongst the working classes and the British military forces is familiar, even in the medical profession (although militarism was not a medical trait in general). In 1893 the *Lancet* noted that concern often focused on the allegation that the physical training of youths intended for the army was neglected because all their energy was required for the mental strain necessary in the preparation for exams.\(^{48}\) The article feared this was possibly true, and it is apparent that national defence emphasized the need for physical fitness, especially amongst the working classes.

The *Lancet*, in 1903, further commented on the fact that a large proportion of the urban population was unfit for military service.\(^{49}\) This same article referred to the Russian army where "the recruit drawn from the easy-going life of the village...is suddenly transported into a new world in which many moral qualities that have hitherto lain dormant are called into play.\(^{50}\) There were, then, advantages

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\(^{47}\) *Lancet*, (July 1, 1871), 25.

\(^{48}\) Ibid., (June 17, 1893), 1452.

\(^{49}\) Ibid., (February 14, 1903), 471.

\(^{50}\) Ibid., 472.
for the lower class soldier as well as for the country. A 1906 Lancet article advocated physical education for boys and girls "both as a matter of public health and as a preparation for the citizen army of the future."\(^{51}\)

But physical education of the lower classes was seen by doctors more as a counterweight to the possible deterioration of the country. As one doctor suggested:

> It is probable that for the existence of this class [the unfit urban population] the medical profession is to a considerable extent responsible. For by its increased knowledge and more energetic application of medicine and hygiene children are now reared who, under less favourable conditions, would have died in infancy.\(^{52}\)

This was extreme, although accompanied by the comment that the profession could undo this harm by making the lower classes stronger through physical exercise. The link between military preparedness and national physical degeneration reflects these Darwinist ideals. As the BMJ asserted in 1890, "surely in these days when the struggle for existence is so keen that only the fittest survive, the subject of the physical education of the young is one that demands close attention."\(^{53}\) This occupied the medical profession throughout the nineteenth and into the twentieth century.

From the 1860s, the issues particularly of the Lancet indicate that the question of race degeneration was already

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\(^{51}\) Ibid., (February 17, 1906), 468.

\(^{52}\) Ibid., (February 14, 1903), 471.

\(^{53}\) BMJ, (November 1, 1890), 996.
becoming important in medical circles. But this reached significant proportion only at the turn of the century for national and military reasons. As we have seen, the majority of doctors neither fully understood nor fully supported the eugenics movement, but they did see a problem with poor health. Unlike the ardent eugenists, doctors such as Mackenzie sought a remedy for "this decline and fall of English manhood which must inevitably in time thrust our country from its pride of place among the nations" through military drill and the volunteer system.\(^5^4\) In particular Mackenzie complained of the lack of physical education in the 'lower couches sociales,' and he thought it a question for the legislators, who should have a minister of 'Hominiculture' as well as agriculture. "The perfectability of the human race depends much more on physical than on mental culture; for intellect, energy of will, and strength of moral fibre are largely dependant on sound bodily health."\(^5^5\) Perfectability, then, rested on perfecting the body, particularly the working class body, through physical education and sport (but more of the former).

The South African situation brought substance to this debate. In 1899 the Lancet suggested that the school boards should seriously reconsider many intellectual pastimes, "for

\(^5^4\) Mackenzie, 'Exercise and Training,' New Review, 5 (October, 1891), 368.

\(^5^5\) Ibid., 4 (May, 1891), 452.
which the majority can have little use afterwards and which
tend only to unfit them for the manner of life in which they
are placed." Indeed, both journals continued to debate
national physical deterioration. A 1903 edition of the
Lancet announced the prospect of the appointment of a Royal
Commission to inquire into this allegation, and the BMJ
mentioned The Times' leading article on the subject in the
same year. That national physical degeneration was taken
seriously by doctors is evident, although it was not on a
panic level entertained by many outside the profession:

We know that much of the talk about national physical
deterioration is only talk, but none the less there is
an uncomfortable substratum of truth at the bottom of
this talk. The position is a serious one and it behoves
every Englishman worthy of the name to do his part in
bringing about a better condition of affairs. Doctors felt that the rising generation should be taught the
vast importance of vigorous health in the struggle for life,
and that they were in as good a position as any to enact
this.

Increasingly in the twentieth century, physical
education became a necessary part of every sanitary and
hygienic problem put forward, because these factors were at
the root of a supposed physical deterioration. Books on
national physical training appeared, with articles by

56 Lancet, (November 4, 1899), 1245.
57 Ibid., (July 25, 1903), 250. (officially announced
September 5). The Times, December 29, 1903.
58 Lancet, (April 9, 1904), 1003.
doctors and other experts in the field. Inevitably too, the
Greek example was applied to the entire nation:

The few facts here brought together may serve to prove
that a perfection which was attained hundreds of years
before Christ should not be unattainable by a nation
such as ours, whose sons are imbued with courage,
ambition, and endurance, if only given the means of
improving their physique.\footnote{BMJ, (January 2, 1904), 47.}

Clement Dukes, as we have seen, had this same reverence for
the Grecian ideal and referred to the nation as a whole when
he expressed the necessity of recreation and physical
exercise for national success. "In the present day it seems
to be generally recognized that physical exercise is not
simply valuable but essential in the effective rearing of
the race."\footnote{Ibid., (September 25, 1909), 832.}

That the medical profession was not won over to the
eugenics cause at the turn of the century was reflected in
the reservations which appeared concerning national physical
deterioration. As Searle points out, the Royal College of
Surgeons noted that the rate of rejection by the army over
the previous ten years did not support the claims of
degeneration.\footnote{Searle, Eugenics, 23.} Not only this, but the Lancet doubted the
proof of any deterioration; and hoped that the public would
adopt a similar attitude, "and will not take it for granted,
upon ignorant or irresponsible statements, that the vitality
of their countrymen is hopelessly lowered."\textsuperscript{62} Four years later, in 1907, the same journal debated the link between poor British athletic performances and national physical development. Its conclusions were a sign of the increased knowledge and professional authority of medical science:

We confess that we cannot prove by any evidence that the defeats referred to in our opening paragraph are due to any marked diminution in the general reverence for athletic distinction. At the same time, however, we must point to a lack of evidence that they have been caused by a falling off in the physical energy of the nation.\textsuperscript{63}

It was noted, moreover, that the simplest answer had been overlooked, that other nations had become very good at the games invented by the British.

Doctors, for the most part, kept to their ideals of preventive medicine in prescribing increased scientific physical education for the lower classes. Improvement of the race applied to everyone and had little if any hereditary basis. In keeping with this formula, education was seen as necessary to improve physique, and thus physical training in state schools went in tandem with other educational elements in the school system. However, for reasons mentioned earlier, this training was developed along class lines, and consisted almost exclusively of military drill and Swedish gymnastics. The essence of these gymnastics was, according

\textsuperscript{62} \textit{Lancet}, (September 12, 1903), 768.

\textsuperscript{63} Ibid., (July 20, 1907), 169.
to Mathias Roth, that they were "scientifically based on the accurate knowledge of anatomy and physiology." 64

The BMJ expressed its approval, in 1871, of the London School Board’s proposal to introduce drill as a means of physical training under their jurisdiction. 65 Discipline continued, along with hygiene, as the pillar of this educative system, and was welcomed by the medical fraternity. The BMJ agreed with C. H. Schaible, that only by means of systematic exercises could "the great majority of boys and girls in the middle and lower classes be trained in bodily and consequently mental vigour, and what is less generally acknowledged, in habits of obedience and discipline." 66 The same article complained that these schoolchildren were left without any physical training whatsoever. But this was changing, as the BMJ noted in 1883, with the attention increasingly being given to this subject by the London School Board. 67

Such exercises as gymnastics emerged, with the support of the medical profession, as an important supplement to drill. The BMJ, in 1884, felt that "for the unfortunate

64 T. J. Surridge, 'Mathias Roth - Spokesman for Ling's Gymnastics System,' Physical Education Yearbook (1973-4), 11. Roth was responsible for introducing Swedish gymnastics (or Ling's system) to the schools in 1878. They were systematic, although not military like the drill.

65 BMJ, (February 4, 1871), 129.

66 Ibid., (November 9, 1878), 692.

67 Ibid., (June 11, 1883), 80-1.
children of our crowded towns, gymnastics, in some form or other, would be a gain which would more than compensate for the time taken from book-lessons."  Again, the mind-body relationship was paramount. This report thought that cricket or tennis would be better but practicalities did not permit. Indeed, gymnastics for all urban inhabitants was considered imperative, especially at the turn of the century. The Lancet agreed with the Mayor of Birmingham, in 1899, who felt that "anything which will tend to develop the somewhat puny, undersized townsweller...is not a matter to be lightly set aside."  Moreover, the fact that this form of exercise might have helped to promote temperance, 'in its widest form,' maintained the high moral tone needed to legitimate such enterprises.

Towards the end of the century more and more suggestions were put forward as to the correct method of physical education. One article felt that education of this sort could not begin until the child was seven years of age, and that until fourteen it should consist of free exercises, drill and, ideally, active outdoor games (any noticeable abstentions were to be brought to the notice of a medical officer for inquiry). Boys reaching fourteen years would then be required to undergo at least one hour per day in

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66 Ibid., (August 23, 1884), 376.
69 Lancet, (July 29, 1889), 294.
controlled physical training. Moreover, it is clear that lower-class schools were not considered capable of producing boys of apparent public school quality. Dukes felt that gymnastics and drill should never take the place of games unless in winter, after dark, or on wet days. "The gymnasium and physical drill mean change of work, it is true; but nevertheless it is work, and not recreation." Yet this is exactly what working class schoolchildren had to endure, and physical education was based on work and discipline, as well as health and hygiene. Indeed, Mr. White, Chairman of the Physical Education Sub-committee for the London School Board, expressed this point in 1891. No system of physical exercise should supersede games "which were the healthiest and most natural means of exercising the muscles and exercising the restlessness of the youth." However, this had little real effect.

Systematic exercises became a popular method for instruction. As the BMJ pointed out in 1896 "...the effects of well arranged bodily exercises in producing healthful conditions and growth of mental aptitude are becoming more fully appreciated both by school managers and teachers." A report by the London School Board Committee had, it said,
agreed with this principle. The emphasis, for many doctors, however, was always on discipline. Dukes recognised the importance of physical drill in school exercises where games were 'impracticable.' Moreover they taught the young "to act in unison, to obey words of command with promptitude "and ensured an 'erect carriage.'" Significantly, he added that drill should also be instituted as a mode of superseding mental punishments, although this came from the pen of the Rugby school physician. Not all doctors held such disciplinary views.

The teaching of physical exercises in elementary schools developed in the 1870s, and doctors were confident that the measures they had supported worked to the advantage of the lower classes. The BMJ, in 1901, felt from a recent return presented to the Home Office, "that during the last twenty years some improvement has taken place in the physique of children admitted to our industrial schools." The article suggested that although this probably had more to do with food than exercise, the trend towards physical exercise may have had some effect. Indeed, in the early years of the twentieth century there were numerous reports, listed in the BMJ, on education committees and their concern with physical education. These reports consisted of more than just medical views, although no doubt medical officers served on the

74 Dukes, *Health at School*, 376.

75 *BMJ*, (December 28, 1901), 1875.
committees. This physical culture movement in industrial schools attracted the attention of many approving onlookers and, accordingly, displays of exercises, drill and gymnastics were re-enacted. One display "enabled many interested in the question of national physique to judge what discipline and regular life can do for the dregs of the slums."  

This revived interest in health at the turn of the century, obviously due to the South African War, instilled in the medical profession the idea of a 'mission' similar to that already mentioned in earlier chapters. T. S. Clouston, in the BMJ, felt this would give the profession "a higher sense of public responsibility to our fellow citizens, and a higher and more altruistic ideal of our duty." In addition, he thought that "moral and religious training would go hand in hand with health training and would be considered a part of it. Ideas of right and wrong would be made to apply to the body as well as the mind." This was typical of the medical correlation between health, godliness and cleanliness, and can be adapted not only to the upper and middle classes but to the working class as well. Together with a possible threat to national security (or at least a sign that this security was weakening) this doctrine was

76 Ibid., (November 14, 1903), 1293.
77 Ibid., (July 11, 1903), 63.
78 Ibid.
intensified. That physical exercises should be a part of school hygiene was now an accepted fact in all sections of society, and even the health of mothers and new-born babies was entering into the debate. Indeed, the value of systematised exercises took on a new vigour and, in one case, rivalled games as an effective weapon against poor health and physique. "The spontaneous physical exertion during playing is doubtlessly of inestimable value but with properly directed and co-ordinated exercises even better results are seen." 79

The fact that physical education of the young was increasingly taken under the wing of professional authorities was particularly evident in the medical profession. Doctors felt they had a duty to instill physical awareness to improve the nation's health, particularly amongst the labouring classes. As a review of a new edition of Smiles' Physical Education of the Young said:

...when Dr. Smiles wrote the physical education of the young was left to parental discretion entirely.... Nowadays the extreme reverse may be the case and the warnings issued to parents may err in their multiplicity but it must be remembered that the complications of modern life have introduced new difficulties and perils into infant life. 80

In relation to the education of the poor the Lancet suggested to its readers, in 1906, that

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79 Lancet, (May 28, 1904), 1513.
80 Ibid., (December 30, 1905), 1898.
...we ought to impress upon education authorities the folly of overloading the intellectual and undervaluing the physical side of education, to do all that lies in our power to get proper playgrounds and proper play for poor children, and to bring before the elementary, public, and preparatory schools the necessity of supplementing games by regular physical drill.\textsuperscript{81}

This emphasis on regular and co-ordinated physical training continued with regard to remedial health purposes, and the use of exercise in curing as well as preventing health problems can be seen in the next chapter. Mangan points out that these activities were a part of the establishment of a school medical service in 1907, and it was a 'powerful corpus of medical experts,' which argued the case for a broader concept of physical education to include them.\textsuperscript{82}

\textsuperscript{81} Ibid., (February 17, 1906), 470.

\textsuperscript{82} Mangan, Athleticism, 214. The Board of Education attempted to ally medical authority in physical education with the better training of teachers. Before 1909 teachers were usually the products of voluntary organisations, such as the British College of Physical Education (1891), the Gymnastic Teachers’ Institute (1897), and the National Society of Physical Education (1897). After this, however, the Board stressed the need for better trained teachers as well as issuing a new syllabus based on Linö's Swedish system of gymnastics. Physical training was made a compulsory and examinable subject in all training colleges (there were 80, producing about 5,000 teachers a year), and the majority, who were outside these colleges, were not recognised. This upset the voluntary organisations which had tried unsuccessfully to gain recognition from the government, but suffered from internal rivalry as well as the lack of educational background of—many existing gymnastic teachers. Eventually, in 1914, the Teachers' Registration Council (1907) admitted all teachers over twenty five years of age with over five years experience. Any requirements for training and attainment put forward earlier were postponed. The Board had thus attempted to improve the training of physical education teachers in the elementary schools. However, in 1909 the supply of male specialists was almost non-existent and contrasted sharply.
Medical attitudes to sport, exercise and the working class were based on health and hygiene and therefore reflected the trend towards preventive methods of practice. Although doctors represented their own social backgrounds by recognising the disciplinary values in training and military drill, they were not as cynical about the lower classes as perhaps, the radical eugenists. To agree wholeheartedly with hereditary principles would have been an obvious denial of their considered mission, which was to improve the health of the nation and to arrest fears of a national physical deterioration. The physical efficiency of the nation would always be reflected in the working classes, and it was the medical profession's duty, so it thought, to impress upon the majority the value of hygiene, sanitation and exercise. This is most clearly seen in the attention given by doctors to physical education in the schools. Systematic exercise was a form of social control, and the medical profession was a part of this process. However, we must also consider the fact that doctors simply found in exercise a vital source of health which, together with improved nutrition and sanitation, would help to alleviate some of the problems of urban industrial life.

Chapter Five: Medicine and the Physiology of Exercise.

Thus far, the study has concentrated on the role of medical opinion in the rise of a new physical culture during the Victorian era. Upper and middle class attitudes towards sport and exercise have been shown to apply, in differing degrees, to the medical profession. The study therefore reveals much about not only the medical profession, but about the inherent philosophies of the society to which it belonged. Sport and exercise were moral, mental and physical. However, the rise of sports and training methods after the 1850s coincided with an increase in medical authority after the passage of the 1858 Medical Act. It therefore becomes clear that the medical interest in this new phenomenon was a result of social developments, and reflected not only these developments, but advances within the profession itself. Increased confidence in scientific authority meant that the development and consequences of the sport phenomenon could be 'officially' supervised by doctors. Although, understandably, they were still shackled to many traditional norms within society (the medical obsession with moderation was a reflection of this, and at the same time a trademark of the profession itself) medical advances into the twentieth century witnessed progressive changes in attitude towards sport and exercise.
The extraordinary rise of sports after the 1850s was a result of a heightening of interest, especially by the middle class. This interest was encouraged by other men concerned with medical science, such as Archibald MacLaren, who thought it worthy of the attention of medical men to enquire whether a "partial and inharmonious condition of bodily development" was not the cause of "some of the active ailments of life."¹ The medical profession was already thinking in these terms, although the rapid growth in popularity of sports led it to warn at first, rather than to encourage. Naturally, attention was focused on the athlete, professional or otherwise, and later (in 1897) the BMJ felt that sports had taken so large a place in the minds of the generation "that it becomes an anxious matter to determine whether the life of the athlete is conducive to health."² Although it cannot be said that everyone heeded these warnings, the voice of the doctor in these matters had become as loud as any. As Jeanne Peterson points out:

The demonstrable efficacy of medical practice was not the source of the profession's prestige and authority, any more than the status of the Anglican clergy derived from the demonstrable effectiveness of prayer and ritual. Prestige and authority derive, rather from the social evaluation placed on the work itself, regardless of the effectiveness of specific treatment.³

¹ MacLaren, A System of Physical Exercise, 47.
² BMJ, (September 18, 1897), 730-1.
³ Peterson, Medical Profession, 4.
Medical men, in the face of improved science, could claim the supreme importance of their work. Peterson also notes that authority about the patient's physical condition had subtly shifted from patient to doctor as he became less dependent on the former for knowledge of his or her condition. Under these conditions medical authority applied itself to sport and exercise.

Herbert Spencer, in Education, had lamented that no steps were taken to produce a modern athlete, in the same way that racehorses were produced. This was, however, beginning to change after the middle of the century. For instance, a Lancet article in 1861 reviewed 'A Manual of Exercises Arranged for Self-instruction in Home Gymnastics,' by Gustav Ernst. Both medical journals contain similar reviews throughout the period. However, the link between the racehorse and the athlete was never completed. Many doctors were too wary of the consequences of excessive training, and readily produced examples, such as that of the boxer, Heenan. Indeed, the tone was one of distaste for the professional athlete. Lewes felt that athletes rarely lived long and that they spent their lives in intellectual and

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4 Ibid., 14.
5 Spencer, Education, 222.
6 Lancet, (April 20, 1861), 393.
7 Lewes, 'Training in Relation to Health', 223. Lewes quoted a Lancet article which mentioned the defeat of the boxer due to over-training, according to the doctors involved.
moral unfitness. In other words, training was only good physiologically because it robbed the system of other important elements needed to live a mentally and physically balanced life. This concern was widespread and obviously not the prerogative of the medical profession. Indeed, a writer in the *Contemporary Review* (1866) felt that "no medical man of eminence seems to think it worth his while to instruct the youth of his age and country how to preserve their health and strength under trying muscular exertion." This, however, was a misjudgement of the situation; medical men did think it worth their while (or were coming to that conclusion) as the early issues of the *BMJ* and the *Lancet* illustrate. Regular contributions do not appear until the 1880s, but the few that do indicate a growing awareness and interest in muscular exertion.

Although training, by modern standards, is usually associated — if it is to be effective — with monotony, the medical profession felt this to be a disadvantage. James Mew, a barrister writing in the *Cornhill Magazine* (1873), felt that good exercise did not necessarily need to be pleasurable. "It cannot be said that the blacksmith finds pleasure in beating horse-shoes, but his muscular development is certainly improved by the process."

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8 Ibid., 222.
9 'Athletics,' *Contemporary Review*, 3 (March, 1866), 381.
10 Mew, 'Physical Education', 353.
whole, however, doctors did not agree with this straightforward truism. Training, in all respects, should be free from monotony as far as possible, they thought. Moreover, "physical training, like mental training, should be progressive and carefully adapted to the ends in view." ¹¹ Increasingly, doctors concerned themselves with this element in training. Muscular specialization was thought to be the worst trait in this process. To Mackenzie it left its mark on the body "as clearly as intellectual specialization, when not, corrected by general culture, does on the mind." ¹² Moreover, he was pleased to see that in 1891 "the old ideas of absolute rigidity in training are now quite obsolete as regards exercise not less than diet." ¹³ The sport particularly blamed for this past rigidity was rowing, in which traditional views on diet and training had prevailed. That such views were unphysiological was rapidly becoming a fact in the minds of both trainers and doctors.

In fact, to those doctors who applied themselves particularly to training methods, the advantages were clear. Mackenzie's five part article in the New Review is a good example. He felt that training could reach the dignity of a high art because the entire muscular capabilities of a man

¹¹ BMJ, (June 30, 1888), 1397.


¹³ Ibid., 5 (September, 1891), 233.
were brought to life without any circulatory crises developing. Moreover, the advantages included better quality of muscles, weight loss, clear skin, and staying-power.\footnote{Ibid., 226-7.} Significantly, Mackenzie reminded his reader that he spoke as a doctor and not as an athlete. "In discussing the details of training...it is, therefore, their bearing on the maintenance of health that I am chiefly concerned with."\footnote{Ibid., 223.} It was with this in mind that he suggested training should not be undergone by bodies in a transition stage.\footnote{Ibid., 5 (October, 1891), 370.} This would indicate, presumably, the reason for the concern over athleticism in schools.

The use and possible abuse of athletics, particularly where competition was involved, continued to dominate medical debate concerning sport and exercise. A report in the \textit{BMJ} (1896), on cycling, noted this concern over the previous thirty years, and felt in particular that the cessation of active participation in athletics after school years was the only real problem with training.\footnote{BMJ, (July 13, 1896), 98-9.} A year later the same journal expressed doubt over the apparent fanaticism among adult athletes. Submitting the view that labourers with big muscles were not always healthy, the article applied this to amateur and professional athletes:
We cannot shut our eyes to the fact that the record-breaking which is now the aim of every self-respecting athlete, is productive of such an amount of strain, especially to the vascular system, as when often repeated must do harm. The athlete is often healthy, but this is in spite of rather than by virtue of his athleticism.\textsuperscript{16}

A tendency towards moderation in sport and exercise is perhaps the most apparent element in the medical profession, and reflects the uncertainty experienced by the upper and, in particular, the middle class. Indeed, as Whorton points out, as far as anti-athletic lamentations went it was, ironically, physicians who wept the loudest.\textsuperscript{19} The exploits of athletes appeared, in America as well as Britain, to exceed all bounds of moderation. Moreover, Whorton stresses that this reaction was only natural in the face of such enthusiasm for sport, and armed with only the most rudimentary knowledge of the long-term effects of physical exertion. From this perspective, physicians tended "to err on the side of safety and suspect danger where a later, more experienced and sophisticated generation would see invigoration."\textsuperscript{20} Preventive medicine, therefore, went both ways for sport and exercise. Whorton also mentions the medical prejudice against excessive muscular development, and brings a type of Social Darwinism to the argument. "In industrial societies, natural selection favoured brain-

\textsuperscript{16} Ibid., (September 18, 1897), 731.
\textsuperscript{19} Whorton, 'Athlete's Heart', 30.
\textsuperscript{20} Ibid., 36.
power; heavy muscular work was for 'animals or the lower races.'"\(^{21}\) Certainly this prejudice could be linked to class distinction and racism. As we have seen, any process which threatened to upset the balance of mind and body was ultimately rejected. Heavy muscular work threatened this balance, although it did not, of course, apply to the working class.

Attacks on athletic exertion outside of the medical profession were numerous and often superficial.\(^ {22}\) Haley points out that not only were these attacks "earnest yet superficial," but they were also randomly aimed.\(^{23}\) On a similar note, Pointon comments that medical science, being in its infancy, often made very confusing judgements on physical exercise. "The same activity was sometimes cited both in support of the beneficial effects of exercise and the dangers attendant upon participation."\(^ {24}\) It was thus the ignorance rather than the wisdom of the medical profession which led it to warn so earnestly against training, which is not to suggest that doctors were incorrect in many of their assumptions, but rather that their initial reaction was more a fear of the unknown than anything else. Frequent articles

\(^ {21}\) Ibid., p. 35.

\(^ {22}\) This is not to imply that attacks within the profession were not superficial. They were often determined, as we might expect, by wider social issues.


in the BMJ and the Lancet testify to this increasing concern as to whether, in the words of Anthony Trollope, "we are overdoing our sports, and making it too grand in its outlines, and too important in its details."\(^{25}\)

The truth of these warnings seemed to be supported by medical evidence in the years after 1860. In the BMJ (1861) Dr. E. Symes Thompson referred to progressive muscular atrophy being traced to overstraining of the muscles. Dr. Thompson had seen a case in which this condition was brought about by excessive gymnastic exercise.\(^{26}\) This was reported to the Medical Society of London (April 22, 1861) and was backed up by Dr. Althaus who believed that, with regard to exercise, progressive muscular atrophy differed from other forms of paralysis in that exercise accelerated the wasting of the muscular tissue. The Lancet, in the same year, mourned the death of a celebrated sculler after rowing by saying that "friendly as we are to athletic sports, this lamentable case suggests some reflections upon the evils which must occasionally arise from undue and prolonged physical efforts."\(^{27}\) What it meant by undue and prolonged is, of course, a matter for conjecture. Clearly, commonsense and moderation were the key doctrines to the medical profession. In its own view, there was nothing which would

\(^{25}\) Haley, Healthy Body, 223.

\(^{26}\) BMJ, (May 4, 1861), 476.

\(^{27}\) Lancet, (August 17, 1861), 122.
not be hurt by excess, and physical training was the worst offender. By the "ignorance which exists in respect of the most elementary of physiology," the "great cause of physical training and development" ran a chance of being injured. The evils of over-training were therefore, in the eyes of doctors, becoming very apparent. Clearly, these doctors were in favour of moderate exercise as a filip to man's overall constitution, and the Lancet summed up their position in 1870. "Exercise, therefore, to be safe and profitable, must be moderate, judiciously timed and carefully adapted to circumstances; in short, it is a medicine, which, like all others, is potent either for good or evil." In this sense, sport used wisely was the ultimate preventive medicine.

As the sporting boom increased, doctors continued to warn the public of the dangers. Regularity and constancy in exercise were imperative, said the Lancet in 1880, "if perfect health is expected to result from its employment." There were also words of warning to old and sedentary men, who were not to use exercise without preparation. Mackenzie lent his authority to the debate by stressing that harm would result from excess as well as insufficiency of bodily movement. He also reinforced his belief in the emerging authority of scientific medicine by suggesting that certain

28 Ibid., (May 11, 1867), 575.
29 Ibid., (April 9, 1870), 514.
30 Ibid., (August 7, 1880), 219.
principles should be laid down "from the medical rather than
the athletic point of view."\textsuperscript{31} He would have agreed with the
\textit{Lancet}, in the same year, when it said that "surely never
more in these days might the often-repeated, soon-forgotten
name of moderation lay just claim to share in the interest
which belongs to novelty."\textsuperscript{32} The abuse of sport by 'heedless
excess' was the most important physiological crime.
Excessive competition and aspiring to fame seemed to be the
principal evils of modern sport in the eyes of all critics.
"When competition becomes an element," said the \textit{Lancet},
"there is a risk of the boundary line being overstepped and
harm ensuing."\textsuperscript{33} Both the \textit{BMJ} and the \textit{Lancet} contain many
similar comments. Cycling, running, swimming, and even
skipping were at various times castigated for their tendency
to invite abuse. Indeed, one group of doctors in 1904 were
unconvinced that "the axiom that exercise is essential to
health, is really a positive truth and of universal
application."\textsuperscript{34} Most did not agree with this, as it was the
abuse of exercise, not the exercise itself, to which they
objected. It was firm medical doctrine well into the
twentieth century that well-regulated athletics "should be

\textsuperscript{31} Mackenzie, 'Exercise and Training', \textit{New Review}, 4
(April, 1891), 375.
\textsuperscript{32} \textit{Lancet}, (November 14, 1891), 1115.
\textsuperscript{33} Ibid., (October 8, 1892), 861.
\textsuperscript{34} \textit{BMJ}, (August 13, 1904), 343.
accompanied by a life in which moderate abstinence finds a place."35 This moralistic tone was accompanied in the same article by an advocacy of medical control over all severe exercise. The medical profession was obviously very keen to impose its values upon sporting practitioners.

The stress on moderation was further enhanced by fears that exertion could directly lead to health problems. Albuminuria in athletes (the presence of albumen in the urine) was one example. An article in 1906 maintained that albuminuria was extremely prevalent in public schoolboys who were taking much active exercise.36 But by far the most important illness thought to be caused by physical exertion was heart disease. As Whorton points out, "while one set of physicians saw great benefit of athleticism for the athlete's metaphoric heart, another group warned gravely about his physical heart."37 Indeed, Whorton notes, men were actually rejected for military service because they were found to be victims of what became known as 'Athlete's Heart.' He comments further that these problems were largely the invention of over-protective physicians "personally uncomfortable with athletic endeavour," and that this is suggested by the "naive limits commonly set on activity."38

36 Ibid., (December 15, 1906), 1723.
37 Whorton, 'Athlete's Heart', 33.
38 Ibid., 45.
Athlete's heart was a common subject throughout the period. The *Lancet*, in 1861, thought the strain from over-exertion so great "that the astonishment is, not that fatal accidents occur, but that they happen so comparatively seldom."\(^{39}\) References in this vein occur throughout both the medical journals, the terminology becoming more scientific, but otherwise little changed. The evidence on which these references were based was not, of course, always so scientific. Mackenzie referred to 'irritable' heart in his fifth article in the *New Review*, and what might seem to the modern doctor to be natural consequences of exercise were seen as symptoms of the disease. "As is well known during intense strain or extraordinary effort the blood no longer circulates healthily, the respiration is altered, the pulsations of the heart are irregular."\(^{40}\) In 1892 a Dr. Collier, at the Medical Society of London, "urged that the evidence was conclusive as to the effect of frequently-repeated muscular exertion in the production of heart disease."\(^{41}\)

Into the twentieth century, arguments were still emerging to support the claim for a link between hard exercise and heart disease. Dr. W. G. Anderson, at Yale, showed how the evidence was also being supported across the

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\(^{39}\) *Lancet*, (August 17, 1861), 165.

\(^{40}\) Ibid., (April 9, 1892), 829.

\(^{41}\) *BMJ*, (December 3, 1892), 1235.
Atlantic by the relatively high incidence of heart and lung failure among ex-Yale athletes.\textsuperscript{42} However, these kinds of studies had doubtful legitimacy and could equally be used against the argument.\textsuperscript{43} Heart disease was still foremost in the minds of onlookers,\textsuperscript{44} however. The \textit{BMJ}, for instance, between 1910 and 1914 reviewed many books on the subject, and evidence from various research was deemed conclusive that heart disease affected ex-athletes later in life. Slight dyspnoea and palpitation were said to be followed by dilation and hypertrophy of the ventricles, with a certain incompetence of the aortic valves.\textsuperscript{44} Heart disease was linked with particular sports, notably cycling, and sportsmen generally were warned of the dire consequences. Dr. Collier, in 1908, advised undergraduates to make their athletic careers short in order to minimise the risk.\textsuperscript{45} Obviously many ignored these warnings, although towards 1914, as we shall see, the link between exertion and heart disease was played down by many doctors. In 1914, a \textit{Lancet} article focussed its attention on the sedentary only, saying that the thirty-year-old athlete had more heart than he needed. The debate over heart disease was, however, one of

\textsuperscript{42} Ibid., (February 23, 1907), 461.

\textsuperscript{43} This was illustrated by the gradual reconciliation between doctors and physical training. See pp. 145-150.

\textsuperscript{44} \textit{Lancet}, (December 3, 1892), 1272.

\textsuperscript{45} Ibid., (December 19, 1908), 1817.
the most important reasons for medical doubt concerning sport and muscular exertion. Two sports which caused much consternation, and for different reasons, were football and cycling. Football, under the rugby rules, was usually singled out because of its extreme violence and the seemingly anarchic play of many participants. Association football also received attention although it was not prone to such violence. Cycling was a much newer sport, reaching a peak in the 1890s, and doctors worried about internal injuries more than external ones. That cycling appeared unphysiological, because of the obvious differences in posture from other sports, caused doctors to fear its effect on the entire bodily system. The fact that there was so much medical concern over these two sports, however, indicates the extent to which it was largely a losing battle. Football was developed by the public schools and their middle class imitators, and taken over by the working classes to become the most popular British sport. Cycling was not only a unique form of exercise, but it also served as a faster method of travel than walking. It was, therefore, an emancipator for many sections of society. The two sports serve as useful case studies of medical attitudes in general.

As football became increasingly popular after the 1870s, the medical profession became obsessed with the injuries caused. Reading through the medical journals one would get
the impression that every game produced injuries and at times fatalities. The *Lancet* was particularly concerned: in the space of ten years - between 1889 and 1899 - there were no less than 229 references to footballing casualties. The first significant references began in the mid-1870s and largely concerned themselves with injuries caused as a result of the 'spirit' of the game. A typical article in the *Lancet* advocated devising "some modification by which the best points of each set of rules might be adapted in a new code."\(^{46}\) Particularly at the beginning of the season, views would be expressed as to the brutality of the rugby game, and the *Lancet* was pleased to see, in 1877, more clubs adopting 'soccer' than rugby: "...our strictures on the game as played under the Rugby rules are, we hope, now beginning to bear fruit..."\(^{47}\) This hope was forlorn. The *BMJ*, in 1884, thought that football was "a barbarous amusement, which ought to follow bull-baiting, prize-fighting, and other such brutal 'sports' into disuse."\(^{48}\) Most doctors did not hold such violent opinions, but they were concerned with the state of the game. A letter to the *BMJ* in the same year said that the author always took an interest

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\(^{46}\) *Lancet*, (October 21, 1876), 584.

\(^{47}\) Ibid., (October 27, 1877), 624.

\(^{48}\) *BMJ*, (December 6, 1884), 1150.
in sports, "but as a medical man I consider that every means should be adopted to minimise the dangers of the game." 49

Football received attention for reasons other than external injury. The BMJ in 1884, spoke of the serious strain put upon participants who otherwise led sedentary lives. "Not only broken bones and heads, but diseases of the heart and nervous system are thus brought about." 50 This kind of opinion, however, paled into insignificance beside the other 'perils' of football. The Lancet (1885) thought that "no other popular game with which we are acquainted has the same amount of peril attached to it." 51 The 'objectionable element of personal conflict,' expressed in the same article, is perhaps the most telling phrase. As will be seen, medical discomfort with heavy muscular development, competition and professionalism was more a reflection of its class makeup than its physiological knowledge. Football, in the eyes of one doctor, was quickly becoming the worst form of sport, and it was the problem with personal conflict which most needed to be dealt with. 52 Although the rules were changed at various times during the century, to increase the power of the referee, this still

49 Ibid., (December 19, 1885), 1189.

50 Ibid., (December 6, 1884), 1149. See also Lancet, (March 29, 1890), 716-17.

51 Lancet, (May 2, 1885), 811.

52 Ibid., (October 31, 1885), 817.
did not satisfy the medical observers. As the *Lancet* said in 1887, "if football cannot be very considerably 'mended' it must be 'ended.'"\(^5^3\)

The introduction of professionalism, which enabled particularly working class players to improve their abilities, was anathema to the medical profession as it was to many lay onlookers. "Surely football," said the *Lancet*, "is the very last game in which paid players should be allowed to compete."\(^5^4\) The roughness of the game, combined with the serious nature of sport as an occupation, seemed detrimental in every way. This intensified the complaint against both games. It was, however, the rugby game which dominated the debate. As Clement Dukes noted with respect to the "much abused and healthy game of football, the chief outcry, periodically raised, is against the playing of the game according to 'Rugby rules.'"\(^5^5\) The *Lancet* continued to wage war on the game despite its widespread popularity. Near the end of the 1887 season, an article noted that "the great winter game of football continues to manifest its claims upon the services of medical men, and also, alas, of coroners."\(^5^6\) In fact both journals felt it necessary to report injuries and particularly deaths. It appeared to many

\(^{53}\) Ibid., (December 31, 1887), 1336.

\(^{54}\) Ibid., (February 20, 1886), 368.

\(^{55}\) Dukes, *Health at School*, 364.

\(^{56}\) *Lancet*, (March 5, 1887), 487.
doctors that as the game attained greater popularity it took on a more serious and fatal character. In the words of one article, it lay in the hands of respective authorities and referees to ensure that football be "an admirable game and an excellent means of vigorous and wholesome exercise."\^57

The fact that many victims of football were older or more sedentary than other players helped to restore some order to the debate. Frederick Gale had said that it was madness for anyone to enter a game unless he was constitutionally sound.\^58 These were principles supported by Morrell Mackenzie who felt that football was "a dangerous anachronism after five and twenty."\^59 Medical men were also still adamantly against the brutality of the game, and on one occasion a player who had cut his knee on broken glass, and had consequently contracted blood-poisoning and lock-jaw, seemed to prove their point.\^60 However, by the turn of the century the Lancet was bowing to popular pressure. "We wish to record our belief that the danger is undoubtedly decreasing while the popularity of the game and the skill of its exponents mount higher and even higher."\^61 The BMJ was

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\^57 Ibid., (May 30, 1891), 1217.

\^58 Gale, Modern English Sports, 50.


\^60 BMJ, (September 6, 1902), 732.

\^61 Lancet, (April 22, 1899), 1106.
also giving a more balanced view of the game, and the *Lancet* was now focussing its attention on the American version, which had changed beyond recognition from its British counterpart. By the early twentieth century football's advantages were beginning to outweigh its disadvantages, largely due to changes in the rules enacted by the class in society which included the medical profession.

Cycling presented other more physiological problems to the medical profession. As Rubinstein points out, cycling symbolised emancipation and provided 'greater social freedom for the middle and working classes.' After the 1870s it began to grow in popularity, peaking in the mid-1890s. New innovations after the 1880s rendered it not only practical but fashionable. "The man of the day," said one writer, "is the cyclist. The Press, the Public, the Pulpit, the Faculty, all discuss him." Doctors, traditionally wary of new forms of exercise, feared that the bicycle did not exercise the correct muscles and could damage the internal organs. In fact, many might have agreed with Ruskin (1880), who felt that "to walk, to run, to leap and to dance, are the virtues of the human body, and neither to stride on stilts, wriggle

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62 Ibid, (January 6, 1906), 65; (January 27), 264.
64 Ibid., 51.
on wheels, or dangle on ropes." In essence, the debate again came down to moderation — many doctors were cycling by the 1890s — although various diseases were attributed to cycling. Affectations of the spinal cord, the perineum, the pancreas and the pelvis, together with cardiac, circulatory and nervous system problems all, at one time or another, were linked to the exercise. The seemingly unnatural posture of the cyclist and the passion on the part of those involved, combined to present the medical profession with more concerns.

The initial concern with cycling first appeared in both medical journals about 1880. In 1884, the Lancet mentioned that it was beneficial, if taken in moderation, and the author of one letter looked with confidence "to the time among medical men when the use of bicycles and tricycles will be the rule and not the exception." However, at the same time one doctor was discovering "some alarming evils which are likely to arise from this abuse of an otherwise healthy pastime." The nervous problem aside, pressure affected the prostate and indirectly the whole generative system. Pressure on the perineum, for the young, consequently tended towards "a great increase in masturbation in the timid, to early sexual indulgence in the

65 Ibid., 55.

66 Lancet, (March 1, 1884), 412.

67 Ibid., (September 20, 1884), 490.
more venturous, and ultimately to early impotence in both. This is one of the more lively theses, as he then goes on to explain the 'extermination of the red man' via the introduction of the horse into North America! His conclusion was reached by drawing a parallel with the examples of impotence among the horse-riding Tartars.\textsuperscript{66} Most comments, however, were rather more scientific than the above, such as Dr. George Herschell's letter saying that bicycle riding would produce stricture of the urethra.\textsuperscript{69} Just how important this was, however, was the question of one reader who, after reading Dr. Herschell's letter, was surprised to find his name in the list of candidates for admission to the Cyclist Touring Club.\textsuperscript{70} A stress on care and moderation did not, of course, imply total abstinence.

Harry Sargent, in 1895, agreed with many doctors when he wrote that "contracted chests and round shoulders will be the results of their [cyclists] crooked positions, I have not the least doubt...."\textsuperscript{71} However, many realized the futility of attempting to quell a recreation of such popularity. One doctor, writing in 1889, felt that "a mode of locomotion which gives to man twice the rapidity of progress on foot could no more be prevented now that it has

\textsuperscript{66} Ibid., 491.

\textsuperscript{69} Ibid., (September 27, 1884), 569.

\textsuperscript{70} Ibid., (October 11, 1884), 662.

\textsuperscript{71} Sargent, Thoughts Upon Sport, 299.
been established, than the use of carts and carriages.\textsuperscript{72}
Moreover, with the improvement of bicycles - since 1884 there was a smaller, pneumatic tyre and a wider saddle - one doctor was unsure whether pressure on the perineum was enough to cause injury to the healthy subject.\textsuperscript{73} Another felt that exhaustion from over-exertion on the bicycle was common, "but all pleasures and all labours are unhealthy if overdone."\textsuperscript{74} This stress on moderation was often repeated with regard to cycling. As one \textit{Lancet} article said in 1891:

When we, in these columns, tell plain and unvarnished facts of this character, we are sometimes accused of being alarmists... Man is not an engine of iron and steel, but an organism of flesh and bone and blood that has to be renewed from day to day and from hour to hour.\textsuperscript{75}

It was, then, with the over-zealous that doctors were most concerned. Cycling was considered to put a great deal of strain on the heart, and there was "a definite organic lesion consequent on bicycling." Moreover, such results were most likely to occur "in the class of men who so largely depend upon this form of amusement for their weekly exercise."\textsuperscript{76} Cycling was dangerous in any form for the sedentary, and any fast or long-distance riding was to be

\textsuperscript{72} \textit{Lancet}, (September 14, 1889), 551.
\textsuperscript{73} Ibid., (October 19, 1889), 833.
\textsuperscript{74} \textit{BMJ}, (May 9, 1891), 1032.
\textsuperscript{75} \textit{Lancet}, (August 6, 1891), 338.
\textsuperscript{76} \textit{BMJ}, (July 15, 1893), 115.
condemned. Moreover, it was thought by Dr. Herschell, in his report on 'Cycling as a Cause of Heart Disease,' that the cyclist took more exercise than he was aware. With regard to competition, "nothing more suicidal or more certain to produce heart disease can possibly be imagined." 77 However, not all doctors were prone to such exaggeration. Dr. W. J. Turrell's reply to the above report felt that restrictions on exercise after the cyclist had commenced to feel short of breath were too strict, "for under such a condition no athletic exercise could be practised." 78 He also disagreed that the cycling posture prevented proper expansion of the lungs.

This change in attitude towards cycling resulted in its increased approval after the mid-1890s. Dr. Sansom, in 1895, thought that "as a hygienic and therapeutic means... cycling had materially contributed to increase the healthiness of the present generation." 79 In the same report, Sir B. W. Richardson thought that in moderation cycling was a healer, although he also felt that it rendered the heart irritable and hypersensitive to motion, which "favoured degenerative structural change in the organs of the body generally." 80 Apart from the heart, which was

77 Lancet, (March 2, 1895), 541.
78 Ibid., (March 16, 1895), 711.
79 BMJ, (January 19, 1895), 140.
80 Ibid., 139.
naturally the most sensitive physiological issue concerning exercise, more doctors came out on the side of the bicycle. Many saw no reason to condemn the bent posture of the cyclist, and indeed one article suggested that "no well-authenticated cases of disease arising from the use of the cycle have been placed on record." \(^{81}\)

Even the doctor's choice of bicycle was becoming a topic for medical literature. The beneficial effects of cycling were being increasingly noted, especially as a good counteraction to the sedentary life. It sometimes had the effect of thinning the obese and fattening the thin, one article maintained, "and the stimulus of regular exercise, setting the functions of... [the liver] right, causes the disappearance of what was only a symptom." \(^{82}\) The concept of exercise as both a preventive and a curative medicine will become clear later in the chapter.

Cycling produced a great deal of controversy within the medical profession which was never wholly united in its conclusions. Even at the turn of the century some doctors still considered cycling unsuitable for either the pelvis or the heart, or both. What doctors did agree on, however, was the necessity to call attention to the abuse of the sport by people who neither knew nor cared about the consequences.

\(^{81}\) *Lancet*, (October 5, 1895), 857. Cycling, for one doctor, was even good for some sufferers of heart disease. See *BMJ*, (June 20, 1896), 1510. See also Chapter 5, fn23.

\(^{82}\) *BMJ*, (July 6, 1896), 38-9.
Practised in moderation, on the other hand, cycling brought chiefly into play,

muscles other than those used in the great majority of trades, so that what a ride of moderate length adds to the gross fatigue of the day is fully discounted by the freshness born of half an hour’s exercise in the open air.\footnote{Ibid., (June 16, 1906), 1429.}

The fact that sport and exercise could be used as both a preventive and a curative medicine is the most important reason why the medical profession took such an interest in them. Doctors recommended exercise for the maintenance and achievement of health, while at times proscribing it for the same reason. The improvement in general health was, of course, the primary aim, and exercise was connected with sanitation, hygiene and nutrition. Brailsford points out that two centuries earlier, physicians were cool to the use of exercise, and never saw it as a preventive of illness.\footnote{Brailsford, \textit{Sport in Society}, 177.}

Moreover, he notes that Francis Fuller, who wrote \textit{Medicina Gymnastica} in 1705, did not see his regimen for the sick extending to the healthy. The physician’s task, therefore, was to heal rather than strengthen, and "the concept of preventive medicine was hardly to be formulated before the end of the nineteenth century."\footnote{Ibid.}

Clement Tissot (1750-1826) was perhaps the first to involve medicine in physical education – although the latter

\footnote{Ibid.}
and sport are quite different things - with his Medical and Surgical Gymnastics. Moreover, Poynter and Keele quote Claude Bernard (1813-78) perhaps the greatest of French physiologists - "...medicine is the science of sickness: physiology is the science of life: thus physiology must be the scientific basis of medicine." Sport, exercise and physical education were thus applied by doctors to the emerging concepts of preventive and curative medicine.

In fact doctors may not have been as quick to realize this as some people outside the profession. An anonymous contributor to the Contemporary Review (1866) complained of the lack of attention paid by doctors to the health of the country. Opinions on hygiene, etc., could only be reached by being ill. "Now we want to know what we are to do to escape being ill. This is precisely the question medical men seemed determined to avoid." They were charged not so much with the sickness, he said, as with the health of the country. Exercise and hygiene, as 'partners' in preventive medicine, were increasingly becoming apparent, therefore, not just among doctors. F. Napier-Broome, in 1870, felt that the growing taste for games was of "hygienic rather than

86 Ibid.


88 'Athletics', 387-8.
political import." The Cornhill expressed this more clearly in 1873:

Perhaps not the least advantage which is derived from muscular, active exercise, as opposed to passive exercises....is cleanliness....It belongs rather, perhaps, to a treatise on medicinal than athletic gymnastics; but the two are at the present day, as we have said, happily incorporated. Moreover, the moral connection was strong, for "...health is nothing but integrity of life; disease is nothing but an offence and abbreviation of it."

Medical men held identical opinions in this respect, and as shown in earlier chapters the link between exercise, cleanliness and health was very important as far as preventive medicine was concerned. The Lancet, in 1880, felt that keeping the skin clean and healthy "is undoubtedly one of the results of the modern growth of athleticism, which has been, perhaps, the most important social movement this century...." Mackenzie added to this by summing up the effects of exercise in "half a dozen words; better fuel, and more of it, for the vital engine." Almond took the same view as the doctors in relation to football. "In a word, by developing the chest and the limbs, by quickening the

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89 Napier-Broome, 'English Physique', 134.
90 Mew, 'Physical Education', 354.
91 Ibid., 347.
92 Lancet, (June 26, 1880), 999.
circulation and purifying the blood, football saves far more lives than it destroys.\textsuperscript{94} Doctors in particular felt this to be an important part of their mission, and in fact the \textit{Lancet} referred directly to this in 1909:

All branches of preventive medicine have made such strides in the last thirty-five years that it is no wonder that the somewhat happy-go-lucky ways in vogue at least as late as the 'seventies' are no longer to be found.\textsuperscript{95}

By this he meant that exercise, as a preventive medicine, should be guided by precaution, supervision and examination; the trademarks of an increasingly authoritative profession.

Exercise could also be curative. An article in 1866 pointed out that the greatest of ancient physicians spoke and wrote of gymnastics as an integral part of the healing art.\textsuperscript{96} The same article urged modern medical writers to take up the call, which they were increasingly tending to do. A letter to the \textit{Lancet}, concerning 'Sanitary Gymnastics' (1876) referred to the Swedish system which was "calculated to be of great benefit in many cases of paralysis, and also in the early stage of lateral curvature of the spine and similar affectations."\textsuperscript{97} The BMJ, four years later, felt that regular and systematic exercises were not sufficiently

\textsuperscript{94} Almond, 'Football', 902.

\textsuperscript{95} \textit{Lancet}, (March 20, 1909), 856.\textsuperscript{d}

\textsuperscript{96} 'Athletics,' 388. Galen was the most famous ancient physician to advocate exercise as a medicine. See also Mew, 'Physical Education', 351.

\textsuperscript{97} \textit{Lancet}, (December 2, 1876), 806.
regarded in the treatment of scrofulous and tuberculous diseases. This was accompanied by similar prescriptions for Bantingism (obesity) and many other ailments. The Lancet felt similarly about spinal curvature in children:

There can be no doubt, we think, that deficient physical exercise, if not the only or even perhaps chief cause of this very common deformity is highly calculated to promote it; and, even apart from any specific evil, a well-considered and systematized plan of training for the muscles is undoubtedly a most valuable regimen, and eminently adapted to preserve and benefit the general health.

The limits to curative exercises seemed boundless with such a philosophy in view. At various times doctors recommended exercise for the treatment of phthisis or asthma, tuberculosis, pulmonary diseases, nervous diseases, heart diseases, and even on one occasion, diabetes. It was important, however, as one doctor pointed out, to avoid "the common quackery of claiming that these methods can cure every mortal ill." Some felt, in this regard, that too much emphasis had been placed on exercise and that, in seeking a cure, participants would overstrain themselves. This may well have been the case in many instances as the appearance of home exercise guides goes some way toward illustrating. In schools particularly, physicians stressed the need to adhere to a strict and regular system under

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98 BMJ, (February 28, 1880), 337.
99 Lancet, (June 11, 1887), 1195.
100 Ibid., (April 16, 1910), 1074.
qualified supervision. Dukes, for instance, advocated medical control over all severe exercise "so that who is physically fit to undertake the exercise shall not be permitted to do so without prior and suitable training for his prolonged exertion."\(^{101}\) Presumably this would be even more important for the physically unfit.

It becomes clear that physical activity was rapidly developing as a tool for doctors. Although medical opinion differed in many ways, there was a consistent atmosphere of progress, especially after 1900. Doctors, with time, became less cautious about the effects of muscular exertion. But, as we have seen, attitudes among some doctors had begun to change much earlier. A writer in the *Lancet* (1870) played down the heart disease factor for fully fit rowers. "Severe boating exercise does not lead to the inevitably serious results sometimes described."\(^{102}\) Moreover, the separation between sports medicine and regular medical practice was becoming apparent. An article in 1880 mentioned that whereas university physicians saw many rowers, large town physicians saw only the serious cases of breakdown and were therefore liable to react more severely.\(^{103}\) Even the case for women's exercise progressed in some quarters, although the area was generally still shrouded in pseudo-scientific dogma.

\(^{101}\) BMJ, (November 1, 1890), 999.

\(^{102}\) Lancet, (April 16, 1870), 545.

\(^{103}\) Ibid. (August 7, 1880), 218.
Mackenzie felt that more rational notions concerning women's sport were beginning to prevail "and the limp anaemic maiden with uncomfortable prominences is rapidly giving place to a type more like the Greek ideal of healthy womanhood." However, this did not really reflect anything more than a romantic notion of women's exercise in a male-dominated society.

Indeed, doctors were seeing more clearly that any problems with sport were usually bound up with its abuse. This had always been the medical concern although over-caution had prevailed in the past. As Mackenzie pointed out:

Many of the evils formerly attributed to such exercises were seen to be really due to wrong methods of training. At the present day... the most successful trainers are much more ready to listen to the advice of medical men than was the case some years ago, and consequently the evil effects of athleticism are less apparent than they used to be. Mackenzie thus found himself reconciled to physical training while at the same time giving his colleagues credit for the efficacy of their work. In the same article Mackenzie pointed out that the mistake made by opponents of athleticism was in mourning over the "candidate for muscular fame who breaks down under training and refusing to be


comforted by the thought of the ninety-nine who flourish under it."\textsuperscript{106} Moreover, Mackenzie spoke of the opponents of athleticism who abused statistical analyses for their own purposes. Referring to one example where 17 cases were used at the expense of 277 others, he felt that this was an abuse of statistics "similar to that which we are so well-accustomed to in the case of fanatical temperance advocates, anti-vaccinators, et hoc genus omne."\textsuperscript{107}

Medical reports at the turn of the century were beginning to show that a great deal of strain could be borne by those whose constitutions were sound. In relation to over-caution in cycling, the BMJ, in 1898, felt that:

\ldots none of these objections are strictly valid as pure theory, whilst experience shows that they are all but imaginary. Nor does the average bicycling lady - or gentleman necessarily contract heart disease, as a writer in a daily paper seems to believe. Use is not sufficiently distinguished from abuse.\textsuperscript{108}

On the same page the author maintained that "the experience of the last few years has sufficiently proved that the bicycle is an excellent instrument for exercise." The value of exercise had therefore become entrenched in medical thought. A BMJ article, in 1904, questioning this value, was met with an abrupt answer from Major R. F. E. Austin of the Royal Army Medical Corps:

\textsuperscript{106} Ibid., 5 (November, 1891), 461.

\textsuperscript{107} Ibid., 462.

\textsuperscript{108} BMJ, (October 1, 1898), 994.
Personally I have never met a healthy person belonging to the 'sedentary brigade'....Now, as a firm believer in the value of exercise for the maintenance of physical and mental health, and as a means for its restoration in certain cases, I cannot think that the profession will be making a grave error in lending any support to the no-exercise theory.\(^{109}\)

In fact by this time, there was no real danger of such support. As long as exercise was not abused, the sedentary brigade were out of favour.

The connection between muscular exertion and certain diseases was also becoming weaker. Dr. W. Collier, writing on 'Functional Albuminuria in Athletes,' found traces of albumen in the urine after exercise but concluded that nothing appeared to go wrong, and he asked the question, "...ought one any longer to advise young men who pass large quantities of albumen after severe muscular exercise to give up all hard athletic competitions? I think (not)."\(^{110}\)

Moreover,

...in short it would seem that just as we may expect to get evidence of hypertrophy of the left ventricle of the heart and emphysema in the lungs of the man who habitually indulges in violent athletic contests, so may we expect to find a definite amount of albumen in his urine for a few hours after taking part in these exercises.\(^{111}\)

A year later, in the *Lancet*, Dr. Lauder Brunton did not think that albuminuria would be of much importance as

\(^{109}\) Ibid., (August 27, 1904), 472.

\(^{110}\) BMJ, (January 5, 1907), 5.

\(^{111}\) Ibid., 5-6.
regards kidney damage because the organ that was most likely
to suffer first was the heart. A year after this, the BMJ
again considered the complaint and wondered how many men
must have been warned off healthy and enjoyable exercise by
the discovery of albumen: "The wearing off of a little
kidney substance is of no greater import than the wearing
off of the skin of the feet." In fact it was by now
generally considered that the advantages of exercise
entirely outweighed the occasional damage, and that problems
could easily be counteracted by reasonable care.

In fact the BMJ, in 1909, felt that the discussions on
'The Medical Aspects of Athleticism' carried such weight and
authority that they were to be regarded as the last word on
the subject as far as principles were concerned. The same
article felt that,

...time and again the public has been invited to believe
that the youth of the nation is being physically ruined
on those very fields on which, according to Wellington,
the Battle of Waterloo was won. It is illuminating,
therefore, to find that, dispassionately examined, this
charge proves to be nothing more than a hasty
generalization based on a not always correct
interpretation of certain rare incidents.

Damage to the hearts and lungs of schoolboys was found to be
extremely rare and not always connected wholly with the
exercise or sport being practised. Many doctors were asking

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112 Lancet, (December 19, 1908), 1817.
113 BMJ, (September 25, 1909), 890.
114 Ibid., 898.
for proof of injury before considering the discouragement of games. The subject of the heart was still a sensitive issue, although one doctor agreed with Sir Clifford Allbut, who thought the heart so resilient that it was "impossible for any harm to be done to it by any effort which the boy's own muscles were able to entail on it." Moreover, Allbut felt that habits other than physical exercise should be considered in relation to heart problems, and that a post-mortem was necessary in all cases of sudden death during games to discover whether it was death during, rather than because of, games. Sir James Barr's conclusions summed up these feelings. Although the opinions of medical men varied enormously as to the amount of strain required to damage the heart,

...under proper directions no injury...need attend any of the games or contests carried out in this country, and by improving the physique of the nation we raise the health standard and intellectual character of the race."116

Clearly, doctors held opinions similar to those of Clement Dukes, who thought that "the clamour often popularly raised against exercise should be limited to over-exercise, or to ordinary exercise imprudently taken."117 Bad training could not be coupled with the concept of training itself. As far as the public school example went, Dr. A. D. R.

115 Ibid., 830.
116 Ibid., 835-6.
117 Dukes, Health at School, 342.
Thompson, the medical officer at Loretto, said in 1910 that "he had never known a case of heart breakdown in the school during thirty years nor of athletics causing any other injury."\textsuperscript{116} Although possibly an exaggeration, this is a fair reflection of the attitudes prevailing at the time. Moreover, in relation to the sports-medicine theme, both the \textit{Lancet} and the \textit{BMJ} reported, in 1912, a congress on the scientific investigation of sports at Oberhof, Thuringen, which decided to form a permanent committee for the "scientific investigation of sports and bodily exercise in connection with the 'sport laboratory' in Charlottenburg near Berlin."\textsuperscript{119}

Official scientific investigation into sport and exercise was a further step in the process. In 1913 Dr. Bender examined a number of athletes to discover the incidence of heart dilation. The majority had dilation, which did not interfere with their health, and "on account of this observation he was inclined to regard such dilation as a semi-physiological condition with those who are habituated to athletic sports and exercises."\textsuperscript{120} In short, the vascular system and cardiac action gradually adapted themselves to the dilation. "Dr. Bender would discard the

\textsuperscript{116} \textit{Lancet}, (March 19, 1910), 995.

\textsuperscript{119} \textit{Lancet}, (October 5, 1912), 999; \textit{BMJ}, (October 12, 1912), 997.

\textsuperscript{120} \textit{Lancet}, (September 20, 1913), 897.
term 'sport heart' as used on the continent for cardiac
dilation in athletes."\textsuperscript{121} These types of investigation in
America and Britain caused, and were a reflection of, a
belief that sports and exercises presented little if any
threat to the health of their participants, provided that
logical and scientific care was taken to avoid injury.
Doctors played an important part in the generation and
maintenance of this belief.

\textsuperscript{121} Ibid.
Conclusion

Doctors shared with much of upper and middle-class society the need to analyse and legitimate when discussing sport and exercise. Physical activity was not accepted simply on the grounds that it brought pleasure or that it was good for the body; there was always a deeper reasoning behind it. This was made up of either moral, mental or physical components, most often a mixture of all three, and the idea can be witnessed in the majority of contemporary literature on the subject. Clement Dukes used a version of this idea for his work, Health at School, as did Herbert Spencer in Education, while similar references frequently occurred in both the medical journals. Upper and middle-class attitudes towards physical activity in Victorian Britain can only be discussed in these terms, and medical philosophy merged comfortably with its intellectual and social counterpart.

The five previous chapters have dealt with this concept from an upper and middle-class viewpoint for the obvious reason that the medical profession was an integral part of that society. The idea of a healthy mind in a healthy body was an unarguable doctrine by the 1850s, as was the belief that games and sport mirrored life, thus preparing men for life's subsequent 'battles.' Health was at once morally beneficial, spiritually enhancing and a vital partner to the
mind, which always maintained its ascendancy. Moreover, physical fitness in a sense rivalled religion as the dominant force of the time; so much so that respected philosophers could refer to neglected health as a physical sin.

Doctors embraced this concept, as we might expect, with unbridled enthusiasm. Indeed, it has been suggested that they would probably have developed their own version of Muscular Christianity, had they been insulated from Kingsley and Hughes, out of the medical philosophy of sanitary reform.¹ Psycho-physiology was the order of the day, and with this, moral-physiology. However, we have seen how this ideal became too 'muscular' at the hands of some practitioners and this was where medical reservations occurred. Physicians complied with the purist element of the intellectual fraternity, that is to say the physical, although vastly more important than it had been, never took precedence over the mental in the way that many feared it might.

The importance of health in the building of character was also embraced by the medical profession. The connection between manhood, virility and athleticism has, perhaps, never lost its power of appeal, and this was especially so in the public schools from the 1860s. Doctors, as much as others, thought competitive sport to be a factor in

¹ Whorton, 'Athlete's Heart', 41.
England's greatness, and that a continuation of this ideal would produce a nation of Tom Browns. However, the tendency towards anti-intellectualism and excessive militarism did not completely fit in with medical ideas of moral virtue, specifically with regard to excessive athleticism in the public schools. Moreover, the medical emphasis on moderation clearly did not blend with such physical enthusiasm. In this respect any break with the laws of moderation and moral virtue was likely to invite serious reservation from the medical profession.

It has become obvious that the above ideals were inherently class-oriented and did not apply for the working majority. This explains the necessity for Chapter Four. Although it hardly does the working class justice, it is an attempt to view them from an upper and middle class perspective, and to illustrate the extent to which one set of suppositions and biases was imposed, in part, upon another section of society. Although doctors shared with other members of their class a high regard for systematic exercise as a form of discipline for the working class, their attitudes were based more on health and hygiene than other considerations. Their 'mission', after all, was the improvement of the condition of the people, most clearly witnessed in the attention given to physical education in state schools.

Perhaps the most important chapter is the final one,
which deals exclusively with the medical profession, indicating the development of physiological opinion as it pertained to male sport and exercise. The chapter not only shows how doctors gradually accepted the emergence of a more intense physical culture, while at the same time generating the ideal, but also how physical activity became such an important component of preventive medicine, indeed one of the most significant developments in medical thought after the 1850s. Of course exercise could still be used as a form of cure, but this was not as significant as the preventive principle.

The similarities between the medical profession and upper and middle class values are obvious. With the increase in authority and social prestige the profession became an important part of society, and this was reflected notably in its attention to the 'Condition of England' question. Health, or the lack of it, was of great concern to the Victorians, and it was quite natural that doctors, in light of their new authority, should carry the weight of responsibility. Its remedies were improved nutrition, sanitation, hygiene, and physical exercise, and it was the latter to which this study directed itself.

The first half of this thesis shows two things. Firstly, the medical profession was heavily influenced by the social attitudes and religious beliefs of its class. Secondly, reverence for medical science after mid-century reinforced
these ideals in society as a whole. If the doctor really was confused with the priest, as Comfort suggests, it is clear that the role of the physician in Victorian Britain should not be underestimated.\(^2\) In a sense the medical concern with physical activity meant that the latter's development went hand in hand with that of medical science. At the same time, however, a lessening of anxiety about the effects of exercise and training was a reflection both of increased physiological knowledge as well as an increase in the popularity of such activities. Doctors did not totally influence popular practice just as lay views did not wholly persuade physicians to abandon their beliefs. The increasing independence of the profession, especially at the turn of the twentieth century, meant that some prejudices were lifted. But this was slow and many healthy males were warned off exercise for inadequate reasons.

The second half of the thesis illustrates the fact that increased medical concern with physical exercise was an indication of the trend towards preventive medicine. Doctors, now belonged to a largely unified profession and had escaped from traditional lay control. Therefore, they were no longer simply curers; and in physical exercise they found the ultimate preventive medicine. In conjunction with sanitation, hygiene and improved nutrition, the doctor could now function in the capacity of a social reformer, who

\(^2\) See p. 15.
improved the health of the urban working class and maintained that of the higher classes. This was particularly relevant in times of national crisis (such as the South African War, 1899-1901) when the work of the medical officers of health in state schools seemed all the more critical. Thus, if the genetical side of national physical degeneration was not taken altogether seriously, the purely physical side was.

The physician, in recent years, has become more and more relevant in historical analysis and the medical profession is the perfect link among science, health, sport and exercise, and Victorian upper and middle class philosophy. Through studying the medical journals and other relevant primary material, we can see not only the characteristics of a profession as part of a certain class in society, but also the fluctuations and developments in its attitudes towards physical activity. Anxiety was a product of the late Victorian era, and moderation was the watchword of the medical fraternity.

However, as physiological science progressed, physicians revised their attitudes and began to see that safety during exercise was dependent upon its correct (scientific) use. This development saved the profession from the accusation that nobody listened to its advice. Sport and exercise often continued in spite of the warnings, but we cannot ignore the fact that as physical activity increased, so the medical
myths and biases attendant upon its condemnation decreased. Whether or not they were naive in their limitations, doctors' got what they wanted - the widespread regard for science in physical exercise and training. In view of this we must agree with Whorton that the medical debate over athleticism was indeed a "significant factor both in the crystallization of sports medicine as an area of specialization and in the formation of public attitudes towards strenuous exercise." 3

Finally, we must consider what the two medical journals, which represent the basis of this paper, tell us about the medical profession and the development of sport and exercise in Victorian Britain. Firstly, they illustrate, as we have seen, the similarities between the medical profession and upper and middle class opinions on health and exercise. Half of this thesis is devoted to that concept, and it is an indication of the social, political and intellectual makeup of the Victorian physician. Moreover, examples from the journals add weight to the ideas already discussed in this thesis. 4

They also show how the medical profession, especially where physical education of the young was concerned, had clearly taken on a larger social responsibility; a reflection of their improved status in Victorian society.

3 See p. 16, fn40.

4 See in particular Peterson, Medical Profession and 'Dr. Acton's Enemy'; Whorton, 'Athlete's Heart'; Woodward and Richardson, Health Care; Holloway, 'Medical Education.'
Moreover, they lend support to Comfort's opinion that doctors had traced their phylogeny "too far towards priesthood, and inherited too many rigidities...in their whole conscious and unconscious orientation towards advice giving and social responsibility." We can thus see two sides to the coin. While doctors were becoming more aware of their value, they were at the same time inflicting their own rigid ground rules upon society. One of these, perhaps, was the emphasis on moderation, despite the profession's unity on the question of the moral, mental and physical virtues of physical activity. Because of this doctors tended to be non-militaristic and were never won over to the anti-intellectual side of physical culture.

The journals tell us much about the development of sport and exercise in Victorian Britain. Medical attitudes illustrate many of the changes documented by sport historians. Some examples are the development of football rules, which made the game safer and more controlled, the rise in popularity in the 1890s of cycling, together with concurrent demands for improved bicycle equipment, and the overall increase in respect for sport and exercise as a component in the improvement and maintenance of health. These are just a few examples indicating the significance of both the Lancet and the British Medical Journal in the study of not only the medical profession, but its role in the

\(^5\) See p. 15.
development of sport and exercise in Britain.

Lastly, the physician can tell us much about Victorian society as a whole. It is not only sport and exercise which is significant here, but also health philosophy in general, class division and class control, and the emergence of the middle class. Above all, perhaps, the study is an illustration of the 'Victorian Frame of Mind', and of upper-middle class health philosophy through the example of the medical profession.
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Vita Auctoris


1981-83 Peter Symond's Sixth Form College, Winchester, England.

1983-85 University College Swansea, B.A. (Hons), History.

1986-88 University of Windsor, M.A. (Hons), History.