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Irish Medical Women c.1880s-1920s:

The origins, education and careers of early women
medical graduates from Irish institutions

A thesis submitted in partial fulfilment of the
requirements for the degree of Doctor of Philosophy
(PhD) of the National University of Ireland, Galway

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Laura Kelly, August 2010

Abbreviations

Medical institutions

GMC: General Medical Council

KQCPI: King and Queen's College of Physicians of Ireland (later Royal College of Physicians)

LSMW: London School of Medicine for Women

NUI: National University of Ireland

QCB: Queen's College Belfast

QCC: Queen's College Cork

QCG: Queen's College Galway

RCPI: Royal College of Physicians

RCSI: Royal College of Surgeons

RCSci: Royal College of Science

RUI: Royal University of Ireland

TCD: Trinity College Dublin

UCD: University College Dublin

Medical degrees

F.R.C.S.I.: Fellow of the Royal College of Surgeons

M.B. B.Ch B.A.O.: Bachelor of medicine and surgery

M.D.: Doctor of medicine

L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.: Conjoint licence of the Irish Colleges of Physicians and Surgeons

L.R.C.P. L.R.C.S. Edin, L.F.P.S. Glas: Conjoint licence of the Scottish Colleges of Physicians and Surgeons in Edinburgh and Glasgow

Commonly-cited works

BMJ: British Medical Journal

DMP: Dublin Medical Press

ODNB: Oxford Dictionary of National Biography

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Abstract

This thesis examines the history of women in medicine in Ireland from the 1880s to the 1920s. It argues that Irish institutions in the period demonstrated more favourable attitudes than their British counterparts towards women studying medicine. This may be seen through the history of women's admission to Irish medical schools, in particular, the decision of the KQCPI to become the first medical institution in the United Kingdom to admit women following the Enabling Act of 1876, and through the treatment of women medical students while at university. And, in their professional careers, it appears that this egalitarianism continued.

The thesis is the first collective biography of the 760 women who studied medicine in Ireland from the 1880s to the 1920s. It reveals that women medical students tended to come from well-to-do backgrounds but that their choice of university was dependant on religious persuasion, financial factors and on which universities were open to women at the time. With regard to their medical education, it is evident that women were treated fairly by Irish university authorities. Similarly, albeit for financial reasons, Irish hospitals appeared to have welcomed women students to their wards. Nevertheless, it is clear that in the context of Irish universities, women medical students came to occupy a world separate from the men, created literally through separate dissecting rooms and ladies' rooms while lady medicals reinforced this sense of distinction through their self-identification as a cohort.

In subsequent chapters, I examine whether this paradox of egalitarianism and separatism continued in the careers of these early women doctors. My investigation of their career destinations reveals that Irish women medical graduates did not tend to enter into the careers that were expected of them, such as the missionary field and women's and children's health. Rather, women doctors were most commonly integrated into the professional sphere as general practitioners, while those who emigrated to England were more likely to work in hospitals and public health. I argue that the First World War, which is often cited as having been a breakthrough for women's employment opportunities, did not result in increased opportunities for women doctors in Ireland. Rather, opportunities for women in medicine were more limited after 1918. My in-depth examination of the lives of five Irish female medical graduates gives a deeper insight into the themes and tensions discussed in earlier chapters.

This thesis suggests that medical women, with regard to their admission to medical school, experiences and careers, were treated fairly by the Irish medical hierarchy. It highlights the distinctiveness of medical education in Ireland in the period and challenges us to reconsider the way that we think about the history of women in higher education, medicine and the professions in Ireland.

Introduction

My mother had serious illnesses for nearly a year and I nursed her and when she recovered to some extent (always an invalid) I decided to take up medicine – the school of the College of Surgeons was just opened to women when I began medicine in the autumn of 1887 (Victoria's 50 year Jubilee) at the (mixed) school and the College and qualified in 1891...

Emily Winifred Dickson¹

Emily Winifred Dickson, from Dungannon, Co. Tyrone, enrolled at the Royal College of Surgeons at the age of twenty-one. With her father's encouragement, she had decided that she wanted to pursue a medical education. She had originally faced discouragement in her pursuit of admission to university. An application to Trinity College Dublin had been accepted with the support of the medical faculty, but was ultimately rejected due to opposition from the theologians of the university. Dickson was one of the earliest of 759 women who trained in medicine at Irish institutions from the late 1880s to the early 1920s. Of these 759 women, 452 went on to qualify with medical degrees or licences. Certainly, Dickson was one of the pioneering women doctors of her generation and exceptional in terms of her ability and university career. However, Dickson was typical of the women medical graduates of her generation and of the next in terms of the challenges she faced. In spite of these challenges, Dickson seems to have found herself readily accepted in the Irish medical profession in her early career and gained support from the medical hierarchy, in a surprising contrast with the received view of the Irish medical profession in the period as depicted by F.O.C. Meenan, in his history of the Catholic University School of Medicine:

There is no reason to suppose that aspiring women doctors found conditions more favourable in Ireland. They met the same determined opposition and prejudice from the medical establishment.²

¹ Typed memoirs of Emily Winifred Dickson, courtesy of Niall Martin.

² F.O.C. Meenan, *Cecilia Street: the Catholic University School of Medicine, 1855-1931*, (Dublin: Gill and Macmillan, 1987), p.81.

Likewise, more recently, Irene Finn has argued that the Irish medical profession with the exception of the King and Queen's College of Physicians held a hostile view towards women in medicine.³ This thesis will argue against these ideas by showing that Irish university authorities and members of the medical hierarchy in Ireland possessed a positive attitude towards women in the medical profession. Moreover, the thesis considers the history of women in the medical profession in Ireland as being crucial to understanding the history of women in the medical profession in Britain. Between 1877 and 1886, the KQCPI played a virtually unique role in the qualification of women doctors in Britain and Ireland with forty-eight of the first fifty women who were registered in Britain as qualified medical practitioners taking their examinations at the KQCPI.⁴ It is notable that Irish universities and hospitals opened their doors to women medical students earlier than their British counterparts, which is somewhat surprising considering that Ireland was at this time part of the United Kingdom and one might have expected similar trends.

I will demonstrate how women medical students were co-educated with men students and appear to have been treated favourably by the councils of Irish medical institutions. Irish medical education appears to have been inclusive and welcoming of women students, even in the hospital setting where women students in Britain had experienced difficulties in gaining admission. This thesis thus highlights the distinctiveness of Irish medical education. The difficulties faced by women who wished to gain admission to study medicine at British medical schools have been retold several times.⁵ As with women's entry into higher education more generally, this story is often depicted as a 'struggle' and overall, the picture that emerges is one of heroic women battling against male patriarchy. I will show, in contrast, that women's admission to Irish medical schools turned out to be far less

³ Irene Finn, 'Women in the medical profession in Ireland, 1876-1919', in: Bernadette Whelan (ed.), *Women and paid work in Ireland, 1500-1930*, (Dublin: Four Courts Press, 2000), pp.102-119.

⁴ The other two women doctors, Elizabeth Blackwell and Elizabeth Garret Anderson qualified in 1859 and 1865 respectively through the Apothecaries' Hall.

⁵ For a general overview: Thomas Neville Bonner, *To the ends of the earth: women's search for education in medicine*, (Harvard University Press, 1992), Caitriona Blake, *Charge of the parasols: women's entry into the medical profession*, (London: Women's Press Ltd., 1990) and Edythe Lutzker, *Women gain a place in medicine*, (New York: McGraw-Hill, 1969). For biographies of Sophia Jex-Blake: Shirley Roberts, *Sophia Jex-Blake: a woman pioneer in nineteenth century medical reform*, (London: Routledge, 1993) and Margaret Todd, *The Life of Sophia Jex-Blake*, (London: MacMillan & Co., 1918).

difficult or controversial, yet this story has often been omitted from the history of women in the medical profession in the United Kingdom.

Likewise, I will suggest that in their professional careers, Irish women medical graduates were successful in attaining posts in the spheres of general practice, hospital work and public health. A large proportion of Irish-trained women doctors emigrated to work in British hospitals and the public health sector and their story ought to be incorporated into the wider history of women in medicine in the United Kingdom. It is clear that an understanding of the story of women in medicine in Ireland is important to the story of women in the medical marketplace in Britain.

Evidently, there have been important changes relating to medical education in Ireland since women were first admitted to the medical schools in the 1880s. At that point women medical students were viewed as a rare species with their achievements frequently heralded in the student press and Irish newspapers. By 1898, for example, women made up approximately 0.8% of medical students matriculating at Irish universities. In 2008, 110 years later, 75 per cent of Irish medical students were female, in comparison to 59 per cent of females across the university sector.⁶ In August, 2009, the Health Professionals Admissions Test (HPat) was introduced to the Irish university medical admissions system. One reason for the introduction of the test, along with attempting to ensure that the most suitable students were being admitted to Irish medical schools, was to restore a 50/50 gender ratio of medical students at Irish universities.⁷

Professor Finucane, head of the graduate entry medical school at the University of Limerick commented, 'The pendulum had swung too far in favour of females...it is important we have a system that doesn't disadvantage males in the way that 40 to 50 years ago it disadvantaged females.'⁸ Comments such as this tend to imply that the Irish system of medical education of the early to mid twentieth century discriminated against women medical students. Research on the history of women in medicine in Britain has pointed to unfavourable attitudes towards co-education in

⁶ 'New gender ratio for medicine defended', *Irish Times*, August 21st, 2009.

⁷ 'Welcome for more men doing medicine', *Irish Times*, August 18th, 2009.

⁸ 'Welcome for more men doing medicine', *Irish Times*, August 18th, 2009.

British medical schools.⁹ However, as this thesis will suggest, this was not necessarily the case in Ireland. Not only did Irish medical schools in the late nineteenth and early twentieth century adopt a surprisingly liberal attitude towards women's admission to study medicine, but women were treated favourably while attending these colleges and universities.

After graduation, women appear to have been successful in their careers in the medical profession in Ireland, most commonly in the sphere of general practice, although those who emigrated to England were more likely to attain hospital or public health posts. Thus, although Ireland appears to have been more liberal than one might expect with regard to medical education, there were not the same opportunities available for women graduates as there were in Britain. This was not necessarily due to discrimination against women doctors, however, as those who graduated prior to 1918 appear to have been successful in gaining such posts in Ireland. Rather, it is likely to have been due to a lack of posts available in Ireland in contrast with Britain, especially after the War as a result of the medical marketplace becoming saturated in Ireland and more women who remained in Ireland going into general practice.

This thesis also sheds important new light on the experiences of medical students, an area within the history of medicine which has often been neglected, in favour of focus on the stories of men and women in the profession.¹⁰ Keir Waddington has commented that in the historiography of medical education, 'students are largely absent or silent consumers'.¹¹ However, it is not just historians of medicine who have been guilty of neglecting the history of students. There has been little research into the experiences of students more generally.¹² Histories of Irish medical schools tend to focus on the background to the founding of the schools, the main events in

⁹ Bonner, *To the ends of the earth*, pp.120-137.

¹⁰ Thomas Neville Bonner, *Becoming a physician: medical education in Britain, France, Germany and the United States, 1750-1945*, (Oxford University Press, 1995) for an overview of the history of medical education in Britain, France, Germany and the United States.

¹¹ Keir Waddington, 'Mayhem and medical students: image, conduct and control in the Victorian and Edwardian London teaching hospital', *Social history of medicine*, **15**, (2002), pp.45-64, on p.45.

¹² Anne Macdona, *From Newman to new woman: the women of UCD remember*, (Dublin: New Island, 2001) and Carol Dyhouse, *Students: a gendered history*, (London: Routledge, 2006).

the schools' histories and the historical actors that were involved in these events.¹³ Likewise, the professors of these schools have been considered more worthy of historical attention.¹⁴ Consequently, we know little about the experiences of medical students and graduates of either gender although there has recently been some literature about the experiences of women medical students and graduates from universities in the United Kingdom.¹⁵ Such studies have focused on Britain, however, and some tend to over-rely on statistics rather than on a combination of methods as this thesis does in order to paint a fuller picture of the history of women in medicine.

In addition to its emphasis on student experience, this thesis contributes to the Irish social history of medicine more generally. In the past, historians of medicine in Ireland have tended to focus on studies of institutions or famous doctors, in the same way that historians of medicine in Britain did prior to the 1980s.¹⁶ This has

¹³ For example: on Queen's College Cork: Denis J. O'Sullivan, *The Cork school of medicine: a history*, (Cork: UCC Medical Alumni Association, University College Cork, 2007) and Ronan O'Rahilly, *A history of the Cork medical school, 1849-1949*, (Cork University press, 1949); Queen's College Galway: James Murray, *Galway: a medico-social history*, (Galway: Kenny's bookshop and art gallery, 1994); Queen's College Belfast: Peter Froggatt, 'The distinctiveness of Belfast medicine and its medical school', *Ulster medical journal*, **54:2**, (October, 1985), pp. 89-108; Royal College of Surgeons: J.B. Lyons, *The irresistible rise of the RCSI*, (Dublin: Royal College of Surgeons, 1984), Eoin O'Brien, *The Royal College of Surgeons in Ireland: 1784-1984*, (Dublin: Eason, 1984); J.D.H. Widdess, *The Royal College of Surgeons in Ireland and its medical school*, (Edinburgh: E & S Livingstone, 1967), Charles A. Cameron, *History of the Royal College of Surgeons in Ireland and of the Irish schools of medicine, including numerous biographical sketches, also a medical bibliography*, (Dublin: Fannin, 1886); Royal College of Physicians: J.D.H. Widdess, *A history of the Royal College of Physicians of Ireland, 1654-1963*, (Edinburgh: E & S Livingstone, 1964); Trinity College Dublin: TPC Kirkpatrick, *History of the medical teaching in Trinity College Dublin and of the School of Physic in Ireland*, (Dublin: Hanna and Neale, 1912); the Catholic University: Meenan, *Cecilia Street: the Catholic University School of Medicine 1855-1931*, (1987).

¹⁴ For example: Ronan O'Rahilly, *Benjamin Alcock: the first professor of anatomy and physiology in Queen's College Cork*, (Cork University Press, 1948).

¹⁵ See: Barbara Brookes, 'A corresponding community: Dr. Agnes Bennett and her friends from the Edinburgh medical college for women of the 1890s', *Medical History*, **52**, (2008), pp.237-256. Carol Dyhouse, 'Driving ambitions: women in pursuit of a medical education, 1890-1939', in: *Students: a gendered history*, (London: Routledge, 2006), pp.60-78; J.S. Garner, 'The great experiment: the admission of women students to St. Mary's hospital medical school, 1916-1925', *Medical History*, **42**, (1998), pp.68-88.

¹⁶ See: Aidan Collins, *St. Vincent's hospital, Fairview: celebrating 150 years of service*, (Dublin: Albertine Kennedy Publishing, 2007); T.M. Healy, *From sanatorium to hospital: a social and medical account of Peamount 1912-1997*, (Dublin: A & A Farmar, 2002); F.O.C. Meenan, *St. Vincent's hospital, 1834-1994: an historical and social portrait*, (Dublin: Gill & MacMillan, 1994); J.B. Lyons, *The quality of Mercer's: the story of Mercer's hospital, 1734-1991*, (Dublin: Glendale, 1991); Elizabeth Malcolm, *Swift's hospital: a history of St. Patrick's*

been at the expense of wider themes within the social history of medicine in Ireland. In 1993 Jordanova claimed that the social history of medicine in Britain had not yet come of age, but rather, was experiencing growing pains.¹⁷ The same words could be applied to the Irish social history of medicine in its current state in terms of sources and secondary literature that are available to researchers.

As has been recently pointed out, the most common type of literature in the Irish history of medicine has tended to be histories of institutions often written by past employees of the institutions concerned. These types of studies tend to ignore the experiences of the individuals who are gaining most from the institutions in question (the patients and medical students gaining their experience there). Rather, they tend to focus on the financing, administration and medical staffing of the institution in the form of chronological narratives.¹⁸ Medical biographies of 'great men' represent a large bulk of the scholarship within the Irish history of medicine and have been joined more recently by the occasional 'great woman'.¹⁹ This thesis will avoid employing the techniques of these types of narratives. Instead, it will contribute to the new way of doing the history of medicine in Ireland, through drawing on less commonly used sources to give a deeper insight into the experiences of women medical students and graduates in Ireland in the period.

There have been works on women medical students at the University of Glasgow and more recently, of medical students, both male and female, at the University of Glasgow and the University of Edinburgh, and these provide useful case studies for

hospital, Dublin, 1746-1989, (Dublin: Gill & Macmillan, 1989); Hanora M. Henry, *Our Lady's hospital, Cork: history of the mental hospital spanning 200 years*, (Cork: Haven Books, 1989). For histories of great men see: Davis Coakley, *Irish masters of medicine*, (Dublin: Town House, 1992); Davis Coakley, *The Irish school of medicine: outstanding practitioners of the 19th century*, (Dublin: Town House, 1988); T.G. Wilson, *Victorian doctor: being the life of William Wilde*, (London: Methuen, 1946).

¹⁷ Ludmilla Jordanova, 'Has the social history of medicine come of age?', *The Historical Journal*, **36:2**, (June 1993), pp.437-449, on p.448.

¹⁸ Greta Jones and Elizabeth Malcolm, 'Introduction: an anatomy of Irish medical history', in: Greta Jones and Elizabeth Malcolm, *Medicine, disease and the State in Ireland, 1650-1940*, (Cork University Press, 1999), p.1

¹⁹ For example: Coakley, *Irish masters of medicine* is typical of this genre: it consists of forty biographies of Irish medical men with the purpose of highlighting the 'achievements of Irish doctors who have enhanced the knowledge and practice of medicine on an international level'. (p.5). Notably, Coakley excludes famous Irish women doctors from his study. And, more recently: Margaret Ó hÓgartaigh, *Kathleen Lynn: Irishwoman, patriot, doctor*, (Dublin: Irish Academic Press, 2006).

comparison with my own research.²⁰ Additionally, there has been excellent work done on the history of women in medicine in America.²¹ However, the topic of women in medicine in Ireland has not been sufficiently engaged with by historians. Other studies of women doctors have taken the form of medical biographies which, of their nature, are limited in their examination of women doctors more generally.²² In terms of autobiographical sources relating to Irish women doctors, especially early doctors, we are also limited.²³ There has been little written on the history of women in the medical profession in Ireland.

The thesis is part of a wider scholarly movement which is interested in the history of women in the professions.²⁴ Certainly, more has been written about the history of

²⁰ Wendy Alexander, *First ladies of medicine: the origins, education and destination of early women medical graduates of Glasgow University*, (Glasgow: Wellcome Unit for the History of Medicine, 1988). And, more recently, Anne Crowther and Marguerite Dupree, *Medical lives in the age of surgical revolution*, (Cambridge University Press, 2007).

²¹ Regina Markell Morantz-Sanchez, *Conduct unbecoming a woman: medicine on trial in turn-of-the-century Brooklyn*, (Oxford University Press, 2000) and *Sympathy and science: women physicians in American medicine*, (Carolina: University of North Carolina Press, 1985), Ellen S. More, *Restoring the balance: women physicians and the practice of medicine, 1850-1995*, (Harvard University Press, 1999).

²² See: Ó hÓgartaigh, *Kathleen Lynn: Irishwoman, patriot, doctor*, John Cowell, *A noontide blazing: Brigid Lyons Thornton: rebel, soldier, doctor*, (Dublin: Currach Press, 2005), Irene Finn, 'From case-study to life: Mary Strangman (1872-1943)', in: Mary Clancy, Caitriona Clear and Triona Nic Giolla Choille (eds.), *Women's Studies Review Vol.7: Oral history and biography*, (Galway, 2000), pp.81-98, Irene Finn, 'Councillor Mary Strangman and the 'health of the city', 1912-20', *Decies: journal of the Waterford archaeological and historical society*, (2000), **56** pp.189-203.

²³ Joyce Delaney, who qualified in 1949, has written a lively account of her experiences as a medical student and woman doctor in England in: *No starch in my coat: an Irish doctor's progress*, (London: P. Davies, 1971). Sidney Croskery, an Irish woman who trained at the University of Edinburgh in the early twentieth century, has also written an autobiography, *Whilst I remember*, (Belfast: The Blackstaff Press, 1983). More common, unsurprisingly, are memoirs of male Irish doctors such as J. Dowling, *An Irish doctor remembers*, (Dublin: Clonmore & Reynolds Ltd., 1955); Patrick Heffernan, *An Irish doctor's memories*, (Dublin: Clonmore & Reynolds Ltd., 1958); Charles Stewart Parnell Hamilton, *East, west: an Irish doctor's memories*, (London: Christopher Johnson, 1955); James Mullin, *The story of a toiler's life*, (Dublin and London: Maunsel & Roberts Ltd., 1921); Thomas Garry, *African doctor*, (London: John Gifford Ltd., 1939); Bethel Solomons, *One doctor in his time*, (London: Christopher Johnson, 1956).

²⁴ See: Bernadette Whelan, *Women and work in Ireland, 1500-1930*, (Dublin: Four Courts Press, 2000). There has been recent interest in the roles of Irish women in medicine and science. See for example, Mary Mulvihill (ed.), *Lab coats and lace: the lives and legacies of inspiring Irish women scientists and pioneers*, (Dublin: Women In Technology and Science, 2009) and Mary Cullen (ed.), *Stars, shells and bluebells*, (Dublin: Women In Technology and Science, 1997). In contrast, for a history of the shift in Irish women's working roles in the rural economy, see Joanna Bourke, *Husbandry to housewifery: women, economic change and housework in Ireland, 1890-1914*, (Wotton-under-edge: Clarendon Press, 1993).

women in higher education in Ireland under the umbrella of Irish women's history.²⁵ Within this field, the Irish higher education system has been represented as being 'discriminatory' and 'only one part of the overall patriarchal organisation of Irish society'.²⁶ There has also been a great deal of work done on the topic of women and philanthropy which intersects with my topic of study.²⁷ In particular, this study contributes to the history of women in the professions.²⁸ It differs from previous studies, however, because it uses a combination of both statistical and contemporary material in order to give a more thorough picture of the educational and professional experiences of women medical graduates.

The thesis draws upon several historical fields: it is a history of women medical graduates in the late nineteenth and early twentieth centuries but more broadly, it relates to the history of medicine in Ireland, the history of women in higher education in Ireland, the history of women in medicine and Irish social history. I aim to provide an account of the history of Irish women in medicine that uses a combination of methodological approaches. Hospital and medical school minute books and records give us an insight into issues surrounding the admission of women to Irish medical schools and hospitals, but these will be supplemented by contemporary writings, medical journal articles and newspaper reports. Matriculation and graduation statistics provide a broad picture of the women who

²⁵ See: Judith Harford, *The opening of university education to women in Ireland*, (Dublin: Irish Academic Press, 2008) and 'The movement for the higher education of women in Ireland: gender equality or denominational rivalry?', *History of Education*, **34:5**, (September, 2005), pp.497-516; Gillian McClelland, *Pioneering women: Riddell Hall and Queen's University Belfast*, (Belfast: Ulster Historical Foundation, 2005); Susan M. Parkes, *A danger to the men: a history of women in Trinity College Dublin, 1904-2004*, (Dublin: Lilliput Press, 2004); Eileen Breathnach, 'Women and higher education in Ireland (1879-1914)', *The Crane Bag*, **4:1**, (1980), pp.47-54. The history of the national and secondary school education of Irish girls has also been well-documented in Deirdre Raftery, *Female education in Ireland 1700-1900: Minerva or Madonna*, (Dublin: Irish Academic Press, 2007), Mary Cullen (ed.), *Girls don't do honours; : Irish women in education in the 19th and 20th centuries*, (Dublin: Women's education bureau, 1987), Alison Jordan, *Margaret Byers: a pioneer of women's education and founder of Victoria College, Belfast*, (Belfast: Institute of Irish studies, Queen's University Belfast, 1987).

²⁶ Mary Cullen, 'Introduction', in: Mary Cullen (ed.), *Girls don't do honours*, p.2.

²⁷ See Oonagh Walsh, *Anglican women in Dublin: philanthropy, politics and education in the early twentieth century*, (Dublin: University College Dublin Press, 2005). See also: Maria Luddy, *Women and philanthropy in nineteenth-century Ireland*, (Cambridge University Press, 1995). For Irish women in the missionary field, see: Myrtle Hill, 'Gender, culture and the 'spiritual empire': the Irish Protestant female missionary experience', *Women's history review*, **16:2** (April 2007), pp.203-226.

²⁸ See Whelan (ed.), *Women and paid work in Ireland*.

studied medicine at Irish universities in the late nineteenth and early twentieth centuries. Student experience is more difficult to shed light on: in order to do this, I will employ the more unusual source of the student magazine, in addition to oral history and personal accounts. The thesis focuses on the women who matriculated in medicine from the 1880s to 1920s; however, the careers of the later graduates in the cohort extended into the late 1950s and 1960s. Information on graduates' careers is ascertained through the traditional source of the *Medical Directory*, supplemented by oral history and personal details found in obituaries and newspapers. Thus, this thesis goes beyond the traditional and familiar sources by exploiting more unusual sources in order to give a deeper understanding of the stories of these women.

Women's admission to the medical profession in Britain and Ireland

One constant theme throughout the history of the medical profession 'has been the effort to define who is a member and who is not'.²⁹ The Medical Act of 1858, which applied to Britain and Ireland, attempted to unify the fractured state of the medical profession and standardise medical education while keeping unqualified 'quacks' out of the profession. In the early nineteenth century, the medical profession had a tripartite structure, composed broadly of physicians, surgeons and apothecaries. Physicians were concerned with the treatment of internal diseases by medical means with diagnoses resulting from gathering the detailed history of the illness, details of the patient's constitution and way of life, through observation of the patient and his urine and by feeling the pulse.³⁰ Surgery was concerned with the treatment of external disorders, especially ones which required 'manual interference' such as wound-dressing, the setting of fractures, reduction of dislocations and operations

²⁹ Toby Gelfand, 'The history of the medical profession' in: Roy Porter and W.F. Bynum (eds.), *Companion encyclopedia of the history of medicine*, Vol. 2, (London: Routledge, 1993), pp.1119-1150, on p.1119. For texts on the history of the British medical profession: Anne Digby, *Making a medical living: doctors and patients in the English market for medicine, 1720-1911*, (Cambridge University Press, 1994); Irvine Loudon, *Medical care and the general practitioner, 1750-1850*, (Oxford University Press, 1986); Jose Parry and Noel Parry, *The rise of the medical profession: a study of collective social mobility*, (London: Croom Helm Ltd., 1976); M. Jeanne Peterson, *The medical profession in mid-Victorian London*, (University of California Press, 1978).

³⁰ Irvine Loudon, *Medical care and the general practitioner, 1750-1850*, (Oxford University Press, 1986), p.19.

which required incisions.³¹ Apothecaries, the third estate of the medical profession, were concerned with the dispensing of prescriptions written by physicians.³² It was this tripartite structure, in addition to the rise of unlicensed 'quacks' and druggists in the period which resulted in great tensions within the medical profession. According to a Dr. Barlow, writing as early as 1813:

...so strangely perverted and unharmonised has the whole medical profession become in this country that it is impossible to conceive any change that could be as productive of equal recriminations. The surgeon exclaims against the apothecary, the physician answers both, the apothecary retorts and thus they go on mutually exasperating each other by every vilifying epithet and opprobrious insinuation until they have rendered life such a scene of heart-burning animosity and contention, that the strongest feeling of every liberal mind must be a desire to escape for ever from the profession and its bickerings...³³

Thus the Medical Act was introduced in 1858 in an attempt to put an end to frictions within the profession. The act established the General Medical Council of Medical Registration and Education in order to distinguish qualified practitioners from unqualified ones in addition to implementing the legal rights of the profession.³⁴ The act stipulated that in order to appear on the newly established *Medical Register*, listing all registered medical practitioners in the United Kingdom, a doctor had to possess a licence or medical degree from one of the nineteen registered bodies in Britain and Ireland. However, it failed to put an end to the rigid divisions within the medical profession: rather, it replaced the old tripartite structure of the profession with a new type of medical hierarchy of hospital consultants and general practitioners. In the Victorian years, the various divisions within the medical profession and the competition for patients that went along with these resulted in

³¹ Loudon, *Medical care and the general practitioner*, p.19.

³² Loudon, *Medical care and the general practitioner*, p.19.

³³ Edward Barlow, 'A disinterested physician', *Medical and Physical Journal*, **30**, (1813), p.286 cited in: Loudon, *Medical care and the general practitioner*, p.131.

³⁴ Mark Weatherall, 'Making medicine scientific: empiricism, rationality and quackery in mid-Victorian Britain', *Social History of Medicine*, **9:2**, (1996), pp.175-194, on p.176.

professional bitterness and tension and an increasingly competitive medical marketplace.³⁵

It was in this context in 1859 that Elizabeth Blackwell became the first woman to appear on the *Medical Register*. Blackwell, an important activist for women's rights, was born in Bristol, England and reared and educated in the United States. She famously qualified with an MD degree from Geneva College, New York, in 1849 and founded the New York Infirmary for Indigent Women and Children. She went to London in 1857 to attend Bedford College for Women and had her name entered on the *Medical Register* in 1859 owing to a clause in the Medical Act of that year that recognised doctors who had practised in the United Kingdom prior to 1858.³⁶ In 1865, Elizabeth Garret-Anderson gained a medical qualification from the Apothecaries' Hall that enabled her to become the second female physician on the *Medical Register*. The Apothecaries' Hall edited its charter afterwards so that no more women could take its licence examinations, putting an end to the potential of registration of medical women in Britain. At this point, women had no means of taking university degrees at institutions in the United Kingdom.

From the late 1860s, Sophia Jex-Blake (Bern and KQCPI, 1877)³⁷ campaigned for admission to study medicine. The struggle of Jex-Blake and her cohort has been well-documented.³⁸ After persuading the University of Edinburgh to admit her to study medicine in 1869, and later being joined by six other women medical students, Jex-Blake and her female classmates experienced great discrimination from their lecturers, fellow students and townspeople in Edinburgh. In 1870, there was a riot in Edinburgh, started by the male medical students at the university who disagreed with the female presence in their classes. Undeterred by this action, the

³⁵ See Peterson, *The medical profession in mid-Victorian London* and Digby, *Making a medical living*.

³⁶ M.A. Elston, 'Elizabeth Blackwell', *ODNB*.

³⁷ For women doctors mentioned in this thesis, I will list in brackets their graduation date and the institution from which they received their qualification. So, in the case of Sophia Jex-Blake, we know that she received her qualifications from the University of Bern and the King and Queen's College of Physicians in Ireland in 1877.

³⁸ The story of the Edinburgh Seven has been discussed most recently in Anne Crowther and Marguerite Dupree, 'Jex-Blake's women: education and careers', in: *Medical lives in the age of surgical revolution*, (Cambridge University Press, 2007), pp.152-175. For Sophia Jex-Blake, see: Roberts, *Sophia Jex-Blake: a woman pioneer in nineteenth century medical reform*.

'Edinburgh Seven' continued with their education until 1873 when they lost a legal challenge against the university after it had decided that they could not pursue their medical degrees. The women then sought medical degrees abroad, but these degrees were worthless if women were prohibited from registering in Britain. The 1858 Medical Act had prohibited anyone with foreign medical degrees who had qualified prior to 1858 from registering in the United Kingdom.

However, Jex-Blake and her cohort were beginning to gain support from politicians such as Russell Gurney (1804-1878), a British MP whose wife Emelia was a campaigner for women's higher education, and William Francis Cowper-Temple (1811-1888). Cowper-Temple, an English politician, attempted to have a bill passed in 1875 to allow women to enrol as students at Scottish universities but this was withdrawn so as to allow the universities concerned to decide what action to take. He then promoted another bill to allow women with foreign medical degrees achieved since 1858 to be registered in the country. The reason for the gendered focus of this bill was presumably because of the fact that men already had the option of taking university degrees in the United Kingdom while women did not. The matter was discussed by the GMC and was heavily covered in the *British Medical Journal*. The GMC did not come to a firm conclusion on the matter, stating that they 'were not prepared to say that women ought to be excluded from the profession'. Cowper-Temple then withdrew his bill and Russell Gurney promoted his Enabling Bill which was a better compromise since it did not insist that women with foreign degrees should be entitled to register but rather, it gave the nineteen licensing bodies the option, if they so wished, to allow women with these degrees to take their examinations.³⁹

The Council of the Royal College of Surgeons in London composed a petition against what the *Medical Times and Gazette* termed 'this petty patchwork attempt at legislation' on the grounds that it was narrow in focus since it was not open to men with foreign degrees and because they questioned whether the degrees of foreign universities should be 'allowed the privilege' of registering in Britain.⁴⁰ In

³⁹ Annis Gillie, 'Elizabeth Blackwell and the "Medical Register" from 1858', *BMJ*, November 22nd, 1958, pp.1253-7, on p.1256.

⁴⁰ 'Bill for the registration of foreign medical degrees held by women', *Medical Times and Gazette*, April 24th, 1875, p.446.

spite of this backlash, on the 11th of August 1876, the 'Enabling Act' was passed by British parliament. According to *The Englishwoman's Review*, the act 'was not passed on behalf of the *few* women who wish to obtain medical degrees but on behalf of the *many* women who wish to place themselves under medical advisers of their own sex'.⁴¹ The bill 'enabled' all of the nineteen recognised British medical examining bodies to accept women candidates but stated that they were not obliged to do so. With the introduction of this act, the cohort was given some hope. In Ireland, the KQCPI decided to allow women who had taken their medical degrees abroad to take its licence examinations from 1877 and the Queen's Colleges and Royal College of Surgeons in Dublin allowed women to take medical degrees from the mid-1880s. In contrast, British universities were slower to open up their medical classes to women. The University of London opened its examinations to women from 1878 (although there were no graduates until 1882) but it was not joined by other universities until the 1890s. The University of Bristol opened its classes to women in 1891, the University of Glasgow in 1892, and the University of Durham in 1893. The remaining Irish universities, the Catholic University and Trinity College Dublin⁴² opened their doors to women in 1898 and 1904 respectively, whereas the final British universities to open their doors to women, Cambridge and Oxford, did so in 1916 and 1917 respectively.⁴³

On the 10th of January, 1877, Eliza Louisa Walker Dunbar (Zurich, 1872, KQCPI, 1877) became the first woman to qualify with a medical licence from a medical institution in the United Kingdom under the new Enabling Act. A qualification from the KQCPI allowed a doctor to practice medicine but first they would have had to acquire a medical education. Since no British or Irish universities admitted women to study medicine, a woman wishing to take the medical licence examinations of the KQCPI had to first prove that she had attained medical education at a foreign

⁴¹ 'Women doctors', *The Englishwoman's review*, June 15th, 1877, p.276.

⁴² These two colleges will later be referred to as CU and TCD.

⁴³ Years of first women admitted to study medicine at the other main British universities: 1894: Welsh national school of medicine, University of Edinburgh, 1895: University of Aberdeen, 1898: University of St. Andrews, 1899: University of Manchester, 1900: University of Birmingham, 1903: University of Liverpool, 1908: University of Sheffield, 1911: University of Leeds. (SA/MWF/C.10, Medical Women's Federation Archives, Wellcome Library). It should be pointed out that the majority of British hospitals only opened to women medical students during the years of the first World War and that many of these were closed to women again after the war and remained closed until the 1940s. This will be discussed further in Chapter 3.

university. Dunbar had received private medical tuition from Elizabeth Garret-Anderson and had hoped, like Garret-Anderson, to take the examinations of the Apothecaries' Hall. However, after the Apothecaries' Hall revised its regulations so that women could not be admitted to its examinations, Dunbar went to the University of Zurich to study and was soon followed by two other British women, Louisa Atkins and Frances Hoggan. Dunbar spent four years in Zurich, qualifying with a distinction in her MD degree in 1872 and undertaking postgraduate study in Vienna, before returning to England. After qualifying from the KQCPI, she worked at the Bristol Hospital for Sick Children.⁴⁴

Table i: First ten female licentiates of the King and Queen's College of Physicians in Ireland

Year	Name	Previous qualification
1877	Eliza Louisa Walker Dunbar	MD Zurich
1877	Frances Elizabeth Hoggan	MD Zurich
1877	Louisa Atkins	MD Zurich
1877	Mary Edith Pechey	MD Bern
1877	Sophia Jex-Blake	MD Bern
1878	Annie Reay Barker	MD Paris
1878	Ann Elizabeth Clark	MD Paris
1878	Agnes McLaren	MD Montpellier
1878	Anna Dahms	MD Paris
1879	Jane Elizabeth Waterson	MD Brussels

Source: Roll of Licentiates of the KQCPI

In contrast, the majority of British universities did not open to women until the 1890s and 1900s, with the exception of the University of London which decided to admit women to take medical degrees from 1878. Thus, there were no graduates from the university until 1882 when Mary Ann Scharlieb and Edith Shove graduated through the London School of Medicine for Women.⁴⁵ The women who took their medical degrees at the University of London had trained at this school which had been established by Sophia Jex-Blake in 1874 and they attained their practical experience at the Royal Free Hospital.⁴⁶ Despite the opening up of examinations at

⁴⁴ M.A. Elston, 'Eliza Louisa Walker Dunbar', *ODNB*.

⁴⁵ List of graduates of the University of London. <http://www.shl.lon.ac.uk/specialcollections/archives/studentrecords.shtml>. With thanks to Richard Temple, archivist at Senate House Library, University of London.

⁴⁶ Negley Harte, *The University of London 1836-1986*, (London: Athlone Press, 1986), p.128.

the University of London to women, the KQCPI continued to be the most important institution for licensing women medical practitioners into the 1880s as Table ii shows. The role of the KQCPI diminished after the 1880s with no women qualifying with licences from 1889 to 1895 and only one woman qualifying between 1896 and 1900. It is likely that this was due to the fact that universities, such as the Royal College of Surgeons, were now opening up their degree examinations to women and women were more likely to have been aiming at these superior qualifications, rather than the licences.

Table ii: Comparison of numbers of female licentiates of KQCPI with number of female medical graduates from University of London (via London School of Medicine for Women/Royal Free Hospital)

Year	KQCPI	LSMW
1877	5	0
1878	4	0
1879	3	0
1880	7	0
1881	5	0
1882	3	2
1883	7	0
1884	6	1
1885	4	0
1886	2	0
1887	1	0
1888	1	2
1889	0	1
1890	0	5
1891	0	6
1892	0	7
1893	0	1
1894	0	8
1895	0	8
1896	1	7
1897	0	9
1898	0	9
1899	0	13
1900	0	14
Total	49	90

Source: Graduation lists of KQCPI and LSMW

As is apparent, the KQCPI was very important for the registration of women doctors in the United Kingdom. The rest of this thesis will investigate the reasons why the KQCPI opened its examinations to women, the backgrounds and experiences of women medical students at Irish institutions, and the careers that they went on to have after graduation.

Outline of chapters

Chapter 1 will set the scene for the following chapters, examining the arguments for and against women in medicine that proliferated in the late nineteenth and early twentieth centuries, arguing that Ireland possessed a generally liberal attitude towards women in higher education which determined its attitude towards women in the medical profession. It will suggest that the KQCPI decided to admit women for a combination of factors. It is likely that the KQCPI viewed admission of women from a financial point of view, in terms of gaining income from the fees from women students. However, also important is the context of Dublin society in the late nineteenth century which was open-minded to the issue of women's higher education, as demonstrated by women's admission to the Museum of Irish Industry and the Royal College of Science from the 1850s and 1860s. This chapter will highlight the distinctiveness of Irish medical education and the Irish context in a period when attitudes towards women in Britain were often hostile and attempts made by women to gain admission to university to study medicine were frequently hindered.

Chapter 2 examines the women who decided to matriculate in medicine in the period 1885 to 1922. It is largely based on the statistical work I have conducted on women who matriculated in medicine in the period based on my database of women medical students. Other sources used include student guides from the period and contemporary articles from newspapers and medical journals. It will reveal that women medical students tended to come from well-to-do background and tended to attend the university closest to them for financial reasons, although their choice of university also hinged on their religious beliefs and on which universities were open to women at the time. I will also discuss the reasons why women (and men) decided to take up medicine in the late nineteenth and early twentieth centuries, in particular, demonstrating that women students took up

medicine as a result of personal experience, a sense of vocation, and encouragement from their secondary schools.

Chapter 3 continues themes raised in Chapter 1 regarding the apparently egalitarian system of medical education that existed in Ireland in the period. I argue that the authorities of Irish medical schools and hospitals possessed a distinctive attitude towards their women medical students, with women and men being educated together for all subjects, with the exception of anatomy. Women students were often identified as a cohort separate from the men, as is particularly evident in the student magazines where they were figures of fun. In order to reconcile this sense of 'separateness', Irish women medical students established their own unique identity through their social activities and living arrangements. I also examine how Irish hospitals displayed a largely positive and welcoming attitude towards women medical students, in contrast to hospitals in London, where women were debarred from admission for the most part.

Chapter 4 examines the careers of the 452 women medical students who succeeded in qualifying. It reveals that women did not simply enter the fields that were promoted as suitable for them (as outlined in Chapter 1, such as the realms of women and children's health and the missionary field), but were more likely to work in general hospitals and public health, areas that were typically seen as male-dominated. The chapter also suggests that the sense of separateness that existed between male and female medical students during their medical education, as outlined in Chapter 3, did not necessarily continue after graduation.

Chapter 5 then discusses whether the First World War, which is claimed to have had a huge impact on women's career opportunities more generally, had an effect on the careers of Irish women medical graduates.

Chapter 6 explores how the issues raised in Chapters 4 and 5 played out in the lives of five particular individuals, Emily Winifred Dickson (RCSI, 1891), Emma Crooks (QCB, 1899), Lily Baker (TCD, 1906), Mary McGivern (UCD, 1925) and Jane D. Fulton (TCD, 1925) in order to add a personal dimension to the statistics used in Chapters 2 and 3. These case studies demonstrate the importance of the

personal story which is sometimes lost in traditional social histories of medicine, yet rather than being traditional narratives of 'great men' and 'great women', they are narratives of ordinary women who trained at Irish institutions in the period and which demonstrate the themes considered in previous chapters.

This thesis is important because up until now, there had been no comprehensive study of women in the medical profession in Ireland. It portrays Irish medical schools as being liberal-minded with regard to the admission of women to the medical profession. Moreover, it suggests that women were treated fairly by Irish institutions during their time in medical education. The thesis thus broadens our understanding of women in the medical profession in Ireland and of women's experiences at university more generally.

Importantly, it will highlight the distinctiveness of Irish medical education in contrast with Britain, suggesting that there were important differences that existed between Ireland and Britain: most significant, the fact that Ireland, in particular, Dublin, was seemingly more liberal than Britain with regard to attitudes towards women's medical education and that the Irish system of medical education appears to have been very much inclusive and paternalistic towards women students. At the same time, the study highlights the fact that despite this, women medical students, in common with their British and American sisters, were certainly seen as a separate cohort from the men with a distinctive social identity which was crafted both by and for them.

Pertinently, this is also a study of women's careers within the medical profession in Britain and Ireland. It demonstrates that women doctors did not necessarily enter the careers that had been prescribed for them by advocates of women's medical education in the nineteenth century. In addition, it highlights patterns of migration of women doctors between Britain and Ireland as well as illuminating differences in career trends between the two countries.

Most importantly, the thesis will change the way we consider the history of women in medicine in Ireland. Previously, women's entry to Irish higher education and the admission of women to medical education has been depicted as a 'struggle' against

male patriarchy and a battle against a hostile Irish medical profession. This is in keeping with the historiography of women in higher education in Britain.⁴⁷ This thesis argues against these ideas, suggesting that there existed in Ireland a liberal climate in the late nineteenth century which was supportive of women's admission to the medical profession, and that in their educational experiences and subsequent careers, women doctors in Ireland were treated fairly and did not experience the same separatism as their counterparts in Britain.

⁴⁷ Jane McDermid, 'Women and education', in: June Purvis, *Women's history: Britain, 1850-1945*, (London: Routledge, 1995), pp.107-130, on p.113.

Chapter 1

The admission of women to Irish medical schools

Let British degrees continue to be of perfectly definite value; make the conditions as stringent as you please, but let them be such as are attainable by all students, and are clearly understood by the general public; and then, for all that would worthily win and wear the desired honours, “a fair field and no favour”. Is there not one of the English, Scotch or Irish Universities that will win future laurels by now taking the lead generously, and announcing its willingness to cease, at last, its policy of arbitrary exclusion?

Sophia Jex-Blake, 1872¹

Writing in 1872, Sophia Jex-Blake pleaded for a British university to open its doors to women doctors and allow them to qualify alongside men. Jex-Blake, a leading British campaigner for women’s admission to the medical profession had by this time been attempting to gain access to medical education for ten years. After a visit to America in 1862 where she worked at the New England Hospital for Women and Children in Boston and was inspired by Lucy Sewell, one of America’s pioneer female physicians, Jex-Blake applied to study medicine at Harvard in 1867 but was rejected. She returned home to Britain and was accepted along with six other women, to study medicine at the University of Edinburgh in 1869. As is well-known, Jex-Blake and her cohort experienced great difficulties while studying at Edinburgh from both their lecturers and fellow students, and in 1873, were told that they would be unable to qualify with medical degrees from the institution.

The Irish Times reported in June, 1874, that ‘it was an unfortunate day for Edinburgh when that band of would-be “lady doctors” knocked at the College gates for admission’. The writer of the article spoke strongly against the admission of women to study medicine, arguing that undergraduates were unruly enough but that a ‘University filled with females who would call names if they did not pass [this being a jibe at one of the Edinburgh cohort who claimed she was treated unfairly by the

¹ Sophia Jex-Blake, ‘Medicine as a profession for women’ in: *Medical women: two essays*, (Edinburgh: William Oliphant & Co., 1872), p.68.

University of Edinburgh], is a consummation devoutly to be deprecated'.² Jex-Blake went on to found the London School of Medicine for Women in 1874 while still campaigning for women to be entitled to qualify as doctors in Britain.

Meanwhile, as we learnt in the introduction, two politicians, Russell Gurney and William Francis Cowper-Temple supported the cause of women's admission to medical schools. In 1876, Russell Gurney's 'Enabling Act' was passed by the British parliament. This bill 'enabled' all of the nineteen recognised British medical examining bodies to accept women candidates but stated that they were not obliged to do so. In 1877, Jex-Blake attained the degree of MD from the University of Bern which, along with certain European universities, appears to have been more liberal towards the admission of women than those in Britain. The University of Zurich, for example, admitted women to its medical classes from 1864.³ Likewise, at the University of Bern, the subject of women's admission received wide support from the faculty and educational officials in the 1870s.⁴ Russian, American and British women students flocked to these two universities along with Geneva and Paris for medical training.⁵

In the same year that Jex-Blake graduated from Bern, the King and Queen's College of Physicians in Dublin allowed women to take its licence examinations, becoming the first institution in the United Kingdom to allow women to do so, and thus offering women a means of qualifying as registered medical practitioners. Jex-Blake called this event 'the turning point in the whole struggle'.⁶ Eliza Louisa Walker Dunbar (KQCPI, 1877) became the first female licentiate of an institution in the United Kingdom following the Enabling Act, with Jex-Blake and her cohort following soon after. In the decade after this, the doors of Irish medical schools were formally opened to women to allow them to receive medical education in addition to qualifying alongside the men. Despite this, the role of Ireland within the history of

² *Irish Times*, June 30th, 1874, p.5.

³ Cornelia Usborne, 'Women doctors and gender identity in Weimar Germany (1918-1933)' in: Laurence Conrad and Anne Hardy (eds.), *Women and modern medicine*, (Amsterdam: Clio Medica Series, Rodopi, 2001), pp.109-126, on p.109.

⁴ Thomas Neville Bonner, *To the ends of the earth: women's search for education in medicine*, (Harvard University Press, 1992), p.64.

⁵ Bonner, *To the ends of the earth*, pp.57-80.

⁶ Sophia Jex-Blake, *Medical women: a thesis and a history*, (Edinburgh: Oliphant, Anderson & Ferrier, 1886), p.204.

women in medicine and the admission of women to the medical profession in Britain has tended to be excluded or often briefly passed over in histories of the subject. It is evident; however, that Ireland played an important role in the rise of the female medical practitioner in Britain in the late nineteenth century. This chapter will examine the contemporary arguments for and against women in the medical profession and the debates surrounding the decision of the Irish colleges to admit women to their institutions.

There is evidence to suggest that Ireland possessed a history of women doctors starting as early as the sixteenth century. Elizabeth I granted a charter to the Dublin guild of barber-surgeons in 1572 allowing them to practice, with the translation of the charter reading that she granted the guild leader permission to 'make a Fraternity or Guild of the Art of Barbers of his City of Dublin to be for ever called or named the Fraternity or Guild of Saint Mary Magdalene to consist of themselves and other persons as well Men and Women and to receive and accept of any other persons whatsoever fit and discreet and freely willing to join them as Brothers and Sisters of the Fraternity or Guild aforesaid.'⁷ This suggests that both women and men were allowed to join the guild although we do not know if many women actually worked as barber-surgeons in Dublin in this period. Similarly, women were entitled to hold the licence of midwifery from the KQCPI, with one woman, "Mistress Cormack" receiving the licence in 1696.⁸ Details concerning women in medicine in Ireland in the eighteenth century are even hazier. In England in this period there is evidence of women "surgeonesses" until 1841, with English census returns showing no woman described as 'surgeon', 'apothecary' or 'physician', though there were 676 midwives and 12,476 nurses listed.⁹ Wyman argues that the fall of the female practitioner was as a result of the rise of the apothecary. Moreover, the re-organisation of the medical profession caused by the 1858 Medical Act, which also applied to Ireland, resulted in the exclusion of outsiders. The act did not specifically exclude women but with the emphasis now placed on standardisation of medical qualifications from universities, to which

⁷ Sir Charles A. Cameron, *History of the Royal College of Surgeons in Ireland and of the Irish schools of medicine including numerous biographical sketches; also a medical bibliography*, (Dublin: Fannin & Company, 1886), pp.60-61.

⁸ Cameron, *History of the Royal College of Surgeons in Ireland*, p.100.

⁹ A.L. Wyman, 'The surgeoness: the female practitioner of surgery, 1400-1800', *Medical History*, **28**: 22-41, (1984) p.39.

women had no access, it effectively prevented women from making it onto the Medical Register.¹⁰

There were several arguments put forward by members of the medical profession against women in medicine. *The British Medical Journal* in 1870 contended that the medical profession was already well supplied in its numbers and that the introduction of women surgeons might displace an equal number of men surgeons.¹¹ Yet, just a few months earlier, the *Irish Times* had supported the establishment of a medical class for women at any of the Dublin hospitals, especially considering that there were numerous enough hospitals to permit one of them to allow for the instruction of female students. The newspaper admitted doubt as to 'whether there is in Ireland a considerable demand for lady doctors' but noted that 'it seems there is a demand in other places, and there can be no objection to us supplying the necessary professional instruction in a Dublin school. We commend the subject to the attention of the heads and professors of our existing schools'.¹² Nonetheless, more common were articles such as one in 1876, which claimed that the 'wholesale irruption of fascinating lady doctors' would result in 'ruinous competition' for medical practitioners, and, concerning lady doctors with foreign, particularly American, qualifications, the writer stated that 'we should tremble to find ourselves in the hands of lady-physicians coming from those districts of the Union where female suffrage reigns supreme'.¹³

Of course, it was not simply a case of male doctors wishing to have a monopoly over the medical marketplace. Medicine was not seen as a proper career for a woman at this time and considering the Victorian expectation that women should be dutiful wives and mothers, there was great opposition to the entry of women to higher education, especially to professions such as medicine. Charles West, for example, commented in 1876 that 'the special duties of her sex, which can be devolved on no one else, must be left undone or done slightly by almost every woman who undertakes medicine as a profession and who attains any reasonable

¹⁰ Wyman, 'The surgeoness: the female practitioner of surgery, 1400-1800', p.41.

¹¹ 'The admission of ladies to the profession', *BMJ*, May 7th, 1870, p.475.

¹² Editorial article, *Irish Times*, November 8th, 1869, p.2.

¹³ Untitled, *Irish Times*, February 15th, 1876, p.4.

success in its pursuit.¹⁴ Another common argument against women's admission to medical education was that the study of medicine specifically might endanger a woman physically and mentally.¹⁵ This will be discussed further later in this chapter.

It was in this context that the KQCPI agreed to admit women to take its licentiate examinations and thus be entitled to place their names on the Medical Register and legally practice. Considering the hostile climate that existed in Britain towards women in medicine, we must question why the College took such a decision. Was Ireland more liberal than Britain or were there other reasons underlying the decision? This chapter will begin with an examination of the arguments both for and against women in medicine in the late nineteenth and early twentieth century before investigating the admission of women to Irish medical institutions.

Arguments for and against women in medicine

Arguments against women in medicine were based on contemporary beliefs about women's physical, mental and emotional natures which were rooted in Victorian physiological theories of the late nineteenth century. Medical practitioners, particularly specialists in gynaecology and obstetrics who were beginning to notice competition from female doctors in these areas, were instrumental in the attack on the women's higher education movement in nineteenth-century Britain.¹⁶ Menstruation was commonly cited as a barrier for women who wished to undertake higher education. The process of menstruation began to be referred to as a curse rather than as a natural process, as may be seen in the words of James McGrigor Allan, a nineteenth-century opponent of women's suffrage. Writing in 1869 against women in education, he claimed that the 'eternal distinction in the physical organisation of the sexes' meant that the average man was the mental superior of the average woman. He argued:

¹⁴ Charles West, 'Medical women: a statement and an argument', (London: J&A Churchill, 1878), p.30.

¹⁵ See: Joan Burstyn, 'Education and sex: the medical case against higher education for women in England, 1870-1900', *Proceedings of the American Philosophical Society*, **117:2**, (April, 1973), pp.79-89.

¹⁶ Burstyn, 'Education and sex', p.81.

In intellectual labour, man has surpassed, does now, and always will surpass woman, for the obvious reason that nature does not periodically interrupt his thought and application.¹⁷

Most notably, Henry Maudsley, (1835-1918), the British psychiatrist, argued that women were unable to partake in higher education as a result of menstruation.¹⁸ *The Dublin Medical Press*¹⁹ argued against this notion in 1875, in response to the publication of Maudsley's work:

Education of women, in short, like education of men, should be directed towards cultivating the brain and the muscles equally; and if this golden rule of hygiene be observed, we cannot see why women are to be kept in ignorance or how it will in any way benefit posterity to keep one half of the race in the dark upon all the deepest questions which most interest our happiness.²⁰

Evidently, the writer of this article for the *Dublin Medical Press* held a more egalitarian view towards the admission of women to study medicine, believing that it would negatively affect the progression of the human race to exclude one sex from education. Similar debates were taking place in America at this time. Dr. Edward Clarke's publication *Sex in Education; or, A Fair Chance for the Girls* (1873) questioned whether there was a role for women in the professions. Clarke argued that menstrual functions and coeducation were incompatible for American girls, with too much education and mental exertion threatening the physical development of

¹⁷ James McGrigor Allan, 'On the real differences in the minds of men and women', *Journal of the Anthropological Society of London* **7:212** (1869), p.46, cited in: Cynthia Eagle Russett, *Sexual science: the Victorian construction of womanhood*, (Harvard University Press, 1989), p.30.

¹⁸ Henry Maudsley, 'Sex in mind and education', *The Fortnightly Review*, Vol. XV, (1874), pp.466-483.

¹⁹ *The Dublin Medical Press* was a weekly Irish medical journal issued by the Irish Medical Association. Its editors were members of the Royal College of Surgeons. It ran from 1838-1926, and was classed as being 'independent/neutral' in its political stance, though it was generally conservative and middle-class in its outlook. It had a circulation of 24,562 stamps in 1850. (Source: *The Waterloo Directory of English periodicals and newspapers, 1800-1900* and personal communication with Ann Daly).

²⁰ 'Sex in Education' in *DMP*, January 27th, 1875, p. 79.

girls, especially when this was undertaken during the period of menstruation.²¹ In her 1877 paper 'The question of rest for women during menstruation' Mary Putnam Jacobi (Female College of Pennsylvania, 1864), an American physician, argued against Clarke's notions that menstruation made a role for women in the medical profession impossible. Jacobi suggested that menstruation and education were compatible and used both statistical analysis and experimental methods to back up her arguments. Her essay, submitted anonymously, won the Boylston Prize at Harvard University.²²

We may gain further insight into contemporary attitudes towards women in medicine from a letter entitled 'A lady on lady doctors' which appeared in the *Lancet* in 1870. The writer used the pen-name 'Mater' but it is unclear whether the author was actually female. Mater's letter opens by arguing that 'No woman, in any dangerous crisis calling for calm nerve and prompt action, would trust her self in the hands of a woman'.²³ The idea that women doctors did not possess the 'calm nerve' required in times of crisis was a common argument put forward by those against women in medicine at the time. It was bound up in Victorian ideology that men were more rational-thinking and sensible than women, who were traditionally viewed as being flighty, hysterical and irrational.²⁴ Women's very physical natures were also attacked, with Mater arguing that physically, women were not fit to be doctors because they were lacking 'the coolness and strength of nerves' required to be a doctor. Mater also remarked that 'the constitutional variations of the female system, at the best are uncertain and not to be relied upon'.²⁵ Likewise, in October, 1873, an article in *The Irish Times* commented on the unsuitability of women for the medical profession on account of their lack of 'firmness, promptness of decision, and

²¹ Carla Bittel, *Mary Putnam Jacobi and the politics of medicine in nineteenth-century America*, (Chapel Hill: University of North Carolina Press, 2009), pp.122-3.

²² Bittel, *Mary Putnam Jacobi*, p.126.

²³ 'A lady on lady doctors', *Lancet*, May 7th, 1870, p.680.

²⁴ See, for example, Elaine Showalter, *The female malady: women, madness and English culture, 1830-1980*, (London: Virago Press Ltd., 1987) for a history of nineteenth and twentieth century perceptions of women's natures which influenced their psychiatric treatment.

²⁵ 'A lady on lady doctors', p.680.

muscular strength'. As well as these flaws, the writer argued that women patients would not have confidence in women doctors.²⁶

For supporters of women in the medical profession, it was women's very natures that made them most suitable to work as doctors. Advocates claimed that there was a definite need for women doctors to treat women patients. In 1869, an article in *The Irish Times* made the point that 'if women prefer to be attended by women, it is only fair that they should have their choice'.²⁷ Likewise, Thomas Haslam wrote to the *Freeman's Journal* in 1871, making a similar case for the medical education of women. Haslam, who, along with his wife, Anna, would found the Dublin Women's Suffrage Association in 1876, argued that women were most suitable for a career in the medical profession because of their 'intense natural sympathy with children'. He claimed that women would be 'peculiarly qualified for the successful treatment of the diseases of childhood, provided only they receive the necessary training, and that therefore their devotion to this branch of the medical profession would be an unqualified boon to humanity'. Haslam also felt that women were much better qualified than men to treat patients of their own sex:

It is a melancholy fact that sensitive women often lose their health, sometimes even their lives, through an invincible repugnance to confide their ailments to a male physician, and that many valuable lives might be saved to the community if such persons had had skilled practitioners of their own sex to whom they could speak without a breach of their instinctive delicacy.²⁸

This was a key argument put forward by those promoting the medical education of women. The Editor, 'F.J.', responded by stating that 'he [Haslam] advances nothing to which we have the least objection' but commented that there existed the issue of the dissecting-room and argued that perhaps women should be educated separately from men for anatomy classes.²⁹ Indeed, the separation of women and

²⁶ 'Queen's university of Ireland: meeting of convocation', *Irish Times*, October 16th, 1873, p.3.

²⁷ *Irish Times*, November 8th, 1869, p.2.

²⁸ 'Letter to the Editor', *Freeman's Journal*, February 2nd, 1871, p.3.

²⁹ 'Letter to the Editor', *Freeman's Journal*, February 2nd, 1871, p.3.

men for anatomy classes would be issue for Irish medical schools, as will be discussed in Chapter 3.

Sophia Jex-Blake, who was arguably the most vocal authority on the medical education of women in the period, argued that women's emotional natures in fact made them very suited to the medical profession, stating, 'Women have more love of medical work, and are naturally more inclined, and more fitted for it than most men'.³⁰ Jex-Blake insisted that there was a 'very widespread desire...among women for the services of doctors of their own sex'.³¹ Such arguments continued into the early twentieth century. In 1903, Ethel Lamport, an English female doctor who trained at the London School of Medicine for Women in the 1890s declared that women were entitled to be treated by a female physician if they so desired.³² In Ireland, when the Munster branch of the Irish Association of Women Graduates and Candidate Graduates wrote to the Victoria Hospital for Diseases of Women and Children in Cork requesting that a female doctor be appointed to the hospital's staff, they argued that often women patients preferred to be treated by female physicians.³³

It was claimed too that women patients found it easier to tell their problems to a female doctor. Teresa Billington-Greig (1877-1964), a suffragette who established the Women's Freedom League, commented on the fact that women doctors were better qualified to treat women because they could empathise with problems specific to women.³⁴ As well as this, she argued that it was much easier for a woman to talk about all of her medical problems to a female doctor rather than to a male one and that in many cases, women refrained from seeing their [male] doctor because of the dread they had of the consultation and examination involved.³⁵ Jex-Blake cited the example of the Boston Hospital for Women and Children where

³⁰ Sophia Jex-Blake, 'The medical education of women', a paper read at the Social Science Congress, Norwich, October 1873, (London, 1874), p.3.

³¹ Jex-Blake, 'The medical education of women', p.4.

³² Ethel F. Lamport, 'Medicine as a profession for women', in: *Education and professions*, The women's library, Vol. 1, (London: Chapman & Hall, 1903), p.257.

³³ Undated letter (from period 1902-13) from the Munster Branch of the Irish Association of Women Graduates and Candidate Graduates to the Board of Management of Victoria Hospital, Cork, (UCD archives: NUWGA1/3).

³⁴ Teresa Billington-Greig, 'Why we need women doctors', in: *Woman's Wider World – weekly syndicated article*, February 28th, 1913, (Women's Library, London: 7/TBG2/G7).

³⁵ Billington-Greig, 'Why we need women doctors'.

there were women doctors on the staff and where she worked as a student at its dispensary. She stated that there had been several occasions when she had heard women patients from the lower classes stating their relief at being able to tell their problems to a lady doctor.³⁶

However, despite claims that women's gender made them considerably more sympathetic as doctors, opponents tended to argue that the feminine brain was less suited to the study of medicine than its male counterpart.³⁷ The *British Medical Journal* in 1870 questioned whether the female mind was intelligent enough for medical study.³⁸ Those arguing against women in medicine inferred that women were morally unsuited to careers in the medical profession. Mater, for example, argued that morally, women were unfit to be doctors because 'they cannot (even the best of them) hold their tongues'.³⁹ An essential part of medical practice in the nineteenth century was medical confidentiality, which refers to the duty of doctors, as bound by the Hippocratic Oath, to keep secret or confidential any information which their patients might dictate while in their care. The Hippocratic Oath laid the foundations of the medical profession as being 'a morally self-regulating discipline'.⁴⁰ Through the claim that women would be incapable of upholding this confidentiality, the author reinforced age-old stereotypes of women as chatty gossips, unable to keep secrets, and thus, the idea that they were unfit to become members of the medical profession.

Certain members of the Irish medical profession appear to have disagreed with these views. A Dr. Stewart, secretary of the Irish Medical Schools and Graduates Association, for example, claimed in 1892 that his organisation had been the first to admit lady members and that he felt, from his experience, that the British Medical Association would benefit from the introduction of ladies.⁴¹ Likewise, four

³⁶ Jex-Blake, 'Medicine as a profession for women', p.41.

³⁷ Jonathan Hutchinson, 'A review of current topics of medical and social interest', *BMJ*, August 19th, 1876, p.233.

³⁸ 'Lady surgeons', *BMJ*, April 2nd, 1870, p.338.

³⁹ 'A lady on lady doctors', p.680.

⁴⁰ Robert Baker, 'The history of medical ethics', in: W.F. Bynum and Roy Porter (eds.), *Companion encyclopedia of the history of medicine*, Vol. 2, (London: Routledge, 1993), pp.852-887, on p.853.

⁴¹ 'British Medical Association: The admission of lady doctors: interesting discussion', *Freeman's Journal*, July 29th, 1892, p.6.

years earlier, the *Freeman's Journal* reported on Dr. Thomas More Madden's address at the Annual Meeting of the British Medical Association in Glasgow. Dr. More Madden, an Irishman, was President of the Obstetrics Section of the British Medical Association at the time and supported the admission of women to the medical profession, particularly their admission to the speciality of obstetrics. More Madden is quoted as having said:

I cannot agree with those who are opposed to the admission of women into the practice of our department of medico-chirurgical science for which their sex should apparently render them so especially adapted. I can see no valid reason why any well qualified practitioner, male or female, should not be welcomed amongst us. Nor if there are any women who prefer the medical attendance of their own sex, does it seem fair that in this age of free trade they should not be afforded every opportunity.⁴²

More Madden also argued that there was a distinctive need for women doctors in India and Oriental countries 'where millions of suffering women and children are fanatically excluded from the possibility of any other skilled professional assistance; and I therefore think that such practitioners are entitled to admission into our ranks in the British Medical Association'.⁴³ This was a common argument put forward by supporters of women in the medical profession in the period, in particular by members of the medical profession itself who may have had fears about the overcrowding of their profession within the United Kingdom. Even Queen Victoria, who was otherwise opposed to women doctors, expressed in 1883 her support for efforts being made to raise a guarantee fund for the benefit of women doctors willing to go out from Britain to settle and work in India.⁴⁴ Jex-Blake, however, was critical of non-university courses that were established for the purpose of training women to provide medical care in the Zenana missions, arguing that such courses could not possibly equip women with the skills and training necessary for the medical profession.⁴⁵

⁴² Untitled, *Freeman's Journal*, August 9th, 1888, p.4.

⁴³ Untitled, *Freeman's Journal*, August 9th, 1888, p.4.

⁴⁴ 'The Queen and medical women', *The Englishwoman's review*, January 13th, 1883, p.33.

⁴⁵ Sophia Jex-Blake, 'Medical education of women: a comprehensive summary of present facilities for education, examination and registration', (Edinburgh: The National Association

From the 1910s onwards, calls for women doctors to go to India became more frequent in the press, perhaps as fears concerning the overcrowding of the medical marketplace became more resolute. In the January 28th, 1910 edition of *The Irish Times*, there was a report on the Annual Meeting of the Society for the Propagation of the Gospel in which the views of a Rev. J.A. Robertson, Secretary to the Medical Missions Department, were published. In Robertson's view, 'the only way to get at the women of India and the women of the Mahommedan world was through women doctors'.⁴⁶ Similarly, in February, 1914, *The Irish Times* reported on the meeting of another missionary society which encouraged women doctors to go and work in India and in a report in May, 1920, comments on a meeting of the Zenana Missionary Society and the great necessity for women doctors in India.⁴⁷

While admitting women a role in the missionary field, opponents of women doctors regularly expressed fears about the consequences that the admission of women to the medical profession might have for women's other roles, particularly within the family. Mater drew attention to problems that might arise for the husbands and children of lady doctors:

But granting (as we must) the privilege of matrimony to these aspiring ladies, how then? Under certain resulting conditions, what is to become of the patients? Is a "nursing mother" to suckle her babe in the intervals snatched from an extensive practice? Or is the husband of the "qualified practitioner" to stay at home and bring up the little one with one of those "artificial breasts" so kindly invented to save idle and selfish women from fulfilling the sweetest and most healthful duties to maternity?

And

for Promoting the Medical Education of Women, 1888), p.18, (Wellcome Archives: SA/MWF/C3).

⁴⁶ 'Society for the propagation of the Gospel: annual meeting', *Irish Times*, January 28th, 1910, p.9.

⁴⁷ 'Dublin University mission to Chota Nagpur: Ladies' Auxiliary annual meeting', *Irish Times*, February 21st, 1914, p.5 and 'Zenana missionary society: record year's income', *Irish Times*, May 21st, 1920, p.7.

A man's home should be to him also a rest. Will it be much of this with his wife in and out all day, called up all night, neglecting the household management and leaving the little ones to the care of servants? I think not.⁴⁸

Similar sentiments were expressed in the pages of *The Irish Times*. In 1895, a letter to the editor from 'Tommie' expressed strong objections to women 'endeavouring to occupy male positions'; the writer feared that the day might come when men would have to 'don the petticoats and take up their position beside the cradle'.⁴⁹ In 1897, a similarly anti-feminist article was published in response to an article by Janet E. Hogarth, an activist for women's rights. The article was extremely critical of Hogarth and echoes the sentiments of Tommie's letter, fearing that the world would not be better for the transformation of the 'modern woman'.⁵⁰ Not only was it suggested that women's work as doctors would endanger their roles as wives and mothers, but it was also believed that mental strain through medical education might cause damage to the female reproductive system.⁵¹

These sentiments reflect Victorian attitudes which placed middle-class women firmly in the home.⁵² Gorham explains this by arguing that as a result of the tension produced by industrial change, Victorians sought to establish the family as a source of stability, and this resulted in the establishment of 'a cult of domesticity, an idealised vision of home and family, a vision that perceived the family as both enfolding its members and excluding the outside world'.⁵³ This 'cult' assisted in relieving the tensions 'that existed between the moral values of Christianity, with its emphasis on love and charity, and the values of capitalism, which asserted that the world of commerce should be pervaded by a spirit of competition and a recognition that only the fittest should survive'.⁵⁴ Thus, the Victorian middle classes were able

⁴⁸ 'A lady on lady doctors', p.680.

⁴⁹ 'The editor's letter box', *Irish Times*, February 2nd, 1895, p.1.

⁵⁰ Untitled, *Irish Times*, December 2nd, 1897, p.6.

⁵¹ Burstyn, 'Education and sex', p.79.

⁵² Margaret Bryant, *The unexpected revolution: a study in the history of the education of women and girls in the nineteenth century*, (London: University of London Institute of Education, 1979), p.28.

⁵³ Deborah Gorham, *The Victorian girl and the feminine ideal*, (London: Croom Helm Ltd., 1982), p.4.

⁵⁴ Gorham, *The Victorian girl and the feminine ideal*, p.4.

to reconcile the stark differences between the harsh reality of their industrial society and the moral values endorsed by Christianity.

The patriarchal family became regarded as the building block of the civilised Victorian society upon which Britain's stability depended.⁵⁵ As a result, arguments concerning women's domestic roles were of great importance to the Victorian middle-class man or woman – what to do with these women doctors if they married and chose to have children as well as a career? Of course, this question was not distinctive to the debate concerning women doctors but applied to women wishing to have a career in any profession. The traditionalist attitude of the 1897 article, in calling the working female doctor 'idle' and 'selfish' and displaying abhorrence at the idea that her husband might have to stay at home to look after the children, is typical of its time. The application of this argument specifically against women in medicine has a long history, such as in the *Morning Chronicle* newspaper in 1858 which stated that as well as being physically disqualified from careers in medicine, women were also disqualified as a result of their duties as wives and mothers.⁵⁶

These perceptions of suitable gender roles continued into the twentieth century. An article in *The Irish Times* in 1907 entitled 'Women Doctors Dead Failures', apparently written by a medical man, alleged that women would not succeed as doctors because they 'are singularly unsuccessful in much that they undertake'.⁵⁷ The author believed that women were better off working in 'the modiste than in the mortuary' and closed his article with the sentence 'I am afraid the plain, unvarnished truth is that all the best work of the world has been, and always will be, done by men.'⁵⁸

Unsurprisingly, Jex-Blake was one of those who argued against this, claiming that every intelligent human being had the right to 'choose out his or her own life work and to decide what is and what is not calculated to conduce to his or her personal benefit and happiness'.⁵⁹ A career in the profession of her choosing

⁵⁵ Joan Perkin, *Victorian women*, (New York University Press, 1993), p.74.

⁵⁶ 'Petticoat physic', *The Morning Chronicle*, January 11th, 1858, p.6.

⁵⁷ 'Women doctors, dead failures', *Irish Times*, February, 2nd, 1907, p.18.

⁵⁸ 'Women doctors, dead failures', p.18.

⁵⁹ Jex-Blake, 'The medical education of women', p.6.

was presented as a fundamental right of women by those involved in the women's movement in the late nineteenth and early twentieth centuries. Jex-Blake felt that medicine should be no exception. She even made the argument that there was historical evidence in favour of the medical education of women and that, 'those learned in Greek literature will remember that Homer speaks of medical women both in the *Iliad* and in the *Odyssey*' and that Euripides represents the nurse as reminding Queen Phaedra that if her disease 'is such as may not be told to men', there were skilled women at hand to whom she could turn.⁶⁰ Ethel Lamport also drew attention to Queen Phaedra and other medical women in Greek literature as well as mentioning figures from the Middle Ages in various European countries who were successful female doctors.⁶¹ Despite the historical precedence of women healers, opponents of women in medicine claimed that women could have a role in caring for the sick but without becoming doctors. Mater argued:

Let women then be nurses, tenders of the sick, free from the very faintest taint of prudery or affectation in anything and everything that comes in their way when helping and sustaining the sufferings of those around them; but let there be a line beyond which they sink from treading.⁶²

It may appear to be a paradox that nursing was deemed suitable for women, while medicine was not, but the answer is that nursing was not seen as a proper career for a middle class woman at the time. In Ireland, aside from that carried out by nuns, in the late-nineteenth century nursing was undertaken mostly by poor women without training who carried out their work in return for maintenance within their institution.⁶³ Lee Holcombe has argued that in the nineteenth-century, young middle class ladies in Britain would have been revolted by the idea of becoming nurses.⁶⁴ Nursing work at the time was considered 'a particularly repugnant form of domestic service for which little or no education and special training were necessary' and as

⁶⁰ Jex-Blake, 'The medical education of women', p.5.

⁶¹ Lamport, 'Medicine as a profession for women', pp.278-86.

⁶² 'A lady on lady doctors', p.680.

⁶³ Maria Luddy, *Women and philanthropy in nineteenth-century Ireland*, (Cambridge University Press, 1995), p.51.

⁶⁴ Lee Holcombe, *Victorian ladies at work: middle-class working women in England and Wales, 1850-1914*, (Connecticut: Archon Books, 1973), p.68.

a result, up until the early twentieth-century, the majority of nurses came from the very lowest classes of society.⁶⁵

A career in medicine, on the other hand, in spite of the arguments against it and obstacles facing women who wished to qualify and subsequently practice, would have been a better option for middle-class women and brought with it an upgrade in social status. Medicine was viewed as an elite profession that required a great deal of rigorous training whereas nursing, though a crucially important occupation, was held in less regard. Jex-Blake, in a pamphlet entitled 'Medical Women', spoke out against this paradox, stating:

It has always struck me as a curious inconsistency that while almost everybody applauds and respects Miss Nightingale and her followers for their brave disregard of conventionalities on behalf of suffering humanity, and while hardly any one would pretend that there was any want of feminine delicacy in their going among the foulest sights and most painful scenes, to succour, not their own sex, but the other, many people yet profess to be shocked when other women desire to fit themselves to take the medical care of those of their sisters who would gladly welcome their aid. Where is the real difference? If a woman is to be applauded for facing the horrors of an army hospital when she believes that she can there do good work, why is she condemned as indelicate when she professes her willingness to go through an ordeal, certainly no greater to obtain the education necessary for a medical practitioner?⁶⁶

Florence Nightingale herself had argued that there was a separate sphere for women in medicine through the profession of nursing: women should attend to problems of sanitation, hygiene and midwifery, not medicine or surgery, thus alleviating any fears concerning competition among male doctors.⁶⁷

⁶⁵ Holcombe, *Victorian ladies at work*, p.68

⁶⁶ Sophia Jex-Blake, *Medical women: two essays*, (Edinburgh: William Oliphant & Co., 1872), pp.35-6.

⁶⁷ Mary Poovey, *Uneven developments: the ideological work of gender in mid-Victorian England*, (Chicago: University of Chicago Press, 1986), p.186.

Occasionally, medicine was viewed as being a profession for 'ladies' while nursing was viewed as a career for 'women'. In 1876, an article by Jonathan Hutchinson, senior surgeon to the London Hospital, appeared in *The British Medical Journal* which claimed that the study of medicine by women might 'lower feminine delicacy'.⁶⁸ Emily Davies, a pioneer in the women's higher education movement in Britain, writing in a paper entitled 'Medicine as a profession for women' claimed that 'the business of a hired nurse cannot be looked upon as a profession for a lady' and that medicine was a far more suitable profession for women of the middle classes.⁶⁹ She furthermore pointed out that the salary of a hospital nurse was no better than that of a butler or groom, and, for this reason, women of the middle classes should have been attempting to gain access to medicine instead.

To conclude: those arguing against women in the medical profession in Britain claimed that women's natures made them unsuited to work as doctors. As with arguments concerning women's role in higher education, opponents claimed that medical education would put unnecessary strain on women students and that menstruation would hinder their education. It is evident that not everyone shared these views, with supporters of women's admission to the medical profession arguing that there was a definite demand for women doctors by female patients who would be more comfortable being attended by a woman than by a man. Additionally, it was claimed that there was a need for women doctors in the missionary field. Despite this, opponents claimed that medicine was not a suitable career for women and that women should choose the alternative career path of nursing if they wished to care for the sick. I have suggested that, as with the backlash more generally against middle-class women in higher education and in the workplace at this time, these notions were constructed in order to protect the institution of the family and of the Victorian wife and mother, all of which were seen as crucial for a healthy economy and society.

This section has outlined the attitudes that existed in the United Kingdom in the wake of the admission of women to the KQCPI in 1877. In the following sections, I

⁶⁸ Hutchinson, 'A review of current topics of medical and social interest', p.233.

⁶⁹ Emily Davies, 'Medicine as a profession for women', (1862) in: Emily Davies, *Thoughts on some questions relating to women, 1860-1908*, (Cambridge, 1910), p.37.

will discuss the reasons why the KQCPI decided to admit women medical students to take its licence examinations.

The admission of women to the KQCPI and Irish medical schools

In 1898, a report on the opening of the Catholic University Medical School to women compared the change in the attitude of the general public towards women doctors to the altered outlook towards lady cyclists:

How a few short years have changed all of this! How thoroughly we have become accustomed to, and how warmly we approve of, the lady cyclist. So it is with other departures.....How many fair and gentle womanly women – as well, no doubt, those of the more stern or manly type – may now be found in these countries among the ranks of the medical profession!⁷⁰

In the same year, the *Freeman's Journal* also commented that 'the lady doctor is getting on. She has broken down the barrier of bigotry and exclusiveness and forced her way into the profession. She has now her recognised position and status, and is no longer, except amongst the particularly ill-conditioned, a theme for rude jests and jibes'.⁷¹

By this time, it had been twenty-one years since the historic decision of the King and Queen's College of Physicians to allow women to take its licence examinations. In March, 1878, a year after the admission of women to the KQCPI, the *Lancet* medical journal reported on the question of the admission of women to of the Royal College of Physicians in London. The fellows of the College were strongly opposed to the admission of women. Sir George Burrows moved that he felt that men and women should not be educated together while a Dr. West argued that women's natures made them unfit to be doctors. A Dr. Bucknill stated that allowing women to take the medical examinations of the College would be a retrograde step towards the 'modern desire of making women work'.⁷² According to the *Medical Times and*

⁷⁰ 'The medical profession for women', *Freeman's Journal*, August 18th, 1898, p.4.

⁷¹ Untitled article, *Freeman's Journal*, January 27th, 1898, p.4.

⁷² 'The Royal College of Physicians: the admission of women', *Lancet*, March 23rd, 1878, p.438.

Gazette, the Fellows of the Royal College of Physicians believed ‘that women are making a grievous mistake in desiring to become practitioners of medicine; that it is a career eminently unsuited for them; and that entering it, besides being of no benefit to themselves generally, will be of no gain to medicine and will be paid for by the public’.⁷³ In fact, the Royal College of Physicians in London did not allow women to take its licentiate examinations until thirty-two years after the KQCPI when Dossibhai Rustomji Cowasji Patell became its first female licentiate in 1910.⁷⁴

Considering that the Royal College of Physicians in London held such hostile views towards the admission of women to take its licences, we may wonder why the Irish College differed. I will argue that the decision of the KQCPI to admit women in 1877 was the result of three main factors: firstly, the liberality already shown towards women in higher education in Ireland, second, the personalities on the Council of the KQCPI when the decision was made and finally, it is possible that financial factors may have played a role in the KQCPI's decision.

Dublin had an unusual history of liberality in the education of women. The Museum of Irish Industry had admitted both men and women to its public lectures on science and to its courses on scientific subjects from the 1850s.⁷⁵ The Department of Science and Art provided an annual grant of £500 to the Museum of Irish Industry for the provision of series of lectures on scientific topics to societies in provincial towns in Ireland and, as in Dublin, these courses were open to both men and women.⁷⁶ Cullen comments that it is difficult to determine precise numbers of women students at the Museum of Irish Industry, but, given the large number of female students that appear in the lists of prize-winners, they are likely to have comprised a significant proportion of the student body. The vast majority of these ladies were from the middle classes.⁷⁷ The successor of the Museum of Irish Industry, the Royal College of Science came into existence in 1867 following a

⁷³ ‘The Royal College of Physicians and medical women’, *Medical Times and Gazette*, March 25th, 1878, p.307.

⁷⁴ Information courtesy of Geraldine O’Driscoll, archivist at the Royal College of Surgeons, London.

⁷⁵ Clara Cullen, ‘The Museum of Irish Industry, Robert Kane and education for all in the Dublin of the 1850s and 1860s’, *History of Education*, **38:1**, (January 2009), pp.99-113, on p.106.

⁷⁶ Cullen, ‘The Museum of Irish Industry’, p.107.

⁷⁷ Cullen, ‘The Museum of Irish Industry’, p.109.

treasury decision to convert the Museum and Government School of Science into the Royal College of Science in 1865.⁷⁸ The Royal College of Science admitted women to its classes from its opening year.⁷⁹ The college admitted two types of students: associated students who attended for three years and who, on the successful completion of the course, received the Diploma of Associateship, and non-associated students who attended individual courses as they pleased.⁸⁰ One writer to *The Freeman's Journal* in 1870 commented that Dublin had 'achieved honour in other countries by its liberality to ladies in connection with the Royal College of Science' and hoped that the Dublin medical schools would soon follow the example set by Paris and (briefly) Edinburgh.⁸¹

Also important is the fact that the council of the KQCPI in the 1870s was composed of senior members of the Irish medical profession who happened to be in favour of the admission of women to the medical profession, among them Rev. Dr. Samuel Haughton, Dr. Aquilla Smith and Dr. Samuel Gordon. Samuel Haughton was responsible for the promotion of the School of Physic Amendment Act of 1867 which became known as "Haughton's Act".⁸² Under this Act, the professors of the College 'no longer had to be Protestant, and persons of all nations, whether or not holders of a university medical degree, could be appointed. The election of the professors of the College was placed entirely in the hands of the fellows who no longer had to resign that status in order to become candidates.'⁸³ Haughton's role in the promotion of this act in 1867 suggests that he was open to the inclusion of all in medical education. The idea that non-Protestants and people from outside the United Kingdom could become professors at the College of Physicians would have been groundbreaking for an institution with such strong Protestant roots, but it indicates that the Irish College of Physicians was willing to introduce reforms in medical teaching.

⁷⁸ Brian B. Kelham, 'The Royal College of Science for Ireland (1867-1926)', *Studies: an Irish Quarterly Review*, **56:223**, (Autumn 1967), pp.297-309, on p.300.

⁷⁹ Clara Cullen, 'The Museum of Irish Industry (1845-1867): research environment, popular museum and community of learning in mid-Victorian Ireland' Ph.D. thesis submitted to University College Dublin in June 2008.

⁸⁰ Kelham, 'The Royal College of Science for Ireland', p.302.

⁸¹ 'Letter to the Editor', *The Freeman's Journal*, January 28th, 1870, p.4. This was before the University of Edinburgh changed its mind with regard to women medical students.

⁸² J.D.H. Widdess, *A history of the Royal College of Physicians of Ireland, 1654-1963*, (Edinburgh: T.&A. Constable Ltd., 1963), p.214.

⁸³ Widdess, *A history of the Royal College of Physicians of Ireland*, p.214.

Haughton was also responsible for the transformation of Sir Patrick Dun's Hospital in Dublin.⁸⁴ Under his guidance, the hospital was extended to provide surgical, obstetrical and gynaecological services as well as medical services. He also introduced a modern system of trained nursing into the hospital.⁸⁵ In his obituary in the *British Medical Journal* in November, 1897, Haughton is hailed as a brilliant scientific writer, and for having been responsible for bringing about many reforms in medical education in Dublin in the late nineteenth century.⁸⁶ In addition to his work in the medical schools, Haughton gave public science lectures in Dublin at Trinity College. One such lecture, on a Saturday in March 1876, was attended by a large audience which included a number of ladies.⁸⁷ It is possible that it was in this role that he came to recognise that women and men could be educated together.

Less is known about the other two players in the admission of women to the KQCPI. Dr. Aquilla Smith, who had proposed the motion that Edith Pechey be accepted to take the examinations for the medical licence, has a similarly glowing obituary in the *British Medical Journal*. He is called 'one of the best known and most distinguished of the profession in Ireland' and is said, because of his knowledge of educational matters, to have served as the representative of the KQCPI on the GMC from 1858 until 1888.⁸⁸ Dr. Samuel Gordon, was President at the time of the admission of women to the KQCPI coincidentally had nine daughters and is heralded in his obituary as having been a brilliant physician and teacher with a 'paternal and kindly' manner.⁸⁹ Like Aquilla Smith and Samuel Haughton, his obituary paints the picture of a man who was deeply interested in medical education and its reform.

In keeping with this liberal attitude towards women medical students, Irish voluntary hospitals had a history of allowing women onto their wards for clinical experience and lectures and women medical students appear to have been readily accepted.

⁸⁴ T.D. Spearman, 'Rev. Dr. Samuel Haughton', *ODNB*.

⁸⁵ T. Percy C. Kirkpatrick, *History of the medical teaching in Trinity College Dublin and the School of Physic in Ireland*, (Dublin: Hanna and Neale, 1912), p.302.

⁸⁶ 'Obituary: Rev. Samuel Haughton, M.D., D.CL, LLD', *BMJ*, November 6th, 1897, p.1376-7.

⁸⁷ 'Professor Haughton's lectures', *Irish Times*, March 27th, 1876, p.6.

⁸⁸ 'Obituary: Dr. Aquilla Smith, M.D., F.K.Q.C.P.I.', *BMJ*, April 5th, 1890, p.814.

⁸⁹ 'Obituary: Samuel Gordon', *BMJ*, May 7th, 1898, pp.1236-7.

At Dr. Steevens' Hospital in Dublin, a female student, Mrs. Janthe Legett, had been admitted to the hospital's classes from November 1869 until the summer of 1873, seemingly without question.⁹⁰ Mrs. Legett, who undertook her preliminary examinations to enter the University of Edinburgh in October, 1870, conducted her practical experience and lectures at the Dublin hospital. One Edinburgh professor, Professor Handyside, on learning that the candidate had followed the anatomy course at Dr. Steevens' Hospital, congratulated the lady on having studied in so excellent a school.⁹¹ Leggett herself, writing to Sophia Jex-Blake, commented of her experiences at the hospital:

I had the unanimous consent of the Board to pursue my medical studies in Steevens' Hospital. As to the medical students, they are always civil. Dr Macnamara, President of the College of Physicians of Ireland, said it was his opinion that the presence of ladies would refine the classes.⁹²

Likewise, Dr. Hamilton, the medical secretary of Dr. Steevens' Hospital commented that the hospital staff had found the system of mixed classes to work 'very well'.⁹³

As was the case with the admission of women medical students to Irish hospital wards, as will be discussed in Chapter 3, it is also possible that financial factors were pertinent to the College's decision to admit women students. Fees were a crucial source of income for the KQCPI. In 1874, for example, the total income for the half year ended 17th October, was £801. Of this, £771 came from fees for medical licences.⁹⁴ Similarly, for the half year ended April 17th, 1875, the total income was £809 with the total from fees being £758.⁹⁵ By October, 1877, it is evident that fees had become an even more important source of revenue for the College. The total revenue for that half year was £1201 with the total fees

⁹⁰ T. Percy C. Kirkpatrick, *The History of Doctor Steevens' Hospital Dublin, 1720-1920*, (Dublin: Ponsonby and Gibbs, 1924), p.261.

⁹¹ Editorial article, *Irish Times*, October 31st, 1870, p.4.

⁹² Sophia Jex-Blake, *Medical women: two essays*, (Edinburgh: William Oliphant & Co., 1872), p.143.

⁹³ Jex-Blake, *Medical women*, p.143.

⁹⁴ Summary of the Income and Expenditure of the King and Queen's College of Physicians in Ireland, for Half Year, Ended October 17, 1874, Minutes of the KQCPI, Vol. 16, p.34.

⁹⁵ Summary of the Income and Expenditure of the King and Queen's College of Physicians in Ireland for Half year ended April 17, 1875, Minutes of the KQCPI, Vol.16, p.123.

comprising £1048.⁹⁶ Not only was income up but by 1877, the finances of the College were in a healthier state. Whereas in 1875, the College balance at the end of the half-term in October 1875 had been £1476, two years later, the balance had risen to £2526. It is possible that the council of the college viewed the admission of women to take its medical licences as a means of generating income.

Perhaps important to this was the fact that since the late seventeenth century, women had been entitled to take the midwifery licence at the KQCPI if they so wished, with Mistress Cormack, mentioned earlier, taking a licence in 1696, and Mrs. Catherine Banford taking a licence in 1732, although no further women took the licence in midwifery until 1877.⁹⁷ It is possible that the college did not see a great difference between admitting women to do this and admitting women to take licences in medicine.

As we know, in January, 1877, Eliza Louisa Walker Dunbar became the first female licentiate of the KQCPI, but this was the climax of over three years of petitioning by some other women. In December, 1873, Mary Edith Pechey (KQCPI, 1877) had written to the KQCPI requesting to know the power of the College to admit women to examination and to give them a licence in Midwifery, and, if such a licence would be registerable under the Medical Act of 1858.⁹⁸ Pechey, born in Colchester, England, was the daughter of a Baptist minister William Pechey and his wife Sarah. Pechey presumably expected that the College would be more likely to award women licences in midwifery than medicine. In 1874, the Council of the KQCPI informed Pechey that 'women have been examined for a Licence in Midwifery by the King and Queen's College of Physicians and that the College will be prepared to examine Women for a Qualification in Midwifery, but are unable to state whether such Qualification is Registerable under the Medical Act'.⁹⁹

Pechey, along with Jex-Blake and Annie Clark, another of the 'Edinburgh Seven', went to the University of Bern in order to undertake further medical study. Pechey

⁹⁶ Summary of the Income and Expenditure of the KQCPI for half year ended October 17, 1877, Minutes of the KQCPI, Vol.16, p.402.

⁹⁷ Information from Robert Mills, librarian at the Royal College of Physicians, Dublin.

⁹⁸ Minutes of the KQCPI, 'Ordinary Meeting, Friday, 2nd of January, 1874', Minute Book Vol. 15, p.342.

⁹⁹ Minutes of the KQCPI, 'Ordinary Meeting, Friday, 2nd of Jan., 1874', M.B. No. 15, p.343.

and Jex-Blake both qualified with MD degrees from the University of Bern in January, 1877. Pechey's role in the battle for women to attain admission to study medicine in the late nineteenth century appears to have been neglected by historians who have tended to focus on her fiery counterpart, Sophia Jex-Blake, a name that is far more synonymous with the history of women in medicine. Pechey, however, appears to have been active in petitioning the Irish schools of medicine to admit women, as will be discussed later. In 1883, she moved to India where she was heavily involved in medical work amongst Indian women.¹⁰⁰

In early 1874, another figure, Louisa Atkins, enters the story. Atkins was a married Englishwoman who had trained for her MD degree at the University of Zurich.¹⁰¹ Unlike, Pechey, however, Atkins requested permission to be examined for a licence in medicine rather than midwifery. A Special Meeting of the council of the KQCPI was held in January at which Rev. Dr. Samuel Haughton proposed an application on behalf of Atkins for admission to be examined for the Licence in Medicine.¹⁰² The proposal was seconded by Sir Dominic Corrigan, an eminent physician of the Dublin School of Medicine and vice-chancellor of the Queen's University of Ireland.¹⁰³ An amendment was proposed by a Dr. Lyons and seconded by Dr. Aquilla Smith: "That before deciding the question of the admission, nor non-admission, of Mrs Louisa Atkins to examination for the Licence of the College, the Opinion of the Law Officers of the Crown be taken as to whether, under the Charter and Acts, the College is competent to admit females to the Licence of the College".¹⁰⁴ The amendment was defeated by sixteen votes to twelve, before a second amendment was proposed by Dr. Steele and seconded by Dr. Hayden, the Vice-President of the College at the time: "That the College is of opinion that it is inexpedient that Women should be admitted to examination for the Licence to practise Medicine". Despite the support of Corrigan and Haughton for Atkins'

¹⁰⁰ Edythe Lutzker, 'Edith Pechey-Phipson: the untold story', *Medical History*, 11:1, (January 1967), pp.41-45, on p.41.

¹⁰¹ 'Obituary: Louisa Atkins MD', *BMJ*, November 1st, 1924, pp.836-7.

¹⁰² Minutes of the KQCPI 'Special Meeting, Wednesday, 7th of Jan., 1874', Minute Book No.15, p.345.

¹⁰³ L. Perry Curtis jun., 'Sir Dominic John Corrigan', *ODNB*.

¹⁰⁴ Minutes of the KQCPI, 'Special Meeting, Wednesday, 7th of Jan., 1874', Minute Book No.15, p.346.

admission, this amendment was passed as a resolution with twenty-two votes in favour, five votes against, and one fellow declining to vote.¹⁰⁵

Meanwhile, Pechey was busily writing to Irish institutions requesting that she be admitted. In spite of the fact that she had achieved her degree at Bern, she was in need of a registerable licence from an institution in the United Kingdom so that she could have her name placed on the *Medical Register* and be allowed to practice. Luckily, for Pechey and her counterparts, the KQCPI decided to take advantage of the Enabling Act. In October, 1876, a letter from Pechey 'petitioning the College to avail themselves of the new power granted by the Act 39 and 40 Vict. Chap. 41 and to admit women to the examination for the Licence of Medicine' was referred to at an Ordinary Meeting of the KQCPI.¹⁰⁶ The motion 'that Miss Pechey's prayer to be admitted to examination for the Licence in Medicine be complied with, after her papers have been certified by the Committee of Inspection' was proposed by Dr. Aquilla Smith, seconded by Rev. Dr. Samuel Haughton, and resolved.¹⁰⁷ Permission was then granted to Pechey to present herself for the First Professional Examination for the Licence.

The decision of the College to admit Edith Pechey made headlines in both the *Dublin Medical Press* and *The Medical Times and Gazette*, an English journal which commented that Pechey had been accepted for admission and that another candidate, Eliza Louisa Walker Dunbar, was expected to present herself for examination the following February.¹⁰⁸ *The Dublin Medical Press* commented that Edith Pechey had been accepted for the medical licence and that a similar application for the admission of women to study medicine at the Queen's Colleges was now underway and that this application had 'the support of very influential members, and also of the Government'.¹⁰⁹

¹⁰⁵ Minutes of the KQCPI, 'Special Meeting, Wednesday, 7th of Jan., 1874', Minute Book No.15, p.346.

¹⁰⁶ Minutes of the KQCPI, 'Ordinary Meeting, Friday, 6th of October, 1876', M.B. No. 16, p.257.

¹⁰⁷ Minutes of the KQCPI, 'Ordinary Meeting, Friday, 6th of October, 1876', M.B. No. 16, p.257.

¹⁰⁸ 'The admission of women to the profession', *Medical Times and Gazette*, December 23rd, 1876, p.709.

¹⁰⁹ 'Notes on Current Topics: a registerable qualification for women', *DMP*, October 18th, 1876, p.321-2.

In spite of being admitted to the KQCPI, Pechey also wrote to Queen's College Galway on the 19th of October, 1876 and to Queen's College Belfast in November. It is possible that she did this because a degree would have been a superior qualification than a licence. In her letter to the Council of QCG, which was read out at a Council Meeting on the 23rd of October, 1876, Pechey stated that she had been given permission to take the examinations for the MD degree by the Senate of the Queen's University and requested permission from the College to allow her to take four classes in the College in order to comply with the regulations concerning attendance of the Queen's University.¹¹⁰ Pechey said in her letter that if it was necessary for these classes to be divided, one female and one male, then she offered to remunerate the professors of the College 'for the extra time and trouble which such an arrangement must necessarily entail upon them'.¹¹¹ As well as this, Pechey offered to guarantee the payment of a maximum fee of £100 for each class so divided and because the number of female students would presumably be small for a few years, she offered to guarantee the said payment for a further five years.¹¹² This promise of such a significant payment clearly indicates how much Pechey wanted to attain a medical degree. Likewise, it is possible she wrote to QCG before QCB because the Galway college was in a less stable financial condition. Pechey closed her letter, stating, 'My object being to obtain a legal qualification to practise Medicine, my strong wish would be to accomplish that object in the way most satisfactory to you, and in accordance with the deep sense I shall experience of your liberality in removing from my way those disabilities under which I have laboured so long.'¹¹³

The Council of QCG had lengthy discussions on the issue and came to the conclusion that women admitted under the Enabling Act, 'are precisely on the same footing as Male Students, with regard to Matriculation, Fees, Attendance on Lectures, and Examinations, and in every other respect' but because they could foresee 'such grave difficulties' in admitting women to the college, they 'declined to

¹¹⁰ Queen's College Galway Council Minutes, Council Meeting, 23rd of October, 1876.

¹¹¹ Q.C.G. Council Minutes, Council Meeting, 23rd of October, 1876.

¹¹² Q.C.G. Council Minutes, Council Meeting, 23rd of October, 1876.

¹¹³ Q.C.G. Council Minutes, Council Meeting, 23rd of October, 1876.

avail themselves of the Act'.¹¹⁴ Pechey also wrote to QCB requesting permission to attend medical lectures, but, according to a letter received by the Council of Queen's College Cork, the Council in Belfast had unanimously 'deemed it inexpedient to comply with Miss Pechey's request.'¹¹⁵

Despite Pechey's lack of support from the Queen's Colleges, the KQCPI appears to have been growing more favourable towards the admission of women as is evident from their treatment of Eliza Louisa Walker Dunbar. In January, 1877, at the Monthly Examination Meeting of the KQCPI, an attempt was made to prevent the issuing of a licence to Dunbar by rescinding the resolution that allowed her to be admitted.¹¹⁶ That this proposition was rejected by nine votes to three suggests that the College council was now favourable towards the admission of Dunbar.¹¹⁷ It was then resolved that the licence to practise medicine be issued to Dunbar, along with three other male candidates, who had been examined separately from her.¹¹⁸ Thus, Dunbar became the first female licentiate of the KQCPI. She was also awarded a midwifery licence the day after the award of her medical licence.¹¹⁹ Her success, in contrast to Louisa Atkins three years earlier must be attributed to the fact that the Enabling Act was now in operation and the KQCPI had a legal entitlement to admit women to take its examinations if it so wished.

Atkins was clearly still keen to practise medicine and on the 2nd of February, 1877, at the Monthly Business Meeting, her case was reconsidered along with that of Frances Hoggan. Hoggan, the daughter of a vicar, had been reared in Wales but educated abroad as a teenager and later, like Dunbar, received private medical tuition from Elizabeth Garret-Anderson.¹²⁰ It was decided that both women should

¹¹⁴ Q.C.G. Council Minutes, Council Meeting, 23rd of October, 1876.

¹¹⁵ Queen's College Cork Governing Body Minutes, Council Meeting, November 15th, 1876, p.265.

¹¹⁶ Minutes of the KQCPI 'Monthly Examination Meeting', 10th of January, 1877,' Minute Book No.16, p.298.

¹¹⁷ Minutes of the KQCPI, 'Monthly Examination Meeting, 10th of January, 1877', Minute Book No. 16, p.299.

¹¹⁸ Minutes of the KQCPI 'Monthly Examination Meeting', 10th of January, 1877,' Minute Book No.16, p.298.

¹¹⁹ Register of midwifery licentiates of the KQCPI, (RCPI/365/3).

¹²⁰ M.A. Elston, 'Frances Elizabeth Hoggan [nee Morgan]', *ODNB*.

be admitted to take the examination for the licence to practise medicine.¹²¹ Hoggan was granted her licence on the 14th of February, 1877 while Atkins was granted hers in May.¹²²

However, complications now arose for Edith Pechey whose licence had not yet been granted. The following month, at a Council meeting, it was decided to suspend Pechey's admission to take the licence examinations on account of her having an M.D. degree from the University of Bern. For some reason, Pechey's papers from Bern were not in accordance with the by-laws of the KQCPI.¹²³ The Council decided to postpone her admission until a committee had decided whether to include qualifications from the University of Bern in the list of foreign degrees recognised by the College.¹²⁴ On the 9th of March, 1877, two members of the Council, Dr. Lyons and Dr. Jennings, attempted to have the resolutions to admit Mary Edith Pechey and Eliza Louisa Walker Dunbar rescinded, but this motion was rejected, suggesting that the majority of Council members were still in favour of the admission of women to take the medical examinations. At the Examination Meeting on the 15th of March, Pechey's application was reconsidered by the committee, who decided that her papers, bar a certificate in Midwifery, were in accordance with the by-laws of the College, and that she would be admitted to take the Licence examinations on presenting a certificate in Practical Midwifery.¹²⁵ Pechey was eventually granted her medical licence, along with Sophia Jex-Blake and Louisa Atkins, on the 9th of May, 1877.¹²⁶ The following day, Pechey and Jex-Blake were also granted midwifery licences.¹²⁷

Despite the apparent liberalism of the KQCPI, it is clear that not all members of the Irish medical profession were convinced. In May, 1877, after the conferring of the KQCPI medical licences to Atkins, Pechey and Jex-Blake, the *Dublin Medical Press*

¹²¹ Minutes of the KQCPI, 'Monthly Business Meeting', 2nd of February, 1877, Minute Book No.16, p.308.

¹²² Roll of licentiates of the KQCPI, 1877-1910.

¹²³ Minutes of the KQCPI, 2nd of March, 1877, Minute Book No.16, p.322.

¹²⁴ Minutes of the KQCPI, 9th of March, 1877, Minute Book No.16, p.329.

¹²⁵ Minutes of the KQCPI, 'Examination Meeting', 15th of March, 1877, Minute Book No.16, p.336.

¹²⁶ Minutes of the KQCPI, 'Monthly Examination Meeting', 9th of May, 1877, Minute Book No.16, p.350.

¹²⁷ Register of midwifery licentiates of the KQCPI, (RCPI/365/3).

reported that the ladies were exempted from one-half of their examination on account of their Swiss qualifications. The author of the article stated:

We have already recorded an earnest protest against this laxity with regard to foreign degrees and we repeat that the license of the Irish College of Physicians must lose a step in public estimation, when it is known that a class of candidates are authorised to write L.K.Q.C.P. after their names, without satisfactory evidence of medical competency. We do not suggest that these ladies would have failed to prove their competency, nor are we able to say whether Swiss degrees are or are not reliable evidence of medical knowledge.¹²⁸

Men with degrees from continental universities had been entitled to take the licence examinations of the KQCPI and other British institutions since the early eighteenth century. However, following the Medical Act in 1858, this practice was outlawed for anyone who attained their foreign degree after 1858.¹²⁹ The opening up of this clause to women following the Enabling Act in 1876 caused alarm in *The Dublin Medical Press*. The journal suggested, quite disparagingly, that through allowing the admission of women who had taken foreign degrees, the KQCPI had taken a step towards the granting of absentia diplomas.¹³⁰ Similarly, the *Standard* newspaper claimed in March, 1877, that women licentiates of the KQCPI took examinations that were 'less stringent than those undergone by men'.¹³¹ This claim was refuted by *The Englishwoman's Review* which reported that Dunbar had undertaken the same examinations as her male counterparts and that her clinical and viva voce examinations were undertaken at the same time and in the same room as the male students.¹³² Similarly, Hoggan wrote to the *Standard* to protest that in her experience 'not only was the examination not less stringent than that undergone by men' but that she additionally had to undergo a clinical examination and a written paper from which, if she had been a man, her six years' practice in the medical

¹²⁸ 'Lady Doctors at the Irish College of Physicians', *DMP*, May 23rd, 1877, p.417.

¹²⁹ Jean M. Scott, 'Women and the GMC', *BMJ*, 22nd-29th of December, 1984, pp.1764-7, on p.1765.

¹³⁰ Scott, 'Women and the GMC', p.1765.

¹³¹ *Standard*, March 5th, 1877. (Scrapbook relating to the Royal Free Hospital and the medical education of women, Royal Free Archives, London).

¹³² Untitled article, *Englishwoman's Review*, March 13th, 1877, p.130.

profession as a hospital physician and privately, would have exempted her.¹³³ Fears about the professionalism of the female licentiates of the KQCPI continued with the *Dublin Medical Press* reporting in 1889 on the case of Annie McCall, who had been an early licentiate of the KQCPI, and who had reportedly been indulging in the unprofessional practice of dispensing ‘an admixture of “Gospel Address, with hymns and prayer”, together with medicine, and all for the small charge of 2d.’¹³⁴

Despite the controversies in the press and their rejection of Pechey’s offer in 1876, the other Irish medical schools soon followed the example of the KQCPI. In November, 1879, the question of the admission of female students arose again at a Council Meeting at QCG, where the Council decided that ‘the educational advantages of the College should, if feasible, be open to all students irrespective of sex’¹³⁵ although no lady student was actually admitted to study medicine until 1902. It was not until November, 1883, that the Governing Body of QCC allowed the admission of women to classes of lectures provided by the Arts professors of the college.¹³⁶ Belfast’s first lady medical student was admitted in 1888 while Cork’s was admitted in 1890. The Catholic University followed suit in 1898.¹³⁷ In 1884, the Royal College of Surgeons met to decide whether they would admit women and the motion was passed by nine votes to three, with several leading members of the Irish medical profession such as Sir Charles Cameron, voting in favour.¹³⁸ *The Dublin Medical Press*, despite its previous negative attitudes towards the admission of women to the profession, reported favourably on the decision:

We congratulate the fellows on their good sense and liberality. They have saved the College from being branded as obstructive and jealous, from being left behind by the Royal Irish University and other similar institutions, from being compelled by medical legislation to do what they refused, and, most

¹³³ ‘The medical profession for women’, *Standard*, March 6th, 1877. (Scrapbook relating to the Royal Free Hospital and the medical education of women, Royal Free Archives, London).

¹³⁴ ‘Female practice in south London’, *DMP*, October 9th, 1889, p.366.

¹³⁵ Queen’s College Galway Council Minutes, Council Meeting, November 15th, 1879.

¹³⁶ Queen’s College Cork Governing Body Minutes, Council Meeting, 6th of November, 1883, p.60.

¹³⁷ ‘Annual Report of the Faculty: May 20th 1898’, Catholic University School of Medicine: Governing Body Minute Book, Vol.1, 1892-1911, (UCD archives: CU/14).

¹³⁸ ‘Special meeting: October 23rd, 1884’, RCSI Minutes of Council Vol. 7, 1882-84, p.296.

important, from being guilty of a palpable injustice for the perpetration of which no sufficient reason could be argued.¹³⁹

Mary Emily Dowson, an English woman who trained at the London School of Medicine for Women became the first female to take the examinations of the Royal College of Surgeons in Dublin in 1886, proving, in the words of the *Dublin Medical Press*, that there was no doubt 'as to the propriety or expediency of ladies entering the domain of surgery'.¹⁴⁰

The journal commended the College for its liberalism, stating:

We are also, we believe, justified in congratulating the College upon having shown itself superior to the prejudices which might have been expected to influence the acts of an institution of its years. In this, as in other of its proceedings of the last few years, the College has shown that it will not be precluded by an obstructive medical conservatism from pursuing the progress which accords with the spirit of our age, and we are convinced that even those who dislike the invasion of surgical precincts by ladies will consider that the College has acted properly in sacrificing the feeling which many of its Fellows must entertain for the sake of doing what seems right and just.¹⁴¹

Despite the sometimes negative attitude of the *Dublin Medical Press*, other newspapers praised newly qualified female doctors. *The Freeman's Journal*, in particular in 1898, rejected the negative attitude of the *Dublin Medical Press* towards the possible admission of three women candidates to the fellowship of the Royal College of Surgeons, stating: 'Whether they will pass the examination or not is, the *Medical Press* observes, a different question. The observation shows a trace of the old hostile spirit, and is particularly unhappy in face of the brilliant professional success of some of the lady doctors that the College knows'.¹⁴² Although the KQCPI did not admit women to its fellowships until 1924 when Mary Ellis Teresa Hearn became the first fellow, the RCSI admitted women as fellows

¹³⁹ 'Admission of women to the profession', *DMP*, January 14th, 1885, p.35-36.

¹⁴⁰ 'The first lady surgeon', *DMP*, June 8th, 1886, p.524.

¹⁴¹ 'The first lady surgeon', *DMP*, June 8th, 1886, p.524.

¹⁴² Untitled article, *Freeman's Journal*, January 27th, 1898, p.4.

from 1893 when Emily Winifred Dickson became the first female fellow.¹⁴³ From 1893 to 1922, there were 26 female fellows of the RCSI.¹⁴⁴ Likewise, the Royal Academy of Medicine in Ireland (RAMI) demonstrated the same liberality as other Irish institutions by admitting women doctors to its meetings from its foundation in 1882. Edith Pechey appears to have become the first female member in 1883.¹⁴⁵ Women students were allowed to become associates of the RAMI after passing their third professional examination, which was 'a great boon', in the words of one student, because it enabled them to hear about all of the interesting cases which entered the various Dublin hospitals.¹⁴⁶ In contrast, in Britain, the British Medical Association closed its membership to women in 1878 and did not re-open it until 1892.¹⁴⁷ And, in 1896, there was a campaign to exclude women from English medical societies.¹⁴⁸ The admission of women to the fellowships of the RCSI and the RAMI is testament to the ongoing professional esteem and support for women doctors in Ireland. Considering this, it is evident that the liberalism of the KQCPI was not 'anomalous' as has been argued.¹⁴⁹ Similarly, within the Irish press, there were some supporters of women in the medical profession. In March, 1893, the *Freeman's Journal*, applauded Emily Winifred Dickson and Katherine M. Maguire, both graduates from the RCSI. The author referred to the current issue of *Health Record* in which the articles by Dickson and Maguire were the very best in the publication.¹⁵⁰

Conclusion

¹⁴³ Register of Fellows of the KQCPI 1667-1985(RCPI/365/41) and Roll of Fellows of the College, *Calendar of the Royal College of Surgeons in Ireland, October 1923 to September 1924* (Dublin: University Press, 1923-4), pp.83-95.

¹⁴⁴ Register of Fellows of the RCSI.

¹⁴⁵ Incomplete register of members of the RAMI, (Royal College of Physicians archive, Dublin).

¹⁴⁶ Clara L Williams, 'A short account of the school of medicine for men and women, RCSI', *Magazine of the London School of Medicine for Women and Royal Free Hospital*, No. 3, January 1896, pp.91-132, on p.108.

¹⁴⁷ Prior to 1878, only two women, Elizabeth Garrett Anderson and Frances Hoggan had been successful in achieving membership. See: Tara Lamont, *The Amazons within: women in the BMA 100 years ago*, *BMJ*, December 19th-26th, 1992, pp.1529-32.

¹⁴⁸ Irene Finn, 'Women in the medical profession in Ireland, 1876-1919', in: Bernadette Whelan (ed.), *Women and paid work in Ireland, 1500-1930*, (Dublin: Four Courts Press, 2000), p.113.

¹⁴⁹ Finn, 'Women in the medical profession in Ireland', p.105.

¹⁵⁰ Untitled, *Freeman's Journal*, March 4th, 1893, p.4.

In the nineteenth century, those arguing in favour of women's admission to medical schools claimed that there was a great demand for women doctors to treat women patients, a role for which they would be eminently suited. It was believed that there was a need for women doctors to work in the missionary field and that they were entitled to be provided with the proper training for this role. On the other side, those arguing against women in the medical profession claimed that women's physical, mental, and emotional natures made them unfit for medical education or work as doctors. It was believed that the admission of women to the medical profession might have negative consequences for the Victorian family, on which the stability of British society depended.

Considering the mixed and often hostile attitudes towards women in medicine that existed in Britain in the late nineteenth century, one may question why the KQCPI was the first institution to take advantage of Russell Gurney's Enabling Act and admit women with foreign qualifications to take its licentiate examinations. The decision appears to have been the result of a combination of factors: Dublin had already proved its liberality towards women in higher education through the admission of women to the Museum of Irish Industry in the 1850s and the Royal College of Science since the 1860s, and it was likely that this atmosphere was instrumental in the decision. Subsequent chapters will determine whether this seemingly egalitarian attitude towards women persisted in the spheres of women's medical education and the working world.

Financial factors might have also played a role in the decision of the College to admit women students. The KQCPI, like the teaching hospitals, garnered a considerable income from student fees. The Council of the KQCPI may have viewed admitting women to take its licences from a financial perspective in that it would enable them to generate more income. Once the KQCPI made the decision to admit women to take these licences, other Irish universities followed suit and from the mid-1880s, Irish women began to enrol in medical courses. Between 1885 and 1922, 759 women matriculated in medicine at Irish institutions. In the following chapter, I will examine the social and geographic backgrounds of these first women medical students and discuss their possible reasons for undertaking medical education.

Chapter 2

Becoming a medical student

In August, 1898, *The Freeman's Journal* reported:

Twenty years ago well educated and well-to-do young girls never dreamt of a profession, or if they did they were looked upon with amazement by all their friends, and worried until the idea was shamed out of their heads. In those days a lady doctor was a dreadful anomaly, a thing almost unheard of, and to be avoided. Again, how all this, too, is changed!¹

The article was commending the decision of the medical school of the Catholic University to open its doors to women medical students and noted the striking rapidity with which the public had grown accustomed to the idea of women in the professions with the lady medical student at that point being 'nothing to be wondered at'.² Likewise, by 1904, women students were so well-established in Irish universities that *Q.C.G.* magazine reported that the female student was now a recognised part of college life. The writer commented that the presence of the female student in the classroom was 'an incentive to the masculine student to work hard and the sweet smile of a Lady Senior Scholar often compels difficult Mathematical problems to come right'.³ Ten years later, *The Quarryman*, the magazine of Queen's College Cork, stated that College life would be 'dull' without lady students and the fact that their numbers were increasing every year was a positive thing, with the presence of the lady student in Irish universities representing 'a change for the better'.⁴

From the mid-1880s, Irish women began to matriculate at medical institutions in Ireland.⁵ Numbers of women were initially low but increased during the years of the

¹ 'The medical profession for women', *Freeman's Journal*, August 18th, 1898, p.4.

² 'The medical profession for women', p.4.

³ 'Students in "Ye Citie of ye Tribes"', *Q.C.G.: A record of college life in the city of the tribes*, **3:1**, (November, 1904), p.25

⁴ 'Apologies', *The Quarryman*, **1:2**, (January, 1914), p.20.

⁵ Matriculation referring to students enrolling in medicine in their first year of study and who appear in the matriculation albums/student registers of Irish universities.

First World War before decreasing again after 1918. In 1885, just one woman matriculated in medicine but by 1917 this had risen to 112. The archival material for this chapter is the databases I have compiled of women matriculating at Irish institutions. One database relates to women who matriculated as medical students at Irish institutions while the other relates to the women who succeeded in graduating, upon which the Biographical Index at the end of the thesis is based. The Biographical Index gives details of the birth/death dates, geographical, family and religious background of the women medical students who graduated from Irish institutions and details of their university education and subsequent careers.

I derived my information relating to students' backgrounds from the matriculation albums for the three Queen's Colleges. The registers for the other colleges were unavailable so I have relied on the *Medical Students Register* (a yearly published register giving details of students matriculating each year at British and Irish universities) for gleaning basic details of students matriculating at the Royal College of Surgeons, Royal College of Science, Catholic University/University College Dublin and Trinity College Dublin. However, it is possible that not all students matriculating at these universities were listed in this register, in which case they are not listed in the database. (Women graduates who were discovered by chance in the *Medical Directory* but were not listed in the register have been listed in the Biographical Index). This database represents an almost complete record of women who matriculated in medicine at Irish institutions. The matriculation albums of the Queen's Colleges give details of students' name, age, birthplace, father's name, and in some cases, father's occupation and the student's religion, while the *Medical Students Register* simply gives details of name and year of matriculation. In the cases of students about whom there was limited detail in the matriculation albums or whose details were found in the *Medical Students Register*, additional information could sometimes be gleaned through the NUI matriculation records and the 1911 Irish census.

In October, 1904, seven women matriculated in medicine at Irish institutions. Among them were Harriet MacFaddin (QCG), Amy Florence Nash (RCSI) and Sarah Elizabeth Calwell (QCB) who we will be following in this chapter. First-year students like MacFaddin, Nash and Calwell were commonly referred to in the

student magazines as 'jibs' and often faced ridicule.⁶ One writer for *U.C.G.* magazine in 1919 commented that 'the first year Medicos are easily distinguished from the remainder of the "jibs" by that rakish and debonair appearance, characteristic of a budding chronic.'⁷

As for the three women we will be following in this chapter, all three had initially taken the matriculation examinations of the RUI which enabled them to enrol in the universities of their choice. Harriet MacFaddin was the daughter of a Church of Ireland clergyman. Medicine ran in Amy Nash's family: her father, William Henry Nash, was a general practitioner while her younger brother Edgar also went on to medical education. Calwell's father Robert was listed as 'builder' in the QCB matriculation records, and as 'master carpenter' in the 1911 census. Like Edgar Nash, Sarah Calwell's younger brother David also went on to train as a medical student. Calwell was Presbyterian while Nash and MacFaddin were both members of the Church of Ireland. These three women were typical in terms of their social backgrounds and their choices of university also reflect their religious persuasions. In this chapter, I will survey the women matriculating in medicine from the 1880s to 1920s, examining their possible reasons for taking up medicine, factors that may have affected their choice of medical school, as well as their social, geographic and religious backgrounds.

⁶ One writer in *U.C.G.* in 1914 commented: 'And now for a glimpse at the new-blood – otherwise the jibs. From what we hear, they are – men and ladies both – after our own heart. Now don't misunderstand us, please. We don't mean that they – least of all the ladies – are after our own hearts. But that's what we said? Well, you know what we mean. Not that they've any designs on our happy freedom but they're a decent crowd. We hear that the boys are very much disinclined for physical exercise in the ball-court. Now that's not right. But perhaps it's because of their little faults we love them so. And we hear too, that excessive mental exertion isn't apt to bring on any attacks of chronic meningitis amongst them. But you can't blame them really. That's all the ladies' fault. There are five of them, each taking out some of the lectures. It makes us sad to think of it. When we were young and promising jibs, there were no ladies in class with us. Otherwise we'd be First Medicals yet, we're afraid'. (*U.C.G.: A college annual* 1:2, (Easter 1914), p.67.)

⁷ 'Medical notes', *U.C.G.: A college annual 1919-20*, p.57.

Background and reasons for studying medicine

Before discussing the social and geographic backgrounds of the cohort of women medical students, I wish to address the reasons that might have sustained a woman's decision to take up medicine. Personal experience was often a factor. As we saw in the introduction, Emily Winifred Dickson's mother became ill when she was 20 and Winifred spent a year nursing her in Dublin. Dickson became deeply interested in medicine during this time and decided, with the encouragement of her father, that she would pursue a medical education.⁸ Similarly, Florence Stewart, who studied at Queen's College Belfast in the late 1920s, was also inspired by personal experience. She lived with her aunts in Portrush from the age of 8 to 14 from 1918 to 1924 and during this time she had her tonsils removed by her doctor and also remembered her uncle having a perforated ulcer removed by the same doctor.⁹ These incidents resulted in a deep interest in becoming a doctor.

Some Irish women may have entered into medical training because they possessed a sense of vocation to take up medicine. Maria Luddy has drawn attention to the involvement of Irish middle-class women in philanthropy in the late-nineteenth and early twentieth-centuries. She has pointed out how Irish middle-class women, motivated by Christian duty, were heavily involved in charitable work in that period.¹⁰ Certainly, several early Irish women doctors involved themselves in philanthropic work which complemented their medical careers. Ella Ovenden (CU, 1904), Katharine Maguire (RCSi, 1891), Lily Baker (TCD, 1906) and Prudence Gaffikin (QCB but received LRCP LRCS Edin, LFPS Glas, 1900) were all involved in the Women's National Health Association. Mabel Crawford (née Dobbin, TCD, 1913) acted as secretary to the Dublin University Mission in addition to playing a leading role in 'Baby Week', an event organised by the Women's National Health Association, the aim of which was to reduce infant mortality rates in Ireland.¹¹

⁸ Emily Winifred Dickson papers courtesy of Niall Martin.

⁹ Florence Stewart Memoirs, (Public Record Office of Northern Ireland: D3612/3/1).

¹⁰ Maria Luddy, *Women and philanthropy in nineteenth-century Ireland*, (Cambridge University Press, 1995)

¹¹ 'Dublin university Fuh-Kien mission', *Irish Times*, November 14th, 1914, p.10 and 'National baby week for Ireland', *BMJ*, May 12th, 1917, p.783.

For some women, this sense of vocation was what directly inspired them to become doctors. Austrian Anna Dengel, who trained at Queen's College Cork (QCC, 1919), was inspired in her schooldays to take up medicine by the story of the Scottish doctor Agnes McLaren. McLaren (1837-1913) trained in Montpellier, France because British medical schools were not open to women at that time. She then moved to Pakistan where she founded a hospital for women and children and spent her life devoted to the missionary cause.¹² Dengel formed a correspondence with McLaren, and, in her words:

Agnes McLaren pleaded for young women to study medicine and then come to the aid of the purdah woman. She even offered to help with their expenses in a small way. Her call came to my ears and kindled a fire in my heart that has not been extinguished to this day. Through her suggestion, I applied for admission to University College, Cork, Ireland, since I needed a British diploma in order to practice medicine in India. Sir Bertram Windle then the president of the medical school, was much interested in Dr. McLaren's ideas. He encouraged me to take up the study of medicine at Queen's College.¹³

Similarly, Sidney Croskery, an Irishwoman who trained at the University of Edinburgh from 1919 onwards, decided to study medicine so that she could work in the missionary field. She stated:

I remember the day I received my 'call'. I was about seven and a half then. I told Mother with pride on the way home from Fitzroy Avenue church that I was going to be a medical missionary. It had not been a missionary sermon but a travel one. Our minister had just come back from a trip to Australia and he described very vividly immense forests of huge trees all bending the same way. I felt I would have to go and live in some such frightening place but I immediately decided that it would be more bearable if one was a doctor!¹⁴

¹² 'Anna Maria Dengel' in: Leone McGregor Hellstedt (ed.), *Women physicians of the world: autobiographies of medical pioneers*, (Washington and London: Medical Women's International Federation, Hemisphere Publishing Corporation, 1978), p.92.

¹³ 'Anna Maria Dengel', *Women physicians of the world*, p.93.

¹⁴ Sidney Elizabeth Croskery, *Whilst I remember*, (Northern Ireland: The Blackstaff Press, 1983), p.13.

Unusually, Croskery had also been inspired by her mother who was also a doctor, and her older sister Lilian also decided to take up medical education.¹⁵ Their family environment was clearly a supportive one with their mother teaching them basic anatomy and showing them how to use a microscope. Although Croskery and Dengel were exceptions to the rule and the number of women medical students who went on to work as missionaries was low, some women medical students might have viewed medicine as a vocation and a pathway into philanthropic work. Digby has pointed out that traditional Victorian upbringing and schooling meant that girls were indoctrinated 'to have high ideals of service to others and these ideals were reinforced by their medical training'.¹⁶

Protestant schools for girls had emerged in Ireland in the 1860s in response to the need for academic education for middle-class girls. The most important ones were the Ladies' Collegiate School, Belfast, (1859), later Victoria College (1887) and Alexandra College (1866). These schools were crucial in spearheading the Irish women's higher education movement.¹⁷ Alexandra College, in its school magazines, often drew attention to the achievements of former pupils in the medical profession, while also providing articles to educate girls on possibilities for them in the professions.

Catholic women's colleges emerged from the 1880s in response to the growing demands of Catholic women for higher education in a Catholic setting. The main teaching orders which promoted higher education for middle-class Catholic women were the Dominican, Loreto and Ursuline orders.¹⁸ These Catholic and Protestant schools fostered a sense of vocation in young women but also encouraged them to pursue educational goals and university education. Most of the Catholic women students at QCG had been educated at Catholic convent schools such as the Ursuline Convent in Sligo and Dominican College, Galway while Protestant girls

¹⁵ These two women are not in the cohort as they did not matriculate at Irish institutions.

¹⁶ Anne Digby, *The evolution of British general practice, 1850-1948*, (Oxford University Press, 1999), p.163.

¹⁷ Judith Harford, 'The movement for the higher education of women in Ireland: gender equality or denominational rivalry?', *History of Education*, **35:5**, (2005), pp. 497-516, on pp.499-500.

¹⁸ Judith Harford, *The opening of university education to women in Ireland*, (Dublin: Irish Academic Press, 2008), p.5.

were likely to have attended the High School, Galway. Protestant students at QCB were most commonly educated at Methodist College and Victoria College while Catholic students tended to have come from St Dominic's High School. Catholic women medical students at QCC were most likely to have attended neighbouring convent schools such as the Presentation Convent in Cork and St. Angela's College while Protestant women students had often attended the High School, Cork. It was also common for students of all religions to have been privately educated.¹⁹ It is likely that students at the Dublin colleges would have attended Alexandra College or the Loreto Convent.

Harriet MacFaddin was aged 18 when she began her medical studies, while Amy Nash was 17 and Sarah Calwell was 16. Contemporary writings suggested the dangers of entering into medical education too young: Isaac Ashe, writing in 1868, stated 'that the mind of lad of eighteen, even after the best preliminary training, is far from that mature development of the powers of reasoning and judgement' and he suggested that students should wait until the age of twenty-one at least.²⁰ Comparing the profession of medicine to a career in the church where men were not discharged until the age of twenty-three, he commented that the age of twenty-one was also too young to begin a career in medicine.²¹ With regard to age, one guide for students intending to attend the Catholic University in 1892 advised that although a course in medicine could be commenced from the age of 15, the best age was between 17 and 21.²² Those who intended to join the army or navy were advised to begin their studies early and to enter into service as soon as possible after their 21st birthday so that they might retire while still young. The age for entering the services was between 21 and 28 so those aged 24 and over when they matriculated in medicine would be unable to join the army or navy.²³

¹⁹ Matriculation records for QCC, QCB, QCG.

²⁰ Isaac Ashe, 'Medical education and medical interests', Carmichael prize essay, (Dublin: Fannin & Co., 1868), p.25.

²¹ Ashe, 'Medical education and medical interests', p.25

²² *Guide for medical students, more especially for those about to commence their medical studies, by the registrar of the Catholic university medical school*, (Dublin: Browne and Nolan, 1892) p.6.

²³ *Catholic University guide for medical students*, p.6.

In the case of the cohort of women medical students, the average age for a student matriculating was 24, although the greatest number of women students were aged 18. The youngest in the cohort were 18 students aged 16 when they matriculated, although there was a small number of women in their late twenties at matriculation, and three women who matriculated in their thirties. Students may have matriculated at a later age either because they had spent a long time saving up in order to attend university or because they had a late vocational call.²⁴ Frances May Erskine and Marguerite Eveline Moore (both students at QCB), the eldest women in the cohort, started their medical education at the ages of 39 and 30 respectively. Erskine was the daughter of a Presbyterian flax spinner, the eldest of five children, four of which were all unmarried and living at home in 1911, seven years before she matriculated.²⁵ Similarly, Marguerite Eveline Moore, who matriculated in 1917, was the eldest daughter of four unmarried children of Samuel Moore, a Presbyterian farmer in Antrim.²⁶ It is possible that these two women had caring or work responsibilities in the home which meant that they could not attend university until a later age.

Medical student guides from the late nineteenth century advised that anyone wishing to consider undertaking medical education ought to be of average intelligence with fair pass marks in the Junior Grade Intermediate in the subjects of English, Latin, French (or Greek), Arithmetic, Algebra, Euclid and Natural Philosophy.²⁷ These qualities were specified as being important for the female medical student too. Ethel F. Lampport stated that average intellectual ability, industry and a good general education were necessary.²⁸ It was also essential that the female student should possess a good scientific and technical knowledge because this knowledge would be tested in the various matriculation examinations.²⁹ Often, a primary degree in Arts was recommended.³⁰ In addition to a sound preliminary education, fair intellect and good health, it was remarked that

²⁴ Anne Crowther and Marguerite Dupree, *Medical lives in the age of surgical revolution*, (Cambridge University Press, 2007), p.16.

²⁵ 1911 census record for Erskine family, Drumnadrough, Antrim.

²⁶ 1911 census record for Moore Family, Ballyhelim, Bushmills, Antrim.

²⁷ *Catholic University guide for medical students*, p.5.

²⁸ Ethel Lampport, 'Medicine as a profession', in *The Women's Library Vol.1, Education and professions*, (London: Chapman & Hall Ltd., 1903), p.261.

²⁹ Lampport, 'Medicine as a profession', p.261.

³⁰ *Catholic University guide for medical students*, p.8.

women students ought also to possess 'tenacity of purpose, natural good sense, and unwearying industry'.³¹ In Elizabeth Garret-Anderson's view, because the standard of professional attainment expected of women was higher than that expected of their male counterparts, there was a distinct sense that women could not afford to be 'second-rate' because their professional work would be scrutinised more closely.³² Not only were women expected to possess intellectual strengths but certain personality traits were deemed essential.

Charles Bell Keetley in his student guide in 1878, stated that the medical student should be kind-hearted and cheery in disposition:

Who will deny that there is healing in the kindly eye and the cheerful face, encouragement in the manly figure and intellectual aspect, even a soothing balm in the face and form of those on whom fortune has bestowed beauty and grace? And there are sick people who have almost been, like Lazarus, awakened from the dead by a voice.³³

Although this portrayal of the kindly doctor presents a distinctly masculine image, other commentators wrote on traits that related specifically to the female doctor. Lampport commented that one problem that hindered women doctors was uncouthness in dress. She drew attention to the public opinion that the Medical Woman 'must be of necessity an ill-dressed, slovenly, ill-mannered person, if not altogether a strange creature, half man, half woman, with perhaps a touch of "divilry" in her, that it is half-pathetic, half-comic, to hear the expression of surprise when a Woman Doctor is recognised as being a lady first, a Medical Woman after'. She suggested that if a medical woman possessed a soft, refined voice, good manners and was well-dressed, she would be more successful in her profession.³⁴ These types of feminine qualities are similar to those that were expected of the

³¹ Elizabeth Garret-Anderson, 'A special chapter for ladies who propose to study medicine', in: Charles Bell Keetley, FRCS, *The student's guide to the medical profession* (London: Macmillan and Co., 1878), p.43.

³² Elizabeth Garret-Anderson, 'A special chapter for ladies who propose to study medicine', p.44.

³³ Charles Bell Keetley, FRCS, *The student's guide to the medical profession* (London: Macmillan and Co., 1878), p.8.

³⁴ Lampport, 'Medicine as a profession', p.262-3.

'angel in the house', the Victorian middle-class wife and mother. Other traits that were deemed necessary included sympathy, insight, the power of inspiring confidence and 'that indescribable, indefinable charm of personality which captivates all, and which is so extremely difficult of attainment for those who do not possess it naturally', a good natural bedside manner.³⁵

Ella Ovenden, (later Webb, CU, 1904), believed that the one essential qualification was a love of the work because this was the only thing that would inspire students 'through drudgery, cheer them in disappointment, and give them strength to bear the heavy burden of responsibility which will often threaten to overwhelm them'.³⁶ Medical education was a serious undertaking and student guides often advised that it should not be entered into lightly because of the long and severe course of study which required close attention and confinement to the house, laboratory, and classroom and subsequently long hours in the wards of a hospital gaining clinical experience.³⁷ Clearly, women medical students needed to possess a great deal of motivation and strength of character to survive this arduous course, and perhaps they required more of this than their male counterparts who had been an accepted part of student life for centuries. Moreover, women may have put added pressure on themselves to succeed, since career prospects were probably more competitive.³⁸ Edith Morley, the writer of *Women Workers in Seven Professions* remarked that enthusiasm was the first and most important qualification.³⁹ As well as this important qualification, lady medicals ought to possess good health, diligence and steadiness, as well as a 'rich spring of humour and hope'.⁴⁰

After making the decision to undertake medical education, a student then had to decide on the type of medical degree they wished to attain. As we learnt in the previous chapter, by 1904, with the opening up of Trinity College to women, women

³⁵ Lamport, 'Medicine as a profession', p.262.

³⁶ Ella Ovenden, 'Medicine', in: Myrrha Bradshaw (ed.), *Open Doors for Irishwomen: a guide to the professions open to educated women in Ireland*, (Dublin: Irish Central Bureau for the Employment of Women, 1907), p.35.

³⁷ Lamport, 'Medicine as a profession', p.261.

³⁸ Anne Digby, *The evolution of British general practice, 1850-1948*, (Oxford University Press, 1999), p.153.

³⁹ Edith J. Morley, 'The medical profession' in: *Women workers in seven professions: a survey of their economic conditions and prospects*, (London: Routledge and Sons Ltd., 1914), p.138.

⁴⁰ Morley, 'The medical profession', p.138.

wishing to undertake medical education could do so at one of seven institutions in Ireland. Students had two options with regard to the medical qualifications they could attain: the university degree (Bachelor of Medicine) and the medical licence. Amy Nash aimed for the licence of the Royal College of Surgeons, while Sarah Calwell and Harriet MacFaddin aimed for medical degrees. *The Catholic University medical student guide*, published in 1892, advised that every student, who could possibly do so, should seek out a university degree. The difference between the course for the degree and the course for the licence was that in order to begin the course of medical study for a licence, students only needed to pass a simple preliminary examination (an examination which was said to be easier than the Junior Grade Intermediate), whereas in the case of the Royal University degree, which as we will see later in the chapter, was what most women medical students attained, students first had to pass the matriculation examination, then devote a year to the study of Arts (Latin English, French or Greek, Mathematics, Physics), before passing the First University examination in Arts, and only then were they eligible to begin their medical studies.⁴¹

The Irish Medical Students Guide, published by the Dublin Medical Press in 1877, argued that if a student aspired to make a good fortune and have a successful career as a practitioner in the city, and if money and education were plenty, he should take the University degrees in both Arts and Medicine. If the student aspired to have 'good professional rank on moderate terms', he could acquire the conjoint licence from the College of Surgeons and the College of Physicians in Dublin. With regard to the university degree, the author of the guide pointed out that the student would have to undertake the prolonged study of classics and science as well as his medical studies afterwards which would take considerable length of time and cost a considerable amount of money.⁴² However, if the student was content to face to the labour and expense necessary for a university education, he would begin his career as a doctor 'with all the prestige of an educated gentleman'. The guide recommended Trinity as the best university for a medical education for a student where money and time were no object. However, it stated that the Queen's Colleges were adequate (in spite of the fact that they did

⁴¹ *Catholic University guide for medical students*, p.9.

⁴² *The Irish Medical Student's Guide*, (Dublin Medical Press, 1877), p.28-29.

not hold the same prestige as the 'time-revered University of Dublin') because they offered students cheap university degrees; the only disadvantage, according to the guide, was that students would have to be resident for a time at Galway, Cork or Belfast.⁴³ Notably, there was no mention of the Catholic University in the guide, which had been in existence for over twenty years at the time the guide was published. The College of Surgeons and the College of Physicians, on the other hand, were thought to confer qualifications which stood well besides any in the United Kingdom, but the institutions also did not require students to reside near the college or to have any qualification bar a single Arts examination.⁴⁴

The Catholic University guide, published fifteen years later, shared these sentiments, anecdotally stating that the writer knew many men who qualified with a medical licence and regretted not having attained a university degree. Emily Winifred Dickson is one graduate who did this: she initially qualified with a medical licence from the Royal College of Surgeons in 1891 but '...finding to my surprise I was apparently capable of passing examinations easily (I had the knack) I regretted not aiming at a proper degree and so matriculated at Royal University Dublin...'⁴⁵ The university degree was thought to have a higher value in the professional world than a licence and was said to be a more favourable asset than a licence when seeking appointments'.⁴⁶ This explains why the majority of women medical graduates from Irish institutions sought the medical degree over the medical licence. In such a highly competitive medical marketplace, women doctors with degrees would have resulted in a better chance of career success.

Once a student decided on the type of degree he or she wished to pursue, he or she then had to decide which medical school to attend. Charles Keetley specified some of the reasons why a student might select one medical school over another. The reasons he gave were:

A youth usually goes to some particular place for one or more of these reasons: -

⁴³ *The Irish Medical Student's Guide*, p.29.

⁴⁴ *The Irish Medical Student's Guide*, p.29.

⁴⁵ Typed memoirs of Emily Winifred Dickson.

⁴⁶ *Catholic University guide for medical students*, p.10.

1. His father or the surgeon with whom he has been pupil went there before him.
2. He knows, or can get an introduction to, some members or member of the staff.
3. As a moth flies to the candle, though luckily without the same serious consequence, he is attracted by the glitter of names on the list of medical officers.⁴⁷

In the Irish context, these factors would also have been relevant. Some students may have chosen a career in medicine because, like Amy Nash, their fathers were doctors, and they may have decided to go to the same medical school as their fathers, as she did. Religious and economic factors would also have been relevant to Irish students of both genders. As Table 2.1 demonstrates, students tended to attend their local universities. It was likely that this was for economic reasons, in that students could save money by living at home while at university, or for personal reasons, so that they could be close to their families. Sarah Calwell economised by living at home while studying at university.⁴⁸ Likewise, Amy Nash, whose parents lived on Circular Road, Dublin, was able to live at home while attending the Royal College of Surgeons.⁴⁹ Harriet MacFaddin boarded at 14 Palmyra Park during her first year at university, which was the address of James Burke, a retired constable in the Royal Irish Constabulary and his wife Ellie.⁵⁰

Table 2.1: Birthplaces of women matriculating in medicine at Irish institutions, 1885-1922

University	Ulster	Leinster	Munster	Connaught	UK	Other	Unknown
QCB	85	2	1	4	5	1	142
QCC	3	3	107	2	4	3	1
QCG	0	3	0	25	1	1	4
RCSI	8	17	1	1	2	1	50
TCD	24	32	8	3	1	3	42
CU/UCD	14	53	13	22	2	2	9

Source: Matriculation records and 1911 Census.

⁴⁷ Keetley, *The student's guide to the medical profession*, p.17.

⁴⁸ 1911 census record for Calwell Family, 36 Old Park Road, Clifton, Antrim.

⁴⁹ 1911 census record for Nash Family, 8 Rathdown Terrace, Circular Road, Dublin.

⁵⁰ 1911 census record for Burke family, 14 Palmyra Park, Galway

Religious beliefs also played an important role in a student's decision regarding which university to attend. Broadly speaking, the majority of students at Trinity College were of Church of Ireland background, those who attended the Catholic University, later UCD, were Catholic, while attendees at the non-denominational or 'godless' Queen's Colleges came from different religious backgrounds, although Presbyterian students were in the majority at QCB.⁵¹ However, prior to the opening up of TCD to women students, Protestant women would have attended one of the other universities. As Table 2.2 demonstrates, it is difficult to ascertain the religious persuasions of a large number of the students who matriculated because student registers did not always record religious persuasion. Thus, we do not know the religions of 44% of the cohort.

Table 2.2: Religious persuasions of women medical students matriculating at Irish institutions, 1885-1922

	Catholic	Church of Ireland	Presbyterian	Methodist	Other Christians ⁵²	Jewish	Unknown/ Not given
CU/ UCD	65	0	0	0	0	0	78
TCD	7	40	16	4	2	1	53
QCB	13	20	62	13	5	2	128
QCC	104	10	1	5	2	0	2
QCG	14	3	1	0	0	0	16
RCSI	7	15	2	2	1	0	56
Other	1	2	0	0	1	0	6
Total	211	90	82	24	11	3	339

Source: Student matriculation records, 1911 census records.

In his evidence before the Royal Commission on University Education in Ireland in 1901, the Rev. Monsignor Gerald Molloy, the President of the Medical Faculty of the Catholic University, was asked if he knew how many of the medical students were

⁵¹ In the nineteenth century, 65% of all students were Presbyterian, 17% Anglican, 6% Catholic and 13% classed as 'others'. From: Peter Froggatt, 'The distinctiveness of Belfast medicine and its medical school', *Ulster Medical Journal*, **54:2**, (October 1985), pp.89-108, on p.97, taken from TW Moody and JC Beckett, *Queen's Belfast 1849-1945: the history of a university*, Vol.2, App.2, (London: Faber & Faber, 1959).

⁵² Other Christians may refer to: Baptist, Brethern, Church of England, Congregationalist, Episcopal, Quakers, Unitarian.

Catholics and how many were Protestants. One might assume that all students attending the university were Catholic, yet, Molloy answered that there were about a dozen Protestant medical male students and that he believed that some of the women students were also Protestants, among them the daughter of the late Provost of Trinity College.⁵³ However, it is difficult to ascertain exact numbers of women from different religions at the CU without the source of student registers which often provided this information.

The QCC student registers give the most complete record of students' religious persuasions. For the first fifteen years that women began attending the QCC medical school, no Catholic women enrolled. After 1905, however, the majority of women taking medical courses at QCC were Catholic and from 1912 onwards, there was a huge increase in Catholic women medical students. This increase may have occurred as a result of the Queen's Colleges' increased acceptability among Catholics from the early twentieth century and lessening of the Catholic hierarchy's hostility towards what they had previously called the 'godless' Colleges.⁵⁴

Records for the other Queen's Colleges are incomplete, with the QCB registers only listing students' religious persuasions in the cases of some students. QCG student registers do not list the religious persuasions of its students after 1904 although it is still possible to estimate students' religions from the 'Officer at Residence' that the student has been assigned. Thirty of the thirty-five women who attended QCG for medical education between 1902 and 1922 listed Father Hynes as their officer at residence, so we could assume that these women were Catholic. Of the other five women, we know for certain that two were Anglican, and these were the first two women medical students at QCG. The third woman medical student at QCG was also possibly Anglican or Presbyterian, with the other two women matriculating later. The pattern of religious persuasions is essentially the same as that of QCC, with Anglican women being the first to enrol as medical students at QCG but Catholic women later becoming the majority from 1914 onwards. At QCB, out of the thirty-eight medical women students for whom there was a record of religious

⁵³ 'Progress of the Catholic University Medical School: Extract from the evidence of the Right Rev. Monsignor Molloy, D.D. D.Sc., given before the Royal Commission on University Education in Ireland, 1901', (Dublin: Humphrey and Armour Printers, 1907), p.24.

⁵⁴ Student matriculation albums for QCC

persuasion, only two were Catholic, twelve were Church of Ireland and twenty-four were Presbyterians. This result, although only representative of a small number of women medical students, is unsurprising.

Tables 2.3 and 2.4 also demonstrate changes in religious denominations of female medical students over time. In the first two decades of their admission to medical schools, Church of Ireland women were in the majority. However, from 1903-1913, it is clear that there was an increase in women of all religions undertaking medical education, and by the period 1913-1922, numbers of Catholic women medical students had surpassed numbers of Protestant women medical students.

Table 2.3: Religions of female medical students at Irish institutions over time

	Catholic	Church of Ireland	Presbyterian	Methodist	Other Christian	Jewish	Unknown/Not given
1883-1892	1	5	1	0	0	0	19
1893-1902	1	13	4	3	2	0	28
1903-1912	21	10	5	5	4	0	33
1913-1922	180	63	72	17	3	3	264
Total	203	91	82	25	9	3	344

Source: Student matriculation records, 1911 census

Table 2.4: Numbers of Catholic and Protestant women medical students at Irish institutions over time

	Catholic	Protestant ⁵⁵
1883-1892	1	6
1893-1902	1	20
1903-1912	21	24
1913-1922	180	155
Total	203	205

Source: Student matriculation records, 1911 census

In 1901, the Catholic share of the total population was 74.2% while the proportion of Church of Ireland and Presbyterians were 13 and 9.9% respectively with figures

⁵⁵ Broadly incorporating Church of Ireland, Presbyterian, Methodist, Baptist, Brethern, Church of England, Congregationalist and Episcopal students.

remaining largely the same in 1911.⁵⁶ Thus, it is evident that Protestant women were more heavily represented as medical students than we might expect from their share of the general population.

For Amy Nash, from Dublin and of Church of Ireland background, the RCSI was a cheaper alternative to TCD, and the Catholic University was a less likely option. Likewise, for Presbyterian Sarah Calwell, who was from Antrim, QCB would have been the obvious university to attend. For Harriet MacFaddin, it is unclear why she attended QCG considering that she came from a Church of Ireland background and was from Kilkenny, when TCD may have been a more likely choice. It may have been because QCG was a less expensive option.

As well as religious factors, a student's choice of university depended on how much time and money they, or more likely, their parents, wished to spend on their education. Attending the College of Physicians and College of Surgeons were cheaper options for students, however the qualification was not thought to be as venerable as the university degree. Some students may have chosen this option because it was cheaper and meant that they could practice. TCD was the most expensive option but its degrees were thought to hold a certain prestige over those from the newer Queen's Colleges and CU. *The Irish Medical Students Guide* in 1877, estimated that the total cost of a medical degree from TCD would be £198. (This was £49 12s. for lectures, £33 12s. for hospital fees, £32 for the cost of the degree, and £83 for a degree in Arts which was a necessary requirement for TCD). For a student at one of the Queen's Colleges, the guide estimated that the cost of education would be approximately £67, while the costs for the RCSI would be about £140.⁵⁷ In 1888, Mary Marshall, writing on 'Medicine as a profession for women' in *Woman's World* magazine commented that the question of expense was an all-important one for the parents of any woman contemplating the study of medicine. She estimated that the actual cost of a complete medical education for a woman in the United Kingdom was approximately under £200, with this sum including all

⁵⁶ Sean Connolly, *Religion and society in nineteenth-century Ireland*, (The Economic and Social History Society of Ireland, 1985), p.3.

⁵⁷ *The Irish Medical Students Guide*, p.63

school, hospital and examination fees. She estimated that students would require a further £50 for books, instruments and private teaching.⁵⁸

By 1892, the CU guide for medical students gave the following costs for a medical education, including the cost of lectures, hospitals, special courses and examinations (i.e. all professional expenses with the exceptions of books, instruments and private coaching or 'grindings'):

Royal University, £146⁵⁹

Conjoint Colleges of Physicians and Surgeons £162⁶⁰

Conjoint College of Surgeons and Apothecaries Hall, £148.

The guide stated that books would cost about £7 to £12, instruments about £2 and grinding from £0 to £25, although it recommended that 'an intelligent and industrious student requires little grinding in a school where the teaching is properly organised'.⁶¹ The *Lancet* reported in 1897 that rent in Dublin was almost the same as in London (£1 per week), while in Cork, rent was usually not higher than 15s a week and in the Irish provincial towns, it was on average 5-6s a week.⁶² The cost of living in Dublin depended on the individual with Keetley's guide stating that most students could live comfortably on £4 to £6 a month with everything included.⁶³ This would mean that five years of medical education through the Royal University would cost a student approximately £440 in total. Charles Keetley, in his 1878 guide for parents of children contemplating medical study, predicted that the total costs for four years of medical education including living costs for a student in London would be approximately £700, although he did point out that an education could be attained for much less.⁶⁴

⁵⁸ Mary A. Marshall, 'Medicine as profession for women', *The Woman's World*, (ed. Oscar Wilde), (January, 1888), p.108

⁵⁹ Breakdown of costs: 1st year: £16 6s, 2nd year: £33 12s, 3rd year: £30 9s, 4th year: £48 6s, examination fees: £17).

⁶⁰ 1st year £35 14s, 2nd year £39 18s, 3rd year £39 18s, 4th year £44 2s, fee for preliminary examination £2 2s.

⁶¹ Keetley, *The student's guide to the medical profession*, p.6.

⁶² 'The cost of medical education', *Lancet*, August 21st, 1897, **150:3860**, pp.437-8.

⁶³ Keetley, *The student's guide to the medical profession*, p.7.

⁶⁴ Keetley, *The student's guide to the medical profession*, p.14.

Considering that the largest number of women medical students were aged 18 when they began their medical education, it is likely that they relied on the support of their parents in order to pay for their university careers. Therefore, it is unsurprising that they came from these affluent backgrounds. In some cases, students recorded their fathers as 'deceased', or alternatively gave the former occupation of their deceased father, and these have been included in the overall group. The death of a father may have had serious repercussions for their children at university. Harriet MacFaddin was forced to leave university not long after beginning her medical studies. *Q.C.G.* magazine reported:

Finally we regret the loss of the first lady who had the courage to rejoice the dissecting room with the sound of the divine feminine voice, and although we have another in her place, yet we think her loss will be felt, not alone in the medical school, but also in the various musical entertainments with which the ladies of the College raise us from things mundane to catch a glimpse of heaven. We also wish to express our sympathy with her in the sad bereavement she experienced during the summer in the loss of her father.⁶⁵

However, there are several cases of women medical students who appear to have been supported by their widow mothers. Lucy Joly, for example, who matriculated at TCD in 1919, the middle daughter of three, was put through university by her mother, a widow who was living off dividends and interest.⁶⁶

I was able to trace the occupations of the fathers of 542 out of 759 of the women medical students. As one might expect, a quick scan of the occupations listed in Table 2.5 reveals a variety of occupations, the majority of which were respectable middle-class careers. This suggests that Irish medical schools were attracting 'ladies' rather than women from lower social classes. The greatest percentage of women medical students (almost 30%) came from commercial and industrial backgrounds, with another 18% coming from farming backgrounds. Commercial and industrial occupations included careers such as merchants, grocers, shopkeepers, drapers, managers, while 'farmer' could signify anything from a

⁶⁵ 'Medicine', *Q.C.G.: A Record of College Life in the City of the Tribes*, **3:1**, (November, 1904), p.16.

⁶⁶ 1911 census record for Joly family, Raglan Road, Pembroke West, Dublin.

crofter to a substantial landowner.⁶⁷ As might be expected, 61 women, like Amy Nash, came from medical backgrounds (11%). In some cases, women medical students came from families where one or more of the siblings were studying medicine. Alice Chance, for example, who matriculated at UCD in 1912, was the daughter of a doctor, Arthur Chance, and the fourth of seven children. Her brother, Arthur, older by two years, was also a medical student.⁶⁸ Almost 9% of women medical students, such as Harriet MacFaddin, came from religious backgrounds with fathers working as clergymen. Margaret Heath Russell, the daughter of a missionary, matriculated at QCB in 1914, and followed in her father's footsteps in her own career as a medical missionary in India. Sarah Calwell was less typical of the cohort: her father's occupation was 'builder'. For Calwell's family, perhaps, a medical career for their daughter and Sarah's brother would have been a considerable step forward in social status and presumably sacrifices would have had to have been made to pay for the children's university education.

These statistics are similar to those relating to medical students at the Universities of Glasgow and Edinburgh in the late nineteenth century. Crowther and Dupree discovered that 25% of students (both male and female) came from commercial and industrial backgrounds, 17% of students came from agricultural backgrounds while 10% came from medical backgrounds.⁶⁹ Evidently, Irish women medical students in the period, like their female counterparts in Scotland⁷⁰, came from respectable backgrounds. Their matriculation into Irish medical schools and later success in medical careers proved that it was possible to retain one's feminine delicacy, or remain a lady, while pursuing a medical education and career.

⁶⁷ Crowther and Dupree, *Medical lives in the age of surgical revolution*, p.27.

⁶⁸ 1911 census record for Chance Family, 90 Merrion Square, Trinity Ward, Dublin.

⁶⁹ Crowther and Dupree, *Medical lives in the age of surgical revolution*, p.28.

⁷⁰ See Crowther and Dupree, p.43.

Table 2.5: Occupational groups of fathers of women matriculating in medicine at all Irish institutions, 1885-1922

Occupation	Number	
Unknown/Not given	198	
Deceased	19	
		% of total traceable
Commercial and industrial	158	29.15
Agriculture	97	17.9
Medicine	61	11.25
Religious life	48	8.85
Education	44	8.12
New professions	29	5.35
Local/Central Government	22	4.05
Armed Forces	20	3.69
Land-related	18	3.32
Law	18	3.32
Skilled working-class	18	3.32
Other	9	1.66
Total	759	99.98%

Source: Matriculation records for QCC, QCG, QCB, NUI matriculation records, 1911 census records.

Table 2.6: Detailed occupations of fathers of women matriculating in medicine at Irish institutions, 1885-1922

FATHER'S OCCUPATION		% total traceable
Commercial and industrial	158	29.15%
Merchant	70	
Draper	14	
Grocer	11	
Shopkeeper	11	
Manufacturer	4	
Bank manager	4	
Manager	8	
Agent	8	
Commercial Traveller	5	
Victualler	4	
Publican	3	
Seedsman	2	
Stationmaster	2	
Cashier bacon factory	1	
Caterer	1	
Cattle/horse dealer	2	
Coal importer	1	
Carriage proprietor	1	
Hotel proprietor	1	
Master of union	1	
Member of Dublin stock exchange	1	
Wholesale druggist	1	
Wholesale confectioner	1	
Director of companies	1	
Agriculture	97	17.9%
Farmer	97	
Medicine	61	11.25%
Doctor	46	
Chemist	5	
Dentist	3	
Pharmacist	3	
Vet	3	
Indian Med Service	1	
Religious life	48	8.85%
Presbyterian clergyman	17	
Church of Ireland clergyman	13	
Undefined clergyman	11	
Wesleyan clergyman	2	
Methodist clergyman	2	
Missionary	1	
Gen Sect to Mission House	1	
Chaplain Orphan House	1	

Education	44	8.12%
Teacher	31	
Inspector of National Schools	5	
Headmaster	3	
Prof of Mathematics	2	
Art master	1	
University president	1	
Secretary Education Board	1	
New professions	29	5.35%
Engineer	10	
Clerk	8	
Secretary	4	
Accountant	2	
Journalist	2	
Architect	1	
Telegraphist	1	
Assurance company	1	
Local/Central Government	22	4.05%
Customs and Excise Officer	9	
Civil Servant	6	
Member of Parliament	2	
Inland Revenue Officer	1	
Overseer General Post Office	1	
Consulate to Belgium	1	
National Health Service Commissioner	1	
Councillor	1	
Armed Forces	20	3.69%
Royal Irish Constabulary	12	
Major Royal Irish Fusiliers	2	
Army Captain	2	
Armoured Marine Division	1	
Commander Royal Navy	1	
Royal Marines	1	
Pensioned Officer	1	
Land-related	18	3.32%
Rate collector	4	
Gentleman	4	
Auctioneer	3	
Landowner	3	
Surveyor	3	
Land commission inspector	1	
Skilled working class	18	3.32%
Builder/contractor	9	
Carriage builder	2	
Blacksmith	1	
Designer	1	
Felt maker	1	

Fish curer	1	
Hairdresser	1	
Hatter	1	
Jeweller	1	
Law	18	3.32%
Solicitor	14	
Barrister	3	
Justice of the Peace	1	
Other	9	1.66%
Retired	1	
Bandmaster	1	
Doctor of music	1	
Musician	1	
Harbour officer	1	
Porter	1	
Shipowner	1	
Shipworker	1	
Warehouseman	1	

Source: Student matriculation albums, 1911 census records

Patterns of matriculation

In 1904, when Calwell, MacFaddin and Nash matriculated, there were only seven women medical students matriculating that year, in comparison to 271 men. As Figure 2.1 and Figure 2.2 demonstrate, numbers of women matriculating in medicine at Irish institutions were initially low with only 41 women matriculating in the ten year period between 1885 and 1895. After 1888, it became uncommon for women to train at any of the smaller medical schools such as Carmichael College, which were by this stage largely extinct. These low numbers are typical of numbers attending university in Ireland more generally. In 1901, out of a population of 4.5 million, just 3,259 people were attending university, of whom only 91 were women.⁷¹ Indeed, in 1901, there were just two women matriculating in medicine, Anne Beamish Reynolds at QCC and Maria Rowan at QCB. From 1895 to 1905, there were 46 women matriculating in medicine and numbers steadily increased from the mid-1900s with 104 matriculating from 1905-15. This was in line with patterns for women students at Irish institutions more generally with a steady growth in women

⁷¹ Susan M. Parkes, 'Higher education, 1793-1908', in: W.E. Vaughan, (ed), *A new history of Ireland*, Vol. 6, *Ireland Under the Union II 1870-1921*, (Oxford: Clarendon Press, 1996), pp.539-570, on p.540.

students occurring in this period with increased acceptance of women attending university. As is particularly evident from the two graphs below, numbers of women medical students rose significantly during the years of the First World War. An article in *The Daily Graphic* in September, 1914, stated that there were more places available for women in medical schools as a result of the huge numbers of medical men who had gone off to war.⁷² *The Queen*, in February, 1915, commented on the fact that the war had given 'a most remarkable impetus to the demand, on the part of women for fuller opportunities of gaining medical and surgical experience'.⁷³ At QCB, for example, in 1912, 1 in 20 medical students at QCB were female while by 1918, 1 in 4 medical students were female. During the years of the war, 384 women matriculated in medicine. In 1914, just 16 women matriculated in medicine but in 1915, numbers increased to 60 then rose again to 85 in 1916. In 1917 there were 112 women matriculating in medicine and in 1918 there were 111. However, with the return of men from the war after 1918, numbers of women matriculating in medicine dropped to 81 in 1919 and 65 in 1920 with 57 women matriculating in the 1921/22 term.⁷⁴

Unfortunately, no comprehensive set of figures survives for male medical students in Ireland. However, Monsignor Molloy compiled statistics relating to numbers of medical students at Irish institutions between 1897 and 1906 which were published in 1907. Table 2.7 demonstrates the stark contrast between numbers of men and women medical students matriculating at Irish institutions in this period. This table is a compilation of statistics collected by Monsignor Molloy in relation to numbers of students matriculating at Irish universities and my own statistics relating to numbers of women students. I attained these figures for male students by subtracting my numbers for female students matriculating from Molloy's totals for all medical students matriculating. Molloy gathered his statistics as part of his report on the progress of the CU medical school which was given before the Royal Commission on Irish University Education in 1901. In this period, there were 40 women

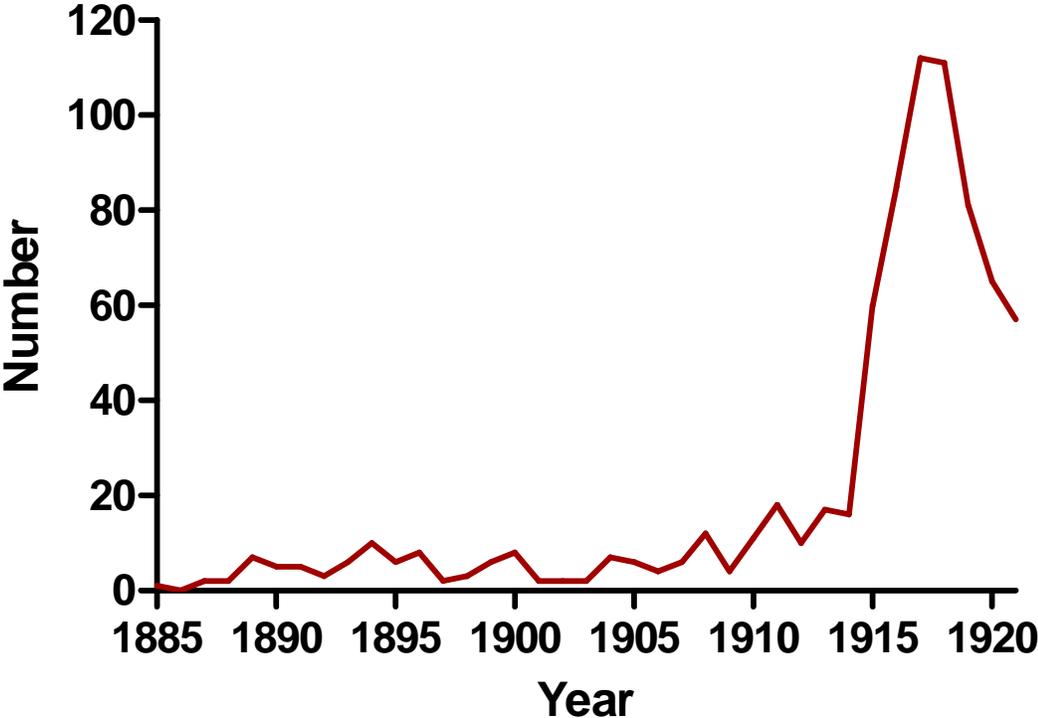
⁷² *Daily Graphic*, September 23rd, 1914. (From scrapbook of newspaper cuttings relating to women in medicine, Royal Free Hospital Archive, London).

⁷³ *The Queen*, February 27th, 1915. (From scrapbook of newspaper cuttings relating to women in medicine, Royal Free Hospital Archive, London).

⁷⁴ Source: University matriculation records, the Medical Student Register.

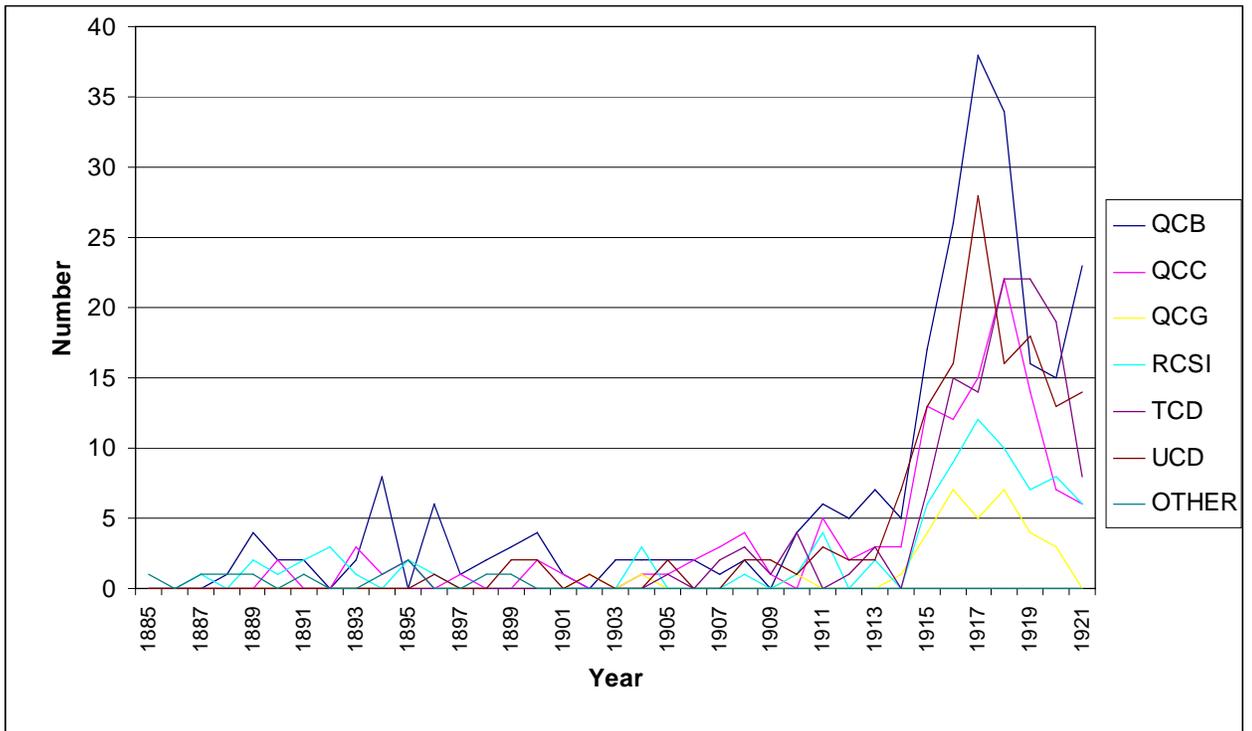
matriculating in medicine in total and 2482 men, indicating that women medical students comprised just 1.6% of the overall number of medical students.

Figure 2.1: Numbers of women medical students matriculating at all Irish institutions, 1885-1922



Source: Matriculation records of QCB, QCC, QCG, Medical Student Register 1884-1922

Figure 2.2: Numbers of women matriculating in medicine at individual Irish institutions, 1882-1922



Source: Matriculation records of QCB, QCC, QCG, Medical Student Register 1884-1922

Table 2.7: Numbers of medical students, male and female, matriculating at Irish institutions from 1897 until 1906.⁷⁵

	CU		QCB		QCC		QCG		RCSI		TCD	
	Fem ale	Ma le	Fem ale	Ma le	Fem ale	Ma le	Fem ale	Ma le	Fem ale	Ma le	Fem ale	Ma le
1897	0	45	1	48	1	21	0	8	0	38	0	47
1898	0	55	2	36	0	37	0	10	0	35	0	56
1899	2	48	3	47	0	38	0	13	0	50	0	57
1900	2	70	4	42	2	30	0	10	0	43	0	48
1901	0	70	1	39	1	42	0	11	0	40	0	62
1902	1	71	0	35	0	45	1	12	0	25	0	45
1903	0	61	2	56	0	35	0	6	0	27	0	41
1904	0	65	2	56	1	46	1	10	3	38	0	56
1905	2	66	2	53	1	44	0	13	0	39	1	65
1906	0	71	2	37	2	33	0	7	0	46	0	42
Total	7	622	19	468	8	371	2	100	3	381	1	519
% Females	1.1%		3.9%		2.11%		1.96%		0.78%		0.19%	

QCB had the highest number of women medical students of the universities in this period with women representing nearly 4% of their medical student body. TCD had the lowest (nearly .2%) but this is owing to the limited date range of the study, as TCD did not open their doors to women medical students until 1904. Despite having a greater intake of students, the Catholic University had a lower percentage of female students than Queen's College Belfast. However, this is likely to have been a result of the higher number of Protestant women taking up medical education in

⁷⁵ Table compiled using Monsignor Molloy's table in addition to own statistics relating to women medical students. Appendix A from: 'Progress of the Catholic University Medical School: Extract from the evidence of the Right Rev. Monsignor Molloy, D.D. D.Sc., given before the Royal Commission on University Education in Ireland, 1901', (Dublin: Humphrey and Armour Printers, 2 Crow Street, 1907).

the 20 year period from 1883-1903. In the next section, I will examine how many of the women medical students in the cohort made it through to graduation.

Graduation

Writing in his memoirs in 1956, Bethel Solomons an Irish doctor who trained at TCD in the early 1900s commented:

Today the number of students wishing to enter the schools of Great Britain and Ireland is in excess of the number of vacancies. When I was a student, the schools were glad to get pupils, and in my year we started with fifty-eight and several dropped out. Probably fifty qualified. I think the student of today has to work harder than his brother of the past.⁷⁶

Out of the 759 women who matriculated in medicine at Irish institutions between 1885 and 1922, 452 were successful in graduating with medical degrees, a success rate of 60%. Unfortunately, we do not possess statistics on the drop-out rates for female students and medical students in general. For Irish students at the University of Glasgow between 1859-1900, approximately 35% failed to make it to graduation.⁷⁷ The drop-out rate for medical students generally at the University of Glasgow in this period was 27%.⁷⁸

Of the three women medical students we have been following, two of these, Sarah Calwell and Amy Nash succeeded in qualifying, while Harriet MacFaddin did not. Calwell took eight years to graduate with a medical degree from QCB in 1912, while Nash was more typical, taking six years to graduate with her medical licence from the RCSI in 1910. We learnt earlier that Harriet MacFaddin was forced to leave university after the death of her father.⁷⁹ In their study of medical students at the University of Glasgow and the University of Edinburgh in the nineteenth century,

⁷⁶ Bethel Solomons, *One doctor in his time*, (London: Christopher Johnson, 1956), p.34.

⁷⁷ Laura Kelly, "Irish medical students at the University of Glasgow, 1859-1900", M.Litt thesis, University of Glasgow, 2007, p.56.

⁷⁸ Crowther and Dupree, *Medical lives in the age of surgical revolution*, p.47.

⁷⁹ 'Medicine', *Q.C.G.*, **3:1**, (November, 1904), p.16.

Crowther and Dupree attributed the high drop-out rate among students to several factors. Often, ill health and poverty prevented students from completing their studies.⁸⁰ Some students may have struggled with having to pay the yearly university fees, hospital fees and other necessary expenses. Medical students in particular would have faced risk of disease and illness through their practical experience working in hospitals and entering the homes of the poor. Exam failure may also have been a reason why some women failed to graduate. Some students may also have decided that a career in medicine was simply not for them: Matilda Caldwell Dagg, the first female medical student at QCG, failed to graduate, however, by 1911, at the age of 29, she was working as a teacher in Cork.⁸¹ It is possible that women medical students may have had lower levels of support for their chosen career than their male counterparts from their family, meaning that they may have been less likely to graduate.

The time taken from matriculation to graduation varied. The average time taken for a female student to qualify was 6 years, although the greatest number of students (38%) took 5 years to graduate with a medical qualification. Occasionally, there were instances of women students who took far longer to qualify with fifteen students taking between 10 and 14 years to qualify. These students were often referred to as 'chronics'. In his account of his life as a medical student and doctor, Thomas Garry painted a grim picture of the chronic medical student:

There were always innumerable "chronics" leading a hopelessly precarious existence. At the beginning of each session, they lay in wait for new students who were generally unsophisticated and had plenty of money. Like all addicts whether of drink or drugs, they took immense delight in dragging others down to their own level.⁸²

Bethel Solomons defined a chronic student as one who took as much as twelve years to qualify but emphasised that these doctors 'often proved in the end to be good practical doctors', though Isaac Ashe, writing in 1868, claimed that these

⁸⁰ Crowther and Dupree, *Medical lives in the age of surgical revolution*, p.47.

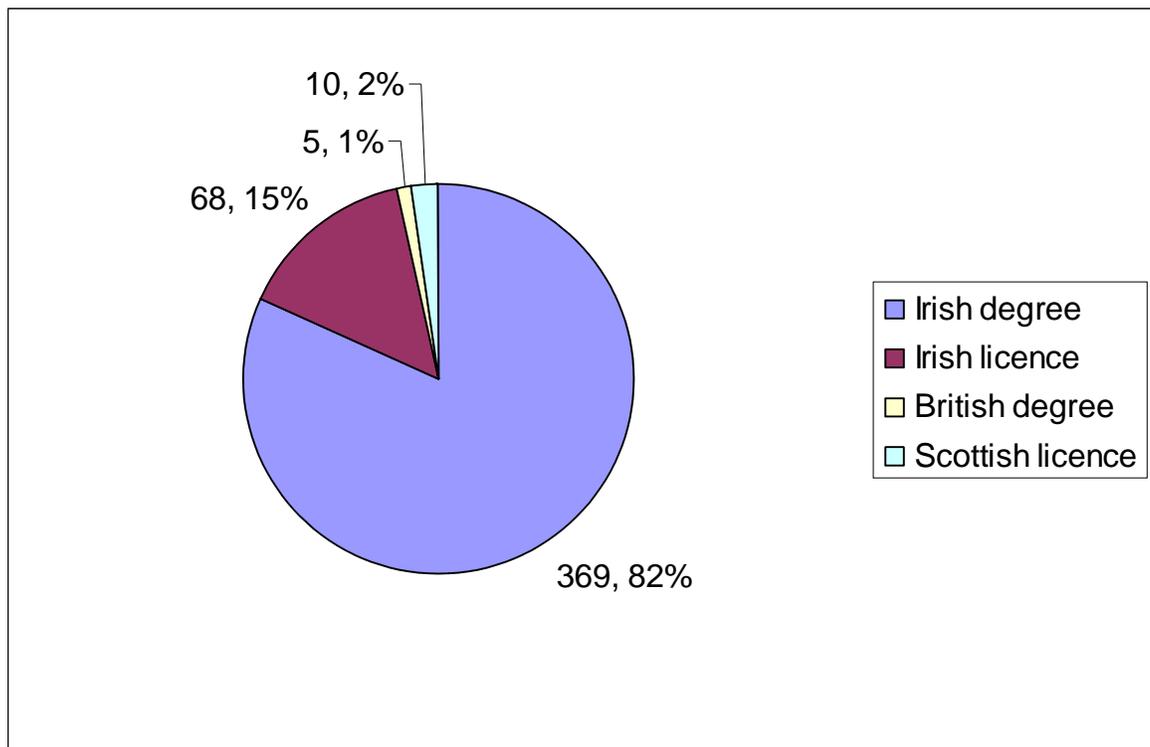
⁸¹ 1911 census record for Matilda Caldwell Dagg.

⁸² Thomas Garry, *African doctor*, (London: John Gifford Ltd., 1939), p.15.

students often ended up working as unqualified assistants.⁸³ Kathleen Rose Byrne was one such student. She matriculated initially at TCD in the 1918/19 term but did not graduate with her degree until 1932, although we do not know why it took her and the other women in this category so long to qualify. She was listed in the *Medical Directory* at an address in Dublin from 1937-47 so is likely to have worked as a general practitioner.

With regard to the types of qualifications that women medical graduates in the period succeeded in gaining, they were as follows:

Figure 2.3: Qualifications of women medical graduates who matriculated in 1885-1922 at all Irish institutions



Source: Medical Directory, Medical Register, University calendars

Evidently, the majority of students graduated with the M.B. B.Ch B.A.O. degree which was, as we saw earlier, generally viewed as being a superior qualification, albeit more expensive than the option of attaining the conjoint medical licence from

⁸³ Solomons, *One doctor in his time*, p.34 and Ashe, 'Medical education and medical interests', p.28.

the College of Surgeons and the College of Physicians. In a small number of cases, women medical students matriculated initially through Irish institutions but then went on to achieve their degrees elsewhere in the United Kingdom, or a licence from the Glasgow/Edinburgh Colleges of Physicians and Surgeons. It is unclear why women would have gone to Glasgow or Edinburgh to attain their licences but according to Thomas Garry who trained at QCG and at Dublin hospitals in the 1880s, this was a common practice and 'the periodic departure of students from Dublin to Edinburgh was always observed as a great event'.⁸⁴ It is clear that the majority of women medical students viewed a degree in medicine as being an important asset, and followed the advice of the student guides outlined earlier, which claimed that the achievement of a medical degree would allow a student greater potential in their career.

Conclusion

By 1908, numbers of women medical students were beginning to rise at Irish universities, leading the student magazine Q.C.C. to exclaim:

...The lady-medicals!!! No more- vide Cummins, Mockler, etc. In spite of all, we could not do without them. Picture the library, a wilderness without their interruptions, infer-eternal rustlings, bustlings, flirtings, and maddeningly irritating giggles.⁸⁵

Although numbers of women medical students matriculating at Irish institutions were small in the first three decades of their existence, numbers increased during the years of the First World War before falling in the years following it. This chapter has examined the social, geographic and religious backgrounds of these women medical students matriculating at Irish institutions from the 1880s to 1920s as well as discussing the possible reasons why a woman might have decided to take up medical education and the factors that might have affected her choice of university. Religious factors would have played some role in a woman's choice of university. Notably, the majority of early women undertaking medical education came from

⁸⁴ Thomas Garry, *African doctor*, p.16.

⁸⁵ 'Cherchez la femme', Q.C.C., **5:1**, (December 1908), p.19.

Protestant backgrounds. However, by the 1900s, following the opening of the Catholic University to women medical students in 1898, Catholic women students also began to take up medicine and there was an increase of Catholic women attending the Queen's Colleges also. It is evident, however, that economic factors were most pertinent in both a student's decision to take up medical education and the type of qualification to aim for. Students generally tended to attend their local university which would have enabled them to save money through living at home. Additionally, the data have shown that the majority of women medical students in the period came from well-to-do backgrounds. Medicine would have been viewed as a respectable career for women of these backgrounds but their parents would also have had available finances to pay for their daughters' education. Of the 759 women who matriculated in medicine, 60% succeeded in qualifying with the majority (82%) qualifying with the superior qualification of medical degree as opposed to licence (18%). The following chapter will look at the experiences of these women while undergoing their medical training.

Chapter 3

Women's experience of Irish medical education

...Though all the world's a stage and we are acting,
Yet still I think your part is not dissecting,
To me the art of making apple tarts
Would suit you better than those "horrid parts".
In times to come when queens at home you are,
There'll be more rapture in the light guitar.
Your knowledge – of the frog should only be
How they are cooked in France – or making tea!
And as for learning Chemistry and that
'Twould be a nicer thing to trim a hat.
I know your aims in medicine are true
But tell me is there any *need* of you?¹

This poem, entitled 'Ode to the Lady Medicals' and published in 1902, in *St. Stephen's*, the student magazine of the Catholic University, questions the relatively recent undertaking of medical education by women. Although admittedly tongue-in-cheek, it highlights some of the prevalent attitudes towards the admission of women to medicine, a subject that had faced fierce criticism from some. Certainly, this poem strongly suggests that a woman's place should be in the home, learning how to cook frogs rather than how to dissect them, and that women should concern themselves with more feminine activities such as hat-trimming. Moreover, it ends on the question of whether there was actually any need for women doctors, highlighting fears about the overcrowded medical marketplace. Thus, Arts degrees were often proclaimed as being a more suitable alternative for lady students.²

¹ 'Girl Graduates Chat', *St. Stephen's*, 1:5, (March 1902), p.93.

² For instance, one writer for *U.C.G.* claimed: 'It is a great pity that more of the gentler sex do not enter the portals of the magic studio of "The First of Arts, without whose light, all others would fade into the night". Do they not hear the cries of the sick little children as St. Patrick heard the children of the Gael?' 'Medical Notes', *U.C.G.: A College Annual*, 1919-20, p.57.

We know little about the experiences of medical students.³ Even less work has been done on the educational experiences of women doctors in the first half of the twentieth century.⁴ But how is it possible to find out what it was like to be a student in Ireland in the late nineteenth and early twentieth centuries? Barbara Brookes has utilised the unique source of Agnes Bennett's letters in order to gain an insight into the lives of women medical graduates of the University of Edinburgh while Andrew Warwick has studied the mathematics curriculum of the University of Cambridge in the late 19th and early 20th century in order to understand student experience there.⁵ In this chapter, I will draw on medical student guides, university handbooks and calendars which give us some idea of what students studied. The minute books of university medical societies go some way to revealing the extra-curricular activities of medical students. Additionally, the minute books of the Royal Victoria Hospital give an insight into issues relating to the clinical experience of lady medicals. Of course, there are limitations involved in using official matter. University guides and minute books do not always provide a complete record of student experience. Rather, these records tend to give us information on what students studied rather than their educational experiences. I, therefore, also draw on the memoirs of lady doctors and on student magazines for a better understanding of what this was like.

Student magazines are valuable for gauging insight into attitudes towards lady medicals. Written by students for students, they give us an engaging view of their day-to-day life and it is surprising that few historians of science or medicine have used this resource.⁶ Most Irish university magazines appeared at the turn of the century, such as *Q.C.B.*, the magazine of Queen's College Belfast. As a result, the magazines give the sharpest insight into the early twentieth century. Queen's College Galway and Queen's College Cork also had their own magazines, *Q.C.G.*

³ Keir Waddington, 'Mayhem and medical students: image, conduct and control in the Victorian and Edwardian London teaching hospital', *Social history of medicine*, (2002), **15:1**, pp.45-64, p.45.

⁴ Carol Dyhouse, 'Driving ambitions: women in pursuit of a medical education, 1890-1939', *Women's history review*, (1998), **7**: 321-343, p.322.

⁵ See: Barbara Brookes, 'A corresponding community: Dr. Agnes Bennett and her friends from the Edinburgh Medical College for Women of the 1890s' and Andrew Warwick, *Masters of theory: Cambridge and the rise of mathematical physics*, (Chicago: The University of Chicago Press, 2003).

⁶ Janet Browne, 'Squibs and snobs: science in humorous British undergraduate magazines around 1830', *History of Science*, (June 1992), **30**: 165-197, p.167.

and Q.C.C.⁷ The CU/UCD had its own magazine called *St. Stephen's* which later became *The National Student*. *T.C.D.: A College Miscellany* was the magazine of Trinity College Dublin. It is difficult to determine what readership, apart from the students, these magazines had but there is evidence that some, such as *The National Student*, had a readership outside the student population. For instance, Francis Sheehy Skeffington, often used it for the propagation of his political ideas.⁸ And, although the editorial board was composed of students and most of the contributors were students, occasionally pieces by lecturers were published. Medical students were often contributors to these magazines, giving comment on subjects relating to medical education more generally, university life, and amusing incidents that might have happened in a lecture one morning. Humour was an important element in the magazines, creating, as Browne puts it, 'a common matrix: the social cement, as it were, of the undergraduate world'.⁹

Similarly, the memoirs of women doctors, although a rare source, are very useful because they are first-hand accounts of the experiences of these women. However, because they are personal accounts, they do not always give us a deep insight into women's experience more generally and they may also be biased or limited in terms of the information given about educational experiences. I will draw on the unpublished memoirs of Emily Winifred Dickson and Florence Stewart and the published memoirs of Anna Dengel and Octavia Wilberforce. Dickson and Stewart's memoirs were written presumably as accounts for their families while Dengel's experiences were published in a collection of autobiographies of women doctors from around the world, and Wilberforce's autobiography was published for the general public.

I will also draw upon the minute books of the Belfast Medical Students' Association which give an insight into the debates which took place in the university on matters relating to medical education and the medical profession. Sources relating to student societies are also under-utilised by historians but give an insight into the

⁷ These were succeeded by *U.C.G.: A College Annual* and *The Quarryman*.

⁸ Francis Sheehy Skeffington, 'The position of women', *St. Stephen's*, 1:12, (June 1903), p.252-3.

⁹ Browne, 'Squibs and snobs', p.193.

extra-curricular activities of students and thus deepen our knowledge of student experience.

In this chapter, I will suggest that in contrast to Britain, Irish medical education from the 1880s to the 1920s was surprisingly egalitarian in nature, with women and men treated equally in terms of hospital experience, lectures, which they attended together, and prizes and scholarships which were open to women on the same terms as to men. I will highlight important differences between Irish and British medical education with regard to the admission of women to hospital wards for clinical experience. However, despite Ireland's seemingly favourable attitude towards women medical students, there was one important exception: the dissecting room. Irish university authorities constructed separate dissecting rooms for male and female students in addition to creating separate 'ladies rooms'. Not only did these physically separate spaces help to establish the identity of lady medicals students as a separate community but they also served a paternalistic function, providing them with protection from the men students who may have threatened to sully their 'sweet influence', 'good conduct and feminine modesty'.¹⁰ Yet, as will be shown, this segregation went beyond the physical structure of the dissecting room and was not always promoted only by the university authorities. In some cases, women medical students separated themselves from the men as a distinct social group.

I will first examine student experiences' of medical education broadly, in particular focusing on the topic of clinical education because this is where women students, in contrast with their counterparts in Britain, found themselves to be readily accepted. I will then discuss how Irish universities and hospitals showed themselves to be forward-thinking and egalitarian with regard to the medical education of women with men and women being co-educated for most lectures. The one exception I will discuss in depth in the third section of the chapter is the dissecting room. The section will conclude by examining how women also socially segregated themselves from the male students through their living arrangements and social activities. The chapter will suggest that although Irish medical education from the

¹⁰ 'Medicine', *Q.C.G.*, **5:2** (February 1907), p.50 and 'My impressions of the lady students by X.Y.Z.', *UCG: A College Annual*, **1:1**, (Easter 1913), p.33.

1880s to 1920s was more egalitarian than medical education elsewhere in the United Kingdom and women appear to have been strongly supported and incorporated, there still existed a distinct sense of separateness between the men and women students.

Studying medicine

A short story published in *The Quarryman* in March, 1917, entitled 'How Lill got her M.D.', tells the tale of one woman student, who, having succeeded in gaining an Arts degree, also wanted to achieve a medical degree, solely, it seems, so that she could wear the 'becoming' scarlet graduation gown.¹¹ Lill crosses the Quadrangle of the College and goes straight to the President of the University, threatening to expose him in *The Quarryman* and 'bribe the maid to put nettles in [his] Morphean couch...' until the nervous President finally gives in and awards her the M.D. degree.¹² This story not only presents a view of women students as being more interested in fashion than academic pursuit but is indicative of the somewhat chauvinistic attitudes prevalent in the student magazines of the time. Arguably, it also shows cunning, determination and a scheming mind. In this section, I will examine attitudes to women medical students in the student press before looking at what it was like to study medicine in Ireland in the period.

Although the student press tended to mock women medical students, they were often seen as having a civilising effect on the men and were referred to affectionately. Male medical students were allegedly notorious for rowdy behaviour.¹³ Bonner argues that male medical students were characterised as being drunken, immature and irreverent, an image which persisted well into the second half of the nineteenth century and into the early twentieth century.¹⁴ As well as having a civilising effect on the male students, lady medicals were also said to be a distracting influence. In 1904, one writer in *TCD: A College Miscellany* stated that the presence of the female student in the Physiological laboratory produced a

¹¹ 'How Lill got her M.D.', *The Quarryman*, 4:5, (March, 1917), p.101

¹² 'How Lill got her M.D.', p.101.

¹³ See: Thomas Neville Bonner in *Becoming a physician: medical education in Great Britain, France, Germany and the United States, 1750-1945*, (Johns Hopkins University Press, 2001), p.215 and M. Jeanne Peterson, *The medical profession in mid-Victorian London*, (Berkeley and Los Angeles: University of California Press, 1978), p.40.

¹⁴ Bonner, *Becoming a physician*, p.215.

'laevo-rotatory action upon the eyes of mere man'.¹⁵ However, university staff were also said to be affected. An article in *U.C.G.* claimed that the lady medicals of that year were very distracting to a certain impressionable young professor. The writer claimed: '...it is said that the closing of his eye in focusing a microscopic object for a certain Medica is a masterpiece of "Cupid Ophthalmology"'.¹⁶ Lady students in general were thought to bring disadvantages. An article in *Q.C.G.* in 1904 commented that 'the continual rustling of skirts, the rattling of jewellery and the general "titivating" that a lady student thinks it her bounden duty to keep up during a lecture are – well, rather disconcerting'.¹⁷ Another comment in *Q.C.B.* drew attention to a female medical student who 'talks so frequently and affectionately to Male Medicals during lectures'.¹⁸

At the same time, women students were thought to have a positive effect on Irish medical institutions. A writer for *Q.C.C.* questioned where the medical school's peaceful charm would be 'without the same sweet faces that haunt our sanctum, not once, but twice, thrice and more times than we can count a day?'.¹⁹ More common, however, were pieces which poked fun at the women students. The author of a piece in *Q.C.B.* stated that he could not look at the lady medical 'without a pang at seeing so much sweet womanhood going astray...if nature had intended woman to be a doctor she would have created her a man'.²⁰ Moreover, he added that he would refuse to let a woman operate on him, not because he feared her knife would slip through nervousness, but because he was afraid her 'infernal curiosity would tempt her to push the knife a little too far, just to see how [he] could stand it'.²¹ Articles such as this, which use humour to convey the idea that medical education would potentially result in a loss in womanliness also reinforce the male/female divide by drawing attention to other important arguments against women in medicine which proliferated at the time.

¹⁵ 'News from the schools: Medical school', *T.C.D.: A college miscellany*, **10:179**, (December 1904), p.166.

¹⁶ 'Medical Notes', *U.C.G.: A college annual*, (1919-20), p.57.

¹⁷ 'Students in "Ye Citie of ye Tribes"', *Q.C.G.*, **3:1** (November 1904), p.25.

¹⁸ 'Things we would like to know', *Q.C.B.*, **11:1**, (December, 1919), p. 28.

¹⁹ 'Cherchez la femme', p.19.

²⁰ 'Winsome women at Q.C.B. (with apologies to no-one)', *Q.C.B.*, **6:3**, (January 20th, 1905), p.7.

²¹ 'Winsome women at Q.C.B.', p.7.

Often, the pursuit of a medical education was seen as a waste of time and money by the families of women medical students and family support or lack of it could colour student experience. Parents may have been unwilling or unable to pay for the medical education of a daughter who could otherwise look after the home. It was believed by many that a career in medicine made a woman less suitable for marriage, as we learnt in chapter one. One commentator in 1886 stated that the family of a prospective woman doctor ‘...not wishing to lose her pleasant companionship, plausibly object on the ground that as she will most likely marry soon, the cost of her medical education will be so much money wasted’.²² Indeed, this was the case for Olive Pedlow who trained at Queen’s College Belfast in the early 1920s. Her father persuaded her to do an Arts degree because he thought that she would “waste” a medical degree on marriage. Pedlow obtained a first class honours degree in French and German in 1917 and won enough prizes during her years as an Arts student to enable her to pay for her first two years of medical study, at which point her father gave in.²³ Perhaps, Pedlow’s determination to acquire a medical education was her attempt to break out of the private sphere of marriage, and instead enter the male-dominated public sphere of work. She went on to marry and to combine a successful career with raising a family. In some cases, family commitments may partly explain the high-drop out rate for women medical students.

Medical students of both genders often struggled under the double burden of passing examinations and paying yearly fees. Anna Dengel who graduated from Queen’s College Cork in 1919, commented of her time at university:

These were hard years for me. I was poor and had to do all sorts of work to pay the tuition, but kind people and my own determination saw me through to graduation with honours. It was 1919 by then. I needed a fee of five pounds in order to sit for the final examination. The sum was lent to me by

²² Robert Wilson, *Aesculapia vitrix*, (London: Chapman and Hall Ltd., 1886), p.28.

²³ Details from Joyce Darling, daughter of Olive Pedlow.

Professor Mary Ryan²⁴ whose brother later became Bishop of Trinidad. This was the only debt I incurred, and I repaid it with part of my first salary.²⁵

Like Dengel, Brigid Lyons Thornton who trained at Galway found that her time at university was a 'struggle and a constant financial worry'.²⁶ In addition to the yearly fees that students had to pay for their course of medical instruction, there were the added costs of travel home to see their families, and fees to the hospitals where they undertook their practical experience. Students also had the option of obtaining private instruction or 'grinding'.²⁷ This private instruction was conducted by private teachers often connected with schools of medicine who were often hospital physicians and surgeon and thus in a position to afford special advantages with regard to clinical instruction to their pupils.²⁸

The medical programme at the Queen's Colleges was intense, with second and third year students working 9 to 5 Monday to Friday as well as two hours gaining hospital experience on Saturday mornings as part of the requirement to gain nine months hospital attendance each year. Surviving timetables reproduced as Figure 3.1 and Figure 3.2 indicate the juxtaposition of hospital experience with other subjects. The two tables demonstrate the range of subjects taught at Queen's College Belfast in 1901 and the great emphasis on practical and clinical work within the syllabus. This chapter will focus on the clinical and practical elements of the curriculum. The clinical (hospital work) is demonstrative of an area where women medical students found themselves particularly supported while the practical (the example here being anatomy) was an area of study in which separation was enforced.

²⁴ Mary Ryan was the first female professor to be appointed to an Irish university. She was made Professor of Romance Languages at Q.C.C. in 1910.

²⁵ Leone McGregor Hellstedt (ed.), *Women physicians of the world: autobiographies of medical pioneers*, (Washington and London: Medical Women's International Federation, Hemisphere Publishing Corporation, 1978), p.93.

²⁶ John Cowell, *A noontide blazing: Brigid Lyons Thornton: rebel, soldier, doctor*, (Dublin: Currach Press, 2005), p.44.

²⁷ *The Irish medical students guide*, p.33.

²⁸ *The Irish medical students guide*, p.33.

Figure 3.1: Proposed Timetable for 2nd year QCB medical students, March 1901²⁹

	9 to 10	10 to 11	11 to 12	12 to 1	1 to 2	2 to 3	3 to 4	4 to 5
Mon	Hospital	Hospital	Practical Chemistry	Anatomy		Physiology	Practical Anatomy	Materia Medica
Tues	Hospital	Hospital	Junior Physiology	Anatomy		Physiology	Anatomy	Materia Medica
Wed	Anatomy	Practical Chemistry	Senior Physiology	RUI Men can continue Practical Chemistry or dissect		Practical Histology after Xmas, Practical Anatomy before Xmas	Practical Histology after Xmas, Practical Anatomy before Xmas	Materia Medica
Thurs	Hospital	Hospital	Junior Physiology	Anatomy		Practical Histology after Xmas, Practical Anatomy before Xmas	Practical Histology after Xmas, Practical Anatomy before Xmas	Materia Medica
Fri	Anatomy	Practical Chemistry	As on Wednesday	As on Wednesday		As on Wednesday	As on Wednesday	
Sat	Hospital	Hospital						

Figure 3.2: Proposed Timetable for 3rd year QCB medical students, March, 1901³⁰

	9-10	10-11	11-12	12-1	1-2	2-3	3-4	4-5
Mon	Hospital	Hospital	Hospital	Anatomy		Physiology	Practical Anatomy	Surgery
Tues	Hospital	Hospital	Hospital	Anatomy		Practical Physiology after Xmas, Practical Anatomy before	Practical Physiology after Xmas, Practical Anatomy before	Surgery
Wed		Practical Anatomy	Senior Physiology	Anatomy		Practical Anatomy	Practical Anatomy	Surgery
Thurs	Hospital	Hospital		Anatomy		Practical Physiology after Xmas, Practical Anatomy before	Practical Physiology after Xmas, Practical Anatomy before	Surgery
Fri		Practical Anatomy	Senior Physiology	Anatomy		Practical Anatomy	Practical Anatomy	
Sat	Hospital	Hospital						

²⁹ Minute Book of the Medical Faculty of Queen's College Belfast, 1891-1907, QUB/D/2/3/1.

³⁰ Minute Book of the Medical Faculty of Queen's College Belfast, 1891-1907, QUB/D/2/3/1.

Students intending to take the M.B. B.Ch B.A.O. examination were required to show proof that they had clinical experience in a variety of areas.³¹ In the first half of the nineteenth century, Irish medical students gained hospital experience from their first year of medical study. However, by the late 1880s, this hospital training had been postponed until their second year so that they might be provided with a stronger rudimentary education which would benefit their later clinical experience.³² Although by the late nineteenth century, the place of the Dublin school of medicine in European medicine had declined, there were still thought to be good opportunities for clinical experience. One doctor, Sir William Bowman, at the meeting of the British Medical Association in Dublin in 1867 pronounced:

The eminent spirit of Dublin as a clinical school of medicine and surgery has been perhaps less appreciated than it deserves by the world at large owing to its geographical position, somewhat aloof and insulated from the ordinary tracks of travel. The system of teaching is eminently honest, scientific, and practical, laboriously and richly turning to the best use of science and instruction great opportunities, the teachers exhibiting themselves to students as students themselves in the great field of nature.³³

Jacyna has claimed that it was clinical experience on the wards that shaped medical students' attitudes and 'established their predominant patterns of practice'.³⁴ Opportunities existed for students to gain clinical experience at a range of institutions. For instance, Emily Winifred Dickson, who graduated in 1893, went to Sir Patrick Dun's Hospital, the Rotunda Lying-In Hospital, the National Eye and Ear Infirmary, Donnybrook Dispensary and the Richmond Lunatic Asylum, all of which were located in Dublin. Yet, medical students were required to arrange this hospital experience themselves and had to pay a fee to the hospital concerned. Hospital instruction was incorporated into university timetables but students were

³¹ Nelson Hardy, *The state of the medical profession in Great Britain and Ireland in 1900*, (Dublin: Fannin & Co., 1902), p.61.

³² Henry Bewley, 'Medical education: a criticism and a scheme', *Dublin journal of medical science*, (1910), **129**: 81-97, p.82.

³³ E.D. Mapother, M.D., 'The medical profession and its work', *Dublin journal of medical science*, (1886), **82**: 177-206, pp.193-4.

³⁴ L.S. Jacyna, 'The laboratory and the clinic: the impact of pathology on surgical diagnosis in the Glasgow Western Infirmary, 1875-1910', *Bulletin of the history of medicine*, (1988) **62**: 384-406, p.405.

also required to spend their summer holidays working in a hospital in order to fulfil all of the requirements for clinical experience. In fact, this was an important part of Irish medical education from the early nineteenth century and the stipulations of the RUI and later NUI M.B. degree reflect this.

Medical scholarships, exhibitions and prizes were open to women on the same terms as to men from the beginning of women's admission to Irish institutions and women were sometimes successful in attaining these.³⁵ In contrast, at some universities in Britain, women did not have the opportunity to compete for prizes and scholarships on equal terms with men.³⁶ In 1887, Eleanora Fleury came first in the list of the RUI examinations in medicine and was commended in the *Dublin Medical Press*.³⁷ In 1901, Eva Jellett, a student at the Catholic University medical school at Cecilia Street was successful in winning two medals for histology and physiology and, in 1905, Ella Ovenden won the RUI Travelling Medical Scholarship.³⁸ In 1902, Q.C.G. reported on the arrival of Christina Caldwell Dagg, the first woman medical student at Queen's College Galway and her brilliant success in the scholarship examinations.³⁹ Similarly, the success of Harriet MacFaddin was praised in a 1905 issue.⁴⁰ In addition, a 1904 issue of *St. Stephen's* praised Ella Ovenden for taking the blue ribbon in the M.B. examination.⁴¹

Examinations for the M.B. B.Ch B.A.O.⁴² degree took place in Dublin at the RUI centre. One medical student at Queen's College Belfast described the train journey to Dublin to take the examination as nerve-racking and the examination hall itself as

³⁵ Royal Commission on University Education in Ireland: Final report of the commissioners, 1903, p.8.

³⁶ For example, at the University of Glasgow, women were unable to apply for bursaries when they were first admitted to the medical school. And, in later years, women were restricted with regard to the bursaries they could apply for. (Wendy Alexander, *First Ladies of Medicine: the origins, education, and destination of early women medical graduates of Glasgow University*, (Glasgow: Wellcome Unit for the History of Medicine, University of Glasgow, 1987), p.19).

³⁷ 'Medical honours to ladies', *DMP*, June 8th, 1887, p.552.

³⁸ 'Girl graduates chat', *St. Stephen's*, **2:1**, (December 1901), p.50 and Untitled, *St. Stephen's*, **2:8**, (December 1905), p.182.

³⁹ 'Medicine', Q.C.G. **1:1**, (November 1902), p.6.

⁴⁰ 'Medicine', Q.C.G. **4:1**, (November 1905), p.23.

⁴¹ 'From the ladies' colleges', *St. Stephen's*, **2:5**, (November 1904), p.111.

⁴² Bachelor of Medicine and Bachelor of Surgery and Obstetrics.

a 'sweating room'.⁴³ It was commented that lady medicals passed their examinations as easily as their male counterparts because they spent twice as long on a case in the wards as men did.⁴⁴ Humphrey Rolleston, an eminent English physician and President of the Royal College of Physicians in London from 1922-26 commented that women were on average better students than men because they worked harder and 'take more pains – being more whole mindedly concentrated on the subject in hand'.⁴⁵ In spite of the long hours and heavy workload involved, women were successful in their pursuit of medical education. In the President's report for Queen's College Belfast for the 1889-90 session, one year after the first female medical students were admitted to Queen's, Dr. Hamilton wrote:

It has been a matter of great satisfaction to me...that these young ladies have applied themselves to their work with the most laudable assiduity and success, and that their admission to the medical classes was attended with good results in every way.⁴⁶

As the next section will demonstrate, the admission of women to medical classes does not appear to have caused complications for Irish universities. Rather, it seems that women students occupied a 'shared sphere' with the men, in all elements of medical education except anatomy.

Shared spheres?

In 1896, Clara Williams, a student at the RCSI in Dublin, wrote to the magazine of the London School of Medicine for Women and Royal Free Hospital about what it was like to be a female medical student in Dublin.⁴⁷ The account was very positive. In Williams' view, the system of mixed classes in the Irish capital worked extremely well. In her words:

⁴³ 'Medical students' association', *Q.C.B.*, 1:3, (February 12th, 1900), p.11.

⁴⁴ 'Winsome women at Q.C.B. (with apologies to nobody)', p.7.

⁴⁵ Humphrey Rolleston, 'An address on the problem of success for medical women', *BMJ*, October 6th, 1923, pp.591-594, on p.592.

⁴⁶ Quoted in Richard H. Hunter, 'A history of the Ulster medical society', *Ulster Medical Journal*, (1936), 5: 178-195, p.168.

⁴⁷ Clara L. Williams, 'A short account of the school of medicine for men and women, RCSI', *Magazine of the LSMW and RFH*, No. 3, (January 1896), pp.91-132, on p.104.

...nothing in the slightest degree unpleasant has ever occurred, and the professors are unanimous in stating that far from regretting the admission of women to their classes, they consider it has improved the tone of the College considerably. The students are all friendly, there is a healthy spirit of emulation aroused in working together for the various prizes, and an absence of jealousy which augurs well for the future of medical women in Ireland, and reflects favourably on the men as well; we all help each other, and I, for my own part, owe a great deal of my success to the assistance of a few of the senior men students.⁴⁸

In the same year, *The Dublin Medical Press* had implied that the segregation of men and women for medical classes might lead to women missing out on the code of ethics of the profession and viewing their male classmates as competitors rather than colleagues in future professional life.⁴⁹ This view seems to have been shared by Irish universities where, for the most part, women and men medical students were educated together. T. Percy Kirkpatrick, writing in 1912 commented that women and men were educated together for all lectures with the exception of anatomy and that 'in spite of the many prophecies to the contrary, the plan has worked well'.⁵⁰ In 1922, *The Irish Times* reported that at Trinity College Dublin and the Royal College of Surgeons, men and women were trained together without the slightest awkwardness.⁵¹ Similarly, Colonel Sir William Taylor, then President of the Royal College of Surgeons, commented that he found no difficulty in giving clinical classes to men and women together at the Meath Hospital in the 1920s.⁵²

This was in contrast to Britain where women were initially educated at single-sex medical schools such as the London School of Medicine for Women (founded in 1874) and the Edinburgh School of Medicine for Women (founded in 1886) which were largely responsible for the medical education of British women until the opening up of other medical schools in Britain from the 1890s. At the University of

⁴⁸ Williams, 'A short account of the school of medicine for men and women, RCSI', p.105.

⁴⁹ 'Medical advertising by ladies', *DMP*, April 1st, 1896, p.358.

⁵⁰ T. Percy C. Kirkpatrick, *History of the medical teaching in Trinity College Dublin and the School of Physic in Ireland*, (Dublin: Hanna and Neale, 1912), p.330.

⁵¹ 'Women medicals', *Irish Times*, March 3rd, 1922, p.4.

⁵² 'Women medical students: barred by London hospital: attitude of Irish schools', *Irish Times*, March 3rd, 1922, p.6.

Birmingham, following the admission of women medical students to the Birmingham medical school in 1900, female assistants were employed to teach women in separate classes for medicine, anatomy, surgery, midwifery and gynaecology. Moreover, a female assistant was requested was to assist the chair of forensic medicine, 'as some issues, such as rape, were deemed too sensitive to discuss before a mixed group of young men and women'.⁵³ According to Carol Dyhouse, the existence of separate classes for women medical students suggests 'that a provincial medical education was very much characterised by a distinction of sex'.⁵⁴ Likewise, in America, the co-education of men and women had often been a problem for opponents of women in higher education. Late nineteenth-century women American physicians failed to share this concern.⁵⁵

The co-education of women and men students sometimes proved problematic in Ireland too. Florence Stewart, who trained at Queen's College Belfast in the 1920s, commented that male and female medical students attended lectures together and that the lady medicals tended to sit together at the front of the lecture theatre. The only time that they were asked to leave was when 'sex problems' were being discussed.⁵⁶ Fundamentally, however, the system of mixed classes in Dublin, in Williams' words, had been:

...productive of nothing but good, and they are helping in a large measure to destroy the prejudice against women studying medicine. The present generation of medical men having been educated with women, regard them exactly as their other fellow-students, and respect them according to their merits and capabilities, which is all any of us desire.⁵⁷

The favourable attitudes towards women medical students in the lecture theatre extended into clinical experience too, with Williams stating that nearly all of the

⁵³ Jonathan Reinarz, *Health care in Birmingham: the Birmingham teaching hospitals 1779-1939*, (Woodbridge: The Boydell Press, 2009), p.161.

⁵⁴ Carol Dyhouse, *No distinction of sex?: women in British universities, 1870-1939*, (London: UCL Press, 1995) on p.238 cited in Reinarz, *Health care in Birmingham*, on p.163.

⁵⁵ See: Carroll Smith-Rosenberg and Charles Rosenberg, 'The female animal: medical and biological views of woman and her role in nineteenth-century America', *Journal of American History*, (September, 1973), **60**: 332-356, p.342.

⁵⁶ Florence Stewart Memoirs, Public Record Office of Northern Ireland, D3612/3/1.

⁵⁷ Williams, 'A short account of the school of medicine for men and women, RCSI', p.109.

general hospitals and all of the special ones in Dublin were open to women and that they received precisely the same instruction as the men. There do not appear to have been major issues with the introduction of women medical students to the wards of Irish hospitals. Moreover, women were entitled to hold the posts of clinical clerks and surgical dressers in the same way that men could.⁵⁸ In fact, it seems that Irish hospitals possessed an egalitarianism lacking in their British counterparts. At the teaching hospitals associated with the University of Birmingham, separate ward classes were established for women students from 1905.⁵⁹ Meanwhile, in other parts of Britain, many hospitals would not accept women medical students on their wards, and in some cases, women doctors, such as Elizabeth Garret Anderson, founded their own hospitals.⁶⁰ These hospitals, largely established in the late nineteenth and early twentieth century, served three purposes: they allowed for women's mission to care for women and children, they promoted professional success for women doctors and finally, they were important for the training of young professional women.⁶¹

It has been argued that St Ultan's Hospital, established in 1919 served the same functions.⁶² However, it appears that the main women doctors involved in its foundation, such as Kathleen Lynn, Katharine Maguire and Ella Webb (née Ovenden) were concerned primarily with improving the health and sanitary conditions of Dublin's poor, as was evident from their earlier involvement in organisations such as the Women's National Health Association, rather than the promotion of the professional interests of women doctors. Likewise, considering that Irish hospitals were open to women medical students, there was not a need for an additional hospital to serve this latter function.

Irish voluntary hospitals had a history of allowing women onto their wards for clinical experience and lectures and women medical students appear to have been

⁵⁸ Williams, 'A short account of the school of medicine for men and women, RCSI', p.106.

⁵⁹ Jonathan Reinartz, *Health care in Birmingham*, p.163.

⁶⁰ Anne Crowther and Marguerite Dupree, *Medical lives in the age of surgical revolution*, (Cambridge University Press, 2007), p.157.

⁶¹ Mary Ann Elston, 'Run by women, (mainly) for women': medical women's hospitals in Britain, 1866-1948', in: Laurence Conrad and Anne Hardy (eds.), *Women and modern medicine*, (Amsterdam: Clio Medica Series, Rodopi, 2001), p.77.

⁶² Margaret Ó hOgartaigh, *Kathleen Lynn: Irishwoman, patriot, doctor*, (Dublin: Irish Academic Press, 2006), p.68.

readily accepted. Notably, the staff of the Royal Victoria Hospital in Belfast who received an application from a female student to be admitted to practice on the hospital wards and commented that they saw 'no reason why the application should be refused'.⁶³ Additionally, the Medical Staff Minutes state that there 'should be no restrictions or objections made to their admission'.⁶⁴ Similarly, when in 1903, a lady student asked about the possibility of becoming a resident medical pupil, the staff requested that the board 'entertain the application and to take out such measures as may facilitate the measurement'.⁶⁵ Margaret O'hOgartaigh has highlighted one hospital that appears to have not been so welcoming to women students: the Adelaide in Dublin, where Kathleen Lynn was refused admission in 1898. This was on account of the fact that there was no accommodation available for female students who wished to work as resident pupils. However, Lynn was successful in gaining a residency at the Royal Victoria Eye and Ear Hospital in Dublin.⁶⁶

With regard to clinical education, it seems that women medical students occupied the same sphere as their male counterparts. The only time that objections were raised was in 1892, when the board of governors of Cork Infirmary refused to admit women medical students to their wards on the grounds that mixed classes had not been a success in Dublin. The Cork students appealed to their counterparts in Dublin for assistance and a letter of support was organised by Emily Winifred Dickson, dated October, 1892, and signed by twenty-two lecturers from Dublin's medical schools and teaching hospitals. It read: 'Having been asked to express our opinion on the subject of the hospital education of women medical students, we, the undersigned, having had some years experience wish to state that we have had no difficulties arise in teaching men and women together'.⁶⁷ The Infirmary then opened its classes to women. Letters such as this one, indicate that leading members of the Irish medical profession did not find problems with the introduction of women students to their wards.

⁶³ Staff report dated September 10th, 1889, Royal Victoria Hospital Medical Staff Reports, 1881-1899.

⁶⁴ Royal Victoria Hospital Medical Staff Minutes, 1875-1905, September 10th, 1889, p.205.

⁶⁵ Staff report dated April 15th, 1903, Royal Victoria Hospital Medical Staff Reports, 1899-1936.

⁶⁶ Ó hOgartaigh, *Kathleen Lynn: Irishwoman, patriot, doctor*, p.11.

⁶⁷ Letter dated October, 1892, signed by twenty-two lecturers from the Dublin teaching hospitals, the King and Queen's College of Physicians and the Royal College of Surgeons, (Private collection of Niall Martin).

Why were Irish hospitals more welcoming of women students than their British counterparts? It is possible that financial factors played their part. Several of the best known Irish hospitals were voluntary hospitals, founded by philanthropic bodies. They were run by a committee of local subscribers with additional funds coming from grants from grand juries or municipal corporations. The most important of these hospitals included St. Vincent's, the Mater Misericordiae, the Adelaide Hospital, the Rotunda Lying-In Hospital, Dr. Steevens' Hospital, the Coombe Lying-In Hospital and the Royal Victoria Eye and Ear Hospital which were all located in Dublin.⁶⁸ Their institutional histories provide evidence that they were under significant financial pressure in the late nineteenth century. The Royal Victoria Hospital in Belfast was struggling as a result of the costs of building an extension onto the hospital to cater for increased demand, and its running and maintenance depended on donations.⁶⁹ Similarly, at the Royal Victoria Eye and Ear Hospital, there were constant appeals for financial support. In the last quarter of 1876, funds became so depleted that only the most urgent cases were admitted to the hospital, and pleas for expansion continued into the twentieth century.⁷⁰ The dire state of the voluntary hospital system in Ireland resulted in the Dublin Hospitals Commission Report of 1887 which recommended the amalgamation of certain voluntary hospitals as well as the provision of state grants to others that were in particular need.⁷¹ Accordingly, therefore, the admission of women students to the wards of Irish hospitals made sound financial sense as it increased income from teaching fees.

At the Rotunda, teaching fees played an important part in the financing of the hospital, and, in particular, the Master's salary, although Harrison does not specify what fraction of the hospital income these fees constituted. In 1896, fees were 20

⁶⁸ Mary E. Daly, 'An atmosphere of sturdy independence: the State and the Dublin hospitals in the 1930s', in: Greta Jones and Elizabeth Malcolm (eds.), *Medicine, disease and the State in Ireland, 1650-1914*, (Cork University Press, 1999), p.235-6.

⁶⁹ Richard Clarke, *The Royal Victoria Hospital Belfast: a history, 1797-1997*, (Belfast: The Blackstaff Press, 1997), p.65.

⁷⁰ Gearoid Crookes, *Dublin's Eye and Ear: the making of a monument*, (Dublin: Town House, 1993), pp.34-35.

⁷¹ 'Dublin Hospitals Commission Report', *Irish Times*, April 23rd, 1887, p.5. These Dublin voluntary hospitals later faced financial crisis in the 1930s also which resulted in the establishment of the Irish Hospitals' Sweepstake by the Irish Free State. (See: Marie Coleman, 'A terrible danger to the morals of the country: the Irish hospitals' sweepstake in Great Britain', *Proceedings of the Royal Irish Academy*, (2005), **105**, pp.197-220.

guineas for six months which included lodging at the hospital.⁷² At the Royal Victoria Hospital, fees from students gaining their clinical experience at the hospital produced considerable income.⁷³ Similarly, at the Meath Hospital, Dublin, such fees from medical students were significant. According to Gatenby, the medical board minutes in 1905 noted that the total fees collected for the summer session amounted to £163 6s 11d, with this amount being divided up between the seven members of the board.⁷⁴ Clearly, the income received from women students contributed significantly to the finances of the hospitals. Moreover, given that many of the British teaching hospitals were closed to women, Irish hospitals and their teaching staffs would have benefited financially from British women, like Octavia Wilberforce (1888-1963) a student at the London School of Medicine for Women, who came to Ireland in order to gain their clinical experience.

The Rotunda Lying-In Hospital in Dublin is a prime example of institutions which supplemented their income in this way. It had a reputation for being the best lying-in hospital in the United Kingdom and medical students from universities all over the country often gained their midwifery experience there.⁷⁵ In addition, the hospital attracted American, English and Scottish medical students wishing to study obstetrics, offering one advantage over the hospitals of Vienna, Prague and Dresden in that the English language was spoken in it.⁷⁶ Wilberforce went to the Rotunda Hospital in July, 1918, for two months in order to gain practical midwifery experience. While there, she remarked on the pervading atmosphere of equality between the two sexes:

The best part of this place is the way men and women work together, and the younger men, Simpson, Gilmour and English make one feel just as capable as the men students...Here in Dublin, men and women students have worked

⁷² Robert F. Harrison, 'Medical education at the Rotunda Hospital 1745-1995', in: Alan Browne (ed.), *Masters, midwives and ladies-in-waiting: the Rotunda hospital, 1745-1995*, (Dublin: A & A Farmar, 1995), p.72.

⁷³ Clarke, *The Royal Victoria Hospital Belfast*, p.21.

⁷⁴ Peter Gatenby, *Dublin's Meath Hospital: 1753-1996*, (Dublin: Town House, 1996), p.73.

⁷⁵ Walter Rivington, *The medical profession of the United Kingdom, being the essay to which was awarded the first Carmichael prize by the Council of the Royal College of Surgeons in Ireland, 1887*, (Dublin: Fannin & Co., 1888), p.658.

⁷⁶ H. Hun, *A Guide to American Medical Students in Europe*, (New York: William Wood and Co., 1883), p.146.

together at Trinity College for years. At Arthur Ball's hospital⁷⁷, I was so pleased to see the perfect naturalness and equality of men and women. They forget half the time that there's any difference between the men and women students, and that's what you need in Medicine. Equality and absence of sex.⁷⁸

Clearly, Wilberforce, as someone who had experienced educational segregation at the London School of Medicine for Women, found the Irish system to be refreshing, at least with regard to hospital experience. Florence Stewart also commented on the friendly attitude towards women medical students at the Rotunda. In 1932 when she gained her clinical experience there, the Master of the hospital and his wife took all of the medical students who were free out for a picnic on Easter Sunday to the Sugar Loaf where they all played football together.⁷⁹

In contrast, many of the London teaching hospitals were closed to women medical students until the 1940s. The London Hospital Medical College, the Westminster Medical School and St. Mary's Medical School, which were affiliated to the University of London, as well as St. George's Hospital and University College Hospital Medical School only began admitting women to their wards during the First World War, but most of these hospitals closed their doors to women after the war and did not re-admit them until the 1940s.⁸⁰ Notably, St. Thomas' Hospital and Guy's Hospital in London did not admit women medical students to their wards until 1947. Likewise, at provincial medical schools such as Birmingham, the medical faculty created separated ward classes for women medical students from 1905.⁸¹ In comparison, it appears that Irish hospitals did not take issue with women's admission to their wards or classes. However, as the next section will demonstrate,

⁷⁷ Arthur Ball, a graduate of Trinity College, Dublin, was house-surgeon to Sir Patrick Dun's Hospital and was later appointed Regius Professor of Surgery at Trinity College Dublin. (Obituary: Sir Arthur Ball, Bt., M.D., M.Ch, *BMJ*, January 5th, 1946, p.33).

⁷⁸ Pat Jalland (ed.), *Octavia Wilberforce: the autobiography of a pioneer woman doctor*, (London: Cassell, 1994), p.101.

⁷⁹ Florence Stewart Memoirs, Public Record Office of Northern Ireland, D3612/3/1.

⁸⁰ Medical Women's Federation Archives, (Wellcome Library: SA/MWF/C.10). The archive consists of letters dated from 1951 from universities and hospitals around Britain (in response to a request from the secretary of the MWF) giving details of the dates of the first women to be admitted for medical study.

⁸¹ Reinartz, *Health care in Birmingham*, p.163.

there were some exceptions to women's complete incorporation into medical education.

Educational segregation

So far, I have demonstrated that women and men were for the most part educated together, and successfully so. In this section, I will discuss the one instance where this was not the case. Although women and men walked the wards and attended medical lectures together, dissections were seen as an exception to the rule and the co-education of men and women in this setting was thought to be unsuitable. The problem with anatomy dissections was complex. On the one hand, there were those who viewed the practice as unsuitable for women students under any conditions. In the United States, it was thought to have a hardening effect on women students.⁸² Opponents of the medical education of women, such as Harvard's professor Ware, believed that dissection would guarantee the 'defilement of women's moral constitution'. Anatomy dissections had the potential to 'desex' the female dissector.⁸³ On the other, advocates of women's medical education argued that the practice had the potential to 'fortify the character and moral sensibilities of the physician in training'.⁸⁴ However, Irish institutions appear to have taken issue specifically with the idea of men and women dissecting together, and the sexualised nature of anatomy dissections.

Irish university authorities attempted to remedy the controversy surrounding anatomy dissections by building separate dissecting rooms for men and women. The construction of separate dissecting rooms was not unique to Irish medical schools which could be seen to have been following international trends.⁸⁵ In May,

⁸² John Harley Warner and Lawrence J. Rizzolo, 'Anatomical instruction and training for professionalism from the 19th to the 21st centuries', *Clinical Anatomy*, (2006), **19**: 403-414, p.404.

⁸³ Michael Sappol, *A traffic of dead bodies: anatomy and embodied social identity in nineteenth-century America*, (Princeton: Princeton University Press, 2001), pp.88-89.

⁸⁴ Warner and Rizzolo, 'Anatomical instruction', p.405.

⁸⁵ At the University of Oxford, there was a separate dissecting room for women medical students between 1917 and 1937, where women were instructed in Anatomy by a female Irish instructor, Dr Alice Chance. (A.M. Cooke, *My first 75 years of medicine*, (London: Royal College of Physicians, 1994) p.7). At the University of Manchester, one small room was allocated to lady medical students which served as a dissecting room, cloakroom, and a place for lady medicals to take their lunch. (Carol Dyhouse, *No distinction of sex? Women in*

1897, the Council of the Medical Faculty of the Catholic University met to discuss the subject of women medical students and came to the decision that the Medical Faculty should be authorised to make any special arrangements relating to them as they saw fit and to report back the following year about their decisions.⁸⁶ The Council agreed that male and female medical students ought to attend lectures together; but not courses of anatomy dissection. The Council set up a special dissecting-room with waiting room attached for women students in the summer of 1897 so that they could carry out their dissections away from the male students.⁸⁷ The Council reported that ‘the results have proved most satisfactory and encouraging, and the Faculty are satisfied that the step taken in this decision is one which will add considerably in the future, to the success and usefulness of the School’.⁸⁸ Women demonstrators were appointed to teach the women students in their dissection room. As we will see in the next chapter, this was an area of employment in the academic field for newly-qualified women graduates. For example, Lily Baker (TCD, 1906) worked as an anatomy demonstrator at Trinity College Dublin, Ina Marion Clarke (RCSI, 1909) at the RCSI, Alice Chance, (UCD, 1917) at the University of Oxford, Amy Connellan McCallum (QCB, 1918) at Queen’s College Belfast. Evidently, not only did college councils feel that it was inappropriate for men and women to conduct dissections together but they also believed that women students should be educated by female demonstrators. This was a common practice in British universities.

Separation of students for anatomy dissections took place in all of the Irish medical schools. The new buildings of the Royal College of Surgeons, renovated in 1892,

British universities 1870-1939, (London: University College London Press Ltd., 1993), p.34). In South Africa, at the Capetown Medical School there existed a separate dissecting-room for women students, although women and men medical students attended the same lectures and demonstrations. (‘University of Capetown new medical school’, *BMJ*, November 3rd 1928, p. 813). And, at the University of Ontario, men and women medical students were also separated for dissections. (C.M. Godfrey, ‘The origins of medical education of women in Ontario’, *Medical History* (1973), 17: 89-94, p.90).

⁸⁶ ‘Meeting: Friday May 28th 1897’, Catholic University School of Medicine: Governing Body Minute Book, Vol.1, 1892-1911. (UCD archives: CU/14).

⁸⁷ ‘Annual Report of the Faculty: May 20th 1898’, Catholic University School of Medicine: Governing Body Minute Book, Vol.1, 1892-1911 (UCD archives: CU/14).

⁸⁸ ‘Annual Report of the Faculty: May 20th 1898’, Catholic University School of Medicine: Governing Body Minute Book, Vol.1, 1892-1911 (UCD archives: CU/14).

included a ladies' dissecting room.⁸⁹ Trinity College Dublin had a separate dissecting room for women medical students which remained in existence until 1937.⁹⁰ The dissecting room had cost the university £1,500 to build.⁹¹ At Queen's College Galway, in 1916, *U.C.G.* magazine reported that women medical students had been "moved to the museum" although it is unclear whether this was for anatomy dissections.⁹²

At Queen's College Cork, part of the dissecting room was initially screened off so that men and women would be able to carry out their dissections separately from one another. In addition, women were not permitted to undertake dissections unless there were at least two women medical students taking Anatomy.⁹³ There were at least two women students matriculating every year from 1906 so this rule would not have applied. And, in 1907, a separate dissecting room was constructed for the 'fascinating scalpel-wielders' and 'fair dissectors' so that they could conduct their dissections in complete isolation from their male counterparts.⁹⁴ Clearly, the College Council felt that it was an improper thing for women and men medical students to look at the body together.

One of the women students at QCC, Janie Reynolds, wrote to the College Council to complain: '...in being limited to one "subject" and in not being allowed to see the dissections of the other students, women are severely handicapped and prevented from forming an earlier and more intimate acquaintance with the subject of Anatomy...'⁹⁵ Reynolds also pointed out the fact that she and the other women medical students were used to attending lectures with the men, and she wondered why anatomy dissections were an exception to the rule.

⁸⁹ 'The new schools of the Royal College of Surgeons in Ireland', *Irish Times*, January 29th, 1892, p.3.

⁹⁰ 'Ireland: from our special correspondent', *Lancet*, February 6th 1937, p.343.

⁹¹ 'Trinity College and women graduates: address by the provost', *Irish Times*, December 20th, 1905, p.8.

⁹² 'Medical notes', *UCG: A College Annual*, 1:4, (1916), p.33.

⁹³ Letter (undated but c.1895-1905) from Janie Reynolds to the Members of Council, Queen's College Cork, (UCC archives: UC/Council/19/51).

⁹⁴ 'Editorial', *Q.C.C.*, 4:1, (December 1907), p.15.

⁹⁵ Letter: Janie Reynolds.

What was it about women's contact with corpses in an academic setting that universities appear to have found problematic? The topic of anatomy had been problematic in the 1860s when women were forbidden from attending certain meetings of the Ethnological Society in London on the grounds that certain subjects were deemed unsuitable for women, such as, ironically, the 'indelicate' topic of childbirth.⁹⁶ Likewise, we may gain an insight into Victorian attitudes of feminine 'delicacy' through examining the case of English anatomy museums.⁹⁷ At some anatomy museums in England, such as Kahn's museum in the 1850s, women were permitted to attend the display on certain days, a practice that the *Lancet* objected to at the time because it was believed to undermine one of the most common arguments against women studying medicine: that they would find anatomy distressing.⁹⁸ Revealingly, women were not allowed to view any models 'that could offend the most prudish taste' and only nurses and midwives were entitled to view the syphilitic models.⁹⁹ However, considering that women and men were allowed to attend all lectures at Irish institutions together, including anatomy, and they were also allowed to walk the wards together with no restrictions on the living bodies they could see, it seems that it was not the subject of anatomy itself that was deemed unsuitable, but rather, the specific issue of dissecting dead corpses, and in particular, dissecting dead corpses in the company of men, which was problematic. What were the reasons for this?

Historians have drawn attention to the highly sexualised nature of anatomy dissections in general.¹⁰⁰ Alison Bashford has argued that there was significant cultural investment in a gendered and sexualised understanding of dissection, whereby the masculine scientist/dissector penetrated and came to 'know' the feminised corpse in a process clouded by desire. The female dissector, or woman

⁹⁶ Evelleen Richards, 'Huxley and woman's place in science: the 'woman question' and the control of Victorian anthropology' in: *History, humanity and evolution: essays for John C. Greene* (ed. James R. Moore), (Cambridge University Press, 1989), p.275.

⁹⁷ See: A. W. Bates, "'Indecent and demoralising representations": public anatomy museums in mid-Victorian England', *Medical History*, (2008) **52**: 1-22, and A.W. Bates, 'Dr. Kahn's museum: obscene anatomy in Victorian London', *Journal of the Royal Society of Medicine*, (2006) **99**: 618-624.

⁹⁸ Bates, 'Indecent and demoralising representations', p.11.

⁹⁹ Bates, 'Dr. Kahn's museum: obscene anatomy in Victorian London', p.620.

¹⁰⁰ Waddington, 'Mayhem and medical students', p.53 and Alison Bashford, *Purity and pollution: gender, embodiment and Victorian medicine*, (London: Macmillan Press Ltd., 1998), p.114.

medical student, not only disrupted this desire when she entered the dissecting room but also inverted the sexualised and gendered dynamics that took place there.¹⁰¹ At one university, it seems that it was the issue of women dissecting the male body that was problematic. Tellingly, at Trinity College, when the segregation of women and men for anatomy dissections came to an end in 1937, women medical students were then only allowed to 'poke around with the female anatomy'.¹⁰²

However, the key issue seems to have been that university authorities were not favourable to the idea of men and women dissecting together. Revealingly, Queen Victoria, who disapproved of women in the professions, had a particular dislike of the 'awful idea of allowing young girls and young men to enter the dissecting room together, where the young girls would have to study things that could not be named before them'.¹⁰³ Similar opinions were repeated in the medical press. *The British Medical Journal* commented in 1870 that it was 'an indelicate thing for young ladies to mix with other students in the dissecting-room and lecture theatre'.¹⁰⁴ At the University of Edinburgh, it was the issue of women and men dissecting together which gave rise to the famous riot in protest against women medical students in the university.¹⁰⁵ Through separating men and women students for anatomy dissections, it is possible that college authorities wished to protect their budding young male doctors and indeed staff from the 'distracting influence' of the female medical students. At the same time, one male medical student claimed that the 'refining influences' exercised by the women in the dissecting room upon their male brethren was 'of greatest practical importance'.¹⁰⁶ A further interpretation could be that Irish university authorities felt that in the case of a female student becoming distressed by the dissection process, she would find support among the other women and would not have to face the embarrassment of revealing her weakness before the male students.

¹⁰¹ Bashford, *Purity and pollution*, p.114.

¹⁰² 'An Irishwoman's diary', *Irish Times*, July 21st, 1992, p.9.

¹⁰³ A.M. Cooke, 'Queen Victoria's medical household', *Medical History*, (1982), **26**: 307-320, p. 308.

¹⁰⁴ 'Lady surgeons', *BMJ*, April 2nd, 1870, p.338.

¹⁰⁵ Bashford, *Purity and pollution*, p.112. The Edinburgh male medical students protested on the grounds that women dissecting alongside men signified a 'systematic infringement of the laws of decency'.

¹⁰⁶ Untitled, *Q.C.B.*, **18**:2, (February, 1917), p.15.

The sight of corpses and the dissection of them may also have been seen as a corrupting influence on lady medicals if they were to dissect them alongside the male students. At Trinity College Dublin there was a joke that ‘the dissection “parts” for the ladies [were] decorated in pink ribbon as to render them prettier and more attractive’.¹⁰⁷ Furthermore, the dissecting room may have been viewed as a place where sexual thoughts were liable to develop. By separating the women from the men, university authorities might have felt that they were protecting the ‘delicate’ female students from the threat of male advances, or perhaps even male humour and seedy discussion that may have been particularly prevalent in such a context.¹⁰⁸ A poem entitled ‘For the dissecting room’, published in *Q.C.B.* in 1907, is indicative of this black humour. The writer composes a list of irritating characters in the College, from the ‘pestilential footballer’ to ‘the sorry cranks whose aim in life is running QCB’ who he would like to use as dissecting room cadavers.¹⁰⁹ One student in 1900 claimed that it was ‘a well established rule that a man’s dissecting ability is generally inversely proportional to the elaborate nature of his toilet’.¹¹⁰ Another student, writing in 1917 claimed that ‘the dissecting-room is to the student a club, a smoke room, a common research room – one in all’.¹¹¹

Clearly, the separation of female medical students from their male counterparts for anatomy dissections was a complex issue, and not unique to Irish universities. Fundamentally, it seems that objections to women medical students conducting dissections were raised on three points: first, that anatomy dissection was an indelicate practice for women, second, that if in such situations, women and men were together, the influence of the male students might corrupt the women; and third, that women should not be allowed to dissect corpses in the company of men. It is also possible that women may have been separated so that they could be protected from awkward situations and provide support for each other. As the next section will demonstrate, this separation was not limited to the dissecting room.

¹⁰⁷ ‘News from the schools: Medical school’, *T.C.D.: a college miscellany*, **10:179**, (December 10, 1904), p.166.

¹⁰⁸ See: Daragh Smith, *Dissecting room ballads from the Dublin Schools of Medicine fifty years ago*, (Dublin: Black Cat Press, 1984).

¹⁰⁹ ‘For the dissecting room’, *Q.C.B.* **8:6**, (April, 1907), p.11.

¹¹⁰ ‘The medical school’, *Q.C.B.*, **2:1**, (November 1900), p.9.

¹¹¹ Untitled, *Q.C.B.*, **18:2**, (February, 1917), p.15.

Women medical students created their own social network within the university, sometimes assisted by the university authorities.

Social segregation

As well as being segregated from the men for certain educational purposes, women and men students were sometimes socially separated by university authorities through the construction of women's common rooms, often called 'ladies' rooms'. These provided a place for women students to meet and chat between classes. At the Catholic University medical school at Cecilia Street, a room was built specifically for the women students. Accounts of this room were extremely positive and it appears to have served not only as a haven and place for the women to socialise, but also as a separate sphere to keep the women medical students from mixing with the male medical students. One female writer of *St. Stephen's*, commented that she and some of the other women students had 'a most pleasant experience at Cecilia Street recently'.¹¹² They were invited for tea at the ladies' room of the medical school, where they 'dissected nothing more gruesome than plum cake, nor concocted any more baleful potion than distilled essence of the tea-vegetable, tempered with H₂O and lacteal fluid'.¹¹³

Twelve years later, a letter to *The National Student* mentioned the 'extraordinary tenderness shown by the College authorities for the lady students'.¹¹⁴ The male writer asserted that the ladies' room of the medical school had just been fitted out in a lavish manner, with 'cheerful green and white wall-paper, comfortable furniture, a carpet, curtains to the window, and...a plentiful supply of magazines'.¹¹⁵ There was, however, no such provision for the male students and the writer asked 'why should a dozen women students have every comfort while a couple of hundred men have to put up with the hall, the street, or the neighbouring taverns?'¹¹⁶ Clearly, some of the male medical students felt that the lady medicals were being treated with undue favour by the university authorities and begrudged them this.

¹¹² 'Girl graduates chat', *St. Stephen's*, **1:5**, (March 1902), p.93.

¹¹³ 'Girl graduates chat', p.93.

¹¹⁴ 'Letters to the editor: a long-felt want', *The National Student*, **4:4**, (March 1914), p. 102.

¹¹⁵ 'Letters to the editor: a long-felt want', p.102.

¹¹⁶ 'Letters to the editor: a long-felt want', p.102.

This theme of social separation was not unique to Irish universities. Women medical students at American universities socially separated themselves from the men through their integration into sororities.¹¹⁷ At Johns Hopkins University, women medical students created their own “fraternity”, discussing journal articles together, meeting for tea and organising social activities amongst themselves.¹¹⁸ At Irish universities, special reading rooms for female students allowed for this social separation. At Trinity College, a special reading room was constructed within the anatomy department (which also had a separate entrance for women students), for lady medicals.¹¹⁹ The Royal Victoria Hospital in Belfast had a special sitting room for female students in the early twentieth century.¹²⁰ And, at the Royal College of Surgeons, from 1892, there existed a ‘suite of apartments’ specifically for women medical students.¹²¹ There were also ‘ladies rooms’ for female students at Queen’s College Belfast.¹²² We may wonder why the authorities of some Irish universities constructed these special ladies’ rooms. It is true that male medical students, in particular those in their first year, were infamous for their boisterous behaviour, and it may be that the authorities felt that separation from their boorish male counterparts was necessary if the women’s delicate natures were not to be corrupted. At the same time, there is a sense that the respective universities wanted to nurture the women medical students, to make them feel welcome, and so provided them with a sanctum to which they could retreat between classes. This private space afforded the women students a sphere where they could congregate and identify themselves as a separate group, a space which served to both separate and protect them from the male students. However, sometimes the fact that lady medicals were few in numbers sometimes worked to their advantage. Mary McGivern, who matriculated at University College Dublin in 1918, was one of few women medical students in her class. According to her daughter:

¹¹⁷ Helen Lefkowitz Horowitz, *Campus life: undergraduate cultures from the end of the eighteenth-century to the present*, (New York: Alfred A. Knopf Inc., 1987), p.17.

¹¹⁸ Regina Markell Morantz-Sanchez, *Sympathy and science: women physicians in American medicine*, (Oxford University Press, 1985), p.123.

¹¹⁹ ‘Consultation with the sphinx’, *Irish Times*, April 25th, 1914, p.20.

¹²⁰ Information from Prof. Richard Clarke, archivist of the Royal Victoria Hospital, Belfast.

¹²¹ ‘The new schools of the Royal College of Surgeons in Ireland’, *Irish Times*, January 29th, 1892, p.3.

¹²² ‘Five years at Queen’s: A retrospect’, *Q.C.B.*, **12:8**, (June 8th 1911), p.14.

She seemed to be very happy there and because there were very few women, they got a lot of attention from the males. So it was quite social, and she enjoyed that social aspect of it all. But she was a student, and she did, study, and you know, she made it in the time that she was supposed to make it...and listening to her, whenever I would question to her, it just seemed more like she was having a good time than studying.¹²³

By the 1930s and 1940s, the situation had changed. Writing about her experiences as a medical student at Trinity College Dublin in the 1940s, Joyce Delaney commented that in her class, there were ten men to every female medical student but to her disappointment, their priorities were drinking and horses rather than paying attention to the opposite sex.¹²⁴ By this point, perhaps the female medical student was no longer seen as a unique anomaly.

Women medical students were also socially segregated with regard to their living arrangements. Undoubtedly, for first year women, it would have added greatly to their comfort to live together and to prepare their meals in common.¹²⁵ By sharing accommodation these young women could provide each other with the support and encouragement that was of vital importance for students whose first year at university would also have been their first year away from home. This pattern was not unique to Ireland: at Johns Hopkins University, women medical students from the very beginning of their admission tended to live together.¹²⁶ At Queen's College Galway, first year female students commonly lived at the same address.¹²⁷ This pattern perhaps suggests that friendships between first year lady medicals were formed early on, and the same pattern exists for male medical students. In addition, some students, for example, Anne Kelly and Winifred O'Hanlon, who began their studies at QCG in the 1917/1918 term, had both attended the same secondary school, suggesting that school-friends commonly lived together. Two rooms at 10

¹²³ Oral history interview with Mary Mullaney.

¹²⁴ Joyce Delaney, *No starch in my coat: an Irish doctor's progress*, (London: Cox & Wyman Ltd., 1971), p.15.

¹²⁵ Elizabeth Garret Anderson, 'A special chapter for ladies who propose to study medicine' in: C.B. Keetley, *The student's guide to the medical profession*, (London: Macmillan & Co., 1878), p.45.

¹²⁶ Morantz-Sanchez, *Sympathy and science*, p.124.

¹²⁷ QCG matriculation albums.

Dominick Street were rented out to first year women medical students every year between 1915 and 1918, suggesting that perhaps some landlords and landladies were known for renting rooms to women medical students.

Dublin hospitals also provided separate accommodation for women students gaining their clinical experience. At the Coombe Lying-In Hospital in Dublin, women students were boarded in a house twelve minutes walk away from the hospital.¹²⁸ Similarly, at the Rotunda Hospital, men students were boarded in the hospital itself, while women students resided in two boarding-houses in the local area at Granby Row and Gardiner's Place.¹²⁹ At the Royal Victoria Hospital in Belfast, women resident pupils slept in the same quarters as the nurses while, interestingly, the men slept in the same quarters as the sisters.¹³⁰

Like their male counterparts, some women medical students lived in digs while at university, a cheap form of accommodation including meals, costing about fifteen shillings a week in 1907.¹³¹ For female medical students in particular, accommodation in digs would perhaps have been seen as a more favourable option than renting a room in a house. The arrangement provided women students with a place to stay that was probably more similar to their family home and would have perhaps reduced their families' worries about their living conditions. Brigid Lyons Thornton, who began her first year of medical studies at Queen's College Galway in 1915, resided in the house of Maud Kyne on Francis Street, which, as her biographer has described, 'turned out to be warm, hospitable and chatty'.¹³² Digs were often a subject of satire in student magazines. In an issue of *Q.C.B.* in May, 1907, one article claimed that the student in digs was a distinct class of individual – 'the ordinary common or garden student, who pays his bills weekly, who stubbornly fights every inch of his road to a dinner which he can eat and contests several items

¹²⁸ Julia Pringle, 'Coombe Lying-in hospital and Guinness dispensary', *The Women Students' Medical Magazine*, 1:1 (November 1902) eds. G. Haxtin Griffin and Violet A. Penrose Coghill, p.42.

¹²⁹ C. Muriel Scott, 'Rotunda Hospital', *The Women Students' Medical Magazine*, 1:1, (November 1902), p.44.

¹³⁰ Medical Staff Minute Book of the Royal Victoria Hospital, 1905-37, Monthly Staff Meeting, 7th May, 1912, p.153.

¹³¹ 'The student in digs', *Q.C.B.*, 8:7, (May 1907), p.15.

¹³² Cowell, *A noontide blazing*, p.43.

on his bill'.¹³³ The food provided by the landladies of digs was also in ill-repute, and the author commented that: 'From the first day that a student becomes a lodger he begins to look upon the world with different eyes. He begins to firmly believe that hens lay only stale eggs; that a cow, when living, yields only adulterated chalk, and that when dead, the carcass is entirely composed of steak'.¹³⁴

At Queen's College Belfast, some women students lived at Riddel Hall, a hall of residence specially established for them.¹³⁵ Florence Stewart commented that she felt she owed a big debt of gratitude to Riddel Hall because her father 'would not have allowed me to go to Queen's unless I had been able to reside there'.¹³⁶ Similarly, Clara Williams commented that parents often did not like their daughters to go to study medicine in Dublin because there was no residence house specifically for women. However, this problem was remedied by the establishment of a committee of women doctors, among them Emily Winifred Dickson, which had been set up to advise women students on their work and also to help them find suitable lodgings.¹³⁷

The women medical students' sense of being a separate community was also clearly evident from their representation on the Student Council at Queen's College Belfast, where there was a position for 'Lady Medical' from 1901.¹³⁸ Lady medicals also formed a group for fundraising efforts. At Queen's College Belfast in 1907, the chairman of the Student Council complained that male medical students were making no effort to engage in charity fundraising efforts, unlike the female medical students, who had displayed zeal by organising a stall.¹³⁹ Similarly, in 1915, the women banded together in order to put on a concert to fundraise for wounded soldiers and sailors.¹⁴⁰ They also came together in social settings such as at the meetings of the Belfast Medical Students' Association, in which they appeared to

¹³³ 'The student in digs', *Q.C.B.*, p.15.

¹³⁴ 'The student in digs', *Q.C.B.*, p.16.

¹³⁵ See: Gillian McLelland and Diana Hadden, *Pioneering women: Riddel Hall and Queen's University Belfast*, (Northern Ireland: Ulster Historical Foundation, 2005).

¹³⁶ Florence Stewart Memoirs. (Public Record Office of Northern Ireland: D3612/3/1).

¹³⁷ Williams, 'A short account of the school of medicine for men and women, RCSI', p.107.

¹³⁸ Photograph of student representative council in which Evelyn Simms is the representative 'Lady Medical', Supplement to *Q.C.B.*, **2:8** (June 28th, 1901).

¹³⁹ 'Fete news: Medical Students' Stall', *Q.C.B.*, **7:4**. (February, 1907), p.14.

¹⁴⁰ 'Editorial', *Q.C.B.*, **16:3**, (January, 1915), p.3.

have played an important role. Between 1899 and 1925, with the exception of four years, there was at least one female medical student on the committee of the association.¹⁴¹ The association held debates and talks on matters relating to the interests of medical students of Belfast and women medical students often participated in these, especially when they themselves were the subjects of the debate.

In February, 1900, there was a debate on the topic “Should Ladies practise Medicine?”.¹⁴² A student called Graham Campbell, arguing the affirmative ‘flitted like a gladsome bee from Homer to Tennyson, then via Ruskin to Euripides and a lady medical at Athens’, while a Mr. W. Phillips spoke against the motion, arguing that the profession was bound up in what he called a ‘frock hat’.¹⁴³ The debate was won by Mr. Phillips, in spite of an apparently strong case made by many of the women medical students when the debate was opened up to the floor.¹⁴⁴ In March, 1905, at another meeting of the Belfast Medical Students’ Association, a student called A.V. McMaster spoke on “Women as Medical Men” in which he expressed a favourable attitude towards lady medicals.¹⁴⁵ Following the paper, one speaker from the floor, a Mr. W. McCready, spoke against women doctors, to which one of the female medical students called him “Grandfather”.¹⁴⁶ According to the minutes, a considerable discussion ensued, in which prominent contributions came from Maria Rowan, a fourth-year medical student, and Jemima Blair White, in her fifth year, ‘the latter being so irrepressible as to necessitate her being called to order by the chairman’.¹⁴⁷ Evidently, women medical students felt the need to defend their attendance at Irish medical schools, and some felt particularly strongly about their place in the medical profession. Through attending meetings of such associations, and arguing for their right to be members of the medical profession, women medical students asserted their claim to be part of the public sphere but also affirmed their separate identity.

¹⁴¹ Belfast Medical Students Association, Minute Book, (Internal Committee Meetings) 1899-1925.

¹⁴² ‘Medical students association’, *Q.C.B.*, **1:3**, (February 12th, 1900), p.11.

¹⁴³ ‘Medical students association’, p.11.

¹⁴⁴ ‘Medical students association’, p.11.

¹⁴⁵ ‘Medical students association’, *Q.C.B.*, **6:6** (April 25th, 1905), p.13-14.

¹⁴⁶ ‘Medical students association’, *Q.C.B.*, **6:6** (April 25th, 1905), p.13-14.

¹⁴⁷ Belfast Medical Students’ Association Minutes, 1898-1907, (March 9th, 1905).

As this section has demonstrated, not only were women medical students physically segregated from the men through the construction of ladies rooms, but they also self-consciously separated themselves through their living arrangements and socially at societies like the Belfast Medical Students' Association. This reinforces the point that women students occupied a separate sphere from the men, one which was both physically constructed by the universities and self-consciously constructed by the students themselves.

Conclusion

Mary had a little book,
And in the bone-room daily
She flaunted it before our gaze
And read its pages gaily.

Mary came to Queen's, alas!
(We're sorry this to say)
One morning in a hurry,
Without her little Gray.

But nevermore we saw her,
No longer was she free,
And Mary did not come to Queen's –
She'd joined the W.A.A.C.'s, you see.

We missed her in the bone-room,
That loved her presence gay;
We missed her really just because
We missed her little Gray.¹⁴⁸

Historians of medical women have drawn attention to the sense of separateness that British and American women tended to feel, both with regard to their university

¹⁴⁸ 'Nursery rhymes for young medicals', *Q.C.B.*, **19:3** (June 1918), p.18.

education but also later in their professional lives.¹⁴⁹ Certainly, with regard to Irish medical education, there existed a sense of separatism between the men and women students which may be seen in poems such as the one above which pokes fun at the lady medical. Yet, as this chapter shows, Irish universities possessed a surprisingly inclusive attitude to women medical students. Similarly, albeit for financial factors, Irish hospitals appear to have welcomed women to their wards.

Nevertheless, it is clear that in the context of Irish universities, women medical students came to occupy a world which was very much separate from that of the men. This was constructed literally through special dissecting rooms so that the women might practice anatomy without the difficulties that might arise from the proximity of the men, as well as through the creation of special ladies rooms, which reaffirmed this divide. By providing ladies' rooms and dissecting rooms in order to protect the women students, the university authorities demonstrated their fears about women mixing with men and this could be viewed as paternalistic action. Spiritually, women students had always been seen as a separate and unique group; however, lady medicals came to be seen as a particularly distinctive cohort.

At the same time, women medical students themselves reinforced this sense of distinction through their self-identification as a cohort, either at social events and lectures, their representation on student councils or through living arrangements. In a sense, we may view their banding together in this way as an attempt to reconcile the distinctions constructed by university authorities between them and the male students. Through their self-enforced social segregation, women accepted that they were different from the men, and thus distanced themselves from the stereotype of the rowdy male medical student.

¹⁴⁹ See, for example: Virginia G. Drachman, 'The limits of progress: the professional lives of women doctors, 1881-1926', *Bulletin of the history of medicine*, (1986), **60**: 58-72.

Chapter 4

Careers, destinations and opportunities

In 1879, Stewart Woodhouse, then physician to the Richmond, Whitworth and Hardwicke Hospitals in Dublin wrote in his advice to medical graduates:

Never, perhaps, more than at the present time has it been so necessary for medical students to balance the relative advantages and drawbacks of the careers open to them when they will be fairly launched in life, and to choose one which will best accord with their circumstances and their tastes...¹

Woodhouse's words rang true into the twentieth century. Following their course of medical study, in which women students at Irish institutions from the 1880s to 1920s found themselves to be readily accepted and treated fairly, while maintaining a sense of distinction from their male brethren, new women graduates had to set about finding a career. This was a difficult task and for women doctors, it may have been particularly so, as a result of increased competition for posts or the possibility of prejudice from patients as well as medical professionals.

Student guides written for medical students in the period advised students of their career options and how to go about attaining a career in the sector of their choosing. In the view of Michael Foster Reaney, an Irish doctor writing in 1905, opportunities for women graduates were 'naturally limited'. He claimed that 'women can never really rival men in medical work in the sense that they have done in office and city life. Their spheres of activity are strictly limited and must remain rightly so.'² Among careers open to women, he listed appointments such as junior resident officerships on the special hospitals and occasionally on the poor-law infirmaries, staff appointments on hospitals for women and children, and post-office posts at the large centres. Sentiments such as these concerning women doctors' supposed limited employment prospects were not uncommon in the early years of the twentieth century. However, Reaney also commented that 'the arrival of the medical

¹ Stewart Woodhouse, 'To students', *Dublin Journal of Medical Science*, **68:4**, October 1st, 1879, p.351.

² Michael Foster Reaney, *The medical profession: the Carmichael prize essay for 1904*, (Dublin: Browne and Nolan Ltd., 1905), p.104.

woman is to be welcomed, and wherever her lot may be cast, she should be certain of the courteous support of her male colleagues'.³

Other commentators, such as Ella Ovenden, (later Webb, CU, 1904) were more optimistic. Writing two years after Reaney, she claimed that opportunities for women doctors were improving every year as the woman doctor began to take 'a more established place in the community' but the only way her position could be secured was if she could show 'that she has taken up medicine, not as a fad, but as a serious scientific or philanthropic undertaking'.⁴ Another doctor, Howard Marsh, writing in 1914 claimed that there was a need for women doctors in the realms of public health, in hospitals for women and children, in women's wards of the general hospitals, in the missions and also in general practice.⁵

As we learnt in the first chapter, supporters of the admission of women to the medical profession in the late nineteenth century and early twentieth century had claimed that women were eminently suited to work in women and children's health and that there was a special role for female doctors within the missionary field. And, in the early 1900s, it was believed that women doctors were generally employed within the sectors of women and children.⁶ This chapter will demonstrate that Irish women medical graduates were less likely to attain posts in these sectors than they were in other areas of medical employment. Rather, it was more common for Irish female medical graduates to secure posts in general practice, hospital appointments in general hospitals and asylums, and later on, posts within the public health service. In this chapter, I will discuss these careers and their popularity with Irish women doctors. I will start with postgraduate opportunities before moving on to investigate their careers in general practice, hospital work, public health, academic work and overseas (missionary) employment. I will also discuss two other important themes in the lives and careers of women medical graduate: emigration to England and the issue of marriage and family.

³ Reaney, *The medical profession*, p.104.

⁴ Ella Ovenden, 'Medicine', in: Myrrha Bradshaw (ed.), *Open doors for Irishwomen: a guide to the professions open to educated women in Ireland*, (Dublin: Central Bureau for the Employment of Women, 1907), p.36.

⁵ Letter from Howard Marsh, 'Women doctors and the war', *Times*, (London) December 8th, 1914, p.9.

⁶ Reaney, *The medical profession*, p.103.

Methodology

After graduation, doctors listed their address and post (if any) in a yearly publication called the *Medical Directory*. I created a database of women who were successful in graduating and whose careers I then traced through the *Medical Directory*. Tables of data throughout the chapter will illustrate the main points regarding women doctors' careers and a cumulative table (Table 4.12) lies at the end of the chapter. This data is based on my own research into the careers of women medical graduates from Irish institutions.⁷ Through tracing the careers of these women using the *Medical Directory* to find their entries for 5, 10, 15, 25, and 35 years after graduation, it is possible to give a rough map of the career paths and destinations of these women graduates. Cohort studies, such as this one, enable historians 'to set individual narratives against the experiences of a wider group of contemporaries'.⁸ Through doing this, I aimed to give a general picture of the experiences of women graduates from Irish institutions in the period. The limitation of this method is that occasionally, personal stories can be lost through a reliance on statistics. However, I have attempted to remedy this where possible through the use of obituaries, memoirs, student guides, and contemporary articles from newspapers and medical journals. Additionally, Chapter 6 gives a personal insight into the lives of several women doctors through the use of case-studies.

It should be pointed out that there are tables in this chapter and Chapter 5 with percentages produced for figures lower than 100: this is unavoidable given the low numbers of women matriculating and graduating. However, the information still remains suggestive but should not be taken as statistically perfect.

⁷ The technique used is modelled on the work of Crowther and Dupree who traced the careers of medical graduates from the Universities of Glasgow and Edinburgh in the nineteenth century using the *Medical Directory*.

⁸ Anne Crowther and Marguerite Dupree, *Medical lives in the age of surgical revolution*, (Cambridge University Press, 2007), 372.

Table 4.1: Numbers of traceable and untraceable women medical graduates who matriculated 1885-1922, c.1891-1969⁹

	5 years after graduation	10 years after graduation	15 years after graduation	25 years after graduation	35 years after graduation
Traceable graduates	429 (95%)	359 (79.4%)	317 (70.1%)	276 (61.1%)	243 (53.8%)
Untraceable graduates	23 (5%)	93 (20.6%)	135 (29.9%)	176 (38.9%)	209 (46.2%)
Total	452	452	452	452	452

Source: Medical Directory

Table 4.1 gives details of the numbers of graduates that it was possible to trace. 5 years after graduation, 95% of graduates were listed in the *Medical Directory*. However, as years goes on, it is clear that some graduates drop off from the *Medical Directory* and are untraceable. There are three main reasons why graduates were untraceable. Some may have married and thus were no longer listed under their maiden names in the *Medical Directory*. Other untraceable graduates may have stopped practising or chosen a different career, and in other cases, it is possible that some graduates died and were thus no longer listed.

When discussing the careers of women doctors, I will refer to percentages of women working in the different fields as percentages of the traceable cohort. This means that this method is most accurate for graduates 5 years after graduation, however, one can still make a fairly accurate generalisation about women doctors' careers in the later years.

Postgraduate study

By the end of the nineteenth century, British and Irish universities had begun to offer postgraduate courses to medical graduates.¹⁰ In Britain, unlike Ireland, many of these postgraduate courses, which often were run through hospitals, were not

⁹ The earlier date of 1891 refers to 5 years after the year of graduation of the first female graduate of the Royal College of Surgeons, Mary Emily Dowson, while the later date of 1969, refers to 35 years after graduation of the last of the women graduates who matriculated in 1922, Mary Rose McQuillan (LRCP LRCS Edin, 1934, matriculated at QCB).

¹⁰ Crowther and Dupree, *Medical lives in the age of surgical revolution*, p.244.

open to women graduates. According to Louisa Garrett Anderson (1873-1943), the British suffragette, female doctor and daughter of the first woman to gain a medical qualification in Britain, writing in 1913:

To obtain good postgraduate work women are forced to go to Berlin or Vienna or America. It is withheld from them in England. On qualification a man, if ambitious and able, finds the medical world open to him. A woman's difficulties begin after she qualifies. She has no postgraduate opportunities in London.¹¹

In the late nineteenth century, prior to the advent of postgraduate courses at Irish universities, women students tended to go abroad for study. Emily Winifred Dickson (RCSI, 1893) won a travelling studentship which enabled her to undertake postgraduate study in Vienna and Berlin.¹²

Postgraduate work was seen as being essential for women who wished to get ahead in the medical profession. Miss Cummins, a student at Queen's College Cork, in a university prize-winning paper, remarked that in order to be 'really successful in this profession in England or Ireland, a woman has to be superior to or better qualified than her male rivals. How is she to do this? Obviously by taking up and specialising in some particular branch of her profession. This means for the woman additional expense, and specialist training in addition to that required for the ordinary practitioner'.¹³ In order to work in the sphere of public health, it was necessary to have a diploma in public health.¹⁴ At least 21% of the women graduates went on to obtain postgraduate qualifications such as diplomas in public health and M.D. degrees.

Postgraduate study was divided into three main divisions: the general study of professional subjects (including the special study of some branch), the study of

¹¹ Louisa Garrett Anderson, 'Why medical women are suffragists', *Votes for Women*, **6:273**, (May 30th 1913), p.509.

¹² Emily Dickson papers courtesy of Niall Martin.

¹³ 'Women in the learned professions (extracts from a paper given by Miss Cummins which received the gold medal from the Cork University Philosophical Society', *The Irish Citizen*, July 28th, 1914, p.66.

¹⁴ 'For mothers and daughters: choosing a profession', *Catholic bulletin and book review*, **12:2**, (November 1922), p.732.

State Medicine and the study of tropical medicine.¹⁵ In Ireland, there were opportunities for postgraduate study in Belfast, Cork and Dublin from the early twentieth century and courses were open to both men and women. Queen's College Belfast offered postgraduate courses in clinical pathology and bacteriology for M.D. degrees in state medicine and diplomas in public health. Research grants were available to students who wished to pursue these courses. At Cork, there was a course for the diploma in public health. In Dublin, postgraduate instruction could be obtained at Trinity College and the Royal College of Surgeons in conjunction with the major hospitals there. Instruction was given in the following subjects: medicine, surgery, gynaecology, diseases of eye, diseases of throat, nose and ear, diseases of skin, pathology, anatomy, physiology, x-ray work and cystoscopy. The courses in pathology, anatomy and physiology were designed with special bearings on clinical problems. The composite fee for the entire course in 1914 was £5 5s.¹⁶

These qualifications would have enabled women doctors to make the claim that they were qualified to specialise in certain areas. The majority of women doctors, however, were most likely to work in the realm of general practice within which there appear to have been genuine opportunities.

General practice

Michael Foster Reaney, writing in 1905 commented:

The whole position of the female sex in the social economy of the world, - passive, as opposed to the active male, makes it extremely undesirable that a woman should engage in ordinary general practice, or should include men among her patients. To the writer's mind this fact is unalterable and as such is seemingly recognised by the majority of lady practitioners.¹⁷

Reaney suggests here that general practice was an undesirable sphere of the medical profession for women doctors to concern themselves with, because of the fact that women would have to treat male patients. However, his statement that 'the

¹⁵ 'Postgraduate study', *Lancet*, September 26, 1914, p.799.

¹⁶ 'Postgraduate study', *Lancet*, September 26, 1914, p.803.

¹⁷ Reaney, *The medical profession*, p.103.

majority' of lady doctors recognised this fact is untrue, considering that general practice represents the most common career choice for the early generations of Irish women doctors, especially among those from the post-war cohort. Irene Finn has argued that for most women doctors, private practice was the only viable career option.¹⁸ It is difficult to determine exactly how many of the cohort practised as general practitioners. General practitioners are notoriously difficult to trace through the *Medical Directory*.¹⁹ In many cases, doctors list their addresses in the *Medical Directory* but no posts. In a few cases, it is possible to determine women who were working as GPs as they list the name of the practice they were working in. So, if we were to assume that most of those doctors who listed their address but no post were working as general practitioners, this would indicate that 70% of the total cohort worked as GPs 5 years after qualification. Women who remained in Ireland were more likely to work as general practitioners than their counterparts who migrated to England, as will be discussed later. For women who wished to remain in Ireland after graduation, it is evident that there was a niche for them in general practice.

Table 4.2: Numbers of women graduates who matriculated 1885-1922 who were likely to have been working as general practitioners, c.1891-1969

	5 years after graduation	10 years after graduation	15 years after graduation	25 years after graduation	35 years after graduation
General Practice	300 (70% of traceable graduates)	223 (65%)	157 (50%)	128 (46.4%)	108 (44.4%)
Address but no post (Presumed GP)	299	219	151	125	106
GP (Listed as GP)	1	4	6	3	2

Source: *Medical Directory*

¹⁸ Irene Finn, 'Women in the medical profession in Ireland, 1876-1919', in: Bernadette Whelan (ed.), *Women and paid work in Ireland, 1500-1930*, (Dublin: Four Courts Press, 2000), p.112.

¹⁹ See: Anne Crowther and Marguerite Dupree, 'The invisible general practitioner: the careers of Scottish medical students in the late nineteenth century', *Bulletin of the History of Medicine*, **70:3** (1996), pp.387-413. Crowther and Dupree have outlined the difficulties involved with tracing general practitioners through the *Medical Directory*. They comment that the *Medical Directory*, (published annually since 1845), with the exception of early editions, does not identify general practitioners who are simply 'taken for granted'.(p.389)

In the late nineteenth and early twentieth century, newly qualified doctors most commonly entered into general practice by becoming assistants to established GPs and working their way up into achieving a partnership in the practice.²⁰ Assistantships were often intense: Anna Dengel (QCC, 1919), worked as an assistant to two general practitioners in Claycross, near Nottingham, while she waited for her visa which would allow her to go to India to work as a missionary. The position paid £500 per year and Dengel was expected to take all the night calls and a turn at the surgery each day.²¹ Women doctors were advised to be content to wait for their practice to build up which was an expensive task as the waiting had to be done in a house with high rent on a reputable street.²² By the 1920s, more women may have sought careers in general practice because the prospect of promotion for them in other branches of medicine was low. One British woman doctor in 1924, commented that young women medical graduates should consider a career in general practice over public health, a branch of the profession she called 'overcrowded and often disappointing'.²³ Another writer in the same year commented that genuine opportunities existed for women medical graduates in the realms of general practice, both in the crowded quarters of big cities and in small country towns. Women starting out in general practice were advised to try and save enough money to keep themselves for one year while they built up their place in the community they had chosen to work.²⁴

Another option was to purchase an established practice from a retiring general practitioner but partnerships were seen as being a safer option for new graduates.²⁵ Some women set up joint practices with their husbands or sisters or other women doctors. Georgina Collier (LRCP LRCS Edin, 1897), for example, who studied at QCB in the 1890s, worked in a general practice in Wimbledon, London, alongside

²⁰ *The Irish medical students guide*, (Dublin: Dublin Medical Press, 1877), p.21.

²¹ 'Anna Maria Dengel' in: Leone McGregor Hellstedt (ed.), *Women physicians of the world: autobiographies of medical pioneers*, (Washington and London: Medical Women's International Federation, Hemisphere Publishing Corporation, 1978), p.93.

²² Ovenden, 'Medicine', in *Open doors for Irishwomen*, p.36.

²³ Letitia Fairfield, 'Women and the public health service', *Magazine of the London School of Medicine for Women and Royal Free Hospital*, **19: 87**, (March 1924), p.14.

²⁴ Elizabeth Kemper Adams, *Women professional workers: a study made for the Women's Educational and Industrial Union*, (New York: The Macmillan Company, 1924), p.69.

²⁵ C.B. Keetley, *The student's guide to the medical profession*, (London: Macmillan & Co., 1878), p.33-34.

her husband Joseph Harvey for her entire career.²⁶ By the 1930s, medical women in general practice partnerships together were a well-established phenomenon.²⁷ Mary Florence Broderick (later Magner) (UCD, 1922) and her sister Henrietta (RCSI, 1925), had a general practice together in southwest London, while Henrietta also worked as Assistant Chest Physician for the Dartford area. Similarly, sisters Margaret (QCC, 1918) and Kate Enright (year of graduation unknown) had their own practice at Waterloo Terrace, Cork,²⁸ and the Baker sisters, Madeline (CU, 1907) and Lily (TCD, 1907), who we will meet again in Chapter 6, ran a general practice together in Dublin after they graduated.

Some women doctors were able to build up practices consisting mainly of women patients. Margaret Smith Bell (KQCPI/RCSI, 1894) built up a large practice of chiefly women patients in Manchester while also acting as a member of the Midwives Supervisory Committee and working as a medical officer both at the Ancoats Day Industrial School and “The Grove” retreat in Fallowfield.²⁹ Her older sister, Eliza Gould Bell (QCB, 1893) who practised in Belfast, also built up a practice largely of female patients.³⁰ In addition to her general practice work, Eliza Gould Bell also took an active part in the suffrage movement and acted as honorary physician to the Women’s Maternity Home, Belfast and the Babies’ Home at the Grove, Belfast, in addition to being involved in the Babies’ Clubs welfare scheme.³¹ Cecilia Williamson (RCSI, 1909) went to Ipswich in 1913, where she worked as an assistant to a female doctor with an established practice. After a short time, she took full charge of the practice, and became well-known for her maternity work.³² Patients were not always receptive to women doctors: Margaret McEnroy (QCG, 1926) recalled one elderly female patient of hers in the late 1920s commenting ‘Ah girleen, would you ever get me a real doctor?’³³

²⁶ *Medical Directory* entries for Georgina Collier, later Harvey.

²⁷ Anne Digby, *The evolution of British general practice, 1850-1948*, (Oxford University Press, 1999), p.168.

²⁸ ‘Social and personal’, *Irish Times*, June 26th, 1934, p.6.

²⁹ Obituary of Margaret Smith Bell, *BMJ*, September 8th, 1906, (from Kirkpatrick Archive, Royal College of Physicians, Dublin).

³⁰ ‘Obituary: Dr. Eliza Gould Bell’, *Irish Times*, July 10th, 1934, p.8.

³¹ ‘Woman doctor’s death’, *Irish Press*, July 12th, 1934. (From Kirkpatrick Archive, Royal College of Physicians, Dublin).

³² ‘Obituary: Cecilia F. Williamson’, *BMJ*, August 15th, 1964, p.453.

³³ Oral history interview with Brian McEnroy, nephew of Margaret.

Certain addresses were occupied by successions of female GPs, for example 18 Upper Merrion Street, Dublin. From 1895 to 1899, the address was the practice of Emily Winifred Dickson. Five years later, it was occupied by Lizzie Beatty, a graduate of Queen's College Belfast who went on to work as a medical missionary. And from 1908-1912, it was the address of the practice of sisters Lily and Madeline Baker. It is highly likely that this address had a reputation for being the practice of women doctors.³⁴

General practice enabled women doctors to combine family life and professional commitments though it might also be combined with part-time positions such as work as medical inspectors of schools or as factory surgeons. Women GPs could also supplement their income through giving grinds to medical students, lecturing under bodies such as the Technical Board and through literary work.³⁵ In the next sections, I will examine some of the other career options which could sometimes be held alone or in concurrence with running a general practice.

Hospital appointments

Although general practice was the most common career path for Irish women medical graduates, nevertheless, 16% of women were successful in achieving hospital posts within five years after graduation. Ella Ovenden, (later Webb, CU, 1904), writing in 1907, claimed that the numbers of hospital appointments open to women were few and that they were not very highly paid. Thus, in Ovenden's view, a newly qualified woman doctor 'ought to be content to take an unpaid post for the purpose of gaining new experience'. Once the new graduate had gained experience, there were more opportunities open to her, such as posts in some of the infirmaries and asylums worth from £40-100 a year and upwards but Ovenden acknowledged that there was a great deal of competition for these and that personal interest was needed to obtain them.³⁶

Certain Irish hospitals appear to have been renowned for their employment of women doctors, such as the Richmond Hospital in Dublin which employed women

³⁴ Source: *Medical Directory*.

³⁵ Ovenden, 'Medicine', in *Open doors for Irishwomen*, p.36.

³⁶ Ovenden, 'Medicine', in *Open doors for Irishwomen*, p.36.

medical attendants to take charge of its female wards from the 1890s.³⁷ Emily Winifred Dickson, for example, worked as assistant master at the Coombe Lying-In Hospital from 1895-98 and then spent three to four years as a gynaecologist at the Richmond.³⁸ The appointment of women doctors to these Irish hospitals received great attention in the Irish press, suggesting that the lady doctor was seen as something of a novelty. For example, in 1903, the appointment of three women doctors to the residential staff of the Richmond Hospital led *St. Stephen's* magazine to declare: 'We hear that an epidemic – not of small pox, so don't be alarmed – but of Lady Medicals, has broken out in a certain hospital in town'.³⁹

One English female medical graduate, Muriel Iles, claimed that the men doctors of Dublin hospitals treated their female counterparts chivalrously, as a result of the system of mixed classes in Irish medical schools as discussed in Chapter 3:

On coming to Dublin, one of the first things that strikes you as a medical woman is the extreme kindness of the men doctors. This is probably largely due to the system of mixed medical education in vogue here. The men and women (or boys and girls) are accustomed to meet one another on equal terms at college and hospital, and are consequently not afraid of each other afterwards.⁴⁰

Evidently, in Iles' view, as someone who had experienced the English system of segregation for medical education, Irish hospitals were a positive place to work in where women were treated well by the men doctors.

³⁷ 'The Richmond lunatic asylum', *Freeman's Journal*, 8th of December, 1894, p.4.

³⁸ Emily Winifred Dickson memoirs, courtesy of Niall Martin.

³⁹ Untitled, *St. Stephen's*, 1:13 (March 1903), p.244.

⁴⁰ Muriel Iles, 'Notes on two centres of post-graduate work', *Magazine of the London School of Medicine for Women and Royal Free Hospital*, No. 18, (January 1901), p.730.

Table 4.3: Women medical graduates who matriculated 1885-1922 working in hospital appointments, c.1891-1969

	5 years after graduation	10 years after graduation	15 years after graduation	25 years after graduation	35 years after graduation
Hospital appointments	70 (16.3% of traceable graduates)	61 (17%)	48 (15.1%)	44 (15.9%)	31 (12.8%)
General hospital	42	38	29	33	20
Asylum	11	10	11	5	7
Children's/Maternity	17	13	8	6	4

Source: Medical Directory

Hospital appointments represented the second largest career grouping for women medical graduates. As Table 4.3 shows, five years after graduation, 16% of the total number of women medical graduates had secured hospital appointments. Notably, women medical graduates were most likely to obtain hospital appointments in general hospitals, rather than in asylums or children's/maternity hospitals, thus indicating that there were genuine opportunities for them outside their expected spheres of employment. This differed to the situation for women medical graduates in England, as Mary Ann Elston's work has suggested. She has shown that a sample of English women doctors holding 'house posts' in 1899 and 1907 were most likely to be in women-run hospitals than in other types of institutions.⁴¹ These women-run hospitals had close connections with the female medical schools such as the London School of Medicine for Women and the Edinburgh School of Medicine for Women. In contrast, in women medical graduates in Ireland were more likely to work in posts in general hospitals rather than in women-run institutions or hospitals for women and children. It is possible that this was due to the system of co-education in Irish medical institutions and the liberalism of the Irish medical profession.

The most common hospital appointments available to newly qualified doctors were appointments as house surgeons and house physicians. House

⁴¹ Mary Ann Elston, 'Run by women, (mainly) for women': medical women's hospitals in Britain, 1866-1948 in: Laurence Conrad and Anne Hardy (eds.), *Women and modern medicine*, (Amsterdam: Rodopi Clío Medica, 2001), p.84.

surgeons were members of the surgical staff of a hospital while house physicians were members of the general medical staff of a hospital. These appointments served as 'a buffer between an education with a large theoretical content and the everyday requirements of the profession'.⁴² Alfreda Baker (QCB, 1921), for example, secured the post of house surgeon at the Royal Victoria Hospital in Belfast after graduation. This first post provided her a step on the medical career ladder and by 1931 she was working as the more senior position of resident house surgeon at the Hounslow Hospital in Middlesex, England. By 1936, she was assistant consultant surgeon at the same hospital and from 1946 she worked as a consultant surgeon at the Elizabeth Garrett Anderson Hospital in London.⁴³ Early graduates tended to prefer the post of house physician to that of house surgeon on the grounds that it was believed that that this prepared them better for a career in general practice. However, complaints such as skin diseases, venereal, urinary, bone and joint diseases also lay within the domain of surgery so newly qualified doctors were advised to take up a house surgeoncy if offered it.⁴⁴

One writer for the *Women Students Medical Magazine*, (a periodical published in Edinburgh from 1902-1904 by a group of women medical students) wrote in 1903 of her experiences working as a house surgeon for an Irish ophthalmic hospital. She commented that house surgeons tended to patients in the hospital as well as out-patient cases which might number 60 daily.⁴⁵ Her salary was £30 a year and she found the experience positive as it offered the opportunity to study the work of more experienced surgeons while gaining further experience in the field.⁴⁶ As in the case of Alfreda Baker, an initial post as a house surgeon allowed the young doctor to gain valuable experience which would further and allow for increased opportunities in her medical career.

Another hospital appointment that graduates could seek was that of resident medical officer. These appointments differed from house surgeoncies and

⁴² Crowther and Dupree, *Medical lives in the age of surgical revolution*, p. 127.

⁴³ *Medical Directory* entries for Alfreda Baker, from 1926 to 1956.

⁴⁴ Charles Bell Keetley, FRCS, *The Student's Guide to the Medical Profession* (Macmillan and Co, London, 1878), p.28.

⁴⁵ 'Medical posts held by women: no.3: house surgeonship in an ophthalmic hospital, Ireland', *The Women Students Medical Magazine*, 1:4 (June 1903), p.111.

⁴⁶ 'Medical posts held by women', p.111.

physicians in that the resident medical officer was provided with lodging and boarding while working at the hospital in question and these positions also had the added advantage of introducing the doctor to a locality, making it much easier for them to practice there afterwards.⁴⁷ Miss Cummins, writing in 1914, commented that women had not yet won the same opportunity of medical work as men and that men were more likely than women to obtain resident appointments in most of the hospitals in Great Britain and Ireland.⁴⁸ Nevertheless, Isobel Addy Tate (QCB, 1899) and Mary Ellen Logan (QCB, 1902) gained resident hospital appointments. Tate held a resident physician appointment at Haillet Sanatorium, Oxford after graduation before becoming a resident medical officer at Burnley Union Infirmary, while Logan worked as resident medical officer at The Infirmary in Belfast.

Some women took up appointments working in asylums and mental hospitals. Among them was Lucia Strangman Fitzgerald (RCSI, 1896) who secured a post as a medical officer in charge of the female wards of the District Lunatic Asylum in Cork, where she remained until the end of her career. Likewise, Amelia Grogan (RCSI, 1895), was principal doctor in charge of the women's wing of the Mullingar Lunatic Asylum in 1900 before moving to England where she worked as a medical officer at a women's hospital in Brighton.⁴⁹ Asylums offered new graduates a good salary and comfortable position and Keetley's medical student guide advised that persons 'of lively disposition with musical accomplishments and a taste for private theatricals' were often preferred as officers at these institutions.⁵⁰

Public health

The public health sector was an important area of employment for women graduates, especially those who moved to England. It was the third biggest area of employment for the cohort with 5% of women graduates working in the field 5 years after graduation and 22% working in the field 15 years after graduation. This sector of medicine was claimed to be an appealing area of work for new graduates

⁴⁷ Keetley, *The student's guide to the medical profession*, p.29.

⁴⁸ 'Women in the learned professions (Extracts from a paper given by Miss Cummins which received the gold medal from the Cork University Philosophical Society', *The Irish Citizen*, 28th of July, 1914, p.66.

⁴⁹ 'College news', *Alexandra College Magazine*, No XVI (June 1900), p.46.

⁵⁰ Keetley, *The student's guide to the medical profession*, p.30.

because it did not require the time and capital necessary to build up a private practice.⁵¹ As Table 4.4 demonstrates, women doctors working in public health were commonly employed as schools medical officers, dispensary doctors, assistant MOHs and MOHs.

Table 4.4: Total of women medical graduates who matriculated 1885-1922 working in public health, c.1891-1969

	5 years after graduation	10 years after graduation	15 years after graduation	25 years after graduation	35 years after graduation
Public health	22 (5.1% of traceable graduates)	40 (11.1%)	70 (22.1%)	57 (20.7%)	52 (21.4%)
Assistant MOH	5	5	14	15	13
Schools M.O.	8	12	19	14	9
Dispensary	6	13	18	14	10
MOH	2	4	10	8	12
Aurist	0	0	1	0	0
Child Welfare Centre	1	5	5	3	6
Medical examiner	0	0	0	1	0
Vaccinations	0	1	0	0	0
Ministry of health	0	0	1	1	1
Registrar	0	0	1	0	0
TB Officer	0	0	1	1	1

Source: Medical Directory

In Ireland, graduates commonly worked as dispensary medical officers. The post of dispensary medical officer had been created in Ireland by legislation in 1851 which resulted in the country being divided into 723 dispensary districts, each with one or more medical officers.⁵² The election of new Poor-Law medical officers in Ireland was often corrupt in nature. According to *The Irish Medical Students' Guide*, politics and religious feeling often entered into the election of Poor-Law Medical Officers and family interest also possessed great weight in the late nineteenth century.⁵³ In many instances, the appointment of a medical officer was 'virtually made before the

⁵¹ 'For mothers and daughters: professions for girls', *Catholic bulletin and book review*, **12:2**, (November, 1922), p.732.

⁵² Ruth Barrington, *Health, medicine & politics in Ireland 1900-1970*, (Dublin: Institute of Public Administration, 1987), pp.7-8.

⁵³ *The Irish medical students' guide*, p.17.

advertisement appears for a Medical Officer, in which case also candidates are put to unnecessary trouble and expense under false pretences'.⁵⁴

Poor-law appointments were often eagerly sought by new graduates because they provided a salary with which a graduate could supplement with his or her private earnings in addition to gaining practice in the field. The average salary for a dispensary doctor was £116 a year in 1907.⁵⁵ One doctor in Cashel, Tipperary in 1903, estimated that dispensary officers attended on an average one thousand cases a year; that they received four to sixpence for each town case and an average of about twenty pence for each country case.⁵⁶ The duties of dispensary doctors were two-fold. They were expected to attend their dispensary on a given day or days during each week. In addition, Poor-Law medical officers were issued with visiting tickets by members of the committee or by the relieving officer for sick persons in need of relief. They were then expected to visit the sick person at any hour of the day or night as needed and to provide medical attendance as often as was necessary until the termination of the patient's case. Moreover, dispensary doctors were expected to keep up with many registry books and returns, as well as making up the medicines for the poor in many districts.⁵⁷ Overall, dispensary doctors had a heavy workload. They were expected to undertake medical duties (attending the dispensary and visiting patients in their homes), sanitary duties (acting as the medical officer of health for the district), registration duties (to register births, marriages and deaths), vaccination duties and constabulary, certifying, factory, coastguard, and light-house duties, as necessity may have required. The remainder of his or her time, if there was any available, could be devoted to private practice.⁵⁸

The Public Health Act of 1872 dictated that all English authorities were to follow London's lead and appoint medical officers of health who would deal with issues of sanitation and public health.⁵⁹ The Act also called for further professionalisation of these MOHs and universities began to offer diplomas in public health in order to

⁵⁴ *The Irish medical students' guide*, p.18.

⁵⁵ Barrington, *Health, medicine & politics in Ireland*, p.9.

⁵⁶ 'Correspondence', *St Stephen's*, **1:10**, (February 1903), p.218.

⁵⁷ *The Irish medical students' guide*, p.17.

⁵⁸ Reaney, *The medical profession*, p.86.

⁵⁹ Crowther and Dupree, *Medical lives in the age of surgical revolution*, p.215.

deal with this demand.⁶⁰ In 1874, Irish dispensary doctors became medical officers of health (MOH) for their districts, for which they received an extra salary, which by the 1900s averaged £19 per year.⁶¹ Hardy has argued that the foundation of the MOH resulted in the creation of a new dimension to the medical profession's involvement in government and social reform.⁶²

Despite the fact that the position of MOH existed from the 1870s, public health only came to be associated with women from the early twentieth century. In 1911, for example, *The Dublin Medical Press* suggested that women should take a leading role in the public health movement and organisations such as the Women's National Health Association, founded by Lady Aberdeen in 1908, supported these claims.⁶³ Certainly, in Britain, women doctors found a special niche for themselves within the public health movement, working initially as Assistant MOHs and, after 1907, as Schools Medical Officers. Despite claims by the Irish medical profession that there was greater urgency for medical inspection of schoolchildren within the country considering the general death rate which was higher than that in England or Scotland, it was not until 1919 that school health inspection and treatment services were introduced to Ireland under the Public Health: Medical Treatment of Children Act.⁶⁴ Eleanor Lowry, who initially matriculated at Queen's College Belfast, (LSMW, 1907), commented that work as a school officer offered many benefits for those interested in improving the social conditions of children, although for some, medical inspection often had the potential to become mere routine.⁶⁵ By the 1920s, women doctors came to be employed as medical officers at Child welfare centres, a role which it was claimed that they were eminently suited to undertake.⁶⁶

⁶⁰ Anne Hardy, 'Public health and the expert: the London medical officers of health, 1856-1900', in: Roy MacLeod (ed.), *Government and expertise: specialists, administrators and professionals, 1860-1919*, (Cambridge University Press, 2003), p.130.

⁶¹ Barrington, *Health, medicine & politics in Ireland*, p.9.

⁶² Hardy, 'Public health and the expert', p.130.

⁶³ 'Women and public health', *The DMP*, September 20th, 1911, p.311.

⁶⁴ Sir William J. Thompson, 'Medical inspection of school children', *Dublin Journal of Medical Science*, **136:3**, pp.161-173, on p.163 and Finola Kennedy, *Family, economy and government in Ireland*, (Dublin: Economic and Social Research Institute, 1989), p.133.

⁶⁵ Eleanor Lowry, 'Some side paths in the medical inspection of school children', *Magazine of the London School of Medicine for Women and Royal Free Hospital*, **7:48**, (March 1911), p.362.

⁶⁶ Lydia Henry, 'Medical women and public health work', *Medical Women's Federation Quarterly Newsletter*, (February 1922), p.18 (Wellcome Archives, SA/MWF/B.2/1).

Prospects of promotion were slim for women doctors who worked in the public health sector, with some women doctors, such as Clara Scally, (UCD, 1921), holding the position of assistant MOH in Barnsley for almost her entire career with no promotion. It was claimed that women faced discrimination within the British Public Health Service and that male doctors were more likely to achieve promotions than women. One woman doctor, Letitia Fairfield, wrote in 1924:

...the worst drawback of the Public Health Service at the present time is however, the poor prospect of promotion. The women are worse off [than the men], as even in large services where many women are employed, promotion is usually reserved for the men and no effort is made to organise the work so that women can be heads of departments. A woman will often find herself after ten years of meritorious service precisely where she started as regards salary, less efficient professionally owing to the monotonous nature of her duties and with no prospect for the future except that of seeing junior men step over her head. Perhaps a score of important Government or semi-public appointments are now held by medical women, but this is not enough to mitigate the stagnation among rank and file.⁶⁷

Certainly, in Ireland, in spite of the favourable attitudes towards women in medical education, it seems that there were fewer opportunities for public health work, although it is difficult to determine whether this was due to discrimination against women doctors or simply as a result of a lack of posts in this sector.

Alternative Career Options

As Table 4.5 shows, not all women worked in general practice, hospitals or the public health sector. A small percentage of women worked as specialists. Five years after graduation, just 1.6% of the cohort were working as gynaecologists, anaesthetists and pathologists and this number remained relatively the same for the cohort ten and fifteen years after graduation. However, 25 years after graduation, the number increased to 4% with women graduates working as anaesthetists, pathologists, radiologists, dermatologists and psychiatrists. This is unsurprising as

⁶⁷ Letitia Fairfield, 'Women and the public health service', p.13-14.

by this point in their careers, women doctors would have worked their way up to these positions and undergone the necessary training required. What is interesting here is the lack of women working as specialists within the realms of women's health as gynaecologists, giving further proof that women did not necessarily enter into the careers that were expected of them. A small number of women graduates worked as company doctors. Henrietta Ball-Dodd, (RCSI, 1922) for example, worked as a medical examiner to the Britannic & Co-operative Assurance Company from 1927 to 1937, while Sybil Stantion (later Magan, QCC, 1921), worked as a medical officer for the Post Office from 1931 until 1946. Similarly low numbers of women worked in the areas which will be discussed next: those of academic work and humanitarian work.

Table 4.5: Alternative career medical graduates who matriculated 1885-1922, working c.1891-1969

	5 years after graduation	10 years after graduation	15 years after graduation	25 years after graduation	35 years after graduation
Missions/ Humanitarian work	14 (3.3%)	15 (4.2%)	20 (6.3%)	15 (5.4%)	13 (5.3%)
Specialists	7 (1.6%)	4 (1.1%)	6 (1.9%)	12 (4.3%)	9 (3.7%)
Gynaecologist	2	0	0	0	0
Anaesthetist	4	2	3	4	3
Pathologist	1	1	2	2	1
Radiologist	0	1	0	2	2
Dermatologist	0	0	1	2	1
Psychiatrist	0	0	0	2	2
University appointment	6 (1.4%)	3 (0.8%)	2 (0.6%)	2 (0.7%)	3 (1.2%)
War-related work	3	1	0	0	0
Convent	0	0	1	0	0
Company doctor	5 (1.1%)	7 (1.5%)	4 (0.9%)	4 (0.9%)	2 (0.4%)
Research	2	4	3	2	1
Deceased	0	0	4	8	12
Not practicing/retired	0	1	2	4	12

Source: Medical Directory

Academic work

In the previous chapter, we learnt that anatomy demonstrators were often female as a result of the separation of women and men students for dissection classes. Occasionally women medical graduates attained posts at universities. Of the pre-1918 cohort, 5 women out of 97 were working as demonstrators in anatomy at Irish and English universities after graduation. One female medical graduate, Alice Carleton, (née Chance, UCD, 1917), the daughter of Arthur Chance, former president of the RCSI, achieved a post as an anatomy demonstrator at Oxford University straight after qualification and held this post for much of her career. She was initially employed to teach anatomy to the women medical students, but, after the end of the First World War, she was lecturing to both men and women.⁶⁸ She was apparently both admired and feared by her students.⁶⁹ Carleton published widely in the field of dermatology and after her retirement from Oxford, she worked as a visiting lecturer at the University of California and later as a visiting lecturer at Yale.⁷⁰ Eveline McDaniel (QCB, 1921) worked as professor of therapeutic pharmacology and material medica at University College Galway in the early 1930s. McDaniel was crucial in spear-heading the birth-control movement in Ireland and this seems to have been of more interest to her than a career in academia. She went to London in 1934 to train at the Marie Stopes' clinic in before returning to Belfast to work as a schools medical officer and as the first doctor of the Marie Stopes' Mothers' Clinic in Belfast from 1936 to 1940.⁷¹

Research was an area which a few women worked in. Ethel Luce (TCD, 1918) was the most prestigious researcher of the cohort. She attained a research fellowship in London before moving to America where she achieved the position of Sterling Senior Fellow and Professor of Paediatrics at Yale University. Fifteen years after graduation, she worked as a Research Fellow in Biology at the University of Rochester, while the remaining years of her career saw her working as Assistant

⁶⁸ 'Obituary: Alice B. Carleton', *BMJ*, January 12th, 1980, p.124.

⁶⁹ A.M. Cooke, *My first 75 years of medicine*, (London: Royal College of Physicians, 1994) p.7.

⁷⁰ 'Obituary: Dr Alice Chance', *Times*, December 4th, 1979, p.14.

⁷¹ *Medical Directory* entries for Eveline McDaniel, and Greta Jones, 'Marie Stopes in Ireland: the Mother's Clinic in Belfast, 1936-47', *Social History of Medicine*, **5:2**, (April 1992), pp.255-77, in: Alan Hayes and Diane Urquhart (eds.), *The Irish women's history reader*, (London: Routledge, 2001), p.113.

Professor of Zoology at the same university. Bacteriology at this point had been pronounced by one commentator as being 'the most romantic and most promising of all the branches of modern medicine' which offered many opportunities for women graduates.⁷² Teresa Jones (UCD, 1922) worked as a bacteriologist at St. Ultan's Hospital.⁷³ Similarly, Anna O'Reilly (RCSI/RCPI, 1922) worked as an assistant to the professor of bacteriology at the RCSI after graduation. It was uncommon for women doctors to publish research in medical journals. Of the 455 women graduates in total, just 30 (6%) published articles in medical journals.⁷⁴ The same amount worked abroad in missionary and secular organisations which required women doctors.

Emigration

Emigration to England was a common theme in the stories of many of these women doctors, with few women migrating to Scotland or Wales for work. Greta Jones has argued that Irish doctors who emigrated did not necessarily do so because they possessed diminished opportunities. Rather, she opines that 'the anticipation of a good living in England, the excitement of the metropolis or larger town, and the opportunities provided by an empire' were the main factors which encouraged Irish medical graduates to migrate.⁷⁵ It was uncommon for Irish women doctors to migrate to traditional Irish emigrant destinations such as Australia, the United States and Canada, suggesting that there were ample opportunities for women medical graduates within the United Kingdom.⁷⁶

⁷² 'Introductory address by Viscount Burnham to open Winter Session of London School of Medicine for Women', *Magazine of the London School of Medicine for Women and Royal Free Hospital*, **17:83**, (November 1922), p.129.

⁷³ *Medical Directory*.

⁷⁴ *Medical Directory*, obituaries.

⁷⁵ Greta Jones, "Strike out boldly for the prizes that are available to you": medical emigration from Ireland, 1860-1905', *Medical History*, **54** (2010), pp.55-74, on p.74.

⁷⁶ Only 7 women out of 452 graduates appear to have moved to Australia and the USA.

Table 4.6: Destinations of Irish women medical graduates who matriculated from 1885-1922, c.1891-1969

Location	5 years after graduation	10 years after graduation	15 years after graduation	25 years after graduation	35 years after graduation
Africa	1	1	1	1	1
China	2	2	3	2	2
England	30 (33.3% of traceable women)	36 (47.4%)	35 (48.6%)	28 (48.3%)	22 (38.6%)
India	2	3	2	1	1
Ireland	53 (58.9%)	32 (42.1%)	26 (36.1%)	18 (31%)	19 (33.3%)
Scotland	2	1	0	0	0
America	0	1	1	1	1
Australia	0	0	1	0	0
Deceased	0	0	3	7	11
Unknown	7	21	25	39	40
Total	97	97	97	97	97

Source: Medical Directory

Table 4.7: Destinations of pre-1918 graduates, c.1891-1953

Location	5 years after graduation	10 years after graduation	15 years after graduation	25 years after graduation	35 years after graduation
Africa	5	4	8	6	7
America	0	3	4	3	4
Australia	0	2	2	0	0
China	2	5	5	4	2
Deceased	0	0	4	8	12
Egypt	0	1	1	0	1
England	78 (18.3% of traceable women)	101 (28%)	128 (40.3%)	107 (38.8%)	89 (36.8%)
India	6	8	7	4	5
Ireland	332 (77.8%)	230 (64%)	153 (48.1%)	138 (50%)	116 (47.9%)
Italy	0	1	0	0	0
Pakistan	0	0	0	0	1
Persia	0	1	0	0	0
Scotland	3	2	1	1	2
Wales	1	3	5	5	3
Unknown	25	91	134	176	210
Total	452	452	452	452	452

Source: Medical Directory

97 women in the cohort graduated in medicine prior to 1918. Of these women, 36 were based in England ten years after graduation while 32 remained in Ireland. Small numbers migrated to countries such as Africa, China, India, Scotland and America. We do not have any equivalent statistics relating to the careers of Irish male doctors in the early twentieth century but Bethel Solomons (TCD, 1907) claimed that of the doctors of his generation, only 15% remained in Ireland, with many male doctors entering 'the male doctors entering 'the Army, Navy, Indian and Colonial Medical Services, some went to Great Britain as assistants or partners; the remainder stayed in Ireland as general practitioners or specialists'.⁷⁷

355 of the women in the cohort graduated after the First World War. For these women, opportunities were said to be more limited than they were for their predecessors. By the 1920s, there existed growing fears concerning career openings in Ireland for newly qualified doctors. In 1921, an article appeared in *The Irish Times* concerning opportunities for women doctors. The writer stated:

...we wonder what all the women doctors are going to do. They are entering a profession which, for the time being at least, seems to be over-crowded. The end of the war brought back a large number of doctors from foreign parts and filled the medical schools with young men who recently have qualified for practice. In the near future the competition for work is likely to be very severe. Many women doctors have found good appointments in women's hospitals and with local authorities, but the number of such positions is not unlimited. The young male doctor who fails to find his chance at home can try his luck in the Dominions and usually is prepared to face a certain amount of hardship before he "settles down". His woman competitor's opportunities seem to be fewer and more restricted...⁷⁸

Even Irish women doctors appeared to be acknowledging the problem that was now facing women medical graduates. Mary Strangman (RCSI, 1896), remarked in 1925:

⁷⁷ Bethel Solomons, *One doctor in his time*, (London: Christopher Johnson, 1956), pp.34-35.

⁷⁸ 'Women doctors', *Irish Times*, November 23rd, 1921, p.5.

A considerable number of Irishwomen who qualified in the Irish schools in the past have not been able to find openings for practice in Ireland, and it is probable that in the near future there will not be a sufficient number of such openings to make it worth the while of any woman to take out an Irish degree.⁷⁹

This statement suggests that Irish women doctors had little choice but to go abroad in order to gain a medical post but it also seems to indicate that Irish women might be more successful in attaining a post if they undertook their medical training in Britain.

Table 4.8: Destinations of post-1918 graduates, c.1924-69

Location	5 years after graduation	10 years after graduation	15 years after graduation	25 years after graduation	35 years after graduation
Africa	4	3	7	5	6
China	0	3	2	2	0
England	48 (14.2% of traceable women)	65 (22.8%)	93 (37.8%)	79 (36.2%)	67 (36.2%)
India	4	5	5	3	4
Ireland	279 (82.8%)	198 (69.5%)	127 (51.6%)	120 (55%)	97 (52.4%)
Scotland	1	1	1	1	2
America	0	2	3	2	3
Australia	0	2	1	0	0
Deceased	0	0	1	1	1
Wales	1	3	5	5	3
Italy	0	1	0	0	0
Persia	0	1	0	0	0
Pakistan	0	0	0	0	1
Egypt	0	1	1	0	1
Unknown	18	70	109	137	170
Total	355	355	355	355	355

Source: Medical Directory

As Table 4.8 demonstrates, women in the post-war cohort were more likely to remain in Ireland than their predecessors. It is likely that this was due to increased opportunities opening up for women in Ireland post-1918 in the field of general practice, while their counterparts who graduated pre-1918 may have moved to

⁷⁹ 'Not a matter for politics', *Irish Times*, August 19th, 1925, p.5.

England because it was more lucrative in terms of posts in the public health sector and hospital appointments. Alternatively, because of the high number of post-war graduates, opportunities for hospital and public health appointments may have been severely diminished as a result of increased competition. Thus, for the post-war cohort, general practice may have been a more obvious career choice.

Table 4.9: Comparison of numbers of women medical graduates in Ireland and England working in general practice, hospital appointments and public health, c.1891-1969

	5 years after graduation Ireland	5 years after graduation England	10 years after graduation Ireland	10 years after graduation England	15 years after graduation Ireland	15 years after graduation England
General practice	264 (79.5% of total Irish women graduates in Ireland)	32 (41% of total Irish women graduates in England)	168 (73%)	48 (47.5%)	89 (58.2%)	60 (46.9%)
Hospital appointments	42 (12.7%)	28 (36%)	30 (13%)	27 (26.7%)	23 (15%)	25 (19.5%)
Public health	11 (3.3%)	11 (14%)	20 (8.7%)	19 (18.8%)	23 (15%)	35 (27.3%)

Source: Medical Directory

Table 4.9 outlines the numbers of women graduates working in the three main areas of practice: general practice, hospital work and the public health sector. Evidently, women who remained in Ireland were more likely to work in general practice while their counterparts in England had a greater likelihood of securing posts within hospitals or public health. However, there were not great discrepancies in the numbers of posts in these fields available in the two countries. Rather, it is possible that women who remained in Ireland were more likely to work in general practice because it was easier to set up a practice in one's home town in Ireland than in a new city in England. In the next section, I will discuss the careers of women graduates who migrated further afield for humanitarian and missionary work.

Humanitarian medical work overseas

From the 1920s, with growing fears that the medical marketplace was becoming over-crowded, women were increasingly being encouraged to go to India and other countries and work amongst the poor. According to Digby, 'society's anxieties about female entrants to the medical profession were calmed to some extent by the perception that medical women would work in zenanas in India and hence not provide any competition at home'.⁸⁰ Rather, those women doctors who moved overseas tended to go to countries where there was a humanitarian need for women doctors such as India and Africa. Indeed, it was often suggested that the best opening for a female physician was in India or Burma under the new Government service for women in those countries, the aim of which was to provide adequate medical attention for native women.⁸¹ However, strikingly, only 6% of women medical graduates in the cohort worked abroad in humanitarian and missionary roles, despite claims that this would have been an important area of work for new graduates.

The modern Irish missionary movement grew significantly in the closing years of the nineteenth century.⁸² Myrtle Hill has already outlined the work of some Irish women doctors in Protestant missionary societies, among them Elizabeth Beatty (matriculated at QCB but qualified Edin/Glas, 1899), and graduates from the Scottish medical schools such as Margaret McNeill and Isobel Mitchell.⁸³ In this section, I will discuss the lives of Irish medical graduates who went abroad for humanitarian and missionary work. In Chapter Six, I will examine some members of the Irish Presbyterian Society in details, but here I will also examine some Catholic women missionaries and Irish women who worked in secular organisations like the Dufferin Fund.

There had been cries for women doctors for India since 1882, when Frances Hoggan, one of the first licentiates of the KQCPI, published her paper 'Medical women for India' in which she argued that the medical needs of Indian women were

⁸⁰ Digby, *The evolution of British general practice 1850-1948*, p.162.

⁸¹ Cummins, 'Women in the learned professions', p.66.

⁸² Edmund M. Hogan, *The Irish missionary movement: a historical survey 1830-1980*, (Dublin: Gill and Macmillan, 1990), p.7.

⁸³ Myrtle Hill, 'Gender, culture and 'the spiritual empire': the Irish Protestant female missionary experience', *Women's History Review*, **16:2**, (2007), pp.203-226, on pp.209-210.

not being met by the new civil wing of the Indian Medical Service which had been established in 1880 in order to provide Western medical care to the Indian population.⁸⁴ In 1882, the Medical Women for India Fund for Bombay was established while in 1885, the Dufferin Fund was established by Lady Dufferin, the wife of the then Viceroy to India. The aim of this new organisation was to provide medical relief to Indian women in addition to establishing new hospitals and encouraging women, both British and Indian, to study medicine.⁸⁵ Both of these organisations recruited British women doctors to practice medicine in India in secular, rather than missionary settings. The movement placed emphasis on social reform and philanthropy and defined itself as a 'self-consciously secular movement quite distinct from the medical missionary work which was already well underway in India'.⁸⁶ Edith Pechey, a contemporary of Sophia Jex-Blake, who we met in Chapter 1, was one of the many women who played a role in the development of the Dufferin Fund.⁸⁷

One Irish woman, Elizabeth Stephenson Walker (QCB, 1915) took an appointment within the Indian Women's Medical Service. Walker had started her career as a medical attendant for the Royal Army Medical Corps, before moving to India and working for the Dufferin Fund. (She then disappears from the *Medical Directory*). Women were not remunerated on the same scale as men in the Indian Medical Service, although one commentator speculated that the career nevertheless provided a newly-qualified female doctor with a good starting salary. Additionally, it allowed doctors to have a private practice in conjunction with their work as well as entitling them to a pension on retirement. However, the same commentator argued that the majority of Irish women doctors did not wish to go so far afield and would prefer to work at home in spite of the difficulties in securing a successful career as a general practitioner or employment in one of the general hospitals.⁸⁸ Working abroad was a compromise which provided some women with useful experience that

⁸⁴ Anne Witz, 'Colonising women': female medical practice in colonial India, 1880-1890', in: *Women and modern medicine*, ed. Laurence Conrad and Anne Hardy, (Clio Medica Series, Rodopi Amsterdam, 2001), p.27.

⁸⁵ Geraldine Forbes, 'Medical careers and health care for Indian women: patterns of control', *Women's History Review*, 3:4, (1994), pp.515-530, on p.516.

⁸⁶ Witz, 'Colonising women': Female medical practice in colonial India', p.26.

⁸⁷ Forbes, 'Medical careers and health care for Indian women', p.518

⁸⁸ Cummins, 'Women in the learned professions', p.66.

might help them to secure a hospital appointment at home afterwards. However, the evidence seems to suggest that Irish women who went abroad as medical missionaries remained working in the missionary field for their entire careers, while those working in secular organisations such as the Dufferin Fund were likely to return home after a time. Moreover, it was more likely for Irish women doctors to work in missionary organisations than in secular ones as Table 4.10 shows.

Table 4.10: Women medical graduates from the cohort working in missionary and secular humanitarian work, c.1899-1955⁸⁹

	5 years after graduation	10 years after graduation	15 years after graduation	25 years after graduation	35 years after graduation
Total working in missions/ humanitarian field	14	15	20	15	13
Missions	10	13	14	12	11
Secular humanitarian work	4	2	6	3	2

Source: Medical Directory

Women doctors who wished to work as missionaries commonly aligned themselves with missionary societies, such as the Irish Presbyterian Missionary Society, the Zenana Medical Missions, the Methodist Missions, the Dublin University Missions and the Catholic Missionary Society, amongst others. QCB classmates Alexandrina Crawford Huston, Emily Martha Crooks and Elizabeth Beatty (all graduated in 1899, with Beatty taking the Scottish conjoint examinations) became members of the Irish Presbyterian Missionary Society. Huston was based in Bombay five years after graduation, although there is no trace of her after this time. Beatty went to Kwangning, Manchuria in China in 1906 where she established her own hospital. She occasionally returned to Ireland in order to give lectures to Presbyterian societies and churches about her missionary work in China in order to fundraise for

⁸⁹ 1899 refers to 5 years after the graduation of the first of the women in the cohort who appears to have worked in the humanitarian field, while 1955 refers to the last recorded year that there was a member of the cohort engaged in humanitarian work.

her hospital.⁹⁰ She remained in China for about 11 years.⁹¹ For a small number of women doctors, missionary work was a life-long commitment rather than simply about gaining valuable and varied medical experience. Crooks, for example, worked as a medical missionary in China, first at Newchwang, and later in Kirin, Manchuria, where she was still based 35 years after graduation.

Anna Dengel, (QCC, 1920), was the most famous missionary to graduate from an Irish medical school. Dengel had always wanted to become a missionary, and with encouragement from Dr. Agnes McLaren (KQCPI, 1877), an older doctor who worked in India, she trained at Queen's College Cork.⁹² After her visa arrived, Dengel took up duty at St. Catherine's Hospital in Rawalpindi, India, a hospital founded by Agnes McLaren.⁹³ She wrote of her experiences there:

The work was overwhelming. Besides the study of language, there was hospital work, the dispensary, and home visits. I quickly realised that this was a task for many and not for one. I could not have endured it longer than the four years I was there. No matter where I looked, I saw unrelieved, although preventable suffering. Malaria was common, epidemics were a constant threat, and government facilities were very limited. The marriage age was about fifteen, and the mortality of young mothers was very high, as midwifery was just being introduced. The awareness of the need for cleanliness was still rare. The hospital, although small, was not always full because the women, especially the Moslem women, could not easily come to stay. We had many obstetric cases, very often complicated ones. The few sisters present in the hospital were, owing to Church laws, prevented from assisting in midwifery, which in view of the haphazard care of women in childbirth, presented a serious gap in a women's hospital. This attitude, as well as our inability to help mothers in their hour of need under the prevailing conditions in India, touched me deeply and spurred me on to find a solution.⁹⁴

⁹⁰ Classified Ad 191, *Irish Times*, November 25th, 1911, p.6.

⁹¹ 'Obituary: Dr. Elizabeth Beatty', *Irish Times*, August 13th, 1924, p.6.

⁹² Hellstedt (ed.), *Women Physicians of the World: autobiographies of medical pioneers*, p.93.

⁹³ Ann Ball, *Faces of holiness: modern saints in photos and words*, (Our Sunday Visitor Publishing, 1998), p.19.

⁹⁴ Hellstedt (ed.), *Women Physicians of the World*, pp.93-94.

Dengel, a Catholic, noted that most of the missionary work undertaken in India was carried out by Protestant missionary societies. Feeling dismayed about how much of a difference she was making in India, she decided that it was necessary to make the plight of Indian women known to the Western World. She went to Washington D.C. and in 1925 founded her own order of women medical missionaries called the Medical Mission Sisters and toured around America and England giving lectures about missionary work and fund-raising.⁹⁵ The Medical Mission Sisters trained Indian nurses and medical personnel for work in India while Dengel informed readers of the work of her order and the plight of Indian women through her publication *The Medical Missionary* which she edited from 1927 into the 1950s.⁹⁶ Because of the pressures of public relations, fund-raising and the administration of the organisation, she did not return to medical practice. However, she returned many times during her life to India, and later Pakistan, to visit members of the Medical Mission Sisters and the hospitals founded under the auspices of the organisation.⁹⁷

India, China and later African countries such as Kenya, Nigeria, South Africa and Uganda were common destinations for Irish women medical missionaries. Evelyn Connolly (UCD, 1919), a member of the Catholic Missionary Society, worked at the Nsambya Mission Hospital, Kampala, Uganda for at least thirty-five years.⁹⁸ Alongside Mother Kevin, the first Superior General of the Franciscan Missionary Sisters for Africa, she established a Catholic nurses training school at Nsambya.⁹⁹ Similarly, Margaret Mary Nolan (UCD, 1925), first worked in India at the Dufferin Fund Eden Hospital in Calcutta before migrating to Nigeria where she worked as a gynaecologist at a mission hospital until the end of her career.

⁹⁵ D. Donnelly, 'Catholic medical missions', *Studies: An Irish quarterly review*, **19:76**, (December 1930), pp.661-670, on p.665.

⁹⁶ Angelyn Dries, 'Fire and flame: Anna Dengel and the medical mission to women and children', *Missology*, **27:4**, (1999), pp.495-502, on p.498. Courtesy of Ryan Johnson.

⁹⁷ Information courtesy of Sr. Jane Gates, Medical Mission Sisters.

⁹⁸ *Medical Directory*.

⁹⁹ Website: 'Mother Kevin: a prophetic woman', (<http://www.catholicireland.net/pages/index.php?nd=53&art=440>), consulted: July 7th, 2009, 15:05.

Marriage and Family

As discussed in Chapter 1, opponents of women in medicine often claimed that a career in medicine was detrimental to a woman's family life. Additionally, it was often wondered how women doctors could possibly combine a career with marriage and family. Mary Putnam Jacobi (1842-1906), an early American woman doctor and supporter of women in medicine, responded to such claims by arguing that medicine was in fact an ideal career choice for a woman who also wished to have a family. She stated:

...a healthy girl of eighteen, with an ultimate view to the study of medicine, enters upon a university course, and, at the age of twenty-two, begins medical study. She is ready for practice at twenty-seven, marries at the same time or a year later. Her children are born during the first years of marriage, thus also during the first years of practice, and before this has become exorbitant in its demands. The medical work grows gradually, in about the same proportion as imperative family cares grow lighter. The non-imperative duties – the sewing, cooking, dusting, even visiting – are susceptible of such varied modifications of arrangement as it would be trivial to discuss in these pages. So great is the division of labour in medical work that it is indeed rather the minority of physicians who can consider themselves fortunate in being “overwhelmed” with practice.¹⁰⁰

Such claims continued into the twentieth century. ‘A Woman Professor’ in a letter to *The Times* in 1922, for instance, claimed that medicine was a profession which a woman could carry on just as well if she married. Because there were no set hours, a woman doctor could ‘work when she can do and look after the family in the intervals’.¹⁰¹ The letter was torn apart by a writer for *The Times* who claimed:

It [the medical profession] is the last occupation for a woman; a “hybrid” may do better by getting some clerical post under the health or municipal departments but sound practice, never, as they are totally unfitted for it and

¹⁰⁰ Mary Putnam Jacobi, ‘Shall women practice medicine?’ in: *The North American Review*, ed. Allen Thorndike Rice, (January, 1882), p.69-70.

¹⁰¹ ‘Our daughters’ future: women doctors’ families’, *Times*, April 17th, 1922, p.6.

cannot do it. The whole of this woman movement is an attempt to shirk a woman's responsibilities – house work and maternity – and may, perhaps be an attempt of Nature, not yet recognised, to approximate the female to the male type and thus obviously limit procreation – as the general effect is certainly not calculated to increase the attractiveness of the female, decidedly the reverse.¹⁰²

Evidently, even by the 1920s, there were still some opponents of women in medicine who continued to argue that a career in the medical profession defeminised women and that women should concentrate on their responsibilities within the home and concerning their families.

Surprisingly, some women doctors were also against the idea that a woman could be a successful doctor while married. Octavia Wilberforce (1888-1963), an English woman doctor, who did not go on to marry, claimed that:

To be anything of a good doctor, if you want to live up to any kind of ideal (women doctors have higher ideals naturally than the common run of men) you'd be no use – or at least never in the higher class – if you were married (lower class doesn't satisfy my ideas); and you'd be never any use with a lot of close ties.¹⁰³

It is difficult to determine exact numbers of women doctors who married. When tracing women doctors in the *Medical Directory*, there is no definitive way of finding out a woman's marital status, unless they have changed their surname to that of their husband's, in which case, they may be listed as, for example, Murphy (née Kelly). Similarly, some women doctors list themselves as, for example, Dr. Mary Kelly (Mrs. Murphy). However, in many cases, women doctors changed their surnames upon marriage and were simply listed under their new surnames, thus meaning that a large number of women doctors from the cohort were simply untraceable. In some cases also, women doctors married but retained their maiden

¹⁰² 'Our daughters' future', p.6.

¹⁰³ Pat Jalland (ed.), *Octavia Wilberforce: the autobiography of a pioneer woman doctor*, (London: Cassell, 1994), p.93.

name for practice, so, similarly, there is no way of knowing whether they married, unless it is known through other biographical information such as an obituary.

At least 84 women in the cohort (18.5%) married.¹⁰⁴ Table 4.11 below outlines the careers that these women worked in. The figures below do not differ greatly from the figures for the overall cohort. Evidently, as in the case of the overall cohort, general practice was the most common choice with 69% of the women graduates known to be married working in this field. Emily Winifred Dickson, (RCSI, 1893), Jane D. Fulton (TCD, 1925) and Mary McGivern (UCD, 1925), who we will meet in the following chapter, managed to balance successful careers as general practitioners with raising their families. General practice was the most common career choice for married women doctors in the cohort. However, it should be noted that a small number of women also succeeded in juggling hospital and public health appointments with marriage and family life. These women doctors proved those who had argued against women in the medical profession on the grounds that a medical career and marriage were incompatible wrong.

¹⁰⁴ Calculations based on women listed as 'Mrs' or with a changed surname in the *Medical Directory* as well as biographical information gleaned from sources such as the Kirkpatrick Archive, obituaries and contemporary newspapers.

Table 4.11: Careers of women medical graduates known to be married

	5 years after graduation	10 years after graduation	15 years after graduation
General practice	58 (69% of cohort known to be married)	46 (54.8%)	43 (51.2%)
Address but no post (presumed to be GPs)	58	46	41
GP (listed as GPs)	0	0	2
Not listed	9 (10.7%)	12 (14.3%)	14 (16.7%)
Hospital appointments	8 (9.5%)	13 (15.5%)	5 (6%)
General hospital	2	4	2
Asylum	3	4	2
Children's/Maternity	3	5	1
Public health	4 (4.8%)	8 (9.5%)	13 (15.5%)
Assistant MOH	0	0	2
Schools Medical Officer	2	2	2
Dispensary	0	3	4
MOH	1	0	3
Aurist	0	0	0
Child Welfare Centre	1	2	2
Medical examiner	0	0	0
Vaccinations	0	1	0
Missions/ Humanitarian work	0	0	3 (3.6%)
Specialists	2 (2.4%)	2 (2.4%)	1 (1.2%)
Gynaecologist	0	0	0
Anaesthetist	1	1	1
Pathologist	1	1	0
University appointment	1 (1.2%)	0	1 (1.2%)
Company doctor	2 (2.4%)	3 (3.6%)	2 (2.4%)
Research	0	0	0
Deceased	0	0	1 (1.2%)
Not practicing/retired	0	0	1 (1.2%)
Total	84	84	84

Source: Medical Directory

The Freeman's Journal commented in 1877 that women doctors tended to marry other doctors.¹⁰⁵ This is certainly true of the cohort with several examples in the Biographical Index of women who married other doctors. Humphry Rolleston (1862-1944) commented that the number of women giving up a career in medicine before or after qualifying was much greater than in the case of men and that marriage seriously depleted the ranks of women doctors. Accordingly, marriage was sometimes viewed as a handicap to women doctors.¹⁰⁶ Joyce Delaney, who qualified in 1940, in her biography, told the story of Ann, a woman doctor who worked at the same hospital as her in England in the 1940s and who, aged nearly thirty, decided to leave the medical profession in order to marry. In Ann's view:

...England's teeming with bright young registrars who are as good or better than I am. Oh, I could probably get a consultant's job in surgery eventually. But I'd have to join the rat-race, attach myself to a Professional Unit, say the right things to the right people and move around, and eventually, after ten years or so, what'll I get? A job in some crummy place that a man doesn't want to work in and I'll be nearly forty, and who wants to marry an ageing woman who happens to be natty with a knife? And if I don't marry I end up with high blood pressure like Murdoch or a lonely personal life like Fitzie, or go to the States and make ten thousand dollars a year in Shitsville.¹⁰⁷

Ann's words led Joyce Delaney to consider her position concerning marriage and she decided to apply for the Malayan Colonial Service because 'I'd always heard that the tropics were full of lonely, womenless men, one of whom, I thought, might settle for me.'¹⁰⁸ Unlike Ann, however, Delaney managed to combine a career as a GP upon her return to Ireland, with her marriage and family life and it was not uncommon for Irish women doctors to succeed in doing this.

¹⁰⁵ The newspaper commented on the 'curious fact' that 'the young women-doctors are at once snapped up in marriage by practitioners of the opposite sex, they being eligible as partners for life in a double sense'. 'What the World Says', *Freeman's Journal*, May 24th, 1877, p.2.

¹⁰⁶ Humphry Rolleston, 'The problem of success for medical women: an address delivered at the London School of Medicine for Women on October, 1st, 1923', reprinted from *The BMJ*, October 6th, 1923, (pp.591-4), p.591.

¹⁰⁷ Joyce Delaney, *No starch in my coat: an Irish doctor's progress*, (London: Cox & Wyman Ltd., 1971), p.108.

¹⁰⁸ Delaney, *No starch in my coat*, p.109.

Conclusion

It was claimed in the late nineteenth century that there was a need for women doctors in the sphere of women and children's health and in the missionary field. Those arguing in favour of women in medicine in the period, in particular stressed this need while members of the medical profession, who were concerned about future pressure on the already overcrowded medical marketplace, encouraged women doctors to work in the missionary field. However, as this chapter has demonstrated, women graduates from Irish medical institutions were more likely to work in other areas.

Among the options available to women doctors following graduation were careers in general practice, hospital appointments, and work within the public health sector. Generally speaking, women graduates were most likely to work as GPs; however, hospital and public health work were also common areas of employment. Hospital appointments were more likely to be in general hospitals rather than women and children's hospitals or wards, suggesting that women doctors entered into realms of medical practice which were not expected of them. This suggests that the sense of inclusion in Irish medical education that women students experienced continued into their careers in Ireland and there was not the same sense of separatism that historians have argued existed for women doctors in Britain and the United States.

Graduates who emigrated to England were more likely to attain a hospital appointment or position in public health than their counterparts who remained in Ireland. This, however, is likely to have been a result of increased opportunities for these appointments in England rather than it being a case of discrimination against women doctors in Ireland. And, it is possible that women who remained in Ireland were more likely to work in general practice because it was easier to set up a practice in Ireland. In the next chapter, I will discuss these themes in further depth and examine whether the First World War had an effect on employment trends for Irish women doctors.

Table 4.12: Careers of all Irish women medical graduates who matriculated from 1885-1922, working c.1891-1969

	5 years after graduation	10 years after graduation	15 years after graduation	25 years after graduation	35 years after graduation
Traceable graduates	429 (95%)	359 (79.4%)	317 (70.1%)	276 (61.1%)	243 (53.8%)
Untraceable graduates	23 (5%)	93 (20.6%)	135 (29.9%)	176 (38.9%)	209 (46.2%)
Total	452	452	452	452	452
General Practice	300 (70% of traceable graduates)	223 (65%)	157 (50%)	128 (46.4%)	108 (44.4%)
Address but no post (Presumed GP)	299	219	151	125	106
GP (Listed as GP)	1	4	6	3	2
Hospital appointments	70 (16.3%)	61 (17%)	48 (15.1%)	44 (15.9%)	31 (12.8%)
General hospital	42	38	29	33	20
Asylum	11	10	11	5	7
Children's/Maternity	17	13	8	6	4
Public health	22 (5.1%)	40 (11.1%)	70 (22.1%)	57 (20.7%)	52 (21.4%)
Assistant MOH	5	5	14	15	13
Schools M.O.	8	12	19	14	9
Dispensary	6	13	18	14	10
MOH	2	4	10	8	12
Aurist	0	0	1	0	0
Child Welfare Centre	1	5	5	3	6
Medical examiner	0	0	0	1	0
Vaccinations	0	1	0	0	0
Ministry of health	0	0	1	1	1
Registrar	0	0	1	0	0
TB Officer	0	0	1	1	1
Missions/ Humanitarian work	14 (3.3%)	15 (4.2%)	20 (6.3%)	15 (5.4%)	13 (5.3%)
Specialists	7 (1.6%)	4 (1.1%)	6 (1.9%)	12 (4.3%)	9 (3.7%)
Gynaecologist	2	0	0	0	0
Anaesthetist	4	2	3	4	3
Pathologist	1	1	2	2	1
Radiologist	0	1	0	2	2
Dermatologist	0	0	1	2	1
Psychiatrist	0	0	0	2	2
University appointment	6 (1.4%)	3 (0.8%)	2 (0.6%)	2 (0.7%)	3 (1.2%)
War-related work	3	1	0	0	0
Convent	0	0	1	0	0
Company doctor	5	7	4	4	2
Research	2	4	3	2	1
Deceased	0	0	4	8	12
Not practicing/retired	0	1	2	4	12
Total	429	359	317	276	243

Source: Medical Directory

Chapter 5

The First World War and trends in the careers of Irish women doctors

In this chapter, I will examine whether the First World War resulted in a change of opportunities for Irish women in medicine. Historiographically, the war is seen as a turning point in history which inaugurated significant life and career changes for women.¹

I will consider the women medical graduates in two distinctive cohorts: those who qualified prior to 1918 and those who qualified after 1918, as a means of investigating the oft-cited impact of the war. As in the previous chapter, tables of data based on my database lie throughout the chapter and four cumulative tables lie at the end. 97 women graduated with medical qualifications from Irish institutions prior to 1918, with 355 qualifying after 1918. The difference in the sizes of these two cohorts is very striking; however, the difference in sizes may not be entirely as a result of the war but rather reflect trends in increased acceptance of women pursuing university education.

Evidently, the first cohort graduated in a 25 year period when the lady doctor was less common. By the post-war period, however, into the 1920s and 1930s, female doctors were more established in numbers and would have been less of an exception. I will first focus on the changes in attitude as a result of the war and the involvement of Irish women doctors in it and in the Easter Rising. I will then examine the effect of the war in the three main areas where Irish graduates worked: general practice, hospital appointments and public health.

Changes in attitudes

The First World War is said to have represented a distinct watershed for women doctors in both Britain and Ireland. As in other spheres of work, women became recognised as a valuable contribution to the workforce. The effect of wartime work,

¹ Penny Summerfield, 'Women and war in the twentieth century' in: June Purvis (ed.), *Women's history: Britain, 1850-1945*, (London: Routledge, 1995), pp.307-332, on p.307.

as Thom has outlined, was to demonstrate that women were capable of undertaking a variety of tasks but it did not demonstrate that they were entitled to do them.² Advocates of women doctors claimed that qualified women had the right 'to take an active part in the national emergency as the professional equals of male doctors, both at home and abroad'.³ Medical journals such as the *Lancet* claimed that these years represented an exceptional time for women to enter into medicine as a result of the great shortage of doctors as consequence of the war.⁴

Suffragists seized the war as an opportunity to make demands for an increased role for women in the professions.⁵ A distinct change in attitude became discernable as the woman doctor was 'no longer looked at with suspicion' and women doctors came to be of crucial importance in managing hospitals at the front, as well as at home, during wartime.⁶ Some suffrage magazines, such as *Votes for Women*, claimed that 'the success of women doctors has long ago put such arguments [against the admission of women] to rout; but the war has completed the rout'.⁷ In addition, women came to be offered many appointments that had not been open to them before. In 1915, at a meeting to promote the London School of Medicine for Women, Dr. Florence Willey pointed out that many medical women were working among the French and Belgian soldiers as well as filling gaps at home in hospitals.⁸ Some suffragettes, such as Millicent Fawcett, claimed that 'the advocates of the principle of equal pay for equal work have an encouraging precedent in the successful stand which women doctors have made from the outset that they would not undersell the men in the profession.'⁹

² Deborah Thom, *Nice girls and rude girls: women workers in World War I*, (London: I.B. Tauris & Co. Ltd, 1998), p.45.

³ J. F. Geddes, 'The doctors' dilemma: medical women and the British suffrage movement', *Women's History Review*, **18:2** (2009), pp. 203-218, on p. 211.

⁴ 'The opportunity for women in medicine', *Lancet*, March 13th, 1915, p.563.

⁵ 'War and professions', *The Irish Citizen*, November 7th, 1914, p.194.

⁶ 'Women doctors: enlarged field of service: medical practice in war time', *Times*, January 22nd, 1915, p.35.

⁷ 'Women doctors wanted', *Votes for women: official organ of the United Suffragists*, **8:383** (July 2nd, 1915), p.331

⁸ 'Medical women in war time', *The Common Cause of Humanity: the organ of the National Union of Women's Suffrage Societies*, **6:307** (February 26th, 1915), p.731.

⁹ Millicent G. Fawcett, 'Equal pay for equal work', *The Economic Journal*, **28:109** (March, 1918), pp.1-6, on p.5.

From the first year of the war, a distinct change in attitude took place, with the increase in women medical students at universities being praised in Britain by some as a 'great benefit to the nation'.¹⁰ By the time of the war, the rate of remuneration for women doctors was equal to that paid to men.¹¹ The role of women doctors in the war effort came to be praised and some newspapers asserted that the war had justified many of the claims made by women, as well as giving added impetus to the demand on the part of many women for fuller opportunities to gain clinical and surgical experience.¹² Wendy Alexander has commented that women's war services provided collective as well as individual benefits. In the first stages of the war, a few women proved by their actions that women were well-capable of running large mixed general hospitals. In consequence, this meant that after the war, 'it was no longer possible for opponents of women doctors to claim with any legitimacy that they had been excluded on grounds of competency'.¹³ The contribution of Scottish women doctors through the Scottish Women's Hospitals helped to convince many sceptics that women doctors were just as competent as their male counterparts.¹⁴ In England, there existed a military hospital at Endell Street, London, staffed entirely by women doctors under the command of Louisa Garret Anderson and the doors of the teaching hospitals of Charing Cross Hospital, St Mary's, Paddington and St. George's Hospital were thrown open to women medical students as a war emergency.¹⁵

Despite the contemporary tensions between Britain and Ireland at the time, it was not only British women doctors who volunteered to help in the war effort. Some Irish women doctors also played important roles. Eliza Gould Bell, (QCB, 1893), was in charge of the ward in a Malta hospital during the war.¹⁶ Isobel Addy Tate (QCB, 1899) was stationed at a hospital in Serbia, before going to a hospital in Malta,

¹⁰ 'Women doctors: enlarged field of service: medical practice in war time', *Times*, (London) January 22nd, 1915, p.35.

¹¹ 'Careers for boys and girls: the medical profession: the outlook', *Weekly Irish Times*, February 20th, 1915, p.5.

¹² 'The medical woman's opportunity', *The Queen*, February 27th, 1915, (Royal Free Hospital Archive scrapbook).

¹³ Wendy Alexander, *First ladies of medicine: the origins, education, and destination of early women medical graduates of Glasgow University*, (Glasgow: Wellcome Unit for the History of Medicine, University of Glasgow, 1987, p.59.

¹⁴ Alexander, *First ladies of medicine*, p.57.

¹⁵ 'Women and the medical profession', *Votes for Women*, **9:418** (August, 1916), p.186.

¹⁶ Obituary: Dr. Elizabeth Gould Bell, *BMJ*, July 21st, 1934, p.146.

where she contracted typhoid fever and died in January 1917.¹⁷ Lily Baker, (CU, 1903), replaced the honorary obstetrical surgeon at the Bristol Royal Infirmary, when he left for military service, 'taking entire charge in his absence'. After his return, she volunteered for the war and held the rank of honorary major in the RAF Medical Service during the war. When peace was declared, she was sent overseas to act as gynaecologist to the Rhine Army of Occupation.¹⁸ Elizabeth Stephenson Walker (QCB, 1915) worked as a medical attendant to the RAMC during the war years while Mary Josephine Farrell (UCD, 1916) worked as a medical referee for the Longford War Pensions Committee. Elizabeth Budd (RCSI, 1916) was appointed medical director of the Women's Army Auxiliary Corps in 1917, a position she held until the corps was disbanded. In September 1921¹⁹

Some medical journals held a cynical view of women doctors' work during the war. *The Dublin Medical Press* commented on the 'snuffling sentimentality' that had been expended upon the work being done by medical women in the war. Without wishing to detract from the efficiency of the lady doctors who had helped in the war effort, the writer wondered, 'why it is that these ladies, who consistently claim to be the equals of men, should be advertised as having done something superhuman when they have done no more than five or six times their number of men, at possibly much great sacrifice, have done and are doing, unsung and unnoticed, in the service of their country'.²⁰ Despite the praise given to women doctors for their work in the war effort, this article seems to be suggesting that they were not doing anything that the men were not, and seems to be advocating a more balanced attitude towards women doctors. For women doctors still based in Ireland, some got caught up in a different military struggle: the Easter Rising.

¹⁷ Miscellaneous obituaries for Dr. Isobel Addy Tate (Kirkpatrick Archive, Royal College of Physicians, Dublin).

¹⁸ Obituary: Miss Lily Baker: Pioneer Woman Surgeon, *Times*, August 11th, 1956, p.11.

¹⁹ Obituary: Dr. Elizabeth Budd, *Irish Times*, May 22nd, 1962, p.7.

²⁰ 'Medical women and the war', *DMP*, June 21st, 1915, p.385.

The Easter Rising

Some doctors, such as Kathleen Lynn (CU, 1899), Brigid Lyons-Thornton (QCG, 1922) and Ella Ovenden, (later Webb, CU, 1904) were directly involved in the Easter Rising of 1916 for which their medical skills proved useful.

Brigid Lyons-Thornton was just in the first year of her medical training at QCG when she was involved in the Easter Rising, but the casualties 'taxed her small experience to the limit'. In her witness statement made to the Bureau of Military History (established in 1947), she spoke of her experiences in the Rising:

All this time the fighting was intensifying and I felt that the enemy was closing in on us. Mr Lennon said "I think we should have a stretcher" – somebody was wounded. He took a step ladder, nailed a hearthrug to it and showed me where he was leaving it in case it should be required. Within half an hour he was on it himself with a bullet near the liver. I dressed his wound in a summary fashion and sent him off to the Richmond Hospital or perhaps it was the Father Matthew Hall. We stayed there – No. 5 Church St – till Saturday. During all those days the fighting was terrifying, the activities were unceasing...The sniping was uninterrupted.²¹

Lyons-Thornton became very active during the War of Independence and was employed in tasks such as smuggling loads of grenades or other munitions to the Longford Brigade of the IRA under the command of Sean MacEoin. She also acted as an emissary, with considerable delegated power, in Sligo at the Partition Election in 1921. She worked as an agent for Michael Collins in many secret missions. After her qualification from medical school in 1922, she was offered a Commission as a First Lieutenant by Gearoid O'Sullivan, Adjutant General of the newly founded Free State Army. She worked as a member of the Army Medical Service in various locations, one of these being the female wing of Kilmainham Jail, where she herself had been imprisoned following the Easter Rising. The experience was distressing as many of the women imprisoned at Kilmainham were members of the anti-treaty

²¹ Statement by witness Dr B Lyons Thornton, Fitzwilliam Place, Dublin (No. W.S.25941), pp.3-4. (Military Archive, Dublin).

forces who had previously been friends and comrades. She later married Captain Eddie Thornton who she met through her service in the army.²² Following demobilisation in 1924, she had a long and active career working in public health as Assistant MOH and Schools Medical Officer in the Dublin Co. Borough and later as Assistant medical officer on the Child Health and Welfare Scheme.²³ According to one obituary:

As a physician, she was conscientious and deeply interested in medicine and kept herself well informed of current advances. She felt very strongly that women had a very important part to play in many of the occupations which up to her time had been traditionally the exclusive preserve of men.²⁴

Likewise, in her role as chief medical officer to the Irish Citizen Army (appointed by James Connolly), Kathleen Lynn (CU, 1895) was responsible for training members of the Irish Citizen Army in first aid. The Irish Citizen Army was unique amongst nationalist organisations as it provided both military and medical training to all members, regardless of gender.²⁵ Lynn also played an important role during the Easter Rising, remaining with Countess Markiewicz at the College of Surgeons which was captured by the Citizen Army until her surrender and the cease-fire.²⁶ After the Rising, she was arrested and imprisoned. In 1919, she founded St. Ultan's Hospital in Dublin along with her friend Madeleine French-Mullen. She was later elected to the Dail, standing for Co. Dublin in 1923, but along with other Sinn Fein members, did not take up her seat.²⁷ At her memorial service, Rev. Dr. Hodges commented that alongside her great interest in improving the health of children in Ireland, Lynn was strongly involved in the nationalist movement, believing that self-government 'would bring betterment to the country, that it would bring better schools and better health'.²⁸

²² J.Laffan, 'Lt. Bridget Lyons-Thornton: our first female lieutenant', *An Cosantoir*, **47:10**, (October 1987), p.32.

²³ J. Laffan, 'Lt Bridget Lyons-Thornton: our first female lieutenant', p.32 and *Medical Directory*.

²⁴ J. Laffan, 'Lt Bridget Lyons-Thornton: our first female lieutenant', p.32

²⁵ A. Kinsella, 'Some medical aspects of Easter 1916', *Dublin Historical Record*, **50:2**, (Autumn 1997), pp. 137-170, on p.137.

²⁶ 'Portrait gallery: Dr Kathleen Lynn', *Irish Times*, June 4th, 1955, p.10.

²⁷ 'Dr Kathleen Lynn: an appreciation', *Irish Times*, September 16th, 1955, p.5.

²⁸ 'Tribute to Dr Kathleen Lynn', *Irish Times*, September 14th, 1956, p.5.

Ella Webb, who had been working in general practice and done research into infants mortality, also offered her services to both sides during the Easter Rising. When the rebellion broke out, she, as District Superintendent of the St. John's Ambulance Brigade, turned a house at 40 Merrion Square, which had been donated to the organisation, into a temporary hospital. Webb arranged for some voluntary nurses to help staff the hospital and within three hours, the house was ready for fifty patients, even incorporating an operating theatre for injured patients who required surgery.²⁹ Extracts from Webb's diary were published in the *Weekly Irish Times*. She wrote on Thursday, 27th of April, 1916:

Very heavy machine gun firing from 4.45 a.m. George went down to Trinity and I to the Dawson street office early. George got orders to go on as quartermaster there and arrange about food. I was told to summon all possible V.A.D.'s and get 40 Merrion Square ready as a hospital. Got there eventually at 2 p.m. and sent some ambulance men and girls round the square to collect mattresses, bedding, etc. V.A.D.'s kept turning up. By 3 p.m. we had about 25 beds in, and we fixed up the downstairs room as a theatre; by 4.30 it was all ready and the wounded coming in, and at 5.30 an operation was going on. Drs. Taylor, Gordon, Burgess, McVittie, Creighton, Euphan Maxwell and Sir Robert Woods gave their services.³⁰

In January of the following year, Webb was awarded a silver medal by the Grand Priory of the Order of the Hospital of St. John of Jerusalem in England for her services during Easter Week. It was stated at the ceremony:

With regard to Dr. Mrs. Ella G. Webb (applause) – she helped to organise emergency hospitals, was on duty during the entire period of the rising, bicycled through the firing line each day, visiting hospitals, ascertaining their needs and beating up workers; travelled in ambulance wagons to the hospital during the most critical period, and at considerable personal risk.³¹

²⁹ 'Women's work in Ireland', *Weekly Irish Times*, April 29th, 1916, p.9.

³⁰ 'Women's work in Ireland', p.9.

³¹ 'The Dublin rebellion: ambulance workers' awards: gratifying presentations', *Weekly Irish Times*, January 20th, 1917, p.4.

Evidently, these three women doctors played important roles in the Easter Rising. There is no evidence to suggest that their role in the Easter Rising necessarily led to a new appreciation of the female doctor in the way that the involvement of women doctors in the First World War led to praise and some change in attitudes towards women in medicine. This is likely to be due to a combination of the fact that their roles in the Easter Rising were short-term ones over a few days while women doctors involved in the First World War had more visible long-term roles to play over four years. At the same time, the involvement of these women doctors in the Easter Rising is indicative of the egalitarian nature of the Irish nationalist movement, in which women clearly had an important role to play.³²

It was argued that the First World War and the work of women doctors within the war effort resulted in a more positive attitude among some towards women in the medical profession. However, did the war result materialise in increased opportunities for women doctors? In the next section, I will examine the effects of the war on three main areas of employment for Irish women medical graduates: general practice, hospital appointments and public health. I will argue that rather than experiencing increased opportunities, the post-war cohort experienced severe difficulties in attaining employment, leading to a far greater number of women doctors seeking careers within the field of general practice. However, the differences in career opportunities may not have all been due to the war but rather to other changes over time.

The effect of the War on women's medical careers

³² For more on women's involvement in the Irish nationalist movement, see: Louise Ryan and Margaret Ward, *Irish women and nationalism: soldiers, new women and wicked hags*, (Dublin: Irish Academic Press, 2004).

If we examine Table 5.1, it is evident that for the post-war generation of women medical graduates, there was less of a likelihood of attaining a hospital appointment. Numbers of hospital appointments appear to have been relatively similar; however, the growth in numbers of medical graduates meant that an individual's chance of securing a hospital appointment was one-third of what it had been prior to the war.

Table 5.1: Pre-1918 and post-1918 graduates working in hospital appointments, c.1891-1949

		5 years after graduation	10 years after graduation	15 years after graduation
Pre-1918	Total	30 (33%)	30 (39.5%)	21 (29.2%)
	General hospital	16	15	10
	Asylum	6	4	4
	Children's/Maternity	8	11	7
Post-1918	Total	40 (11.8%)	31 (11%)	27 (11%)
	General hospital	26	23	19
	Asylum	5	6	7
	Children's/Maternity	9	2	1

Source: Medical Directory

Where almost 40% of the pre-1918 graduates had been successful in attaining hospital appointments 10 years after graduation, only 11% of their successors were able to achieve the same. However, those who did attain hospital appointments were more likely to be working in general hospitals and additionally, the actual numbers of women working in hospital occupations are higher in the post-war cohort. It seemed that the medical marketplace had become overcrowded as a result of male doctors returning after the war. However, it is also probable that there simply were no longer positions available for doctors in hospitals because the market had been saturated.

Table 5.2: Comparison of women graduates with hospital appointments in England and Ireland, pre-1918 and post-1918 cohorts, working c.1891-1949

		5 years after graduation in Ireland	5 years after graduation in England	10 years after graduation in Ireland	10 years after graduation in England	15 years after graduation in Ireland	15 years after graduation in England
Pre-1918	Total Hospital appointments	17 (32% of those in Ireland)	13 (43.3% of those in England)	13 (40.6%)	15 (41.7%)	10 (38.5%)	12 (34.3%)
	General hospital	9		6	7	5	5
	Asylum	4	7	3	1	3	1
	Children's/Maternity	4	2 4	4	7	2	6
Post-1918	Total Hospital appointments	25 (8.9%)	15 (31.3%)	17 (8.6%)	12 (18.5%)	13 (10.2%)	13 (14%)
	General hospital	16		11	10	8	10
	Asylum	3	10	4	2	5	2
	Children's/Maternity	6	2 3	2	0	0	1

Source: Medical Directory

As Table 5.2 demonstrates, there does not appear to have been any great discrepancy between the numbers of women gaining hospital appointments in Ireland compared to those attaining hospital appointments in England with regard to the pre-1918 cohort. Nor were women more likely to attain posts in children's or maternity hospitals than in general hospitals. Five years after graduation, 32% of the women graduates who remained in Ireland had succeeded in gaining hospital appointments, while 43% of those who went to England had achieved the same. Ten years after graduation, nearly 41% of Irish women medical graduates in Ireland had attained hospital appointments while almost the same figure (42%) of those in England had achieved the same. This seems to suggest that while it was easier for new graduates to attain hospital appointments in Britain than in Ireland, by ten years after graduation, women doctors had the same possibility of attaining a hospital appointment in both countries. This does not necessarily mean that Britain

was more favourable towards women wishing to acquire hospital appointments but suggests that perhaps it was easier to attain a hospital appointment there as there was a greater number of hospitals. Strikingly, however, for the post-war graduates, opportunities for hospital work were severely diminished. Whereas 32% of pre-war graduates had been successful in attaining hospital appointments in Ireland within five years of graduation, only about 9% of the post-war cohort succeeded in doing the same. Likewise, a smaller percentage of women were successful in attaining hospital appointments in England.

In contrast, opportunities for hospital work did not decrease to the same extent in England: 43.3% of pre-war graduates based in England attained hospital appointments within 5 years of graduation, in contrast with 31.3% of those post-war. It is possible that the lack of hospital appointments in Ireland after the war might have been due to the emergence of a more conservative Irish State after 1922. Or, it is possible that more women were choosing to work in general practice rather than trying to attain hospital employment.

Table 5.3: Pre-1918 and post-1918 graduates thought to be working in general practice, c.1891-1949

	5 years after graduation	10 years after graduation	15 years after graduation
Pre-1918	33 (36.3% of traceable graduates)	21 (27.6%)	18 (25%)
Post-1918	267 (79%)	202 (71.4%)	139 (56.7%)

Source: Medical Directory

As Table 5.3 shows, post-war graduates were more likely to work in general practice than pre-war graduates. This is likely to have been as a result of the lack of hospital appointments available due to the huge increase in numbers of women qualifying as doctors and the lack of a corresponding increase in hospital posts in Ireland and England after the war. It is likely that the pre-1918 cohort filled the available hospital posts and that there were then fewer opportunities available for the post-1918 cohort, many of whom were forced to work in general practice soon

after graduation. It may also have been as a result of women returning to medicine when their husbands left for war, as in the cases of three of the women who will be discussed in the next chapter. Or, as stated earlier, it is possible that more women were now choosing to go into general practice rather than attempting to secure a career in a hospital or the public health sector because of the fact that general practice meant that women doctors could combine family life with their careers. Also, it is likely that by the post-war period, the lady doctor was so well-established that pursuing a career in general practice was more straightforward than it had been for the pre-war graduates. However, opportunities for general practice were also restricted, with it being commented that it was more difficult to attain assistantships in practices after the war.³³

Table 5.4: Comparison of numbers of women graduates presumed to be working as general practitioners in Ireland and England, pre-1918 and post-1918 cohorts, c.1891-1949

	5 years after graduation Ireland	5 years after graduation England	10 years after graduation Ireland	10 years after graduation England	15 years after graduation Ireland	15 years after graduation England
Pre-1918	26 (49% of total graduates in Ireland)	5 (16.7% of total graduates in England)	13 (40.6%)	8 (22.2%)	10 (38.5%)	8 (22.9%)
Post-1918	238 (85.3%)	27 (56.3%)	155 (78.3%)	40 (61.5%)	79 (62.2%)	52 (56%)

Source: Medical Directory

Using Table 5.4, if we compare numbers of pre-1918 graduates in Ireland presumed to be working as GPs with numbers in England doing the same, it is clear that there are significant differences. Five years after graduation, 49% of those still in Ireland were probably working as GPs, compared with only about 17% of women medical graduates in England. This again implies that women who went to England

³³ 'General practice from the inside', *The Magazine of the London Royal Free Hospital School of Medicine for Women*, **20:90**, (March 1925), p.7.

were more likely to secure an appointment in a hospital or in public health than those who remained in Ireland, which is likely because there were more opportunities for hospital and public health work in England than in Ireland. Of the post-1918 graduates who remained in Ireland five years after graduation, 85% listed an address but no post, compared with 56% of those who migrated to England. This implies that by the 1920s, a greater number of Irish women doctors emigrated to work as general practitioners, in comparison with the earlier period where these women doctors tended to work in hospital posts or public health.

Public health was also an area in which there were significant differences in opportunities for both the pre and post-war cohorts. Nearly 9% of pre-1918 graduates were successful in attaining posts in the public health sector 5 years after graduation while just 4% of post-1918 graduates succeeded in doing the same. Certainly, in Britain, women doctors found a special niche for themselves within the public health movement, working initially as Assistant MOHs and, after 1907, as Schools Medical Officers. Despite claims by the Irish medical profession that there was greater urgency for medical inspection of schoolchildren within the country considering the general death rate which was higher than that in England or Scotland. It was not until 1919 that school health inspection and treatment services were introduced to Ireland under the Public Health: Medical Treatment of Children Act.³⁴

Table 5.5: Pre-1918 and post-1918 graduates working in public health, c.1891-1949

	5 years after graduation	10 years after graduation	15 years after graduation
Pre-1918	8 (8.8% of traceable graduates)	12 (15.8%)	17 (23.6%)
Post-1918	14 (4.1%)	28 (9.9%)	53 (21.6%)

Source: Medical Directory

³⁴ Sir William J. Thompson, 'Medical inspection of school children', *Dublin Journal of Medical Science*, **136:3**, pp.161-173, on p.163 and Finola Kennedy, *Family, economy and government in Ireland*, (Dublin: Economic and Social Research Institute, 1989), p.133.

Table 5.6: Comparison of public health careers of pre-1918 and post-1918 graduates who remained in Ireland with those who emigrated to England, c.1891-1949

	5 years after graduation Ireland	5 years after graduation England	10 years after graduation Ireland	10 years after graduation England	15 years after graduation Ireland	15 years after graduation England
Pre-1918	2 (3.8% of total graduates in Ireland)	6 (20% of total graduates in England)	3 (9.4%)	9 (25%)	4 (15.4%)	12 (34.4%)
Post-1918	9 (3.2%)	5 (10.4%)	17 (8.6%)	10 (15.4%)	29 (22.8%)	23 (24.7%)

Source: Medical Directory

Five years after graduation, nearly 4% of pre-1918 women doctors who remained in Ireland were working in public health appointments, while 20% of women doctors who had migrated to England were being employed in the same field. Ten years after graduation, the figures are just as striking, with 9% of women doctors who remained in Ireland being employed in public health, compared to 25% in Britain. And, fifteen years later, 15% of women graduates who remained in Ireland were employed in public health, compared with 34% of women graduates who went to England. There were more opportunities for women in Ireland to work as doctors in the public health sector following the 1919 Public Health: Medical Treatment of Children Act which created opportunities for women doctors to work as medical inspectors of schools. Table 5.6 shows a rise in the number of posts available for the post-1918 cohort in Ireland but not a rise in the percentage of women working in the public health sector due to the fact that the number of graduates had, by this point, risen so much. For pre-1918 graduates, there were 3 posts taken in the public health sector ten years after graduation, however for the post-1918 cohort, there were 17 posts taken. Likewise, fifteen years after graduation, just 4 (15%) of the pre-1918 graduates were working in public health in Ireland, while 29 (nearly 23%) of the post-1918 graduates were doing the same. For the cohorts that went to

England, there was little change in the number of posts available in the public health sector after the war but a significant change in the percentage of women doctors working in the public health sector. For the pre-1918 cohort, 20% of women doctors based in England were working in the public health sector five years after graduation; however for the post-1918 cohort; just 10% were doing the same. This is similar to the statistics shown for hospital appointments and, again, it is likely that this decrease in percentages is as a result of increased numbers of Irish women graduates in England deciding to work in general practice rather than in hospital or public health appointments.

Conclusion

It has been claimed that the First World War resulted in new opportunities for women in the workplace and society. Certainly, it seems that the war resulted in a more positive attitude towards women doctors within the contemporary press. And, it has been argued that in England, the war gave women doctors the opportunity to run large general hospitals in a way they had been unable to do previously.³⁵ Doctors such as Lily Baker, who we will discuss further in Chapter 6, found themselves promoted in their medical careers as a result of vacancies which opened up due to medical men leaving to fight in the war. Likewise, several teaching hospitals in London opened their doors to women medical students. This success was short-lived, however, with many of the London teaching hospitals closing their doors again to women a few years later.³⁶ Although Irish hospitals continued their tradition of allowing women medical students on their wards, numbers of women medical students matriculating at Irish universities decreased dramatically after the war although they did not return to the low numbers of the 1880s and 1890s. Irish universities, like British universities, no longer had the same space for women students wishing to study medicine. Likewise, there was

³⁵ Alexander, *First ladies of medicine*, p.59.

³⁶ For example: London Hospital Medical College first admitted women to its wards in 1918 before closing admission in 1922. St Mary's Hospital admitted women in 1916, closed admission in 1925. Westminster Medical College admitted women in 1916 before discontinuing admission of women in 1926. St. George's Hospital Medical College admitted women in 1916, discontinued admission in 1919. (Medical Women's Federation Archives at Wellcome Library: SA/MWF/C.10)

increased competition for posts in hospitals and public health considering the large number of women graduates from Irish and British medical schools after the war.

With regard to the medical profession, the war does not appear to have resulted in extra vacancies and career opportunities for women doctors. Rather, it appears that women graduating after the war had a far more difficult task than their predecessors in trying to find employment. This, however, may have been because of the lack of vacancies for the huge number of women graduating after the war (as a result of the great intake of women medical students to institutions in the United Kingdom during the years of the First World War). Although there existed increased opportunities for women in the Irish public health sector after the war, this was as a result of the Irish Public Health: Medical Treatment of Children Act rather than the war.

After 1918, it seems that the medical marketplace became completely saturated. By 1922, the Irish medical journal *The Dublin Medical Press* reported that the number of women medical students had greatly increased over the years of the First World War and that competition for resident posts in hospitals, infirmaries, sanatoria and asylums was now much keener than it had been during the war. In addition, the journal questioned whether women would continue to be as successful at securing appointments as they had been during the war and pointed towards the demand for medical women in India as a possibility for those unable to secure careers within Ireland and the United Kingdom.³⁷ Just two years previously, the same journal had claimed that the prejudice against women doctors had long since died out and public appointments for women doctors, such as posts working as inspectors of schools and factories, were increasing every year.³⁸ Thus, it was more likely for women graduates in the post-1918 cohort to enter into general practice than their predecessors as a result of the lack of alternative posts available to them. Despite the fears concerning opportunities for women medical graduates after the war, the drop-out rates for students who matriculated prior to the war starting and those who matriculated after were similar, with 41% of those who matriculated before the war

³⁷ 'Medical appointments for women', *DMP*, September 13th, 1922, p.212.

³⁸ 'Medical women', *DMP*, January 28th, 1920, p.65.

not making it to graduation while 39.5% of those who matriculated after the war did not qualify.

In the next chapter, I will examine the lives and careers of five medical women and the choices they made with regard to careers, emigration and marriage. Examining these women's lives provides a deeper insight into the challenges which faced women who graduated in medicine both prior to and after the war.

Table 5.7: Posts of pre-1918 women medical graduates 5 to 35 years after graduation, c.1891-1953

	5 years after graduation	10 years after graduation	15 years after graduation	25 years after graduation	35 years after graduation
Traceable graduates	91 (93.8%)	76 (78.4%)	72 (74.3%)	57 (58.85)	57 (58.8%)
Untraceable graduates	6 (6.2%)	21 (21.6%)	25 (25.7%)	40 (41.2%)	40 (41.2%)
Total	97	97	97	97	97
General practice	33 (36.3% of traceable graduates)	21 (27.6%)	18 (25%)	19 (33.3%)	21 (36.8%)
Address but no post (Presumed to be GPs)	33	21	16	16	16
GP (Listed as GPs)	0	0	2	3	5
Hospital appointments	30 (33%)	30 (39.5%)	21 (29.2%)	12 (21.1%)	7 (12.3%)
General hospital	16	15	10	5	1
Asylum	6	4	4	3	3
Children's/Maternity	8	11	7	4	3
Public health	8 (8.8%)	12 (15.8%)	17 (23.6%)	11 (19.3%)	10 (17.5%)
Assistant MOH	4	3	1	1	1
Schools Medical Officer	4	7	10	6	2
Dispensary	0	2	4	2	3
MOH	0	0	1	0	3
Aurist	0	0	1	0	0
Child Welfare Centre	0	0	0	1	1
Medical examiner	0	0	0	1	0
Missions	6 (6.6%)	5 (6.6%)	5 (6.9%)	4 (7%)	4 (7%)
Specialists	3 (3.3%)	0	1 (1.4%)	0	1 (1.8%)
Gynaecologist	2	0	0	0	0
Anaesthetist	1	0	1	0	1
University appointment	5 (5.5%)	2 (2.6%)	2 (2.8%)	1 (1.8%)	2 (3.6%)
War-related work	3	1	0	0	0
Company doctor	2	2	0	0	0
Research	1	2	2	2	1
Women's Medical Service for India	0	1	1	0	0
Deceased	0	0	3	7	11
GP	0	0	2	1	0
Not practicing/retired	0	0	2	3	5
Total	91	76	72	57	57

Source: Medical Directory

Table 5.8: Posts of post-1918 women medical graduates 5 to 35 years after graduation, c.1924-1969

	5 years after graduation	10 years after graduation	15 years after graduation	25 years after graduation	35 years after graduation
Traceable graduates	338 (95.2%)	283 (79.7%)	245 (69%)	219 (61.7%)	186 (52.4%)
Untraceable graduates	17 (4.8%)	72 (20.3%)	110 (31%)	136 (38.3%)	169 (47.6%)
Total	355	355	355	355	355
General practice	267 (79% of traceable graduates)	202 (71.4%)	139 (56.7%)	111 (50.7%)	92 (49.5%)
Address but no post (Presumed to be GPs)	266	198	135	109	90
GP (listed as GPs)	1	4	4	2	2
Hospital appointments	40 (11.8%)	31 (11%)	27 (11%)	32 (14.6%)	24 (12.9%)
General hospital	26	23	19	28	19
Asylum	5	6	7	2	4
Children's/Maternity	9	2	1	2	1
Public health	14 (4.1%)	28 (9.9%)	53 (21.6%)	46 (21%)	42 (22.6%)
Assistant MOH	1	2	13	14	12
Schools Medical Officer	4	5	9	8	7
Dispensary	6	11	14	12	7
MOH	2	4	9	8	9
Child Welfare Centre	1	5	5	2	5
Medical examiner	0	0	0	0	0
Vaccinations	0	1	0	0	0
Ministry of health	0	0	1	1	1
Registrar	0	0	1	0	0
TB Officer	0	0	1	1	1
Missions	8 (2.4%)	9 (3.2%)	14 (5.7%)	11 (5%)	9 (4.8%)
Specialists	4 (1.2%)	4 (1.4%)	5 (2%)	12 (5.5%)	8 (4.3%)
Anaesthetist	3	2	2	4	2
Pathologist	1	1	2	2	1
Radiologist	0	1	0	2	2
Dermatologist	0	0	1	2	1
Psychiatrist	0	0	0	2	2
University appointment	1	1	0	1	1
Convent	0	0	1	0	0
Company/factory doctor	3	5	4	4	2
Research	1	2	1	0	0
Deceased	0	0	1	1	1
Not practicing/retired	0	1	0	1	7
Total	338	283	245	219	186

Source: Medical Directory

Table 5.9: Comparison of careers of pre-1918 women medical graduates in Ireland with those in England, c.1891-1933

	5 years after graduation Ireland	5 years after graduation England	10 years after graduation Ireland	10 years after graduation England	15 years after graduation Ireland	15 years after graduation England
General practice	26 (49%)	5 (16.7%)	13 (40.6%)	8 (22.2%)	10 (38.5%)	8 (22.9%)
Address but no post (presumed to be GPs)	26	5	13	8	10	6
GP (listed as GPs)	0	0	0	0	0	2
Hospital appointments	17 (32%)	13 (43.3%)	13 (40.6%)	15 (41.7%)	10 (38.5%)	12 (34.3%)
General hospital	9	7	6	7	5	5
Asylum	4	2	3	1	3	1
Children's/Maternity	4	4	4	7	2	6
Public health	2 (3.8%)	6 (20%)	3 (9.4%)	9 (25%)	4 (15.4%)	12 (34.3%)
Assistant MOH	1	3	0	3	0	1
Schools Medical Officer	1	3	1	6	2	7
Dispensary			2	0	2	2
MOH	0	0	0	0	0	1
Aurist	0	0	0	0	0	1
Child Welfare Centre	0	0	0	0	0	0
Medical examiner	0	0	0	0	0	0
Mission hospital	0	1 (3.3%)	0	1 (2.8%)	0	0
Specialists	2 (3.8%)	0	0	0	0	1 (2.9%)
Gynaecologist	1	0				0
Anaesthetist	1	0				1
University appointment	3 (5.6%)	2 (6.7%)	0	2 (5.6%)	0	2 (5.7%)
War-related work	3 (5.6%)	0	1 (3%)	0	0	0
Company doctor	0	2 (6.7%)	1 (3%)	1 (2.8%)	0	0
Research	0	1 (3.3%)	1 (3%)	0	1 (3.8%)	0
Deceased	0	0	0	0	0	0
Not practicing/retired	0	0	0	0	1 (3.8%)	0
Total	53	30	32	36	26	35

Source: Medical Directory

Table 5.10: Comparison of careers of post-1918 women medical graduates in Ireland with those in England, c.1924-1949

	5 years after graduation Ireland	5 years after graduation England	10 years after graduation Ireland	10 years after graduation England	15 years after graduation Ireland	15 years after graduation England
General practice	238 (85.3% of those in Ireland)	27 (56.3% of those in England)	155 (78.3%)	40 (61.5%)	79 (62.2%)	52 (56%)
Address but no post (presumed to be GPs)	238	26	154	36	79	48
GP (listed as GPs)	0	1	1	4	0	4
Hospital appointments	25 (8.9%)	15 (31.3%)	17 (8.6%)	12 (18.5%)	13 (10.2%)	13 (14%)
General hospital	16	10	11	10	8	10
Asylum	3	2	4	2	5	2
Children's/Maternity	6	3	2	0	0	1
Public health	9 (3.2%)	5 (10.4%)	17 (8.6%)	10 (15.4%)	29 (22.8%)	23 (24.7%)
Assistant MOH	0	1	0	2	2	11
Schools Medical Officer	1	3	3	2	5	4
Dispensary	5	1	10	2	13	1
MOH	2	0	4	0	6	2
Child Welfare Centre	1	0	1	4	2	3
Medical examiner	0	0	0	0	0	0
Registrar	0	0	0	0	0	1
Ministry of health	0	0	0	0	0	1
TB Officer	0	0	0	0	1	0
Specialists	3 (1%)	0	3 (1.5%)	1 (1.5%)	4 (3.1%)	1 (1%)
Anaesthetist	2		2	0	2	
Pathologist	1		1	0	1	
Radiologist	0		0	1	0	
Dermatologist	0		0	0	1	
University appointment	1 (0.35%)	0	1 (0.5%)	0	0	0
Company doctor	2 (0.7%)	1 (2%)	3 (1.5%)	2 (3%)	2 (1.6%)	2 (2%)
Research	1 (0.35%)	0	2 (1%)	0	0	1 (1%)
Not practicing/retired	0	0	1 (0.5%)	0	0	0
Convent	0	0	0	0	0	1 (1%)
Total	279	48	198	65	127	93

Source: Medical Directory

Chapter 6

Medical Lives: Case-studies of five Irish women medical graduates

This thesis has examined the backgrounds, educational experiences and careers of women doctors in Ireland who began their university careers between the 1880s and the 1920s. The risk of examining the history of the women in a statistical manner, however, is that we may lose sight of the personal stories involved. It is also difficult to gain a sense of the trajectory of individual careers. This chapter, therefore, takes the form of case studies which allow us to examine in detail the lives of five women medical practitioners from the 1890s to 1920s.

The first case study is of Emily Winifred Dickson (RCSI, 1893), who was an Irish pioneer woman doctor. There is a rich supply of material available on Dickson, ranging from family papers, including a short autobiographical memoir about her career and life, accounts written by family members, and personal papers, to the many newspaper reports relating to her early career, and obituaries. Dickson is the case for whom we have the fullest picture. The second case study is Emily Martha Crooks (QCB, 1899) who studied at Queen's College Belfast and went on to work as a medical missionary. I have chosen Crooks because, although as a missionary she was not typical of the cohort of women doctors in this study more broadly, her life and career are representative of what certain advocates of women in medicine claimed that women doctors would go on to do. I will draw on missionary magazines, her own personal letters and writings and newspaper reports in order to depict Crooks' life and career. Thirdly, I will examine the life of Lily Baker (TCD, 1906) who represents one of the many Irish women doctors who went to England following graduation. Baker is exceptional in that she had a remarkable hospital career while there, and as a result, there was a wide variety of source material available for the study of her life and career, such as reports in medical journals, newspaper articles and obituary material. Finally, the joint case-study of Mary McGivern (UCD, 1925) and Jane D. Fulton (TCD, 1925) represents the many women who worked in general practice following graduation at a time when the lady doctor was no longer a unique phenomenon in Irish and British society. McGivern remained working in Ireland as a general practitioner while Fulton worked in

England, but there are many parallels between their two stories. I conducted an oral history interview with McGivern's daughter, Mary Mullaney, while information about Fulton's experiences as a doctor in the Yorkshire dales, was gleaned from correspondence with her son, Brian O'Connor, and an account she wrote of her career in the *Yorkshire Dalesman* magazine.

These studies are more than just biographical accounts of the lives of these five women. Because each case study also introduces friends, sisters and colleagues of the women doctors, they are the stories of far more than five women and they open up vignettes of different types of female medical lives.

Because Dickson, Crooks and Baker were more exceptional and not exactly representative of the body of women medical graduates more generally (Dickson and Baker having notably successful early careers while Crooks was a medical missionary), there is more archival material on all three of these women doctors. Despite being untypical, they are nonetheless interesting and worthwhile case studies which give us an insight into the tensions and themes discussed earlier in this thesis. McGivern and Fulton are the most typical of the case studies. Their stories are worth telling because they are representative of a large number of women doctors who lived and worked in Ireland and England as GPs after graduation, while simultaneously rearing their families. Taken together, these case studies illuminate the statistics of the previous chapter and unlike traditional case studies in the history of medicine in Ireland, which tend to highlight the lives of 'great men' and 'great women', they give us an insight into the lives and careers of women doctors who might be classed as 'ordinary'.

Emily Winifred Dickson (RCSI, 1893)¹

Emily Winifred Dickson was born in Dungannon, Tyrone in 1866, the daughter of the Ulster Liberal MP Thomas A. Dickson and his wife Elizabeth Greer McGeagh. Winifred was the second-youngest of seven children, three boys, James, John McGeagh and Thomas, and four girls, Mary, Edith and Sarah Louise. Her sister

¹ Dickson will be referred to by her maiden name as this is the name she retained when practising.

Mary died in infancy while her other two sisters, Edith and Sarah Louise did not go on to university education. Of her brothers, only John McGeagh went on to university education. He studied law at Trinity College, graduating in 1883 and qualifying for the Bar in 1885 and with a Doctorate of Laws in 1889.² Winifred Dickson was educated at the Ladies Collegiate School in Belfast and Harold House School in London.³ The Ladies Collegiate School had been founded in 1859 by Margaret Byers, a pioneer in women's education in Ireland, and the school was attended by middle-class Protestant girls. After nursing her sick mother for a year and with the encouragement of her father, she decided to pursue a medical education. Her younger sister Edith shared her interest in caring and later became a nurse and moved to Bombay with her husband who was a missionary. Winifred initially attempted to follow her brother and enrol at Trinity College Dublin for the 1887/88 term. Trinity College was not at this time open to women students. Although Dickson was supported by the medical faculty of the university, her application was successfully opposed by the theologians of the university. As a result, she enrolled in the RCSI in the autumn of 1887, where she was the only female medical student attending lectures.

Winifred Dickson gained her hospital experience at a variety of institutions between 1889 and 1892. She trained at Sir Patrick Dun's Hospital (post-mortems, medico-chirurgical experience, clinical clerkship, surgical dressership, diseases of childhood, fever cases), the Rotunda Lying-in hospital (practical midwifery and diseases of women), the National Eye and Ear Infirmary (ophthamology and otology), Donnybrook Dispensary (practical pharmacy, vaccination) and Richmond Lunatic Asylum (psychiatry).⁴ She studied for her licence and M.B. degree at the RCSI, achieving them in 1891 and 1893 respectively. Her latter qualification she achieved with first class honours and an exhibition. In the same year Dickson was elected the first female fellow of the RCSI, an important honour considering that the young doctor was only just beginning her career, but also indicative of the college's

² 'John McGeagh Dickson in the words of one of his granddaughters, Mrs Leslie Lucas and delivered by Evan Powell-Jones', courtesy of Niall Martin.

³ Correspondence with Niall Martin and Martin family papers.

⁴ RUI matriculation record for Emily Winifred Dickson, from NUI archives, Dublin.

favourable attitude towards women in medicine.⁵ In contrast, there was no female licentiate at the London Royal College of Surgeons until 1911 and no female fellows until 1920.

In 1893 after graduation, Dickson won an RUI travelling scholarship which permitted her to spend six months in Vienna and Berlin. Her time in Vienna proved valuable, but in Berlin she found herself unable to gain admission to many of the clinics. When Dickson arrived at one of the classes for which she had enrolled by letter, the professor looked her over, declared she had cheated, that “Winifred” was a man’s name and would not allow her to take his class.⁶

Upon her return to Dublin in 1894, Dickson put up her plate first in her father’s house in St. Stephen’s Green. In 1895 after he moved to Drogheda, she moved practice to 18 Upper Merrion Street and was appointed gynaecologist to the Richmond, Whitworth and Hardwick Hospital where she worked for four years until her marriage. A photograph taken of the medical staff at the Richmond Hospital during Dickson’s time there displays an all-male staff with the exception of Dickson.⁷ She was also appointed assistant master to the Coombe Lying-In Hospital, for which she became supernumerary assistant in 1894. Dickson took her doctorate in medicine in 1896, in addition to a mastership in obstetrics, both of which she gained with honours. She was then appointed examiner in midwifery to the Royal College of Surgeons. In 1898, she applied unsuccessfully for the position of professor of obstetrics there.⁸ Nevertheless, her high standing in the Dublin medical community is apparent from an anecdote told by her friend, Mary Griscom. Griscom commented that on one occasion in 1896, she was introduced by Dickson to a medical man on the street who asked Griscom, “Do you know the best gynaecologist in Dublin?” Griscom racked her brain but could not answer and then the man said, “She stands by you”.⁹ Dickson’s early career seems to indicate a great amount of support from the hierarchy of the Irish medical profession, as is

⁵ Roll of fellows of the college, *Calendar of the Royal College of Surgeons in Ireland, October 1923 to September 1924*, (Dublin: University Press, 1923), pp.83-95.

⁶ Dr. Mary Griscom, ‘Obituary for Winifred Dickson Martin’, reprinted from *The Medical Women’s Federation Quarterly Review*, (July, 1944).

⁷ Emily Winifred Dickson papers courtesy of Niall Martin.

⁸ Typed memoirs of Emily Winifred Dickson, courtesy of Niall Martin.

⁹ Dr. Mary Griscom, ‘Obituary for Winifred Dickson Martin’.

testified by the number of favourable letters of recommendation that she received from her former lecturers in Dublin. These letters survive in the family archive and were presumably written following graduation when Dickson was applying for hospital posts.

Dickson was part of a very small group of pioneer women doctors in Dublin in the 1890s. Two other women doctors practising in Dublin at this time were Katharine Maguire (CU, 1891), and Elizabeth Tennant (RCSI, 1894). According to Dickson's memoirs, Maguire was the first woman doctor to practise in Dublin. She initially practised at Upper Mount Street before moving to 67 Merrion Square where she practised until at least 1926.¹⁰ Maguire appears to have taken an active role in philanthropy and working among the poor in Dublin throughout her career. Like Dickson, she believed in the necessity of women as poor-law guardians.¹¹ Like many other Irish women doctors, she became involved with the Irish Women's National Health Association and gave lectures in Dublin.¹²

Tennant, who would have been in the year behind Dickson as a medical student in the Royal College of Surgeons, worked as a medical officer to St Catherine's School and Orphanage in Dublin while also running a busy general practice in Dublin. She became a member of staff at St Ultan's Hospital from its foundation in 1919. Tennant's obituary claims that she 'did a great deal to overcome the prejudices which female practitioners had to meet in the days when their numbers were very few' but that her 'keenness and energy put her on a level with her male colleagues'.¹³ She also appears to have played a role in the Irish suffrage movement, attending meetings of the Irishwomen's Suffrage and Local Government Association.¹⁴

¹⁰ Medical Directory entries for Katharine Maguire.

¹¹ 'Letter: Condition of workhouses', *Irish Times*, June 5th, 1895, p.6.

¹² 'Women's National Health Association: lecture by Dr Katharine Maguire', *Irish Times*, March 12th, 1908, p.7.

¹³ 'Dr. Elizabeth A. Tennant', *Irish Times*, February 19th, 1938, p.6.

¹⁴ 'Women's suffrage movement', *Irish Times*, September 16th, 1907, p.9.

By 1911, there were forty-two female medical practitioners in Dublin.¹⁵ Some of these women doctors met under the auspices of the Irish Association of Registered Medical Women. Katharine Maguire became the first president of this organisation in 1908. As well as providing a community, the Association of Registered Medical Women campaigned for the vote for women, arguing that women had demonstrated that they were equal to men through the employment of medical women in connection with prisons, schools, public health, and the Post Office.¹⁶ Winifred Dickson does not appear to have taken part in meetings of the community of women doctors, presumably because at this point she was married and had largely withdrawn from medical society. The very first meeting of this organisation was held at Maguire's house/practice on October 29th, 1908 and Lily Baker, who we will discuss later, was elected Honorary Secretary.¹⁷ Maguire also hosted the third meeting of the organisation on November 9th, 1911, by which time, Everina Massey (RUI, 1890) had become the president, and Kathleen Lynn (CU, 1899) had become secretary following Lily Baker's resignation after her decision to move to England. Despite the infrequency of their meetings, the fact that such an organisation existed seems to suggest that there was a sense of community or network amongst these early women doctors in Dublin. The association appears to have been active until at least 1915 at which point Kathleen Lynn was still honorary secretary. The organisation met in November of that year to elect a committee which appointed Marion Andrews (QCB, 1901) as delegate for Ulster, Lucy Smith (QCC, 1898) as delegate for Munster and Florence Condon (RCSci, 1905) as delegate for Leinster. However, because no member of the association was practising in Connaught, there was no election of a delegate for that region.¹⁸

All of these "pioneer" Irish women doctors were deeply interested in philanthropic issues and Dickson was no exception. In her early career, she appears to have been strikingly active within the public sphere and her activities were widely reported in the Irish press. In 1893, the year she graduated with her MD degree, at

¹⁵ Irene Finn, 'Women in the medical profession in Ireland, 1876-1919', in: Bernadette Whelan (ed.), *Women and paid work in Ireland, 1500-1930*, (Dublin: Four Courts Press, 2000), p.103.

¹⁶ 'Memorials: medical women', *Votes for Women*, **6:255**, January 24th 1913, p.241.

¹⁷ 'Medical news', *BMJ*, November 21st, 1908, p.1575.

¹⁸ Letter from Kathleen Lynn to Medical Women's Federation secretary. Medical Women's Federation Archives, Wellcome Library SA/MWF/C.80, dated 1915.

a meeting of the Dublin Health Society, she gave a lecture on the topic of 'Health and Dress'.¹⁹ A version of the paper was published later that year.²⁰ The following year, while studying in Vienna, she wrote to the *British Medical Journal* about the treatment of women patients in workhouses, arguing that women patients in gynaecological cases generally preferred to be treated by women doctors and that there was a need for women as workhouse doctors.²¹ She took an active interest in professional issues, attending, participating and presenting at meetings of the Royal Academy of Medicine in Ireland.²² Dickson's attendance at these meetings is further indicative of the Irish medical hierarchy's favourable attitudes towards the incorporation of women into the medical profession.

Dickson was not just interested in professional issues. In 1895, at a meeting of the Irish Suffrage Association in Dublin, she urged 'the necessity of well-to-do women taking an interest in questions which affected working women'.²³ She was also involved in the National Society of Prevention of Cruelty to Children²⁴ and the Irish Association for the Prevention of Intemperance.²⁵ In 1895, at a meeting of the Royal Academy of Medicine in Ireland which took place in Dublin, she gave a paper on the need for women as poor-law guardians in Ireland, with all of her male colleagues present supporting her views.²⁶ The paper was published.²⁷ Likewise, in 1895, in a letter to *The Irish Times*, Dickson wrote again of the desperate need for reform within the Irish workhouse system, where the majority of inmates were women and children.²⁸

¹⁹ 'Dublin health society', *Freeman's Journal*, February 22nd, 1893, p.6.

²⁰ E. Winifred Dickson, 'The distribution of weight in clothing', *Aglaia: The Journal of the Healthy and Artistic Dress Union*, No.1, (July, 1893), pp.9-13.

²¹ Letter from Emily Winifred Dickson, 'Women as workhouse doctors', *BMJ*, April 14th, 1894, p.839.

²² For example: 'Royal Academy of Medicine in Ireland: Obstetrics Section', *Dublin Journal of Medical Science*, **108:1**, (July, 1899), pp.63-73.

²³ 'Women's suffrage: Conference in Dublin', *Freeman's Journal*, January 28th, 1895, p.3.

²⁴ 'National society of prevention of cruelty to children: Annual general meeting', *Freeman's Journal*, June 17th, 1896, p.2.

²⁵ 'Irish Association for the Prevention of Intemperance', *Freeman's Journal*, January 15th, 1897, p.2.

²⁶ 'Royal Academy of Medicine in Ireland: State Medicine Section', *BMJ*, March 9th, 1895, pp.536-7.

²⁷ E. Winifred Dickson, 'The need for women as poor law guardians', (Dublin: John Falconer, 1895).

²⁸ 'Conditions of workhouses', *Irish Times*, June 3rd, 1895, p.7.

In a letter written in 1942, Dickson commented that women's emancipation was the only worldwide movement she took an interest in, although she was insistent that she did not agree with militant suffrage.²⁹ Likewise, she was interested in the rights of women within the medical profession. Her obituary claims that it was her correspondence with the secretary of the British Medical Association which helped to get its membership open to women, and Dickson then became one of its first women members when the association opened membership to women in 1892.³⁰ Additionally, Dickson was supportive of young women medical students and was the honorary secretary of a committee in Dublin set up to advise women students with regard to their work and also to help them find suitable lodgings.³¹

In April 1899, Dickson gave a paper at a meeting of the Alexandra College Guild entitled 'Medicine as a profession for women', at which she outlined how a woman might go about undertaking medical education and outlined the necessary personality qualities and possible career paths a woman could take. Dickson was asked about the issue of combining marriage with a medical career:

Dr. Dickson, in the course of her reply, said it was impossible to make any general rules to marriage. That was a question that every person had to settle for herself. (Laughter.) If a woman who had spent the best years of her life in preparing for a medical degree was bound on entering the married state to give up the medical profession it would tend to lower the status of the married state. For her part she thought a woman should not give up the medical profession for the profession of marriage unless she liked the latter profession better. (Laughter.)³²

The question of marriage must have been on Dickson's mind at the time of this address, as, later that year she married Robert Martin, an accountant.³³ Despite the

²⁹ Letter from Emily Winifred Dickson to her son, Russell, dated Rainhill, 24th November, 1942. Courtesy of Niall Martin.

³⁰ Obituary: D. Margaret Wilkinson, 'Winifred Dickson Martin', reprinted from *The Medical Women's Federation Quarterly Review*, (July, 1944) and 'Admission of women to the British Medical Association', *Irish Times*, August 25th, 1892, p.5.

³¹ Clara L. Williams, 'A short account of the school of medicine for men and women, RCSI', *Magazine of the LSMW and RFH*, No. 3, (January 1896), p.107.

³² 'Alexandra College Guild', *Irish Times*, April 24th, 1899, p.6.

³³ Correspondence with Niall Martin.

implication of her comments above, she decided to give up her career upon marriage. In the same year, she published a version of her paper 'Medicine as a profession for women' in the *Alexandra College Magazine*, the magazine of the Dublin girls' school which contained educational advice for students, news relating to school events and information on 'old girls'. Here, she equated a career in medicine with being akin to a government appointment in the civil service, in which a woman had to vacate her position upon marriage. In her view:

...Marriage and motherhood will always be the most important professions a woman can engage in, and that if carried out in a proper spirit they will leave no time for medical work...a doctor's first duty is her patients – she must be at their beck and call at any hour of the day or night. But a married woman's first duty is to her home, and if she tries to combine a doctor's work with her own, to which will she give prominence? One must be first in her heart, and whichever it be, the other will suffer.³⁴

Following her own advice, Dickson gave up her promising career on her marriage, and went on to have five children, four boys, Russell, Kenneth, Alan and Colin and one girl, Elizabeth 'Betty', from 1901 to 1910. The family remained in Dublin and in 1911 were living at 8 Burlington Road, Dublin. Winifred was listed as 'Medical Doctor Retired' while her husband Robert was now the managing director for a textile manufacturer.³⁵ The family then moved to Castlewarden, Co. Kildare where they lived from 1912-3. Dickson appears to have withdrawn completely from medical society at this point and does not seem to have been involved in the foundation of the Irish Registered Women's Association. Robert Martin enlisted in the British Army in London on the 22nd of December 1914 in the 2nd Sportsman's Battalion of the Royal Fusiliers (the 24th Battalion) and was posted as a private to Mansfield, Notts. He was posted to Burma from 1917-19. He allocated to Winifred 6d per day from his pay (just over £9 pa), and she decided to return to work to supplement this income.³⁶ Winifred Dickson effectually became the sole breadwinner for the family. She and the family moved to England in 1915 and sent

³⁴ E. Winifred Dickson, 'Medicine as a profession for women', *Alexandra College Magazine*, 14 (June 1899), pp 368-375, on p.374-5.

³⁵ 1911 census record for Martin Family, 8 Burlington Road, Dublin.

³⁶ Information on Robert Martin courtesy of Christopher Dickson and Niall Martin.

her children to English preparatory and public boarding schools such as Mostyn House, Cheshire and St. Bees in Cumberland, which her son Russell and possibly other children attended.³⁷ She secured a post first as an assistant superintendent at Rainhill Mental Hospital in northern England. She chose the post at Rainhill Mental Hospital on account of it being close to where her children were attending boarding school, and also because the hours off-duty would enable her to study in order to bring herself up-to-date after sixteen years' absence from the practice of medicine.

From 1917, she worked as a war locum in Ellesmere, Shropshire for a Dr Scott, so that, in her words, she would 'have a home for you all [her children] during the holidays'.³⁸ In addition to working in general practice, she also acted as the local MOH. She bought the practice in Ellesmere and took on a male assistant but had to give up her rural general practice in 1919, due to bronchial pneumonia brought on by Spanish influenza and the return of her husband from military service. Instead, she bought a practice in Wimbledon, London and continued to supervise her children's higher education and university careers. She and Robert Martin separated and Dickson became the sole breadwinner and responsible for her children. For the rest of her life, she undertook peripatetic medical work, moving frequently and dogged by illness. In 1926, as a result of a bout of rheumatoid arthritis, she was forced to give up her practice in Wimbledon and obtained permission to practice in Siena, Italy. By 1928, she was back in Britain, working in a small general practice at Tunbridge Wells but two years later, was forced to give up practice again as a result of pernicious anaemia. However, she undertook locum work for another female doctor, and every winter, undertook a part-time assistantship in a South Wales mining community during the rush months for ten years.³⁹ In 1940, twenty-five years after her first locum, she returned to Rainhill Mental Hospital where she continued to work up until two months before her death in 1944 at the age of seventy-seven.⁴⁰ Two years before her death, looking back on her life, she wrote:

³⁷ Correspondence with Niall Martin.

³⁸ Memoirs of Emily Winifred Dickson, courtesy of Niall Martin.

³⁹ Obituary for E. Winifred Dickson, *BMJ*, February 26th, 1944, pp.308-309.

⁴⁰ Obituary: D. Margaret Wilkinson, 'Winifred Dickson Martin', reprinted from *The Medical Women's Federation Quarterly Review*, (July, 1944).

I don't regret anything, even the foolish things, but I see in countless ways that I missed many priceless chances and opportunities, not from wilfulness but from sheer blind stupidity of not appreciating how much they might mean and lots of things I thought I knew all about and didn't know there were worlds unknown that I was unaware existed.⁴¹

Winifred Dickson was one of few pioneer women doctors working in Ireland in the 1890s. She was deeply interested in philanthropic and women's issues as well as having a very successful early career. Her future career looked set to be promising. However, upon her marriage in 1899, she sacrificed her career to take care of her family. It was only when her husband was away on war service in 1915 that Dickson began to work again and for the rest of her working life, she managed to work her career around her family commitments and illness and was the sole breadwinner for her family, succeeding in sending her children to boarding school and later university. She died in 1944 from an incurable carcinoma, but strong-minded and unselfish as she had been throughout her life, she made no mention of it to her family but continued with her work until within a few weeks of her death.

Emma Crooks (QCB, 1899)

In the late nineteenth and early twentieth century, women doctors were regularly encouraged to enter the medical missions. As we learnt in chapter one and chapter four, it was claimed that there was a great need for women doctors in countries such as India, where local religious customs meant that women patients could only be treated by women doctors. In this section, I will focus on the career of Emma Crooks, an early woman medical missionary. Crooks was part of a group of four classmates at Queen's College Belfast who qualified in 1899 and joined the Presbyterian Missionary Society. Emma Crooks (QCB, 1899) and Elizabeth Beatty (studied at QCB but LRCP LFPS Edin/Glas, 1899) were sent to China; their classmates, Ina Huston (QCB, 1899), and Annie Crawford (QCB, 1899) went to India. Although, as I have shown, missionaries were a minority in the overall body of

⁴¹ Letter from E. Winifred Dickson to her son, Russell, Dated Rainhill, 24th November, 1942. Courtesy of Niall Martin.

Irish women medical graduates, they exemplify the type of work that women medical graduates were expected to end up being involved in.

Emma Crooks was the daughter of a teacher, while her classmates Elizabeth Beatty and Ina Huston were the daughters of Presbyterian ministers and Annie Crawford's father was a merchant. All were Ulster Presbyterians. There is certainly a sense from the speeches of these women that they viewed the opportunity to work in the missions as a privilege and a vocation. All four attended the Zenana Mission Conference held in June, 1900 at the Adelaide Lecture Hall, Dublin a few months before Huston, Crawford and Beatty were due to depart for India and China. Crooks would not be sent to China until two years later. Huston assured the audience that they should not view the women as heroines because it was the 'greatest delight' for them to go abroad and 'evangelise the world'. Likewise, Crawford said that she felt it was a great privilege to be going to Manchuria, and that when she thought of the suffering of Chinese women there, she realised it would be a tremendous sacrifice to stay at home in Ireland. Crooks and Beatty expressed similar sentiments and requested that people would pray for them while they were away.⁴² The women documented their work and experiences in *Woman's Work*, the magazine of the Presbyterian Missionary Society. Crawford and Huston disappear from the *Medical Directory* and the society magazine ten years after graduation so it is difficult to determine whether they remained in the missionary field. They remained working as missionaries until at least 1905, in Crawford's case, and 1908 in Huston's case, which is when they last appear in *Woman's Work*. Beatty retired from her missionary work after eleven years due to ill-health, and died seven years later.⁴³ Crooks had the longest service in the missionary field, working for twenty-seven years until her death in 1937.

For Crooks, writing in 1912, medical missionary work involved two strands:

Medical work does not mean merely trying to cure the sick in heathen lands; it has a far greater outlook than that. Medical work and mission work are intimately connected. The medical part consists of seeing dispensary patients,

⁴² 'Zenana mission conference', *Woman's Work*, **35**, (July 1900), p.242-3.

⁴³ 'Obituary: Dr Elizabeth Beatty', *Irish Times*, August 13th, 1924, p.6.

having a hospital with in-patients, and doing operations. The missionary part consists in teaching and training native helpers, especially dispensers, teaching Bible classes on Sabbath and teaching and preaching to the patients, both in hospital and at their homes.⁴⁴

Clearly, Crooks fully accepted this dual purpose: to help the sick and poor in less fortunate countries while at the same time attempting to 'evangelise' 'heathen' countries. It is unclear what Crooks was doing for the three years after her graduation in 1899. In 1902, she was sent from Belfast to Kirin in Manchuria, where she remained for almost her whole life. A meeting was held by the Belfast branch of the Zenana Association in February to say goodbye to her. Rev J McGranahan told how Crooks had from her early years been deeply interested in missions, and had been a bright and willing worker in the church. Dr Crooks herself spoke of how during all the years of preparation for her missionary life she had been stimulated and sustained by the Saviour's words, "Lo, I am with you always".⁴⁵ This is an apt choice, since missionary life often involved personal sacrifice and loneliness. Writing to a friend from Kirin, in 1904, Crooks revealed that she had been in love with a man but could not marry him due to her vocation to be a missionary.⁴⁶ Crooks found her work as a missionary to be quite lonely, writing that she was compensated for this by the work she had to do and her Sunday school class.⁴⁷ Three years later, she again wrote of her loneliness, stating 'It is lonely I need not say it – I just have to trust more and that keeps one from feeling loneliness too much'.⁴⁸

According to a report of the Irish Presbyterian Mission Hospital, Crooks was the first woman doctor to undertake work in the city of Kirin.⁴⁹ Speaking in 1921, she stated

⁴⁴ 'Medical work in Kirin: An address at the annual meeting in June', *Woman's Work*, No. 84, October, 1912, pp.273-4.

⁴⁵ 'Farewell to Dr Emma Crooks', *Woman's Work*, **42**, (April 1902), p.127

⁴⁶ Letter from Emma M Crooks, Presbyterian Mission, Kirin, Manchuria to "Ned" (nickname for a female friend), (Public Records Office of Northern Ireland: D1727/2/1).

⁴⁷ Letter from Emma M Crooks, Presbyterian Mission, Kirin, Manchuria to "Ned", (Public Records Office of Northern Ireland: D1727/2/1).

⁴⁸ Letter from Emma M Crooks to "Ned", dated Nov 15th, 1907: Sunshine Cottage, Irish Presbyterian Mission, Kirin, Manchuria, N. China, (Public Records Office of Northern Ireland: D1727/2/2).

⁴⁹ Irish Presbyterian Mission Hospital, Kirin Manchuria, Report 1937, (Public Records Office of Northern Ireland: D2332/3).

that the remembrance of the different farewell meetings at which she had been present and the support of the people that attended these often helped her in times of loneliness.⁵⁰

During the winter months, Crooks' women's hospital was always full, and she was convinced that it was the combination of medical skill and Christian faith which drew patients to her. In 1912 she wrote:

I have been struck by the way one patient brings in another. It is the almost invariable answer, 'I heard from so-and-so of our village; you know she had treatment. How skilful the doctor is, and *how good the doctrine is*, and how well cared for the patients are. This religion is good'. And that story is spread north, south, east and west.⁵¹

Sometimes, the waiting room of the hospital had to be used to accommodate patients, and patients were being turned away because of the lack of beds. The conditions at her dispensary were inadequate, with damp walls and a leaky roof.⁵² Her old classmate Ina Huston shared similar experiences. Writing in 1902, she spoke of the dispensary that she had just set up in Broach, India. The dispensary had formerly been a shop and contained two rooms upstairs: the larger one was where patients waited to be seen and where a Biblewoman spoke to them about the gospel, while the other smaller room was used for seeing patients.⁵³ As a result of the steadily growing number of patients, Huston predicted that they would soon need to establish a mission hospital to cater for the demand. By 1906, she and the other missionaries at Broach had established such a hospital to treat women from various castes. She described the medical work being conducted by herself and the other missionaries as incorporating three branches: the dispensary, where women would come to seek medical assistance and where they would be educated about the gospel, the hospital, and visiting the houses of sick people, where oftentimes,

⁵⁰ 'Farewell meeting', *Woman's Work*, New Year Number, January 1921, p.243.

⁵¹ 'Medical work in Kirin: An address at the annual meeting in June', *Woman's Work*, No. 84, October, 1912, p.275.

⁵² 'Kirin', *Woman's Work*, No 75, July 1910, p.63.

⁵³ 'Broach: more dispensary work', *Woman's Work*, **44**, (October 1902), p.179-80.

Huston would come across female patients who had been treated by native doctors without being examined.⁵⁴

There appears to have been a sense of community among the women doctors, with occasional reports in *Woman's Work* of women medical missionaries working in the same country meeting up with each other, such as Lillie Dunn (QCB, 1904) who met with Ina Huston and Elizabeth Montgomery, another female medical missionary, in India in 1907.⁵⁵ Likewise, Eva (Mary Evelyn) Simms, (QCB, 1904) was working in Chinchow, Manchuria, China, fifty miles from Elizabeth Beatty, in 1909.⁵⁶

Annie Crawford had similar experiences to Emma Crooks with her work in Ahmedabad, India. She worked in a dispensary in the afternoons and visited the local orphanage in the evenings.⁵⁷ Working with the orphans appears to have been a trying career for Crawford, with outbreaks of pneumonia, the plague, and malaria being commonplace. Crawford still managed to find some light in the darkest situations, however, writing, for example in 1902:

After the two deaths, the other children got quite alarmed and could scarcely be got to go to the little room that we use as a hospital. My stethoscope was an object of special terror. One child, in her wanderings, called it a 'sap' (a snake); and another, who seemed very frightened when I went to examine her, gave as the reason afterwards that she thought it (the stethoscope) would kill her as it had killed little Nathi!⁵⁸

For Crooks, life in Kirin, China, was similarly treacherous. There were often outbreaks of infectious diseases such as scarlatina, diphtheria, tuberculosis and erysipelas to contend with. Crooks also found herself being discouraged when former patients who had converted to Christianity, returned to 'heathendom'.⁵⁹ It was claimed in the 1937 report on the work of the Kirin Hospital that Crooks also

⁵⁴ 'Annual meeting', *Woman's Work*, **59**, (July 1906), p.247.

⁵⁵ 'Letter from Lillie Dunn', *Woman's Work*, **62**, (April 1907), p.34.

⁵⁶ 'Medical work in Manchuria', *Woman's Work*, **71**, (July 1909), p.251.

⁵⁷ 'Ahmedabad', *Woman's Work*, **39**, (July 1901), p.65.

⁵⁸ 'Ahmedabad', *Woman's Work*, **43**, (July 1902), p.155.

⁵⁹ 'Kirin', *Woman's Work*, No. 77, January 1911, p.110.

experienced difficulties, not only as a woman doctor but as a foreigner attempting to carry out medical work in Kirin.⁶⁰ In 1911, she had to abandon her dispensary because of the unsuitable conditions. She wrote that it would cost £150 to build a new dispensary but that she did not want to place a burden on the missions committee at home so she would try and find a way to raise the money herself.⁶¹ Elizabeth Beatty, working in Kwangning, China, also experienced problems. In 1911, she wrote about the threat of the plague that had affected the area she worked in. She stated that the disease had disorganised all of her work and that she had to explain to her patients that it was not the Lord that had sent the disease. Beatty, like Crooks, proved herself capable of dealing with such challenges. She set about inoculating locals in the area against the disease and stated that in spite of the stress of the outbreak, she 'never was as peaceful in [her] life'.⁶² Beatty was forced to leave the missions after eleven years' work in 1917, owing to poor health, and moved to live in Berkley, California where she died in 1924.⁶³

In July, 1911, a great fire attacked Kirin leaving 30,000 locals homeless. Luckily, Crooks' hospital was unaffected by the fire.⁶⁴ Other dangers faced the missionaries: on one occasion, Crooks and some friends were captured by robbers en route to Chaoyangchen, a nearby city. She described them as 'real mounted highwaymen armed with rifles and revolvers' but her party was luckily set free, to their surprise, having heard stories from other missionaries working in nearby areas.⁶⁵ Crooks frequently commented on the great help she received from the Chinese women helpers at her hospital.⁶⁶

Emma Crooks remained working in Kirin, Manchuria for twenty-seven years, retiring in 1933 and returning to Ireland. It was remarked that at the time of her leaving 'not only had she built up a flourishing medical work but her name had become a synonym for love and kindness and it now bids fair to become legendary in the

⁶⁰ Irish Presbyterian Mission Hospital, Kirin Manchuria, Report 1937, (Public Records Office of Northern Ireland: D2332/3).

⁶¹ 'Kirin', *Woman's Work*, No. 78, April 1911, pp.127-128.

⁶² 'Kwangning', *Woman's Work*, No. 78, April 1911, pp.124-5.

⁶³ 'Obituary: Dr. Elizabeth Beatty', *Irish Times*, August 13th, 1924, p.6.

⁶⁴ 'News from China', *Woman's Work*, No.79, July 1911, p.155.

⁶⁵ 'Kirin', *Woman's Work*, Summer number, 1915, p.85

⁶⁶ 'Teaching kindness'. *Woman's Work*, New Year number, 1916 p.152.

district'.⁶⁷ It is unclear what Emma Crooks did upon her retirement, but she died in Peking in 1937 which suggests that she may have returned to missionary work after retirement. Upon her death, two of her Bible students composed the following poem, of which the English translation is below:

Alas, Dr. Crooks has suffered sickness and died in Peking,
For this the people of Kirin and Ireland are sorrowing,
When one thinks of your thirty years in Kirin it seems as one day,
By your labours were saved and healed numberless women and children,
All are grateful, all admire when they think of your kind face,
Your labours and loyalty overcame even the waves of the Atlantic and
Pacific,
Your heart is broken and your spirit is tired,
But one desire has not been fulfilled,
Tired to death in Kirin, in Kirin to be buried with your wish,
By your spirit Ireland and Kirin have been brought together as one,
Your body may be dead but your spirit and works will live in Christ after you
forever.⁶⁸

This poem illustrates the tireless efforts on Crooks' part amongst the poor in Manchuria and the sense that she was valued very much so within the community of Kirin. Following her death, her place in Manchuria was occupied for some time by a doctor called Rachel Irwin. However, after Irwin left, there was no female doctor in Kirin and the author of a 1936 account of the work of the hospital commented that 'Mere men doctors are a poor substitute in the eyes of our women patients, accustomed for decades to being cared for in our hospital by women doctors'.⁶⁹ This statement suggests that women doctors such as Crooks and her contemporaries who worked as medical missionaries provided valuable and irreplaceable work in the missionary field. They worked in largely female-dominated environments and undertook responsibility for taking charge of entire hospitals and

⁶⁷ Irish Presbyterian Mission Hospital, Kirin Manchuria, Report 1937, (Public Records Office of Northern Ireland: D2332/3).

⁶⁸ Irish Presbyterian Mission Hospital, Kirin Manchuria, Report 1937, (Public Records Office of Northern Ireland: D2332/3).

⁶⁹ Forty years of the Kirin Manchuria Hospital, 1896-1936, (Public Records Office of Northern Ireland: D2332/2).

dispensaries. Through working as medical missionaries, these women doctors found their own special niche in the medical marketplace and were able to exercise more authority and responsibility than they might have attained had they secured appointments in other fields of medical work.

Lily Baker (TCD, 1906)

Lily Baker was one of the many Irish women doctors who emigrated to England after qualification to seek employment. Baker was born in South Africa in 1879 and was a member of the Church of Ireland. We know little of her family background but in 1911, she and her elderly aunt were living together in Dublin.⁷⁰ At the age of 19, she had matriculated at the Royal College of Science in Dublin, but transferred to Trinity College when it admitted women in 1904 and became the university's first female medical graduate in 1906. Her sister Madeline matriculated two years later at the CU⁷¹, and qualified in 1907. Lily initially worked as a clinical clerk and external assistant at the Coombe Hospital, Dublin, and afterwards as a house-surgeon at the Drumcondra Hospital.⁷² In 1907, the two sisters established a dispensary for women and children in Drumcondra. At this point in time, they were said to be the only women doctors working on the north side of Dublin.⁷³ Lily was also working as a demonstrator in anatomy to women medical students at Trinity College at this time, and she remained in this position for three years.⁷⁴ This appointment would not have come about if it were not for the separation of men and women medical students for anatomy dissections at the college, as discussed in Ch. 3. According to one article in *T.C.D.: A College Miscellany* in 1905, while Baker was still a student, this dissecting room had been a favourite haunt of the male demonstrator 'who, tired of demonstrating to the mere male, wished to while away a pleasant little interval of an hour or so' but the board of the college had now enforced a rule that only the 'head of the battalion' (presumably the professor of

⁷⁰ 1911 census record for Lily Baker, 18.1 Merrion Street, Dublin

⁷¹ Medical Students Register for 1898/99.

⁷² Obituary: Lily A. Baker, *BMJ*, July 7th, 1956, p.48 (from file on Lily A Baker, Kirkpatrick Archive, Royal College of Physicians, Dublin).

⁷³ 'College news', *Alexandra College Magazine*, No. XXX, (June, 1907), p.56.

⁷⁴ 'College news', *Alexandra College Magazine*, No. XXXI, (December, 1907), p.55.

anatomy) could demonstrate to the women medical students.⁷⁵ Clearly, two years later, by the time of Lily Baker's appointment, the board had decided that women should be taught by female demonstrators only. At this point, there had been no other female medical graduates from Trinity so Baker did not face competition for the post. Madeline moved to England in 1908, where she worked as a physician at a private hospital in London.⁷⁶

While working at Trinity College, Baker was involved with the establishment of the Dublin University Voluntary Aid Detachment, an organisation set up in conjunction with St. John's Ambulance.⁷⁷ In the event of war or a national emergency, the members of the organisation agreed to act as army nurses in their own country. Members of this organisation were most commonly women who were trained in first aid and nursing. Lily Baker gave the preliminary course of lectures to women student and graduate members of the association.⁷⁸ At this time she was concurrently practising as a GP from an address at 18 Merrion Street, Dublin.⁷⁹

Like Winifred Dickson and the other pioneers we met earlier in the chapter, Baker became involved in other medical and philanthropic activities from an early stage of her career. Just a year after graduation, she was on the committee for the Tuberculosis Exhibition, organised by the Women's National Health Association in 1907.⁸⁰ The Women's National Health Association was established by Lady Aberdeen as a voluntary and charitable organisation with the aim of improving maternity and child welfare in addition to helping to combat tuberculosis, Ireland's most serious health problem.⁸¹ Fundamentally, the WHNA had one major aim: 'to reach the women of the country' and to educate them about questions of health and sanitary medicine.⁸² One of the main ways the WHNA tried to achieve this was

⁷⁵ 'News from the schools: The Medical School', *T.C.D.: A College Miscellany*, **11:196**, (December 2nd, 1905), p.156.

⁷⁶ 'College news', *Alexandra College Magazine*, No XXXIII, (December 1908), p.66.

⁷⁷ 'Dublin University Voluntary Aid Detachment', *BMJ*, November 29th, 1913, p.1462.

⁷⁸ 'Dublin University Voluntary Aid Detachment', p.1462.

⁷⁹ 1911 census record for house 18.1 Merrion Street (upper), South Dock, Dublin.

⁸⁰ 'Tuberculosis Exhibition', *Irish Weekly Times*, October 19th, 1907, p.7.

⁸¹ Greta Jones, *'Captain of all these men of death': The history of tuberculosis in nineteenth and twentieth century Ireland*, (Amsterdam and New York: Rodopi, 2001), p.101.

⁸² The Countess of Aberdeen (ed.), *Ireland's Crusade against Tuberculosis: Vol. 1: The Plan of Campaign: Being a series of lectures delivered at the Tuberculosis Exhibition, 1907*,

through its travelling exhibition in 1907. The exhibition visited between eighty and ninety places in Ireland and attracted large crowds.⁸³ The exhibition committee, led by Lady Aberdeen as President, was comprised of twelve members: two lady doctors, Ella Ovenden (later Webb, CU, 1904) and Lily Baker, two other women, Lady Matheson and Mrs. Nugent Everard, and six male members of the medical profession: Sir William J Thompson, Prof. EJ McWeeney, Prof Mettam, D. Edgar Flinn, P.Dunne and Michael F. Cox as well as two honorary secretaries, Mrs. Rushton and Dr. Alfred E. Boyd.⁸⁴

Ovenden and Baker were placed in charge of the 'domestic science' display at the exhibition, while their male counterparts in the medical profession, were involved in more medical and scientific displays, such as the 'literary section', organised by Alfred E. Boyd, which included municipal and poor-law exhibits such as tables and diagrams for TB death rates in major cities in Britain and Ireland.⁸⁵ This illustrates the organisation's belief that facts relating to public health could be 'driven home better still by individual speaking to individual, by woman speaking to woman, by mother speaking to mother'.⁸⁶

In 1911, Lily followed Madeline to England, moving to Bristol where she worked as an assistant surgeon to the Bristol Private Hospital for Women and Children and subsequently as a gynaecologist at the Walker Dunbar Hospital at Clifton and its associated out-patients dispensary. Baker was at this point the first female doctor to be appointed to the staff of a teaching hospital outside of London. In addition, Baker worked for several antenatal clinics and acted as the physician in charge of infant welfare clinics in the days when these were financed and largely run by voluntary organisations. She also opened a voluntary gynaecological clinic for working mothers. As a result of her involvement in all of these institutions Baker became very well-known in Bristol.⁸⁷

under the auspices of the Women's National Health Association of Ireland, (Dublin: Maunsell and Co. Ltd, 1908), p.5.

⁸³ 'Tuberculosis exhibition in Bray', *Irish Times*, March 27th, 1909, p.11.

⁸⁴ *Ireland's crusade against tuberculosis*, p.153.

⁸⁵ *Ireland's crusade against tuberculosis*, p.153-67.

⁸⁶ *Ireland's crusade against tuberculosis*, p.7.

⁸⁷ Obituary: Dr. Lily A. Baker, *BMJ*, July 7th, 1956, p.48.

Despite moving to England earlier, Madeline does not appear to have attained the same career success as her sister. In 1917, she was living at the same address as her sister in Clifton, Bristol, while working as a company doctor to the Welsh National Memorial Association. Five years later, she was back in London, working as a medical officer to the Church Army Dispensary for Women and Children and the Given Wilson Health Centre for Infants in Plaistow. She later moved to Bath where she worked as a medical officer at the West Dispensary until the end of her career.⁸⁸ In the previous chapter, we learnt that women doctors who emigrated to Britain had a higher chance of attaining posts within the public health sector: this was certainly the case for Madeline Baker. Like Madeline Baker, of the pre-war graduates, 25% of those in England ten years after graduation were working in public health, in contrast with 9 % of those who remained in Ireland.

In contrast, Lily Baker had a series of hospital appointments, like 43% of women doctors based in England ten years after graduation. Despite not living in Ireland but clearly as a result of her excellent reputation in Bristol, she, like Winifred Dickson before her, was elected a fellow of the Royal College of Surgeons in Ireland in 1912. Baker was the eighteenth female fellow of the Royal College of Surgeons, so at this point, female fellows were still uncommon.⁸⁹ In 1914, she became acting obstetric registrar at the Bristol Royal Infirmary while the male registrar was away on military service in the First World War. When he returned, Baker joined the medical branch of the Royal Air Force and served in France and Germany until the end of 1919. A photograph from 1919 depicts Baker in Maresquel, France at the base of the Women's Royal Air Force in her role as honorary medical officer in charge of the force.⁹⁰ One female doctor, Letitia Fairfield, in a speech referring to Baker's work during the war commented that "Her speciality then was the management of the colonels, who were hard to please...for one thing, in the RAF the colonels were not long past their twenty-first birthday, and they regarded women appointed to the force as one of the minor horrors of war".⁹¹

⁸⁸ *Medical Directory* entries for Madeline Baker.

⁸⁹ Roll of the Fellows of the College, *Calendar of the Royal College of Surgeons in Ireland, October 1923 to September 1924*, (Dublin: University Press, 1923-4), pp.83-95.

⁹⁰ Photograph of Lily Baker and Miss Chauncey in: Diana Condell and Jean Liddiard (eds.), *Working for victory? Images of women in the First World War, 1914-18*, (London: Butler & Tanner Ltd., 1987), p.53.

⁹¹ 'Complimentary dinner to Dr. Lily Baker', *BMJ*, February 12th, 1927, p.804.

Two years later, an antenatal clinic was established in the department of obstetrics at the Bristol Royal Infirmary and Baker took charge of this. Under her care, the clinic developed so rapidly that by 1926, 1,250 new cases were attending annually.⁹² In October, 1926, the board of governors of the Infirmary, with the unanimous support of the honorary medical staff, elected Baker to the newly created post of honorary assistant physician in charge of the antenatal department with the Medical Women's Federation giving a dinner in her honour to mark the occasion. The Medical Women's Federation had been founded in 1917 as a network for women doctors in Britain, but its origins lay in the earlier Association of Registered Medical Women which had been established in 1879 (with only nine members).⁹³ As we learnt earlier, Baker had been involved in the Irish branch of the association as honorary secretary prior to moving to England. At the dinner, Lady Barrett, M.D., M.S., the vice-president of the Medical Women's Federation, proposed a toast to Lily Baker, commenting that her success had been won through the value of her work and that 'the ante-natal work in a hospital staffed by men, put into the hands of a woman, was a great compliment'. Professor Winifred Cullis shared similar sentiments, stating that 'Dr. Baker's appointment was open proof of the capacity of women and the generosity of men. She was helping to break down the feeling that there were things which men could do and which women could not'.⁹⁴

Baker held this post until the end of her career, while concurrently holding the posts of medical examiner and lecturer on the obstetrics board at Bristol Royal Infirmary. According to her obituary: 'Miss Baker was a skilled and experienced gynaecological surgeon and obstetrician, and was much loved by her patients. She was noted for her kindness to young women doctors who were starting out in practice at a time when this was unusual and something of an adventure'.⁹⁵ This is

⁹² 'Ante-natal work at the Bristol Royal Infirmary', *BMJ*, November 6th, 1926, p.851.

⁹³ 'History of the Medical Women's Federation', <http://www.medicalwomensfederation.org.uk/about/history.html>, accessed 10/05/2010 at 14:38.

⁹⁴ 'Complimentary dinner to Dr Lily Baker', *BMJ*, 1927, (from file on Lily A. Baker, Kirkpatrick Archive, RCPI).

⁹⁵ Obituary: Lily A. Baker, *BMJ*, July 7th, 1956, p.48 (from file on Lily A Baker, Kirkpatrick Archive, RCPI).

somewhat reminiscent of Dickson, who was the honorary secretary to a committee set up to aid women medical students in finding accommodation upon arrival in Dublin. However, unlike Winifred Dickson, Baker never married and this clearly had an important bearing on her career. It is surely possible that had she married, she might not have achieved the same level of career success.

Baker's career and that of her sister Madeline proved to be very different. Lily Baker had a very successful hospital career while Madeline worked in the public health sector for all of her life. Both women are representative of women doctors in the cohort who migrated to England for work and the opportunities they attained in Britain were ones which may not have been open to them both had they remained in Ireland. Likewise, if either of the two sisters had married, it is questionable whether they would have achieved the same career success.

Mary McGivern (later Connolly) (UCD, 1925) and Jane D. Fulton (later O'Connor) (TCD, 1925)⁹⁶

Mary McGivern and Jane D. Fulton could be said to be typical of the post-1918 cohort of women medical graduates from Irish institutions. Approximately 79% of these women graduates were listed in the *Medical Directory* with an address but no specific post, suggesting that they were likely to have worked in general practice.

Mary McGivern was born in Banbridge in 1900, the daughter of a publican and grocer, Peter McGivern and Agnes O'Brien from Limerick. McGivern was the only daughter of five children and, like many of the other Catholic women graduates in this study, she attended a convent school, the Siena Convent in Drogheda, Co. Louth. She is the only Catholic in this chapter and is representative of the rising numbers of Catholic women students from the 1900s. Her reasons for deciding to study medicine were personal: the excitement of the prospect of being away from home for six or seven years and living in Dublin was what encouraged her to undertake medical education. Like Winifred Dickson's father, Peter McGivern was supportive of his daughter's decision to study medicine. She matriculated at UCD in

⁹⁶ Because the married surnames of these two women are so similar, I will refer to each by their maiden names in this case-study to avoid confusion.

the 1918/19 term. At this point, there were fifteen other women medical students in her class.⁹⁷ Of these women students, 12 (75%) succeeded in graduating.

Jane Fulton, who graduated the same year as McGivern, was born in Strabane, Tyrone in 1901, the second child in a large Presbyterian family of five sons and five daughters and two orphan cousins. She was the first in her family to attend university and she matriculated at Trinity College in the 1919/1920 term, a year after McGivern.⁹⁸ She was one of twenty female medical students in her year, of whom just nine succeeded in qualifying. While at university, she resided at Trinity Hall, the halls of residence for Trinity College and played hockey for the university team.

McGivern, on the other hand, resided at the Dominican hostel for female students in Dublin while attending university. With regard to her experiences at university, she later said she had enjoyed herself, noting that because the female students were in the minority within their class, they received a great deal of attention from the male students. However, because of the Civil War in Dublin and the presence of English soldiers, students' social life in the evenings was restricted and it was not so common for them to go out at night. She did not experience discrimination during her time at UCD, with the exception of one occasion where a Benedictine monk did not allow her into the dissecting room although the reason for this is unclear. She also made life-long friends during her time at university who would later visit McGivern's house and reminisce about their experiences at university.

McGivern's future husband was also a medical graduate. His name was J.J. Connolly, Ballybay in Co. Monaghan and was one or two years ahead of her in medical school at UCD. He went to her native town of Banbridge to do a locum in late 1924 and they were married after her graduation in 1925. They settled in Banbridge and her husband opened his own practice there in 1933. Mary initially gave up practice on marriage. Their first child was born in 1926 with four more following.

⁹⁷ Medical students register for 1917/18.

⁹⁸ *Medical Students Register* for 1919/20.

In contrast, following graduation, Fulton emigrated to Pontefract, Yorkshire for employment and she worked in general practice. In 1928, she married her husband who was a medical officer in the RAF at Catterick, in north Yorkshire. She had previously met him while gaining her clinical experience at Baggott Street Hospital. Her two children were born in 1930 and 1931 and, she decided to give up medical practice. Her husband bought a practice in 1933 in the Yorkshire Dales and despite her decision to give up practice because her children were still young, they 'optimistically had [her] name put on the brass plate at the gate'.⁹⁹ In Fulton's words: 'The country folk had scarcely even heard of a woman doctor. Worse, we weren't even Yorkshire, but complete foreigners – it takes at least 10 years to become a local in those parts.' Even though her children were still young, Fulton worked part-time in the practice, gaining the trust of the female patients in the area. She recounted two anecdotes of her time as a general practitioner:

I did a week's locum once in another dale even more remote than ours. My first visit there was to an old lady of 80 who greeted me with: "We did hear that our doctor was ill and he had a woman doctor doing his work, but we've got to be thankful for anyone these days". In the same practice a man aged over 70 with bronchitis asked "Are you married" "Yes" "Is your husband alive?" "Yes" "Oh well, in that case you can look at my chest."¹⁰⁰

At first, before she learnt to drive, she would walk into the town to visit patients, with her faithful mongrel dog with one leg shorter than the others, following her everywhere on these trips, and for patients who lived further away, her husband would drive her.

McGivern, despite having decided to give up practice upon marriage, helped in her husband's practice with the dispensing of medicines. According to her daughter:

Yeah, she was bringing up that family and they were all close enough in age and she was quite happy bringing up her family and there was, my father at

⁹⁹ JD O'Connor, 'Doctor in the dales', *The Yorkshire Dalesman*, December 1983, p.750-1. Courtesy of Brian O'Connor.

¹⁰⁰ O'Connor, 'Doctor in the dales', p.750-1.

that time had a dispensary, he used to be dispensing his own medicine, and certainly, she used to help with that.¹⁰¹

Like Dickson during the earlier war, McGivern returned to work when her husband joined the army. McGivern's husband joined up in 1939 and was initially posted in Hollywood, Co. Down. His wife took a refresher course in a Dublin hospital before he moved away and took over his entire practice which at the time was small in size. Initially, the majority of patients were Catholics but as the practice grew, people of other religions came to it too. At first, some patients did not want to go to a female doctor. Some patients even remarked 'I don't want to see the lady doctor, I want to see the doctor himself'. However, the practice began to grow under her care and she had to employ an assistant female doctor, Olivia Clarke. McGivern appears to have managed very well while her husband was away on war duty. Her daughter said that there was always someone in the house to look after the children, in the form of neighbours or friends. The work was difficult, however, with McGivern often being called out in the middle of the night to attend to women in labour. Her daughter stated:

And it was always difficult at night when the telephone rang and you had to say to your mother, "someone wants you out" and she'd be tired...I used to feel really sorry for her at times...and even during the night when she would answer the phone herself at night and, I'm not saying all deliveries are at night but they seem to be, a lot in late...and she, she had a good capacity of being able to get back to sleep and when they were delivering, there was always a consultant...he would come from Newry if they were in trouble, when I say in trouble, I mean if some difficulty arose with the patient. So yes. And he would come over and she got on very well with him. But it was an anxious time and you'd be thinking "oh will she ever get back to bed?"¹⁰²

In spite of such difficulties, Mary McGivern enjoyed working, with maternity being her favourite area of medicine, and she did not want to give up her career upon her husband's return. It appears also that she was able to make a good living from her

¹⁰¹ Oral history interview with Mary Mullaney.

¹⁰² Oral history interview with Mary Mullaney.

work in general practice and was able to afford to send her children to boarding school for their secondary education. Although McGivern's husband returned to the practice in 1945, he became ill and retired from practice, but Mary kept it going. Olivia Clarke had left her post and a male assistant was employed to help out in the practice. At the time, the family lived in what were two houses joined together. In one side of the house was the waiting room, dispensary and surgery and an upstairs bedroom where the assistant, if and when there was an assistant, slept. The family lived in the other house.

With regard to philanthropic work, McGivern does not appear to have taken part in associations like the earlier case studies, presumably because she was living and working in a rural town with fewer opportunities for such work. However, she clearly took a great interest in the welfare of her patients. Her patients in the late 1940s often experienced discrimination in relation to housing matters on account of the fact that they were Catholics and she would often call to council members personally and plead on behalf of her patients. In addition, McGivern served on the board of the local hospital where she campaigned for the hospital to be promoted from cottage hospital status and, along with her husband, she would carve the turkey for the Christmas dinner at the hospital each year.

War also brought Fulton back to full-time practice, upon her husband's return to the RAF in 1940. She was taught to drive by locals in the area and lorry drivers would recognise her car and give her a wide berth on the road. Working during war-time, Fulton also found that as a doctor she had other uses within the community. She wrote that she took the daily papers to the distributors in some villages, as well as medicines and sometimes groceries to outlying farms and towns. Like Baker before her, Fulton involved herself in philanthropic work, teaching first aid to St. John's Ambulance. Like McGivern, she arranged for her children to go to Catholic boarding schools which suggests that both women were earning enough from their general practice to be able to do this. After her husband's return in 1945, Fulton continued working in general practice alongside him.¹⁰³ Working as a country doctor, she encountered many difficulties. She wrote of one occasion in 1947 when the Dales experienced the worst snowfall for many years:

¹⁰³ Correspondence with Brian O'Connor.

One afternoon at the beginning of this I was called to an emergency in a village six miles away. I had to dig three times to get the car out of drifts and was rather shaken when I finally got to the house. The husband of the patient offered to drive back with me but I said: "I may not be able to get home but you certainly would not get back" so I set off alone. To my relief after a short distance I saw in the mirror the snowplough behind me. I pulled into a cutting that had been dug to allow cars to meet or pass, thinking I would have an easy run home behind the plough. But the plough itself soon got stuck in a huge snowdrift. As the men shovelled the snow out the blizzard blew it back and things looked hopeless. Then the men from the quarries began to arrive on their way home from work. They took shovels from their cars (everyone carried a shovel at that critical time) and fell to work cheerfully in spite of the adverse conditions. Eventually a track was cleared and the snowplough started. The rest of the cars followed slowly and carefully, taking the easier road back to the town. No car, no pedestrian went up that road for the next nine weeks.¹⁰⁴

Fulton retired from practice in 1964, and she and her husband moved to Killiney, Co. Dublin and later to Sligo where they lived until her death in 1986. Mary McGivern retired from general practice at the age of seventy and one of her sons, who trained in medicine at University College Galway, then took over the practice. She died in 1990.

¹⁰⁴ O'Connor, 'Doctor in the dales', p.750-1.

Conclusion

This chapter has discussed the lives of five medical women in order to give a more thorough insight into the themes and tensions discussed in previous chapters. In chapter one, we learnt about the arguments both for and against the admission of women to the medical profession in Ireland, and how Ireland seemed to have a liberal attitude towards the admission of women to its medical schools. It was in this context that Emily Winifred Dickson enrolled in the Royal College of Surgeons in Dublin. Her early career experiences indicate that she was very much welcomed into the professional medical community in Dublin, giving weight to the claims in Chapter 1, and in Chapter 3, that Irish medical schools possessed a positive attitude towards women in medical education and in the medical profession. Around the time of Dickson's entry into medical school, advocates of medical education for women were claiming that there was a distinct need for women to work in the missionary field. Emma Crooks, who graduated six years after Dickson, became a medical missionary, thus entering into a career which women doctors were encouraged to choose. Although only a small number of Irish women doctors actually worked as missionary doctors, Crooks' life and career suggest an overwhelming philanthropic desire to use her medical skills to help others, and she is representative of women doctors who worked in largely female-dominated environments, where they, like Crooks, took charge of entire hospitals in careers where they would have been given far more authority and responsibility that they might have enjoyed had they remained in Ireland.

In Chapter 2, I examined some of the factors that might have influenced a woman's decision to take up medical education and her choice of university. Evidently, all five women in this study were typical of the cohort generally as they came from well-to-do middle-class backgrounds. Their choices of university also appear to reflect their religious sensibilities: Dickson, as a Protestant, attempted to gain access to Trinity College Dublin initially, but then was admitted to the Royal College of Surgeons. Crooks, a Presbyterian, attended Queen's College Belfast. Lily Baker, a Protestant, gained her degree from Trinity College Dublin. It is unclear why her sister Madeline attended the CU and we do not know for certain what her religion was. If Madeline was a Protestant, her attendance at the CU gives validity to claims that there were a

number of Protestant women attending the medical school there. Finally, Mary McGivern, a Catholic, attended the Catholic University, while Jane D. Fulton, attended Trinity College Dublin. Economic factors proved to be important here: all the women appear to have had the financial and personal support of their families which allowed for them to attend medical school. Similarly, most of the women tended to attend their local university, where possible. Clearly in the cases of McGivern and Fulton, their closest university, Queen's College Belfast, did not match their religious persuasions so both women went to Dublin.

In Chapter 3, I examined women's experiences of medical education at Irish universities from the 1880s to 1920s. Unfortunately, I was able to find very little surviving material relating to the experiences of the five women during their time at medical school, which highlights the difficulty that exists in finding out about student experience.

In Chapter 4, I suggested that Irish women doctors did not necessarily end up in the careers that were deemed most suitable for them by advocates of women in medicine, such as in women's hospitals and as missionaries. Emigration to England was also an important part of the stories of early women doctors and this may be seen in the stories of Dickson, Baker and Fulton. In their professional careers, three of the five women worked, at least initially, in the spheres of women and children, conforming to expectations of what women doctors would do in their careers. However, in doing so, they are not typical of women doctors in the overall cohort. Evidently, the majority of women doctors, like Fulton and McGivern worked in general practice. Less common were women who worked solely in the spheres of women's health or the missionary field, like Baker and Crooks. Winifred Dickson's career is more varied: she initially started out working as a gynaecologist but later worked in a mental hospital and in general practice, returning to work at the mental hospital later in her career. Dickson, Fulton and McGivern's careers were certainly shaped by their marriages but they demonstrate the effect of the war as depicted in Chapter 5. Dickson gave up her early brilliant career upon marriage, returning to work after her husband left for army service. Similarly, Fulton and McGivern returned to work full-time, managing their husbands' practices after their husbands went to war.

Taken together, these narratives provide us with an insight into the experiences of ordinary women doctors. In a field of historical study which tends to favour stories of men, in particular men who were 'extraordinary', these case-studies demonstrate the importance of the personal narrative and show that the stories of ordinary women doctors can be just as engaging.

Conclusion

The results of the recent examination for medical degrees in London University furnish further proof to the extent to which women are entering the profession. Twenty of the forty-eight successful candidates are women, one of whom was awarded the University medal. This feminine invasion of medicine is deplored by nobody except, perhaps, the oldest of old fogeys.¹

By 1922, women doctors had firmly established themselves within the Irish medical profession. Additionally, the above article from *The Irish Times* suggests that numbers of women qualifying with medical degrees in Britain were similarly high. Indeed, one article in the student magazine *Q.C.B.* in 1911 commented that future historians writing about the history of Queen's College Belfast would write about a time when men and women students at the college were in equal numbers.² The phrase 'feminine invasion' seems to imply that women doctors had conquered the medical profession using force against opposition while those who were opposed to women working in medicine were deemed to be old-fashioned in their views. This is comparable to those modern historians on women in the higher education movement who refer to women's admission to universities as a 'struggle'. The road to this 'feminine invasion' in the Irish context had proved itself surprisingly straightforward. The Irish medical hierarchy of the KQCPI had welcomed the admission of women to take its licence examinations from 1877, and following this decision, most of the Irish universities soon followed suit, forming a contrast with how we have usually perceived the British situation.

The Irish medical profession, unlike that in Britain, demonstrated liberality of thought with regard to the issue of the admission of women to Irish medical schools, in spite of the mixed attitudes against the study of medicine in Britain and Ireland which existed at the time. The issue of admitting women to medical education was complex but yet it could be said that it was part of wider trends within the women's higher education movement in the United Kingdom. However, it is clear that the

¹ 'Women doctors', *Irish Times*, November 23rd, 1921, p.4.

² 'Five years at Queen's: a retrospect', *Q.C.B.*, **7:8**, (June 1911), p.14.

question of women's admission to study medicine was distinctive with regard to the particular arguments that were provoked against it.

These issues and the history of British women's struggle to enter the medical profession have been well documented.³ However, the role of the KQCPI in allowing women's entry to the medical profession has been seriously underplayed by historians of women in medicine, who have tended to focus on the heroic efforts of Sophia Jex-Blake and her cohort to gain admission to medical training.⁴ Likewise, there are important differences between the story of women's admission to the medical profession in Britain and women's admission to the medical profession in Ireland. I have drawn attention to the role that the KQCPI played in the admission of women medical students to take its licence examinations. Evidently, the decision of the college was based around several factors: the social context of the period, the liberal Irish medical profession and financial factors were all important. This context differs from that of Britain, where there was a greater emphasis on gendered segregation in medical education. In Ireland, there existed equal opportunities for women doctors in the medical societies, again in contrast with Britain. Women doctors such as Katharine Maguire and Emily Winifred Dickson attended and participated at meetings of the Royal Irish Academy of Medicine, suggesting that they were seen as equals in the professional sphere by the male medical hierarchy.

This thesis has provided a collective biography of the lives of ordinary women medical students and doctors, rather than focusing on the 'great women' within this cohort of Irish medical graduates. It would have been very easy to write a narrative that focused on the first women medical graduates as pioneers and failed to take the wider issues involved into account. Through the use of statistics, the thesis has provided a snapshot of the life of the average female medical graduate in the period, of her social background, experiences and career. The Biographical Index provides basic details of over 450 individual graduates to assist future research. The searchable databases on which the appendix and Chapters 2, 4 and 5 are

³ For example: Caitriona Blake, *Charge of the parasols: women's entry into the medical profession*, (London: Women's Press Ltd., 1990), Thomas Neville Bonner, *To the ends of the earth: women's search for education in medicine*, (Harvard University Press, 1992).

⁴ For example: Edythe Lutzker, *Women gain a place in medicine*, (New York: McGraw-Hill, 1969), Shirley Roberts, *Sophia Jex-Blake: a woman pioneer in nineteenth century medical reform*, (London: Routledge, 1993).

based will be deposited in an archive so that they may be accessible to researchers. Chapters 1, 3 and 6 supplement the statistical chapters of the thesis and gave an insight into the story behind women's admission to study medicine in Ireland, as well as their experiences as students and doctors.

The main primary sources used in this thesis were official documents relating to the universities such as matriculation records, minute books and calendars, professional publications such as *The Medical Students Register* and *The Medical Directory*, and contemporary material such as newspaper reports, student guides, the publications of suffrage and missionary societies, medical journal articles and student newspapers. In order to gain a more personal insight into the stories of Irish women doctors in the period, I have examined obituary material, personal letters, autobiographical accounts and memoirs, in addition to correspondence and oral history material kindly provided by the children and grandchildren of these women doctors. All of these sources combined to give a clear picture of women in medical education from the 1880s to the 1920s and in the medical profession from the 1880s to the ends of the careers of the final graduates in the cohort. However, the thesis would have been significantly strengthened by further personal material. It is unfortunate that we do not possess equivalent statistics relating to numbers of male medical students, their social and geographic backgrounds, careers and destinations. Also lacking are equivalent statistics for women medical students in other countries. Such statistics would provide a useful comparative basis for this thesis.

The women who studied medicine in the period tended to come from middle-class backgrounds and their choice of medical school hinged on which schools were open to women, their religious persuasion, financial factors and the type of qualification they wished to attain. Clearly, these factors are not distinctive to female medical students but may be related to male medical students and female students in general. However, it is possible that women medical students may have required more family support for their chosen career paths than their male counterparts, for whom a medical education would have been viewed as being more acceptable.

In the same way that an egalitarian attitude was shown towards women with regard to the admission of women to the study of medicine at the medical schools, Irish universities and teaching hospitals proved themselves to be favourably disposed towards women students with regard to medical education. Women were treated fairly and educated alongside men at Irish universities. This contrasts greatly with Britain where separation of men and women took place with regard to hospital classes and lectures. There was one particular exception in the case of Irish medical education: for anatomy dissections, women were separated from the men students through the construction of separate dissecting rooms. It seems that the problem Irish universities had was with women dissecting the male corpse, and in particular, dissecting the male corpse in the company of men.

Nevertheless, in spite of the almost complete integration of women, it is clear that in the context of Irish universities, women medical students came to occupy a world which was very much separate from the men. In common with their British and American sisters, who experienced a sense of separatism, Irish women medical students had a separate identity of their own.⁵ At the same time, lady medicals reconciled this level of distinction between themselves and the men students through their self-identification as a cohort. Thus, women medical students provided a network of support for each other through their years of medical study and, friendships formed in university often lasted through their professional careers, with Dublin women doctors in the early twentieth century meeting under the auspices of the Irish Association of Registered Medical Women.

Chapter 4 examined what happened to women medical students after graduation. Contrary to the career paths that were expected of them, as outlined in the first chapter, such as missionary work and work in women's hospitals, this chapter revealed that Irish women graduates tended to work primarily in general practice, hospital appointments in general hospitals and within the field of public health. Women graduates were more likely to work in hospitals and the public health sector if they emigrated to Britain for work; however, this is likely to have been because there simply did not exist the same quantity of job opportunities for women doctors

⁵ See, for example: Virginia G. Drachman, 'The limits of progress: the professional lives of women doctors, 1881-1926', *Bulletin of the history of medicine*, **60**, (1986), pp.58-72.

in Ireland. Because of this, women doctors in Ireland chose to go into general practice. Thus, the majority of women graduates who remained in Ireland, particularly the post-1918 graduates, appear to have worked in general practice. However, the fact that these women were able to maintain careers in this field indicates that the 'lady doctor' had become an accepted part of Irish society.

It has often been claimed that the War opened up new opportunities to women in the workplace. Indeed, the War appears to have resulted in increased opportunities for women doctors in Ireland but these were short-term gains and after the War, there was a shortage of posts available for the huge numbers of women graduating in medicine from Irish institutions after 1918 and the medical marketplace became saturated. As a result, women in the post-1918 cohort were more likely to go into general practice than their predecessors; however, this may also have been a result of increased acceptance of the lady doctor as general practitioner.

The final chapter of this thesis has demonstrated the importance of the personal story within the social history of medicine, something which is often lost through an over-reliance on statistics. Through examining the lives of Emily Winifred Dickson, Emma Crooks, the Baker sisters and Jane D. Fulton and Mary McGivern, I have illuminated the different career choices discussed in Chapter 4 that were open to women doctors and shown how these Irish women navigated these in their own lives.

Potential for future research

This thesis has been limited to the experiences of women doctors matriculating from the 1880s to the 1920s so there is certainly scope for future research into the history of women in medicine in Ireland after this period. With the establishment of the Irish Free State in 1922 and a more conservative society in Ireland which emphasised the importance of the woman's role in the home, we must question how this might have affected numbers of women entering into medical schools and into university courses generally and how later generations of women doctors juggled family life and a career through changing social and economic climates. It is likely that some themes outlined in this thesis also have relevance for the next

generation of women graduates. Emigration was certainly one, with Joyce Delaney (TCD, 1949) commenting:

...it was every doctor's ambition to become a medical 'all-rounder' and for this it was necessary to get as much experience as possible. We were, like the eggs, for export to England. America, as a place of employment didn't enter most of our minds. It was associated with 'wild colonial boys' and tin trunks. Middle-class Dublin in that era rather looked down its nose at any suggestion of an American accent.⁶

Similarly, Sheena Scanlon (RCSI, 1949) emigrated to Manchester after graduation where she said she experienced discrimination as a woman doctor.⁷ Certainly, the experiences of doctors, both male and female, who emigrated from Ireland to Britain in the twentieth century is a topic which could be further researched.

Likewise, there is scope for work on the roles of women doctors outside the medical profession, in particular, in philanthropic work and the suffrage movement. Some women doctors, such as Eliza Gould Bell, (QCB, 1893), were ardent supporters of extending the franchise to women. Bell herself was close friends with the Pankhursts and Lady Betty Balfour.⁸ Others, such as Mary Strangman, took a more direct role in the Irish suffrage movement. In February, 1912, she was part of a deputation of five Irish women who waited on Mr. Birrell, then Chief Secretary for Ireland. At the meeting with Mr. Birrell, Dr. Strangman asked for the Parliamentary franchise for women. In her view, women had already proven their suitability to take part in the legislation of the country through their work on district councils and voluntary work in charitable associations. She felt that 'to make a good nation, they must have good women, and they could not have good women while they were in subjection'.⁹ She was also one of six delegates at a "historic mass meeting" of Irish suffragettes on the 1st of June, 1912, to demonstrate their determination to secure

⁶ Joyce Delaney, *No starch in my coat: an Irish doctor's progress*, (London: Cox & Wyman Ltd., 1971), p.22.

⁷ Oral history interview with Dr. Sheena Scanlon, August 2009.

⁸ Obituary: Elizabeth Gould Bell, *BMJ*, July 21st, 1934, p.146.

⁹ 'Deputation to Mr. Birrell', *Votes for Women*, **5:207**, February 23rd, 1912, p.320.

the vote.¹⁰ Additionally, she also spoke at a meeting of the Irish Suffrage Federation in October of the same year.¹¹ Lucy Smith (QCC, 1898) was the Honorary Secretary of the Munster Branch of the Irish Association of Women Graduates and Candidate Graduates.¹² There is much scope for research into the involvement of women doctors within these female communities.

One obvious area which could also be examined is the history of medical students and medical education more generally in Ireland. We still do not possess statistics relating to the backgrounds and careers of male medical graduates in Ireland in the nineteenth and twentieth centuries. Although this thesis has focused on women's experience of medical education and the medical profession in Ireland, there is much scope for further investigation of the experiences of medical students more generally.

This thesis puts forward the view that there existed favourable attitudes towards the admission of women to the medical profession within the context of an Irish society which appears to have possessed forward-thinking attitudes towards the education of women. The KQCPI, in particular, was important in the qualification of British women doctors in 1870s and 1880s.

Into the early twentieth century, it is evident that there existed equal opportunities for women students in their medical education in Ireland and, unlike in Britain, women were educated alongside men students in all classes, with the exception of anatomy dissections. At the same time, women students retained their own sense of separate identity socially through their living and social arrangements, while their portrayal in the student magazines suggests that women medical students were a separate entity which acted as a civilising force for the men students but which was also the subject of light-hearted mockery which reveals this deep-rooted 'separateness'.

¹⁰ 'Irishwomen meet', *Irish Weekly Times*, Jun 8th, 1912. p. 12-13.

¹¹ 'Coming events', *Irish Times*, October 25th, 1912, p.5.

¹² 'Irish Association of Women Graduates and Candidate Graduates', *Irish Times*, November 23rd, 1910, p.9.

We now know more not only about Irish women in medicine but about the experiences of medical students and doctors of both sexes. Fundamentally, the thesis shows that the study of students' experience of Irish medical education gives deeper insights into the history of the Irish medical profession, which, rather than being stuffy and conservative as one might have previously assumed, showed itself to be forward-thinking and liberal. The egalitarian nature of Irish medical education led to women's incorporation into the Irish medical profession. Notably, Emily Winifred Dickson, (RCSI, 1891), a pioneer Irish woman doctor, appears to have experienced support from the Irish medical profession. Likewise, women doctors were readily accepted into learned societies such as the Royal Academy of Medicine from the 1880s.

The fact that the majority of Irish women graduates worked in general practice is likely to have had more to do with a lack of appointments in hospitals and public health in Ireland than with any discrimination against women doctors. The large numbers of women who appear to have remained working in general practice for their entire careers suggests that women doctors found a niche in this area of work, rather than in the areas that were expected of them in the nineteenth century, such as women and children's health and the missionary field. This may also have been down to personal preference as general practice would have allowed women doctors a means of balancing work and family life. Likewise, the large numbers of women who were traceable in the *Medical Directory* after graduation suggests that women medical graduates succeeded in having careers and the large numbers successfully working in general practice suggests an Irish society that was, particularly by the post-war period, receptive to the lady doctor.

This thesis has shown that medical women, with regard to their admission to medical school, experiences and careers, were treated fairly by the Irish medical hierarchy. It is important because it encourages us as historians to think about Ireland as having a distinctive history of medical education and indeed, history of medicine from that of Britain. It challenges us to reconsider the way that we think about the history of women in higher education and in the professions in Ireland and indeed the history of medical education in Ireland.

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Biographical Index

This Biographical Index is based on the two databases I compiled as part of my thesis work. The first database, of women medical students matriculating at Irish institutions from 1885-1922, is based on matriculation registers of QCB, QCG and QCC, in addition to the Medical Students Register (for students from the other colleges), the 1911 census and the NUI matriculation registers, for students of the Queen's Colleges who did not give adequate information in the university registers. This database contains details of the students' name, age/date of birth, year of matriculation, religion, birthplace, father's name, father's occupation, religion and whether the student succeeded in qualifying. The second database concerns the women who successfully graduated. It is based on *The Medical Directory* and contains information regarding the qualifications attained by graduates, the length of time taken to achieve their qualification, and their post and location 5, 10, 15, 25 and 35 years after graduation. The database also contains additional biographical details which have been gleaned from obituary material or the Kirkpatrick Archive concerning the women's publications, additional career information, husbands, and death dates if known. The Biographical Index compiles this information for each graduate who are listed by their maiden name.

Issues with birth/death dates

In some cases, graduates' birth/date dates were unknown, so "fl." has been given to signify their earliest and last known dates of activity, which are usually their date of matriculation and year of last known entry in the *Medical Directory*. In some cases, graduates' birth dates are listed as "c.[year]". This is because only their age was listed in the matriculation records or the 1911 census rather than date of birth so their year of birth has been worked out through subtracting their age from the year of matriculation (if age was gleaned from the registers) or from 1911 (if age was gleaned from the Census). For graduates whose death dates were unknown, I have given the year of their last entry in the *Medical Directory*.

Abbreviations for post titles

Anaesth: Anaesthetist
Asst: Assistant
Certif: Certified
Clin: Clinical
Dermat: Dermatologist
GP: General Practitioner
Gynaec: Gynaecologist
Ho: House
Hon: Honorary
Jun: Junior
LCC: London County Council
Med: Medical
MO: Medical Officer
MOH: Medical Officer of Health
Opth: Ophthalmic
Phys: Physician
Res: Resident
Sch MO: Schools Medical Officer
Sen: Senior
Supt: Superintendent
Surg: Surgeon
Vis: Visiting

ADAMS, Martha, (?-1936), from Armagh; father Andrew Adams, country gentleman. Religion unknown. Matriculated QCB 1906/7; qualified M.B. B.Ch B.A.O. (Glas.) 1901; Diploma in Public Health, Dublin, 1908. Worked as Sch MO in Blackpool from c.1906-26.

ADDERLEY, Clara (fl.1909-30), background unknown. Matriculated TCD 1909/10; qualified M.B. B.Ch B.A.O. 1915. Worked in India with Dublin University Mission after graduation. Not listed from 1930.

ADDERLEY, Esther (?-29/5/1948), background unknown. Matriculated TCD 1909/10; qualified M.B. B.Ch B.A.O. 1916. Worked in India with Dublin University Mission. Not listed from 1931.

ALEXANDER, Marion Cameron (1898-post 1955), from Belfast, father James Alexander, solicitor. Religion Presbyterian. Matriculated at QCB summer 1915; qualified M.B. B.Ch B.A.O. 1920; Diploma in Psychiatry (Edin) 1928. Worked as MO at Argyll and Bute Asylum, Scotland in 1925, then in 1935 was MO at West Riding Asylum, Somerset. Listed in 1945 as district MO and public vaccinator in Milverton and factory doctor in 1955.

ALLEN, Anna Margaret Emily (c.1903-post 1927), from Fermanagh, father Robert Allen, barrister. Religion: Church of Ireland. Matriculated RCSI 1918/19; qualified LRCPI &LM, LRCSI &LM 1925; Diploma in Public Health, Dublin 1927. Married Edward Durand, Asst. Secretary of Commerce, Washington DC. No career details known.

ALLMAN, Dora Elizabeth (c.1871-1955), from Bandon, Cork, father Samuel Allman, schools inspector. Religion Church of Ireland. Matriculated at QCC 1890/91; qualified M.B. B.Ch B.A.O. in 1898. Worked as MO at Armagh Asylum until at least 1933.

ANDERSON, Dorothy Margaret (1899-post 1936), from Cookstown, Tyrone, father James Dickson Anderson, merchant. Religion Presbyterian. Matriculated at QCB 1916/17; qualified M.B. B.Ch B.A.O. 1921; DPh 1923; M.D. 1925. Living in Peacehaven, Sussex in 1926; from 1936 Casa Figallo, Via Dante, Rapallo, Italy, (both address no post); then not listed. Published on 'Scrons meningitis - repeated lumbar puncture recovery', *British Medical Journal*, 1926.

ANDERSON, Helen (?-15/6/1937), from Galway, father Alexander Anderson, President of Queen's College Galway. Religion Presbyterian. Matriculated at QCG 1919/20; qualified M.B. B.Ch B.A.O. 1925. Married Francis Lydon, doctor. Practised in London until death.

ANDREWS, Marion Braidfoot (c.1873-post 1936), from Belfast, father unknown. Religion Church of Ireland. Matriculated at QCB 1896/7; qualified M.B. B.Ch B.A.O. 1901; M.D. 1910; DPh 1914. Working as Gynaec Surg at Ulster Hospital for Women and Children in 1906-11, in 1916 was Hon Commander QUB Women VAD Red Cross and Certif Surg Wellington Park Home. By 1926 Sch MO and Asst MOH Worcester, listed as retired in 1936. Published on 'The class method of treating tuberculosis', 'nephrectomy and ovariat. During different pregnancies of the same patient', *Journal of Obstetrics and Gynaecology*, 1909.

ARMOUR, Bessie McCammon, (c.1901-post 1959), from Antrim, father William Armour, farmer. Religion Presbyterian. Matriculated at QCB 1919/20; qualified M.B. B.Ch B.A.O. 1924. Lived in Suffolk for entire career, from 1934-49, presumed GP. Listed as retired in 1959

ARMSTRONG, Henrietta, (c.1895-post 1941), from Tipperary, father Simon Carter Armstrong, Church of Ireland clerk in holy orders. Matriculated TCD 1920/21; qualified M.B. B.Ch B.A.O. 1926. In 1936 based in Fukien, China with Dublin University Mission. In 1941, address given in Tempo, Fermanagh, then not subsequently listed.

ARMSTRONG, Margaret Mary (29/9/1898-post 1929), from Tubercurry, Sligo, father Luke Armstrong, merchant. Religion Catholic. Matriculated at QCG 1918/19; qualified M.B. B.Ch B.A.O. in 1924. Address in Tubercurry, Sligo given in 1929, then not subsequently listed.

ATKINSON, Sybil, (?-26/07/1939), from Tyrrelspass, Westmeath, background unknown. Married to Hector Atkinson, Captain. Matriculated at RCSI 1920/21; qualified LRCPI & LM, LRCSI & LM 1926. Address in Dublin given in 1931, then Westmeath in 1936, then not listed.

AUGHNEY, Honoria, (13/9/1900-post 1959), from Tullow, Carlow, father Patrick Aughney, farmer. Religion Catholic. Matriculated at UCD 1919/20; qualified M.B. B.Ch B.A.O. 1924; DPH 1933; TDD (Wales) 1935. 1929-34 listed in Carlow, 1939: working in public health offices, Kildare; 1949-59: Chief MOH Wexford. Published on 'Production and distribution of milk in Wexford', *Irish Journal of Medical Science*, 1956, 'Some aspects of fluoridation', *Ibid* 1957.

AUSTIN, Barbara Joyce, (c.1900-post 1930), from Antrim, father unknown. Religion Church of Ireland. Matriculated at RCSI 1919/20; qualified LRCPI & LM, LRCSI & LM 1925. Working as GP in Altringham in 1930, then not listed.

BAILE, ENID, (?-03/07/1932), from Kilkenny, adoptive father JJ McQuade. Religion unknown. Matriculated at RCSI 1918/19; qualified LRCPI & LM, LRCSI & LM 1922; DPH (Liverpool) 1932. Working as Res MO Clapham Maternity Hospital in 1927; Asst MO Maternal and Child Welfare Burnley in 1932, then not listed.

BAKER, Alfreda Helen, (1893-post 1956), from Belfast, father Alfred Baker, art master. Religion Church of England. Matriculated at QCB summer 1915; qualified M.B. B.Ch B.A.O. 1921. Worked as Ho Surg Royal Victoria Hospital Belfast 1926; Res Surg Hounslow Hospital, England in 1931; Consultant Surg Hounslow Hospital in 1936; Surg at Elizabeth Garrett Anderson Hospital from 1946-at least 1956. Published on 'Grannlosal-cell tumours of the ovary', *Proceedings of the Royal Society of Medicine* 1932, 'Series of cases of duct papilloma of the breast', *British Medical Journal* 1934, 'Diffuse intraduct carcinoma of breast', *British Journal of Surgery*, 1935.

BAKER, Lily Anita, (c.1879-1956), born in South Africa, father unknown. Religion Church of Ireland. Matriculated at RCSI 1898/99; qualified M.B. B.Ch B.A.O. from Trinity College Dublin in 1906; FRSCI 1912. Worked in Dublin initially after graduation in practice with sister Madeline, then moved to Bristol in 1911, working at Bristol Royal Infirmary until at least 1941.

BAKER, Madeline, (fl.1900-1942), born in South Africa, father unknown. Religion Church of Ireland. Matriculated at Catholic University 1900/01; graduated M.B. B.Ch B.A.O. 1907. Worked in Dublin initially in practice with sister Lily, then moved to England in 1910. In 1917, was working as a company doctor to the Welsh National Memorial Association. In 1922, in London, working as a MO to the Church Army Dispensary for Women and Children and the Given Wilson Health Centre for Infants in Plaistow. Later moved to Bath where she worked as MO at the West Dispensary, Bath, until at least 1942.

BALDWIN, Monica Mary, (5/12/1900-post 1960), from Macroom, Cork, father Samuel Baldwin, merchant. Religion unknown. Matriculated at UCD in 1921/22; graduated M.B. B.Ch B.A.O. in 1925. Listed in Macroom 1930-35, then moved to England. Working as Asst MO Durham County Mental Hospital in 1940 and Asst Psychiatrist at Winterton Hospital from 1950-60.

BALL, Kathleen Mary, (fl.1921-60), background unknown. Matriculated at TCD 1921/22; graduated M.B. B.Ch B.A.O. in 1925. By 1940 working as Asst MOH in Shrewsbury, England. 1950-60 working as Asst MOH Salop County Council.

BALL-DODD, Henrietta Clery, (c.1894-post 1947), from Cork, father Henry C. Ball, shopkeeper. Religion Catholic. Matriculated RCSI 1917/18; graduated LRCPI & LM, LRCSI & LM in 1922. Married Edward Ball-Dodd, doctor, year unknown. Worked as MO for Assurance company, York until at least 1947.

BAMBER, Maggie (later listed Mrs. McCall), (c.1901-post 1960), from Antrim, father John Bamber, horse dealer. Religion Presbyterian. Matriculated at QCB in 1918/19, graduated M.B. B.Ch B.A.O. in 1925. Listed in Ballymena 1930-35, then Staffordshire, England 1940-60, no post given until 1960 when Sch MO.

BARRY, Catherine Mary (later Barry-McKenna), (04/07/1898-post 1959), from Kilkenny, father John Barry, vet. Religion Catholic. Matriculated at UCD 1917/18; graduated M.B. B.Ch B.A.O. in 1924. Working in Kenya in 1939, then London 1949 (address but no post) and Essex 1959 (address but no post).

BEAMISH, Henrietta O'Donoghue Martin, (1880-post 1932), from Clonakilty, Cork, father George Beamish, Church of Ireland Clergyman. Religion Church of Ireland. Matriculated at QCC 1900/01; graduated LRCPI &LM, LRCSI &LM in 1907. Listed address but no post in Clonakilty from 1912-32.

BEATTIE, Mary Frances Robina, (c.1898-post 1958), birthplace unknown, father Presbyterian clergyman. Religion Presybyterian. Matriculated at QCB summer 1916; graduated M.B. B.CH B.A.O. in 1923. Worked as GP (Beattie & Beattie) in St. Leonards-on-sea, England from 1928 until at least 1958.

BEATTY, Lizzie, (?-1924), birthplace unknown, father Presbyterian minister. Religion Presbyterian. Matriculated at QCB in 1894/95; graduated LRCP LRCS Edin, LFPS Glas in 1899. Worked as GP initially at 18 Upper Merrion Street (1904), then became medical missionary in China with Irish Presbyterian Society from 1906-17, then retired to California due to ill-health.

BEATTY, Myra Kathleen, (1901-post 1934), birthplace unknown, father Presbyterian minister. Religion Presbyterian. Matriculated at QCB in 1919/20; graduated M.B. B.CH B.A.O. in 1924; MD in 1927; BSC in 1928. Working in 1934 as Musgrave Research Stud in Biochem and Demonstrator Physiology QUB, then not listed. Published on 'Muscle enzymes', JI Physiology 1926.

BEIRNE, Elizabeth "Betty" (b.1894-d.1979), born in Montmellick, father Patrick Beirne, member of the Royal Irish Constabulary. Matriculation date unknown; graduated M.B. B.CH B.A.O. in 1919. Worked in India. Information courtesy of great-niece, Anne Beirne.

BELL, Eliza Gould, (?-09/07/1934), from Belfast, father Hugh Bell, (occupation unknown). Religion unknown. Matriculated at QCB in 1888/89; graduated M.B. B.CH B.A.O. in 1893. Married Hugh Fisher, doctor. Worked as GP in Belfast until at least 1928.

BELL, Frances Elizabeth (fl.1917-56), father farmer (father's name and birthplace unknown). Religion unknown. Matriculated QCB summer 1917; qualified MB BCh BAO 1921; DPH 1922. Worked as MO, Lisburn in 1926-36; later Anaesth Armagh Co Infirmary, 1946-at least 1956. Published on 'Hypersensitiveness to quinine', BMJ 1923.

BELL, Margaret Smith, (?-08/1906), from Belfast, father Joseph Bell, union clerk. Religion unknown. Matriculated at QCB 1889/90; graduated LRCPI &LM, LRCSI &LM in 1894. Worked in Manchester as GP and Asst at "The Grove", Fallowfield until death. Married Douglas Boyd, doctor.

BERGIN, Margaret, (29/1/1899-post 1959), from Brosna, King's County. Father John Bergin, farmer. Religion unknown. Matriculated at UCD in 1918/19; graduated M.B. B.CH B.A.O. in 1924; DPH in 1927. Worked as Asst MOH Boro Southwark from 1934-49, in 1959 was working as Asst MOH L.C.C.

BINGHAM, Norah Eileen, (1902-post 1950), birthplace unknown, father solicitor's clerk. Religion Church of Ireland. Matriculated at QCB 1919/20; graduated M.B. B.CH B.A.O. in 1925. Listed at "Ardneagh", Ardenlee Avenue, Ravenhill Rd until 1950, presumably GP.

BLACKLAY, Helen, (1895-post 1958), birthplace unknown, father seedsman. Religion Presbyterian. Matriculated at QCB summer 1917; graduated M.B. B.CH (Edin) in 1923. Listed in Derry 1928-33, then MO Durham CC from 1938-48. Living in Scotland in 1958.

BLUMBERG, Sarah, (1902-post 1937), background unknown, father draper. Religion Jewish. Matriculated at QCB in 1920/21; graduated M.B. B.CH B.A.O. in 1927. Address in Down 1932-7 then not listed.

BODDIE, Flora Mabel, (1903-post 1962), birthplace unknown, father civil engineer. Religion Church of Ireland. Matriculated at QCB 1921/22; graduated M.B. B.CH B.A.O. in 1927. Address but no post in Bushmills, Antrim, 1932-37, then listed MO Bushmills Dispensary District from 1942, listed address but no post in Bushmills again from 1952-62.

BOLAND, Mary, (fl.1915-56), background unknown. Matriculated at RCSI summer 1915; graduated LRCPI &LM, LRCSI &LM in 1921. Address in Blackrock, Dublin until 1936 when in London where listed address but no post until 1946. In 1956, address in Sussex given.

BOLAND, Winnifred W., (1896-post 1956), birthplace unknown, father merchant. Religion unknown. Matriculated at QCB in 1913/14; graduated M.B. B.CH B.A.O. in 1921. Address in Newry 1926-31, then Bootle, Liverpool from 1936-1956.

BOUCHIER-HAYES, Margery, (?-15/04/1931), from Rathkeale, father Stephen Bouchier-Hayes, doctor. Religion unknown. Matriculated at TCD in 1916/17; graduated M.B. B.CH B.A.O. in 1922. Address in London from 1927-32, then not listed.

BOYD, Catharine Laura, (fl.1896-1938), birthplace unknown, father merchant. Religion unknown. Matriculated at QCB in 1896/97; graduated M.B. B.CH B.A.O. in 1903. Ho Surg. Children's Hospital Dublin initially then moved to England by 1913, working as Sch MO Yorkshire Education Committee. By 1918, working as Sch MO Enfield Education Committee, then 1928-at least 1938 was Clin Asst at West Royal Ophth Hospital and at St Marys Hospital London.

BOYD, Eileen Agnes, (c.1889-post 1958), from Dublin, father Samuel Parker Boyd, wholesale druggist. Religion Presbyterian. Matriculated at TCD in 1918/19; graduated M.B. B.CH B.A.O. in 1923. Listed at address in London 1928-33, then from 1938-48 was Asst Pathologist Seamen's Hospital, Greenwich. Retired by 1958. Published on 'Investigation of sweat in rheumatic subjects', *Irish Journal of Medical Science* 1934; 'Urea nitrogen content of blood before and after spinal anaesth.', *British Journal of Anaesthesia*, 1936.

BRADY, Ita Dympna, (27/03/1895-post 1958), from Meath, father Phillip Brady, farmer. Religion Catholic. Matriculated at UCD in 1917/18; graduated M.B. B.CH B.A.O. in 1923; DPH in 1926. Listed address in Kildare 1928 and Dublin 1933-38, then Asst MOH Co Dublin 1948-58.

BRANGAN, Eileen, (c.1901-post 1934), from Meath, father John Brangan, physician and surgeon. Religion Catholic. Matriculated at TCD in 1918/19, graduated M.B. B.CH B.A.O. in 1924. Address but no post in Kells, Meath from 1929-34, then not listed.

BRENNAN, Jane Anne (later Coghlan), (09/12/1897-post 1958), from Mayo, father William Brennan, farmer. Religion unknown. Matriculated at QCG in 1917/18; graduated LRCPI &LM, LRCSI &LM in 1923. Dispensary MO and MOH Foxford from 1933-at least 1958.

BRERETON, Annie Genevieve, (01/01/1900-post 1928), from Dublin, father Michael Brereton, grocer and publican. Religion Catholic. Matriculated at UCD in 1918/19; graduated M.B. B.CH B.A.O. in 1923. Listed in Fitzwilliam St, Dublin in 1928, then not listed.

BRIDGFORD, May Ethel, (?-1917), background unknown. Matriculated at RCSI in 1895/96; graduated LRCPI &LM, LRCSI &LM in 1901. Working at London medical mission, Lambeth St, London in 1911, then listed Australia in 1916 then not listed.

BRITAIN, Mabel Elizabeth, (fl.1919-61), background unknown. Matriculated at TCD in 1919/20; graduated M.B. B.CH B.A.O. in 1926. Listed address but no post in Dublin 1931-61.

BRODERICK, Henrietta, (fl.1920-60), background unknown. Matriculated RCSI 1920/21; graduated LRCPI & LM, LRCSI & LM in 1925. Working as MO Grosvenor Sanatorium Ashford, England 1940, and Asst Chest Phys Dartford Area in 1950-60.

BRODERICK, (later Magner), Mary Florence, (05/08/1898-post 1957), from Roscommon, father Francis Broderick, teacher. Religion unknown. Matriculated at UCD in 1916/17, graduated M.B. B.CH B.A.O. in 1922. Address but no post in Sligo in 1927, then address but no post in London 1932-57.

BROWN, Ann Jane, (fl.1917-36), birthplace unknown, father clerk. Religion unknown. Matriculated at QCB summer 1917; graduated LRCP LRCS Edin and LRFPS Glas in 1926. Address in Cregagh Rd, Belfast given 1931-36 then not listed.

BROWNE, Julia Marcella, (c.1895-post 1932), from Ballyhooley, father Patrick Brown, Sergeant RIC. Religion Catholic. Matriculated at QCC in 1912/13; graduated M.B. B.CH B.A.O. in 1917; DPH (RCSI) in 1920. Worked as MOH Stepney Boro, England from c.1922-32, after which not listed.

BUDD, Elizabeth, (c.1885-1962), from Maryborough Town, father William Budd, general secretary of the Methodist Mission House. Religion Methodist. Matriculated at RCSI 1911/12; graduated LRCPI &LM, LRCSI &LM in 1916. In 1921, listed as late Demonstrator Anatomy RCSI and Recruit. Med. Controller Queen Mary's AAC Irel.. From 1926-51, address at Dartmouth Square Dublin given.

BURKE, (later Hughes), Cecilia Elizabeth Gertrude, (20/11/1895-post 1956), from Tubbercurry, Sligo, father Patrick Burke, merchant. Religion unknown. Matriculated at UCD in 1916/17, graduated M.B. B.CH B.A.O. in 1921. Listed in Tubbercurry, Sligo, address but no post in 1926, then not listed again until 1946 and 1956 in Cork, presumably GP.

BURNS, Elsie Anna, (c.1895-post 1955), birthplace and father unknown. Religion Methodist. Matriculated at TCD in 1915/16; graduated M.B. B.CH B.A.O. in 1920. In 1925 working as Asst. Res. Med. Off. City Hospital Fazakerly Annexe, Ho Surg Liverpool Stanley Hospital, then Asst Res MO City Hospital in 1930. 1935-45 MO City Hospital, Fazakerley, Vis. Phys City Hospital East and South. In 1955, listed as Dep Med Supt City Hospital Fazakerley.

BURT, Alida Charlotte, (fl.1917-26), background unknown. Matriculated at TCD in 1917/18; graduated M.B. B.CH B.A.O. in 1921; DPH (England) in 1923. In 1926 listed as Late Ho Surg Queens Hospital for Children, Hackney, London, after which not listed.

BYRNE, Kathleen Rose, (fl.1918-47), background unknown. Matriculated at TCD in 1918/19; graduated M.B. B.CH B.A.O. in 1932. Listed at North Circular Road, Dublin from 1937-47, after which not listed.

BYRNE, Lucretia Helena Hastings, (fl.1915-56), background unknown. Matriculated at RCSI in 1915/16; graduated LRCPI &LM, LRCSI &LM in 1921. Working as Medical missionary, Med Supt Church of England Zenana Missionary Society Hospital Dongkau, China from 1931-at least 1946. In 1956 listed at address in London. Published on 'Case of puerperal teatnus', *China Medical Journal*, 1927.

CALWELL, Isobel, (1904-post 1962), from Belfast, father William Calwell, doctor. Religion Presbyterian. Matriculated at QCB in 1921/22; graduated M.B. B.CH B.A.O. in 1927. Addresses in Belfast from 1932-62.

CALWELL, Sarah Elizabeth, (c.1886-post 1927), from Antrim, father Robert Calwell, builder. Religion Presybterian. Matriculated at QCB in 1904/05; graduated M.B. B.CH B.A.O. in 1912. Address in Duncairn Gardens, Belfast from 1917-1927 after which not listed.

CANDON, Attracta, (06/09/1897-post 1926), from Roscommon, father Bartholemew Candon, egg and butter exporter. Religion Catholic. Matriculated at QCG in 1915/16; graduated M.B. B.CH B.A.O. in 1921. Address in Ballaghadereen, Roscommon in 1926, then not listed.

CAREY, Catherine, (fl.1920-60), background unknown. Matriculated at UCD in 1920/21; graduated M.B. B.CH B.A.O. in 1925. Working as Asst MO Farnham Hospital Finglas in 1930-35, then Cork, address but no post 1940-50. Listed as Sen MO Cork Mental Hospital in 1960.

CHANCE, Alice Bury, (later Carleton), (c.1892-1979), from Dublin, father Arthur Chance, surgeon. Religion Catholic. Matriculated at UCD in 1912/13; graduated M.B. B.CH B.A.O. in 1917. Working as anatomy demonstrator, University of Oxford in 1922-32. In 1942, not listed. Working at Phys Dermat Dept Radcliffe Infirmary Oxford in 1952. Published on 'Skin disease', *British Journal of Dermatology*, 1943.

CARLISLE, Charlotte Christiana, (c.1895-post 1960), from Down, father Hugh Carlisle, vet. Religion Presbyterian. Matriculated at QCB in summer 1917; graduated M.B. B.CH B.A.O. in 1925. Worked at Mission Hospital, Mandagadde, Shimoga, Mysore, India 1930-at least 35. Listed as Med Supt Bridgman Memorial Hospital Johannesburg in 1940 and 1950; then address in Down in 1960.

CARROLL, Eileen Clare, (c.1900-post 1957), from Dublin, father John Augustine Carroll, first-class clerk at estate duty office. Religion Catholic. Matriculated at UCD in 1917/18; graduated M.B. B.CH B.A.O. in 1922. Address in Dublin in 1927-47, then in 1957 listed as Asst MO Mental Hospital Monaghan.

CARROLL, Hanora, (later Sheehan), (c.1899-post 1939), from Limerick, father James Carroll, farmer. Religion Catholic. Matriculated at QCC in 1918/19; graduated M.B. B.CH B.A.O. in 1924. In 1934-9 was working as MO Infant Welfare Centre, Kent Road, London, after which not listed.

CARROLL, Mary Kate, (c.1886-1967), from Donoughmore, Cork, father John Carroll, occupation unknown. Religion Catholic. Matriculated at QCC in 1907/08; graduated M.B. B.CH B.A.O. in 1915. Address in Cork given in 1920, then address but no post in Walkden, near Manchester, from 1925-50. Listed as MOH Worsley in 1950.

CARROLL, Norah Angela, (20/04/1902-post 1960), from Clontarf, father John A Carroll, civil servant. Religion unknown. Matriculated at UCD in 1919/20; graduated M.B. B.CH B.A.O. in 1925. Listed at Drumcondra Rd, Dublin from 1930-40, then in 1950 and 1960 listed as Asst MO Farnham House Finglas.

CARSON, Henrietta, (fl.1921-36), from Waterford, background unknown. Matriculated at RCSI in 1921/22; graduated LRCPI &LM, LRCSI &LM in 1926. Listed at address in Devon in 1936 then not listed again. Husband Alistair McKendrick, details unknown.

CATHCART, Kathleen Margaret, (c.1901-post 1960), from Belfast, father Thomas Cathcart, physician and surgeon. Religion Presybterian. Matriculated at QCB in 1919/20; graduated M.B. B.CH B.A.O. in 1925. Listed at Newtownards Rd, Belfast in 1930 and 1935, then listed as MO, Maternal and Child Welfare, Belfast Corporation in 1940, 1950 and 1960.

CHAMBERS, Catherine Wilson, (c.1895-post 1957), born in Scotland, father John Chambers, engineer. Religion Presbyterian. Matriculated at QCB in 1918/19; graduated M.B. B.CH B.A.O. in 1922. Listed in Belfast for entire career, then Lancashire, England 'retired' in 1957.

CHAMBERS, Gladys Eileen, (c.1896-post 1933), from Leitrim, father Joseph Chambers, Sen inspector of national schools. Religion Church of Ireland. Matriculated at QCB in summer 1913; graduated M.B. B.CH B.A.O. in 1918. Working as Asst Sch MO Education Committee Liverpool in 1923-33. Not listed afterwards.

CHAMBERS, Winifred, (c.1899-post 1932), birthplace unknown, father vet. Religion unknown. Matriculated at QCB summer 1917; graduated M.B. B.Ch B.A.O. 1922. Address at Newry Street, Banbridge in 1927 and 1932, after which not listed.

CHAPMAN, Marjorie, (c.1889-post 1947), from Donegal, father Robert Chapman, chemist and optician. Matriculated at TCD 1907/8; graduated M.B. B.Ch B.A.O. 1912. Listed at address Diamond, Donegal in 1917-at least 1947, presumed GP.

CLARKE, Ina Marion, (c.1885-post 1944), from Dublin, father unknown. Religion Church of Ireland. Matriculated at RCSI in 1904/05; graduated LRCPI &LM, LRCSI &LM 1909; FRCSI 1910. Working as Demonstrator Anatomy Trinity and RCSI in 1914, in 1924 was Asst at Out Patients Grosvenor Hospital for Women and Elizabeth Garrett Anderson Hospital, Phys Womens Workers Dispensary and St Marylebone Dispensary Welbeck St. In 1934 was Phys Wom Workers Dept St Marylebone Dispensary. In 1944, address in Surrey but no post.

COFFEY, Bridget, (24/02/1897-post 1955), from Limerick, father John Coffey, farmer. Religion unknown. Matriculated at UCD in 1915/16; graduated M.B. B.CH B.A.O. in 1920. In Limerick in 1925, then MO at The Manor, Epsom, Surrey in 1930 and 1935, then Sen Hospital MO Tooting Bec Hospital, London in 1945 and 1955.

COGHLAN, Margaret Mary, (fl.1905-20), background unknown, Matriculated at Catholic University in 1905/06; graduated LRCPI &LM, LRCSI &LM in 1910. Address at Claremorris in 1915 and 1920 then not listed.

COGHLAN, Sarah Mary, (30/08/1896-15/06/1929), from Foxford, Mayo, father Michael Coghlan, farmer and commercial traveller. Religion unknown. Matriculated at UCD in 1916/17; graduated M.B. B.CH B.A.O. in 1925. Based in Foxford (presumably GP) until death.

COLLERAN, Delia (later Colleran-Begley), (30/12/1898-post 1958), from Moylough, Co. Galway, father James Colleran, father. Religion unknown. Matriculated at QCG in 1918/19; graduated M.B. B.CH B.A.O. in 1923. Working as Dispensary MO in Lennane from 1933 until at least 1958.

COLLIER, Georgina, (later Harvey), (fl.1893-1937), birthplace unknown, father Wesleyan clergyman. Religion Wesleyan. Matriculated at QCB in 1893/94; graduated LRCP LRCS EDIN in 1897. Married Joseph Harvey, GP in London in practice with husband from 1902-at least 1937.

COLLINS, Annie, (c.1901-post 1965), from Cork, father farmer. Religion Catholic. Matriculated at QCC in 1920/21; graduated M.B. B.CH B.A.O. in 1930. Listed address in Kent in 1935, Temp Asst MO Heston and Isleworth in 1945, and Asst MOH in 1955 and 1965.

CONDON, Florence Maude Mary, (c.1870-15/09/1921), born in Burma, father Major Edward Condon, major in army armoured marine division. Matriculated at RCSci in 1895/96; graduated LRCPI &LM, LRCSI &LM in 1905.

CONNOLLY, Eveleen Mary, (fl.1914-54), background unknown. Matriculated at UCD in 1914/15; graduated M.B. B.CH B.A.O. in 1919; DTM (Liverpool) in 1920. Worked in Uganda as Res MO Nsambya Mission Hospital, Kampala for entire career until at least 1954.

CONNOLLY, Evelyn Elizabeth, (c.1896-post 1961), from Donegal, father unknown. Religion Church of Ireland. Matriculated at TCD in 1921/22; graduated M.B. B.CH B.A.O. in 1926. Based in Castlerea, Roscommon until at least 1951, presumably GP, address in Sligo given in 1961.

CONNOLLY, Mary Frances Josephine, (fl.1917-57), background unknown. Matriculated at RCSI in 1917/18; graduated LRCPI &LM, LRCSI &LM in 1922. Based at Fitzwilliam Street in 1927-57; worked as Asst Surg at Royal Victoria Eye and Ear Hospital Dublin and Ophth Surg Dr Steevens Hospital Dublin.

COGHLAN, (later Conway), Josephine Mary Benedicta, (1900-1990), from Wicklow, father unknown. Religion Catholic. Matriculated at UCD in 1921/22, graduated M.B. B.CH B.A.O. 1925 and DPH in 1928. Married Stephen Conway, veterinary surgeon in 1926, worked as GP in Salem, Wicklow for entire career.

COPES, Jane, (later Mrs. S.G. Johnston), (c.1894-post 1956), from Down, father Thomas Copes, farmer. Religion Presbyterian. Matriculated at QCB 1912/13, graduated LRCP LRCS Ed., LRFPS Glas in 1921. Worked as Dispensary MO and MOH in Banbridge, Co. Down for whole career until at least 1956.

COTTER, Mary, (c.1903-post 1930, from Cork, father John Cotter, farmer. Religion Presbyterian. Matriculated at QCC in 1921/22, graduated M.B. B.CH B.A.O in 1925. Address but no post in Clare in 1930, after which not listed.

COTTER, (later Flynn) Mary Josephine , (1902-post 1962), from Cork, father Patrick Cotter, draper. Religion Catholic. Matriculated at QCC in 1920/21, graduated M.B. B.CH B.A.O. in 1927. Listed in Coachford, Cork in 1932 and 1937, then London in 1942, address but no post, then Asst Sch MO in Kent 1952 and 1962.

COTTER, Nora, (05/04/1894-post 1957), from Cork, father Eugene Cotter, national school teacher. Religion Catholic. Matriculated at QCC in 1917/18, graduated M.B. B.CH B.A.O in 1922. In London from 1932 or earlier working as MO for public health department of LCC and child welfare centre until at least 1957.

COULSON, Dorothy May, (fl.1917-48), birthplace unknown. Religion Church of Ireland. Matriculated at RCSI in 1917/18, graduated LRCPI &LM, LRCSI &LM in 1923. Based in London from 1933 to 1948, presumably GP.

COVENEY, (later Horgan), Mary Kate, (23/04/1897-post 1937), from Kinsale, father B. Coveney, farmer. Religion unknown. Matriculated at QCC in 1917/18, graduated M.B. B.CH B.A.O. in 1922. Listed at address in Nottingham from 1927-37, presumably GP.

COWAN, Margaret Lucretia, (fl.1918-28), background unknown. Matriculated at TCD in 1918/19, graduated M.B. B.CH B.A.O in 1923. Address in Derry in 1928, after which not listed.

COWHY, Mary, (?-08/04/1951), background unknown. Matriculated at Catholic University in 1902/03. Graduated M.B. B.CH B.A.O. in 1908. Listed in Buttevant, Cork, until at least 1943, possibly GP.

COX, Mary Violet, (c.1901-post 1954), from Roscommon, father Arthur Cox, farmer. Religion Church of Ireland. Matriculated at QCB in 1919/20. Graduated M.B. B.CH B.A.O. in 1929. Worked at Ruberry Hill hospital, Birmingham, as MO and later Deputy Medical Superintendent from 1939-at least 1954. Retired to Ballygally, Antrim.

COYNE, Angela Gertrude, (15/11/1893-post 1926), from Tralee, father John Coyne, inspector of national schools. Religion unknown. Matriculated at UCD in 1916/17, graduated M.B. B.CH B.A.O. in 1921. Listed at Waterloo Rd, Dublin in 1926, after which not listed.

CRAIG, Gladys Lilian, (c.1902-post 1931), from Derry, father David Craig, dental surgeon. Religion Presbyterian. Matriculated at TCD in 1919/20, graduated M.B. B.CH B.A.O. in 1926. Listed at address in Derry in 1931, after which not listed.

CRAWFORD, Annie Helen, (fl.1894-1904), birthplace unknown, father merchant. Religion unknown. Matriculated at QCB in 1894/95, graduated M.B. B.CH B.A.O. in 1899. Worked in India as medical missionary at Zenana Mission House, Bombay after graduation, not listed after 1904.

CRAWFORD, Bridget, (fl.1918-32), background unknown. Matriculated at RCSI in 1918/19, graduated LRCPI & LM LRCSI & LM in 1927. Listed in Cork in 1932, after which not listed.

CRAWFORD, Caroline Joanna, (fl.1903-13), birthplace unknown, father teacher. Religion unknown. Matriculated at QCB in 1903/04, graduated M.B. B.CH B.A.O. in 1908. Working at Bennett Hospital. Wuchang Hankow, Central China in 1913, after which not listed.

CRONIN, (later Philpott), Elizabeth Mary, (1896-post 1931), from Cork, father William Cronin, farmer. Religion Catholic. Matriculated at QCC in 1917/18, graduated M.B. B.CH B.A.O. in 1921. Listed in Mallow, Cork in 1926 and 1931, after which not listed.

CRONIN, Elizabeth Mary, (c.1894-post 1956), from Butteraut, Cork, father John Cronin, farmer. Religion Catholic. Matriculated at QCC in 1915/16, graduated M.B. B.CH B.A.O. in 1921. Listed in Buttevant, Cork, presumably GP, from 1926-56.

CROOKS, Emma Martha, (?-1937) background unknown, father teacher. Religion Presbyterian. Matriculated at QCB in 1894/95, graduated M.B. B.CH B.A.O. in 1899. Worked in China for entire career until 1937 as medical missionary with Presbyterian Missionary Society.

CROSS, Mary Christina, (c.1900-post 1933), from Cork, father Thomas Cross, carriage builder. Religion Catholic. Matriculated at QCC in 1917/18, graduated M.B. B.CH B.A.O. in 1923. Hon Surg, Bon Secours Hospital Cork in 1928, address in Cork given in 1933, after which not listed.

CULLEN, Annie, (04/05/1899-post 1929), from Dungannon, father Terence Cullen, pork merchant. Religion Catholic. Matriculated at UCD in 1917/18, graduated M.B. B.CH B.A.O. in 1924. Listed in Dungannon in 1929, after which not listed.

CULLEN, (later O'Meara), Louisa Mary, (fl.1903-1961), birthplace unknown, father Laurence Cullen, Justice of the peace. Religion Catholic. Matriculated at UCD in 1921/22, graduated M.B. B.CH B.A.O. in 1926, DPH in 1928. Married Richard O'Meara, doctor. Listed in Wicklow in 1931, and Wolverhampton in 1936. then working as Psychiatrist at General Hospital Jersey until at least 1961.

CUMMINS, Lilian Maude Cunard, (fl.1892-1902), born in London, father William Cummins, gentleman. Matriculated at RCSI in 1892/93, graduated LRCPI &LM, LRCSI &LM in 1897. Working as Surg and Med Regist. and Clin Asst Out-Patients London Homeopathy Hospital in 1902, after which not listed.

CUNNINGHAM, Teresa Genevieve, (06/03/1895-post 1959?), from Monaghan, father P. Cunningham, occupation unknown. Religion unknown. Matriculated at UCD in 1917/18, graduated M.B. B.CH B.A.O. in 1924. Working as MO and Public Vaccinator and MO Child Welfare and Antenatal Centres, London in 1934-9, then listed as Ophth Surg Monaghan Hospital in 1949 and address in Bucks. in 1959.

CUSSEN, Eileen, (fl.1919-63), background unknown. Matriculated at RCSI in 1919/20, graduated LRCPI & LM, LRCSI & LM in 1928. Address in Dundrum from 1933-53, then Macclesfield, Cheshire in 1963.

DALTON, Catherine, (fl.1903-41), from Cork, father Patrick Dalton, shopkeeper. Religion Catholic. Matriculated at QCC in 1920/21, graduated M.B. B.CH B.A.O. in 1926. Address in London from 1931-41, after which not listed.

DALY, Dorothy Alice, (c.1896-07/03/1927), from Dublin, father Robert Daly, civil servant. Religion Church of Ireland. Matriculated at TCD in 1916/17, graduated M.B. B.CH B.A.O. in 1921. Listed in Birmingham in 1926, died in 1927.

DAVIDSON, Victoria, (fl.1897-1938), from Cork, father Robert Davidson, occupation unknown. Religion Wesleyan. Matriculated at QCC in 1914/15, graduated LRCPI &LM, LRCSI &LM in 1923. Working as MO at Hahnermann Hospital, Liverpool in 1933, listed at address in Liverpool in 1938, after which not listed.

DEALE, (later Deale-Ross), Violet, (1891-1926), from Ranelagh, father unknown. Religion Methodist. Matriculated at TCD in 1910/11, graduated M.B. B.CH B.A.O. in 1916. Working as Med Supt Portsmouth Municp Matern Hospital and Child Welfare Centres in 1921, listed at address in Southsea in 1926, after which not listed. Married George Ross, doctor.

DELANY, Alice Evelyn Sylvia, (24/01/1893-post 1943), from Portarlinton, King's County, father Dennis Delany, Gentleman farmer, matriculated at RCSI in 1917/18, graduated LRCPI &LM, LRCSI &LM in 1923, DPH in 1928. Listed at Portarlinton in 1933 and Sheffield 1938-1943, after which not listed.

DELANY, Mary, (fl.1897-1920), from Cork, father Joseph Delany, builder. Religion Catholic. Matriculated at QCC in 1915/16, graduated M.B. B.CH B.A.O. in 1920. Not listed.

DENGEL, Anna, (1892-1980), from Steeg, Tyrol, Austria, father Edward Dengel, merchant. Religion Catholic. Matriculated at QCC in 1914/15, graduated M.B. B.CH B.A.O. in 1919. Worked as medical missionary in India then founded Medical Missionary Sisters. Remained in America fundraising and as editor for *The Medical Missionary*.

DEVLIN, (later Townsend), Cecilia Columba, (c.1900-post 1957), from Cork, father Michael Devlin, bandmaster. Religion Catholic. Matriculated at QCC in 1917/18, graduated M.B. B.CH B.A.O. in 1922. Working at Mental Hospital Cork in 1927, then listed address in Felixstowe, England from 1932-47. Listed as MO South Cerney Infant Welfare Centre in 1957.

DICKSON, (later Martin) Emily Winifred, (1866-1944), born in Tyrone, father Thomas Dickson, MP. Religion Presbyterian. Matriculated at RCSI in 1887/88, graduated M.B. B.CH B.A.O. in 1891, MD in 1893, FRCSI in 1893. Practice at 18 Upper Merrion Street in 1895 and Phys to the Richmond Hospital. Married Robert Martin in 1899. Gave up practice on marriage. Returned to work in 1915 at Rainhill Asylum, Lancashire, then 1917 was locum for GP in Ellesmere, Shropshire. Practising in London in the 1920s, then Siena, Italy in 1928. In 1930, was working in practice in Tunbridge Wells. In 1940 returned to work in Rainhill Asylum until death in 1944.

DILLON-LEETCH, Margaret, (fl.1916-32), background unknown. Matriculated at TCD in 1916/17, graduated M.B. B.CH B.A.O. in 1922. Working as GP in Macclesfield (Dillon-Leetch and Lomas) in 1932, after which not listed.

DILWORTH, (later Ryan), Catherine, (c.1896-post 1935), from Cork, father Timothy Dilworth, occupation unknown. Religion Catholic. Matriculated at QCC in 1919/20, graduated M.B. B.CH B.A.O. in 1925. Listed at address in York in 1935, after which not listed.

DIXON, Eileen Mary, (05/06/1896-post 1956), from Sandymount, father Martin Dixon, surveyor. Religion Catholic. Matriculated at UCD in 1915/16, graduated M.B. B.CH B.A.O. in 1921. Working as MO Manorcunningham Dispensary District in 1926-31, then address in Dublin 1936-56. Wrote on 'Sir Dominic Corrigan: Genius and Ill-health', *Irish Digest* 1943.

DOBBIE, Mina, (?-23/11/1949), background unknown. Matriculated at TCD in 1889/90, graduated M.B. B.CH B.A.O. in 1896, M.D. in 1899. Working in London: Sen Ho Surg Clapham Matern, Asst Ho Surg Battersea Matern, Clin Asst New Hospital for Women in 1901-06, Asst Sch MO LCC in 1911, Lect. Phys Training Coll Chelsea, MO Askes Girls Sch in 1921 and MO Chelsea Coll Phys Ed, MO Aske's Girls Sch in 1931. Published on 'Prevent. tretment of spinal curvature' *Journal Royal Institute of Public Health*, 1909.

DOBBIN, Dorothy Isobel, (c.1894-post 1942), birthplace unknown, father merchant. Religion unknown. Matriculated at QCB in summer 1912. Graduated M.B. B.CH B.A.O. in 1917. Working as Asst Sch MO LCC and Clin Asst Eliz G Anderson Hospital in London in 1922-7, then Asst Sch MO in 1932-42. Address but no post in Middlesex in 1952.

DOBBIN, (later Crawford), Mabel, (c.1891-1917), from born in India, father unknown. Religion Church of Ireland. Matriculated at TCD in 1908/09, graduated M.B. B.CH B.A.O. in 1913, M.D. in 1914. Worked as Hon Asst Surg Liverpool Hospital for Women and Registrar Liverpool Maternity Hospital in 1923-28, after which not listed. Published 'Spasmodic stricture of uterus', *British Medical Journal*, 1922.

DOBSON, Mary, (c.1900-post 1959), birthplace unknown, father farmer. Religion unknown. Matriculated at QCB in summer 1918, graduated M.B. B.CH B.A.O. in 1924. Possible GP in Belfast/Down/Lurgan until 1959.

DOCKRELL, Anne Dorothy, (fl.1918-59), birthplace unknown, father Maurice Dockrell, D.L. Religion unknown. Matriculated at TCD in 1918/19, graduated M.B. B.CH B.A.O. in 1924. Address in Dublin in 1929, Cheshire in 1934. Dublin until 1959 at least, listed as Barrister-at-law, Kings Inn, and Dermat Royal City Hospital in 1949.

DOHERTY, Mary Kate, (19/09/1898-post 1930), from Crossmolina, father Dominic Doherty, teacher. Religion unknown. Matriculated at UCD in 1916/17, graduated M.B. B.CH B.A.O. in 1925. Listed in Mayo in 1930, after which not listed.

DONAGHY, Mary Margaret, (c.1901-post 1937), birthplace unknown, father solicitor. Religion unknown. Matriculated at QCB summer 1918, graduated M.B. B.CH B.A.O in 1922. Addresses in Belfast until at least 1937, possible GP.

DONALDSON, Margaret Hazel, (fl.1921-61), background unknown. Matriculated at TCD in 1921/22, graduated M.B. B.CH B.A.O. in 1926. Anaesth at Drumcondra Hospital in 1931-36, then Phys Nat Orthp Hospital 1941-at least 1961.

DOOLEY, Pauline Mary, (c.1899-post 1936), from King's County, father Edward Dooley, farmer. Religion Catholic. Matriculated at RCSI in 1918/19; graduated LRCPI & LM, LRCSI & LM in 1926. Listed at address in Birr in 1931-36, after which not listed.

DORAN, Winifred Mary, (fl.1906-38), birthplace unknown, father teacher. Religion unknown. Matriculated at QCB in 1906/07, graduated LRCP LRCS LRFPS (Edin/Glas) in 1913. Ho Surg W. Suff Gen Hospital in 1923, later Res MO Borough General Hospital Warrington in 1928 and 1938.

DORMAN, Dorothy Charlotte Hobart, (c.1910-post 1938), from Armagh, father Henry Dorman, GP. Father member of the Golden Age. Matriculated at TCD in 1917/18, graduated M.B. B.Ch B.A.O. in 1923, DPH in 1925. Listed in Armagh in 1928 and London in 1933 and 1938 (addresses but no posts given), after which not listed.

DOUGLAS, (later Benson) Dorothy Herbert, (fl.1917-47), background unknown. Matriculated at RCSI 1917/18, graduated LRCPI &LM, LRCSI & LM in 1922. Address c/o Lloyds Bank, Pall Mall, Dublin from 1932-47.

DOWNING, Alice Mary Angela, (c.1901-post 1928), from Kerry, father Eugene Downing, solicitor. Religion Catholic. Matriculated at TCD in 1918/19, graduated M.B. B.Ch B.A.O. in 1923, DPH in 1924. Listed as MO West African Medical Service in 1928, later not listed.

DOWNING, Lena, (c.1901-post 1940), from Cork, father shopkeeper. Religion Catholic. Matriculated at QCC 1919/20, graduated M.B. B.Ch B.A.O. in 1925. Address in Kenmare 1930-35, then Dublin in 1940, after which not listed.

DOWSE, Eileen Hilda, (c.1896-post 1955), from Belfast, father William Dowse, Church of Ireland clergyman. Religion Church of Ireland. Matriculated at TCD in 1915/16, graduated M.B. B.Ch B.A.O. in 1920, DPH in 1921. Worked as Asst Sch MO Belfast Education Authority until at least 1955.

DOWSON, Mary Emily, (fl.1886-1901), background unknown, trained at LSMW. Graduated with LRCPI &LM, LRCSI &LM in 1886. Working as Lecturer on For. Med. and Hygiene London Sch Med Women from 1891-1901, then retired.

DOYLE, Honoria, (15/09/1899-post 1928), from Sligo, father James Doyle, farmer. Religion unknown. Matriculated at QCG in 1918/19, graduated M.B. B.Ch B.A.O. in 1923, DPH in 1925. Listed in Sligo in 1928, then not listed.

DUFF, Alice Mary, (28/08/1902-22/02/1951), from Dunleary, Dublin, father John Duff, clerk. Religion Catholic. Matriculated at UCD in 1920/21, graduated M.B. B.Ch B.A.O. in 1926. Listed at 51 Dartmouth Sq, Dublin in 1931 and 1936, then Regist. Wolverhampton Eye Infirmary in 1941 and Ho. Surg Ear & Throat Hospital Wolverhampton in 1951.

DUFF, Sara Geraldine, (05/09/1897-post 1956), from Dublin, father John Duff, retired civil servant. Religion Catholic. Matriculated at UCD in 1916/17, graduated M.B. B.Ch B.A.O. in 1921. Listed in Dublin in 1926 and 1931, Meath in 1936-56 (address but no post).

DUNLOP, Agnes Joyce, (c.1899-post 1952), birthplace unknown, father engineer. Religion unknown. Matriculated at QCB in summer 1917, graduated M.B. B.Ch B.A.O. in 1927. MO Islington Dispensary London 1932-37, then address but no post in SE London 1942-52.

DUNLOP, Martha Lyons, (c.1898-post 1957), from Antrim, father William Dunlop, farmer. Religion Presbyterian. Matriculated at QCB summer 1916, graduated M.B. B.Ch B.A.O. in 1922. Antrim in 1927, address in Kent in 1932, then Asst MOH, Gillingham, Kent from 1937-47, then MOH Gillingham in 1957.

DUNN, Lillie Eleanor, (c.1879-post 1939), birthplace unknown, father farmer. Religion Presbyterian. Matriculated at QCB in 1898/99, graduated M.B. B.Ch B.A.O. in 1904. Worked at Zenana Mission Hospital, Broach with Irish Presbyterian Missionary Society for entire career until at least 1939.

EBERLE, Emily Elizabeth, (?-12/09/1908), background unknown. Matriculated at RCSI in 1889/90, graduated M.B. B.Ch B.A.O. in 1894. Became FRCSI in 1898. Worked as Phys and Surg Bristol Private Hospital for Women and Children from 1899-at least 1904.

ELLIOT, Rachel Anna, (c.1902-post 1960), birthplace unknown, father retired merchant. Religion unknown. Matriculated at QCB in summer 1919, graduated M.B. B.Ch B.A.O. in 1925. Ho. Surg Royal Victoria Hospital Belfast in 1930, MO Ministry of Health, London 1940-60 at least.

ENGLISH, Adeline, (1878-27/01/1944), from Mullingar, father Patrick English, pharmacist. Religion unknown. Matriculated at RCSI/Catholic University 1896/7, graduated M.B. B.Ch B.A.O. in 1903. Worked as Asst MO, District Asylum, Ballinsaloe, from 1908-38, also lectured in Mental Diseases at UCG from 1918-38.

ENRIGHT, Margaret Anne, (c.1888-post 1953), born in Paignton, Devonshire, father Daniel Enright, collector of customs and excise. Religion Catholic. Matriculated at QCC in 1913/14, graduated M.B. B.Ch B.A.O. in 1918, DPH in 1920. Asst in bacteriology and pathology at UCC in 1923, Bacteriologist, St Ultan's Hospital Dublin 1928-53.

ENTRICAN, Dorothy Isabel, (c.1900-post 1961), birthplace unknown, father Presbyterian minister. Religion Presbyterian. Matriculated at QCB summer 1919, graduated M.B. B.Ch B.A.O. in 1926. Worked in China at London Mission Hospital, Wuchang in 1936-51, then address in Bengal, India in 1961.

ERSKINE, Frances Mary, (c.1879-post 1958), from Tyrone, father John Erskine, felt maker. Religion Presbyterian. Matriculated at QCB in summer 1918, graduated M.B. B.Ch B.A.O. in 1923, DPH in 1924. Sch MO Co Antrlm Health Committee from 1933-48, listed as retired in 1958.

EVANS, Nancy, (c.1897-post 1962), from Cork, father Richard Evans, occupation unknown. Religion Catholic. Matriculated at QCC in 1918/19, graduated LRCPI & LM, LRCSI & LM in 1927. Listed in Swansea, Wales from 1937-62 at least, probably GP.

EVOY, (later Barter) Mary, (c.1897-post 1957), from Cork, father Patrick Evoy, farmer. Religion Catholic. Matriculated at QCC in 1917/18, graduated M.B. B.Ch B.A.O. in 1922. Listed address in Douglas, Cork 1927-57 at least.

FAGAN, Mary Josephine, (fl.1918-39), background unknown. Matriculated at RCSI in 1918/19, graduated LRCPI & LM, LRCSI & LM in 1924. Listed in Mullingar 1929-39, address but no post.

FAHY, Angela, (c.1897-post 1931), from Ballinrobe, father Michael Fahy, merchant. Religion Catholic. Matriculated at QCG 1916/17, graduated M.B. B.Ch B.A.O. in 1921. Worked as Dispensary MO, Galway 1926-31, after which not listed.

FAIR, Aileen, (c.1901-post 1940), from Galway, father Joseph Fair, farmer. Religion Church of Ireland. Matriculated at TCD 1920/21, graduated M.B. B.Ch B.A.O. in 1925. Address but no post in Galway in 1930 and 1935, then DMS, Nairobi, Kenya in 1940, then not listed.

FAIR, Olive Victoria, (c. 1899-20/02/1932), from Sligo, father William Fair, fishery manager. Religion Church of Ireland. Matriculated at TCD in 1917/18, graduated M.B. B.Ch B.A.O. in 1922. Address in Sligo in 1927 and 1932, possible GP.

FARRELL, (later Adam) Agnes Catherine, (09/09/1900-post 1949), from Kells, Meath, father David Farrell, farmer. Religion unknown. Matriculated at UCD in 1919/20, graduated M.B. B.Ch B.A.O. in 1924. Address in Chester, England from 1934-49 then not listed. Married James Adam, doctor.

FARRELL, Mary Josephine, (19/04/1892-1975), from Longford, father JP Farrell, journalist. Religion unknown. Matriculated at UCD in 1911/12, graduated M.B. B.Ch B.A.O. in 1916. Worked as Med. Ref. Longford War Pensions Committee in 1921-26, then MO Longford Dispensary 1931-51.

FARRINGTON, Mary, (09/06/1899-post 1960), from Dublin, father Andrew Farrington, chemist. Religion Catholic. Matriculated at UCD in 1917/18, graduated M.B. B.CH B.A.O. in 1925. Address in Dublin in 1930-35, then Pathologist Childrens Hospital Dublin & St. Ultan's 1940-60.

FERGUSON, (later Pearson) May Clemence, (c.1899-post 1959), from Cork, father Lawson Ferguson, hairdresser. Religion Catholic. Matriculated at QCC in 1916/17, graduated M.B. B.CH B.A.O. in 1921, DPH in 1924. In 1926, listed as Sch MO in Norwich and Clin Asst Great Ormond Street Hospital, then listed in Cork 1939-59.

FITZGERALD, (later Mrs Clare Fehily) Clare, (c.1897-post 1956), from Ballineen, Cork, father Patrick Fitzgerald, hotel proprietor. Religion Catholic. Matriculated at QCC in 1916/17, graduated M.B. B.CH B.A.O. in 1921. Address at Glencarbery, Ballineen Cork from 1926-56.

FITZSIMON, Emily Frances Mrs, (fl.1891-1901), birthplace unknown, father minister. Matriculated at QCB in 1891/92, graduated LRCP LRCS Edin, LFPS Glas in 1896. Address but no post at Tralee in 1901, then not listed.

FLAVELLE, Ruth, (c.1899-post 1926), from Dublin, father Henry Flavelle, Secretary Grand Lodge. Religion Church of Ireland. Matriculated at TCD in 1916/17, graduated M.B. B.CH B.A.O. in 1921, DPH in 1923. Address in Rathmines in 1926 then not listed.

FLYNN, Mary Bridget, (01/12/1900-26/09/1939), from Roscommon, father James Flynn, teacher. Religion Catholic. Matriculated at QCG in 1918/19, graduated M.B. B.CH B.A.O. in 1924. Listed in New Jersey, no post in 1934 and 1939.

FOLEY, Bridget M., (c.1897-post 1940), from Sligo, father Edward Foley, mineral water manufacturer. Religion unknown. Matriculated at QCG in 1915/16, graduated M.B. B.CH B.A.O. in 1925. Working as Asst MOH Lincoln, England in 1935 and 1940, then not listed.

FOLEY, (later Foley-Taylor) Elizabeth Mary, (24/05/1900-post 1934), from Galway, father Dermot Foley, customs and excise officer. Religion unknown. Matriculated at UCD in 1918/19 UCD, graduated M.B. B.CH B.A.O. in 1923. Listed in Ballinasloe in 1928, then Research Radiotherapist Westm Hospital, London in 1938-48. Radiologist in Capetown, South Africa in 1958. Published 'Co-arotation of the aorta', *British Journal of Radiology*, 1934.

FULTON (later O'Connor), Jane Dick, (1901-1986), from Strabane, Tyrone, father farmer. Religion Presbyterian. Matriculated at TCD in 1919/20, graduated M.B. B.CH B.A.O. in 1925. Address but no post in Yorkshire, 1935-1964.

FULTON, Jane McGully, (fl.1900-22), birthplace unknown, father farmer. Religion unknown. Matriculated at QCB in 1900/01, graduated M.B. B.CH B.A.O. in 1907. Worked as Asst MO Hull City Asylum, England in 1912-at least 1917, after address in England in 1922, then not listed.

GAFFIKIN, Prudence Elizabeth, (fl.1894-1935), background unknown. Matriculated at QCB in 1894/95, graduated LRCP LRCS Edin, LFPS Glas in 1900. Working as Gynaec and MO at Children's Ulster Hospital Belfast in 1905, then Sch MO in Enfield, England in 1910. Based in Dublin in 1915, then MO E. Islington Child Welfare Centre, London, in 1925-at least 1935.

GALLAGHER, Mary Alice, (c.1893-post 1950), from Down, father national school teacher. Religion Catholic. Matriculated at QCB in 1910/11, graduated M.B. B.CH B.A.O. in 1915. Working as Res. Surg. Off. N. Staffs Infirmary, Stoke-on-trent in 1920, Surg at Ear Nose Throat Clinics, Derbyshire in 1925, address but no post in Manchester in 1930, then Surg Ear Nose and Throat Dept, Longton Hospital in 1940, and address but no post in Staffordshire in 1950.

GALVIN, Mary Magdalen, (c.1897-post 1956), from Cork, father Barry Galvin, solicitor. Religion Catholic. Matriculated at QCC in 1916/17, graduated M.B. B.CH B.A.O. in 1921, DPH in 1924. Res. Med. Off. North Infirmary Cork in 1926, then MO City Dispensary Cork 1936-56.

GARDINER, Elizabeth Mary, (21/02/1898-post 1955), from Arklow, father C. Gardiner, doctor. Religion unknown. Matriculated at UCD in 1911/12, graduated M.B. B.CH B.A.O. in 1920. Address in Rathangan, Kildare from 1925-35, then Dublin in 1945 and back in Kildare in 1955.

GARDNER, Dorothy Margaret, (1899-post 1956), from Down, father George Gardner, designer. Religion Presbyterian. Matriculated at QCB summer 1917, graduated M.B. B.CH B.A.O. in 1921, DPH in 1923. Address but no post in Belfast, 1926-31, then Asst MO Belfast Mental Hospital, Examiner for Nursing Certific Royal Med Pysch Association in 1936, Dep. Med Supt Belfast Mental Hospital in 1946-56.

GLASGOW, Isobel Little, (c.1901-post 1958), birthplace unknown, father minister. Religion unknown. Matriculated at QCB in summer 1918, graduated M.B. B.CH B.A.O. in 1923. MO and MOH Strangford Dispensary District in 1933, MO Downpatrick Dispensary in 1938, MO general hospital Downpatrick in 1948-58.

GLEESON, Ella, (fl.1913-34), background unknown. Matriculated at RCSI in 1913/14, graduated LRCPI &LM, LRCSI &LM in 1919. Dublin: address but no post 1924-34.

GLOVER, Agnes, (01/11/1899-post 1963), born in India, father Henry Glover, doctor. Religion unknown. Matriculated at UCD in 1921/22, graduated M.B. B.CH B.A.O. in 1928. Working at Main Hospital, Raipur, India 1933-38, then at Robertson Medical School, Nagpur in 1943-53. Retired in India in 1963.

GLYNN, Sarah Louisa, (fl.1892-1904), background unknown. Matriculated at RCSI in 1892/93, graduated LRCPI &LM, LRCSI &LM in 1899. Listed as late Res MO Drumcondra Hospital Dublin in 1904 then not listed.

GOGGIN, Catherine, (c.1898-post 1956), from Cork, father John Goggin, draper. Religion Catholic. Matriculated at QCC in 1916/17, graduated M.B. B.CH B.A.O. in 1921, DPH in 1923. Address in Cork in 1926-31, then addresses in London in 1936-56.

GOGGIN, Mary, (c.1901-post 1959), from Cork, father John Goggin, draper. Religion Catholic. Matriculated at QCC in 1918/19, graduated M.B. B.CH B.A.O. in 1924. In Cork in 1929-34, then England, address uncommunicated in 1939-59.

GOOD, Susanna Hosford, (c.1886-post 1949), from Bandon, Cork, father James Good, occupation unknown. Religion Methodist. Matriculated at QCC in 1906/07, graduated LRCPI & LM, LRCSI & LM in 1914. Address but no post in Kinsale Cork 1919-49.

GRAHAM, Doris Louisa, (fl.1915-55), background unknown. Matriculated at TCD in 1915/16, graduated M.B. B.CH B.A.O. in 1920. Based at Waterloo Road, Dublin in 1925-30, then Zenana Missions, Bengal, India from 1935-at least 1955.

GRAHAM, Elizabeth Saunders,(fl.1896-1908), background unknown. Matriculated at QCB in 1896/97, graduated LRCP LRCS Edin, LFPS Glas 1903. Listed at address in Down in 1908, after which not listed.

GROGAN, Amelia, (fl.1888-1920), background unknown. matriculated at Carmichael College in 1888/89, graduated M.B B.CH B.A.O. in 1895. Asst at Mullingar Asylum in 1900, then MO Lawes Road Hospital for Women, Brighton, England in 1910, in London address but no post in 1920 after which not listed.

GUY, Violet Mary Elizabeth, (c.1902-post 1950), from Donegal, father Francis William Guy, national school teacher. Religion Church of Ireland. Matriculated at QCB in 1920/21, graduated M.B. B.CH B.A.O. in 1925. Address but no post in Belfast in 1930-35, then Downpatrick, Down, 1940-50 after which not listed.

HADDEN, Winifred Eileen, (c.1894-post 1955), from Armagh, father William Hadden, doctor. Religion Methodist. Matriculated at QCB in summer 1915, graduated M.B. B.CH B.A.O. in 1920. Address but no post in Portadown, Armagh from 1925-55.

HALPENNY (later O'Dea), Attracta, (fl.1920-34), birthplace unknown, father farmer. Religion unknown. Matriculated at RCSI in 1920/21, graduated LRCPI &LM, LRCSI &LM in 1924, DPH in 1927, MRCPI in 1932. Pathologist, Richmond Hospital Dublin and St Ultans in 1929-34 then not listed. Married to Sean O'Dea.

HAMILTON, (later Coffey), Ellen, (c.1903-post 1961), from Cork, father P. Hamilton, agent. Religion Catholic. Matriculated at QCC in 1920/21, graduated M.B. B.CH B.A.O. in 1926. Based in Cork 1931-51 then listed at Chingford Hospital, London in 1961.

HANNAN, Mary Josephine, (fl.1890-1905), background unknown. Year of matriculation unknown. Graduated LRCPI &LM, LRCSI &LM in 1890. Listed as MO Lady Dufferin's Hospital, Agra, Kotah, India in 1895. Listed address but no post in Dublin in 1900, address uncommunicated in 1905, after which not listed.

HARGRAVE, Jeanette Carroll, (c.1868-post 1940), from Cork, father Abraham Hargrave, occupation unknown. Religion Church of Ireland. Matriculated at QCC in 1893/94, graduated LRCPI &LM, LRCSI &LM in 1905. Address but no post in Dublin in 1910, then MO the Sanatorium Bridge-of-weir, Scotland in 1915, then Dep Sch MO and MO Matern and Child Welfare Committee, Lowestoft, England in 1920. Address but no post in Lowestoft in 1930, retired in Dublin in 1940.

HAWKESWORTH, (later Shaw), Ethel Dorothy, (c.1897-post 1956), from Cork, father Anthony Hawkesworth, solicitor. Religion Church of Ireland. Matriculated at QCC in 1915/16, graduated M.B. B.CH B.A.O. in 1921. Asst. Sch MO and Asst MOH Co. Boro Dewsbury in 1926, then Asst MOH until 1956.

HEGARTY, (later Heape) Anne, (c.1893-post 1934), from Carrignavan, Cork, father James Hegarty, farmer. Religion Catholic. Matriculated at QCC in 1913/14, graduated M.B. B.CH B.A.O. in 1919. Listed at address in Cork 1924-9, then in 1934 listed in India, c/o Grindlay & Co. Bombay, after which not listed.

HEGARTY, Margaret Josephine, (c.1892-post 1963), birthplace unknown, father farmer. Religion Catholic. Matriculated at QCB in 1921/22, graduated M.B. B.CH B.A.O. in 1928. Listed at address in Malone Rd, Belfast, 1933-53, then in 1963 listed as MOH Bishop Auckland, England.

HENRY, Dorothy Isabel, (c.1893-post 1934), from Antrim, father James Henry, barrister. Religion Methodist. Matriculated at TCD in 1917/18, graduated M.B. B.CH B.A.O. in 1924. Address but no post at Belgrave Square, Rathmines, Dublin from 1929-34 then not listed.

HENRY, Jeannie Lyle, (1900-post 1958), from Antrim, father Thomas Henry, farmer. Religion Presbyterian. Matriculated at QCB in 1917/18, graduated M.B. B.CH B.A.O. in 1923. Address but no post in SE London 1928-38, then Asst MO Child Welfare Centre, London in 1948 and Asst MO Public Health Service of LCC in 1958.

HENRY, (later Thompson), Mary Elizabeth, (fl.1910-16), background unknown. Matriculated at QCB in 1910/11, graduated M.B. B.CH B.A.O. in 1916. Not listed in Medical Directory. Married Archibald William Thompson.

HERON, Margaret Isabel, (c.1900-post 1957), birthplace unknown, father clergyman. Religion unknown. Matriculated at QCB in summer 1919, graduated M.B. B.CH B.A.O. in 1932. Address but no post in Tipperary in 1937, then MO Bootle General Hospital in 1942, then Res MO Forster Green Hospital, Belfast 1947-57.

HILL, Kathleen Edna, (c.1900-post 1958), from Westmeath, father Thomas Hill, Clerk of District Asylum. Religion Church of Ireland. Matriculated at TCD in 1918/19, graduated M.B. B.CH B.A.O. in 1923. Address but no post in Westmeath in 1928, then address in Rathmines, Dublin 1933-58.

HOGAN, (later Clery), Mary Gabriella, (fl.1917-37), from Nenagh, father P. Hogan, occupation unknown. Religion unknown. Matriculated at RCSI in 1917/18, graduated LRCPI &LM, LRCSI &LM in 1922, and FRCSI in 1926. Address but no post in Nenagh, 1927-32, then address uncommunicated in 1937, then Fitzwilliam Street, Dublin in 1937. Married to Anthony Clery.

HOLLAND, Doris Elizabeth, (fl.1916-56), from Cork, father unknown. Religion Church of Ireland. Matriculated at TCD in 1916/17, graduated M.B. B.CH B.A.O. in 1921. Address but no post in Birmingham in 1926, then based at Foxrock, Dublin from 1931-at least 1956.

HONAN, Mary, (c.1900-post 1957), from Tipperary, father Patrick Honan, Inspector of National Schools. Religion Catholic. Matriculated at QCB in summer 1918, graduated M.B. B.CH B.A.O. in 1932. Address but no post in Derby, England from 1937-57, presumably GP.

HORAN, Mary, (fl.1915-56), background unknown. Matriculated at TCD in 1915/16, graduated M.B. BCH B.A.O. in 1921. Working as Sen Ho Surg Throat Hospital Golden Sq, Ho Surg Metrop Ear Nose and throat Hospital, London in 1926, then Clin Asst Mt Vernon Hospital London in 1931. Asst Res MO and Ho Phys Lond. Temp Hospital, Sen Ho Surg Throat Hospital Golden Sq 1936-46, then address but no post in London in 1956. Published on 'Extensive hairy pigmented mole', Proc Roy Soc Med, 1931, 'Melanotic carcinoma cutis', *Journal of Dermatology*, 1931, 'Psychogenic aspect of dermatology', *Practitioner*, 1931.

HOSKIN, Rosaleen Hilda, (16/12/1899-post 1958), from Sandymount, father Richard Hoskin, teacher. Religion unknown. Matriculated at RCSI in 1918/19, graduated LRCPI & LM, LRCSI & LM in 1923, DPH in 1924. Address but no post in Cheshire, 1928-38, then address but no post in Dublin, 1948-at least 1958, presumably GP.

HUGHES, (later Quinn), Madeline, (c.1898-post 1957), birthplace unknown, father cattle-dealer. Religion unknown. Matriculated at QCB in 1917/18, graduated M.B. B.CH B.A.O. in 1922. Address but no post in Belfast in 1927, Tyrone in 1932-37, Armagh 1947-57.

HUSTON, Alexandrina "Ina" Crawford, (fl.1894-1904), birthplace unknown, father minister. Religion Presbyterian. Matriculated at QCB in 1894/95, graduated M.B. B.CH B.A.O. in 1899. Working in Bombay, India with Irish Presbyterian Mission in 1904, after which not listed.

JACKSON, Ellen, (c.1895-post 1957), background unknown. Matriculated at QCB in summer 1917, graduated M.B. B.CH B.A.O. in 1922. Address but no post in Belfast in 1927 and 1932, then Ballymena, Antrim in 1937 until at least 1957.

JOLY, (later West), Lucy Mary, (c.1900-post 1959), from Dublin, father unknown. Religion Church of Ireland. Matriculated at TCD in 1919/20, graduated M.B. B.CH B.A.O. in 1924. Address but no post in Dublin in 1929, not listed in 1934, then address but no post in Wales, 1939-at least 1959.

JONES, Teresa, (fl.1917-32), background unknown. Matriculated at UCD in 1917/18, graduated M.B. B.CH B.A.O. in 1922. Bacteriologist St Ultans Hospital Dublin in 1927, address but no post in Dublin in 1932, not listed thereafter.

JOYCE, (later O'Malley), Sarah, (10/07/1906-post 1958), from Mountrowen, Leenane, Galway, father Thomas Joyce, farmer. Religion Catholic. Matriculated at QCG in 1916/17, graduated M.B. B.CH B.A.O. in 1923. Address but no post in Galway 1928-33, then Anaesth Central Hospital Galway and Galway Sch Med Scheme in 1938, Vis. Anaesth Central Hospital Galway in 1948, and Lecturer in Anaesthetics, University College Galway, Vis Anaesth Central Hospital in 1958.

KEANE, (later Mrs Balassa) Julia A, (c.1898-post 1955), from Tormevara, Tipperary, father John Keane, ex-sergeant RIC. Religion Catholic. Matriculated at QCC in 1915/16, graduated M.B. B.CH B.A.O. in 1920. Address but no post in Wolverton, Bucks., England in 1925-30, then Schools Medical Inspector in Oxford in 1935. Address but no post in Oxford, 1945-55.

KEHOE, Anne Carmelita, (15/07/1898-post 1934), from Bridgetown, Wexford, father John Kehoe, national school teacher. Religion Catholic. Matriculated at UCD in 1917/18, graduated M.B. B.CH B.A.O. in 1924. Address but no post at Herbert Place, Dublin in 1929-34, after which not listed.

KEIRANS, Mary Margaret, (c.1890-post 1951), from Monaghan, father Felix Keirans, manufacturer's agent. Religion Catholic. Matriculated at Catholic University in 1908/09, graduated M.B. B.CH B.A.O. in 1916. Based at Newbliss, Monaghan, presumably GP, 1921-at least 1951.

KELLEHER, Ellen, (c.1898-post 1929), from Cork, father Jeremiah Kelleher, doctor. Religion Catholic. Matriculated at QCC in 1918/19, graduated M.B. B.CH B.A.O. in 1924. Address but no post in Cork in 1929, after which not listed.

KELLEHER, Julia Lucy, (c.1892-post 1930), from Cork, father Jeremiah Kelleher, civil servant. Matriculated at QCC in 1911/12, graduated M.B. B.CH B.A.O. in 1915. Worked as Asst Med Sup Townleys Hospital, 1920-30, after which not listed.

KELLY, Anne Jane, (03/06/1899-post 1948), from Drumkeerin, Leitrim, father Terence Kelly, shopkeeper. Religion unknown. Matriculated at QCG in 1917/18, graduated M.B. B.CH B.A.O. in 1923. Worked as Med. Off Kiltyclogher Dispensary from 1928-48.

KELLY, Elizabeth, (fl.1910-20), background unknown. Matriculated at UCD in 1910/11, graduated M.B. B.CH B.A.O. in 1915. Working as MO N. Riding Asylum, Yorkshire in 1920, after which not listed.

KENNEDY, Aileen Maryjoy, (c.1903-post 1935), birthplace unknown, father doctor. Religion unknown. Matriculated at QCB in 1921/22, graduated M.B. B.CH B.A.O. in 1930. address but no post at University Square, Belfast in 1935, after which not listed.

KENNEDY, Kathleen Mary, (15/06/1901-post 1960), from Dublin, father Denis Kennedy, doctor. Religion Catholic. Matriculated at UCD in 1920/21, graduated M.B. B.CH B.A.O. in 1925. Asst Res MO Royal National Hospital for Consumption, Newcastle in 1930, Res Surg Royal Hospital Wolverhampton in 1935, then Temp Vis Phys Cork Dispensary Hospital 1940-50 and Vis Phys St Finbars, Cork in 1960.

KENNEDY, Kathleen Olive Moore, (fl.1917-68), background unknown. Matriculated at RCSI in 1917/18, graduated LRCPI &LM, LRCSI &LM in 1923, DPH in 1924. Address but no post in Fermanagh 1928-33, then address but no post in London 1938-68.

KIELY, (later Forrest), Mary Agnes, (c.1897-post 1957), from Cork, father Jeremiah Kiely, farmer. Religion Catholic. Matriculated at QCC in 1915/16, graduated M.B. B.CH B.A.O. in 1922. Address but no post in Cork, 1927-57, presumably GP.

KIERNAN, (later Malone), Eileen, (fl.1921-61), background unknown. Matriculated at RCSI in 1921/22, graduated LRCPI &LM, LRCSI &LM in 1926. Address but no post in Birmingham in 1931. Not listed in 1936. Part-time MO Birmingham Pub Health Dept in 1941. Address but no post in Staffs. in 1951-61.

KILKELLY, Ethel Rose, (11/04/1896-post 1954), from Athlone, father Michael Kilkelly, draper. Religion Catholic. Matriculated at UCD 1914/15, graduated M.B. B.CH B.A.O. in 1919, DPH in 1920. Asst MO Co. Boro Wolverhampton in 1924, not listed in 1929, Asst Sch MO and Certif MO Wolverhampton in 1934. Address but no post in Athlone, 1944-54. Published on 'Investig of cholera cases', *School Medical Officers Annual Report*, 1924, 'Rheumatism in school children', *Ibid* 1928.

KILLIAN, Elizabeth, (c.1894-post 1947, from Roscommon, father unknown. Religion Catholic. Matriculated at QCG in 1917/18, graduated M.B. B.S, (Durham) in 1922, DPH in 1923. Address but no post in Athlone in 1927, then Ballinasloe 1932-47.

KING, Catherine Margaret, (fl.1917-48), background unknown. Matriculated at RCSI in 1917/18, graduated LRCPI &LM, LRCSI &LM in 1923. Address but no post in Sandycove, Dublin, 1928-38, retired in 1948.

KING, Ellen, (18/10/1894-post 1932), from Dicks Grove, Kerry, father Jeremiah King, custom house officer. Religion unknown. Matriculated at UCD in 1912/13, graduated M.B. B.CH B.A.O. in 1922. Presumed GP in west London, 1927-32, after which not listed.

KING, Mary Josephine, (fl.1915-25), background unknown. Matriculated at RCSI in 1915/16, graduated M.B. B.CH B.A.O. in 1920. Working as MOH & Dispensary. MO Mullingar, Cons Phys Co Hospital Mullingar in 1925, after which not listed.

KIRKER, Arabella, (c.1893-post 1921), from Down, father secretary to limited company. Religion Baptist. Matriculated at QCB in 1911/12, graduated M.B. B.CH B.A.O. in 1916. Listed as Asst MOH Matern and Child Welfare in Down in 1921, after which not listed.

KIRKER, Ida May, (c.1896-post 1947), from Down, father secretary to limited company. Religion Baptist. Matriculated at QCB in summer 1916, graduated M.B. B.CH B.A.O. in 1922. Address but no post in Banbridge, Down, 1927-32, then address but no post in Belfast 1937-47.

KOELLER, Helen, (c.1900-post 1933), from Belfast, father Francis Koeller, musician. Religion Church of Ireland. Matriculated at QCB in summer 1917, graduated M.B. B.CH B.A.O. in 1923. Asst. Med. Sch Off. LCC, London in 1928, Radiologist and MO Ultraviolet Dept Qu Mary's Hospital Roehampton and Asst Sch MO LCC in 1933, not listed thereafter.

LAWLER, Bertha, (c.1900-post 1931), from Wexford, birthplace unknown, father unknown. Religion Church of Ireland. Matriculated at TCD in 1918/19, graduated M.B. B.CH B.A.O. in 1924, DTM & H. (Cambridge) in 1926. Address but no post in Essex, England in 1931, after which not listed.

LEDLIE, Alexandra Holmes Crawford, (fl.1916-56), background unknown. Matriculated at RCSI in 1916/17, graduated LRCPI &LM, LRCSI &LM in 1921. Certif Factory Surg, Cork, 1926- at least 1956.

LEMASS, (later Lemass-Boland), Alice Mary, (31/03/1901-post 1935), from Dublin, father John Lemass, hatter. Religion Catholic. Matriculated at UCD in 1919/20, graduated M.B. B.CH B.A.O. in 1925. Address but no post in Dublin in 1930, then Res MO City Infirmary Dublin in 1935, after which not listed.

LEMON, Ruth, (fl.1917-57), background unknown. Matriculated at TCD in 1917/18, graduated M.B. B.CH B.A.O. in 1922, DPH in 1924. Address but no post in Loughgall Armagh, 1927-32, then Dispensary MO and MOH Loughgall 1937-47, then address but no post in Loughgall in 1957.

LINEHAN, Bridget, (?-12/04/1936), background unknown. Matriculated at UCD in 1915/16, graduated M.B. B.CH B.A.O. in 1921, DPH in 1934. Asst MO Co. Mental Hospital Lancaster, 1926-31, after which not listed.

LIVINGSTON, Mary Cecilia, (c.1903-post 1935), from Armagh, father William Livingstson, linen manufacturer. Religion Church of Ireland. Matriculated at TCD in 1920/21, graduated M.B. B.CH B.A.O. in 1925. Address but no post in Lurgan, Armagh, 1930-35, after which not listed.

LOGAN, Mary Ellen Margaret, (?-12/03/1925), birthplace unknown, father doctor. Religion unknown. Matriculated at QCB in 1896/97, graduated LRCPI &LM, LRCSI &LM in 1902, LAH in 1913. Res MO Infirmary Lisburn Rd, Belfast, 1907-17, after which not listed.

LONG, Mary Anderson, (c.1900-post 1959), from Derry, father William Long, farmer. Religion Presbyterian. Matriculated at QCB in summer 1918, graduated M.B. B.CH B.A.O. in 1924. Med. Off. Derry Regional Education. Committee in 1929, then MOH and MO Feeny 1934-59.

LOWRY, Eleanor, (fl.1899-42), birthplace unknown, father builder. Religion unknown. Matriculated at QCB in 1899/1900, graduated M.B. BS. (London) in 1907. Sen Ho Surg Victoria Hospital for Children Hull in 1912, Asst Surg Womens Hospital for Children, Harrow Rd, Clin Asst Eye, Ear, Throat Dept of Royal Free Hospital in 1917, Surg Throat and Ear Eliz G Anderson Hospital, London in 1922-32, retired in Antrim in 1942. Published 'Throat and ear defects from the standpoint of the elementary school child' *Journal of Oto-laryngology*, 1924.

LUCE, Ethel, (fl.1913-53), background unknown. Matriculated at TCD in 1913/14, graduated M.B. B.CH B.A.O. in 1918, MD in 1919. Worked as researcher with Beit Memorial fellowship in London in 1923, then Sterling Sen Fellow and Lecturer in Paediatrics at Yale University, America in 1928, research fellow in biology at University of Rochester in 1933, and Professor of Zoology at University of Rochester 1943-at least 1953. Published on 'Influence of diet and sunlight upon the growth-promoting...' *Bio-Chemistry Journal*, 1924.

LUCEY, Mary Patricia, (1892-post 1949), from Cork, father Daniel Joseph Lucey, wool manufacturer. Religion Catholic. Matriculated at QCC in 1915/16, graduated M.B. B.CH B.A.O in 1924. Address but no post in Cork in 1929-49, after which not listed.

LYNCH, Ita Mary, (c.1902-post 1936), from Cork, father Timothy Lynch, customs officer. Religion Catholic. Matriculated at QCC in 1919/20, graduated M.B. B.CH B.A.O. in 1926. Address but no post in Sunday's Well, Cork, 1931-36, after which not listed.

LYNN, Kathleen Florence, (28/01/1874-14/9/1955), from Dublin, father Church of Ireland clergyman. Religion Church of Ireland. Matriculated at RCSci in 1895/96, graduated M.B. B.CH B.A.O. in 1899. Address but no post in Rathmines, Dublin, 1904-9. Clin Asst Royal Victoria Eye and Ear Hospital, Dublin in 1914. Founded St Ultan's Hospital, Dublin in 1919, worked as Phys at St Ultan's until at least 1934.

LYONS (later Lyons-Thornton), Bridget, (13/05/1896-post 1957), from Longford, father Patrick Lyons, farmer. Religion Catholic. Matriculated at QCG in 1915/16, graduated M.B. B.CH B.A.O. in 1922. Address but no post in Longford in 1927, in Dublin in 1932, Asst MOH and Sch MO Dublin Co. Boro 1937-57.

LYSTER, Alexandra Mary, (c.1903-post 1929), background unknown. Matriculated at QCB in 1921/22, graduated M.B. B.CH B.A.O. in 1929. Not listed in Medical Directory.

MACRORY, Elizabeth, (fl.1894-1935), birthplace unknown, father solicitor. Religion unknown. Matriculated at QCB in 1894/95, graduated MB ChB (Edinburgh) in 1900. Address but no post in Dumferline, Scotland in 1905, address but no post in London 1910, medical inspector LCC 1915-25, then Asst MO LCC in 1935.

MADDEN, Violet, (c.1898-post 1960), from Limerick, father Phillip Madden, farmer and Justice of the Peace. Religion Catholic. Graduated M.B. B.CH B.A.O. in 1925. Appointment at Ballinacurra Hospital, Knocklong, Limerick, 1930-35, address but no post in Dublin, 1940-50, then Phys St Ultans Hospital & Sunshine Home Stillorgan in 1960.

MAGNER, Josepha Thomasine Mary, (21/07/1898-post 1927), from Limerick, father Patrick Magner, rate collector. Religion Catholic. Matriculated at UCD in 1917/18, graduated M.B. B.CH B.A.O. in 1922. Address but no post in London in 1927, after which not listed.

MAGNER, (later Walsh), Una, (c.1892-post 1956), from Cork, father Edward Magner, doctor. Religion Catholic. Matriculated at QCC in 1915/16 QCC, graduated M.B. B.CH B.A.O. in 1921, DPH in 1927. Address but no post in Cork in 1926, then London 1931-36, then Cleveleys, Lancashire, 1946-56.

MAGUIRE, Katharine, (?-1931), from Boyle, Roscommon, father Rev. John Maguire, minister. Religion unknown. Year of matriculation unknown. Graduated MB B.Ch B.A.O. in 1891. Listed address but no post Dublin until at least 1926.

MAGUIRE, Wilhelmina Colquhoun, (c.1901-post 1959), from Belfast, father William Maguire, occupation unknown. Religion Catholic. Matriculated at RCSI in 1919/20, graduated LRCPI &LM, LRCPI &LM in 1924. Visiting Phys Court Theatre&Chelsea Palace Theatre in 1929, Asst MO Camberwell House Mental Hospital, 1934-9, address but no post in London in 1949, Sch MO Pub Health Dept Dagenham in 1959.

MAHER, Nora Bridget, (fl.1920-37), background unknown. Matriculated at RCSI in 1920/21, graduated LRCPI & LM, LRCPI & LM in 1927. Address but no post in Cashel, Tipperary in 1932-37, after which not listed.

MARSHALL, Gladys Christeen Mary, (c.1900-post 1957), from Tyrone, father David Marshall, Presbyterian clergyman. Religion Presbyterian. Matriculated at RCSI in 1917/18, graduated LRCPI & LM, LRCPI & LM in 1922. Address but no post in Belfast, 1932-57.

MARTIN, Elizabeth Mary, (c.1891-post 1956), from Belfast, father Samuel Martin, commission agent. Religion Presbyterian. Matriculated at QCB in summer 1916, graduated M.B. B.CH B.A.O. in 1921, DPH in 1923. Ho. Surg Isle of Wight Co. Hospital in 1926, Asst Sch MO Portsmouth 1931-56.

MARTYN (later Fogarty), Bridget, (31/12/1895-post 1954), from Flaskagh, Galway, father John Martyn, landholder. Religion Catholic. Matriculated at QCG in 1914/15, graduated M.B. B.CH B.A.O. in 1919. Med Supt Holgate Middlesborough in 1929 and 1935, later Temp Lecturer UCG in 1944, then address but no post in Galway in 1954.

MCCAFFREY, Mildred Mary, (20/09/1901-01/1950), from Bawnboy, Cavan, father Hugh McCaffrey, merchant. Religion Catholic. Matriculated at UCD in 1920/21, graduated M.B. B.CH B.A.O. in 1926. Address but no post in Swanlibar, Cavan, 1931-41.

MCCALLUM, Amy Connellan, (c.1886-post 1943), from Belfast, father late financial secretary education board. Religion Church of Ireland. Matriculated at QCB in summer 1910, graduated M.B. B.CH B.A.O. in 1918. Demonstrator in anatomy at QCB in 1923, Res Med Supt Rosslare Sanatorium in 1938, address but no post in 1943, after which not listed.

MCCANN, (later Rath), Monica Mary, (27/05/1897-post 1956), from Newry, Down, father James McCann, rate collector. Religion unknown. Matriculated at UCD in 1915/16, graduated M.B. B.CH B.A.O. in 1921. Address but no post in Clare in 1926, Armagh in 1931, then Dispensary MO Termonfeckin 1936-56.

MCCARTHY, Ellen, (c.1902-post 1961), from Cork, father Cornelius McCarthy, occupation unknown. Religion Catholic. Matriculated at QCC in 1920/21, graduated M.B. B.CH B.A.O. in 1926. Address but no post in Schull, Cork in 1931-36, then address but no post in London in 1951, and MO North Infirmary Cork in 1961.

MCCARTHY, (later McCarthy-Doherty), May, (c.1895-post 1952), from Cork, father Florence McCarthy, occupation unknown. Religion Catholic. Matriculated at QCC in 1918/19, graduated LRCPI &LM, LRCSI &LM in 1927. Address but no post in Cork in 1932, then Capetown, South Africa until 1952.

MCCOLGAN, Kathleen Gertrude, (17/06/1900-post 1938), from Donegal, father Joseph McColgan, merchant. Religion unknown. Matriculated at UCD in 1919/20, graduated M.B. B.CH B.A.O. in 1923. Address but no post in Donegal in 1928-33, then in Kilkenny in 1938, not listed thereafter.

MCCONNON, Eileen M, (c.1901-post 1951), from Cork, father Michael McConnon, national school teacher. Religion Catholic. Matriculated at QCC in 1918/19, graduated M.B. B.CH B.A.O. in 1926. Address but no post at Sundays Well, Cork, 1931-6, then Manchester 1941-51.

MCDANIEL, Eveline, (c.1898-post 1956), birthplace unknown, father merchant. Religion unknown. Matriculated at QCB in summer 1916, graduated M.B. B.CH B.A.O. in 1921. Med. Off. Matern & Child Welfare Scheme, Clin Asst Children's Hospital Belfast in 1926, Prof. Therap. Pharmacol & Mat. Med, UCG, Jun Surg Central Hospital Galway in 1931, Part-time Sch Med Insp Clogher in 1936-46, then address but no post in Clogher in 1956.

MCDERMOTT, Jane Mary, (19/01/1902-10/03/1929), from Naas, Kildare, father Thomas McDermott, merchant. Religion Catholic. Matriculated at UCD in 1921/22, graduated M.B. B.CH B.A.O. in 1926. Asst to Dr Laverty in Bray Dispensary District.

MCDERMOTT, Mary Josephine, (fl.1917-59), background unknown. Matriculated at RCSI in 1917/18, graduated LRCPI &LM, LRCSI &LM in 1924. Address but no post in Westmeath in 1934, then Manchester 1939-59.

MCDONALD, Christina, (fl.1919-63), background unknown. Matriculated at TCD in 1919/20, graduated M.B. B.CH B.A.O. in 1928. Ho. Surg. Sunshine Home, Bray in 1933, then London, address but no post 1938-53, then Asst MO Co Boro West Ham in 1963.

MCDOWELL, Margaret Irwin, (c.1898-post 1933), from Derry, father Thomas McDowell, butter and egg merchant. Religion Presbyterian. Matriculated at QCB in 1917/18, graduated M.B. B.CH B.A.O. in 1923, DPH 1924. Clin Asst Eye Ear and Throat Hospital, Derry 1928-33, then not listed.

MCELROY, Lilian, (c.1903-post 1964), born in Lanarkshire, Scotland, father John McElroy, doctor. Religion Prebyterian. Matriculated at QCB in 1921/22, graduated M.B. B.CH B.A.O. in 1929. Address but no post in Belfast in 1939, not listed in 1944, then Part-time asst MO Child Welfare, Belfast, 1954-64.

MCENROY, Margaret, (27/12/1902-post 1961), from Newfarngone, father Bryan McEnroy, farmer. Religion Catholic. Matriculated at QCG in 1920/21, graduated M.B. B.CH B.A.O. in 1926. Address in English provinces (uncommunicated) in 1931, address but no post in Nottingham in 1941, New Donnington 1951-61.

MCEVOY, Mary Josephine, (16/11/1898-post 1958), from Dublin, father WJ McEvoy, publican. Religion Catholic. Matriculated at UCD in 1916/17, graduated M.B. B.CH B.A.O. in 1923. Address but no post in Dublin 1928-33, then London 1938-58.

MCGEE, Sarah Anne, (c.1896-post 1928), from Fermanagh, father William McGee, farmer. Religion Catholic. Matriculated at QCC in 1917/18, graduated M.B. B.CH B.A.O. in 1923. Address but no post in Leitrim in 1928, not listed thereafter.

MCGIVERN, (later Connolly), Mary, (15/12/1900-March 1989), from Banbridge, Co. Down, father Peter McGivern, merchant. Religion Catholic. Matriculated at UCD in 1918/19, graduated M.B. B.CH B.A.O. in 1925. Married J.J. Connolly (GP) in 1925. Worked as GP in Banbridge for entire career after husband left for service for WW2.

MCGLOUGHLIN, Mary Kathleen, (fl.1920-30), background unknown. Matriculated at UCD in 1920/21, graduated M.B. B.CH B.A.O. in 1925. Res MO Walthamstow UDC Isolated Hospital, Chingford in 1930, not listed thereafter.

MCGRATH (later McGrath-Bowen), Anna Mary Pauline, (c.1902-02/07/1951), from Carrick-on-suir, Tipperary, father Thomas McGrath, grocer. Religion Catholic. Matriculated at UCD in 1921/22, graduated M.B. B.CH B.A.O. in 1925. Married WH Bowen. MOH Enniscorthy, 1930-60.

MCGUCKIN, Clara Mary, (c.1900-post 1928) background unknown. Matriculated at QCB in 1918/19, graduated M.B. B.CH B.A.O. in 1923. Working as Anaesth. Mater Infirmary. Hospital Belfast in 1928 then not listed.

MCGURK, Sara, (c.1897-post 1921), birthplace unknown, father publican. Religion unknown. Matriculated at QCB in summer 1916, graduated M.B. B.CH B.A.O. in 1921. Not listed in Medical Directory.

MCKERNAN, Hilda Kathleen, (24/01/1901-post 1939), from Dublin, father John McKernan, head constable RIC. Religion Catholic. Matriculated at UCD in 1919/20, graduated M.B. B.CH B.A.O. in 1924. Address but no post in Dublin in 1929, uncommunicated in 1934, London uncommunicated address in 1939, not listed thereafter.

MCKNIGHT (later Henry), Maud Warren, (c.1898-post 1957), from Belfast, father Robert McKnight, chemist. Religion Church of Ireland. Matriculated at QCB in summer 1918, graduated M.B. B.CH B.A.O. in 1922. Working as Anaesth at Royal Victoria Hospital, Belfast in 1927-32, then Nigeria (c/o Public Works Dept), 1937-47 and South Africa, address but no post in 1957.

MCQUILLAN, Mary Rose, (c.1904-post 1969), unknown, father publican. Religion unknown. Matriculated at QCB in summer 1922, graduated LRCP LRCS (Edinburgh) in 1934. Address but no post in Wales in 1939, Belfast in 1944, then Wales 1959-69.

MEADE, Kathleen, (25/08/1899-post 1926), from Castlebelling Law, Louth, father Michael Meade, farmer. Religion Catholic. Matriculated at UCD in 1916/17, graduated M.B. B.CH B.A.O. in 1921. Address but no post in Louth in 1926, not listed thereafter.

MEENAN, (later Donnellan), Annie, (c.1899-post 1938), background unknown. Matriculated at QCB in summer 1917, graduated M.B. B.CH B.A.O. in 1923. Jun Asst MO District Asylym Omagh in 1928-33, then , later England: address uncommunicated in 1938 after which not listed.

MENARY, Vera Gladys May, (c.1898-post 1932), from Armagh, father Thomas Menary, solicitor. Religion Church of Ireland. Matriculated at TCD in 1916/17, graduated M.B. B.CH B.A.O. in 1922. Address but no post in Lurgan in 1927, and in Derry 1932, after which not listed.

MILLER, Mary Swan, (fl.1920-66), background unknown. Matriculated at TCD in 1920/21, graduated M.B. B.CH B.A.O. in 1926. Address but no post in Derry in 1931, Sch MO Londonderry and Limavady Education Committee in 1936, Asst MOH and Sch MO Leigh 1946-66.

MITCHELL, Charlotte Eleanor, (fl.1900-12), background unknown. Matriculated at QCB in 1900/01, graduated M.B. B.CH B.A.O. in 1907. Appointment at the Infirmary in Lurgan in 1912, after which not listed.

MOCLAIR, Bridget Angela, (08/01/1895-post 1956), from Cashel, Tipperary, father Patrick Moclair, farmer. Religion unknown. Matriculated at QCB in 1913/14, graduated M.B. B.CH B.A.O. in 1921. Address but no post at Merrion Square, Dublin, 1926-56.

MOLLOY, Marie Rose Lynch, (c.1884-post 1949), from Cork, father John Lynch, retired. Religion Catholic. Matriculated at QCC in 1905/06, graduated M.B. B.CH B.A.O. in 1914. Asst MOH Birmingham in 1919- at least 1949.

MOLONEY, Mary Frances, (14/10/1894-post 1955), from Limerick, father Patrick Moloney, chemist. Religion unknown. Matriculated at UCD in 1915/16, graduated M.B. B.CH B.A.O. in 1920. Address but no post in Tipperary, 1925-35, then Limerick 1945-at least 1955.

MOONEY, Evaline Elizabeth, (fl.1919-49), background unknown. Matriculated at TCD in 1919/20, graduated M.B. B.CH B.A.O. in 1924. Address but no post in Westmeath, 1929-39, then Ophth Surg Co Hospital Mullingar in 1949, then not listed.

MOORE, Marguerite Eveline, (c.1887-post 1958), born in America, father Samuel Moore, farmer. Religion Presbyterian. Matriculated at QCB in 1917/18, graduated M.B. B.CH B.A.O. in 1923. Address but no post in Derry 1928-33, then Manchester 1938-58.

MOORE, Marie Stella, (18/01/1897-post 1927), from Dublin, father Stanley Moore, doctor. Religion Catholic. Matriculated at UCD in 1916/17, graduated M.B. B.CH B.A.O. in 1922, DPH in 1924. Listed at Walthamstow Sanatorium, Chingford, London in 1927, then not listed.

MORAN, Kate Agnes, (04/01/1900-post 1936), from Ballintogher, Sligo, father Edward Moran, farmer. Religion unknown. Matriculated at QCG in 1919/20, graduated M.B. B.CH B.A.O. in 1926, DPH in 1928. Address but no post in Ballintogher, Sligo, 1931-36, not listed thereafter.

MORRISON, Elizabeth, (c.1897-1957), birthplace unknown, father farmer. Religion unknown. Matriculated at QCB summer 1916, graduated M.B. B.CH B.A.O. in 1922. Address but no post, Dervock, Antrim 1927-at least 1957.

MUIR, Alice Irene, (c.1903-post 1933), from Belfast, father Andrew Henry Muir, accountant. Religion Congregationalist. Matriculated at QCB in 1921/22, graduated M.B. B.CH B.A.O. in 1928. Listed as Ho. Surg Ethel Hedley Hospital Windermere, England in 1933 then not listed.

MULCAHY, Aileen Mary, (later Martyn), (fl.1919-60), background unknown. Matriculated at RCSI in 1919/20, graduated LRCPI & LM, LRCSE & LM in 1925. Address but no post in Dublin in 1930-35, and in Galway 1940-60.

MULHERN, Annie, (20/06/1898-post 1929), from Donegal, father James Mulhern, national school teacher. Religion Catholic. Matriculated at UCD in 1919/20, graduated M.B. B.CH B.A.O. in 1924. Address but no post in Donegal in 1929 after which not listed.

MULLIGAN, Olive Jane Elizabeth, (c.1902-post 1960), from Down, father Thomas Mulligan, farmer. Religion Presbyterian. Matriculated at QCB in 1920/21, graduated M.B. B.CH B.A.O. in 1925. Address but no post in Middlesex, 1930-35 then London 1940-60.

MULLINS, Maud Marie, (c.1901-post 1960), from Cork, father Jeremiah Mullins, carriage builder. Religion Catholic. Matriculated at QCC in 1919/20, graduated M.B. B.CH B.A.O. in 1925, DPH in 1927. Address but no post in Cork in 1930, Ho Surg Midland Hospital Birmingham in 1935, Sen Asst MO Gt Barr Pk Colony Birmingham 1940, then Sen Hospital MO St Margaret's Hospital Birmingham, 1950-60.

MURNANE, (later Dunne) Helen Mary, (c.1896-post 1955), from Dublin, father D.I. in R.I.B. Religion unknown. Matriculated at QCB in 1914/15, graduated M.B. B.CH B.A.O. in 1920, DPH in 1923. Address but no post in Dublin 1925, appointment at Grangegorman mental hospital in 1930, appointment at the Mental Hospital Sligo in 1935, address but no post in Dublin 1945-55. Married to John Dunne, doctor.

MURNANE, (later Murnane-Power) Annie Josephine, (18/08/1901-post 1961) from Killmallock, Limerick, father Richard Murnane, doctor. Religion Catholic. Matriculated at UCD in 1920/21, graduated M.B. B.CH B.A.O. in 1926. Address but no post in Limerick 1931-36, then MO Caherconlish Dispensary District 1951-61.

MURPHY, Elizabeth, (c.1892-post 1932), from Macroom, father John Murphy, farmer. Religion Catholic. Matriculated at QCC in 1911/12, graduated M.B. B.CH B.A.O. in 1917. Address but no post in Cork in 1922 then MO Shiveragh Dispensary District 1927-32 after which not listed.

MURPHY, Ellen, (c.1897-post 1955), from Old Forge, Lissarda, Cork, father Cornelius Murphy, farmer. Religion Catholic. Matriculated at QCC in 1915/16, graduated M.B. B.CH B.A.O. in 1920. Address but no post in Cork 1925-30, then Kerry 1935-55.

MURPHY, (later Taffs) Evelyn Nora, (?-d.28/06/1951), background unknown. Matriculated at RCSI in 1915/16, graduated LRCPI &LM, LRCPI &LM in 1921. Address but no post in Cork in 1926, and London 1931-46.

MURPHY, Lillie Josephine, (fl.1909-25), background unknown. Matriculated at Catholic University in 1909/10, graduated M.B. B.CH B.A.O. in 1915. Address but no post in Macroom, Cork, in 1920-25 after which not listed.

MURPHY, Margaret, (c.1901-post 1958), from Cork, father James Murphy, farmer. Religion Catholic. Matriculated at QCC in 1918/19, graduated M.B. B.CH B.A.O. in 1923. Address but no post in Cork in 1928, Asst MO Northern Hospital, London in 1933-38, then MO Surrey Sanatorium in 1948 and MO Milford Chest Hospital in 1958.

MURPHY, Mary, (c.1887-post 1927), from Macroom, Cork, father Patrick Murphy, religion Catholic. Matriculated at QCC in 1906/07, graduated M.B. B.CH B.A.O. in 1912. Address but no post in Macroom, 1917-27, not listed thereafter.

MURPHY, Mary John, (c.1899-post 1960), from Cork, father James Murphy, vintner. Religion Catholic. Matriculated at QCC in 1918/19, graduated M.B. B.CH B.A.O. in 1925, Diploma in mental diseases in 1930. Address but no post in Cork 1930-35, MO Castlebar Mental Hospital 1940-60.

MURRAY, Jeannie Rose, (fl.1898-1931), background unknown. Matriculated at QCB in 1898/1900, graduated M.B. B.CH B.A.O. in 1906. Address but no post in Antrim in 1911, then Sch Med Insp Stoke on Trent, 1916-31.

NASH, Amy Florence, (c.1887-post 1945), from Dublin, father William Henry Nash, GP. Religion Church of Ireland. Matriculated at RCSI in 1904/05, graduated LRCPI &LM, LRCPI &LM in 1910. Address but no post in Dublin in 1915, and in English provinces (address uncommunicated) in 1920, Temp Asst MO Co Asylum Rainhill in 1925, later address but no post in Hants, England, 1935-45.

NEILL, Harriette Rosetta, (?-02/07/1942), background unknown. Matriculated at QCB in 1889/90, graduated M.B. B.CH B.A.O. in 1894. Hon Phys Home of Rest, Bangor, 1899-1909, then address but no post in Bangor, 1919-at least 1929.

NEILL, (later Neill-Kennedy) Matilda Gertrude, (c.1898-post 1956), birthplace unknown, father draper. Religion unknown. Matriculated at QCB in summer 1916, graduated LRCPI &LM, LRCSI &LM in 1921. MOH and Med. Off. Bellarena District Derry and Med. Off. P.O. in 1926-46, then address but no post in Derry in 1956.

NELIS, Iris Philippine, (fl.1916-58), background unknown. Matriculated at RCSI IN 1916/17, graduated LRCPI &LM, LRCSI &LM in 1923, DPH in 1924. Address but no post in London in 1928, then MO and Public Vaccinator in Flintsh, Wales in 1933, MOH Holywell RD and Mold UD, District MO and Public Vacc 1938-48, then address but no post in Gloucester, England in 1958.

NELSON, Maggie Martin, (c.1896-post 1957), birthplace unknown, father farmer. Religion unknown. Matriculated at QCB in 1915/16, graduated LRCPI &LM, LRCSI &LM in 1922. Address but no post in Down in 1927, in Belfast in 1932, then MO Clogher Union Hospital 1937-47, address but no post in Clogher in 1957.

NEVILLE, Ellen Mary, (c.1897-post 1957), from Ballytrasna, Cork, father Edward Neville, farmer. Religion Catholic. Matriculated at QCC in 1915/16, graduated M.B. B.CH B.A.O. in 1922. Address but no post in Cork, 1927-32 then address but no post in Manchester 1937-57.

NEVILLE, Marie A, (c.1902-post 1951), from Cork, father Edward Neville, farmer. Religion Catholic. Matriculated at QCC in 1919/20, graduated M.B. B.CH B.A.O. in 1926. Address but no post in Cork, 1931-36, then address in England provinces (uncommunicated), 1941-51.

NOLAN, Agnes Josephine, (c.1892-post 1955), from Dublin, father Patrick Nolan, porter Kildare St Club, Dublin. Religion Catholic. Matriculated at UCD in 1915/16, graduated M.B. B.CH B.A.O. in 1920. Address but no post in Limerick in 1925, then MOH & Dispensary MO Shanagolden and Ballynahill District 1930-55.

NOLAN, Margaret Mary, (11/11/1896-post 1960), from Kildare, father Edward Nolan, farmer. Religion unknown. Matriculated at UCD in 1918/19, graduated M.B. B.CH B.A.O. in 1925, DTM & H.ENG 1927, DPH 1927. Address but no post in Dublin in 1930, then Res Surg Eden Hospital Calcutta, India in 1935, MO Women Med Serv India, Ishwari Hospital, Benares and Res Surg Eden Hospital Calcutta in 1940, Gynaec St Luke's Hospital, AnnaUyo District, Nigeria 1950-60. Published 'Short account of ten cases of eclampsia treated by intravenous injections of magnesium sulphate', *Indian Medical Gazette*, 1935

NOLAN, Mary Rose, (fl.1916-28), birthplace unknown, father farmer. Religion unknown. Matriculated at RCSI in 1916/17, graduated LRCPI &LM, LRCSI &LM in 1923. Address but no post in Limerick in 1928, after which not listed.

NORRIS, Nanette, (fl.1916-56), birthplace unknown, father farmer. Religion unknown. Matriculated at TCD in 1916/17, graduated M.B. B.CH B.A.O. in 1921. Address but no post in King's County in 1926, then Fitzwilliam Square, Dublin 1931-56.

O'BOYLE, Sarah Bridget, (15/01/1896-post 1961), from Belmullet, Mayo, father Francis O'Boyle, shopkeeper and farmer. Religion Catholic. Matriculated at UCD in 1917/18, graduated M.B. B.CH B.A.O. in 1926. Address but no post in Mayo in 1931, then SE London in 1936, MO Etloe House Inst., London 1941-51, address but no post in London in 1961.

O'BRIEN, Catherine, (24/06/1901-post 1960), from Milltown Malbay, father Michael O'Brien, doctor. Religion Catholic. Matriculated at QCG in 1920/21, graduated M.B. B.CH B.A.O. in 1925, DPH in 1927. Address but no post in Galway in 1930, in London in 1935, then Chief Sch MO Boro Dublin 1940-50, and Asst MOH Dublin in 1960. Published on 'Sch Med Serv', *Irish Journal of Medical Science*, 1937.

O'BRIEN, Eveleen Josephine, (03/03/1901-post 1959), from Sligo, father Thomas O'Brien, RIC constable. Religion unknown. Matriculated at UCD in 1920/21, graduated M.B. B.CH B.A.O. in 1924, DPM RCPS Eng. 1929. Address but no post in Dublin in 1929, Asst Med Of Portrane Mental Hospital in 1934, Asst MO Grangegorman Mental Hospital 1939-59. Published on 'Treatment of Epilepsy', *Journal of Mental Science* 1931.

O'BRIEN, Kathleen, (c.1899-post 1930), from Midleton, Cork, father Patrick O'Brien, doctor. Religion Catholic. Matriculated at QCC in 1915/16, graduated M.B. B.CH B.A.O. in 1920. Address but no post in Cork in 1925 and Limerick in 1930, not listed thereafter.

O'BRIEN, Mary Catherine, (fl.1916-26), birthplace unknown, father farmer. Religion unknown. Matriculated at RCSI in 1916/17, graduated LRCPI &LM, LRCSI &LM in 1921. Address but no post in Athlone in 1926, not listed after.

O'CALLAGHAN, Mary Ruth, (c.1900-post 1927), from Cork, father Edward O'Callaghan, lieutenant. Religion Catholic. Matriculated at QCC in 1917/18, graduated M.B. B.CH B.A.O. in 1922. address but no post in Cork in 1927, not listed thereafter.

O'CONNELL, (later Fitzgerald) Nora, (c.1904-post 1942), from Cork, father John O'Connell, surveyor of customs and excise. Religion Catholic. Matriculated at QCC in 1921/22, graduated M.B. B.CH B.A.O. in 1927. Address but no post in Cork in 1932, then appointment at Grangegorman mental hospital, Dublin, 1937-42.

O'CONNER, Aileen, (20/04/1901-post 1926), from Waterford, father James O'Conner, spirit merchant. Religion Catholic. Matriculated at UCD in 1921/22, graduated M.B. B.CH B.A.O. in 1926. Not listed in Medical Directory.

O'CONNOR, Anne, (07/07/1899-post 1926), from Swinford, father Thomas O'Connor, merchant. Religion unknown. Matriculated at QCC in 1917/18, graduated LRCPI &LM, LRCSI &LM in 1921. Address but no post in Swinford in 1926 after which not listed.

O'CONNOR, Annie, (c.1904-post 1931), from Cork, father Michael O'Connor, first class office excise. Religion Catholic. Matriculated at QCC in 1921/22, graduated M.B. B.CH B.A.O. in 1926, DPH in 1929, BSC PH in 1931. Address but no post in Cork in 1931, after which not listed.

O'CONNOR, Bridget Imelda, (c.1893-post 1950), from Cork, father Michael O'Connor, first class office excise. Religion Catholic. Matriculated at QCC in 1911/12, graduated M.B. B.CH B.A.O. in 1915. Asst MOH and Asst Med Supt Boro Hospital Plymouth, MO Matern & Welfare Centres, Plymouth, 1920-25, address but no post in London, 1930-50.

O'CONNOR, (later Saunders), Elizabeth, (c.1900-post 1959), from Belfast, father Michil O'Connor, Inland revenue officer. Religion Catholic. Matriculated at QCC in 1918/19 QCC, graduated M.B. B.CH B.A.O. in 1924. Address but no post in Surrey in 1929, then Kilkerran, Douglas Rd, Cork 1934-59.

O'CONNOR, Frances Elizabeth, (c.1908-post 1950), from Dublin, father Charlie O'Connor, builder. Religion Church of Ireland. Matriculated at TCD in 1919/20, graduated M.B. B.CH B.A.O. in 1925, DPH in 1933. Address but no post in Dublin 1930-35, then Canterbury as MOH in 1940, then MOH in Essex in 1950.

O'CONNOR, Mary, (c.1897-post 1925), from Kinsale, Cork, father Michael O'Connor, customs and excise officer. Religion Catholic. Matriculated at QCC in 1914/15, graduated M.B. B.CH B.A.O. in 1915, BDS in 1918. Sch MO in Plymouth in 1920, then address but no post in London in 1925.

O'CONNOR, Mary Joseph, (c.1887-post 1925), from Cork, father Cornelius O'Connor, worker for assurance company. Religion Catholic. Matriculated at QCC in 1908/09, graduated M.B. B.CH B.A.O. in 1915. Supt Rosclare Sanatorium in 1920 and 1925, after which not listed.

O'DONOHUE, Monica A, (c.1902-post 1927), from Sligo, father Maurice O'Donohue, engineer. Religion Catholic. Matriculated at QCC in 1921/22, graduated M.B. B.CH B.A.O. in 1927. Not listed in Medical Directory.

O'DOWD, Anne Mary, (01/10/1894-post 1960), born in Hull, father John O'Dowd, MP. Religion unknown. Matriculated at UCD in 1915/16, graduated M.B. B.CH B.A.O. in 1925. Address but no post in Ballymote, Sligo 1930-40, then MO Whittington Hospital, Preston in 1960.

O'DRISCOLL, Elizabeth Josephine, (23/08/1894-post 1922), from Queenstown, father Daniel O'Driscoll, insurance superintendent. Religion Catholic. Matriculated at QCC in 1912/13, graduated M.B. B.CH B.A.O in 1917, DPH in 1920. Initially Ho. Surg at hospital for tropical diseases, London in 1922, then not listed.

O'DWYER, Nora, (22/06/1897-post 1958), from Cork, father Daniel O'Dwyer, farmer. Religion unknown. Matriculated at UCD in 1917/18, graduated M.B. B.CH B.A.O. in 1923. Address but no post in Clare 1928-58.

O'DWYER, Nora Mary, (c.1900-post 1959), background unknown. Matriculated at QCC in 1918/19, graduated M.B. B.CH B.A.O. in 1924. Address but no post in Cork, 1929-59.

O'FARRELL, Margaret, (04/07/1898-post 1930), from Limerick, father John O'Farrell, caterer. Religion Catholic. Matriculated at UCD in 1919/20, graduated M.B. B.CH B.A.O. in 1925. Address but no post in Limerick in 1930, after which not listed.

O'FLANAGAN, Mary Margaret, (11/01/1901-post 1928), from Dublin, father Milo O'Flanagan, commercial traveller. Religion Catholic. Matriculated at UCD in 1918/19, graduated M.B. B.CH B.A.O. in 1923. Address but no post at Circular Rd Dublin in 1928, after which not listed.

O'FLANAGAN, (later Hearth) Pauline Kathleen, (29/06/1901-post 1959), from Dublin, father Milo O'Flanagan, commercial traveller. Religion Catholic. Matriculated at UCD in 1918/19, graduated M.B. B.CH B.A.O. in 1924. Married to Howard Hearth. Address but no post in Dublin in 1929, then Leicester 1934-39, then Asst MOH Leicester 1949-59.

O'HANLON, Winifred M., (31/03/1899-post 1949), from Sligo, father J. O'Hanlon, teacher. Matriculated at QCG in 1917/18, graduated M.B. B.CH B.A.O. in 1924. Address but no post in Riverstown, Sligo in 1929-34, address uncommunicated in Ireland 1939-49.

O'KANE, Patricia, (c.1903-post 1961), from Tyrone, father Patrick O'Kane, grocer/spirit merchant and farmer. Religion Catholic. Matriculated at TCD in 1919/20, graduated LRCPI & LM, LRCSI & LM in 1926. Address but no post in Drumquin, Tyrone in 1931-36, then Glasgow 1941-61.

O'KEEFFE, Catherine, (c.1901-post 1935), from Cork, father Richard O'Keeffe, farmer. Religion Catholic. Matriculated at QCC in 1919/20, graduated M.B. B.CH B.A.O. in 1925. Address but no post in Cork in 1935 after which not listed.

O'KEEFFE, Eileen May, (c.1885-25/02/1928), from Cork, father Arthur O'Keeffe, occupation unknown. Religion Church of Ireland. Matriculated at QCC in 1904/05, graduated M.B. B.CH B.A.O. in 1912. Asst Ho Surg Royal S Haunts and Southampton Hospital 1917-22, then address but no post in Cork in 1927.

O'LEARY, (later Morton) Mary, (c.1898-post 1947), from Waterford, father Charles O'Leary, cashier Cappoquin bacon factory. Religion Catholic. Matriculated at QCC in 1917/18, graduated M.B. B.CH B.A.O. in 1922. Address but no post in Cork in 1927-32, then London in 1937, address in England uncommunicated in 1947.

O'MAHONY, Annie (Mother M. Eiblin), (c.1901-post 1961), from Cork, father John O'Mahony, farmer. Religion Catholic. Matriculated at QCC in 1920/21, graduated M.B. B.CH B.A.O. in 1926. Address but no post in Cork 1931-36, then St Gabriel's Convent, Berkshire in 1941. Working in Pakistan at St Raphael's Hospital, Punjab, in 1961.

O'MAHONY, Marguerite Sylvia, (22/12/1899-post 1931), from Limerick, father John O'Mahony, bookseller. Religion Catholic. Matriculated at UCD in 1920/21, graduated M.B. B.CH B.A.O. in 1926. Address but no post in Limerick in 1931, after which not listed.

O'MAHONY, Nora, (c.1896-post 1929), from Letterlowes, father Florence O'Mahony, farmer. Religion Catholic. Matriculated at QCC in 1916/17, graduated M.B. B.CH B.A.O. in 1924. Address but no post in Letterlowes in 1929, then not listed.

O'NEILL, Eileen Mary, (28/12/1897-post 1936), born in Baugaloe, India, father Richard O'Neill, army captain. Religion unknown. Matriculated at UCD in 1918/19, graduated M.B. B.CH B.A.O. in 1926. Address but no post in Dublin in 1931-36, after which not listed.

O'REILLY, Anna Josephine, (fl.1917-27), background unknown. Matriculated at RCSI in 1917/18, graduated LRCPI &LM, LRCSI &LM in 1922, DPH in 1926. In 1927 listed as Late Asst to Prof of Bacter.RCSI and MOH Swanlinbar then not listed again. Published 'Notes on Brit. machilidae, with descriptions of two new species', *Annals & Magazine of Natural History*, 1915.

O'RIORDAN, Teresa, (c.1888-post 1959), from Cork, father Michael O'Riordan, occupation unknown. Religion Catholic. Matriculated at QCC in 1918/19, graduated M.B. B.CH B.A.O. in 1924, DPH in 1925. Address but no post in Cork in 1929, then Newport, Wales from 1934-49, then Cork in 1959.

O'SHEA, (later O'Connell), Mary Esther, (c.1900-post 1948), from Cork, father Patrick O'Shea, farmer. Religion Catholic. Matriculated at QCC in 1918/19, graduated M.B. B.CH B.A.O. in 1923, BSC in 1922. Address but no post in Cork, 1928-38, then listed as MO Millstreet Hospital, Cork in 1948.

O'SULLIVAN, Eileen A, (c.1901-post 1935), from Cork, father Cornelius O'Sullivan, occupation unknown. Religion Catholic. Matriculated at QCC in 1919/20, graduated M.B. B.CH B.A.O. in 1925, DPH in 1927. Address but no post in Patrick Street, Cork 1930-35, then not listed.

O'SULLIVAN (later Morrogh), Maev Attracta, (c.1898-post 1921), from Cork, father Robert O'Sullivan, draper. Religion Catholic. Matriculated at QCC in 1915/16, graduated M.B. B.CH B.A.O. in 1921. Not listed in Medical Directory.

O'SULLIVAN (later Lahiff) Maureen Margaret, (c.1901-post 1957), from Cork, father PJ O'Sullivan, doctor. Religion Catholic. Matriculated at QCC in 1917/18, graduated M.B. B.CH B.A.O. in 1922. Address but no post in Mitcham, Surrey 1927-37, then Wexford in 1947, Waterford in 1957.

OVENDEN, Ella (later Webb), (fl.1904-1934), background unknown. Year of matriculation unknown. Graduated M.B. B.Ch B.A.O. from Catholic University in 1904. Listed as anatomy demonstrator at TCD in 1909, Examiner to Dept Agriculture, Vis Phys Baggstrath Female Prison in 1914, Anaesth and Phys Outpatients Children's Adelaide Hospital and External Examiner Department of Agriculture in 1919, and Phys St. Ultan's in 1934, after which not listed.

PARK, (later Moon) Anna Rebecca, (c.1905-post 1961), from Tyrone, father Rev. W. Park, Presbyterian clergyman. Religion Presbyterian. Matriculated at TCD in 1921/22, graduated M.B. B.CH B.A.O. in 1926, DPH in 1930. Address but no post in Derry in 1931, London in 1936, Dublin in 1941-51, then Asst MO Surrey CC in 1961. Married to Reginald Moon.

PEDLOW, Margaret Ethel, (fl.1920-60), background unknown. Matriculated at TCD in 1920/21, graduated M.B. B.CH B.A.O. in 1925. Address but no post in Dublin 1930-60.

PHILLIPPS, Cecilia, (16/11/1900-post 1938), born in Queensland, father William Phillipps, victualler. Religion unknown. Matriculated at UCD in 1918/19, graduated M.B. B.CH B.A.O. in 1923. Address but no post in Sydney, Australia in 1933-38 after which not listed.

PIGOTT, Lucy Elizabeth Rainsford, (c.1900-post 1936), from Dublin, father William Frederick Pigott, doctor. Matriculated at TCD in 1918/19, graduated M.B. B.CH B.A.O. in 1926. Listed at Persia CMS Mission Hospital in 1936, not listed thereafter.

POLLOCK, (later Moffatt) Grace Kathleen, (c.1901-post 1941), from Antrim, father James Pollock, jeweller. Matriculated at QCB in 1919/20, graduated M.B. B.CH B.A.O. in 1926, DPH in 1931. Clin Asst Hospital Sick Children Belfast in 1931, then Matern and Child Welfare Officer in Belfast 1936-41.

POMEROY, Helena, (c.1896-post 1924), from Cork, father Richard Pomeroy, clerk of petty sessions. Religion Catholic. Matriculated at QCC in 1913/14, graduated M.B. B.CH B.A.O. in 1919. Address but no post in Cork in 1924, after which not listed.

POMEROY (later O'Brien), Mary, (c.1899-post 1957), from Cork, father Richard Pomeroy, farmer and clerk to petty sessions. Religion Catholic. Matriculated at QCC in 1916/17, graduated M.B. B.CH B.A.O. in 1922. Address but no post in Cork in 1927, then London 1932-at least 1957.

PORTER, Rachel Elizabeth, (c.1901-post 1950), from Tyrone, father David Porter, farmer. Religion Presbyterian. Matriculated at QCB in 1917/18 QCB and some training at TCD, graduated M.B. B.CH B.A.O. in 1925. Address but no post in Castlederg, Tyrone, 1930-35, then GP (Kelly and Porter), Gillingham, Kent, 1940-50.

PORTLEY, Catherine, (20/10/1900-post 1929), from Limerick, father John Portley, accountant. Religion Catholic. Matriculated at UCD in 1918/19, graduated M.B. B.CH B.A.O. in 1924. Address but no post in Limerick in 1929, after which not listed.

POWELL, Lilian Anna, (fl.1889-1930), birthplace unknown, father minister. Religion unknown. Matriculated at QCB in 1889/90, graduated M.B. B.CH B.A.O. in 1895. Address but no post in Kent 1900-10, listed as retired in Cornwall, 1920-30.

POWELL, May Evelyn, (fl.1917-57), background unknown. Matriculated at TCD in 1917/18, graduated M.B. B.CH B.A.O. in 1922. Address but no post in Cheltenham in 1927, then Dohnavur Tinnevely District, India, possibly medical missionary 1932-at least 1957.

POWER, (later Whelan), Mary Pauline, (28/06/1901-post 1960), from Dublin, father Thomas Power, grocer. Religion Catholic. Matriculated at UCD in 1919/20, graduated M.B. B.CH B.A.O. in 1925, DPH 1927. Address in Dublin in 1930-35 then Stradbally, Leix, 1940-at least 1960.

PRENTICE, Muriel Victoria, (fl.1918-29), background unknown. Matriculated at RCSI in 1918/19, graduated LRCPI & LM, LRSI & LM in 1924. Listed address but no post in Dublin in 1929, after which not listed.

PRICE, Muriel Grace, (c.1900-post 1938), from Belfast, father James Price, draper. Religion Presbyterian. Matriculated at QCB in 1917/18, graduated M.B. B.CH B.A.O. in 1923. Address but no post in Belfast in 1928 and 1933, then Part-time MO Belfast Corporation Maternal and Child Welfare Dept in 1938, after which not listed.

PURCE, Agnes Mary, (1898-post 1957), from Antrim, father James Purce, station master. Religion Presbyterian. Matriculated at QCB in 1915/16, graduated M.B. B.CH B.A.O. in 1922, DPH in 1929. Tuberculosis officer in Wigan in 1932, Sen Ho Surg (Obs & Gynae) St Marys Hospital Manchester in 1937, Asst MO Met Boro Bethnal Green, London in 1947, then address but no post in Yorkshire in 1957.

PURCE, Margaret Sloan, (c.1894-post 1926), from Antrim, father James Purce, station master. Religion Presbyterian. Matriculated at QCB in 1911/12, graduated M.B. B.CH B.A.O. in 1916. Ho. Surg. Royal Victoria Hosp Belfast, Sen Demonstr Anatomy QCB in 1921, Hon Surg Regist Eye Ear Throat Dept N. Staffs Infirmary Stoke on Trent in 1926, then Aurist for Derbyshire in 1931 after which not listed.

PURCELL, Catherine, (01/04/1899-post 1962), from Thurles, Tipperary, father WJ Purcell, clerk of unions. Religion unknown. Matriculated at UCD in 1921/22, graduated M.B. B.CH B.A.O. in 1927. MO Kildare Co Fever Hospital, Naas in 1937, then Naas, Kildare, address but no post 1942-at least 1962.

PURCELL, Margaret Mary, (23/11/1900-post 1960), from Thurles, Tipperary, father WJ Purcell, gentleman. Religion unknown. Matriculated at UCD in 1921/22, graduated M.B. B.CH B.A.O. in 1925, DPH in 1928. Address but no post in Kildare in 1930, MO Moone Dispensary District in 1935, then MO Rathmore Dispensary District 1940-60.

PURDY, (later Sloan) Kathleen Ismenia, (?-02/01/1949), background unknown. Matriculated at TCD in 1921/22, graduated M.B. B.Ch B.A.O. in 1926. Address but no post in Enniscorthy, Wexford, 1931-41, after which not listed.

QUILLINAN, Mary, (c.1900-post 1960), from Tipperary, father Michael Quillinan, pensioned officer. Religion Catholic. Matriculated at UCC in 1919/20, graduated M.B. B.CH B.A.O. in 1925, DPH in 1927. Address but no post in Cork, 1930-35, Asst MOH Cork 1940-at least 1960.

QUIN, Emily Isabel May, (c.1898-post 1957), birthplace unknown, father clergyman. Religion unknown. Matriculated at QCB in summer 1916, graduated M.B. B.CH B.A.O. in 1922. Address but no post in Antrim in 1927, then Anaesth Co. Antrim Infirm Lisburn in 1932-47. Listed address but no post in Surrey in 1957.

QUINLAN, Catherine, (c.1901-post 1959), from Cork, father John Quinlan, insurance agent. Religion Catholic. Matriculated at QCC in 1918/19, graduated M.B. B.CH B.A.O. in 1924. Address but no post in Tralee 1929-49, then 1959 listed at address in California.

QUINN, Catherine Anne, (fl.1921-61), background unknown. Matriculated at RCSI in 1921/22, graduated LRCPI & LM, LRCSI & LM in 1926. Address but no post in Longford in 1931, Ho Phys Richmond Hospital Dublin in 1936, address but no post in Dublin in 1941, then Asst Ophth Surg Jervis St Hospital, Dublin in 1951-at least 1961.

QUINN, Mary Patricia, (c.1900-post 1938), background unknown. Matriculated at QCB in summer 1918, graduated M.B. B.CH B.A.O. in 1923, DPH in 1926. Address in Belfast 1928-38, after which not listed.

RAMSAY, Mary Frances, (c.1899-post 1958), from Tyrone, father William Ramsay, farmer. Religion Methodist. Matriculated at QCB in 1917/18, graduated M.B. B.CH B.A.O. in 1923. Address but no post in Newtownstewart in 1928, Tyrone in 1933, Asst Tuberc Officer Antrim in 1938-48, then listed as Chest Phys North Ireland Tuberculosis Authority in 1958.

RANKIN, Grace Jessica, (fl.1920-60), background unknown. Matriculated at TCD in 1920/21, graduated M.B. B.CH B.A.O. in 1925. Address but no post in Brighton in 1930, then GP (Sugden and Rankin), London in 1935-40, then address but no post in Somerset in 1950 and Dorset in 1960.

REA, Helen Gladys, (c.1896-post 1933), from Dublin, father James Condell Rea, professor of mathematics. Religion Church of Ireland. Matriculated at RCSI in 1913/14, graduated LRCPI & LM, LRCSI & LM in 1918. Address c/o Dr Williamson, Ipswich in 1923, address but no post in Surrey in 1928-33.

REID, Martha, (fl.1918-28), background unknown. Matriculated at TCD in 1918/19, graduated M.B. B.CH B.A.O. in 1923. Address but no post in Derry in 1928, then not listed.

REVINGTON, (later Fisher), Georgina, (c.1889-post 1957), from Dublin, father unknown. Religion unknown. Matriculated at TCD in 1907/08, graduated M.B. B.CH B.A.O. in 1912, DPH 1915 and MD 1917. Worked abroad Kalene Hill, N. Rhodesia via Lusakas until at least 1957.

REYNOLDS, Jane Elizabeth, (c.1876-05/01/1951), from Cork, father William Reynolds, occupation unknown. Religion Church of Ireland. Matriculated at QCC in 1895/96, graduated M.B. B.CH B.A.O. in 1905. Address but no post in Dublin 1910-15, Res MO Poor Law Inst, Derby in 1920, then retired in London 1930, retired in English provinces (address uncommunicated) in 1940.

RICHARDS, Flora Jane, (c.1889-post 1959), born in London, father Richard Evans, shirt and collar manufacturer. Religion Presbyterian. Matriculated at QCB in summer 1917, graduated M.B. B.CH B.A.O. in 1924. Address but no post at Northland Rd, Derry 1929-at least 1959.

ROBB, Elizabeth "Lilla", (b.22/10/1889-fl.1962), born in Lisburn, Antrim, father linen merchant. Year of matriculation unknown, graduated M.B. B.CH B.A.O. from QUB in 1914. Worked in India from 1915-1921 at Hassan Hospital, Mysore State, South India. Married Robert Wallace Harland upon her return to the north of Ireland in July 1922. She worked as medical superintendent of Malone Place Maternity Home 1922-55 in addition to general practice at 44 Ulsterville Avenue. (Information courtesy of Jennifer Fitzgerald).

ROBINSON, (later Magill), Edith (Mrs Magill), (fl.1908-49), birthplace unknown, father managing director, Banbridge. Religion unknown. Matriculated at QCB in 1908/09, graduated M.B. B.CH B.A.O. in 1914, MD in 1920. Asst Sch MO LCC 1924-39, address uncommunicated in 1949.

ROBINSON, Margaret Mary Frances, (1901-post 1963), unknown, father engineer and surveyor. Religion unknown. Matriculated at QCB in 1921/22, graduated M.B. B.CH B.A.O. in 1928, DPH in 1935. Ho. Surg. Ulster Hospital Women and Children in 1933, address but no post in Belfast 1938, Asst MOH Liverpool in 1943, then Asst MOH Derby 1953 and 1963. Published on 'Breech presentation', *British Medical Journal*, 1932.

ROBSON, Mary Martha McConnell, (c.1903-post 1962), birthplace unknown, father Presbyterian minister. Religion Presbyterian. Matriculated at QCB in summer 1920, graduated M.B. B.CH B.A.O. in 1927. Address but no post in Belfast in 1932 and 1937, then Asst MO Antrim Mental Hospital in 1942 and 1952, then Sen MO Holywell Hospital in 1962.

RODGERS, Martha Winifred, (c.1903-post 1962), from Armagh, father James Rodgers, national school teacher. Religion Presbyterian. Matriculated at QCB in 1921/22, graduated M.B. B.CH B.A.O. in 1927. Address but no post in Belfast 1932 and 1937, then Sunderland in 1942, MOH Sedgfield and Darlington in 1952 and 1962.

ROHAN, Mary Teresa, (c.1898-post 1947), from Cork, father James Rohan, manager to shipping firm. Religion Catholic. Matriculated at QCC in 1916/17, graduated M.B. B.CH B.A.O. in 1922, DPH in 1923. Address but no post in Cork in 1927 and 1932, then Nottingham in 1937 and 1947.

ROWAN, Maria, (fl.1901-6), birthplace unknown, father doctor. Religion unknown. Matriculated at QCB in 1901/02, graduated M.B. B.CH B.A.O. in 1906. Not listed in Medical Directory.

RUSSELL, Eveline Maggie, (c.1898-post 1956), birthplace unknown, father merchant. Religion unknown. Matriculated at QCB in summer 1916, graduated M.B. B.CH B.A.O. in 1921. Med. Off. Moira Dispensary. District 1926-46, address but no post in Moira in 1956.

RUSSELL, Margaret Heath, (c.1896-post 1924), birthplace unknown, father missionary. Religion unknown. Matriculated at QCB in 1914/15, graduated M.B. B.CH B.A.O. in 1919. Listed at CP Mission Banswara, S. Rajputana, India in 1924, not listed thereafter.

RYAN, Annie, (27/10/1896-post 1927), from Smithstown, Clare, father John Ryan, teacher. Religion unknown. Matriculated at UCD in 1916/17, graduated M.B. B.CH B.A.O. in 1922. Address but no post at Abbeyleix, Clare in 1927 after which not listed.

RYAN, Eileen, (12/10/1895-post 1925), from Tipperary, father James F Ryan, solicitor. Religion unknown. Matriculated at UCD in 1914/15, graduated M.B. B.CH B.A.O. in 1920. Address but no post in Thurles in 1925, after which not listed.

RYAN, Ellen, (c.1901-post 1940), from Cork, father Michael Ryan, doctor. Religion Catholic. Matriculated at QCC in 1919/20, graduated M.B. B.CH B.A.O. in 1925. Address but no post in Mallow in 1935 and 1940, then not listed.

RYAN, Ellen Mary, (01/07/1894-post 1925), from Tipperary, father James Ryan, farmer. Religion unknown. Matriculated at UCD in 1916/17, graduated M.B. B.CH B.A.O. in 1925. Not listed.

RYAN, Ita, (12/04/1901-post 1960), from Loughrea, father John Ryan, doctor. Religion Catholic. Matriculated at UCD in 1919/20, graduated M.B. B.CH B.A.O. in 1925. Address in Loughrea in 1930 and 1935, then MO County Home, Loughrea in 1950 and 1960.

RYAN, Mary, (fl.1917-58), background unknown. Matriculated at UCD in 1917/18, graduated M.B. B.CH B.A.O. in 1923. Address but no post in Thurles, Tipperary in 1928 and 1933, then MO and MOH Nenagh in 1948 and 1958.

RYAN, Mary Agnes, (later Sister M. Therese), (fl.1917-38), birthplace unknown, father unknown. Religion Catholic. Matriculated at UCD in 1917/18, graduated LRCPI & LM, LRCSI & LM in 1923. Became a nun in the Convent of the Holy Rosary, Killeshandra, Cavan. Listed as medical missionary in Nigeria in 1928-1938 after which not listed.

RYAN, Mary (Mrs.), (fl.1921-61), background unknown. Matriculated at RCSI in 1921/22, graduated LRCPI & LM, LRCSI & LM in 1926. Address but no post in Portumna in 1931, MO Terryglass Dispensary in 1936, then address but no post in Sussex in 1941 and 1951, and Kent in 1961.

SCALLY, Clara Lucia Mary, (13/12/1897-post 1956), from Tullamore, father Malachy Scally, draper. Religion unknown. Matriculated at UCD in 1916/17, graduated M.B. B.CH B.A.O. in 1921, DPH in 1934. Listed as late MOH Killoughly in 1931, then Asst MOH Barnsley, England 1936-56. Published on 'Atropine poisoning', *British Medical Journal*, 1936.

SCOTT, Teresa Mary, (28/09/1899-post 1958), from Corofin, father Stephen Scott, insurance agent. Religion Catholic. Matriculated at UCD in 1917/18, graduated M.B. B.CH B.A.O. in 1923. Address but no post in Dublin in 1928 and 1933, then Asst Sch MO LCC, London in 1938 and 1948, then address but no post in London in 1958.

SCULLY, Annie, (12/06/1897-post 1947), from Dublin, father Daniel Scully, telegraphist. Religion Catholic. Matriculated at UCD in 1915/16, graduated M.B. B.CH B.A.O. in 1922. Address but no post in Dublin 1927-47.

SHEPPARD, Mary Christina, (fl.1913-59), background unknown. Matriculated at TCD in 1913/14, graduated M.B. B.CH B.A.O. in 1919, DPH 1922. Address but no post in Clontarf in 1924 and 1929, then Asst MOH Counc and Asst Sch MO Education Committee Walthamstow, London in 1934. Listed as Barrister-at-law Grays Inn and Sen MO Essex in 1949 and 1959.

SHILLINGTON, Elizabeth Graham, (c.1899-post 1957), from Armagh, father major Royal Irish Fusiliers. Religion Methodist. Matriculated at QCB in 1917/18 QCB, graduated M.B. B.CH B.A.O. in 1922, DPH in 1925. Listed as Ho. Surg Royal Victoria Hospital Belfast and Belfast Hospital Sick Children in 1927 and 1932, then address but no post in Belfast in 1937. Listed as Clin Asst Belfast Ophth Hospital in 1947 and 1957.

SIMMS, Mary Evelyn, (fl.1898-1909), birthplace unknown, father grocer and draper. Religion unknown. Matriculated at QCB in 1898/99, graduated M.B. B.CH B.A.O. in 1904. Listed as MO Mission Hospital, Canning Town in 1909, then not listed thereafter.

SINCLAIR, Frances Elizabeth, (fl.1894-1903), birthplace unknown, father consult to Belgium. Religion unknown. Matriculated at QCB in 1894/95, graduated M.B. B.CH B.A.O. in 1898, MD in 1903. Not listed in Medical Directory.

SMITH, Isobel Gillespie, (fl.1918-59), birthplace unknown, father unknown. Religion unknown. Matriculated at TCD in 1918/19, graduated M.B. B.CH B.A.O. in 1924. Address but no post in Templeogue, Dublin in 1929-34, then London in 1939. Not listed in 1949, listed in South Africa in 1959.

SMITH, Lucy Eleanor, (c.1870-1929), from Midleton, Cork, father Rev John Smith, Presbyterian clergyman. Religion Presbyterian. Matriculated at QCC in 1890/91, graduated M.B. B.CH B.A.O. in 1898. Address but no post in Cork in 1903, Phys, Erinville Lying-In Hospital, Cork in 1908, Phys Co. and Cork Lying-In Hospital in 1913, and Vis Phys HM Fem Prison Cork, Phys Lying-in Hospital, Cork in 1923.

SMITH, Mabel Marion, (fl.1920-60), birthplace unknown, father unknown. Religion unknown. Matriculated at RCSI in 1920/21, graduated LRCPI & LM, LRCPI & LM in 1925. Address but no post in Dublin in 1930, then Oakbridge, Peekskill, New York, USA 1935-at least 1960.

SMITH, Sarah Ethel, (20/05/1899-post 1926), from Galway, father Richard Smith, headmaster Model School. Religion Church of Ireland. Matriculated at QCG in 1916/17, graduated M.B. B.CH B.A.O. in 1921. Listed as MO Jane Furze Mem Hospital, South Africa in 1926, after which not listed.

SNODGRASS, Kathleen Rebecca, (c.1896-post 1956), from Tyrone, father Andrew Snodgrass, merchant. Religion Presbyterian. Matriculated at QCB in 1915/16, graduated M.B. B.CH B.A.O. in 1921. Address but no post in Strabane in 1926, Carlisle in 1931, Strabane in 1936, Lancashire in 1946 and Donegal in 1956.

SPEEDY, Isabella Hogg, (c.1900-post 1933), from Dublin, father Thomas Speedy, insurance manager. Matriculated at TCD in 1918/19, graduated M.B. B.CH B.A.O. in 1923. Address but no post at Iona Rd, Dublin in 1928 and 1933 then not listed.

STACK, Mary Josephine, (fl.1915-32), background unknown. Matriculated at UCD in 1915/16, graduated M.B. B.CH B.A.O. in 1922. Address but no post in Tralee in 1927, then Australia in 1932 then not listed.

STAFFORD, Anne Mary, (24/06/1900-post 1959), from Wexford, father James Stafford, merchant. Religion unknown. Matriculated at UCD in 1919/20, graduated M.B. B.CH B.A.O. in 1924, DPH in 1926. Address but no post in Wexford in 1929 then MO Co Fever and District Hospital New Ross, 1934 until at least 1959.

STANTON, (later Magan), Sybil Catherine, (c.1896-post 1956), from Cork, father John Stanton, solicitor. Religion Catholic. Matriculated at QCC in 1915/16, graduated M.B. B.CH B.A.O. in 1921. Address but no post in Essex in 1926, then MO Post Office Granard, 1931-46, then listed as working in Medical Missionaries of Mary Hospital in Singida, Tanzania in 1956.

STEPHENSON, Kathleen Evelyn, (c.1905-post 1926), from Down, father George Alexander Stephenson, Church of Ireland Clerk in Holy Orders. Religion Church of Ireland. Matriculated at QCB in 1921/22, graduated M.B. B.CH B.A.O. in 1926. Not listed.

STEWART, Martha, (fl.1889-1905), birthplace unknown, father fish curer. Religion unknown. Matriculated at QCB in 1889/90, graduated LRCP LRCS (Edinburgh) in 1895. Address but no post in Newry in 1900 and 1905, after which not listed.

STRANGMAN (later Fitzgerald) Lucia Frances, (c.1872-1958), from Waterford, father unknown. Religion Church of Ireland. Matriculated at RCSI in 1891/92, graduated LRCPI & LM, LRCPI & LM in 1896. worked as Sen MO at District Lunatic Asylum, later Cork Mental Hospital, from 1901-31 at least.

STRANGMAN, Mary Somerville Parker, (c.1876-30/01/1943), from Waterford, father unknown. Religion unknown. Matriculated at RCSI in 1891/92, graduated LRCPI & LM, LRCPI & LM in 1896, FRCSI in 1902. Address but no post in Waterford in 1901, Hon Phys Maternity Hospital and Burchall Asylum Waterford, 1906-at least 1931. Published on 'Morphinomania treated successfully with atropine', BMJ 1907.

STRITCH, Mary Agnes, (c.1899-post 1957), from Cork, father John Henry Stritch, draper. Religion Catholic. Matriculated at QCC in 1916/17, graduated M.B. B.CH B.A.O. in 1922, DPH in 1923. Address but no post in Nottingham in 1927-37 then Cork 1947 and 1957.

STUART, Charlotte Annie, (fl.1917-57), background unknown. Matriculated at TCD in 1917/18, graduated M.B. B.CH B.A.O. in 1922. Address but no post in Wicklow in 1927, then listed at CMS Hospital, Old Cairo, Egypt in 1932-57.

SULLIVAN, Anne, (07/06/1900-post 1958), from Fenmore, Cavan, father Thomas Sullivan, farmer. Religion unknown. Matriculated at TCD in 1918/19, graduated M.B. B.CH B.A.O. in 1923, DPH in 1925. Address but no post in Fenmore 1928 then not listed again until 1958 when address but no post in Nigeria given.

SULLIVAN, Annie Monica, (c.1894-post 1957), from Bantry, Cork, father John Sullivan, farmer. Religion Catholic. Matriculated at QCC in 1916/17, graduated M.B. B.CH B.A.O. in 1922, DPH in 1924. Address but no post in Cork in 1927, then Sch MO in Cork 1932-at least 1957.

SULLIVAN, Evelyn Mary, (c.1899-post 1942), from Cork, father DJ Sullivan, merchant. Religion Catholic. Matriculated at QCC in 1917/18, graduated M.B. B.CH B.A.O. in 1927. Address but no post in Sunday's Well, Cork in 1932, after which address uncommunicated in 1937 and 1942 but located in Ireland.

TATE, Isobel Addey, (?-28/01/1917), birthplace unknown, father merchant. Religion unknown. Matriculated at QCB in 1893/94, graduated M.B. B.CH B.A.O. in 1899, MD in 1902, DPH in 1904. Res MO Burnley Union Infirmary in 1904-9, Med Insp Sch Childr Lancs Education Committee in 1914.

TAYLOR, Eleanor, (c.1886-post 1913), from Armagh, father Henry Taylor, chaplain guide of orphan house. Religion Church of Ireland. Matriculated at TCD in 1908/09, graduated M.B. B.CH B.A.O. in 1913. Not listed.

TEEVAN, Ellen Mary Teresa, (fl.1915-25), background unknown. Matriculated at UCD in 1915/16, graduated M.B. B.CH B.A.O. in 1920. Address but no post in Dundalk in 1925 then not listed.

TENNANT, Elizabeth Alysia, (c.1867-1938), from Carlow, father unknown. Religion Church of Ireland. Matriculated at RCSI in 1889/90, graduated LRCPI & LM, LRCSI & LM in 1894. Worked as MO St Catherine's Sch and Orphanage 1899-at least 1909, after which not listed.

THOMPSON, Frances C, (c.1898-post 1931), birthplace unknown, father doctor. Religion unknown. Matriculated at QCB in 1915/16, graduated M.B. B.CH B.A.O. in 1921. Address but no post in Derry in 1926, then listed as MO Bellaghy Dispensary District., Derry in 1931, after which not listed.

THOMPSON, Mary Georgina (fl.1917-45), birthplace unknown, father doctor and farmer. Year of matriculation unknown, graduated M.B. B.CH B.A.O. from QUB in 1917. Married Prof Donald Breadlbane Blacklock in 1922 and moved to Sierra Leone with him to collaborate on his work on human parasitology. Returned to England in 1929 but continued to travel extensively, won Leverhulme Fellowship to travel to China, Malaya, Burma, India and Ceylon in 1935 to study the health of women and children. (Information courtesy of Jennifer Fitzgerald.)

TIMON, Ethel Margaret, (26/08/1895-post 1957), from Roscommon, father Patrick Timon, national school teacher. Religion unknown. Matriculated at UCD in 1915/16, graduated M.B. B.CH B.A.O. in 1922. Address but no post in Mayo in 1927 and 1932, then Surrey in 1937 and Asst MO Pub Health Dept Cent Admin Staff, LCC, London in 1947 and 1957.

TIMONY, Maude Florence, (19/02/1901-post 1943), from Mayo, father John Timony, merchant. Religion Catholic. Matriculated at UCD in 1919/20, graduated M.B. B.CH B.A.O. in 1928. Address but no post in Mayo in 1933-43 after which not listed.

TWOMEY, Mary, (c.1898-post 1947), from Macroom, Cork, father TJ Twomey, draper. Religion Catholic. Matriculated at QCG in 1916/17, graduated M.B. B.CH B.A.O. in 1922. Address but no post in Cork, 1927-47, after which not listed.

TWOMEY, Nora, (c.1900-post 1923), from Cork, father John Twomey, farmer, vintner and flour merchant. Religion Catholic. Matriculated at QCC in 1918/19, graduated M.B. B.CH B.A.O. in 1923. Not listed.

VANCE, (later Knox), Alice, (fl.1889-1929), background unknown. Matriculated at Catholic University in 1899/1900, graduated M.B. B.CH B.A.O. in 1904. Husband Knox, doctor. Address

but no post in Hamilton, Scotland in 1909, in London in 1914, MO Maternal Centre N Islington Sch for Mothers 1919-29. Published 'Gen Practice and X-Rays'

WALKER, Elizabeth Stephenson, (c.1891-post 1930), from Donaghdee, Down, father Samuel Walker, Presbyterian minister. Religion Presbyterian. Matriculated at QCB in 1910/11, graduated M.B. B.CH B.A.O. in 1915. Att. RAMC in 1918, then MO Women's Medical Service for India in 1925 and 1930 after which not listed.

WALKER, Jane Sproull, (c.1901-post 1930), birthplace unknown, father doctor of music. Religion unknown. Matriculated at QCB in summer 1919, graduated M.B. B.CH B.A.O. in 1925. Address but no post in Belfast in 1930 after which not listed.

WALSH, Margaret, (c.1897-post 1957), from Cork, father John Walsh, farmer. Religion Catholic. Matriculated at QCC in 1918/19, graduated M.B. B.CH B.A.O. in 1922. Address but no post in Mayo in 1927 and 1932, then MO Dispensary, Ballina in 1937-at least 1957.

WALSH, Margaret Ellen, (13/12/1892-post 1922), from Mayo, father Patrick Walsh, teacher. Religion unknown. Matriculated at UCD in 1917/18, graduated M.B. B.CH B.A.O. in 1922. Career unknown.

WALSH, Mary, (08/09/1898-post 1938), from Wexford, father John Walsh, merchant. Religion unknown. Matriculated at UCD in 1918/19, graduated M.B. B.CH B.A.O. in 1928. Address but no post in Kiltimagh, Mayo in 1933-38, then not listed.

WALSH, Sarah Josephine, (27/11/1901-post 1936) from Thurles, father John Walsh, engineer. Religion unknown. Matriculated at UCD in 1921/22, graduated M.B. B.CH B.A.O. in 1926. Address but no post in Thurles in 1931-36, after which not listed.

WALSH, Teresa J, (c.1891-post 1956), birthplace unknown, father Martin Walsh, merchant. Religion Catholic. Matriculated at QCG in 1910/11, graduated M.B. B.CH B.A.O. in 1916. Address but no post in Tuam in 1921, then MO Abbey Dispensary District, Galway from 1926-at least 1956.

WEATHERILL, Gladys, (c.1899-post 1928), from Dublin, father John Weatherill, shipowner. Religion Presbyterian. Matriculated at TCD in 1918/19, graduated M.B. B.CH B.A.O. in 1923. Address but no post in Dublin in 1928, after which not listed.

WELPLY, Mary Frances, (c.1891-post 1925), from Cork, father unknown. Religion Catholic. Matriculated at Catholic University in 1909/10, graduated LRCPI &LM, LRCSI &LM in 1915. Address but no post in 1920, then Cons Phys Med Bd Min of Pensions, Dublin in 1925, and not listed thereafter.

WHELAN, (later O'Sullivan), Hilda MG, (21/06/1898-post 1961), from Williamsgate St, Galway, father John Whelan, chemist. Religion Catholic. Matriculated at QCG in 1919/20, graduated M.B. B.CH B.A.O. in 1926, DPH in 1931. Address but no post in Galway in 1931 and 1936, then London in 1941 and Galway 1951-61.

WHELTON, Hannah, (c.1900-post 1928), from Cork, father MJ Whelton, occupation unknown. Religion Catholic. Matriculated at QCC in 1918/19, graduated M.B. B.CH B.A.O. in 1923, DPH in 1925. Address but no post in Cork in 1928, after which not listed.

WIGODER, Sylvia Beatrix, (c.1901-post 1949), from Dublin, father George Wigoder, doctor. Religion Jewish. Matriculated at TCD in 1917/18, graduated M.B. B.CH B.A.O. in 1924, MD in 1925. Clin Asst Dub Skin and Cancer Hospital in 1929, Clin Xray Asst Waterloo Hospital and Cancer Hospital in 1934, late Radium Officer Bristol Royal Infirmary in 1939, Radiotherapist N. England Cancer Committee in 1949, Cons. Radiother. Newc Regional Hospital in 1959. Published on "Familial Abdom Lesions", *Lancet* 1925 and "Appendicitis", *Ibid.* 1925, 'Use of morphine in skin bleeding', *British Medical Journal*, 1927, 'Preliminary notes on x-ray dosage with specific reference to animal experiments', *Irish Journal of Medical Science.* 1929.

WILLIAMSON, Cecilia Florence, (?-1964), birthplace unknown, father unknown. Religion Brethern. Matriculated at RCSI in 1904/05, graduated LRCPI &LM, LRCSI &LM in 1909, FRSCI in 1910. Address but no post in Ipswich in 1914 and 1919, then Asst Phys & Anaesth Ipswich and E. Suff Hospital 1924-at least 1944.

WILLOCK, Edith Florence, (fl.1916-26), background unknown. Matriculated at TCD in 1916/17, graduated M.B. B.CH B.A.O. in 1921. Address but no post in Dublin in 1926, not listed thereafter.

WISEMAN, (later O'Connell) Nora, (c.1901-post 1926), background unknown. Matriculated at QCC in 1920/21, graduated M.B. B.CH B.A.O. in 1926. Not listed in Medical Directory.

WOLFE, Sarah Christine, (c.1886-post 1938), from Skibbereen, father JJ Wolfe, warehouseman. Religion Methodist. Matriculated at QCC in 1907/08, graduated M.B. B.CH B.A.O. in 1913. Listed in Ireland but address uncommunicated in 1918 and 1923, then listed in China at Women's Hospital, Wesleyan Mission, Hankow in 1928 and General Hospital Wesleyan Mission, Chungslang, Hupeh, China in 1938.

YORKE, (later Pettit) Victorine (24/04/1899-post 1958), from Longford, father John Yorke, doctor. Religion Catholic. Matriculated at QCG in 1918/19, graduated M.B. B.CH B.A.O. in 1923. Address but no post in Galway in 1928, and Longford in 1933 and 1938, then listed as Anaesth at Longford Hospital in 1948 and 1958.

YOUNG, Augusta Maud, (fl.1920-60), background unknown. Matriculated at TCD in 1920/21, graduated M.B. B.CH B.A.O. in 1925. Address but no post in Wicklow in 1930, Asst in Skin and Children's Departments, Adelaide Hospital, Hon Dermat, Childrens Sunshine Home, Stillorgan in 1935, Dermat Meath Hospital and Childrens Sunshine Home, Stillorgan 1940-60.

YOUNG, Brenda Mary, (c.1901-post 1935), from Dublin, father Henry Young. Religion Catholic. Matriculated at RCSI in 1920/21, graduated LRCPI & LM, LRCSI & LM in 1925, DPH in 1927. Address but no post in Sandycove, Dublin in 1930 and 1935, after which not listed.