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Irish medical student culture and the performance of masculinity, c.1880-1930

Medical education, for the male students who undertook it in the nineteenth and twentieth centuries, marked an important transition from boyhood to manhood, regardless of location. Varying aspects of medical studies were described as 'rites of passage' or hardships, competitive feats that students had to get through to in order to complete their metamorphosis from medical student to fully-fledged member of the profession. These rites of passage were couched in increasingly masculine terms and students' spaces became centres for the performance of masculinity. However, such rites of passage and the ways they were configured as masculine activities, have received limited attention from historians.¹ In his ambitious comparative study of medical education in Britain, France, the United States and Germany, Thomas Neville Bonner asserted that 'the lives and experiences of students in general and their impact on medical education have been too little studied'.² Similarly, Keir Waddington has pointed out that studies of medical students have tended to focus on the structure of medical training as part of the history of professionalization and more recently attention has been directed at the move away from book learning and apprenticeship to the institutionalization of teaching in the eighteenth century and the impact of Paris medicine'.³ Recent research has honed in on the social backgrounds and day-to-day experiences of medical students.⁴ Crowther and Dupree, for example, in their comprehensive study of the social backgrounds and careers of medical students at Glasgow and Edinburgh in the nineteenth century, have illuminated aspects of medical student life such as living conditions and extra-curricular activities. Furthermore, they have shown how friendships formed in medical school could prove useful assets in graduates' careers.⁵

Other recent studies of the history of medical education have tended to focus on the educational experiences of medical students, while some have highlighted how the image of the medical student was improved in the nineteenth century and the importance of shared educational activities in helping to create cohesive bonds between future medical practitioners.⁶ However, although historians of education have illuminated how manliness became a crucial force in student life in the nineteenth and twentieth century, particularly in the context of British universities, less attention has been paid to how masculine ideals were passed on to medical students and how educational and extra-curricular spheres became centres of gendered performances and sites for the maintenance of hegemonic masculinity.⁷

There has also been a historiographical gap in research on the history of Irish medical

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3 education. Institutional histories of Irish medical schools have tended to focus on the
4 foundation of these schools and the professors involved with limited, if any, discussion of
5 medical students' experiences.⁸ This article attempts to bridge both of these gaps and
6 examine the history of medical student culture in Ireland through a gendered lens. In doing
7 so, I also hope to contribute to understandings of medical student image and identity.⁹
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11 I will illustrate how rites of passage in medical education became imbued with masculine
12 tropes. Ireland makes an interesting case study of masculinity in medical student culture
13 because of the fact that women were accepted to Irish medical schools earlier than many of
14 their British counterparts and appear to have had been integrated with regard to their
15 educational experiences.¹⁰ In spite of this, the transformation of student to practitioner was
16 often symbolised as the transformation of boy to man. Ultimately, as I will argue here,
17 identity construction, through various rites of passage and social activities aimed to preserve
18 Irish medicine as a masculine domain. Women students, though largely treated in an
19 inclusive manner for educational experiences, were generally excluded from these
20 activities.¹¹ As Dyhouse has shown for British medical schools, 'women might be just about
21 tolerable if they confined themselves to the role of spectators, when (whether in the operating
22 theatre or in the sports field) their role was essentially one of admiring male *performance*.¹²
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33 The article will focus on the performance of masculinity in the six Irish medical schools in
34 existence in the late nineteenth and early twentieth century: these being the three Queen's
35 Colleges in Cork, Galway and Belfast, and Trinity College, the Royal College of Surgeons
36 and the Catholic University (later University College Dublin), in Dublin. Students could
37 undertake their clinical practice at a range of hospitals, the majority centring on Dublin.
38 Although each of these medical schools had their own distinctive religious climates and
39 students' educational experiences varied from one to another, it is evident that a general
40 medical student culture emerged with elements common to each of the institutions. Arguably,
41 medical student culture in Ireland carried many of the same hallmarks as British medical
42 student culture in this period. In both contexts, students' education was regulated by the
43 General Medical Council, although Irish students had more freedom with regard to choice of
44 hospitals for their clinical experience.
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53 I focus here on the period of the late 1880s to the 1930s when women students started to
54 become a noticeable presence in Irish medical schools. As will be shown, attitudes and
55 behaviour appear to have been consistent throughout this period. This period witnessed an
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3 intensely overcrowded Irish medical marketplace with emigration being a common part of
4 medical graduate life.¹³ More generally, in Irish society, this period was witness to the rise of
5 nationalism. A particular concept of Irish 'manliness' influenced by nationalism began to
6 emerge.¹⁴ The early twentieth century was politically and socially turbulent up until and
7 following the foundation of the Irish Free State which came into being in 1922. Furthermore,
8 it was one of important social and political change internationally during which the First
9 World War deepened certain aspects of masculinity such as the urge to serve in a cause
10 higher than the individual and 'tied nationalism and masculinity together more closely than
11 ever before'.¹⁵

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13 Raewyn Connell's concept of hegemonic masculinity provides a useful framework for
14 examining the history of medical student culture in Ireland. Hegemonic masculinity may be
15 defined as 'the configuration of gender practice which embodies the currently accepted
16 answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to
17 guarantee) the dominant position of men and the subordination of women'.¹⁶ Hegemonic
18 masculinity is always created in relation to various subordinated masculinities and women,
19 allowing for 'the maintenance of practices that institutionalise men's dominance over
20 women'.¹⁷ The article will focus on masculine displays in various spheres of Irish medical
21 schools. As John Tosh has shown, the public demonstration of masculinity occurs in three
22 key areas: home, work and all-male associations, with the appeal of all-male conviviality
23 being felt the most among young unmarried men 'who are temporarily denied the full
24 privileges of masculinity'.¹⁸ Medical students certainly fit into this category, occupying
25 largely homosocial spaces. All-male settings 'sustained gender privilege, while at the same
26 time imposing a discipline on individuals in the interests of patriarchal stability'.¹⁹ As
27 sociologist Sharon R. Bird has surmised, homosociality helps to perpetuate hegemonic
28 masculinity in three main ways: emotional detachment, competitiveness, and sexual
29 objectification of women.²⁰ All three of these aspects can be applied when exploring medical
30 student activities in the late nineteenth and early twentieth century from a gendered
31 perspective.

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33 The primary source for this article is the contemporary Irish student press. Deslandes has
34 argued, that for Oxbridge, although the student press was produced by a minority of the
35 student population, its 'broad dissemination among students, as well as its timeliness, render
36 it far superior to the memoirs, reflections and autobiographies usually consulted'.²¹ The same
37 may be applied to the Irish context. Irish student magazines I will draw on include *Q.C.C.*,

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3 *The Quarryman* (Cork), *Q.C.B.* (Belfast), *Q.C.G.* (Galway), *Mistura*, *the R.C.S.I. Students'*
4 *Quarterly* (Royal College of Surgeons), *The National Student*, *St. Stephen's* (Catholic
5 University, later U.C.D.), and *T.C.D.: A College miscellany* (Trinity College Dublin), most of
6 which began to be produced from the early 1900s. These magazines were produced for and
7 by students and usually contained news from the different faculties, cartoons, stories and
8 poems and provide an insight into the experiences of students in the period. I will also utilise
9 the memoirs of Irish doctors, novels about medical student life and the records of student
10 societies and sports clubs. Notably, as will become apparent, the voices of women medical
11 students were often silent in these sources, and when women students are mentioned, they
12 were characterised in a particular way. Moreover, the ways in which students wrote about
13 their experiences, either at the time of their study, or afterwards, in their memoirs, reveals the
14 role of collective memory in fashioning a particular image and identity of the medical student
15 which potentially served to alienate female practitioners.

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Masculine displays and the cultivation of the image of the medical student as a rowdy, boisterous, and predominantly male individual became an important force in segregating men and women students. Manliness was a crucial force running through the initiation and often ritualistic rites of passage that made up the five to six years of medical study at Irish universities. Heather Ellis has shown how the University of Oxford in the first half of the nineteenth century perceived its role to be 'that of turning boys to men', with manliness being seen as an ideal and 'defined by the possession of maturity, both moral and intellectual, and constructed primarily in opposition to notions of boyishness, rather than overtly gendered ideas of femininity or effeminacy'.²² Although Irish universities represent a different social and cultural context to the elite universities of Oxford and Cambridge, manliness was often represented as the transition from boyhood and this is what I will take manliness to represent for the purposes of this article.²³ The spaces I will focus on here include the lecture theatre, dissecting room and the sports field. Dissection was viewed as an important rite of passage for students in garnering emotional detachment, while the lecture theatre, though regimented, was a common site of student pranks and boisterous behaviour. Finally, the sports field was important in helping to create a well-rounded medical student, cultivating ideals such as strength of nerve and fostering competition.

The transformation of the 'gyb': rites of passage in the educational sphere

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3 First-year medical students, often referred to as 'gybs', were characterised in the Irish student
4 press as being jovial in nature, 'youths with strange and weird notions of student life',
5 'outspoken and boisterous', 'young hooligans' before they settled down into hard work as the
6 years progressed.²⁴ They were also commonly referred to as 'boys', with one piece in 1911,
7 describing their 'school-boy shyness'.²⁵ Other pieces remarked on the 'appearance of
8 stupidity and awkwardness' which marked the first stage of the development of 'the
9 medicus'.²⁶ Articles in the Irish student press by more senior medical students often
10 disapprovingly remarked on the boisterous behaviour of the younger students. A piece in
11 1903, for instance, encouraged the first-year student to cultivate 'a less bumptious demeanour
12 that at present characterises him. Of course, he is young and will settle down in time but a
13 speedy recognition of his exact importance in the College will conduce both to his own future
14 comfort and that of his seniors'.²⁷ In this sense, first-year or pre-clinical students were
15 characterised as 'boys' before undertaking a transformation as a result of their clinical
16 experiences.
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27 Members of the Irish medical profession frequently wrote about this transformative process.
28 Rawdon Macnamara, a professor at the Royal College of Surgeons, and surgeon to the Meath
29 Hospital, in an introductory address to students at the Meath Hospital in 1884, remarked how
30 students came to the wards 'rough, selfish, thoughtless, unsympathetic', however, 'after a
31 very short time, let occasion arise, who so gentle, who so thoughtful, who so sympathetic,
32 who so self-denying, who so tender-hearted? What a wonderful transformation!'²⁸ After this
33 transformation had taken place, the medical practitioner had an important, heroic role to play
34 in society, binding and healing 'not merely the limbs of their patients, but the more
35 formidable fractures which separate class from class'.²⁹ Similarly, a student writing in 1912
36 shared this perspective, outlining how the early years of medical study were filled with
37 pranks before a transformation which produced a more subdued and serious graduate: 'But
38 we are all changed since then. Medicine to her students is not always a goddess fair;
39 sometimes she seems a vampire sucking the life of her victims, draining from them every
40 particle of every form of vitality except what is needed for her work'.³⁰ For this student, the
41 jovial aspects of the earlier years of study were soon replaced by hard work, resulting in a
42 more serious graduate at the end of the degree. Students also described the transformation in
43 similar ways, using terms such as 'chrysalis', 'pupa' or 'embryo' to describe the medical
44 student prior to conversion into a qualified practitioner.³¹
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3 In order to undertake this transformation from student into doctor, medical students took part
4 in a range of masculine rites of passage and initiation which took place in a variety of
5 spheres. Arrival at a university first involved matriculation or a meeting with the university
6 registrar. One student at the Catholic University Medical School in 1905, wrote of his first
7 day when he presented himself in the draughty hall and 'allowed myself to be patronised by
8 some of the men, all the time essaying to show an acquaintance with the place which I was
9 far from feeling. My first awakening was rude and sudden, occasioning much laughter to
10 such of the men as were congregated in the porch at the time, and leaving your humble
11 servant utterly crushed and abashed'.³² For many Irish medical students, this transformation
12 involved not just conversion from boy to man but also involved becoming more civilised as a
13 result of integration into city life, with student magazines regularly referring to students
14 'coming up to Dublin' from the country.
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24 Hardship was also an important element in cultivating a manly identity among medical
25 students. Sir Thomas Myles (1857-1937), an Irish surgeon, speaking at a meeting of the
26 Belfast Medical Students' Association (later BMSA) in 1912 remarked that 'the medical
27 student must always remain apart from the genial mass of mankind. Death and suffering were
28 always with him. What were tragedies to others were commonplace to him'.³³ Experiences at
29 medical school were cloaked in language of hardship and suffering – the idea that students
30 had to overcome difficulty and adversity before they could become mature into medical
31 practitioners.
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38 The most important educational rite of passage for medical students, regardless of location,
39 was undoubtedly the first entrance to the dissecting room.³⁴ This was usually produced
40 feelings of fear and trepidation.³⁵ Irish medical students regularly reported needing preserves
41 of courage and their feelings of anxiety. Others commented on the telling of ghoulish stories
42 by other students prior to students entering the dissecting room. One Dublin student writing
43 in 1911 described the student's first entrance to the dissecting room in the following way:
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49 Acting under competent advice he robes himself in faultlessly ironed apron and
50 sleeves of a dangerous and steely brightness, and finally, with a Birmingham
51 [anatomical note book by Ambrose Birmingham] clasped tightly 'neath his axilla,
52 makes his entrée to a place, which, for two years, will be, or should be, his almost
53 constant habitation'.³⁶
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3 Following his first day in the dissecting room, notably aided by a female student who helped
4 him with his task, 'he trots off dutifully to the digs – a new man. He is no longer the one who
5 feared to enter the dissecting room, he is now a medical, his step is more assured, and his
6 Birmingham more prominent than is really compatible with his year'.³⁷
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10 The physical appearance of medical students also underwent transformation and each stage of
11 the student's maturation was characterised by an item of clothing. Initially, according to one
12 Irish student's account, the medical student wore a clean, 'faultlessly ironed' apron in the
13 dissecting room, sold to him by 'the fatherly porter'.³⁸ This became covered in dirt and blood
14 after his initiation in the dissecting room. Upon entering third year of their studies, entering
15 the hospital and the next stage of their development, 'scalpel, forceps and greasy dissecting
16 coats have been discarded; likewise the catcalls and boisterousness of other days. Our social
17 standing and a new hat weighs heavily upon us – lovely men to be sure'.³⁹ Similarly, a poem
18 published in 1917 remarked that after a month or two after the first entrance to the dissecting
19 room, there had been a change 'since his initiation', and that student's 'new white dress has
20 now been sloped in many a mess; he thinks it recreation!'⁴⁰ Male medical students were often
21 marked out by their dirty aprons. In 1917, the Royal College of Surgeons requested that
22 students ensure that their dissecting coats were always clean and white. One student
23 commented that he, like the majority of his counterparts, with the exception of the ladies, had
24 made his coat last all term without washing it.⁴¹
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36 Smoking was an important element of the dissecting room experience and served to reinforce
37 notions of masculinity while also helping to ease the nerves that went along with the practice
38 of dissection.⁴² Indeed, as Nye has argued, for members of the medical profession more
39 generally, smoking was part of 'the unholy trinity of smoking, drinking and profanity' which
40 'were salient expressions of male exclusivity if not aggression'.⁴³ Recognising the popularity
41 of smoking among their students, many of the Irish medical schools provided smoking-rooms
42 for students from the 1880s.⁴⁴ Smoking while dissecting was a common practice among the
43 male students and was permitted by university professors. Medical students at Trinity College
44 Dublin in 1900, for example, were presented in the following way:
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52 the groups of youthful anatomists discussing football, politics &c, while they cut and
53 chop – the eager student, heedless of all around, with his pipe hanging listlessly
54 between his teeth as he vigorously plies scalpel and forceps, and last, but surely not
55 least, the far-famed "stove class".⁴⁵
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3 J. Johnston Abraham recalled students in the dissecting room at Trinity College in the 1890s
4 working 'away steadily, smoking as we did so', and even by the 1950s, this practice still
5 appears to have been commonplace.⁴⁶ Thomas Hennessy, who studied at University College
6 Dublin in the 1950s, referred in his autobiography to the anatomy professor permitting
7 students to smoke in the dissecting room 'because some people found the smell of
8 formaldehyde a little difficult to take'.⁴⁷ Hilton's research on smoking in popular culture in
9 Britain has shown through his study of Mass Observation questionnaires, that 'the cigarette
10 became important in public displays of masculinity' and that the 'proffering of cigarettes to
11 friends and colleagues helped define the group', helping to cultivate a group identity through
12 which masculinities could be defined.⁴⁸ Illustrating this point, a law student who visited the
13 dissecting room in Trinity in 1927 felt isolated from the medical students' group dynamic
14 because 'Everyone was smoking and I had no cigarettes; I didn't like to ask for one because I
15 know a medical student is always smoking his "last one" and I didn't care to embarrass
16 anyone'.⁴⁹ Similarly, at a 'smoker' concert organised by the BMSA in 1937, it was agreed
17 unanimously by the student committee that non-medicals would be admitted to the concert
18 but that the distribution of cigarettes would be confined to medical students.⁵⁰ Smoking thus
19 had particular meanings for medical students. Not only was it seen as a peculiarly masculine
20 activity, and in this way, further served to segregate men and women students, but it also
21 helped to cover the smell of formaldehyde and acted as a tool in calming the nerves
22 associated with one's first entrance to the dissecting room.

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37 As well as entry to the dissecting room, Irish student magazines and doctors' memoirs often
38 single out examinations as being an important rite of passage. Deslandes has shown how
39 competitive university examinations were viewed as tests of character and 'could be
40 manipulated symbolically to allow undergraduates to vent competitive spirits; formulate,
41 express and preserve gender identities; and articulate some of the primary concerns of late
42 adolescents on the cusp of manhood'.⁵¹ Examinations were constructed as 'horrific ideals,
43 tests of character, and sacred masculine rituals'.⁵² As Brown has shown for the British
44 medical profession in the nineteenth century, medical practitioners became invested in a
45 particular vision of militarised masculinity.⁵³ Similarly, medical examinations were often
46 described in militaristic terms by Irish students. *Q.C.G.* in 1902 reported of 'hostilities
47 between Examiners and Medicals at Earl's Fort' (a play of words on 'Earlsfort Terrace' in
48 Dublin, where examinations were held), explaining that the 'Medical forces are pretty
49 strong...the preparation of their full war equipment is being rapidly pushed forward, and they
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3 are expected to be ready to take the field towards the middle of April'.⁵⁴ These types of
4 strategies helped to define examinations as a masculine activity, which was increasingly
5 important once women undergraduates began sitting for examinations in the late nineteenth
6 century.⁵⁵ In the Irish context, the achievements of women in examinations were often
7 referred to in the student press in a competitive way. An article in *St. Stephen's* in 1902
8 commending the successes of some of its women students in gaining medals in the national
9 examinations, asked 'What a pity it is that "the Boys" don't begin work a short time before
10 the School Examinations!'⁵⁶ In this way, women were seen as competitors. Masculinity thus
11 became more important to students at this point as a way of reaffirming their place in the
12 profession in the wake of increasing numbers of women students. Occasionally, such book-
13 worming on the part of the women medical students was called out by their male
14 counterparts. *Q.C.C.* in 1906, remarked that few lady students attended the student dance that
15 year and asked whether this was on account of them working too hard.⁵⁷ Conscientiousness
16 was also thought to come at a cost to women's physical appearances. In a ballad entitled
17 'Ragtime Ballade for 1st year medicals' which appeared in *T.C.D.* magazine in 1917 women
18 medical students 'trotted' to class, 'with big suit-cases, and unwashed faces, lest they should
19 miss the first roll-call'.⁵⁸

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32 However, for medical students, examinations were also viewed as important in the
33 transformation of the gyb. One former student at Queen's College Belfast remarked that after
34 first-year summer examinations, students 'were now ready to take our places as the senior
35 students in the dissecting room. We knew that we were no longer freshmen, and that we
36 could afford to look with a kindly eye on those youngsters who had just arrived raw from
37 school'.⁵⁹ Examinations also served to civilise rowdy first-year students. *Q.C.B.* in 1900
38 remarked that after a visit to Dublin to undertake their examinations the 'boisterous'
39 freshmen now had a 'dejected and subdued appearance'.⁶⁰

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46 Failure to pass examinations had important consequences, meaning that students would not
47 progress but could instead be resigned to what was described as the 'chronic student'.
48 Chronic students were students who took several years to qualify with a medical degree, if
49 they even did qualify, and were a feature of Irish medical schools until at least the 1940s.⁶¹
50 These students failed to progress past their first or second year of medical study, were often
51 prone to drinking, and may be viewed as a step down in the hierarchy of medical student
52 masculinities, denied the full privileges of masculinity. Arthur Wynne Foot, in a lecture to
53 students in Dublin in 1873, described the chronic as 'incurable....an unwholesome and a
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3 dangerous member of a profession ashamed to own him'.⁶² Chronics were similarly referred
4 to in derogatory terms in both the student press and in doctors' memoirs. A 1923 poem
5 criticised the chronic, 'the hoary veteran' for his lack of knowledge, ('can't find an acid
6 radicle, or tell it from its base') and inability to pass the 'annual stunt' of examinations.⁶³ In
7 this way, chronic students were seen as less manly. Doctors' memoirs also condemned
8 chronics for taking advantage of naïve students. J. Johnston Abraham described the chronic
9 as 'a nuisance and a great corrupter of innocence' while Thomas Garry, who studied in
10 Galway and Dublin, explained that they 'lay in wait for new students who were generally
11 unsophisticated and had plenty of money. Like all addicts whether of drink or drugs, they
12 took immense delight in dragging others down to their own level'.⁶⁴ There are evidently class
13 issues at play here: chronic students had the means to repeat their examinations while
14 students of more limited means had more incentive not to engage in drinking and instead
15 focus on more respectable extra-curricular activities, such as sport, which will be discussed
16 later. However, bad behaviour was not unique to the chronic students and prank-playing and
17 student rags remained an important rite of passage well into the twentieth century, and one
18 which also served to segregate men and women students.
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30 Pranks and rags

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32 Prank-playing was an important initiation rite for medical students internationally.
33 Challenges to authority at universities in the twentieth century, although usually quite benign
34 and ritualised, were, according to Dyhouse, 'both frequent and frequently tolerated as part of
35 the construction of masculinity, part of the 'natural order of things'.⁶⁵ Medical students were
36 usually singled out in the Irish student press for being the perpetrators of such pranks. This
37 extract from *Q.C.B.* in 1914 describes 'the ideal medical student' in the following way:
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44 ...But to him, the very highest form of humour consisted in gathering a large body of
45 fellow students, and going out with them to cause as much trouble and annoyance as
46 possible in places where there was no danger of receiving any damage themselves. He
47 was, in short, an ideal medical student.⁶⁶
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51 Such representations of boisterous male medical students persisted late into the twentieth
52 century. Prank-playing became an accepted part of medical student life for students in their
53 early years of study, and one which women students were excluded from. Women medical
54 students instead, were often characterised as being studious, hard-working, 'aloof' and cold.⁶⁷
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56 Although arguably student pranks are not distinctive to medical students, they nevertheless
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3 occupy a particular place in accounts of medical student life in student newspapers and
4 doctors' memoirs, and because medical students studied for the longest period, they had
5 something of a 'delayed adolescence' compared to other students. Students from other
6 faculties frequently commented on this. One piece in *Q.C.B.* in 1900 remarked that 'sober
7 Artsmen sidle past, filled with reverent awe at the bold independence of the medical chrysalis
8 and feeling in comparison with such glory their lives are but nothing'.⁶⁸ The lecture theatre
9 was often a setting for displays of bad behaviour and some of this appears to have been
10 tolerated to a large degree by the professors. In 1903, *Q.C.G.* reported two medical students
11 who had pinned a duster to the tail of one of the professors, which 'elicited roars of laughter,
12 especially from the perpetrators'.⁶⁹ By the 1930s, there were similar reports, with, James
13 Lloyd Turner Graham, a first-year student at the Royal College of Surgeons in Dublin noting
14 in his diary in 1933 that 'The lectures are generally of a rowdy character. The fellows kick up
15 a din if the lecturer says anything funny and also when he does not'.⁷⁰ As mentioned above,
16 although prank-playing was, of course, part of student life, regardless of discipline, it held
17 particular meaning in the world of medical students. Additionally, as Deslandes has argued
18 for Oxbridge, contained within 'humorous acts were more serious messages about the
19 abilities of undergraduates to disrupt and unsettle figures of authority and briefly subvert
20 Oxbridge institutional and masculine hierarchies'.⁷¹ Importantly, Irish medical students were
21 rarely disciplined for such acts and professors showed a remarkable degree of tolerance for
22 them. Saying that, such pranks were generally benign in nature, yet enabled students to
23 disrupt the hierarchy, albeit momentarily. In this way, they may be viewed as acts of
24 rebellion, or just one of the stages in the transformation of medical students from boys to
25 men. Notably, women did not partake in these rites of prank-playing, yet were occasionally
26 the target of these activities. In 1912, *Q.C.B.* remarked on first-year students answering to
27 each other's names out of turn for the roll call and second-year students squeaking 'Here,
28 Doctor' when a female student's name was called.⁷²

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31 Pranks took on a more organised format in yearly student rag days which medical students
32 were taking an active part in by the 1920s and which provide an interesting insight into the
33 student-professor dynamic.⁷³ Rags owe their roots to the Medieval Feast of Fools, in which
34 novices and choir boys parodied and mocked their superiors.⁷⁴ Students dressed in strange
35 costumes on rag days, often depicting political or celebrity figures of the day and a noisy
36 procession through the city was arranged. In Belfast, 'rags' were held for charity causes but
37 also for famous visitors or new appointees to chairs in the medical faculty.⁷⁵ A photograph of
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3 Belfast students on 'Students' Day' 1923 depicts a large group in an assortment of costumes,
4 including Charlie Chaplin, black and white minstrels and clowns. To the left of the
5 photograph is a group of three students dressed as surgeons, with a patient on a tray. One of
6 the 'surgeons' is wielding a large blade-like instrument.⁷⁶ Student rags frequently disrupted
7 city life but were excused to an extent by the fact that the proceeds from the day were
8 donated to charity.⁷⁷ Moreover, professors often participated in the initiation rituals as part of
9 these proceedings. For example, in 1923, three new medical professors, C.G. Lowry, W.W.D.
10 Thomson and Andrew Fullerton willingly took part in a special initiation ritual for the rag
11 day in Belfast. Lowry was made ride a donkey bareback down to the centre of the city while
12 Thomson and Fullerton 'were captured between lectures, dressed in their pyjamas, gowns and
13 mortarboards...they rode in a brougham drawn by long ropes manned by students'.⁷⁸ The two
14 professors were forced to drink champagne and were anointed with oil over a laurel crown.⁷⁹
15 This act is revealing – the students were the ones in control of initiation of the professors, in
16 this way turning the trend of student transformation into doctors on its head. The professors
17 willingly gave up their power temporarily, and were anointed into the student body. Doctors
18 and students at Irish hospitals also jointly occasionally organised rags reinforcing the group
19 dynamic. In 1921, the Jervis Street Hospital, Dublin, held a rag to raise money for the
20 hospital with students and doctors alike dressed in costumes.⁸⁰ Medical students often armed
21 themselves with the motifs of their profession, often wielding the masculine instruments of
22 blades and scalpels. Mary Semple, an arts student at UCD in the 1930s recalled that on rag
23 days, six to ten carts with tableaux would parade through the city and that the medical
24 students usually did a 'mock-up of an operating theatre with a recumbent figure and surgeons
25 brandishing fearsome instruments'.⁸¹ Student rags could often take on an element of
26 hooliganism and during the 1930s it appears that bad behaviour escalated. In 1933 during the
27 Trinity College rag, policemen were shelled with eggs after which the 'ragging of the shops
28 commenced'.⁸² Such activities led to the cancellation of the Trinity Rag Day in 1939.⁸³

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47 Why were pranks and occasions of rowdiness given so much credence in the student press
48 and subsequently in doctors' memoirs? As Roy Porter has argued for the British context, the
49 'boisterous, jovial sporting atmosphere of the all-male medical school with its student hi-
50 jinks and horseplay' consolidated an '*esprit de corps* that helped doctors to present some kind
51 of united front'.⁸⁴ Such activities not only helped to bond students together but the
52 subsequent collective memory of shared experiences helped to unite male members of the
53 medical profession. As some Irish doctors' memoirs have suggested, boisterous activities also
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3 allowed medical students to get any 'rowdyism' out of their system before they went on to
4 become professional men. Moreover, returning to my earlier point about medical studies
5 being viewed as a struggle or time of hardship, such pranks or displays of rowdy behaviour
6 also served to counteract feelings of despondency at the more difficult aspects of medical
7 education. For this reason, it appears that prank-playing and mischief were for the most part
8 excused. In his memoirs, J. Johnston Abraham commented that bad behaviour was 'the result
9 of coming up against pain and suffering and the gruesome side of life at a time when the only
10 way they can react against it is to rush to the other extreme and hilariously ignore it'.⁸⁵

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12 Likewise, in his novel *The Lion's Whelp*, which followed the life of a Belfast-trained doctor,
13 G.M. Irvine excused the medical student for being 'full of animal spirits' because of the fact
14 that he had been 'just freed from the restraint of the family and of school'.⁸⁶ Moreover, he
15 justified such bouts of rowdyism, by claiming that such periodic occurrences were a
16 compensation for days and weeks of 'monotonous book-worming'.⁸⁷ One student at Queen's
17 College Galway stated that the work of the medical student 'is so monotonous and his Exams
18 so tiring, that his levity seems an outlet of Nature for maintaining his mental equilibrium'.⁸⁸
19 Similarly, one professor in Oliver St. John Gogarty's semi-autobiographical novel *Tumbling*
20 *in the Hay* excused the students' 'merriment' on his rounds at the Whitworth Hospital,
21 Dublin that morning and ignored the 'many, very many manifestations of ill-manners and bad
22 breeding' because, in his view these were simply 'indications of ignorance and lack of
23 experience, and I know that these are but transitory manifestations in any man who at heart is
24 sound'.⁸⁹ Again, this implies that rowdyism was excused because it was viewed as being part
25 of the transformative process. Displays of bad behaviour may also have been tolerated by
26 professors, perhaps because they themselves had acted similarly in their student days and this
27 was seen as something which one had to engage with in order to complete the transformation
28 from student to fully-fledged practitioner. However, these pranks also served another
29 function: they helped to define who was a member of the group and who was not. Crucially,
30 women did not partake in prank-playing and had a limited role to play in student rags. These
31 activities served to further separate them from the men students.

51 **Rugby**

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53 The main extra-curricular activity which effectually segregated male and female medical
54 students was sport. Sport became an integral aspect of the gentleman's training in the
55 Victorian and Edwardian periods.⁹⁰ Historians have noted the importance of sport, in
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3 particular rugby, in the culture of medical schools in Britain.⁹¹ Additionally, Heaman has
4 suggested that at St. Mary's Hospital Medical School in London, sports clubs and games
5 'were intended to foster "social and tender feelings" between students.⁹² Taken at face value,
6 sports teams may be viewed as a means of helping to bond students together; however, the
7 other important aspects of sport for medical students have been neglected. As Messner has
8 convincingly argued in his study of masculinity and sport, sports teams present the image of a
9 "family" with the shared goal of winning which helps to bond its members together.
10 However, this public face masks the reality of intense and constant competition which is part
11 and parcel of athletic participation.⁹³ Therefore, like examinations, sport also served to
12 encourage competition and may be viewed as another aspect of homosociality within medical
13 schools. Sport not only helped to promote physical fitness, but encouraged what Tosh has
14 described as 'character-building qualities of courage, self-control, stoical endurance, and the
15 subordination of ego to the team', qualities which resonated with the character formation
16 common in conventional middle-class households where 'pain and emotion were repressed,
17 and individuality curtailed, in the cause of producing a type'.⁹⁴ Moreover, sport also served to
18 further segregate male and female students.

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There is ample evidence of the important part that rugby played in the lives of Irish medical
students. John A. Murphy has argued that there was a 'virtual interchangeability at the turn of
the twentieth century between rugby, college and the medical faculty', noting that out of
nineteen out of the twenty students playing rugby for Queen's College Cork in 1876 went on
to have medical careers.⁹⁵ *Q.C.C.* in 1907 referred to the "the "lunaticus footballus"" with his
'ears still filled with the applause of watching hundreds, eyes ever seeing the flying ball, and
burning with a mad desire to do for that ---- idiot who plays so beastly foul!'⁹⁶

Professors at Irish medical schools were active in promoting sport at university level.
Although Waddington has argued that the impetus for the founding of sports clubs usually
came from medical students themselves, professors played an important role in supporting
sport at university level in Ireland.⁹⁷ At Queen's College Cork in 1906, five out of the seven
guarantors were professors in the medical faculty while Professor Pearson, the professor of
surgery was commended for changing the hour of his Wednesday lecture from four to twelve
o'clock to allow the students Wednesday afternoon free for football.⁹⁸ Irish medical schools
actively advertised their sports facilities as a means of encouraging prospective students. For
example, the prospectus for the Belfast Medical School in 1903 boasted that its playing fields
were 'one of the finest grounds in Belfast for this purpose, fully formed and enclosed, and

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3 situated in close proximity to the College'.⁹⁹ This indicates the type of men that medical
4 schools were trying to attract to their courses; sporty, middle-class men who were robust,
5 healthy and disciplined.
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9 Sport was advocated by professors as being important for promotion of good health and to
10 counteract bad behaviour. As early as 1868, E.D. Mapother, professor of anatomy and
11 physiology at the Royal College of Surgeons remarked on the importance of training 'the
12 physical as well as the mental faculties, which are closely interdependent' in order to combat
13 the threat of contagious diseases to which medical students were often exposed. He argued
14 that every medical school should provide facilities for the playing of sport and suggested that
15 students' spare time should be spent in the ball-court, gymnasium or cricket field, rather than
16 'smoking at the dissecting room fires, or in the taverns to which want of occupation will
17 tempt them'¹⁰⁰ Students also seemed to have been aware of the importance of exercise to
18 their mental health. In 1879, in a letter to the Medical Board, students at the Adelaide
19 Hospital spoke of how they felt 'very keenly the want of outdoor exercise' due to spending
20 the majority of their time within the bounds of the hospital.¹⁰¹ There is therefore, a sense that
21 sport could help to combat stress while also encouraging discipline and hard work. Similarly,
22 Philip Crampton Smyly (1838-1904), former president of the Royal College of Surgeons,
23 illustrated to students how the discipline, self-control and skills learnt through playing rugby
24 could be applied to their studies and careers:
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36 Similar laws and training, similar earnestness and self-control, ensure similar results.
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38 The bodily training must be perfect; too much at once or too little is equally futile. It
39 is the same with the mind. You would not have your cup this year had you trained
40 your bodies as some of you try to train your minds for your examinations. Give
41 something of the same training to your hands and minds as you do to your feet and
42 bodies. You will then be successful, and win, not only the hospital challenge cup, but
43 you will be successful men – men of the hand –surgeons.¹⁰²
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49 In this instance, male medical students were encouraged to play rugby because the same
50 skills could be applied to the practice of surgery, which was seen as a fundamentally male
51 domain of practice. There is also a sense that playing sport could help to encourage discipline
52 and camaraderie among the students, qualities which would be useful in their future careers.
53 James Craig encouraged students at the Meath Hospital in 1893 to take part in rugby and 'win
54 renown' by helping to attain the 'much-coveted' Hospitals' Cup again.¹⁰³ The Hospitals' Cup
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3 was a rugby tournament founded in 1884 with the establishment of the Dublin Hospital
4 Football Union which was composed of representative doctors from each of the Dublin
5 hospitals.¹⁰⁴ The competition was an important fixture in the medical student's calendar with
6 matches never failing 'to excite a considerable amount of interest in student circles'.¹⁰⁵ In
7 London, similar competitions existed between the rugby teams of the hospitals there.¹⁰⁶ These
8 events also acted as valuable fundraising events for hospital charities and 'worthy causes'.¹⁰⁷
9 Students were dedicated to these competitions and success in sport was believed to reflect
10 positively on the reputation of the medical school, shedding 'lustre on the College and on the
11 faculty'.¹⁰⁸ Intense rivalries developed between different teams, particularly, it seems,
12 between the "Mater Boys" and "Vincent's".¹⁰⁹ Such rivalries would certainly have helped to
13 cement students' sense of collegiality. Success in the Hospital Cup competition was also
14 positively reinforced by medical staff. In 1921, the Honorary Secretary of the Medical Board
15 of the Meath Hospital was directed to organise a picnic in connection with the Football Club
16 as an acknowledgement of their success in winning the Hospitals Cup.¹¹⁰
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28 Occasionally there were tensions between sport and academic life. In 1898, the BMSA, in
29 cooperation with the college sports clubs, approached the College Council to request a
30 Wednesday half-holiday for the purpose of allowing students to play sport.¹¹¹ In 1908 the
31 medical faculty at Trinity College was petitioned to change the 'Half' examinations to April
32 or May and for afternoon lectures to be re-arranged to the morning so that medical students
33 could partake in cricket practice.¹¹² Professors were not always sympathetic to this interest in
34 sport. In 1908, the Professor of Anatomy and Physiology at University College Galway, J.P.
35 Pye, wrote a letter to the College Council, in which he claimed that the working of his classes
36 that session had been so unsatisfactory, that he felt it his duty to write such a report. He
37 complained about a lack of attendance at lectures and 'a change in tone' which he attributed
38 directly to:
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46the encouragement given by the College to Athletics. I do not think the students
47 who come here are in a position to indulge in the luxury of athletics – to the extent or
48 at least of competitions in Belfast or Dublin – but this is not all. I cannot help noticing
49 certain concomitants of athletics which are an unmitigated evil, as well as a
50 considerable nuisance to other people. It is the duty of the College to take note of such
51 things.¹¹³
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3 For the month of February, he noted six occasions when he had been present to give lectures
4 on Experimental Physiology and the entire class had been absent.¹¹⁴
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7 Nevertheless, in spite of these tensions, rugby remained popular amongst the medical
8 students. The sport was often described by students in militaristic terms, perhaps in an
9 attempt to further promote an image of the doctor as heroic. In 1904 in one Irish student
10 magazine it was depicted as 'jerseyed combat' while another piece, eighteen years later,
11 described how students in Galway carried a 'wounded comrade' with a 'bloody gash received
12 on the rugger field' to the anatomy room where he was laid 'on a grimy table beside the
13 mutilated remains of what was once a man'.¹¹⁵ The secretary's report for University College
14 Cork's rugby club in 1909-10 described the game in militaristic terms 'I can assure you that
15 the red and black jerseyed brigade will be a force in Munster football, add lustre to College
16 football fame and gladden the heart of many a veteran who on many a land fought and
17 gathered the laurels of victory for the grand "old skull and cross bones",¹¹⁶
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26 Rugby became central to an ideology of manliness in sport, as it promoted unselfishness,
27 fearlessness and self-control.¹¹⁷ These were qualities which were also expected of doctors in
28 the period. There was also an important class element to the playing of rugby. Murphy has
29 suggested that at Queen's College Cork, rugby 'had everything to do with hereditary
30 professional position, exclusive education, leafy suburbs and desirable residences'.¹¹⁸
31 Students were encouraged to play rugby, because it fitted in with ideals and notions of
32 respectability which were particularly important to the Irish medical profession. In 1914, a
33 fictional letter from 'A Proud Parent to his son, a medical gyb' appeared in *The Quarryman*,
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42 We all derived the hugest amusement from your account of the football matches.
43 College men are famous the world over as footballers, and now that you are a full-
44 blown member of their celebrated Rugby Club, you will naturally take a special pride
45 in their achievements. The subscription (one guinea) *was* a bit thumping, but this only
46 proves the select nature of the club, so don't worry about it. When a select club admits
47 you to membership, you must not groan if such a club should make you pay through
48 the nose for the privilege.¹¹⁹
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54 Although satirical in nature, the piece emphasises the exclusive nature of the rugby teams of
55 Irish medical schools and the fact that those playing it were coming from a certain class.
56 Indeed, rugby also had important cultural and class connotations: it was primarily viewed as
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3 an English sport, and one with associations with the professional classes. Although this
4 period witnessed the popularisation of Gaelic sports, which McDevitt has argued, were
5 created as a means of refuting British influence, there is little evidence to suggest that
6 medical students took a great interest in these.¹²⁰ Even following the creation of the Irish Free
7 State in 1922, rugby continued to be associated with medical students. This may have been
8 for a few reasons: firstly, rugby was more successful at embodying the characteristics
9 expected of the Irish medical profession in the period and was a more bloody game than the
10 Gaelic sports where the 'intellectual aspects of the game were paramount'¹²¹; secondly, its
11 class associations, and finally, the fact that Irish practitioners were reliant on the British
12 market for posts may have meant that they were less inclined to reject British games.¹²²
13 Nevertheless, not all medical students readily conformed to the stereotype of the sporting
14 male student. The writer of a fictional account in 1913 mentioned 'a prolonged spell of
15 hospital' following his first practice game.¹²³ Noel Browne, who studied at Trinity College in
16 Dublin in the 1930s, reluctantly played rugby 'mainly for the companionship'. He also
17 hesitantly joined the boxing team but resigned from the 'silly and dangerous sport' after
18 being filled with remorse after knocking another boxer unconscious.¹²⁴
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30 Involvement in sport occasionally had positive social and career consequences for budding
31 Irish doctors.¹²⁵ Smith, a medical student in *The Lion's Whelp*, gained popularity at Queen's
32 for 'being a jolly fellow and a good football player'.¹²⁶ Bethel Solomons was captain of the
33 Trinity College rugby team in the 1900s and went on to gain ten international caps for the
34 Irish national team. He noted that being a good rugby player could affect one's choice of
35 hospital and future career, remarking that 'scouting parties of housemen and senior students
36 would visit the dissecting rooms to try and enlist good Rugby players' to join particular
37 hospitals.¹²⁷ Following qualification, Solomons' sporting life influenced his career path.
38 Because he was captain of the university football club, it was expected that he would remain
39 in Dublin. He was also offered a commission in the Royal Army Medical Corps, 'like most
40 other international rugby players at that time'.¹²⁸ Again, this suggests that the Irish medical
41 profession was trying to encourage well-rounded, healthy men.
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51 Women medical students were very much excluded from this male sporting world. 'Lady
52 medicals' had the option of joining hockey and tennis clubs if they wished to take part in
53 sporting activities, but there is little sense from the contemporary sources that they were
54 involved to a great degree in these in the period in question. In fact, one critical editorial in
55 *T.C.D.* in 1924 suggested that the 'corporate spirit is not inculcated in girls as it is in boys'
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3 and that '*esprit de corps* is lacking from their vocabulary'.¹²⁹ In response, a female student
4 argued that women students had fewer facilities available to them for extra-curricular
5 activities than the men students while also pointing out that the women's residence was
6 several miles away from the College, unlike the men's on-campus accommodation.
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8 Furthermore she remarked that female students were 'firmly excluded from the real life of
9 College' but that when 'any chance is given to them they only too willingly rise to meet the
10 occasion'.¹³⁰ Ironically, it was often the female medical students who fundraised for
11 improved sports facilities for the men students. In 1907, a group of Belfast medical students
12 organised a fete to raise money for a new athletic field, however, the president of the
13 Students' Representative Council complained that the female students were the only ones
14 showing a 'proper amount of zeal by organising a stall'.¹³¹
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22 Conclusion

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24 The article has illustrated how various aspects of Irish medical education and student culture
25 were couched in a highly masculine rhetoric in the student press and subsequently in
26 recollections in doctors' memoirs. Although women were treated in an egalitarian manner
27 with regard to their educational experiences at Irish institutions, the increased emphasis on
28 masculine rites of passage suggests underlying fears about the introduction of women to the
29 medical profession. As Brown has suggested, in the nineteenth century, medical invocations
30 of military masculinity in Britain might be seen as 'an attempt to construct medicine as an
31 exclusively masculine domain to divest it of its domestic associations and to harvest forms of
32 symbolic capital that were significantly less accessible to women'.¹³² In the same way, it
33 could be argued that with increasing numbers of women medical students entering Irish
34 institutions from the 1890s onwards, sport and activities of a boisterous nature came to play a
35 more prominent role as medical practitioners, amidst fears of an already overcrowded
36 medical marketplace, attempted to cultivate a masculine image of the doctor. Furthermore,
37 male medical students were increasingly encouraged to partake in sport in order to be better-
38 rounded, while doctors' memoirs and autobiographies highlighted the playing of sport and
39 pranks, thus perpetuating a collective memory which separated them from women doctors.
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52 Educational activities such as anatomy dissections and examinations were also described in
53 highly masculine terms while social activities such as pranks, rags and sport, further served to
54 segregate women medical students from the men. All of these aspects display the hallmarks
55 of homosociality: competition, emotional detachment and sexual objectification and
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ultimately characterised Irish medicine as a largely male preserve. Segregation also played out subsequently in the careers of women doctors. Of a sample of women doctors who matriculated at Irish universities between 1885 and 1922, only 16% were working in hospital appointments five years after graduation, with 70% working in general practice.¹³³ Although the first generation of Irish women doctors had broken new ground in entering medical schools, they found themselves subject to the confines of hegemonic masculinity in their student lives and subsequent careers.

Notes

¹ John Harley Warner and James M. Edmondson, through the use of dissecting-room photographs, have effectively explored this important facet of medical student life. See: *Dissection: photographs of a rite of passage in American medicine 1880-1930*, (Blast Books, 2009).

² Thomas Neville Bonner, *Becoming a physician: medical education in Britain, France, Germany and the United States, 1750-1945*, (Oxford University Press, 1995), 7.

³ Keir Waddington, 'Mayhem and medical students: image, conduct, and control in the Victorian and Edwardian London Teaching Hospital', *Social History of Medicine*, 15:1, (2002), 46.

⁴ See for example: Anne Crowther and Marguerite Dupree, *Medical lives in the age of surgical revolution*, (Cambridge University Press, 2007) and Florent Palluault, 'Medical students in England and France 1815-58: a comparative study', (Unpublished PhD thesis, University of Oxford, 2003), Laura Kelly, 'Migration and medical education: Irish medical students at the University of Glasgow, 1859-1900', *Irish Economic and Social History*, 39, (2012).

⁵ Crowther and Dupree, *Medical lives in the age of surgical revolution*, (Cambridge University Press, 2007), 94-5.

⁶ Recent important studies of medical education include: S.C. Lawrence, *Charitable knowledge: hospital pupils and practitioners in eighteenth-century London*, (Cambridge University Press, 1986); Lisa Rosner, *Medical education in the age of enlightenment: Edinburgh students and apprentices, 1760-1826*, (Edinburgh University Press, 1991), Jonathan Reinartz, *Health care in Birmingham: the Birmingham teaching hospitals, 1779-1939*, (Woodbridge: Boydell Press, 2009), Lisa Rosner, 'Student culture at the turn of the nineteenth century', *Caduceus*, 10:2, (1994), 65-86, Colin Jones, 'Montpellier medical students and the medicalisation of 18th-century France' in: Roy Porter and Andrew Wear (eds.), *Problems and methods in the history of medicine*, (London: Croom Helm, 1987), 57-80, Keir Waddington, *Medical Education at St. Bartholomew's Hospital, 1123-1995*, (Woodbridge: Boydell Press, 2003), Mark. W. Weatherall, *Gentlemen, scientists and doctors: Medicine at Cambridge, 1800-1940*, (Woodbridge: The Boydell Press, 2000), E.A. Heaman, *St. Mary's: the history of a London teaching hospital*, (Montreal: McGill-Queen's Press, 2003).

⁷ Paul R. Deslandes, *Oxbridge Men: British Masculinity and the Undergraduate Experience, 1850-1920*, (Indiana University Press, 2005) and Heather Ellis, 'Foppish Masculinity, Generational Identity and the University Authorities in Eighteenth-Century Oxbridge', *Cultural and Social History*, 11:3, (2014), 367-384.

⁸ See 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: 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), 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: F.O.C. Meenan, *Cecilia Street: the Catholic University School of Medicine 1855-1931*, (Dublin: Gill and Macmillan, 1987); Ronan O'Rahilly, *Benjamin Alcock: the first professor of anatomy and physiology in Queen's College Cork*, (Cork: Cork University Press, 1948).

⁹ In recent years, historians such as Warner and Brown have paid more attention to the different ways that doctors constructed, 'performed' and articulated their professional identity. See for instance, important work by John Harley Warner, *The therapeutic perspective: medical practice, knowledge and identity in America, 1820-1885*, (Princeton University Press, 1997) and *Against the spirit of system: the French impulse in nineteenth-century American Medicine*, (John Hopkins Press, 1998); and Michael Brown *Performing Medicine: Medical culture and identity in provincial England, c.1760-1850*, (Manchester University Press, 2011) and 'Like a devoted army: Medicine, heroic masculinity and the military paradigm in Victorian Britain', *Journal of British Studies*, 49:3, (2010), 592-622. Ludmilla Jordanova has illustrated how physicians in the late eighteenth and early nineteenth century promoted a collective image of themselves as reliable, dependable and 'politely manly' through the medium of portraiture (Ludmilla Jordanova, 'Medical men 1780-1820', in Joanna Woodall (ed.), *Portraiture: facing the subject*, (Manchester University Press, 1997), p.101-118) while more recently, Mary Hunter and Keren Rosa Hammerschlag's imaginative work has shown how portraiture reflected status and medical masculinities in the nineteenth century. (See: Mary Hunter, 'Intern, Orderly, Artist, Corpse: Emerging Masculinities in Henri Gervex's *Autopsy at Hôtel-Dieu*', *Oxford Art Journal*, 38:3, (2015), 405-426 and Keren Rosa Hammerschlag, 'The Gentleman Artist-Surgeon in Late Victorian Group Portraiture', *Visual Culture in Britain*, 14:2, (2013), 154-178.)

¹⁰ See: Laura Kelly, "Fascinating Scalpel-wielders and Fair Dissectors": Women's Experience of Irish Medical Education, c. 1880s-1920s, *Medical History*, 54:4, (2010), 495-516. Kelly, 'Fascinating scalpel-wielders'.

¹¹ Kelly, 'Fascinating scalpel-wielders'.

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- ³³ 'Belfast Medical Students' Association', *BMJ*, February 3, 1912, 270.
- ³⁴ Warner and Edmonson, through the effective use of a range of photographs from American medical schools, have underlined the importance of dissection to professional identity. See: *Dissection: photographs of a rite of passage in American medicine, 1880-1930*, (New York: Blast Books, 2009).

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19⁴² One student remarked in 1911 that 'the consumption of tobacco is certainly enormous, and the bright gas jets
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30⁴⁴ Walter Rivington, *The Medical Profession of the United Kingdom*, (Dublin: Fannin & Co., 1888), 700. In
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