"She has broken down the barrier of bigotry and exclusiveness and forced her way into the profession": Irish women in medicine, *c.*1880s-1920s[1]

Laura Kelly

In an 1898 article on the progress of Irish women in the medical profession, the Irish newspaper, the *Freeman's Journal* reported that the "lady doctor" had:

> 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.[2]

In spite of the fact that Russia and Ireland exemplify significantly different social and cultural settings, the history of women's entry to the medical profession in both of these countries bears striking similarities. Attitudes to women studying medicine in Ireland were remarkably liberal in common with Russia, while the first generation of women doctors in both contexts had similar career paths. This chapter will explore the history of the first generation of women medical graduates in Ireland, drawing comparisons with the Russian case. Traditionally, the historiography of women in the medical profession internationally has focused on the challenges and struggles women have faced in their pursuit of medical education.[3] For instance, Thomas Neville Bonner, in his engaging comparative history of women's entry to the medical profession in Britain, Russia, France and the United States, commented that: "Everywhere the story was the same."[4] This chapter seeks to explore the similarities between Russia and Ireland, emphasizing that both of these contexts exemplify exceptions to the dominant historiographical discourse on women's entry to the medical profession. I suggest here that in the Irish case, there were many members of the medical

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profession who supported women's admission to medicine, and that, with regard to their educational experiences and subsequent careers, the first generation of Irish female doctors did not experience the same separatism as their British and American counterparts.

Context

The period under consideration in this chapter, as in Russia, was one of great political and social change in Ireland. Under the Act of Union that was passed in 1800, Ireland was united with Britain under one parliament, and until the Anglo-Irish Treaty that came into effect in 1922, Ireland was ruled by Britain. The nineteenth century was politically turbulent with successive failed attempts to pass home rule bills in 1886 and 1893. The decade from 1912 to 1922 was particularly volatile with an increase in nationalist feeling in Ireland, culminating in the Easter Rising that took place in 1916. The leaders of the Rising were court-martialled and executed, sparking a wave of popular support for nationalism and a victory for the nationalist Sinn Féin party in the general election of December 1918. The Sinn Féin MPs refused to take up their seats at Westminster, instead establishing their own parliament, Dáil Éireann, in Dublin on 21 January 1919, with the War of Independence, which lasted until July 1921, beginning the same day. In 1920, the British government introduced the Government of Ireland Act, which established Northern Ireland as part of the United Kingdom, while the Anglo-Irish Treaty, which established the Irish Free State, was accepted in 1921. In 1922, the Irish Free State, consisting of twenty-six counties was established.

There were six medical colleges in Ireland open to students wishing to undertake medical studies. These were Trinity College in Dublin, which had been founded in 1592; the Royal College of Surgeons, founded in 1784; the three non-denominational Queen's Colleges, at Cork, Galway and Belfast, which had been established in 1845 and opened in 1849; and the Catholic University (later University College Dublin), founded in 1851, which opened for lectures in 1854. The medical corporation, the KQCPI (later the Royal College of Physicians

of Ireland), founded in 1654, and the Apothecaries' Hall of Ireland (founded in 1791), offered registerable licences to students who had undertaken their medical education elsewhere. In 1884, the Royal College of Surgeons decided it would admit women to its classes, while Queen's College Belfast admitted its first female medical student in 1888, with Queen's College Cork following suit in 1890. The Catholic University admitted women medical students to its classes from 1898, while Galway's first female medical student was admitted in 1902, although it had been decided in 1879 that classes should be open to all students regardless of sex.[5] Trinity College Dublin allowed women to be admitted to its classes from 1904. In contrast, many British universities were slower to open their doors to women medical students and moreover, many British hospitals only opened to women during the First World War and closed their doors to them soon after the war had ended.[6] Women began to study medicine in Russia from the 1860s, and initially, appear to have been welcomed and encouraged by professors at Russian medical schools.[7] In Russia, "women medical students met repeated encouragement from their professors; the universities themselves petitioned to be allowed to admit them; physicians campaigned to keep women's courses open; and even the organized medical profession supported them at crucial times."[8]

Numbers of women at Irish medical schools were initially low but increased during the years of the First World War before decreasing again after 1918. In 1885, just one woman matriculated in medicine but by 1917 this had risen to 112.[9] This chapter seeks to examine how this change took place. I will start by outlining the admission of women to Irish medical schools and the experiences of early women medical students. I will conclude with a brief discussion of the types of careers the first generations of Irish female doctors commonly pursued.

Women's entry to Irish medical schools

In the nineteenth century, those arguing against women's entry to the medical profession condemned women on the grounds that their physical, mental and emotional natures made them unsuitable to be doctors. 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.[10] 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 they should choose the alternative career path of nursing if they wished to care for the sick. 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.[11] Irish medical schools and licensing bodies, however, proved to be surprisingly liberal towards the issue of the admission of women to the medical profession.

Similarly, arguments against women studying medicine in Russia suggested that women's role should be as wives and mothers, and from 1864, "women were barred from the medical academies on account of their alleged association with various kinds of radical activity."[12] Russian women who wished to study medicine, like their British counterparts, attended medical schools abroad such as in Zurich.[13] The Russian medical hierarchy, in common with the Irish medical profession, demonstrated remarkable support for women's entry to medical schools. From the end of the 1860s, members of the Russian medical

profession provided equipment for women who wished to pursue medical study, as well as allowing them to attend their lectures and laboratory classes, while some medical professors actively approached their authorities to request that women be admitted to medical study.[14] Moreover, in common with Britain and Ireland where campaigners for women's entry to the medical profession argued that there was a need for women workers in the missionary field and in the fields of maternity and children's health, activists in Russia argued that there was an urgent need for female doctors to tend to women's and children's health.[15] Women were banned from studying medicine in Russia from 1864 until 1872, meaning that Russian women travelled to Zurich for medical study.[16] From 1872, a four-year course, allowing women to be trained as "learned midwives" (*uchenai akusherka*) was opened at the Medical-Surgical Academy, as an experiment.[17] The experiment was deemed to have been a success and from 1876, the course of study was renamed Women's Medical Courses and increased to five years in duration and made equivalent to the course that was available to male students.[18] This early optimism was short-lived, however. Due to concerns about the involvement of women medical students in revolutionary activities, the medical courses for women were shut down in the 1880s, with Russian women again being forced to pursue degrees abroad until the opening of the Women's Medical Institute in St. Petersburg in 1897 (as discussed by Michelle DenBeste in her chapter in this volume), with new medical schools for women being established in Moscow and Kiev in 1907, Odessa in 1909 and Kharkov in 1910.[19]

Meanwhile, in Britain, as a result of years of campaigning by British women doctors such as Sophia Jex-Blake, the "Enabling Act" was passed by British parliament in August 1876. British women doctors in the late nineteenth century were unable to attend medical schools and qualified abroad. However, because of legal stipulations under the Medical Act of 1858, a qualification from a "foreign" university did not entitle them to practice in Britain. The 1876 act therefore "enabled" all of the nineteen recognised British medical licensing bodies to

accept women candidates but stated that they were not obliged to do so. In Ireland, the King and Queen's College of Physicians became the first institution in Britain to take advantage of this act and decided to allow women who had taken their medical degrees abroad to take its licence examinations from 1877, and, as mentioned earlier, women began to be admitted to the Royal College of Surgeons from the mid-1880s, and to other Irish medical schools from the 1890s.

The decision of the King and Queen's College of Physicians to admit women to its licences was significant as it now offered British women who had trained abroad a means of making it onto the Medical Register. This decision appears to have been the result of four main factors. Firstly, Dublin had a good track record with regard to the higher education of women. Women had been admitted to the Museum of Irish Industry, which organized public lectures and courses on scientific subjects from the 1850s. [20] Women were also admitted to the Royal College of Science in Dublin from its opening year in 1867.[21] One writer to the Irish newspaper *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.[22] Moreover, Catholic and Protestant secondary schools for girls which emerged in the late nineteenth century were also crucial in helping to spearhead the Irish women's higher education movement.[23] These Catholic and Protestant schools instilled a sense of vocation in young women but also encouraged their students to pursue educational goals and university education.

Catholic sisterhoods not only played a vital role in the secondary education of young women in Ireland – they were also responsible for the management of Irish hospitals. In contrast with Britain, the majority of hospitals in Ireland were founded by Catholic sisterhoods.[24] Within these hospitals, the religious sisters were responsible for the nursing care,

hygiene and hospital management.[25] As Sioban Nelson's comparative study of religious sisters in nineteenth-century hospitals has shown, nuns "pioneered the path for women through the moral contagion of sickness," illustrating that women could be trusted in roles of authority, while also demonstrating how women "could work among male bodies and the sick poor without loss of status."[26] In Ireland, religious sisters arguably occupied a semi-separate sphere in the context of hospital management and nursing in Ireland while male doctors were responsible for the medical care. Recognizing the vital role of nuns in the management and nursing care within Irish hospitals, it is possible that the Irish medical and religious hierarchy recognized a role for women as doctors and the need for women doctors to tend to women patients.

There were important class distinctions between medicine and nursing, however. Nursing was not always viewed as being a suitable career for middle-class women in the nineteenth century. Aside from the nursing work done by nuns in the late nineteenth century, the rest was undertaken mostly by poor women without training who were remunerated for their work with maintenance within the hospital.[27] This began to change from the 1890s with the emergence of nurse training schemes in Dublin hospitals and the emergence of the "lady nurse."[28] However, medicine still remained a more financially lucrative career choice for middle-class women and would also have provided some with a means of social mobility.

Also important in the story of women's admission to the King and Queen's College of Physicians in Ireland 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.[29] As in the Russian case, the support from male members of the medical profession was an important factor in women gaining access to medical licences.

Consistent with an open attitude towards women medical students, Irish voluntary hospitals also had a history of allowing women onto their wards for clinical experience and lectures and women medical students appear to have been readily accepted. 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 and reported positive experiences while studying at the hospital.[30] 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."[31] Irish institutions continued to portray inclusive attitudes towards women medical students following women's admission, with women and men being educated together for all classes with the exception of anatomy and women medical students reporting positive educational experiences.[32]

The King and Queen's College of Physicians also had much to gain from the fees from women students and the College council may have viewed the admission of women to its licences as a lucrative opportunity. 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.[33] Similarly, for the half year ended April 17th, 1875, the total income was £809 with the total from fees being £758.[34] 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 comprising £1048.[35] 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. Even more crucial is the fact that the women who applied to take the licences of the KQCPI were British women who had studied abroad, who did not appear to have any intention of practising in Ireland, and would not pose any competition to professional practice.

Finally, the Royal College of Surgeons admitted women as fellows from 1893 when Emily Winifred Dickson became the first female fellow.[36] From 1893 to 1922, there were 26 female fellows of the RCSI.[37] 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.[38] 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 that entered the various Dublin hospitals.[39] In contrast, in Britain, the British Medical Association closed its membership to women in 1878 and did not re-open it until 1892.[40] And, in 1896, there was a campaign to exclude women from English medical societies.[41] 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 open attitude of the KQCPI was not "anomalous", as some have argued.[42]

Experiences of studying medicine

Reasons for studying medicine were highly personal. Some students, like Emily Winifred Dickson, who studied at the Royal College of Surgeons in the 1880s, were inspired by illness in their own family. Dickson spent a year nursing her own mother before deciding to pursue her medical studies.[43] In other instances, women were inspired by a sense of vocation. For instance, Anna Dengel, a student who trained at University College Cork in the 1910s, was inspired by the story of the Scottish missionary doctor Agnes McLaren who had trained in Montpellier, France. Dengel struck up a correspondence with McLaren and wrote that "Her call came to my ears and kindled a fire in my heart that has not been extinguished to this day."[44] Young women may also have received encouragement from their secondary schools and parents. Because medicine was the longest university course, students were under more

pressure to keep up with fees than students from other faculties. Irish students generally attended their local university, as this would have enabled them to save money through living at home. Additionally, data I have collected regarding the social backgrounds of 760 women matriculating in medicine at Irish institutions from 1885 to 1922 has shown that the majority of women medical students in the period came from well-to-do, middle-class backgrounds, with 29.15% having fathers working in the commercial and industrial sectors, 17.9% having fathers working in agriculture, 11.25% in medicine, 8.85% in religious life, 8.12% in education, and the remainder in fields such as the new professions, local and central government, the armed forces, land-related occupations, law and skilled working classes.[45] Medicine was viewed as a respectable career for women of these backgrounds but their parents would also have had the finances to pay for their daughters' education.

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 education but also later in their professional lives.[46] Certainly, with regard to Irish medical education, there existed a sense of separatism between the men and women students. Yet, 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. Women and male students were educated together for all classes, with the exception of anatomy dissections where special dissecting rooms were constructed to educate male and female students separately.[47] Several Irish institutions also provided "ladies' rooms" for their female students. These were common rooms where female students could socialise separately from the men. Through the provision of these ladies' rooms and dissecting rooms, the university authorities demonstrated their fears about women mixing with men and this could be viewed as paternalistic action. Female medical students also reported politeness from their male counterparts.[48] In St. Petersburg, female medical students were kept apart from the male

medical students because of the latter's reputation for political activism. [49] Moreover, Russian female students were provided with their own anatomy theatre and laboratories.[50] However, when women medical students encountered male students, they reported that they were "unfailingly polite." [51]

In Ireland, women students had always been seen as a separate and unique group; however, lady medicals came to be seen as a particularly distinctive cohort. Representations of female students in the student press helped to create these distinctions between men and women students and particular characterisations of female students. While male medical students were often represented as boisterous, lady medicals were often described as aloof, bookish and cold. As Alison Bashford's work has shown, women doctors in the nineteenth century presented themselves as scientific experts in order to differentiate themselves from unprofessional groups such as midwives and nurses. However, through doing this, women doctors also gained a reputation for being cold and came to be seen as desexed.[52] One piece in *The National Student,* the magazine of University College Dublin, in 1913, for instance, described some of the "interesting types" to be found at a medical lecture. One of these included "The Principal Lady, learned in the extreme and preserving the dignified hauteur, not to say aloofness, which appertains to her position as an Arts Graduate."[53] Similarly, in 1918, a piece in the *National Student* mocked the cold demeanour of the "lady medical." Describing a fictional incident that occurred between a student called "Cherubia," whose subject in the dissecting-room began speaking to her, Cherubia retorts to the cadaver "Sir!!!! Perhaps you are not aware that in U.C.D. an unwritten law allows a man to speak to a *lady* only when they have been introduced at least seven times."[54] Such descriptions of women medical students as "cold" and "aloof" helped to mark them out as the other. At the same time, women medical students themselves reinforced this sense of distinction through their self-identification as a cohort, by attending social events and lectures in groups together, having a distinctive place on student councils, as

well as through their 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. Such distinctions persisted in Irish medical schools well into the twentieth century and separatism is evident in the career paths that women doctors pursued.

Careers and Marriage

As discussed earlier, 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. For instance, Thomas Haslam, who founded the Dublin Women's Suffrage Association with his wife Anna in 1876, wrote to the *Freeman's Journal* in 1871 to argue 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."[55] Similarly, Thomas More Madden, an Irish doctor, argued in 1888 that there was not only a need for women doctors to tend to female patients but that women doctors were also required to work in the missions.[56]

Certainly, in Russia, of the first 700 women graduates from the Medical-Surgical Academy in the 1870s, 62 found positions in women's and children's hospitals, 54 secured posts in clinics and laboratories, while the remainder worked in *zemstvos*, state hospitals, public health agencies and private practice.[57] I will demonstrate that Irish women medical graduates were actually 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. Making a medical living often involved collecting a number of posts that were often part-time in nature. Thus, for example, a doctor listed as working for an insurance company may also have been working in general practice and other branches of medicine.[58] I traced the careers of 452 Irish women medical graduates qualifying between 1885 and 1928 using the *Medical Directory*, 5, 10, 15, 25, and 35 years after graduation. In this section, I will discuss the three main career groupings of general practice, hospital appointments and public health. Finally, I will briefly outline the issue of marriage and how this may have impacted on the careers of this first generation of women doctors.

General practice represented the most common career path for Irish women graduates who matriculated between 1885 and 1922. Ten years after graduation, 65% of traceable graduates were working in this field. In contrast, 17% were working in hospital appointments, 11.1% in the field of public health, 4.2% in the missionary field, with the remainder working in other positions, such as specialists, university appointments or company doctors.[59] General practice would have enabled women doctors to combine family life with their professional commitments and also would have enabled them to pursue other part-time positions to supplement their income. In order to obtain a position in general practice, new graduates usually became assistants to established GPs and eventually worked their way to a partnership in the practice.[60] Alternatively, new graduates could purchase an established practice from a GP who was about to retire; however, partnerships were viewed as being a safer option for new graduates.[61] Several early Irish women graduates set up partnerships together, either with their husbands or sisters, and by the 1930s, such partnerships of women in general practice were a well-established phenomenon.[62] Certain addresses were also 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.[63]

Although general practice was the most common career path for Irish women medical graduates, nevertheless, 17% of women were successful in achieving hospital posts within ten years after graduation. Ella Ovenden, an early graduate of the Catholic University medical school, wrote in 1907 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.[64] Certain Irish hospitals appear to have been renowned for their employment of women doctors, such as the Richmond Hospital in Dublin that employed women medical attendants to take charge of its female wards from the 1890s.[65] 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.[66] 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."[67]

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 shown. She has illustrated that, of a sample of English women doctors holding "house posts" in 1899 and 1907, most were likely to be in women-run hospitals than in other types of institutions.[68] 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, 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.[69]

Finally, the public health sector was an important area of employment for women graduates, especially those who moved to England. This sector of medicine was claimed to be an appealing area of work for new graduates because it did not require the time and capital necessary to build up a private practice.[70] Women doctors working in public health were commonly employed as schools medical officers, dispensary doctors, assistant Medical Officers of Health (MOH).[71] In Ireland, graduates commonly worked as dispensary medical officers. [72] 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.[73] Eleanor Lowry, who initially matriculated at Queen's College Belfast, but graduated from the London School of Medicine for Women in 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.[74] 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.[75] Prospects of promotion were slim for women doctors who worked in the public health sector. Clara Scally, for instance, a 1912 graduate of University College Dublin, held the position of assistant MOH in Barnsley for almost her entire career with no promotion.[76] It was also claimed that women faced discrimination within the British Public Health Service and that male doctors were more likely to achieve promotions than women.[77] 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.

Marriage was also an important issue for many early women doctors. Opponents of women in medicine often claimed that such a career was detrimental to a woman's family life. For instance, a letter published in the *The Times* in 1922, one correspondent remarked that the medical profession is "the last occupation for a woman" and that "the whole of this woman movement is an attempt to shirk a woman's responsibilities – housework and maternity."[78] Somewhat surprisingly, some female doctors were themselves opposed to combining marriage with a career. For example, Emily Winifred Dickson, writing in 1899, suggested that, "marriage and motherhood will always be the most important professions a woman can engage in" and outlined her belief that women doctors should vacate their positions on marriage.[79] In Russia, 75% of the first 700 graduates of the Medical-Surgical Academy were married within eight years of graduation.[80] Although it is difficult to determine exact numbers of Irish women doctors who went on to marry, it is evident that many managed to combine successful careers with marriage and family life, and this may explain why so many early women graduates pursued careers in general practice. For example, Mary McGivern, a 1925 graduate of

University College Dublin, and Jane D. Fulton, a 1925 graduate of Trinity College Dublin, both pursued successful careers in general practice in conjunction with marriage and family life.[81]

Conclusion

This chapter has attempted to outline the distinctiveness of the Irish context for women doctors while drawing parallels with the Russian case. 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 that 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 question of women's admission to study medicine was distinctive with regard to the particular arguments that were provoked against it.

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 Irish 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 that 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. However, general practice proved to be the most important field of employment for the first generation of Irish doctors, arguably because it allowed women to combine their career with marriage and family life.

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[2] *Freeman's Journal*, 27 January 1898, 4.
[3] See for instance: Caitriona Blake, *Charge of the Parasols: Women's Entry into the Medical Profession* (London: Women's Press, 1990), Regina Markell Morantz-Sanchez, *Conduct Unbecoming a Woman: Medicine on Trial in Turn-of-the-Century Brooklyn* (Oxford: Oxford University Press, 2000) and *Sympathy and Science: Women Physicians in American Medicine* (Chapel Hill, NC: University of North Carolina Press, 1985); Ellen S. More, *Restoring the Balance: Women Physicians and the Practice of Medicine, 1850–1995* (Cambridge, MA: Harvard University Press, 1999). The story of the "Edinburgh Seven" has been discussed recently by Anne Crowther and Marguerite Dupree, *Medical Lives In the Age of Surgical Revolution,* (Cambridge University Press, 2007), pp. 152–75. For Sophia Jex-Blake, see Shirley Roberts, *Sophia Jex-Blake: A Woman Pioneer in Nineteenth Century Medical Reform* (London: Routledge, 1993).
[4] Thomas Neville Bonner, *To the ends of the earth: women's search for education in medicine,* (Harvard University Press, 1992), 6.
[5] Laura Kelly, "'The turning point in the whole struggle': the admission of women to the King and Queen's College of Physicians in Ireland," *Women's History Review*, 22:1 (January 2013), 97-125; 21.
[6] Kelly, "The turning point in the whole struggle," 4.
[7] Barbara Alpern Engel, "Women Medical Students In Russia, 1872–1882: Reformers Or Rebels?," *Journal of Social History* (1979) 12 (3): 394-414; 396.
[8] Bonner, *To the ends of the earth*, 83.
[9] Laura Kelly, *Irish women in medicine, c.1880s-1920s: origins, education and careers,* (Manchester University Press), 51.
[10] Joan N. Burstyn, 'Education and Sex: The Medical Case against Higher Education for Women in England, 1870-1900', *Proceedings of the American Philosophical Society*, Vol. 117, No. 2 (Apr. 10, 1973), 79-89; 81.
[11] Kelly, *Irish women in medicine,* 22.
[12] Engel, 'Women medical students in Russia', 396.
[13] Engel, "Women medical students in Russia," 396.
[14] Engel, "Women medical students in Russia," 397.
[15] Ibid.
[16] Bonner, *To the ends of the earth,* 86.
[17] Bonner, *To the ends of the earth,* 89-90.
[18] Bonner, *To the ends of the earth*, 92.
[19] Bonner, *To the ends of the earth*, 95-98.
[20] 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, (2009): 99-113; 106.

[21] Clara Cullen, "The Museum of Irish Industry (1845-1867): research environment, popular museum and community of learning in mid-Victorian Ireland", (PhD diss., University College Dublin, 2008).
[22] "Letter to the Editor," *Freeman's Journal*, January 28th, 1870, 4. This was before the University of Edinburgh changed its mind with regard to women medical students.
[23] Judith Harford, "The movement for the higher education of women in Ireland: gender equality or denominational rivalry?" *History of Education* 35 (2005): 497-516; 499-500.
[24] For example, the Irish Sisters of Charity founded St. Vincent's Hospital in1833 for the care of the sick poor in Dublin. The Sisters of Mercy founded the Mercy Hospital in Cork in 1857 and the Mater Misericordiae Hospital in Dublin in 1861. (See: Gerard M. Fealy, *A history of apprenticeship nurse training in Ireland*, (New York: Routledge, 2006), 9).
[25] Fealy, 9.
[26] Sioban Nelson, *Say little, do much: nursing, nuns and hospitals in the nineteenth century,* (University of Pennsylvania Press, 2003), 164.
[27] Maria Luddy, *Women and Philanthropy in Nineteenth-Century Ireland* (Cambridge: Cambridge University Press, 1995), 51.
[28] Gerard M. Fealy, *A History of Apprenticeship Nurse Training in Ireland* (London: Routledge, 2006), 68-69.
[29] Kelly, "The turning point," 16-17.
[30] T. Percy C. Kirkpatrick, *The History of Doctor Steevens' Hospital Dublin, 1720-1920,* (Dublin: Ponsonby and Gibbs, 1924), 261 and Sophia Jex-Blake (1872) *Medical women: two essays* (Edinburgh: William Oliphant & Co.), 143.
[31] Jex-Blake, *Medical women,* 143.
[32] See: Laura Kelly, ''Fascinating scalpel-wielders and fair dissectors': Women's experience of Irish medical education, c.1880s-1920s," *Medical History*, 54:4 (October 2010), 495-516.
[33] Summary of the Income and Expenditure of the KQCPI, for Half Year, Ended October 17, 1874, Minutes of the KQCPI, Vol. 16, p.34. [RCPI Heritage Centre]
[34] Summary of the Income and Expenditure of the KQCPI for Half year ended April 17, 1875, Minutes of the KQCPI, Vol.16, p.123. [RCPI Heritage Centre]
[35] Summary of the Income and Expenditure of the KQCPI for half year ended October 17, 1877, Minutes of the KQCPI, Vol.16, p.402. [RCPI Heritage Centre]

[36] 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), 83-95.
[37] Register of Fellows of the RCSI.
[38] Incomplete register of members of the RAMI, (Royal College of Physicians archive, Dublin).
[39] 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, 91-132; 108.
[40] 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," *British Medical Journal*, (December 19-26, 1992), 1529-32.
[41] 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), 113.
[42] Finn, "Women in the medical profession in Ireland", 105.
[43] Kelly, *Irish women in medicine*, 52.
[44] "Anna Maria Dengel," in Leone McGregor Hellstedt (ed.), *Women Physicians of the World: Autobiographies of Medical Pioneers* (Washington, DC, and London: Medical Women's International Federation, Hemisphere Publishing Corporation, 1978), 93.
[45] Kelly, *Irish women in medicine,* 64-68.
[46] 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.
[47] For more on this issue, see: Kelly, ''Fascinating scalpel-wielders and fair dissectors': Women's experience of Irish medical education, c.1880s-1920s," *Medical History*, 54:4 (October 2010), 495-516.
[48] Kelly, "Fascinating scalpel-wielders", 505.
[49] Engel, 400
[50] Ibid.
[51] Engel, p.401.
52 Alison Bashford, *Purity and pollution : gender, embodiment, and Victorian medicine*, (Macmillan, 1999).
[53] "The impressions of one "Abdullah", first year student of medicine. Containing also his account of the School of Medicine and Divers other Places", *The National Student,* Vol 3 No 2, May 1913; 43
[54] "A celebrity in Cecilia Street", *The National Student,* Vol. VIII, No. 20, March 1918, 15.

[55] "Letter to the editor", *Freeman's Journal*, 2 February 1871, 3.
[56] Kelly*, Irish women in medicine*, 26.
[57] Bonner, 92-93.
[58] For more on this topic see Anne Digby, *Making a medical living: Doctors and patients in the English market for medicine, 1720-1911*, (Cambridge University Press, 1994).
[59] Kelly, *Irish women in medicine,* 12-113.
[60] *The Irish medical students guide*, (Dublin: Dublin Medical Press, 1877), 21.
[61] C.B. Keetley, *The student's guide to the medical profession*, (London: Macmillan & Co., 1878), 33-34.
[62] Anne Digby, *The evolution of British general practice, 1850-1948,* (Oxford University Press, 1999), 168.
[63] Source: *Medical Directory*.
[64] Ovenden, "Medicine," in *Open doors for Irishwomen*, 36.
[65] "The Richmond lunatic asylum", *Freeman's Journal*, 8th of December, 1894, 4.
[66] Emily Winifred Dickson memoirs, courtesy of Niall Martin.
[67] Untitled, *St. Stephen's*, **1:13** (March 1903), 244.
[68] 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 Clio Medica, 2001), 84.
[69] Kelly, *Irish women in medicine,* 120.
[70] "For mothers and daughters: professions for girls', *Catholic bulletin and book review*, **12:2**, (November, 1922), 732.
[71] Kelly, *Irish women in medicine,* 122.
[72] 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. Ruth Barrington, *Health, medicine & politics in Ireland 1900-1970,* (Dublin: Institute of Public Administration, 1987), 7-8.
[73] Sir William J. Thompson, "Medical inspection of school children," *Dublin Journal of Medical Science*, **136:3**, 161-173, on 163 and Finola Kennedy, *Family, economy and government in Ireland*, (Dublin: Economic and Social Research Institute, 1989), 133.
[74] 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), 362.
[75] Lydia Henry, "Medical women and public health work," *Medical Women's Federation Quarterly Newsletter*, (February 1922), 18 (Wellcome Archives, SA/MWF/B.2/1).
[76] Kelly, *Irish women in medicine*, 233.
[77] Letitia Fairfield, "Women and the public health service," *Magazine of the London School of Medicine for Women and Royal Free Hospital*, 19:87 (1924), 13-14.
[78] "Our daughters' future: women doctors" families', *Times*, 17 April 1922, 6.
[79] E. Winifred Dickson, "Medicine as a profession for women", *Alexandra College Magazine*, 14 (1899), 368–75; 374–5.
[80] Bonner, 92.
[81] Kelly, *Irish women in medicine,*178-84.