

“Fascinating Scalpel-wielders and Fair Dissectors”: Women’s Experience of Irish Medical Education, c.1880s–1920s

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

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

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¹ *Ode to the lady medicals* in ‘Girl Graduates Chat’ section, *St. Stephen’s*, March 1902, 1 (5): 93.

² Those arguing against women in medicine at the time claimed that women’s physical, emotional and moral natures made them unfit to be doctors. See, for example, ‘A lady on lady doctors’, *Lancet*, 7 May 1870, i: 680. For literature on women’s entry to the medical profession, see Catriona Blake, *The charge of the parasols: women’s entry to the medical profession*, London, Women’s Press, 1994, and Thomas Neville Bonner, *To the ends of the earth: women’s search for education in medicine*, Cambridge, MA, Harvard University Press, 1992.

Those in Ireland who argued in favour of the admission of women to the medical profession claimed, like others in Britain, that there was a great need for women doctors to tend to women and children. Thomas Haslam, who, along with his wife Anna, founded the Dublin Women's Suffrage Association in 1876, maintained that women were eminently suitable for careers in the medical profession because of their "intense natural sympathy with children"; he also argued that women patients would be more likely to visit a female doctor than a male one.³ Similarly, some members of the Irish medical profession gave their total support to women in the medical profession. One such was Thomas More Madden, President of the Obstetrics section of the British Medical Association, who stated during his address at the 1888 annual meeting of the association that he could "see no reason why any well qualified practitioner, male or female, should not be welcomed amongst us".⁴ More Madden also argued that there was a great need for women doctors in the missionary field, and Irish missionary societies such as the Irish Presbyterian Society pleaded for women doctors to enter the missions in China and India.

Women were first admitted to study medicine at Irish universities from the 1880s, following the 1877 decision of the King and Queen's College of Physicians in Ireland (KQCPI, later the Royal College of Physicians of Ireland) to take advantage of Russell Gurney's Enabling Act of 1876, thus permitting women who had received a medical education abroad to take the licentiate examinations of the College. Strikingly, its English counterpart, the Royal College of Physicians in London, did not open its doors to women until 1909. The decision of the KQCPI to admit women was the result of three main factors. Dublin had a history of unusual liberality in the education of women. The Museum of Irish Industry had admitted both men and women to its public lectures on science and to its courses on scientific subjects from the 1850s.⁵ The Department of Science and Art provided an annual grant of £500 to the Museum of Irish Industry for the provision of series of lectures on scientific topics to societies in provincial towns in Ireland and, as in Dublin, these courses were open to both men and women.⁶ Clara Cullen comments that it is difficult to determine precise numbers of women students at the Museum of Irish Industry but, given the large number of female students that appear in the lists of prize-winners, they are likely to have comprised a significant proportion of the student body. The vast majority of these ladies were from the middle classes.⁷ The successor of the Museum of Irish Industry, the Royal College of Science, came into existence in 1865 following a Treasury decision to convert the Museum and Government School of Science, and was founded in 1867.⁸ The College admitted women to its classes from its opening year. One writer to the *Freeman's Journal* in 1870 commented that Dublin had "achieved honour in other countries by its liberality to ladies in connection with the Royal College of Science" and that he or she hoped that the Dublin medical schools would soon follow the example set by Paris and Edinburgh.⁹ More important than this backdrop, perhaps, is the fact that the council of the KQCPI in the 1870s was composed of senior members of the Irish medical profession, among them the

³ Letter to the Editor, *Freeman's Journal*, 2 Feb. 1871, p. 3.

⁴ *Freeman's Journal*, 9 Aug. 1888, p. 4.

⁵ Clara Cullen, 'The Museum of Irish Industry, Robert Kane and education for all in the Dublin of the 1850s and 1860s', *Hist. Ed.*, 2009, **38** (1): 99–113, p. 106.

⁶ *Ibid.*, p. 107.

⁷ *Ibid.*, p. 109.

⁸ Brian B Kelham, 'The Royal College of Science for Ireland (1867–1926)', *Studies: An Irish Quarterly Review*, 1967, **56** (223): 297–309, p. 300.

⁹ Letter to the Editor, *Freeman's Journal*, 28 Jan. 1870, p. 4.

Rev. Dr Samuel Haughton, Dr Aquilla Smith and Dr Samuel Gordon, who were in favour of the admission of women. It is possible that the council of the College viewed the awarding of medical licences to women as a means of generating income. Fees were a crucial source of income for the College of Physicians. In 1874, for example, the total income for the half year ended 17 October was £801; of this, £771 came from fees for medical licences.¹⁰

A medical education could be acquired in Ireland at seven institutions: medical licences were awarded by the Irish medical corporations, the King and Queen's College of Physicians, and the Royal College of Surgeons, while medical degrees could be attained at the Irish universities, which consisted of the three Queen's Colleges in Cork, Galway, and Belfast (later University College Cork, University College Galway, and Queen's University Belfast), Trinity College Dublin, and the Catholic University in Dublin (later University College Dublin). Between 1885 and 1922, approximately 760 women matriculated in medicine at Irish universities.¹¹ As in Britain, numbers increased dramatically during the First World War. An article in the *Daily Graphic* in September 1914 stated that, as a result of the huge numbers of medical men who had enlisted, more places were available for women in the medical schools.¹² The *Queen*, in February 1915, commented that the war had given "a most remarkable impetus to the demand, on the part of women, for fuller opportunities of gaining medical and surgical experience".¹³ This was, however, short-lived. A piece in the *Irish Times* in 1921 questioned "what all the women doctors are going to do" now that the war had ended and large numbers of qualified doctors had returned to Ireland. Additionally, there were young men wishing to fill places in the medical schools.¹⁴ Although numbers of women matriculating in medicine at the Queen's Colleges increased greatly from 1914, and reached a peak in 1917, with 61 women students enrolling in medicine at the Queen's Colleges, numbers fell to 47 in 1918, and continued to decrease, with just 21 women students matriculating in medicine for the 1921/22 session.

It has been commented that in the historiography of medical education, "students are largely absent or silent consumers".¹⁵ Even less work has been done on the educational experiences of women doctors in the first half of the twentieth century.¹⁶ But how is it possible to find out about what it was like to be a woman medical student in Ireland in the late nineteenth and early twentieth centuries?¹⁷ In this article, I draw on medical student guides and university handbooks and calendars, which give an idea of what students studied.¹⁸ The

¹⁰ Royal College of Physicians in Ireland Archive, Summary of the income and expenditure of the King and Queen's College of Physicians in Ireland, for half year, ended October 17, 1874, Minutes of the KQCPI, vol. 16, p. 34.

¹¹ Author's calculations based on the matriculation records of Irish universities, research in progress.

¹² *Daily Graphic*, 23 Sept. 1914, in Royal Free Hospital Archives Scrapbooks.

¹³ *Queen*, 27 Feb. 1915, in Royal Free Hospital Archives Scrapbooks.

¹⁴ 'Women doctors', *Irish Times*, 23 Nov. 1921, p. 4.

¹⁵ Keir Waddington, 'Mayhem and medical students: image, conduct and control in the Victorian and Edwardian London teaching hospital', *Soc. Hist. Med.*, 2002, 15: 45–64, p. 45.

¹⁶ Carol Dyhouse, 'Driving ambitions: women in pursuit of a medical education, 1890–1939', *Women's Hist. Rev.*, 1998, 7: 321–43, p. 322.

¹⁷ Barbara Brookes has used the unique source of Agnes Bennett's letters in order to gain an insight into the lives of women medical graduates of the University of Edinburgh, see Barbara Brookes, 'A corresponding community: Dr Agnes Bennett and her friends from the Edinburgh Medical College for Women of the 1890s', *Med. Hist.*, 2008, 52: 237–56.

¹⁸ Historians such as Andrew Warwick have attempted to gain an insight into student experience through studying the curriculum, see Andrew Warwick, *Masters of theory: Cambridge and the rise of mathematical physics*, University of Chicago Press, 2003.

minute books of university medical societies go some way to revealing the extra-curricular activities of medical students.¹⁹ Additionally, the minute books of the Royal Victoria Hospital give an insight into issues relating to the clinical experience of “lady medicals”. Of course, there are limitations to such official material in that university guides and minute books do not provide a complete record of the student experience. I, therefore, also draw on the memoirs of women doctors and on student magazines for a better understanding of what this was like.

Student magazines are useful for gauging insight into attitudes towards women medical students. Written by students for students, they give an engaging view of their day-to-day life, and it is surprising that few historians of science or medicine have used this resource.²⁰ Most Irish university magazines, such as *Q.C.B.*, the magazine of Queen’s College Belfast, appeared at the turn of the nineteenth century and they therefore mostly cover the early twentieth century. Queen’s College Galway and Queen’s College Cork had their own magazines, *Q.C.G.* and *Q.C.C.*²¹ *St. Stephen’s*, the Catholic University’s magazine, later became the *National Student*. *T.C.D.: A College Miscellany* was the magazine of Trinity College Dublin. It is difficult to determine what readership, apart from students, these magazines had. There is, however, evidence that some, such as the *National Student*, had a readership outside the student population. For instance, Francis Sheehy-Skeffington often used it for the propagation of his political ideas,²² and, although the editorial board was composed of students, and most of the contributors were students, occasionally pieces by lecturers were published.

Unlike that in Britain, Irish medical education from the 1880s to the 1920s appears to have been surprisingly egalitarian in nature, with women and men treated equally in terms of hospital experience, lectures, which they attended together, and prizes and scholarships, which were open to women on the same terms as men. However, despite Ireland’s seemingly favourable attitude towards women medical students, there was one important exception: the dissecting room. Irish university authorities constructed separate dissecting rooms for male and female students, in addition to creating separate “ladies’ rooms”. Not only did these physically separate spaces help to establish the identity of women medical students as a separate community but they also served a paternalistic function, providing them with protection from the men students, who might have threatened to sully their “sweet influence”, “good conduct and feminine modesty”.²³ Yet, as will be shown, this segregation went beyond the physical structure of the dissecting room and was not always promoted by the university authorities. In some cases, women medical students separated themselves from the men as a unique social group.

Studying Medicine

A short story entitled ‘How Lill got her M.D.’, published in the *Quarryman* in March 1917, tells the tale of one woman student, who, having succeeded in gaining an Arts degree,

¹⁹ For example, the Belfast Medical Students Society Minute books.

²⁰ Janet Browne, ‘Squibs and snobs: science in humorous British undergraduate magazines around 1830’, *Hist. Sci.*, June 1992, **30**: 165–97, p. 167.

²¹ These were succeeded by *U.C.G.: A College Annual* and *Quarryman*.

²² Francis Sheehy-Skeffington, ‘The position of women’, *St. Stephen’s*, June 1903, **1** (12): 252–3.

²³ ‘Medicine’, *Q.C.G.*, Feb. 1907, **5** (2), p. 50; ‘My impressions of the lady students by X.Y.Z.’, *UCG: A College Annual*, Easter 1913, **1** (1): 33.

also wanted a medical degree, solely, it seems, so that she could wear the “becoming” scarlet graduation gown.²⁴ Lill crosses the quadrangle of the College and goes straight to the President of the University, threatening to expose him in the *Quarryman* and “bribe the maid to put nettles in [his] Morphean couch”, until finally the nervous President gives in and awards her the MD degree.²⁵ This story not only presents a view of women students as being more interested in fashion than academic pursuit but also indicates the chauvinistic attitudes prevalent in the student magazines of the time. Arts degrees were often proclaimed as being more suitable for women than medical degrees.²⁶ Nevertheless, although the student press tended to mock women medical students, they were often seen as having a civilizing effect on the men and were referred to affectionately.²⁷ One writer for *Q.C.C.* questioned where the medical school’s peaceful charm would be “without the same sweet faces that haunt our sanctum, not once, but twice, thrice and more times than we can count a day?”²⁸ More common, however, were pieces which poked fun at women students. The author of a piece in *Q.C.B.* stated that he could not look at the “lady medical” “without a pang at seeing so much sweet womanhood going astray ... if nature had intended woman to be a doctor she would have created her a man”.²⁹ Moreover, he added that he would refuse to let a woman operate on him, not because he feared her knife would slip through nervousness, but because he was afraid her “infernal curiosity would tempt her to push the knife a little too far, just to see how [he] could stand it”.³⁰ Articles such as this, which use humour to convey the idea that medical education would potentially result in a loss of womanliness, also reinforce the male/female divide by drawing attention to other important arguments against women in medicine which proliferated at the time.

Often, the pursuit of a medical career was seen as a waste of time and money by the families of women medical students. Parents may have been unwilling or unable to pay for the medical education of a daughter who could otherwise look after the home. It was believed by many that a career in medicine made a woman less suitable for marriage.³¹ One commentator in 1886 stated that the family of a prospective woman doctor, “not wishing to lose her pleasant companionship, plausibly object on the ground that as she will most likely marry soon, the cost of her medical education will be so much money wasted”.³² Indeed, this was the case for Olive Pedlow, who trained at Queen’s College Belfast in the

²⁴ ‘How Lill got her M.D.’, *Quarryman*, March, 1917, 4 (5): 101.

²⁵ *Ibid.*

²⁶ For instance, one writer for *U.C.G.* claimed: “It is a great pity that more of the gentler sex do not enter the portals of the magic studio of ‘The First of Arts, without whose light, all others would fade into the night’. Do they not hear the cries of the sick little children as St. Patrick heard the children of the Gael?”. ‘Medical Notes’, *U.C.G.: A College Annual*, 1919–20: 57.

²⁷ Male medical students were allegedly notorious for rowdy behaviour, as outlined by Thomas Neville Bonner in *Becoming a physician: medical education in Great Britain, France, Germany and the United States, 1750–1945*, Baltimore, MD, Johns Hopkins University Press, 2000, p. 215, and M Jeanne Peterson, *The medical profession in mid-Victorian*

London, Berkeley and Los Angeles, University of California Press, 1978, p. 40. Bonner argues that male medical students were characterized as being drunken, immature and irreverent, an image which persisted well into the second half of the nineteenth century and into the early twentieth century.

²⁸ ‘Cherchez la femme’, *Q.C.C.*, Dec. 1908, 5 (1): 19.

²⁹ ‘Winsome women at Q.C.B. (with apologies to no-one)’, *Q.C.B.*, 20 Jan. 1905, 6 (3): 7.

³⁰ *Ibid.*

³¹ One writer to the *Lancet*, for example, claimed that a female doctor’s career in medicine would have negative consequences for her husband and children. ‘A lady on lady doctors’, *Lancet*, 1870, i: 680.

³² Robert Wilson, *Aesculapia vitrix*, London, Chapman and Hall, 1886, p. 28.

early 1920s, over thirty years later. Her father persuaded her to do an arts degree because he thought that she would “waste” a medical degree on marriage. Pedlow obtained first-class honours in French and German in 1917 and won enough prizes during her years as an arts student to pay for her first two years of medical study, at which point her father gave in.³³ Perhaps we may view Pedlow’s determination to acquire a medical education as her attempt to break out of the private sphere of marriage, and enter instead the male-dominated public sphere of work. She went on to marry and to combine a successful career with raising a family. In some cases, family commitments may partly explain the high drop-out rate for women medical students.³⁴ For instance, Harriet MacFaddin, an early medical student at Queen’s College Galway, was forced to leave following the death of her father.³⁵ Clearly, the experience of the medical student could be marred by family opposition and commitments.

Medical students of both genders often struggled under the double burden of passing examinations and paying yearly fees, but some women medical students were particularly affected, perhaps because of lower levels of family support for their chosen career. Anna Dengel, who graduated from Queen’s College Cork in 1919, commented of her time at university:

These were hard years for me. I was poor and had to do all sorts of work to pay the tuition, but kind people and my own determination saw me through to graduation with honours. It was 1919 by then. I needed a fee of five pounds in order to sit for the final examination. The sum was lent to me by Professor Mary Ryan³⁶ whose brother later became Bishop of Trinidad. This was the only debt I incurred, and I repaid it with part of my first salary.³⁷

Many women medical students experienced similar financial difficulties during the intense five years of study. Brigid Lyons Thornton, who trained at Galway, found that her time at university was a “struggle and a constant financial worry”.³⁸ In addition to the yearly fees that students had to pay for their course of medical instruction, there were the added cost of travelling home to see their families, and fees to the hospitals where they undertook their practical experience.

The medical programme at the Queen’s Colleges was intense, with second- and third-year students working from 9 a.m. to 5 p.m. nearly every day. They spent two hours on Saturday mornings working in a hospital as part of the requirement to gain nine months hospital attendance each year. Tables 1 and 2 indicate the juxtaposition of hospital experience with other subjects. Examinations for the MB, BCh, BAO degree³⁹ took place in Dublin at the Royal University of Ireland (RUI) centre. One medical student at Queen’s College Belfast described the train journey to Dublin to take the examination as nerve-racking, and the examination hall itself as a “sweating room”.⁴⁰ Coolness in the examination setting

³³ Details from Joyce Darling, daughter of Olive Pedlow.

³⁴ Approximately 40 per cent of Irish women medical students matriculating between 1885 and 1922 did not succeed in graduating with a medical degree. (Author’s own calculations.)

³⁵ ‘Medicine’, *Q.C.G.*, Nov. 1904, 3 (1): 16.

³⁶ Mary Ryan was the first female professor to be appointed to an Irish university. She was made professor of Romance languages at Queen’s College Cork in 1910.

³⁷ Leone McGregor Hellstedt (ed.), *Women physicians of the world: autobiographies of medical pioneers*, Washington, DC, and London, Medical Women’s International Federation, Hemisphere, 1978, p. 93.

³⁸ John Cowell, *A noontide blazing: Brigid Lyons Thornton: rebel, soldier, doctor*, Blackrock, Currach Press, 2005, p. 44.

³⁹ Bachelor of Medicine, Bachelor of Surgery, and Bachelor of Art of Obstetrics.

⁴⁰ ‘Medical Students’ Association’, *Q.C.B.*, 12 Feb. 1900, 1 (3): 11.

was essential, with Emily Winifred Dickson, a student at the Royal College of Surgeons in Ireland in the 1880s, remarking that she was surprised to find that she had the knack of passing examinations easily: “I often beat people who knew more than I because I could put my goods in the shop window and was not nervous.”⁴¹ It was commented that women students passed their examinations as easily as their male counterparts because they spent twice as long on a case in the wards as men did.⁴² Humphry Rolleston commented that women were on average better students than men because they worked harder and “take more pains—being more whole mindedly concentrated on the subject in hand”.⁴³ In spite of the long hours and heavy workload, women were successful in their pursuit of medical education. In the President’s report for Queen’s College Belfast for the 1889–90 session, one year after the first female medical student was admitted, Dr Hamilton wrote:

It has been a matter of great satisfaction to me . . . that these young ladies have applied themselves to their work with the most laudable assiduity and success, and that their admission to the medical classes was attended with good results in every way.⁴⁴

In the first half of the nineteenth century, Irish medical students gained hospital experience from their first year of medical study. By the late 1880s, however, this hospital training had been postponed until their second year so that they might be provided with a stronger rudimentary education which would benefit their later clinical experience.⁴⁵ Students intending to take the MB, BCh, BAO examinations were required to show proof that they had clinical experience in a variety of areas.⁴⁶ Although by the late nineteenth century, the place of the Dublin school of medicine in European medicine had declined, there were still thought to be good opportunities for clinical experience in Ireland. William Dale claimed in 1873 that the standard of clinical education there was superior to that in English hospitals at the time.⁴⁷ Another doctor, Sir William Bowman, at the meeting of the British Medical Association in Dublin in 1867 pronounced:

The eminent spirit of Dublin as a clinical school of medicine and surgery has been perhaps less appreciated than it deserves by the world at large owing to its geographical position, somewhat aloof and insulated from the ordinary tracks of travel. The system of teaching is eminently honest, scientific, and practical, laboriously and richly turning to the best use of science and instruction great opportunities, the teachers exhibiting themselves to students as students themselves in the great field of nature.⁴⁸

Opportunities existed for students to gain clinical experience at a range of institutions. For instance, Emily Winifred Dickson, who graduated from the RUI in 1893, went to

⁴¹ Typed memoirs of Emily Winifred Dickson (private collection of Niall Martin).

⁴² ‘Winsome women at Q.C.B. (with apologies to nobody)’, *Q.C.B.*, 20 Jan. 1905, 6 (4): 7.

⁴³ Humphry Rolleston, ‘An address on the problem of success for medical women’, *Br. Med. J.*, 6 Oct. 1923, ii: 591–4.

⁴⁴ Richard H Hunter, ‘A history of the Ulster medical society’, *Ulster Med. J.*, 1936, 5: 178–95, p. 168.

⁴⁵ Henry Bewley, ‘Medical education: a criticism and a scheme’, *Dub. J. Med. Sci.*, 1910, 129: 81–97, p. 82.

⁴⁶ H Nelson Hardy, *The state of the medical profession in Great Britain and Ireland in 1900*, Dublin, Fannin, 1901, p. 61.

⁴⁷ William Dale, *The state of the medical profession in Great Britain and Ireland, being the successful Carmichael prize essay in 1873*, Dublin, J Atkinson, 1875.

⁴⁸ E D Mapother, MD, ‘The medical profession and its work’, *Dub. J. Med. Sci.*, 1886, 82: 177–206, pp. 193–4.

Table 1
The proposed timetable for second-year medical students at Queen's College Belfast, March 1901

	9–10 a.m.	10–11 a.m.	11–12 a.m.	12–1 p.m.	1–2 p.m.	2–3 p.m.	3–4 p.m.	4–5 p.m.
Monday	Hospital	Hospital	Practical chemistry	Anatomy		Physiology	Practical anatomy	Materia medica
Tuesday	Hospital	Hospital	Junior physiology	Anatomy		Physiology	Anatomy	Materia medica
Wednesday	Anatomy	Practical chemistry	Senior physiology	RUI men can continue practical chemistry or dissect		Practical histology after Xmas; practical anatomy before Xmas	Practical histology after Xmas; practical anatomy before Xmas	Materia medica
Thursday	Hospital	Hospital	Junior physiology	Anatomy		Practical histology after Xmas; practical anatomy before Xmas	Practical histology after Xmas; practical anatomy before Xmas	Materia medica
Friday	Anatomy	Practical chemistry	As on Wednesday	As on Wednesday		As on Wednesday	As on Wednesday	
Saturday	Hospital	Hospital						

(Source: Minute Book of the Medical Faculty of Queen's College Belfast, 1891–1907, QUB/D/2/3/1.)

Table 2
The proposed timetable for third-year medical students at Queen's College Belfast, March 1901

	9–10 a.m.	10–11 a.m.	11–12 a.m.	12–1 p.m.	1–2 p.m.	2–3 p.m.	3–4 p.m.	4–5 p.m.
Monday	Hospital	Hospital	Hospital	Anatomy	Physiology	Practical anatomy	Practical anatomy	Surgery
Tuesday	Hospital	Hospital	Hospital	Anatomy	Practical physiology after Xmas; practical anatomy before Xmas	Practical physiology after Xmas; practical anatomy before Xmas	Practical physiology after Xmas; practical anatomy before Xmas	Surgery
Wednesday		Practical anatomy	Senior physiology	Anatomy	Practical anatomy	Practical anatomy	Surgery	
Thursday	Hospital	Hospital	Hospital	Anatomy	Practical physiology after Xmas; practical anatomy before Xmas	Practical physiology after Xmas; practical anatomy before Xmas	Practical physiology after Xmas; practical anatomy before Xmas	Surgery
Friday		Practical anatomy	Senior physiology	Anatomy				
Saturday	Hospital	Hospital						

(Source: Minute Book of the Medical Faculty of Queen's College Belfast, 1891–1907, QUB/D/2/3/1.)

Sir Patrick Dun's Hospital, the Rotunda Lying-in Hospital, the National Eye and Ear Infirmary, Donnybrook Dispensary and the Richmond Lunatic Asylum, all of which were located in Dublin. Yet medical students were required to arrange this clinical experience themselves and had to pay a fee to the hospital concerned. Hospital instruction was incorporated into university timetables but students were also required to spend their summer holidays working in a hospital in order to fulfil all the conditions for clinical experience. In fact, this was an important part of Irish medical education from the early nineteenth century and the stipulations of the RUI (later the National University of Ireland) MB degree reflect this. L S Jacyna has claimed that it was clinical experience on the wards that shaped medical students' attitudes and "established their predominant patterns of practice".⁴⁹

Medical scholarships, exhibitions and prizes were open to women on the same terms as men, and women were sometimes successful in attaining these.⁵⁰ In contrast, at some universities in Britain, women did not have the opportunity to compete for prizes and scholarships on equal terms with men.⁵¹ In 1887, Eleanora Fluery came first in the list of the RUI examinations in medicine and was commended in the *Dublin Medical Press*.⁵² In 1901, Eva Jellett, a student at the Catholic University medical school in Cecilia Street, was successful in winning two medals for histology and physiology, and, in 1905, Ella Ovenden won the RUI Travelling Medical Scholarship.⁵³ In 1902, *Q.C.G.* reported the arrival of Christina Caldwell Dagg, the first woman medical student at Queen's College Galway and her brilliant success in the scholarship examinations.⁵⁴ Similarly, the success of Harriet MacFaddin was praised in a 1905 issue.⁵⁵ In addition, a 1904 issue of *St. Stephen's* praised Ella Ovenden for taking the blue ribbon in the MB examination.⁵⁶ Ovenden, writing in 1907, specified some of the qualities necessary for any woman wanting to become a doctor: of greatest value was a love of the work—prospective women medical students had need of this as it was the only thing that would "inspire them through drudgery, cheer them in disappointment, and give them strength to bear the heavy burden of responsibility which will often threaten to overwhelm them".⁵⁷ Medical education was a serious undertaking and student guides often advised that it should not be entered into lightly, because the long and severe course of study required close attention and confinement to the house, laboratory, and classroom, and, subsequently, long hours in the wards of a hospital gaining clinical experience.⁵⁸ Clearly, women medical students needed to possess a great deal of motivation and strength of character to survive this arduous course, perhaps more than their

⁴⁹ L S Jacyna, 'The laboratory and the clinic: the impact of pathology on surgical diagnosis in the Glasgow Western Infirmary, 1875–1910', *Bull. Hist. Med.*, 1988, **62**: 384–406, p. 405.

⁵⁰ Royal Commission on University Education in Ireland, Final report of the commissioners, 1903, p. 8.

⁵¹ For example, at the University of Glasgow, women were unable to apply for bursaries when they were first admitted to the medical school. And, in later years, women were restricted with regard to the bursaries they could apply for. Wendy Alexander, *First ladies of medicine*, University of Glasgow, Wellcome Unit for the History of Medicine, 1987, p. 19.

⁵² 'Medical honours to ladies', *Dublin Medical Press*, 8 June 1887: 552.

⁵³ 'Girl graduates chat', *St. Stephen's*, Dec. 1901, **2** (1): 50; *St. Stephen's*, Dec. 1905, **2** (8): 182.

⁵⁴ 'Medicine', *Q.C.G.*, Nov. 1902, **1** (1): 6.

⁵⁵ 'Medicine', *Q.C.G.*, Nov. 1905, **4** (1): 23.

⁵⁶ 'From the ladies' colleges', *St. Stephen's*, Nov. 1904, **2** (5): 111.

⁵⁷ Ella Ovenden, 'Medicine', Myrrha Bradshaw (ed.), *Open doors for Irishwomen: a guide to the professions open to educated women in Ireland*, Dublin, Irish Central Bureau for the Employment of Women, 1907, p. 35.

⁵⁸ Ethel Lamport, 'Medicine as a profession', *Education and professions*, Women's Library Series, vol. 1, London, Chapman & Hall, 1903, p. 261.

male counterparts, who had been an accepted part of student life for centuries. Moreover, women may have put added pressure on themselves to succeed, since career prospects were probably more competitive.⁵⁹

Shared Spheres?

In 1896, Clara Williams, a student at the Royal College of Surgeons in Dublin, wrote to the magazine of the London School of Medicine for Women and Royal Free Hospital about what it was like to be a female medical student in Dublin.⁶⁰ The account was very positive. In Williams' view, the system of mixed classes in the Irish capital worked extremely well. In her words:

[N]othing in the slightest degree unpleasant has ever occurred, and the professors are unanimous in stating that far from regretting the admission of women to their classes, they consider it has improved the tone of the College considerably. The students are all friendly, there is a healthy spirit of emulation aroused in working together for the various prizes, and an absence of jealousy which augurs well for the future of medical women in Ireland, and reflects favourably on the men as well; we all help each other, and I, for my own part, owe a great deal of my success to the assistance of a few of the senior men students.⁶¹

In the same year that Williams wrote her account, the *Dublin Medical Press* had implied that the segregation of men and women for medical classes might lead to women missing out on the code of ethics of the profession and to viewing their male classmates as competitors rather than colleagues in future professional life.⁶² This view seems to have been shared by Irish universities, where, for the most part, women and men medical students were educated together. In 1922, the *Irish Times* reported that at Trinity College Dublin and the Royal College of Surgeons, men and women were trained together without the slightest awkwardness.⁶³ Similarly, Colonel Sir William Taylor, then President of the Royal College of Surgeons, commented that he found no difficulty in giving clinical lectures to men and women together at the Meath Hospital in the 1920s.⁶⁴ However, the co-education sometimes proved problematic.⁶⁵ Florence Stewart, who trained at Queen's College Belfast in the 1920s, commented that male and female medical students attended lectures together and that the women tended to sit in a group at the front of the lecture theatre. The only time that they were asked to leave the theatre was when "sex problems" were being discussed.⁶⁶ Fundamentally, however, the system of mixed classes in Dublin, in Williams' words, had been:

productive of nothing but good, and they are helping in a large measure to destroy the prejudice against women studying medicine. The present generation of medical men having been educated with

⁵⁹ Anne Digby, *The evolution of British general practice, 1850–1948*, Oxford University Press, 1999, p. 153.

⁶⁰ Clara L Williams, 'A short account of the school of medicine for men and women, RCSI', *Magazine of the LSMW and RFH*, Jan. 1896, No. 3: 91–132, p. 104.

⁶¹ *Ibid.*, p. 105.

⁶² 'Medical advertising by ladies', *Medical Press and Circular (Dublin)*, 1 April 1896: 358.

⁶³ 'Women medicals', *Irish Times*, 3 March 1922, p. 4.

⁶⁴ 'Women medical students: barred by London hospital: attitude of Irish schools', *Irish Times*, 3 March 1922, p. 6.

⁶⁵ The co-education of men and women had often been a problem for opponents of women in higher education. Late-nineteenth-century women physicians failed to share this concern. See Carroll Smith-Rosenberg and Charles Rosenberg, 'The female animal: medical and biological views of woman and her role in nineteenth-century America', *J. Am. Hist.*, Sept. 1973, 60: 332–56, p. 342.

⁶⁶ Florence Stewart Memoirs, Public Record Office of Northern Ireland, D3612/3/1.

women, regard them exactly as their other fellow-students, and respect them according to their merits and capabilities, which is all any of us desire.⁶⁷

The favourable attitudes towards women medical students in the lecture theatre extended into clinical experience too, with Williams stating that nearly all the general hospitals and all the special ones in Dublin were open to women, and that they received precisely the same instruction as the men. There do not appear to have been major issues with the introduction of women medical students to the wards of Irish hospitals. Additionally, women were entitled to hold the posts of clinical clerks and surgical dressers in the same way that men could.⁶⁸ In fact, it seems that Irish hospitals possessed an egalitarianism lacking in their British counterparts. In Britain, many hospitals would not accept women medical students on their wards, and in some cases, women doctors, such as Elizabeth Garrett Anderson, founded their own hospitals.⁶⁹ Conversely, Irish voluntary hospitals had a history of allowing women onto their wards for clinical experience and lectures, and women medical students appear to have been readily accepted. Mrs Janthe Legett, who undertook her preliminary examinations to enter the University of Edinburgh in October 1870, received her practical experience and attended lectures at Dr Steevens' Hospital in Dublin between November 1869 and the summer of 1873 without any problem.⁷⁰ Professor Handyside in Edinburgh, on learning that she had followed the anatomy course at Dr Steevens', congratulated her on having studied at so excellent a school.⁷¹ Leggett herself, writing to Sophia Jex-Blake, remarked of her experiences at the hospital: "I had the unanimous consent of the Board to pursue my medical studies in Steevens' Hospital. As to the medical students, they are always civil. Dr Macnamara, President of the College of Physicians of Ireland, said it was his opinion that the presence of ladies would refine the classes."⁷² 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".⁷³

Notably, the staff of the Royal Victoria Hospital in Belfast, who received an application from a female student to be admitted to practise on the hospital wards, commented that they saw "no reason why the application should be refused".⁷⁴ Additionally, the Medical Staff Minutes state that there "should be no restrictions or objections made to their [women students'] admission".⁷⁵ Similarly, when in 1903, a female student asked about the possibility of becoming a resident medical pupil, the staff requested that the board "entertain the application and to take out such measures as may facilitate the measurement".⁷⁶

From this perspective, it seems that women medical students occupied the same sphere as their male counterparts. The only time that objections were raised was in 1892, when the board of governors of Cork Infirmary refused to admit women medical students to their wards on the grounds that mixed classes had not been a success in Dublin. The Cork

⁶⁷ Williams, op. cit., note 60 above, p. 109.

⁶⁸ Ibid.

⁶⁹ M Anne Crowther and Marguerite W Dupree, *Medical lives in the age of surgical revolution*, Cambridge University Press, 2007, p. 157.

⁷⁰ T Percy C Kirkpatrick, *The history of Doctor Steevens' Hospital Dublin, 1720–1920*, Dublin, University Press, Ponsonby and Gibbs, 1924, p. 261.

⁷¹ *Irish Times*, 31 Oct. 1870, p. 4.

⁷² Sophia Jex-Blake, *Medical women: two essays*, Edinburgh, William Oliphant, 1872, p. 143.

⁷³ Ibid., p. 143.

⁷⁴ Staff report dated 10 Sept. 1889, Royal Victoria Hospital Medical Staff Reports, 1881–1899.

⁷⁵ Royal Victoria Hospital Medical Staff Minutes, 1875–1905, 10 Sept. 1889, p. 205.

⁷⁶ Staff report dated 15 April 1903, Royal Victoria Hospital Medical Staff Reports, 1899–1936.

students appealed to their counterparts in Dublin for assistance and a letter of support was organized by Emily Winifred Dickson. Dated October 1892, and signed by twenty-two lecturers from Dublin's medical schools and teaching hospitals, it read: "Having been asked to express our opinion on the subject of the hospital education of women medical students, we, the undersigned, having had some years experience wish to state that we have had no difficulties arise in teaching men and women together."⁷⁷ Cork Infirmary then opened its classes to women. Letters such as this indicate that leading members of the Irish medical profession did not find problems with the introduction of women students to their wards.

Why were Irish hospitals seemingly more welcoming of women students than their British counterparts? It is possible that financial factors played their part. Several of the best-known Irish hospitals were voluntary institutions founded by philanthropic bodies. They were run by committees of local subscribers with additional grants from grand juries or municipal corporations. The most important of these hospitals included St Vincent's, the Mater Misericordiae, the Adelaide Hospital, the Rotunda Lying-in Hospital, Dr Steevens' Hospital, the Coombe Lying-in Hospital and the Royal Victoria Eye and Ear Hospital.⁷⁸ Their institutional histories provide evidence that they were under significant financial pressure in the late nineteenth century. The Royal Victoria Hospital in Belfast was struggling as a result of the costs of building an extension to cater for increased demand, and its running and maintenance depended on donations.⁷⁹ Similarly, at the Dublin Eye and Ear Hospital there were constant appeals for financial support. In the last quarter of 1876, funds became so depleted that only the most urgent cases were admitted, and pleas for expansion continued into the twentieth century.⁸⁰ The dire state of the voluntary hospital system in Ireland resulted in the Dublin Hospitals Commission Report of 1887, which recommended the amalgamation of certain voluntary hospitals as well as the provision of state grants to others that were in particular need.⁸¹ Accordingly, therefore, the admission of women students to the wards of Irish hospitals made sound financial sense as it increased the income from teaching fees.

At the Rotunda, teaching fees played an important part in the financing of the hospital, and, in particular, the Master's salary.⁸² At the Royal Victoria Hospital, fees from students gaining their clinical experience produced considerable income and were passed on

⁷⁷ Letter dated Oct. 1892, signed by twenty-two lecturers from the Dublin teaching hospitals, the King and Queen's College of Physicians and the Royal College of Surgeons (Private collection of Niall Martin).

⁷⁸ Mary E Daly, 'An atmosphere of sturdy independence: the state and the Dublin hospitals in the 1930s', in Greta Jones and Elizabeth Malcolm (eds), *Medicine, disease and the state in Ireland, 1650–1940*, Cork University Press, 1999, pp. 235–6.

⁷⁹ Richard Clarke, *The Royal Victoria Hospital, Belfast: a history, 1797–1997*, Belfast, Blackstaff Press, 1997, p. 65.

⁸⁰ Gearoid Crookes, *Dublin's eye and ear: the making of a monument*, Dublin, Town House and Country House, 1993, pp. 34–5.

⁸¹ 'Dublin Hospitals Commission Report', *Irish Times*, 23 April 1887, p. 5. These Dublin voluntary hospitals later faced another financial crisis in the 1930s, which resulted in the establishment of the Irish Hospitals' Sweepstake by the Irish Free State. See Marie Coleman, 'A terrible danger to the morals of the country: the Irish Hospitals' Sweepstake in Great Britain', *Proceedings of the Royal Irish Academy*, 2005, **105**: 197–220.

⁸² Robert F Harrison, 'Medical education at the Rotunda Hospital 1745–1995', in Alan Browne (ed.), *Masters, midwives and ladies-in-waiting: the Rotunda Hospital, 1745–1995*, Dublin, A & A Farman, 1995, p. 72.

as remunerations to the hospital staff.⁸³ Similarly, at the Meath Hospital, Dublin, such fees were significant. According to Peter Gatenby, the medical board minutes in 1905 noted that the total fees collected for the summer session amounted to £163 6s 11d, which was divided between the seven members of the board.⁸⁴ Clearly, the income received from women students contributed significantly to both the finances of the hospitals and the salaries of the teaching staff therein. Moreover, given that many of the British teaching hospitals were closed to women, Irish hospitals and their teaching staffs would have benefited financially from British women, like Octavia Wilberforce (1888–1963), a student at the London School of Medicine for Women, who came to Ireland in order to gain their clinical experience.

The Rotunda Lying-in Hospital in Dublin is a prime example of an institution which supplemented its income in this way. It was reputed to be the best lying-in hospital in the United Kingdom and Irish medical students from all over the country often gained their midwifery experience there.⁸⁵ In addition, the hospital attracted American, English and Scottish medical students wishing to study obstetrics—it had the advantage over the hospitals of Vienna, Prague and Dresden that the spoken language was English.⁸⁶ Wilberforce went to the Rotunda in July 1918 for two months in order to gain practical midwifery experience. While there, she remarked on the pervading atmosphere of equality between the sexes:

The best part of this place is the way men and women work together, and the younger men, Simpson, Gilmour and English make one feel just as capable as the men students . . . Here in Dublin, men and women students have worked together at Trinity College for years. At Arthur Ball's hospital,⁸⁷ I was so pleased to see the perfect naturalness and equality of men and women. They forget half the time that there's any difference between the men and women students, and that's what you need in Medicine. Equality and absence of sex.⁸⁸

Clearly, Wilberforce, as someone who had experienced educational segregation at the London School of Medicine for Women, found the Irish system refreshing, at least with regard to hospital experience. Similarly, Florence Stewart commented on the friendly attitude towards women medical students at the Rotunda. The year she gained her clinical experience there, the Master of the hospital and his wife took all the medical students who were free out for a picnic on Easter Sunday to the Sugar Loaf where they played football together until one girl hurt her leg.⁸⁹

In contrast, many of the London teaching hospitals were closed to women medical students until the 1940s. The London Hospital Medical College, the Westminster Medical School and St Mary's Medical School, which were affiliated with the University of London,

⁸³ Clarke, op. cit., note 79 above, p. 21.

⁸⁴ Peter Gatenby, *Dublin's Meath Hospital: 1753–1996*, Dublin, Town House, 1996, p. 73.

⁸⁵ W Rivington, *The medical profession of the United Kingdom, being the essay to which was awarded the first Carmichael prize by the Council of the Royal College of Surgeons in Ireland, 1887*, Dublin, Fannin, 1888, p. 658.

⁸⁶ H Hun, *A guide to American medical students in Europe*, New York, William Wood, 1883, p. 146.

⁸⁷ Arthur Ball, a graduate of Trinity College, Dublin, was house-surgeon to Sir Patrick Dun's Hospital and was later appointed Regius Professor of Surgery at Trinity College Dublin. Obituary, 'Sir Arthur Ball, Bt., M.D., M.Ch.', *Br. Med. J.*, 5 Jan. 1946, i: 33.

⁸⁸ Pat Jalland (ed.), *Octavia Wilberforce: the autobiography of a pioneer woman doctor*, London, Cassell, 1994, p. 101.

⁸⁹ Public Record Office of Northern Ireland, Florence Stewart Memoirs, D3612/3/1.

as well as St George's Hospital and University College Hospital Medical School, began admitting women to their wards only during the First World War, but most of these hospitals closed their doors to women after the war and did not readmit them until the 1940s.⁹⁰ Notably, St Thomas' Hospital and Guy's Hospital in London did not admit women medical students to their wards until 1947. By comparison, it appears that Irish hospitals did not take issue with women's admission to their wards. However, as the next section will demonstrate, there were some exceptions to this acceptance of women's complete incorporation into medical education.

Educational Segregation

So far, I have demonstrated that women and men were for the most part educated together. In this section, I discuss the one instance where this was not the case. Although all students attended medical lectures together, anatomy dissections were seen as an exception to the rule, and in this setting the co-education of men and women was thought to be unsuitable. The problem with anatomy dissections was complex. On the one hand, there were those who viewed the practice as inappropriate for women students. In the United States it was thought to have a hardening effect on them.⁹¹ Opponents of the medical education of women, such as Harvard's Professor Ware, believed that dissection would guarantee the "defilement of women's moral constitution"; it had the potential to "de-sex" the female dissector.⁹² On the other hand, advocates of women's medical education argued that the practice had the potential to "fortify the character and moral sensibilities of the physician in training".⁹³

Additionally, there was the issue of men and women dissecting together, and the problems which this practice could potentially create. Revealingly, Queen Victoria, who disapproved of women in the professions, had a particular dislike of the "awful idea of allowing *young girls* and young men to enter the dissecting room together, where the young girls would have to study things which could not be named before them".⁹⁴ Similar opinions were repeated in the medical press. The *British Medical Journal* in 1870 commented that it was "an indelicate thing for young ladies to mix with other students in the dissecting-room and lecture-theatre".⁹⁵ At the University of Edinburgh, it was the issue of women and men dissecting together which gave rise to the famous riot in protest against women medical students in the university.⁹⁶ Historians have drawn attention to the highly sexualized

⁹⁰ Wellcome Library, London, Archives and Manuscripts, Medical Women's Federation Archives, SA/MWF/C.10. The archive consists of letters dated from 1951 from universities and hospitals around Britain (in response to a request from the secretary of the MWF) giving details of the dates of the first women to be admitted for medical study.

⁹¹ John Harley Warner and Lawrence J Rizzolo, 'Anatomical instruction and training for professionalism from the 19th to the 21st centuries', *Clinical Anatomy*, 2006, **19**: 403–14, p. 404; see also John Harley Warner and James M Edmonson, *Dissection: photographs of a rite of passage in American medicine: 1880–1930*, New York, Blast Books, 2009.

⁹² Michael Sappol, *A traffic of dead bodies: anatomy and embodied social identity in nineteenth-century America*, Princeton University Press, 2002, pp. 88–9.

⁹³ Warner and Rizzolo, op. cit., note 91 above, p. 405.

⁹⁴ A M Cooke, 'Queen Victoria's medical household', *Med. Hist.*, 1982, **26**: 307–20, p. 308.

⁹⁵ 'Lady surgeons', *Br. Med. J.*, 2 April 1870, **i**: 338–9, p. 338.

⁹⁶ Alison Bashford, *Purity and pollution: gender, embodiment, and Victorian medicine*, Basingstoke, Macmillan, 1998, p. 112. The Edinburgh male medical students protested on the grounds that women dissecting alongside men signified a "systematic infringement of the laws of decency".

nature of anatomy dissections.⁹⁷ Alison Bashford has argued that there was significant cultural investment in a gendered and sexualized understanding of dissection, whereby the masculine scientist/dissector penetrated and came to “know” the feminized corpse in a process clouded by desire. The female dissector, or woman medical student, not only disrupted this desire when she entered the dissecting room but also inverted the sexualized and gendered dynamics that took place there.⁹⁸

Irish university authorities, like their counterparts worldwide, attempted to avoid the controversy surrounding anatomy dissections by constructing separate dissecting rooms for men and women. In May 1897, the Council of the Medical Faculty of the Catholic University met to discuss the subject of women medical students and came to the decision that the Medical Faculty should be authorized to make any special arrangements relating to them as they saw fit and to report back the following year about their decisions.⁹⁹ The Council agreed that male and female medical students ought to attend lectures together, but not courses of anatomy dissection. The Council set up a special dissecting-room, with waiting room attached, for women students in the summer of 1897 so that they could carry out their dissections away from the male students.¹⁰⁰ The Council reported that “the results have proved most satisfactory and encouraging, and the Faculty are satisfied that the step taken in this decision is one which will add considerably in the future, to the success and usefulness of the School”.¹⁰¹

Separation of students for anatomy dissections was not unique to the Catholic University. Until 1937, Trinity College Dublin also had a separate dissecting room for women medical students, built at a cost of £1,500.¹⁰² The new buildings of the Royal College of Surgeons, renovated in 1892, also included a ladies’ dissecting room.¹⁰³ At Queen’s College Cork, the dissecting room was screened off so that men and women would be able to carry out their dissections separately from one another. In addition, women were not permitted to undertake dissections unless at least two of them were taking anatomy.¹⁰⁴ In 1907, a separate dissecting room was constructed for the “fascinating scalpel-wielders” and “fair

⁹⁷ Waddington, op. cit., note 15 above, p. 53; Bashford, op. cit., note 96 above, p. 114.

⁹⁸ Bashford, op. cit., note 96 above, p. 114.

⁹⁹ ‘Meeting: Friday May 28th 1897’, Catholic University School of Medicine: Governing Body Minute Book, Vol. 1, 1892–1911 (CU/14).

¹⁰⁰ ‘Annual Report of the Faculty: May 20th 1898’, Catholic University School of Medicine: Governing Body Minute Book, Vol. 1, 1892–1911 (CU/14).

¹⁰¹ Ibid.

¹⁰² ‘Trinity College and women graduates: address by the provost’, *Irish Times*, 20 Dec. 1905, p. 8; ‘Ireland: from our own correspondent’, *Lancet*, 6 Feb. 1937, i: 343.

¹⁰³ ‘The new schools of the Royal College of Surgeons in Ireland’, *Irish Times*, 29 Jan. 1892, p. 3. The construction of separate dissecting rooms was not unique to Irish medical schools, which could be seen to have been following international trends. At Oxford University there was a separate dissecting room for women medical students between 1917 and 1937, where women were instructed in anatomy by a female

Irish instructor, Dr Alice Chance; A M Cooke, *My first 75 years of medicine*, London, Royal College of Physicians, 1994 p. 7. At Manchester University one small room was allocated to lady medical students which served as a dissecting room, cloakroom, and a place for lady medicals to take their lunch; Carol Dyhouse, *No distinction of sex? Women in British universities, 1870–1939*, London, UCL Press, 1995, p. 34. In South Africa, at the Capetown Medical School there existed a separate dissecting room for women students, although women and men medical students attended the same lectures and demonstrations; ‘University of Capetown new medical school’, *Br. Med. J.*, 3 Nov. 1928, ii: 813. At the University of Ontario, men and women medical students were also separated for dissections; C M Godfrey, ‘The origins of medical education of women in Ontario’, *Med. Hist.*, 1973, 17: 89–94, p. 90.

¹⁰⁴ Letter from Janie Reynolds to the Members of Council, c.1907, Queen’s College Cork, UC/Council/19/51.

dissectors” so that they could conduct their dissections in complete isolation from their male counterparts.¹⁰⁵ Evidently, the College Council felt that it was an improper thing for women and men medical students to look at the body together. One of the women, Janie Reynolds, wrote to the College Council to complain: “[I]n being limited to one ‘subject’ and in not being allowed to see the dissections of the other students, women are severely handicapped and prevented from forming an earlier and more intimate acquaintance with the subject of Anatomy.”¹⁰⁶ Reynolds also pointed out that she and the other women medical students were used to attending lectures with the men, and she wondered why anatomy dissections were an exception.

What was it about women’s contact with corpses in an academic setting that universities appear to have found problematic? We may find some answers to this question through examining the difference in attitudes towards women’s contact with cadavers in the private and the public spheres. Julie-Marie Strange has drawn attention to the fact that, in late-nineteenth-century Britain, it was women who were usually responsible for laying out the body before burial.¹⁰⁷ Women’s contact with corpses within the context of the home can be viewed as being representative of one of their many roles within the private sphere. So, perhaps we may gain some insight into popular attitudes to women and anatomy through Victorian attitudes to women visiting anatomy museums.¹⁰⁸ At some anatomy museums in England, such as Kahn’s in the 1850s, women were permitted to attend the display on certain days, a practice that the *Lancet* objected to at the time because it was believed to undermine one of the most common arguments against women studying medicine: that they would find anatomy distressing.¹⁰⁹ Revealingly, women were not allowed to view any models “that could offend the most prudish taste”, and only nurses and midwives were entitled to view the syphilitic models.¹¹⁰ It seems that such attitudes may have pervaded the decisions of university councils, who quite possibly felt that anatomy was an unsuitable subject for women and were unsettled by the idea of women and men looking at cadavers together. At Trinity College Dublin, amongst the male medical students themselves there was a joke that “the dissection ‘parts’ for the ladies [were] decorated in pink ribbon as to render them prettier and more attractive”.¹¹¹ Yet, it seems that the particular difficulty university authorities had was with women looking at the naked male body. Tellingly, at Trinity College, when the segregation of women and men for anatomy dissections came to an end in 1937, women medical students were then only allowed to “poke around with the female anatomy”.¹¹²

The sight of corpses and the dissection of them may also have been seen as a corrupting influence on women students if they were to do this alongside the male students. The dissecting room may have been viewed as a place where sexual thoughts were liable to

¹⁰⁵ *Q.C.C.*, Dec. 1907, 4 (1): 15.

¹⁰⁶ Letter from Janie Reynolds, c.1907, see note 104 above.

¹⁰⁷ Julie-Marie Strange, “‘She cried a very little’: death, grief and mourning in working-class culture, c.1880–1914”, *Soc. Hist.*, 2002, 27: 143–61, pp. 152–4.

¹⁰⁸ See A W Bates, “‘Indecent and demoralising representations’: public anatomy museums in mid-Victorian England”, *Med. Hist.*, 2008, 52: 1–22, and *idem*, ‘Dr. Kahn’s museum: obscene anatomy in

Victorian London’, *J. R. Soc. Med.*, 2006, 99: 618–24.

¹⁰⁹ Bates, ‘Indecent and demoralising representations’, *op. cit.*, note 108 above, p. 11.

¹¹⁰ Bates, ‘Dr. Kahn’s museum’, *op. cit.*, note 108 above, p. 620.

¹¹¹ ‘News from the schools: medical school’, *T.C.D.: A College Miscellany*, 10 Dec. 1904, 10 (179): 166.

¹¹² ‘An Irishwoman’s diary’, *Irish Times*, 21 July 1992, p. 9.

develop. By separating the women from the men, university authorities may have felt that they were protecting the “delicate” female students from the threat of male advances, or perhaps even the coarse male humour and seedy discussion that may have been particularly prevalent in such a context.¹¹³ A poem entitled *For the dissecting room*, published in *Q.C.B.* in 1906, is indicative of this black humour. The writer composes a list of irritating characters in the College, from the “pestilential footballer” to “the sorry cranks whose aim in life is running Q.C.B.”, whom he would like to use as dissecting room cadavers.¹¹⁴ Another student, writing in 1917, claimed that “the dissecting-room is to the student a club, a smoke room, a common research room—one in all”.¹¹⁵ To a lesser extent, perhaps college authorities wished to protect their budding young male doctors and indeed staff from the “distracting influence” of the female medical students.¹¹⁶ At the same time, one male medical student claimed that the “refining influences” exercised by the women in the dissecting room upon their male brethren was “of greatest practical importance”.¹¹⁷ A further interpretation could be that Irish university authorities felt that, in the case of a female student becoming distressed by the dissection process, she would find support among the other women and would not have to face the embarrassment of revealing her weakness before the male students.

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

Social Segregation

As well as being segregated for certain educational purposes, women and men students were sometimes socially separated by university authorities through the construction of women’s common rooms, often called “ladies’ rooms”. These provided a place for women students to meet and chat between classes. At the Catholic University medical school in

¹¹³ See Daragh Smith, *Dissecting room ballads from the Dublin schools of medicine fifty years ago*, Dublin, Black Cat Press, 1984.

¹¹⁴ ‘For the dissecting room’, *Q.C.B.*, April, 1907, 8 (6): 11.

¹¹⁵ *Q.C.B.*, Feb. 1917, 18 (2):15.

¹¹⁶ In 1904, one writer in *T.C.D.: A College Miscellany* stated that the presence of the female student in the physiological laboratory produced a “laevo-rotatory action upon the eyes of mere man”; ‘News from the schools: medical school’, *T.C.D.: A College Miscellany*, Dec. 1904, 10 (179): 166. University staff were also said to be affected. An

article in *U.C.G.* claimed that a young professor was distracted by the lady medicals: “it is said that the closing of his eye in focusing a microscopic object for a certain Medica is a masterpiece of ‘Cupid Ophthalmology’”. ‘Medical Notes’, *U.C.G.: A College Annual*, 1919–20: 57. Similarly, at Trinity College, the female dissecting room was the “favourite haunt” of one anatomy demonstrator, “who, tired of demonstrating to the mere male, wished to while away a pleasant little interval of an hour or so”; ‘News from the schools: medical school’, *T.C.D.: A College Miscellany*, 2 Dec. 1905, 11 (196): 156.

¹¹⁷ *Q.C.B.*, Feb. 1917, 18 (2): 15.

Cecilia Street, a room was built specifically for the women students. Accounts of this room were extremely positive and it appears to have served not only as a haven and place for the women to socialize, but also as a separate sphere to keep the female medical students from mixing with the male medical students. One female writer of *St. Stephen's* commented that she and some of the other women students had “a most pleasant experience at Cecilia Street recently”.¹¹⁸ They were invited for tea in the ladies' room of the medical school, where they “dissected nothing more gruesome than plum cake, nor concocted any more baleful potion than distilled essence of the tea-vegetable, tempered with H₂O and lacteal fluid”.¹¹⁹ Twelve years later, a letter to the *National Student* mentioned the “extraordinary tenderness shown by the College authorities for the lady students”.¹²⁰ The male writer asserted that the ladies' room of the medical school had just been fitted out in a lavish manner, with “cheerful green and white wall-paper, comfortable furniture, a carpet, curtains to the window, and . . . a plentiful supply of magazines”.¹²¹ There was, however, no such provision for the male students and the writer asked, “why should a dozen women students have every comfort while a couple of hundred men have to put up with the hall, the street, or the neighbouring taverns?”¹²² Clearly, some of the male medical students felt that the lady medicals were being treated with undue favour by the university authorities, and begrudged them this.

At Trinity College a special reading room for female students was constructed within the anatomy department (which also had a separate entrance for women);¹²³ and at the Royal College of Surgeons, from 1892, there existed a “suite of apartments” specifically for women medical students.¹²⁴ We may wonder why the authorities of some Irish universities constructed these special ladies' rooms. It is true that male medical students, in particular those in their first year, were infamous for their boisterous behaviour, and it may be that the authorities felt that separation from their boorish male counterparts was necessary if the women's delicate natures were not to be corrupted.¹²⁵ At the same time, there is a sense that the respective universities wanted to nurture the women medical students, to make them feel welcome, and so provided them with a sanctum to which they could retreat between classes. Yet, the perceived need for separate social facilities says interesting things about the attitudes to both female and male students. In America, many women students created their own social world through their integration into sororities.¹²⁶ At Johns Hopkins University, in particular, women medical students established their own “fraternity”, discussing journal articles together, meeting for tea and organizing social activities amongst themselves.¹²⁷ The ladies' rooms for women medical students at Irish universities can be seen as their own private space where they could congregate and identify themselves as a separate group, a space which served to both separate and protect them from the male students.

Women medical students were also socially segregated in their living arrangements. Undoubtedly, for first-year women, it would have added greatly to their comfort to live

¹¹⁸ ‘Girl graduates chat’, *St. Stephen's*, March 1902, **1** (5): 93.

¹¹⁹ *Ibid.*

¹²⁰ ‘Letters to the editor: A long-felt want’, *National Student*, March 1914, **4** (4): 102.

¹²¹ *Ibid.*

¹²² *Ibid.*

¹²³ ‘Consultation with the Sphinx’, *Irish Times*, 25 April 1914, p. 20.

¹²⁴ ‘The new schools of the Royal College of Surgeons in Ireland’, *Irish Times*, 29 Jan. 1892, p. 3.

¹²⁵ ‘The Medical School’, *Q.C.B.*, Nov. 1900, **2** (1): 9.

¹²⁶ Helen Lefkowitz Horowitz, *Campus life*, New York, Alfred A Knopf, 1987, p. 17.

¹²⁷ Regina Markell Morantz-Sanchez, *Sympathy and science: women physicians in American medicine*, Oxford University Press, 1985, p. 123.

together and prepare their meals in common.¹²⁸ By sharing accommodation these young women could provide each other with the support and encouragement that was of vital importance for students whose first year at university would also have been their first year away from home. This pattern was not unique to Ireland: at Johns Hopkins University, women medical students from the very beginning of their admission tended to live together.¹²⁹ At Queen's College Galway, first-year female students commonly lived at the same address.¹³⁰ Two rooms at 10 Dominick Street were rented out to first-year women medical students every year between 1915 and 1918, suggesting that perhaps some landlords and landladies were known for renting rooms to women. Dublin hospitals also provided separate accommodation for women students gaining their clinical experience. At the Coombe Lying-in Hospital in Dublin, women students were boarded in a house twelve minutes' walk away from the hospital.¹³¹ Similarly, at the Rotunda Hospital, men students were boarded in the hospital itself, while women students resided in two boarding-houses in the local area at Granby Row and Gardiner's Place.¹³² At the Royal Victoria Hospital in Belfast, women resident pupils slept in the same quarters as the nurses while the men slept in the same quarters as the sisters.¹³³

Like their male counterparts, some women medical students lived in "digs" while at university. A cheap form of accommodation for students, costing about 15s a week in 1907, this consisted of lodging in someone's private house.¹³⁴ For female medical students, such accommodation would perhaps have been seen as a more favourable option than renting a room in a boarding house. The arrangement provided women with a place to stay that was probably more similar to their family home and would perhaps have reduced their families' worries about their living conditions. Brigid Lyons Thornton, who began her first year of medical studies at Queen's College Galway in 1915, resided in the house of Maud Kyne on Francis Street, which, as her biographer has described, "turned out to be warm, hospitable and chatty".¹³⁵ Digs were often a subject of satire of student magazines. In an issue of *Q.C.B.* in May 1907, one article described the student in digs as "the ordinary common or garden student, who pays his bills weekly, who stubbornly fights every inch of his road to a dinner which he can eat and contests several items on his bill".¹³⁶ The food provided by the landladies had a bad reputation, and the author commented: "From the first day that a student becomes a lodger he begins to look upon the world with different eyes. He begins to firmly believe that hens lay only stale eggs; that a cow, when living, yields only adulterated chalk, and that when dead, the carcass is entirely composed of steak".¹³⁷ At Queen's

¹²⁸ Elizabeth Garrett Anderson, 'A special chapter for ladies who propose to study medicine', in C B Keetley, *The student's guide to the medical profession*, London, Macmillan, 1878, p. 45.

¹²⁹ Morantz-Sanchez, op. cit., note 127 above, p. 124.

¹³⁰ This pattern implies that friendships between first-year lady medicals were formed early on, and the same pattern existed for male medical students. In addition, some students, for example, Anne Kelly and Winifred O'Hanlon, who began their studies at Queen's College Galway in the 1917/1918 term, had both attended the same secondary school, suggesting that school friends commonly lived together.

¹³¹ Julia Pringle, 'Coombe Lying-in hospital and Guinness dispensary', *The Women Students' Medical Magazine*, Nov. 1902, 1 (1): 42.

¹³² C Muriel Scott, 'Rotunda Hospital', *ibid.*, p. 44.

¹³³ Medical Staff Minute Book of the Royal Victoria Hospital, 1905–37, Monthly Staff Meeting, 7 May 1912, p. 153.

¹³⁴ 'The student in digs', *Q.C.B.*, May 1907, 8 (7): 15.

¹³⁵ Cowell, op. cit., note 38 above, p. 43.

¹³⁶ 'The student in digs', *Q.C.B.*, May 1907, 8 (7): 15.

¹³⁷ *Ibid.*, p. 16.

College Belfast, women medical students sometimes lived at Riddel Hall of residence specially established for them.¹³⁸ Florence Stewart commented that she felt she owed a big debt of gratitude to Riddel Hall because her father “would not have allowed me to go to Queen’s unless I had been able to reside there”.¹³⁹ Similarly, Clara Williams commented that parents often did not like their daughter to study medicine in Dublin because there was no residence house for women. However, this problem was remedied by the establishment of a committee of women doctors, among them Emily Winifred Dickson, set up specifically to advise women students on their work and also to help them find suitable lodgings.¹⁴⁰

The women medical students’ sense of being a separate community was clearly evident from their representation on the Student Council at Queen’s College Belfast, where there was a position for a “Lady medical” from 1901.¹⁴¹ “Lady medicals” also formed a group for fundraising. At Queen’s College Belfast in 1907, the chairman of the Student Council complained that male medical students were making no effort to engage in charity fundraising efforts, unlike the female medical students, who had displayed zeal by organizing a stall.¹⁴² Similarly, in 1915, the women put on a concert to raise funds for wounded soldiers and sailors.¹⁴³ They also came together in social settings such as at the meetings of the Belfast Medical Students’ Association, in which they appear to have played an important role. Between 1899 and 1925, with the exception of four years, there was at least one female medical student on the committee of the association.¹⁴⁴ The association held debates and talks on matters relating to the interests of the medical students in Belfast and women medical students often participated in these, especially when they themselves were the subjects of the debate. In February 1900, there was a debate on the topic ‘Should Ladies practise Medicine?’.¹⁴⁵ A student called Graham Campbell, arguing the affirmative, “flitted like a gladsome bee from Homer to Tennyson, then via Ruskin to Euripides and a lady medical at Athens”, while Mr W Phillips spoke against the motion, arguing that the profession was bound up in what he called a “frock hat”.¹⁴⁶ The debate was won by Mr Phillips, in spite of an apparently strong case made by many of the women students when the discussion was opened up to the floor.¹⁴⁷ In March 1905, at another meeting of the Belfast Medical Students’ Association, a student called A V McMaster spoke on ‘Women as Medical Men’, expressing a favourable attitude towards “lady medicals”.¹⁴⁸ Following the paper, one speaker from the floor, Mr W McCready, spoke against women doctors, at which one of the female medical students called him “Grandfather”.¹⁴⁹ According to the minutes, a considerable discussion ensued, in which the most prominent contributions came from Maria Rowan, a fourth-year medical student, and Jemima Blair White, in her

¹³⁸ See Gillian McLelland and Diana Hadden, *Pioneering women: Riddel Hall and Queen’s University Belfast*, Northern Ireland, Ulster Historical Foundation, 2005.

¹³⁹ Florence Stewart Memoirs, Public Record Office of Northern Ireland, D3612/3/1.

¹⁴⁰ Williams, *op. cit.*, note 60 above, p. 107.

¹⁴¹ For a photograph of the student representative council in which Evelyn Simms is the representative ‘Lady Medical’, see Supplement to *Q.C.B.*, 28 June 1901, 2 (8).

¹⁴² ‘Fete news: Medical Students’ Stall’, *Q.C.B.*, Feb. 1907, 7 (4): 14.

¹⁴³ ‘Editorial’, *Q.C.B.*, Jan. 1915, 16 (3): 3.

¹⁴⁴ Belfast Medical Students Association, *Minute Book (Internal Committee Meetings)*, 1899–1925.

¹⁴⁵ ‘Medical Students’ Association’, *Q.C.B.*, 12 Feb. 1900, 1 (3): 11.

¹⁴⁶ *Ibid.*

¹⁴⁷ *Ibid.*

¹⁴⁸ ‘Medical Students’ Association’, *Q.C.B.*, 25 April 1905, 6 (6): 13–14.

¹⁴⁹ *Ibid.*

fifth year, “the latter being so irrepressible as to necessitate her being called to order by the chairman”.¹⁵⁰ Evidently, women medical students felt the need to defend their attendance at Irish medical schools, and some felt particularly strongly about their place in the medical profession. Through attending meetings of such associations, and arguing for their right to be members of the medical profession, women medical students asserted their claim to be part of the public sphere but also affirmed their separate identity.

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

Conclusion

Historians of medical women have drawn attention to the sense of separateness that British and American women tended to feel, not only with regard to their university education but also later in their professional lives.¹⁵¹ Yet, as this paper shows, Irish universities possessed a surprisingly inclusive attitude to women medical students. Similarly, albeit for financial factors, Irish hospitals appear to have welcomed women to their wards.

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

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

¹⁵⁰ Belfast Medical Students’ Association Minutes, 1898–1907, 9 March 1905.

doctors, 1881–1926’, *Bull. Hist. Med.*, 1986, **60**: 58–72.

¹⁵¹ See, for example, Virginia G Drachman, ‘The limits of progress: the professional lives of women