

# 'The heroic Irish doctor'? Irish immigrants in the medical profession in nineteenth-century Wales<sup>1</sup>

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Since the late twentieth century the historiography of the Irish in Britain has become more inclusive. Second generation migrants, women as well as men, those in small towns and in regions previously omitted from the picture of immigrant destinations, have all been incorporated into a widening picture of Irish migrant life in Britain.<sup>2</sup> Greater attention to middle-class migrants, or 'Micks on the Make' as Roy Foster called them,<sup>3</sup> has also been part of this widening agenda, but the role of the Irish middle class in the cultural, political and social life of migrant communities is still largely obscure and has been identified in one recent study as an area requiring further detailed research.<sup>4</sup>

A key issue confronting any historian attempting to address this dearth of work on middle-class Irish migrants is the question of 'ethnic fade'. Did migrants who attained better paid work, in higher status occupations and who lived in superior housing to the majority of their countrymen, become less 'Irish' as a consequence of their upward mobility? Contemporary accounts exist which suggest that this was the case. Hugh Heinrich's survey of the Irish in England for the *Nation* newspaper in 1872, for example, observed that some Irish migrants, 'having attained to comparative prosperity, wish to forget their nativity and in all things conform to English thought and English habit.'<sup>5</sup> Historians have signalled the difficulty of reconciling notions of assimilation and integration with the survival of a distinct Irish ethnicity by employing phrases like 'an awkward minority' and 'a curious middle

<sup>1</sup> I am grateful to Dr P. O'Leary of the University of Wales, Aberystwyth and to Bryn Jones of Cardiff Central Library for their help and advice during the research for this chapter. I also benefited from a number of suggestions made to me informally by delegates at the Ireland Abroad conference in Aberdeen (April 2000) where an earlier version of this paper was presented. <sup>2</sup> See for example, D.M. MacRaild, *Culture, Conflict and Migration. The Irish in Victorian Cumbria* (Liverpool, 1998); J. Herson, 'Irish Migration and Settlement in Victorian England: a small-town perspective', in R. Swift and S. Gilley (eds), *The Irish in Britain, 1815-1939* (London, 1989), pp. 84-103; M. Kanya-Forstner, 'Defining Womanhood: Irish Women and the Catholic Church in Victorian Liverpool', in D.M. MacRaild (ed.), *The Great Famine and Beyond. Irish Migrants in Britain in the Nineteenth and Twentieth Centuries* (Dublin, 2000), pp. 168-88. <sup>3</sup> R.F. Foster, *Paddy and Mr Punch. Connections in English and Irish History* (London, 1993) chapter 14. <sup>4</sup> MacRaild (ed.), *The Great Famine and Beyond*, p. 33.

place' to describe the position of the Irish in Britain by the late nineteenth century.<sup>6</sup> Recently, however, the whole notion of 'ethnic fade' has undergone revision, particularly in relation to Irish shopkeepers and publicans. In Liverpool, these service-providers, operating in a highly competitive environment, actively promoted their Irishness as a means of attracting custom.<sup>7</sup> This commercial use of ethnicity has also been shown to extend to other sections of the Irish middle classes. A number of Irish journalists found a successful niche market in catering specifically for a Catholic readership.<sup>8</sup> But what of Irish doctors?

Very little research has been done on the Irish in the medical profession.<sup>9</sup> In studies of nineteenth-century urban Britain they are often identified as the receivers but rarely the providers of medical services, reflecting the 'classic British perspective' on the Irish as a problem group.<sup>10</sup> They were the people who, 'more than any other suffered the deprivations of urban crisis and were the most vulnerable to its ravages'.<sup>11</sup> Nevertheless, they were sufficiently prominent on the other side of the medical fence, working as doctors, to attract the notice of contemporaries. They were commonplace enough in south Wales to receive comment from John Denvir in his 1892 survey of the Irish in Britain. Denvir visited south Wales prior to writing his survey and found that Irish doctors were a common sight in Welsh towns where they often encountered dangerous work at the scenes of colliery accidents. 'You never miss the heroic Irish doctor, if there be one in the neighbourhood, as there generally is, with his ready skill and tenderness for the unhappy victims.'<sup>12</sup>

It is difficult to be precise about how many Irish doctors there were in south Wales at any one time. Practitioners tended to move around, especially in the early years of their careers. Moreover trade directories tended only to list surgeons and physicians, omitting the many who worked as medical assistants. Incomplete though the directory lists are for these purposes, they still bear out Denvir's claim that it was common to find one or more Irish doctors in Welsh industrial towns. They were to be found in a variety of positions. In Bridgend there was Michael Leahy, born in Waterford, qualified in Edinburgh and working as the physician and surgeon to the Llynfi and Tondy Iron Works.<sup>13</sup> In the Rhondda valley there was

5 A. O'Day (ed.), *A Survey of the Irish in England (1872)* (London, 1990), p. 127. 6 See D. Fitzpatrick, 'A Curious Middle Place: the Irish in Britain 1871-1921' in Swift and Gilley (eds), *The Irish in Britain*, pp. 10-59; S.J. Fielding, *Class and Ethnicity. Irish Catholics in England, 1880-1939* (Buckingham, 1993), pp. 13-18. 7 J. Belchem, 'The Liverpool-Irish Enclave' in MacRaild (ed.), *The Great Famine and Beyond*, pp. 130-36. 8 Foster, *Paddy and Mr Punch*, p. 290. 9 A notable exception to this is L.M. Geary, 'Australian Felix: Irish Doctors in Nineteenth Century Victoria', in P. O'Sullivan (ed.), *The Irish Worldwide: History Heritage and Identity. Volume 2, The Irish in the New Communities* (Leicester, 1992). 10 G. Davis, 'The Irish in Britain, 1815-1939', in A. Bielenberg (ed.), *The Irish Diaspora* (Harlow, 2000), p. 19. 11 See for example, D. Porter, *Health, Civilisation and the State. A History of Public Health from Ancient to Modern Times* (London, 1999), p. 90. 12 J. Denvir, *The Irish in Britain from the earliest times to the fall of Parnell* (London, 1892), p. 407. 13 *Kelly's Directory of Monmouthshire and the*

William Cuthbertson, born in Dublin and working as a surgeon in the rapidly growing industrial village of Ton Pentre.<sup>14</sup> At Ynys Hafod, meanwhile, there was Ernest Hackett, born in Blackrock, Cork, educated at Queen's College Cork and the College of Surgeons in Edinburgh, who became chief surgeon to HM Prison, Usk.<sup>15</sup>

This aim of this study, however, is not to attempt to enumerate the Irish medical presence in south Wales in the last quarter of the nineteenth century, but rather to follow up Denvir's observation with an examination of the experience of Irish doctors in Welsh towns. This is possible thanks to the existence of a number of autobiographical accounts by Irish doctors who spent all or part of their careers in Wales in this period,<sup>16</sup> along with supplementary evidence from newspapers, trade directories and the census. It will be shown that the kind of medical work on offer in south Wales had a particular appeal for doctors with limited financial means in the early stages of their careers. Many Irish doctors qualifying in the second half of the nineteenth century fitted this description. It will also be argued that, for a number of these doctors, their Irish contacts and networks were important in helping them to gain a foothold in the highly competitive world of nineteenth-century medical provision. As such this study has a contribution to make to the revision of the notion of 'ethnic fade' among migrants of middle-class status as well as to the broadening of the picture of Irish life in nineteenth-century south Wales.

To explain the presence of Irish doctors in Wales and indeed throughout Britain in the second half of the nineteenth century, some account needs to be taken of the position of the medical profession in Ireland. Joseph Lee has shown that the medical and legal professions provided an accessible and popular avenue to social advancement in Ireland in the second half of the nineteenth century. For men of modest means a career as a doctor was a goal within their reaches. There was potential for earning while still training, either as a medical assistant in a practice, or as a tutor to younger medical students. Even for those with greater capital it was often a more attractive option than a career in business or industry because it promised status as well as potentially high earnings. The result was a high entry rate into both medicine and the law, to the extent that Lee argues that 'a surfeit of the professional middle class' was produced.<sup>17</sup>

In medicine, the establishment in 1845 of Queen's University with its constituent colleges in Belfast, Cork and Galway broadened opportunities for entry to those who could not afford the high fees for courses in Dublin.<sup>18</sup> The result was

*Principal Towns and Places of South Wales, 1884* (London, 1884), p. 704; 1881 Census, Newcastle Higher Parish. **14** *Ibid.*, p. 704; 1881 Census, Ystradyfodwg Parish. **15** J.A. Jenkins, *South Wales and Monmouthshire at the Opening of the Twentieth Century*. W.T. Pike (ed.), *Contemporary Biographies* (Brighton, 1907), p. 278. **16** M.F. Ryan, *Fenian Memories* (Dublin, 1945); J. Mullin, *The Story of a Toiler's Life* (Dublin, 1921), second edition, edited by P. Maume, (Dublin, 2000); F. O'Sullivan, *Return to Wales* (Tenby, 1974). **17** J.J. Lee, *The Modernisation of Irish Society, 1848-1918* (Dublin, 1973), p. 18. **18** This is discussed in Geary, 'Australian Felix', pp. 166-7.

an increase in the numbers achieving medical qualifications in Ireland, but no corresponding rise in demand for their work. Opportunities for private practise in Ireland were limited and public posts, with the Poor Law for example, were fiercely competitive and not well paid. The Irish Medical Association, meeting in Dublin in 1863, lamented the 'paltry remuneration granted to medical officers for their important and laborious services.'<sup>19</sup> Given these difficulties, leaving Ireland and commencing a medical career elsewhere was the best option for many newly qualified doctors.

For those who arrived in Britain, however, the situation was far from easy. In England and Wales the medical profession was highly competitive in the late nineteenth century. This was despite the fact that the ratio of doctors to patients had widened considerably in the period from 1850 to 1880.<sup>20</sup> The profession itself was highly stratified with a world of difference separating the graduate from one of the top London medical schools, perhaps with hospital connections, from the product of a Queen's University medical course whose reputation was never high and whose degrees carried much less kudos.<sup>21</sup> The educational and social backgrounds of doctors had a direct impact on the kind of jobs they could expect to obtain. Starting out on a medical career in this period was especially difficult for those who lacked the capital to purchase a practice outright, or the family or social connections to help them build up a patient list of their own. To a newly qualified doctor who found himself in this position, choices were limited, but it was in precisely these circumstances that south Wales attracted medical men from Ireland and elsewhere.

There were significant regional variations in levels of medical provision in Britain. London was particularly well served with doctors, as were seaside resorts and market towns, but Wales as a whole was not well supplied.<sup>22</sup> In 1881 Wales had 1,769 inhabitants per doctor, compared to a corresponding figure of 1,071 for England and Wales as a whole.<sup>23</sup> In growing industrial areas, medical provision was particularly sparse. Burgeoning towns like Cardiff, which almost doubled in population after 1881 as docks and rail links were developed,<sup>24</sup> presented fertile territory for doctors anxious to avoid competition from more experienced and established rivals. It was for this reason that James Mullin, a native of Cookstown, Co. Tyrone and a product of medical school in Galway, found his way to Cardiff. Having made up his mind to set up his own GP's practice from scratch, he left as little as possible to chance and tried to choose a location where his chances of success seemed most assured. To this end, he consulted the *Medical Directory* to compare doctor-patient ratios in towns throughout Britain. It is likely that, in adopting

<sup>19</sup> *Times*, 2 January 1863. <sup>20</sup> A Digby, *Making a Medical Living. Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge, 1994), pp. 13-19. <sup>21</sup> Geary, 'Australian Felix', p. 167. <sup>22</sup> Digby, *Making a Medical Living*, p. 20. <sup>23</sup> *Times*, 7 April 1864. <sup>24</sup> In the two decades after 1881 Cardiff's population grew from 83,000 to 164,000. P. Jenkins, *A History of Modern Wales, 1536-1990* (London, 1992), p. 239.



this approach, Mullin was following the advice of Charles Bell Keetley, who published extensively in the mid-Victorian period offering guidance for new GPs. He urged them to survey possible sites for establishing a practice and to take into account factors such as the size of the population and the number of other medics located there.<sup>25</sup> Mullin's researches revealed that Cardiff was one of the five towns with the lowest doctor to patient ratios and, on visiting the place Mullin says, 'I saw its possibilities and concluded that I could find no better sphere for my future labours.' Having settled on a town, he then had to decide on the exact site for his surgery. Again, Mullin adopted a pragmatic approach:

I got a map of the town, as it was then, and marked the most central spot which the penny tram fare rendered accessible from all other parts. Taking a small shop there, I turned it into a surgery . . . It was a smart stroke of business in which I stole a march on a Bristol doctor who was on the point of coming and doing the very same thing.<sup>26</sup>

The fledgling town of Barry offered similar possibilities. In 1884 the decision was taken to build new docks there to relieve the pressure on Cardiff as the principal port serving the south Wales coalfield. There was an immediate influx of some 3,000 labourers employed on the construction of the first dock, which opened in 1889. It was an instant success, exporting 3 million tons of coal in its first year. The growth of the town was dramatic and by 1921 Barry had almost 40,000 inhabitants.<sup>27</sup> Irishman Peter O'Donnell established his medical practice in Barry in 1888 at the very beginning of this dramatic phase of growth.<sup>28</sup> In doing so it is likely that he, too, side-stepped much of the competition he would have encountered in a more established town where doctor-patient relations were already in place and where competition from local doctors would have been more intense. It is also likely that, as in Mullin's case, this was more than just a stroke of good fortune. After qualifying in Dublin in 1882, O'Donnell spent a short time in Cardiff where he would have been well aware of the major developments underway at Barry Dock and the possible advantages to be gained.<sup>29</sup>

Wales' rapidly growing industrial towns were not only a safe bet for doctors seeking to establish their own practices, they also afforded abundant opportunities for work as assistants to over-burdened GPs with heavy workloads. These medical assistantships were not regarded as an attractive option. 'Arduous and poorly paid "hack work"',<sup>30</sup> is how one recent commentator described them, and this assess-

25 C.B. Keetley, *The Student and Junior Practitioner's Guide to the Medical Profession* (2nd ed., 1885). 26 Mullin, *Toiler's Life*, p. 162. 27 See T. Ewbank, *The Geography and History of Barry* (Cardiff, 1920), pp. 49-50; B.C. Luxton, 'Barry', in S. Williams (ed.), *Glamorgan. A C. History* (1975) pp. 147-48; I.W. Prothero, 'The Port and Railways of Barry', in D. Moore (ed.), *Barry. The Centenary Book* (Barry, 1985 ed.), p. 232. 28 *Cardiff Times*, 14 August 1937, p. 15. 29 J.H. Williams, *General Practitioners of Barry, 1885-1979* (Barry Medical Society, 1979), p. 7; *Cardiff Times*, 14 August 1937, p. 15. 30 Geary, 'Australian Felix', p. 163.

ment is largely borne out by the experiences of Irish doctors in Wales who undertook such positions. James Mullin, prior to setting up his own practice in Cardiff, gained experience early in his career as an assistant to a colliery surgeon in Blaenavon for a salary of £120 a year. He was frequently required to do night work and found the demands of the job enormous. He later recalled, 'The two and a half years that I worked in Blaenavon were amongst the hardest in my life. I had known what hard physical work was, and I had known what hard mental work was, but here was a combination of the two such as I had never before experienced.'<sup>31</sup>

The ready availability of medical assistantships in Wales was partly a consequence of the popularity of contract practice there.<sup>32</sup> Friendly societies, dispensaries, coal mining companies and other sick clubs all engaged salaried doctors to tend to the needs of their subscribers. This kind of work again held attractions for those who, perhaps for financial reasons, were unable to set themselves up independently as a GP. A doctor contracted by a colliery, for example, would not have to worry about competing with other GPs for patients – he had a ready-made client base. The rent on his house and the cost of medicines would also ordinarily be paid for out of membership funds. In addition, there was the lure of potentially high earnings. Some colliery sick clubs deducted a stipulated amount from members' salaries which was passed on in full to the doctor. In 1909, the two doctors employed by the Cambrian Navigation Colliery in the Rhondda grossed over £2,000 each from their work for the colliery medical fund.<sup>33</sup> In practice, many doctors who held these posts took on assistants to undertake their club work while they fulfilled other, more lucrative commitments. Mark Ryan's experience as a doctor in south Wales in the 1870s was as an assistant at the South Wales Colliery, Abertillery. A native of Kilconly, C. Galway and, like James Mullin, a product of medical school in Galway, his appointment in south Wales was nominally under the charge of a Dr Brewer. Brewer, however, was also the C. coroner and devoted little time to the colliery work, which left Ryan virtually in sole charge. Ryan does not state what his earnings were at Abertillery but the money he saved while at the colliery was sufficient for him to purchase a house in Galway for his parents to use in their retirement.<sup>34</sup>

Despite the potentially good earnings, the status of doctors who undertook contract work was low within the medical profession as a whole. This was because they were effectively employed and controlled by lay people and thus lacked the autonomy of the successful, independent GP.<sup>35</sup> James Mullin's account of his experience as an over-worked assistant to a colliery doctor at Blaenavon was coloured

<sup>31</sup> Mullin, *Toiler's Life*, p. 156. <sup>32</sup> Wales has been identified as an area where work clubs were particularly prevalent. See for example D.G. Green, *Working Class Patients and the Medical Establishment. Self Help in Britain from the mid-nineteenth century to 1948* (Aldershot, 1985), p. 9. <sup>33</sup> R. Earwicker, 'Miners' Medical Services before the First World War. The South Wales Coalfield', *Llafur*, 3, 2 (1989), p. 41. <sup>34</sup> Ryan, *Fenian Memories*, p. 51. <sup>35</sup> C. Lawrence, *Medicine in the Making of Modern Britain, 1700–1920* (London, 1994), p. 68; Digby, *Making a Medical Living*, p. 37.

by his frustration at the demands of his patients. He claimed that they regarded it as their right to call on the doctor however trivial the ailment:

‘Are we not his master, do we not keep the roof over him, the clothes on his back, feed his family and provide him with a horse?’ Such thoughts always seemed present in the minds of the colliers and were sometimes uttered in my presence.

At a later posting in Ogmore, Glamorganshire, he found his patients equally demanding.

They claimed it was my duty to walk around every morning from house to house and inquire at each house if my services as a doctor were required, and thus save them the trouble of sending for me! It appears that my predecessor, a Scotsman named Robertson, did this – a Scotsman above all men!<sup>36</sup>

Despite the hard work and the low status of medical assistants, especially those involved in contract work, such posts were often an essential first step towards the goal of independent medical practice.<sup>37</sup> Very few Irish doctors working in Wales found other routes to further their careers. One exception was Florance O’Sullivan, a second-generation Irishman who inherited his father’s medical practice in Ebbw Vale in the early twentieth century.<sup>38</sup> Another, Dr Thomas Wallace who, at the age of thirty-two was working as a general practitioner in Crockherbtown, Cardiff in the 1880s, probably advanced his career significantly when he married Margaret J. Vachell, a member of an established Cardiff medical family.<sup>39</sup> His relationship by marriage to two other Cardiff medical practitioners, Herbert R. Vachell and C.T. Vachell, would have provided him with contacts in the wider Cardiff medical fraternity at a relatively early stage in his career.<sup>40</sup>

Few Irish doctors, however, had these sorts of family and social connections in south Wales to draw upon and, for them, it was their Irish contacts that provided essential early career support. Just as their countrymen in semi-skilled and unskilled occupations relied on Irish immigrant friends and neighbours for help with finding work and accommodation on arrival, so Irish doctors drew on ethnic support networks. It was the Irishman Thomas Wallace in Cardiff, for example, who provided Peter O’Donnell with his first medical assistantship in Wales prior to setting up his own practice in Barry.<sup>41</sup> In this case it is unclear whether O’Donnell and Wallace knew one another before working together in Cardiff, but in other

<sup>36</sup> Mullin, *Toiler’s Life*, pp. 151–6. <sup>37</sup> Digby, *Making a Medical Living*, pp. 127–28. <sup>38</sup> O’Sullivan, *Return to Wales*. <sup>39</sup> 1881 Census, Cardiff, St John’s Parish. <sup>40</sup> See Kelly’s *Directory of Monmouthshire and South Wales 1884*, p. 705. <sup>41</sup> J.H. Williams, *General Practitioners of Barry*, p. 7; *Cardiff Times*, 14 August 1937, p. 15.

instances evidence of networks developed at home or in medical school is much clearer. While at Abertillery Mark Ryan was assisted by his 'old friend' Dr Monaghan, practising in Tredegar, with his search for a better paid post elsewhere.<sup>42</sup> James Mullin's medical assistantship at Blaenavon was obtained as a result of an offer from an old classmate in Galway, Martin Quirk, who was chief surgeon at the local collieries.<sup>43</sup> On taking up the post Mullin lived as a lodger in Quirk's house, along with another Irish medical assistant, Michael O'Sullivan who worked as a dispenser.<sup>44</sup> Similarly in Ebbw Vale, Limerick-born physician and surgeon James Sheehy shared his home with two medical assistants, also born in Limerick. One was his eighteen-year-old nephew, John Daniel O'Sullivan who worked as a dispenser and the other was James Cleary who was Sheehy's assistant surgeon. The nephew, O'Sullivan, later established himself as a surgeon in his own right in the Monmouthshire village of Aberbeeg after completing his medical qualifications in Ireland.<sup>45</sup>

These examples indicate that 'ethnic fade' was not the norm for many Irishmen working in the medical profession in south Wales. Instead, reliance upon Irish support networks was often a vital part of their early career patterns. Use of this kind of support was especially important within a profession that was highly protective of some of its more coveted appointments. Key public positions were largely inaccessible to 'outsiders'. Posts as Poor Law medical officers, for example, were sought after by doctors throughout their careers as 'a means to consolidate their territory and a useful source of income.'<sup>46</sup> The desire to prevent outsiders becoming well known through such appointments extended not only to those from outside Wales, but also to doctors from neighbouring towns and villages. In Bridgend in 1870, attempts were made to block the appointment of a Maesteg doctor to a vacant public post by a 'cabal of medical men' who looked upon him as 'an intruder'.<sup>47</sup> In this protective climate few Irish doctors obtained public, salaried appointments. There were some exceptions such as John Mulligan of Tipperary, a product of Queen's University, Ireland, who was a general practitioner in Abersychan and medical officer of health to the local board.<sup>48</sup> Likewise, Martin Quirk at Blaenavon held the posts of medical officer of health to the urban sanitary authority and public vaccinator to the Blaenavon district in 1884.<sup>49</sup> Many others saw no route to significant professional advancement by staying in Wales. Those with particular skill or ambition tended to serve their time in medical assistantships and then move on to further their careers elsewhere. Mark Ryan, for example, spent only a few years

<sup>42</sup> Ryan, *Fenian Memories*, p. 52. <sup>43</sup> Mullin, *Story of a Toiler's Life*, p. 149. <sup>44</sup> 1881 Census, 1 North St, Llanover, Monmouth. <sup>45</sup> See *Kelly's Directory of Monmouthshire and South Wales and the Principal Places of South Wales, 1895* (London, 1895), p. 240. <sup>46</sup> Digby, *Making a Medical Living*, pp. 117-18. <sup>47</sup> *Central Glamorgan Gazette*, 26 August 1870. I am grateful to Julie Light for this reference. <sup>48</sup> *Kelly's Directory of Monmouthshire and South Wales, 1895*, p. 226; 1881 Census, Trevethin Parish. <sup>49</sup> *Kelly's Directory of Monmouthshire and South Wales 1884*, p. 24.

at Abertillery before leaving to pursue his career in England. 'I had got tired of living in a valley between two mountains, and had no intention of spending my life there.'<sup>50</sup> Dublin-born Walter Richardson gained experience as a GP's assistant first in Wales and then in Kent before emigrating to the Australian goldfields.<sup>51</sup> Others remained in Wales reluctantly. Florance O'Sullivan felt duty-bound to turn down a hospital appointment to stay in Ebbw Vale and help his ailing father in the family medical practice, thereby resigning himself to 'what I knew would be hard labour in the Valley'.<sup>52</sup>

For those who did stay, however, there is evidence of active involvement in Irish community life in south Wales. One historian has identified doctors as the main 'secular counterpoint to clerical influence in Irish communities' in south Wales.<sup>53</sup> Doctors not only participated in, but often played a leading role in organising Irish social, political and religious activities. Mark Ryan, during his short time in Abertillery, became a prominent member of the local Catholic congregation, which heard Mass in Welsh in a room in a nearby public house, for lack of a Catholic church. He also organised a meeting in Newport to discuss the organisation of Fenian activities.<sup>54</sup> James Mullin, meanwhile, became involved in a rather different brand of Irish political activity. He found himself singled out for leadership duties when he attended the inaugural meeting of the Cardiff branch of the Irish national league. He recalled that, 'Although I was a stranger and absolutely unknown to any of my own country people, I suppose my position as a doctor gave me some claim to recognition and I was unanimously elected vice chairman.'<sup>55</sup> Soon afterwards he became chairman of the same body, a position he retained for 25 years during which time he chaired meetings and hosted visits of prominent Irish politicians to Cardiff, including Michael Davitt and Charles Stewart Parnell.<sup>56</sup> Dr Peter O'Donnell's role in Barry was similarly prominent. As there was no existing Catholic congregation, O'Donnell took it upon himself to secure the services of a visiting priest from Cardiff. Masses were said in the doctor's own house in Barry Road. Later, he was instrumental in bringing Barry its first resident Catholic priest, a Fr Hyland.<sup>57</sup> He was also president of the local Catholic Young Men's Society and his services to the Catholic church in this part of south Wales were formally recognised when he was awarded the Knighthood of St Sylvester by the Pope in 1929.<sup>58</sup>

It has recently been argued that in performing such high-profile roles within the Irish immigrant community, these middle-class 'culture brokers' succeeded in constructing 'a self-enclosed, self-sufficient network which, to the eyes of the host

50 Ryan, *Fenian Memories*, pp. 49–51. 51 Geary, 'Australian Felix', p. 163. 52 O'Sullivan, *Return to Wales*, p. 19. 53 P. O'Leary, *Immigration and Integration. The Irish in Wales 1798–1922* (Cardiff, 2000), p. 259. 54 Ryan, *Fenian Memories*, pp. 49–51. 55 Mullin, *Toiler's Life*, pp. 178–206. 56 P. Maume, 'James Mullin, the poor scholar. A self-made man from Carleton's country', *Irish Studies Review*, 7, 1 (1999). 57 B.C. Luxton, 'Ambition, Vice and Virtue: social life, 1884–1914', in D. Moore (ed.), *Barry. The Centenary Book* (Barry, 1984), p. 318. 58 *Barry and District News*, 5 Feb. 1932.

population served only to emphasize Irish-Catholic apartness.<sup>59</sup> More research on middle-class migrants and Irish associational culture is needed before this stance can confidently be adopted in place of the idea of ethnic fade. Just one example from south Wales indicates that it was possible for middle-class Irish migrants to play a leading part in Irish community life and to attain positions of status and responsibility in the wider urban community. Dr Peter O'Donnell's influence in Barry extended far beyond the local Catholic Irish community. Almost from the time of his arrival in the rapidly growing town he played a central role in the establishment of civic institutions, and the development of cultural and social life for the population at large. He became a member of Barry Urban District Council in 1889 and served continuously until 1931, with three spells as chairman. His other public positions included membership of Barry School Board, Justice of the Peace, founder and captain of the local Cadoxton Cricket Club and chairman of the Cycling Club, founded in the town in the 1890s. His contribution to public life in Barry was formally recognised in 1932 when he was presented with his portrait in oils and an illuminated album address by the citizens of Barry which paid tribute both to, 'your loyalty to your religion and your faithful work on its behalf', and 'your unbroken membership of the authorities which have built up Barry to its present position.'<sup>60</sup> In local press reports he was portrayed first and foremost as a key public figure who played a vital role in building up the urban infrastructure of Barry as it developed into a sizeable town. His Irishness, although acknowledged, was of secondary importance to his identity as a pioneer of civic life.<sup>61</sup> Although O'Donnell's experience was probably untypical, it suggests that a greater degree of dual activity may have been possible in a new town where traditions of participation in the public life of the 'host' society had yet to be formed.

In general the available evidence points to largely harmonious relations between Irish doctors and local south Wales populations. Mark Ryan recalled that, 'I got along splendidly with the miners at Coomtillery [*sic*] and, when I left, an effort was made by Mrs Brewer, who travelled specially to London for the purpose, to get me back.'<sup>62</sup> Others who stayed longer built up loyal followings of patients. Florance O'Sullivan's father, who had emigrated from Cork and set up practice in the mining village of Cwm, near Ebbw Vale in 1892, received the backing of over 600 patients during a dispute with the Ebbw Vale Workmen's Medical Aid Society. O'Sullivan and fellow Irishman Dr Dwyer of Beaufort were dismissed by the Society after a dispute over the treatment of private patients but succeeded in rallying support from 676 of their old patients, who claimed repayment of their subscriptions to the Workmen's Aid Society and continued as patients of the two Irish doctors.<sup>63</sup> James Mullin's relations with the Welsh were also good. He claimed never to have experienced anti-Irish hostility in Wales, despite the fact that he was

59 Belchem, 'The Liverpool-Irish Enclave', p. 142. 60 *Barry and District News*, 5 February 1932. 61 See for example, *Barry and District News*, 13 and 20 Aug. 1937. 62 Ryan, *Fenian Memories*, pp. 49-51. 63 Earwicker, 'Miners' Medical Services', pp. 42-4.

there at the time of the Phoenix Park murders in 1882, which prompted a wave of disturbances and rioting in local Irish communities.<sup>64</sup> Mullin, however, found that he was generally exempt from the animosity, 'Whether I deserved it or no I was generally reckoned among the "good" [Irish], for I tried to assimilate myself to those I mixed with.'<sup>65</sup>

John Denvir's brief comments about Irish doctors in south Wales suggest that their good relations with local communities were forged as a result of their heroic work at the scene of mining disasters where they were 'united in a common sorrow' with the families of lost miners. A similar image was popularised in A.J. Cronin's semi-autobiographical novel *The Citadel*, featuring an immigrant doctor whose relations with his Welsh patients improve after he rescues a miner trapped by a pit explosion.<sup>66</sup> Two Irish doctors who gave accounts of this kind of work were Mark Ryan and Florence O'Sullivan who were both called to the scene of colliery explosions during their careers in Wales. The incident at Abertillery attended by Ryan involved the loss of twenty-seven lives and injury to a further seventy miners. In his account of the incident he recalls simply that, 'I had a very busy time attending to the injured and had to give evidence at the inquest on the victims of the disaster.'<sup>67</sup> O'Sullivan was called to a similar incident at Marine Colliery in Cwm. He was asked to go underground as part of a search and rescue party to locate two injured men. Aware of the possibility of further explosions, rock falls and gas build up, he recalls that he joined the rescue team 'in fear and trembling', only to find that after searching the mine and locating the two men, they were beyond medical help. His account of his work at the scene of the accident is more one of helplessness and frustration than heroism. 'My only contribution during all this time was to give morphia to the first of two dying men . . . I waited at the pit-top for 36 hours, but did little else, while other doctors better qualified administered oxygen and other treatment to survivors from other parts of the pit.'<sup>68</sup>

It is likely that Denvir's reference to the heroism of Irish doctors in south Wales owed more to the changing attitudes towards the medical profession at the time he was writing in the 1890s, than to the common experience of Irish medical men working in Welsh industrial towns. The late nineteenth century was a period of significant advance in the diagnosis and treatment of disease, which led to a greater reverence for the abilities of doctors to treat and cure their patients. According to one historian, it is to this era of medical advance that 'the image of the physician as a demi-god' can be dated.<sup>69</sup> Irish doctors in south Wales were rarely at the cutting edge of medical science but their occasional first-hand experience of mining

64 L. Miskell, 'Custom, Conflict and Community: a study of the Irish in south Wales and Cornwall, 1861-1891', unpublished Ph.D. thesis (University of Wales, 1996), pp. 191-227; J. Parry, 'The Tredegar anti-Irish riots of 1882', *Llafur*, 3, 4 (1983). 65 Mullin, *Toiler's Life*, p. 158. 66 A.J. Cronin, *The Citadel*, (London, 1939), p. 194. 67 Ryan, *Fenian Memories*, pp. 49-51. 68 O'Sullivan, *Return to Wales*, p. 29. 69 E. Shorter, 'The Doctor-Patient Relationship' in W.F. Bynum and R. Porter (eds), *Companion Encyclopaedia of the History of Medicine* (London, 1994) pp. 789-90.

disasters was an alternative form of medical heroism which a sympathetic commentator like Denvir could pick up on.

In reality it is likely that the harmonious relations experienced by Irish doctors working in Wales, even at times of heightened anti-Irish sentiment, owed much to their non-threatening position within the community. Much of the anti-Irish feeling evident in Wales was based on workplace rivalries and reflected financial insecurities among local industrial workers.<sup>70</sup> Hostility was usually directed at workers who were deemed to pose a threat to the positions of skill and status ordinarily obtained by native workers. It is likely that Irish doctors escaped much of the resentment and suspicion directed at other Irish immigrants because they did not affect the finely balanced divisions of skill and status within the workplace. Instead many of them who carried out work for friendly societies, sick clubs, or other medical societies, were subject to a large measure of wider communal control through the committees that employed them. Moreover Irish medical men had a reputation for being amongst the most hardworking in the profession,<sup>71</sup> a factor which must have endeared them to the workers whose salary contributions made up their pay.

The opportunities for medical work in the industrial towns of south Wales in the second half of the nineteenth century would not have appealed to all sections of the medical profession. The doctors they attracted were not from the upper ranks of the profession but were the hard-working, newly qualified men who had often strained their finances to the limit to complete their qualifications and needed to start earning with as little capital outlay as possible. In these circumstances, the secure incomes available from contract practice or as a medical assistant were worth the hard graft and low status attached to such posts.<sup>72</sup> This much is evident in the work of medical historians who have examined status divisions within the profession. What this study, from the Irish immigrant perspective has shown, is that although their standing within the medical profession as a whole may have been low, within the migrant community Irish doctors were often highly visible and active individuals who sometimes took on prominent leadership roles. Moreover, their ethnic identity could prove a valuable asset in that it provided access to an information-sharing network among Irish doctors through which opportunities for career advancement were often gained. The active expression and use of Irish identity by Irish doctors in south Wales, however, does not seem to have been an attempt to cultivate a niche Irish market for medical services and did not necessarily emphasise their 'difference' from the host population. The dependence of many Irish medical men on employment by collieries, sick clubs, friendly societies and other, locally-based medical societies, and their large patient lists covering extensive geographical areas meant that their services could not realistically be targeted at Irish-only recipients, even if this was deemed commercially viable. In

70 P. O'Leary, 'Anti-Irish Riots in Wales, 1826-1882' *Llafur*, 5, 4 (1991). 71 Digby, *Making a Medical Living*, p. 160. 72 Green, *Working-Class Patients*, pp. 21-3.



this respect they seem to have differed from their counterparts in the commercial and service sectors in Liverpool for whom the active expression of Irishness was part of a conscious business strategy. What this suggests is that the experience of middle-class migrants was as likely to vary according to factors such as occupation and regional location as that of their working-class counterparts. It gives a clear indication of the need for more research on Irish migrants in commerce, the professions and other middle-class sectors of the economy. It also illustrates that, without the inclusion of this often highly visible and active section of the population our picture of Irish immigrant life in south Wales and indeed throughout Britain will remain at best partial and incomplete.