

'A Mysterious Discrimination': Irish Medical Emigration to the United States in the 1950s

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Summary. Throughout the nineteenth and twentieth centuries, Ireland exported a considerable number of her medical graduates, mainly to Britain and the British Empire. After the Second World War there was a shift. The 1950s and 1960s saw an increase in the emigration of doctors to North America. The American Medical Association, worried about the possible impact upon the profession, introduced in 1950 a list of foreign medical schools which, in their view, met American standards of medical education. The failure of Irish medical schools to make this approved list brought to the surface problems in Irish medical education. This episode illustrates a number of issues raised by medical migration; recognition of qualifications and equivalency across borders; the rise of the USA as a global medical hegemonic power; the involvement of national governments; and migration as a catalyst for change in the exporting country.

Keywords: American Medical Association; General Medical Council; National University of Ireland; licensure; migration

Emigration of doctors was a constant feature of the medical scene in Ireland throughout the nineteenth and twentieth centuries.¹ The vast majority of this was to Britain and the British Empire. Post-Second World War, however, this began to change. North America and the United States in particular became an attractive option for Irish medical graduates as it did for medical graduates from the rest of Europe and the developing world.² With a rise of immigration into the United States of foreign-trained physicians, the leading professional body, the American Medical Association (AMA), decided to issue a list of approved foreign medical schools which they considered provided a medical education equivalent to that provided by American schools. In this way, they hoped to influence American opinion about which graduates should be licensed in the USA.

This proved to be a difficult system to maintain. It was not successful and was abandoned by the late 1950s. Whilst it operated, however, it produced considerable perturbation among those countries exporting medical graduates to the United States. Ireland was a case in point.

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¹For figures on this, see [Jones 2010](#), Table 1, p. 57. The figures are based on a survey of cohorts from the main medical schools in Ireland every five years from 1860 to 1960.

²Of the individuals who went to the USA, only two did so before 1920. Fifteen went between 1920 and 1940, and 39 between 1945 and 1960. This is not of course the total figure of emigrants to the USA but the figure from the selected cohorts. The figure

also excludes a further 61 who went to Canada during the period. Because of reciprocal registration agreements between Canada and the USA, Canada was often a first stop before moving to the USA. Of the cohorts who moved to practise outside Ireland from 1950 to 1960, 19 per cent were in North America. This was less than the 60 per cent emigrating to Great Britain in the same period, but more than for any other destination.

The medical schools of the Republic of Ireland—though not the medical school of Queen's University Belfast (QUB) which was still within the UK system—were not included in the AMA's list of approved medical schools. What followed was an intense struggle involving diplomacy, doctor activism and political intervention on both sides of the Atlantic.

Ireland was not the only country discomfited by non-inclusion on the list. Many other case studies could be produced of negative reaction in other European countries and in Asia and South America. But Ireland shared language and cultural connections with the United States and their exclusion was felt particularly badly. In addition, the whole episode raised questions about the management of its medical schools and the extent to which they had failed to adapt to new, predominantly American, models of medical education in the twentieth century. Finally, it showed the degree to which national pride and medical education were intertwined. The controversy over medical education was eventually to engage the attention of the Irish public and its political representatives at the highest level.

Doctor emigration depended upon the acceptability of Irish medical qualifications abroad. As far as Britain was concerned, Irish medical schools were validated by the General Medical Council (GMC) of the United Kingdom from the nineteenth century and approved under the same system of periodic visitation applying throughout the British Isles. Thus graduates of Irish medical schools were routinely entered on the medical register of the UK and eligible for all appointments requiring registration in Britain and the British Empire.

This continued to be the situation for Queen's Medical School in Belfast after the partition of Ireland in 1922. In the south, however, the new state set up at partition was deemed by the Irish government to require its own medical council and system of registration. The possibility then arose that Irish medical graduates might lose automatic access to the British Medical Register. This led to a brief but intense struggle between doctors and the state in 1925 and 1926. In the end, the conflict was resolved by a system of reciprocal registration. A new Irish medical council and register was created for Irish doctors but the British GMC continued to inspect and approve Irish medical schools north and south as a condition of allowing Irish medical schools to register their graduates on the UK register.³

The Problem of Recognition and Licensure

Irish medical schools in independent Ireland in 1945 comprised the National University of Ireland (NUI) which had three constituent colleges. These were University College Dublin (UCD), the university colleges of Cork (UCC) and Galway (UCG). In addition, there were three other medical schools in Dublin: the University of Dublin (Trinity College or TCD), the Royal College of Surgeons (RCS) and the Apothecaries Hall.

The importance of emigration to Britain and the British Empire meant that changes in British medical education affected the Irish schools. On 14 December 1949, representatives of Irish and British medicine met in Dublin to discuss the proposed reforms in British medical education recommended by the Goodenough Report of 1944 and subsequently incorporated into the Medical Act of 1950 in the United Kingdom.⁴ Central to

³Jones 1997.

⁴Discussion of 12 October 1944, Royal College of Surgeons in Ireland (hereafter RCSI) Council Minutes, December 1938–60, Index G, p. 113.

Irish concerns was the provision that every graduate, before acceptance on the British Medical Register, should have served one year of residency or internship in a hospital approved for that purpose by the GMC. This, according to the Eire Department of Health, 'is of greater importance than any of the other proposals put forward by the British government for the amendment of the Medical Acts'.⁵

The Irish committed themselves to moving to this system but felt it would take time and be expensive, a view which was sympathetically received by the GMC. In recognition of this, an arrangement was made by which graduates of Irish medical schools would be admitted to the Irish Medical Register. However, until the condition of internship was fulfilled either in Britain or Ireland, they were given provisional status—designated by the letter 'P'—on the UK Register.

The issue of registration and licensure in the United States was, however, much more complex. Medical licensing in the USA was the responsibility of individual states and the conditions were laid down by their legislatures. Many states accepted those who passed the exams of the National Board of Medical Examiners (NBME) but foreign medical graduates were not eligible to sit these exams. According to a survey of licensing practices for foreign medical graduates conducted for the American Medical Association (AMA) and published in 1949, the situation was 'confusing and uncertain'.⁶ Some 23 states excluded all graduates from outside the United States and Canada from practice. In others, the regulations varied according to citizenship or immigration status, length of time in the USA or other considerations.

The AMA carefully monitored the numbers of foreign medical practitioners applying for licensure each year producing annual tables of requests from foreign-educated doctors for admission to licensure and the success rates. The AMA expected that post-war doctor immigration into the United States would be largely from 'displaced physicians' due to the political situation in Europe.⁷ For this reason, there was in fact a substantial amount of emigration to the United States after 1945. However, it was only in the 1950s that immigration began to rise substantially and, increasingly, this was from non-European nations.⁸

The AMA expressed its concerns about this immigration in terms of training and competency and this was not entirely self-serving. The Flexner reforms in 1910 had raised significantly the level of medical education in the United States and there was a tendency to look at medical education outside the USA very much through the prism of Flexner.⁹ In addition, though many European schools retained a degree of respect in the United States, after the Second World War the view of the AMA was that 20 years of political

⁵National Archives Dublin (hereafter NAD), Office of the Taoiseach. File S11589. Appendix A, Part 11, Medical Education and Registration, p. 2.

⁶Barker and Mooney 1949, p. 12.

⁷Brunot 1951.

⁸In 1955, 37.7 per cent of all medical emigrants presenting themselves for licensure in the United States were from Western European countries and, if one adds the total from the United Kingdom, Australasia,

South Africa and Ireland, it was 42.6. By 1960, this had fallen to 27.3 per cent and 35.7 per cent respectively. Calculated from 'Medical Licensure Statistics', *JAMA*, 26 May 1956, 161, pp.364–9; *ibid.*, 1961, 174, Table 29, pp. 720–7. Figures based on foreign-educated physicians presenting themselves for licensure.

⁹See Bonner 2002 and Ludmerer 1985, 1999.

turmoil, the devastation of war and the relative isolation of many Continental medical schools, had put back medical education in Europe.¹⁰

The AMA could not exercise control over the licensing of foreign doctors by direct means. Therefore its aim was to influence political and public opinion about foreign medical education. The AMA attempted to do this by the production for foreign medical schools of an 'approved list' on the lines of that used to rate American medical schools. They hoped this would influence attitudes about which foreign doctors could be safely licensed to practise. In the words of one commentator, 'The policy of rating the school rather than the individual was an extension of a successful policy initiated by the Flexner Report of 1910.' In that writer's view, however, 'what had succeeded for American medical schools failed when applied to foreign medical schools'.¹¹

The Committee on Foreign Medical Credentials—a sub-committee of the AMA's Council on Medical Education and Hospitals—was set up by the AMA in the autumn of 1947 to examine the issue of doctor immigration. At the first full-scale meeting on 25 March 1949, representatives from the Association of American Medical Colleges, the Advisory Board on Medical Specialities and bodies from the licensing world were present, including the NBME, the Federation of State Medical Boards and the registration bodies of Connecticut, Illinois and Wisconsin. These were all states with more than average experience of doctor immigration. New York—the state with most emigrant doctors—was invited but was unable to attend.

Also present were government representatives from the US Office of Education and various international and charitable organisations including the Rockefeller Foundation. Three members of the Council on Medical Education and Hospitals were particularly important in the Committee on Foreign Credentials—Victor Johnson, H. G. Weiskotten and Donald G. Anderson. It was Donald Anderson who, as secretary to the Committee, was to conduct the bulk of its business along with F. R. Manlove, the assistant secretary.

The Committee was anxious not to appear restrictive. Its aim, it claimed, was to facilitate the resettlement of the physician in America by removing prejudices against foreign graduates in the minds of state licensing boards. An approved list would encourage state boards to adopt 'an enlightened view towards the foreign trained physician'.¹² Nonetheless it believed that:

the present high standards of medical practice in the United States has been the direct result of the recognition by the licensing boards, that evaluation of the school from which a physician graduates is equally as important as evaluation of the physician himself. Before this principle was generally recognised, the country was overrun with physicians who, armed with a degree from a low-grade school or outright diploma mill, succeeded in one way or another, in passing the examinations for licensure. The needless suffering and injury perpetuated by the incompetent

¹⁰American Medical Association (hereafter AMA) Archives, Chicago. Minutes of Meeting of the Committee on Foreign Medical Credentials, 25 March 1949, in Minutes of the Business Meeting of the Council on Medical Education and Hospitals, 8–9 February 1949, Appendix H, p. 5.

¹¹AMA Archives CHM5926/1971. Melvin Lurie 'Physician Licensing Policy', First National Congress on Health Manpower (sponsored by the Council on Health Manpower of the AMA), 22–24 October 1970, p. 92.

¹²AMA Archives. Appendix H, p. 6.

and, at times, fraudulent practices of many of these inadequately trained men constitute a dark chapter in the history of medicine.¹³

The difficulties of producing reports on foreign medical schools soon became apparent. Annual visitation was the most satisfactory method but it was costly and time-consuming.¹⁴ Questionnaires might be substituted but the experience with these had not been encouraging.¹⁵ Eventually it was decided to proceed by seeking detailed information about foreign medical schools in personal interviews 'with qualified and disinterested persons who have knowledge of the school in question'. Examination of written reports on academic performance and, where appropriate, 'the status of the school with the General Medical Council of Great Britain' also formed part of the strategy.¹⁶ It was particularly useful if information could be obtained by a visit. However, visitations could only be arranged on an informal and *ad hoc* basis when a member of the AMA happened to be in the vicinity.

A small committee comprising Harold S. Diehl, chairman, Loren R. Chandler and Stanley Dorst visited Great Britain in October 1949, returning in February 1950.¹⁷ Harold S. Diehl broke off the visit to Great Britain to visit Ireland and it was on the basis of his observations that Irish schools were assessed. During the same period, Creighton Barker visited Copenhagen, Stockholm, Uppsala and Oslo. Freddy Homburger of Boston contributed knowledge on medical education in Switzerland. Vernon Lippard, who had visited Italy recently, provided information on their schools.¹⁸

The Report 'Classification of Foreign Medical Schools' was the basis of the list of 'approved' foreign medical schools which was first issued in February 1950. The list comprised 27 schools in, respectively, Denmark (1), Finland (2), Netherlands (4), Norway (1) and Sweden (3). The United Kingdom had 16 approved schools, 10 in England, 4 in Scotland, 1 in Wales and 1 in Northern Ireland (QUB).¹⁹ The preliminary list, drawn up on 7 February 1950, contained the Irish medical schools. Subsequently, according to the deliberations of the Council on Medical Education and Hospitals, 'the schools in Eire had been removed on the basis of later information'.²⁰ Effectively from 1950 Irish medical schools, with the exception of QUB, were not recognised by the AMA.

¹³AMA Archives. Minutes of the Meeting of the Committee on Foreign Medical Credentials, 25 March 1949 p. 4. Appendix H to the Minutes of the Business Meeting of the Council on Medical Education and Hospitals, 8–9 February 1949.

¹⁴It was calculated at \$60–90,000 a year. AMA Archives. Minutes of the Council on Medical Education and Hospitals, 8–9 February 1949, p. 25.

¹⁵The Federation of State Medical Boards, the World Medical Association and the Committee on Displaced Persons had sent out 350 questionnaires but received back only 150. Of 300 sent out by the Department of State, only 132 were returned.

¹⁶AMA Archives. Council on Medical Education and Hospitals. Appendix G of the Minutes of 20, 22, 23 October 1949. This would of course only be relevant to schools within the jurisdiction of the GMC but in 1949 this included a number in former or remaining British colonies in Africa and Asia.

¹⁷A report was mailed back to the Council and received in December 1949.

¹⁸AMA Archives. Business Meeting of the Council on Medical Education and Hospitals. Minutes of 4 and 5 December 1949. Freddy Homburger was a native of Switzerland and obtained his medical degree there. He headed the Cancer Research Unit at Tufts. Vernon W. Lippard was President of the Association of American Medical Colleges and in 1952 became Dean of Yale Medical School.

¹⁹AMA Archives. Meeting of the Council of Medical Education and Hospitals, 3–8 February 1950. The medical school in Belfast was still within the United Kingdom.

²⁰AMA Archives. Council on Medical Education and Hospitals. Minutes, 3–8 February 1950, Appendix B, p. 14.

The reports on the medical schools presented before the Council were brief but something of their direction can be gathered from the guidance given to the delegation before it departed on the British visit. Crucial to the view of the AMA on the suitability of a medical school was affiliation to a University and clinical facilities at all stages of medical training. Laboratory facilities, the qualifications of the faculty, size of class, entrance qualifications and the state of the library were taken into account. Failure rates of the graduates of different foreign schools in American licensing exams was also an issue. Less tangible measures, such as appraisal of students and the reputation of the school, were included. Finally, competence in English was important.²¹

The Goodenough Report of 1944 had begun a process of change in British medical education which brought it closer to the American model. But reform of Irish schools was impeded by a number of factors. First, there had traditionally been a proliferation of medical schools in Ireland. During the Rockefeller visit to Ireland in the 1920s to assist reform in Irish medical education, it was pointed out that Ireland was over-supplied with medical schools.²² However, consolidation had proved impossible partly because of historic rivalries that were often exacerbated by denominational conflict. But also the Irish medical schools depended for their survival on student fees and because they assumed that a good proportion of those they educated would leave Ireland, overproduction of graduates was built into their calculations. These factors together meant that resources for teaching and clinical instruction were squeezed.

From 26 April to 23 May 1954, the General Medical Council of the United Kingdom visited the Irish schools and their report illustrated the persistence of the problems, particularly those which arose because of the unstructured relationship between hospitals and medical schools. Cork and Galway medical schools could negotiate programmes of instruction with fewer hospitals in their respective cities. But, even there, the hospitals were often too small to accommodate enough variety of cases to permit the best standards of clinical training. No professor at an Irish medical school had a clinical department or laboratory in any hospital. Clinical pathology was particularly neglected and there was a serious shortage of autopsy material. Libraries and museums lacked investment. The University calendars were often unreliable guides to the teaching programmes. In both Cork and Galway they needed 'drastic revision in order to tally with and confirm the information with which we were supplied'.²³ There was a need for appointments in a number of areas where Irish medical schools were falling behind modern medical education.²⁴ Shortages of posts in medicine and surgery were sometimes covered by re-designation of a teacher's function at six-monthly intervals, a practice the GMC thought pedagogically unsound. Crucially, however, and in contrast to the AMA, the GMC did not withhold recognition.

Reaction to the Approved List

In discussions in 1949 with Mr Paul Dompke, a US State Department official, a representative of the AMA asked whether the issuing of a list of approved foreign medical schools

²¹AMA Archives. Minutes of the Council on Medical Education and Hospitals, 20, 22, 23 October 1949, Appendix G.

²²See Jones 1997, p. 571.

²³General Medical Council (hereafter GMC) Visitation Reports V/M./1 and V/S./1, p. 9.

²⁴Radiology, Dental Disease, Anaesthesiology and General Practice were all cited.

would embarrass the USA. The answer was that 'opinion was divided in the State Department. Some feared unwanted attention from the governments of the unlisted schools; others were in favour of taking a calculated risk. But it was not discussed at the highest level in the State Department.'²⁵

In fact, considerable 'unwanted attention' arose and Irish schools were not the only ones discomforted by their non-inclusion on the approved list. The AMA, at a meeting of the Committee on Foreign Credentials in 1952, was informed that 'The Diplomatic services of France, Italy and the Irish Free State have protested the absence of schools in these countries from the lists. Other representations indicate that there are schools in Mexico and India which desire to be included in the list.'²⁶ By 1953, the AMA had received requests for visits from medical schools in West Germany, Italy, South America and China. The prospect opening up was not only pressure for first-time visitation, but also follow-up visitations from disappointed medical schools. Since, as was pointed out in one meeting, there were approximately 566 medical schools in the world this was a daunting vista.²⁷ With regard to Ireland, the AMA Council on Medical Education and Hospitals was told in December 1950 that 'the medical schools of Southern Ireland are disturbed that they have not been recognized by the Council. Considerable correspondence has been received from the Schools and other interested agencies.'²⁸

From 1950 to 1953, a campaign of politico-medical lobbying took place on behalf of Irish medical schools to reverse the AMA's decision. The Department of External Affairs (DEA) of the Republic of Ireland (later Department of Foreign Affairs, DFA) became involved. Most of the extant correspondence between the AMA and interested parties in Ireland has survived primarily in Irish government files.²⁹ Successive reports on the position of Irish medical school graduates in the USA were commissioned by the DEA from Ireland's Consul Generals in New York and Chicago and relayed to Ireland via the Irish Embassy in Washington. The Irish Medical Association (IMA)—the Irish equivalent of the British Medical Association—and the Medical Registration Council of Ireland entered into correspondence with the AMA. Luminaries from the Roman Catholic Church in the USA intervened, as did Irish immigrant doctors in New York and Chicago, organising themselves into a loose grouping called the Irish Universities (Medical) Club of America.

For a time the Irish sought a backdoor means of evading the consequences of non-listing by the AMA. This was by securing recognition of Irish medical schools by the New York State Licensing Board. In May 1951, a report was sent from the Irish Consul General in New York to the DEA via the Republic of Ireland's office in Washington. A friend of the Consul General, Dr Leo Kelly, a Brooklyn doctor, had visited him to talk about Dr Maurillo, a member of the Board of Regents of New York, who reputedly got

²⁵AMA Archives. Minutes of Business Committee of the Council on Medical Education and Hospitals, 5 December 1949, Appendix G, p. 4. Interviews on 16 November 1949 and a subsequent telephone conversation on 28 November 1949.

²⁶AMA Archives. Minutes of the Meeting of the Committee on Foreign Medical Credentials, 25 April 1952, vol. 1, Appendix F, p. 11.

²⁷AMA Archives. Minutes of the Business Committee of the Council on Medical Education and Hospitals, 29–30 November 1953. Dr Turner pointed this out.

²⁸AMA Archives. Minutes of the Meeting of the Council on Medical Education and Hospitals, 2–4 December 1950, pp. 24–5.

²⁹Preserved in NAD, Office of the Taoiseach. File S 14402B, 'Undergraduate and Postgraduate Medical Training'.

Swiss and Italian schools recognised by New York.³⁰ They believed that a visit by Dr Maurillo to Europe was imminent in June 1951 and that he might become an ally of Irish medical schools. A proposal to defray his expenses for a visit to Ireland was sent to the AMA by the Irish Medical Association. But Dr F. R. Manlove, assistant secretary of the AMA's Council on Medical Education and Hospitals, turned down the offer on the grounds that 'since Dr Maurillo was not known to the Council on Medical Education and Hospitals of the AMA, a report furnished by him would not be accepted as a basis for the Council's decisions'.³¹

The proposal to use the New York Board of Regents persisted into 1952. A representative of Cardinal Spellman, the Most Reverend William A. Scully, chairman of the National Catholic Welfare Committee of New York, suggested to Ambassador Mathews—the US ambassador to Ireland—in January 1952 that 'an unofficial visit to the Irish medical schools by a Catholic member of the Board of Regents of Education in New York' could be arranged. This was intended to be preliminary to a second official visit by the Board of Regents. Mr Christianson of the United States Embassy believed, according to Irish officials, 'that, as the other States of the Union practically always took their medical standards from New York, recognition by the New York Board of Regents must automatically mean recognition throughout the USA'.³² Since New York was by far the most significant recipient of immigrant doctors applying for licensure, as can be seen from Table 1, this was a fair point. In 1955 New York State, along with Ohio, Illinois and California, had the largest number of graduates of foreign medical schools applying for licensure.

In spite of the pressure, the AMA held out for two years. The 1950 list was reissued in 1953 in a pamphlet, *Choice of Medical School*, which contained a section on Foreign Medical Schools. The list of approved schools had risen to 39 and now included Brazil (1), Belgium (4), Lebanon (1), Switzerland (5) and China (1). But Irish schools were still not included.³³ Between 1950 and the issue of the second list in 1953, however, there was evidence of the strain produced on the AMA by the controversy over the approved list. In 1953, the preamble to the section on foreign medical schools contained a warning that the results were not amenable to lobbying. The pamphlet stated:

No foreign medical schools can be included in the list solely on the basis of information furnished to the two Councils by the school itself, by its graduates or by any

³⁰He is referred to in the documents produced by the Irish government as Dr Vincent Maurillo, but in the *New York Times* as Dr Dominick Maurillo. See 'Four Medical Schools in Europe Studied', *New York Times*, 14 September 1951, p. 23, col. 8. His name is also occasionally spelt as Mauriello in Irish government documents.

³¹NAD Office of the Taoiseach. File S 14402B. Memorandum on the History of AMA and Irish Medical Schools, May 1953, pp. 7–8.

³²NAD Office of the Taoiseach. File S 14402B, p. 11. Ambassador Mathews was Francis P. Mathews, US Ambassador to Ireland 1951–2. In November 1952,

the Irish Universities (Medical) Club of New York was still urging the claims of Dr Maurillo who had 'approved the graduates of the medical schools of twenty Italian universities and of the University of Paris as acceptable for licensure in New York'. File S 14402B, Annex C, *Present Condition of Medical Education in the Republic of Ireland*, p. 1. Report attached to a letter from the Irish Universities (Medical) Club of Chicago to the Consul in Chicago of the Republic of Ireland, November 1952.

³³'Medical Licensure for 1953', *JAMA*, 155 (29 May 1954), p. 472.

Table 1. States with the highest number (over 100) of foreign graduates presenting themselves for licensure in 1955

State	Number	Passed	Failed	% Failed
New York	383	159	224	58.4
Illinois	362	157	205	56.6
Ohio	225	160	65	28.9
California	181	135	46	34.1
Virginia	89	54	35	—
Connecticut	29	13	16	—
New Jersey	4	3	1	—

Source: Medical Licensure Statistics, *JAMA* (26 May 1956), 161, pp. 364–9; *JAMA*, 1961, 174, Table 29, pp. 720–7.

foreign government or agency ... nor can they accept from foreign schools offers to subsidize inspections by representatives of the councils.³⁴

However, after a discussion described as 'robust' at a meeting of the Committee on Foreign Credentials of the AMA on 25 April 1952, the principle of a second visit to Ireland was accepted. According to the minutes, 'Dr Anderson said it was planned at the first opportunity to again review the programs in the Irish schools'.³⁵ By 6–7 June 1952, the AMA had agreed that the occasion of the Second World Conference on Medical Education to be held in London in late August and early September of 1953 should be used for a repeat visit to the Eire schools:

After discussing the status of the medical schools in Eire and the tremendous pressure from many sources to approve these schools, it was agreed that Dr Anderson should survey these schools while he is in Europe in the summer of 1953 to participate in the International Conference on Medical Education.³⁶

The Second Visit by the AMA

The second visit of the AMA to Irish medical schools took place in September 1953 and the report was produced at the end of November. The headline in the *Irish Times* of 30 November was 'Irish Medical Schools not condemned in Report of US Doctors. Different methods stressed'. Indeed, the language of the AMA report was conciliatory in referring to Irish medical education as in a 'state of transition'. In reality, however, criticisms of the first visitation were upheld in greater detail and approval was not given to Irish medical schools.

There was a great deal of disappointment and defensiveness in the reception to the second report. Michael Tierney, President of University College Dublin, the largest of

³⁴AMA Archives. Appendix on Foreign Medical Schools, p. 3, in *Choice of Medical School*, published by the AMA in 1952. The two Councils mentioned were the Executive Council of the Association of American Medical Colleges and the Council on Medical Education and Hospitals.

³⁵AMA Archives. Minutes of the Meeting of the Committee on Foreign Medical Credentials, 25 April 1952, vol. 1, Appendix F, pp. 11–12.

³⁶AMA Archives. 'Medical Schools in Eire' Business Meeting of the Council on Medical Education and Hospitals, 6–7 June 1952, p. 32.

the three colleges which made up the National University of Ireland (NUI), felt that 'there seems to me to be here a mysterious discrimination against Ireland which the Report does nothing to explain'. His view was that 'one of the conclusions to be drawn, in my opinion, from the Report is the un-wisdom of any attempt on our part to train for practice under American conditions'.³⁷ Alfred O'Rahilly, President of University College Cork, maintained that 'whilst we are anxious to help Irish medical graduates in the USA, it is not the primary job of our medical schools to equip doctors for America'.³⁸ *The Irish Times* believed that a generation ago:

rightly or wrongly Dublin was supposed to rank with Edinburgh and Vienna. ... Is it conceivable that our schools have been resting on their laurels complacently disregarding of modern advances in the science and practice and medicine, while the schools of Great Britain and Northern Ireland studied and toiled to keep abreast of the times? We do not believe it for one moment.³⁹

Underlying all these comments, nonetheless, was apprehension, particularly about a forthcoming inspection by the GMC scheduled for 1954. On 1 December 1953, the *Irish Times* reported that 'Whilst the heads of Irish medical schools are considering the report of the American doctors, they are preparing for what one doctor suggested yesterday is a much more important visit'.⁴⁰ Fortunately for the Irish medical schools, the GMC Report of 1954 did not withhold recognition. Nonetheless, the criticisms it made of Irish medical education were similar to those of the AMA the year before.

The combination of the AMA report of November 1953 and the subsequent GMC report in 1954 began, if not immediate change, a recognition that it must eventually take place. One contributory factor was the widespread public interest and concern which the AMA's list had generated and which brought home forcibly to Irish politicians the importance of addressing the question. Between 1955 and 1956, Eamon de Valera, then leader of the chief opposition party in the Republic of Ireland and soon to become, once again, Taoiseach (Prime Minister), asked his office, in his capacity as Chancellor of the National University of Ireland, to contact the then Taoiseach (John Costello). This was to inform him that:

the situation regarding the deficiencies of the medical schools of the constituent colleges of the National University of Ireland had become extremely serious and that there was a danger of grave developments in the early future. Mr de Valera stated that further inspections of the medical schools from abroad are expected and that the time available in which to prepare for such inspections is only about a year.⁴¹

³⁷'Statement by Dr Tierney', *Irish Independent*, 30 November 1953, p. 9.

³⁸'Not the Primary Object of Medical Schools to Equip Doctors for America', *Irish Times*, 3 December 1953.

³⁹Editorial 'Irish Medicine', *Irish Times*, 30 November 1953.

⁴⁰'Medical Schools Await Visit No. 2', *Irish Times*, 1 December 1953, p. 7.

⁴¹NAD Office of the Taoiseach. File S 13258B, 'University College Cork. Financial Assistance'. Letter of 10 *Mean Fomhar* (September) 1956. It refers to de Valera's phone communication of 'July last'.

De Valera believed that:

A bad name given to us now by such bodies as the American Medical Association and the General Medical Council would be hard to outlive. It would not only have a disastrous effect on our reputation abroad but would tend to lower our proper self-esteem and our domestic standards. ... I trust, therefore, that you will give your personal attention to the claims of the Colleges of the University for financial aid, particularly for their medical schools and see that any short-comings here as regards medical teaching cannot be attributed to state indifference or neglect.⁴²

Divisions in Irish Medical Education

In Ireland, the failure of Irish medical schools to make the approved list caused considerable agitation. In a letter to the AMA in 1950, the President of UCD Tierney described the decision as 'an undeserved and unexpected slur' and 'invidious treatment'. A letter protesting about the decision was also received from Dr J. W. Bigger of the Medical Faculty of the University of Dublin (Trinity College, Dublin).⁴³ Despite this sense of national resentment, Tierney was ironically inclined to hide behind recognition by the GMC of Irish medical schools. UCD's medical degrees, he claimed, were 'accepted for immediate admission to the British Medical Register. Its Extern Examiners are among the most distinguished teachers in British University Medical Schools, and its examinations and curricula are in entire conformity with the Regulations of the British General Medical Council'.⁴⁴ This was not, however, seen by the AMA as circumventing the difficulty. According to the AMA's report of its discussions in 1952:

Dr Manlove pointed out that should graduates be accepted whose qualifications are recognised by the General Medical Council of Great Britain, this would include graduates of schools in Eire, Australia, South Africa and India. From the information on file, he stated there was doubt as to the quality of training offered in some of the schools in these countries.⁴⁵

Not all Irish medical educators and doctors, however, were of the same mind as Tierney or Bigger. One effect of the AMA intervention was to encourage Irish critics of their medical education to make their views known. A letter to the AMA from James O'Donovan, Dean of University College Cork's medical school, stated the failed inspections 'will have an exceedingly good result in shaking the Governing authorities out of their Rip van Winkle sleep ... it gives some of us who are willing to do the right thing a weapon with which to castigate those who were obstructing us and whom our personal and

⁴²NAD Office of the Taoiseach. Letter of 7 November 1955, de Valera to the Taoiseach, John Costello (original in File S 14402B).

⁴³AMA Archives. The Minutes of the Council on Medical Education and Hospitals of 22–24 June 1950. J. W. Bigger represented Ireland on the General Medical Council 1936–41. He was Professor of Bacteriology at Trinity College, Dublin.

⁴⁴AMA Archives. Tierney to Dr Donald Anderson, 13 September 1950. Copy in National Archives Dublin

Taoiseach's Office. File S 14402 Annex B. The existence of a federal Ireland might have come as a shock to the Republic of Ireland's citizens given that legislation enacted in 1949 finally severed any remaining—and largely symbolic—connections with the United Kingdom.

⁴⁵AMA Archives. Minutes of the Meeting of the Committee on Foreign Medical Credentials, 25 April 1952, vol. 1, p. 8.

local weapons were not powerful enough to hurt'. The writer included with his letter his own memorandum for educational reform, drafted in 1941. This was to illustrate the point that:

we are not all unaware of the discrepancies between our standards and those required by modern medical teaching. No notice whatever has been taken of this report but I have now published it to my students and, armed with the results of your recent inspection, I think that we shall succeed in effecting the necessary reforms.⁴⁶

O'Donovan was joined by a number of Irish medical graduates in the USA. The Irish Universities (Medical) Club of America, largely comprising doctors from Chicago and New York, were also critical of the medical education they had received in Ireland. They drafted a letter in November 1952 which included a memorandum. This was circulated to the Irish Consulates at Chicago and New York. In their covering letter, the authors of the 'Chicago' memorandum claimed to be addressing the concerns of the majority of Irish emigrant doctors, not just the signatories. They urged 'the Irish government and the Irish Medical Association to hold public inquiries at an early date to expose and correct the abuses which have brought our universities and the Irish medical profession into worldwide disrepute'. In particular, they wanted to ensure that 'the Irish medical schools assume control and supervision of the clinical teaching of their students in the same fashion as European, British and American medical schools'.⁴⁷

The letter elicited angry responses in speeches at the winter graduations of the NUI in December 1952 from both the President of UCD (Dr Tierney) and of UCC (Alfred O'Rahilly). Tierney described the letter and the allegations in the memorandum as 'so erroneous as to be in some cases positively grotesque. Certain of them are of such a character that they could constitute grounds for an action for slander'.⁴⁸ A threat was made to expunge the names of the signatories from the list of graduates. In January 1953, a small victory was secured when it was announced by Tierney in the *Irish Independent* newspaper that four of the signatories claimed never to have seen the memorandum or letter, much less signed it. Two others claimed to have been told of it but had had insufficient time to study it.⁴⁹

This was something of a pyrrhic victory. Four months later the Irish Universities (Medical) Club of America issued a second letter, this time on the authority of their associate club in New York. The letter was published on 23 May 1953 in the *Western People*, a newspaper widely read in the west of Ireland. It contained new signatories as well as some from the first letter. The object of the second letter was to take issue with Tierney and O'Rahilly's comments at the winter graduations and 'not to let the conferring address go

⁴⁶AMA Archives. Minutes of the Meeting of the Council on Medical Education and Hospitals, 28–30 November 1953, Appendix H, 'Reports on Medical Education in Ireland'. Letter of 3 October 1953 from James M. O'Donovan, Dean of the Medical Faculty of Cork.

⁴⁷NAD; Office of the Taoiseach. File S 14402B Annex C 'Present Condition of Medical Education in the Republic of Ireland', p. 1. Report attached to a

letter from the Irish Universities (Medical) Club of Chicago to the Consul of the Republic of Ireland, November 1952.

⁴⁸'Alleged Abuses in Medical Schools. UCD President's Denial', *Irish Times*, 20 December 1952. See also O'Rahilly, 'Attack on Irish Medical Schools "Unjustified"', *Irish Times*, 22 December 1952.

⁴⁹'Doctors Repudiate Document', *Irish Independent*, 3 January 1953.

unchallenged'.⁵⁰ Inadvertently the attack at the winter graduation on the Irish Universities (Medical) Club of America increased publicity for their second intervention.⁵¹ Widespread reporting of it in the Irish newspapers led the government of the Irish Republic to commission its first full-length account of the preceding three years of negotiations:

The Minister spoke to me on Saturday 23 May, regarding an editorial and a letter from the Irish Universities Medical Club of America which appeared in the issue of the *Western People* of that date and instructed me to prepare, for the information of the Taoiseach, a memorandum setting out the developments in the recent controversy between the Irish doctors in America and the Universities and Medical Profession here on the subject of the non-inclusion of the medical schools of the Irish Universities in the approved list of schools issued by the American Medical Association.⁵²

The rhetoric of the emigrant doctors who drafted the letter and memorandum was rather overblown and they were guilty of inaccuracies and carelessness in presenting their case. Tierney's attack on them was not, as they claimed, 'still reverberating around Ireland and the civilised world'.⁵³ They were, as the government account of the events stated, a rather fluid and amorphous body which lacked a solid organisational centre which could validate memoranda issued in their name. Nonetheless, they gave voice to real discontent about the inadequacies of Irish medical education.

Each of the two letters had 23 signatories but seven doctors signed both letters. These seven doctors are traceable. They were slightly older than the other generally younger signatories. They were in their thirties and, with two exceptions, licensed to practise in America. The two exceptions belonged to the 1950 cohort of graduates of NUI. Subsequently, they received their licences in 1956 and 1957 respectively. One of the double signatories was in his fifties. This was Thomas E. Hardy, the only one who had not gained his medical degree at NUI. He was awarded a BA in 1915 but emigrated to Chicago where he obtained an MA at Loyola and then an MD from the University of Chicago in 1925.

Of the remaining doctors—comprising the 16 who signed the Chicago letter and another different 16 who signed the New York letter some months later—only 20 were traced. Of these, most were in their twenties and the rest in their early thirties—the oldest was 36 at the time of the letter.⁵⁴ They were recent graduates. All bar three had graduated after 1945. A total of 15 of the 27 signatories, whose licensing details can be found, were unlicensed at the time the letters were written. Several were not subsequently licensed until the late 1950s or early 1960s.⁵⁵

⁵⁰'Irish Doctors in America', *Western People*, 23 May 1953.

⁵¹'US Medical Club Replies to Dr Tierney', *Irish Times*, 25 June 1953.

⁵²NAD Office of the Taoiseach's. File S 14402B. Letter to Mr Fay from 'TVC' accompanying the 'Memorandum on the History of AMA and Irish Medical Schools', 30 May 1953.

⁵³'Irish Doctors in America', *Western People*, 23 May 1953.

⁵⁴Eight signatories to the Chicago letter—excluding those who signed both letters—whose age can be found, were in their twenties. Twelve new signatories to the New York letter who can be detected were all aged between 26 and 36.

⁵⁵These have been traced where possible using the *AMA Directories* and the *American Directory of Medical Specialists* which give dates of first licensure.

The views of the Irish Universities (Medical) Clubs of Chicago and New York on Irish medical education repeated many of the criticisms of the AMA and GMC. They referred to the lack of teaching of basic science, the poor facilities of UCD dissection rooms and the overcrowding and understaffing. They also complained that much of this arose from the annual export of doctors which led to overcrowding and strain on resources: 'at least 300 students were graduated yearly from the Irish medical schools—a number three times as large as that graduated yearly in any corresponding population area in England or the United States'.⁵⁶ Their greatest provocation was, however, that they laid the fault firmly at the door of the Irish medical establishment. The refusal of the Deans of medical schools to listen to their complaints and answer letters was indicative of 'cynical and callous indifference'. They claimed there was 'a small group of permanent officials who have a vested interest in medical education and are chiefly concerned with keeping the student body at a numerical level to insure their continued employment'.⁵⁷

Noticeably there were no Trinity College graduates among the protesters and very few from the Royal College of Surgeons in Dublin, even though the strictures directed against Irish medical education also applied to these institutions. The protesting doctors were overwhelmingly from the predominantly Catholic NUI and most from UCD, the largest medical school of the NUI. This reflected a shared experience of undergraduate medical education but also the cultural, religious and political divisions in Ireland.⁵⁸

The Abandonment of the Approved List

In the early years of its operation, optimistic reports on the adoption of the approved list for foreign medical schools appeared in *JAMA*.⁵⁹ But by 1956, the AMA was moving towards the abandonment of the list. Only around 25 per cent of state licensing boards were using it; 'Thus for more than half of all state medical licensing boards the listing has either been of no use or has lent itself to an unintended use.' Moreover, 75 per cent of all licensed foreign graduates were from unlisted schools.⁶⁰

There were two reasons for its abandonment. The assessment procedures upon which the approved list was based had faults from the start.⁶¹ At the same time, the anxieties of the AMA about medical immigration were diminishing. By the mid-1950s, many American states were desperate to find medical personnel, particularly for state-run institutions and hospitals, and foreign medical graduates were entering the United States through the

⁵⁶NAD Office of the Taoiseach. File S 14402B Annex C 'Present Condition of Medical Education in the Republic of Ireland', p. 1, letter from the Irish Universities Medical Club of Chicago to the Consul of the Republic of Ireland, November 1952.

⁵⁷NAD Office of the Taoiseach, *ibid.*, p. 2.

⁵⁸Trinity was largely Protestant and, officially, at this time banned to Catholics by the Roman Catholic Archbishop of Dublin. The College of Surgeons was a non-denominational school which was also not looked upon favourably by those close to the Catholic Church like Michael Tierney and Alfred O'Rahilly. See *Gaughan 1993*, pp. 174–88.

⁵⁹Editorial 'Licensure of Foreign-Trained Physicians', *JAMA*, 146 (26 May 1951), pp. 377–8, p. 378. They reported that in 1950, 14 states and the National Board of Examiners had accepted the list.

⁶⁰'Medical Education in the US and Canada', *JAMA*, 161 (25 August 1956), pp.1637–8, p. 1661. The pass-rate for graduates from approved schools was however higher than for graduates from unapproved schools—68 per cent of all entrants from the approved list as opposed to 46 per cent from the unapproved schools.

⁶¹AMA Archives. Minutes of the Council on Medical Education and Hospitals, 25 March 1949.

intern and residency system.⁶² The use of residencies to facilitate immigrant doctors climbed steadily throughout the 1950s and, eventually, became the predominant route that medical emigrants to the USA would take.⁶³

The AMA also came to accept the idea that the approved list unfairly penalised good individuals because of the state of the medical school in which they received their education. By 1954, the AMA was moving to a system which assessed individual competence.⁶⁴ In 1956, it announced an examination to be offered by an AMA-run body—the ECFMG (Educational Commission for Foreign Medical Graduates). This was to devise and set examinations for individual foreign medical graduates. Success in these exams amounted to accreditation by the AMA. The scheme opened on 1 October 1957. The first exam was scheduled for March 1958 and the second for August 1958.⁶⁵

The abandonment of the approved list and the substitution of the ECFMG eased the pressure on Irish medical schools. Some additional resources were also provided in the form of a series of one-off subsidies by the Irish government to the universities in the late 1950s, mainly for accommodation. Also there was a drop in recruitment of medical students to Irish schools in the late 1950s. This was carried out in anticipation of a fall in the demand for medical manpower in Britain predicted by the Willink Committee in 1957.⁶⁶ In fact, demand in Britain for Irish medical graduates remained buoyant. Meanwhile, whatever public protestations were made, in private a consensus between medical schools and government existed that reform in Irish medical education was long overdue.

The *Commission on Higher Education* appointed by the Irish government in 1960 recommended a number of reforms very much along the lines recommended by the AMA. The Commission believed the relationship between hospital and medical schools had improved over the previous decade because of a number of *ad hoc* changes that had taken place.⁶⁷ But they also recognised that, given the historical situation in the Irish Republic, it would be a protracted process; 'The hospitals used for clinical teaching are not the property of the medical schools and their management and government lie with their own authorities.'⁶⁸ Thus, for the time being, 'it seems, therefore, that

⁶²According to calculations made by the AMA, a total of 7.3 per cent of residents and fellows in 1950–1 and 11.6 per cent of interns were foreign-born non-citizens. In 1952–5, the percentage among interns had risen to 19.4 per cent. These were not spread evenly over the states. In New Jersey, it was 64 per cent compared with 3.5 per cent in Maine. Walter S. Wiggins, 'Report of the Conference on Foreign Medical Schools held in Washington 30 April 1954', AMA Archives. Minutes of the Meeting of the Council on Medical Education and Hospitals, 17–19 June 1954, Appendix L.

⁶³'Approved Internships and Residencies', *JAMA*, 171 (10 October 1959), pp. 151–63, Figure 2.

⁶⁴Both Dr Manlove and Dr Blauch raised this issue at the meeting of the Committee on Foreign Credentials, AMA Archives, 25 April 1952, vol.1, Appendix F.

⁶⁵The number taking this exam was around 1,000 in 1958 and over 2,000 applications had been received to enrol for the exam by February 1959. See Stewart 1959, p. 1513.

⁶⁶*The Report of the Committee to Consider the Future Numbers of Medical Practitioners and the Appropriate Intake of Medical Students, 1957*, in Britain, chaired by Sir Henry Willink, London: HMSO.

⁶⁷Reform took place on an *ad hoc* basis. For example, negotiation between the NUI and St Vincent's and the Mater Hospitals had led to the establishment of a number of professors nominated by NUI who were then confirmed as hospital appointments. A cache of beds for the purposes of teaching were reserved for them. TCD and the RCSI had also made individual arrangements with hospitals of a similar nature.

⁶⁸*Commission on Higher Education 1960–7*, p. 260.

medical school/teaching hospital relationship must continue on the basis of separate ownership and management of the medical school and the hospital'.⁶⁹

Conclusion

The 'approved list' exemplifies the extent to which American hegemony in medical education was exported across continents in the twentieth century. In many cases, it was the funding bodies such as Rockefeller which spread the gospel of Flexner. In the case under examination here, it was the issue of migration across borders of medical graduates. This was by no means the only protracted negotiation over qualifications and eligibility to practise which medical immigration gave rise to. The Irish government itself was asked by the Secretary of State of Foreign Affairs on behalf of the Supreme Sanitary Council of Austria in 1925 whether Austrian medical graduates would be permitted to practise in Ireland; its replies were discouraging.⁷⁰ The visits to medical schools by the AMA are, in themselves, a fascinating exemplification of this medical hegemony in practice. They also show the complexity of the process which brought into play different medical cultures, the economics of medical schools and the cultural assumptions held in a society about medicine. But the Irish case also shows that the issue could resonate throughout the political establishment. They reveal the point at which medical education met diplomacy, economics, national pride and the deployment of national resources.

The AMA was perhaps naive about the extent to which national passions would be stirred up by the approved list experiment and Ireland was not the only nation which protested their exclusion. How other countries reacted to AMA visitation and recognition, or non-recognition, in the early 1950s deserves closer attention from historians. The Irish example suggests complex cultural and political factors at work in reaction to the 'approved list'.

There was also an additional political dimension in Ireland. In the 1950s, the 26 counties of Ireland had been independent for only three decades. Many of those in power in universities in the 1950s were the elite of the revolutionary generation and owed their advancement to the political turmoil from 1916 to 1922, which led to the establishment of the southern state. The Ireland of the 1940s and 1950s was their creation and criticism of any aspect of their nation elicited fear that the whole nationalist project itself was under attack. Hence the extraordinary sensitivities aroused by this episode and the reference by Tierney to 'mysterious discrimination' which implied broader political rather than professional motives in the critics of Irish medical education.

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⁶⁹*Commission on Higher Education 1960–7*, p. 263.

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