

# Accessing Empire: Irish Surgeons and the Royal Navy, 1840–1880

S. Karly Kehoe\*

**Summary.** This article considers the role played by Irish and Catholic surgeons in the Royal Navy during the second half of the nineteenth century. Ireland's significant links with imperial medicine has thrown up important questions about the extent to which religiosity, national identity and loyalty were incorporated and understood within the context of imperial defence and public health reform. A case study of two brothers from Belfast, Richard and Frederick McClement, and some of their Irish medical colleagues, bring these issues into sharper focus. For many of these ambitious young professionals medical training was a way out of Ireland, but as front-line surgeons working in dangerous environments, they did much to change perceptions of those traditionally perceived as socially and religiously peripheral. The pragmatic loyalism they displayed ensured a stronger relationship between Ireland's middle class and the British state.

**Keywords:** Ireland; Royal Navy; Catholic; empire; surgeons; citizenship; Britain

Nineteenth-century Britain witnessed unprecedented social, religious and economic changes as imperial expansion fuelled industrialisation and population growth. Union with Ireland in 1801 was an important catalyst in all of this, providing the unskilled migrant labour needed to support industry and grow cities, but what it also did was forever alter Britain's religious landscape. After the union approximately one quarter of Britain's population was Catholic which meant that Irish Catholics became a critical element in Britain's domestic and imperial identity.<sup>1</sup> After 1850, as medical degree and course provision in Ireland grew, the number of Catholic surgeons in the Royal Navy rose dramatically. This article examines Catholicism's links with imperial medicine as a way of understanding how broader social and political changes were being absorbed on a national level. It considers Irish Catholic surgeons in the Royal Navy during the second half of the nineteenth century and argues that the commitment they made to protect the health and welfare of the Royal Navy, the service most emblematic of Britain's imperial influence and global reach, was part of a pragmatic loyalism that has been consistently overlooked by scholars who investigate Irish identity in Britain. It establishes that naval medicine was an impetus for broader social and religious reform. When Irish Catholics, whose home nation was the focus of sustained social, political and economic reform efforts throughout the nineteenth century and thus perceived as peripheral to mainstream

\*Glasgow Caledonian University, Glasgow School for Business and Society, Hamish Wood Building, Cowcaddens Road, G4 0BA. E-mail: [Karly.kehoe@gcu.ac.uk](mailto:Karly.kehoe@gcu.ac.uk)

<sup>1</sup>S. J. Brown, *Providence and Empire: Religion, Politics and Society in the United Kingdom, 1815–1914* (London: Longman's Pearson, 2008), 9. A. Jackson,

'Ireland, the Union and the Empire, 1800–1960', in K. Kenny (ed.), *Ireland and the British Empire* (Oxford: Oxford University Press, 2004), 125–53, 124.

British society, became military surgeons, they assumed responsibility for ensuring the health and security of Britain and its empire.

Ireland's relationship with the centre state was undeniably complex, but the tendency to focus on nationalism and Ireland's attempts to pull away from the centre has prevented a deeper understanding of its role as part of Britain.<sup>2</sup> By focusing on the extent to which naval medicine incorporated the social and religious periphery into Britain's imperial programme, the research presented here raises important questions about the role that non-Protestants played in an empire frequently perceived as Protestant.<sup>3</sup> What role, for example, did medicine play in fostering a stronger relationship between Ireland's middle class and the British state? To what extent were Catholicism and national identity accommodated within the navy's structure to support and expand the development of Britain's authority as a governing power in the colonies? Finally, while Irish Catholic surgeons worked at a time when the health of the navy and that of the public were matters of great concern, how were personal and professional networks constructed and utilised to help confirm their role as public health reformers and partners in empire? Addressing these questions requires the article to be divided into two parts. The first section considers the relationship between Ireland, medicine and Empire to show how the medical profession opened up economic and imperial opportunities for Ireland's expanding middle class by giving the religious periphery (Catholics and Dissenters) access to the armed services that were core to Britain's imperial success.<sup>4</sup> The second section reveals how issues surrounding identity, religiosity and citizenship confronted naval officers by presenting a case study that focuses on Drs Richard and Frederick McClement, two brothers from Ulster, and their Catholic medical colleagues.

Informed by their nineteenth-century journals (Frederick's two are held by the family in Oxfordshire and Richard's is held by the Scottish Catholic Archives in Edinburgh), the second section sheds new light on how Irish Catholic surgeons functioned in the navy and how the growing influence of their profession enabled them to redefine their image as loyal subjects and emerging citizens. The use of personal testimony, like the McClement journals, in historical research requires a critical and careful approach, but this type of source material can be extremely valuable, particularly when it comes to unpacking issues as complex as Ireland's relationship with Britain and the empire.<sup>5</sup> The observations provided in the McClement journals were never intended for public consumption and so offer a rare and candid perspective on what life in the navy was like for Irish Catholic surgeons. Developing an appropriate context in which to place the journals, however, was necessary and required the gathering of supplementary materials from the specialist collections of the National Archives, the Royal Naval Historical Branch, the

<sup>2</sup>M. Kelly, 'Irish Nationalist Opinion and the British Empire in the 1850s and 1860s', *Past & Present*, 2009, 204, 199–200, engages with Ireland and Empire, but the focus remains on Irish nationalism. A. Thompson, *The Empire Strikes Back? The impact of imperialism on Britain from the mid-nineteenth century* (London: Pearson Longman, 2005), 199–200, notes that for Ireland, empire was 'frequently conceived more negatively'.

<sup>3</sup>L. Colley, *Britons: Forging the Nation, 1707–1837* (2nd edn, New Haven: Yale University Press, 2005).

<sup>4</sup>The word periphery is not without its problems and so for the purposes of this article the term relates to those not belonging to the established church of the particular nation.

<sup>5</sup>Jackson, 'Ireland, the Union', 193. A. McCarthy, 'Introduction: Personal Testimonies and Scottish Migration', in A. McCarthy (ed.), *A Global Clan: Scottish migrant networks and identity since the eighteenth century* (London: I. B. Tauris, 2006), 1–18.

Wellcome Library, the Royal College of Physicians and Surgeons in England, the Dublin Diocesan Archives and the Queen's University Belfast Archives.

Scholars are only now beginning to investigate the important and obvious links between Catholicism and British imperialism—there has been a tendency to deny or avoid discussions about how Catholics and Ireland fit with definitions of Britishness.<sup>6</sup> Hiliary M. Carey's ground-breaking *God's Empire: Religion and Colonialism in the British World, c. 1801–1908* is an important departure from this tradition since it demonstrates how the Irish and the Catholic Church were key participants in Britain's colonial efforts.<sup>7</sup> Her study can be linked with the pioneering work that Kevin Kenny and Alvin Jackson present in *Ireland and the British Empire*. In a chapter examining this relationship over the course of the nineteenth and twentieth centuries, Jackson emphasises the importance of the 'imperial environment' in affording Ireland's middle class with access to a broader range of social and economic opportunities than what was available in Ireland.<sup>8</sup> Both see the military as having played a critical role in this and Kenny in particular highlights Irish participation in the conquering, populating and governing of overseas colonies.<sup>9</sup> They focus on the army and the Indian Civil Service, largely because some work has already been done on them, but also because official reports offer detailed information on Irish numbers.<sup>10</sup> Although more research is required to build a picture of the Irish in the navy, and notwithstanding the many similarities with the army, important and revealing differences emerge; one being the fact that the Royal Navy, which attracted many Irish, a significant proportion of whom were Catholic, had no 'national' regiments. Service in Her Majesty's Royal Navy, therefore, did not preclude a sense of national identity which, for many Irishmen like the McClements, could exist alongside a British and imperial one.

This article links Irish naval surgeons to the broader debate about identity and citizenship in Britain and places medicine within a larger social and national context.<sup>11</sup> Naval and imperial medicine offer a unique way of understanding more about the social change that was taking place in Britain itself. Geoffrey Hudson's edited collection on military medicine in Britain between 1600 and 1830, and David Boyd Haycock and Sally Archer's, edited work, *Health and Medicine at Sea, 1700–1900*, have moved far beyond the pioneering work of Lloyd and Coulter.<sup>12</sup> They concentrate on naval medicine's influence on

<sup>6</sup>Colley, *Britons*.

<sup>7</sup>H. Carey, *God's Empire: Religion and Colonialism in the British World, c. 1801–1908* (Cambridge: Cambridge University Press, 2011), 124–5.

<sup>8</sup>Jackson, 'Ireland, the Union', 124, 136 and 140.

<sup>9</sup>K. Kenny, 'The Irish in Empire', in K. Kenny (ed.), *Ireland and the British Empire* (Oxford: Oxford University Press, 2004), 90–124, 92–3 and 100. P. Gray's *Victoria's Ireland: Irishness and Britishness, 1837–1901* (Dublin: Four Courts Press, 2004) also broadens the debate about identity in Ireland, but nothing is said of the armed service.

<sup>10</sup>S. B. Cook, 'The Irish Raj: Social origins and careers of Irishmen in the Indian Civil Service 1855–1919', *Journal of Social History*, 1987, 20, 507–29, and an example of a report is *Report of the Committee Appointed to Inquire into the Whole Question of*

*the Rank, Pay, and Position of the Medical Officers of the Army and Navy; with Minutes of Evidence and Appendix* (London, 1866).

<sup>11</sup>Gray, *Victoria's Ireland*. F. Ferguson and J. McConnel (eds), *Ireland and Scotland in the Nineteenth Century* (Dublin: Four Courts Press, 2009). F. Cullen, 'Union and Display in Nineteenth-Century Ireland', in D. Arnold (ed.), *Cultural Identities and the Aesthetics of Britishness* (Manchester: Manchester University Press, 2004), 111–33.

<sup>12</sup>G. L. Hudson (ed.), *British Military and Naval Medicine, 1600–1830* (Amsterdam: Rodopi, 2007), D. B. Haycock and S. Archer (eds), *Health and Medicine at Sea, 1700–1900* (Woodbridge: Boydell, 2009), C. Lloyd and J. L. S. Coulter, *Medicine and the Navy 1200–1900: Volume IV—1815–1900*. (Edinburgh: E. & S. Livingstone, 1968).

imperialism, middle-class professionalization and public health reform. Hudson, in particular, challenges historians to think more critically about the British picture of military medicine by engaging with a four nations perspective. National and professional ambition were important and two chapters in Haycock and Archer's collection, those by M. John Cardwell and Mark Harrison, discuss the dual role that surgeons played, as both health-care professionals and as middle-class ambassadors, in strengthening the relationship between the nation and the state.<sup>13</sup> Harrison's own book, *Medicine in an Age of Commerce and Empire*, develops this further by demonstrating the ways in which naval medicine, as a cooperative enterprise, drove forward an agenda for broader 'medical, social, and political reform'.<sup>14</sup> The material presented here adds a new and important dimension to these works. Examining the experiences of Irish Catholic surgeons offers an opportunity to understand more about how medicine encouraged greater religious toleration within the armed services and facilitated increased professional cooperation and development.

### Ireland, Medicine and the Empire

Long before the first Catholic Relief Act of 1778 officially permitted their inclusion, the Irish had been joining the army and navy as foot soldiers and sailors for a growing empire. By 1830, 42 per cent of soldiers in the British Army were of Irish extraction and in India, they represented 40 per cent of the 26,000 regular British troops and the majority were Catholics. There were some Irish in the officer class—most of them were Anglo-Irish.<sup>15</sup> Although the reports that provide these statistics contain no specific figures for the navy, Catholics were also the largest minority group serving in the Royal Navy.<sup>16</sup> After the mid-1840s a new kind of Catholic recruit, motivated by economic considerations and professional ambition, emerged. To this recruit, it was medicine that offered a pathway to the officer class and became a means by which the newly-emancipated Irish Catholic middle class could redefine its relationship with Britain and the empire. As a profession, it was an important 'vehicle for upward mobility'. To the young surgeon who wanted it all—the career, the society, the adventures, the skills, the respectability and the authority—military medicine was a way out of Ireland and 'provincial indigence' when employment opportunities were scarce in the wake of the Famine.<sup>17</sup>

The history of medicine in Ireland cannot be studied without understanding the religious and political complexities of that society. That the British government was more interventionist there than elsewhere in the United Kingdom made one contemporary

<sup>13</sup>M. J. Cardwell, 'Royal Navy Surgeons, 1793–1815: A collective biography' and M. Harrison, "'An Important and Truly National Subject": The West Africa Service and the Health of the Royal Navy in the Mid Nineteenth century' in Haycock and Archer (eds), *Health and Medicine*, 38–62 and 108–127 respectively. See also Laurence Brockliss, John Cardwell and Michael Moss, *Nelson's Surgeon: William Beatty, Naval Medicine and the Battle of Trafalgar* (Oxford: Oxford University Press, 2008).

<sup>14</sup>M. Harrison, *Medicine in an age of Commerce and Empire: Britain and its Tropical Colonies 1660–1830* (Oxford: Oxford University Press, 2010), 3.

<sup>15</sup>Kenny, 'The Irish', 104–6. While he argues recruitment was influenced by 'economic necessity rather than imperial patriotism', I believe both were important factors.

<sup>16</sup>W. E. Smith, *The Navy Chaplain and His Parish* (Ottawa: Crown, 1967), 79.

<sup>17</sup>Jackson, 'Ireland, the Union', 140. See also L. Miskell, "'The Heroic Irish Doctor"? Irish immigrants in the medical profession in nineteenth-century Wales', in O. Walsh (ed.), *Ireland Abroad: Politics and professions in the nineteenth century* (Dublin: Four Courts, 2003), 82–94.

speculate about the need to 'accommodate the educational aspirations of the emerging catholic nation, while also cementing it to the legislative union comprising the interests of presbyterians and anglicans'.<sup>18</sup> What complicated the position of the Irish middle class in a British context was the fact that a growing proportion were Catholic and that they came from a society that had, for economic, religious, ethnic and racial reasons, been problematised.<sup>19</sup> Notwithstanding the racialism that pervaded nineteenth-century Britain and the persistent focus on the 'peripheral white Celtic peoples', a significant proportion of whom were non-Protestants, the majority of the Catholic middle class across Britain's four nations, promoted loyalty to the Crown and endorsed imperial expansion.<sup>20</sup> The decision by many to become surgeons and join the Royal Navy was of course linked to economic considerations, but it was also an affirmation of that loyalty.

This drew criticism from some of the more extreme nationalist contemporaries who referred to Ireland's middle class as 'West Britons', as men and women 'who traded [their] nationality for advantages as a part of the Unionist governing class' and who were identified more by their behaviour than by their religion, status or occupation.<sup>21</sup> What is important to emphasise here, however, is that notwithstanding the application of this label, those who feature in this study referred to themselves only as Irish and were regarded as such on their ships, in their naval hospitals and at the ports they visited.

Education and professionalisation were prioritised by an expanding middle class that was keen to prove and improve itself. During the first half of the nineteenth century, the ranks of most professions, including medicine, were filled largely by non-Catholics, but as the nineteenth century progressed a growing and more widely dispersed population, boosted by Ireland's official inclusion in Empire, saw Catholics gain confidence as emerging citizens.<sup>22</sup> The new colleges and universities that emerged from the late 1840s, such as the Queen's University (founded in 1849) with its colleges in Belfast, Cork and Galway, and the Catholic University in Dublin (founded in 1854), were a critical part of the citizen-building process. These institutions designed curricula that would see their students well-equipped to compete for 'civil and professional employment' in Britain and beyond.<sup>23</sup> On another level, they helped Ireland to harness a natural resource and create a bank of trained physicians and surgeons for imperial enterprise.<sup>24</sup>

As intimated above, war had been an important catalyst for changing the perception of both the Irish and Catholics in Britain by giving them the chance to participate in imperial

<sup>18</sup>G. Jones and E. Malcolm (eds), *Medicine, Disease and the State in Ireland, 1650–1940* (Cork: Cork University Press, 1999), 6. J. E. Cairnes, *University Education in Ireland* (London: Macmillan and Co., 1866), 3.

<sup>19</sup>Jones and Malcolm, *Medicine, Disease and the State*, 4–6.

<sup>20</sup>S. K. Kehoe, *Creating a Scottish Church: Catholicism, gender and ethnicity in nineteenth-century Scotland* (Manchester: Manchester University Press, 2010), T. Megel, 'Ultramontanism, liberalism and moderation: political mentalities and political behaviour of the German Catholic Bürgertum, 1848–1914', *Central European History*, 29, 151–74, 160–2. J. MacKenzie, 'Irish, Scottish, Welsh and English worlds? The historiography of a four-nations

approach to the history of the British Empire', in C. Hall and K. McClelland (eds), *Race, nation and empire: making histories, 1750 to the present* (Manchester: Manchester University Press, 2010), 133–53, offers a good overview of four nations history.

<sup>21</sup>Kelly, 'Irish Nationalist Opinion', 141–2.

<sup>22</sup>Carey, *God's Empire*, 287–304, emphasises this point when discussing the function of the Missionary College of All Hallows, Drumcondra.

<sup>23</sup>Cook, 'The Irish Raj', 510.

<sup>24</sup>G. Jones, "'A Mysterious Discrimination": Irish Medical Emigration to the United States in the 1950s', *Social History of Medicine*, 2012, 25, 139–56, shows that medical migration continued well into the twentieth century.

defence. Desperate for soldiers during the American Revolution, Parliament passed the first Catholic Relief Act in 1778 and some 75 years later, in the early 1850s with international tensions again running high, the Admiralty began to actively recruit Irish surgeons.<sup>25</sup>

Aware of the growing career prospects in the field of military medicine the number of Catholic students enrolling in medical degrees in Ireland grew steadily. John Henry Newman, the first rector of the Catholic University and arguably the most influential Catholic intellectual in nineteenth-century Britain, saw a strong medical school, and the presence of Catholics in the upper echelons of the medical profession, as essential for developing a stronger culture of intellectualism and social influence over the labouring poor. In 1856 he reported on the low number of Catholic doctors working in Dublin:

The medical establishments have been simply in the hands of the Protestants. ... I understand that at this time out of all the Dublin hospitals, only three have any Catholic practitioner in them at all, and that even in these three, the Catholic Officials do not exceed the number of Protestants. On the other hand out of sixty-two medical officers altogether in the various hospitals, the Catholics do not exceed the number of ten. Again out of five medical schools in Dublin ... [and] out of forty-nine lecturers only two are Catholics.<sup>26</sup>

Although the Catholic University had a respectable medical school, many Catholic students chose to enrol in the Queen's University.<sup>27</sup> There was significant tension between the two institutions, but there was broad agreement that medicine was critical to Ireland's socio-economic development. *Presidents' Reports* show that between 1849 and 1869 a total of 132 Catholics entered the colleges of the Queen's University; by 1881 Belfast alone had enrolled 214. While this may appear insignificant against a total enrolment figure of 3,625, what it symbolised was an expanding Catholic middle class. Many students seeking careers outside of Ireland set their sights on the Army, Navy or Indian Medical Service. The decision to choose the Queen's University over the Catholic University before the mid-1880s was strategic since it was one of only four institutions in Ireland permitted to conduct medical or surgical degree examinations.<sup>28</sup>

The message coming from the increasingly Ultramontane Catholic clergy was one that promoted a Rome-centred structure that included a more unified and consolidated system of Catholic education.<sup>29</sup> Yet the fact that the Queen's University was recognised beyond

<sup>25</sup>Queen's University Belfast (QUB). Queen's College Council Minute Book, 15 December 1852, 15 January 1853, 1 April 1853 and 11 March 1854. Copies of *Regulations for Candidates for the Office of Assistant Surgeon* were deposited in the university and college libraries to help students prepare for the admission exams.

<sup>26</sup>F. O. C. Meenan, *Cecilia Street: the Catholic University School of Medicine, 1855–1931* (Dublin: Gill and Macmillan, 1987), 5–6. Newman held the post of Rector between 1854 and 1860.

<sup>27</sup>The Catholic University would ultimately fail and be absorbed into University College Dublin in 1909, partly because it had never been able to award the

class certificates that permitted students to sit the necessary exams of the various licensing bodies.

<sup>28</sup>The others were the Royal College of Surgeons, the King and Queen's College of Physicians and Trinity College.

<sup>29</sup>Ultramontanism was a doctrine that prioritised the prerogative of the Pope above that of the national Catholic churches. The Queen's University and its colleges were condemned by the controversial Synod at Thurles. For a broader discussion see also P. C. Manuel *et al.* (eds), *The Catholic Church and the Nation-State* (Washington: Georgetown University Press, 2006), Kehoe, *Creating a Scottish Church*, and S. K. Kehoe, 'Unionism, Nationalism and the Scottish

Ireland, and that many sought diplomas in Scotland or England, suggests that educational decisions were being made on pragmatic and professional grounds rather than on religious or geographic ones. During the nineteenth century, students, regardless of denomination, were looking for an education that was professionally integrated with national and imperial ambitions. As young men sought broader integration with mainstream British society, enrolments in Irish universities grew by 23 per cent between 1851 and 1881, despite an overall population decline of 21 per cent.<sup>30</sup>

Medicine was the favoured faculty for Catholic students and they performed well, successfully competing for prizes and scholarships, including the prestigious senior scholarships in the 1850s.<sup>31</sup> Richard McClement, one such student who will be discussed in the following section, won a number of distinctions and was shortlisted for the senior scholarship in Therapeutics and Pathology in 1857.<sup>32</sup> The influence of the Catholic University's medical school increased after 1885 when the passing of the Education Endowments (Ireland) Act entitled it to a share of state funding that enabled it to extract itself from Episcopal control and emerge as a more national institution. Prior to this, between 1860 and the early 1880s most Irish medical students, 2,325 according to one contemporary, had enrolled with the Queen's University and 1,185 with Trinity College, but by 1900 the Catholic University had overtaken Queen's University in terms of medical student numbers.<sup>33</sup> As numbers increased, so too did the number of Irish Catholic naval surgeons. Precise numbers are not known, but 42 students from the Catholic University had joined the armed services and by the century's end 124 of the Navy's 892 medical officers held diplomas from Ireland's Royal College of Surgeons.<sup>34</sup> The latter is an underestimate since it only refers to one institution and does not include those, like the McClements, who took their diplomas outside of Ireland.

The importance of the empire to the universities' success featured strongly in the rhetoric of Queen's University and in that of the Ulster Medical Society. In 1864 the President of Queen's College Belfast reported that all of the colleges had exceeded expectations and were emerging as important centres of learning in the empire and that their students were 'men of high professional distinction able to

Catholic Periphery, 1850–1930', *Britain and the World*, 2011, 4, 65–83.

<sup>30</sup>Meenan, *Cecilia Street*, 1987, 2.

<sup>31</sup>QUB. *The Report of the President of Queen's College Belfast, for the session ending 21st July 1870*, p. 6 and *The Report of the President of Queen's College Belfast, for the session ending 21st July 1881*, pp. 4 and 11 (Appendix A). There had been 2,231 Presbyterians, 755 from the Church of Ireland, 158 Methodists and 267 from other, smaller churches. *Belfast Queen's College Calendar*, 1856. QUB B/2/4/B3. Register Book, Queen's College, Belfast (November 1849–October 1877). Three of the ten senior scholarships awarded in 1853–54 went to Catholics, one in 1855–56 and one in 1856–57.

<sup>32</sup>QUB. Queen's College Council Minute Book. Correspondence between 7 February and 16 May 1857. He appealed the decision to award the scholarship to another candidate.

<sup>33</sup>Cairnes, *University Education*, 69. G. Jones, "'Strike out Boldly for the Prizes that are Available to You": Medical Emigration from Ireland 1860–1905', *Medical History*, 2010, 54, 55–74, 68. The Catholic University's survival depended on medical student fees.

<sup>34</sup>P. Froggart, 'Competing Philosophies: The "Preparatory" Medical Schools of the Royal Belfast Academical Institution and the Catholic University of Ireland, 1835–1909', in G. Jones and E. Malcolm (eds), *Medicine, Disease and the State in Ireland, 1650–1940* (Cork: Cork University Press, 1999), 59–84, 83. He lists twenty-nine in the army and thirteen in the navy. C. A. Cameron, *History of the Royal College of Surgeons in Ireland and of the Irish Schools of Medicine including a Medical Bibliography and a Medical Biography* (Dublin: Fannin & Company, 1916), 359.



compete successfully in intellectual conflicts for the public service'.<sup>35</sup> Twenty years later, as support for Home Rule was growing, this sentiment was repeated by Robert Esler, senior physician at Belfast's Ulster Hospital, who reported that Belfast's graduates were 'occupying posts of honour and distinction in almost every University, and certainly in every country where her Majesty's Union Jack floats over a free and independent people'.<sup>36</sup>

Ireland's medical links with mainland Britain and the colonies were extremely strong between 1860 and 1905 because the majority of Irish doctors ended up working outside of Ireland in the military, its associated army and naval hospitals, and in England.<sup>37</sup> Naval recruitment had improved after 1854 when the Admiralty improved the pay and conditions for assistant surgeons and those who became naval surgeons on ships and in naval hospitals acquired significant social influence and experienced, first-hand, the growing authority of their profession. As the following section will highlight, Royal Navy hospitals were regularly staffed by Irish Catholic surgeons and were institutions critical to the extension of imperial authority and disease treatment.<sup>38</sup> At Halifax, Nova Scotia, Ascension Island, in the middle of the south Atlantic and even in sections of Haslar, the Navy's flagship hospital at Gosport, these surgeons were at the forefront of care and administration.<sup>39</sup> Acquiring this level of responsibility within a service that symbolised Britain's imperial authority was significant on both a professional and national level and professionalisation was emphasised by David B. Smith, Deputy Surgeon-General of the Army Medical School at the Royal Victoria Hospital at Netley. This facility also trained naval surgeons between 1871 and 1881 and in his 1886 introductory lecture, he emphasised that those who entered had before them 'a career, as distinguished from a mere means of living'.<sup>40</sup> 'For those of you', he said, 'who are equal to the occasion, you will find ample scope for professional ambition, professional zeal, and professional distinction'.<sup>41</sup> He went on:

I purposely repeat and emphasise the word 'professional;' because whatever may be your general abilities and tastes, whatever may be your attainments in the direction of the different social amenities of life, I venture to think that you will command no real respect, and gain no solid success unless you show and prove that it is upon your profession, and upon that alone, that you take your real stand.<sup>42</sup>

<sup>35</sup>QUB. *Report of the President of the Queen's College, Belfast, for the academic year of 1864*, 3.

<sup>36</sup>*Transactions of the Ulster Medical Society*. Session 1884–85. Transcribed from the *Dublin Journal of Medical Science*, 1885, 79, 169. The Belfast Medical Society, founded in 1806 when the number of physicians and surgeons in a city of 22,000 was nineteen, merged with the Belfast Clinical and Pathological society, founded in 1853, in 1862. QUB B/2/2/1. *The Report of the President of Queen's College Belfast for the Session 1880–81*, 4. Jones, 'Strike out Boldly', 74. Her concluding quote shows that this rhetoric continued beyond 1900.

<sup>37</sup>Jones, 'Strike out Boldly', 57 and 60. Her study of 976 Irish graduates shows that between 1860 and 1905

23 per cent went to England while 14 per cent entered the army and navy.

<sup>38</sup>C. E. Rosenberg, 'Inward Vision and Outward Glance: The shaping of the American Hospital, 1880–1914', *Bulletin of the History of Medicine*, 1979, 53, 346–91.

<sup>39</sup>SCA. McClement Journal, June and July 1865.

<sup>40</sup>Royal College of Surgeons of England Library (RCSE). David B. Smith, *Introductory Lecture delivered at the Royal Victoria Hospital, Netley, at the opening of the 52nd session of the Army Medical School*, 2 April 1886, 9.

<sup>41</sup>*Ibid.*

<sup>42</sup>*Ibid.*



Professionalisation was critical to Ireland's socio-economic development, but more than that, it was a quality that bound medicine, more firmly, to the ambitions of the British state. It enabled Ireland's middle class to exercise a pragmatic loyalism because it was a quality that made room for non-Protestants in an empire and a service frequently perceived as Protestant. Medicine, as a profession, allowed its practitioners to transcend religious and national boundaries.

### Catholic Surgeons in the Royal Navy

Of those who go down to the sea in ships few have seen more of it than did Frederick McClement, M.D., Fleet Surgeon, and Fellow of the Royal College of Surgeons, Edinburgh, whose remains a few days ago, were consigned to their last resting place in the family vault in the little Catholic cemetery at Carrickfergus. Frederick McClement is another of the many County Antrim men who have earned their distinction in the service of the Empire.<sup>43</sup>

This quote, which was the obituary of Frederick McClement as printed in the *Irish Weekly* in 1894, reveals the inherent interconnectedness of national identity, religiosity, professionalism and imperial service that characterised the lived experience of many Irish sailors. Frederick and his older brother, Richard, were the sons of a middle-class Ulster family. Their father, Patrick McClement, was a farmer and boatswain with the coastguard, who married Catherine Carr in 1829. As children, the boys attended schools in and around Belfast before enrolling at the Queen's College to study medicine. Richard started in 1854 and after completing his studies three years later he took a diploma with the Royal College of Surgeons of England and secured a commission with the Royal Navy as an assistant surgeon. Before his early death at Yokohama, Japan, in 1871 he reached the rank of surgeon and had served on at least seven ships: the *HMS Buffalo*, *Hawke*, *Duncan*, *Terror*, *Gallatea*, *Wellesley* and *Adventure*. He had gone from the West Africa Station, to the West Indies and, finally, to the China Station. Frederick was nine years younger, but followed almost exactly the same career path except for the fact that his diploma came from Edinburgh's Royal College of Surgeons. When he joined the navy in 1868, his first posting was with the Flying Squadron, which would take him around the world.<sup>44</sup> While Alvin Jackson draws attention to the tensions that could erupt within Irish families on account of one member's imperial involvement, the relationship between Richard and Frederick, conversely, appears to have grown closer as a consequence of their naval careers.<sup>45</sup>

Richard and Frederick were apolitical, devoutly religious, strongly Irish and proud imperialists. Their journals suggest that they had made conscious decisions about what they wanted their futures to be when they joined the navy; importantly, this service was their choice and became a family tradition that continues to the present generation. The McClements were not dissimilar to other Irish medical men, such as James Johnson and Sir Michael O'Dwyer, who had outgrown what was on offer in Ireland and who

<sup>43</sup>Personal Archive of Chris McClement, Oxfordshire (PACM). Draft Obituary for Frederick McClement, *Irish Weekly*, 17 November 1894.

<sup>44</sup>SCA. Journal of Richard McClement.

<sup>45</sup>Jackson, 'Ireland, the Union', 137–8.



**Fig. 1** Richard McClement in his dress uniform.  
Source: Personal Archive of Chris McClement.

sought extended training in Scotland and England before looking to the navy for professional opportunities and career advancement.<sup>46</sup>

Medicine was a profession that was believed to be ‘free of many residual sanctions against Catholics’ that were still widespread elsewhere.<sup>47</sup> After receiving their qualifications, Richard and Frederick, like many others, joined the Royal Navy as civilian officers of its medical branch. It was a popular choice for young surgeons with limited prospects and parliamentary records reveal that between 1856 and 1866, a total of 569 candidates had presented themselves for admission to the Navy as assistant surgeons; 389 were admitted, 167 were ‘rejected on account of defective professional knowledge’ and 13

<sup>46</sup>Kenny, ‘The Irish’, 101–2 and M. Harrison, *Medicine in an age of Commerce*, 89–112, 90–93, and M. Harrison, ‘“The Tender Frame of Man”: Disease, Climate, and Racial Difference in India and the West Indies, 1760–1860’, *Bulletin of the History of Medicine*, 1996, 70, 68–93, 78.

<sup>47</sup>Meenan, 1987, p. 2. Although Trinity College had opened its doors to Catholics in 1794 it had done little to ingratiate itself to prospective students by refusing them access to scholarships and fellowships. Cairnes, *University Education*, 71.



**Fig. 2** Frederick McClement in his dress uniform.  
Source: Personal Archive of Chris McClement.

were denied entry on health grounds. In 1857, the year that Richard entered, 39 candidates passed the entry exams and nine were rejected.<sup>48</sup> His first posting, which would last four years, was to the West Africa Squadron, nicknamed the 'White man's grave' on account of the high death rate among British sailors.<sup>49</sup> The Irish were particularly numerous in this squadron and in 1859 Richard observed that 20 of its 26 surgeons were his fellow countrymen.<sup>50</sup>

Despite the suggestions that by the late eighteenth century the British navy had been modernised and rationalised, there was still hardship and death in this supposedly modern institution.<sup>51</sup> While on duty, Richard wrote about treating yellow fever, malaria and

<sup>48</sup>Wellcome Library, Rare Books, (WLRB) Appendix 25, 'A Statement on the Number of candidates presenting themselves for the Medical Service of the Royal Navy between 1st January 1856 and the present time, with a table showing the result of their examinations' in *Medical Officers (Army and Navy) Return to Two Addresses of the Honourable The House of Commons, dated 20 and 30 July 1866;—for, Copies of the Report and Evidence of the Committee on the position, &c. of the Medical Officers of the Army and Navy, presided over by Vice Admiral Sir A. Milne*. 10 August 1866.

<sup>49</sup>Harrison, 'An Important and Truly National', 113–4, and Harrison, 'The Tender Frame', 68–93. He points out that many British troops fared little better in

India where cholera, among other things, decimated numbers.

<sup>50</sup>Scottish Catholic Archives (SCA). FA/67/3. McClement Journal, 20 November 1859. The West African Squadron was notorious for sickness and death and in 1838 alone 118 men (13%) died. M. L. Lewis, *The Navy in Transition, 1814–1864: A social history* (London: Hodder and Stoughton, 1965), 236.

<sup>51</sup>See Christopher Lawrence, 'Disciplining Disease; J. D. Alsop, 'Warfare and the Creation of British Imperial Medicine, 1600–1800' and Paul E. Kopperman, 'The British Army in North America and the West Indies, 1755–83: A Medical Perspective' and in Hudson (ed.), *British Military and Naval Medicine*,

syphilis, coping with the aggressive behaviour of mentally ill seamen and preventing or containing the sickness caused by poor sanitation and inadequate ventilation on the old vessels he sailed on.<sup>52</sup> His entries regularly describe sickness, shark attacks, drownings, alcoholism, suicides, oppressive weather and the ‘horrors’ on board the captured slave ships that he had to inspect. At times he felt thoroughly fed up and in 1864, after his request for an exchange with another doctor fell through, he was unable to contain his frustration.

This morning the Admiral sent me a message through the Surgeon to say that he would allow Dr Thomason to remain out on the station but that he would not allow me to go home so soon (Didn't I bless the old scoundrel!!!). I have forgotten to note that the old Admiral had previously said that he would allow Dr Thomason to remain out if he could effect an exchange with me. I always have hated the Navy but this disappointment has doubled my dislike! I had fully fixed my mind upon going home and the sudden change of mind on the part of the Admiral almost paralyzed [sic] me.<sup>53</sup>

Frederick was not as expressive in his notes as his brother, but he also commented on the everyday hardships of life at sea and after a particularly bad night of rough weather, he reflected:

... the sailor is supposed to be so hardy an animal that he does not require comfort of any description. ... I must say that he who comes at sea to seek for comfort and happiness will seek in vain.<sup>54</sup>

The fact that military medicine was a tough and exhausting business was emphasised to recruits throughout the nineteenth century.<sup>55</sup> Yet given the intense working environment, it is no wonder that the low retention rates among naval medical officers caught Parliament's attention, and an 1864 report highlighted that out of the 230 assistant surgeons who had joined the Navy between January 1854 and December 1858, 16 per cent had died, 21 per cent had resigned and 1 per cent had deserted.<sup>56</sup> Support networks within the navy were thus very important and most of the Catholic surgeons relied upon medical and non-medical networks for support and friendship.

23–50 and 51–86 respectively; for an earlier period see Alan J. Guy, *Oeconomy and Discipline: Officership and administration in the British Army, 1714–63* (Manchester: Manchester University Press, 1985).

<sup>52</sup>One very interesting case of ‘madness’ was reported by Dr Alexander Crosbie, a colleague of Richard McClement. The National Archives (TNA), ADM101/227. Case entry 36, Thomas Watts, aged 20. *Journal of Her Majesty's Floating Battery, North American & West Indian Station. Alexander Crosbie, Asst-Surgeon. 1<sup>st</sup> January to 31<sup>st</sup> December 1864.*

<sup>53</sup>SCA. McClement Journal, 23 December 1864.

<sup>54</sup>PACM. Journal of Frederick McClement, 16 September 1869.

<sup>55</sup>RCSE. Smith, *Introductory Lecture*, 11. He warned his trainees that life would be difficult: ‘Some would-be

clever young man at college once remarked that it was a great hardship to sit upon hard seats and listen to hard things. ... I cannot help thinking that it was very hard upon the profession if he ever gained entrance to it.’

<sup>56</sup>WLRB. Appendix 41a, ‘Extract from an Official Return showing the Disposal, on 1st January 1864, of 230 Assistant Surgeons who entered the Naval Service in the five years ending 31st January 1858’ in *Medical Officers (Army and Navy) Return to Two Addresses of the Honourable The House of Commons, dated 20 and 30 July 1866;—for, Copies of the Report and Evidence of the Committee on the position, &c. of the Medical Officers of the Army and Navy, presided over by Vice Admiral Sir A. Milne.* 10 August 1866.

Some useful although imprecise data on Catholic surgeons can be gleaned from the Admiralty's Marriage Registers which are kept at the National Archives at Kew. These hefty volumes contain the wedding notices that were submitted by officers to ensure financial support for their widows in the event of their deaths. A search through four consecutive volumes covering the period 1862 to 1879 revealed 43 identifiable Catholic marriages and showed that the majority of those officers were Irish surgeons.<sup>57</sup>

Richard's journal reveals myriad examples of the Church of England's dominance, from regular funeral services and on-board Sunday services to those offered in the ports they visited.<sup>58</sup> Coinciding with the Admiralty's increased efforts to recruit Irish surgeons, religious exemptions were introduced for Catholic and dissenting sailors in 1854 that enabled them to absent themselves from Anglican services. Medical needs, however, overrode religious observance and Richard often undertook medical work, such as surgeries, post-mortems and visitations, on Sundays.<sup>59</sup> Nevertheless, the extent to which Catholic sailors outwith the officer class understood their rights varied and this was pointed out in the *Tablet*, a British Catholic weekly newspaper, in 1870: 'Catholic seamen never see, much less read the information about absenting themselves from the weekly Church of England services'.<sup>60</sup> Those who were aware of the provision often found it difficult to locate alternative services, but in ports where Catholic churches existed, leave to attend Mass was often granted and if other ships were in port Catholic officers would go together like they did in St John's, Newfoundland, and in Halifax, Nova Scotia. In these port cities, where both McClements spent extended periods of time, large immigrant Irish communities had meant adequate religious provision through new and expanding parishes. Sundays saw officers attending Mass in grand cathedrals and dining with bishops and other civic dignitaries.<sup>61</sup>

The social and professional networks (naval and non-naval), that emerged as a result of such interaction played an important role in extending Catholicism's support base throughout the colonies. Catholic officers participated in the establishment of a church infrastructure by visiting and making donations to convents, chapels and clergy.<sup>62</sup> The fact that both Richard and Frederick did this adds weight to Kenny's point about the Irish having dominated the Catholic Church in Anglophone regions through networks of schools, colleges and universities. Frederick dined with the Vice Chancellor of Melbourne University, a secular institution, and made donations to convents. Richard

<sup>57</sup>This represents a small proportion of the total number of marriages registered since the four registers contained between 650 and 930 pages and each page represented one entry. The number 43 is based on a count of the number of weddings that took place in churches listed as RC or Catholic. Mixed marriages, where they could be identified and where the husband was not Catholic, are not included in the table. All listed their position and a surname scan was used to give a rough indication of nationality.

<sup>58</sup>SCA. McClement Journal. Examples include, 29 July 1859, 7 March 1858, 20 January 1865, 19 November 1865.

<sup>59</sup>*Ibid.* Examples include 20 March 1859 and 18 June 1865.

<sup>60</sup>Dublin Diocesan Archives (DDA). AB/321/6/IV11. W. L. Woollett, Naval Chaplain, *Catholics in the British Navy*. 25 March 1870.

<sup>61</sup>SCA. McClement Journal.

<sup>62</sup>PACM. Journal of Frederick McClement, 23 and 25 July 1869. Financial donations to convents, for example, were common.

**Table 1:** Catholic Naval Surgeons between 1862 and 1879<sup>a</sup>

Name	Rank	Where serving	Age	Marriage year	Place of marriage
George Valentine Macdonough	Surgeon	HMS Trincomalee	34	1862	Roman Catholic Cathedral, Plymouth, England
Richard Carr McClement	Assistant Surgeon	HMS Hawke	27	1862	Haddington Road Church, Dublin, Ireland
John Lerman	Surgeon	Unknown	Unknown	1862	St Mary's Cathedral, Halifax, Nova Scotia
William Sylvester Roche	Surgeon	Royal Naval Hospital, Ascension	33	1862	St Mary's Church, Ascension
John Perudu	Surgeon	HMS Brilliant	45	1862	St Mary's Cathedral, Halifax, Nova Scotia
James Vaughan	Staff Surgeon and Medical Store Keeper	Royal Navy Hospital, Haslar	50	1863	Roman Catholic Church of St John, Blackrock, Dublin, Ireland
William Connolly	Surgeon	West Coast of Africa	32	1865	Roman Catholic Cathedral, Plymouth, England
Constantine Keenan	Surgeon	Unknown	36	1865	Roman Catholic Church, Patrick Street, Greenock, Scotland
John Mulvany	Assistant Surgeon	HMS Rosario	28	1866	St Mary's Cathedral, Halifax, Nova Scotia
Francis McAree <sup>b</sup>	Surgeon	HMS Ganges	45	1866	Roman Catholic Church, Falmouth, England
	Staff Surgeon	Retired	56	1878	Roman Catholic Church of St Francis, Portland Place, Nottinghill, England
Andrew Charles Johnston	Assistant Surgeon	Unknown	36	1869	Lauriston Park House, Edinburgh
William Roche	Surgeon	Half Pay	34	1869	Roma Catholic Parish, St Patrick's, Cork, Ireland
Edward Heath	Staff Surgeon	Unknown	49	1869	St Aloysius' Chapel, Clarendon Square
Francis William Davis	Surgeon	HMS Duke of Wellington/ Lisburn Hospital	40	1869	St Andrew's Church, Dublin, Ireland.

*Continued*

Table 1: *Continued*

Name	Rank	Where serving	Age	Marriage year	Place of marriage
George Curtis	Assistant Surgeon	Royal Navy Hospital, Plymouth	30	1870	Parish Church of St Michael's, Limerick, Ireland
James A. Gaven	Assistant Surgeon	Royal Marine Artillery	29	1871	St Joseph's Roman Catholic Church, Kingstown, Ireland
William Henry Eames	Assistant Surgeon	HMS Invincible	24	1872	St Joseph's Roman Catholic Church, Basingstoke, England
Richard Alfred Mowell	Surgeon	HMS Caledonian	27	1873	Donnybrook Parish Church, Dublin, Ireland
Henry Dawson	Staff Surgeon	HMS Vulture	33	1874	St Peter's Church, Dublin, Ireland
John Buckley	Staff Surgeon	Unknown	34	1875	Roman Catholic Church, Rathmines, Dublin, Ireland
Robert Arthur Bernal	Surgeon	Unknown	25	1875	St Andrew's Church, Westland Row, Dublin, Ireland
Septimus Sexton	Surgeon	HMS Beacon	29	1875	Roman Catholic Cathedral, Cape Town, Cape Colony
Robert Walker Riddulph	Surgeon	HMS Excellent	30	1876	St Patrick's Church, Co. Limerick, Ireland
Robert Spiroule	Surgeon	Unknown	25	1876	Fintoria, Co. Tyrone, Ireland
St Lawrence Mullen <sup>c</sup>	Surgeon	Royal Navy Hospital, Malta	33	1879	Co. Dublin
Charles William Magrane	Surgeon	HMS Orwell	28	1879	Roman Catholic Cathedral, Dublin, Ireland

<sup>a</sup> TNA. Registration of Officer Marriages: ADM/13/71 (1862–66); ADM 13/186 (1867–71); ADM13/187 (1872–75); ADM 13/188 (1876–79). The pensions varied according to rank and in 1851 the widow of an assistant surgeon would receive £26 per annum. M. L. Lewis, *The Navy in Transition, 1814–1864: A social history* (London: Hodder and Stoughton, 1965), 226–7.

<sup>b</sup> Registered two marriages

<sup>c</sup> Most likely Catholic



visited the school attached to the Cathedral in St John's, Newfoundland, and socialised with the Bishop of Halifax in Nova Scotia.<sup>63</sup>

Socialising was an important part of networking and the brothers appear to have thoroughly enjoyed it. As members of the officer class, they attended numerous dinners and dances and Frederick had often mourned those 'fair ones left behind'.<sup>64</sup> His journal offers a glimpse at what was a rather impressive social calendar while in Melbourne in 1869:

Monday—Lady Manners Sutton's Ball (governors); Tuesday—Club dance and another ball; Wednesday—Theatre, ball to follow; Thursday—Mrs Fellow's ball, Dr Barker's ball; Friday—a day trip to Fern Free gully and another ball; Saturday—ship out in harbour and so no invitations accepted; Sunday—no plans ... besides these invitations already received no doubt many will arrive tomorrow and next day.<sup>65</sup>

To top it all off, he had also met some long-lost relations who, 'surprised at meeting a relative from the opposite end of the globe' welcomed him with 'true Irish hospitality'.<sup>66</sup> Richard had met his wife, Annie Constance Fitzgerald, in 1862 through her brother, another surgeon, and together they, along with other medical naval colleagues, met regularly while on leave in England and Ireland. Activities like these helped to create a greater sense of belonging which underpinned the stability of the service and brought its medical community closer together; Richard's connections made Frederick's transition to naval life easier because they provided him with an immediate group of acquaintances and colleagues.<sup>67</sup> This fostered a sense of inclusion in spite of the difficulties that confronted Catholic officers who, due to their low overall number, experienced feelings of intense isolation and loneliness at sea. Both McClements felt this acutely, and Richard offered this impression:

All hands busy preparing for sea tomorrow. The day has little appearance of Sunday. From one end of the ship to the other everything is work and 'muck'. ... It is Sunday and I am alone as a 'Roman' amongst all the officers and whilst they enjoy their own service on board I am like a solitary owl roaming from my Cabin to the Ward Room in one place reading a prayer book and in the other my Bible and testament ...<sup>68</sup>

Frederick also noted feelings of spiritual isolation and shortly after his departure from Nova Scotia in November 1869 he wrote: 'This being the first Sunday at sea, Divine Service was held at the usual hour after morning quarters, during which I retire to my cabin and try to imagine myself assenting at the holy sacrifice of the mass in the Cathedral of Halifax'.<sup>69</sup> Some ports offered little more than what was available on board and due to the lack of a Church infrastructure throughout much of the empire before the 1870s, Catholic sailors often made do with limited spiritual provision and impromptu worship

<sup>63</sup>Kenny, 'The Irish', 114. PACM. Journal of Frederick McClement, 30 November 1869 and SCA. McClement Journal, 16 July 1865.

<sup>64</sup>PACM. Journal of Frederick McClement, 7 June 1869.

<sup>65</sup>*Ibid.*, 28 November 1869.

<sup>66</sup>*Ibid.*

<sup>67</sup>SCA. McClement Journal, 11 May and 7 June 1867. Richard introduced him to colleagues at Haslar and at Portsmouth.

<sup>68</sup>*Ibid.*, 19 November 1865 and 19 November 1862.

<sup>69</sup>PACM. Journal of Frederick McClement, 13 June 1869.

space. Writing from Jamaica's Port Royal dockyard in November 1865, for example, and ill with the malaria he had most likely contracted at Fernando Po in 1860, Richard complained that during Mass in a vacant sail loft with 11 or 12 other Army and Navy officers, he had almost collapsed from the heat.<sup>70</sup>

Part of the problem was that Catholic clergymen were not provided with stipends until 1854, when these were sanctioned by the War Office, but even then they were only offered a per head amount so long as there were at least 50 men 'of all ranks' at a particular station.<sup>71</sup> The first Catholic chaplain was appointed in 1856 and two years later the number was increased to 15. Their purview was closely scrutinised and they were not permitted to board ships unless serious cases required their attention, but even then permission could not be guaranteed.<sup>72</sup> This meant that where priests were lacking, a significant degree of spiritual authority was passed to the highest ranking Catholic officer and usually this was the surgeon. Dealing with death was a normal part of their job, but for those who were Catholic tending to the dying and preparing the bodies for burial was often accompanied by leading a funeral procession and presiding over the service itself. The death of Richard's colleague and fellow Catholic, Dr McDonnell, at Ascension in 1861 illustrates the added burden of de facto spiritual leadership, but it also reveals the strong bond, often forged along national lines, that existed between medical officers. The pall bearers were Drs Clarke, Ryan, Farelly and Yule, Protestant and Catholic Irish surgeons, but Richard, Farelly and another colleague, Dr Roche, being the Catholics, acted as chief mourners at the funeral:

The ordinary Catholic burial service was read by me, and responded to by Drs Roche and Farelly. Having finished the prayers and thrown the earth on the coffin, in the ordinary manner, the troops were ordered to fire three volleys, which being done, they formed into marching order and returned to the barracks, followed by the sailors, and, soon after, by the officers. The Lord Bishop of St Helena &c. did not attend the funeral, however, he sent us a message by the chaplain, previously, saying 'that he could not attend unless in his official capacity' ... Dr Roche and myself thought it would be more agreeable to his friends to refuse the Bishop's kind offers, which we accordingly did. The chaplain attended the funeral and was amongst the last to leave the grave, he being one of poor Mc D's dearest friends.<sup>73</sup>

Catholic surgeons acquired a level of spiritual authority that was not common to other surgeons and so their experience of naval life was, as a consequence, markedly different. The inherent lack of spiritual provision was recognised by Church authorities who pressured the Admiralty for improvement. In 1859 John O'Rourke, the Chaplain of St Mary's, Kingstown, suggested that since Catholics represented approximately 12 per cent of the service (according to his calculations), the government needed to appoint more chaplains. He also complained that the Admiralty's provision to allow Catholic seamen access to appropriate religious services were not being followed; a decade

<sup>70</sup>SCA. McClement Journal, May 1860.

<sup>71</sup>DDA. Folder 325/7/94 'Allowances to Officiating Clergymen at Home'.

<sup>72</sup>Smith, *The Navy Chaplain*, 76–7.

<sup>73</sup>SCA. McClement Journal, 7 May 1861. Frederick had undertaken similar activities in relation to dying and dead sailors. PACM. Journal of Frederick McClement, 2 October 1879.

later, there were still complaints that commanding officers were preventing seamen from accessing spiritual support.<sup>74</sup> These concerns were echoed by the moderate Irish nationalist press which criticised the British Army for having too few Catholic chaplains given the large number of Catholics serving in Her Majesty's forces.<sup>75</sup> For its part, the Admiralty was concerned with clerical authority and appointments because unlike the Church of England, Catholic priests were appointed by a bishop with sanction from Rome; input from British authorities was neither sought nor required.<sup>76</sup> Although the command structure of the navy worked to exclude outside influence, improvements across both services were noticeable from the 1860s. Masses on navy property in the large home ports had become more regular; in the early 1860s approximately 550 seamen and officers of the Channel fleet in Plymouth attended mass at the floating chapel, the *Hutspur*, and this was in addition to those who went to the Cathedral and to St Michael and St Joseph's in Devonport, where, incidentally, a number of the men listed in Table 1 were married.<sup>77</sup> Yet it was only in 1892 that an official Catholic prayer book, *The Guide to Heaven for Those at Sea*, was approved by the Admiralty.<sup>78</sup>

While anti-Catholicism was a definite feature of naval life, characterising these issues as mere sectarian clashes undermines the broader challenges that faced an Admiralty that prioritised total loyalty based on an inflexible chain of command. Accommodating an increasingly diverse body of sailors threw up specific religious and political challenges that took time to mediate and so the internal support networks that Catholics constructed as a result hints at their ability to work within the navy's formal structures to make the most of their experience.<sup>79</sup> Surgeons, as members of an increasingly influential profession, were in a particularly advantageous position since it was recognised that their specialist skills protected the health of crews, ensured the success of missions and preserved the prosperity of the navy itself.

That the navy was home to an increasing number of Catholic surgeons, who belonged to a 'community of doctors united on broad professional issues', reveals how, regardless of creed, a medical network functioned to offer collective support to those working in naval medicine.<sup>80</sup> The programme of healthcare reform that was spearheaded by naval surgeons gave them significant authority, both within and outwith the service, but civilian officers wielding such power could and did inflame tensions. On his very first voyage Richard clashed with the captain of the *Buffalo*, Mr R. S. Saunders, over the latter's decision to issue quinine wine to the entire ship's company in an effort to appease them after a botched attempt to locate Ascension and re-stock supplies. When Richard had refused the initial request for the alcoholic mixture used to prevent malaria the Captain ordered his cabin to be searched for the keys to the dispensary. In his journal, he explained:

<sup>74</sup>DDA. AB/40/3/1/19. *State of Catholics in the Navy*, 20 June 1859. Smith, *The Navy Chaplain*, 79–80.

<sup>75</sup>Kelly, 'Irish Nationalist Opinion', 135.

<sup>76</sup>TNA. CO37/146/327. Letter from Mont Williams, administering the government, to the Duke of Newcastle, 28 June 1854. The replacement of the resident priest on Bermuda provides a useful example of this tension.

<sup>77</sup>SCA. *Irish Catholic Directory* 1861 and 1864, pp. 253 and 272 respectively.

<sup>78</sup>Smith, *The Navy Chaplain*, 79.

<sup>79</sup>M. Lincoln, 'The medical profession and Representations of the Navy, 1750–1815', in Hudson (ed.), *British Military and Naval Medicine*, 201–26. She discusses the changing perception of the Navy and the seamen who served. Smith, *The Naval Chaplain*, 73–83, links the challenges faced by Catholics within the broader context of religious dissenters within the service.

<sup>80</sup>Jones and Malcolm, *Medicine, Disease*, 4.

... I did not consider myself in any way bound to obey 'the order'; but to prevent a repetition of such orders being given, or my duties being interfered with by the Commanding officer of the Ship, I should comply, and report the occurrence to the Commodore commanding of the west coast of Africa.<sup>81</sup>

Clearly irritated by the Captain's actions, Richard moved to inform the Commodore, but when his report was passed to the Captain before being sent off, Saunders begged him to reconsider:

... after trying intimidation for some time without producing any change in my determination [he] entreated me in the following terms to withdraw my letter— 'Doctor! I beg that you will withdraw the letter as it will ruin me, and I am a married man'.<sup>82</sup>

Unmoved, Richard informed him that he would be neglecting his duty if he did not make the report. Understandably cool relations followed, but the confidence Richard displayed in confronting the superior officer revealed a deep conviction in the authority of his profession. Sometime later, with more experience under his belt, he stepped forward to oppose the corporal punishment of a sailor on board the *Galatea* whose wounds had not healed from a previous beating. The captain yielded to Richard's judgement and released the man on medical grounds which disappointed some on board:

... The sudden suspension of the sentence appeared to strike everyone with amazement as they never thought that any interference would be offered to get the man off. I was rather surprised to find that two or three of the officers felt quite mortified and disappointed at being deprived of their enjoyment.<sup>83</sup>

These episodes support Mark Harrison's point about the tendency for 'medical practitioners in the colonies [to] assert their independence from traditional sources of authority in Britain'.<sup>84</sup> They also highlight the protracted struggle by assistant surgeons for proper recognition. Since the late 1840s the Admiralty had been publicly criticised by medicine's professional bodies for failing to acknowledge the work they did and the risks they took for their country.<sup>85</sup>

Surgeons' efforts at improving the health of the Navy were more formally recognised when the promotion structure was updated. This introduced a measure of equality, based on aptitude, that allowed Catholic and dissenting surgeons to advance when they might have otherwise hit a glass ceiling. After passing the necessary exams, Richard was promoted to Surgeon in 1867, 10 years after he entered, and Frederick, whose career was much longer, 27 years in total, was able to progress from Assistant Surgeon to Surgeon, to Staff-Surgeon and finally to Fleet Surgeon; and it was suggested that his death had prevented him from becoming Deputy Inspector-General of Hospitals

<sup>81</sup>SCA. McClement Journal, 4 July 1858.

<sup>82</sup>SCA. McClement Journal, 1 August 1858.

<sup>83</sup>SCA. McClement Journal, 21 April 1865.

<sup>84</sup>Harrison, *Medicine in an Age of Commerce*, 113.

<sup>85</sup>The Royal College of Surgeons of Ireland petitioned for improvements in 1849 and repeated its request in 1853. These calls were echoed by the other

Royal Colleges of Physicians and Surgeons in England and Scotland. WLRB. *An Exposition of the case of the Assistant Surgeons of the Royal Navy by a Naval Medical Officer* (London: John Churchill, 1849), 5 and 26. See also Cameron, *History of the Royal*, 356.



**Fig. 3** Frederick McClement sits with his arms crossed in the second row, fourth from the left. Source: Personal Archive of Chris McClement.

and Fleet.<sup>86</sup> That opportunities were opening up in the navy's medical branch for Irish and Catholics contrasted sharply with the Indian Civil Service where, after a brief respite that saw the number of Irish rise dramatically, the deliberate lowering of the maximum testing age from 22 to 19 disadvantaged many potential Irish candidates who tended to enter and leave university later.<sup>87</sup>

Passing exams and promotions were important and inspiring career milestones and Richard made special notes about Frederick's exam progress and his brother-in-law's promotion to Staff Assistant Surgeon.<sup>88</sup> The collective bargaining power that the medical profession had acquired did much to enable Irish Catholic surgeons to achieve their personal and professional goals. Figure 3 comes from the McClement family's private collection and shows Frederick, the highest ranking medical officer there, surrounded by colleagues.

### Conclusion

The Irish medical professionals highlighted in this article used the opportunities that the navy provided to progress their careers and to push forward a profession that was bound up with national and imperial loyalty, scientific enquiry, disease treatment and public health reform. It was a profession, more than any other, that included them as partners in empire and since approximately one quarter of Britain's nineteenth-century population was Catholic, scholars need to engage with the extent to which those

<sup>86</sup>PACM. Obituary from the *Aberdeen Journal*, October 1894.

<sup>87</sup>Cook, 'The Irish Raj', 512.

<sup>88</sup>SCA. McClement Journal, 31 July 1862. The promotion of his brother-in-law, Dr F. L. Fitzgerald, was printed in *The Times*.

networks supported and strengthened its development. The opportunities provided by the medical profession in the empire through the Royal Navy did much to change the perceptions of those traditionally classed as socially and religiously peripheral. While this article represents a new departure, further research is needed to understand more about how military medicine fostered the development of the Catholic networks that supported Britain's imperial programme. By using the McClement brothers as a case study, it has been possible to consider the broader concept of social inclusion and to tease out some of the preliminary themes surrounding Ireland and Catholicism's links with imperial medicine. The incorporation of ethnic and religious minorities into the medical profession is an issue as live today as during the lifetime of the McClements. They and many of their colleagues were individuals who had opted for a profession that would take them beyond Ireland, to mainland Britain and out into the empire. They were ambitious, pragmatic and highly skilled.<sup>89</sup> They were Irish, Catholic, British, medical and imperial; they were individuals of multiple identities who pushed forward the field of medicine and provoked a greater degree of religious toleration in Britain's most symbolic imperial organisation.

### Acknowledgements

The author wishes to acknowledge the support of the Wellcome Trust and to thank the journal's editors and the anonymous reviewers for their very helpful comments as well as Jennifer Redmond, David Worthington and Vicky Long for useful discussions on the earlier drafts.

### Funding

This work was supported by a Travel and Research Grant from the Wellcome Trust in 2010 [grant number WT094034AIA].

<sup>89</sup>TNA. Records of the Admiralty, Marriage Certificates. ADM 13/186/12, ADM 13/187/6, ADM 13/187/9, ADM 14/188/4 and ADM 31/71/11. S. Karly Kehoe is a lecturer in History at Glasgow Caledonian University. She is a research associate of the

Gorsebrook Research Institute for Atlantic Canada Studies in Halifax and the Glasgow Centre for the Social History of Health and Healthcare and was a 2011–12 Visiting Fellow at Yale's Beinecke Library.