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Nurses and Midwives in the State Sector in Galway
1922-1970.
Volume 1 of 2
Volume 1=thesis
Volume 2= interview transcripts

Mary Hawkins

A thesis submitted for the award of Doctor of Philosophy

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Abstract

Much has been written about the early years of nursing and the emergence of nursing as a profession. This study continues the story of nursing and midwifery after registration and on into Ireland in the post-independence era. Further recognition was given to registered nurses in the way in which census enumerators counted nursing labour in Ireland. This period was also characterised by growing state preoccupation with nursing labour – particularly in the post-war period. Galway was recognised by the Department of Local Government and Public Health (later the Department of Health) as one of the main centres of nursing labour outside Dublin. This study looks at the different way nurses and midwives could be employed in Galway between 1922 and 1970 and the fortunes of nursing nuns, hospital staff nurses, student nurses, specialist nurses (tuberculosis, maternity and fever nurses) are examined. State-owned hospitals are the focus of this study and include the Central Hospital Galway (later the Regional Hospital Galway), Woodlands Sanatorium and the Western Regional Sanatorium Merlin Park. The fortunes of outdoor nurses (dispensary midwives, Public Health Nurses) are discussed in the context of changes to the outdoor nursing service, particularly in the 1950’s. This thesis looks at the fortunes of these different groups of nurses under three headings: training, working lives and unrest.
Acknowledgements

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A special word of thanks to the women I interviewed during the writing of this thesis, for welcoming me into their homes and sharing their recollections with me.

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Last but certainly not least, thanks go to family, extended family and friends whose support helped me in the writing of the thesis. Dr Geraldine Curtin and Dr Jackie Uí Chionna, were
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To all my friends in Gort and in other places – to those who helped me in any way – my most sincere thanks.
Chapter 1. Introduction.

In July 1926, Taoiseach William T. Cosgrave, visited the Central Hospital Galway as part of his city tour. The nurses, according to Cosgrave looked ‘cheerful, bright and efficient’ in their neat uniforms but ‘what struck him the most was the spirit of earnestness manifested amongst the doctors and staff in their work.’¹

The state identification of nursing as a profession was the culmination of a long process that involved the organisation of chores surrounding the care of the sick into a system of formal instruction. Legal recognition, identifying the task of nursing as belonging to those with acquired systematic training, was passed only seven years before Cosgrave’s Galway visit but under British administration. The task of caring for the sick stretches back to ancient times. The word ‘nurse’ is a reduced form of the middle English ‘nurice’ which was derived from the Latin ‘nutricius’ (nursing).² There is evidence to suggest that a body of knowledge existed defining midwifery and a formal recognition of midwives existed in contrast to nursing. Records of royal midwives exist as far back as the fifteenth century and the ecclesiastical licensing of midwives began in the sixteenth century.³ Women had a responsibility for nursing the sick and whenever possible the sick were nursed within the family. When the efforts of women within a family unit failed or where the sick person had no family to call upon, outside help was sought in the form of neighbours, doctors, midwives, handywomen and other independent local practitioners.

The first form of collectivised nursing originated with the religious orders. The middle ages saw a growth in the number of nunneries and an emphasis on good works included nursing as a duty. One such order was the Hospitaliers of Thomas of Villeneuve, which was established in the fourteenth century.⁴ Many of the early hospitals were built during this period with Pope Innocent III founding a hospital for the poor in Rome in 1198. Hospices in the form of Hotels-Dieu were developed along pilgrim routes – such as St Bartholomew’s in London. St Benedict’s rule decreed that every monastery should have a hospital.⁵ Abbeys and monasteries had hospital buildings but these were disbanded in Britain during the

¹The Connacht Tribune, 17 July 1926.
⁴Caítriona Clear, Nuns in Nineteenth Century Ireland, (Dublin, 1987) p. 46.
Reformation. This action marked a significant interruption in the provision of relief and was only restored with the opening of hospitals and the provision of outdoor poor relief. Nursing care was handed over to lay women as nuns had been expelled. The idea of organising a nursing order seemed to allude to Catholic tendencies, so British hospital authorities employed local lay women to perform nursing duties. Religious orders established in France in the wake of the counter-reformation placed an emphasis on the performance of good works. St Vincent de Paul and Louise de Marillac founded the Daughters of Charity in 1633, an un-cloistered order whose duties included the visitation and nursing of the sick poor. The growth of religious orders in France was to influence developments in Ireland as both countries were closely linked in religious and medical traditions. Nano Nagle, founder of the Sisters of the Charitable Instruction of the Sacred Heart of Jesus had been educated in France and had spent some time in a convent there. The Irish Sisters of Charity were founded by Mary Aikenhead in 1816. Some orders, which were indigenous to Ireland, were also founded and were to develop in the wake of Catholic Emancipation. These ‘modern’ orders were to have an uncertain position regarding enclosure and in canon law. Nano Nagle, Mary Aikenhead and Catherine McAuley were involved in philanthropic provision as wealthy Catholic middle class women and negotiated with Irish Archbishops in the formation of their orders. Rome approved the rules of the Sisters of Mercy in 1840. Orders established during this time and involved in nursing during the period of this study (1922-1971) include the Irish Sisters of Charity, the Sisters of Mercy and the Sisters of St John of God. Religious orders were also involved in the provision of education and social services and nursing existed alongside these other philanthropic activities. Although those religious women involved in nursing duties are more accurately known as nursing sisters, the general term of ‘nuns’ will be used to describe this group throughout this thesis. This is to avoid any confusion between nursing sisters and nursing ward sisters.

State hospitals established in Dublin and Belfast in the wake of the Reformation were intended to cater for soldiers only. Philanthropic individuals and groups met the need for civilian hospital care. The Charitable Infirmary Jervis Street in Dublin was the first such hospital, opened in 1718. Other hospitals were opened during the same period – Dr Steeven’s hospital (1733), Mercer’s hospital (1734) and the Meath hospital (1753). Lay women were

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8Caitriona Clear, *Nuns*, p. 49.
employed in voluntary hospitals with a Protestant ethos. Patients who were healthy enough were recruited to provide nursing care as were the relatives of the patient. Although some of these hospitals (such as Jervis Street) had some Catholic influence, the majority of the hospitals built had a Protestant ethos. Important positions were reserved for members of the Church of Ireland and nurse training was limited to women of that particular faith. Some Catholic hospitals were established in Dublin and Cork in the years after Catholic Emancipation and were a further development on the domiciliary care of the sick. The Sisters of Charity opened Dublin’s St Vincent’s hospital in 1834 and the Mercy Order built hospitals in Dublin and Cork in 1857 and 1861. The religious geography of hospitals in Dublin remained of relevance well into the twentieth century. Voluntary groups also opened specialist hospitals in Dublin – hospitals for the treatment of a particular disease or group of people. These hospitals included Temple Street Children’s hospital and the Victoria Eye and Ear hospital. Bartholomew Mosse founded the first lying-in hospital in Dublin in 1845 and one of his intentions in doing so was to provide training for midwives.

State interest in the medical care of civilians expressed itself in rudimentary form from the eighteenth century and was of relevance in areas outside cities (with the exception of Galway). Care of the sick was a part of provision for poor people generally. The County Infirmaries Act passed in 1765 allowed for the building of county infirmaries to house the sick deserving poor. Workhouses were provided for by law in Dublin (1703) and Cork (1735). Eighteenth century poor law provision was inadequate in the face of problems caused by industrialisation. The state provision of institutions was seen to be the solution and the Poor Law Amendment Act passed in 1838 provided for the establishment of workhouses to deal with problems of poverty. Infirmaries attached to workhouses provided medical relief for the sick poor. The Poor Relief (Ireland) Amendment Act passed in 1847 was modelled on English law and Ireland was divided into areas known as Poor Law Unions. A workhouse was built in each Poor Law union to ‘receive destitute poor as by reason of old age, infirmity or defect, might be unable to support themselves by their own industry or by other lawful

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11 Saorstát Éireann, *Report of the Commission on the Relief of the Sick and Destitute Poor including the Insane Poor*, (Dublin, 1927) p.3.
12 Monica E. Baly, *Nursing*, pp.63-73.
Relief was limited to those in the workhouse and the number of workhouses in Ireland grew from 131 in 1848 to 163 in 1850 to provide relief during the famine.

Religious orders had provided nursing care in the form of home visitation and emergency epidemic care. The Sisters of Charity nursed victims of a cholera epidemic in Dublin in 1832 and the Sisters of Mercy nursed Galway victims of the disease in 1849. Their area of influence was extended still further in the mid nineteenth century to include care of workhouse inmates. Their acceptance into the workhouse was not without difficulty. In 1860, Limerick poor law guardians were divided on the issue of employing Sisters of Mercy in the workhouse. Those opposed to their admittance were worried at the influence of religious women in a supposedly non-denominational institution. Three Sisters of Mercy were formally engaged in 1861 after an unsuccessful attempt to re-advertise the vacancies. Poor Law guardians saw some advantages in employing nursing sisters. They were willing to work at a lower rate of pay and were seen to be efficient managers. By 1900, 22.4% of convents were associated with hospitals.

**Nineteenth century changes.**

Nineteenth century advances in medicine raised public expectations and the hospital became a place for the sick rather than a refuge of the poor. Doctors trained in medical and surgical techniques became known as general practitioners and other medical occupations also benefited from medical advances. The voluntary hospitals founded in Dublin in the eighteenth century provided fertile ground for Irish doctors’ contribution to the ‘golden age’ of medicine. The ‘Irish school of clinicians gave to men such as Robert Graves, William Stokes, Abraham Colles, John Cheyne and Dominic Corrigan (all Protestant except the last) international celebrity.’

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13 Saorstát Éireann, Report of the Commission on the Relief of the Sick and Destitute Poor including the Insane Poor, p.3.
recognition in the form of registration acts. An Apothecary Act was passed in 1815 and a Medical Registration Act was passed in 1858. 18

Work duties became more clearly defined according to gender during the nineteenth century as the factory rather than the home became increasingly recognised as a workplace. It was argued that women possessed natural skills which suited them for domestic work rather than factory work and this was extended to women’s exclusion from some professions including medicine. Women’s entry to medicine was limited to the determined few, challenging dominant medical opinions on the danger of study for women. Some single middle class women who did not have to work to earn their living and who could afford to employ their own servants yearned for useful work. 19 They took tasks which (according to popular discourse) they had a natural aptitude for and applied these to more public situations. Middle class concern with the welfare of their workers provided openings for middle class women to participate in philanthropic activities. Basic attempts to relieve social problems gave way to a number of middle class reformers who were concerned with the root cause of these problems and to a participation in politics. This culminated in a call for women to be given the right to vote.

The custom of employing lay (working class) women in hospitals remained unchanged since their reopening after the Reformation. Tolerance for this custom waned rapidly with nineteenth century advances in medicine and growing middle class concern with hospital management. Elizabeth Fry was sufficiently impressed by Luthern Pastor’s Theodor Fliedner’s deaconess system of nurse training in Kaiserwerth that she established a similar nursing scheme in England. The Institute of Nursing established at Bishopsgate in 1840 was based on the Kaiserwerth model. 20 Orders of Anglican nuns were trained and nursing care was once again placed in the context of religious devotion. The work of such sisterhoods, according to Rafferty, did begin to break ‘the cultural link between the handywoman and her patients’. 21 Middle class opinion turned against the working class nurses. One such famous example is Charles Dickens’ character of Sairey Gamp. A stereotype emerged of a dirty slovenly nurse and certain characteristics (normal for working class women) exaggerated,

20Martha Vicinus, Independent, p. 11 and Monica E. Baly, Nursing, p. 47.
such as the tendency of the nurse to drink alcohol.\textsuperscript{22} Historians have recently examined the quality of nursing care provided by the ‘old style’ nurses and Baly questions the assumption that there was an automatic place for the ‘professional lady nurses.’\textsuperscript{23} Abel-Smith demonstrates that doctors were in the habit of training the working class nurses and were not above doing basic nursing tasks (such as rearranging pillows) themselves.\textsuperscript{24}

Hospitals set up to provide care to soldiers during the Crimean War (1854–1856) contained a melting pot of different groups providing nursing care. Florence Nightingale and her group along with Irish and British orders of Catholic and Anglican nuns provided nursing care along with traditional healers such as Mary Seacole. The efforts of Florence Nightingale attracted public attention and upon her return to England, she established St Thomas’s training school for nurses in London and within a few years, other hospitals were to establish their own training schools. She had helped to develop nursing as a respectable career for middle class ladies and stood as a symbol of inspiration for the growing number of unmarried single women who believed they could do meaningful work.\textsuperscript{25} The moral nature of nursing work meant that ‘power, self-fulfilment and moral duty could all be satisfied by serving the sick.’\textsuperscript{26} Nursing differed from other options for middle class women however as it was paid work and women who joined sisterhoods or engaged in philanthropic work were able ‘to avoid the taint of working for a salary or wage.’\textsuperscript{27}

The impetus for Irish hospital reform in the 1850s came, according to Fealy, from the efforts of Protestant fundraising bodies. Dublin hospital fundraising charities provided money to hospitals which were willing to improve conditions. This also included improvements in nursing services. Catholic hospitals chose to remain outside this scheme which left them at a disadvantage when the state assumed responsibility for reform. The efforts of philanthropic fundraising charities gave way to state interest. This took the form of a statutory enquiry whose members were suspicious of the level of training of nuns, at a time when the first hospital training school for lay ‘lady nurses’ was opened. Members of the Dublin Hospitals Commission, (formed in 1856) viewed Catholic voluntary hospitals with suspicion as they

\textsuperscript{22}Katherine Williams, ‘From Sarah Gamp to Florence Nightingale: A critical study of hospital nursing systems from 1840–1897,’ In Celia Davies, \textit{Rewriting}, pp. 41-73.
\textsuperscript{23}Monica E. Baly, \textit{Nursing}, pp. 119-122.
\textsuperscript{25}Martha Vicinus, \textit{Independent},. pp. 1-7.
\textsuperscript{26}Ibid. p. 87.
...had failed to become involved in the movement for nursing reform; they continued to employ untrained nurses in their hospital wards and they failed to introduce arrangements for the proper training of nurses.28

Religious orders had made individual training arrangements. ‘The Wexford Branch of the Sisters of St John of God received instruction from a local doctor. In 1897, the Limerick Sisters of Mercy invited Miss Pringle, a Nightingale nurse to train the sisters in the workhouse hospital.’29 By 1892, lay Catholic women could train in St Vincent’s Hospital, the Charitable Infirmary, Jervis Street and the Mater Misericordiae Hospitals in Dublin. Poor Law infirmaries also provided training for women. Nuns could not perform some chores including midwifery duties and night duty. Activities which involved close contact with male patients were prohibited as was the care of patients suffering from venereal disease.30 Despite these limits and official perceptions of their lack of formal training, nuns effectively ‘controlled and delivered nursing services in the workhouses’ which would allow them to ‘go on to establish a power base within lay nursing in Ireland.’31

The emergence of an outdoor nursing service in the mid nineteenth century was due to state and voluntary effort. A Medical Charities Act, passed in 1851, divided the country into areas known as dispensary districts.32 A dispensary doctor and dispensary midwife was appointed to each district to provide free medical care for the sick poor either in their own homes or at the dispensary. Voluntary effort filled the need for general nursing care. The Queen Victoria Jubilee Institute for nurses was founded in 1888 as proceeds from the Queen’s jubilee were used to establish an outdoor nursing service for the sick poor.33 An Irish branch of the Institute was established a few years later. The Institute gave postgraduate training to qualified nurses in the specialised subject of district nursing and supplied district nurses to areas throughout Ireland. Those who wanted the services of a nurse formed a District Nursing Association and were responsible for providing funds to maintain a Jubilee nurse in their area, in addition to a salary. The payment of rent for the nurses’ cottage and the supply of drugs were included as maintenance costs. This arrangement worked well for wealthy districts but not for poorer districts where inhabitants were unable to provide the necessary

33Monica E. Baly, Nursing, pp.127-28.
funds. This problem was solved when Lady Rachel Dudley, wife of the Irish Viceroy established a charitable organisation in 1903 which would cover district nurse maintenance costs and salaries\textsuperscript{34} in areas too poor to raise funds locally. Jubilee trained nurses who worked in areas aided by Lady Dudley Scheme funds were known as Lady Dudley nurses and were most numerous in areas along the western seaboard. Funds for their maintenance came from national source rather than local fundraising, through a central Dublin office.\textsuperscript{35} Whereas Lady Dudley was concerned with the provision of nursing service to impoverished districts, Lady Ishbel Aberdeen was concerned with the eradication of tuberculosis. She was wife of Lord Haddo, Marquis of Aberdeen, who was twice Viceroy of Ireland.\textsuperscript{36} Outdoor nurses appointed under the Women’s Aberdeen National Health Association, an organisation established by Lady Aberdeen in 1907 were active in the treatment of tuberculosis patients.\textsuperscript{37}

Registration.

There emerged a variety of people with varying levels of training and experience by the end of the nineteenth century. Working and middle class women were admitted for training and the paying probationers were trained for positions of leadership. It was these ex-lady nurses who became concerned with limiting recruitment to the profession to middle class women, thereby raising the status of nursing.\textsuperscript{38} Some English nursing leaders felt that the registration of those suitably qualified would enable the public to be better able to select qualified nurses. State registration had been extended to doctors (1858) and midwives (1902). But those involved in the registration debate had to decide what constituted a qualified nurse. Nightingale was opposed to registration and believed that exam results alone could not measure the true competence of a nurse. Her view of the moral training of a nurse had been informed by her experience of Irish nursing sisters’ systems.\textsuperscript{39} Ethel Bedford Fenwick led the pro-registration side and wanted to recast nursing as an autonomous profession, whose needs would be free from hospital control.\textsuperscript{40} Both sides however had agreed on the vocational ethos

\textsuperscript{34}The local authorities paid nurses’ salaries after 1922 but not maintenance costs.
\textsuperscript{36}Anna Day, Turn of the Tide: The story of Peamount, (Dublin, 1987) p. 11.
\textsuperscript{37}Elizabeth Prendergast and Helen Sheridan, Jubilee Nurse, pp. ix-xiv.
\textsuperscript{38}Brian Abel-Smith, Nursing Profession, p. 61 and Monica E. Baly, Nursing, p.145
\textsuperscript{39}See Pauline Scanlan, ‘Florence Nightingale Seeks Nursing Experience in Dublin (1844 and 1852),’ in Irish Nurse, p.66-7 and Maria Luddy (Ed.) The Crimean Journals of the Sisters of Mercy 1854-1856, pp. 230-1.
of the nurse.\textsuperscript{41} Public opinion was also divided on the issues with some doctors and hospital authorities for and against registration. The members of a Special Committee called to consider the subject in 1904, attempted to placate both camps. Although it was in favour of registration, members also ruled that unregistered should be allowed to practice.\textsuperscript{42}

Nursing auxiliaries in the form of Red Cross trained Voluntary Aid Detachments were employed because of shortages in qualified nursing labour during the First World War. The move to introduce what were seen to be unqualified workers was greeted with alarm by pro-registration nursing leaders who were afraid that these women might claim to be qualified nurses once the war ended. The British Royal College of Nursing was established in 1916 and opened a voluntary register for qualified nurses. The British parliament passed a limited form of women’s franchise in 1918, limited to women over thirty years of age. The parliament had been influenced by women’s contribution to the war and a fear of the resurgence of suffrage campaigning.\textsuperscript{43} The Nurses’ Act was passed a year after women were granted the vote as a way of preventing industrial agitation amongst nurses. The first Minister for Health introduced legislation that was essentially a compromise between different factions. Training remained under the control of hospital authorities and entrance criteria remained unchanged.\textsuperscript{44}

**Interpretations on the development of professional nursing.**

Rafferty has shown how English nursing leaders on both sides of the debate appealed for support from their American sisters. English nursing leaders (particularly pro-registration leaders) also appealed to their Irish counterparts. Dublin hospital Matron Margaret Huxley was a close friend of Ethel Bedford Fenwick.\textsuperscript{45} Many Irish women were also recruited as qualified nurses and VADs during the war.\textsuperscript{46} Religious orders however remained outside the debate on registration. Although Galway was not immune from international developments, in that Galway nurses volunteered for war work, an examination of the Nursing Committee’s records of the Galway Prospect Hill Infirmary shows the issue of registration was not debated

\textsuperscript{42} Monica E. Baly, *Nursing*, pp. 146-7.
\textsuperscript{44} Robert Dingwall, Anne Marie Rafferty and Charles Webster, *Introduction*, pp.72-.96.
or mentioned. The pro-registration Irish College of Nursing included a membership of 8 matrons from hospitals in Dublin, Belfast, Limerick and Waterford (but not Cork or Galway).

Some historians have questioned the ability of nursing leaders themselves to shape the emerging profession. At first glance, progress seems to have followed a linear model which included the formation of training schools and state recognition in the form of registration. This was the model suggested by early triumphalist nursing history accounts, eager to justify the emergence of a profession for respectable women. Martha Vicinus has described the way in which the emerging profession of nursing appealed to single middle class women who could afford to live independently. Particular aspects of the nursing story have been re-examined in recent years by historians. The early years of the Nightingale training school were not, according to Baly without significant problems. Nonetheless, historians have identified this period as one in which traditions and customs were established and remained unchanged long after these had ceased to be meaningful. Nightingale’s successors were reluctant to experiment with the system which had made nursing fashionable and had ‘emphasised obedience and discipline long after hospitals had ceased to be lawless places complained of by the early pioneers.’

Rafferty and Brooks have examined reasons for the unchanging nature and rules surrounding the design and wearing of the nurses’ uniform and suggest that this is symbolic of the unchanging nature of nursing customs generally, at a time when dress codes for women had changed as had the level of social freedom allowed. Dingwall, Rafferty and Webster have looked at motives for the emergence of hospital-based training for nurses. Doctors’ fears of nursing being a back door way into medicine meant that they were anxious to place training for this emerging occupation in the hospital under their control. Management bodies of voluntary hospitals had to contend with significant financial problems and the opening of a nurse training school was seen as a source of revenue and probationers could be used as a

47 GCCA GH 1/13 Galway Hospital (also known as the Prospect Hill Infirmary) Nursing Committee Minutes 1913-1922.
49 Barbara Mortimer, New Directions, p. 1.
50 Martha Vicinus, Independent Women, pp. 85-120.
51 Monica E. Baly, Nursing, pp. 121-3.
52 Ibid.
cheap source of labour. Christopher Maggs meanwhile has looked at the discrepancies between the desires of nurse leaders in the type of girl they wanted to recruit to the social class of those actually recruited. Sue Hawkins’ ground level study of the nursing careers of those who trained and worked at St Georges Hospital, London also challenges the assumption of middle-class domination of nursing during the nineteenth century.

Rafferty argues that registration for nurses was adopted not because of nurses’ actions but because it was convenient for the Government to introduce it. A survey of the fortunes of the General Nursing Council in its early years may be read as an illustration of the powerlessness of nurses to shape their profession. Susan Reverby meanwhile has looked at the emergence of the nursing profession in America. She defines the work that nurses did as ‘caring’ and she argues that it was ‘society’s refusal to value this work which led to nursing’s subordinate status’.

The status of nursing history.

Some nursing historians feel that nursing history has been generally neglected by historians in other disciplines – with England as a notable exception. Katherin Schultheiss has commented on French historians’ neglect of nursing history. She wrote

Within the academy, the history of nursing appears to have fallen between the cracks, with scholars interested in women’s professions concentrating on teachers, or, to a lesser extent, on civil servants, and those interested in women’s work focusing on industrial and domestic production. Historians of medicine have traditionally accorded nurses a paragraph or two at best. At the same time, social historians of religion have tended to study the ‘contemplative orders’ that bore the brunt of anticlerical wrath or the teaching orders, whose eviction from public schools became

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54 Robert Dingwall, Anne Marie Rafferty and Charles Webster, An Introduction, pp.58-60.
56 Sue Hawkins, Nursing and Women’s Labour in the Nineteenth Century: The Quest for Independence, (Oxan, 2010)
57 Anne Marie Rafferty, Politics, pp.93-5.
nearly synonymous with secularising and ‘republicanizing’ the minds of French children.\(^59\)

Reverby has similarly looked at the neglect of nursing history by anyone other than nurses, remarking on feminist historians’ aversion to studying a profession where ‘women were so divided by class that their common oppression based on gender could not unite them.’\(^60\)

Nursing history therefore had modest beginnings, dominated in England only up to very recently by celebratory biographies of Florence Nightingale and laudatory accounts of the development of the nursing profession generally. Reverby meanwhile has had to clarify her position as a feminist historian in response to the assumptions she encountered in the course of her research that she was a nurse.\(^61\) England has led the way in terms of general academic interest in nursing history, with Abel-Smith’s political history of nursing and sociologist Celia Davies \textit{Rewriting Nursing History} as works which had a profound impact on the way nursing history was written.\(^62\)

In Ireland meanwhile, early references to nurses were to be found in a number of hospital histories, doctors’ memoirs and in Ruth Barrington’s \textit{Health Medicine and Politics in Ireland 1900-1970}.\(^63\) The earliest account of nursing alone (\textit{A Century of Service – The Story of the Development of Nursing in Ireland}) consisted of a series of articles on various aspects of


\(^{60}\)Susan Reverby, \textit{Ordered}, p.6.

\(^{61}\)Susan Reverby, \textit{Ordered}, p.xi Acknowledgments.

\(^{62}\)Barbara Mortimer, ‘Introduction. The history of nursing: yesterday, today and tomorrow,’ In Barbara Mortimer and Susan McGann, (Eds.) \textit{New Directions in the History of Nursing}, pp.1-21. Mortimer’s International literature survey also looks at the value of nursing history to other disciplines. These include Women’s History, Gender Studies, Professionalization, Race and Ethnicity, Education, Nursing and the Military and the History of Caring.


nursing history. Peggy Donaldson’s account of nursing provision in the Royal Victoria Hospital in Belfast extends to a history of nursing in Northern Ireland. The first comprehensive history of nursing in Ireland generally was published in 1991 by Pauline Scanlan. She had not intended it to be a historical study but believed it would have a variety of purposes – as a textbook for nursing students, a critical survey of the then nursing syllabus with historical sources used to support her belief that nursing did not develop as it should have. This did not lead to an immediate rise in similar histories being published. Instead hospital histories continued to be produced in the 1990s. Some were published as a way of preserving the histories of Dublin hospitals closed as part of a restructuring plan of health care provision. The next complete history of nursing was published in 2006 and is based on the findings of doctoral research in education. Gerard Fealy’s *A History of Apprenticeship Nurse Training in Ireland* looks at the progress of nurse apprenticeship training in Ireland and the role of reform in shaping this form of training. Celebratory institutional histories were published in 1997 and in 2000 to celebrate the seventy fifth anniversary of the Irish Guild of Catholic Nurses and the fiftieth anniversary of the board responsible for maintaining educational standards from 1950. Recent years have also seen the rise of nurse training school histories and to county health histories and aspects of nursing history continue to be published in article form.

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65 Peggy Donaldson, *Yes Matron: A History of Nurses and Nursing at the Royal Victoria Hospital Belfast*, (Belfast, 1988)  
Nurses have appeared in other history disciplines in recent years and an interdisciplinary reading is essential to get a fuller picture of the experiences of nurses. Margaret MacCurtain greeted the publication of Pauline Scanlan’s book as a part of ‘the mainstream of feminist history.’ The activities of nationalist nurses have been included in the story of women’s contribution to the struggle for independence. Annie M. P. Smithson was keen to emphasise her nationalist credentials in her biography. Nationalist considerations also inform Bridget Dirrane’s life story. O'Duigneáin on the other hand is keen to emphasise the varied experiences of Linda Kearns. The working life of some nurses provides us with a snapshot of the community where they worked – such as the account of Méiní, the Blasket Island Nurse B.N. Hedderman tells us little about herself preferring instead to describe the community where she worked. The introduction of nursing nuns into Irish workhouses has also been looked at in the context of the development of nationalist activity in the wake of Catholic Emancipation. Nursing sisters have been included in Caitríona Clear’s study of religious women and in Maria Luddy’s study of women and philanthropy in nineteenth century Ireland.

Nurses have appeared in some women’s histories in passing – Caitríona Clear’s Women of the House: Women’s Household Work in Ireland 1922-1961 and in Mary Muldowney’s study of Irish women in the Second World War. Elizabeth Kiely and Máire Leane have placed nursing in the context of women’s work in general and their work is of great value to the


73See for example, Gerard Fealy, Care to Remember: Nursing and Midwifery in Ireland, (Cork, 2005)


75See for example See also Margaret Ward, Unmanageable Revolutionaries: Women and Irish Nationalism, (London, 1995). Anne M.P. Smithson and other nurses trained Cumann na mBan members in rudimentary first aid.

76Anne M.P. Smithson, Myself-and Others, (Dublin, 1944).


78Proinnsíos Ó Duigneáin, Linda Kearns: A Revolutionary Irish Woman, (Leitrim, 2002).

79Leslie Matson, Meíní the Blasket Island Nurse, (Cork, 1995) and B.N. Hedderman, Glimpses of my life in Aran: Some experiences of a district nurse in these remote islands off the west coast of Ireland, (Bristol, 1917).


nursing historian, contributing to a neglected area of the work of nurses once qualified.\(^{82}\) Oral evidence shows the status of nursing relative to other occupations, and the opinions of women who did not become nurses on this career. Nurses’ wages are placed in the context of other women workers and, more importantly, the issue of nursing unrest is placed in the context of industrial agitation generally. The authors’ description of casual strategies used by women in general and not just nurses, to win better working conditions in Munster may also have been used in other provinces. Such findings question some assumptions made by nursing historians, such as Scanlan’s belief that nurses were not interested in improving their conditions. International histories of nursing unrest\(^ {83}\) and John Cunningham’s account of the organisation for post-primary teachers in Ireland, help place the identity of the Irish Nurses Organisation in the context of a professional organisation rather than a trade union (its identity had changed to a professional organisation by the mid 1930s).\(^ {84}\) Susan Mc Gann’s recent study of industrial agitation in Britain has given rise to a similar interest in Ireland, with the inclusion of an article on Trade Unions and Nurses in the Irish labour history journal, Saothar and current research being carried out into a history of the Irish Nurses Organisation.\(^ {85}\) Medical historians and historians of women’s work have included nurses in their studies.\(^ {86}\) Some articles though not directly relating to nurses, are of importance to the nursing historian. Mary E. Daly looks at how (Catholic) voluntary hospital’s desire for autonomy impeded hospital development.\(^ {87}\) It was perhaps this desire which prevented the Hospitals Commission from making detailed comments on hospital nursing reform, as members preferred to dwell on the issue of district nursing reform. Both Mary E. Daly and Margaret Ó hÓgartaigh have looked at the struggle between religious and lay nurses over

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\(^{84}\)John Cunningham, *Unlikely Radicals: Irish Post Primary Teachers and the ASTI 1909-2009*.


\(^{87}\)Mary E. Daly, ‘An Atmosphere of Sturdy Independence: The State and the Dublin Hospitals in the 1930s,’ In Elizabeth Malcolm and Greta Jones, *Medicine, Disease and the State in Ireland 1650-1940*, pp.234-252.
control of hospital management places in the years after independence as some workhouses were closed, an issue not explored in nursing histories to date. 88

The focus of nursing histories to date has been on the way nurses have been trained but even here, there are gaps. The fortunes of voluntary hospitals (albeit more numerous) have been described at the expense of local authority nursing schools. Such voluntary hospitals were concentrated in Dublin, Cork and Limerick. Many women who wished to train as nurses were unsuccessful in getting a training place in an Irish hospital and emigrated to train in England. Louise Ryan has written about the experiences of women who emigrated to train or to work as fully qualified nurses in England. 89 The wide time period of nurse training histories (from the eighteenth century up to the end of the twentieth century, with the exception of Joseph Robins’s study) has been done at the expense of an in depth examination of the twentieth century. Nineteenth century developments overshadow other time periods, though this is not confined to nursing history discipline alone. Dr James Murray’s study of health provision in Galway stretches from ancient times to the 1990s but is silent on the issue of hospital unrest in Galway in the 1960s, though not in the 1940s. Murray worked with former District Nurse leader Mary Quain in collecting research, so the fortunes of district nurses are to the fore in his work. 90

Narratives of nursing history have tended to follow a set formula in the post independence era. The narrative is one of laws passed and the fortunes of state based nursing organisations such as the General Nursing Council at the expense of others – for example the views of local authorities. But even within this dominant narrative there are gaps. Ease of access to Dáil Debates rather than Department of Health records means that only dominant laws concerning nurses and midwives has been described (for example the 1918 Midwives Act). Laws with arguably more impact on the day-to-day working lives of ordinary nurses and midwives has yet to be fully described although Robins et al do draw attention to important midwifery

88The first such study was included as part of a departmental history. See Mary E. Daly, The Buffer State. The Historical Roots of the Department of the Environment, (Dublin, 1997) pp. 74-8. Margaret Ó hÓgartaigh, ‘Flower Power and Mental Grooviness’: nurses and midwives in Ireland in the early twentieth century,’ in Bernadette Whelan (Ed.) Women and Paid Work in Ireland 1500-1930, (Dublin, 2000). See also Sr Maura Crowe, ‘The Nuns Come to Town,’ in Trácht 2006. pp.40-44 and ‘Seamount College,’ in Kinvara – The ancient Parishes of Kiloveragh, Killina and Duras, pp.14-5 for an account of the transfer of Gort Workhouse nursing nuns to Kinvara.
90See the Dr James Murray papers, Special Collections Reading Room, James Hardiman Library, NUI, Galway.
legislation passed in the 1950s which accompanied the decline of domiciliary midwifery in Ireland. An examination of the working lives of ordinary nurses once qualified would add much needed colour to a history dominated by institutional histories. The abundance of personal histories in district nursing has been counterbalanced somewhat in recent years with an institutional history of how voluntary district nursing was organised, but little has been written on the state provision of outdoor nursing services and ways in which voluntary and state services interacted.

Ireland.

Situated in the North Atlantic Ocean, the island of Ireland is made up of a low central plain surrounded by a ring of coastal mountains. The western coastline is rugged with many islands, peninsulas and bays. There are many rivers and lakes and the largest river, the Shannon bisects the Island, beginning in Co. Cavan in Ulster to flow into the Atlantic just south of Limerick. Ireland is divided into four provinces – Connacht, Munster, Leinster and Ulster and each province contains a number of counties (see map of Ireland, appendix). Politically, Ireland consists of a state with jurisdiction over 26 of a total of 32 counties in Connacht, Munster, Leinster and 3 counties in Ulster. Six of a total of nine counties in Ulster form Northern Ireland, a constituent country of the United Kingdom. Ireland was partitioned into the Free State and Northern Ireland in 1922.

The first priority of the Irish Free State was to restore order, in the years after a prolonged period of unrest, encompassing the War of Independence and the Civil War. Whereas some tensions existed between nationalists and the Catholic hierarchy in the years before independence, Free State leaders sought an alliance with the church as a way of achieving stability. The perceived moral superiority of the Irish was used as a way of justifying independence from Britain and efforts were made to portray Ireland as a Catholic Gaelic

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91 Anne M.P. Smithson, Myself.; B.N. Hedderman, Glimpses., The Dr James Murray papers contain written testimony of Mary Quain. For further biographical material on Mary Quain, see Therese C. Meehan, ‘Heading into the Wind’: The Work of District Nurse Mary Quain. In Gerard Fealy, (ed.) Care to Remember pp. 122-37.
92 Elizabeth Prendergast and Helen Sheridan, Jubilee Nurse, Studies done to date mainly concern the early years of the district nursing service, although Joseph Robins and Shelia Armstrong do chart the decline of voluntary nursing groups from 1960. See Joseph Robins ‘Board Altranais 1950-70,’ pp. 29-51 and Shelia Armstrong, ‘Public Health Nursing,’ pp.125-40. In Joseph Robins, An Board Altranais, Studies include Ann Wickham, ‘She must be content to be their servant as well as their teacher: the early years of District Nursing in Ireland,’ in Gerard Fealy, (Ed.) Care to Remember, pp. 102-21; Caroline M. Hynes, The history of District Nursing in Ireland, (Unpublished M Phil thesis Galway,1999).
State. Louise Ryan has examined Press cooperation in this effort. Legislation supporting a Catholic moral viewpoint was passed which prohibited divorce and contraception, but the effects of a church-state alliance also resulted in a noted narrowing of equal citizenship for women as seen in a change in the content of constitutions passed in 1922 and 1937.  

Natural resources and, to a certain extent, government policy influenced the type of employment available in Ireland generally, but employment opportunities for women were limited by dominant beliefs on the position of women within society. Motherhood within the home was cited by state and church leaders as the ideal role for women. The woman herself should be meek and obedient, but Clear’s study shows that no one model of the ideal woman existed amongst Catholic writers during this time and some supported women’s involvement in public life. The most important model of womanhood outside marriage was religious life. There were similarities between this role and motherhood. Respect lay ‘within the institution of the family (land, property and children) or religious life. Outside this lay the marginality and misery of spinsterhood or… the fallen woman.’ The nation sought to further contain those who were already marginalised by social circumstances and included unmarried mothers, illegitimate and abandoned children, orphans, the sexually promiscuous, the socially transgressive and those seen to be ‘in the way’ by family members. This containment was made up of legislation and buildings which included mother and baby homes, industrial and reformatory schools, mental asylums adoption agencies and Magdalen asylums. The desire to contain those seen as morally and socially deviant was one factor in what Smith sees as the atypical development of such institutions in Ireland.

Dominant beliefs on the ideal women resulted in legislation passed in the 1920s and 1930s, limiting female participation in public life, certain kinds of work and work after marriage. Yet Clear in her study has shown that the laws passed during the period did not constitute a coherent ideological attack on women. Women themselves were active participants in fighting against attempts to control their behaviour – publically through membership of feminist groups and privately through leaving Ireland. Beaumont has described the efforts of

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94 Louise Ryan, Gender, Identity and the Irish Press 1922-1937: Embodying the Nation, (Lampeter, 2002).
feminist groups in campaigning against discriminatory legislation. Such groups were also concerned with implementing change in areas they felt were important and were pro-active in their campaigns.  

A study of the employment of nurses helps to add another dimension to the debate over employment legislation introduced in the 1930s – in its actual interpretation and implementation. Feminist groups actively opposed the 1936 Conditions of Employment Act as the terms of the act were seen to limit women’s working hours but the potential of such an act to positively limit working hours in professions such as nursing where excessive working hours were a problem was ignored. Public calls made by Anne M. P. Smithson to use the act to positively define nurses working hours and night duty hours went by seemingly unheeded. Professional women were subject to marriage bars, although as we shall see, the way in which nursing appointments were conducted meant that married women could still be appointed. Kathleen McCarthy was appointed Matron in Woodlands Sanatorium in 1940. The employment contract she signed upon appointment reveals that she was a married woman without family.

A change to a Fianna Fáil government was matched by a change in economic policy in 1932. Efforts to grow industrial jobs were hampered by the Economic War, nonetheless women gained 59% of jobs created in the tariff-protected industries. Women were choosing to abandon traditional jobs in agriculture and in domestic service and the level of females in professional and white collar work increased. This change took place within the context of ‘falling total employment, late marriages, high martial fertility, a high level of permanent celibacy and a significant level of emigration.’ While emigration proved to be a particular political problem during the period of this study, much attention was devoted to the problem of emigration during the post war years. The image of the single female emigrating to England was the dominant one at the time. The general population of Ireland as a whole declined steadily between 1926 and 1946. The decline became more pronounced from 1951 –

101 Irish Independent, 14 October 1936.
102 Mary E. Daly, Women and Work in Ireland, Studies in Irish Economic and Social History, (Dublin, 1997) p.108.
falling from 2,960,953 in that year to 2,880,752 by 1966.\(^{105}\) Whereas the 1950s was characterised as a period of economic stagnation and public anxiety over the consequences of emigration, amidst a falling marriage rate, the 1960s by contrast were characterised as period of economic growth and prosperity. This prosperity led to a younger, higher marriage profile and a baby boom. Problems remained in the remaining low levels of part-time work for Irish women and percentage of women in the workforce (25.5\%), but the type of work available to women changed. The numbers of women in agriculture and domestic service fell and the numbers of women in industrial, shop and clerical work grew. A looser interpretation of the marriage bar led to its total abandonment by the early 1970s. Married women national school teachers were allowed to work temporarily from the late 1950s – this represented the first step in the eventual decay and removal of the bar.\(^{106}\) The decade was characterised by a younger generation coming to the fore – as politicians and leaders in other professions. Feelings of confidence were combined with an openness to debate and outward-looking national policies. It was a decade where free secondary school education was made available and the national television service began broadcasting.

### Galway

Galway City is situated on the River Corrib in the County of Galway and the province of Connacht. During the period of this study (1922-1971), the population of the city grew steadily. It was (and remains) the administrative centre for the county and region with offices of the County Council, the Department of Industry and Commerce, Customs, the Board of Public Works and other agencies located centrally.\(^{107}\) The population growth in the city is in contrast to other areas classified by census enumerators as towns and large rural areas. The general population of Galway City grew from 14,227 in 1926 to 20,370 in 1946. By 1966 there were 24,597 people living in the Municipal Borough of Galway.\(^{108}\) The general population of Gort, Glenamaddy, Portumna, Oughterard and Mountbellew declined steadily between 1926 and 1966. Population numbers were subject to only minor fluctuations in Tuam, Loughrea and Ballinasloe. County Galway’s overall population underwent a steady decline between 1926 and 1966; falling from 169,366 to 148,340 persons. This was a part of

\(^{105}\)Figures as taken from Census of Population 1926 -1966.
\(^{108}\)The population figures for Galway are taken from Irish Census 1926-1966.
an overall provincial decline of 151,239 in the general population of Connacht during the same period. 109

Galway men and women were employed in three areas – in traditional occupations, in occupations created in the eighteenth and nineteenth centuries and those created in the twentieth century. Traditional occupations were linked to the natural resources available. People worked on the land and in agriculture-related industries but the proximity of the sea and Lough Corrib meant that fishing was an important industry – especially in the Connemara area. Many craftsmen were employed in the building of the university during the nineteenth century and once the college was opened, people were employed in student services. 110 The establishment of the university took place at the same time as efforts were being made to develop the Salthill sea side as a tourist attraction. Rail infrastructure had been built to link Galway with Dublin which brought a growing number of tourists to the town from 1851. A Railway hotel and other hotels were built to accommodate the tourists and efforts made to provide tourists with a varied number of activities such as the Galway Races. 111 Industry was limited to just two flour mills, a foundry, a woollen mill and a brush factory in Galway city by 1910, but many important retail houses had opened. 112 These included Dillons, McNamaras, Fallers, Naughtons, Corbetts, O’Gorman’s, Liptons, Glynns, Moons and Anthony Ryan’s. The most prominent merchant family, the Mc Donogh’s employed workers in their sawmills, fertiliser factory and builder provider business. During the First World War, the Galway Munitions Factory employed over one hundred women but it closed in 1919. 113 Some Galway nurses were also recruited for work overseas.

One third of the land in the province of Connacht (with counties Galway, Mayo, Sligo, Leitrim and Roscommon) consisted of bog or bare limestone lowlands. Cattle and sheep were reared on a farm size of an average of 30 acres but in West Connacht, farms were smaller and the land was less productive. Farmers in this area had additional sources of income from collecting seaweed, tourism services and money received from family members working abroad. 114 Live animals were sold at fairs – there were 12 fairs held annually in Galway. General goods were sold at fair market stalls and money raised from goods sold could be

109 The population figures for County Galway and Connacht are taken from Irish Census 1926–1966.
113 Communication from Dr Jackie Uí Chíonna, currently researching a history of the Mc Donogh family.
114 N.P.T. O’Donnellan. Manufacturing , p. 27
lodged in one of four regional banks. The number of insurance companies grew from four to thirteen between 1911 and 1957.\textsuperscript{115}

Industries created in Galway during the 1930s included a concrete roofing tile company, a tarmacadam factory, Irish Metal Industries and a chemical factory. Women were employed in making hats in a hat factory called \textit{Les Modes Modernes} and the Mercy Order operated a knitting factory. Imports included flour, wheat, corn, manure, coal, bricks, cement, timber, salt and general cargoes. Exports included sea-weed, moss, timber, eggs, seed potatoes wool and chemicals but both imports and exports were suspended upon the outbreak of war.\textsuperscript{116} The Second World War effectively hampered efforts made by the Galway Chamber of Commerce to create industries but a renewed effort was made to attract industries from the 1950s. Royal Tara China factory was opened in Mervue and the first industrial estate was opened there in 1967.\textsuperscript{117}

Table 1.1 Professional women as a percentage of women gainfully occupied in Galway.\textsuperscript{118}

<table>
<thead>
<tr>
<th>Year</th>
<th>Women Gainfully Occupied</th>
<th>Professional Women</th>
<th>Percentage of professional women of women gainfully occupied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1926</td>
<td>18,150</td>
<td>1,468</td>
<td>8%</td>
</tr>
<tr>
<td>1936</td>
<td>17,743</td>
<td>1,654</td>
<td>9%</td>
</tr>
<tr>
<td>1946</td>
<td>16,032</td>
<td>1,911</td>
<td>12%</td>
</tr>
<tr>
<td>1961</td>
<td>12,261</td>
<td>2,420</td>
<td>20%</td>
</tr>
</tbody>
</table>

Table 1.2 Professional women as a percentage of women gainfully occupied in Connacht.

<table>
<thead>
<tr>
<th>Year</th>
<th>Women Gainfully Occupied</th>
<th>Professional Women</th>
<th>Percentage of professional women of women gainfully occupied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1926</td>
<td>58,926</td>
<td>4,279</td>
<td>7%</td>
</tr>
<tr>
<td>1936</td>
<td>55,872</td>
<td>4,602</td>
<td>8%</td>
</tr>
<tr>
<td>1946</td>
<td>48,871</td>
<td>5,172</td>
<td>11%</td>
</tr>
<tr>
<td>1961</td>
<td>33,389</td>
<td>5,831</td>
<td>17%</td>
</tr>
</tbody>
</table>

\textsuperscript{115}N.P.T. O’Donnellan. \textit{Manufacturing}, p.31  
\textsuperscript{116}Ibid.  
\textsuperscript{117}Peadar O’Dowd, \textit{A History}, pp. 139-40.  
\textsuperscript{118}The figures for Galway and Connacht are calculations made on census information. The percentages for Ireland are taken from Caitriona Clear, \textit{Women of the House} pp.14-5.
Table 1.3 Professional women as a percentage of women gainfully occupied in Ireland.

<table>
<thead>
<tr>
<th>Year</th>
<th>Women Gainfully Occupied</th>
<th>Professional Women</th>
<th>Percentage of professional women of women gainfully occupied.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1926</td>
<td>343,894</td>
<td>29,505</td>
<td>8.6 %</td>
</tr>
<tr>
<td>1936</td>
<td>351,367</td>
<td>32,937</td>
<td>9.4%</td>
</tr>
<tr>
<td>1946</td>
<td>334,862</td>
<td>36,806</td>
<td>11%</td>
</tr>
<tr>
<td>1961</td>
<td>286,579</td>
<td>41,176</td>
<td>14%</td>
</tr>
</tbody>
</table>

Over 60% of women designated as ‘gainfully occupied’ by census enumerators were employed in agriculture in Galway and Connacht in 1926. This was almost twice the percentage of those employed in the same occupation in Ireland as a whole. By 1961, the percentage of women working in agriculture in Galway and Connacht had fallen to just over 30%, but was still far above the national average of 14.6%. Domestic Service accounted for roughly a quarter of all females gainfully occupied in Ireland as a whole up to 1946 with a fall to 13.9% by 1961. There is no dramatic decline of women employed as domestic servants in Galway, as there is in Connacht or Ireland as a whole. Women in Galway and Connacht seem to have availed of professional opportunities rather than those in commerce. Those employed in the ‘commerce finance and insurance’ sector in County Galway grew from 4% to 13% between 1926 and 1946 before falling to just 6% in 1961. The percentage for Connacht remains at roughly 5% up until 1946 before jumping dramatically from 7% to 13% between 1946 and 1961. The percentage of women employed in professional occupations such as teaching, nursing and the religious life grows on a county, provincial and national level. County Galway enjoys particular growth, with percentages surpassing Ireland as a whole as early as 1946. These changes took place in a context where there was a falling number of women designated as ‘gainfully occupied’ in Ireland as a whole. Between 1922 and 1961, the number of ‘gainfully occupied’ women fell steadily in Galway and Connacht with a net loss of 6,146 in the County and a provincial net loss of 25,537 women deemed as gainfully occupied.

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119 See also Caitríona Clear, Women, p. 17.
120 Caitríona Clear, Women, pp.13-5.
Health administration.

Health care needs were administered on a county by county basis, funded with local tax revenue from the foundation of the state, but particularly in the years before the Second World War. Local government committees and sub committees deliberated on health matters and were loosely held together by a department with a wide portfolio which stretched from public health matters to road building. The local press published meetings of county and neighbouring county boards of health up to the early 1940s. Sub committees were abolished under the terms of the 1940 Local Government Act and their functions were placed in the hands of a single county manager. This was only one step in creating a more streamlined administrative system. A department specifically devoted to health matters was created in 1947 and attempts were made to impose uniform standards (even in the type of uniform worn by nurses) but on a country which retained an uneven spread of hospital buildings and therefore an uneven spread of nursing labour.

Although Galway is the second largest county in Ireland, it had a different health care infrastructure to Dublin, an area characterised by a concentration of large voluntary and state owed hospitals. A study of Table 8.2 in the appendix (list of hospitals in Ireland 1937-1948) illustrates county by county differences – in Donegal for example there were large-bed-capacity district hospitals and in Cork a high number of small-bed-capacity district hospitals. Although studies of nursing history to date have concentrated on Dublin, a case by case study of different counties and provinces is essential for a more nuanced history of nursing – especially of working conditions and unrest. Nor is the simple divide between Dublin and the rest of Ireland sufficient. A detailed examination of County Board of Health meetings reveal that nurses’ working conditions and wages differed from county to county as did nursing labour needs generally. The prevalence of a large number of district hospitals in Munster and the concentration of religious nurse training labour in Cork, was different from County Galway where there was only a single district hospital opened in Clifden in 1935. The absence of district hospitals in Galway was offset by a single large scale county home and mental institution in East Galway, a comprehensive dispensary district service supplemented with a strong voluntary district nursing effort.

For a detailed account of local government administration generally and in the case of Galway, see Mary E. Daly, The Buffer State, and Gabriel O’Connor, A History of Galway County Council. See in particular pp. 137-39.
One other important element in considering Galway as an area worthy of study is the concentration of hospital nursing labour within a few hospitals located in the city of Galway. There was a second area of mixed registration nursing labour in East Galway (this included mental nurses). Hospital Commission members cited Galway – particularly the city area as an excellent example of a centralised health system with the largest hospital linked to a University medical faculty.122 This was the Central Hospital Galway and it, along with the ‘Woodlands’ sanatorium, is the focus of this study. The Central Hospital Galway was opened in 1922 as a replacement for the Galway workhouse and the Prospect Hill infirmary. It was a local authority-run hospital rather than a voluntary hospital and its nurses were (as we shall see) subject to state legislation. A newer hospital was built on the site of the Central Hospital and in 1956, patients were transferred to the main block of the so-named ‘Regional Hospital Galway.’ Patients from Woodlands sanatorium were also transferred to the Western Regional Sanatorium located in Merlin Park in 1953. Although a district hospital was opened in Clifden in 1935, it was not until the post-war years that other hospitals were opened in the county, when voluntary hospitals were opened in Ballinasloe, Tuam and Galway city (Calvary). The Madonna School of Nursing was opened in Portiuncula Hospital in Ballinasloe in 1953 and was the first voluntary hospital training school in County Galway. It was another place for probationers to train. Although this study is concerned mainly with local authority-run hospitals, the fortunes of both voluntary and state hospitals were linked. Departmental thinking was to inform nurse training and working conditions by the late 1940s and National Archive records reveal that some voluntary training schools in Dublin adopted departmental guidelines because of fears of a shortage of nursing recruits.

Nursing and oral history

Nursing historians have readily accepted oral history as a tool with which to open new areas of enquiry in recent years. The practice of oral history together with the publishing of nursing biographies has drawn attention to the life of the ordinary nurse.123 Paul Thompson notes the

potential of oral history to ‘allow heroes not just from the leaders, but from the unknown majority of the people.’ Nicky Leap and Billie Hunter’s account of the working lives of ordinary midwives and handywomen is one example of such a history. The practice of oral history also serves to challenge assumptions about the past. The authoritarian attitudes of some of those interviewed by Leap and Hunter effectively challenges any romantic expectations that they would be the collectors of ‘a host of forgotten skills, a treasure chest of tips and ideas.’ Peter Ardern is keen to challenge the stereotype of matron as ‘a battleaxe’ or ‘dragon’ through his research which is based on interviews with matrons. Some studies meanwhile have used oral history as a way of filling in the gaps in knowledge. Nurse and midwife training required the candidate to live in a nurses’ home, therefore training may be understood as an entire experience, affecting the candidate from morning to night. Maxine Rhodes has described the importance of oral history in acquiring a more nuanced picture of the way in which a woman became a midwife – in particular the way in which the professional persona was constructed and developed during training. Rona Ferguson’s examination of the recollections of district nurses meanwhile reveals the way in which those interviewed chose to remember their working lives. This does not mean that these recollections are inaccurate – rather they can ‘neither be verified nor refuted by written sources.’

Oral history is of use in charting the ways in which dominant ideas about the role of women in society was interpreted on a daily basis within the institution of the hospital and how the nurses responded to such interpretations. Nursing and teaching were closely associated with female religious and training for both professions was modelled on religious life. It was entire experience, affecting the training candidate from morning to night. Oral history is of use in charting nurses’ opinions of their training and the way in which such opinions changed. This thesis draws upon interviews with 12 nurses (all retired except two) who at the time of the interview were living in Galway city and county. I approached those I knew personally who were nurses and all but two were happy to be interviewed. The latter preferred to give written

testimony so I gave them a questionnaire to fill in, so as to ensure the same topics would be covered. Those interviewed recommended the names of other women I could interview and some made initial contact with other colleagues on my behalf. In this way I collected a wide variety of experiences which ranged in scope from those who trained in the period 1947-1986. While my research is particularly concerned with nursing in the Central Hospital Galway, (later the Regional) Woodlands and Merlin Park between 1922 and 1970, only three of the women interviewed were an exact fit for this criteria. Two women worked in Galway and trained in hospitals after the period of this study (in the 1970s) but their testimony is of use as a way of measuring change. The testimony of Dublin-trained nurses is of use in comparing their experiences with nurses in Galway. Women I interviewed trained in both lay and religious voluntary hospitals in Galway, Dublin, different hospitals in England and Scotland. The majority of women interviewed (six women) trained in England reflects the reality of the limited number of training places available in Ireland and the high rate of female emigration generally during this period. All of the women I interviewed underwent hospital-based apprenticeship training of 3 years duration. The opinions of family members and relatives (some of whom were qualified nurses) were of importance to the women in influencing them to take up a career in nursing. In many cases, the father of the family had the final say – especially amongst those who trained in the 1940s. All the women I interviewed sat similar exams and had a similar daily ward routine but pay and conditions were better in England than in Ireland. Although English officials were preoccupied with the problem of nursing labour shortage during the period of this study, none of the English trained women I interviewed were conscious of a shortage of nursing labour in their hospitals. The need to make nursing an attractive career in England meant that off duty behaviour was subject to lesser surveillance than in Ireland, where there was a steady stream of candidates for nurse training. So-called outdated rules survived longer in Irish hospitals than in English hospitals. The concept of non-nursing duties originated in England and was adopted in Ireland, but all women interviewed recalled that they were required to do some domestic tasks as part of their training. All women I interviewed qualified with the title Registered General Nurse – those in England worked alongside the auxiliary State Enrolled Nurse, but there was no auxiliary grade introduced in Ireland. All women had to deal with what would today be interpreted as bullying behaviour, but nurses blamed this behaviour on individuals.
Irish nursing histories published in recent years have included nurses’ experiences while in training and the working lives of outdoor nurses, but less explored is any discussion of the actual experience in interviewing nurses and midwives. I carried out interviews between 2004 and 2012 at different stages in my research. Interviews took place in the interviewee’s home and were generally one hour in duration except in one case, where I arrived to interview one nurse, but she had invited two of her colleagues to the interview as well. This was a particularly enjoyable experience as the nurses were able to forget the tape recorder and spend over two hours discussing training and working experiences. The interview process in the case of nurses and midwives was made easier by the existence of a set topic for discussion. Both the interviewer and the interviewee knew before they met that the subject of nurse training would be discussed. Such a topic held familiar subsections, such as the method of application for training, preliminary training school, first day on the ward and subjects studied during the different years of training. I used a questionnaire to ensure that I would cover the same topics with each interviewee, but was able to depart from the questionnaire when required, to clarify or pursue any particular topic raised in the interview. Jane A. was able to recall some aspects of life in the London area in the years after the Second World War, so I was able to explore this further with her before slowly returning to the questionnaire.

Some parts of the nurses accounts of their training were easily tested for accuracy, as much had been written on the training syllabus. From close ended questions such as duty hours, the nurse interviewed was guided into more open questions such as her feelings and opinions about aspects of her training – such as how she felt on her first day on the ward. The growth of works published in recent years means that some questions have been more than adequately dealt with in nursing memoirs and in hospital histories. Written accounts of nurse training have fallen into an all too familiar repetitive pattern – such as stories of Christmas time in a hospital setting. Collette Clifford has solved the problem of repetition by

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129 See for example, Gerard Fealy, *A History of Apprenticeship Nurse Training in Ireland*, p.131 and *The Adelaide Hospital School of Nursing 1859-2009*.
presenting the experiences of nurses in a collective way. Oral history is of value in this particular study in filling gaps left in documentary evidence and extends not just to those I interviewed but to written testimony of nurses who worked from the early 1920s. Department of Health records taper off in the early 1960s and although considerable correspondence exists on the subject of providing classroom space for preliminary training school, I had to rely on information given in interviews for the year when the school was actually opened. Listening to the accounts of those who trained in Galway has opened new areas of enquiry which offers an insight into the motivation for nurses’ actions – particularly in the area of industrial agitation. The words of nurses who worked in the years before the Second World War have been preserved in verbatim accounts of hospital management committees as published in the local press.

This thesis seeks to evaluate nursing and midwifery as a career for Galway women. The hospitals at the focus of this study are the Central Hospital Galway (later the Regional Hospital Galway) and Woodlands Sanatorium (later Merlin Park Hospital). All of these were state run hospitals located in the city. Voluntary and state effort combined to provide an outdoor nursing service for the poor during the period of this study (1922-1971). Chapter 2 looks at changes in the supply of nurses and midwives and chronicles growing state interest in the issue. Before 1942, however the state was content to let nursing matters be dealt with at a local level. The local authority management of nurse training and the employment prospects of nurses once qualified will be examined in chapter 3. Our attention will turn to local management of dispensary midwives in the city and county of Galway before 1940 in chapter 4. Midwifery training was not a priority for local authorities in Galway despite efforts to restrict the activities of handywomen (those without formal training who delivered babies). No training school for midwives was established in Galway until the mid 1940s. Galway underwent rapid changes during this period to facilitate the greater level of hospitalisation of midwifery cases. Chapter 5 will chronicle the rise of the ‘dual trained nurse’, that is a nurse trained in both general nursing and midwifery skills in Galway and elsewhere. This development was combined with a removal of limitations on jobs performed by nuns but amidst declining work for dispensary midwives. The training and working conditions of nurses will be examined in chapter 6. As the Central Hospital Galway was a state owned hospital, it was the scene for state-sponsored training schemes. The model of apprenticeship


132Collette Clifford, QE Nurse. See oral history project description in the preface.
nurse training came under some challenge during the late 1940s but this form of training remained intact. These years were also characterised as a watershed period in terms of progress made to improve working conditions. Despite these changes, Galway was a place of considerable unrest – especially in the 1960s. How typical was the level of unrest experienced in Galway?

Conclusion.

Religious orders were the earliest form of collectivised nursing effort but by the time this study begins, growing state interest as well as a formal system for the training and registration of lay nurses had emerged, but some aspects of this formal system was modelled on religious nurse training. Although some religious orders made arrangements for formal training, the individualised nature of such arrangements was insufficient to calm the doubts of some officials. The establishment of a registration body for nursing and midwifery was an attempt to implement national uniformity in training of both nurses and midwives. How did registration legislation affect a place such as Galway, whose doctors and nursing staff remained silent during the registration debate? The increasing number of women employed in professional occupations indicates that nursing and midwifery was an important source of employment for Galway women.

This thesis aims to look at nursing as a career for women at a time when working opportunities for women were limited by dominant patriarchal beliefs on the role of women in society. Who chose this career? How were these women perceived and how did they perceive themselves? Nursing as an occupation fitted with the idealised national image of mother. Mothers performed caring and domestic duties within the home and nurses performed similar duties (but were not limited to these) within the hospital. Midwives were needed to deliver babies, thus enabling Irish women to become mothers and fulfil their duty. Nurses and midwives were public women, but nursing history literature to date sees them in a public role only. This thesis shows nurses and midwives in a public and political role. As the hospitals concerned in this study were state run, it is an account of the state employment of these women and the way in which state attitudes affected these women. The exploration of this topic challenges assumptions about the role and status of women in Irish society during the period of this study.
Chapter 2. Nurses and Midwives: A Statistical Background.

In January 1950, Mrs Phyllis Browne appealed to Irish girls who felt they had a nursing vocation to get ‘all branches of training if possible in their own country’ and to ‘remain in Ireland for the welfare of the nation.’ 1 A few months after this speech, her husband, the Minister for Health, Noel Browne addressed the Dáil on the problem of the supply of nurses. He said:

In relation to the problem of staffing difficulties, and our ability to get nurses for our hospitals and institutions at present, we find…that there is an incredibly increased demand for nurses due to the expansion of services arising from institutions already becoming available. Where the institutions are situated in large cities or towns, we have met with no real difficulty in obtaining staff. There have been isolated incidences in which we have experienced some difficulty but there has not been any material disturbance in our ability to render essential services due to lack of nurses. One very gratifying development is the considerable number of nurses who tend to return to the country. 2

This problem was brought to the attention of the Dáil because of changes in local government administration and the formation of a department devoted to health. Shortages of nursing personnel in the late 1920s were discussed in the local and national press but not at Dáil level – it was an issue managed by local government officials. Members of the Munster Medical Association called upon the department to interest itself in the problem of ‘hopelessly understaffed’ hospitals in 1931. 3 Requests made by English Poor Law Guardians and other concerned groups to the Department of Health during the same period had better success, as their calls resulted in the formation of a statutory board of enquiry to examine nursing labour supply. 4 Many women travelled to England to work or train as qualified nurses during the period of this study. Irish nurses made up a large group of Irish migrants and the numbers of nurses emigrating increased during this period. ‘By the 1960s, 11 percent of all nurses recruited to hospitals in the south east of England were born in the Irish Republic’ and this category of nurse made up 12 per cent of all nursing staff in Britain (31,000 nurses). 5

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1 Irish Nurses’ Magazine, January 1950.
2 Dáil Debates, 8 November 1950.
3 Irish Independent, 16 April 1931.
4 Brian Abel-Smith, Nursing Profession, p.116.
The onset of economic depression in the 1930s led to a change in nursing labour supply in Ireland as qualified nurses experienced difficulty in securing employment.\(^6\) By the mid 1940s, the departmental official with responsibility for health, Dr Con Ward, was receiving news from all over the country of difficulties in recruiting nurses. This difficulty was not just limited to women with general nursing qualifications as the Central Midwives Board gave details of the decline of pupil midwives in their annual reports.\(^7\)

Ireland and other countries.

Table 2.1. The number of nurses and midwives in Ireland, Scotland, Northern Ireland, England and Wales with the number of nurses and midwives per head of population in brackets 1921-1951.\(^8\)

<table>
<thead>
<tr>
<th>Year</th>
<th>Ireland</th>
<th>England and Wales</th>
<th>Scotland</th>
<th>Northern Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td>1921</td>
<td>99,888 (1:379)</td>
<td>13,493 (1:362)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1926</td>
<td>5,757 (1:516)</td>
<td></td>
<td></td>
<td>2,408 (1:522)</td>
</tr>
<tr>
<td>1931</td>
<td></td>
<td>78,813 (1:507)</td>
<td>16,025 (1:302)</td>
<td></td>
</tr>
<tr>
<td>1936</td>
<td>7,075 (1:419)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1946</td>
<td>9,782 (1:302)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1951</td>
<td>8,379 (1:353)</td>
<td>190,815 (1:229)</td>
<td>25,474 (1:200)</td>
<td>5,519 (1:248)</td>
</tr>
</tbody>
</table>

Nursing registration was introduced in England in the same year as the creation of the Department of Health. This was done, according to Abel-Smith, at the only time when it

\(^6\)This will be discussed in greater detail in chapters 3 and 6.
\(^7\)Central Midwives Board, *Annual Report*, as published in the appendix of the Department of Local Government and Public Health’s annual reports, see 1939-1940 report.
\(^8\)Numbers of nurses in Ireland have been taken from the Irish Census of 1926, 1936, 1946 and 1951. In the years after 1951, the classification of nurses changed to that of ‘local authority’ and ‘non local authority’ nurses and did not distinguish between sick nurses, midwives and psychiatric nurses. Numbers of nurses and midwives has been sourced from original census material available online for Northern Ireland, Scotland, England and Wales at Histpop.org but only up to 1937. Additional numbers have been supplied by Sinead Leyden, Irish Central Statistics Office, Cork, Karen Turner in the UK Office for National Statistics for England and Wales, David McComish of the NISRA for Northern Ireland census statistics and by David Shelton and Eileen Crichton at GRO Scotland for Scottish statistics.
could have been introduced – when there was a plentiful supply of middle class recruits to the profession in the years after the First World War.\(^9\) By the late 1920s, some English hospitals experienced difficulties in recruiting women and the concerned editors of the *Lancet* medical journal funded an enquiry to look into reasons for the shortage. This shortage is reflected in the table above and took place amidst a rise of roughly 2 million in the general population between 1921 and 1931. Scotland was the best supplied with nurses and the number of nurses and midwives grew in that country during the period. The shortage of nurses continued to be a problem in England and Wales during the post-war period but the nature of the problem had changed. Although the number of nurses and midwives increased dramatically between 1931 and 1951, there was still a shortage due to an increase in the demand for nurses with increasing hospitalisation of patients.\(^10\) There seemed to be little or no anxiety about supply as the Scottish General Nursing Council was able to impose higher educational standards on prospective candidates for training.\(^11\) The absence of any information on the number of nurses and midwives in the 1937 census for Northern Ireland adds a complication in determining nursing supply trends. The overall general population remained roughly the same in 1926 and 1951, so the change in the number of nurses and midwives per head of population was due to the falling number of nurses and midwives rather than the change in the general population. Peggy Donaldson’s account of nurse training in the Royal Victoria Hospital reports a plentiful supply of recruits to the hospital with a high level of educational attainment in 1937 although by 1966 a ‘worrying shortage of trained nurses developed.’\(^12\) The activities of the Rushcliffe Committee to set standard rates of pay and conditions for nurses in England and Wales prompted the establishment of similar committees in Ireland and Scotland as a preventative measure against any deterioration in the supply of their nurses. The recommendations of the Rushcliffe Committee were implemented in hospitals in Northern Ireland for the same reason.\(^13\) By 1951, the Republic of Ireland was the worst supplied of the neighbouring countries and departmental attitudes reflected this. One example was the unusually hostile departmental response to a friendly invitation for nursing recruits from South African authorities.\(^14\)

\(^9\)Brian Abel-Smith, *Nursing Profession*, p.99.
\(^10\)Ibid. p. 212.
\(^12\)Peggy Donaldson, *Yes Matron, A History of Nurses*, p.88 and p.144.
\(^13\)Ibid. p.102.
\(^14\)National Archives (hereinafter known as NA) Department of Health file (hereinafter known as HLTH) A114/38.
Table 2.2. Number of nurses and midwives in Ireland the number of nurses and midwives per head of population. 1926-1966.\textsuperscript{15}

<table>
<thead>
<tr>
<th>Year</th>
<th>Nurses and Midwives</th>
<th>Nurses and Midwives per head of population (males and females)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1926</td>
<td>5,757</td>
<td>1:516</td>
</tr>
<tr>
<td>1936</td>
<td>7,075</td>
<td>1:419</td>
</tr>
<tr>
<td>1946</td>
<td>9,782</td>
<td>1:302</td>
</tr>
<tr>
<td>1951</td>
<td>8,379</td>
<td>1:353</td>
</tr>
<tr>
<td>1961</td>
<td>8,405</td>
<td>1:335</td>
</tr>
<tr>
<td>1966</td>
<td>8,797</td>
<td>1:327</td>
</tr>
</tbody>
</table>

The General Nursing Council was created under the provisions of the Nursing Registration Act 1919 and was responsible for the creation and maintenance of a list or register of fully qualified nurses. The Central Midwives Board maintained a register for midwives. The General Nursing Council opened a register for each nursing speciality and these registers were – general nursing, male nurses, sick children’s nurses, fever nurses and mental nurses. The census enumerators classified nurses under three headings – mental (psychiatric) nurses, sick nurses and midwives. Student nurses, or probationers, were classified by census enumerators from 1951. An examination of table 2.2 above shows that the number of nurses grows steadily between 1926 and 1946 and there is an improvement in the supply of nurses. This growth is interrupted in 1951, as a slight fall in the number of nurses and midwives is recorded and has a knock on effect with a slight worsening in supply. Even though the numbers of nurses and midwives recovered and began to grow, the worsening of supply was seen up to and including 1966.

It is unclear as to whether nuns working as nurses were classified as sick nurses or under the number of nuns generally, but statistical information gathered by the Department of Health in the late 1940s give some indication of the number of nursing nuns.\textsuperscript{16}

\textsuperscript{15}The figures for the number of nurses and midwives are taken from the occupational tables of the Irish Census Reports. Reports were published of censuses taken in 1926, 1936, 1946, 1951, 1961 and 1966.
The number of handywomen at work were not counted which was unsurprising as a series of Midwives Acts were aimed at eradicating their practice and evidence as to their number was ambiguous. Joan W. and Eileen R. were able to recall and name at least 2 handywomen who worked in East Galway when they were growing up in the 1930s and 1940s. Their dislike of handywomen was evident but Mai T. was more sympathetic. Mai T. trained in Galway at a time when the practice had died out (the mid1980s). Joan W was keen to stress that a doctor attended her mother at the time of her birth (and that her family could afford the doctor’s fees)

J: There was a midwife as well but sometimes, a woman, you know, that would be around, that would be good at that sort of thing – she wouldn’t be trained or anything.

Q: Handywoman.

J: Yeah, a handywoman, yeah.

E: D__ L__

Q: That’s it.

E: Mrs B- over the road delivered a lot of babies as well.

J: Ah, she did….

J:…. And laying people out.

Q: That woman, was it?

J: Yeah.

E: You know, when you think of it, anything could have happened.

J: Yeah

M: She was probably very intuitive, you know, she probably had good hands.

E: I suppose she had, but even so, you know, if somebody haemorrhaged or….

Q: That’s it … maybe…

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16 See appendix 8.2 List of Hospitals in Ireland 1937-1948.
J: But, sure, they often did too. There were, you know, a lot of children born dead.\textsuperscript{17}

The hostility of Joan W. and Eileen R. towards handywomen and the connection made between the practice of handywomen and infant mortality was a common argument made in the nursing press from the 1920s. The Local Government reports issued in the 1930s made regular claims as to the success of official efforts and declining practice of handywomen. One such claim was made by the authors in 1931, the same year in which one T.D. claimed that ‘the handywomen does a roaring trade’ in some districts.\textsuperscript{18} Other T.D.’s with qualifications as medical doctors cast doubt on the ability of the state to provide sufficient properly trained midwives should the practice of handywomen be stopped.

Table 2.3. Number of nurses and midwives and the number of nurses per head of population in the provinces 1926-1966.

<table>
<thead>
<tr>
<th>Year</th>
<th>Connacht</th>
<th>Munster</th>
<th>Leinster</th>
<th>Ulster (3 counties)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1926</td>
<td>548</td>
<td>1:1009</td>
<td>1596</td>
<td>1:608</td>
</tr>
<tr>
<td>1936</td>
<td>738</td>
<td>1:711</td>
<td>1936</td>
<td>1:487</td>
</tr>
<tr>
<td>1946</td>
<td>1143</td>
<td>1:431</td>
<td>2627</td>
<td>1:351</td>
</tr>
<tr>
<td>1951</td>
<td>1221</td>
<td>1:386</td>
<td>2266</td>
<td>1:397</td>
</tr>
<tr>
<td>1961</td>
<td>1123</td>
<td>1:374</td>
<td>2397</td>
<td>1:354</td>
</tr>
<tr>
<td>1966</td>
<td>1135</td>
<td>1:354</td>
<td>2566</td>
<td>1:335</td>
</tr>
</tbody>
</table>

In Munster, Leinster and Ulster, the number of nurses grows, but only up to 1946, with a fall in numbers in 1951. The decline is delayed in Connacht until the period between 1951 and 1961 but is less than in Munster and Leinster. Leinster has the most nurses and midwives and is best supplied when per head of population is taken into account. Although Ulster has the fewest nurses, it is Connacht that is the worst supplied with nurses in 1926 and 1946 and thereafter Ulster until 1966. Nonetheless, Connacht’s supply of nurses and midwives per head of population steadily improves between 1926 and 1966. In other provinces, the supply of nurses and midwives worsens between 1946 and 1951 and although it recovers somewhat in 1961, supply levels do not return to peak 1946 levels. By 1966, the number of nurses and midwives per head of population are similar in all provinces. This is in contrast to the varying

\textsuperscript{17}Interview 11, Joan W trained in England 1945-48, Mai T trained in the Regional Hospital Galway 1986-89 and Eileen R trained in the Central Hospital Galway 1949-51, Volume 2, pp.174-5.

\textsuperscript{18}\textit{Dáil Debates}, 23 April 1931.
levels of supply in 1926 where there was 1 nurse or midwife for 1,009 persons in Connacht and 1 for 348 persons in Leinster.

Table 2.4. Number of nurses and midwives and number of nurses and midwives per head of population in the counties within Connacht 1926-1966. \(^{19}\)

<table>
<thead>
<tr>
<th>Year</th>
<th>Galway</th>
<th>Mayo</th>
<th>Sligo</th>
<th>Roscommon</th>
<th>Leitrim</th>
</tr>
</thead>
<tbody>
<tr>
<td>1926</td>
<td>186</td>
<td>1:910</td>
<td>146</td>
<td>1:1179</td>
<td>91</td>
</tr>
<tr>
<td>1936</td>
<td>269</td>
<td>1:625</td>
<td>195</td>
<td>1:827</td>
<td>113</td>
</tr>
<tr>
<td>1951</td>
<td>402</td>
<td>1:399</td>
<td>312</td>
<td>1:455</td>
<td>169</td>
</tr>
<tr>
<td>1961</td>
<td>448</td>
<td>1:335</td>
<td>273</td>
<td>1:452</td>
<td>140</td>
</tr>
<tr>
<td>1966</td>
<td>486</td>
<td>1:305</td>
<td>259</td>
<td>1:446</td>
<td>128</td>
</tr>
</tbody>
</table>

Within Connacht, Galway has the highest number of nurses and midwives compared with other counties between 1926 and 1966. Although numbers remain the same in Galway between 1946 and 1951, there is no decline in numbers. Other counties experience a decline in numbers between 1951 and 1966. Galway’s supply of nurses and midwives steadily improves between 1926 and 1966. Sligo, Roscommon and Leitrim experience a worsening in supply between 1951 and 1961 which is reflected in the Connacht ratio. Sligo was the county which was best supplied with nurses up to 1936, and thereafter Roscommon was the best supplied when per head of population is taken into account.

Table 2.5 Numbers of Nurses and Midwives and number of nurses and midwives per head of population 1926-1966.

<table>
<thead>
<tr>
<th>Year</th>
<th>Galway</th>
<th>Connacht</th>
<th>Ireland</th>
</tr>
</thead>
<tbody>
<tr>
<td>1926</td>
<td>186</td>
<td>1:910</td>
<td>548</td>
</tr>
<tr>
<td>1936</td>
<td>269</td>
<td>1:625</td>
<td>738</td>
</tr>
<tr>
<td>1946</td>
<td>401</td>
<td>1:412</td>
<td>1143</td>
</tr>
<tr>
<td>1951</td>
<td>402</td>
<td>1:399</td>
<td>1221</td>
</tr>
<tr>
<td>1961</td>
<td>448</td>
<td>1:335</td>
<td>1123</td>
</tr>
<tr>
<td>1966</td>
<td>486</td>
<td>1:305</td>
<td>1135</td>
</tr>
</tbody>
</table>

\(^{19}\)Numbers in Table 2.4 to table 2.11 have been derived from the occupations part of Irish census reports 1926-1966.
There is no decline in the number of nurses and midwives in Galway unlike Connacht or Ireland as a whole. Galway has a better supply of nurses than Connacht as a whole in all years except 1951. Although Ireland as a whole is better supplied than Galway, this lasts only up until 1961, when supply is the same. By 1966, Galway is better supplied than Ireland as a whole. Ireland has a better supply of nurses than Connacht as a whole between 1926 and 1966.

Conclusion

Registration bodies in Ireland and elsewhere provided the public with a list of fully qualified nurses and midwives. The first Irish Free State census taken in 1926, represented a further acknowledgement by the state of ‘legitimate’ nursing labour. The inclusion of those in training from 1951 in census figures was indicative of a growing preoccupation of nursing labour supply. Whereas statutory and non statutory committees in Britain became concerned with nursing labour supply as early as 1930, this did not occur at a state level in Ireland until the late 1940s. Nursing labour matters had previously been of concern to local authorities and each county operated with a high degree of autonomy under the loose supervision of the Department of Local Government and Public Health. Officials in the fledgling Department of Health were engaged in gathering information about nursing labour on a national basis. This coincided with the census recorded slump in the number and supply of midwives in Ireland as a whole and in most provinces between 1946 and 1951. This slump was delayed in Connacht (occurring between 1951 and 1961) but Galway was seemingly immune.

By 1951, Ireland had the worst supply of nurses and midwives per head of population compared with neighbouring countries. It had moved from being a supplier of nurses and midwives to being a competitor for that supply. A statistical survey of women who had emigrated was available to most departments in the immediate post-war years. Women were classified under two occupational headings – that of domestic servants and nurses. It was estimated that 30% of women went abroad to work or train as nurses and 70% of women travelled abroad to work as domestic servants.\textsuperscript{20} Although women from all counties including Galway travelled to England to work or train as nurses, numbers of those leaving the country were highest in Dublin, Cork, Kerry and Mayo.\textsuperscript{21} The emigration of nurses abroad was part of

\textsuperscript{20}NA HLTH A 114/47.  
\textsuperscript{21}NA HLTH A 114/7.
the issue of women’s emigration generally and was the subject of an unsigned Department of Health Memo, though the writing style of Chief Medical Officer Dr James Deeny is evident. He believed that British authorities were hampered in their efforts to develop their health services by a shortage of an estimated 30,000 nurses and therefore had an interest in recruiting Irish women. Irish nurses not only travelled to work in England but also to Northern Ireland. Dominant ideas on emigration of women generally informed the authors views as he expressed fears that

… no nation of any size can continue to lose so many young and healthy women, potential mothers of our people. This loss will have the inevitable effect in a future fall in birth rate. The sad fact that we can lose 1,664 healthy women in a month is a national tragedy.

Any perceptions of a shortage in nursing labour supply had dried up by the late 1950s. Two French observers on a study tour of Irish hospitals published their findings in the *Revue Hospitalière*. On the subject of Irish nurses, they wrote:

> The recruitment is so rich that Ireland provides nurses for the neighbouring hospitals of Great Britain, a country where vocations are rare….It is not surprising to see numerous Irish girls taking up a nursing career, from the young girl of a good family who doesn’t wish to remain idle, to the girl of lower social status. When recruitment is superior to needs, selection plays an important part and only the best are taken on. Thus by a combination of religious customs on the one hand and on the other, an unexciting economic life, one arrives at the existence of a corps of nurses whose high moral development could not fail to impress us. Real medical auxiliaries, impeccable, distinguished, simple, vivacious and gay, the Irish nurses represent an elite.

The supply of nurses had improved so much that as the French observers noted, recruitment was superior to needs. This perception was also expressed in the Dáil and it seems to have informed the basis of Barrington’s optimistic estimation of an increase of 4,000 general nurses, when census figures shows only a sluggish growth in the numbers of nurses and midwives between 1951 and 1966. To what extent did perceptions on the scarcity or otherwise of nursing labour inform nursing policy as either managed through local authorities

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22NA HLTH A114/7 Dr Deeny had written other memoranda on the subject of nursing labour at this time.
23Ibid.
24*The Irish Nurses Magazine*, March 1957.
or on a national basis? Even when there was no perceived shortage of nurses and midwives, fears of such a scenario were evident, as we shall see in Galway during the 1960s. The statistical picture on nursing labour as presented above needs to be placed in the context of the ways in which nurses and midwives were employed during the period 1922 and 1971. The fortunes of nurses who worked in hospitals and sanatoria will be examined in the next chapter.
Chapter 3. Training and Working in the Central Hospital Galway and Woodlands Sanatorium. 1922-1940.

The nurses who were photographed with William T. Cosgrave in 1926 (see chapter 1) were engaged in protest activity within days of his visit. They did not bring their concerns before Cosgrave as leader of the Irish Free State but rather before members of a Local Authority Committee. A deputation of 20 nurses interrupted a meeting of the Galway Hospitals and Dispensaries Committee, to protest at plans to cut their holiday leave.¹ This Committee consisted of about 9 male members and one Catholic priest. Such action was indicative of the way the health service was administered and reveals that nurses worked within this system to improve their working conditions.

Post-Independence Changes.

Cosgrave’s visit marked the end of a period of great change in the hospital infrastructure of Galway and Ireland generally. In 1922, the Department of Local Government and Public Health inherited a network of 127 workhouses, 27 county infirmaries and 12 fever hospitals.² Minister Seamus Burke closed the workhouses and infirmaries. The Poor Law system was replaced by a County Scheme where a central medical and surgical hospital called a county hospital was opened in each county.³ These were supplemented in most counties with a county home (which filled a social need by providing shelter for the destitute) and by one or more district hospitals (which provided a general medical service).⁴ Ruth Barrington in her account of post-independence changes cites the closure of ten workhouses in County Galway as an extreme example of workhouse closure which occurred a few years after independence.⁵

Both Mary E. Daly and Margaret Ó hÓgartaigh have described the struggle which took place in some counties between lay and religious nurses for control of county hospitals and homes.⁶ An examination of events in Galway provides us with a further insight into developments.

¹News of this protest appeared alongside the photograph in The Connacht Tribune, 17 July 1926.
⁴Ibid.
⁵Ibid.
⁶Ruth Barrington, Health, p. 93.
during this period. There is an absence of such a struggle in Galway as many nurses from closed workhouses, both lay and religious either chose to retire, find work in other institutions or were given other duties. Members of the Loughrea District Council decided to transfer former workhouse nurses Nurse Kelly and Nurse Barry to district nursing duties but Nurse Kelly chose to retire. The three nurses who had previously worked in Mountbellew workhouse chose to resign – two due to ill health when authorities tried to transfer them to outdoor duties. Nurse Margaret Barnet found work in the Prospect Hill Infirmary following the closure of the Gort Workhouse. The three nuns who had worked in the Gort workhouse received a payment of £300 each ‘on terminating their services there and this was duly invested in Seamount (College) in Kinvara.’

Nurse training had been available in 41 infirmaries out of a total of 166 hospitals and poor law institutions in Ireland before 1919. Of these, 10 training schools were based in Northern Ireland after 1922. Hospitals everywhere had to reapply for training school recognition to registration bodies from 1919 onwards. Recognition was granted based on the hospital having a minimum number of beds and adequate senior staff and facilities. Hospitals in Dublin, Limerick, Waterford and Cork were granted almost immediate recognition by the Irish General Nursing Council, with almost no interruption in their intake of probationers (later known as student nurses). There was some delay in granting recognition to hospitals in Galway, Wexford and Meath. Counties Tipperary, Clare, Donegal and Monaghan lost their training schools. Table 8.2 (appendix) lists General Nursing Council recognised training schools. The nineteenth century practice of segregating both training in medicine and nursing according to religious denomination was upheld. Nurse training was available for Protestant women in the Victoria Hospital, Cork and the Adelaide Hospital in Dublin. The Central Hospital Galway was a training school for women of the Catholic faith only and the allocation of training schools according to religious denomination did not change for the

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7 GCCA GC 6/1-20 Minutes of the Galway Hospitals and Dispensaries Committee 1922-1942, (Hereinafter known as GCCA GC 6- GHDC)
8 The Connacht Tribune, 4 February 1922, 25 February 1922 and 19 August 1922.
10 NA HLTH 112/113. Contains a list of approved training schools before 1919. See also Saorstat Éireann, Report of the Commission on the Relief of the Sick and Destitute Poor including the Insane Poor, pp. 3-9 and p. 149 for details on the number of Poor Law workhouses and infirmaries in Ireland before 1919.
11 There were similar developments in Britain.
12 Training hospital lists were published in the Local Government Reports 1925-1945 as part of the yearly General Nursing Council Reports.
duration of this study (1922-1970). Medical school hospitals were given ‘complete’ training school status and there were 16 such hospitals in Ireland. Only 6 of these were outside Dublin – five in Cork and one in Galway. Two hospitals could be linked together to offer a complete training experience and these ‘affiliated schemes’ were implemented in Limerick, Waterford, Mayo and Navan. Some hospitals continued to train probationers without official recognition and their probationers were unable to register as state trained nurses. Peggy Donaldson cites a similar practice of unrecognised hospitals training probationers in Northern Ireland.

Women had trained as nurses in the Galway Prospect Hill Infirmary until its closure in 1924. The General Nursing Council had invited the Galway authorities to apply for recognition as early as 1923 (alongside applications from hospitals in Dublin and Cork). Although the Central Hospital Galway had opened in 1922, renovation work continued on the former workhouse site until 1925. For this reason, there were no probationers in the hospital and there was a delay in admitting medical students. The absence of probationers was recognised as a drawback in Chief Physician Dr Davitt’s report as published in the local press. He was eager to stress the modern features of the hospital, comparing it with Dublin hospitals and disassociating it from the workhouse. The quality of nursing care was emphasised as part of the hospital publicity. Dr Davitt reassured the public that nurses were fully trained and certified from ‘well known training schools’ but ‘their talents were wasted in spending all their time doing work that in ordinary hospitals would be performed by probationers.’ Admitting probationers would be a way of saving money and would provide the hospital with an additional source of revenue in the form of training fees.

The Galway Hospitals and Dispensaries Committee was responsible for the management of the Central Hospital Galway, Woodlands Sanatorium and all dispensary districts in the county. Financial difficulties forced them to urgently apply for training school recognition in 1925. Negotiations with the General Nursing Council dragged on as questionnaires came in piecemeal fashion and this proved irksome to a committee whose members had to cope with growing debt. Although recognition was given in a relatively short period of time for the General Nursing Council (which met twice a year), there was a further delay when a separate

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14 GCCA GC 6/4 GHDC 11 February 1925.
15 The Connacht Tribune, 4 October 1924.
request had to be made for fever nurse training. Full recognition was given to the Central Hospital as a training school for general and fever nurse training in April 1927.\textsuperscript{16}

While the absence of probationers was hailed as a positive factor in promoting the Central Hospital Galway, by assuring the public of ‘qualified’ nursing care, training was introduced as a cost saving measure based on the potential of probationers as a source of cheap hospital labour. These motives were shared by those who introduced early nurse training in Britain in the late nineteenth century.\textsuperscript{17} The rather stark motive for introducing training was balanced with committee members’ determination that probationers should be provided with the best training possible. Once admitted for training, the probationer was resident on hospital grounds and the apprenticeship nature of training meant that probationers were students as well as workers. For these reasons, training has to be considered not just in terms of subjects studied but as an entire experience, affecting the probationer from morning till night.

The first group.

The first group of 5 probationers was admitted for training in the summer of 1927. Candidates had to sit an entrance exam and undergo a medical exam under Irish General Nursing Council rules. This entrance method was inherited from training schools established in the previous century and in Britain.\textsuperscript{18} Those in charge of recruiting women in Galway were guided by legislation passed in May 1927. The \textit{Regulations for the employment of Probationary Nurses in County Hospitals} requested that candidates be aged between 19 and 30 years and be either single or widowed. Training places were to be advertised in the local press. Advertisements placed in the Galway press requested candidates apply in their own handwriting, provide a birth certificate, as well as documentary evidence of educational standard and moral character.\textsuperscript{19} The signature of a parish priest was accepted as evidence of moral character. Getting a place in nurse training therefore was connected to the candidate’s level of religious observance and adherence to desired personal traits. Training in moral behaviour was part of nurse training and although not measured in an exact form through written exams, the Irish General Nursing Council written rules cited evidence of moral character as essential for admittance to the state register once qualified. There was the unwritten assumption that the Matron and senior nursing staff were responsible for this aspect.

\textsuperscript{16}See GCCA GC 6/4, GC 6/5 and GC 6/6 GHDC, see also GCCA GC 6/6 13 April 1927.

\textsuperscript{17}Robert Dingwall, Anne Marie Rafferty and Charles Webster, \textit{An Introduction}, p.59.

\textsuperscript{18}See for example, Geoffery Yeo, \textit{Nursing at Barts}, p. 42.

\textsuperscript{19}NA HTH A 123/1.
of nurse training. The legislation reinforced the role of the Matron in determining suitable candidates – a traditional practice in all hospitals everywhere in the form of an interview.

The probationer nurse underwent both practical and theoretical training. All training hospitals given recognition by the General Nursing Council followed their prescribed syllabus. This syllabus was reproduced in detail as a handbook specially produced for Galway probationers. Spanning several pages in length, the subjects studied were broken down into individual lecture titles. Medical staff and senior nursing staff lectured the probationers. Written, oral and practical exams where held in all training schools and two major examinations were held. The ‘preliminary’ exams were held at the end of first year and the final exam at the end of third year. Probationers studied psychology, anatomy and first aid in the first year of study. Final year students were tested in medicine, hygiene, dietetics, materia medica, surgery, gynaecology, bacteriology and eye and ear. Irish General Nursing Council President Sir Edward Coey Bigger linked the knowledge of such subjects with the high status accorded to nursing generally. He wrote:

…she must be able to produce evidence of three years of general training and must pass two examinations in certain subjects – knowledge of which is essential to nurses. These subjects include anatomy, physiology, hygiene… it may strike some that the inclusion of subjects which are not absolutely practical may be unnecessary, but the estimation of the importance of the profession by the public is to some extent guided by the standard of knowledge of kindred science displayed by individual nurses…”

Nurse training included advice on how to behave, with day to day deportment based on the model of training for the religious life. The term ‘probationer’ was used in the inter-war period rather than ‘student nurse.’ The former term referred to one who was to be put on trial for a period of time where her suitability for the profession could be assessed. This was akin to the novice position in a convent where ones suitability for religious life was tested. Just as the novice was required to live in a convent, the probationer was required to live in a nurses’ home beside the hospital for the duration of her training and she was required to abide by rules while working and while off duty. There was a similarity between religious life training,
nurse training and teacher training, as the latter was also an area under the control of the Catholic hierarchy. Women in teacher training colleges were trained in moral principles so that they, once qualified could pass these principles onto their students. Trainee teachers had to adhere to rules governing dress, behaviour and deportment and were to avoid smoking, laughing loudly in public, immodest dancing and from were prohibited attending the cinema.23

Advice on how to behave was given in different ways – through verbal instruction from senior staff and through the written word. The handbook issued to probationers of the Richmond, Whitworth and Hardwicke Hospitals (collectively known as St Laurence’s) in Dublin consisted of a series of short articles on different aspects of the probationers’ career. Probationers were advised to take care of their health, with illnesses such as ‘sore throat, fatigue, septic fingers, chilblains, corns, flat foot and varicose veins not at all uncommon.’24 Probationers were also advised to be loyal, obedient, truthful and punctual. Hospital business was not to be discussed on off duty time.25 These sentiments were echoed in the Irish Nursing Press and in nursing handbooks. The Irish Nurses’ Organisation journal carried advice to probationers on the subject of hospital discipline. The writer of one such article cautioned the probationer against improper behaviour:

…nothing is more becoming in a young lady aiming at the dignity of becoming a hospital nurse than hoydenish levity or thoughtlessness and reckless frivolity in the pursuit of some flitting entertainment out of place…that ought to be left to those giddy-headed young women who are fast making our era a byeword in history. The hospital nurse should be the model of decorum…26

Written instruction on desired behaviour was embodied in a set of rules and regulations but in Galway, there were no written rules for a period of three years after the first intake of probationers.

The Press and Galway Hospitals and Dispensaries Committee were particularly interested in the progress of the first group of probationers. Dr Davitt presented the first exam results of each candidate at a Committee meeting and this information alongside Dr Davitt’s praise was

24Practical Lectures according to the Syllabus of the General Nursing Council for Preliminary Examination, Richmond, Whitworth and Hardwicke Hospitals (St Laurence’s) (Dublin, n.d. but c.1930) p.5.
25Ibid.
recorded in Committee minutes.\textsuperscript{27} The exam results of subsequent groups were not recorded. Probationers seem to have taken advantage of the absence of written rules together with pronounced interest in their progress to make their opinions known directly to the Committee. They bypassed the Matron and medical staff, to complain about the style of shoe they had to wear as a part of their uniform in 1927, but the matter was referred back to the Matron for consideration.\textsuperscript{28} Those designated as ‘senior probationers’ persistently petitioned the Committee for an extension to the hour of return to the nurses’ home (from 9.30 pm to 10.30 pm) in 1929.\textsuperscript{29} This issue led to the establishment of a list of rules for the probationers as the Prospect Hill Infirmary rules for nurses had not been automatically brought forward and put in place in the Central Hospital Galway. Those involved in drawing up the rules included senior medical staff, the Matron, probationers and the parents of probationers. Members of the medical staff involved in drawing up rules looked at the rules in place in other hospitals – particularly those in Dublin’s Cork Street Fever Hospital and the Meath Hospital. The Galway Hospitals and Dispensaries Committee listened to submissions from all groups – including instructions from parents to ensure that their daughters ‘return early to the institution when off duty early in the evening.’\textsuperscript{30} This request was eventually incorporated into the rules drawn up, but not without opposition from the senior probationers and medical staff, who were in favour of the hours being extended. Although the rules eventually agreed upon were characteristic of rules in place in other Irish hospitals, the process of drawing up the rules seems to have been democratic in nature, as all parties with an interest in the issue were consulted.\textsuperscript{31} Committee records show that from time to time parents communicated with hospital authorities on behalf of their daughter in training.\textsuperscript{32} 

The practice of setting aside a period of classroom time before introducing the probationer into ward routine was introduced at an earlier stage in England and in Northern Ireland, than in Ireland. Known as preliminary training school, this practice was introduced to St Bart’s in London in 1925, in Birmingham in 1936 and a simplified version of it was introduced to the Royal Victoria Hospital, Belfast in 1924. It was not introduced to Dublin hospitals until the 1940s and to Galway until 1961. In the absence of preliminary training school, Galway probationers were introduced to the ward upon commencing their training. Carmel N. who

\textsuperscript{27}GCCA GC 6/6 GHDC 14 December 1927.
\textsuperscript{28}GCCA GC 6/ 6 GHDC 14 September 1927.
\textsuperscript{29}GCCA GC 6/8 GHDC 12 June 1929.
\textsuperscript{30}GCCA GC 6/8 GHDC 14 May 1930.
\textsuperscript{31}GCCA GC 6/8 (1929) and GC 6/9 (1930) GHDC.
\textsuperscript{32}See for example GCCA GC 6/18 GHDC 17 June 1939 and 22 July 1939.
trained in the Central Hospital in the late 1940’s exclaimed: [I was]…. Put on the ward red raw! 33 Eileen R. who also trained in the Central around the same time explained further: ‘we went into the hospital today and we were out on the ward tomorrow. Wasn’t it terrible?’ She recalled that she was on:

….’female surgery… patients coming back from surgery and you are more frightened than anything else really. When you see patients coming back from theatre and they’re out for the count, like and maybe vomiting after the anaesthetic and all that kind of thing, you know and you really feel like running – as fast as you could, you know, you really are afraid. Its all so new and… and I mean you are only 18 years like, you know. And it is all so new to you, you know? But it is so long ago since my time…’ 34

Practical instruction included working on different wards under the supervision of trained nurses. Probationers in Galway and other hospital were put to work initially on domestic duties such as cleaning and damp dusting. In the time before the discovery of antibiotics, ward cleanliness was seen to be an important part of infection control. As nurses progressed through their training, their responsibilities were increased in accordance with their seniority.

The hours of duty for probationers were as follows –

Rise at 7 am, morning cup of tea in dining room at 7.15 am.

On duty at 7.30 am.

Breakfast, make bed and tidy 8.45 am to 9.30 am or 9.30 am to 10.15 am.

Dormitories ready for inspection at 10.15 am.

Existing hours off duty from 3 pm to 6.30 pm or 6 pm to 9.30 pm with a half day weekly, a late pass until 11 pm weekly, one day off per month. Nurses who are off from 3 pm to 6.30 pm are not to go out when they come off duty at 9 pm. Hours for probationers to return are 9.30 pm in the winter and 10 pm in the Summer. The time allowed out is extended to 10.30 pm winter and summer for senior staff. 35

33 Interview 12, Carmel N. Trained Central Hospital Galway in the late 1940s p. 238
34 Interview 11, Eileen R. Trained Central Hospital Galway in the late 1940s, pp.189-90.
35 GCCA GC6/9 GHDC Rules for probationers, 16 May 1930.
This routine was in keeping with hospitals elsewhere. In the Adelaide hospital, Dublin the schedule was as follows –

6.30 am: breakfast – tea, bread and butter, egg or bacon.

7 am – 8.30 am: ward duty.

8.30 am break: tea or coffee with bread and butter.

9.30-1.30 p.m: ward duty.

1.30 pm dinner: meat, potatoes and vegetables.

2pm-8pm: ward duty with tea break at 4.30 pm.

9.10 pm: prayers.

9.20 pm: cold meat and supper.\(^{36}\)

Food was listed alongside activities. In Galway, food allowances were calculated on a weekly basis. Nurses and medical students received 3lbs of fresh meat, 1 and a half pound of rashers, 4 ounces of tea, 1 pound of flour, 1 pound of sugar, 6 pounds of bread, 1 pound of butter, one quarter pounds of jam, 7 eggs, 7 pints of milk, 7 pounds of potatoes, a half a pound of fish or 2 eggs, half a pound of sausages, half a pound of oatmeal, one pound of fruit, two and a half ounces of rice and vegetables on a weekly basis. Night nurses had in addition 2 ounces of tea and 7 eggs as an extra.\(^{37}\) The diet allowance in the Mater Misericordiae was characterised by ‘plain food in small amounts.’ Accounts from nurses who trained in the hospitals recall always feeling hungry as student nurses from the Mater Hospital and the Central Hospital Galway admit to having taking bits of food from the ward kitchen.\(^{38}\)

Changes.

Significant developments in the 1930s included changes in the national list of training schools, the admission of Cork Street fever nurse graduates, changes in the age and educational requirements of applicants and the establishment of the Gaeltacht Nurse Training Scheme. All these developments ensured an increasing variety in the type of candidate applying for nurse training in Galway.


\(^{37}\) GCCA GC 6/7 GHDC 11 April 1928.

Hospital development continued under the supervision of the Hospitals Commission in the 1930s. Within the first five years, it was responsible for 50 hospital building projects nationwide, of which 12 projects entailed the erection of new buildings as paid for from the proceeds of the Hospital Sweepstakes. There were 207 hospitals in Ireland by 1937 (see Appendix, table 8.2) There were 42 voluntary owned hospitals and 145 state owned hospitals. There were 60 district and cottage hospitals, 22 fever hospitals, 8 maternity hospitals and homes, 20 county home infirmaries, 5 surgical hospitals, 3 medical hospitals and 13 specialist hospitals.39

By the mid 1930s there were 24 general nurse training schools in Ireland. The state owned only 5 general nurse training schools, the rest were voluntary owned. The number of ‘affiliated’ schemes grew from 2 schemes in 1919 to 8 by 1934. The rules governing such schemes were amended in the late 1930s as a result of the reversal of attitudes of General Nursing Council members on the educational merits of such schemes. One such casualty of the revised rules was the subsequent closure of the Castlebar-Drumcondra hospital training scheme, a move which was vehemently opposed by the Mayo Board of Health. Undaunted Mayo officials persistently applied for a reversal of the decision up to the 1950s and proposed affiliating with a British hospital at a time when the emigration of nurses abroad was a sensitive issue.40

The Central Hospital Galway authorities had received plenty of affiliation offers during the 1930s, but they chose to reject all but one. Proposed alliances with Castlebar (1931 and again in 1939) and the Limerick County Infirmary (1939) were rejected by the Galway authorities.41 General Nurse training was recognised as the principal form of training and separate lists or registers were kept of other specialist trained nurses in mental, fever and sick children’s nursing. These other branches of nursing were considered as ‘supplementary’ and were (unfairly) thought of as lesser in status than general nursing. Fever nurse training was available in 6 fever hospitals and training in the nursing of sick children was available in 2 children’s hospitals. Tuberculosis nurse training was available in 3 chest hospitals and sanatoria. The Galway authorities rejected applications for reciprocal training with the supplementary registers in mental nursing (as proposed by the secretary of the Royal Medico-

39 Only Ballinasloe Mental Hospital has been included in the hospital list in the appendix – other mental hospitals have not been included.
40 NA HLTH A 114/41.
41 GCCA GC 6/10 GHDC 13 July 1931 and GC 6/ 18 GHDC 16 December 1939, See also 18 March 1939.
Psychological Society) and tuberculosis nursing (from Brittas Sanatorium). The only affiliation offer which Galway authorities accepted was an alliance between the Central Hospital Galway and the Cork Street Fever Hospital in Dublin for reciprocal fever nurse and general nurse training in 1930.

This alliance gave the Cork Street Matron a powerful tool to attract recruits to fever nursing and it seems to have been a rare opportunity for women to enter general nursing through first completing training in a supplementary register. The practice of first training in a supplementary register (in orthopaedic, tuberculosis and sick children’s nursing) was a common way for underage girls to eventually enter general nursing in England. This does not seem to have been the custom in Ireland as Galway authorities never admitted underage women to fever nursing. This supplementary training remained firmly as a postgraduate option only. General nursing probationers were not allowed to do any portion of their training in the fever wards although the Minister had to remind Galway authorities of the fact that only fully trained general nurses could enter the fever hospital. A 1919 poor law directive stipulated that only general nurses with an additional qualification in fever nursing could work in poor law institutions and a survey of nursing career biographies show that nurses followed this training path.

The question therefore of what to do with underage candidates while they were waiting to be called commanded the attention of the INO. They recommended that a pre-nursing course be established by the Irish Technical Education Committee. By the time these recommendations were being made, however the educational standard of those applying in Galway and elsewhere was rising. Although training candidates had to undergo educational and medical exams, more subjects were added to the educational exams in Galway in the mid 1930s. By 1940, Matron Sr Eugenius was able to propose that only candidates with a Leaving Certificate be admitted for training. Evidence of the better educational standards of applicants was seen in other areas. In Mayo, for example, fifteen candidates with secondary education applied for one vacancy in the County Infirmary with the name of the successful

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42GCCA GC 6/16 GHDC 19 June 1937. See also GC 6/13 GHDC 14 March 1934.
43GCCA GC 6/9 GHDC 11 June 1930.
44GCCA GC 6/7 GHDC 14 March 1928 and GC 6/14 GHDC 16 November 1935.
45NA HLTH D 112/113. See also Table 8.2 in appendix - A list of nursing career biographies in Galway, Sligo and Tipperary.
46Irish Nurses Union Gazette, April 1927.
47GCCA GC 6/19 GHDC 21 September 1940.
candidate being drawn from a hat.\textsuperscript{48} Competition for places became particularly keen in Galway in the 1930s as appeals for examination results rechecks increased. Women with training in supplementary registers (particularly those with sick children’s nursing qualifications from Temple Street) or part general nurse training in other hospitals were also accepted for general nurse training in Galway.\textsuperscript{49}

Minister Sean T. O’Kelly prevented attempts by Galway and Cork authorities to limit applications to women of the county as such measures might encourage further emigration.\textsuperscript{50} One other area where local authority and ministerial opinion differed was in the minimum age requirement of recruits. Legislation stipulated that candidates had to be aged 19 years and over but underage recruits (of 17½ and 18 years of age) applied from the first intake onwards. Galway authorities were in favour of admitting them but encountered strong ministerial resistance.\textsuperscript{51} Underage candidates were put on a waiting list, to be called when they were of age. The Galway Hospitals and Dispensaries Committee were successful in getting ministerial consent in lowering the minimum age requirement to 18 years in return their participation in the Gaeltacht Scheme in the mid1930s.\textsuperscript{52} Successful applicants from Gaeltacht areas received state funding with the understanding that once qualified, they would work for local authorities in Gaeltacht areas.\textsuperscript{53}

\textbf{Recruitment.}

Probationers’ parents had to be able to afford the hospital training fees but it was cheaper to train in local authority hospitals. Dublin voluntary hospitals charged between £63 (St Vincent’s) and £52 (the Mater, the Meath, Sir Patrick Dun’s) to train. It cost only £25 to train in St Laurence’s, a Dublin local authority hospital.\textsuperscript{54} No training fee was charged by St Finbarr’s Hospital in Cork and the Irish Nurses Organisation praised this development as an important step in preventing the emigration of women to train abroad.\textsuperscript{55} The training fee of

\begin{itemize}
\item \textsuperscript{48}Irish Independent, 24 October 1933.
\item \textsuperscript{49} Three sick children’s nurses were accepted. All of them had trained in Temple Street Children’s hospital in Dublin See GCCA GC 6/16 1936- GC6/21 1942.
\item \textsuperscript{50} GCCA GC 6/11 GHDC, 14 September 1932, GC 6/15 GHDC 19 September 1936.
\item \textsuperscript{51} See for example GCCA GC 6/8 13 June 1928 Galway’s effort to revise legislation on the admission of probationer nurses to local authority hospitals (in respect of age).
\item \textsuperscript{52} GCCA GC 6/16 GCCA 17 July 1937 ‘…the majority of girls in the Gaeltacht leave their homes before they reach the age of 19 and the attitude of the Minister in insisting the minimum age of 19 years is preventing the committee from securing the most suitable persons for training.’
\item \textsuperscript{53} NA HLTH A123/1, A 123/4 and A 123/7. See also GCCA GC 6/6/16, 20 July 1937.
\item \textsuperscript{54} St Laurence’s Hospital in Dublin was also known as the collective term for The Richmond, Whitworth and Hardwicke Hospitals. NA HLTH A 114/41.
\item \textsuperscript{55} NA HLTH A 114/41 and Sr Emmanuel Browne, A Tale of Two Hospitals. p.74.
\end{itemize}
£30 in Galway did not change with the transfer of training from the Prospect Hill Infirmary to the Central Hospital. Probationers pay was introduced in 1928 in a bid to encourage more recruits and it was also decided to return the entrance fee to those who successfully qualified.\(^{56}\)

All those admitted for training filled in a formal questionnaire (or query form) which was forwarded to Dublin for departmental approval. Nurses entering into a period of employment also had to fill a query form. It is details from such forms as preserved in the National Archives which provide the historian with a rich source of career details of qualified nurses, both religious and lay who worked in Galway and elsewhere. Galway probationers had no special form (unlike Mayo probationers) and as many of the questions on training and employment history were not relevant to them, only the names, addresses and ages of probationers were recorded.\(^{57}\) This is in contrast to those who applied for admission under the Gaeltacht Scheme.

Women from Fíor Gaeltacht areas were encouraged to apply for training and, under the scheme, the state would pay the training fees and other costs on behalf of successful candidates. Candidates when trained would work in Gaeltacht areas. All state-owned training schools offered places to Gaeltacht scheme candidates and the scheme was in place for almost twenty years – from the mid 1930s to the mid 1950s. Department of Education officials interviewed prospective candidates and took detailed interview notes with the objective of ascertaining whether the applicant could afford the £30 training fee for the Central Hospital Galway.

An examination of interview notes indicate the circumstances of those who would not have been able to afford training. In ten cases, each family owned less than ten acres of land. One family did not own any land but the father worked as a ‘[road] surface man’ and earned 36/8 per week. Two of his daughters applied to the scheme – one daughter who had worked previously as a domestic servant and in producing knitted articles at home. In 3 cases, one parent was either dead or absent (in England). Some applicants had either worked or had spent time in training as domestic servants. In one unlucky case, a girl had entered into an apprenticeship as a dress maker and had done two years of her four year apprenticeship when the business closed. Authorities decided that some parents could pay a portion of the training

\(^{56}\) GCCA GC 6/7 GHDC 12 September 1928.

\(^{57}\) Local authority records give the same information (name, address and age of student nurses only).
fee such as the father who owned 25 acres of land, 15 animals and was a recipient of a pension from the US army. Those whom authorities deemed could pay included a National School Principal father with one daughter teaching and a farmer who owned 50 acres of land valued at £26-50, with 3 cows, 10 cattle, 1 horse and 20 sheep. Interview notes were taken by Department of Education officials and passed to the Department of Local Government and Public Health for consideration, but final selection seems to have rested with local authorities (possibly local authority committees and or the Matron). It is therefore unclear as to whether these applicants were successful in acquiring a training place. Nonetheless, in choosing to apply, the women described above must have been reasonably optimistic of being successful. Some may have heard of other women in similar positions being successfully accepted into this training scheme. This suggests an openness on the part of local authorities to accepting recruit from lower middle class backgrounds and this is borne out by a sympathetic attitude towards probationers who found themselves in difficulty (financial and otherwise) once accepted for training.

Galway authorities were sympathetic to probationers who struggled to pay the training fee, accepting instalments and to those who, due to illness, were unable to take up training straight away. There were three particular cases where probationers struggled to pay their fees but only one probationer was actually asked to leave training. This was done roughly two years after training commenced for total non-payment of fees. She did leave but was promptly readmitted a few months later upon payment of the fee in full. Curiously (and unlike other hospitals), Galway probationers were not required to pay for broken thermometers and other instruments during this time.

Between 1927 and 1942, roughly 160 girls were accepted for training in the Central Hospital. Of these, 12 resigned and 2 died. Of those accepted, 17 were fever nurses from Cork Street and 7 were Gaeltacht Scheme nurses. The total probationer capacity was regularly raised by the Minister so that by 1940, there was a total capacity for 40 probationers. The majority of girls recruited (113) were recruited from Galway city and county, but only 14 were from the city. The remainder were drawn from Tuam, Spiddal, Headford and Loughrea. The 1930s saw an influx of candidates from South Galway and areas outside Galway as recognition was...
withdrawn from Castlebar in 1938. Gaeltacht scheme candidates were also drawn from Donegal.

Some areas in Galway only yielded one candidate apiece between 1927 and 1942. The only applicant from the Aran Islands appears to have been the daughter of the dispensary midwife. The latter resigned her position as island midwife the same year her daughter was accepted for training and worked as dispensary midwife in Galway city. The first Gort candidate was the daughter of a member of the Hospitals and Dispensaries Committee and she was joined by her cousins a few years later. Other candidates in that area were drawn from farming families. This was not unique to Galway. Donaldson’s survey of recruits to the Victoria Hospital in Belfast estimates that 75 per cent of recruits came from rural and farming background.\(^{62}\)

Hospital training schools throughout Ireland had different capacity levels for probationers and nurses. This was dependent on accommodation and space and the number of beds or cases available to each probationer. Accommodation space was expanded in many Dublin hospitals – in St Vincent’s in 1926 and Jervis Street in 1934. St Vincent’s had the highest number of probationers with 105 training there in the mid 1930s. Numbers of probationers in Dublin hospitals remained roughly the same between 1933 and 1937 – except in the Mater where numbers rose from 54 in 1933 to 89 in 1937.\(^{63}\) The Mercy Hospital in Cork had the highest number of probationers, (with 35 in training) outside of Dublin, but religious rather than lay women trained there. Galway had 31 probationers in training but there was only one probationer for 10.2 beds in 1933 (compared with one probationer for every 2.6 beds in St Vincent’s). There were 22 fully qualified nurses working in the Central Hospital – the highest number of trained nurses working in a hospital nationwide. The authors of the First Hospitals Commission report were critical of the quality of accommodation offered in some hospitals – not just for nurses but for wards maids and medical staff. The Commission recommended facilities should be provided.\(^{64}\) A nurses’ home was opened in Galway in 1939 as part of plans to replace the Central Hospital with a newly built regional hospital.

\(^{62}\) Peggy Donaldson, *Yes Matron*, p.61.
No members of the religious orders trained in the Central Hospital Galway but the Matron and senior staff were Sisters of Mercy. Nuns from that order trained in the Mercy Hospital Cork, the Cork District Hospital and the Mater Misericordiae in Dublin. Sisters of Charity trained in St Vincent’s in Dublin and Bon Secours nuns trained in the Bon Secours Hospital in Cork. The Mercy Hospital in Cork was affiliated with other hospitals, so some nuns did part of their training in hospitals in Limerick and Wexford. Some nuns did fever nurse training in the North Fever Hospital in Cork.\(^{65}\) Nuns could not perform some chores – such as midwifery duties and night duty. Activities which involved close contact with male patients were prohibited as was the care of patients suffering from venereal disease.\(^{66}\) Despite some limitations on duties performed, the hospitals where nuns trained were recognised by the Irish General Nursing Council therefore these hospitals were obliged to follow the prescribed syllabus. Nuns and lay women sat the same preliminary and final exams and the names of successful candidates both religious and lay were listed in the nursing press. There was no special list or register opened for nursing nuns (which might acknowledge a difference in training) and the authors of nurse training histories during this period do not distinguish between lay and religious nurse training.\(^{67}\)

‘Brainly and Matronly’\(^{68}\) – The working lives of Central Hospital Galway and Woodlands Sanatorium nurses.

Hospital nurses were to be found in different hospitals nationwide, in county infirmaries, surgical and medical hospitals and district or cottage hospitals. Only 7 hospitals had a bed capacity of over 200 beds and the Central Hospital Galway was one such hospital. An examination of table 8.2 in the appendix (list of hospitals in Ireland 1937-1948) shows that there were 124 Matrons names’ listed and of these 69 were lay matrons and 55 were religious. Lay Matrons were based mainly in district hospitals. The Hospitals Committee found that labour was provided mainly by probationers in hospitals with training schools rather than trained nurses, a custom which was not usual in the UK and Northern Ireland.\(^{69}\)

The Commission estimated the value of probationer labour at ‘ratios varying from 50 to 90

\(^{65}\) Information based on analysis of examination candidate lists as published in the Irish Nursing Press from 1936 – 1938.


\(^{67}\) See Pauline Scanlan, *The Irish Nurse*, Fealy, Gerard *Apprenticeship Nurse Training* (both published and unpublished PhD) and other works on the histories of individual nurse training schools, Joseph Robins, *An Board Altranais* . See also hospital histories (as listed in chapter 1).

\(^{68}\) *The Connacht Tribune*, 26 July 1924.

per cent of trained labour’ but anticipated an eventual need for a greater number of trained nurses with the expansion of hospital services.\(^{70}\) Working hours were based on the two shift system with off duty time for meals during the day. Night duty nurses worked twelve hours and average holidays were 4 weeks annually. The first Chief Physician at the Central Hospital Galway had put these arrangements in place in the early years of the hospitals existence.

Former Prospect Hill Infirmary Matron, Sr Benignus O’Connell retired in 1923. She had worked as a nurse before entering religious life and had 26 years of experience before retirement nursing ‘day and night with experience in all kinds of diseases’\(^{71}\) Problems of ill health forced her retirement, as she could no longer work from 6.30 am to 9.15 pm daily. Qualified nurse and Assistant Matron Sr Eugenius replaced her as Matron. Galway authorities decided to combine Matron and Head Nurse positions to give Matron entire responsibility for the running of the hospital so as to ‘release the Matron from the prolonged period she has to spend in office work and give her an opportunity for a thorough supervision over the hospital and its general working.’\(^{72}\) Up to 4 nuns were employed in administrative tasks in the years that followed this change. Galway authorities claimed that some of the nuns were engaged in nursing activities so the question of qualifications did not arise. Although they were able to forward certificates of training for 4 nuns, they were unable to do so for 3 nuns who were engaged in housekeeping and bookkeeping duties. The Galway authorities successfully maintained its stance in the face of considerable ministerial pressure to give them evidence of training for all nuns in the form of training certificates.

No nuns or probationers worked in Woodlands Sanatorium. Matron Annie G. Costello worked with Dr Bartley O’Beirne and a team of roughly 3 permanent nurses and some temporary nurses. She was described in the local press as a ‘motherly Matron whose brains maintains a rigid discipline and dictate (s) only that which is good for her charges.’\(^{73}\) Kathleen McCarthy replaced Anne G. Costello as Matron after ‘accident and shock’ as described in her letter of resignation in 1941.\(^{74}\) McCarthy was appointed to the job at the age of 39, having previously trained in Wexford and working in a London fever hospital before returning to Galway to work in the Central Hospital and Woodlands. She left Woodlands

\(^{71}\) GCCA GC 6/2 GHDC 12 May 1923.
\(^{72}\) GCCA GC 6/6 GHDC 14 September 1927.
\(^{73}\) *The Connacht Tribune*, 26 July 1924.
\(^{74}\) NA HLTH D11/91.
upon marriage but returned as ‘banaltra gan clann’ and Matron in 1941. Local authority job
categories for the position of permanent and senior nursing positions carried details of
appointment conditions so each job vacancy was treated individually. Kathleen McCarthy
was appointed through the Local Appointments Commission but the requirement that the
candidate be either unmarried or a widow was omitted from the job details.

The duties of all ranks of nurses and medical staff were described in legislation on the
establishment of the Central Hospital Galway. Local authority nurses had to be fully
qualified and the necessary qualifications were listed in legislation introduced in 1935 – a
further development on legislation introduced in 1919. Local authority posts as advertised
through the local appointments commission came with job conditions. It was in here that the
request that the nurse resign on marriage was included whereas the marital status requirement
for probationers was, as we have seen, covered in legislation. As with all public servants,
nurses were bound by Irish language requirements. Galway records show that nurses in the
Central Hospital did try to learn the language while working, but in most cases authorities
had to extend the period of employment as those who promised to learn it found it difficult to
find time to study. Two nursing nuns were granted leave to travel to the Gaeltacht for a short
period to learn the language.

Nurses, along with other public servants were subject to the Local Authority (Officers and
Employees) Act 1926 and had to attend job interviews conducted by the Local Appointments
Commission in Dublin. Their recommendation as to the most suitable candidate for a job was
considered by the local authorities. The career details of suitable candidates were read out at
these meetings. The local press reported on local authority meetings (and even local authority
meetings in neighbouring counties) so the biographical details of nurses appointed to various
hospital positions were public knowledge and apparently of interest to readers. Notices
appeared in the press informing public of who was appointed where, and details of nurses
were listed alongside that of teachers in the press. To cite one example, *The Connacht
Tribune* published details of additions to the Central Hospital nursing staff in December
1928. American born Nurse Genevieve Bell was appointed to the maternity section of the

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75 NA HLTH D11/91.
76 Department of Local Government and Public Health, *Special Regulations in regard to the management of an
   Príomh Ospidedd, Conda na Gaillimhe (Central Hospital Galway) as issued by the Minister for Local
   Government and Public Health on the 11th day of December 1925.*
77 SAorstat Eireann, *statutory rules and orders 1935, Relief of the poor (trained nurses) regulations 1935.* This legislation gave an official definition of a ‘trained nurse’ only.
78 GCCA GC 6/13 GHDC 11 April 1934.
hospital and the newspaper listed her career biography. She was born in Forest City Pennsylvania but trained in general nursing and midwifery in Dublin. She worked as a private nurse for a year before being appointed to Galway. Local press reports on county and neighbouring county local authority meetings ensured that nursing matters were made public. Galway local press interest in Galway nurses was particularly pronounced during this period. *The Connacht Tribune* gave an example of the type of aptitude questions training candidates were asked in the entrance exam – their ability to spot the inaccuracy in the statement ‘a man drowned yesterday and died this morning.’ Press photos of nurses appeared in *The Connacht Tribune* as part of publicity on the opening of the Central Hospital Galway (for example Cosgrave with the nurses’ photo), the Maternity Hospital, the Fever Hospital and Woodlands sanatorium. Nurses were photographed as part of the procession on the occasion of Chief Physician Dr Davitt’s funeral. A survey of other local papers in neighbouring counties reveals an absence of nursing photos – though the names of hospital and district nurses appeared regularly.

Nurses were paid a lump sum, calculated on a yearly basis. A yearly increase with an upper limit was also added as well as allowances (calculated on a weekly rate) for food, laundry and (but not always) a uniform allowance. So for example, a nurse might be paid £75 a year rising by £5 a year until an upper limit of £90 was reached. Rations of £1 a week and uniform allowance was added though the latter amount was not always stated. Nurses pay was structured in the same way in England and, as in Ireland, amounts paid varied from hospital to hospital. The minimum recommended pay for staff nurses was £62 but some London voluntary hospitals paid nurses as little as £52 a year. Monica Baly’s analysis of nurses pay during these years is a positive one as she states that ‘the staff nurse with her £50 to £60 a year after all her living needs had been met, was not as badly off as has been sometimes depicted’ and must be viewed in the context of employment conditions of the time. Irish female primary school teachers were paid a minimum of £128 per annum and a maximum of £246 (with the equivalent pay for male teachers ranging between £140 and

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80 *The Connacht Tribune*, ‘Camera glimpses of the Galway Central Hospital,’ 7 May 1927.
81 *The Connacht Tribune*, ‘Galway Medical Services,’ 29 November 1924.
82 *The Connacht Tribune*, ‘County Galway’s new sanatorium – A walk through Woodlands,’ 26 July 1924.
83 *The Connacht Tribune*, 8 December 1928.
85 Brian Abel-Smith, *Nursing Profession*, p.136.
86 Monica E. Baly, *Nursing*, p. 159.
£303). This was offset by the 6 years of training required which involved college fees of £22 a year.\textsuperscript{87} Secondary school teachers received a minimum salary from schools of £200 for men and £180 for women. Department of health incremental payments paid on a quarterly basis ranged from a maximum total of £450 for men and £320 for women.\textsuperscript{88} There was also some uniformity in pay from 1925 whereas nurses had to wait until the late 1940s for uniform rates of pay.\textsuperscript{89}

**Employment Trends**

By the late 1920s qualified nurses were choosing not to apply for vacant positions in local authority hospitals, a time when similar there were difficulties in attracting probationers. Authorities in Leitrim, Cavan, Carlow and Drogheda all experienced difficulties in recruiting trained nurses.\textsuperscript{90} There was no scarcity of nurses but the wages offered (about £60-£65) were considered to be too low, so many authorities placed revised advertisements offering higher wages (about £75) and were successful in attracting applicants. This solution often created further problems as established staff applied for improved pay. This seemed to be confined to counties with a significant number of district hospitals (such as Leitrim). Galway had only Clifton District Hospital, opened in 1935. Permanent nurses in the Central Hospital received a wage increase in 1936, amidst problems of patient overcrowding.

Nurses employed temporarily did not always have to go through the Local Appointments Commission procedure, being employed directly by local authorities. As with training, local authorities were concerned with providing a living for local women. Temporary employment for local nurses provided a particularly lucrative form of employment as the wages offered per week was at a greater rate than that of permanent staff nurses. There was an oversupply of nursing labour in the country by the mid 1930s and local nurses were employed on a rotation basis for a period of three months each as temporary nurses in Counties Leitrim and Clare.

Wages paid to temporary nurses varied from county to county. The Dublin rate was £2-12-6 per week for fever nursing and £2-2-0 for general nursing. In Kerry, fever nurses were employed for £3-0-6 per week but after one month, the wages were reduced to a rate of £60 per annum. In Nenagh, a fee of £3-1-6 was paid to general nurses and £3-4-6 to fever nurses and it was reported that nurses there preferred to do temporary rather than permanent work

\textsuperscript{87} Louise Ryan, *Gender, Identity and the Irish Press*, p.99.


there due to the higher wages offered. Leitrim offered £3-11-0 a week and Cavan £2-2-0 but with rations included. Galway however had the lowest rate of the examples listed because of its training school status could rely on just qualified nurses at a rate of £50 for 6 months. The temporary nurses employed in the Central Hospital were paid at a rate of £2-2-0.91 In 1939, 3 temporary nurses were unsuccessful in asking for a review of their wages on the grounds that out of this ‘they had to pay insurance…[and were] allowed no holidays or pay when ill or uniform allowance.’92

Nursing Career Biographies – case studies.

There were two lay ward sisters and two nurses in Woodlands Sanatorium, Galway by the time of Matron McCarthy’s appointment. This number was in a constant state of flux (as with the Central Hospital Galway) because of the constant stream of nurses taking time off due to illness or on holiday leave. A survey of information gained from ‘query form’ questions of sample nurses (see Table 8.1, appendix) reveal that all nurses of the sample in Galway and elsewhere had a qualification in general nursing. Peamount and Newcastle sanatoria offered training recognised by the British Tuberculosis Association in the absence of any Irish tuberculosis nursing register before 1945. The fever nursing qualification therefore seems to have been an acceptable qualification to work in a sanatorium, and the treatment of tuberculosis cases may have been a part of the syllabus. Mairéad Ní Choileáin, Máire Bean Mhic Fhloinn and Máire Ní Con- had postgraduate fever nurse training as part of their Central Hospital Galway training prior to their employment in Woodlands, but not all nurses employed in Woodlands had a postgraduate qualification. Three of a total of four nurses who trained in other hospitals outside Galway had general nurse training only. That dual qualified nurse and midwife Brigit Ní Chatháin was employed at Woodlands was unusual. Her dual qualifications would have made her eligible for employment in the Maternity hospital in the Central Hospital or on the district. Although no career details were supplied, it is possible that she may have been previously employed in the Maternity hospital but the temporary closure of this hospital may have been the reason for her (temporary?) transfer to Woodlands.

Career details given by nurses who worked in Woodlands Sanatorium, Galway, St Patrick’s Sanatorium, Sligo and Roscrea Sanatorium, Tipperary illustrate a variety of career options available to women once qualified. Those employed included single women in their twenties.

91 See for example GCCA GC 6/17 GHDC.
92 GCCA GC6/18 GHDC 20 May 1939.
who had just qualified, such as Mairéad Ní Choileáin (aged 24, single, Woodlands-employeed), Mary J Quinlivan (aged 25, single, Roscrea-employeed) and Anne Marie Burke (26, single, Sligo-employeed). The ages of those employed varied from 23 years of age to 45 years of age and this included some married women and widows.

Some nurses were engaged in casual labour –either as private nurses or as temporary substitutes in hospitals. Máire Ní hAodha worked as a private nurse and a temporary nurse in the Central Hospital Galway before being employed in Woodlands. Lellie Quigley was one of two married nurses employed in Woodlands. She did not work in any hospital previous to her appointment in Woodlands, choosing to work instead as a private nurse. That she gave up this form of work to get married would suggest that the nature and volume of the work was incompatible with the demands of rearing a family. She applied for institutional work only when her son and daughter were reared. The lucrative nature of temporary pay is evident in the case of Máire Bean Mhic Fhloinn. She worked from time to time as a holiday relief nurse and income generated from such employment was sufficient for her to maintain 3 children.

Private and temporary nursing was not just an option for married women as we can see in the career biography of Maudie A. Fox. This single woman worked as a private nurse only and she did not work in any institution prior to her appointment in Roscrea. Her colleague, Mary Leyland had spent time both as a private nurse and as a temporary nurse prior to her appointment. Casual work, either as a temporary nurse or as a private nurse also had its disadvantages. English-trained Galway native Norah G. worked in a variety of jobs upon her return to Galway but was unhappy with the insecure long term nature of the work. She did private nursing for families in Galway and worked on a temporary basis in the Central Hospital Galway

Norah : Well it wasn’t nice really because you were floating and you didn’t belong but it was money. We got private [nursing] at that time. We got a pound a day and it was a lot for the families but it wasn’t good in that you hadn’t continuous work… That might have to do you a fortnight or three weeks… Whatever you earned one time. But I lived. But I was looking for a permanent place…

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93 Interview 6, Nora G, p.87.
She eventually found employment in Woodlands sanatorium. This was a few years before its eventual closure and the total transfer of patients to Merlin Park.\textsuperscript{94}

The nursing career biographies show that some nurses travelled from county to county, or in some instances from England to Ireland, working in various institutions and in various capacities, as we can see in the case of Hanora Crowley. She remained at the Royal City of Dublin hospital for 2 years after qualifying as general nurse. Hanora returned to her county of birth (Cork) to do private nursing in Macroom. She also worked as a night nurse in Skibbereen before being employed in Roscrea. Her colleague, Helena Butler worked in Monaghan, Cavan, Limerick and Leitrim prior to finding a job in Roscrea. Margaret Flynn’s career details lists time spent working in one English hospitals and several hospitals in Leinster and Munster prior to her engagement in Roscrea. Some nurses were employed in a variety of different roles. Although Marie D. Masterson, was employed as a temporary holiday relief nurse in Roscrea, she had previously worked as a Matron in Birr. Mary McGee worked as a staff nurse in three institutions, and as Matron in the Monaghan County Sanatorium prior to her employment as staff nurse in Sligo. Margaret McDonagh meanwhile chose to leave Sligo Hospital (medical and surgical) because she had a preference for sanatorium nursing. Some nurses cited additional training gained while in employment. Sligo-employed Margaret Guthrie received special training in nursing orthopaedic and tuberculosis patients while working in Arklow District Hospital.

No Galway trained or Galway born woman is listed in the sample biographies for Roscrea and Sligo. The Woodlands sample biographies show that nurses either remained in Galway or went to England for a period before returning to Galway. No Woodlands nurse in the sample worked in any other county or in a variety of different roles (such as Mary Mc Gee and Marie D. Masterson’s temporary time spent in the role of Matron). This seems to indicate that sufficient employment opportunities may have existed – but for Central Hospital Galway trained nurses only, and Galway absorbed this source of labour. Local press accounts reveal that Galway authorities were particularly determined to provide a living for girls resident in the county.

\textbf{Unrest}

\textsuperscript{94} Interview 6, Nora G, Trained in England mid 1940s and worked in Galway in the early 1950s, in the final years of the Central Hospital Galway and Woodlands Sanatorium.
General Nursing Councils were created under the provisions of the state registration of nurses (in Britain and Ireland). These councils were only concerned with training standards and the maintenance of a list of suitably qualified nurses. Their terms of reference did not include campaigning for better working conditions. Responsibility for the latter lay with professional nursing organisations.

Narratives on the working conditions of nurses in other countries tell the story of the competition between professional organisations and trade unions for nursing recruits. General nurses and midwives were, at first glance, set apart from trade union membership not just in Ireland and in other countries. Brian Abel-Smith’s study of nursing unrest in Britain highlights factors impeding nurses’ membership of trade unions.

...the tradition of selfless devotion to the sick, the rapid turnover of staff, the strong and close personal influence of the Matron who was the immediate representative of management. In addition, there was the opposition to strike action because it would harm the patient and the evident fact that nearly all hospitals were non-profit making.

Histories reveal the elitist characteristics of professional nursing organisations in other countries as some categories of nurses were excluded from membership. Probationers and Poor Law Nurses were excluded from Royal College of Nursing membership and trade unions actively sought to recruit the latter group in Britain. The latter expressed its alarm at moves to establish an Irish trade union for nurses in 1919, but the Irish Nurses and Midwives Union had changed its identity to that of a professional organisation by 1936. Other Irish organisations included the Irish Nurses’ Association, the Irish Matron’s Association and the Irish Guild of Catholic Nurses. The latter was concerned mainly with spiritual and nursing matters as opposed to working conditions. Department of Health Officials recognised the Irish Nurses Organisation as the main nursing body by the mid1940s, the Irish Nurses

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Association had effectively ceased to function.\textsuperscript{99} This was as a result of its national campaign of establishing a pension scheme for nurses and other campaigns. Mental nursing, in contrast to general nursing was highly unionised. This branch of nursing was open to both males and females and there were incidences of prolonged and serious unrest between trade unions (such as the National Union of Asylum Attendants in Ireland, the Asylum Workers Association) and the authorities of mental institutions. The Medico-Psychological Association of Great Britain and Ireland performed similar functions to the Nursing Councils, but the MPA did concern itself with the working conditions of mental nurses, unlike the Nursing Councils.\textsuperscript{100}

Post-Independence retrenchment efforts brought scenes of unrest not just in Galway but in other counties. Plans by those in charge of Scariff district hospital in Co. Clare to reduce the nursing staff to a total of two at the 30 bed hospital were challenged by staff nurses. They were dismissed and the hospital entrance was barred by guards when the nurses tried to collect their belongings so as to prevent the possible intimidation of the nurses sent from Dublin to replace them.\textsuperscript{101} The shortage of local authority nursing staff in the late 1920s resulted in unrest as nurses expressed their dissatisfaction over issues of pay, working hours, food quality and holiday leave. Understaffing was a cause of unrest in Tipperary, Cavan and Navan. Irish Nurses Union (known after 1936 as the Irish Nurses Organisation) representative Kathleen Nix gave assurances that nurses would not strike but she had to travel from county to county working to prevent strikes from occurring.\textsuperscript{102} Local authorities interpreted the actions of nurses at meetings which were described in the local press. The Scarriff event, though serious, was not interpreted as a strike but the refusal of two Cork nurses to continue working in a fever hospital because they considered themselves to be overworked was interpreted as a strike by the Cork authorities.\textsuperscript{103} From time to time, local authorities were forced to intervene in various disputes. Cork authorities thwarted the efforts of a Matron to expel a probationer. They found the Matron’s explanation of the probationer being temperamentally unsuited too vague a reason and moved the probationer to another

\textsuperscript{99} NA HLTH S401/5. Report on the status of Irish Nursing groups. No reason was given for the decline of the Association except that the responsibility for running the Association had become the responsibility of a single nurse – Linda Kearns.


\textsuperscript{101} Irish Independent, 13 August 1925 and The Nenagh Guardian, 22 August 1925.

\textsuperscript{102} See for example, The Nenagh Guardian, 23 October 1937.

\textsuperscript{103} Irish Independent, 11 September 1926.
hospital. Breaches in discipline sometimes resulted in a division, with both groups receiving sympathy. This was true in the case of a Cork probationer who was expelled for returning a few hours late after a wedding. The Cork Board of Health and the Resident Medical Officer supported the decision but her situation had aroused the sympathy of the press and the Lord Mayor of Cork. The decision remained unchanged nonetheless.

Efforts made by the Galway authorities to cut expenditure (in the absence of probationers) resulted in considerable unrest amongst qualified nursing staff in the Central Hospital. In December 1925, a Department Medical Inspector paid a visit to the hospital and suggested the amalgamation of nursing staff from the three sections of the hospital as a way of reducing the number of nurses employed. General hospital section nurses actively refused to do duty in the fever hospital, even when given the concession of drawing lots by the Committee and the scheme was eventually abandoned. The wages of nursing staff were cut, but after receiving departmental advice on the illegality of such a move, this decision was reversed.

The public were kept informed of efforts made by local authorities to reduce expenditure through local press reports. Two nurse letter writers ‘RGN’ and ‘Terpsichore’ represented the interests of the Galway nurses. The high level of education (with reference to a classical allusion) of one nurse is indicated in her choice of name (Terpsichore – meaning goddess of dance). Both letter writers encountered hostility from ‘Rate Payer’ and ‘Vigilant’. The hostile letter writers felt that the nurses’ salaries were bloated and should be reduced. ‘Vigilant’ was concerned with the lifestyle of the nurses and believed that ‘the people of Galway assert that the Salthill dances were kept up by nurses working at the Central Hospital.’ His letter was answered by nurse writer ‘Terpsichore’ who provided a detailed account of the hospital staffing levels and concluded

Nurses get 3 hours in the day, a half day in the week and a day in the month off. What they do in their own time is surely no affair of ‘Vigilant’ or any other ignoramus who would be seriously annoyed were his private amusements noted in the press.

Nurses appealed to the Irish Nurses Union (later the Irish Nurses Organisation) in their campaign against the pay cut. The editors of the Irish Nurses’ Union Gazette advised its members not to accept the wage cut as their salaries were already inadequate. Deputy T. O’

104 The Southern Star, 23 March 1929.
105 Irish Independent, 11 October 1938.
106 The Connacht Tribune, 8 December 1925, 12 December 1925, 19 December 1925, 27 March 1926 and 17 April 1926.
Connell of the Irish National Teachers Organisation was asked to bring this case to the attention of the Dáil.  

A Galway branch of the Irish Nurses Union was not formed until after the unrest had died down. On 16 October 1926, Louie Bennett of the Irish Women’s Workers Union, Gilbert Lynch of the Irish Transport Union, Dr C. O’Malley, secretary of the hospital medical staff and Kathleen Price, secretary addressed the nurses in the town hall and urged them to join the Irish Nurses Union. Dr O’Malley stated that although the Central Hospital nurses salaries were quite good but if one considered ‘the length and expense of a nurses training, to think that £75 was about the highest pinnacle to which a nurse could rise was not right.' Nurse McGrath of the Central Hospital was elected branch leader.

Although over 30 nurses had attended the first meeting of the Galway branch of the Irish Nurses Union in 1926, this branch had ceased to exist only one after one year. The head secretary had resigned ‘giving no reason and the nurses apparently do not wish the branch as they have not communicated with us.’ Ten years later Kathleen Nix reported that the Galway branch had been ‘organised previously, but the nurses from want of sufficient interest in their own organisation allowed it all to lapse…the nurses of Galway may be some of the chosen lot and have what they want, but they should consider some of their less fortunate colleagues’.

Galway nurses continued to work on a local level through representation to the local authorities to improve their working conditions. Nurses depended on the sympathetic attitude of local authority committee members for this tactic to be successful. An examination of Galway Hospital and Dispensaries Committee minutes and verbatim reports of press reports of Committee meetings reveal that members had a sympathetic attitude not just towards probationers (particularly the first group, as described above) but to nurses in general. Dr O’Malley appeared in front of the Committee in January 1924 to give a detailed report on efforts made to save the life of a seriously ill nurse and considerable space was devoted to describing the events in the official records. Antitoxin was required to the nurses’ life but the medicine was needed on Christmas Eve and all the chemist shops had closed for the holiday.

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107 The Irish Nurses Union Gazette, February 1926.
108 The Irish Nurses Union changed its name to the Irish Nurses Organisation in 1936.
109 The Connacht Tribune, 16 October 1926 and The Irish Nurses Union Gazette, November 1926.
110 The Irish Nurses Union Gazette, July 1927.
111 Irish Nurses Journal, October 1937.
period. Records note the extraordinary effort made in acquiring the medicine and subsequent care of the sick nurse:

…a medical gentleman in Dublin was communicated with by telephone…[sic] and very kindly secured the antitoxin from the Meath hospital and dispatched it by motor which left Dublin at midnight and reached Galway early on Christmas day…'[sic]…the Committee express their high approval and thanks to all concerned and particularly to the Meath Hospital and the medical gentleman who went to so much trouble…[sic].. they were pleased to learn that Nurse.. _’s life has been saved and two special nurses were employed to attend her both day and night."

Nurses in Galway and elsewhere interacted in different ways with the local authorities to improve their working conditions. One favoured method was to submit a petition on a particular issue. In 1928, the staff nurses of the Central Hospital Galway submitted the following petition:

As the work is very hard, day and night duty, working nine and a half hours while on day duty, ten and a half while on night duty, in a depressing and unhealthy atmosphere; nursing tuberculosis patients who are too advanced for sanatorium treatment, operation cases, robing of dead bodies, here are only a few instances of our work. Sometimes a night nurse cannot get half an hour for her midnight meal. We respectfully ask the Committee for due consideration.

This petition was submitted at the same time that the Committee were reviewing wages and may have been submitted to encourage a favourable judgement on behalf of the nurses. Working conditions elsewhere continued to be problematic in the 1930s. Kathleen Nix was fearful of a strike in some Tipperary district hospitals because of problems over the quality of food, excessive working hours and the low wages of some of the nursing staff. Tipperary nurses petitioned local authorities to bring their wages and working conditions up to a level where they considered that conditions were ‘good.’ These ‘good’ counties were (according to the nurses) Leix, Galway, Limerick, Clare and Roscommon. In 1935, Meath nurses in the County Hospital submitted a letter of complaint in protest at the decision to change the hours

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112 GCCA GC 6/ 3 GHDC 12 January 1924.
113 GCCA GC6 /7 GHDC 12 December 1928.
114 The Nenagh Guardian, 21 November 1931.
of duty from a 12 hour day to a 14 hour day, with only 2 hours off per day.\textsuperscript{115} Nurses were able to appear individually or collectively in front of local authority meetings to negotiate. One such case occurred in Co. Leitrim when Nurse Sheeran appeared in front of the Board of Health to get a salary raise. She haggled with the authorities, threatening to look for another job and her dialogue with the authorities shows she was aware of the wages of other nurses. Board of health members in return attempted to judge the ‘heaviness’ of one particular nurses work as opposed to that of another. She was successful in getting a pay rise. Sometimes a male relative acted on behalf of a nurse. One such case occurred in Galway where one man represented his sister. She had, in his opinion, ‘not got fair treatment as regards employment.’\textsuperscript{116} The matron promised to employ her on a temporary contract. The sister in question may have been married as her surname was different from that of her brother. Galway nurses had the opportunity to appear individually or in groups at meetings of the Hospitals and Dispensaries Committee which took place in the hospital’s boardroom. Kathleen Nix never appeared in front of this Committee though from time to time, the Committee considered Irish Nursing Organisation circulars addressed to hospitals generally.\textsuperscript{117} Dr Bartley O’Beirne represented the nursing staff in Woodlands and his reports also found their way into departmental records.

During the height of the turbulent activity in Galway as described above, letter writer ‘Vigilant’ was hostile to the idea that nurses could afford to spend their time engaged in the morally dubious activity of dancing in Salthill. Bishops pastoral contained condemnation of dancing as an activity for women during the 1920s, as it was in opposition to the image of the ideal Irish woman. The statement of ‘Vigilant’ carried the unspoken belief that an increase in pay would lead to a loss of control of these women. The assumption that women spent their money in a frivolous fashion (therefore leading to unruliness) was expressed again at a Galway Hospitals and Dispensaries Committee meeting where the Head Nurse brought 3 cases of insubordination (involving sleeping arrangements and a tea cup) to the attention of the members. One member suggested that the nurses involved be prevented from going to a dance as punishment. This gave rise to laughter amongst other members and the nurses were told that the Committee ‘were determined to maintain discipline amongst the officials of the

\textsuperscript{115} The Meath Chronicle, 29 June 1935.  
\textsuperscript{116} GCCA GC 6/ GHDC  
\textsuperscript{117} There is no mention of any visit made by her either in the local press or in the minutes of the Galway Hospitals and Dispensaries Committee.
institution’. Local authorities’ fear of the consequences of a lull in discipline was not just limited to Galway but was an issue for local authorities elsewhere. These fears were actually realised in Monaghan in 1929 when nurses and one wardsmaid decided to celebrate the appointment of a new Matron by ‘running down the wards, screaming, laughing, singing, ringing bells and telling shallow jokes in the most unbecoming language.’ The wardsmaid wore a nurses’ cap, beat a drum, sang loudly, played a mouth organ and danced with one of the male patients. The authorities suspended the nurses and the wardsmaid. The Irish Independent carried full coverage of an incident in Belfast known as ‘the set of keys strike.’ Almost 200 probationers at the Belfast Union Infirmary threatened to strike over the suggestion that they were to blame for taking the keys and for managements’ decision to impose sanctions on them until the keys were found. The strike ended a few hours after it began when the probationers received a written apology from the authorities. The probationers issued a public statement accepting the apology but admitting that ‘they had made a mistake in going on strike, that is from a professional point of view, but we have got what we wanted.’ Nonetheless, nurses in Galway and elsewhere had a good relationship generally with local authorities and other groups. This is seen in popular advice which some groups gave to nurses during this period.

**Popular attitudes towards and advice given to nurses.**

Incidences of local unrest occurred amidst a background of Dáil neglect of hospital nurses during this period. Only a single T.D. (Cork Labour T.D. Richard Anthony) raised the issue of working conditions of hospital nurses in 1931. The Hospitals Commission gave greater space in its reports to the reform of outdoor nursing services, but nonetheless some observations on the living conditions and working hours of hospital nurses were included. As stated in chapter 1, the inability of the Commission to give greater consideration to hospital nurses may have been due to the politics of hospital administration rather than to any lack of interest on the part of Commission members. The neglect of hospital nurses at a state level is in contrast with the amount of advice given to them as described in the local and national press. The advice given was an extension of advice given to probationers – mainly personal advice on taking care of their own health. Nursing leader Ruth C. Nicholls, Rev H. Potter

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118 The Connacht Tribune, 13 November 1926. See also GCCA GC 6/5 GHDC 13 October 1926.
119 The Anglo Celt, 6 July 1929.
120 Ibid.
121 Ibid.
122 Irish Independent, 2 February 1940.
123 Irish Independent, 3 February 1940.
124 Dáil Debates, 30 April 1931.
CSSR and Dr H. Quinlan addressed nurses in 1928 on the issue of spiritual, psychological and physical personal care. The nurse was advised to take a healthy interest in matters outside the hospital otherwise ‘the temptation to the use of drugs may get easy hold of a nurse who allowed herself to be mentally groovy.’\textsuperscript{124} Doctors meanwhile were encouraged to take an interest in nursing matters.\textsuperscript{125} The medical officer of the Ennis fever hospital carried out a study into the health effects of night duty on nurses. He found that night duty nurses were prone to ‘anaemia, general debility, loss of vitality and rapid aging’ and the Clare authorities reduced the time served from three months to two months as a result of the findings.\textsuperscript{126} Dr T. Hennessy T.D. and Member of the Irish Medical Association called for better wages and working conditions for nurses and midwives.\textsuperscript{127} Members of the Munster Association of Medical Officers made a similar call in 1931.\textsuperscript{128} In October 1939, an unnamed doctor (no doubt mindful of the war) offered advice to the amateur nurse on how to take care of a patient at home. Sir John Lumsden, senior physician in the Meath hospital gave advice to nurses on their personal health and cautioned nurses against forming a cinema habit. This is in contrast with Dr Davitt’s actions in setting aside special off duty time for Central Hospital Galway nurses to attend the cinema. This time off duty was known as ‘picture leave.’

There was a general agreement amongst those who made pronouncements that nurses working conditions needed to be improved. Some however chose to blame nurses themselves for not being interested in improving their working conditions. Sir Edward Coey Biggar chided nurses for ‘being content merely to earn a livelihood’ instead of ‘improving (the nursing professions) status and prestige.’\textsuperscript{129} There was also the exasperated claim by Irish Nurses Organisation leader Annie M.P. Smithson that nurses had a sense of ‘apathy’ – that they were quite simply not interested in improving their condition, a belief referred to by nursing historian Pauline Scanlan and presented as a common opinion.\textsuperscript{130} Noel Browne describes one incident which occurred when he was working as a medical student in Dr Steeven’s hospital in Dublin in the 1940s where he tried to present nurses grievances to the Matron. His memoirs tell of how he and about 15 nurses assembled with the intention of

\textsuperscript{124} \textit{Irish Independent}, 11 January 1928.  
\textsuperscript{125} \textit{Irish Independent}, 29 August 1930.  
\textsuperscript{126} \textit{The Nenagh Guardian}, 2 April 1938.  
\textsuperscript{127} \textit{Irish Independent}, 14 and 15 August 1931.  
\textsuperscript{128} \textit{Irish Independent}, 16 April 1931.  
\textsuperscript{129} Sir Edward Coey Biggar, ‘The Training and Registration of Nurses,’ in \textit{The Irish Free State Hospital Yearbook and Medical Directory}, p.45.  
\textsuperscript{130} Pauline Scanlan, \textit{The Irish Nurse}, p. 135. Her footnote for this assertion is in turn taken from an article in the Irish Nursing Journal as edited by Annie M.P. Smithson.
going to the Matron’s office only to find that the nurses had deserted him by the time he had reached the office and there was no change in their conditions. Browne believed it was impossible for nurses to join a trade union since they were ‘led to believe that membership of a trade union or preoccupation with terms of employment and living conditions in hospital was improper and certainly not to be considered as subject for public protest.’

Nurses therefore according to these three commentators lacked the ability to make their needs known but the commentators measured ability only through membership of a national organisation with long term aims to be implemented nationwide. Nurses were instead choosing to agitate at a local level, on day to day issues of relevance to their particular working environment, using informal means.

Conclusion.

The Central Hospital Galway enjoyed an enhanced status as a nurse training school in the wake of changes made in training school recognition nationally before 1940. Although it was cheaper to train in local authority training schools than in voluntary hospitals, increasing educational requirements in Galway meant that competition remained keen for training places. Galway authorities were however conscious of this supply source drying up. It was for this reason they campaigned persistently and aggressively with the Department on the issue of training school age entry. A recurring theme in the campaign was the need to make training an attractive career choice to girls at a time when they were choosing their career, something which happened before a girl had reached 19 years of age in Galway. The Department agreed to impose a lower age of entry for probationers in exchange for Galway’s participation in the Gaeltacht Scheme. In this case it was considered absolutely essential that the age be lowered to make this career choice attractive to those from Gaeltacht areas.

Although greater research is needed in this area, records reveal that Galway authorities had the upper hand in negotiations with the Department on the operation of the scheme, being able impose a higher educational requirement on potential recruits than those recommended by Minister Seán T. O’Kelly.

Records reveal that once a recruit had satisfied entry requirements and was accepted for training, Galway authorities displayed a good degree of flexibility to ensure the recruit

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131 Noel Browne, Against the Tide, pp.68-9.
received full training. Those recruited in the usual way through educational entrance exams or Leaving Certificate plus a successful medical examination were joined by a variety of other students who were recruited in other ways. Gaeltacht Scheme probationers, Cork Street graduate fever nurses, Temple Street graduate sick childrens’ nurses and those with part training done in other (Irish) hospitals were all to be found training on the wards during this period. By the mid 1930s there was an excessive number of recruits from Cork Street awaiting entry for nurse training in Galway. The terms of the affiliation agreement allowed for the student exchange of 2 nurses between each hospital. This gave some Galway probationers the chance to live and train in Dublin for a year, and graduate fever nurses from Dublin the chance to train in the main general nursing qualification.

Roughly half of those nuns who worked in Galway before 1940 had nursing qualifications. The actual supply of trained religious labour lagged behind the training of recruits. The post-independence years saw some move from the individual training arrangements made by religious orders in the nineteenth century to training places being made available for nuns in hospitals fully compliant with General Nursing Council rules. The ambiguous semi-legitimate nature of nursing sister labour in census records was matched by persistent requests made by the Department (through Galway authorities) for the training certificates of nursing sisters and scrutiny of the activities of those who had no certificates to ensure that their activities remained confined to administrative duties only.¹³²

Lay staff nurses, in contrast, were appointed in a very public way and the appointment process facilitated this. Their career biographies were described in the press and the readers of local papers knew exactly who worked in these hospitals, and through photographs, what they looked like. The realities of staffing administration in Galway and elsewhere meant that there were plenty of vacancies for nurses to work on a temporary basis. Galway nurses had a different kind of mobility when compared to those from other counties. Nurses in other counties moved from county to county (and in the case of Marie Masterson, moved in rank). In some cases, career responsibilities moved alongside particular life stages. Although press and local authority records are full of the names of women who received gratuities on leaving the profession in order to get married, they also contain exceptions to this rule. The individual terms and conditions of each job vacancy made it possible to employ married women and widows. This was an acceptable practice in the case of Woodlands. The career biography of

¹³² Persistent enquiries as to the duties of individual nursing nuns were made by the Department up to the early 1930s. See for example GCCA GC 6/10 GHDC 10 September and 10 November 1930.
Márie Bean Mhic Fhloinn illustrates how married nurses could fit casual nursing labour around family duties. Some Galway trained nurses moved between Galway institutions and labour positions. Central Hospital Galway medical staff had to issue an official warning to nurses who took time off to engage in temporary private nursing cases in the mid 1930s.\textsuperscript{133} It is evident from the nature of the communication that this was a private arrangement between the nurse involved and the patient – the hospital was not profiting in any way from the arrangement. The late nineteenth and early twentieth century practice of a hospital arranging for private nursing cases was practiced in Prospect Hill but was not carried forward to the Central Hospital Galway and had largely died out in other Irish hospitals out by 1930.

The sense of self confidence evident in some of the actions taken by Galway nurses (and probationers) to improve their working conditions during this period is perhaps indicative of those with various employment choices. Nurses in Galway and elsewhere were concerned with immediate everyday concerns such as level of pay, working hours, quality of rations rather than long term goals. Good working conditions were to blame (according to one Irish Nurses Union writer) for the decline of a Galway branch of this union after one year. The temporary existence of this branch indicates that nurses preferred to work according to the realities of the way the health service was administered prior to 1940 and that these casual strategies worked. The existence of popular advice in the local press aimed at nurses is perhaps indicative of a general feeling of goodwill and sympathy towards nurses, though we will never know their reaction towards what was sometimes some unrealistic advice. Such well meaning advice came from different sources and shows that different groups were interested (in a positive as well as in a more controlling way) in the working conditions of nurses but it took the place of more serious consideration of working conditions for hospital nurses at Government level. The lot of midwives, in contrast was the subject of more official scrutiny in Government reports and we will look at the fortunes of midwives working in Galway in the next chapter.

\textsuperscript{133} GCCA GC 6/13 GHDC 11 April 1934.
Chapter 4. Midwifery and Public Health 1922-1940.

In July 1927, Galway dispensary midwife L. Walsh wrote a letter to complain about the poor wages offered to her holiday leave substitute nurse and concluded:

Evidently, our honoured Board of Health\(^1\) are under the impression that ladies of independent means who take up nursing as a hobby, or that we are of such self-sacrificing beings that we are content with very little. Well, we have to be boarded and lodged, and district nurses being so much in the fresh air, require something more substantial to live on than rose leaves and water.\(^2\)

This extract of what was a three page long letter was published in the local press. In other parts of her letter, she complained about the unprofessional conduct of the Moycullen Jubilee nurses who encroached on her district. The solo nature of her protest is in contrast to the collective action of the Central Hospital Galway nurses in opposing changes to their holiday leave. The Galway Hospitals and Dispensaries Committee was one of many health administration subcommittees established in 1922 and were answerable to the Galway Board of Health. In choosing to write to the local authority group which was ultimately responsible for health matters, L. Walsh was aware of the politics of health administration. The official reaction given to the letter was also in contrast with the successful outcome of the Central Hospital Galway nurses’ protest. News of the Galway Hospitals and Dispensary Committee Secretary’s reply telling her to ‘mind her own business’ appeared in the press together with the recorded approval of other Committee members for his reply.\(^3\) How typical was L. Walsh’s attitude towards other midwives, the solo nature of her action and the rude dismissal of her petition?

The dispensary service did not undergo any significant change after independence in terms of dispensary district midwives employed.\(^4\) There were 588 dispensary districts in Ireland at the time L. Walsh wrote her letter, with 634 dispensary doctors and 657 dispensary midwives.\(^5\) Each dispensary district generally had one midwife but some districts had more than one midwife. The number of midwives with responsibility for two dispensary districts had

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\(^1\) For an account of the organisation of local authority committees during this period, see Gabriel O’Connor, *Galway County Council*, p. 129. See also GCCA GC 6/1—the first meeting of the GHDC, 25 February 1922. See terms of reference of GHDC who…’shall be answerable to the County Board of Health and the Department of Local Government and Public Health.’

\(^2\) *The Connacht Tribune*, 16 July 1927.

\(^3\) *The Connacht Tribune*, 16 July 1927.

\(^4\) These midwives were known as district midwives or dispensary midwives.

disappeared by 1945. Staff in the maternity hospitals in Dublin (the Rotunda, the Coombe and Holles Street) provided a domiciliary care service for women living in the vicinity of the hospital. This eliminated the need for dispensary midwives in these areas. The Bedford Row Hospital in Limerick provided a similar service from 1935 and dispensary midwives were no longer needed in the area. There was no hospital domiciliary care service for women living in the vicinity of the maternity hospital section of the Central Hospital Galway. Initial plans to provide such a service failed but records are silent on the cause. The Galway Hospitals and Dispensaries Committee seems to have been preoccupied instead with providing accommodation for unmarried mothers in Tuam.

There was no training hospital for midwives in Galway until 1945. Records are silent on the issue of opening such a school in the mid 1920s - at a time when the establishment of a training school for general and fever nurses was an urgent matter. Some probationers in their final year of general nurse training expressed a desire to do midwifery rather than fever nurse training as a postgraduate option. Chief Obstetrician Dr D.V. Morris helped these probationers by seeking permission on their behalf from the local authorities to train in midwifery rather than fever nursing. He provided graduates with contacts to midwifery training schools (particularly the Rotunda). The Galway general nursing graduate could train in either Holles Street, Rotunda and Coombe Hospitals in Dublin, the Cork County Home or Erinville Lying-in Hospital in Cork and Limerick’s Bedford Row Hospital.

Hospital Midwives

Midwives in the Central Hospital Galway maternity hospital received their midwifery training outside Galway. Dr Morris appeared frequently in front of local authority meetings to present the needs of the hospital and he was anxious to maintain a staff of 3 midwives in the hospital. Known in local press and local authority reports as maternity nurses, they were also appointed through the Local Appointments Commission. Genevieve Bell (whom we met in the previous chapter) worked as a maternity nurse and was appointed at the same time as Jane Griffin. Her career biography also appeared in the press. Athlone native Jane Griffin had trained in midwifery only in Holles Street for six months in 1928. She worked in a nursing home and as a private midwife in Ballinasloe for 4 years prior to her appointment in the

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8 GCCA GC 6/5 and GC 6/6 GHDC 12 May 1926 and 12 January 1927.
Central Hospital. The night superintendent also had to have midwifery qualifications. C.F. was appointed to this post in 1929 and had trained in general nursing and midwifery in Belfast. She had worked in a Donegal district hospital, in a Dublin nursing home and as a ward sister in Dublin maternity hospital prior to her appointment. One Galway hospital nurse who felt she should have been given the job made a formal protest against the engagement of the ‘Northern Ireland nurse.’ C.F. remained in her post only for a year and her successor, S.R. also trained in Belfast, but trained as a midwife in Glasgow. She worked in various Belfast hospitals before being appointed in Galway.

There was a high staff turnover rate reported in the maternity and fever hospitals. We can trace the career progress of some maternity nurses who worked initially in the hospital before transferring to another job. The midwives appointed to the Oughterard and Ballinasloe districts in 1937 had worked previously in the maternity hospital section of the Central Hospital Galway. Other maternity nurses moved into employment in the many private nursing homes in Galway. These included St Bride’s nursing home, Seamount, Wellpark, Kilcorkey, Manressa, Nurse Colgan’s and St Theresa’s and were to be found in Galway town, Tuam and Ballinasloe. Some still may have worked as private midwives. The pay of maternity nurses compared favourably with medical and surgical nurses with both receiving roughly £85 yearly. The favourable rate of pay was due to the difficulty experienced by local authorities in the late 1920s in recruiting nursing staff.

Public Health Nurses.

County Medical Officers were employed from the late 1920s to give supervision and direction of all county health services. Rockefeller funding was used to employ the first officers in Cork and Kildare as well as support staff in the form of Assistant County Medical Officers and Public Health Nurses. Department of Local Government and Public Health officials had to coax local authorities everywhere to appoint staff under the County Medical Officer scheme and the appointment of officers was not complete until a decade or so after

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10 The Connacht Tribune, 22 December 1928.
11 GCCA GC 6/7 and GC 6/8 GHDC 12 December 1928 and 13 February 1929. Nurses are referred to by (pseudo) initials here because of restrictions in naming people in these records. I have only used nurses’ real names when these appear in the press or in national archive (unrestricted) records. The nursing career biographies are derived from departmental query forms in national archive files.
12 GCCA GC 6/6/16 GHDC 19 June 1937.
13 James Murray, Medico-Social History, p. 158 and The Connacht Tribune, ‘Galway Hospitals – How the western capital is equipped to combat disease,’ 29 July 1933.
the first appointment. It seems as if Rockefeller funding was used only to appoint the Cork and Kildare staff, but apart from an initial brief acknowledgement of funding received from the foundation, there were no more details given in the Department of Local Government and Public Health Annual report for the years 1927-1928 or in subsequent reports.\footnote{Ibid. See also Lindsey Earner-Byrne, \textit{Mother and Child: Maternity and child welfare in Dublin 1922-60}, (Manchester, 2007) p. 25.}

Although the Galway authorities were amongst the first to appoint a County Medical Officer, they did so reluctantly and were able to delay the appointment of support staff for Dr Bartley O’Beirne.\footnote{\textit{The Connacht Tribune}, 27 April 1929, 20 July 1929 and 1 March 1930. Plans to appoint a County Medical Officer was part of a local press campaign on behalf of the Gaeltacht poor.} Advertisements were placed for nurses with general nursing and midwifery training along with experience in either- tuberculosis work, school medical inspection, child welfare work, district nursing or sick children’s nursing.\footnote{\textit{The Connacht Tribune}, 14 February 1931 and 28 February 1931. Josephine Kelly was a native of Glenamaddy and Loughrea native Dilly Corcoran was daughter of John Corcoran.} Dilly Corcoran and Josephine Kelly were appointed public health nurses and each nurse was paid £150 a year with a travelling allowance of £50.\footnote{\textit{The Connacht Tribune}, 28 February 1931 and 4 July 1931. Josephine Kelly was a native of Glenamaddy and Loughrea native Dilly Corcoran was daughter of John Corcoran.} Their pay was in excess of other nurses in the outdoor service and given in recognition of their additional training, but unlike other outdoor nurses, they were to function as part of support staff rather than as independent practitioners.\footnote{\textit{The Connacht Tribune}, 14 February 1931 and 28 February 1931.} The wages of the Galway Public Health Nurses was similar to wages offered to Public Health Nurses nationwide.\footnote{See advertisement placed in \textit{The Connacht Tribune} inviting applicants for Dublin Public Health Nurses. 16 July 1927.}

The appointment of county medical staff was cited as a necessary step in implementing schemes aimed at providing health care to specific sections of society.\footnote{Department of Local Government and Public Health, \textit{Annual Report} 1936-1937, p.66-7.} Local authorities had responsibility for implementing pre-independence legislation on the care of tubercular patients, the health of mothers and babies and the medical inspection of school children. Public Health Nurses, Lady Dudley nurses, Jubilee nurses and District Nursing Association nurses were all contracted and paid to work in these schemes and their work overlapped. The Public Health Nurses supervised the implementation of health schemes but were also employed in the day to day running of the schemes which included such tasks as

\ldots carrying out the weighing, measuring and follow up work under the school medical service schemes, in aftercare duties arising and domiciliary visitation in connection
with tuberculosis schemes, in (the) inspection of midwives and in various other duties arising under approved arrangements attending to the health of expectant or nursing mothers and of children under five years of age.\(^{22}\)

**The Outdoor Nursing Service.**

L. Walsh was one of six only dual qualified district midwives in the country. These were nurses who had both general nursing and midwifery qualifications. Other dual qualified nurses were based in Oughterard, Portumna, Tuam, Clonbur (County Galway), in Rhode (Co. Offaly) and Crossroads (Donegal).\(^{23}\) The number of dual qualified dispensary nurses did not change as the Hospitals Commission identified the same areas with dual qualified nurses in 1936.\(^{24}\) The Commission on the Relief of the Sick and Destitute Poor recommended the widespread employment of dual qualified nurses as did the authors of a Hospitals Commission minority report a decade later.\(^{25}\) The typical dispensary midwife had a qualification in midwifery only.

Voluntary effort was used to supplement the work of dispensary district staff. The Jubilee Institute for Nurses supplied trained dual qualified nurses to their own District Nursing Associations and to other group schemes. These were the Lady Dudley Nursing Scheme, the Women’s National Health Association and United Irish Women. Nurses were employed by the United Irish Women, and its successor, the Irish Countrywomen’s Association, to perform district nursing duties.\(^{26}\) The Lady Dudley Organisation provided ‘nurses in areas too poor, in which local funds are impossible to obtain’ but the other groups were able to rely on local funding where £200 was guaranteed annually to cover the expense of a nurse.\(^{27}\) There were 125 nurses attached to the Jubilee institute, which included 25 Lady Dudley nurses and 2 United Irish Women’s nurses. The institute also supervised the work of 21 non Jubilee nurses. Although all nurses provided by the Jubilee Institute were dual qualified, only


\(^{26}\) Caitriona Clear, *Women*, p. 28.

\(^{27}\) Saorstát Éireann, *Report of the Commission on the Relief of the Sick and Destitute Poor including the Insane Poor*, p.66.
25 of them practiced midwifery on a regular basis. Other nurses acted ‘in an emergency or in the absence of a dispensary midwife.’

The Hospitals Commission considered the provision of outdoor nursing services a decade after the Commission on the Relief of the Sick and Destitute poor, in particular the role of voluntary services. The latter had expanded considerably as additional groups had been formed to provide nursing care. These were the Jubilee Institute, the Lady Dudley Organisation, the Donegal-based Mc Devitt Trust, the St Vincent de Paul Nursing Association, the Dógheda-based Sisters of Charity of St Vincent de Paul, the Wexford branch of the Irish Countrywomen’s Association and local District Nursing Associations. There were 156 Jubilee nurses, 45 Lady Dudley nurses, 4 Mc Devitt trust nurses and other groups had one nurse apiece. The Queen’s Institute of District Nursing (Irish branch) was identified as the most influential group as suppliers of personnel. Members of the Hospitals Commission expressed their concern that the constitution of this nursing group lay outside Saorstát Éireann control. They also highlighted the lack of co-ordination between its nurses on a local level and the activities of the County Medical Officers of Health. Voluntary organisations assumed ‘entire responsibility for developing and carrying on the general nursing of the poor in their homes’. The outdoor nursing service was deemed inadequate by the Hospitals Commission and had become stagnant. Recommendations included the establishment of county nursing committees, to be financed and controlled by local authorities. The entire outdoor nursing service should be free from any control outside the Saorstát.

There were no changes made to the provision of the voluntary nursing service but the inclusion of outdoor nursing matters in government reports illustrates the attention given at national level to this form of nursing service. T.D.’s brought individual wage claims of dispensary midwives to the attention of the Dáil. Ease of access to dispensary services was one way in which T.D.’s could help people in their constituency. Although midwives enjoyed a higher national profile than hospital nurses, this did not translate into significant

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28 Saorstát Éireann, Report of the Commission on the Relief of the Sick and Destitute Poor including the Insane Poor, p.66.
31 Ibid.
32 See for example Dáil Debates, 27 February 1923, 2 July 1925 and 7 July 1925.
33 See for example Dáil Debates, 16 December 1926.
improvements in working conditions. A look at the fortunes of midwives in County Galway, a county with one of the highest number of dispensary districts illustrates this.

Table 4.1. List of dispensary districts in Galway in 1937.\textsuperscript{34}

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<td>Kilconnell</td>
<td>Oranmore</td>
<td>Woodford</td>
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The above table indicates the distribution of dispensary midwives in County Galway. One midwife worked in each district, with the exception of Bullaun and Loughrea where one midwife was responsible for both districts. Although the Williamstown Glenamaddy district covered two distinct areas, it was counted as a single dispensary district. Woodlawn was counted as a single district but was considered by local authorities to be a particularly large district. The areas listed above in bold font were areas where a Lady Dudley nurse worked. These nurses were trained and supplied by the Jubilee Institute, their upkeep funded by the Lady Dudley Organisation and wages paid by local authorities to work as dispensary nurses and perform other nursing duties.\textsuperscript{35} They will be referred to as Lady Dudley nurses here as it was that organisation which funded them. In one case, local philanthropic effort helped to maintain a Lady Dudley nurse in the Clonbur district. Lord Iveagh paid half the wages (local

\textsuperscript{34} GCCA GC 6/16 GHDC.

\textsuperscript{35} The Lady Dudley Organisation funded the upkeep of a district nurse. This is the costs involved in keeping a nurse in the district, for example the payment of rent on accommodation and the purchase of equipment and drugs.
authorities paid the remainder) of a Lady Dudley nurse to attend to the medical and midwifery needs of a list of retainers.

Dual qualified nurses such as the Clonbur nurse were paid over £100 per annum. Some districts carried pay allowances associated with the special circumstances of working on a particular district. The Aran Islands nurse was given a travelling allowance to cover the cost of travel between the islands and was paid for work done in public health schemes. Wages varied nationwide for dispensary midwives (those with midwifery qualifications only). Some Mayo midwives were paid as little as £20 per annum compared to £67 per annum in Dublin but even within counties different wages were paid at different rates. Some were paid a basic wage and others were paid a basic wage with yearly increases until an upper limit was reached. Forty Galway midwives were paid at a flat rate of £52 per annum whereas in Mayo, 1 midwife was paid £50, 5 at a rate of £45, 6 at a rate of £40, 4 at a rate of £35, 8 at a rate of £30, 9 at a rate of £25 and 1 at a rate of £20 per annum.  

The actual income earned by a dispensary midwife is difficult to gauge. Galway records show a continuous rotation of midwife from district to district and even (as we have seen) from institution to district. The payment received by dispensary midwives nationwide was not intended to be a wage as such, but ‘seen more in the nature of retaining fees than remuneration for their services’.  

They were paid to provide free maternity care for those who produced the appropriate tickets. The dispensary midwife was also permitted to supplement her income with fees from private cases. Many dispensary midwives were married so their earnings were a part of a family income although the percentage of single midwives grew from 30% of all midwives in 1926 to 43% by 1946.  

Although, as we have seen in chapter 3, temporary hospital nurses were paid attractive rates, the opposite was true in the case of temporary midwives. The wages of temporary midwives in Galway remained depressed at £1 a week when the Irish Nurses’ Organisation were recommending a scale of £2-10-0.  

This rate of pay remained unchanged and when local authorities struggled to find temporary midwives to cover for illness or holiday leave, the dispensary doctor was asked to

36 Saorstát Éireann, Report of the Commission on the Relief of the Sick and Destitute Poor including the Insane Poor, p.155.
38 Calculations made on census information given on the number of single married and widowed midwives.
39 GCCA GC 6/6 GHDC 10 August 1927. INO circular addressed to all local authorities on rate of pay for midwives employed on a temporary basis.
take on the additional responsibilities.\textsuperscript{40} Local authorities were aware of the difficulty in gauging the actual earnings of midwives as we shall see in their dealings with the two Galway city dispensary midwives and county midwives generally.

The fortunes of the two Galway City dispensary midwives.

Babies were most commonly born at home up until the 1950s as childbirth was seen as a natural event rather than as an illness. Caitríona Clear’s study of childbirth practices during these years illustrates that many women preferred to give birth at home, even when it was possible for them to go to hospital.\textsuperscript{41} Prominent obstetricians who spoke about the best place to give birth in the 1940s were of the united opinion that mothers should come into hospital for their first babies and for every baby after the fifth, or in the case of a potential difficult birth. They were in favour of women giving birth within the home, when possible, due to the dangers of infection in a hospital environment (in a time before the discovery of antibiotics to combat infections).\textsuperscript{42}

Only one midwife had responsibility for the entire city and when she retired in 1930, it was decided to appoint two midwives – one apiece to Galway Dispensary number one and number two districts. One midwife could no longer be expected to attend to a general population of almost 19,000.\textsuperscript{43} This midwife had worked alongside nurses from the voluntary St Joseph’s Nursing Society and private midwives in providing domiciliary care to Galway women who did not wish to give birth either in the Central Hospital Galway maternity hospital or in the private nursing homes in the city. The midwife appointed to the Galway city number 1 district in 1930 had previously worked on the Aran Islands. She shared the same surname as the sole applicant from the Aran Islands for general and fever nurse training in the Central Hospital Galway – this girl was probably the midwife’s daughter. The midwife was transferred at the same time the girl was accepted for training. This transfer actually resulted in a decrease in pay for the midwife from £115 per annum to £52 per annum, though without the stress of sea travel. Both city midwives applied to the local authorities for additional pay because they were unable to add to their income. They got very

\textsuperscript{40} GCCA GC 6/8 GHDC 14 August 1929. Galway authorities informed the Minister that ‘they were experiencing great difficulties in getting substitutes for medical officers, dispensary midwives and trained nurses generally in this county.’
\textsuperscript{41} Caitríona Clear, \textit{Women}, p. 96-105.
\textsuperscript{42} Ibid.
\textsuperscript{43} GCCA GC 6/9 GHDC 12 March 1930. These records do not give any information on birth rate statistics for these years.
few private cases ‘owing to the number of private nurses working in the town.’ A pay boost was given to them in the form of a conditional yearly bonus. A bonus of £10 per annum was granted to them based on their attendance at a (high) number of ticket cases – so called cases requiring free medical attendance given on the production of a necessary ticket.

Both Galway city midwives also had to appeal for assistance in finding and paying for suitable accommodation for their families. One midwife was a widow with 3 small children and the other was married but with no young children. The former Aran Islands midwife had had ‘to pay the urban council 8/3 per week for her house – about 2/- more than the tenants in the adjoining cottages’ and could get no private cases. The other midwife had to attend a …population of at least 8,000 persons whereas the population of a full sized district in a rural area would not be more than half the number…. Attend more tickets in one year than midwives in rural districts would have attended in ten years… and to pay four times as great a rent.

Both midwives had to persistently petition local authorities for assistance but only they were successful in seeking assistance. County midwives were less successful.

Galway authorities believed that working conditions for midwives differed from district to district and successfully resisted Ministerial pressure to implement an improved uniform rate of pay in the 1930s. This was highlighted in a Galway Hospitals and Dispensaries Committee letter to the Minister in 1933:

The Minister’s attention is directed to the number of tickets recently attended by the two [Galway city] nurses during the year – 137 and their salaries – (combined for the 2) are £104 whilst in the late union of Ballinasloe, 6 nurses attended 59 cases and their salaries amounted to £312. In the Glenamaddy Union area, 2 tickets were attended by 3 nurses whose salaries amounted to £156. The same applies throughout the County outside the town of Galway which goes to prove that on the Rural Districts, the nurses get very few tickets so that obviously they must be receiving

44 GCCA GC 6/14 GHDC 20 February 1935.
45 GCCA GC 6/14 GHDC 20 February 1935.
more or less fees whereas in Galway, they get a large number of tickets and very few [private case] fees….  

Pay increases were only given on an individual case by case basis as can be seen in the case of the Galway city midwives. The Galway authorities were keen to confine the £10 yearly bonus custom to the city midwives only, but this did not prevent some county midwives from applying for a similar bonus. Individual county midwives quoted the number of ticket cases they received yearly in the hope of getting a similar basis but all claims were flatly rejected. Galway dispensary midwives were paid £52 per annum and local authorities resisted Departmental pressure to bring the wages in line with the general nationwide scale (£52 per annum with yearly increases to a limit of £67). Galway authorities were also averse to giving any pay increases to Lady Dudley nurses, considering them well paid at wages ‘upwards of £180 per annum’. 

Although a widespread salary review resulted in an overall increase in pay for Central Hospital Galway nursing staff in 1937, only 8 midwives of a total of 40 received any increase in pay and these were midwives working in special districts. The Bullaun-Loughrea midwife had to attend two dispensary districts, the Woodford midwife had to attend to a particularly large district and the Inishboffin midwife was given an increase because of the particularly arduous nature of her work on the island. Although some midwives were given pay increases in 1941 but the pay offered (about £60 per annum) was far behind the recommended pay of £80 per annum.

The working environment.

Nurse Hedderman, Quain and Smithson’s memoirs all provide an account of the day to day working conditions of outdoor nurses – the long working hours and having to travel in all kinds of weather to the patient’s house. Less well known however is the atmosphere of keen competition between midwives themselves and also midwives and general trained nurses. The Irish Nurses Organisation had to issue repeated warnings at a national level to midwives not to poach the work of general trained private nurses. Galway records reveal

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46 GCCA GC 6/12 GHDC 14 June 1933.  
47 GCCA GC 6/16 GHDC 20 March 1937.  
48 GCCA GC 6/18 GHDC 8 March 1939. Irish Nurses Organisation circular recommending a wage of £80 per annum for dispensary midwives.  
49 B.N. Heddermann, Glimpses of my life in Aran: Some experiences of a district nurse in these remote islands, off the west coast of Ireland. (Bristol, 1917), written testimony of Mary Quain in the Dr James Murray papers, see also Meehan, Therese C. Heading into the Wind: The work of District Nurse Mary Quain,’ In Gerard Fealy, (Ed.) Care to Remember: Nursing and Midwifery in Ireland) and Annie M.P. Smithson, Myself- and others. (Dublin,1944).  
50 See for example The Irish Nurses’ Union Gazette, July 1926.
occasions of public unrest on the issue of midwife appointments and illustrate the competition which existed between midwives. One midwife complained of intimidation on the eve of her appointment to a new district in 1932. She received a letter from 3 men of the district warning her not to take up the post as people liked the midwife already employed in the area. They warned her they would hold a public meeting in the local town hall to organise opposition to her appointment. The undeterred midwife informed the Galway Hospitals and Dispensaries Committee of the harassment and notified them of her intention to take legal proceedings against the men and to take up duty in the district anyway.\textsuperscript{51} In this case members of the public acted (possibly on behalf of the established midwife) to prevent greater competition for cases in the area. Less clear is a complaint made by a midwife in another district (two years after the incident described above) that she was the victim of ‘hooliganism.’ She had been subjected to a campaign of intimidation for 6 months previously but it is unclear whether this was connected to her work as dispensary midwife. Local history accounts of the area reveal no great incidents of unrest – either industrial or political during this time.\textsuperscript{52} Although the ‘hooliganism’ suggests youth activity, this is offset by the serious reaction of local authorities to the complaint made. Details were forwarded to the Minister for Justice who carried out his own investigations. The midwife received a pay raise and the matter was fully resolved by the end of 1935.\textsuperscript{53} Records indicate a public interest in midwife appointments. The people of one dispensary district were successful in preventing the transfer of their Lady Dudley nurse to another district in 1932.\textsuperscript{54}

Local authorities employed hospital nurses on a rotation basis (as we have seen in chapter 3) during times of unemployment but the one effort to do so with dispensary appointments failed. A priest appeared before a Galway Hospitals and Dispensaries meeting in 1935 on behalf of his cousin, a midwife with 3 orphans. He asked that she be permitted to share a district. This would not result in any great hardship for the established midwife, according to the priest as she was a married woman and her husband was in receipt of a British government pension. Although the request was granted, the move was actively blocked by the established midwife. She refused to hand over the dispensary register to the appointed

\textsuperscript{51} GCCA GC 6/11 GHDC 10 February 1932.
\textsuperscript{53} GCCA GC 6/13 GHDC 21 November 1934 and 19 December 1934.
\textsuperscript{54} GCCA GC 6/11 GHDC 10 February 1932.
midwife and sought legal assistance in blocking the appointment. Her efforts were successful.\textsuperscript{55}

Midwives had state support in preventing competition from handywomen (those without formal skills who delivered babies). The 1918 Midwives Act was an attempt to define those who could practice midwifery to those who had undergone a period of formal instruction. A successor act passed in 1931 was aimed at closing loopholes which enabled handywomen to continue to practice. The Central Midwives Board was the registration body for midwives and had similar functions to the General Nursing Council. The Irish Nurses Organisation worked on a national level to prohibit the activities of handywomen, resorting to legal means when necessary but the effectiveness of such actions was mixed. Although they were successful in getting Limerick County Council to prosecute handywomen active in the county, these women continued to practice even after prosecution.\textsuperscript{56} They also encountered difficulties in persuading the Board of Management at the Coombe Hospital in Dublin not to allow their medical students to work with handywomen on the district. It was the opinion of the Board that this arrangement must be kept since ‘the student would have to accept whatever help he could get in the case of poor people.’\textsuperscript{57}

Galway records show that local authorities had a similar pragmatic view and that even registration of legitimate labour was a problem. Responsibility lay with the midwives themselves to give their changed details after marriage to the Central Midwives Board. There was some difficulty in ascertaining whether some married midwives were registered or not.\textsuperscript{58} Even when a midwife failed to register with the Central Midwives Board, this did not prevent them from practicing in the county but only under the supervision of the local doctor.\textsuperscript{59} Although dispensary doctors in the Spiddal, Glenamaddy and Williamstown districts as well as the Galway City number 2 district asked for an amendment to the 1918 Midwives Act to further prohibit the activities of handywomen, records show that less formal strategies were also used. No handywomen were formally prosecuted in Galway, although on one or two occasions, official warnings were given through solicitors.

Midwives themselves probably acted against handywomen, but the only case which was recorded was in Lettermore in 1927 where the midwife sought the assistance of local

\textsuperscript{55} GCCA GC6/14 GHDC 20 March 1935 and 17 April 1935.
\textsuperscript{56} The Irish Nurses’ Union Gazette, February 1926.
\textsuperscript{57} The Irish Nurses’ Union Gazette, October 1925.
\textsuperscript{58} GCCA GC 6/ 5 GHDC 13 October 1926.
\textsuperscript{59} GCCA GC 6/ 10 GHDC April 1931.
authorities in 1927. She formally notified members of the Galway Hospitals and Dispensaries Committee that she would no longer have responsibility for a patient who had also consulted a handywoman. The handywoman had ‘introduced her hand into the uterus after the baby was born and took away the placenta’ despite the strong objections of the midwife.\(^{60}\) The midwife expressed her fears that the woman would become septic. It is unclear as to whether the patient did survive, as further details given focus on the activities of the midwife and handywoman. The midwife chose not to instigate legal proceedings against the handywoman despite ministerial and local authority pressure to do so. Less formal methods were used as the midwife chose instead to give a strong warning to the ‘feeble and elderly’ handywoman. Records cryptically note that this particular midwife ‘had her own difficulties to contend with and the fact of giving evidence might increase them’, which may indicate public disapproval should she bring the handywoman to court.\(^{61}\) Reported complaints seem to have dried up in the 1930s with the appointment of the County Medical Officer whose tasks included the supervision of midwives. Dr O’Beirne had only to issue one warning on the issue of record keeping to one midwife.

Local authorities did not just deal with the perceived problem of ‘handywomen’ but also had to intervene in disputes, as with hospital nurses. Personal and professional disagreements could not easily be kept hidden in the district as they could be in a hospital setting and reported disagreements could sometimes be seemingly trivial. One dispensary doctor complained that the district Lady Dudley nurse was ‘disobedient and lazy’ and had refused to give him back his syringe.\(^{62}\) A committee member who lived in the district was able to dismiss the doctor’s allegation. One dispute with more serious consequences occurred where personal animosity between dispensary midwife, Nurse Denn and dispensary doctor, Dr Mangan was a factor in the tragic death of a woman in childbirth. On 9 April 1926, Nurse Denn attended a private case as per agreement, but the woman died only a few hours after giving birth. Although Dr Mangan had been called, he was unable to save the woman. The doctor made a public (press) claim within weeks of the incident that Nurse Denn had been negligent in not calling him sooner. Nurse Denn (with the aid of Irish Nurses Union) made a press statement condemning the doctor’s actions and she gave her side of the story.\(^{63}\) More facts emerged as the Local Government Medical Inspector sent to investigate the incident

\(^{60}\) GCCA GC 6/6 GHDC 9 November 1927.
\(^{61}\) GCCA GC 6/6 GHDC 30 November 1927 and GCCA GC 6/7 GHDC 11 January 1928.
\(^{62}\) GCCA GC 6/6 GHDC 9 March 1927 and 13 April 1927.
\(^{63}\) *The Connacht Tribune*, 15 May 1926.
held an official enquiry to investigate the death - the details of which were published in the
press. Enquiry debate was centred on the actual time of birth but details of the strained
relationship between Dr Mangan and Nurse Denn emerged. The midwife alleged that the
doctor had not said a single word to her during the difficult birth and the doctor admitted
under cross examination that he had not asked for the patients’ medical history after his
arrival at the cottage. 64 The enquiry ended only after Dr Mangan made ‘an expression of
good-will … towards the nurse’ which in turn ‘changed the whole aspect of enquiry.’ 65 The
official verdict, published in August 1926 found that ‘dereliction of duty’ could not be proved
in this case against Nurse Denn, ‘a midwife with more than 20 years experience’. 66

Issues arising out of another childbirth incident – on this occasion the death of a newborn
infant, illustrate tensions between the Department of Local Government and Public Health
and the local authorities. No sooner had Medical Inspector Dr Stirling Barry finished the
Dunmore enquiry than he had to preside over another enquiry in Ardrahan. Attention moved
from determining the cause of the infants’ death to the actions of Nurse McCarthy at the
enquiry. So confident was she in her ability to explain the events surrounding the death, that
she did not hire a legal professional to represent her at the enquiry. She later admitted that she
was not aware that she was entitled to such representation. 67 The matter was referred to the
Minister who felt that she was ‘not a suitable person for the position she occupied’ and issued
a sealed order, dismissing her. This decision was not reversed despite persistent pleas from
different groups involved from the time of the enquiry in 1926 and for many years
afterwards. 68 Nurse McCarthy did hire a solicitor, but this action was taken after the
Ministerial decision was made to remove her from her post as dispensary midwife. The
testimony of former Ardrahan (moved to Athenry) dispensary doctor also arrived too late. Dr
C. H. Foley had worked for 20 years with Nurse McCarthy and he had found her to be a
‘most trustworthy and reliable person.’ 69 Solicitor Mr MacDermott called for a new enquiry
to be held, as the decision to dismiss someone who had given twenty one years of faithful
service, over ‘a mistake, which, taken at its very worst, was only an error of judgement.’ 70
Members of the Galway Hospitals and Dispensaries Committee continuously petitioned the

64 GCCA GC6/5 GHDC 14 April 1926. See also The Connacht Tribune, 17 April 1926, 15 May 1926, 19 June
1926 and 26 June 1926.
65 The Connacht Tribune, 19 June 1926.
66 GCCA GC 6/5 GHDC 11 August 1926.
67 Ibid.
69 The Connacht Tribune, 11 September 1926.
70 Ibid.
Local Government in the years that followed, but with no success. Further details of her career were given in one local authority petition made a few weeks after her dismissal as abstracts of a report made by Dr Foley were used in the petition. Dr Foley wrote:

… not a single death or fatality had occurred in any labour case in which she was in attendance with the exception of one – and then there were 3 doctors in attendance.\(^{71}\)

Whereas hospital nurses had the opportunity to appear in front of members of the Galway Hospitals and Dispensaries Committee to argue for better working conditions, dispensary midwives never did – not even the city midwives. There is evidence to suggest that the city midwives spoke to individual members and the Chief Medical Officer informally. Midwives communicated their needs mainly by letter though all claims from county midwives – for pay increases, travelling allowances and assistance with housing – were flatly rejected. Only one midwife was successful in her efforts to overturn the marriage bar and to resume employment. She had worked as a Lady Dudley nurse and claimed at the time of her appointment that she was forced to sign an agreement to resign upon marriage and not to work for a period of five years after the resignation. Using a combination of letter writing, legal consultation and letters of support from a local priest and politician, she was able to successfully challenge this agreement and was able to resume paid employment as dispensary midwife for the area.\(^{72}\) Midwives claiming retirement gratuities and compensation because of ill health did so with full INO representation, and were generally successful, but the competitive spirit which existed between outdoor nurses prevented them from uniting together to agitate as a group for better working conditions generally.

Conclusion.

Galway was the only city without a training centre for midwives and a ‘flying squad’ dispensary service. The hospital geography of the county – specifically the absence of a number of district hospitals (in contrast to Cork, for example) ensured that district midwifery was of extra importance, especially in the county. Attitudes women had about the suitability of the home as a place of birth added to the importance of the midwife in the district. Midwives were recruited to the maternity hospital section of the Central Hospital Galway from Northern Ireland. They remained in hospital posts only until more lucrative positions

\(^{71}\) GCCA GC 6/5 GHDC 11 August 1926.

could be found elsewhere. Despite the added importance of dispensary midwives and Lady Dudley nurses (who worked as district nurses rather than as midwives), their pay remained behind the national average during these years.\(^{73}\) Local authorities were aware of the difficulty in gauging the actual income earned by midwives – with the exception of the two Galway city midwives and generally erred on the side of parsimony on the issue of pay and working conditions.

The wording of one such warning on the issue of poaching given by the Irish Nurses Organisation also highlights the hierarchical nature of outdoor nursing labour. In July 1926 the editor wrote:

> We occasionally receive complaints that midwives throughout the city and county generally often ‘poach’ on the general trained nurses work by undertaking general cases of sickness frequently for lower fees than the general nurses charge. Midwives who complain about the ‘handywoman’ should be very careful not to act the ‘handywoman’ themselves on the general nurse who has a hard enough struggle to earn a livelihood.

Although some efforts were made in terms of legislation passed to prohibit the activities of handywomen, an examination of the Galway records indicate the complex issues involved in actually doing so. Although moves were made to comply with national legislation, the lack of formal prosecutions carried against handywomen indicate a certain degree of pragmatism by Galway authorities on the issue.

Only one type of outdoor nurse remained immune from territorial tensions. Post-independence developments in outdoor nursing remained limited to the creation of the post of Public Health Nurse, a position which, as we shall see in the next chapter, was to eventually replace voluntary nursing effort and dispensary midwives.

Both local and national authorities treated every dispensary district separately. The reality of the way in which the service was operated meant that the action of L. Walsh in writing a letter to voice her own difficulties as opposed to being on behalf of midwives in her area was typical behaviour of dispensary midwives at the time. Sadly, in the case of Galway, the reaction given to her letter was in keeping with the practice of flatly refusing petitions by all

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\(^{73}\) Saorstát Éireann, *Report of the Commission on the Relief of the Sick and Destitute Poor including the Insane Poor*, p.66. Only 25 of the 125 Jubilee nurses practiced midwifery on a regular basis. See page 5 above.
county outdoor nursing personnel – voluntary or otherwise. L.Walsh however remained unfazed by the rude dismissal of her letter and continued to send more letters to the Galway authorities.

Dispensary midwife Mrs F. Clarke of Eyrecourt wrote a letter to complain about the poor pay she received in the course of her work in 1956. Although trained as a general nurse and midwife, she felt ‘unjustly treated.’ Her status had suffered, according to her letter, as a result of cuts in pay. She wrote: ‘A domestic servant in town, age 19 years with no experience gets the same salary as I do!’ She expressed fears for the future of dispensary midwives generally claiming that many of her colleagues were ‘worried, hurt and discontented’ at changes made to the way they were paid.¹

Clarke addressed her letter to those responsible for imposing pay conditions – officials at the Department of Health. Before 1940, as we have seen, these changes would have been made at a local level but the Galway Hospitals and Dispensaries Committee and other health subcommittees had been abolished in 1942 and the functions of these were placed in the hands of a single County Manager. The creation of a Department of Health in 1947 was a formal move to segregate health matters from local government issues. Tasks in both portfolios had been divided some years previously as Minister Sean T. O’Kelly had given the portfolio to his Parliamentary Secretary (Junior Minister Dr Con Ward, T.D.²) Departmental officials proceeded with plans for post-war reform, influenced by Beveridge post-war planning in Britain. The two main aims of post-war planning were the eradication of tuberculosis and the formation of a comprehensive health care system to include most of the population.³ War time shortages of building materials resulted in a pause in hospital building, with some exceptions. St Claire’s Hospital in Dublin and St Raphael’s preventorium in Cork were built during the war years to meet urgent medical needs.⁴ Overcrowding in Woodlands Sanatorium and the Maternity Hospital department of the Central Hospital Galway had become a serious enough problem to warrant the expansion of accommodation in Woodlands and the building of an entirely new hospital for maternity cases.⁵ Overcrowding in the Maternity Hospital department of the Central Hospital Galway had led to two serious outbreaks of puerperal sepsis in 1933 and in 1940, resulting in some maternal deaths.⁶ A new maternity hospital was

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¹ NA HLTH M100/150.
² Ruth Barrington, Health, p. 115.
³ Ruth Barrington, Health, p. 155-166.
⁴ Pauline Scanlan, The Irish Nurse, p.33.
⁵ Extra accommodation was added to Woodlands in 1940, 1944 and 1948. See James Murray, Galway Medico Social, pp.146 -147.
⁶ GCCA GC6/12 and GC 6/19 GHDC 1933 and 1940. See also James Murray, Galway Medico Social, p. 163.
opened on the grounds of the Central Hospital Galway in 1942 and it received recognition as a training school in 1945.

Although official reports cited Galway as an excellent example of a centralised health administration, there was an urgent need for a bigger hospital which was eventually built on the site of the Central Hospital Galway. The Regional Hospital Galway was opened in 1956 after a few years of renovation work, and the maternity hospital was a part of the overall hospital. The Bon Secours sisters opened hospitals in Tuam and Galway. The Franciscan Sisters of the Divine Motherhood opened Portiuncula Hospital in Ballinasloe. The Western Regional Sanatorium in Merlin Park replaced Woodlands (and Castlerea) as a centre for the treatment of tuberculosis patients.

Galway was one of only two hospitals granted recognition as a training school for midwives in the 1940s. Our Lady of Lourdes Hospital in Drogheda was granted recognition in 1942. Those hospitals granted recognition in the 1920s continued to train midwives during this period. More hospitals opened training schools from the late 1950s. These hospitals were the Cork Bon Secours Hospital (1958), St. Munchin’s Hospital Limerick (1960), St. James’ Hospital, Dublin (1965), the Family Hospital Curragh (1970s) and Portiuncula Hospital Galway (1970s).

Although only 10 women trained as midwives in Galway in the first five years of the training schools existence, this school was to become an important training centre for what was to become an increasingly important postgraduate qualification. Before 1940, general trained Central Hospital Galway nurses proceeded to postgraduate study in fever nursing (or infectious disease nursing as it came to be known) but midwifery became the preferred option for postgraduate study in the post war years. It was seen as the completion of a nurses training by the late 1960s. Maeve K. qualified as a general nurse in 1969 and was encouraged to train in midwifery as she recalls ‘you were, kind of, not regarded as a nurse unless you got your midwifery.’ The midwifery qualification was important for those who wished to work in Galway. Deirdre O’S did midwifery training in England in 1978 because she had a desire to return home and work in Galway. She recalls that it was ‘very hard’ to get work in Galway ‘unless you had 2 qualifications.’

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7 Interview 1, Maeve K. Trained in the Regional Hospital Galway as a general nurse and in midwifery in the late 1960s p.11.
8 Interview 5, Deirdre O’S. Trained in London in the 1970s as a general nurse and midwife. p.62.
Training.

Midwifery training in Galway was conducted in accordance with Central Midwives Board directives. The functions of the Central Midwives Board and the General Nursing Council were unified under a single body called An Bord Altranais under the terms of the 1949 Nurses Act. Those with a general nursing qualification could train for one year as midwives. Part one of the training took place in the hospital. Maeve K. who trained as a midwife in Galway in the late 1960s describes the experience:

Maeve: Oh, just pure midwifery….. But most of our subjects were pure midwifery. We had class, we had to … we had only a one year condensed programme but we had to work on the wards and then we had lectures for two hours every single day except Saturday and Sunday. ⁹

The pupil midwife was permitted to deliver babies on the district under supervision in the second part of training. A domiciliary care service for women living in the vicinity of the hospital was established in Galway in the post-war years. Carmel N, who trained as a general nurse and midwife in the late 1940s remembers one incident on the district, where what seemed to be a straight forward case, needed urgent hospital attention:

Carmel N: When I was… when I was there do you see,…[sic] they began going out. I was trained at this time. I had to go out…[sic]…. I had to go out with a student nurse to Shantalla to this patient, this woman. Well she used to be coming in to the clinic too. They’d have her chart and they’d know all about her but somehow she wasn’t – the baby wasn’t coming right. So I had to ring the hospital and we had to get her in the ambulance and the doctor… it was a tough delivery. So the Matron was there the next day congratulating me that you know that I diagnosed right and everything went okay. ¹⁰

Maeve K’s training experience also included some time spent in advanced maternity care. The National Maternity Hospital in Holles Street Dublin was the first hospital in Ireland to have a specialist post graduate qualification in intensive nursing care of the newborn in 1966

⁹ Interview 1, Maeve K. p.11.
¹⁰ Interview 12. Carmel N. Trained in general nursing and midwifery in Galway in the late 1940s. p.259.
but it seems to have been touched upon in basic maternity training in Galway. She describes the training experience –

Maeve:… we observed so many and you had to work under the direct supervision of a midwife in the lay ward. We had to deliver so many deliveries. I can’t recall how many and that had all to be recorded in our book…[sic]. we attended the classroom for two hours every day for the theory. We studied all about the mechanisms of labour and we had to go back again on the anatomy of the foetal skull and pelvis and all the mechanisms of labour. The management of labour was a big thing and then we also had to deal with the newborn, the newborn and abnormalities of the newborn. We went to the clinics for ante-natal sessions and we also worked on the post natal ward. PBU was where the sick children were and we spent a little period of time in there but that was a specialisation outside of midwifery. Nowadays you have to do an extra course to become a neonatal nurse. But we did it as part… we worked for a period in there just to get a feel for it I suppose.11

The training of midwives reflected Catholic social teaching, in a country where abortion and contraception was illegal. Midwives were not trained in family planning until the 1960s with an emphasis on natural rather than artificial contraception. Contraceptive rights for women was not an issue which ‘enjoyed inevitable support among feminists…in the 1930s. Up until the 1960s many feminists and others were deeply worried about the eugenic implications of much advocacy of contraception.’12 Possible fears over foreign trained midwives introducing possible contraceptive methods amongst Irish women may have been behind the introduction of rules prohibiting foreign trained midwives from sitting Irish exams by the Central Midwives Board in 1939.13

The shortage of midwifery tutors was identified as a serious problem nationwide as early as 1944 but the Galway training school was fortunate to have two tutors of national importance. O Dwyer and Mullhall’s account of An Bord Altranais midwifery policies highlight nationwide efforts to appoint skilled midwifery tutors:

Efforts made to recruit qualified midwife teachers from abroad met with little success – notable exceptions being the appointment of Rita O’Mahony in Cork and Delia

11 Interview 1, Maeve K., p. 12.
Casey in Galway who also served as a member of the Midwives Committee (1955)…..the contribution of expert clinical midwives, who combined a clinical role with joint appointments as approved tutors, is recognised, these included Sr. Fidelis [Healy] (Galway) also a member of the Midwives Committee of An Bord Altranais, Maureen Mc Cabe (Coombe Lying in hospital) and Margaret O Sullivan (Erinville Hospital, Cork).

Carmel N was taught by Delia Casey and remembers her training thus –

C: Oh they did – before I – a good few years – oh they used to do very well and some of them, you would see them get gold and silver medals. They were – it was a great school because they had a sister tutor there and she trained in England. Delia Casey was her name and she was a native of Headford and she was a wonderful person. She was – she was better than any doctor or any gynaecologist herself, you know. And she – the training room and she’d be lecturing us and all that. She was very good. But she’d nearly expect us to be as good as herself, do you know what I mean? And she’d tell us all what to do and in the delivery room and babies and this, that and the other. And then she’d say – she’d give out to us as if we didn’t know our stuff because she’d tell us a bit to study and do thing and then sometimes she’d kind of get into a tear (she would lose her temper).

Working Conditions.

Uniform rates of pay were introduced for all local authority nurses in 1947. Pay had previously differed from county to county. Pupil midwives were paid £52 per annum and dual trained nurses (those with general nursing and midwifery qualifications) received £95 with a yearly increase to a limit of £125. Public Health Nurses were paid between £225 and £275. These wages were subject to a national review and increased in 1952. Another change during these years lay in the rise of the number of nurses qualifying with general nursing and midwifery and this had implications for the outdoor nursing service.

15 Interview 12, Carmel N. p.239. See Ita O’ Dwyer and Anne Louise Mulhall ‘Midwifery,’in Joseph Robins, *Nursing and Midwifery*, p.103 for details on the appointment of Delia Casey to the Central Hospital Galway.
16 NA HLTH SB 120/13.
Attempts were made to standardise working conditions for all nursing grades in the final years of the Department of Local Government and Public Health. Although the minimum qualification (of midwifery only) for the post of dispensary midwife did not change, it became enshrined in law. The Dispensary Midwives Act passed in 1942 allowed the Minister to change the qualification requirements at any time.\textsuperscript{17} This act was passed at a time when efforts were made to improve health administration generally. Circular letters were addressed to each local authority on various topics during the mid 1940s and notification of the minimum qualifications required for dispensary midwives and other nurses generally arrived at the same time as the issue of paying patients in district institutions.\textsuperscript{18} The registered midwife received the title of ‘State Certified Midwife’ under the 1944 Midwives Act. The title of ‘midwife’ came under threat a few years later when it was proposed to change the title to ‘maternity nurse’. Central Midwives Board president Dr Ninian Falkiner actively opposed the change and the decision was revoked.\textsuperscript{19}

Departmental efforts to replace the dispensary midwife with a ‘new’ style Public Health Nurse were to last from the mid 1940s until 1970, when the first specialised public health nursing course was launched by An Bord Altranais. Public health nursing duties had been confined to the area of preventative health only and in a supervisory role and as part of the County Medical Officer support staff before 1940. The proposed change would see Public Health Nurses appointed to each district to visit and attend to both the nursing and midwifery needs of patients, working under the direction of the dispensary doctor. Departmental officials took into account the reality of a growing number of dual qualified nurses trained and the increasing hospitalisation of births. Local authorities were finding it increasingly difficult meanwhile to fill vacant dispensary midwife posts from the mid 1940s.\textsuperscript{20} It was envisaged that the Public Health Nurse would replace the dispensary midwives.

Chief Medical Officer James Deeny advocated the compulsory appointment of dual qualified women as Public Health Nurses. This clause was formally included in section 102 of the 1947 Health Act, an act which had been based on a previously unsuccessful health bill.\textsuperscript{21} This change received a lukewarm response from An Bord Altranais members who were concerned with the danger of infection which a nurse engaged in both nursing and midwifery duties

\textsuperscript{17} NA HLTH M 100/259.
\textsuperscript{18} Department of Local Government and Public Health, \textit{Annual Report} 1943-1944, pp. 261-265.
\textsuperscript{19} Joseph Robins, \textit{Nursing and Midwifery}. p. 19.
\textsuperscript{20} HLTH A 114/41.
\textsuperscript{21} Ruth Barrington, \textit{Health}, p.182 and HLTH M100/179.
might pose to a pregnant woman. Other nursing bodies also expressed their concern. The Irish Nurses Organisation advised employed Public Health Nurses not to sign any contract where domiciliary midwifery would be added to their duties. Local authorities expressed their fears that this change would sound the death-knell for voluntary nursing organisations such as the Lady Dudley Association. Deeny produced a number of memos on the issue of Irish nursing labour, the nature of which will be explored in the next chapter. He was however forced to reconsider his opinion. He wrote:

…if every nurse who is going to take up public health work is forced to have this qualification [midwifery], we will then have too many nurses with this qualification and not sufficient numbers with other types or other forms of experience.

This requirement was formally revoked by Minister for Health Dr Noel Browne in 1949.

Although early efforts to change outdoor services were thwarted, departmental officials set about gathering nationwide information on the outdoor nursing services. By the early 1950s there were 695 dispensary midwives in Ireland. The majority of these (498 midwives) had midwifery qualifications only and roughly half of the total number of dispensary midwives were married. Information gathered presented an aging workforce as roughly a quarter were aged over 55 years of age. Many of these had served on the district for over 10 years. The work load of dispensary midwives was shrinking as a result of the growing number of hospital births.

‘The shift to hospital births seems to have happened quite rapidly in the 1950s’, due to the an increase in the number of hospitals available and a change in attitudes amongst women themselves. Hospital births increased from ‘just over a third of all births in 1955 to just over a fifth (20.3%) by 1961.’ Department statistics for the period 1962-63 show that 26,874 women gave birth in the hospital but only 11,911 women gave birth at home. This shift was reflected in the statistics for County Galway with 1,273 hospital-births and 376 home births during the same period.

22 NA HLTH MA 100/79.
23 See for example The Connacht Tribune, 16 March 1946.
25 NA HLTH SB 120/13.
26 NA HLTH M 100/179.
28 NA HLTH A 107/25.
Departmental officials estimated that dispensary midwives had an average of 16.9 cases annually by the late 1940s (and revised estimates made in the late 1950s showed an average case load of 10 cases or less).<sup>29</sup> If proposed plans to introduce free medical assistance were successful, the workload of dispensary midwives would be further reduced and their ability to supplement their income with private cases would also be reduced. An official freeze was placed on the appointment of dispensary midwives nationwide in the late 1940s. Some local authorities had already taken the initiative, in the face of increasing difficulty in filling dispensary midwife posts and had appointed dual qualified nurses to districts – in effect proceeding with plans to introduce the changed public health nurses position. There were 25 nurses appointed to perform midwifery and ‘attend upon the doctor in the dispensary and act on his instructions regarding the nursing of patients in their homes.’<sup>30</sup> The results of two such department-supervised trials – one in Galway and one in Tipperary were carefully noted.

The Tipperary and Galway experiments.

Galway authorities had been vocal in their opposition to any proposed changes, fearing a decline in voluntary nursing services. Bishop of Galway Dr Browne publicly expressed a wish that ‘nursing work be extended under the Public Health Act and… that voluntary bodies… would be allowed to function.’<sup>31</sup> Galway dispensary midwives meanwhile had benefitted from uniform wage rates introduced nationwide in the mid 1940s. The number of dispensary districts remained the same and did not change during this period.

In Tipperary, Mrs Quigg and Miss Hennessy were employed to perform midwifery and general nursing duties in Clogheen and Ballyporeen. The Dispensary Medical Officer, Dr Heffernan considered the trial a success, telling the Departmental Inspector that he was ‘very taken’ with the changed working arrangements and that such appointments were ‘essential.’ Medical Inspector Dr Malachy A. Powell sought the opinions of Galway dual trained nurses, already employed by local authorities on the subject of combining nursing and midwifery duties. Lady Dudley nurses were employed as dispensary midwives in Oughterard, Roundstone, Ballinasloe, Carna and Lettermore dispensary district.<sup>32</sup> All the women he

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<sup>29</sup> NA HLTH M 100/179.
<sup>30</sup> NA HLTH M 100/179.
<sup>31</sup> The Connacht Tribune, 16 March 1946. Galway local authority opposition to proposed changes appeared alongside a report of the Bishop’s speech.
<sup>32</sup> NA HLTH A 11/99.
interviewed were in favour of combining duties although the Oughterard nurse pointed out the danger of infection passing from an infectious case to an urgent maternity call. Although the Lettermore midwife had a higher caseload of domiciliary births than usual, she also felt that both duties could be combined even though she travelled by bicycle. Some nurses by this time had their own cars. The Ballinasloe people had their own Jubilee Nurse. They were able to raise funds locally to support a Jubilee nurse through the activities of a District Nursing Association and were not dependent on Lady Dudley funding. This nurse though dual qualified, performed only general nursing duties. Powell described her workload as a part of the particular health needs of the area.

She does the usual duties of District Nurse except that there are a number of aged persons living in Ballinasloe who require some domestic work to be done for them each morning…she first calls on an old lady who is bedridden, she makes the fire, tidies the bed and gives the old lady a cup of tea. She then calls on a man who has chronic osteomyelitis of the jaw and puts on a dressing. She then usually has something in the nature of a septic finger for dressing. She advises mothers as to the care of their babies and she carries out post and ante natal visiting. She also attends dispensary during a doctor’s session and assists him by taking temperatures, doing some recording and carrying out the numerous odd jobs that arise…

Powell felt that her workload would be too much if she were to also be given the job of attending domiciliary births but drew attention to the ‘large and efficient maternity hospital run by Franciscan nuns.’

The positive reception given to Dr Powell’s survey was in contrast to the opposition of Galway dispensary midwives to proposed changes. Their opposition took place amidst departmental attempts to measure their labour. The Health Duties of Midwives Order introduced in 1954 and amended in 1956, listed specific quota targets to be achieved by dispensary midwives in order to guarantee minimum pay. A dispensary midwife had to attend 25 cases annually by 1956 to earn their pay – failure to do so meant that they would receive the same rate of pay on a per case basis as a private midwife. By the late 1950s departmental officials estimated that 50% of the nation’s dispensary midwives had attended

33 NA HLTH M 100/179.
34 NA HLTH A 11/99.
36 NA HLTH SA 116/558.
10 cases or less each per year but many of them had reached the maximum rate of pay of £209 per annum.\textsuperscript{37}

Galway dispensary midwives appealed to a sympathetic Chief Medical Officer Dr McConn to appeal against changes on their behalf. They had expanded their practice to include pre and ante natal care of the mother but the practical difficulties in acquiring the necessary cases were presented in a detailed technical submission which was signed by Dr McConn. No departmental action was taken following the submission of the document. Departmental officials were therefore unsympathetic to the emotional letter written by Mrs F. Clarke as introduced at the start of this chapter, believing the continued employment of dispensary midwives uneconomic. She felt that domestic confinements were the best choice as ‘every woman was happier with her children’. She asked that ‘midwives be allowed to carry on our work as we have always done without fear of not getting 25 cases and financial worry.’\textsuperscript{38}

Once departmental officials had gathered sufficient information into the state of outdoor nursing in Ireland, they were able to make a renewed attempt to introduce the new style of Public Health Nurse. This included the integration of existing dual trained nurses. The task was made much easier as financial difficulties forced voluntary nursing organisations to seek government assistance.\textsuperscript{39} The Jubilee Nursing Institute had experienced post-war financial difficulties which resulted in a closure of 15 district nursing associations between 1949 and 1950. Public donations to voluntary nursing organisations had plummeted. When the leaders of the voluntary nursing organisations met with departmental officials in 1950, they presented a statistical picture of this form of nursing labour. There were 150 Jubilee Institute Nurses, 45 Lady Dudley Nurses and 3 McDevitt Trust Nurses. These nurses provided a service in remote areas of Counties Cork, Kerry, Galway and the McDevitt nurses were based in Donegal.\textsuperscript{40}

The Jubilee nurse had suffered in terms of popularity and wages paid. The pay gap between the voluntary nurse and the Public Health Nurse had widened in favour of the Public Health Nurse and 14 voluntary nurses chose to become Public Health Nurses in one year. The latter seemed to be a more acceptable form of employment at this time. The Jubilee Institute of Nursing and nurses attached to the Institute were known by various other names (such as the

\textsuperscript{37} NA HLTH M 100/259.
\textsuperscript{38} NA HLTH M 100/150.
\textsuperscript{39} Dual trained nurses had worked either as Public Health Nurses or as Voluntary Organisation Nurses before 1940.
\textsuperscript{40} NA HLTH M 100/150.
Queen’s Nurses) which linked the organisation with its nineteenth century origins (see chapter 1). The Hospitals Commission had previously expressed its concerns that a part of the outdoor nursing service was outside the control of the Free State and had advised the formation of a National Nursing Service.41 By 1950, Jubilee nurses themselves felt the political repercussions of belonging to the Institute. Some Jubilee nurses were very anxious to

…draw attention to the fact that even though…[they]… are Irish nurses residing in the Republic of Ireland, they are required as part of their conditions of employment to wear a medal of Queen Victoria. They naturally feel that this is an anachronism and this further explains their anxiety to have their employment transferred to local authorities.42

Their wish was granted as early as 1956 in Galway as the County Manager assumed responsibility for a £1000 Lady Dudley debt. This was done in exchange for the integration of Lady Dudley Nurses as Public Health Nurses. By this time there were 19 nurses working in the Connemara area only. Changes in those entitled to free medical care meant that their scope for supplementing their income with fees from private cases were severely reduced. Lack of continued public support was to blame for the closure of Jubilee districts in Ballygar, Ballymacward and Ballinasloe.43

Voluntary nursing group activity had reached a peak during the 1930s but had begun to decline in the early 1940s and continued to decline in the post-war years in the midst of rising state services during the same period.44 Early attempts to introduce a form of state provision resulted in much controversy and opposition from the Catholic hierarchy and members of the medical profession. The Catholic hierarchy objected to a Mother and Child bill as they feared it would introduce state intervention in the family and ‘control over were seen to be the most intimate aspects of people’s lives’ and was part of an ‘overall fear that the proposed health

41 NA HLTH M 100/250. See previous chapter.
42 NA HLTH M 100/150.
43 NA HLTH M 100/150. These districts had raised funds locally through District Nursing Associations to support a Jubilee nurse and were not reliant on Lady Dudley funding.
44 See Department of Local Government and Public Health Annual Reports 1925-1945, where individual area schemes (or District Nursing Associations) were listed in the appendicies. See also Caitriona Clear, Women of the House, p.98.
education would involve advice on birth control and abortion. An amended Mother and Child scheme was introduced from 1953, which offered free care to children up to six years.

Nursing organisations were much more amenable to the idea of a single nurse performing midwifery and nursing duties by the late 1950s. Some time passed before the actual transfer of responsibility for the education of such nurses from the Jubilee Institute to An Bord Altranais. Dual trained women who wished to work in public health under the aegis of the Jubilee Nursing Institute had to undergo further training on particular issues of relevance to community nursing. The syllabus consisted of lectures and practical workshops in district nursing, public health legislation, personal health, hygiene, nutrition, tuberculosis, industrial nursing and special diseases (diabetes and cancer). The first such course facilitated by An Bord Altranais was given in 1970 as a postgraduate course.

Conclusion.

The most dramatic change in Galway’s health administration lay in the rapid switch away from a domiciliary based midwifery service to a hospital based service. The absence of a hospital based flying squad service and training in Galway before the mid 1940s meant that authorities had not just to catch up with services provided in other city centres but then to develop them further. Although a training school opened in Galway in 1945, this was not part of a concerted drive by the Department to expand the number of midwifery training places in Ireland generally. The growing numbers of dual qualified nurses from the mid 1940s together with an increase in hospital births made it possible to introduce a change in duties performed by Public Health Nurse to include midwifery cases. Despite considerable opposition, time was on the Department’s side. Records show that officials were prepared to allow for the natural decline of both dispensary midwives (through retirement) and voluntary organisations (through declining funds). Both sets of nurses were the victims of changing circumstances, the decline in popularity of the Jubilee (or Queen Victoria Nurses) was more pronounced following the declaration of Ireland as a Republic in 1949. Changes in outdoor nursing provision was set in the context of growing state provision of health and the decline of voluntary nursing services, yet the decline was not uniform in all places – being slowest to die out in County Galway. The Galway authorities gave £4,430 in grants to voluntary organisations as late as 1959 – the highest grant paid nationwide. Corresponding statistics

45 Caithriona Clear Women of the House, p.100.
show that voluntary organisation nurses presided over 206 home birth cases, but state-sponsored Public Health Nurses presided over only 42 cases.46

Other groups of nurses affected by post-war changes in outdoor nursing provision were handywomen and nuns. If legitimate nursing labour in the form of dispensary midwives struggled to fulfil stringent quotas to guarantee wages paid (the number of cases required was introduced in 1954 but changed to become even more exacting in 1956), handywomen must have struggled even more for cases. Maeve K. does not recall any handywomen practicing within the vicinity of the Regional Hospital while training as a midwife there in the late 1960s. Changes in outdoor nursing provision was matched by significant changes in nursing generally and our attention will turn to the fortunes of Galway hospital nurses in the next chapter.

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46 NA HLTH M107/18.

A row broke out between Minister Sean MacEntee and fellow party member Galway T.D. Mr Bartley in the Dáil in 1943. The row was over Galway nurses' living conditions and the row itself was indicative of a change in the nature of nursing agitation. This discussion would have taken place at a local level before 1940 and the tone would perhaps have been more subdued. The special correspondent for the Connacht Tribune wrote that Bartley had brought ‘the most pressure… than I have ever seen exercised on a member of his own party. Bartley feared that the nurses would carry out’ a certain course of action’ if the plan went ahead. Mac Entee’s angry reply was equally directed at the nurses (reported in uppercase lettering) in which he replied that ‘if the nurses were holding out a threat, that would put them completely out of court.¹ The Ceann Comhairle took immediate action to prevent escalation of the row.

Records indicate that hospital nurses and (as we have seen in the previous chapter) midwives began agitating at a national level following the establishment of the Department of Health in 1947. Any attempt by nurses to communicate with its predecessor, the Department of Local Government and Public Health was noted with hostility at local level. The only example of this was in 1925 when personal animosity between a nurse and a head nurse caused the nurse to resign. The nurse sent a letter of complaint to the department but was reprimanded by members of the Hospitals and Dispensaries Committee for doing so.² British nurses as student or qualified and Irish female mental nurses also began addressing their concerns directly to the Department of Health from the mid 1940s.³

The debate over working conditions for nurses reached a high point during war years not just in Ireland but in other countries. The novel idea of holding a conference by nursing organisations was used in Britain and adopted in Ireland as a way of highlighting issues. The Irish Nurses Organisation held a series of well publicised conferences from the mid 1940s. There appeared to be no shortage of people of varying levels of fame (in Ireland and elsewhere) willing to speak at these conferences but sometimes with questionable knowledge of the issues. The most popular speaker at a British conference in 1949 was not a doctor, nurse or the Minister for Health but the Governor of Gloucester Prison.⁴ All commentators everywhere wanted better wages and working conditions. If the announcements were made as

¹ The Connacht Tribune, 18 December 1943.
² GCCA GC 6/4 GHDC.
⁴ Susan McGann, Anne Crowther and Rona Dougall, Royal College Of Nursing, p.142-3.
part of a nursing organisation conference, comments made would have been in keeping with
the aims of that particular organisation so a call to strike from any of the speakers would have
been unwelcome. Conferences held by professional nursing organisations received press
coverage and members of the press carried out their own campaigns. The editor of The Times
in London devoted a page one editorial on nurses working conditions at the peak of the war.\(^5\) Clarence Woodbury’s article ‘Student Nurse – Could you take it?’ was an example of
American investigative journalism and prompted considerable debate on working conditions.
British feminist journal Time and Tide carried a series of articles on nurses working
conditions as did the Irish scholarly journal Studies.\(^6\)

Such debate had an effect on official thinking. The authors of the British Wood Committee
report adopted the tone of popular debate by including a highly critical condemnation of the
attitudes and behaviour of the senior nursing staff.\(^7\) The Irish Hospitals Commission on the
other hand refrained from adopting a similar tone in its series of reports but its terms of
reference included health administration generally of which nursing was only a small part.
T.D.’s were happy to include emotive pleas on a topic which had received scant attention
from them before 1940. Irish nursing historians have covered most of this debate, being able
to choose from a series of highly colourful statements such as James Dillon’s rhetorical
speech on the arduous (but nonetheless desirable) training of a nurse to medical student Max
Malliard’s assertion that the student nurse ‘walks on at 7 am the first day and is walked on for
the next month.’\(^8\) At any rate, an account of the debate is only half the story – the actions of
nurses themselves make up the other half.

One less highlighted aspect of the debate was the chance for ordinary staff nurses to have
their say. Sunday Independent journalist Jean Sheridan interviewed different members of staff
of an unnamed Dublin hospital as part of her investigation into nurses’ working conditions.
She reported the views of a distinguished (but unnamed) Dublin doctor who was concerned
with nurses’ long hours of duty for poor pay.\(^9\) He felt that the medical profession were able to
judge the value of their work and could act to improve their conditions. Sheridan interviewed
different grades of nurse and the Matron. One night nurse explained that she was forced to
ask her parents for money for clothes but was reluctant to ask them for money to go to a

\(^5\) Brian Abel-Smith, Nursing, p. 165.
\(^6\) Susan McGann, Anne Crowther and Rona Dougall, Royal College of Nursing, pp.100-1 and ‘The Nursing
Profession and it’s needs,’ Studies XXXI, September 1942, pp. 273-295.
\(^7\) Anne Bradshaw, Nurse Apprentice, pp.94-108.
\(^8\) Gerard Fealy, Apprenticeship Nursing, pp 115-6.
\(^9\) The Sunday Independent, 4 January 1941.
restaurant or cinema. A staff nurse complained that wages received did not allow her to dress smartly or go many places and nurses could not enjoy their free leisure time unlike trained shop assistants or civil servants. The unnamed Matron said that the hours worked in her hospital were considered ‘very good (at) ‘fifty six to sixty one hours a week.’ The Matron said

No one wants to work nurses hard, but how can you solve the problems of long hours? It would mean a big increase in the staff – at present we have hardly enough room for our nurses. We treat our nurses well, we give them the best of food and comfortable surroundings and do their laundry – amenities which cost money and are rarely appreciated by the probationers or the nurses.\(^{10}\)

This report prompted a flood of letters supporting Sheridan’s findings of poor pay, long hours of duty and lack of social life for nurses which continued for one year after it was published. A ‘well known Dublin doctor’ asked if patients were willing to pay a higher fee which would be needed to improve nurses’ conditions.\(^ {11}\) Opinion differed amongst letter writers (mostly nurses) as to who should help the nurse. This was a topic of concern to nurses themselves and not raised in the popular debate of dignitaries eager to talk about nursing conditions. One nurse letter writer included a plea to doctors:

Doctors, don’t wait until everything has been nicely arranged for your visit to the nurses’ quarters. Go when you are not expected. Go round the rooms some evening and take a thermometer with you. See how many degrees below zero it will register. See how many of your nurses have done six months night duty because they look strong enough for it. Go to the nurses’ quarters at lunch time unexpectedly some day… you are the only people who can really help the general nursing situation and after all, your work and its success depend very much on our work.\(^ {12}\)

Annie M. P. Smithson blamed the nurses themselves for not joining the Irish Nurses Organisation in greater numbers. She complained

the younger ones seem to live from day to day with never a thought for the future – probably they think they will marry. So they may and some may marry well: others

\(^{10}\) The Sunday Independent, 4 January 1941.  
\(^{11}\) The Sunday Independent, 11 January 1942.  
\(^{12}\) The Sunday Independent, 11 January 1942.
may find themselves with a husband to support. As they get on in years, younger and more recently trained nurses are preferred by patient and doctor, and indeed the lot of the older nurse is hard indeed.\textsuperscript{13}

An anonymous ex nurse angrily challenged Smithson’s view of nurses’ apathy by claiming that the matron of her hospital would not let her join. She felt that nurses should join a trade union like the ITGWU which had achieved a lot on behalf of mental nurses.\textsuperscript{14} ‘A trained nurse’ blamed Government apathy. ‘Gloves off’ criticised the Board of Health’s treatment of temporary nurses on the basis of gender claiming that the boards ‘economise at the expense of their temporary nurses’ but ‘they jolly well wouldn’t try it on with working men, whose union would quickly put an end to their clap-trap.’\textsuperscript{15} Debate on this issue was too popular and the editors were unable to publish all letters. What effect did the heightened level of debate have on the policy makers?

Hospital development

The Regional Hospital (1956) and the Western Regional Sanatorium, Merlin Park (1952) opened in Galway as part of a national hospital building programme. Many sanatoria were built as part of the tuberculosis eradication campaign in the post war years. Large sanatoria were built in Galway (Merlin Park), Dublin (James Connolly Memorial), Cork (St Stephen’s Hospital), Waterford (Ardkeen) and Roscommon (Castlerea). Regional Hospitals were opened in Galway and Limerick. Specialist hospitals were built in Dublin (Cherry Orchard Fever), Gurranabraher in Cork, Kilcreene in Kilkenny and Croom in Limerick (Orthopaedic). Voluntary hospitals were built by religious orders and these included Our Lady of Lourdes by the Medical Missionaries of Mary (Drogheda); Portiuncula Hospital, Ballinasloe, County Galway by the Franciscan Missionaries of the Divine Motherhood. The Bon Secours sisters opened hospitals in Tuam and Galway (Calvary) and Our Lady’s Hospital for Sick Children, Crumlin was opened under the patronage of the Catholic Archbishop of Dublin.\textsuperscript{16} Hospital development entered a different phase from the 1960s onward as significant advancements and changes in the treatment of tuberculosis and infectious diseases (fever) meant that hospital accommodation was in excess of actual requirement. Hospitals were converted to

\begin{flushright}
\textsuperscript{13} The Sunday Independent, 18 January 1942.
\textsuperscript{14} The Sunday Independent, 25 January 1942.
\textsuperscript{15} The Sunday Independent, 11 February 1942.
\textsuperscript{16} Department of Health Reports 1945-1958. See part VIII Hospital Building. See also Pauline Scanlan, The Irish Nurse, pp. 32-42.
\end{flushright}
serve other needs. The number of fever hospitals fell from 37 in 1940 to just 12 by 1966. There were 169 hospitals which provided acute medical, surgical and maternity services in Ireland by the mid 1960s (see table 8.3, appendix).

Nursing lists or registers reflected hospital development. The main register remained in general nursing with midwifery, mental nursing, sick children’s nursing, infectious diseases (previously fever nursing) and tuberculosis nursing. By the time this study ends, the infectious diseases and tuberculosis nursing registers had closed and registers in mental handicap and public health nursing were opened.\textsuperscript{17} By 1951, Department of Health officials estimated that 1,200 or 22\% of nurses were working in public institutions out of a census total of 5,454 sick nurses. Their study included an attempt to measure religious nursing labour and was part of an overall consideration of the role such labour would play in the Regional Hospitals. There were 378 nuns in district institutions belonging to 7 religious orders. The Mercy Order managed 65 institutions which included 14 county hospitals, 24 district hospitals, 24 county homes and 3 specialist hospitals. The other orders were – the Holy Family of Bordeaux (1 county hospital), the Sisters of Charity (2 county homes), Servants of the Mother of God (1 county hospital), Little Company of Mary or the Blue Nuns (1 county home and 2 district hospitals), Marist Sisters (1 hospital) St John of God (10 hospitals of which 2 were county hospitals, 4 were district hospitals, 2 were county homes, and 2 were specialist hospitals).\textsuperscript{18}

The duties of nuns were widened during the war years to include the performance of night duty and midwifery. Sr Fidelis Healy worked as Midwifery Tutor in the Regional Hospital in Galway. On 10 November 1944, the Irish Bishops issued a statement to say they had ‘no objection to nursing sisters (nuns) performing night duty when and if required.’\textsuperscript{19} By this time, nuns in Clare, Galway and West Cork were already performing night duty. These changes were noted in Medical Inspector Dr F. Ashe’s survey of religious nursing labour as based on visits to 14 public institutions throughout the country. He concluded that nuns were particularly good at administrative tasks but senior posts involving nursing duties (such as the post of Theatre Nurse) should be given to lay women.\textsuperscript{20}

\textsuperscript{17} Joseph Robins, \textit{Nursing and Midwifery – An Board Analtrais}, p. 32.
\textsuperscript{18} NA HLTH A 114/56.
\textsuperscript{19} NA HLTH SA 6/58.
\textsuperscript{20} NA HLTH A 114/11.
It was an oft quoted belief (in departmental circles and elsewhere) that qualified nurses emigrated because of difficulties in being promoted to senior staff positions – these were reserved for nuns. Chief Medical Officer Dr James Deeny was firmly opposed to nuns being given any management roles in the Regional Hospitals once opened. Although efforts were made to offer senior positions to lay women, the department was in effect powerless to do so. Minister for Health Dr Noel Browne decided that the Regional Hospitals should be staffed either entirely by lay or religious staff rather than using the traditional lay/religious staff mix. Responsibility for making the actual decision lay with local authorities and despite departmental letters of advice to Limerick and Cork authorities, both chose to appoint the traditional mixed staff to the hospitals. No challenge was made to public institutions with established customs such as the Central Hospital Galway. The Sisters of Mercy worked in the Central Hospital Galway and its predecessor the Galway Workhouse since the nineteenth century.  

Officials estimated that there would be an increased need for nurses to staff the hospitals and sanatoria under construction. Working conditions therefore needed to be improved to entice recruits. This was done by way of a series of circular letters issued between 1943 and 1948 as attempts to impose uniform conditions for nurses. Letters were sent on other aspects of hospital administration generally during this time. The qualifications required for posts in local authority hospitals were clearly defined in 1943, though not enshrined in legislation in the way the qualifications for the post of Dispensary Midwife was. Uniform wage rates were introduced for all grades of nurse (including probationers) and a maximum working fortnight of 96 hours was introduced. Members of the Hospitals Commission arrived at the uniform wage scale adopted and the recommendation of a set hour working week by taking into account the findings of the Rushcliffe (Britain and Wales) and Taylor (Scotland)

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21 John Cunningham, A town tormented, p.203.
22 Other letters were written on the subject of paying patients and the necessary qualifications for medical staff generally. See NA HLTH SA 114/12.
24 Although both changes were first mentioned in official records as early as 1945, the dates of actual implementation of these directives varied from county to county. There was a transitional period from roughly 1945-1947.
Commissions and adapting them to Irish conditions.25 By the time these wages were reviewed in 1952, there were over 19 different grades of nurse included.26

The final years of the Central Hospital Galway 1945-1952.

Irish Nurses Organisation official Eleanor Grogan re-established a Galway branch of the Irish Nurses Organisation in 1943 and the branch remained intact. Although probationers were included as members from 1941, there was some ambiguity with regard to nuns. Grogan encouraged Galway nuns to join the Irish Nurses Organisation in a letter sent to the Reverend Mother Fidelma in 1953. She cited the example of Bishop of Cork Dr Lucey in granting nuns permission to join in his diocese. The Organisation was ‘not a trade union’; and not a member of the Trade Union Congress (despite considerable criticism). Although Grogan did not specify the exact nature of this criticism, she informed Mother Fidelma that the organisation was the subject of a hostile campaign in the Evening Mail. In writing about the nature of agitation amongst nurses, she referred to ‘an element within the profession who favoured more violent methods’ than those the INO were prepared to use. Those who used striking as a weapon would be expelled.27 It is unclear whether the Galway nuns responded favourably to the invitation but general hierarchical approval was given for nuns to join the Irish Nurses Organisation in the mid 1960s.28

Overcrowding in the Central Hospital created problems not just in the maternity department (see previous chapter) but in all sections of the hospital. There were also problems with the level of cover provided by nurses. A Galway man claimed legal damages in 1943 as a result of burns received from a hot water bottle.29 He claimed that there had been an insufficient number of nurses on duty. Problems of overcrowding coupled with a general shortage of medical staff led to tragedy – with the death of a boy awaiting surgery in August 1945. The boy had been admitted complaining of an acute abdomen and died during the night without having had an operation.30 Two official enquiries were held – one into the incident itself and the other into hospital administration generally. At the time of the death, surgical staff was

25 NA HLTH A 123/7.
26 NA HLTH SB 120/13.
27 Letter from INO General Secretary Eleanor G. Grogan to Rev Mother Fidelma. 5 November 1953. Grogan included a list of all Nursing Sister (nun) members in Ireland, but the ink on the list has faded, making it difficult to read. Sr. Teresa Delaney, Convent of Mercy Archives supplied me with a copy of this letter.
28 Irish Nurses Organisation Annual Report 1965-1966, p. 10 Permission was also given to brothers to join.
29 The Connacht Tribune, 18 December 1943.
30 James Murray, Galway: Medico Social, p. 168. See also The Connacht Tribune, 1 December 1945, 8 December 1945 and 15 December 1945.
limited to just two part time salaried surgeons and junior staff. Enquiry findings highlighted problems of overcrowding and lack of medical and nursing staff. The local authorities in Galway blamed Department of Local Government and Public Health for not sanctioning an increase in hospital staff in previous years and for ignoring calls to build a new hospital – calls which had been made for over fifteen years.31

The nursing staff were exonerated from all blame.32 The nurses sought legal representation from the Irish Nurses Organisation during the enquiries. Matron Sr Eugenius McVeigh and senior nursing staff members gave evidence and the overall impression conveyed was of difficulties in having a sufficient number of probationers and trained nurses. Ministerial sanction had to be given for an overall increase in the number of probationers allowed and the Matron called for an increase of between 30 and 50 probationers to supplement the 55 probationers already working in the 421 bed hospital.33 She reported increasing difficulty in getting trained nurses to work in the hospital. Nurse Margaret Bowler (Charge Nurse of the Operating Theatre) Nurse Catherine Hanley (Charge Nurse of the Female Surgical Ward) and Nurse Agnes Mullins (Charge Nurse of 3 Male Surgical Wards) also spoke about the difficulties of nursing staff shortages. Nurse Delia Dermody gave a detailed account of her duties and spoke of working an average of a 64 hour week at a time when a maximum of a 96 hour fortnight was being introduced in Ireland.34 All senior staff nurses asked for shorter hours and more staff and their testimony was published word for word in the local press. The official recommendations proposed as a result of both enquiries were centred on an increase in hospital staff generally. Authorisation was granted for an increase in the number of probationers allowed but this solution was temporary in nature. The more permanent solution was seen to be the opening of a bigger hospital.35

The working conditions of nurses formed only a small part of the overall enquiry and the subsequent discussion generally. Alderman Miss Ashe took the opportunity of visiting the nursing staff to interview them privately on their working conditions. Nursing was still seen as a desired career. One Galway County Council member argued that nurses should be better paid as

31 The Connacht Tribune, ‘LGD is blamed for defects in Central Hospital’, 30 November 1946.
32 NA HLTH SA 11/28. Full coverage was given to both enquiries in the local and nursing press.
33 The Connacht Tribune, 1 December 1945.
34 The Connacht Tribune, 30 November 1946.
35 NA HLTH SA 11/28.
many young men and women were being attracted into the luxury trades and not enough to the really essential work for the good of the community. The greatest ambition for many young people was to get into the alcoholic drink, or the tobacco trades or into the sweepstake.36

Responsibility for implementing the 96 hour working fortnight and uniform wages rested with local authorities and county managers and departmental pressure was brought to bear on local authorities to effect these changes.37 Departmental inspectors visited the Central Hospital Galway in 1948 and interviewed the four nursing ranks separately. Detailed testimony spanning several pages in length was taken and an examination of this seems to indicate the division of the nursing workforce into such ranks, with each group requesting improvements which would impinge on another groups’ working conditions. Although all ranks were concerned with the quality of food, salaries and working hours, some nuns objected to the performance of night duty, arguing that this was not a part of their original contract. Although most of the nursing staff had worked a 96 hour fortnight, probationers had to work a 56 hour week. Permanent nursing staff felt that they should not be required to do night duty before a day off. The temporary staff complained that they were not being paid enough but the permanent staff felt the temporary nurses were being paid too much.38 It is unclear as to what changes if any resulted from the testimony taken but probationers continued to campaign for better working conditions.

Medical Inspectors and other departmental officials made regular visits to all local authority hospitals in the post war years. The Chief Medical Officer paid an unscheduled visit to the nurses’ home in 1949 and wrote a critical report about the standard of cleanliness there. He found that the dining room had not been properly cleaned – the table cloths were filthy and the floor improperly cleaned. The probationers bedrooms were untidy with clothes strewn all over the rooms and the radiators were being used to dry nurses undergarments.39 Galway County Manager C. I. O’ Flynn writing in response to Deeny’s concerns cited problems of overcrowding as well as the particular circumstances of the day he chose to visit as reasons for the state of the home. Probationers had to go to the technical school for lectures and had less than an hour on the day in question to eat breakfast, tidy their rooms and attend the

36 The Connacht Sentinel, 29 April 1947.
37 See for example HLTH A 8/274. Introduction of a 96 hour fortnight for nurses. It includes a nationwide list each hospital where it has been implemented and hospitals in the process of introducing it dated 1950. It includes details of the implementation of a 90 hour fortnight by 1962.
38 NA HLTH A 11/189.
39 Ibid.
school. Strained circumstances between the home sister and the catering supervisor led to a
decline in the cleanliness of the dining room but the overcrowding of the home and cramped
nature of meal time were to blame for the dirty table cloths and food debris in some
probationer’s bedrooms. It had a capacity for 75 nurses but at the time of Dr Deeny’s visit, there were 106 nurses in the home. Although conditions had improved since his visit, O’Flynn wrote:

…it must be accepted that it is difficult to maintain ideal conditions in a home that is
so overcrowded as the nurses’ home in Galway is and perfect conditions cannot be
expected until additional accommodation is made available to relieve the
overcrowding…

Visits to other hospitals resulted in attempts to standardise the nurses’ uniform worn in local
authority institutions in the late 1940s and early 1950s. This was done after a Minister met a
(lay) Matron who created an unfavourable impression by wearing a white coat. It is unclear
whether or not a standardised uniform was actually introduced but from 1954, Galway ward
sisters (lay) wore a navy dress with a white apron. Staff nurses wore a striped blue and white
frock and a white apron. Student nurses wore a blue dress with a white strapped apron.

The influx of additional probationers in the final years of the Central Hospital Galway
without a corresponding expansion in resources for their training led to probationer unrest
and dissatisfaction. The Minister for Health received a letter of complaint from fellow T.D.
Jack McQuillan who warned him that Galway probationers were ready to go on strike due to
long hours and poor working conditions. Dr Browne carried out extensive investigations into
his claims and those made about long hours were validated, some of his other claims were
dismissed as there was a personal element to them. Tied in with these complaints were
incidents of misbehaviour amongst the probationers. Two probationers absented themselves
without permission from the nurses’ home; another two probationers went out to a dance after
coming off duty without permission and another probationer (who was related to Jack
McQuillan) had remained out without leave. Although all probationers were temporarily
suspended, none of them were expelled. Browne reported his findings to McQuillan in a letter
reporting his findings in which he found that his relative had ‘deliberately flouted authority

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40 NA HLTH A 11/189.
41 NA HLTH A114/48.
42 One example is the absence of preliminary training school, a feature which had been introduced into most
Dublin hospitals by this time.
43 NA HLTH SA 11/27.
and had encouraged others to do so’. In concluding his letter he wrote: ‘...all the blame is not on one side and I would suggest you do nothing which would fan the flames of discontent.’

The actions of what constituted (in Ministerial opinion and the opinion of medical inspectors sent to visit the hospital) the deliberate breaking of rules on one or two occasions by a few probationers resulted the withdrawal of privileges for all probationers and in Browne’s opinion the adjustment to a ‘rather rigid discipline’. The privilege of dance leave’ and the custom of spending a night at home before the day off was withdrawn during the summer of 1950. Probationers sent a letter to the Minister on 28 June 1950 asking ‘that sleeping out leave on our night off be restored to us.’ It is unclear as to whether ‘sleeping out’ leave had been restored but ‘dance leave’ had not by July 1951 when another letter was sent to the department. This letter was signed only ‘the student nurses of the Central Hospital Galway’ and was for the attention of Browne’s successor Dr James Ryan. The letter writer claimed that permission for probationers to have 2 late nights per week up to 11.15 p.m. had been suspended. This was not the main subject of the letter but rather the letter writer wrote on the very evening when 14 probationers were reprimanded by the tutor sister for not having attended first Friday Mass. All late night passes were revoked for one month. Although enquiries were carried out, it was decided not to issue an official response as the letter had been unsigned. The punishment for what was considered to be a purely personal matter for the individual was carried out by the tutor sister who was acting in a temporary capacity as matron while the permanent Matron was on holiday. It is unclear whether the sanctions were actually revoked as officials were instead focused on preventing similar sanctions being imposed in the future.

Although both Carmel N. and Eileen R. were in training in the Central Hospital at the time of these events, neither woman referred to them directly. Both had just entered training and were (understandably) getting used to the hospital environment. Carmel N. was aware of some incidents but these remained of lesser priority than her need to grow accustomed to the hospital environment.

    Carmel N: Well no. I suppose there was people fairly outgoing and do you know they have to get their rights too.

44 NA HLTH SA 11/27.
45 NA HLTH 11/27. The signatures of over 50 probationers appeared in a circular design at the bottom of the letter.
46 Officials wanted change matters so that the Matron would only be able to revoke late night passes for a week rather than a month. See NA HLTH A 11/27.
Q: Ok, so what sort of things did they go to the Matron for?

Carmel N: Well I’d say they’d say that the food was very bad and do you know and all that. I think – I don’t know – about wages too sometimes complaining I suppose for a rise in wages…

Q: And what was the Matron like?

Carmel N: Well the old one we started with, she was lovely… she was a lovely person. She was really good. She came down the corridor one day to me and she said to me ‘well, nurse’ she said to me ‘how are you getting on? The nursing here, do you like it?’ and I said ‘well yes I do Matron’ I said very timid you know and she said ‘tell me what you don’t like about it.’ She said ‘is it the bed pans’ she’d say ‘giving patients the bed pan?’ But I’d say ‘yes, that’s right, Matron.’ ‘Well do you know’ she said ‘that’s the real life of it’ she said ‘that’s the whole life of nursing’ she said.

(laughs)47

Eileen R. does not recall being a part of the Irish Nurses Organisation but Carmel N. does remember being a part of the organisation. She equates membership of this group with strike action even though Galway probationers acted independently and the Irish Nurses Organisation were not at any time involved in the incidents described above. Eileen R’s testimony indicates that nurses told each other stories of events. She herself recalls an incident where two girls she knew in training were disciplined for coming in late after a night out. She was slightly unclear as to whether they were suspended or expelled. It is not clear if this incident is her record of any of the incidents described above. She recalled the practice of being allowed to sleep at her family home one night in every month but did not recall any limitations or changes in this practice. One incident she describes can be matched by documentary evidence. She told me:

Eileen R: Another rule that was in Galway now in my time. You weren’t allowed – well a student nurse wasn’t allowed to be – to go out with a medical student or a doctor or anyone who worked around the grounds. There was one particular girl – she was just a few months senior to me and she was going out with the ambulance driver. And when was found out, she was the one who was suspended and he wasn’t…[sic]… So anyway she was suspended for 2 years. She was from county _.

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47 Interview 12, Carmel N. Trained in the Central Hospital Galway in the late 1940s, p. 256.
So anyway in the meantime, the ambulance driver got married to somebody else and his wife died in childbirth. So she came back again, her 2 years were up and we all presumed that the romance would start again but it didn’t. But we heard that she got compensated from the Galway County Council then you see. Now I don’t know whether that’s true or not but she finished her training.48

Eileen may have been referring to an incident recorded in Department of Health files where a nurse was dismissed for speaking to a gardener on a number of occasions. She was dismissed but she was successful in challenging the decision only because the correct procedure was not followed in dismissing her or it may have been an entirely different incident.49 Stories were circulated not just of different personalities, (from those using bullying tactics – women referred to as ‘dragons’ or ‘battleaxes’ to those more pleasant to work with) but also of events involving breaches in discipline.

Training.

Chief Medical Officer, Dr James Deeny wrote a series of memoranda on nursing matters in the mid 1940’s. He called for the establishment of a state committee to consider working conditions for nurses generally. He believed that general nurse training should include modules in fever nursing, tuberculosis nursing, sick children’s nursing, health education, preventative medicine and obstetrics. Nurses would be better employed in studying such subjects rather than performing routine tasks and being exploited as a source of labour by hospital authorities. He proposed the radical reform in the recruitment of nurses. Recruitment would be the responsibility of a National Nursing Service and would operate along similar lines as that of the Garda Síochana. This body would recruit nurses according to actual needs and would offer guaranteed training to graduates. What he seemed to suggest was that selection of recruits be taken away from the responsibility of the Matrons and the hospitals. This would in turn lead to the termination of the nursing qualification being recognised in other countries.50 This would be a positive development as ‘it was desired to retain the services of all nurses trained in Ireland.’51 Deeny’s proposals were seen to be long term plans and were only forwarded to the General Nursing Council who unsurprisingly rejected them.

The council had, in the final years of its existence, adopted a defensive stance in

48 Interview 11, Eileen R. Trained Central Hospital Galway in the late 1940s, p. 231.
49 HLTH NA SA11/27.
50 The mutual recognition of nursing qualifications between different countries was dependent on the hospital based selection of recruits.
51 NA HLTH A114/7.
implementing training rules. This can be seen in its cautious judgement on individual cases. In one example, Council members rejected a petition from the Reverend Mother of the Little Sisters of the Assumption to shorten the period of training for members of her order who had one years’ service in nursing the sick poor in their homes. The basic fundamental structure of hospital based apprenticeship nursing remained unchanged despite the creation of An Bord Altranais (in the place of the General Nursing Council and the Central Midwives Board), Deeny’s proposals and INO calls for university based education of nurses. Apart from the brief experiment in tuberculosis training, nurses qualified in general nursing first before considering supplementary training. But what was considered to be a fully trained nurse had changed to include midwifery training.

The Tuberculosis training experiment

Reports of nursing labour shortages had been made as early as 1940, in the final few years of the Department of Local Government and Public Health administration. One solution to the problem was to make more general nurse training places available. Initial efforts were slow. By 1948, the General Nursing Council had granted recognition to only one hospital, but had allowed for the extension of training in 3 Limerick hospitals. Even though the General Nursing Council had added the condition of suitable living conditions its criteria for training school recognition, there was a barely concealed departmental impatience with the perceived slowness of the Council in granting recognition. It was this rule which hampered departmental ambitions to increase training places. The authors of one departmental memo bemoaned the fact that the General Nursing Council was not applying this rule to well established training schools, particularly those in voluntary hospitals where officials considered living conditions were poor. State general nurse training schools remained few and were limited to Waterford, Cork and Galway. There was a capacity for 162 probationers – 85 places in Galway, 73 places in Cork and 4 places in Waterford in the late 1940’s. Departmental ambitions to open training schools in county hospitals in Portlaoighse, Tullamore, Roscommon, Kilkenny and Castlebar failed due to the problem of insufficient

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52 NA HLTH A114/4 which contains department of health copies of the minutes of General Nursing Council meetings.
53 Our Lady of Lourdes Hospital was granted recognition as a complete training school and the 3 Limerick training schools were recognised as complete rather than affiliated schools, meaning they no longer had to share students and their training capacity was increased.
54 NA HLTH A 114/41.
accommodation.\(^{55}\) By the time it was decided to abandon the scheme, officials had already moved to recruit men and women to nursing through a tuberculosis nurse training.

Women who wished to do general nurse training could first train in a supplementary branch. This was done more so in Britain rather than in Ireland as the Cork Street-Galway affiliation remained the only officially recognised way in which fever nurses could go for training as general nurses. Two nurses I interviewed who trained in Britain during the war years did supplementary branch nursing first. It was a path used by those who were too young to train as general nurses. Joan W. did supplementary training in mental handicap nursing and Nora G. did training in orthopaedic nursing.

Joan: I was looking after 2 children first. My sister was in Bristol and she was coming home to get married and I went back. I was very young at the time…( Interruption – cup of tea) …. But… from there … I went into…. We went… the war broke out then and we went up to Edinburgh – the parents and their children and I applied for Edinburgh and I got it.\(^{56}\)

Nursing author Edith Cotterill was accepted for training in Standon Orthopaedic Hospital in 1934.\(^{57}\)

The tuberculosis nursing scheme was relatively short lived – lasting from 1946 to 1956. The requirement necessitating women to be first trained in general nursing before undergoing what was considered to be postgraduate training in supplementary registers was relaxed to allow women (and men) with no general nurse training and with no previous training to train as tuberculosis nurses. Tuberculosis nurse training places were created in sanatoria in Castlerea (Roscomon), Mallow and Heatherside (Cork), Ardkeen (Waterford) Rialto and Cappagh (Dublin) in addition to training places already established in Peamount and Newcastle.\(^{58}\) The Mental Hospital in Castlerea had been converted for temporary sanatoria use in 1948 pending the opening of a Western Regional Sanatorium in Galway.\(^{59}\)

Advertisements invited candidates age 18 and over to apply for (free) training with salaries of £65-£80 paid while training together with board and uniform allowance. There was no

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\(^{55}\) Ibid.

\(^{56}\) Interview 11, Joan W. Trained in Scotland and England in supplementary training in the mid 1940s, p.185.


\(^{58}\) NA HLTH A114/41.

\(^{59}\) Dr Harry Hitchcock, \textit{TB or not TB}? (Galway, 1995) p. 145.
difference in pay between male and female nurses but records indicate that the chance of advancing to general nurse training was limited to women only. Male student tuberculosis nurses were only permitted to work with male patients and were confined to male sections of the sanatoria. No minimum educational standard was advertised and qualification was based on successful completion of a preliminary and final nursing exam. Roughly 535 candidates were trained in the ten years of the scheme and this included male nurses – some with prior training as mental nurses.\footnote{60} Actual numbers of male nurses were not recorded – only the number of mental nurses (who could have been either male or female). Senior Medical Officer of St Patrick’s Hospital Castlerea, Dr Harry Hitchcock recalls the male nurses ‘trained in Psychiatry’ at work as ‘unusual in the Irish scene, but there had been male nurses in [his previous hospital] Liverpool.’ A male nurse stood in temporary charge of the male ward when the Sister was away in Castlerea and Dr Hitchcock did his first round of the male ward with this nurse.\footnote{61} Those who trained successfully were paid a bonus of £10 per annum in addition to the traditional £10 ‘danger money’ (as it was called) paid to nurses in what was considered to be the high risk work of sanatorium nursing.\footnote{62}

The success of this scheme depended on the promise of general nurse training but the department was unable to effectively deliver this promise. The scheme was suspended in 1953 due to recruitment difficulties and high wastage rates. There seem to have been sufficient general trained nurses to work in sanatoria.\footnote{63} The level of urgency and impatience used in developing the scheme adversely affected its success. In one example, Minister Dr Noel Browne was to force An Bord Altranais (the successor to the General Nursing Council) to accept candidates for examination even though the training school had not been given recognition.\footnote{64} The authors of a departmental memo on the scheme expressed their displeasure at the state of general nurse training in Ireland. The inability of the department to grow the number of general nurse training places was cited but particular hostility was reserved for the expensive fees charged by voluntary hospitals (hinted at here was the refusal of voluntary hospitals to accept tuberculosis nurses for training as general nurses). Even in state training schools (such as Galway) places for tuberculosis trained nurses were by no means assured. Ultimately the failure of the scheme was blamed on the fact that

\footnote{60}{NA HLTH A114/41.} 
\footnote{61}{Dr Harry Hitchcock, TB, pp. 143- 6.} 
\footnote{62}{NA HLTH A 114/41.} 
\footnote{63}{NA HLTH D101/6.} 
\footnote{64}{NA HLTH D29/109.}
…these nurses have not the same prestige as general trained nurses and are confined to the tuberculosis service. The result is that girls who really intend to pursue nursing as a career leave the sanatoria for general training (mostly in Great Britain) as soon as they come to realise the position i.e. that it will take them 5 years to become general trained if they start by spending 3 years to qualify as sanatorium nurses and that, moreover, the facilities in this country for proceeding to general training are very limited.65

The Gaeltacht scheme was also suspended during the same period for similar reasons. Free training was given on the understanding that the trained nurse would return to work in Gaeltacht areas once qualified. Roughly 5 women a year had been trained nationwide or 53 women in total. About 25 had successfully qualified and 2 of these had found jobs in the Central Hospital Galway – the rest accepted jobs in Dublin and English hospitals thus ‘ignoring their undertaking’. The scheme was discontinued as it ‘was not attractive enough to ‘compete with the favourable terms offered to probationers in English training schools.’66 Although considerable effort was made to advertise the scheme, lack of interest was also a factor in the decision taken to suspend this scheme in 1953.

Training in Galway.

Despite perceived difficulties in growing training places, general nurse training had expanded to include counties Sligo and Donegal by 1970. The capacity of existing training schools continued to expand. Department of Health annual reports published during the 1950s carry details of such expansions. Numbers trained in Jervis Street rose from 80 in 1950 to 120 by 1970. New nurses’ homes opened in Temple Street, Dublin (1954), the Mater Misericordiae, Dublin (1954) and Portiuncula, Galway (1961 – with an increased capacity of 60 student nurses). Although the Regional Hospital Galway had been officially opened in 1956, renovation work did not cease until 1958. Works were completed in the maids’ home, convent and maternity department and an extension was built to the nurses’ home. The extension was completed in 1957 and plans were made for the establishment of preliminary training school classes in the home.67 Numbers of those in training rose in the Regional from 82 students in 1955 to 131 in 1961.

65 NA HLTH D101/5.
66 NA HLTH A 123/7.
General nurse training was available from the mid 1950s at Portiuncula Hospital, Ballinasloe in the Madonna School of Nursing and in the Regional Hospital Galway (built on the site of the former Central Hospital Galway). Both schools accepted religious and lay nursing students.  

Departmental Nursing Advisor Margaret Reidy presided over nursing matters arising from the transfer from the Central Hospital to the Regional Hospital in 1956. This included a reform of training generally. Such a reform was needed. Reidy reported that the intake of students had become haphazard in the final years of the Central Hospital Galway. Students were taken in when needed rather than in groups. Her report included praise of Sr Eugenius for being able to manage in difficult circumstances where there was a shortage of nursing staff.  

Sr Eugenius retired in 1953, her successor was Sr Aloysius Callaghan, who had also worked in the Central Hospital from the earliest years of its opening. She was in turn succeeded by Spiddal native Sr M. Kieran Concannon in 1961.

The basic training period for Galway nurses was extended to three and a half years in 1946 and this included a 6 month training period. The practice of working an additional year for the hospital certificate was established practice in Dublin voluntary hospitals but this was discontinued by the late 1960s. The format of written, oral and practical examinations in the first and final year remained unchanged. The syllabus for first year included the study of elementary anatomy and physiology, first aid, hygiene, invalid cookery and the theory and practice of nursing. Instruction was also given in the history and ethics of nursing, hospital etiquette, hospital economy, domestic and ward management and the observation and care of the sick.

The preliminary training school period had been introduced in most Dublin hospitals during the war years and this was extended to hospitals generally, it being made a necessary requirement by An Bord Altranais in the early 1960s. A preliminary training school was opened late in Galway (1961) compared to hospitals in Dublin. This delay was due to necessary renovation work being completed before such a school should be opened.  

Overcrowding became a problem within only two years of the official opening of the 594 bed

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68 Based on a survey of published graduation names from the mid 1950s to the mid 1960s.
69 NA HLTH SA 11/28.
71 NA HLTH SA 11/28.
capacity Regional Hospital Galway in 1956. Extra beds were fitted, with capacity peaking at 700 beds during the 1960s. The number of beds was reduced slightly by 1971.\textsuperscript{72}

Block training replaced the custom of doctors giving lectures during nurses’ off duty time. Although Galway always had a dedicated Nurse Tutor (the practice elsewhere was for the Matron or senior nursing staff to give instruction), the appointment of such a person was introduced in Ireland and Britain in the post-war years. Student nurses were given proficiency charts. This teaching aid was a chart listing the necessary techniques to be mastered by the student. Previously in use in England, it was ticked by senior nursing staff when the probationer became adept in a technique.\textsuperscript{73} Although Maeve K. does not remember proficiency charts being used in Galway by the time she entered training in the late 1960s, supplementary courses were given in addition to the basic general nursing syllabus. Third year students spent time in Merlin Park studying orthopaedic nursing techniques which included a study of cardiothoracic surgery.\textsuperscript{74} Such additional courses seem to have become more common in the 1970s as St Vincent-trained Bridget F remembers doing additional courses in Cappagh (orthopaedic nursing) and Temple Street (sick children’s nursing) in Dublin. Supplementary courses in hobbies and general education were also given. Portiuncula student nurses took courses in art and music appreciation, elocution and drama as well as ‘professional adjustment’ – a ‘unique course in Ireland’ to ‘enable the student to acquire the poise, cultural and spiritual outlook that should characterise the professional woman.’\textsuperscript{75} Maeve K. recalls that similar training was available in the Regional.

Ethics was listed as an examination subject to be taught in all Irish hospitals from the mid 1950s in the wake of the mother and child controversy (see previous chapter). Although an amended scheme was introduced in 1953, members of the Catholic hierarchy remained fearful of state interference with the family and the possible introduction of practices such as contraception and abortion. Nurses were seen to be performing an essential first line defence in the preservation of traditional family values. Joseph Robins has described the interest which Archbishop MacQuaid and other prominent members of the Dublin Catholic church took in the content of lectures given to nurses in ethics, but their jurisdiction was limited to Dublin student nurses only. Records are silent on any similar debate between the Galway hierarchy and the Department on the teaching of ethics in Galway, but Sr Mary recalled

\textsuperscript{72} James Murray, \textit{Galway: Medico Social}, p.181.
\textsuperscript{73} Gerard Fealy, \textit{A History of Apprenticeship Nurse Training in Ireland}, pp. 126-132.
\textsuperscript{74} Recollections of Maeve K..
\textsuperscript{75} \textit{The Connacht Tribune}, 27 October 1962.
There were talks on medical ethics as far back as the 1950s. Bishop Browne was the first person who gave them, then Cannon Paudge Lee, then Fr Vincent Jennings and then it was left to the Chaplains after that.

That Bishop Browne gave the lectures himself in the first instance is unusual, compared to the Dublin experience where designated university clerics were appointed to hospital training schools. Sr Mary’s testimony indicates that the responsibility for lectures was given to less senior members of the clergy as time passed, indicating a lessening in church anxiety over state health schemes.

Although the term ‘student nurse’ had replaced the term probationer by the 1960s (both terms were used interchangeably up to then) training in effect remained fixed on ideas associated with the term probationer (see chapter 3). The association remained between nurse training and religious training and rules remained in place which governed nurses’ behaviour both on and off duty. Galway student nurses were required to attend First Friday Mass. Although it is unclear whether nurses were obliged to attend daily Mass, Sr Mary recalled that nurses said a few prayers before going on duty. The Irish Catholic Nurses Guild had been in existence since 1922, but a Galway branch was not established in the Regional until 1967. This Guild was concerned with social and spiritual matters, as opposed to issues arising out of work.

Nurses were still obliged to live in the nurses’ home while in training during this period, but particular problems of overcrowding in Galway meant that this rule was changed from time to time and some nurses were allowed to live out. Those who lived in had to abide by rules in the nurses’ home where the level of discipline observed was higher than elsewhere. Maeve K recalled that

While working in the Civil Service I lived in a hostel in Dublin with nuns for a while. We were treated like adults. There were some rules and regulations, for example we had to keep our rooms tidy within reason, but these rules were fairly ok…We had to live in the nurses’ home. We had to be in every night at 11.30 p.m. You had to get up at 7.00 a.m. Your room had to be very tidy – our dressing table had to be so tidy that we were only allowed a statue of Our Lady on it. We had a very strict regime … stricter than the hostel I stayed in with the nuns in Dublin…. Stricter than boarding school. We had to be up at 7.00 a.m. We were called by a bell. It was very institutionalised – we ate a small breakfast – you had to have a perfect uniform. It was like the army… you could be inspected. Galway was not as bad as some Dublin
hospitals where uniform inspection included lifting up the skirts of nurses to see if they were wearing slips… they had to wear slips. But this didn’t happen in Galway. But it was military like.\(^{76}\)

St Vincents’ Dublin trained Bridget F. recalled that lifting of skirts as part of uniform inspection was in place even in the mid 1970s. Sir Patrick Duns trained Linda C. also felt a difference in the level of discipline compared with her previous work as a Civil Servant

That was it and it was very strict. I went in first, when I was in PTS, like we started in September and in November, my sister got married, this sister got married. Like, I had been a year working in civil life, you know, quite independent. And the Thursday morning – the Saturday mornings we had class, only from 9 to 12 and we were free after that and we were free Sunday. I just thought ‘sister’s getting married on Saturday like, you know, can I go to the wedding?’ and tutor looked at me and ‘oh I’ll have to ask matron’ and she came back and she said I’m afraid you can’t

Q: What?
A: Yeah, she said ‘you are in class till 12 – you can go after that if you want’ So at the time I had this famous job in Tipp in my pocket and I said ‘oh, well I am going, so, like I am not staying here. I can’t go to my sisters’ wedding and I am her bridesmaid.’ And she said – she was the younger one and she said ‘oh, don’t be too quick’, she said – ‘I’ll go back to her again’. So the word came back that if the wedding was in Dublin, which fortunately it was, I could go. But if it was down the country I couldn’t because I had to sleep in the nurses’ home the night before. I could leave at 7 o’clock in the morning – and she had night sister check me in at half 10 – actually I was brazen. I didn’t turn up until 12 o’clock. I said ‘ye can sack me now if ye want’!

Linda C. could choose to quit nursing if the training was too arduous indicated the wider employment possibilities available to women generally during the 1960’s but her action was not an option for all women. She contrasts her actions with the inability of a friend of hers to act in a similar way

I had a friend, she was a bridesmaid and she was from Roscommon and her granny – her grandparents had a family farm, you know, so like her granny had lived in the house with them all their lives. She was as close to them as her mother, you know.

\(^{76}\) Interview 1, Maeve K, pp.3-4.
And word came in one night around 11 o’clock to say her Granny was dead. She had died suddenly. She was working in Out-Patients at the time and I think she was finished early that day. She had a half day the next day but your half day started at 3 o’clock, and the train to Roscommon went at half two, or half one or something so she asked sister if she could go in time for the train and again the answer was ‘well I will have to ask matron.’ And matron said ‘no, she couldn’t’ so in case sister would let her off on the quiet, like, to get the train, the message came down at about 12 o’clock to say she was to go downstairs to the seamstress, to the stock woman downstairs and to count the delph and cutlery with her. The girl missed the train home. Her two sisters – her three sisters were gone home on the train and she got the next train and the removal to the church had happened and everything, so. Because there was no compassionate leave, you see.

Graduation ceremonies for nurses who successfully passed their exams in all hospitals throughout Ireland were a feature of the post war years. Local press coverage included lists and photographs of the nurses. Local and national dignitaries presided over a graduation mass and the awarding of scrolls. Sean MacBride attended graduation ceremonies of the Madonna School of Nursing in Portiuncula hospital and An Bord Altranais medals were rewarded for excellence in exams. Galway performed well in the competition for national awards.

Even though no official minimum educational standard was set, Scanlan’s study suggests that in effect a minimum of an Intermediate Certificate was required. A Leaving Certificate was required in effect for entrance into the Regional Hospital. Maeve K. recalls that those who interviewed her for training in Galway were interested in her honours science result. She recalled

The nurse tutor and a professor interviewed me. The professor was very interested in the fact I had honours science in my Leaving Cert. He asked me if I would consider studying science in University. I felt that it would have been costly to go to college (there were no grants) and the maths requirement was very demanding. He asked me if I applied science in modern life. I said I did and I then went on to explain how I cross pollinated geraniums to produce a new type of geranium. I could not explain it

77 Ibid.
78 Interview 10, Sr Mary, p. 171-3. See also annual graduation lists and reports as published in The Connacht Tribune c.1955-1970.
in English. I had to explain it in Irish because in secondary school, we had studied science through Irish.\(^79\)

She does not recall anyone with supplementary training in her class for the general nursing qualification in the Regional.

Linda C. trained at the same time as Maeve K. (late 1960s) in a Dublin hospital. She recalls that women with supplementary training (those who had trained in sick children’s nursing, psychiatric nursing, orthopaedics nursing and TB nursing) were accepted for general nurse training in Sir Patrick Dun’s. Although departmental records show that this hospital charged a fee for training in the mid 1940s, Linda C. chose this hospital in the late 1960s because it was free to train there, unlike other Dublin hospitals (St Vincent’s or the Mater were cited as fee paying schools). The Dublin interview board had different priorities from that of the Galway board from selecting student nurses. Linda C. recalled

…I remember when we all arrived there was about 14 or 15 of us and most of us arrived without any hat. The sister tutor nearly had a stroke! There was one lassie from boarding school and she had a beret and the other lassie - also boarding school – of course they were better than us, she had a lovely yellow buttercup boater hat, you see. So the tutor looked at us and said well ye will all have to wear a hat in, you see and we all looked at the beret and we looked at the boater, like, and do you know what the boater said – ye are not getting mine! So the whole 14 of us travelled in with this green beret, regardless of what else we were wearing. Well they were all these very august looking gentlemen because it was the board of governors. All very solemn and very serious. I really can’t remember what they asked me. It was kind of a blur, you know.

Q: What do you think they were looking for?

A: A satisfactory education level I would say and I would say an interest in nursing you know. They were looking for I’d say a more practical because you really weren’t meant to be too intelligent. Not like today where they are all very well educated nurses and they have degrees and what have you. We weren’t as technical obviously as they are. It was more hands on, it was much more practical nursing.\(^80\)

\(^79\) Interview 1, Maeve K. p.3.
\(^80\) Interview 8, Linda C. p.118-9.
It is perhaps the Leaving Certificate requirement needed in Galway (all records of an educational entrance exam as described in chapter 3 have faded away by the mid 1950s) which limited recruits to those whose families could afford to educate daughters to that level in the absence (up to the mid 1960s) of free secondary school education. A survey of South Galway nurses who successfully qualified as nurses in the Galway Regional Hospital in the 1950s and 1960s reveals that these girls came from farming backgrounds. Their families would have been involved in mixed farming and had farm sizes of between 50 and 100 acres. Two candidates came from an area where farmers specialised in barley growing.\textsuperscript{81}

Department of Health records during the post war years indicate no change in the entry fees charged for general nurse training either in state or voluntary hospitals although Linda C’s testimony indicates a change in Sir Patrick Dun’s hospital by the mid 1960s. The minimum age requirement was reduced by 1 year to 18 years in St Finbarr’s in Cork a full decade after the age was reduced in Galway (see chapter 3).

**The Merlin Park Strike.**

Matron Jane Reilly moved from Castlerea to the Western Regional Sanatorium (known more simply as ‘Merlin Park’ because of its location) when the latter opened in 1953. Temporary accommodation had been provided for tuberculosis patients in Castlerea but all personnel were transferred once Merlin Park became available. Dr Harry Hitchcock’s memoirs provide us with a glimpse of nursing arrangements in Merlin Park. Staff dynamics and personalities meant that the Resident Medical Superintendent had some say in nursing conditions but with mixed results. Although a mixed doctor and nurse badminton club was set up with the blessing of the Resident Medical Superintendent, the same man decided to introduce a rule locking the main gate at 11 pm – a move which affected doctors and nurses equally. The Night Sister in charge of the key had a sympathetic attitude and helped those arriving back after the curfew to get in undetected.\textsuperscript{82} Although arguments arose between both the Resident Medical Superintendent and the Matron over his attempts to restrict the social life of the nurses, he represented their case in the incident known as ‘the Merlin Park Strike’.

Hitchcock curiously does not refer to the incident which attracted local and national media (in the form of a Radio Éireann van whose occupants made their way from Dublin in response to an invitation from the Merlin Park nurses) in the summer of 1957. A rather garbled and

\textsuperscript{81} Survey based on an examination of graduation lists published in the local press and those I interviewed. This survey is concerned with the backgrounds of women drawn from Ardrahan, Gort and Kinvara.

\textsuperscript{82} Dr Harry Hitchcock, *TB*, pp. 162-173.
sensational account of a ‘nurses hunger strike’ emerged from both sources to what was an organised boycott of a self-serve cafeteria system put in place to replace a waitress style service. No nurses actually went on hunger strike, they merely made separate meal arrangements and avoided using the self-serve cafeteria. This form of meal arrangement had been done in other hospitals (Limerick, Cork and Dublin) as part of a money-saving move with no opposition.  

Departmental records are unclear as to the outcome of the dispute and one theory put forth as to the cause of unrest centres on the geographical lay out of the Merlin Park Sanatorium and nurses’ difficulty in getting their meals in time. Only a look at local records indicates more complex motives surrounding the action of the nurses.

The nurses’ action in appealing directly to the local and national media was condemned by the County Manager and County Council members. Alderman Miss Ashe suggested that nurses had only a half an hour for lunch whereas in Galway city, everyone had an hour for lunch. The County Manager suggested that there was an element of status involved and it was wrong to suggest that nurses had to wash the delph when finished, all they had to do was to return the used cutlery to the trolley. He suggested that ‘people of high social status often did far more in their own houses than serving themselves. Even men washed up the dishes in their own homes.’

The Merlin Park Strike was not the sole incident whereby the preservation of nursing status was a factor. Dispensary midwife Mrs F. Clarke whom we met in the previous chapter linked reduced pay and changed conditions to a fall in status. Deputy Bartley engaged in heated words with Minister McEntee (as described at the start of this chapter) because the nurses objected to sharing the nurses’ home with wardsmaids. All three incidents were symptomatic of deep seated concerns over employment generally. The very future of dispensary midwives were at stake and in the case of the accommodation issue, evidence as described above suggests some divisions in the different ‘ranks’ of nurses. The Merlin Park incident occurred only two years after the decision was made to lay off seventeen temporary staff nurses in the Central Hospital Galway without giving proper notice. This action was taken to make way for probationer nurses. One of the nurses speaking on behalf of her group identified their ‘big complaint’ as the lack of notice being given to them. The spokeswoman felt that they ‘were

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83 NA HLTH D 50/79.
84 NA HLTH D 50/79 Dr Hitchcock referred to the (apparently unique) lay out of the Institution.
85 The Connacht Tribune, 11 May 1957.
86 The Regional Hospital Galway was officially opened in 1956 on the site of the Central Hospital Galway.
entitled to more respectful treatment because they were fully qualified nurses’.  

These nurses sent a letter of protest to the Dáil and appealed to the press. Interviewed nurses gave account of the practical difficulties they faced – some were unable to return home as they did not have the price of a bus fare. They signalled their intention to the press to seek legal advice in the matter. It is unclear as to what the immediate results were of the nurses’ protest but County Manager C.I. O’Flynn reporting a year after the incident drew attention to the continuing dependence on temporary nursing labour as it was proving difficult to attract probationers. Temporary nurses could only be appointed for a maximum period of two years with a compulsory break of two months between periods of employment. This practice was taken because in the wake of one High Court case concerning superannuation.

Increasing militancy? Unrest in the 1960s

Trade unions were attracted to the issue of nurses working conditions. Some Galway Regional staff nurses became members of the Workers Union of Ireland in the late 1950s and James Larkin Jr personally represented them in a dispute involving off duty time. Representatives from Galway’s main trade unions also made public comments in the wake of incidents of student nurse unrest occurring in 1962 and again in 1965.

Some T.D.’s and County Councillors had been already involved in representing the interests of nurses and their actions were to assume an even more critical role in the 1960s. Details of disciplinary measures used in the case of 3 student nurses who were absent without leave one night were fully described in the local press as were the opinions of the incident. Members of the Galway County Council became involved – sometimes actively. One member visited the hospital and had heated words with the Matron. He threatened to get all student nurses into the Workers Union of Ireland for their own protection. Alderman Fintan Coogan (Galway West, Fine Gael T.D.) called for a more sympathetic ‘consideration of the rules’ because ‘from the tone of the meeting one would think that they [the students involved] had robbed a bank.’ The County Manager on the other hand was supportive of the sanctions imposed on

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87 The Connacht Tribune, 9 July 1955.
88 Ibid.
89 The Connacht Tribune, 17 November 1956. No details were given of the High Court case.
90 NA HLTH SA 11/28.
91 The Connacht Tribune, 3 November 1962.
92 Ibid.
the student nurses, believing that it was important to maintain discipline in the hospital but it was not easy to do this with a large number of young people.\textsuperscript{93}

It is unclear as to what the outcome of the incident or what departmental action if any was taken to the incident described above but the Minister for Health was forced to intervene publically in a debate arising from two similar breaches of discipline in 1965.\textsuperscript{94} Four nurses were dismissed after not sitting house exams after coming off night duty and another 4 nurses were caught coming in through a fire escape at 1 am in the autumn of 1965. Regional Hospital nurses, both student and qualified, numbering 200 in total, cancelled a planned protest march at the last moment and instead handed a signed petition to T.D.’s Fintan Coogan and Robert Molloy. They appealed directly as a group to the Minister for Health Donogh O’ Malley to intervene.\textsuperscript{95} Both local TD’s sought the Minister’s assistance in reinstating the 4 exam nurses. There were stormy scenes at a Council meeting held the day before the nurses were due to be dismissed as the chairman refused to allow the matter to be discussed. He instead directed members to address their concerns at a special meeting which would be held at a later date to discuss the issue.\textsuperscript{96}

Donogh O’ Malley referred to the incident indirectly in a speech given at the opening of an Irish Nurses Organisation sponsored refresher course. He referred to ‘nineteenth century nursing attitudes and attitudes’ which still prevail as being incompatible with the nurse who was ‘now a highly skilled specialist in her own right.’ Later in the speech he said

\begin{quotation}
In some hospitals there is an authoritarian approach towards the nurse, and personal disciplines are imposed which would not be tolerated by workers in other fields.
Change in hospital nursing practices and attitudes is sometimes not considered, because time has made them sacrosanct. Let me say firmly – I am against such sacred cows.\textsuperscript{97}
\end{quotation}

He did not refer to any specific hospital but the speech was reported in the \textit{Irish Nurse} alongside its own findings in Galway – the problems of understaffing in the largest local authority training school.

\textsuperscript{93} Ibid.
\textsuperscript{94} Department of Health records taper off in the late 1950s.
\textsuperscript{96} \textit{The Connacht Tribune}, 25 September 1965 and 2 October 1965.
\textsuperscript{97} \textit{The Irish Nurse}, November 1965, pp. 287-9.
The Irish Nurse was the official journal of the Irish Nurses’ Organisation and available to all members. Its membership had risen from 5,281 in 1949 to over 12,000 by 1980.\textsuperscript{98} The Irish Nurses Organisation changed the title of its official journal many times in the post-war period – The Irish Nurses’ Journal (up to 1939, and again 1968-1972) The Irish Nurses Magazine (1939 -1963), The Irish Nurse, (1963-1968). Regardless of title, the INO journal published articles on working conditions, developments in other countries as well as professional medical and nursing technique articles. None of the women I interviewed recall having read the INO journal but some were members of the INO and therefore would have received the journal.

Patient overcrowding was a problem in the hospital generally but this was coupled with a lack of teaching resources for student nurses. There was only one tutor for 150 students when An Bord Altranais recommended one tutor for 40 students. The report optimistically predicted a change as ‘modification in the existing pattern of regulations for students have already been agreed to on an amicable basis.’\textsuperscript{99}

O Malley’s speech was discussed in the national press. Sunday Independent reporter T.P. Kilfeather’s article entitled ‘Who’d want to be a nurse? – the Minister said’ was a highly descriptive piece of the day to day work of the student nurse. He referred to a ‘county surgical hospital’ where three nurses shared one room in crowded conditions and alleged that student nurses experienced similar conditions in ‘a new hospital which cost many thousands of pounds to construct’ but where a new nurses home was being built. It is unclear as to which Kilfeather was referring to, but local authority hospitals was the subject of the article and he mentioned lack of canteen facilities in St Finbarr’s in Cork.\textsuperscript{100}

All these events – the incidents themselves, the public debate, the Minister’s statement and the Sunday Independent report took place within days of each other near the end of September 1965. Matters reached a climax in the first week of October as members of a Visiting Committee judged in favour of the decision to dismiss the exam students and the ‘dance leave’ students. The actions of the Visiting Committee in refusing to allow any discussion of their findings and representation on behalf of the students by the Irish Nurses Organisation fuelled unrest. This Committee had consisted of fifteen Fianna Fáil and five Fine Gael

\textsuperscript{98} Pauline Scanlan, The Irish Nurse, p. 160.
\textsuperscript{100} The Sunday Independent, 10 October 1965.
County Councillors. The local press carried the statements of student nurses who were upset at the Visiting Council’s judgement. One student nurse said –

‘The Councillors listened to the official side of the story and then condemned us without giving us a hearing.’ The nurse said her colleagues were not complaining specifically about the plight of the eight nurses, they were complaining generally about discipline. ‘What we have to put up with is unbelievable’ she said. ‘Nuns have actually slapped student nurses across the face for minor misdemeanours. It is not unusual for a poor unfortunate girl to be driven to tears by a telling off in front of a packed ward. The student nurses have been turned into charwomen by being given all the dirty jobs which the nuns won’t do. But worst of all we are now being treated like jail birds. Bars have been put on the bottom windows of the nurses home.’ The nurse said her colleagues had hoped statement by the Minister for Health Mr Donogh O’Malley on Monday condemning the Victorian discipline in hospitals would have been heeded. ‘It was ignored’ she said ‘as was his statement that personal discipline should not be imposed on nurses, which would not be tolerated in other fields.’

Other groups also spoke out in opposition to the Visiting Committee findings. The Galway Trades Council (with a membership of 7,000 city trade unionists) called for the Minister to hold a formal enquiry into discipline in the hospital. President Patrick Faherty (Amalgamated Society of Painters and Decorators), Vice President Ronan O Healy (Workers Union of Ireland) and Tom Madden (Irish Engineering Industrial and Electrical Trade Union) all made public statements of support for the nurses. The calls were successful and a Department of Health enquiry was established.

This second enquiry (which also consisted of Irish Nurses Organisation representatives) also judged in favour of the decision to dismiss the exam students. There was no comment made in the case of dance leave nurses. The report was published more fully and the findings illustrate the complexity of events concerning the exam students. The student nurses in question had previously failed other exams and had received repeated warnings that they were on their last chance to pass their exams. They had received three weeks’ notice of the house exams, to be held at 5 pm and not the morning time as had been suggested. Only one girl had night duty and the option of changing work time was not availed of by this girl. The

101 Ibid.
102 Ibid.
findings of the second enquiry were sufficient to put an end to the protests and marked the end of further incidents. Members of the enquiry also reprimanded members of the press for unfairly publishing defamatory allegations concerning the nuns employed in the hospital.  

Donogh O’ Malley remained as Minister for Health for only a year and a half before being given the education portfolio. His success in the health portfolio and with nursing matters in particular was noted one by Irish Times writer. John Healy, writing under the pseudonym ‘Backbencher,’ wryly remarked that nurses would have cause to lament news of his transfer, referring to the ‘weeping nurses.’  

This actually seems to have been the case as borne out by the level of letters to INO headquarters on the subject. The authors of a front page tribute in The Irish Nurse credited him with intervening directly to reducing the working hours of nurses, giving an added impetus to establishing an auxiliary nursing grade, investing in the education of public health nurses and refresher courses for midwives. They hoped that liaison would be formed between the Department of Health and the Department of Education and that it would be to ‘the nursing profession’s continued good fortune that Mr. O’Malley should be Minister for Education.’  

The nature of nursing unrest had evolved in Ireland and elsewhere between 1940 and 1970. The use of the protest march as a tactic had been frowned upon by the British Royal College of Nursing in the 1930s. By the 1970s, Royal College of Nursing members engaged in a series of protest marches held in different British cities as part of its ‘Raise the Roof’ campaign to improve nurses working conditions. Galway was the venue for the earliest of these Irish Nurses Organisation sponsored marches. A total of 500 nurses from 22 counties marched from the Regional Hospital to Eyre Square in June 1970. Regional trained nurse and Councillor Mary Byrne and Joan Burke T.D. (also a trained Regional nurse) addressed the gathered nurses on the issue of nurses performing non nursing duties. Dr Harry Hitchcock and Galway Bishop Dr Michael Browne had made already made public calls for nurses to be given better pay and less dirty menial tasks some months previous to the march. Fintan Coogan meanwhile brought the concerns of nurses to the attention of the Dáil. He received a

103 The Connacht Tribune, 30 October 1965.
105 Ibid.
106 Susan McGann, Anne Crowther and Rona Dougall, Royal College of Nursing. p.228.
107 The Connacht Tribune, 20 March 1970. Dr Hitchcock was the Assistant Medical Superintendent in Merlin Park.
formal reprimand from the Ceann Comhairle for holding up a protest banner on behalf of the nurses in 1970.\textsuperscript{108}

Conclusion.

The heightened level of debate in the immediate aftermath of the war seemed to bode well for nursing reform. Initial moves seemed promising as legislative provision was made for the streamlining of nurse training (through the amalgamation of the Central Midwives Board and the General Nursing Council into single Board). There were, however, limits to post-war reform and this was seen in the failure of the state to effectively expand the number of training places in state-owned hospitals and the continuing dependence (in the immediate post-war years) on voluntary training schools. State training schemes had to be abandoned, thus blocking off two routes to general nurse training. Irish nursing leaders saw the tuberculosis training scheme as an attempt to introduce an auxiliary nursing grade and Joseph Robins gives an account of opposition to the scheme, yet the General Nursing Council were forced to bow to departmental pressure and introduce a scheme nonetheless.\textsuperscript{109} Departmental impatience on the issue of training schools led to strained relationships between the General Nursing Council and An Board Altranais and nursing leaders. Departmental officials in turn had a critical view of training schools (particularly voluntary schools). That very few tuberculosis trained nurses were admitted to the Central Hospital Galway was more-so due to local authorities’ preoccupation with local events (the 1945-1947 enquiry as described above).

Plans to open a larger bed capacity Regional Hospital in Galway were shelved on the outbreak of war. Although a new nurses’ home and maternity department had been built as a prelude to the building of the main hospital, by the time the war ended, the nurses’ home, which was intended to be used by nurses in the finished Regional Hospital was overcrowded. Whereas Galway nurses were able to appeal directly to the Minister (through Dáil representation) on the issue, some Dublin nurses appealed to the press (through Jean Sheridan’s article) for better working conditions generally. The latter debate reveals that nurses seemingly displayed a willingness to act to improve their conditions – the debate lay in who to appeal to for improved conditions. For Galway nurses, the answer was more clear-cut as the hospitals were state-owned. Galway nurses had a traditional reliance on the local

\textsuperscript{108} The Connacht Sentinel, 23 June 1970.
\textsuperscript{109} Joseph Robins, An Board Altranais, pp.24-5.
authorities and the local press. These years were also characterised by growing fidelity of the Galway nurse towards the Irish Nurses’ Organisation.

Nurses in Galway and elsewhere had to contend with delays in reform. Departmental action was limited in the post-war years initially to an increase of inspections of local authority institutions with indifferent results. Responsibility for the total number of probationers admitted to training remained with the Minister (as it had before 1940) but departmental records reveal that no consideration was given to reducing the total number of probationers so as to ease overcrowding. This eased somewhat after the opening of an expanded nurses’ home in 1957 but problems remained. The admission of a large number of probationers led to problems of supervision and to the adoption of what was in Minister for Health Dr Noel Browne’s opinion a system of ‘rather rigid discipline’ which were a factor in incidences of probationer unrest up to the late 1960s. This perhaps indicates that there was no relaxation in the rules and the results of an INO enquiry into unrest during the mid 1960s reveal the re-emergence of problems. On this occasion, patient overcrowding coupled with a lack of teaching staff were identified as problems. Senior nursing staff both religious and lay had a responsibility for acting in loco parentis in the Central Hospital Galway and later the Regional. An examination of events in Merlin Park reveals that responsibility for implementing rules remained a personal affair, and subject to the individual’s management style. Dr Harry Hitchcock’s account reveals the interest of the Resident Medical Superintendent in nursing matters and his choice in implementing some rules which were in Hitchcock’s opinion, too severe.

The introduction of uniform wage rates and hours of work was perhaps the most successful measure implemented in the post-war years as pay differed widely from institution to institution before its introduction. This remains the most significant development but is not generally noted in hospital histories. Hospital histories highlight the establishment of their training schools (normally in the nineteenth century) and the 1960s as times of great change. Perhaps rising economic fortunes generally meant that local authorities and voluntary hospitals (who were by this time imitating local authority policy) were able to not only actually implement measures as outlined in the circular letters written in the late 1940s but were able to improve on them. The working conditions of Galway nurses, meanwhile was attracting the interest of trade unions. The level of unrest and debate generated by events in the 1960s was matched by a greater variety of campaigning strategies used by Galway nurses.
Chapter 7 Conclusion.

A Central Hospital Galway probationer is included as one of the Galway city characters in Walter Macken’s *Quench the Moon*. Stephen, the main character of the book has moved to the city in search of work. He enters the hospital with friend and medical student Paddy Rice where he sees

…a long corridor that seemed to stretch away to eye level. The air in the corridor was warm and smelled strongly of all sorts of things. You could see nurses dressed in white hurrying here and there, carrying things and girls pushing trolleys and nuns bustling around wearing check aprons over their habits and rattling keys.¹

Stephen meets ‘probationer Curley… a small neat girl wearing a blue dress, caught in tightly at the waist and covered with a white apron. Her sleeves were rolled and caught back with white armlets. Brown curls were popping out from under her white cap.’² She brings him on a tour of the hospital and when Stephen meets Paddy again, Paddy advises him against dating her saying ‘Oh, a grand girl indeed, but too damn independent.’³ Published in 1948, Macken was writing at a time when probationers were a topic of discussion in the local press.⁴ Although he may be using the exaggerated friendliness of the people he meets in the hospital as a literary device to highlight the contrast of the characters in Stephen’s previous life, he does describe the structure of the hospital fairly accurately.⁵

Training

Irish Free State acceptance of nursing registration as passed in the 1919 Nurses Act was part of a wider international trend. Nurse registration acts were passed in the US (in all states by 1910) and Canada (in all provinces by 1922). In Europe, legislation passed in Belgium (by Royal Decree in 1921), the Netherlands (1921), France (1922) Germany (1921), Greece (1914 and 1948) Italy (1925), Denmark (1933) and Luxembourg (1935) provided for the establishment of a state recognised nursing diploma in those countries.⁶ Nurse registration

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² Ibid.
³ Ibid.
⁴ The 1945-1947 enquiries held following the death of a boy in August 1945 as described in the previous chapter.
⁵ The layout of the Central Hospital Galway was one aspect covered in the 1945-1947 enquiry.
acts provided for the establishment of State recognised nursing groups to compile and maintain a register of qualified nurses.\textsuperscript{7} Nursing associations were formed in the US and Canada on a state and provincial level but in Britain, Ireland and France, responsibility lay with a centralised General Nursing Council. Registration groups were also responsible for educational standards in the training of nurses. American and Canadian nursing associations were concerned with promoting a university based nursing education which ideally would be independent of hospital influence rather than apprenticeship based training.\textsuperscript{8} But hospital influence which emphasised the labour needs of the hospital rather than the educational needs of the student continued to be a problem for nursing leaders even within college based nursing courses. The first autonomous nursing school was established with Rockefeller funding at Yale in 1924. In Canada, Kathleen Russell had to rely on donations from sympathetic nurses to keep her autonomous nursing school in Toronto afloat.\textsuperscript{9} In Britain, the hospital based apprenticeship training of nurses continued and the General Nursing Council concentrated its efforts in compiling a suitable uniform syllabus which would suit the diverse array of hospital training schools which had been established before registration had been introduced.\textsuperscript{10} The Irish General Nursing Council were tasked with the recognition of training schools and the determination of a suitable syllabus, which was in keeping with state policy and Catholic social teaching.

Irish General Nursing Council President Sir Edward Coey Bigger highlighted what he considered to be the superior training of the Irish nurse. Although his council co-operated with his counterparts in Britain, he confidently asserted that ‘our standards are as high, if not higher than theirs.\textsuperscript{11} In 1935, the category of nursing auxiliary in the form of the state enrolled nurse was introduced in Britain on an experimental basis in an effort to alleviate the shortage of nurses – an event no doubt on Bigger’s mind. The state enrolled nurse qualified after a shorter two year period of training. The position of nursing auxiliary was not extended


\textsuperscript{8} Philip A. Kalisch, and Beatrice J. Kalisch, American Nursing, p. 226-229

\textsuperscript{9} Diana J. Mansell, Canada, p.110.

\textsuperscript{10} Robert Dingwall, Anne Marie Rafferty and Charles Webster, Social History, p. 96-156.

\textsuperscript{11} Sir Edward Coey Bigger, ‘The Training and Registration of Nurses,’ in The Irish Free State Hospital Yearbook, p.46.
to Ireland and Coey Bigger referred to the refusal of the Irish General Nursing council to admit any nurses with less than three years training to the register. 12 The Central Midwives Board also passed legislation which limited employment opportunities to Irish trained midwives.13

Each county had a different hospital infrastructure (see table 8.2: list of hospitals in Ireland 1937-1948 and table 8.3: list of hospitals in Ireland 1966 – appendix). Galway County Manager C. I. O’ Flynn identified the lack of district hospitals in Galway coupled with the popular status of the Central Hospital Galway as problems related to overcrowding. He said:

…they had to take into account the big difficulty in dealing with a tremendous number of patients. Because there was such a good staff here, patients came to Galway, who if they were in other counties, would go to Dublin. There would have to be additional district hospitals.14

Although a state-owned district hospital had opened in Clifden in 1935, responsibility for Galway county hospital provision lay with religious orders. The hospitals opened in Tuam and Ballinasloe in the post-war period were voluntary-owned rather than state-owned and therefore were not part of planned state hospital policy. The dispensary service continued to be of importance to towns in South Galway (such as Gort) lacking a hospital. The large bed capacity Regional Hospitals and Sanatoria opened in Galway and other major cities was part of a departmental policy to centralise hospital services, but any attempt to close small bed capacity district hospitals in counties that had them during this period raised significant public opposition and these hospitals were retained (see table 8.3, list of hospitals in 1966.)15

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12 Ibid.
15 The uneven nature of hospital infrastructure and the desire for a centralised hospital system was a re-occurring theme in government reports during this time. The matter was discussed in the *Report of the Commission on the Relief of the Sick and Destitute Poor including the Insane Poor* (1927), successive Hospital Commission reports 1933-1947 and *Outline of the Future Hospital System, Report of the Consultative Council on the General Hospital Services* (also known as the Fitzgerald Report published in 1968). For a discussion of departmental hospital policy, see Mary E. Daly, ‘An atmosphere of Sturdy Independence:’ the State and the Dublin Hospitals in the 1930s,’ in Elizabeth Malcolm, and Greta Jones, *Medicine, Disease and the State in Ireland 1650-1940*. 

A county by county study is essential to provide a more nuanced picture of the working lives of nurses and midwives within Ireland as a whole and cannot remain the preserve of Dublin voluntary-based hospitals. Hospital nurses need to be considered alongside outdoor nurses. Dispensary midwives need to be considered alongside Jubilee nurses. An understanding of the way in which a particular hospital fitted into the jigsaw of county health provision as a whole is a way forward in the development of the hospital history genre. This is a task which challenges the way nursing history has been written – with nineteenth century events overshadowing twentieth century events and the ‘set formula’ way of describing events in the twentieth century, with the (implied) belief that in examining the fortunes of institutions, the full story has been told.

The Central Hospital Galway (later the Regional) was the largest state-owned training school outside of Dublin and had highest number of probationers in training between the late 1940s and the late 1960s.\(^\text{16}\) Galway’s place within the General Nursing Council was assured, and members of the Galway medical staff were consulted for advice on proposed changes to the nursing syllabus. Surgeon M. G. O’Malley represented the Central Hospital Galway as a member of the Council in the post-war period.\(^\text{17}\) Responsibility for the recruitment of student nurse for general nurse training lay with the local authorities before 1940. The Hospitals and Dispensaries Committee were in conflict with the Minister over the age of admission, and some members sought to overturn state legislation on probationer recruitment passed in 1927. The Galway authorities were successful in their campaign to lower the age of entry for training. This was done in exchange for Galway’s participation in the Gaeltacht Training Scheme and was limited to Galway only as the age of entry was only lowered in St Finbarr’s Hospital, Cork a decade later. Only the Minister for Local Government and Public Health (and later the Minister for Health) could give permission for an increase in the total number of probationers admitted for training. The Galway Hospitals and Dispensaries Committee made periodic applications for an increase in the total number of probationers allowed in the hospital and they were admitted from a variety of backgrounds from the 1930s. Cork Street Dublin fever nurses, Gaeltacht Training Scheme candidates, women with partial general nurse training in other hospitals and one or two Temple Street sick children’s nurses were admitted as well as those recruited in the normal way. There were limits nonetheless to

\(^{16}\) See chapter 6. By the late 1940s, there was a total of 162 probationers in training in state owned hospitals outside of Dublin. (85 places in Galway, 73 places in Cork and 4 places in Waterford.) An INO report into the Regional Hospital Galway training school identified it as the largest local authority training school outside Dublin.

\(^{17}\) NA HLTH A114/4 General Nursing Council Reports of half-yearly meetings.
sources of supply, with Galway authorities refusing to enter affiliations with other hospitals offering general nurse training (Castlebar County Infirmary, Limerick County Infirmary) and other hospitals offering supplementary training (mental nursing and tuberculosis nursing). A study of Galway reveals that the dominant form of nurse training during these years did not just entail study for general nursing but also supplementary nursing. This was taken as mainly a postgraduate option although few opportunities remained, through the Cork Street-Galway alliance. The actual intake of supplementary trained women to general nursing remained limited in the case of the Cork Street-Galway alliance.

Ireland’s neutral stance in the Second World War meant that the need to bolster nursing personnel was not an urgent priority as it was in those countries affected by the war. The solution arrived at in Britain and elsewhere was to introduce one or more nursing auxiliary grades. Formal recognition to such a grade was given by governments in Britain, France, Portugal, Luxembourg and the Netherlands. No auxiliary nursing grade was introduced in Ireland. The General Nursing Council (and its successor An Board Altranais) took active steps to prevent auxiliary nurses trained in other countries from practicing in Ireland as it was found that it would ‘unnecessarily dilute the quality of nursing in Ireland.’ This was despite Department of Health fears of a growing shortage of nurses amidst an ambitious post-war hospital building programme. The career biographies of those who worked in sanatoria in Tipperary, Galway and Sligo as discussed in this thesis reveal that nurses who worked there were fully qualified general nurses and some had postgraduate training. Postgraduate supplementary training in midwifery became the preferred qualification in the post war years and this enabled the Department to replace dispensary midwives with a changed Public Health Nurse. Preoccupation with the supply of nursing labour became a national concern in the post-war period. This study has described unsuccessful state efforts to boost nursing supply through the Gaeltacht Training Scheme and tuberculosis nurse training. This effort to boost general nurse labour supply through the growth of training places was not matched by a similar effort to grow the number of midwifery training places, despite a determination to prohibit the activities of handywomen. The opening of a midwifery training school in Galway, therefore was connected with the opening of an expanded maternity hospital and was not a part of state policy on the supply of midwives. The tuberculosis nurse training scheme was seen by nursing leaders as an attempt to introduce a nursing auxiliary grade into

18 Sheila Quinn and Susan Russell (Eds.) Nursing, pp. 44-203.
19 Joseph Robins, An Board Altranais. p.44.
Ireland and departmental records hint at a refusal by some hospitals (particularly Dublin voluntary hospitals) to co-operate with the scheme. Department of Health officials made frequent visits to all local authority hospitals in the post war years. This period is also characterised by a deterioration of relations between the Department of Health and the General Nursing Council as pressure was put on the latter to introduce a syllabus for tuberculosis nurse training. The noticeable impatience to press forward the scheme is also seen in departmental dealings with An Board Altranais – as pressure was put on the Board to accept candidates for examination from one chest hospital even though this hospital had not received training school recognition. Despite the deterioration in relations, there was never any consideration given by the department to actually challenge the nursing administration of the period and the model of apprenticeship-based training was respected. James Deeny’s proposals for a radical change in training which, if put into practice, would have the effect of putting an end to the emigration of nursing labour were also quietly shelved. State failure to open general nurse training hospitals in other local authority hospital had significant implications for training in Galway.

Local press interest of Galway nursing matters (as well as Walter Macken’s tribute) gave an added prestige to those training and working in the Central Hospital Galway. Training places were (as we have seen) highly sought after, particularly in the 1930s. Those I interviewed who trained in Galway and elsewhere cited the limited career opportunities they had. Joan W (English trained, 1940s) and Eileen R (Galway trained, 1940’s) had limited opportunities compared with Mai T (Galway trained, 1980s)

E: There wasn’t many openings in those days – were there?

J: Oh no, no, not at all. Very few.

E: You know, yeah.

J: And you were lucky to get in anywhere.

E: You were.

J: There was just the civil service, nursing and what else……teaching.
Mai T… I just thought – my attitude in Leaving Cert was – I will apply for everything. So I actually turned down an Arts degree from NUI Galway because what appealed to me about nursing at the time was you were trained in a profession and you were educated and you were actually paid as well.20 Those I interviewed who trained in Galway and elsewhere in the 1960s cited plenty of employment possibilities and two of the women I interviewed had worked as civil servants prior to entering training. This was part of changes taking place in Irish society in general during this period. Deirdre O’S trained in London in the 1970’s had considered working as a physiotherapist and laboratory technician prior to deciding to train as a nurse.21 There was the perception that it was difficult to get into training in Galway. Jane A. was unsuccessful in applying for training in the Central Hospital in the mid 1940s. She recalls …Then I put my name down for Galway Central. Which it was then and I waited the best part of a year. And I had to pay £100 for place. But anyway, there wasn’t a hope of getting in so I had to go to England to nurse…22 Written accounts of entry requirements only list the payment of a £30 training fee (as a deposit). Jane’s mistaken belief that it cost £100 to train could have been part of a more widespread perception that training was inaccessible. This perception is at odds with evidence presented in this thesis, which describes the different backgrounds of Galway student nursing recruits and concessions granted to those who struggled to pay fees during their training. The belief that it was difficult to get a training place in Galway was part of perceptions as to the inaccessibility of training nationwide. Earlier in the interview Jane A recalled that it was difficult to get into training anywhere in Ireland and it was ‘mostly doctors’ daughters or nurses’ daughters that was…you know….accepted.’ Press accounts of nurse training both local and nationwide may have encouraged this perception.23 Official opinion on those deemed able and those deemed unable to pay for training in Galway exist though Gaeltacht Training Scheme records, but further research is needed on this scheme as well as the other state-sponsored tuberculosis nurse training scheme. Those whom officials deemed able to pay were girls who came from farming families and professional

21 Interview 5, Deirdre O’S,p.53.
22 Interview 4, Jane A. pp.40-1.
23 See chapter 3. The Connacht Tribune gave a detailed account of entry training requirements as well as sample questions in the entry examination for nurse training in the Central Hospital Galway.
families as discussed in chapter 3. Galway authorities publically discussed the recruitment of probationers in the mid 1940s. Galway County Council Member R.M. Burke felt that some of the excess number of those girls applying for shopkeeper apprenticeships should be instead persuaded to train as nurses. A survey of South Galway graduates from the 1950s has shown little change in the background of nurses as girls from rural farming backgrounds were recruited for training. The change lay in the narrowing of routes for entry into training to just those recruited in the normal way (with a Leaving Certificate qualification) as opposed to different routes (for example the Cork Street-Central Hospital Galway alliance and others as described in chapter 3) which existed before 1940. The Regional Hospital Galway was not affiliated to any hospital outside the county. Maeve K did not recall anyone with supplementary training or partial general nurse training in her class unlike Linda C’s account of those recruited with her into Sir Patrick Dun’s in the late 1960s. Those who were accepted for midwifery training in Galway and elsewhere (in the post-war years) had to have not only a general nursing qualification but were admitted in order of merit based on their performance in these exams.

The noted rise in the number of Irish nurses and probationers emigrating especially during the war did not seem to have any negative effect on the popularity of training in Irish hospitals. There was (according to the General Nursing Council) no falling off in the number of applicants and Sean Lemass rejected a petition by Dr Ward for active steps to be taken to restrict the emigration of nurses. The INO leadership seemed to accept the prospect of women emigrating abroad to work or train as nurses at a time of press hostility to women who emigrated. Items of interest were reproduced (often without comment) from foreign journals so Irish nurses remained well informed on developments outside Ireland. The editors did include comparative comments on developments in England from the late 1930s but these remained concise. Nursing press editors began including practical information on work available abroad in the mid 1930s. In one example, the Irish Nurses’ Journal carried news of ‘a gentleman returned from South Africa who ‘thought that some Irish nurses might like to try their fortunes there.’ A regular feature column called the ‘Nursing Information Bureau’ offered information on jobs available abroad. The ‘London correspondent’ offered to answer all letters and ‘was anxious’ to put girls ‘in touch with training schools…or inform (you) of

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25 Student nurses sometimes did additional course work in Merlin Park in the late 1960s.
26 NA HLTH A1147.
27 Irish Nurses’ Journal, December 1937.
vacancies if (you) are fully qualified.' Advice was given on all branches of nursing. The October 1939 edition of *The Irish Nursing and Hospital World* carried advice for Miss R (Dublin) on mental nursing, Miss H (Kilkenny) on midwifery training and Sheelagh (Cork) on tuberculosis nurse training in England. CC (Dublin) on the other hand wanted the addresses of training schools in America.

Advertisements inviting Irish women to apply for places in English training schools appeared in the nursing press as well as local and national papers as legislation passed in 1949 made it easier for foreign trained nurses to work in England. An advertisement for Lambeth Hospital placed in 1950 is typical of advertisements to be seen during this time – placing an emphasis on favourable terms of employment and living conditions. Well educated girls over 17 and a half years were to apply for preliminary training. Students would be paid according to government wage scales. This particular hospital was ‘situated within easy reach of central London’ and near all facilities. Girls interested in joining an English religious nursing order were also sought and invited to apply to the Reverend Mother of the Sisters of St. Augustine of the Mercy of Jesus.

Some English hospital authorities sent agents to Ireland to recruit on their behalf. News of Nurse K. Lavelle’s arrival to Maam Cross and Clifden was announced in the press. She offered to place girls in hospitals with ‘facilities for religious duties, free travel to destination, four weeks annual leave with pay and cheap ticket from hospital to home and back for seven and a half pence.” Such effort should be seen as a normal tactic used during these years to attract Irish labour generally. These activities were a source of concern for the Irish hierarchy who in a private resolution for the attention of de Valera expressed their fears

‘The Bishops view with great alarm the continuous drain on womanhood and future motherhood of the country as a result of the present wave of emigration, and they consider it contrary to the spiritual and temporal welfare of the nation that foreign agents should be allowed to enter the country to attract the country to attract girls

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28 Brian Abel-Smith, *Nursing Profession*, p.181.
29 *The Connacht Tribune*, 7 January 1950.
abroad with promises of lucrative environment the fulfilment of which no one in this country could control.’ 33

There was a fear that the female emigrant would be in a lax moral environment and this would represent a danger to health (pregnancy, disease, poverty) decline of religious practice and loss of national identity. 34 For nurses however there were additional points to be considered. Daphne Gibson’s article, as published in the English Catholic Herald was reproduced in the Irish Nurses’ Journal. She described the ‘moral perils’ of working in an unnamed ‘pagan hospital’ where some procedures were carried out contrary to Catholic teachings. Although the editors frequently reproduced articles of interest from foreign nursing papers without comment, the editors in this case advised the older Irish nurse to carefully read the article as ‘she is so often asked would she recommend so and so to go to England for her nursing training.’ 35

Those I interviewed who chose to train in England cited different reasons why they trained there. Nora G’s account shows how the reputation of the Central Hospital Galway as a training place for student nurses suffered following the death of a boy awaiting surgery in 1945:

Well, I think my parents chose it for me. But actually it – I am glad they did. That’s what I would have liked. I would have probably chosen it myself. So it was arranged that I go – oh, yeah, my father arranged everything. (low tape volume). He started asking around ‘How do you do it’. So he…Nobody thought much of the Regional – It wasn’t the Regional, it was the Central. It was the Central, that time. You only went to hospital when you really needed to go. Or if you had a fever, you were taken and put in a fever hospital. So he was looking at the Dublin hospitals. And there was a two-year waiting list and a big fee to go to the Dublin hospitals. And he was kind of saying ‘why do you pay money for it, my daughter is going to be doing the work!’ So then he decided, - everybody thought that English hospitals were good but it was hard to get into the right one, so he started investigating that and he wrote to a priest that was a friend of his and he gave him the names of – a list of well he said St. John’s and St Elizabeth’s. It had to be a Catholic hospital for his daughter – to be minded.’

33 Cormac Ó Grada, A Rocky Road, p. 212.
34 Mary Muldowney, Second World War, p. 83.
The main reason given for the emigration of women to train abroad was the expense of training in Ireland, but as we have seen, state hospitals were cheaper than voluntary. The fee of £30 was returned to successful candidates in Galway and training was free in St. Finbarr’s in Cork. Nora G’s father refused to accept the principle of paying fees.

Anna O’C who trained in the late 1960s was influenced by the talk of nursing relatives who worked in England and by news of excellent career prospects.

I just wanted to go to England. I sat as a child listening to my mother and her sisters when they would come home from England talking about nursing, saying how hard it was, talking about sputum pots, which I would never get over, they were the worst things going, and it was just the pull of it... [later in the interview] and one girl, I...[sic].. she went off to England and she – I remember them saying ‘she is now a ward sister!’ It was just such – I think – a ward sister – when I was about 12 at the time. And I thought, Oh, how could she? You know she has only been gone for 4 or 5 years but she is obviously very bright being a ward sister...  

The growing popularity of America as a place to work for Irish nurses was seen in the 1960’s although there had always been some emigration there. Bridget Dirrane and Méiní the Blasket Island nurse had worked in America as nurses before coming back to Ireland. Lellie Quigley and Genevieve Bell (whom we met in this study) were born in America but were trained in Ireland. The Irish Nurses Journal carried advertisements in 1968 for nurses to ‘join the shamrock set, in Dallas, Texas.’ State registered nurses with or without midwifery certificate were required to be paid a wage of £2,489 a year. Interviews were to be held in Belfast and Dublin. Terms offered included free arrangement of visa, registration luggage and personal insurance with free accommodation in luxury flats. Maeve K chose to go to America ‘just to see how the other half lived.’ It was in America that Irish nurses experienced optimum working conditions as described by her:

The first thing that struck me was uh oh...we weren’t allowed to touch beds, we weren’t allowed to do any non-nursing duties, we weren’t allowed to give out drinks to patients. They said, please act as a professional nurse. You are a professional nurse, act as a professional nurse, we don’t want our patients to feel you are not properly qualified. So the whole scene was different. We had attendants who did all the making

37 This advertisement appeared in a few editions of the Irish Nurses Journal during 1968.
up. First of all you would be delegated … be in charge of ten patients, and under your
direct supervision would be your attendant, or two attendants maybe sometimes. It
depended what level of care the patients required. And you may have a licensed vocational nurse. Therein lies the vocation. But you would be regarded as a professional nurse.38

The history of nurse training in America, as we have seen, has been the move towards university based nurse education, where the labour needs of the hospital was separated from the educational needs of the nurse. This process evolved slowly. Assistant nursing grades had been introduced in America and England during the war years which allowed student nurses to spend more time in study. The inclusion of domestic non-nursing work in Irish nurse training had consequences as noted by Maeve K.

We weren’t good clinical nurses when we went to the States. But we were good very willing nurses. We learned very quickly. So, this keeps being thrashed out by An Board Altranais and people who never had to work abroad. In my experience, they were actually quite shocked sometimes that we did not have…. Did not work to the same capacity as they did. Because they did not seem to see that there was anything inadequate with our training. But they thought our clinical skills needed a lot… 6 weeks to be trained up to work on the ward. We were so much behind. But they thought that we had great bedside manners, that we had great communications skills. But we did lack a lot of the clinical skills that were required. And the reason I think we did was we were doing so many non nursing duties in our training that we hadn’t time. You know the student nurses over there at that particular time, were in a four year degree programme. They had their books on the wards. They were constantly looking up stuff in books. They were mentored by RN’s. They were never expected to do anything without being shown how to do it, and it was done properly. They did not have to give out trays of drink and food, cleaning beds or anything to do. They just did their duties. There was sufficient support staff in place.

It was in this context that nursing historian Pauline Scanlan, who had spent many years in America, wrote her critical survey of nursing education in Ireland.

38 Interview 1, Maeve K, pp.12-4.
Working

The working lives of ordinary nurses and midwives, is an area yet to be explored by nursing historians, particularly in the years after Irish independence. This study at county level has suggested a number of approaches to the different ways in which nurses and midwives could be employed. Nursing and midwifery (particularly before the mid 1940s) were two separate career paths, with both groups facing different advantages and disadvantages. Although hospital nurses were subject to the marriage bar, there was some dependence on married nursing labour up to the end of this study, a fact acknowledged privately (through departmental records) and publicly (in the local press) by County Manager C.I. O’ Flynn. The precise dependence on such labour is difficult to measure because of the casual way in which such labour was recruited (and lack of written record). The Matron employed married women, whose family circumstances were known to her. A survey of the employment process in Galway shows the way in which the marriage bar could be circumvented. Carmel N. recalled the Central Hospital Galway practice of hiring married labour in the late 1940s.

Q:... Do you know of anybody that might have dropped out? Just kind of found it too tough for whatever reason… just decided not to continue? Maybe anybody that just kind of decided to get married? Because I know once you got married, you had to give up the nursing.

Carmel N.: Oh yes. Well, I think they used to kind of stayed on, did they? I think they could stay on in my day. I think they could stay on in my day. I know a girl from Salthill, M-, a very good looking girl and she was always doing a line with this lad since she was very young. So she married and she was kept on anyways… Temporary

Q: Because I thought you’d have to just completely give up once you got married.

A: No, no. They could bring them back, but the way it was with us too, when I got married. You couldn’t…..I suppose there was a shortage of jobs too. We’d have to

39 C.I. O’Flynn drew attention to Galway’s dependence on temporary nursing labour in the local press but privately acknowledged temporary nursing labour as married nursing labour in letters to the Department of Health.

40 No query forms exist for women employed in this way- it is possible that they did not have to fill in a query form.
give up our job once we got married, you know. They could come back temporary… that was it, yes.\footnote{Interview 12, Carmel N., pp. 257-8.}

The woman who was hired after getting married lived within walking distance of the hospital and this was probably one reason why she was employed. Carmel N. recalled that the marriage bar was an accepted condition of employment and compared the working conditions of nurses with teachers who were also subject to the marriage bar. The individual nature of jobs as advertised through the Local Appointments Committee made possible the appointment of married woman Kathleen McCarthy as Matron of Woodlands Sanatorium. Nonetheless women were denied the benefits of full time employment (job security, holiday and sick pay) and work was seen as a prelude to marriage. No nursing organisation challenged the marriage bar and it was an accepted part of the nurses’ career.\footnote{See chapter 6 – comments made by INO leader Annie M.P. Smithson in reply to Jean Sheridan’s reports into the nursing profession.}

Midwives helped women to become mothers, therefore facilitating the realisation of the state ideal image of the Irish woman yet there was no effort to increase the number of dispensary midwives from the 1920s. Whereas married general nurses could only continue to work on a temporary contract, there was no prohibition on the employment of married women as dispensary midwives. The married state of dispensary midwives was accepted as normal and there was universal coverage of such labour across the country. Some professional married women (teachers, doctors and other professions) were to be found in different parts of the country but their numbers varied.\footnote{Caitríona Clear, 	extit{Women of the House}, pp.20-5.} Dispensary midwives made up a significant portion of married labour and their numbers remained fairly constant up to the 1950s.

Although the percentage of married dispensary midwives declined during this period, still roughly half of the 695 dispensary midwives were married in the early 1950s.\footnote{The percentage of married midwives fell from 70\% in 1926 to 46\% in 1946. These percentages are based on census information.} The independent practitioner status of dispensary midwives was offset by the keen competition which existed between dispensary midwives themselves and all those involved in outdoor nursing. The existence of such tensions, a hitherto unknown aspect of the working lives of midwives has been revealed by the in-depth study of conditions in Galway. Although dispensary midwives had state assistance in efforts to prohibit the activities of handywomen, the effectiveness of such aid was not clear-cut in the case of Galway. Dispensary midwives...
had to deal with territorial tensions and were sometimes themselves guilty of encroaching on
the work of another health care worker. Official nursing bodies had to issue repeated
warnings to midwives not to poach on the work from private nurses.\textsuperscript{45} Actual earnings of
dispensary midwives were difficult to gauge and was coupled with official (local authority
and later departmental) determination to control insofar as possible their productivity and
earnings.

Only Public Health Nurses were immune from territorial tensions and uncertainty over pay,
but job security was achieved in exchange for their status. They were appointed as part of the
County Medical Officer staff and therefore were the only group of nurses in the outdoor
nursing service who were not independent practitioners. They were appointed before 1940 in
a supervisory capacity and in the area of preventative health only. The rise in the number of
nurses qualifying in general nursing and midwifery coupled with medical advances, made
possible the appointment of a Public Health Nurse who would attend to domiciliary births as
well as general nursing duties. Galway was a place of experimentation and compliance
(Medical Inspector Malachy Powell’s East Galway and Tipperary study) and protest
(dispensary midwives appeal to County Medical Officer Dr McConn). Anxieties over
proposed changes in outdoor nursing lasted for a full decade from 1945 and the attention
given by nurses to the issue meant that their attention was diverted away from a much larger
controversy which resulted in the downfall of the government – the Mother and Child
controversy.\textsuperscript{46} This controversy is not referred to even in passing in Department of Health
records on the outdoor nursing services during these years and is almost absent from the
pages of the nursing press.

The rise of the new Public Health Nurse was marked by the eventual decline and end of
voluntary nursing organisation nurses and handywomen. The post-war period was also
characterised by an expansion in duties performed by nuns. The value of religious labour
hitherto unmeasured was seriously considered as part of an overall information gathering
effort on nursing labour (both outdoor and hospital-based) in the late 1940s. Departmental
ambition to offer a greater number of senior management positions to lay women rather than
nuns effectively failed, as the management decision for the staffing of hospitals remained
with the local authorities. This ambition extended only to Regional Hospitals under
construction in Limerick and Cork, where no management custom existed. State efforts to

\textsuperscript{45}See chapter 4 for INO warning and the Irish Press, 9 November 1934 – General Nursing Council warning.
\textsuperscript{46}See Caitríona Clear, Women of the House, p.213.
provide more senior nursing staff places for laywomen did not challenge hospitals with
established management traditions such as in the Central Hospital Galway (later the
Regional). Although efforts to provide lay nurses with greater opportunities for promotion to
senior positions failed, the department had greater success in introducing uniform working
hours and pay. These reforms had been introduced in neighbouring countries and were
adopted in Ireland. Although uniform pay and working conditions were introduced between
1945 and 1948, responsibility for actually implementing the directives lay with local
authorities. There was a significant delay in implementing the directives and the actual
benefits were only seen in the 1960s. This period was also characterised by the loosening and
eventual removal of the marriage bar but those I interviewed who trained in the late 1940s
cited other reasons for not continuing to work after marriage.

Although Carmel N. felt that nurse training was great, she was still happy to give up
nursing upon the occasion of her marriage

Carmel N.: No, I didn’t. I just made a clear break because I was a good way from
Galway too, yes, you know. I never went back because you know B- (husband) was
farming and it was a different thing but I used to help him on the farm. ‘Twas better
than nursing after all that you know.

[later in the interview]

Well, do you know it was a very great training. I think anyone should be a nurse
because you know I think you can tackle anything when you’re a nurse. Do you know
you can face anything… you know problems that come, you know different
situations…

That Carmel N saw farm work as easier than nursing is telling. Jane A put it bluntly when
she said ‘you expected hard work and got it’ but she also emphasised a rewarding nature of
the work citing the experience of seeing sick people gradually getting better as a positive
aspect of the work. Eileen R gave up nursing after getting married as ‘she couldn’t drive and
it would have been difficult getting to work.’ She lived a good distance away from the
hospital. Linda C was able to work after marriage and her account reveals her reliance on
family members and acute awareness of the politics of work

47 Interview 12, Carmel N, p. 261.
Linda C…Galvia, but they were looking for nurses, but they rang, they contacted me and asked me if I was interested. I was because I was going in for a house and what have you. I was living with my in laws at the time. And mum said ‘oh yeah, go I will mind the baby, but I did one day’s day duty and I came home and she was quite elderly because M- was the youngest in his family. But grandparent and child were frazzled. And I thought that was it. So I went back and said to them ‘it’s not working out, I can’t do day duty and they said well will you do relief night duty. So for the next 7 or 8 years, I did relief night duty in Galvia. It was the blue nuns at the time.

Q: Wasn’t there a marriage ban at the time?

Linda C: No because they were a private hospital you see. Public service was the marriage ban. Well the marriage ban only worked insofar as you had to give up work and you had to give up paying your pension, but you could come back 6 months later. And the advantage from my idea of the marriage ban was they could stay paying you first year wages for the rest of your life and they had to give you an increment or a pension. And that worked everywhere no matter what hospital you were in – or the civil service and even my sister working in Aer Lingus – it worked that way for her as well. But the – Galvia was a private hospital. But again, you were only on basic wage for it and I would do special or I would do night relief for holidays. I would work a lot during the summer when M- would be on holidays. I would do relief – holiday relief.48

Linda C found that nursing management were sympathetic to her needs to juggle work with rearing a baby but this was in contrast with the unsympathetic attitude experienced by Maeve K in another Galway hospital in the 1970s. Mai T. meanwhile recalls that some student nurses who worked with her were married, but there were very few married student nurses by the mid 1980s.

Legislation and state enquiries into nursing matters.

Varying levels of official directives were composed from the 1930s which affected nursing labour. The most formal expression of a direction was one which was enshrined in an Act of

Parliament and two Acts were passed to prohibit the activities of handywomen. The method of recruiting probationers in local authority institutions was enshrined in law as were the duties of dispensary midwives. Productivity quotas for dispensary midwives were given in a series of ‘Orders’ and directions on uniform pay, working hours and conditions generally were given in a series of circular letters. Nurses and midwives were also subject to general civil service legislation as described in this study.

British nursing history narratives describe efforts made by the state to boost nursing labour supply. Such narratives describe the fortunes of statutory and non statutory committees established from the 1930s onwards.49 Irish Nursing Organisation leaders repeatedly called on the Minister to establish a committee to examine nursing labour issues, but despite their calls, no such committee was formed.50 Recommendations made by British committees, however, were sometimes followed in Ireland and reports issued on Irish health administration generally during the period of this study include a section on nursing. Nursing matters were briefly referred to in the Report of the Commission on the Relief of the Sick and Destitute Poor including the Insane Poor and in Hospital Commission Reports. The working conditions of dispensary midwives were briefly considered as part of an overall section given to the outdoor nursing service generally. Outdoor nursing provision was considered at the expense of hospital nursing, although Hospital Commission reports produced from the 1940s included issues of importance to all nurses – such as difficulties in introducing a national pension scheme for nurses.

In the Dáil, T.D.’s discussed the wages of dispensary midwives (as part of outdoor nursing provision generally) but the working conditions of hospital nurses were not discussed in the post-independence era, yet this absence should not be interpreted as a negative sign. The discussion at Dáil level of midwifery matters actually illustrates the powerlessness of some dispensary midwives to improve their working conditions. The individual wage claims of dispensary midwives brought before the Dáil in the mid 1920s were done so as a last resort and because recourse to local authorities had failed. The absence of any T.D. to champion the continued existence of dispensary midwives from the mid 1950s was telling, but in the post-war years attention had turned to championing the cause of hospital nurses and probationers. There were no shortage of people to speak on behalf of the nurse and the student nurse from

49 See for example, Brian Abel-Smith, Nursing profession, pp. 130-253.
50 Irish Independent, 5 May 1937 and 1 December 1937.
the 1940s on, although this study describes that well meaning advice was given to nurses at local level in the years before this. The tone of popular advice given to nurses (but not midwives) during the period covered by this study had changed from local-based advice on personal health care to national-based advice on methods of formal industrial agitation.

**Unrest**

This study has shown that the degree to which discriminatory legislation such as the marriage bar was actually implemented in the case of nursing is of importance. There is similar importance in the degree to which the image of the ideal Irish woman as espoused by the Irish Free State and the Catholic Church was actually implemented – in this case in a state-owned hospital such as the Central Hospital Galway. Although there was an emphasis placed on the moral training of probationers, ‘dance leave’ and ‘picture leave’ off duty time was officially recognised by the institution from the early 1920s, at a time when women were warned about the evils of both activities in Bishop’s sermons as reported in the press. One nurse used the press to defend her right to dance and to privacy with regard to what she did on her off duty time in the mid 1920s. That she chose to sign her letter using the name of a pagan goddess ‘Terpsichore’ (meaning goddess of dance) may be interpreted as a refusal to adhere to dominant Catholic images of the ideal woman, but on the other hand by choosing a pseudonym, she was choosing to remain anonymous, thereby protecting herself. The need to offer disciplined training to probationers was always balanced by those who were concerned with the supply of nursing labour (local authorities, and from the mid 1940s the state). Those who found training or working too severe had the option of quitting and Department of Health records show an awareness of this possibility. Letters of complaint from probationers were treated seriously and Ministers for Health became directly concerned with issues such as the level of discipline in the Central Hospital Galway. Census records for Galway and Ireland show that the number of nurses and midwives did not fall during the 1960s, at a time of widening career opportunities for women generally.

The 1960s are portrayed as a time of great change, however this study traces a shift in expectations and tolerances of nurses as early as the late 1940s. By the time student nurses sent letters to Department of Health Ministers, they regarded dance leave and picture leave as a right rather than a privilege (contrary to the ideas of nurse management). The practice of spending a night at home before a day off was also seen as a right and there was some attempt by the students to avoid or at least to discern what was acceptable and what was
excessive in terms of religious practice – such as attendance at First Friday Mass, even then seen as a matter of personal choice by Department of Health officials. Nurses who trained and worked in the Central Hospital Galway were given official ‘Race Week’ time off to attend the internationally famous Galway Races held annually during the last week in July. If dancing and going to the cinema were seen to be morally dubious activities, than participation in race week activities (with the temptation to gamble) must also be seen in the same light and this type of leave was granted as early as the 1940s. By the 1960s the boundaries had again changed as the actual time allocated to dance leave became a source of unrest. The embarrassment of having to leave a dance or a picture early to be back before the nurses home closed was no longer being tolerated by student nurses and, by the late 1960s the latte pass time was extended to 1.45 a.m.

Before 1940, nurses relied mainly on local-based informal strategies to improve their working conditions. Galway hospital nurses appealed to the press, appeared in front of local authority meetings and submitted petitions in an effort to improve their working conditions. The difference in strategies used by dispensary midwives and hospital nurses has been revealed through a study of events in Galway. Dispensary midwives were prevented from engaging in collective action because of the individual way local authorities treated each dispensary district and the atmosphere of competitiveness which existed between some midwives. Only when the future of dispensary midwifery was under real threat, did a group of dispensary midwives appeal to the County Medical Officer, Dr McConn. They asked him to appeal to the department on their behalf. Although further research is needed in this area, a brief examination of records indicates the greater dependency of dispensary midwives on the Irish Nurses Organisation.

The shifting identity of the Irish Nursing Organisation has been explored in this study as has the way in which nursing leaders (and later nursing historians) chose to interpret low membership figures as evidence of nurses’ apathy in improving their conditions but membership was only opened to student nurses and nursing nuns from the 1940s (see chapter 6). Dr Noel Browne’s comments (see chapter 3) on the failure of nurses to support him in making their grievances known need to be placed in the context of industrial agitation within the hospital setting generally. Friend and colleague Dr Harry Hitchcock recalls the failure of a medical student strike in the same hospital, during the same period. Dr Hitchcock wrote
As student I remember hearing rumbles of discontent among the resident staff about thirty shillings a week not being a living wage...[sic]... eventually the grumbles were translated into action and the entire Resident staff paraded around the piazza. Since there were only three of them and they did not carry the usual type of placards, nor did they chant ‘Strike on here,’ it was not a very impressive protest.\textsuperscript{51}

It ended in failure as the participants (like the nurses) were told that ‘if they were dissatisfied they could leave as there were many young doctors who were only too keen to take their places.’ \textsuperscript{52}

Galway nurses seem to have had a distinct advantage in respect of official representation, with one Galway T.D. asking a specific question on their behalf as early as 1943. Action on their behalf grew more militant as another Galway T.D. was deemed out of order by the Ceann Comhairle for holding up a poster of support for the nurses in the Dáil in 1970. Nurses themselves became politicised as two former trained Regional Hospital Galway nurses – Mary Byrne and Joan Burke had successful careers in politics at a time when very few women in Ireland participated in politics at local or national level. Only 63 women were elected out of a total of 1,064 Dáil TD’s elected between 1922 and 2000.\textsuperscript{53} Fine Gael politician Joan T. Burke (née Crowley) was elected to the Roscommon constituency in 1964 following the death of her husband and T.D., James Burke. She was the first woman to represent Roscommon and remained as a T.D. until the dissolution of the 21\textsuperscript{st} Dáil (10 June 1981). \textsuperscript{54} She was the only nurse elected to the Dáil (between 1922 and 2000), and returned to nursing after her retirement from politics. Four nurses (two of whom had initially trained as nurses but had turned to careers in business) were elected to the Seanad and one nurse was elected to the European Parliament between 1922 and 2000.\textsuperscript{55} Mary Byrne trained in the Central Hospital Galway and worked as staff nurse. She was promoted to Ward Sister in the Casualty Department in the Regional Hospital Galway and worked there for twenty two years, before her retirement from nursing. She had joined the Galway branch of Fianna Fáil during the 1940s and became a member of Galway Corporation in 1967, serving as a

\textsuperscript{51} Dr Harry Hitchcock, \textit{TB}. pp. 26-7.
\textsuperscript{52} Ibid.
\textsuperscript{54} Ibid. pp.108-9.
\textsuperscript{55} Those elected to the senate were Linda Kearns-MacWhinney (nurse), Jane Dowdall née Doggett (nurse and businesswoman), Patsy Lawlor (nurse and businesswoman) and Ann Leonard (Paediatric nurse and midwife). One woman with a nursing background, Mary Banotti née Mahony (nurse and social worker) was elected to the European Parliament in 1984. Source: Maedhbh Mc Namara and Paschal Mooney, \textit{Women in Parliament}, pp.70-220.
councillor until her appointment as Mayor of Galway in 1975. She was the first woman elected as Mayor of Galway and served a second period as Mayor in 1984. During her long career, both as nurse and politician, she was also a member of the Western Health Board and the Chairperson of the Galway branch of the Irish Nurses Organisation. She later served as President of the Irish Nurses Organisation. A career in nursing for both women seemed to have given them the necessary confidence to participate in politics at a time when very few women were politicians.

There was also no shortage of people to speak out on behalf of Galway nurses and nurses generally. Individual doctors spoke on behalf of nurses not only from the 1940s but in the years before the Second World War. Bishop Michael Browne remained the sole member of the Irish Hierarchy to call for improved working conditions for nurses in 1970. Although further research is needed, an examination of Department of Health files and local press records (see bibliography) shows sustained periods of unrest in Galway (1925-1927, 1945-1947, 1949-1951, 1955-1957, 1962-1965) not seen elsewhere. Accounts of other incidences of unrest in Irish hospitals seem limited to single incidents over a short period of time only. Causes of unrest, for example, were centred around working conditions (St Kevin’s, Dublin 1950-1953) and staffing appointments (St Finbarr’s Cork 1950-1951).

Changes in local government administration during the war years meant that responsibility for nursing matters shifted, by a significant degree, from local-based administration to national-based management through the Department of Health. Although some responsibility for the day-to-day administration of the hospital lay with the County Manager, local authority groups were partially freed from making final decisions which had been the remit of the Galway Hospital and Dispensaries Committee before 1940. Members of the Galway County Council could afford therefore to be more sympathetic to the nurses’ demands. The post-war years were marked by greater fidelity to the Irish Nurses Organisation with the establishment and growth of a Galway branch of the Organisation. By the late 1950s, however, some Galway nurses were relying on James Larkin Jr to represent them as members of the Workers Union of Ireland. Trade Union interest in nursing matters was evident during episodes of unrest in the early and mid 1960’s. Galway nurses joined trade unions during a time when

female trade union membership was growing – from 55,000 women in 1950 to 65,000 women by 1960.

Some actions taken by nurses in Galway and elsewhere were labelled by others as strikes but the nurses involved did not withdraw their labour for pay. The so-called ‘set of keys’ strike in Belfast and Galway’s ‘Merlin Park strike’ though labelled as strikes did not involve the actual withdrawal of labour – only the threatened withdrawal of labour in the case of Belfast and the actual withdrawal of nurses availing of a food provision service. The preservation of status was a priority in both cases and in other cases explored in this study. It was inherent in the complaint involving the dismissal of temporary nurses without notice in the mid 1950s (see previous chapter). The main complaint lay not in the decision to dismiss the nurses per se but the way in which the nurses were dismissed without prior notice. The unspoken assumption that they would not find fault should a lower rank of nurse receive the same treatment was implicit in statements made by one of the nurses elected to act as a spokeswoman on behalf of the nurses.

This study has noted the interest and work of groups (other than nurses) who had an effective say in nursing management. Groups involved in drawing up rules for probationers in 1930 included the Galway Hospitals and Dispensaries Committee, the Matron, senior members of the medical staff, the parents of probationers and probationers themselves. Once the rules were drawn up, they were sent to the Department of Local Government and Public Health for ministerial approval. Members of the senior medical staff a particular interest in nursing matters included Chief Physician Dr Davitt, Chief Obstetrician Dr Morris and Senior Surgeon Dr M.O’Malley. Dr C.O’Malley meanwhile represented the medical staff at the first meeting of the Galway branch of the Irish Nurses Union (later Organisation) in 1927. County Medical Officer Dr Bartley O’Beirne represented Woodlands nurses, Public Health nurses and dispensary midwives. There were fewer groups with an effective say in nursing management as responsibility lay with the Department of Health, the County Manager C.I. O’Flynn and nursing management in the form of the Matron and senior nursing staff (all nuns). Local authority records illustrate this change in the case of nurse staffing levels. Senior medical staff had an important say in the numbers of nurses employed when the Central Hospital Galway opened in 1922 and in subsequent decades. Responsibility for the same issue lay with the Department of Health when the Regional Hospital Galway was opened.58

58 NA HLTH A 11/189.
The post-war deterioration in Department of Health relations with Galway nursing management took place during a time of departmental enquiries and when the certainties of local authority support for nursing management could no longer be relied upon. The possible sensitivity of nursing management towards further enquiry and possible criticism led to their adoption of an excessively defensive stance. This stance was adopted amidst problems of patient and probationer overcrowding and was to lead to what Dr Noel Bowne labelled as a ‘rather rigid discipline’. The adoption of a defensive stance by nursing management was (paradoxically) to lead to two more hospital enquiries in the mid 1960s.

Hierarchical divisions within hospital nursing became increasingly public in the post-war years. Staff nurses, as opposed to other groups of nurses, were engaged in protest activity in the years before 1940 (with the exception of the Belfast case). Different groups of nurses became involved in protest activity in the post-war years, but this was also evident in Britain during this time (see previous chapter). Divisions in the nursing hierarchy became increasingly evident from the 1940s as testimony taken from the four ranks of nurses in Galway (nuns, staff nurses, temporary nurses and probationers) contained recommendations which, if implemented, would impinge on the rights of another group. Probationers letters addressed to the Department of Health on the subject of perceived injustices experienced by them (see chapter 6) reveals an undercurrent of tension between student nurses and nursing management. Tensions re-emerged between student nurses and nursing management during the 1960s, but divisions between student nurses and staff nurses became less evident during the same period. This is seen in the decision taken by staff nurses to support the student nurses in their grievances against nursing management. Departmental preoccupation with a perceived scarcity in nursing labour supply prevented any reduction by the Minister in the numbers of probationers admitted for training in Galway. Actual accommodation and teaching resources persistently lagged behind the resources actually required and was a principal factor in episodes of unrest during this time.

What had begun as a protest against specific disciplinary events (in 1962 and 1965) had evolved into a general complaint about working conditions and the conduct of nursing nuns. The unnamed student nurses complaint of nuns slapping student nurses across the face (see chapter 6) was made following an unsuccessful resolution (on the part of student nurses) of the disciplinary events. That the student nurses could appeal to the press and give their side of
the story following the events was the result of a history of sympathetic attitudes of the local press towards Galway nurses. Student nurses could make statements to the press on the confident belief they would be heard but also that they would not be subject to further disciplinary action in communicating with the press.

Greater research is needed into the student nurse protests in the 1960s. Actions taken by the Department of Health still need to be described due to the absence (at the time of writing) of Department of Health records. The use by groups involved (except nursing management) of press statements means that a record of attitudes still exists. That Minister for Health Donogh O’Malley chose to publicly comment (albeit indirectly) on the ‘Victorian attitude’ of nursing management (see chapter 6) indicates that private departmental negotiations with management may not have been successful at the time the statement was made or may indicate a desire on the Ministers’ part to communicate directly and publicly with the student nurses. The attitude of Donogh O’Malley is at odds with departmental attitudes and conduct in the post-war years as described in this thesis. Using the opportunity to speak at the opening of the Irish Nurses Organisation Annual General Meeting in 1966, he said:

… I have, of course no objections to being prodded in that way. A Minister for State must expect to be reminded from time to time of the needs and aspirations of persons whose daily lives can be influenced by his decisions.59

Departmental attitudes was supported by noticeable improvements made from the late 1950s. The problem of overcrowding was effectively solved with opening of an extension to the nurses’ home and those I interviewed who began their training in the late 1960s spoke of good accommodation conditions in the home. The problem of patient overcrowding remained until the late 1960s, but the prospect of a relaxation in discipline was not so easily solved in a training school still lacking resources (see INO enquiry findings in the previous chapter). Nurses told each other stories which in turn may have affected nurses’ actions. Published memoirs show that the student nurse swopped stories of those senior to them and the student nurse quickly learned about those more senior to them who had fearsome reputations. A study of events in Galway shows nurses also shared stories of general unrest. This may be counted as another casual strategy used by nurses but memory of incidents of unrest were

similarly retained by nursing management. The events of 1962 and 1965 lived on in nursing memory and this had implications for those admitted for training in subsequent years but the exact legacy is of mixed fortunes generally. The practice of nurses covertly making their way into the nurses’ home after-hours continued despite the multiple warnings issued by senior nursing staff whereby references were made to the episodes of unrest in the mid 1960s. 

Although a late night dance pass was introduced whereby student nurses were allowed to remain out until 1.45 am, nursing management fear of a repeat of student unrest may have meant a lesser tolerance for minor ‘school corridor’ transgressions (such as any faults in the way a student wore her uniform). The latter form of discipline could vary from year to year and was dependent on the individual management style of different senior members of staff rather than a formal policy (which would have been subject to Department of Health scrutiny).

State attempts to boost the supply of nurses yielded indifferent results so the decision to become a nurse lay with the woman herself. An Irish Independent guide to careers in 1956 placed the career of nursing within the traditional role of a job requiring a vocation involving self-sacrifice. Although the author agreed that ‘nursing...[is] a profession that has been ill used and one against which girls have been repeatedly warned in the past, for the conditions under which they were obliged to work were very bad. Yet, the number of girls who took up nursing was remarkable, with the inevitable result that the profession was both overcrowded and underpaid.’

Those who trained in the late 1940s felt they had little choice in terms of career but by the time this study ends, women had a greater choice of careers. This allowed women like Linda C to try her hand at nursing – she could return to her previous job if she didn’t like the experience. Parents and friends sometimes played an active role in influencing the woman. Bridget F who trained in the mid 1970’s recalled

‘And I suppose the way I got into nursing was my father said ‘well your uncle says you should go here, so try there. So that’s what I did. And I applied to Vincent’s in Dublin and I got a place there six months after my Leaving Cert.’

60 Recollections of Meave K who entered training in 1967.
61 Irish Independent. 7 February 1956.
There were some women who knew they wanted a career in nursing versus those who went into training and who grew to love training. Linda C describes how she went into training and grew to love nursing.

It was for me. I was working in the corporation in Dublin and there was a girl there with me from up around Kildare. Since she was knee high, she wanted to be a nurse. I had had my appendix out in Tullamore just before I did my Leaving Cert and I saw them there and thought oh God, that’s awful. I always remember there was old lady who came in and she was to have her toe nails removed and they were huge and you know a 17 year old looking at this. And then there were kids in another cubicle all in to have their tonsils out and they were all screaming and roaring and I thought well now – that’s nursing – it is not me! And as I said I was working in the civil service, and I got the corporation in Dublin and I was working in Kildare Street and this girl was working with me and she wanted. So she sent off for all the forms. Now it depended a lot in the country where you came from, what hospitals in Dublin you would go to for training so her area a lot of them went to what was subsequently my hospital. And she had the forms there and she was ‘ah, come on, come on.’ She had filled out all the forms and I put my name to the bottom of it and she sent it off. The funny thing was she was called in March and I was called in September, and when I got there in September, she was gone! She absolutely hated it, from the minute she arrived. And I went and I knew I had a permanent post coming up in the North Tipp County Council in November. So I said I right will give it two months and if I like it I will stay and if not I have this coming up. So I was fairly and I was a year older and what have you, you know. So it was Sir Patrick Dun’s, which was one of the voluntary hospitals, you probably heard of them, so there was no fee there. And Mam was sort of saying well you know if you really want to go nursing do you, sort of a way, do you want to go to Vincent’s or the Mater or whatever and I said no because if you pay a fee, I can’t walk out! That was my theory on it because I really had no intention. But I must say from the day I arrived, I loved it. I just loved it. And I always loved nursing.

Some women saw nurse training the acquisition of valuable skills which would come in handy if they got married.
Outdated practices and petty disciplines in nursing existed in Galway and elsewhere after the period covered by this study (1922-1970) and was not confined to Galway, yet these were accepted to some extent by the student nurses. When St Vincents Dublin- trained Bridget F began her training in the mid1970s, one girl decided to organise what was a modern welcoming party for the newcomers as women were only just being allowed to enter pubs in the 1970s.

Bridget F: There was one girl who was from Dublin and decided to bring us all out on our first night. So she brought 30 of us on the bus, and 30 of us down to Ballsbridge and 30 of us into the pub and 30 of us out of the pub and back on the bus. None of us knew where we were going. So she kind of introduced us to Dublin and kind of created a bond - we got to know each other.

But this was the same hospital where according to Bridget’ … the Matron would come along and she would bend down and pull your slip to make sure you weren’t wearing a half-slip. And if you were, you were sent off to go and get a full slip.”62

In Galway, Mai T told me that ‘there would be war’ if a thermometer was broken and

Mai: ‘You had to count the water jugs and count the glasses and the home sister A- N- from the nurses home, she used to come and do her own count. And if there wasn’t holy water in the holy water font as you entered the ward, there would be war, you know? She would – she would wreak havoc on the first student nurse that she’d meet. She wouldn’t say anything to the staff nurses. I remember one of my friends one day – the 4 bedded – the best patients were always nearest the door and the sickest patients were always near the nurses station and that’s the way it is today. So A- N- came on the ward round and said there had better be holy water in that when I come out after my round so this girl from K- Co. M- A- C-, she ran into the fourth bed and she grabbed a jug of water – drinking water for the patients locker and she ran out and she filled the holy water and A- N- blessed herself as she passed.”63

The use of oral history in this study reveals nurses attitudes and experiences to apprenticeship hospital-based training a form of nurse training no longer in practice in Ireland. Such training has only recently come to an end as the Irish training of nurses is now university based and

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62 Interview 7, Bridget F, p. 95.
63 Interview 11, Mai T, p.194.
within higher education. The Regional Hospital Galway (known in the 1990s as University College Hospital Galway) was the first hospital to offer a university-based nurse training in conjunction with University College Galway (now known as the National University of Ireland Galway). The so-called educational ‘Galway model’ of nurse training formulated in 1994 was envisaged as a blueprint for nurse education elsewhere and as an effective end to a form of nurse training which had been in place for over 115 years.  

Nurses were part of a growing number of professional women as indicated in census records during this period – along with teachers and nuns. Information from the oral history interviews as presented in the thesis has shown how training was experienced by these women and more importantly why women chose nursing as a career. Once trained, these women had varied careers during a period of widening employment opportunities for women generally. Some attitudes and opinions expressed towards conditions of employment – most notably the marriage bar give an added dimension to additional difficulties women faced once employed. This study has described the history of a skilled workforce of women in Galway who enjoyed a high status and a good relationship with the public generally. Those I interviewed had a good perception of themselves and felt that their work was worthwhile.

That preservation of status was at the heart of a number of incidences of unrest during this time indicates that status was an important issue for nurses and midwives. A study of Galway reveals a tradition of nursing unrest, with nurses using a different number of strategies both formal and informal to improve their working conditions.

Elizabeth Kiely and Máire Leane study of Munster women’s work reveals that working women generally relied on casual informal strategies to improve their working conditions. These casual strategies are of greater significance in the case of nurses whose professional code seemed to prohibit them from trade union membership – although the extent to which this was actually followed by Irish nurses could be an area for further research. Nursing has been considered as a traditional female occupation and therefore dismissed by some feminist historians as an area unworthy of study (see chapter 1). A study of the experiences of Galway women however serves as a caution against dismissing the experiences of those engaged in typical female work.

64 Gerard Fealy, Apprenticeship Nursing in Ireland, pp. 150-9.
65 Ibid. For a discussion of informal methods used by women workers, see pp.151-178.
Departmental preoccupation with the supply of nursing labour was not as pronounced in the late 1960s as it was in previous years. This was despite no big expansion in the number of training places or an increase in the number of hospitals recognised as training schools (see chapter 6). This is seen in the 1971 census listing of all nurses, midwives, probationers and mental nurses under the one heading of ‘nurses’. The formal abandonment of the marriage bar meant the legitimisation of married nursing labour and in some places presented an additional source of labour though this had been one source of nursing labour in Galway. This study has shown how state-based anxieties over a possible shortage of nurses dominated nursing matters, policy and attitudes at all levels, affecting the experiences of probationers. Relaxation of such anxieties led to an atmosphere of renewed confidence. Galway trained Maeve K worked in a Dublin hospital following her successful graduation in 1971. Appointed in a temporary capacity, she and others had to buy and shorten their own uniform dresses but Galway graduates had the confidence to shorten their dresses to a slightly shorter length to that worn by the Dublin nurses. The Galway graduates were told that they ‘really knew their stuff, in that they had received excellent training, but their skirts were too short.’ This harks back to the confidence of the first group of those admitted for training in the Central Hospital Galway who bypassed hospital hierarchy to appeal directly to the Galway Hospitals and Dispensaries Committee about the style of shoe they were being asked to wear as part of their uniform.
Maps –

Reproduced with kind permission from Dr Caitríona Clear¹

Map showing the location of County Galway within Ireland – (shaded area)

Map showing the provinces and counties of Ireland.

¹ Caitriona Clear, *Nuns in Nineteenth Century Ireland*. 
Table 8.1 Biographical details of nursing careers as derived from local authority query forms

Galway (Woodlands Sanatorium nurses – all query forms were in Irish)\(^2\)

<table>
<thead>
<tr>
<th>Name</th>
<th>Age and personal details</th>
<th>Training details</th>
<th>Career details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brigit Ní Cathain</td>
<td>26, single</td>
<td>St. Mary’s Hospital Eastbourne. General nursing and midwifery qualifications</td>
<td>None.</td>
</tr>
<tr>
<td>Máire Ní hAodha</td>
<td>24, single</td>
<td>Mater Misericordiae (general nursing)</td>
<td>Private nursing (Galway) and temporary nurse in the Central Hospital and in Woodlands</td>
</tr>
<tr>
<td>Mairead Ní Coileain</td>
<td>24, single</td>
<td>Central Hospital Galway (general and fever)</td>
<td>Just trained</td>
</tr>
<tr>
<td>Lellie Quigley</td>
<td>42, one daughter and one son. Daughter is living in London and son is in college</td>
<td>Jervis Street (general nursing)</td>
<td>Worked as a private nurses and left nursing to get married.</td>
</tr>
<tr>
<td>Máire bean Mac Floinn</td>
<td>No age specified, married woman, 3 children</td>
<td>Central Hospital Galway (general and fever)</td>
<td>Employed in London (no details) also worked as ‘banaltra ar laetheanta saoire’ – a replacement nurse for nurses going on holiday</td>
</tr>
<tr>
<td>Máire Ní Con-</td>
<td>26, single</td>
<td>Central Hospital Galway (general and fever)</td>
<td>Just trained</td>
</tr>
</tbody>
</table>

\(^2\) HLTH D 11/91
<table>
<thead>
<tr>
<th>Name and place employed</th>
<th>Age and personal details</th>
<th>Training details</th>
<th>Career details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Josephine Glover (Roscrea Sanatorium)</td>
<td>Born in Kerry, 32, single</td>
<td>Royal city of Dublin and engaged in private nursing attached to training school for 6 months (general and fever trained)</td>
<td>Employed in hospital in Newcastle England</td>
</tr>
<tr>
<td>Hanora Crowley (Roscrea Sanatorium)</td>
<td>Born in Cork, 32, single</td>
<td>Royal City of Dublin Hospital</td>
<td>Remained on staff of training hospital for almost 2 years. Private nursing in Macroom and district and employed temporarily as night nurse in Skibbereen hospital.</td>
</tr>
<tr>
<td>Marie D Masterson (Roscrea Sanatorium)</td>
<td>Age ‘full’, Widow with no family.</td>
<td>Richmond Hospital Dublin (general nursing)</td>
<td>Private nursing. Also did temporary duty as Matron in Birr TB hospital.</td>
</tr>
</tbody>
</table>

Nurses employed in other sanatoria.\(^3\)

\(^3\) NA HLTH D5/133, D26/20, D27/25
<table>
<thead>
<tr>
<th>Name</th>
<th>Home/Affiliation</th>
<th>Work Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helena Butler</td>
<td>Of the Irish Nurses Home Ranelagh</td>
<td>Private nursing and temporary duty in Monaghan fever hospital, Cavan surgical and Croom (Limerick) surgical. Worked in Carrick on Shannon Fever hospital</td>
</tr>
<tr>
<td>(Roscrea sanatorium)</td>
<td>38 years, single</td>
<td></td>
</tr>
<tr>
<td>Margaret Flynn</td>
<td>Of the Nurses Home, Gardiner Place</td>
<td>Held a ward sister post at the Ipswich Fever hospital and did private nursing for 2 years. Has done temporary duty in Waterford, Lismore, Mallow, Loughlinstown and Letterkenny fever hospitals.</td>
</tr>
<tr>
<td>(Roscrea Sanatorium)</td>
<td>26 years, single</td>
<td></td>
</tr>
<tr>
<td>Mary J Quinlivan</td>
<td>Born in Co. Clare, 25</td>
<td>Employed as staff nurse at training hospital and then did postgraduate studies in St. Ultan’s. Employed temporary night nurse in Mullingar Fever Hospital.</td>
</tr>
<tr>
<td>(Roscrea Sanatorium)</td>
<td>Royal City of Dublin Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(general nursing)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>spent 3 months in St. Ultans</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Place of Birth/Training</td>
<td>Employer/Position</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Maudie A Fox</td>
<td>Dr. Coffrey’s House, Waterford, 23 single</td>
<td>Mater misericordiae (general)</td>
</tr>
<tr>
<td>Elizabeth Trant</td>
<td>Born Co. Kerry, 41 London (general)</td>
<td>also trained as tuberculosis nurse</td>
</tr>
<tr>
<td>Mary Leyland</td>
<td>Of the Irish Nurses Home Ranelagh, ‘full age’ single</td>
<td>Dr Steeven’s Hospital (general nursing – but unspecified, maybe fever also)</td>
</tr>
<tr>
<td>Anne Marie Burke</td>
<td>26, single Barrington’s Hospital Limerick</td>
<td></td>
</tr>
<tr>
<td>Mary A Collins</td>
<td>24, single Essex, England (general nursing) and Cork Street Fever Hospital (fever training)</td>
<td>Staff nurse in Essex. Returned to Dublin to do fever training.</td>
</tr>
<tr>
<td>Mary J Snee</td>
<td>Born in Sligo 26, single Royal City of Dublin (general nursing)</td>
<td>Staff nurse in training hospital. Staff nurse in Bristol hospital and Fermanagh</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Location</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Maria Shea</td>
<td>40, single</td>
<td>Glasgow and Blackburn and Holles Street (midwifery)</td>
</tr>
<tr>
<td>Julia FL Armstrong</td>
<td>28, single</td>
<td>Royal City of Dublin (general nursing)</td>
</tr>
<tr>
<td>Clare Keary</td>
<td>45, single</td>
<td>St. Vincent’s Hospital (general nursing)</td>
</tr>
<tr>
<td>Nora T Dwyer</td>
<td>Age ‘full’, single</td>
<td>Jervis Street (general nursing)</td>
</tr>
<tr>
<td>Ellen Gregg</td>
<td>Not recorded</td>
<td>London (general nursing and midwifery)</td>
</tr>
<tr>
<td>Mary A Colgan</td>
<td>26, single</td>
<td>County Hospital Cork in general and fever nursing</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Location</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------</td>
<td>----------------------------------------------------------------</td>
</tr>
<tr>
<td>Mary Tahey (Sligo sanatorium)</td>
<td>29, single</td>
<td>London (general and fever)</td>
</tr>
<tr>
<td>Margaret Guthrie (Sligo sanatorium)</td>
<td>32, not recorded</td>
<td>County Infirmary Limerick (general nursing)</td>
</tr>
<tr>
<td>Mary Kearns (Sligo sanatorium)</td>
<td>Age ‘full’ single</td>
<td>Fermanagh surgical hospital (general nursing) and Cork Street Fever Hospital, Dublin (fever nursing)</td>
</tr>
<tr>
<td>Margaret Mac Donagh</td>
<td>40, single</td>
<td>Mercer’s Hospital Dublin (General and fever nursing)</td>
</tr>
</tbody>
</table>
Table 8.2 – List of Hospitals in Ireland 1937 – 1948.⁴

<table>
<thead>
<tr>
<th>Name of Hospital</th>
<th>Governing Authority</th>
<th>Matron</th>
<th>Number of beds</th>
<th>Number of nurses</th>
<th>Religious Order</th>
<th>Training School for nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Carlow</td>
<td>LA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carlow District</td>
<td>Margaret M Coyle</td>
<td>31 Beds</td>
<td>1 nurse (1937)</td>
<td></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
<td>3 nurses (1948)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carlow LA</td>
<td>Bridget</td>
<td>30 beds</td>
<td>1 nurse</td>
<td></td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>LA</th>
<th>Nurse Name</th>
<th>Beds</th>
<th>Number of Nurses (Year)</th>
<th>Other Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever Hospital</td>
<td>Kav</td>
<td>(1937) 3 nurses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>nagh</td>
<td>(1948) 1 nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muineabeg District Hospital</td>
<td>LA</td>
<td>Bridget M Wall</td>
<td>34 beds</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 nurse (1937)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tullow District Hospital</td>
<td>LA</td>
<td>Mary Millan</td>
<td>No figures given</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 nuns and 2 lay nurses (1948)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Home Infirmary, Carlow</td>
<td>LA</td>
<td>Not given</td>
<td>No figures given</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Medical Hospital and Home</td>
<td>LA</td>
<td>Sr. Mary Austin Mc Dermott</td>
<td>67 beds</td>
<td>7 nurses (1937) 2 nuns and 14 lay nurses (1948)</td>
<td>Sisters of Mercy</td>
</tr>
<tr>
<td>County</td>
<td>LA</td>
<td>Surname</td>
<td>Beds</td>
<td>Nurses (Year)</td>
<td>Sister/Order</td>
</tr>
<tr>
<td>-------------------------</td>
<td>------</td>
<td>--------------------------</td>
<td>-------</td>
<td>-----------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>County Clare</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Clare Sanatorium</td>
<td>LA</td>
<td>S Heath</td>
<td>40</td>
<td>3 nurses (1937)</td>
<td></td>
</tr>
<tr>
<td>Ennis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raheen/Scarriff</td>
<td>LA</td>
<td>AM Murphy</td>
<td>32</td>
<td>3 nurses (1937) 4 nurses</td>
<td></td>
</tr>
<tr>
<td>(Tuamgraney) District</td>
<td></td>
<td></td>
<td></td>
<td>(1948)</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ennistymon District</td>
<td>LA</td>
<td>H Minihan</td>
<td>23</td>
<td>2 nurses (1937) 4 nurses</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
<td></td>
<td>(1948)</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>LA</td>
<td>B Stritch</td>
<td>57</td>
<td>6 nurses (1937) 15 nurses</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
<td></td>
<td>(1948)</td>
<td></td>
</tr>
<tr>
<td>Kilrush District</td>
<td>LA</td>
<td>Sr. Mary Loyola</td>
<td>53</td>
<td>5 nurses (1937) 3 nuns and 4</td>
<td>Sisters of Mercy</td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
<td></td>
<td>lay nurses (1948)</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td>LA</td>
<td>Sr. M Evangelist O</td>
<td>56</td>
<td>6 nuns and 9 lay nurses</td>
<td>Sisters of Mercy</td>
</tr>
<tr>
<td>Home Infirmary and</td>
<td></td>
<td>Reilly</td>
<td></td>
<td>(1948)</td>
<td></td>
</tr>
<tr>
<td>Fever Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ennis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Cork</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location</td>
<td>Type</td>
<td>Name</td>
<td>Beds</td>
<td>Nurses (Year)</td>
<td>Religious Order</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------</td>
<td>---------------------</td>
<td>------</td>
<td>----------------------------------------</td>
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<tr>
<td>Bantry Cottage Hospital</td>
<td>LA</td>
<td>Sr. M Evangeli Creedon</td>
<td>48</td>
<td>5 nurses (1937) 3 nuns and 2 lay nurses (1948)</td>
<td>Sisters of Mercy</td>
</tr>
<tr>
<td>Castletownbere District Hospital</td>
<td>LA</td>
<td>Sr. M Stanislau s Ferris</td>
<td>28</td>
<td>4 nurses (1937) 3 nuns and 1 lay nurse (1948)</td>
<td>Sisters of Mercy</td>
</tr>
<tr>
<td>Clonakilty District Hospital</td>
<td>LA</td>
<td>Sr M Catherine Twomey</td>
<td>40</td>
<td>3 nurses (1937) 3 Nuns and 3 lay nurses (1948)</td>
<td>Sisters of Mercy</td>
</tr>
<tr>
<td>Skibbereen District Hospital (listed as a county hospital in the Hospital commission reports)</td>
<td>LA</td>
<td>Sr. M Malachy O Donoghue</td>
<td>70</td>
<td>5 nurses (1937) 4 Nuns and 1 lay nurses (1948)</td>
<td>Sisters of Mercy</td>
</tr>
<tr>
<td>Dunmanway District Hospital</td>
<td>LA</td>
<td>Information not given</td>
<td>20</td>
<td>2 nurses (1937) 3 nurses (1948)</td>
<td>No</td>
</tr>
<tr>
<td>Macroom Cottage Hospital</td>
<td>LA</td>
<td>Mrs. N. Smyth</td>
<td>56</td>
<td>4 nurses (1937) 4 nurses (1948)</td>
<td>No</td>
</tr>
<tr>
<td>Hospital Name</td>
<td>Location</td>
<td>Administrator</td>
<td>Beds</td>
<td>Nursing Staff</td>
<td>Training Facility</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>----------</td>
<td>--------------------------------------</td>
<td>--------</td>
<td>-----------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Bandon Cottage Hospital</td>
<td>LA</td>
<td>H. Crowley</td>
<td>20</td>
<td>2 nurses (1937) 4 nurses (1948)</td>
<td>No</td>
</tr>
<tr>
<td>Cork District Hospital- St. Finbarr’s?</td>
<td>LA</td>
<td>Sr. Mary Mercy O Keefe</td>
<td>Informati on not given</td>
<td>30 nurses (50 probationers) (1937)</td>
<td>Sisters of Mercy</td>
</tr>
<tr>
<td>City and County of Cork Lying in Hospital Erinville</td>
<td>Public voluntary- Lady governesses. New maternity hospital under construction (1937)</td>
<td>Brenda Fitzgerald</td>
<td>Information not given</td>
<td>Information not given</td>
<td>No</td>
</tr>
<tr>
<td>County Hospital Fermoy</td>
<td>LA</td>
<td>Sr. Mary Angela O Keefe</td>
<td>166</td>
<td>9 nursing sisters (1937) 5 nuns and 7 lay nurses (1948)</td>
<td>Little Company of Mary (Blue nuns) Milford House Limerick</td>
</tr>
<tr>
<td>Cork Sanatorium Buttevant</td>
<td>LA</td>
<td>Information not given</td>
<td>116</td>
<td>5 nurses (1937)</td>
<td>No</td>
</tr>
<tr>
<td>Hospital</td>
<td>LA</td>
<td>Name</td>
<td>Beds</td>
<td>Nurses</td>
<td>Affiliation</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------</td>
<td>-----------------------</td>
<td>------</td>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Kanturk District Hospital</td>
<td>LA</td>
<td>J O Leary</td>
<td>50</td>
<td>3 nurses (1937)</td>
<td>No</td>
</tr>
<tr>
<td>Kinsale Cottage Hospital</td>
<td>LA</td>
<td>Sr. M Antonia</td>
<td>24</td>
<td>2 nurses (1937)</td>
<td>Sisters of Mercy</td>
</tr>
<tr>
<td>Mercy Hospital</td>
<td>Proprietar Voluntary</td>
<td>Information not given</td>
<td>149</td>
<td>19 nurses 40 probationers (1937)</td>
<td>Sisters of Mercy</td>
</tr>
<tr>
<td>Mallow District Hospital</td>
<td>LA</td>
<td>Information not given</td>
<td>45</td>
<td>3 nurses (1937)</td>
<td>No</td>
</tr>
<tr>
<td>Millstreet District Hospital</td>
<td>LA</td>
<td>Information not given</td>
<td>53</td>
<td>3 nurses (1937)</td>
<td>No</td>
</tr>
<tr>
<td>Middleton District Hospital</td>
<td>LA – new hospital in progress</td>
<td>Sr. M Aidan</td>
<td>90</td>
<td>4 nurses (1937)</td>
<td>Mercy Order</td>
</tr>
<tr>
<td>Institution</td>
<td>Location</td>
<td>Full Name</td>
<td>Bed Capacity</td>
<td>Nurses 1937</td>
<td>Lay Nurses 1948</td>
</tr>
<tr>
<td>-------------</td>
<td>----------</td>
<td>-----------</td>
<td>--------------</td>
<td>-------------</td>
<td>----------------</td>
</tr>
<tr>
<td>North Charitable Infirmary</td>
<td>LA</td>
<td>Sr Angela Mullally</td>
<td>117 beds</td>
<td>8 nurses (37 probationers)</td>
<td>Mercy (?) Order</td>
</tr>
<tr>
<td>North Fever Hospital</td>
<td>LA</td>
<td>Miss Mc Cullagh</td>
<td>110 beds</td>
<td>12 nurses (1937)</td>
<td>No</td>
</tr>
<tr>
<td>South Charitable Infirmary</td>
<td>LA</td>
<td>Sr. M Lewis Mc Mahon</td>
<td>134 beds</td>
<td>41 nurses (1937)</td>
<td>Sisters of Mercy - St. Marie’s of the Isle Cork</td>
</tr>
<tr>
<td>Sacred Heart Hospital Bessboro</td>
<td>Proprietor Voluntary Hospital – Sisters of the Sacred Heart of Jesus and Mary. Opened</td>
<td>Rev Mother Martina</td>
<td>50 beds (maternity department only)</td>
<td>5 nurses (1937)</td>
<td>Sisters of the Sacred Heart of Jesus and Mary</td>
</tr>
<tr>
<td>Hospital Name</td>
<td>Proprietor Type</td>
<td>Information Given</td>
<td>Beds</td>
<td>Nurses 1937</td>
<td>Affiliation</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>----------------------------------</td>
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<td>------</td>
<td>-------------</td>
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</tr>
<tr>
<td>St Patricks Incurable Hospital</td>
<td>Proprietary Voluntary Hospital – Sisters of Charity</td>
<td>Information not given</td>
<td>70</td>
<td>15 nurses (1937)</td>
<td>Sisters of Charity</td>
</tr>
<tr>
<td>Victoria Hospital Cork</td>
<td>Public Voluntary</td>
<td>E Bullock</td>
<td>75</td>
<td>No figures given</td>
<td>No</td>
</tr>
<tr>
<td>Yoghal Cottage</td>
<td>LA – a new hospital has been completed but not yet occupied</td>
<td>Sr. M Giovanni</td>
<td>40</td>
<td>5 nurses (1937)</td>
<td>3 nuns and 2 lay nurses (1948)</td>
</tr>
<tr>
<td>The Cork Eye, Ear and Throat Hospital</td>
<td>Public voluntary</td>
<td>Information not given</td>
<td>48</td>
<td>---</td>
<td>None</td>
</tr>
<tr>
<td>County Home Infirmary Clonakilty Cork West</td>
<td>LA</td>
<td>Information not given</td>
<td>97</td>
<td>3 nurses (1937)</td>
<td>Information not given</td>
</tr>
<tr>
<td>Cobh General Hospital</td>
<td>Public Voluntary</td>
<td>Information not</td>
<td>37</td>
<td>3 nurses (1937)</td>
<td>Information not</td>
</tr>
</tbody>
</table>

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5 Fourth Annual Hospital Commission Report 1938 p84 and Hospital Yearbook p75.
<table>
<thead>
<tr>
<th>County Donegal</th>
<th>LA</th>
<th>Information not given</th>
<th>Information not given</th>
<th>2 nurses</th>
<th>2 lay nurses (1948)</th>
<th>Sisters of Mercy</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schull District Hospital</td>
<td>LA</td>
<td>Information not given</td>
<td>Information not given</td>
<td>2 nuns</td>
<td>2 lay nurses (1948)</td>
<td>Sisters of Mercy</td>
<td>No</td>
</tr>
<tr>
<td>Ballyshannon District Hospital</td>
<td>LA</td>
<td>Sister M Alacoque</td>
<td>40 beds</td>
<td>3 nurses</td>
<td>2 nuns and 2 lay nurses (1948)</td>
<td>Sisters of Mercy</td>
<td>No</td>
</tr>
<tr>
<td>Cardonagh District Hospital</td>
<td>LA</td>
<td>Information not given</td>
<td>Information not given</td>
<td>3 nurses</td>
<td>4 lay nurses (1948)</td>
<td>Information not given</td>
<td>No</td>
</tr>
<tr>
<td>Donegal County Hospital Lifford</td>
<td>LA</td>
<td>M Heslin</td>
<td>47 beds</td>
<td>4 nurses</td>
<td>4 nurses (1948)</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Donegal District Hospital</td>
<td>LA</td>
<td>Sr. M Vincent</td>
<td>100 beds</td>
<td>5 nurses</td>
<td>2 nuns and 6 lay nurses (1948)</td>
<td>Sisters of Mercy</td>
<td>No</td>
</tr>
<tr>
<td>Glenties District Hospital</td>
<td>LA</td>
<td>Information not given</td>
<td>45 beds</td>
<td>3 nurses</td>
<td>3 nuns and 2</td>
<td>Sisters of Mercy</td>
<td>No</td>
</tr>
<tr>
<td>Location</td>
<td>Type</td>
<td>Information Given</td>
<td>Beds</td>
<td>Nurses 1937</td>
<td>Lay Nurses 1948</td>
<td>Managed By</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-----------------</td>
<td>-------------------</td>
<td>-------</td>
<td>--------------</td>
<td>-----------------</td>
<td>------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Letterkenny District Hospital</td>
<td>LA</td>
<td>Information not given</td>
<td>61</td>
<td>7 (1937)</td>
<td>11 lay nurses (1948)</td>
<td>No</td>
<td></td>
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<tr>
<td>Sheil Hospital Ballyshannon</td>
<td>Public Voluntary - Archbishop of Armagh, Catholic bishop of Raphoe; 2 local catholic clergymen, one local protestant clergyman</td>
<td>Information not given</td>
<td>33</td>
<td>4 (1937)</td>
<td>No</td>
<td>No</td>
<td></td>
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<tr>
<td>County Home Infirmary Stranolar</td>
<td>LA</td>
<td>Information not given</td>
<td>274</td>
<td>4 (1937)</td>
<td>3 nuns 4 lay nurses (1948)</td>
<td>Sisters of Mercy</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Dublin</td>
<td>Adelaide Hospital</td>
<td>Public Voluntary</td>
<td>SK Stewart</td>
<td>170 beds</td>
<td>82 nurses (1937)</td>
<td>No</td>
<td>Yes – Teaching hospital for medical students and nurses. Briefly affiliated with the Victoria Hospital Cork</td>
</tr>
<tr>
<td>---</td>
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<tr>
<td></td>
<td>Beneavin Auxiliary Fever Hospital, Finglas</td>
<td>Voluntary Hospital – Cork Street Fever Hospital governors</td>
<td>Information not given</td>
<td>20 beds</td>
<td>5 nurses (1937)</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>The Charitable Infirmary Jervis Street</td>
<td>Public Voluntary</td>
<td>Rev Mother Auden Superiore, Matron: Miss Kelly</td>
<td>146 beds</td>
<td>60 nurses (1937)</td>
<td>Sisters of Mercy</td>
<td>Yes. Training hospital for medical students and nurses</td>
</tr>
<tr>
<td></td>
<td>City of Dublin Skin and Cancer Hospital</td>
<td>Public Voluntary</td>
<td>Miss M Hanrahan</td>
<td>56 beds</td>
<td>15 nurses (1937)</td>
<td>No</td>
<td>No (contains probationers but not recognised</td>
</tr>
<tr>
<td>Hospital Name</td>
<td>Type</td>
<td>Manager</td>
<td>Beds</td>
<td>Nurses (Probationers)</td>
<td>Recognised by GNC</td>
<td>Description</td>
<td></td>
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<tr>
<td>Coombe Hospital</td>
<td>Public voluntary</td>
<td>Genevieve O Carroll</td>
<td>73</td>
<td>9 nurses (30-40 probationers) (1937)</td>
<td>No</td>
<td>Yes. Training hospital for medical students and midwives</td>
<td></td>
</tr>
<tr>
<td>County Sanatorium, Rathdrum</td>
<td>LA – opened 1937</td>
<td>Sr. M St Rock.</td>
<td>30</td>
<td>3 nurses (1937)</td>
<td>No</td>
<td>No</td>
<td></td>
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<tr>
<td>Crooksling Sanatorium (Brittas)</td>
<td>LA</td>
<td>Information not given</td>
<td>220</td>
<td>6 nurses (11 probationers) (1937)</td>
<td>No</td>
<td>No (contains probationer but not recognised by GNC )</td>
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<tr>
<td>Drumcondra Hospital</td>
<td>Public Voluntary</td>
<td>Mary E Cullen</td>
<td>40</td>
<td>2 nurses (8 probationers) (1937)</td>
<td>No</td>
<td>Training school in place only up to 1938 – affiliated with Castlebar County Infirmary</td>
<td></td>
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<tr>
<td>The House of Recovery and Fever Hospital</td>
<td>LA –</td>
<td>Miss Madelaine M Grenham DN (London)</td>
<td>280</td>
<td>85 nurses (1937)</td>
<td>No</td>
<td>Fever Nursing training school. Affiliated with Central Hospital Galway</td>
<td></td>
</tr>
<tr>
<td>Hospital Name</td>
<td>Type</td>
<td>Matron</td>
<td>Training Hospital</td>
<td>Nursing Staff Details</td>
<td></td>
<td></td>
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<tr>
<td>The Hospital for the relief of poor lying in women</td>
<td>Public Voluntary</td>
<td>Matron E H Hill</td>
<td>No</td>
<td>20 nurses (55 probationers) (1937)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>commonly known as the Rotunda</td>
<td></td>
<td></td>
<td></td>
<td>Yes. Training hospital for medical students and midwives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Mater Misericordiae</td>
<td>Proprietary Voluntary. Sisters of Mercy</td>
<td>Information not given</td>
<td>Yes</td>
<td>130 nurses (including probationers) (1937)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sisters of Mercy</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes-Training Hospital for Nurses and teaching hospital for medical students</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meath Hospital and County Infirmary</td>
<td>Semi Voluntary</td>
<td>Information not given</td>
<td>No</td>
<td>5 staff nurses, 7 staff sisters (47 probationers) (1937)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes Training hospital for nurses and teaching hospital for medical students</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mercers Hospital</td>
<td>Public Voluntary</td>
<td>Miss RJ Birkett</td>
<td>No</td>
<td>1 matron, 1 assistant matron, 7 sisters, 30 nurses (1937)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes Complete Training hospital for nurses and teaching hospital for medical students Also</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Hospital</td>
<td>Type</td>
<td>Name</td>
<td>Beds</td>
<td>Nurses</td>
<td>Affiliated 1930s</td>
<td>Sick Childrens Nursing Qualification</td>
<td></td>
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</tr>
<tr>
<td>Monkstown Hospital</td>
<td>Public Voluntary</td>
<td>Miss A Taylor</td>
<td>25 beds</td>
<td>9 nurses (1937)</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>The National Childrens Hospital</td>
<td>Public voluntary</td>
<td>Delia Hastings</td>
<td>53 beds</td>
<td>20 nurses (1937)</td>
<td>No</td>
<td>Yes. Sick Childrens nursing qualification</td>
<td></td>
</tr>
<tr>
<td>Harcourt Street</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>National Maternity Hospital</td>
<td>Public Voluntary</td>
<td>R Sheridan</td>
<td>Information not given</td>
<td>Not listed</td>
<td>No</td>
<td>Yes. Training school for medical students and midwives</td>
<td></td>
</tr>
<tr>
<td>Holles Street</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Richmond Whitworth and Hardwicke Hospitals</td>
<td>LA</td>
<td>Miss Elizabeth Hezlett</td>
<td>325 beds</td>
<td>119 nurses (including probationers)</td>
<td>No</td>
<td>Yes. Complete Training school for medical students and nurses. Also affiliated with St. Mary’s Open Air Hospital Cappagh</td>
<td></td>
</tr>
<tr>
<td>Royal City of</td>
<td>Public</td>
<td>Miss RV</td>
<td>145 beds</td>
<td>50 nurses</td>
<td>No</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Dublin</td>
<td>Voluntary</td>
<td>Stokes</td>
<td>Complete Training school for medical students and nurses Also affiliated with St. Mary’s Open Air Hospital Cappagh</td>
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</tr>
<tr>
<td>Royal Hospital for Incurables Donnybrook</td>
<td>Public Voluntary</td>
<td>A Morton</td>
<td>244 beds</td>
<td>36 nurses</td>
<td>No</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Sir Patrick Dun’s</td>
<td>Public Voluntary Hospital</td>
<td>PW Norttiey</td>
<td>126 beds</td>
<td>44 nurses</td>
<td>No</td>
<td>Yes. Training hospital for nurses and teaching hospital for medical students</td>
<td></td>
</tr>
<tr>
<td>St Anne’s Hospital for diseases of skin and cancer</td>
<td>Proprietar y Voluntary</td>
<td>Rev Mother Sr Mary Joseph</td>
<td>60 beds</td>
<td>5 sisters, 5 staff nurses, 7 probationers</td>
<td>Sisters of Charity of St. Vincent de Paul</td>
<td>No (not recognised but contains probationers)</td>
<td></td>
</tr>
<tr>
<td>St. Bricin’s</td>
<td>General</td>
<td>Informait</td>
<td>Informati</td>
<td>Information</td>
<td>No</td>
<td>Information</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>Military Hospital</td>
<td>on not given</td>
<td>on not given</td>
<td>not given</td>
<td>not given</td>
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</tr>
<tr>
<td>St. Kevin’s Hospital (Dublin Union)</td>
<td>LA</td>
<td>Mary Bermingham</td>
<td>Not listed</td>
<td>24 and 26 nuns(1937) 30 nuns and 140 lay nurses</td>
<td>Informat ion not given</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Mary’s Open Air Hospital Cappagh</td>
<td>Proprietar y Voluntary Hospital</td>
<td>Informati on not given</td>
<td>236 beds</td>
<td>12 nurses and 40 probationers</td>
<td>Sisters of Charity</td>
<td>Supplemen tary training offered. Affiliated to St. Vincents, the Richmond, Dr. Steevens and the Royal City of Dublin hospital</td>
<td></td>
</tr>
<tr>
<td>St. Michaels Hospital</td>
<td>Proprietar y Voluntary Hospital – Sisters of Mercy</td>
<td>Informati on not given</td>
<td>30 beds</td>
<td>12 nurses</td>
<td>Sisters of Mercy</td>
<td>Complete up to c.1930, later listed as an affiliated hospital</td>
<td></td>
</tr>
<tr>
<td>St. Vincent’s Hospital</td>
<td>Proprietar y Voluntary Hospital – Irish Sisters of Charity Training</td>
<td>Sister J Thelca Maunsell</td>
<td>283 beds</td>
<td>170 nurses (including probationers)</td>
<td>Irish Sisters of Charity.</td>
<td>Yes. Complete Training hospital for nurses and teaching hospital for medical</td>
<td></td>
</tr>
<tr>
<td>Hospital Name</td>
<td>Type of Hospital</td>
<td>Proprietor</td>
<td>Beds</td>
<td>Probationers</td>
<td>Affiliation</td>
<td></td>
<td></td>
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</tbody>
</table>
| Our Lady of Lourdes Hospital   | Special Pulmonary TB hospital. Proprietary Voluntary Hospital | Mother M Euphrasia O Connor        | 92   | 5 (20 probationers) | Sisters of Mercy.  
Supplementary training in tuberculosis nursing.  
Affiliated with Mercer’s Hospital Dublin |
| Dr. Steevens Hospital          | Public Voluntary                                       | A Reeves                            | 190  | 56 nurses (of which 41 probationers) | Yes.  
Complete Training hospital for nurses and teaching hospital for medical students.  
Also affiliated to St Mary’s Open Air Hospital Cappagh. |
<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Type</th>
<th>Manager</th>
<th>Beds</th>
<th>Staff</th>
<th>Listed in Irish Free State Medical Directory as a training school for nurses (specialist training)</th>
<th>Training college for childcare rather than sick childrens nursing qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teach Ultain Public Voluntary Hospital</td>
<td>A F Dougan</td>
<td>52 beds</td>
<td>24 nurses</td>
<td>No</td>
<td>Listed in Irish Free State Medical Directory as a training school for nurses (specialist training)</td>
<td></td>
</tr>
<tr>
<td>St. Patrick’s Infant Hospital and Nursery College</td>
<td>K Walsh</td>
<td>3 nurses (30 probationers)</td>
<td>40 beds</td>
<td>No</td>
<td>Training college for childcare rather than sick childrens nursing</td>
<td></td>
</tr>
<tr>
<td>Temple Street Childrens Hospital</td>
<td>Rev Mother Joseph Ignatius</td>
<td>62 beds</td>
<td>55 nurses</td>
<td>Sisters of Charity</td>
<td>Yes – sick childrens nursing qualification</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis Hospital, Pigeon house road, Dublin</td>
<td>Sr. Gabriel Murphy</td>
<td>62 beds</td>
<td>5 nursing sisters</td>
<td>Not specified</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>The Royal Victoria Eye, Ear and Throat</td>
<td>Information not given</td>
<td>Information not given</td>
<td>Information not given</td>
<td>Information not given</td>
<td>Information not given</td>
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195
<table>
<thead>
<tr>
<th>Hospital</th>
<th>LA</th>
<th>Beds</th>
<th>Nurses</th>
<th>Religion of Nurses</th>
<th>Managed by</th>
<th>Administration</th>
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<tbody>
<tr>
<td>County Galway</td>
<td></td>
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<tr>
<td>Childrens Home and Maternity Hospital Tuam</td>
<td>LA</td>
<td>8</td>
<td>Inurse</td>
<td>Bon Secours Sisters</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>District Hospital Clifden</td>
<td>LA</td>
<td>20</td>
<td>2 nurses</td>
<td>Sisters of Mercy</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Central Hospital Galway</td>
<td>LA. Training hospital for nurses and teaching hospital for medical students.</td>
<td>317</td>
<td>29 nurses (32 probationers)</td>
<td>Sisters of Mercy</td>
<td></td>
<td>Yes. Training hospital for medical students and nurses. General and Fever Nurse training offered</td>
</tr>
<tr>
<td>County Home Infirmary Loughrea</td>
<td>LA</td>
<td>87</td>
<td>3 nurses</td>
<td>Sisters of Mercy</td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Woodlands Sanatorium,</td>
<td>LA</td>
<td>49</td>
<td>3 nurses</td>
<td>No</td>
<td></td>
<td>No</td>
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<tr>
<td>Location</td>
<td>Type</td>
<td>LA</td>
<td>Information</td>
<td>Beds</td>
<td>Nurse(s)</td>
<td>Owners</td>
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<tr>
<td>Renmore</td>
<td></td>
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<tr>
<td>County Kerry</td>
<td></td>
<td></td>
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<tr>
<td>County Home and District Hospital Killarney</td>
<td>LA</td>
<td></td>
<td>Information not given</td>
<td>39 beds</td>
<td>2 nurses (1937), 3 nuns and 3 lay nurses (1948)</td>
<td>Sisters of Mercy</td>
</tr>
<tr>
<td>Fever Hospital Killarney (isolation hospital 1948)</td>
<td>LA</td>
<td></td>
<td>Information not given</td>
<td>37 beds</td>
<td>2 nurses (1937), 3 nuns and 1 lay nurses (1948)</td>
<td>Sisters of Mercy</td>
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<tr>
<td>Kenmare District Hospital</td>
<td>LA- this hospital was opened in 1935.</td>
<td>Head Nurse E O Brien</td>
<td>20 beds</td>
<td>1 nurse (1937), 4 nurses (1937)</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Listowel District Hospital</td>
<td>LA</td>
<td></td>
<td>Information not given</td>
<td>36 beds</td>
<td>4 nurses (1937), 3 nuns and 5 lay nurses</td>
<td>No</td>
</tr>
<tr>
<td>St. Catherine’s County Hospital (including fever and tb)</td>
<td>LA</td>
<td>An tSr. Criososráin Ní Shéagdha</td>
<td>170 beds</td>
<td>13 nurses (1937), 13 nuns and 10 lay nurses (1948)</td>
<td>Information not given</td>
<td>No</td>
</tr>
<tr>
<td>St. Elizabeth’s District</td>
<td>LA</td>
<td>Sister M Gerard</td>
<td>50 beds</td>
<td>4 nurses (1937), 3 nuns and 2 lay nurses</td>
<td>Information not given</td>
<td>No</td>
</tr>
<tr>
<td>Hospital</td>
<td>Dingle</td>
<td>Committee of Management</td>
<td>County Medical Hospital Tralee</td>
<td>LA</td>
<td>Information not given</td>
<td>120 beds</td>
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<tr>
<td>Valentina Village Hospital, Valentia Island</td>
<td>Miss Rowland</td>
<td>79 beds</td>
<td>1 nurse</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Medical Hospital Tralee</td>
<td>LA</td>
<td>Information not given</td>
<td>29 beds</td>
<td>5 nurses</td>
<td>Information not given</td>
<td>15 beds</td>
</tr>
<tr>
<td>Caherciveen District Hospital</td>
<td>LA</td>
<td>Information not given</td>
<td>--</td>
<td>4 lay nurses (1948)</td>
<td>Information not given</td>
<td>No</td>
</tr>
<tr>
<td>Tralee Fever Hospital</td>
<td>LA</td>
<td>Information not given</td>
<td>--</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Kildare</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever Hospital, Naas</td>
<td>Sr. Mary Agnes Brennan</td>
<td>12 beds</td>
<td>2 nurses (1937) 5 nurses (1948)</td>
<td>Information not given</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>County Hospital</td>
<td>LA</td>
<td>Information not given</td>
<td>86 beds</td>
<td>5 nurses (1937) 6 nuns and 3 St. John of God order</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Hospital Name</td>
<td>Admin.</td>
<td>Nurse Admin.</td>
<td>Beds</td>
<td>Nurses 1937</td>
<td>Nuns 1937</td>
<td>Nuns 1948</td>
</tr>
<tr>
<td>---------------</td>
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</tr>
<tr>
<td>Drogheda (Earl of) Memorial Hospital</td>
<td>Public Voluntary Trustees of the marquis of Drogheda memorial fund.</td>
<td>Miss K Mc Kelvey</td>
<td>14</td>
<td>2 nurses (1937)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>St. Conleths Sanatorium, Sallins</td>
<td>LA</td>
<td>Mrs M D Masterson</td>
<td>30</td>
<td>3 nurses (1937)</td>
<td>No</td>
<td></td>
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school until it was affiliated with Barringtons in the early 1930’s

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<td>Fever Hospital</td>
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<td>116 beds</td>
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<td>Sisters of Mercy</td>
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<p>| County Offaly   | LA | Information not given | 22 beds | 1 nurse (1937) 3 nurses (1948)                                                            | No              | No |
| Edenderry       | LA | Information not given | 116 beds| 8 nurses (1937) 4 nuns and 3 lay nurses (1948)                                             | Sisters of Mercy| No |</p>
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<td>St. Brendan’s District Hospital</td>
<td>LA</td>
<td>Margaret Travers</td>
<td>20</td>
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<td>No</td>
<td>No</td>
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<td>No</td>
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<td>28</td>
<td>Not stated (1937)</td>
<td>No</td>
<td>No</td>
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<td>LA</td>
<td>Kathleen Hamilton</td>
<td>50 beds</td>
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<td>Medical Hospital Sligo</td>
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<td>Sr. M Camillus Daffy</td>
<td>52 beds</td>
<td>4 nurses</td>
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<td>Teresa O Grady</td>
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<td>Margaret J Harte</td>
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<td>LA</td>
<td>Esther Dunne RGN CMB</td>
<td>18</td>
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<td>No</td>
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<td>Sr M Magdel...</td>
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<td>Kathleen Wright</td>
<td>33</td>
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<td>No</td>
<td>No</td>
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<td>M E Canlan</td>
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<td>No</td>
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<td>District Hospital Roscrea</td>
<td>District Hospital Nenagh</td>
<td>County Home Infirmary Thurles</td>
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<td>LA</td>
<td>Miss Una Mc Namara</td>
<td>Miss M O Dwyer</td>
<td>Sr. M Madeline O Donoghue</td>
<td>Information not given</td>
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<tr>
<td></td>
<td>44 beds</td>
<td>40 beds</td>
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<td>2 nurses (1937)</td>
<td>--- (1937)</td>
<td>5 nurses (3  more to be appointed) 1937</td>
<td>3 nurses (1937)</td>
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<td>5 nuns and 2 lay nurses</td>
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Tipperary District Hospital

Nenagh District Hospital

No

Fever Hospital

No

St Josephs General Hospital

No

No
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<th>County Home Infirmary Cashel</th>
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<td>Roscrea District Hospital</td>
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<td>58 beds</td>
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<td>Thurles District Hospital</td>
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<td>County Waterford</td>
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<td>County and City Hospital/Infirmary</td>
<td>LA – training hospital for nurses</td>
<td>Information not given</td>
<td>55 beds</td>
<td>6 nurses (16 probationers) 1937 4 nuns and 2 lay nurses</td>
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<td>239 beds</td>
<td>8 nurses (16 probationers) 1937 7 nuns and 3 lay nurses (18 probationers)</td>
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<td>Sr. Finbarr</td>
<td>Information not</td>
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<td>Hospital Type</td>
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<td>34 beds</td>
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<td>4 nurses (1937) 4 nuns and 2 lay nurses (1948)</td>
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<td>Lismore District Hospital and Fever Hospital</td>
<td>LA</td>
<td>K O Keefe</td>
<td>14 beds District and 56 fever</td>
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<td>LA</td>
<td>Anne Gallagher</td>
<td>43 beds</td>
<td>1 nurse (1937) 3 nuns and 4</td>
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<td>Proprietor</td>
<td>Voluntary Hospital</td>
<td>Lay nurses</td>
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<td>Convent of Our Lady of Mercy</td>
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<td>St. Joseph’s Orthopaedic Hospital, Coole</td>
<td>Sr. Cecilia Dooly</td>
<td>119 beds</td>
<td>No information given</td>
<td>No</td>
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<td>St. Vincent’s Athlone District Hospital</td>
<td>Sr. M, Vincent</td>
<td>82 beds</td>
<td>3 nurses (1937)</td>
<td>3 nuns and 4 lay nurses (1948)</td>
<td>Convent of Our Lady of Mercy</td>
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<td>Westmeath County Hospital Mullingar</td>
<td>Sr. Camillus Mc Mahon</td>
<td>110 beds</td>
<td>9 nurses</td>
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<td>No</td>
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<td>Information not given</td>
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<td>6 nuns and 14 lay nurses</td>
<td>Sisters of Mercy</td>
<td>No</td>
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<td>County Wexford</td>
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<td>County Fever Hospital, New Ross</td>
<td>Ellen Molloy</td>
<td>60 beds</td>
<td>2 nurses (1937)</td>
<td>4 nurses (1948)</td>
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<td>Sr. M Kostka</td>
<td>139 beds</td>
<td>22 nurses (including 9)</td>
<td>Sisters of St.</td>
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<td>Type</td>
<td>Description</td>
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<td>Wexford hospital for nurses</td>
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<td>11 nuns and 5 lay nurses (8 probationers)</td>
<td>John of God</td>
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<td>District Hospital New Ross</td>
<td>LA – new hospital to be opened in the next few months</td>
<td>Sr. M Winifred</td>
<td>36</td>
<td>4 nuns (1937) 4 nuns and 2 lay nurses (1948)</td>
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<td>SA Furlong’s Private Hospital</td>
<td>S A Furlong (also medical officer)</td>
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<td>16</td>
<td>3 nurses (1937)</td>
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<td>LA – this is a temporary building – a new hospital is to be establishe d</td>
<td>Mother Claver</td>
<td>32</td>
<td>3 nuns (1937) 4 nuns and 2 lay nurses (1948)</td>
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<td>Grianan Charmain (sanatorium)</td>
<td>LA - undergoing expansion</td>
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<td>Information not given</td>
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<td>Nurse/Manager</td>
<td>Beds</td>
<td>Nurses</td>
<td>Proposed Date</td>
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<td>County Fever Hospital</td>
<td>Elizabeth O Neill</td>
<td>20 beds</td>
<td>1 nurse (1937) 3 nurses (1948)</td>
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<td>Cecile Keogh</td>
<td>30 beds</td>
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<td>The Countess of Wicklow Memorial Cottage Hospital, Arklow</td>
<td>Public Voluntary M Wolfe</td>
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<td>District Hospital Baltinglass</td>
<td>LA LM Browne</td>
<td>46 beds</td>
<td>3 nurses (1937) 4 nurses (1948)</td>
<td>No</td>
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<tr>
<td>The Royal National Hospital for Consumption Newcastle</td>
<td>Public Voluntary Information not given</td>
<td>126 beds</td>
<td>4 nurses and 12 probationers (1937)</td>
<td>No</td>
<td>Yes. Tuberculosis nurse training</td>
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</tr>
<tr>
<td>County Home Infirmary</td>
<td>LA --</td>
<td>92 beds</td>
<td>5 nurses (1937) 7 nuns and 1 poor servants of the</td>
<td>No</td>
<td>No</td>
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Table 8.3  List of Hospitals In Ireland, 1966 .

Carlow

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<tr>
<th>Name of Hospital</th>
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<th>Number of Beds</th>
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<tbody>
<tr>
<td>Carlow District Hospital</td>
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<td>Muinebheag</td>
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Cavan

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<tr>
<td>Cavan Surgical County Hospital</td>
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<td>Cavan Medical County Hospital</td>
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Clare

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<td>Ennis County Hospital</td>
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<tr>
<td>Ennistymon District Hospital</td>
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<tr>
<td>Kilrush District Hospital</td>
<td>Local Authority</td>
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</tr>
<tr>
<td>Raheen District Hospital</td>
<td>Local Authority</td>
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</tr>
<tr>
<td>Edenvale Sanatorium</td>
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Cork

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<td>Cobh General</td>
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<tr>
<td>North Charitable Infirmary</td>
<td>Public Voluntary – Teaching</td>
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<tr>
<td>South Charitable Infirmary</td>
<td>Public Voluntary- Teaching</td>
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<td>Public Voluntary</td>
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<td>Erinville Cork</td>
<td>Special Public Voluntary Maternity</td>
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<td>Eye, Ear and Throat</td>
<td>Public Voluntary Special Hospital</td>
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<td>Cork Dental</td>
<td>Public Voluntary Special Hospital</td>
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<td>Public Voluntary Special Hospital</td>
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<td>St. Patrick’s (Mount Alvernia) Mallow</td>
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<td>Sisters of Bon Secours</td>
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<td>Clonakilty District Hospital</td>
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<td>Name of Hospital</td>
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<td>Gurranebraher Cork</td>
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<tr>
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**Donegal**

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<td>Dungloe District Hospital</td>
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<td>Ballyshannon District Hospital</td>
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<td>Cardonagh District Hospital</td>
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**Dublin**

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<td>Adelaide Hospital</td>
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<td>Jervis Street</td>
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<td>Sir Patrick Dun’s</td>
<td>Public Voluntary- Teaching</td>
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<td>Mater Misericordiae</td>
<td>Public Voluntary- Sisters of Mercy- Teaching</td>
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<td>Meath Hospital</td>
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<tr>
<td>Mercer’s</td>
<td>Public Voluntary- Teaching</td>
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<td>Royal City of Dublin</td>
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<td>St. Laurence’s</td>
<td>Public Voluntary- Teaching</td>
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<td>St. Vincents</td>
<td>Public Voluntary Irish Sisters of Charity- Teaching</td>
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<td>Dr. Steevens</td>
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<td>Teach Ultain</td>
<td>Public Voluntary Special Hospital</td>
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<td>Public Voluntary Special Hospital- Sisters of Charity of St. Vincent de Paul-</td>
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<td>Clonskeagh Fever Hospital</td>
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<td>Royal Victoria Eye and Ear Hospital</td>
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<td>Incorporated Orthopaedic Hospital Clontarf</td>
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<td>St. Mary’s Cappagh Orthopaedic</td>
<td>Public Voluntary Special Hospital- Irish Sisters of Charity – Teaching</td>
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<td>St. Mary’s Auxiliary Baldoyle</td>
<td>Public Voluntary Special Hospital- Irish Sisters of Charity</td>
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<tr>
<td>Our Lady of Lourdes Dun Laoghaire</td>
<td>Public Voluntary Special Hospital- Sisters of Mercy – The national medical rehabilitation centre</td>
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<td>Public Voluntary Hospital – Womens National Health Association of Ireland</td>
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<td>Voluntary Private Hospital- Bon Secours Sisters</td>
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<td>Voluntary Private Hospital – Sisters of Mercy</td>
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<td>Curragh</td>
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Galway
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<td>Galway fever hospital</td>
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<td>Clifden District Hospital</td>
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<tr>
<td>Calvary Private Hospital Galway</td>
<td>Little Company of Mary</td>
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**Kerry**

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<td>Killarney fever hospital</td>
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**Kildare**

<p>| Name of Hospital                          | Governing Authority                          | Number of Beds |</p>
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<th>Name of Hospital</th>
<th>Governing Authority</th>
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<tr>
<td>Drogheda (Earl of) Memorial, Kildare</td>
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<td>Kilkenny</td>
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<td>Barrington’s</td>
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<td>(Earl of) Drogheda</td>
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<tr>
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<td>St. Nessan’s Orthopaedic Hospital Croom also fever hospital</td>
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**Longford**

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**Louth**

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<tr>
<td>Our Lady of Lourdes, Drogheda</td>
<td>Public Voluntary Medical Missionaries of Mary-Teaching</td>
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<tr>
<td>Dundalk Sanatorium</td>
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**Mayo**

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Monaghan

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Roscommon

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Sligo

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**Waterford**

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<td>Martin, Portlaw</td>
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<tr>
<td>Waterford Maternity Hospital, Airmount</td>
<td>Public Voluntary Special</td>
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<td>Wexford County (Surgical)</td>
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<td>Wexford County (Medical)</td>
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<td>Dungarvan District Hospital</td>
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**Westmeath**

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## Mullingar

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## Wexford

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<td>New Ross Fever Hospital</td>
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## Wicklow

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<td>Wicklow District Hospital</td>
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</table>
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