Chapter 5: The War Years

Introduction

5.1 By 1939 a system of mother and baby homes was in place that survived into the later years of the twentieth century. But, as reported in the previous chapter, Alice Litster, the Department of Local Government and Public Health (DLGPH) inspector was questioning the value of sending women to these homes if the objective was to reduce the appallingly high rate of mortality among infants born out of wedlock. The war years provide the first evidence of a strained relationship between the DLGPH and the Sisters that ran the mother and baby homes. Very few records concerning these homes survive for the 1920s and 1930s and most passing references in annual reports of the DLGPH were positive. The files for the 1940s reveal a more critical attitude. The war years confirmed Miss Litster's concerns about the high rate of infant mortality in mother and baby homes. More than three quarters of all child deaths associated with Pelletstown, Tuam, Bessborough, Sean Ross and Castlepollard occurred prior to 1946. During these years Miss Litster and the Joint Committee of Women's Societies and Social Workers (JCWSSW) produced papers that were critical of existing arrangements, and they proposed a number of changes.[1] Yet, although the late 1940s brought major reforms in health care and social welfare with the formation of separate departments dealing with health and social welfare, and proposals for a dedicated Mother and Child Scheme that was designed to reduce maternal and infant mortality, there is no indication that consideration was given to changing the provisions for unmarried mothers and their children despite the appalling level of infant mortality among 'illegitimate' children. The only significant change in the aftermath of World War II was the introduction of legal adoption in 1953 and a renewed effort by the Department of Health to remove unmarried mothers and their children from county homes (see chapter 10).

5.2 This chapter begins with a discussion of the impact of World War II on life in Ireland, because this is relevant to the health of unmarried mothers, conditions in mother and baby homes and county homes and infant and child mortality. This is followed by an examination of conditions in mother and baby homes, with a particular focus on Bessborough and Pelletstown. The next section examines the

[1] The JCWSSW was an umbrella group of women's societies, established in March 1935, chaired by Mary Kettle; they were concerned with a wide range of aspects of women's and children's welfare. Susannah Riordan, 'Storm and Stress' in Catherine Cox and Susannah Riordan (eds), *Adolescence in Modern Irish History* (Houndsmill, 2015), p. 146.

proposals that were put forward for changes in the regime for unmarried mothers and their children, and why they were not implemented.

Impact of World War II

5.3 The traditional freedom to emigrate to Britain was restricted during the war years. Women and men who were planning to work in Britain had to secure travel documents and undergo medical examinations. By 1943 every would-be emigrant had to undergo a medical inspection before travelling and many emigrants were sent to delousing stations, an indication of the appalling sanitary conditions prevailing in many poorer households.[2] In some cases these medical examinations revealed that a woman was pregnant. Wartime pressures in Britain meant that health authorities and charities were showing a greater determination to return pregnant unmarried women to Ireland. The number of 'illegitimate' births rose during the Emergency (the name that was commonly applied to the war years in neutral Ireland).

'Illegitimate' Births

	Number of births	Births per thousand	% of total births
1939	1,781	0.61	3.16
1940	1,824	0.62	3.22
1941	1,975	0.62	3.48
1942	2,419	0.82	3.66
1943	2,448	0.83	3.80
1944	2,567	0.90	3.92
1945	2,626	0.90	3.90
1946	2,642	0.90	3.90
1947	2,348	0.80	3.40
1948	2,163	0.70	3.30
1949	2,006	0.70	3.10
1950	1,627	0.55	2.60

5.4 The increase can be partly attributed to the repatriation of pregnant women and the greater difficulties that women and men faced in emigrating during these years. The number of births registered in 1942 increased by 16%; the number of 'illegitimate' births registered increased by 22%. These are quite exceptional rates

[2] Ruth Barrington, *Health, medicine & politics in Ireland, 1900-1970* (Dublin, 1987), p. 139; Mary E. Daly, *The Slow failure: Population Decline and Independent Ireland, 1920-1973* (Madison, 2006), pp 144-51.

of increase. The Commission on Emigration suggested that the rise in births in 1942 was partly due to an increase in the number of marriages 'and also to the introduction of war-time food rationing', which encouraged prompt and more complete registration of births.[3] However, there was probably also a genuine increase in 'illegitimate' births. They increased in Britain during the war years as they had during World War I. A closer look at changes in the number of 'illegitimate' births registered by county suggests that the war probably resulted in a rise in 'illegitimate' births in areas with strong concentrations of military. They increased by over 55% in Kildare, location of the Curragh Camp, for example. The fall in 'illegitimacy' in the late 1940s, which continued throughout the 1950s, was probably due to the easing of restrictions on women emigrating to Britain in 1946.[4]

5.5 The Emergency placed considerable strain on living standards, especially for poorer citizens. This had significant consequences for general health and well-being and for the health and well-being of unmarried mothers and their infants. The price of food, fuel, clothing and other basics increased substantially and there were major shortages of many items. The capitation rates paid to mother and baby homes and the rates paid to foster parents for boarded out children failed to keep pace with inflation which probably forced the mother and baby homes to reduce their material standards and may have deterred people from applying to become foster parents.

5.6 Infant mortality fell at a gradual pace during the 1930s and the gap between the mortality of 'illegitimate' infants and the national figure narrowed slightly, though it remained far in excess of Britain or Northern Ireland. In 1938 infant mortality among 'illegitimate' children was 193 per 1,000 births, compared to 62 for 'legitimate' children. In England and Wales the comparative figures were 90 and 49; Scotland 96 and 67, Northern Ireland 131 and 68. Infant mortality rose significantly during the war years; the increase was most pronounced in Dublin. The spike in infant mortality in Dublin and urban areas more generally attracted the attention of doctors and statisticians.[5] It was also reported in the newspapers. The *Irish Independent* summarised the report of the Registrar-General for 1941:

> These figures [infant and neo-natal mortality], even if the calculation on which the number of stillborn children is based is not quite accurate, show that here

[3] *Commission on emigration and other population problems, 1948-1954 Reports*, (Dublin, 1955), para. 191.
[4] Daly, *Slow failure*, p. 151.
[5] Mary E. Daly, *The spirit of earnest inquiry. The statistical and social inquiry society of Ireland 1847-1997* (Dublin, 1997), pp 119-22.

> we have a problem of major importance from the point of view of public health. As regards the causes of this relatively great loss of life, many of them seem to be obscure and uncertain in the present state of medical knowledge, but the publication already mentions some points which seem to have a practical bearing.
>
> Thus it reviews experiments carried out at different times and in different parts of the world on diets for expectant mothers, all of which tend to show a satisfactory reduction in the number of stillbirths and of deaths in early life when the mother's diet is brought up to a first-class standard. These conclusions seem to be borne out by the difference in the death-rates during the first month of life in towns and in the country in Ireland. There is a substantially lower rate in the country, where, in general, the diet would be better balanced. It is also suggested that still more could be done in the training of doctors and nurses in infant and child health, especially in the care of premature babies, who constitute nearly half the deaths in early life. And while it is emphasised that the conclusions reached are tentative, at least they serve to indicate lines along which further research may profitably be undertaken with a view to lessening a problem of great moment in these days of falling birth rates.[6]

5.7 In the 1940s it was not possible to determine whether a child was premature so references to prematurity generally imply low birth-weights. The highest rates of infant mortality in the years after 1920 were in 1943 and 1944. Infant mortality in Dublin rose by 40% from 90 per 1,000 in 1939 to 126 in 1943; the national rate increased by 24%. Dublin experienced a long and severe epidemic of gastro-enteritis. In 1941 a total of 1,293 infants died from the disease in the Dublin County Borough. The epidemic continued until 1944, 'before anyone kicked up a row about it'.[7] Mortality was concentrated in infants under one year. In 1943 there were 2,321 cases of gastro-enteritis reported nationally, with 2,182 in the major cities; 1,176 children died under one year, as did 57 aged between one and two years.[8] As gastro-enteritis was not a notifiable disease these figures may be an understatement.[9] In 1942, Dublin's Cork Street Fever Hospital warned of a diphtheria epidemic, and reminded parents that children should be immunised.[10]

[6] *Irish Independent*, 24 Feb. 1943.
[7] Barrington, *Health, medicine & politics*, p. 132.
[8] DLGPH, Annual Report, 1943/44.
[9] Department of Health, RM/ARC/0/521022.
[10] *Irish Press*, 6 June 1942.

Prices and cost of living

5.8 Supplies of food, raw materials and imported goods worsened during 1940. The shortages became acute from January 1941, when Britain imposed draconian cuts on supplies and shipping space allocated to Ireland. The greatest impact was on grain and fuel. The cost of living index rose by 70% between February 1939 and February 1945. Food prices rose by 65% despite the introduction of limited price controls, and the cost of clothing doubled. Clothing was rationed; this had a major impact on poorer people because more prosperous families held on to old clothing, repaired it, adapted it to fit another family member or passed it on to relatives, as opposed to donating it to charity. Shoes were also rationed. There were shortages of hardware, building materials and basic household goods; improvements and repairs to buildings were postponed until after the war.

5.9 In September 1941 the government introduced a food allowance scheme for welfare recipients living in urban areas. Vouchers could be exchanged for specific quantities of food; this was done to avoid having to increase welfare payments.[11] But capitation rates for mother and baby homes remained unchanged until a relatively late period in the war; likewise payments to foster parents of boarded out children. Figures compiled by the Congregation of the Sacred Hearts of Jesus and Mary for the weekly cost of maintaining a mother in Castlepollard show rising per capita costs during the war:

1936: 15s 4d
1937: 15s 4d
1938: 15s 2d
1939: 16s 1d
1940: 15s 1d
1941: 16s 3d
1942: 20s 7d
1943: 19s 5d
1944: 17s 1d
1945: 18s 7d
1946: 20s 4d

5.10 In August 1943 the Mother Superior wrote to the local authorities who sent women to Castlepollard, seeking an increase in capitation rates, 'owing to the increased

[11] Gerard Fee, 'The effects of World War II on Dublin's low-income families, 1939-1945' (Ph.D., UCD, 1996), p. 62.

cost of maintenance etc'. She explained that she had delayed seeking an increase but had found it impossible to keep out of debt over the previous 12 months. Capitation rates for a mother and infant were increased from 21s to 25s; a further increase to 28s 6d was approved in 1946.[12]

5.11 During the war years, Britain adopted an interventionist food policy with extensive rationing and price controls and nutrients were added to basic food products such as bread and flour. This ensured that all sections of the population were adequately fed and, indeed, the nutritional standards of poorer people improved with obvious benefits for health and well-being. Ireland adopted a more laissez-faire approach. Rationing was limited - mainly to tea, sugar and butter. Bread rationing was not introduced until 1947. There is evidence that nutritional standards deteriorated during the Emergency.

5.12 The staple diet for most Irish people, especially those from poorer families, consisted of bread, potatoes, butter, milk and tea. Much of the protein came from eggs and bacon. Ireland was a net exporter of meat, eggs and dairy produce but was heavily dependent on imported wheat to produce flour and ultimately bread. The wheat shortage became acute from January 1941. The amount of creamery butter produced fell by one-quarter between 1938 and 1944 as land formerly used to feed cattle was ploughed for wheat. By the summer of 1942, butter production barely met national needs. Margarine, which was made from imported vegetable oil, disappeared from the Irish diet. There were shortages of milk in the Dublin area in January/February 1942 - mainly because farmers were withholding supplies. In December 1942, the weekly butter ration was reduced from 8 to 6 ounces a week per person and later to 4 ounces. There were shortages of milk during the winter months. Output of bacon, ham and gammon fell by a remarkable 74% because of lack of food for pigs. Exports of eggs rose, because Britain offered high prices, resulting in a shortage of eggs and a sharp rise in prices. By 1943 egg prices were 140% above their pre-war price, making them unaffordable for many poorer families, and tempting small farmers/labourers to sell eggs rather than eat them. Eggs were often unavailable during the winter months, regardless of price.

[12] Department of Health: INACT/INA/0/464172.

5.13 Wartime shortages resulted in acute deficits in essential fats and proteins in the diets of poorer families, especially those living in cities and towns, who could not produce their own eggs, bacon or milk. Higher food prices and shortages of eggs, butter and bacon inevitably meant a greater dependence on bread. Britain introduced bread rationing, but the Irish government was loath to take that step, though it would arguably have been better if it had done so. In order to stretch the supplies of wheat, the extraction rate of wheat used to manufacture flour rose from a pre-war 70% to 75% in September 1940, 80% in January 1941, and 95% in March 1941. This resulted in extremely coarse flour, and unappetising dark bread. Nowadays wholemeal bread is considered a healthier food than white bread but bread made from this coarse flour resulted in an elevated level of phytic acid, which reduces the body's ability to absorb calcium. Lack of calcium causes rickets, especially among children. Britain addressed this problem by adding calcium to flour and the incidence of children's rickets did not rise during the war. In Ireland, by contrast, the incidence more than doubled from ten per 1,000 in 1939-40 to 23 per 1,000 in 1941-2. In 1943 the Irish Medical Research Council issued a report arguing against 100% extraction and recommending that Ireland follow the British practice, but this advice was not followed until June 1946. The first report of the National Nutrition Survey, which examined diets in Dublin families, acknowledged that the high rate of extraction of wheat, the high consumption of bread and the fact that it was not fortified with calcium 'must have been an important contributory factor, if not the main factor, in the high incidence of rickets in Dublin at that time'.[13]

Maternal and Infant health

5.14 The impact of wartime shortages on single mothers and their children should be analysed in two phases. The health and nutrition of pregnant and neo-natal women who entered mother and baby homes and county homes was determined by their diet and living conditions before they entered the home and by the stage in pregnancy at which they were admitted. The nutritional status of the mother after the birth was influenced by conditions in the homes.

5.15 Most unmarried mothers were poor. Food shortages and higher prices meant that their diet deteriorated before and during pregnancy. A 1939 study of pregnant women in Dublin whose husbands were unemployed showed that their

[13] Department of Health, *National nutrition survey. Part I: methods of dietary survey and results from Dublin investigation* (Dublin, 1948), pp 11, 15. The quote is on page 15.

haemoglobin was 64% of the desired level; a 1942 study using the same methodology estimated that the average haemoglobin level had fallen to 45% of the desired level.[14]

5.16 Many unmarried mothers had an inadequate and restricted diet with obvious implications for their health. Some experts pressed for them to be admitted to mother and baby homes several months in advance of giving birth so that they could receive better nutrition. Miss Litster noted that expectant mothers were only admitted to Tuam after their seventh month, in order to save costs for the local authorities; she believed that 'It is doubly important in County Galway to encourage early admission since many of the mothers come from poverty-stricken homes and should have proper food and care in pregnancy'.[15]

5.17 References to ante-natal care begin to emerge in DLGPH files in the 1940s. Ante-natal care was initiated in Britain, the USA and Australia during World War I and it expanded during the 1930s; the primary motivation was to reduce maternal deaths, but the monitoring of maternal blood pressure was also important for foetal health.[16] The Rotunda Hospital was running ante-natal clinics by 1932-33 but most women only attended once. By 1936-37, however, 57% of women who gave birth in the Rotunda had received ante-natal care. In 1937, Holles Street announced that it hoped to increase its ante-natal clinics when an extension to the hospital had been completed.[17]

5.18 Maternal health had a significant impact on a mother's capacity to breastfeed. The 1942 study of nutritional anaemia among pregnant and nursing women in Dublin showed that, when women were given one balanced meal a day for three months before giving birth and two months afterwards, their haemoglobin level increased and they were able to breastfeed, but when the additional food was withdrawn, mothers lost their breast milk.[18] Breastfeeding is important in preventing infectious diseases, especially gastro-enteritis, and ensuring good infant nutrition. By the onset of World War II it was widely recognised that many working class mothers were unable to breastfeed because of poor nutrition. A 1938 inquiry into the causes of infant mortality in Dublin - initiated by the DLGPH and Dublin

[14] Fee, 'The effects of World War II', p. 166.
[15] Department of Health, INACT/INA/0/474129.
[16] Tania McIntosh, *A social history of maternity and childbirth. Key themes in maternity care* (London, 2012), pp 54-60.
[17] Information from the annual clinical reports of the Rotunda Hospital and the National Maternity Hospital, Holles Street.
[18] Fee 'The effects of World War II', p. 166.

Corporation - noted that 'many expectant mothers were suffering from malnutrition'. Only 6% had an adequate intake of protein and only 8% had an adequate intake of calories. By 1941, the Infant Aid Society (a voluntary organisation) was distributing free milk to expectant or nursing mothers in most urban areas and in 29 county health districts. By 1943 the Dublin Archdiocese's Catholic Social Services Council was running 15 pre-natal and post-natal welfare centres, supplying 480 expectant and nursing mothers with 'a substantial meal and pint of milk a day'.[19] Pregnant single women were unlikely to benefit from these schemes. In 1946, calcium intake in the poorest Dublin slum families was just over half (51%) of the recommended intake. The deficit for pregnant or nursing women would have been greater - the National Nutrition Survey cited the recommendation of the Technical Commission of the League of Nations that they should consume 'about two pints [of milk] daily'. The Commission has not seen any evidence that pregnant or nursing mothers in mother and baby homes received two pints of milk a day. Poorer Dublin families also had an inadequate intake of vitamin A (from certain vegetables and summer milk) and riboflavin; their intake of vitamin C was described as 'somewhat insufficient'.[20] The position was similar for those living in large and small towns.[21] There is substantial evidence that doctors and some public officials were aware that poor pregnant women were undernourished with adverse consequences for their health and the health and well-being of their infants. But there is no evidence that this knowledge was applied to the health and nutritional status of unmarried mothers, who tended to be seen as a distinct group.

Mother and Baby Homes during the Emergency Years

5.19 The Commission does not have detailed information about many aspects of mother and baby homes before, during and after the Emergency, so what follows is incomplete. Most of the evidence comes from inspections carried out under the *Registration of Maternity Homes Act 1934*. Not all of the inspection reports survive, which is frustrating, but the evidence, however incomplete, provides valuable contemporary descriptions of conditions in the homes.

5.20 The conditions within the homes and how they fared during the Emergency were dependent on a variety of factors. Did the home produce its own food - especially

[19] Lindsey Earner-Byrne, *Mother and child: Maternity and Child Welfare in Dublin, 1922*-60 (Manchester, 2007), pp 64, 66, 98.
[20] Department of Health, *National nutrition survey*, Part I vol, pp 11, 14, 16.
[21] Department of Health, *National nutrition survey* Part III, p 10.

milk, eggs, potatoes and vegetables? Was there turf or timber on the property? Sean Ross had a farm of over 500 acres, although much of the land was unsuitable for tillage or grazing. In 1946 Sean Ross had 63 acres of arable land, which produced potatoes, vegetables and grain, plus an additional 100 acres of grazing land. The estate supported 44 dairy cows, which produced an estimated 60 gallons of milk a day. This should have been sufficient for the 330 resident mothers and children and the members of the religious congregation. The estate included bog land, which supplied turf, and this meant that Sean Ross did not have to buy fuel.[22] In an interview published in the *Nenagh Guardian* in 1988, Sister Hildegarde claimed that Sean Ross 'came through the difficult war years well'. They cut timber and turf on the estate, and the religious sisters and mothers worked on the bog. 'We were fairly warm in that cold winter 1946/7'.[23]

5.21 Castlepollard, Bessborough and Pelletstown also had farms, which presumably made it easier to maintain food supplies, especially items such as milk, but the 40-acre farm would not have supported enough cows to make Pelletstown self-sufficient in milk. Bessborough consisted of approximately 200 acres, though not all was used for farming and it should have been self-sufficient in milk for much of the year. Tuam did not have a farm, though pigs and poultry may have been fed on scraps, but milk supplies may have been precarious, both in terms of quality and quantity. Milk production was highly seasonal so all the institutions may have experienced shortages in the winter months. A file on a typhoid epidemic in Sean Ross in 1944 refers *en passant* to a herdsman who fell ill on 25 March 1944. This man 'had the job of milking troublesome cows'. The report by the local medical officer of health noted that 'he had none to milk for over three months before the onset of his illness'.[24]

5.22 In August 1942, the Dublin Union, of which Pelletstown was a specialist unit, reported that it might be necessary to ration butter supplies because their regular contractor could only provide half the normal quantity and they had failed to obtain either lard or margarine. A medical official wondered whether some kind of spreadable cheese might be available as a substitute.[25] It is improbable that the butter shortage was unique to Pelletstown and it is noteworthy that this shortage happened in August when butter production should have been at a peak. Diets in

[22] *Nenagh Guardian*, 6 July 1946.
[23] *Nenagh Guardian*, 13 Aug. 1988.
[24] Department of Health, INACT/INA/0/ 445784
[25] *Irish Press*, 13 Aug. 1942.

mother and baby homes and county homes almost certainly deteriorated during these years. The diets reported for county homes (see chapter 10) indicate a heavy reliance on bread as a staple for at least two daily meals. It is unlikely that mother and baby homes were markedly different. It would appear that the mother and baby homes baked their own bread - but that did not necessarily mean that bread was plentiful or nutritious - all the homes had to secure sufficient flour. Children in these homes, in common with children in poorer families, were at increased risk of rickets.

5.23 A report by Miss Litster of a visit to Bessborough on 16 June 1943, described the rate of breastfeeding when mothers had left the maternity hospital (where their babies were born), as 'negligible'. She expressed concern, given the links between gastro-enteritis and non-breastfed babies. She highlighted two issues. One was the quality of milk. Because Bessborough milk was not sold in the market it was not TB tested (a later report confirmed that the herd was TB free). She wondered whether 'the cause [of low breast-feeding] may lie in the adequacy of the diet of pregnant or nursing mothers'; she noted that 'no dietary scale is laid down for such institutions'. (The department approved a dietary scale for county homes).

5.24 On the day of Miss Litster's visit which was 'a fast day',[26] dinner in the Bessborough home (the non-maternity wing) consisted of potatoes, cabbage, cheese, tea, bread and butter; breakfast of tea, bread and butter; evening meal of tea, bread, butter, lettuce, and scallions. She claimed that the older children seemed well nourished, 'and their diet seems ample and good'. Dinner in the maternity hospital consisted of potatoes, cabbage, egg (baked), stewed rhubarb and coffee.[27] No details were given of the other meals, but they were probably similar to those in the home. The diet quoted is seriously lacking in protein; it is difficult to comment on calories. The fact that Bessborough was imposing the dietary restrictions of a 'fast day' on unmarried and nursing mothers is questionable; 16 June 1943 was a Wednesday, and was not in Lent or Advent (when all adults were subject to these dietary restrictions on all days), or pre-Pentecost, so it is unclear why this was a 'fast day'. This suggests that the Sisters may have treated Wednesdays and Fridays as 'fast days', or perhaps more

[26] A fast day under Catholic regulations meant no consumption of meat, and only one main meal and two collations – light meals consisting of little more than bread and tea, coffee or milk.
[27] Department of Health, CCP/IMP/0/45492.

accurately days of abstinence from meat; if that is correct the women were being subjected to a penitential diet, twice a week, that was inadequate for pregnant or nursing mothers. When Castlepollard was inspected on a Friday in 1941, dinner consisted of kippered herrings, potatoes and rice pudding which was more substantial than the Bessborough fare.[28]

5.25 A 1947 report on Castlepollard by Miss Litster recorded a sharp increase in spending on bedding, hardware, crockery, clothing and fuel. This may reflect efforts to address wartime shortages because goods were becoming available. She noted that 'The scale of diet is now ample and I have heard no complaints either as to quantity or quality of food'. Her use of the word *now* and the reference to complaints suggests that the diet was not as ample on a previous inspection (which does not form part of the records made available to this Commission).[29]

5.26 Fuel was equally problematic, because there was an acute shortage nationally of coal and oil and a fuel shortage had implications for health and infection control. There were problems adapting heating systems that were designed to use coal or oil to burn turf and the heating supplied by these systems was less efficient. Sean Ross would appear to have been especially fortunate, given that bog land formed part of the estate. Castlepollard generated its own electricity, but during the war years they were supplying the town of Castlepollard because the power station serving the town was destroyed in 1941 (see chapter 20). That would have reduced the capacity to supply the mother and baby home. The records of the Congregation of the Sacred Hearts state in June 1947 that 'the question of fuel is very serious' in Castlepollard, and the congregation agreed that they should change to oil.[30] The modern purpose-built hospital/home which opened in March 1942[31] had full central heating, but when Castlepollard was inspected in March 1941, 44 mothers were sleeping in two lofts over the stables, a distance from the main house.[32]

5.27 The architectural plans for the Bessborough maternity hospital provided for 75 radiators, which would have ensured adequate heating if the system was

[28] Department of Health, NATARCH/ARC/0/403458.
[29] Department of Health, INACT/INA/0/464172.
[30] Congregation of the Sacred Hearts, council minutes, 1 June 1947.
[31] Congregation of the Sacred Hearts, council minutes, 24 March 1942.
[32] Department of Health, NATARCH/ARC/0/403458.

operating.[33] When Dr Florence Dillon carried out an inspection on 25 November 1943, she reported that there was

> no heating in the hospital except in the workroom where the girls were sewing around the anthracite stove, which I do not consider adequate. For the hospital wards etc. it was very cold, the central heating not being on. The allowance of oil does not permit the engine to function full time.[34]

5.28 When Bessborough was inspected on 6 December 1944, the day nursery for toddlers was unheated and, while some of the children were wearing stockings, others were barefoot; the nursery for younger children was not heated. There was no heating in the maternity hospital but it was expected that an electric radiator would be used in the evening; an electric radiator was in use in the room where sick babies were kept. Fuel shortages were beyond the control of the congregation. In January 1945, the Mother Superior noted that wartime shortages meant that they were unable to heat the hospital and home nurseries sufficiently. When Dr James Deeny, the department's chief medical advisor, visited Bessborough in October 1945 shortly after the war had ended, he was told that the oil fuel ration had been reduced from 840 gallons to 65, a reduction of 92%.[35] In 1946, a meeting of the board of Bethany noted the 'great inconvenience of inadequate water heating owing to the insufficiency of supply of suitable fuel'. A later meeting noted that water heaters had been installed.[36]

5.29 The grounds of the three Sacred Heart homes contained mature trees that could be used for fuel. There is disconcerting evidence that mothers in Castlepollard were engaged in felling trees during these years (see Chapter 20) - a dangerous occupation and one that was not traditionally carried out by women in rural Ireland, though they would have worked on the bogs saving turf. Fuel shortages had serious consequences. There was the obvious discomfort and damage to health from being cold, especially in the case of underweight or premature infants. Lack of heat meant a shortage of hot water, the inability to wash hands, bathe and launder clothing regularly, not to mention the difficulties of drying laundry in Ireland's damp climate. Studies of tenement Dublin during the Emergency noted a decline in personal hygiene because of lack of hot water for personal washing and laundry.

[33] Department of Health, INACT/INA/0/463708.
[34] Department of Health, CCP/IMP/0/45492.
[35] Unless otherwise stated the information about Bessborough comes from Department of Health, CCP/IMP/0/45492.
[36] Representative Church Body Library, Bethany Home Committee, minutes, 8 Feb. 1946; 10 May 1946.

5.30 Failure to maintain adequate hygiene standards had serious consequences in mother and baby homes where large groups of vulnerable infants and children were crowded together. Many women came from houses that lacked running water or any form of modern sanitation and they would not have been aware of the need to wash hands and maintain personal hygiene. While lack of water and sanitation presented health risks in a domestic setting, that risk was magnified in these large and often-overcrowded institutions.

Health, Hygiene and Overcrowding

5.31 The powers of inspection under the *Registration of Maternity Homes Act 1934* represented a significant intervention by a government department into all maternity hospitals/nursing homes (see Chapter 1). The inspections exposed serious shortcomings in the mother and baby homes and at times they threatened to precipitate a confrontation between church and state. However, the inspections also revealed limitations in the department's authority. Maternity homes were licensed by the local health authorities, and they, not the department, had the power to close a maternity home. The key concerns raised by inspections were overcrowding, staffing, staff qualifications, hygiene and the most acute issue - infant mortality. However, there was no provision in the Act requiring the person in charge of a maternity home to have a professional qualification.[37]

5.32 Section 12 of the 1934 Act provided that 'An inspector shall be entitled at all reasonable times to enter any maternity home and inspect such maternity home'. It also provided that

> If any person obstructs or impedes any authorised officer or any inspector in the exercise of the powers conferred on him by this section such person shall be guilty of an offence under this section and shall be liable to summary conviction thereof to a fine not exceeding five pounds.

5.33 All licensed maternity homes were required to maintain a record of every admission and discharge, every confinement, miscarriage, birth and death. They were required to record 'every removal of a child therefrom and of the name of the person by whom and the address to which such child is removed'.

[37] Department of Health INACT/INA/O442853

Bessborough[38]

5.34 On 27 June 1941, Dr Florence Dillon inspected the maternity hospital in Bessborough where women spent the final weeks of pregnancy, gave birth and recovered, before transferring with their infant to the Bessborough home. The hospital also accommodated new-born infants and infants who were not deemed sufficiently well to be moved. She described the hospital as overcrowded with 31 patients in a space designed for 26. One locked bathroom contained a bed; 'the sluice room was full of mattresses etc'; one toilet was used to store dustpans and brooms, and one was out of order. These arrangements suggested scant attention to sanitary requirements in this hospital, which was adequately provided with sanitary facilities by the standards of that time - three baths and five WCs - if not used for other purposes.

5.35 Dr Dillon described the attitude of the religious sister who was in charge of the maternity hospital (the Mother Superior of Bessborough was technically the matron of the hospital) during her inspection as 'quite discourteous and obstructive'. When she insisted on the locked bathroom being opened she claimed that the sister in charge 'queried would she send for the guards'. The register had not been written up since 1939 and there was no record of confinements, contrary to the 1934 Act. She was unable to check the fire prevention arrangements. She claimed that breastfeeding was discouraged, though the congregation denied this.

5.36 This was not the first occasion that the department had expressed concerns about Bessborough. In 1936, Miss Litster and Miss Fitzgerald-Kenny raised questions about Bessborough children who were placed at nurse through the Catholic Women's Aid Society. The inspectors were obviously citing the clause in the 1934 Act that required a maternity home to record details relating to the destination of infants who were being discharged. In 1941 the Bessborough chaplain, who was also chairman of the Catholic Women's Aid Society, claimed that there was no legal obligation to answer these queries. In July 1941 - possibly in reaction to Dr Dillon's inspection - the Bishop of Cork, Dr Cohalan, reassured the Bessborough Mother Superior that

> You are not a Government Institution. But like the Religious who conduct schools, or who have charge of orphans, or of Industrial Institutions, you can do Catholic social work and receive remuneration and allow Government

[38] There is further information about conditions in Bessborough and Pelletstown during these years in chapters 13 and 18.

Inspection. But this inspection must not encroach on your independence as a religious community.[39]

5.37 Miss Litster inspected Bessborough towards the end of 1941, presumably to check whether the issues highlighted by Dr Dillon had been rectified. She gave a favourable account of the home and hospital - 'the food appears to be plentiful and good'; there was an 'atmosphere of kindness' in the home, but 'little personal contact between mother and child'. The 'girls' were employed 'at farm and garden work, butter-making, knitting, kitchen and household work generally'. The hospital was 'scrupulously clean', 'food good and well-cooked', however 'there was not the same atmosphere of kindness' as in the home. She claimed that former 'inmates' described the sister in charge as 'harsh, domineering, and "a slave-driver"'; 'she certainly resents any adverse criticism'. This suggests that Miss Litster had spoken to some Bessborough mothers. She noted that this sister had no qualifications for the position except experience (Dr Dillon had already reported this), which 'appear to decide the point' as to her suitability. Poor record-keeping was not confined to the hospital: 'It is impossible to get any records properly kept in the Home'.

5.38 Miss Litster explained to colleagues that her report had been delayed because she was trying to determine what obstacles might exist to replacing the matron. This proved to be a lengthy affair, and the time-table was determined by the congregation, not by the department.

5.39 In January 1942, six months after Dr Dillon's inspection, and shortly after Miss Litster had written her report, the DLGPH wrote to the Mother Superior in Bessborough highlighting the shortcomings in the maternity hospital: overcrowding; inadequate sanitary arrangements because of the misuse of a bathroom, toilets and sluice room; registers not completed; discourtesy to the inspector who was unable to check on fire safety; a tendency to discourage breastfeeding and the fact that the matron of the maternity home was unqualified. It would appear that these concerns were conveyed to the headquarters of the congregation in Chigwell; on 10 March 1942 the annals record that the Mother Superior, Sister Martina, was 'not very successful in Bessborough- a change may be demanded'.[40]

[39] Department of Health, CCP/IMP/0/45492.
[40] Congregation of the Sacred Hearts, annals, 10 March 1942.

5.40 When the Mother Superior in Bessborough wrote to the department she dismissed all criticisms. She claimed that mothers were forced to breastfeed when they were disinclined to do so. The overcrowding was minor - there was plenty of room and a previous inspector (unnamed and no evidence in the department's files) had given permission to exceed the numbers stipulated on the registration document. Temporary beds were left in place to save the backs of the staff. The 'inmates' had placed 'a few brushes' in the toilet at a time when the sister in charge was 'unwell'…There was 'a misunderstanding' concerning the register. In a follow-up letter she suggested that the apparent discourtesy shown to Dr Dillon was probably due to the matron's state of health. An official in the department described her replies as 'evasive and unsatisfactory'; he suggested that the priority should be to appoint a qualified person as matron of the maternity hospital. A letter issued in the name of the minister, asked when 'a more detailed reply will be furnished as to when the re-organisation suggested will be undertaken'; it demanded an assurance that the congregation would co-operate with inspections. The congregation promised to appoint as matron of the hospital a qualified nurse, a Sister, who was preparing to take her midwifery examinations in June 1942, and they asked the department to wait until she was qualified. However, this Sister died shortly after taking her CMB. By June 1943, two years after Dr Dillon's inspection, the maternity hospital remained under the control of the same, unqualified matron.

5.41 The main focus of Miss Litster's inspection in June 1943 was the appalling rate of infant mortality. There were 27 babies aged from three weeks to nine months in the day nursery in the home; eight were breastfed, only three were fully-breastfed. She described 'the greater number' as 'miserable scraps of humanity wizened, some emaciated, and almost all had rash and sores all over their bodies, faces, hands and heads' (A handwritten note on this file suggested that this phrase should be omitted from the final version of her report). Many children in a second day nursery had sores on their faces, hands or scalps. However, the cots were clean and bed clothes, clean and good. An official in the department commented:

> That 60 per cent of these children die would seem to show that very little pains are taken to keep them alive, this is borne out by the fact that the babies still alive are covered with sores…Overcrowding must stop; the matron should be a trained nurse, and school-going children should not be in the Home.

5.42 He conceded that the capitation rate was probably too low given current prices. The assistant county medical officer of health for Cork South noted that most infant deaths occurred in the home - not in the hospital. The Mother Superior was unqualified; her only training consisted of two months in the Children's Hospital, Temple Street. He recommended appointing a qualified children's nurse, ideally someone with expertise in infant feeding; mortality statistics should be analysed to see if that had an impact. The Cork county medical officer of health claimed that many of the infants were born 'in a state of debility'; he highlighted the low rate of breastfeeding and 'a lack of interest in the child's welfare on the part of the mothers…the most skilled medical and nursing attention is essential' if these infants were to survive. He recommended the appointment of a nurse with special training in infant welfare and he suggested that the Bessborough Mother Superior supported this recommendation, though the Commission has no evidence to that effect.

5.43 The visiting medical officer at Bessborough, who had served since the home opened in 1922, wrote a very exculpatory report on infant deaths. He described the milk produced by the Bessborough herd as of the best quality and tubercule-free. Despite attempting every form of feeding - 'chicken broth, meat juice, Benger's food, extract of malt, cream, halibut oil, cod-liver oil, Sister Laura's food, some of the children lost weight and died'. He claimed that some infants 'show a remarkable difficulty in digesting food'; some even failed to assimilate the nourishment in breast milk. He attributed this to their 'illegitimacy', the fact that their 'period of gestation is different to that of the married woman', which reflected the worry and mental upset of being a single mother. He dismissed the high incidence of gastro-enteritis as 'a disease common in infants in late summer and early autumn', which was 'sometimes very fatal'.

5.44 By November 1943 the matron of the maternity hospital had been succeeded by a religious sister who was a SRN, but who apparently lacked a midwifery qualification. The maternity unit was staffed by only one qualified lay midwife, two nurses and '2 girls' - whether they were paid or not is unclear. Dr Dillon insisted that the minimum requirement was two nurses with CMB.

5.45 In December 1943, two and a half years after Dr Dillon's initial inspection, the head of the firm who audited the Bessborough accounts informed John Garvin, the assistant secretary of the DLGPH, that a Sister who was about to complete her

CMB would join the staff, and that the congregation was willing to appoint another lay midwife if that was considered necessary. The auditor reported that the rashes that affected many infants had been identified as scabies - a highly contagious disease transmitted by mites. (The Commission has not seen independent evidence of this diagnosis.). Eradicating scabies required a stringent regime of hygiene, laundry and isolation. The auditor suggested, citing a press cutting, that the high rate of infant mortality was not peculiar to Bessborough, though the community regarded it as 'their primary concern'. He did not indicate what measures they were taking to address it. Dr Dillon dismissed this intervention: 'I do not see how the medical personnel or mortality data can be advantageously discussed with' the auditor. There was still only one qualified midwife in the hospital.

5.46 The high rate of infant mortality persisted in Bessborough. When Miss Litster reported in December 1944 on a recent inspection, she described control over the home - where most infant deaths occurred - as 'loose'. She recommended closing Bessborough to all patients maintained by the local authorities for at least six months; this was the only power open to the department. Having apparently read this report Dr Conn Ward, the Parliamentary Secretary in the DLGPH, who was effectively the Minister for Health, called for 'drastic action'; an official reported that Dr Ward believed that 'the medical supervision in the institution cannot but be criminally casual'. The Cork county medical officer of health was asked to supply details of the arrangements for medical attendance and the terms of the contract for the medical officer attached to Bessborough, plus weekly details of infant deaths with medical certification of the causes.

5.47 Dr Deeny, the DLGPH's chief medical advisor, suggested that 'any interference from an outside agency would not have a lasting effect'. He recommended that the department write to the Superior General of the congregation, and to the bishop, requesting an immediate change of management, and that Bessborough should be closed to local authority patients for at least three months. Another official, who described Miss Litster's reports as 'most alarming', commented that 'the authorities of this Institution have never been amenable to our advice and instructions and the Matron has the confidence and support of the Bishop in this case'; the only option was to write to Chigwell.

5.48 On 5 January 1945 the Secretary of the DLGPH wrote to the Superior General in Chigwell, telling her that the management of Bessborough had caused Dr Ward 'grave concern for a considerable time'. He referred to the high death rate and inadequate staffing, and he enclosed a copy of Miss Litster's most recent inspection report. If the position did not improve radically Dr Ward would carry out 'a complete review of the policy whereby responsibility for this type of institutional treatment has been committed to communities of your Order'. The first essential step was to appoint a new Mother Superior, who should have satisfactory qualifications and experience in midwifery and children. Pending a reorganisation, local authorities were being instructed not to send any unmarried mothers or expectant women to Bessborough. Local authorities who were maintaining children in Bessborough without their mothers were urged to find foster homes.

5.49 The Superior General replied to this letter on 12 January, expressing her 'shock'. She claimed that she had 'no idea that your Board were still un-satisfied with the management of Bessborough'. She promised to make the necessary change as soon as possible. This letter contains no expression of concern or regret over the high rate of infant mortality; her 'distress' related to the department's letter.

5.50 On 6 January 1945, the day after the department wrote to Chigwell, Dr Deeny visited Bessborough, accompanied by his colleague Dr Lysaght and Dr Condy, medical officer of health for Co Cork. He 'found the institution to be well maintained, perfectly equipped, and seemingly suitably staffed for the present Maternity work'. The institution was 'spotlessly clean' and the rooms reserved for storing milk and preparing infant formula also passed the inspection. He decided to examine the infants, 'owing to the appalling infant mortality', and when he had stripped the infants he discovered that the vast majority had excoriated buttocks due to a failure to change their nappies sufficiently; some infants had septic sores. Many had bowel infections. He concluded that there was 'heavy infection of the home with some organism which is transmitted from child to child'. He claimed that the Mother Superior was completely unaware of the conditions in the nursery: 'The clean counterpanes on the cots etc. satisfied her and she had little or no knowledge of what was hidden below'. The incident revealed 'gross ignorance on the part of the sister responsible. No person with even a smattering of knowledge of child health would allow such a state of affairs to continue'. He commented that 'No attempt has been made to train the mothers in the care of their children and if such an attempt has been made the results prove that it was a lamentable failure'.

5.51 Dr Deeny suggested that 'medical attention must be of a most superficial nature'. He described the visiting medical officer as 'distinctly culpable…There is no doubt that in this case and in view of the hundreds of children whose lives have been lost his complacency or ignorance should be regarded as criminal'.[41] He recommended that the medical officer should be dismissed. The Mother Superior should be 'replaced by someone with ability to administer an institution dealing with maternity and the care of infants and children'. The Sister in charge of the infant department was 'both stupid and ignorant. She, above all others must be held primarily responsible for the hundreds and hundreds of babies under her charge who have died in the past four years'. He recommended she should be removed immediately, and two trained Sisters or nurses should be appointed.

5.52 In response to queries from the department, Dr Condy reported that the visiting medical officer had no fixed hours of attendance. In recent times he had generally visited the home twice a week and when called. He did not necessarily see all the infants; no proper records, such as weight cards were kept; however arrangements were now in place for weekly returns of deaths and their certification.

5.53 There is no typed copy of Dr Deeny's report on the departmental files, which is surprising, because there are generally multiple, typed copies of important documents on file. This devastating report from the chief medical advisor finally prompted the Superior General in Chigwell to announce that the Mother Superior, Sister Martina, would be replaced by Sister Rosemonde McCarthy, the Mother Superior in Sean Ross. A hand-written note by Miss Litster described her as 'a nun of outstanding character and organisational ability', who 'could probably re-organise the Sacred Heart Home effectively', but she expressed regret that Sean Ross 'should lose her resources even temporarily at a time when she is re-organising certain departments in that institution'.

5.54 It would appear that the Mother Superior in Bessborough had contacted the Bishop of Cork, Dr Cohalan. He wrote to the Secretary of DLGPH, stating that she had informed him that the Superior General in England

> was asked to remove her. That procedure was scarcely correct. Mother Martina is Reverend Mother of the community of Sisters; it is an Ecclesiastical appointment, it was not a correct thing to call for her removal.

[41] Department of Health, CCP/IMP/0/45492.

5.55 Bishop Cohalan suggested that 'The thing is, to find the cause of the evil, and the best remedy'. He noted that he had dealings with the DLGPH 'in the early days of Bessborough and got the greatest help from the Secretary and Dr Stapleton' (The Commission has seen no record of these contacts).

5.56 By February 1945 the sister in charge of the infant department had been replaced by a trained nurse, but the Superior General in Chigwell wrote to the department stating that 'it would make things pleasant for all' if the removal of the Sister, who had been in Bessborough for 23 years, was delayed until the congregation held elections, which they proposed to do when the war had ended.

5.57 The department drafted several responses to Bishop Cohalan and the Superior General and they eventually sent two distinct though similar letters. Both letters emphasised that the ecclesiastical status of the Bessborough Mother Superior was not being questioned; the parliamentary secretary was only concerned with her position as matron of a home which had exceptionally-high infant mortality. He claimed that 102 of the 124 infants born or admitted during the year ended March 1944 had died.

> Apart from any public scandal which might result the Parliamentary Secretary felt that the case called for immediate action and that to allow Rev Mother Martina to continue as manager would mean acquiescence on his part in the dreadful state of affairs which has been disclosed.

5.58 Mr Garvin welcomed the bishop's letter, and his acknowledgement that the situation was serious. He expressed the hope that Bishop Cohalan would support the appointment of Sister Rosemonde. The letter to the Superior General at Chigwell emphasised that given the high mortality in the home 'delays or objections, based on internal arrangements in the Order, to the re-organisation suggested in the Parliamentary Secretary's letter…cannot be entertained'; the 'first essential step towards improvement of conditions' was to appoint a Mother Superior 'possessing satisfactory qualifications and experience'.

5.59 It proved easier to appoint a new medical officer than to change the Mother Superior. Dr Sutton, a gynaecologist, was appointed in March 1945. In a letter to Dr Deeny he told him that having paid four or five visits to Bessborough, 'I just don't know where to begin or end. Many changes and improvements are needed but I have no jurisdiction over some of these'. It is regrettable that he did not

expand on these comments. Dr Deeny forwarded the relevant sections of his report 'so that he can see what we want, the matters to which we object etc'.

5.60 Bessborough was closed to patients funded by local authorities on 12 January 1945, although women and infants who were in the home appear to have remained and private patients continued to be admitted. Thirty-nine infants were born between 14 January and 20 July 1945, and 29 '(almost three-quarters)' died. Miss Litster noted that 'The majority of the deaths have again occurred in the Home as distinct from the Hospital'. Sister Martina was still in charge. A department medical inspector, Dr Sterling Berry, reported that 'the authorities appear to be taking in other cases, the appalling death rate amongst the infants is continuing'. He recommended that Dr Condy should be asked to make a thorough inspection, particularly of the home; the licence to operate a maternity home should be withdrawn 'unless he was satisfied'. Dr Deeny recommended its immediate withdrawal. However, this was a matter for the local authority acting on the advice of the county medical officer of health and, as the decision could be appealed to the minister, 'any pressure from this Department…would have to be informally made'. The department contacted Dr Condy, but Dr Deeny noted that 'for some reason or other, whether because he is in an embarrassing position in the matter, sounded to me very non-committal over the phone'. There is no evidence that the local health authority contemplated withdrawing Bessborough's maternity home licence. In fact, Dr Condy and the local health authority do not appear to have taken any initiative in dealing with the high rate of infant mortality and seem to have only taken action when prompted by the department.

5.61 Dr Condy reported on Bessborough deaths some days later; 29 of the deaths were infants under one year, and 'the cause of deaths…was with a few exceptions, of a preventable nature, and the high trend of infant mortality…has continued without improvement for several years'. He and Dr Sutton determined that the nursing staff was 'inadequate in number and without proper training and qualifications for the care of these infants'. The Mother Superior, who was also matron of the maternity hospital, 'was almost entirely occupied in the administrative control of the Institution and attached farm, and appears to have little to do with the medical aspect of the Home'. He claimed that 'the Authorities of the Home appear to be

willing to comply with any necessary requirements'[42] except the requirement to appoint a qualified matron.

5.62 On 13 September 1945, more than four years after Dr Dillon's report, the Superior General at Chigwell informed the department that the congregation had held their general election. Sister Martina would be succeeded by Sister Rosemonde, who was matron and Mother Superior at Sean Ross; Sister Brigid would become Mother Superior in Sean Ross, and Sister Helena - then the matron of a maternity home in Westmoreland - would move to Castlepollard. These changes followed the congregation's time-table and took place at their convenience; the congregation failed to provide the department with copies of the Sisters' qualifications (if any).

5.63 Dr Deeny visited Bessborough in October 1945. He was accompanied by a medical colleague and Drs Condy and Sutton. They highlighted several issues: the need to eradicate chronic skin infections among the children; dividing the large nurseries to ensure that infected children could be segregated; and separating each child's clothing in order to control infection. They recommended improvements in the milk kitchen and the heating of the nurseries plus the provision of a day room for the mothers. The doctors determined that the Bessborough home needed three additional trained nurses, one on night duty, one concentrating on the nurseries and a third floating between the nurseries and the maternity unit.

5.64 Mother Rosemonde asked Dr Deeny to 'use his influence with the Church, as she did not want to begin her work in Cork subject to any prejudices on the part of the Bishop on account of the manner of her appointment'. She did not propose to admit any private patients or request an end to the ban on local authority-funded patients until everything was in order. Dr Deeny met Fr Hegarty, Director of the Catholic Women's Aid Society and assured him 'that we were merely carrying out our duty, distasteful though it may have been'.[43]

5.65 In November 1945 the Superior General from Chigwell met Dr Ward and expressed 'sincere regret regarding the conditions that obtained at Bessboro'. She emphasised her 'appreciation of the patience and understanding that had been

[42] Department of Health, CCP/IMP/0/45492
[43] Department of Health, CCP/IMP/0/45492

shown and the consideration that had been extended to her and to the Order'. Dr Ward indicated that local authorities would be permitted to send women to Bessborough when the reorganisation and some structural alterations (probably dividing the nurseries) had been completed. On 14 December 1945 local authorities were notified that they could send women to Bessborough.

5.66 When Miss Litster carried out an inspection in March 1946 she reported that changes had been made. However, it was 'too soon to expect any noticeable effect upon mortality'. The long nursery 'in which the majority of the deaths of infants occurred' had been divided into three smaller rooms, each containing two radiators and a fixed bath (all apparently new). There were only ten infants in the three rooms, and all 'appeared to be healthy, normal babies…no scalding or excoriation', though very few infants in either the home or the hospital were breastfed. There was also an isolation room. The older children were 'on the whole plump and healthy, a few showed the remains of rash on buttocks, but the condition appears to be rapidly clearing'. New wash-hand basins had been installed in two dormitories for mothers in the home, ten in one 24-bed room, and eight in a 16-bed room, but the water had not yet been connected. This suggests that facilities for washing and bathing in the home had been inadequate. A large 32-bed room on the top floor had no daytime heating, but heat was switched on at night; there was no information about washing facilities.

5.67 There were 23 children in the home without their mothers 'mainly children of private patients who have been allowed to take their discharge soon after confinement'. Sister Rosemonde proposed to end this practice. During the 1940s the infant mortality in Bessborough was substantially higher among the children of private patients. These mothers left shortly after giving birth; their children remained until placed at nurse by the Catholic Women's Aid Society. None of these infants was breastfed and it is unclear who was responsible for caring for them. In 1949 Miss Litster commented that 'mothers left behind are found unwilling to care for the babies of discharged mothers'. It would appear that the children born to private patients experienced greater neglect than infants whose mothers remained in Bessborough.

5.68 During the half year April - September 1946 infant mortality fell to 87 per 1,000, compared with 406 for the previous year (March 1945-46). Dr Deeny noted that the report 'makes very satisfactory reading & completely justifies the action taken

last year'. It proved the value of 'suitable control measures, since most of the deaths were due to enteritis'. By January 1947 an increasing number of infants in the hospital and in the home were breastfed. Infant mortality had fallen significantly but Dr Deeny, noted that it remained too high.

Overcrowding

5.69 The rising number of 'illegitimate' births during the early 1940s put pressure on mother and baby homes. The number of babies born in the homes[44] examined by the Commission rose.

	Births in Major Homes	Percentage of 'illegitimate' births
1939	481	27.01
1940	516	28.29
1941	489	24.76
1942	604	24.97
1943	579	23.65
1944	619	24.11
1945	618	23.53
1946	700	26.50
1947	553	23.55
1948	597	27.58

5.70 The homes were accommodating a smaller proportion of unmarried mothers and babies than in the late 1930s which suggests that there was a shortage of places. There is extensive evidence that it was proving difficult to find foster homes both for privately-placed children at nurse and children placed by the local authorities. These delays aggravated overcrowding among children. Overcrowding did not commence during the war years. Bessborough was installing additional beds in wards in 1935.[45] When Bethany Home was first inspected in 1936, Mrs Crofts determined that the bedrooms were overcrowded and the board of management determined to cap the number of women at 20 except in an emergency.[46] But when Dr Dillon carried out an inspection in June 1939, there were 26 women and 42 children resident in Bethany.[47]

[44] Bessborough, Sean Ross, Castlepollard, Tuam, Pelletstown, Bethany and Denny.
[45] Department of Health, INACT/INA/0/463708.
[46] Representative Church Body Library, Bethany Home Committee minutes, 11 Sept. 1936, 9 Oct. 1936.
[47] Department of Health, NATARCH/ARC/0/521019.

5.71 When Miss Litster inspected Castlepollard in March 1941 she determined that it was overcrowded and she advised the Mother Superior not to admit any women until the numbers had fallen. The department sent a letter to this effect to the local authorities who sent women to that home and they pressed for the removal of children aged over two years. However, when Dr Dillon visited Castlepollard two months later, it was overcrowded. She described conditions as 'very bad', noting that 'there is a serious menace to health in the present conditions'. There is no indication that Miss Litster's recommendation to suspend admissions to Castlepollard had any impact, though numbers were much reduced when Castlepollard was inspected in 1942.[48] The department's capacity to enforce rules about maximum numbers was constrained by the fact that the legislation did not set down regulations with respect to space in maternity homes. Each home was licensed for a specified number of beds, but the licenses were issued by the local authorities.

5.72 Overcrowding was a feature of mother and baby homes from the mid-1930s. Lack of space, combined with large wards/dormitories increased the risks of infection and infant death, especially in the years before antibiotics. The original plans for Bessborough maternity hospital provided for 26 beds, and a babies' room but no nursery, unless the small babies room was intended as such. In October 1934 the matron informed the department that, owing to increased patient numbers, they had turned the single rooms into wards and increased the number of beds in each ward. The statistics given in the various inspections of the Bessborough hospital indicate that the number of 'inmates' was consistently above 26.[49] Although the hospital was designed for 26 women, Cork South public assistance authority appears to have specified 48 on the certificate of registration, and the department did not believe that this could be arbitrarily reduced. The infants' room in the hospital was designed to accommodate 28 infants, on seven infant trollies with four cribs each, to minimise space. This congestion made it impossible to implement infection controls.

5.73 When a department official surveyed Sean Ross in 1945, there were 144 resident mothers, but he considered that the maximum occupancy should be 124. The number in Sean Ross rose to 163 when Bessborough was closed to local authority

[48] Department of Health, NATARCH/ARC/0/403458.
[49] Department of Health, CCP/IMP/0/45492.

patients; in 1949 it was still above the recommended number.[50] In 1948 Miss Litster noted that in 1943 the same official had determined that Castlepollard could accommodate 122 women, but 'the Rev. Mother does not seem to have been informed of that decision, nor does any reference to the number to be accommodated appear in the terms of agreement'. In May 1948 there were 131 mothers and 135 children in Castlepollard; by the following January the number of mothers was unchanged but there were 160 children. Miss Litster suggested that 'in view of the probable effect upon health of over-crowding, it would be well that some decision should be come to and the Community advised of a definite figure not to be over stepped'.[51] It is unclear whether this happened.

5.74 A Department of Health circular issued on 1 July 1949 stated that 'the number of patients who may be accommodated in each room should be based on a minimum space of 1,000 cubic feet for the mother and 200 for the infant'. In a common infants' room, i.e. with several infants, the ideal was to leave 12 feet between cots; a minimum of 8 feet was essential. Those recommendations would permit only two infants in the Bessborough hospital nursery; there were ten at the most recent inspection. The department asked whether permitting 48 mothers to be accommodated in the Bessborough hospital endangered maternal health. If it proved desirable to reduce the numbers, could that be achieved 'through administrative action'? These recommendations were laid down 14 years after the home was registered and they did not have any legal force; as noted earlier, the licence to operate under the 1934 Act was awarded by the local authority, not the department.

5.75 Bessborough's appalling wartime infant mortality exposed several disturbing issues about mother and baby homes. The hospital was probably overcrowded for much of the time since it opened. The absence of a dedicated nursery in the hospital plans reflects a lack of concern for the health and well-being of infants. The reforms introduced by Sister Rosemonde appear to have been effective – the rate of breastfeeding increased; the installation of wash basins and baby baths improved the sanitary facilities and should have helped to reduce infection. This episode exposed tensions between the Congregation of the Sacred Hearts, the Catholic church, the DLGPH and the local authority. The Bishop of Cork objected to the department's intervention. The congregation stubbornly resisted making

[50] Department of Health, INACT/INA/0/464099.
[51] Department of Health, INACT/INA/0/450464.

changes to the management of Bessborough that the department demanded until this could be done by a meeting of the congregation, despite the fact that infants were continuing to die in appalling numbers. Registration of the maternity home was a matter for the local authority and there was a discrepancy in the numbers approved between the department and the local authority. The department withdrew approval for local authorities to pay for mothers (and infants), but Bessborough continued to admit private patients, and many of their infants died, despite the fact that the institution was not overcrowded and the staff presumably had a lighter work load. The determination shown by the congregation to keep Bessborough open for private patients suggests a callous disregard for infant lives.

5.76 The episode also reveals the dangers of disregarding professional qualifications. Bessborough was overseen by Sisters who had no formal qualifications in nursing and midwifery. When confronted with the department's demand to appoint qualified nursing staff, the congregation proposed to appoint members of their order, who were about to sit their professional examinations, to management positions. The failure to check the qualifications of those in charge raises further questions about the oversight exercised by the local authority or the department, but it was consistent with the failure to demand that religious personnel in charge of voluntary health/welfare institutions should have appropriate professional qualifications. The local authority could have withdrawn registration - which would have prevented Bessborough from admitting private patients - but there is no indication that this was considered, and there is some evidence that the Cork local authorities and professional staff was more sympathetically-disposed to the institution than the department.

Pelletstown

5.77 In 1941, the DLGPH inspector, Miss Clandillon, noted:

> At the beginning of March there were close on 400 children in St Patrick's Home Pelletstown and despite the extra accommodation recently provided, there is still considerable overcrowding. Between 20 and 30 children are of an age, and suitable for boarding out, and steps should be taken to place them in foster homes as soon as possible. The relieving officers in North County Dublin and in the other districts mentioned elsewhere in this report should be instructed to make every effort to find suitable foster homes for the children, and I recommend in addition, that a comprehensive scheme of advertising for foster parents in these areas be accepted. Unless additional

foster homes are procured, the question of accommodation in Pelletstown will soon present a serious problem.[52]

5.78 The Pelletstown story is both similar and different to Bessborough. While the infant mortality crisis in Bessborough was not known to the public, conditions in Pelletstown were subject to public scrutiny, because Pelletstown was run by a local authority. Pelletstown also admitted seriously ill 'legitimate' children for whom there was no other suitable facility.

5.79 Infant mortality in Pelletstown peaked in 1937, and although there were mortality spikes in the early 1940s, the outcome was much better than for Bessborough (see chapter 13 statistical report), despite the surge in infant mortality in Dublin in the early 1940s. In January 1940 the paediatrician Dr Robert Collis gave a lecture to the Dublin constituencies' council of the Labour Party. He informed them that the death rate among infants under one year in Dublin was double that in rural Ireland and three times the rate in Swedish cities, and that over 300 per 1,000 Irish 'illegitimate' babies died before their first birthday. He described Pelletstown as a place where a few devoted Sisters gave their lives looking after hundreds of these children, who were often weakly and required special attention, but there was no resident medical officer and few trained nurses in the institution.[53]

5.80 Pelletstown had an isolation unit, in contrast to Bessborough. It consisted of two rooms, where children with diverse infections were accommodated (often crowded) together, and the risks of cross-infections were high. The Daughters of Charity had highlighted the need for an adequate isolation unit some years earlier. In 1937 their solicitor wrote to the secretary of the DLGPH in relation to this. He noted 'many of the infants come from very poor homes where they have been badly nourished'. Roughly 40% of babies were delicate; 'additional nourishment is essential. Many of the mothers, too, require additional nourishment, including stimulants, for some time after admission'. He noted that over the past three years Pelletstown had suffered a number of epidemics, which had 'taxed seriously the resources of the Institution' because of inadequate isolation facilities.[54] Responding to Dr Collis's lecture, which was widely reported, a medical officer explained that the isolation unit

[52] Department of Health, RM/ARC/0/489429.
[53] *Irish Press*, 11 Jan. 1940.
[54] Document supplied by the Daughters of Charity 18 June 1937.

consisted of two large rooms, one of which contained 15 cots, and the children in it were mostly healthy, awaiting discharge. The other contained children suffering from pulmonary and intestinal trouble, who were kept there because they were infectious. As soon as they were well, they were transferred to other parts of the house, where there were spacious rooms, well ventilated. All these children were seen and examined and their ages, weights and condition noted by the medical officer as soon as they arrived. The sister in charge of these children was a trained nurse.

5.81 Pelletstown was in the process of constructing a new isolation hospital. The visiting medical officer acknowledged that Pelletstown was overcrowded 'due to economic conditions'.[55] Representatives of the Irish Labour Party accompanied by Dr Collis visited Pelletstown in February 1940 at the invitation of the Dublin board of assistance. Their report paid tribute to the Sisters and nursing staff:

> Their work cannot be too highly praised - of this we and Dr Collis were always convinced. That they have to carry out their work under conditions which restrict and to some extent circumvent their efforts is not their fault - nor, indeed, is it entirely the fault of the Dublin Board of Assistance.

5.82 The delegation noted that there was no resident medical superintendent to care for the children and provide medical cover in the maternity department. They recommended the appointment of a visiting consultant child specialist to advise on 'all difficult feeding problems and for diseases of children' and the appointment of additional trained children's nurses to bring staffing into line with a children's hospital. Although there had been some improvements since the visit of Dr Collis 18 months previously, the new ward was still unfinished, due to an 'extraordinary delay' in providing it with heat, light and water. The delegation noted that the acute overcrowding could not be resolved until the new ward opened. The new isolation block was unfinished and heating arrangements appeared to be inadequate. The women members of the delegation were impressed with the general happiness and well-being of the children but they expressed concern about the mothers, 'who are, for practical purposes, completely confined to it for two years'. They recommended that they should have a free recreation period each day, a general

[55] *Irish Press*, 25 Jan. 1940.

library and an adequate recreation room with a radio. They also suggested that 'some increase in personal privacy would be very desirable'.[56]

5.83 In April 1942, Minister for Local Government and Public Health, Seán T O'Kelly removed the members of the Dublin board of assistance from office for failing to control expenditure and replaced them with three appointed commissioners, Seamus Murphy, Mrs Mary J McKean and Edward Murray. The *Irish Independent* described Mrs McKean as 'one of the soundest appointments made to a public position'. She was the only woman on the board of the Richmond Hospital, a member of the board of Cork Street Fever Hospital, a former member of the board of Grangegorman Mental Hospital and she had worked for many years with the Infant Aid Society, a voluntary organisation that distributed quality milk to poor Dublin children.[57] The commissioners, especially Mrs McKean, took a keen interest in Pelletstown and they held weekly board meetings in Pelletstown. Their report for the year 1943 noted that 'Many changes were introduced during the past year'. The report noted that

> It will be necessary to make a detailed report on the girls and children in St Patrick's Home - where the girls come from, their mental condition, how they should be treated, when they should be discharged and many other questions, about which divergent opinions are expressed and on which a definite policy has never been decided.

The increased number of very young children in the Home constitutes a problem which will require to be dealt with in the near future'.[58]

5.84 They were examining the future relationship between Pelletstown and St Kevin's Institution (the former Dublin Union).[59] In October 1944 they opened St Clare's Hospital in Glasnevin, a local authority institution to treat children from Dublin who were suffering from infectious disease (see Chapter 2). The hospital had a resident medical officer and trained nurses; it had accommodation for 106 cots. Many Pelletstown children were transferred to St Clare's. Arrangements were introduced to screen women and children for venereal disease before they were admitted to Pelletstown. A report by Miss Litster dated December 1944 noted that infant mortality in Pelletstown had been falling in recent years. She credited this to

[56] *Irish Press*, 16 Feb. 1940.
[57] *Irish Independent*, 24 April 1942.
[58] Document supplied by the Daughters of Charity: Report from general review and report on progress of commissioners for the Dublin Board of Assistance, St Patrick's Home January 1944.
[59] *Irish Press* 22 Aug. 1944, 19 Oct. 1944

the introduction of screening for venereal disease prior to admission. Children arriving in Pelletstown were placed in an isolation unit until it was evident that they were not carrying an infection. Miss Litster noted that Mrs McKean had improved conditions in Pelletstown and the commissioners were scrutinising arrangements for children at nurse.[60]

5.85 In the days before antibiotics became available, isolating women and children to ensure that they were not carrying an infectious disease was one of the most effective means of reducing illness in these homes. Women admitted to Sean Ross were advised to supply an up-to-date medical certificate stating that they were not suffering from an infectious disease; if they failed to do so they were initially confined in an isolation unit. There is no indication that this happened in Bessborough. Tuam also lacked an isolation ward, despite a much greater risk of infection as Tuam admitted older children whose parent(s) were unable to care for them because of some temporary crisis. In 1947 Miss Litster noted 'the constant risk of infection brought in from outside by admission of whole families of itinerants, destitutes, etc', the absence of an isolation unit, which meant that newly-admitted children mingled with 'the others in the Home'. She noted that Dr Dillon had commented on this in an inspection report in July 1945 (which the Commission has not seen). Tuam did not carry out routine examination and testing for venereal disease.[61]

5.86 The large wards that were characteristic of Irish mother and baby homes were a recipe for spreading infection. Improvements carried out in Bessborough in the mid-1940s included splitting larger rooms into smaller units. Instituting a stringent hygiene regime was also crucial. This would have been difficult, if not impossible, in the many county homes that lacked adequate water and sanitation (see chapter 10), and in Tuam, where there is no evidence of significant investment in bathrooms and modern sanitary services, water pressure and water supplies were seriously inadequate.

5.87 When Sean Ross suffered a typhoid epidemic, the visiting medical officer appointed two additional qualified nurses as temporary fever nurses (the local health authority queried his right to do so), and he went to considerable efforts to trace the origins of the outbreak, and prevent its spread. His measures included a

[60] Department of Health, RM/ARC/0/489773.
[61] Department of Health INACT-INA-O-442853.

draconian hygiene regime, which required women to wash their hands in disinfectant after using the lavatories. He noted that 'the use and abuse of the lavatories by the type of girl that enters these institutions and who have not been used to such amenities was such as to convince me that the spread of the disease was due to infection from the lavatory seats'.[62] While readers may be offended by these comments, in 1946 only 33,000 of the 423,000 rural homes had a piped water supply and less than 17,000 had a fixed bath. Only 15% of all Irish homes had a fixed bath. Few women in mother and baby homes would have been aware of the importance of personal hygiene when caring for infants and there is no indication that they were given instruction in the homes.

Proposals for change

5.88 The spike in mortality during World War II was an impetus for reform. Children's allowances were introduced in 1944; the unwieldy DLGPH was divided into the Department of Local Government and the Department of Health in 1947. A major review was carried out of measures dealing with infectious diseases, especially tuberculosis and services for mothers.

5.89 The mortality crisis of the 1940s alerted the department to the overcrowded and unsatisfactory conditions in the mother and baby homes. Miss Litster and her colleagues were meeting unmarried pregnant women who arrived into the Custom House seeking admission to mother and baby homes (See Chapter 8). Many of these women had been returned from Britain, by British Catholic charities or local authorities, often against their will; others travelled to Dublin from provincial Ireland seeking assistance. (See chapters 7 and 8).

5.90 In 1943, the Joint Committee of Women's Societies and Social Workers (JCWSSW), a women's voluntary group with an address at 9 Ely Place, submitted a report to the DLGPH about unmarried mothers and their children.[63] They interviewed people who were knowledgeable about infant and child welfare and they visited three homes included in this inquiry: Pelletstown, Bethany and the Magdalen Asylum (Denny House). They received information by letter from Sean Ross.

[62] Department of Health, INACT/INA/0/445784.
[63] Riordan, 'Storm and Stress', p. 146.

5.91 Their report can be read as a reflection of enlightened and interested female (perhaps even feminist) opinion. It also reflects some contemporary stereotypes about heredity and mental illness among unmarried mothers and their children. The JCWSSW criticised the large size of Irish mother and baby homes and their regimentation and they claimed that mothers were not involved in regular care of their children. The JCWSSW acknowledged the hostility shown towards single mothers, noting that it was usually impossible for a mother 'to take the child to her own people; she has to earn her living and this is extremely difficult with the incubus of a child - not to speak of an illegitimate child'. Affiliation orders were 'difficult to enforce'. The JCWSSW was of the opinion that

> illegitimate children start with a handicap. Owing to the circumstances of their birth, their heredity, the state of mind of the mother before birth, their liability to hereditary disease and mental weakness, we do not get, and we could not expect to get, the large percentage of healthy vigorous babies that we get in normal circumstances. This was noticeable in the institutions we visited.

5.92 While some of these comments are open to criticism, many of the recommendations were enlightened. They believed that mothers should be given charge of their child, feeding, washing and nursing the baby, under supervision. They claimed that in smaller institutions, 'mothers can look after their own babies to a large extent. We found in these institutions, as a consequence, that the babies were brighter and more like normally born babies'. They were in favour of mothers keeping their babies but they noted that 'economic difficulties and public opinion are too strong', so they suggested that the money paid to institutions 'for the upkeep of the child' should be given to the mother to enable her to support her child, though they conceded that it would be difficult 'to induce the mother to take and keep the child in the face of public opinion on illegitimacy. Only the strong-minded, or those with the strong urge of maternal affection will do it'.

5.93 This wide-ranging report highlighted the importance of ante-natal care. It suggested that hospital almoners should ensure that unmarried mothers who gave birth in regular maternity hospitals should have 'a proper place to which to take her child'. Unmarried mothers who kept their children should be visited at least monthly by a health visitor in the early months. Children who could not remain with their mother should be boarded out and monthly payment to foster mothers should be increased to the rate paid for children in institutional care; regulations governing children placed at nurse should be tightened. The JCWSSW 'strongly urge[d] that

the parent, unless special circumstances exist, is the right person to look after the child. Every effort should be directed towards securing this'. Where that was not possible 'the next best alternative' was legal adoption, which, in their opinion was 'urgently needed'.[64]

5.94 This is the first report written in Ireland to advocate keeping mother and baby together and it suggested financial measures that might make this feasible. At this time Regina Coeli (see chapter 21) was the only Irish institution that encouraged unmarried mothers to keep their offspring.

5.95 Commenting on the report of the JCWSSW, Miss Litster noted that it was only possible to provide unmarried expectant women with adequate ante-natal care if they were admitted well before giving birth – she recommended at least three months beforehand. The women who went to private maternity homes, 'for the most part working girls shop assistants, clerks, nurses or teachers' found it difficult to leave work until late in pregnancy, because they had to save the cost of the maternity home; the 'outfit for the baby and probably an adoption fee as well'. In light of these financial pressures and their determination to conceal their pregnancy, she concluded that they were unlikely to have adequate ante-natal care. Many women in county homes and private maternity homes were anxious to return to work as soon as possible after the birth. She agreed that

> Our institutions are undoubtedly too large. The routine, discipline and supervision necessary render it almost impossible to give any individual attention. As a result children are generally kept away from their mothers, mother and child living practically separate lives. The smaller home catering for say 30 would, however prove more expensive to run. Before the unmarried mother can keep her own child with her and maintain her place in the life of the community, a great change in public opinion will have to take place. At present, in this country, society is opposed to the unmarried mother. Few people will knowingly employ her. Then there is the problem of finding a room in which to rear her child. A married couple with children find it difficult to procure rooms at a reasonable rent. The unmarried mother is not wanted

[64] Department of Health, RM/ARC/0/489391: Joint Committee of Women's Societies and Social Workers, 'Memorandum on Children in Institutions, Boarded Out and Nurse Children', June 1943; see Chapter 32 for a description of their role in promoting adoption legislation.

as a tenant. She is forced to take a room in the worst locality at an exorbitant rent.[65]

5.96 Miss Litster described the Regina Coeli 'experiment' as 'not…generally successful'. She had helped a few mothers who were not in Regina Coeli to keep their baby. They went out to work and placed the child in a day-nursery, but 'No permanent success attended these efforts. As soon as the children were at an age to be admitted in an Industrial School steps were taken by their mothers to have them admitted'. She conceded that if things had been easier for the mothers - if they were not living in unsuitable basement rooms or the top floor of a tenement, struggling to prepare food and do laundry in wartime conditions, they might have fared better. It would appear that she was sympathetic to the proposal of the JCWSSW to give mothers financial assistance to enable them keep their children, but she suggested that the scheme might be better run by a charity rather than 'under official direction'. She was also in favour of legal adoption.[66]

5.97 Miss Litster made additional comments in a later, undated file. She conceded that the optimum size of mother and baby homes would be 'say up to 30 patients'. However, the overheads in smaller homes would be considerably higher and 'the cost of maintenance to the Local Authorities would be double or treble the present charge'. She suggested that it might be best to put the question of smaller homes 'into the category of desiderata for the present'. Some charitable group might consider establishing such a home, but 'That is, however, a matter for Catholic Social Service'.[67]

5.98 She criticised the requirement that women who were being maintained by a public assistance authority should remain in these homes for two years after giving birth. It might have been helpful if Miss Litster had been aware that the duration of stay in the Congregation of the Sacred Hearts' mother and baby home at Highgate had been reduced from two years to six months in 1940 at the behest of the Westminster Archdiocese.[68] She mentioned the number of Catholic women who contacted Bethany Home seeking admission, because they would be in a position to leave in less than two years. In 1946 she noted that many Catholic 'girls'

[65] Department of Health, RM/ARC/0/489773.
[66] Department of Health, RM/ARC/0/489773.
[67] There had been a small Catholic home – St Gerard's - that met these requirements but it closed in 1939 - see Chapter 27.
[68] Congregation of the Sacred Hearts Chigwell, Annals of the Congregation 18 March 1940

contacted the Irish Church Missions - 'an Evangelical Protestant Society'. The ICM had 'certain attractions - mothers kept a short time only after confinement and there is little chance of their being recognised while there'. She believed that there was a need for more such homes.[69] A conference had taken place about two years earlier where the Mother General of the Irish Sisters of Charity, the Sister in Charge of St Patrick's Guild, the Secretary of the DLGPH, and Miss Litster discussed a proposal to establish an additional maternity home in Dublin but the project fell through. She noted that 'a home in which infants may be received without their mother is even more necessary'.[70] In 1943, Archbishop McQuaid of Dublin asked Catholic voluntary organisations to explore the possibility of setting up a home where the infants of unmarried mothers could be kept without their mothers, but the Catholic Social Welfare Bureau and the organisations consulted were of the opinion that children should be placed with temporary foster parents while long-term arrangements were being made.[71]

5.99 Miss Litster referred to the practice in the Sacred Heart homes of giving women a 'house name' to protect their identity (Women in Tuam and Pelletstown retained their names). She noted that 'this precaution is frequently nullified by the presence of other inmates from the same district'; she suggested that local authorities should be 'more elastic' in the choice of homes and the Mother Superior might be given discretion to transfer a woman to another home in order to preserve her privacy.

5.100 Although Miss Litster acknowledged that Irish mother and baby homes were too large and she was concerned about overcrowding, she described them as 'a considerable advance on the old system of sending them [first-time mothers] to County Homes…Subject to admissions, organisation, staffing and boarding-out being properly controlled, the institutions will serve an excellent purpose and should conduce to the moral rehabilitation of a considerable number of mothers', though some might develop 'contrary tendencies owing to their finding themselves in the company of such a large number of persons in a similar predicament'. She recommended that an additional mother and baby home should be established to accommodate women who were currently in county homes; she suggested that several neighbouring counties might come together to establish such a home. All

[69] For details about the ICM see Chapter 22.
[70] Department of Health, RM/ARC/0/489778, Litster 21/2/47
[71] Caroline Skehill, *History of the present of child protection and welfare social work in Ireland* (Ceredigion, 2004), p. 215.

mothers admitted to public assistance institutions should be screened for venereal disease.

5.101 Miss Litster focussed on reform, not radical change: reducing overcrowding through 'a more vigorous boarding-out system' (when children were boarded out their mothers left the homes). She noted that the department believed that the high death rate in Bessborough was 'at least partially attributable to over-crowding'. She was keen that controls should be imposed on the admission of private patients to the homes run by the Congregation of the Sacred Hearts and a system put in place to track what happened to the children of private patients when they left the home – they were generally placed at nurse. She recommended that the *Children Act 1934* should be revised to bring all children requiring the guardianship of public authorities under one central authority - this would include children in orphanages and residential schools, boarded out children and children placed privately at nurse. There is no indication that this proposal was considered: it would probably have triggered a clash between church and state, since it envisaged the inspection of private institutions that were not in receipt of public funding. In 1940 Emmanuel Home in Avoca, County Wicklow - a children's home that accommodated many children who had previously been in Bethany challenged the right of the DLGPH to carry out an inspection on the grounds that children placed there were not maintained for reward.[72] The Sacred Heart Home in Drumcondra, (which was not associated with the Congregation of the Sacred Hearts of Jesus and Mary) also refused to register under the *Children Acts* despite pressure to do so from the Dublin Commissioners.[73] In 1941 the Bishop of Cork had objected to Bessborough being asked to supply the names and addresses of private patients – he warned them 'not to do anything that would be a violation of Canon Law. And it would be a distinct violation of Canon Law and of natural justice to publicise the fact of a secret illegitimate birth, with the mother or father's name without the permission of the mother and father'.[74]

5.102 In 1947, when the Irish health and welfare services were undergoing major changes, Miss Litster again made the case for extending the remit of the Department of Health's children's section, because 'the mortality rate amongst illegitimate infants in Eire stands too high'. She acknowledged that efforts were

[72] Department of Health, RM/ARC/0/489773.
[73] Department of Health, RM/ARC/0/489773.
[74] Department of Health, RM/ARC/0/489773.

being made to reduce infant mortality by 'strict supervision over children's homes', but work was needed on 'outside institutions in a field hitherto untouched'. Children placed privately at nurse, and unmarried mothers who had taken their children home should be closely supervised. 'No statistics of mortality amongst these infants are available, as distinct from the general body of statistics. They belong to a section of humanity more than most open to abuse and neglect'.[75]

5.103 Her goal was to bring together all the organisations working with unmarried mothers and their children to create a central advice bureau 'if the Catholic authorities can be got to agree'. The proposed organisation would be similar to Britain's National Council for the Unmarried Mother and her Child.[76]

5.104 There was no prospect that the Catholic hierarchy would have agreed to this proposal. In February 1947 the Taoiseach received a copy of a letter written by an unnamed Catholic bishop to a 'prominent Catholic lay man' (also unnamed). The document that survives in the Department of Health archives is a statement headed 'Re Church Missions to Roman Catholics'; this may have been accompanied by a letter, which is not in the files. This document appears to have been prompted by reports that the Irish Church Mission was planning to buy a property in the Dublin suburb of Blackrock for use as a children's home. It was known as The Boley.[77] The document claimed that it was 'practically certain' that the new home would accommodate the children of Catholic unmarried mothers. It alleged, incorrectly, that the ICM did not accept the children of Protestant unmarried mothers and that furthermore 'there are no Protestant children for such homes'. The document called for legislation that would make it unlawful for a child to be raised in a religion different to his/her mother's unless the mother herself raised her child in a different religion. It also alleged that Protestant children's homes were not inspected, that they did not keep records of children in their care, and that local authorities sent children to institutions and foster homes irrespective of religion. 'I think that according to our present law and its administration, a Mohammedan could open an institution, take destitute children, bring them up as Mohammedans without suffering any interference from the public authority'.

[75] Department of Health, INACT/INA/0/474129.
[76] Pat Thane and Tanya Evans, *Sinners? Scroungers? Saints? Unmarried Motherhood in Twentieth-Century England* (Oxford, 2012) This book tells the history of the National Council for the Unmarried Mother and her Child.
[77] The Irish Church Missions was established in the nineteenth century to convert Roman Catholics to evangelical Protestantism. See Chapter 22.

5.105 The department dismissed all the allegations. The *Public Assistance Act 1939* precluded local authorities from sending Catholic children to Protestant children's homes. Protestant homes received funding in the form of grants under the Maternity and Child Welfare scheme in a similar manner to Catholic institutions. They dismissed the proposed legislation to limit a mother's right to have her child raised in a different religion and they pointed out that Bethany Home (which the document regarded as an Irish Church Missions Home) had agreed some years earlier not to admit Catholic mothers or babies. In the course of this statement, the department noted that in the Public Assistance Section of the Department of Health, which was responsible for boarded-out children, the 'three lady out-door Inspectors', including the head inspector, were all Catholics; the head inspector (Miss Litster) had converted to Catholicism 'a considerable number of years ago'. The principal officer was a Catholic; the assistant-principal was a 'non-Catholic'.

5.106 It would appear that the author of the statement about the Irish Church Missions homes was aware of Miss Litster's remarks about the attractions of ICM homes for Catholic mothers because a postscript conceded that there was a need for a home that would offer Catholic women the same secrecy as an ICM home and that there was a need for a home that would take children to two years, 'the age of adoption', especially as the number of unmarried mothers 'of the better class' was increasing. The department suggested that these were matters for the ecclesiastical authorities, though they would give 'all possible assistance' if these institutions were established.[78]

5.107 The Department of Health appears to have considered some of Miss Litster's proposals. In January 1948, a memorandum written for the secretary stated that, on the question of shorter stays in mother and baby homes, 'there is little we could do as regard extern institutions'; he suggested that Miss Litster might discuss the matter 'with the authorities of the institutions concerned in order to obtain their views'. The department could make a recommendation to local authorities that mothers should be permitted to leave the institution 'in order to take up employment but that they should be obliged to contribute towards the maintenance of the child'. As to Miss Litster's suggestion that an outside body should take responsibility for interviewing expectant mothers and arranging for them to enter a mother and baby home, the department noted that 'Action on this matter has been deferred for years in the hope that religious bodies or voluntary organisations

[78] Department of Health, RM/ARC/0/489778.

would do something about it but this hope is obviously in vain and I think the problem must be faced'. There were plans for the establishment of regional health authorities and this could be included in their remit (regional health authorities were not established until 1970). The department agreed that a national uniform rate of payments should apply to foster parents; at this time payments ranged from 5s to 7s 6d a week but this modest proposal was not implemented.

5.108 A handwritten note to the secretary stated that Miss Litster's proposals were necessary though some would require legislation. Pending legislation he suggested issuing a circular to local authorities asking that County Medical Officers of Health be given responsibility for supervising the work of public health nurses; 'each County Manager and CMOH should enlist through the Bishop of their area – the assistance of the Church in placing these children. In this matter nothing will be achieved without such active considerations'. Miss Litster was asked whether she had any observations on the proposal to enlist the aid of the bishops; she was in favour.[79] As an interim measure she suggested that children could remain in the special mother and baby homes without their mothers as happened in Pelletstown and Tuam. However, she stated that, 'We might, however get very much better results by starting afresh than by amending existing legislation' - responsibility for unmarried mothers and their children was 'too scattered' - it should be possible to 'devise a simpler code, which could be framed to take in all children needing the guardianship of public authorities'.[80]

5.109 The department was aware that the mother and baby homes were working at or above capacity in the 1940s and there was a need for additional places. Although conditions in the mother and baby homes merited severe criticism, the alternatives - county homes (see chapter 10) and private nursing homes - were undoubtedly worse. The McAlpine home in Dublin's Seville Place had a long history of delivering the babies of unmarried mothers and placing them at nurse or in an unofficial 'adoption' for a fee. Mothers paid up to £50 to place their child and the McAlpine home retained a substantial share of this money before handing the infant and the remainder of the money to a foster mother. A 1947 file stated that Miss McAlpine and her daughter's practice was 'getting as much as they could from the mother and giving as little as necessary to the foster mother'. The home was the subject of several unfavourable reports by the department's inspectors,

[79] Department of Health INACT/INA/ O/474129.
[80] Department of Health INACT/INA/O /474129.

beginning in 1938. Following a number of court cases, the proprietor finally surrendered her maternity home licence in 1949. In 1947, by which time the proprietor had been in court on a number of occasions and was continuing to challenge the efforts of the Dublin board of assistance to close this maternity home, a Department of Health official noted that

> the official channels are quite unable to cope with the problem of unmarried mothers & illegitimacy. All accommodation is completely full up and those engaged either officially in social work or on a voluntary or religious basis are at their wits' end to secure some place for women to stay and to place the babies. Until some attempt to improve facilities is made, illegalities such as this case will continue to occur. What is important is the very high death rate amongst illegitimate babies. It is all very well to close this place down, because the proprietor is breaking a law set up to protect infant life, if there is at the same time a serious dearth of accommodation, leading to and in fact the cause of a great number of infant deaths. If her home is closed down, then someone else will start another of a similar kind. Unmarried mothers are usually so desperate that they are not responsible for their actions and I must say that Miss McAlpine's 'crime' does not under all the circumstances of the problem of illegitimacy seem so serious.[81]

5.110 On 30 January 1948 the Mother General of the Franciscan Missionary Sisters and the Mother Superior of Portiuncula Hospital in Ballinasloe met the Minister of Health, Seán MacEntee, to discuss the possibility of opening a mother and baby home. They ran homes in Britain, and they favoured discharging mothers three months after the birth: 'the mother should be not alone sufficiently trained in its care, but should have acquired sufficient attachment to the child to ensure that the latter should be well looked after…Their aim was to get these persons back to a normal existence and a normal occupation as quickly as could be arranged'. They were opposed to large mother and baby homes; they regarded 40 women in one home as 'too high'.[82]

5.111 A draft circular to be issued by the Minister for Health stated that the existing arrangements for unmarried mothers and their children were under consideration: 'The mortality among such mothers and children is unduly high. It was vital to ensure that the 'welfare and education of illegitimate children are safe-guarded'.

[81] Department of Health, CCP/IMP/0/46037.
[82] Department of Health INACT/INA/0/474129

This circular summarised many of Miss Litster's recommendations: shorter stays in specialist homes; screening for venereal disease; improved allowances for foster parents; and sending women who might be admitted to a county home in a neighbouring county. It is unclear whether this advice was circulated to local authorities.

5.112 Despite the impression that some changes in the regime for unmarried mothers and their children were being considered in January 1948, very little happened. A general election later that month brought an end to 16 years of Fianna Fáil governments. Dr Noel Browne of Clann na Poblachta became Minister for Health. Although he is remembered for his efforts to promote a Mother and Child scheme to improve maternal and infant health, there is no indication that he gave any consideration to the specific needs of unmarried mothers or their children, despite the fact that mortality of 'illegitimate' children was much greater than children in Dublin's poorest tenement homes.

5.113 The post-war reforms had only a minor impact on provision for unmarried mothers. The 1951 White Paper on County Homes prompted renewed efforts to remove unmarried mothers and their children from the county homes and this was gradually achieved over the following decade. Efforts to increase the numbers of children boarded out by local authorities, or to ensure that children were boarded out at an earlier age, were less successful (See Chapters 10 and 11). The introduction of legal adoption from 1953 changed the outcome for most children born in mother and baby homes.

5.114 Over-crowding in mother and baby homes, and the requirement that mothers remain for up to two years, were all linked with the key question: who would look after the children? In 1949 Dr Cullen, the medical officer at Castlepollard - who appears to have been very actively engaged with the home - suggested that the department consider establishing homes or orphanages to accommodate children aged between nine months and six to seven years, who were born in mother and baby homes. In response Miss Litster noted that the decision to retain mothers in homes for two years 'was decided by the Community [i.e. the Religious Order] in consultation with an inspector of the Department.' [There is no indication of the identity of this inspector but it was probably Mrs Crofts.] The congregation believed that this was the shortest period 'within which any reformative effective might be expected'. She continued:

> The attitude of society in this country towards the unmarried mother is at the root of the idea of retention for a long period. Unmarried mothers here are persons to be punished. In the Homes a great deal of emphasis is placed upon penance and it is small wonder that girls come to look upon them as places of punishment. Any girl in these Homes speaks quite casually of 'doing my term'. The result is that once the two-year period has passed, continued detention is a cause of discontent.

5.115 She suggested that the maximum length of stay should be nine months, but given that local authorities did not place children in foster homes until they were at least two years of age, some alternative arrangement would be necessary for the children.[83] In the years immediately following the end of the war, mother and baby homes were under considerable pressure from the department to reduce overcrowding, and to ensure that there were no children over two years old in the homes. The suggestion by the JCWSSW that unmarried mothers should be given financial support to enable them to keep their children was not given serious consideration

5.116 . In 1951 officials in the Department of Health rejected the Regina Coeli model of enabling unmarried mothers to raise their child(ren):

> There is a very good reason to doubt the wisdom of encouraging and contributing to the further development of the accommodation for unmarried mothers and children, as at present organised…when the children are older serious difficulties must be expected. There will be problems of segregation of sexes and the consequent need for more accommodation. Each 'household' in the group is abnormal in so far as it lacks a father and a concentration of such 'households' with adolescent children and in restricted accommodation will be in danger of becoming a slum, in spite of the best efforts of the voluntary workers.

5.117 Yet they noted that members of the departmental committee on the reconstruction of county homes

> were favourably impressed by the excellent spirit of the members of the Legion of Mary and by the pleasant relationship between the voluntary workers and the residents. The atmosphere in the Hostel was considered to

[83] Department of Health, CCP/IMP/0/45492, 3 June 1950.

> be in many ways superior to that of the usual institutions from the point of view of the happiness of the residents, but the members of the Committee were unanimously apprehensive of changes that must take place as the children grew older.[84]

5.118 This report reveals an incapacity to think creatively about alternative arrangements for unmarried mothers and their children. It acknowledges the 'excellent spirit', the better atmosphere in Regina Coeli and then dismisses these households as 'abnormal', and predicts future difficulties that could be forestalled by expanding the accommodation given to each mother and her child(ren) while retaining the model of group apartments.

5.119 Given the absence of legal adoption in Ireland, the pressure coming on mother and baby homes and local authorities to find foster homes for children, plus the fact that American couples were seeking to adopt European children, it is not surprising that the Mother Superiors of mother and baby homes welcomed US adoption. The department's determination to reduce the numbers of children in mother and baby homes may explain why no official objection was voiced to US adoptions.

5.120 The mid-twentieth century marked a peak in state-regulated adoptions, and at this time social workers believed that adoption offered the most appropriate 'solution' for the children of unmarried mothers. Legislation governing legal adoption in Ireland was finally introduced in 1952 the second latest country in Western Europe; the Netherlands introduced legal adoption in 1956.

Conclusions

5.121 The sharp rise in infant mortality during the early and mid-1940s resulted in greater scrutiny of the public health system and conditions in mother and baby homes. The lack of files relating to these homes in the 1930s makes it difficult to determine whether these shortcomings were new or existed from the inception. There is some limited evidence that would support the latter opinion. In 1932, shortly after the opening of Sean Ross, the annals of the Congregation of the Sacred Hearts recorded that 'babies in Roscrea [are] not doing well'; a Sister was dispatched from Liverpool for a month to try and resolve this.[85] In 1937 Mrs Crofts - who appears to have been well-disposed towards the congregation - suggested that some of the

[84] Department of Health, INACT/INA/0/435392.
[85] Congregation of the Sacred Hearts, annals, May 1932.

Sisters should be sent to the Children's Hospital Temple Street for training - it is unclear whether this would be a short course or the formal training for a children's nurse.[86] This indicates that Mrs Crofts was aware of their lack of professional training. The records of the congregation relating to the Irish mother and baby homes refer to the chapel, meetings with the bishop, the sale or purchase of property but not to conditions in the homes, very rarely to the infants and never to the mothers. Sister Martina was appointed to Bessborough in 1922 and she remained for over 20 years until she was in her 70s. Her long service in one institution was inconsistent with the congregation's regulations stipulating that heads of houses should not serve for more than six years - exemptions to this rule required a dispensation from Rome.[87]

5.122 The wartime crisis in infant mortality resulted in improvements within Bessborough and presumably in other homes, together with proposals for major reforms in health services for mothers and children. The outcome was a much better system of maternity and infant care for mothers and children which was undoubtedly of benefit to the poor. Better healthcare, coupled with improvements in food supplies, better housing and sanitation together with mass immunisation and new drug therapies transformed the outcomes for Irish infants, though neo-natal mortality, (the first month of life) proved more resistant to improvement, and not just in Ireland.

5.123 Unmarried mothers and their children shared these health gains. Penicillin was first used to treat infants in Bessborough in April 1946. Infant mortality in the Bessborough home (i.e. the section that accommodated children who had been discharged from the maternity unit) fell from 40% to 8% in the period April to September 1946. But the system that had emerged in the 1920s and early 1930s was not altered. The only new feature was adoption: babies who were adopted by US couples and the introduction of legal adoption in Ireland.

5.124 The creation of a separate Department of Health appeared to signal a substantial expansion in the role of central government but decisions relating to unmarried mothers and their children remained primarily a matter for local authorities and religious/charitable agencies. The shortcomings revealed by inspections of Bessborough and the appalling death rates of early/mid-1940s appear to have

[86] Congregation of the Sacred Hearts, annals, 4 Jan. 1937.
[87] Congregation of the Sacred Hearts, council minutes, 23 Sept. 1936.

been forgotten and forgiven, perhaps because infant mortality was falling sharply. After 1949 (the date of Miss Litster's last commentary quoted above), nobody appears to have queried whether special homes, run by religious sisters, at ratepayers expense, were the most appropriate way to provide for an unmarried mother and her infant. The religious sisters were generally viewed in a positive light - a department of health memorandum in December 1949 about a possible increase in capitation rates in mother and baby homes captures a widely-held attitude:

> We should not be niggardly in our approach to this question while bearing in mind at the same time that the Exchequer has to pay a portion of the cost. The nuns in charge of these institutions are doing their work well. They do not receive any salary or remuneration for their work. (they were paid in Pelletstown which was not funded by capitation payments) They are continually pinching and scraping to make ends meet and if this institution had to be maintained by local authorities themselves, I am perfectly satisfied that the cost would be very much higher.[88]

5.125 Evidence from county homes, and the lack of concern shown by local authorities for the welfare of boarded-out children in their care, does not suggest that placing these homes under the control of local authorities would have offered a better solution. It is equally fanciful to suggest that mother and baby homes or other services for unmarried mothers and their children should have been provided directly by a government department. In Britain and the Netherlands at this time, mother and baby homes were run either by local authorities or voluntary groups, which generally had a religious ethos.

5.126 Nevertheless this chapter raise serious questions about governance, and the relationship between private institutions - such as the three homes run by the Congregation of the Sacred Hearts - and the state, whether local or central. Regulations with respect to numbers were regularly flouted. Such irregularities were not unique to mother and baby homes; inspection reports on private nursing homes suggest similar infringements. Although local authorities provided significant funding they appear to have shown little interest in what happened in these institutions; a lack of records makes it difficult to determine whether Dublin and Galway health authorities carried out regular inspections of Pelletstown and

[88] Department of Health, INACT/INA/0/464172.

Tuam. In 1941, a DLGPH official conceded that 'apart from the contractual rights of the local authority inherent in the agreement and the powers of the Minister…we have no powers of control or scrutiny of accounts etc. so that we know nothing about the financial position of the community or the Institutions'.[89] More detailed scrutiny of the three homes run by the Sacred Hearts Congregation would have threatened a dispute between church and state and it would have challenged the prevailing mindset of the time that these Sisters - despite their apparent lack of professional qualifications - were best placed to manage the care of unmarried mothers and their infants. The 1947 'letter' forwarded by the Taoiseach's department suggested that denominational tensions and fears that Catholic infants would be raised as Protestants remained a critical concern for at least some sections of the Catholic hierarchy, and that a more interventionist Department of Health would face difficulties asserting their authority. Although the health crisis of the Emergency years resulted in major reforms to Irish health services, and especially those providing for pregnant women and babies,[90] provision for unmarried mothers and their children remained largely as it was in 1939, despite evidence that it demanded radical rethinking.

[89] Department of Health, CCP/IMP/0/45492.
[90] Earner-Byrne, *Mother and Child*