

## Chapter 6: Post War Years

### Introduction

- 6.1 The years from the late 1940s until the mid-1960s are now recognised as a conservative period in western Europe and North America. Most countries experienced a marriage boom; couples married in their early twenties, and the falling birth-rates of the 1930s were reversed. The number of 'illegitimate' births fell. Families, where the man was the breadwinner and the woman remained at home caring for children were regarded as the ideal. Adoption was seen as the 'solution' to births outside marriage and childless couples. The number of children being adopted rose in the UK and in the United States, peaking in the mid/late 1960s. Ireland's marriage pattern was different; it was only in the 1960s that Irish couples began to marry in their twenties, but Ireland shared in the post-war social conservative values.
- 6.2 The introduction of legal adoption in Ireland with the *Adoption Act 1952* transformed the outcomes for the children of unmarried mothers. By the 1960s unmarried mothers were no longer spending long periods in county homes or mother and baby homes. In Ireland, as elsewhere, 'illegitimate' births, which had increased during the war, fell significantly. The numbers peaked in 1946 at 2,642 or 3.9% of total births; by 1950 this had fallen to 1,627 or 2.6% of births and it continued to fall. Part of the wartime increase was probably due to the fact that pregnant women faced difficulties in travelling to Britain and remaining there, but even allowing for that distortion in the statistics, the number of 'illegitimate' births undoubtedly fell after the war. The number of births in the major mother and baby homes<sup>1</sup> peaked in 1946 and then declined, though not in proportion to the fall in 'illegitimate' births.
- 6.3 Social attitudes in Ireland and elsewhere were conservative and there is no evidence of any reduction in the stigma associated with unmarried motherhood until the late 1960s. A much higher proportion of Irish unmarried mothers were admitted to mother and baby homes during the 1950s and 1960s than in the 1930s or 1940s. The introduction of legal adoption and a reduction in the length of stay

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<sup>1</sup> The statistics relate to Kilrush, Bessborough, Sean Ross, Castlepollard, Bethany, Denny House, Tuam, Pelletstown and Dunboyne. Regina Coeli is excluded because it admitted a more diverse range of mothers and babies, so these figures underestimate the numbers of 'illegitimate' births associated with mother and baby homes. The figures record all babies born to women who were in these homes, whether the birth took place in the mother and baby home or elsewhere.

may have persuaded more women or their families to seek admission to these homes. In 1950, 498 babies, or 30.6% of registered 'illegitimate' births, were born in mother and baby homes. By 1961 this had increased to 52% of 'illegitimate' births. A majority of 'illegitimate' births took place in mother and baby homes in 1965, 1966 and 1967. The number of births in these homes peaked in 1967, when 821 babies were born. There are no comprehensive statistics for the number of unmarried mothers who gave birth in county homes. However, on 31 March 1953 there were 318 unmarried mothers in county homes and 488 in 'special homes', the term used by the Department of Health to describe mother and baby homes.<sup>2</sup> The number of women in county homes declined during the 1950s. The removal of unmarried mothers from county homes, (which had been government policy since the 1920s) and the admission to mother and baby homes of women on a second or subsequent pregnancy contributed to the increased percentage of unmarried mothers in the special mother and baby homes. However, the steady rise in the number admitted to mother and baby homes in the 1960s happened some years after the disappearance of unmarried mothers from most county homes.

### **Mortality and health care**

- 6.4 Infant and child mortality fell sharply in the late 1940s and continued to fall. The gap between the death rate of 'illegitimate' children and the national average narrowed, as did the gap between urban and rural mortality, though infant mortality among city children and 'illegitimate' children remained high by international standards. The improvement in neo-natal mortality (first four weeks of life) was much slower than the improvements for children aged between one and 12 months.
- 6.5 No single factor accounts for the significant decline in infant mortality. By the late 1940s penicillin was in general use, and the survival rates among infants who had contracted pneumonia and other serious infections, such as gastro-enteritis, showed a marked improvement. There was substantial investment in water, drainage and housing, and a major construction programme for hospitals and county homes, though the impact of these investments would have been gradual. Part IV of the *Health Act 1947*, which related to infectious diseases and infestation, gave the Minister of Health power to define infectious disease and make

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<sup>2</sup> 'Arrangements by Public Assistance Authorities for the accommodation of unmarried mothers and their children', *Report of the commission on emigration and other population problems, 1948-1954*, Appendix IV, (Dublin, 1955)

regulations to prevent their spread. Regulations introduced the following year provided the basis for nationwide programmes of immunisation against diphtheria, whooping cough and later polio, provided by local health authorities, free to all children. By 1952 almost 60% of pre-school children were being immunised against diphtheria, though rates varied, with over 90% being immunised in Cork city and Louth, but only 44% in Dublin city and 19% in Limerick city.<sup>3</sup> Nationwide immunisation programmes reduced the incidence of infectious disease in the community, with direct and indirect benefits to children in mother and baby homes.

- 6.6 The decline in infant mortality in the mother and baby homes followed a very similar time-line to national trends, which suggests that at least part of the decline was due to changes within the wider society, but improvements within the mother and baby homes were also important. The introduction of isolation units for mothers and infants limited the spread of infectious diseases; the establishment of St Clare's as a specialist infant hospital for infectious disease helped to reduce mortality in Pelletstown and Regina Coeli (see Chapter 2). The reduction in overcrowding and measures to break up the large infant nurseries were also important in infection control, and the ending of wartime shortages improved the nutritional status of pregnant women. The critical scrutiny of infant mortality and conditions in Bessborough during the war years may have prompted the authorities in charge in Bessborough and the other homes to be more active in reducing and preventing infection. The Department of Health's insistence on the appointment of qualified midwives and nursing staff was also important.
- 6.7 The General Registrar Office (GRO) described 1948 as 'the healthiest ever recorded in Ireland', with infant mortality at 49 per 1,000 live births, compared with 68 the previous year. Deaths from diarrhoea and enteritis among infants, who were under two years old, fell from 1,092 in 1945 to 340.<sup>4</sup> The report for Cork Street Fever Hospital noted that, in 1941, gastro-enteritis killed 500 babies before their first birthday. Only 59 cases were admitted to the hospital in 1948 and eight died.<sup>5</sup>
- 6.8 Maternity and child health was a priority in plans for an improved health service. In May 1948, the Minister for Health, Dr Noël Browne, established a consultative child

<sup>3</sup> Michael Dwyer, *Strangling Angel: Diphtheria and childhood immunization in Ireland* (Liverpool, 2018), pp 163-7.

<sup>4</sup> *Irish Press*, 25 May 1949.

<sup>5</sup> *Irish Press*, 8 Oct. 1949.

health council to advise him on measures that would reduce infant mortality and improve children's health. They identified the high rate of infant mortality in Dublin city as the most urgent problem and they appointed a sub-committee to examine that topic. The sub-committee, chaired by the paediatrician Dr Robert Collis, consisted of doctors - including paediatrician Colman Saunders, a paediatric nurse Miss E Healy, and public health experts. They recommended that the child-health services of Dublin Corporation and the Dublin Board of Assistance should be consolidated. They determined that half of the city's milk supply was unsafe, so a strategy to ensure the quality of infant milk was critical. They highlighted cases of 'inanition' - underweight babies, and the high death rate from infections as factors that were responsible for many deaths among the children of single mothers and Dublin tenement families; 90% of babies admitted to St Clare's Hospital were reported to be underweight. They determined that breastfeeding was the most important factor in reducing neo-natal mortality, together with good hygiene and regular weighing of infants; artificial feeding should be used when necessary, and infants infected with diseases should be isolated.

- 6.9 The sub-committee identified the death rate of children born to single mothers, which was more than three times the rate for 'legitimate' babies, as a problem 'to be faced resolutely if the general infant mortality rate is to be reduced'. Conditions in St Kevin's - Dublin city's equivalent to a county home and county hospital - were described as 'quite out of date'. The nurseries were not constructed to prevent cross-infection, which meant that healthy infants became infected. St Kevin's had no consultant paediatrician. Pelletstown, which was also under the control of the Dublin Board of Assistance, was 'excellently renovated...structurally improved but dangerously over-crowded and with insufficient trained nurses'. They recommended the appointment of a consultant paediatrician; a specialist neo-natal unit should be established in St Kevin's, all healthy 'illegitimate' children should be moved to Pelletstown, and all sick infants moved to children's hospitals. The isolation unit at Pelletstown should be reorganised and staffed with qualified nurses, and the numbers in Pelletstown reduced by the earlier discharge of mothers. Responsibility for boarding out children should be vested in the health authority and inspection entrusted to a public health nurse. Regina Coeli was described as unsatisfactory; infant mortality there was three times the rate in Pelletstown. The hostel was 'lack[ing] almost every proper facility in regard to both nursing and structure' and it was utterly unsuitable for new-born infants. They claimed that infants in Regina Coeli were 'not being properly cared for or

adequately nourished at present'.<sup>6</sup> Dr Deeny, the department's chief medical officer, responded to this report by suggesting that

the real trouble with the high illegitimate death rate is the inability of the authorities to find suitable homes for the infants and to take reasonable care of them while they are with the mothers. It is useless for the Committee to talk about an early discharge of the mothers from St Patrick's Home [Pelletstown] without suggesting a suitable means by which this can be achieved. A mother cannot walk out of the home and leave it [her infant] in the hands of the charity.<sup>7</sup>

6.10 A new maternity unit opened at St Kevin's Hospital in 1954, with a consultant obstetrician. Dr Victoria Coffey, who had been providing maternity care and care for new-born infants, was given responsibility for neo-natal cases and children in St Kevin's. It is unclear whether her contract included duties at Pelletstown; however in 1960 when the number of children's beds in St Kevin's was severely reduced her duties were revised to include twice-weekly visits to Pelletstown.<sup>8</sup>

6.11 Dr Deeny regarded boarding out as the best solution for the children of unmarried mothers but he claimed that the system had 'broken down' because of a shortage of suitable foster homes. He recommended seeking 'the active intervention of the Church...and...a proper Adoption Act'. He claimed that the medical section of the Department of Health had approached successive ministers over the past seven or eight years and they in turn had made tentative approaches to the bishops, presumably regarding an adoption act, 'but no concrete result has been achieved'. The Commission has seen no record of these interventions, which may have been oral. He suggested that a formal submission should be made to the bishops about adoption, because 'an Adoption Act would do more to lessen infant mortality amongst illegitimate children than any other factor'.<sup>9</sup>

### **Adoption**

6.12 Legal adoption was introduced when the Adoption Act 1952 came into effect on 1 January 1953. This was many decades after it was introduced in Northern Ireland,

<sup>6</sup> Department of Health file: INACT/INA/0/541585. For further details see Chapter 21 Regina Coeli.

<sup>7</sup> Department of Health, INACT/INA/0/541585; it should be noted that St Patrick's (Pelletstown) was not a charity, it was owned by the Dublin Board of Assistance and mothers did frequently leave it while leaving their children behind (see Chapter 13).

<sup>8</sup> Department of Health, PMD/INA/0/520403.

<sup>9</sup> Department of Health, INACT/INA/0/541585.

England and Scotland. The Netherlands was the only other country in Western Europe without legal adoption before World War II; it was introduced in 1956.

- 6.13 The delay in introducing adoption and government pressure on mother and baby homes and county homes to reduce the number of children in these institutions meant that mother and baby homes probably welcomed approaches from American couples seeking to adopt children in the immediate aftermath of the war. The introduction of adoption in Ireland should, in theory, have brought an end to the practice of overseas adoptions, but they continued. In September 1953, the registrar of the newly-established Adoption Board, An Bord Uchtála, sought advice from the Minister of Justice about overseas adoptions. He was told that

There seems to be no doubt whatever that, for the present at any rate, there are more children in the country available for adoption than there are suitable persons able and willing to adopt them. That being so a number of children are certain to be denied homes and family life, unless they are adopted by foreigners. Much as the Minister regrets that any Irish child should have to go abroad, he thinks that where the adopters are suitable a foreign adoption is to be preferred to the Institutional life here which might be the only alternative. Accordingly, as long as the supply of children for adoption here is greater than the demand, the Minister would not discourage suitable foreign adopters.<sup>10</sup>

- 6.14 The introduction of adoption resulted in a fall in the number of boarded-out children and children placed at nurse. The number of young children in institutional care increased. By the mid-1950s St Patrick's Guild (see Chapter 2) was keeping children in Temple Hill until they were adopted. Temple Hill was expanded, with the assistance of a substantial grant from the Irish Hospitals Commission. In earlier years St Patrick's Guild had placed many children at nurse with families.<sup>11</sup> Some adoption agencies did not have access to a specialist baby home. By the mid/late 1960s inspections of maternity nursing homes were increasingly turning up cases of infants being kept in private maternity homes without their mothers. Some of these children were born in the maternity homes; others were placed in these homes by their mother or an adoption agency, pending adoption. In 1968, having removed children from unregistered foster homes and a maternity home,

<sup>10</sup> Adoption Authority, minutes (uncatalogued). These are the first set of minutes for the Adoption Authority, 7 Sept. 1953.

<sup>11</sup> Department of Health, INACT/INA/0/435925.

the county medical officer in Waterford decided that children awaiting adoption should be kept in the county home.<sup>12</sup>

- 6.15 The records of St Anne's Adoption Society in Cork, which placed infants of Irish unmarried mothers repatriated from Britain, noted the resentment/disbelief of mothers that their infants could not be immediately placed with adoptive parents, as happened in Britain. The Limerick Social Service Council, which worked closely with the Limerick Catholic Adoption Society, arranged for ten couples with families to provide short-term foster care for infants following their discharge from a maternity home and adoption. They reported that this arrangement 'enables the mother to return to her normal way of life with the minimum of delay and inconvenience'.<sup>13</sup>
- 6.16 In 1955, there were 1,234 'illegitimate' births and 786 adoption orders; 2,184 'illegitimate' children were boarded out, and 582 children were resident in institutions that were certified under the *Health Act 1953*. Department of Health inspector Alice Litster highlighted a 'recent development...the committal of very young children to convent industrial Schools'.<sup>14</sup> She was unable to determine the precise number of children under five being maintained by local authorities from the Department of Education, which was responsible for industrial schools. However, she discovered that in 1953, 26 children under five years, who were charged to Dublin Corporation, were committed to industrial schools; 33 were committed in 1954 and 34 in 1955.<sup>15</sup> In March 1953 there were 389 children of unmarried mothers maintained in industrial schools, 284 in other institutions, and 2,284 were boarded out.<sup>16</sup>
- 6.17 In 1960, there were 968 'illegitimate' births and 505 adoption orders were made; the number of boarded-out children had declined to 1,861, and 232 children were maintained in institutions. By 1965, when 1,403 'illegitimate' children were born, 1,049 adoption orders were made, and the number of children boarded out had fallen to 1,262; but the number maintained in institutions had risen to 515. There is no evidence that families had become more willing to accept an unmarried

<sup>12</sup> Department of Health, CCL/INA/0/498274.

<sup>13</sup> *Limerick Leader*, 13 Dec. 1969.

<sup>14</sup> It is not clear that this was a very recent development. Very young children were moved from Pelletstown to industrial schools at least from the early 1940s – see Chapter 13.

<sup>15</sup> Department of Health, INACT/INA/0/435925.

<sup>16</sup> *Report of the commission on emigration and other population problems, 1948–1954*, Appendix IV.

daughter and her child back into the family home, and economic conditions brought only a gradual improvement in the job prospects or wages of single women who might wish to keep their child.

- 6.18 Most of the early adoptions involved the legalisation of informal adoptions and the adoption by foster parents of children placed with them by either a local authority or a charity. The proportion of 'illegitimate' children who were adopted rose steadily during the 1960s. Statistics recording the final confirmed placement of children born in Bessborough show that just under 75% of those born in the 1950s were adopted (many of those children would have initially been placed with foster families); in the 1960s the figure was over 95%.
- 6.19 By the early 1960s an increasing number of adopting parents were middle-class, though farmers remained reluctant to adopt - only 80, less than 10% of the 840 adopters in 1963 were labourers, 84 were farmers; these figures were much lower than their share of Irish households. As Irish adoptions increased, the number of children adopted in the USA fell. One-quarter of children were placed privately with adopting parents, which was not illegal. In 1964, Michael Viney noted that a child born to an unmarried mother in Ireland had a four-to-one chance of being adopted; 40% of adopted children would be raised in prosperous middle-class homes.<sup>17</sup> In 1958, a majority of adoptive parents were living in Dublin, but by 1969, 60% of adoptions were by rural couples. The *Sunday Press* quoted a spokesman for the Adoption Board who noted that 'the rather conservative country people have accepted adoption'.<sup>18</sup>

### **The Health Act 1953**

- 6.20 The *Health Act 1953* enacted a modified version of the contentious Mother and Baby scheme that was envisaged as a key element of the *Health Act 1947*. The legislation provided for a full maternity care service - either domiciliary or in a hospital or nursing home; free medical care for infants up to six weeks after birth, and a £4 cash grant for each confinement, plus free milk for pregnant or nursing mothers, and free milk for children up to five years. The act did not distinguish between married and single women. Earner-Byrne notes that 'the underlying assumption was that Irish mothers were entitled to care as citizens, not necessarily

<sup>17</sup> Michael Viney, *No Birthright: an inquiry* (Dublin, 1964), p. 43.

<sup>18</sup> *Sunday Press*, 13 July 1969.

as wives'.<sup>19</sup> In 1954, the Assistant Secretary of the Department of Health instructed the Rotunda Hospital not to demand marriage certificates from pregnant women when they enrolled for ante-natal care. 'The request for the certificate is an embarrassment to the single woman or the woman who married only a short time before the expected birth of the baby, if she wishes to conceal the fact, as she should be at liberty to do so'.<sup>20</sup> Section 54 provided that a person who was unable to provide for their shelter and maintenance was eligible for institutional assistance in a county home or similar institution. Mother and baby homes were deemed to come under this heading (see Chapter 1). The *Institutional Assistance Regulations 1954* provided the details for the implementation of Section 54.

- 6.21 The *Social Welfare Act 1952* provided that women who had worked in insured employment for a designated period could claim a maternity allowance for 12 weeks - six weeks before and six weeks after giving birth. This payment was made to qualifying married or single women.
- 6.22 Although the *Health Act 1953* gave women the freedom to select where they would receive maternity care, in 1957 one member of a delegation from the Irish Medical Association, who met Department of Health officials to discuss the 1953 act, complained that the local health authority in Galway refused to admit unmarried mothers to Tuam until they had supplied details of the putative father, and an unmarried woman, who developed complications during pregnancy, could not be admitted to the Regional Hospital (formerly the Central Hospital) unless she was first admitted to Tuam, despite the fact that this delay presented risks for both mother and baby.<sup>21</sup>

### **Mother and baby homes**

- 6.23 All the mother and baby homes were overcrowded during the war years. The sharp fall in 'illegitimate' births eased the pressure on places. An inspection of Castlepollard in 1950 determined that numbers in the home were too high,<sup>22</sup> but within a few years Castlepollard was complaining of empty spaces, and the Superiors of all the homes were becoming concerned about numbers and potential financial deficits. The numbers of women admitted to Pelletstown fell from 170 in the year ending March 1949 to 102 by March 1955; the number of women in

<sup>19</sup> Lindsey Earner-Byrne, *Mother and child: Maternity and Child Welfare in Dublin, 1922-60* (Manchester, 2007), pp 163-5.

<sup>20</sup> As cited in Earner-Byrne, *Mother and child*, p. 167.

<sup>21</sup> Department of Health, INACT/INA/0/427509.

<sup>22</sup> Department of Health, NATARCH/ARC/0/413869.

Pelletstown at year end fell from 145 to 102; the numbers of children from 380 to 244.

### Health and Mortality

- 6.24 Infant mortality fell significantly in the mother and baby homes in the late 1940s. When Castlepollard was inspected in January 1949, Miss Litster reported that of the 123 live infants born between 1 April 1948 and 21 January 1949 (there were six stillbirths), only one death was recorded in the maternity section - a twin weighing 3 lbs. 10 oz. at birth. Three older children died in the nursery, two of gastro-enteritis, one with haemolytic jaundice. The death rate of 3% was the lowest yet recorded in any of the 'special homes'; it was one-quarter of the 13% mortality recorded for 1947-48.<sup>23</sup> In the year ending 31 March 1951, 83 babies were born in Bessborough and a further 19 were admitted shortly after birth. One child died - the premature infant of a 16-year-old mother who was admitted in labour. Between 1 April and 7 November 1951 an infant and two older children died - from convulsions and measles.<sup>24</sup> Regular inspections, isolation units, insistence on adequate professional staff, the provision of additional wash-hand basins and sanitary facilities and reduced over-crowding contributed to the reduced mortality, as did penicillin. But infant mortality remained significantly higher than in the general population and the death rate in Sean Ross was reported to be twice that in Castlepollard. An inspection of Pelletstown in 1951 noted that the death rate over the previous 12 months was 10%; between 1 April and 26 October 1951 it reached 27%. Miss Litster suggested that the institution should revert to earlier practices where mothers and babies were not admitted until they had been screened for venereal disease and tuberculosis and given a general clean bill of health.<sup>25</sup>
- 6.25 By the 1950s the health care provided for mothers and babies appears to have been adequate and equal to, if not better than, that available to many married women. In 1964, according to the annual record of the General Medical Council. The only places outside Dublin with qualified obstetricians were Cork, Galway, Limerick, Sligo, Drogheda, Ballinasloe and Waterford. Inspection reports reveal the poor standards in many private nursing homes where married women gave birth in the 1940s and 1950s and it took many years of inspections to secure

<sup>23</sup> Department of Health, INACT/INA/0/450464.

<sup>24</sup> Department of Health, CCP/IMP/0/45492.

<sup>25</sup> Department of Health, INACT/INA/0/467784.

improvements. One nursing home in County Kerry transformed into a bed and breakfast during the summer months. The McAlpine home in central Dublin, which was discussed in the previous chapter, allegedly consisted of four beds for maternity cases. The house also accommodated two lodgers - a printer and an entertainer - plus parents and three children. In 1949, Miss Litster was uncertain where they would all sleep; she described it as a 'spurious maternity home, all comers being welcome'. In the 1950s a midwife in the west of Ireland delivered babies in rooms above her husband's public house without the appropriate maternity home licence. Baths, bathrooms and sanitary facilities were often inadequate; when maternity homes were first registered there were nursing homes where the only toilet was outdoors but local authorities were often reluctant to withdraw licences from homes with inadequate facilities. Most of the private maternity homes also accepted patients with chronic illnesses or in need of general nursing.<sup>26</sup>

- 6.26 In 1944, the medical officer attached to Sean Ross described the maternity hospital as inadequate, only equipped for normal deliveries. The matron wanted a new maternity unit with a labour ward, sterilising room, a theatre with connected ante- and post-partum examination rooms and additional equipment and instruments.<sup>27</sup> The medical officer was a former assistant-master in the Coombe Maternity Hospital.<sup>28</sup> An inspection in October 1955 expressed concern that the hospital was located close to the farmyard; an open drain/sewer ran nearby; ante-natal patients were accommodated in converted coach houses with inadequate fire escapes.<sup>29</sup> By 1954 Bessborough had a well-equipped maternity home with an operating theatre where caesarean sections could be performed. The visiting medical officer, Dr Sutton, was a qualified obstetrician. The visiting medical officer in Castlepollard was the local dispensary doctor, Dr Cullen; obstetric emergencies and caesarean sections were sent to Holles Street hospital. Dr Stuart, the visiting medical officer in Pelletstown, was a qualified obstetrician; cases requiring surgery were sent to St Kevin's (gynaecology) or the Coombe (where Dr Stuart was a member of the staff).<sup>30</sup> In 1945, the maternity unit in Tuam was described as 'a new building...well-equipped for its purpose'. Central heating was installed around

<sup>26</sup> Department of Health, INACT/INA/0/447977 (Kerry); Department of Health, CCP/IMP/0/46037 (McAlpine); INACT/INA/0/470241.

<sup>27</sup> National Archives of Ireland, HLTH/H27/2/3.

<sup>28</sup> National Archives of Ireland, HLTH/H27/2/3.

<sup>29</sup> National Archives of Ireland, HLTH/H27/2/3.

<sup>30</sup> Department of Health, NATARCH/ARC/0/413869.

1951, but the unit relied on an external midwife to deliver babies and the services of a local GP; the other homes had trained midwives on their staff. Inspection reports noted a lack of ante-natal care in Tuam.<sup>31</sup> Women admitted to Bethany gave birth in a Dublin maternity hospital, as did the women in Denny House and Regina Coeli. By the 1950s the homes had isolation units, and it appears that new arrivals underwent Wassermann blood tests to detect cases of venereal disease (penicillin had a dramatic impact on treatment for VD). As the ban on admitting mothers on a second pregnancy was gradually relaxed (see below), the medical officer in Castlepollard argued that it was necessary to test blood groups including rhesus status, to alert him to the prospect of haemorrhagic disease.<sup>32</sup>

6.27 Mother and baby homes benefited from child immunisation programmes, and from penicillin and other antibiotics. A letter from the Department of Health to all public assistance authorities, dated 2 May 1947, approving increased maintenance charges for Castlepollard, stated that:

These charges are intended to cover inter alia the cost of Wassermann blood tests, subsequent treatment of inmates affected with venereal disease, extra remuneration for the medical officer for carrying out such treatment and the cost of drugs, etc. The charges are also intended to cover the costs of immunisation and vaccination.<sup>33</sup> [There is an inference that these services are new].

Infants were routinely immunised against diphtheria and whooping cough. In 1950, the visiting medical officer at Castlepollard wrote to the department requesting higher maintenance charges; he referred to the cost of penicillin, and drug treatment for cases of vaginal discharge, and the cost of inoculating children. Gastro-enteritis was now treated with appropriate drugs; he had recently found that streptomycin had proved effective in some cases. A year later he proposed that where a mother or infant maintained by a Public Assistance Authority (PAA) was being treated with a 'special drug' - such as aureomycin, streptomycin, procaine or penicillin - he would charge the additional cost to the PAA, but in order to treat sick patients in a timely manner, he proposed seeking advance approval to do this. The Department of Health rejected this proposal. The list of drugs indicates the range of modern medicines that were available to treat the diseases that were responsible for many infant deaths in the past. These medicines were costly. In

<sup>31</sup> Department of Health, INACT/INA/0/442853.

<sup>32</sup> Department of Health, INACT/INA/0/464172.

<sup>33</sup> Department of Health, INACT/INA/0/427513.

1954 special drugs administered to one child in Castlepollard cost over £6, which was equal to three weeks maintenance for a mother, or six weeks for a child. The Minister for Health had no objection to reimbursing this cost. But Kildare County Council refused to reimburse Castlepollard for the cost of dental work for a woman patient. The department overruled this decision.<sup>34</sup>

- 6.28 Despite significant advances, infant mortality in mother and baby homes remained much higher than the national rate. In 1950, the main causes of death listed in Pelletstown included prematurity, syphilis, cardiac failure, pneumonia, congenital debility and inanition.<sup>35</sup>
- 6.29 Department inspectors visiting Sean Ross in 1949 welcomed the fall in infant mortality, but they believed that more could be done. Miss Litster noted that the death rate at 12% included three infants who would previously have been classified as stillbirths; nevertheless the figures compared very unfavourably with Castlepollard. She complained that a woman with active tuberculosis had been admitted to Sean Ross; she had since been removed to the county home. The department's medical inspectors decried the deaths from pneumonia, which the medical officer described as 'accidental - not likely to recur'. The department claimed that they could be averted, 'in these days of penicillin, sulphadimine etc. by greater vigilance by the nursing staff, so that treatment could be begun earlier'. In 1951, the chief medical officer noted that too many women in Sean Ross were giving birth shortly after admission; some arrived in labour, which contributed to the high rate of neo-natal death and stillbirths. He claimed that half of the mothers and infants left less than three months after the birth, which meant that infants could not be immunised; others left before receiving a second injection. The 'known neo-natal death rate' remained high at 84 per 1,000.<sup>36</sup> The death rate in Sean Ross continued to cause concern. In 1959 it was 50 per 1,000 (the national figure was 32), which was described as 'very high'. The department's inspector Margaret Reidy recalled a report by Miss Litster in 1955, highlighting the deaths from viral pneumonia; she noted that no action appears to have been taken on foot of that report.<sup>37</sup> In 1962, Miss Reidy noted that whereas Castlepollard and Bessborough transferred all seriously-ill infants to hospital, Sean Ross continued to care for them

<sup>34</sup> Department of Health, INACT/INA/0/464172

<sup>35</sup> Department of Health, INACT/INA/0/467784.

<sup>36</sup> Department of Health, INACT/INA/0/464099.

<sup>37</sup> National Archives of Ireland, HLTH/H27/2/3..

in the institution. In 1962 however, deaths in Sean Ross were lower than in the other Sacred Heart homes.<sup>38</sup>

- 6.30 An inspection carried out in Bessborough in 1961 concluded that ‘the hospital was clean and well-kept and records available and properly posted’. However the department noted that infant mortality was around 85 per 1,000 births, three times the national rate. It acknowledged that the rate for ‘illegitimate’ infants was higher than for the children of married women ‘but nevertheless - this figure is too high’. They suggested that this should be discussed with Dr Sutton - whether it happened is unknown.<sup>39</sup>

### **Diet**

- 6.31 By the 1950s infant/children’s diets in county homes and mother and baby homes were informed by modern nutritional science. In 1953 children over the age of three months in the three Sacred Heart homes were given daily doses of adexolin - which contains vitamins A and D3; children aged over six months received a spoonful of cod liver oil. Orange juice was mentioned in diets for children under six months; oranges featured in the diets of older children. Children aged nine months or older received 48 ounces of milk daily, which the department’s dietician described as generous. There was a concern to ensure that the milk was tuberculin-tested.<sup>40</sup> Children were put onto solid diets and spoon feeding around six months, which was the recommended practice at this time.<sup>41</sup>
- 6.32 In July 1954 when Bessborough underwent an inspection, dinner for the women consisted of beef stew, vegetables and milk pudding. The report noted that soup was frequently served especially in cold weather and stewed fruit when fruit was available. Breakfast consisted of porridge, bread, butter and tea, with an egg on Sundays and an occasional rasher. Supper consisted of eggs or salad, with bread, butter and tea. The inspector commented that it ‘appears to be nourishing’.<sup>42</sup> Dinner in Sean Ross on the day of the 1954 inspection consisted of soup, meat and two vegetables, semolina and rhubarb. The evening meal comprised sausage, or black or white pudding, or salad or stewed fruit, plus tea, bread, and

<sup>38</sup> Department of Health, INACT/INA/0/464099.

<sup>39</sup> Department of Health, INACT/INA/0/543582.

<sup>40</sup> Department of Health, INACT/INA/0/464172.

<sup>41</sup> Department of Health, NATARCH/ARC/0/403458.

<sup>42</sup> Department of Health, CCP/IMP/0/45492.

butter.<sup>43</sup> But a 1957 inspection noted that the Mother Superior had found it necessary to improve the diet; she was providing extra milk and butter and she planned other improvements both in the quantity and quality of food.<sup>44</sup>

### **Accommodation and amenities**

6.33 The 1950s brought long-overdue improvements to county homes, which continued to resemble Victorian-era workhouses. There was little investment in mother and baby homes probably because they had received substantial capital funding in earlier decades. In Bessborough the only major investment was £3,000 from the Hospitals Commission in 1953 for additional infant accommodation.<sup>45</sup> In 1950, facilities in mother and baby homes, with the notable exception of Tuam, were far superior to county homes. They had running water, some form of heating, bathrooms and flush toilets (the list is basic). Inspectors who visited Pelletstown in 1950 were impressed by the cleanliness, but they noted that extra lavatories were urgently needed - there were only four lavatories for 140 pregnant and post-natal women. Floors in the women's dining room and adjoining kitchen needed repair. There was woodworm in the floor of one of the women's dormitories; the floor in the children's dormitory was 'bad'. The babies' ward was too large, and should be divided. The inspectors could not see how children could sleep in such a large noisy place. Walls needed replastering. In 1953 the sleeping accommodation for women was overcrowded. An inspection in February 1960 reported that there was no heating in the bathroom attached to St Mary's nursery, a 45-cot unit.

During the three-week cold spell which lasted from beginning of that month until a few days before my visit, it was not possible to use the bathroom and the children had to be washed in their cots. Infra-red heaters, however, had been provided but were lying in the stores awaiting installation. Washing such a large number of infants in their cots is time absorbing, arduous and unsatisfactory for staff and constitutes a certain risk for infants.

6.34 The inspector described the delay in heating this bathroom as 'quite unnecessary'; some windows in the nursery needed repair and the room was 'draughty'.<sup>46</sup>

6.35 The determination to reduce infant mortality resulted in dedicated efforts to reduce overcrowding and divide large dormitories in order to reduce cross-infection. In

<sup>43</sup> Department of Health, INACT/INA/0/464099.

<sup>44</sup> Department of Health, INACT/INA/0/464172.

<sup>45</sup> Department of Health, INACT/INA/0/463707.

<sup>46</sup> Department of Health, INACT/INA/0/467784.

1952 it was reported that the former long nursery in Bessborough had been divided into three smaller rooms, newly-decorated and with glass panels. Another room was equipped with playpens and play materials.<sup>47</sup> Sleeping arrangements differed between the homes. Castlepollard had no separate night nursery for infants; babies remained with their mothers at night, whereas Bessborough had separate night nurseries. Infants in the Sean Ross maternity unit were kept in a nursery at night, which was described as overcrowded and inadequate in 1952.<sup>48</sup> A comparative analysis of neo-natal deaths in the Dublin maternity hospitals in the 1950s noted that the lowest rates were in the Coombe, where babies slept in their mothers' bed at night.<sup>49</sup> Perhaps the absence of a night nursery helped to explain the lower infant mortality in Castlepollard. It also facilitated breastfeeding. However in Tuam and Regina Coeli, members of staff were concerned that permitting babies to sleep with their mothers might result in infant deaths (see Chapters 15 and 21).

- 6.36 Women slept in large dormitories with little if any privacy, no storage space and often inadequate facilities for washing, bathing and toilets. A reference to the 1956 purchase of storage household cabinets for Castlepollard suggests that the mothers might be getting presses or lockers.<sup>50</sup> An inspection of Pelletstown in 1960 commented that 'Neither of the adult dormitories afford privacy of any kind. The Sister-in-Charge considers, in this day and age, that this is retrograde and I agree with her wholeheartedly'; an official in the Department of Health added a handwritten note 'Agreed'.<sup>51</sup> In 1958, mothers in Bessborough were accommodated in a 12-bed unit for nursing mothers, presumably with their babies; there were three additional wards with 16, 24 and 48 beds respectively.<sup>52</sup>
- 6.37 There were modest improvements. The wartime backlog of repairs was tackled and there is evidence of a greater awareness of children's needs. Wartime concerns over rickets and a lack of vitamin D meant that Bethany, Bessborough and Sean Ross constructed some form of solarium.<sup>53</sup> With reduced admissions it

<sup>47</sup> Department of Health, NATARCH/ARC/0/413869.

<sup>48</sup> Department of Health, INACT/INA/0/427513 (Bessborough); Department of Health, INACT/INA/0/471890 (Tipperary North Riding Registration of Maternity Homes).

<sup>49</sup> Rotunda Hospital Bicentenary, *Transactions of the international congress of obstetricians and gynaecologists* (Dublin, 1949).

<sup>50</sup> Department of Health, INACT/INA/0/464172.

<sup>51</sup> Department of Health, INACT/INA/0/467784.

<sup>52</sup> Department of Health, CCP/IMP/0/45492.

<sup>53</sup> Representative Church Body Library, Bethany minutes of management committee; Department of Health, NATARCH/ARC/0/413869.

became possible to provide playrooms and recreation room; several inspectors commented that rooms were being repainted in bright colours. By 1953 Sean Ross had provided a new recreation hall for the mothers, which was 'large, equipped with tables and chairs, radio and piano, a raised stage for concerts and plays, book-case with books and magazines'. Minutes of the council of the Congregation of the Sacred Hearts of Jesus and Mary noted that this was erected 'at the expense of the government. They were also hoping to secure government funding for improvements to the nurseries at Castlepollard and Bessborough'.<sup>54</sup> The Sean Ross refectory, the former recreation hall, was 'somewhat dark, being semi-basement. Fluorescent lighting is being installed and mirrors placed on the walls to create an effect of brightness'. The maternity hospital beds had new interior-sprung mattresses (older mattresses were probably filled with straw). In 1958, women in Sean Ross slept in five dormitories each with eight to 14 beds. These were in converted stables, but were described as 'clean, comfortable and centrally heated'. There were four nurseries, three held 30 cots, a fourth had 24 cots; they were described as large, bright and airy. However the large numbers in each nursery would have made it difficult to control infection. In 1965, Sean Ross proposed to provide cubicles in the women's dormitories.<sup>55</sup>

- 6.38 Castlepollard got a new dining room (there were formerly two shifts for meals), which Miss Litster described as 'admirably designed...airy, bright and attractive'; the women sat at tables for four. In 1958 Miss Reidy reported that the children had 'a plentiful supply of toys and playthings' and the mothers had a television.<sup>56</sup> They must have watched programmes broadcast from Britain and Northern Ireland, because the Irish TV network did not open until 1962. Dunboyne - a new mother and baby home (see below) - also had a television in the 1950s.
- 6.39 Sean Ross opened a small kindergarten unit for the older children - three years and upwards in 1953; this was run by a Sister who was a qualified kindergarten teacher. It was equipped with coloured alphabet bricks, beads, plasticine, colour and number charts and low tables. There were 16 children in this group - most would be adopted in the USA.<sup>57</sup> Bessborough had a playroom for older boys whose ages ranged from one to four years.<sup>58</sup>

<sup>54</sup> Congregation of the Sacred Hearts, council minutes, 27 June 1952.

<sup>55</sup> Department of Health, INACT/INA/0/464099.

<sup>56</sup> Department of Health, INACT/INA/0/450464.

<sup>57</sup> Department of Health, INACT/INA/0/464099.

<sup>58</sup> Department of Health, NATARCH/ARC/0/413869.

6.40 When officials from the Department of Health visited the three Sacred Heart homes in 1964 they reported that ‘

We were impressed by the standards of maintenance of buildings and equipment etc.; by the bathing and sanitary facilities; by the kitchen equipment etc. in all three institutions. The grounds too are in all cases very well cared for’.<sup>59</sup>

6.41 But in 1965 the Mother Superiors of the three homes told the department that beds in the women’s dormitories were so close together that there was no room for lockers or wardrobes.<sup>60</sup>

6.42 Major improvements were not being made to the mother and baby homes in the 1960s because the Department of Health was considering closing one or more homes. Improvements were delayed until the 1970s when several homes had been closed. In 1971, accommodation for women in Bessborough, the only Sacred Heart home remaining, consisted of one room with 12 beds; one with six beds; five cubicles with four beds each; five cubicles with three beds each. The cubicles were built of ‘light wood’. There were only four baths, one shower and six WCs for potentially 55 women. The description is cursory but it appears that the wash-hand basins were communal and there is no indication that they were individually screened – there were seven in one wash room; five in another. The maternity section consisted of six two-bed rooms with wash-basins and built-in cupboards, and three, five and six bed units.<sup>61</sup> Miss Reidy interviewed eight ‘girls’ individually and reported that ‘all seemed generally satisfied with conditions in the Home’, though ‘Dormitory accommodation, in certain units, affords insufficient privacy’.<sup>62</sup> *Irish Times* journalist Mary Leland, who visited Bessborough in 1969, described ‘bright clean rooms for two and three, and even some for one girl alone’, which does not tally with the inspection report above.<sup>63</sup> In 1973, department files indicated that the congregation had spent approximately £50,000 from its own funds on improvements; they sought £13-£14,000 from the department and some money was provided from the Hospitals Trust Fund.<sup>64</sup> By 1974 the women had single cubicles equipped with lockers and wardrobes (similar to boarding school

<sup>59</sup> Department of Health, INACT/INA/0/455744.

<sup>60</sup> Department of Health, INACT/INA/0/465642.

<sup>61</sup> As the scanned page is torn it is not possible to determine how many baths were in the maternity unit.

<sup>62</sup> Department of Health, CCP/IMP/0/45492.

<sup>63</sup> *Irish Times*, 7 August 1969.

<sup>64</sup> Department of Health, INACT/INA/0/463707.

dormitories) and although there do not appear to have been additional bathrooms, the numbers had fallen significantly, which would ease that problem. The dining room was 'colourfully decorated', with ten tables each seating four and there was a TV room, a recreation room, a smoke room and a room where women could play records.<sup>65</sup>

- 6.43 The worst living conditions were in Regina Coeli and Tuam. In 1955 it was estimated that Regina Coeli required major reconstruction costing £155,000. A staircase collapsed the following year, injuring some voluntary workers who were members of the Legion of Mary. In 1957, an architect's report concluded that although measures might be taken to make the building less dangerous, ultimately it would be necessary to demolish most of the building.<sup>66</sup> Regina Coeli did not receive capitation payments for unmarried mothers or children. It was routinely supplied with worn/used towels, sheets, pillow-slips, blankets and bedspreads and kitchen utensils, furniture and surplus clothing discarded by St Kevin's Hospital - the fact that these donations were welcomed indicates the spartan conditions. By 1963 the survival of Regina Coeli was in jeopardy. The Minister for Health, Seán MacEntee, stated that it would be 'a grave misfortune' if the hostel could not survive; it was 'a feature of the Social Services of Dublin which would be irreplaceable by other methods'.
- 6.44 1963 was the crisis year. During the summer, three city-centre tenements collapsed with the loss of four lives. During the course of emergency inspections of vulnerable buildings, Regina Coeli was condemned as unsafe, and the Dublin Health Authority ordered the evacuation of the 250 residents.<sup>67</sup> The Legion of Mary was offered alternative accommodation in the former Crooksling sanatorium in North Dublin. Frank Duff resisted the proposal to close the hostel,<sup>68</sup> and a compromise was reached that involved demolishing part of the building and erecting chalets in the grounds as temporary housing. At the time there were 54 single mothers and 90 children in Regina Coeli. Frank Duff asked Dublin Corporation to provide flats where mothers and children could move after a time in Regina Coeli, but there was an acute housing crisis, with homeless families living in squalid accommodation in the former Richmond Barracks, and Dublin Corporation was giving priority to housing families with four or more children, so it

<sup>65</sup> Department of Health, CCP/IMP/0/45492.

<sup>66</sup> Department of Health, INACT/INA/0/435392.

<sup>67</sup> The hostel was also home to older and vulnerable women.

<sup>68</sup> *Cork Examiner*, 5 Aug. 1963.

was unlikely that his request would be met.<sup>69</sup> The difficulties that the mothers in Regina Coeli faced in keeping their children should not be underestimated. When Miss Litster reviewed data on younger children committed to industrial schools in the years 1953-55, she discovered that a large number came from Regina Coeli and Sancta Maria hostels, though the Legion of Mary tried to dissuade mothers from doing so.<sup>70</sup>

- 6.45 Miss Litster reported that some mothers preferred Regina Coeli to the conventional mother and baby homes, because they could smoke, make tea for themselves and go out to the cinema.<sup>71</sup> This reference to making tea indicates the institutional regime in the other homes. By the 1960s conditions appear to have been relaxed. In 1964, journalist Michael Viney visited one of the Sacred Heart homes. He reported that the women could smoke, but were expected to cut down; they bought and wore makeup and boyfriends could visit.<sup>72</sup> Denny House also facilitated visits by boyfriends by this time.
- 6.46 Conditions in Tuam were primitive until the end. There was almost no capital spending in the 1920s and 1930s (in contrast to Pelletstown and the three Sacred Heart homes). The only section that was modernised was the maternity unit. In 1953 Miss Ashe, a member of the visiting committee, described the Tuam home as 'a disgrace'. She claimed that the Sisters had been trying to get hot water installed but had failed to do so.<sup>73</sup> In the post-war years, Galway County Council attempted to give the Tuam home to the Sisters of Bon Secours but they refused to take charge of the home until it had undergone major improvements.<sup>74</sup> The home was eventually included in the Department of Health's county homes improvement scheme. Improvements were estimated to cost £150,000 but an economic crisis in 1956 resulted in severe cuts in capital spending on health and housing, and the unwillingness of the Bon Secours Sisters and the local authority to end the practice of keeping children in Tuam until the ages of six or seven (in contrast to all other homes), meant that investment was postponed (see Chapter 15). When a delegation from the Department of Health and the local authority visited the Tuam

<sup>69</sup> Department of Health, INACT/INA/0/435392.

<sup>70</sup> Department of Health INACT/INA/0/435925.

<sup>71</sup> Department of Health, INACT/INA/0/435925.

<sup>72</sup> Viney, *No Birthright*, p. 20.

<sup>73</sup> *Connacht Telegraph*, 24 Oct. 1953.

<sup>74</sup> Department of Health, INACT/INA/0/426520.

home in November 1959 to discuss the planned reconstruction, they described it as

poorly maintained, uncomfortable, badly heated...totally unsuitable buildings...a typical Workhouse building (with some later additions including a maternity unit) which has received the minimum of maintenance over a long period of years, and that coupled with the negligible heating arrangements, has resulted in a very deteriorated building.

- 6.47 They contrasted the conditions in the county home at Loughrea, which showed the 'good effect achieved by consistent maintenance and improvements'. In Tuam 'throughout the years since the adoption of the building for its present purpose maintenance appears to have been minimal'; the only money provided to the home was via a capitation rate. Money was first allocated for maintenance in 1957, and the annual grants were small - ranging from £660 to £2,700, sufficient to paint, replaster and refloor a number of rooms and purchase new sanitary equipment. The heating was 'most inadequate even though the day was not particularly cold'. Some rooms had stoves, some were heated with open fireplaces; some children's day rooms had small radiators that were filled with water that was heated on a stove or on the open fireplace and then poured into the radiators. The day rooms had a minimum amount of furniture and play facilities. The room for slightly older children contained a rubber ball and two seats, no floor covering; children aged one and two years were in their bare feet. The dormitories were a major fire hazard; children slept on the second or first floor in large workhouse wards with no subdivision, many wards had 'absolutely no heating', no floor covering and no furniture other than beds and cots. Access was by 'the typical stone stairways common to all County Homes with a very dangerous turn near the top in every case'. There were no washing facilities or toilets on the first or second floors; facilities on the ground level were described as very poor. Hot water was only available at three locations apart from the laundry: the kitchen, a kitchenette in the maternity block and a ward 'which supplies a bath'; the water came from small domestic boilers.<sup>75</sup>

### **Second-time mothers**

- 6.48 The numbers in mother and baby homes fell sharply in the 1950s. In 1950 there were 135 women and 139 children admitted to Castlepollard; the relevant numbers

<sup>75</sup> Department of Health, INACT/INA/0/443008

in 1956 were 113 and 89. Similarly, Pelletstown had 137 women and 370 children admitted in 1950; this reduced to 89 and 213 in 1956. The numbers in Bessborough went from 116 and 98 in 1950 to 76 and 68 in 1956. In Tuam, the numbers decreased from 33 and 222 to 36 and 181 and in Sean Ross from 149 and 134 to 130 and 117.

6.49 In 1952, the Department of Health noted that the falling numbers in Castlepollard had resulted in higher unit costs. Lower occupancy prompted the Congregation of the Sacred Hearts of Jesus and Mary to consider relaxing their rules against admitting women on a second pregnancy. In 1952 however, the council of the congregation decided not to accept 'second offenders'.<sup>76</sup> The Superior General in Chigwell informed Miss Litster that having considered all aspects of the question they had 'decided to leave it alone and see how things turn out'. She added that 'The three Superiors in Eire are a bit alarmed as their numbers are so low'; she wondered 'if there are first offenders who are not willing to go to our Convents or should we be thanking God that the numbers are less'. Miss Litster noted that the proposal to admit second-time mothers had originated with the Superior General and it was evident that the Mother Superior at Castlepollard had resisted the suggestion. Miss Litster believed that it would be a retrograde step to admit second-time mothers to Castlepollard.<sup>77</sup>

6.50 Given the Department of Health's determination to remove all unmarried mothers from county homes, some provision had to be made for women on a second or subsequent pregnancy. When the county managers from Cavan, Louth, Monaghan, and Meath visited Castlepollard there was a discussion about the Sisters 'doing something about "seconds"'. The Congregation of the Sacred Hearts of Jesus and Mary began to explore the possibility of opening a separate home for these women. In 1953 they inspected properties near Drogheda 'on the quiet', but it appears that Cardinal D'Alton, the Archbishop of Armagh (Drogheda was in his archdiocese) refused permission for a home in his archdiocese when he was approached; approaches to the Dublin Archdiocese were also unavailing. The congregation contacted the Diocese of Meath - where Castlepollard was located - and they investigated the possibility of buying Dunboyne Castle. In 1955 the auditor for Castlepollard, who was concerned at falling numbers and a rising deficit, suggested that they admit second-time mothers. The Mother Superior

<sup>76</sup> Chigwell, Congregation of the Sacred Hearts, council minutes, 27 June 1952.

<sup>77</sup> Department of Health, NATARCH/ARC/0/404806.

agreed, provided that women were not sent to a home where they had previously given birth.<sup>78</sup>

6.51 In 1956 Dr O'Higgins, the Minister of Health wrote to the bishops of Cork, Killaloe and Meath to ascertain their views about the homes in their dioceses accepting women on their second pregnancy. He proposed that second-time mothers would be admitted prior to the birth and discharged when the baby was six months old. Bishop Kyne of Meath was willing to leave the decision to the Sacred Hearts congregation; Bishop Rodgers of Killaloe agreed that these mothers should not be in the county homes; decisions as to length of stay should be determined with reference to individual cases, but he believed that two years was unnecessary. Bishop Lucey of Cork wanted second-time mothers to undergo a rehabilitation stay of at least 12 months and he was opposed to them mixing with first-time mothers. The minister wrote to the Superior General in Chigwell, reporting these views and outlining his proposal. The Mother Superiors of the Irish homes suggested that second pregnancies should be spread among the three homes. But the congregation was unwilling to take care of the babies when the mothers were discharged. The only alternatives were foster homes or sending the infants to industrial schools.<sup>79</sup> There are indications that the Congregation of the Sacred Hearts was keen to open an institution in the Dublin area, and it considered opening a children's home as the first step to establishing a home for mothers and babies.<sup>80</sup> The matter drifted. The mother and baby homes began to accept some second-time mothers in order to fill vacant spaces, though no draft agreement existed that the homes would accept these women.<sup>81</sup> By 1959 mothers on their second pregnancy were accommodated in all three homes.<sup>82</sup> Miss Litster noted that because none of the Mother Superiors of the three Irish homes was willing to state that they would admit second-time mothers 'as declared policy', though they would take an occasional patient, health authorities could not be instructed to send mothers who were pregnant for the second time to these homes.<sup>83</sup>

6.52 The Department of Health noted that some health authorities only sent second-time mothers to the special homes when requested to do so on the mothers' behalf

<sup>78</sup> Department of Health, INACT/INA/0/465642.

<sup>79</sup> Department of Health, INACT/INA/0/464172.

<sup>80</sup> Department of Health, INACT/INA/0/465642.

<sup>81</sup> Department of Health, INACT/INA/0/464172.

<sup>82</sup> Department of Health, INACT/INA/0/465642.

<sup>83</sup> Department of Health, INACT/INA/0/464172.

and some mothers refused to go 'because they believe they would be compelled to work very hard while there'. (This might reflect their experience on a previous pregnancy). They preferred to give birth in the county home and leave with their child after a short period.<sup>84</sup> In 1963, Monaghan County Council informed the department that it was their practice to treat 'second offenders' locally. An official in the department reported that Monaghan's policy reflected the personal attitude of the chief medical officer, which the official described as having 'an overtone of moral stricture which I find rather distasteful'. He continued,

the Monaghan practice deprives a girl of the possibility of reformation evolving from the missionary efforts of experienced Nuns and other moral welfare workers who staff the special Homes. There is also the consideration that hundreds of Irish unmarried mothers migrate each year for the express purpose of having their babies surreptitiously abroad, with resultant serious problems. Any practice calculated to increase this sad human traffic is to be looked at askance.<sup>85</sup>

- 6.53 A new mother and baby home opened in Dunboyne in October 1955 (see Chapter 24) to cater for women giving birth to a second or subsequent child, who were funded by PAAs in the north-east - counties Meath, Westmeath, Cavan, Louth and Longford. Monaghan was originally included on that list but withdrew (presumably a reflection of the attitudes cited above). Dunboyne was run by the Good Shepherd Sisters. Meath County Council renovated and equipped Dunboyne Castle. Women did not usually give birth in Dunboyne; a total of 8 babies were born there – cases where it proved impossible to get the women to hospital in time. There was at least one trained midwife on the staff, and a local doctor attended the home. In the early years mothers were admitted to St Kevin's Hospital, but at a later date they went to Holles Street and attended ante-natal clinics in that hospital. By 1958 Dunboyne was overcrowded - in marked contrast to the other mother and baby homes - and admission was restricted to mothers from the north-eastern counties. When the other homes admitted women on a second pregnancy, Dunboyne began to admit first-time mothers. In 1963 a modern extension was added, which a later inspector described as 'institutional'. However living conditions were much better than in other mother and baby homes. The dormitories consisted of one six-bed room with partitioned cubicles, two four-bed rooms, two two-bed rooms and three single rooms. All the rooms had wash-hand

<sup>84</sup> Department of Health, INACT/INA/0/465642.

<sup>85</sup> Department of Health, CCP/INA/0/483137.

basins, and the four-bedded rooms had bathrooms and toilets attached. A separate sanitary unit contained five bathrooms, nine toilets and a visitors' toilet. The women had a television room, a smoke room, a records room, a dining room, two parlours for visitors, and a launderette for their personal laundry - sheets and other institutional laundry were sent to an external laundry.<sup>86</sup>

- 6.54 Although Dunboyne Castle was purchased, renovated and equipped by Meath County Council in 1957, the Good Shepherd Sisters were responsible for its management. These arrangements reflect a continued willingness to devolve care for unmarried mothers and children to religious orders. Dunboyne was an extern institution and was funded on a capitation basis. Like the Sacred Heart homes, the Good Shepherd Sisters had considerable freedom with respect to staffing. A Meath County Council official noted that 'it is desired to give the Order as free a hand as possible in the appointment and employment of staff so that they would be in the position of other voluntary institutions both in this regard and in the purchase of supplies'.<sup>87</sup> Because Dunboyne did not initially register under the *Registration of Maternity Homes Act 1934*, even though it should have, it was not inspected under this Act (see Chapter 24).
- 6.55 In 1966 two British social workers travelled to Ireland to investigate facilities for unmarried mothers. At the time one-sixth of unmarried mothers in England and Wales spent time in a mother and baby home and 148 of the 172 homes in England and Wales were run by voluntary organisations, which generally had a religious/denominational ethos.<sup>88</sup> The percentage of English unmarried mothers in mother and baby homes was similar to the proportion of white unmarried mothers in the United States in those years; few black women were admitted to mother and baby homes. (There is information about a small number of black women who were admitted to Pelletstown in chapter 31).<sup>89</sup> A majority of Irish unmarried mothers were in mother and baby homes, and Ireland had much fewer homes, but they were much larger. One of the visitors, M J Farrah, published an account of their visit in a British social work journal. She noted that the 'pre-confinement stay' in Irish homes was not limited, in contrast to most homes in Britain. Length of

<sup>86</sup> Department of Health, FIN2/EST/0/543210.

<sup>87</sup> Department of Health, INACT/INA/0/538518.

<sup>88</sup> Thane and Evans, *Saints? Sinners? Scroungers*, p. 156.

<sup>89</sup> Rickie Solinger, *Wake up little Susie, Single Pregnancy and Race before Roe V. Wade* (New York & London, 2000), pp 103-4.

post-natal stay was 'governed by circumstances, and not by rigid rules'. She noted that the homes were much larger than in Britain and the buildings looked institutional, though

great efforts have been and are being made to divide the large dormitories and nurseries into smaller units. Where alterations have been completed, and new wings added, the decoration is light and all furnishing modern. Gone are the long tables in the dining rooms, and in their place small tables with three or four places at each. We saw television rooms which could be cleared to make a dance hall, or divided up into two or three smaller recreation rooms by the use of sliding partitions.

- 6.56 She remarked on the 'atmosphere of freedom and friendliness, and the girls appear to be as happy and relaxed as they are in our Homes over here'.<sup>90</sup> In 1968 Jill Nicholson published a survey of British mother and baby homes, which according to one reviewer presented a 'gloomy picture'. Inspector Margaret Reidy claimed that Irish homes 'afford a higher degree of comfort' than the description given of the British homes, though she may have overstated her case when she quoted a mother that she met some months after discharge: "I was never so happy in my life as I was during my stay at X. The nuns are wonderful and so understanding and did everything possible for me".<sup>91</sup>

### **Length of Stay**

- 6.57 In 1949 the medical officer of health at Castlepollard commented that
- it is a depressing prospect for these girls to know they have to remain for two years irrespective of their behaviour...From the moral point of view it is my opinion that if these girls are going to mend their ways, the twelve month period is more beneficial than the two years. The discontentment created by detaining a girl for two years or longer outweighs in my opinion the possible benefits.<sup>92</sup>
- 6.58 There is considerable hypocrisy associated with the judgement that women should remain for two years in a home in order to be 'rehabilitated'. These rules did not apply to private patients - who were quite numerous in Bessborough. In the 1940s

<sup>90</sup> M J Farrah, 'Ireland and the unmarried mother' in *Medical Social work* (February, 1967), p. 303.

<sup>91</sup> Department of Health, CCL/INA/0/523143 has a copy of *British Hospital Journal and Social Service Review* 19 July 1968, with review by Barbara Kahn, of Jill Nicholson, *Mother and Baby Homes, a survey of homes for unmarried mothers* (London, 1968).

<sup>92</sup> Department of Health, INACT/INA/0/450464.

these mothers left shortly after birth and sometimes without their infants. When a new Mother Superior put a stop to this practice (see Chapter 18) they continued to leave shortly after giving birth and they placed their infant at nurse either privately or through a voluntary organisation. More humanely this long stay did not apply to women whose babies were still-born or died shortly after birth.

6.59 Miss Litster suggested that women should stay for a maximum of nine months. This would result in 'a more willing spirit among the inmates'; earlier discharge after birth might encourage women to enter the homes at an earlier stage in pregnancy to ensure ante-natal care. But earlier discharge of mothers meant arrangements to provide care for babies when they were nine months old had to be made. If babies remained in a mother and baby home unaccompanied, it would be necessary to recruit additional staff, 'since mothers left behind are found unwilling to care for the babies of discharged mothers'. She suggested that mothers who were willing to remain as domestic workers or nursery staff should be paid.<sup>93</sup> Following an inspection of Castlepollard in 1950, Miss Litster commented that 'The tendency is growing for patients to apply for admission when confinement is almost due, and to leave at an early date after confinement, taking their babies with them, or placing them at nurse [more probably the latter]. Seven patients were admitted in labour'.<sup>94</sup>

6.60 A memorandum submitted by the Department of Health to the Commission on Emigration and other Population Problems in 1953 describing the arrangements made by Public Assistance Authorities for unmarried mothers and their children, stated that it was the practice for local authorities to board out the children of unmarried mothers at

about two years of age. This results in a stay of two years in an institution for the majority of the mothers. There is, however, no general rule to determine the length of stay, which varied with the requirements of individual mothers as assessed by the authorities of the institution in which they are accommodated. There are no legal powers to restrain an unmarried mother from leaving a Home at any time with her child. The Matron of a Home would as a matter of course take steps to ensure that the child would not be exposed to danger through lack of means or any other cause on the part of the mother.<sup>95</sup>

<sup>93</sup> Department of Health, INACT/INA/0/450464.

<sup>94</sup> Department of Health, CCP/IMP/0/45492.

<sup>95</sup> *Report of the commission on emigration and other population problems*, Appendix IV

- 6.61 The introduction of legal adoption does not appear to have resulted in an immediate fall in the length of time that women remained in a mother and baby home. In the 1950s just under 19% of women remained in a mother and baby home for 700 or more days (approximately two years) after the birth of their child. This was fractionally higher than in the 1940s (17.47%), but many of the early discharges in the 1940s were due to the high rate of infant mortality. By the 1960s, when the overwhelming majority of infants born in mother and baby homes were being placed for adoption only 2.47% of mothers spent 700 or more days in a home after the birth of their child.
- 6.62 In the 1940s the average length of stay in Bessborough for mothers, whose children did not die, was 341 days; it was marginally longer, 360 in the 1950s, but it fell to 156 days during the 1960s. The picture was similar in the other homes run by the Sacred Hearts congregation. As women were admitted approximately two months before giving birth, by the 1960s women were remaining for 2-3 months after the birth of their child. The report of a 1955 inspection of Denny House stated that
- In this Home, as in all other mother and baby homes, it is now found difficult to induce the mothers to remain for more than a month or two after the birth of the baby...As only 42 of the days spent before confinement rank for recoupment under Mother and Child Welfare Grants, the decrease in average number of days spent before confinement is possibly of financial advantage to the Home.<sup>96</sup>
- 6.63 Women went to considerable efforts to shorten their stay in a mother and baby home. St Patrick's Guild placed babies at nurse, and for adoption. Despite the fall in 'illegitimate' births during the 1950s, the number applying to St Patrick's Guild rose. In the years 1943-45 an average of 500 mothers (or family members) applied to St Patrick's Guild; in 1953 they received 674 applications, rising to 793 in 1954 - which suggests that a majority of single women giving birth that year (total registered 'illegitimate' births: 1,330) contacted St Patrick's Guild. However they only 'settled' 150 of the 793 who applied - the babies were adopted or boarded out. Miss Litster, who compiled these statistics, noted that 'There is a tendency amongst expectant unmarried mothers in Dublin to avoid PA institutions

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<sup>96</sup> Department of Health, CCP/INA/0/483137.

for mothers and babies both because of restrictions on personal freedom and because of the long period of retention'.<sup>97</sup>

- 6.64 The Department of Health files contain letters demanding that a woman be permitted to leave a mother and baby home. A Cork priest wrote to a TD on behalf of a woman who was in Sean Ross, asking for her release. He explained that 'she was one of the mainstays of her parents and before this crash was very helpful to them'. Whether this letter reflects a genuine concern for this woman (the family do not appear to have been willing to accept her child), or her parents' need for financial or personal support is unclear. In 1961 a Wicklow councillor complained about the length of stay required in Sean Ross. When the Department of Health analysed data on duration of stay for 16 Wicklow patients in Sean Ross from 1956 to 1961, the average was nine months after childbirth. One mother of a still-born infant was discharged after 11 days; the longest stay was two years and seven months; this case concerned 'a delicate infant whose mother was commendably anxious to be with him until he was fit for discharge for adoption'.<sup>98</sup> A 1964 memorandum noted that nothing in the *Health Act 1953* or the 1954 regulations empowered the mother and baby homes to detain a woman. However, there was a provision in the regulations (article 10) requiring that women who intended to leave should give reasonable notice of that intention to the Mother Superior of the home or an appropriate officer. The memorandum stated that despite the absence of any legal powers of detention the Sisters running these homes were 'understandably reluctant to consent to the immediate departure of an unmarried mother after her confinement - leaving the Nuns literally holding the baby'. The author warned about 'the experienced unmarried mother' who might plan to abandon her baby in the home, and mothers who gave false names or misleading information. He suggested that mothers should remain in the home for a sufficient period to provide for 'moral rehabilitation'; 'in the case of a hard-bitten patient' this might involve a lengthy stay. It was agreed that the department inspector would examine length of stay during her next visits to these homes. The official concluded by noting that

In general, the arrangements for coping with the difficult and delicate problem of unmarried mothers appear to be working well; and it seems certain that any

<sup>97</sup> Department of Health, INACT/INA/0/435925.

<sup>98</sup> Department of Health, INACT/INA/0/464099

attempt by the Department to interfere with the existing machinery would involve exchanges with the higher ecclesiastical authorities.<sup>99</sup>

6.65 By 1964 the Cork Health Authority had arranged for Bessborough to keep children who were awaiting adoption (without their mothers).<sup>100</sup> It would appear that Bessborough was reluctant to agree to this. The Mother Superior discussed the matter with the local authority, and she reported to the congregation's council in Chigwell that there were 'difficulties in this work but Mother Lucina has been advised that if we do not take this work, we shall eventually have no work in Cork'.<sup>101</sup> In the following year the Department of Health claimed that the average stay in the Sacred Heart homes was three months.<sup>102</sup> Women admitted to Pelletstown in 1967 remained for periods ranging from 'a few days to about twelve months'. Women, whose children were being adopted and who could afford to pay for them to be maintained in Temple Hill or a similar institution pending adoption, could leave shortly after giving birth; poorer women might have to remain until the child was placed with adoptive parents. Pelletstown gave 'preference for speedy adoption' to first-time mothers, which meant that mothers on a second or subsequent pregnancy might have to remain for up to 12 months. Mary Frances Creegan suggested that this practice was 'based on a now out-of-date concept of the function of a Mother and Baby Home', moral rehabilitation.<sup>103</sup> Statistics compiled by the Cork Health Authority in 1969 relating to women that it had supported in mother and baby homes over the previous 18 months suggested that 26% remained for less than four weeks; a further 26% spent four-eight weeks, and 28% spent eight-12 weeks.<sup>104</sup> (These statistics only apply to women maintained by the Cork Health Authority, for that reason it is difficult to compare them with the Commission's database, but they are consistent with the institutional data). The days of mothers remaining for two years were over, but as before, the length of stay was determined by financial circumstances.

### **Closing mother and baby homes**

6.66 The Department of Health began to consider the possibility of closing one of the Sacred Heart homes in the mid-1950s. They monitored numbers in the homes and

<sup>99</sup> Department of Health, INACT/INA/0/464099.

<sup>100</sup> Department of Health, INACT/INA/0/464099.

<sup>101</sup> Chigwell, Congregation of the Sacred Hearts, council minutes, 12 Nov. 1966.

<sup>102</sup> Department of Health, INACT/INA/0/455744.

<sup>103</sup> Mary Frances Creegan, 'Unmarried mothers: an analysis and discussion of interviews conducted in an Irish mother and baby home' (M.Soc.Sc., UCD, 1967), see Chapter 13.

<sup>104</sup> Department of Health, CCL/INA/0/488712.

in 1958 they determined that 'one of these institutions is surplus to requirement'.<sup>105</sup> The decision to close Tuam was not part of that process, however when the committee on county homes reviewed the various options for rebuilding or renovating the appalling facilities in Tuam, the secretary of the department suggested that Tuam should be closed and the children accommodated in other mother and baby homes. This decision was contested by the Archbishop of Tuam and local politicians. A deputation from Galway County Council consisting of the TDs who were county councillors and the county manager met the Minister for Health to express their opposition to the proposed closure.<sup>106</sup> Tuam closed in 1961 - see Chapter 15. The council accounts for 1961 recorded a decrease of £9,250 in spending on unmarried mothers and children.<sup>107</sup>

- 6.67 The department monitored the accounts submitted by the mother and baby homes, knowing that sustained deficits would inevitably trigger demands for higher maintenance payments. In 1960/61 (the date is unclear), it noted that the Sacred Heart homes had an accumulated deficit of almost £20,000; however, the imminent transfer of 117 children from Tuam to these homes 'should have an appreciable impact on the financial deficit'. The decision as to which home would accept the children 'must presumably be left to the nuns'. Forty-one children were transferred to Sean Ross; the congregation was given a higher capitation grant in respect of these children,<sup>108</sup> who were presumably older and without a resident mother.
- 6.68 The determination to close one of the Sacred Heart homes was motivated by a variety of factors: rising maintenance costs, evidence of vacant places and an urgent need to provide additional accommodation for children with special needs. In 1958, the Irish ambassador to the UK, Hugh McCann wrote to the Superior General in Chigwell on behalf of the Irish health authorities asking if she would consider administering a home for 'mentally defective' children in Ireland. At this time the proposal appears to have been that the congregation would take over an under-used orthopaedic hospital.<sup>109</sup> However, in the same year the department determined that one of the mother and baby homes run by the congregation should become a home for 'mental defectives'. Bessborough was described as 'ideal for this purpose'. The official suggested that it would not be advisable to

<sup>105</sup> Department of Health, INACT/INA/0/464172.

<sup>106</sup> Department of Health, INACT/INA/0/443008; *Connacht Tribune*, 8 Oct. 1961.

<sup>107</sup> *Connacht Tribune*, 31 March 1962.

<sup>108</sup> Department of Health, INACT/INA/0/464172.

<sup>109</sup> Chigwell, Congregation of the Sacred Hearts, annals, 29 July 1958.

approach the congregation without first informing the Bishop of Cork, Dr Lucey; 'the best way of clearing the desks would be for somebody from this Department to have a chat with the Rev Canon Bastible and if necessary with His Lordship to acquaint him of our proposals and to ascertain his reactions'.<sup>110</sup> If the department spoke to Bishop Lucey no record of this meeting survives (Bishop Lucey's papers were destroyed on his instructions after his death). The closure of Tuam may have delayed a decision. In 1964 the department wrote to the Superior General in Chigwell stating that the three homes had shown a steady decline in occupancy rates; all the mothers and children could be accommodated in two homes. She replied that the matter would be considered by the council of the congregation.<sup>111</sup>

6.69 A team of departmental officials visited the three homes with a view to determining which was best suited to accommodating children with special needs. They recorded 'our very favourable impressions of the calibre of the nuns we met in the three homes; in each case we met most of the members of the communities and we were very impressed by their general outlook and their willingness and ability to discuss with us a wide range of topical subjects'. All the homes were suitable, but they selected Sean Ross because it was the biggest, 'on the grounds that it will provide the greatest measure of relief for the greatest number of persons'.<sup>112</sup> The officials may have been deceived by the 'general outlook' of the Sisters and 'their willingness and ability to discuss a wide range of topical subjects', because the congregation was not willing to transfer any mother and baby home. The Superior General contended that all three homes were at full capacity in September 1964. She claimed that the department's statistics on occupancy were incorrect and she produced alternative estimates, which they queried. Her statistics showed, correctly, that the number of women admitted was rising, but women and infants were staying for much shorter periods - so turnover in beds/cots was much greater than in the past. At this meeting, a Sister from one of the Irish homes suggested that they should retain the three homes and reduce the numbers in each home in order to give women more space. The department agreed that if one home closed they would fund some modest extensions to the remaining homes in order to improve conditions for the women.

<sup>110</sup> Department of Health, INACT/INA/0/464172.

<sup>111</sup> Department of Health, INACT/INA/0/455744.

<sup>112</sup> Department of Health, INACT/INA/0/455744.

6.70 When Bessborough applied for a modest capital grant in 1965, the department deferred a decision because they were determined to transform one home to accommodate people with intellectual disabilities. They noted that there appeared to be ‘some doubt also as to whether this Order has been inclined to be fully co-operative’ about that proposal.<sup>113</sup> It was agreed that the Superior General of the congregation would meet the department on 2 March 1966 to discuss a change of use for Sean Ross. However, on the morning of the proposed meeting the department received a telephone message from Sean Ross reporting that Bishop Rodgers of Killaloe had visited Sean Ross that morning and had heard for the first time of plans to change its use. The record of the phone call stated that ‘he had been impressed by the increase in the number of baptisms in recent years’, which appeared to imply that it would not be possible to change the use of Sean Ross. ‘The suggestion was then made’, presumably by the congregation, that the meeting should be postponed. It is highly improbable that the timing of the bishop’s visit and the phone call was accidental. Minister for Health Seán MacEntee contacted Bishop Rodgers and explained that any decision about a change of use was at a discussion stage, and it would be premature to discuss the matter with the bishop. A representative of the department travelled to Ennis and presented Bishop Rodgers with statistics of bed occupancy rates and evidence that mothers and babies were staying in the homes for a shorter period. Bishop Rodgers countered that if one of the homes was to close, it should not be Sean Ross. The matter dragged. Further research confirmed that two homes were sufficient to meet current needs. The department contacted the bishops of the three dioceses in which the Sacred Heart homes were located. The bishops of Cork and Meath were willing to leave any decision to the congregation, but Bishop Rodgers remained recalcitrant. Further delays ensued because of the death of the Superior General in Chigwell and the election of her successor. The new Superior General acknowledged that two homes were sufficient and ‘subject to the relevant diocesan approval, and subject to ratification by the Council’, the congregation would be willing to run a home for children with special needs in one of the former mother and baby homes.<sup>114</sup> Officials again visited Bishop Rodgers, who was accompanied by the chaplain to Sean Ross and a priest who arranged adoptions of Sean Ross children. The report of the meeting, which lasted over an hour, noted that ‘it was mainly a repetition of the points and arguments set out above...telling the Minister his Lordship’s attitude was that he could have any

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<sup>113</sup> Department of Health, INACT/INA/0/463707.

<sup>114</sup> Department of Health, INACT/INA/0/455744.

home he liked so long as it was not Sean Ross'. The official noted that although the bishop 'did not budge an inch I had the idea that he was a bit shaken' when presented with data as to numbers and length of stay, which he had misinterpreted.

- 6.71 If Bishop Rodgers was 'a bit shaken' he did not change his stance. In 1966 the Minister of Health, Donough O'Malley wrote an apologetic letter to the bishop in the hope of reaching a decision on Sean Ross. Bishop Rodgers protested about the fact that a religious order in his diocese 'should have been asked by a Government Department to give up work for which they had been admitted into the diocese'; he alleged that the need for Sean Ross was 'more pressing and urgent than ever'. He questioned whether a stay of three months (now the norm) was sufficient for the moral rehabilitation of the mothers and the physical well-being of the children.<sup>115</sup> In November 1966 however, the council of the Sacred Hearts congregation agreed that Sean Ross should be used for mentally handicapped children, if the diocesan bishop gave his permission.<sup>116</sup>
- 6.72 The death of Bishop Rodgers and delay in appointing his successor postponed the decision for over a year. When officials met the new bishop, Dr Harty, in January 1968 he appears to have placed no obstacles to the change of use. The department travelled to Chigwell to meet the Superior General (she had decided not to travel to Ireland because of a foot and mouth epidemic in England). Admissions to Sean Ross ceased in October 1969; the last mother and baby left shortly before Christmas and the first ten children with special needs were admitted in January 1970.<sup>117</sup>
- 6.73 The closure of Castlepollard was much more sudden. The finances of the Irish mother and baby homes may have been a factor because the congregation reviewed the attached farms and investigated the possible sale or lease.<sup>118</sup> The Superior General visited Castlepollard in 1969. The annals record that the Sisters described their work as 'rather heavy going, but it is quite clear that mother and baby homes are on the way out'. When the congregation's decision to close Castlepollard became known, a local priest visited Chigwell in an attempt to change their mind. The annals noted that 'They clearly do not realise the

<sup>115</sup> Department of Health, INACT/INA/0/455744.

<sup>116</sup> Chigwell, Congregation of the Sacred Hearts, council minutes, 12 Nov. 1966.

<sup>117</sup> Chigwell, Congregation of the Sacred Hearts, Roscrea annals, 1969-85.

<sup>118</sup> Chigwell, Congregation of the Sacred Hearts, annals, 11 May 1968.

hardships the sisters have and do encounter'. The Castlepollard medical officer was 'quite stunned' to hear that the home would close. He claimed that admissions were increasing; they had doubled in the previous six months. The Bishop of Meath informed the Mother Superior that he had received many representations about the closure of the home. The care of single expectant women remained 'an urgent pastoral problem' that could not be adequately handled by social services; women needed a choice of homes in order to maintain their anonymity. He suggested that the Superior General might consider replacing the Mother Superior in Castlepollard with a Sister who would give more consideration to the question of closing the home. A note in the annals dated September 1970 recorded that discussions had been held with the community in Castlepollard, and 'nearly all agreed they could not go on'. The Superior General met the bishop to seek his approval to close the home; the annals record that 'Although he was kind and understanding and he agreed there was nothing else Reverend Mother could do, he rather gave the impression that some pressure would be upon us, and we may not find it easy to move'.<sup>119</sup> Following negotiations with the Department of Health, the hospital was sold to the Midland Health Board for use as a long-stay unit for adults with intellectual disabilities.

- 6.74 By 1970 Bessborough was the only remaining Sacred Heart Irish mother and baby home and the annals reveal that they considered closing Bessborough. In February 1971 the Superior General visited Cork and discussed 'the work with the Sisters - the Sisters feel there is no future in the work'. She agreed to meet the bishop to inform him of this. Bishop Lucey told her that there was 'a great need for the work the Sisters were doing, carry on, update what you have, you will never have big numbers but the Sisters are needed in Bessborough'. The annals record that 'The Sisters were very happy to accept this decision thank God'.<sup>120</sup>

### Conclusions

- 6.75 By the mid-1960s the overwhelming majority of babies born to Irish single mothers were being placed for adoption. This was a consequence of societal attitudes and the covert and occasionally overt pressures exercised by families and by figures in authority. In 1967 two-thirds of the 100 women in Pelletstown who were interviewed by Mary Frances Creegan planned to have their baby adopted but would not marry the father of their child; two women planned to have the baby

<sup>119</sup> Chigwell, Congregation of the Sacred Hearts, annals, 19 Sept. 1969, 2 Sept. 1970, 4 Sept. 1970.

<sup>120</sup> Chigwell, Congregation of the Sacred Hearts, annals, 10 and 11 Feb. 1971.

adopted and would marry the father of their child; nine planned to keep the baby and marry the father. She estimated that 12 of the 100 mothers had the means to keep their infants - either because they were marrying the child's father or because their parents would accept mother and baby back home. Within a few weeks of these interviews she discovered that at least two women who had planned to keep their baby had changed their minds. She suggested that 'These, together with some of those who had already decided on adoption, were possibly cases where adoption was forced on the mother by social and financial circumstances'. As examples of these social pressures she cited the case of a couple who planned to marry but had decided to place their child for adoption 'for fear of the social disgrace which would result if they acknowledged that they had had a child before marriage'. Other couples planned to set up home away from family and friends in order to conceal the birth of a child before marriage; one couple planned to pretend to adopt their child at a later date. She concluded that 'whatever the success or failure of adoption, the decision of many mothers to give up their parental rights is a response, in great part, to the failure of society to offer the help which every unsupported mother needs to help her to bring up a child without a father'.<sup>121</sup>

- 6.76 Single women continued to conceal their pregnancy from family and friends, and a breach of confidentiality could give rise to acute distress. In 1962 the CPRSI (the first port of call for many pregnant single women) agreed with the City and County Managers' Association that they could make arrangements for women to be admitted to mother and baby homes without first having to contact the local authority to agree liability. The CPRSI emphasised that 'by approaching the Society rather than the local authority the girls had, in effect, made it clear that they did not wish to have arrangements made for them at local level and wanted the Society thereafter to make all necessary arrangements for them and for the child on a basis of absolute confidence'.<sup>122</sup> In 1966 the CPRSI contacted the Department of Health in relation to a young woman who lived with her married sister and brother-in-law in a Co Louth town. She had arrived at the CPRSI offices 'in a very nervous and apprehensive state'; she was anxious that her sister should not know about her pregnancy. The CPRSI reassured her that all involved in a professional capacity - including the secretary of Louth County Council, 'would strictly honour her confidence', and she was admitted to Bessborough. Some

<sup>121</sup> Creegan, 'Unmarried mothers',

<sup>122</sup> Department of Health, HPO/INA/0/425641.

weeks later (before her baby was born), her brother-in-law visited the CPRSI offices and reported that a county council official had called to his home and informed him and his wife that their sister/sister-in-law was expecting a baby in Bessborough - they were under the impression that she was in London. The official had called, on the instructions of the county secretary, to inquire whether the woman's family could contribute to the cost of her maintenance. Louth County Council claimed that failing to make inquiries as to a family's means would 'appear to be at variance with the Council's obligations to protect the financial interests of ratepayers'. The fact that this house was in a local authority estate should have indicated that they were not in affluent circumstances. In another case an official of Louth County Council had contacted the mother of a pregnant woman who was repatriated from England. The CPRSI understood that 'Mrs F became hysterical, left her young children unattended, and rushed to Dublin to see her husband who works...there'. He made inquiries and informed his wife that the official had the wrong address (which was untrue). The department was concerned at these reports because they had understood that local authorities would not divulge confidential information of this nature. The department commented that 'the whole system and method of helping unmarried mothers in this country must break down completely unless we can guarantee to these mothers that their parents, relatives and neighbours will not be informed...Secrecy is absolutely vital'.<sup>123</sup>

- 6.77 By the late 1960s fostering (boarding-out) was no longer seen as a long-term outcome for the children of unmarried mothers. In 1968 a department inspector claimed that she had 'reason to believe' that the Longford county medical officer exerts pressure on unmarried mothers to allow their children to be adopted by intimating to them that there is no alternative; boarding out is not even mentioned. I have drawn the Department's attention to the misuse of the Adoption Act on previous occasions, and in relation to other Health Authorities, and my views have been endorsed by the recent letter to the Minister by an unmarried mother living in Dublin.<sup>124</sup>
- 6.78 In a lengthy memorandum, that was headed 'Children in Care', dated 15 November 1968, Miss Clandillon stated that

<sup>123</sup> Department of Health, HPO/INA/0/425641.

<sup>124</sup> This letter has not been identified however this is a reference to it on at least two files of the Department of Health Department of Health, INACT/INA/0/449929.

No guidelines have been given to health authorities as to when the mother should be advised to place her child for adoption or when the child should be boarded out...As far as health authorities are concerned adoption would, in general be the more satisfactory course (if regard is not had to the over-riding needs of the parents and the child), as it obviates the need for continuous supervision of the child and with the termination in many cases of boarded-out allowance or cost of institutional maintenance, is a financial saving to the authority. Miss Murray, following her inspection recently of the Dublin Health Authority scheme, has reported that undue pressure is being brought to bear on mothers of illegitimate children to have their children adopted and that the health authority threatens to withdraw their support in any cases where the mother refuses to agree to adoption. Whilst not wishing to consider the merits of adoption as against the merits of boarding out, it seems clear that any mother who wishes to retain her illegitimate child should be assisted by having him boarded out or otherwise provided for in accordance with her wishes e.g. kept in a nursery while she is at work during the day.<sup>125</sup>

- 6.79 The proportion of 'illegitimate' children who were adopted reached a peak in the late 1960s. This was also around the peak of adoptions of children born to single mothers in England - though the proportion of English adoptions was significantly lower than in Ireland, and many English children were adopted by their natural parent.<sup>126</sup> The number of adoptions continued to rise into the 1970s, though it fell as a proportion of total 'illegitimate' births. Some children were deemed 'unadoptable' – i.e. not accepted by adoptive parents. They included children with special needs; children of mixed race; children of mothers who were deemed to have an intellectual disability or mental health issues, however the evidence presented in chapter 31 indicates that many of these children were adopted. Despite this evidence there are indications that some adoptions were delayed or even abandoned in cases where a child suffered from quite minor, curable conditions. Michael Viney quoted a priest, who was involved with adoption: 'We still haven't reached the stage where the adopters' first motive is to give a child a home. They want the perfect child, who doesn't have red hair or a squint or a crooked toe'. One adoption society reported that a baby girl who was born with a dislocated hip - which was eminently treatable - could not be adopted, even after

<sup>125</sup> Department of Health, CCL/INA/O/523143

<sup>126</sup> Jenny Keating, 'Adoption in England and Wales: the twentieth century', <http://www.historyandpolicy.org/docs/dfc-jenny-keating.pdf>

the hip had been rectified. Adoption societies were unwilling to offer children for adoption if there was a family history of mental handicap or inheritable illness.<sup>127</sup> A mother whose infant was not deemed adoptable might be kept in a special home much longer than a mother whose child was placed for adoption. In 1964 a Kerry doctor contacted the Department of Health with regard to a woman who had given birth in Bessborough. He described her as 'rather defective herself but can manage satisfactorily under care'; her six-week-old infant was described as 'defective', there was no hope of adoption. The maternal grandmother wished to bring her daughter home (without her child) because 'the young man of the house is now about to settle' and the grandmother wished to have her daughter back home as soon as possible, lest a daughter-in-law might veto her returning at a later date. There are two features of this case - first the conviction that this six-week-old infant could not be considered for adoption - at this age it would have been difficult to determine the child's intellectual state - a medical official in the department raised this point. This suggests that the infant was condemned as 'mentally-sub-normal', because his mother was 'rather defective'. (See chapter 31 for further discussion of such cases). There was a shortage of places for children/infants with special needs, and Bessborough refused to keep the infant without the mother. The fact that all institutions that might be suitable for this infant (if he had special needs) were run by voluntary bodies meant that the minister had no authority to order them to provide a place. It would appear that the mother was condemned to remain in Bessborough, though the long-term outcome is unknown.<sup>128</sup>

- 6.80 The second point concerns the potential opposition that the older woman might face in bringing her daughter home. A mother wrote to Fr Good in 1967 about her daughter who was six months pregnant: 'I am afraid the brothers will give her a beating and of course she would deserve it if they did but the [quiet] way is the best way'. She asked him to assist her daughter because she was ashamed to speak to her local priest.<sup>129</sup>
- 6.81 During a 1969 debate on provisions for unmarried mothers at the Cork Health Authority (CHA) one member said that his only criticism was the six-month delay before children were placed for adoption.<sup>130</sup> A report drawn up by the CHA

<sup>127</sup> Viney, *No Birthright*, p. 43.

<sup>128</sup> Department of Health, INACT/INA/0/442989.

<sup>129</sup> Cork Diocesan Archives, St Anne's Adoption Society, Box 3.

<sup>130</sup> *Cork Examiner*, 15 July 1969.

manager stated that they were arranging 60-70 adoptions each year. Over the previous 18 months, the CHA had been responsible for the admission of 146 women to mother and baby homes; 80 went to Bessborough. It was now standard practice for a local authority to pay for maintenance in these homes without carrying out any inquiries into her financial circumstances. The children's officers had worked with 37 women who remained at home and gave birth in a maternity hospital or nursing home, and contacted the CHA to discuss future arrangements for their child.<sup>131</sup> Children's officers visited all unmarried mothers, who accepted their visit, to discuss future arrangements. Where women wished to keep their baby they would arrange for a mother and baby to receive Home Assistance (see Chapter 1); 53 Cork unmarried mothers were receiving home assistance in 1969. In the case of women whose children could not yet be adopted because of medical concerns, the CHA had set up a network of short-term foster homes, where children were cared for, while they underwent specialist medical treatment. This meant that a mother was not forced to remain in a mother and baby home for an uncertain period. By 1969 they reported that no baby was being maintained in Bessborough by the CHA, who was old enough to be placed for adoption and no mother 'has to stay there longer than is strictly necessary'. CHA had engaged in 'protracted negotiations' with Bessborough over setting up a nursery where babies could be cared for pending adoption, at CHA expense, so far without success.

6.82 The manager of the CHA queried whether the structure and organisation of local authorities enabled them to act as effective adoption authorities 'on a continuing large-scale basis'. There were no regulations governing the placement of children for adoption comparable to those that existed for boarded out children. If the CHA continued to engage in adoption they would have to recruit specialist qualified children's officers who should be employed full-time on adoption and other aspects of children's social work. The CHA children's officers had asked for the assistance of a placement committee to assist in placing children for adoption.<sup>132</sup> The Adoption Board was pressing all adoption agencies to establish such committees.

6.83 1968 can be seen as a turning-point. The number of births to single mothers was rising - it was the highest figure since 1950 (the low point was 1959). Infant mortality had fallen to 21 per 1,000, which was equivalent to Scotland, better than

<sup>131</sup> It is not possible to compare these statistics with the data from the Bessborough institutional records; some of the children placed for adoption by the CHA would not have been in Bessborough, and many Bessborough children were not funded by the CHA.

<sup>132</sup> Department of Health, CCL/INA/0/488712.

Northern Ireland but higher than England and Wales. The gap in infant mortality between Dublin and the rest of Ireland had vanished; infant mortality in Dublin was marginally lower than the national average. The commentary in the GRO annual report did not refer to the infant mortality of 'illegitimate' children, which suggests that it was no longer regarded as cause for concern. In 1968, 54 infants born to single women died - a rate of 34.6 per 1,000, which was dramatically lower than in 1948, and the gap between 'illegitimate' infants and all infants had narrowed considerably, nevertheless it was 160% of the national rate - a ratio similar to England and Wales. Women were being admitted to mother and baby homes in very large numbers - indeed numbers were rising, but they stayed for much shorter periods. Conditions in the homes had improved, but they continued to be regimented and institutionalised, and, with the possible exception of Dunboyne, they offered no privacy to the women. Almost all the babies born that year to unmarried mothers were placed for adoption, though that was about to change.