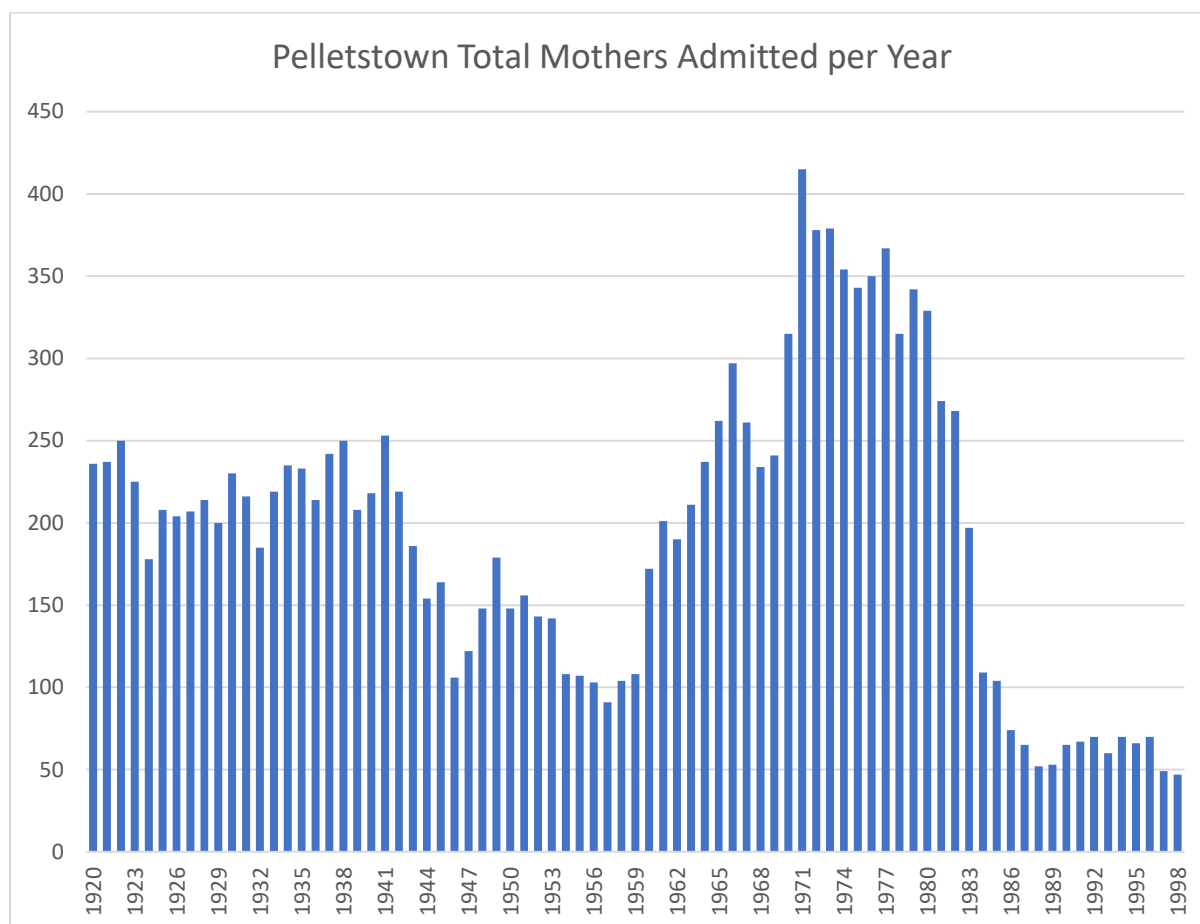


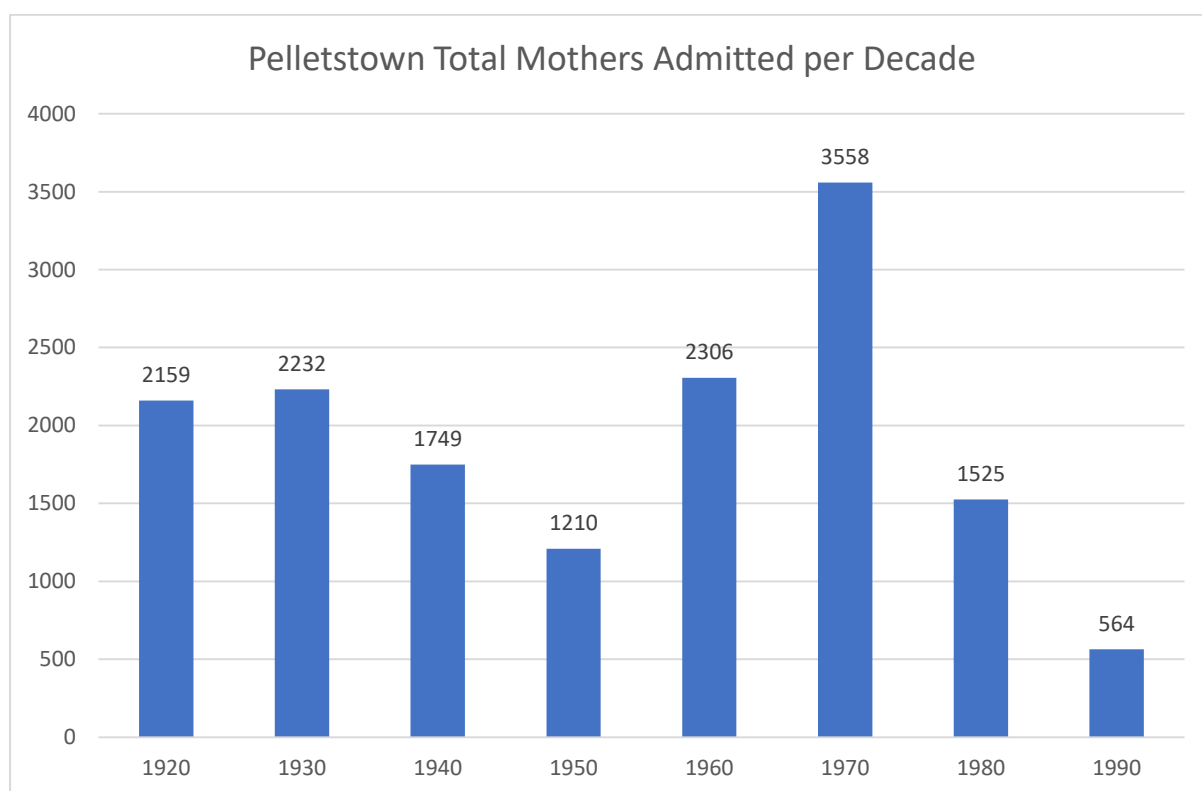
Chapter 13 A: Pelletstown Statistical Analysis

The statistical analysis provided here is based on the institutional records provided to the Commission. The Commission compiled a database from the institutional records and analysed the information on a calendar year basis. In the narrative chapter, statistical information from other sources is described. These other sources are not directly comparable with the Commission's analysis. For example, almost all the statistical information available from official publications is on an administrative year basis, that is, from 1 April to 31 March. This was the case until about 1980. However, as is clear from the analysis below, the statistical returns made to the Department of Health by the institution are broadly in line with the Commission's analysis. Statistics from other reports, for example, inspection reports, often relate to a specific day or a non-standard period and so are not directly comparable. In general, the Commission is satisfied that there are no significant differences between its analysis and information from other sources. In a few cases where there are differences, attention is drawn to this in the narrative chapter.

Admissions

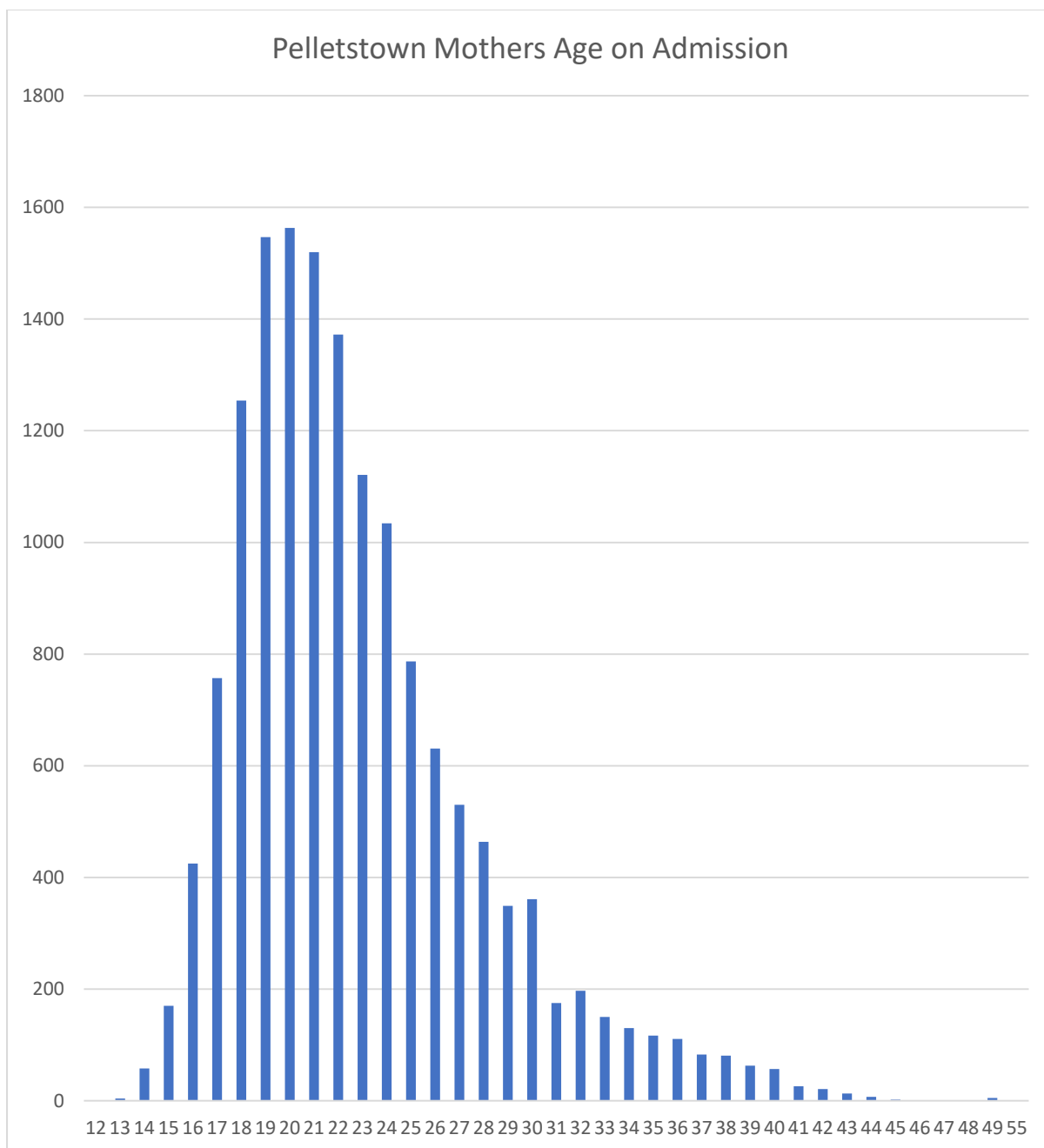


The Commission identified 15,382 women who were admitted to Pelletstown between 1920 and 1998 from the institutional records. Information relating to date of admission to Pelletstown was available for 15,303 women (99.5% of admissions). In the years 1922-42, between 200 and 253 women were admitted to the home each year. Annual admissions were below 200 on just two occasions in this period, in 1924 (178) and in 1932 (185). Admissions fluctuated between 186 in 1943 to 91 in 1957 but began to increase again from 1958. The period 1960-83 was the busiest period; 45.3% of all admissions were recorded in those years. In the 1970s, 356 women on average were admitted annually; numbers peaked in 1971 when 415 women were admitted. The number of women entering the home fell dramatically in 1984, from 197 to 109, and remained relatively low until 1998; 68 women on average were admitted annually in that period.



Analysis of admissions by decade shows that more women (23.3%) were admitted to Pelletstown in the 1970s than in any other decade. This was followed by the 1960s (15%); 1930s (14.6%); 1920s (14.1%); 1940s (11.4%); 1980s (10%); 1950s (7.9%) and the 1990s (3.7%). Over 48% of admissions were recorded in the three decades spanning 1960-89 and a little over 40% were admitted in the three decades spanning 1920-49.

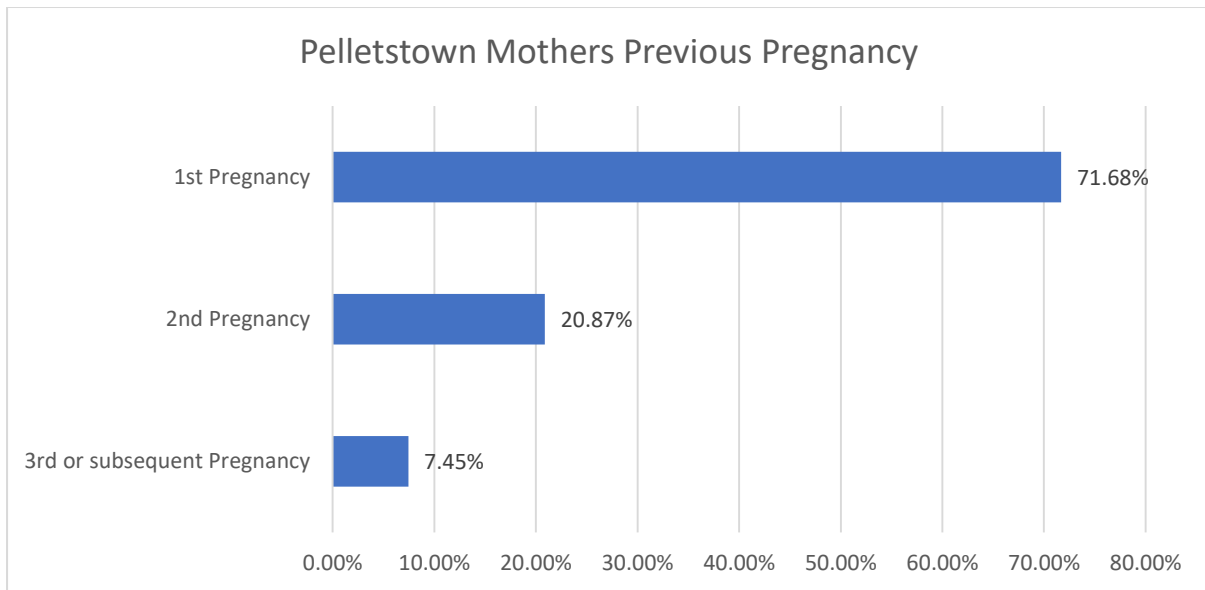
Age on admission



Information on age on admission was available for 15,190 women (98.8% of admissions).

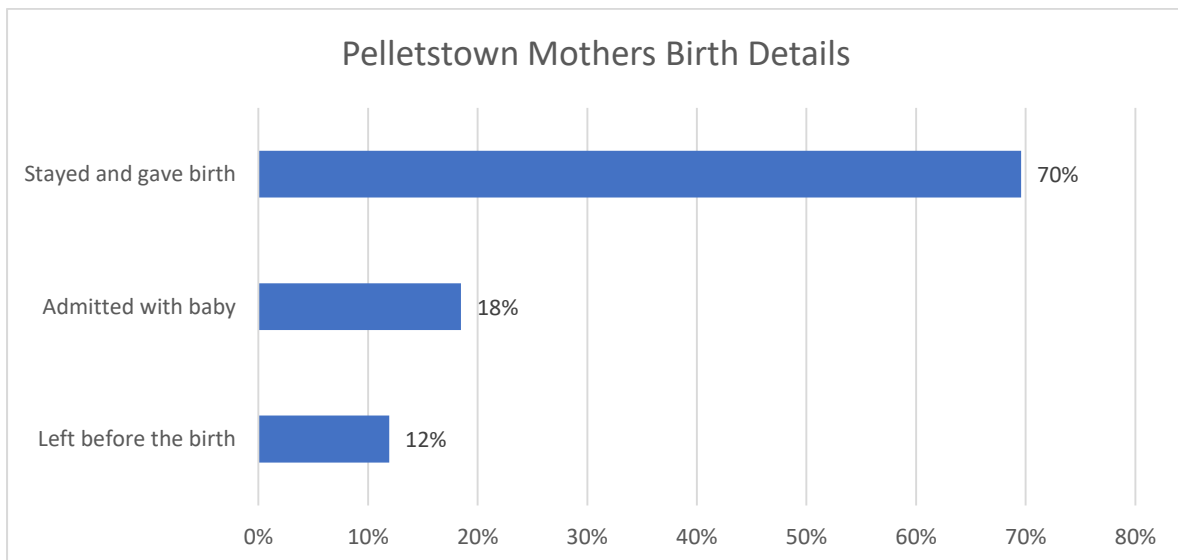
Ages ranged from 12 to 55 years; the mode of age on admission was 20 years. Average age on admission was 23 years. Average age on admission in the years 1920-50 was 24 years and decreased to 22 in 1960 and to 21 in 1970. This increased to 22 years in 1980 and to 23 in 1990. Most women (80.1%) were aged between 18 and 29 years on admission; 10.6% were aged 30 years and older and 9.3% were aged between 12 and 17 years.

Previous pregnancy



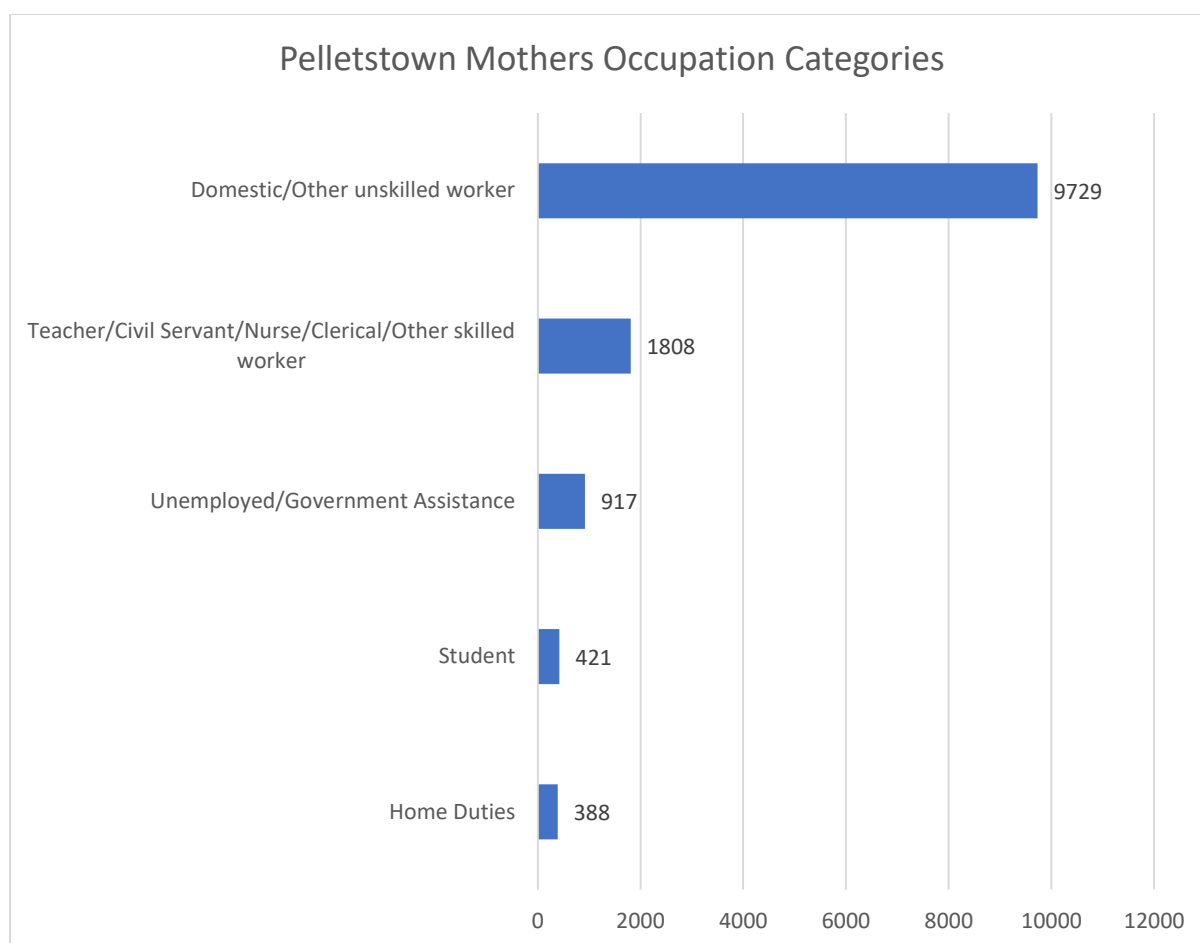
Information relating to previous pregnancy was available for 9,622 women (62.6% of admissions). The institutional records show that 71.68% of women were admitted on their first pregnancy; 20.87% on their second pregnancy and 7.45% were admitted on their third or subsequent pregnancy.

Birth details

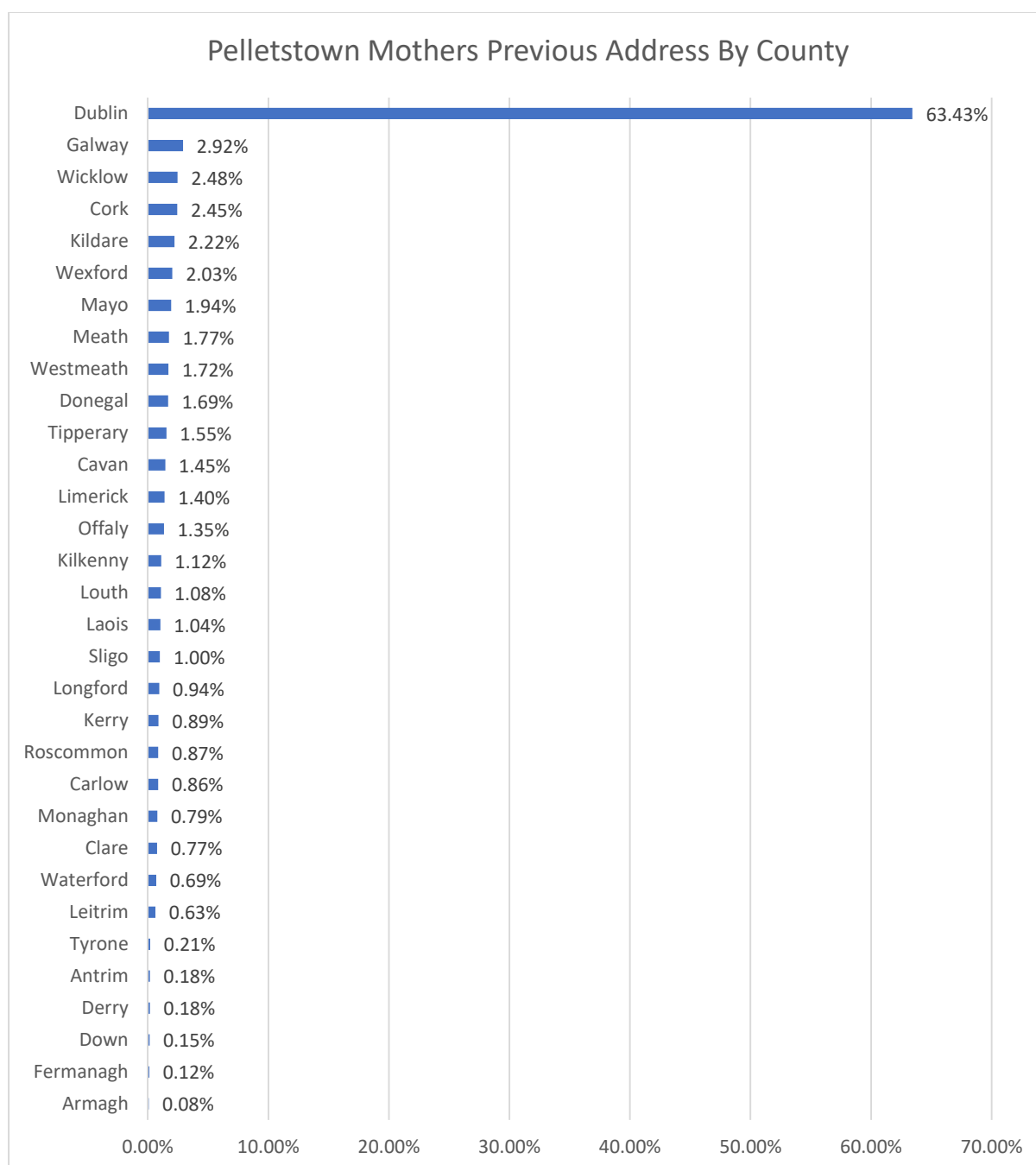


Information relating to birth details was available for 14,673 women (95.4%) of admissions. The institutional records show that 70% of women admitted to Pelletstown gave birth during their stay; 12% were admitted pregnant but left before giving birth and 18% were admitted with their babies having given birth elsewhere.

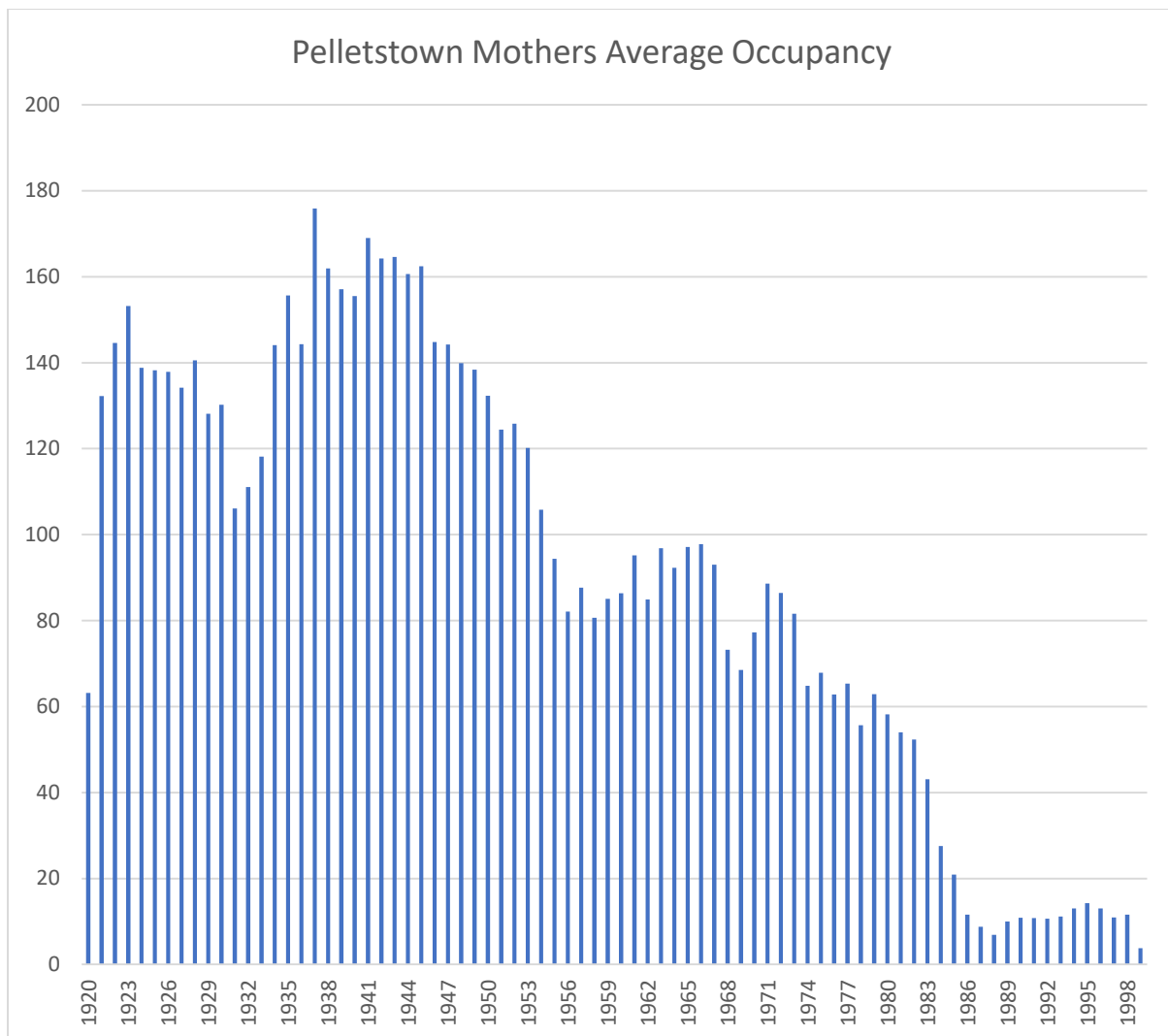
Occupations



Information relating to occupations was available for 13,263 women (86.2% of admissions). The institutional registers recorded most women (73%) as a domestic servant or other unskilled worker; 14% as teacher/civil servant/nurse or other trained worker; 7% as unemployed or receiving state assistance; 3% were in full time education and 2.9% were working in the family home or on the family farm. The prevalence of occupation categories altered over the period of Pelletstown's operation. For instance, in the 1930s, over 76% of all women were recorded as being domestic servants. This occupation category represented 81% of all admissions in the 1950s, but just 7.5% in the 1990s. Teachers/civil servants and other skilled workers accounted for 2.7% of all admissions in the 1930s, 22.7% in the 1970s and 9.4% in the 1990s. The numbers of women recorded as being unemployed or in receipt of state assistance increased steadily from 2.3% in the 1920s to over 23% in the 1990s. Similarly, the numbers of women recorded as being in full time education increased from 0.04% in the 1930s to 9.8% in the 1980s. Most admissions (291) recorded as being in full time education related to secondary school students. The remaining 130 women were third level students.

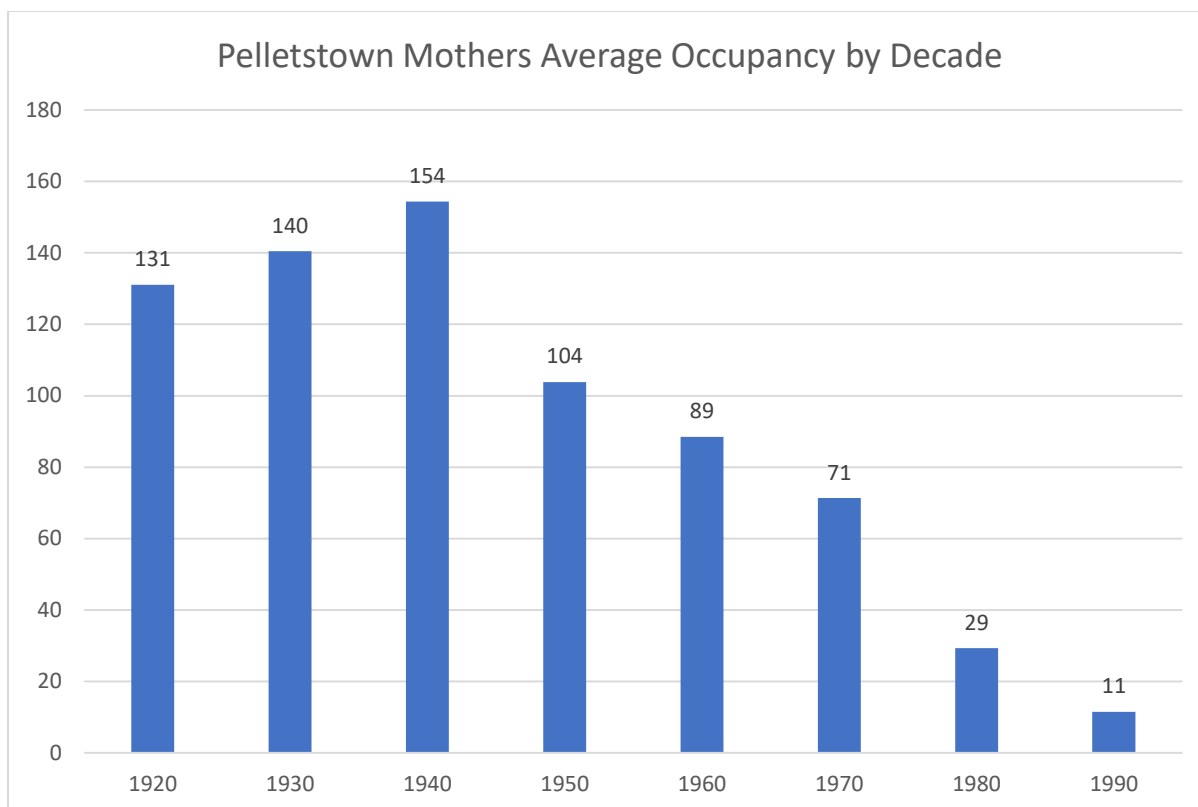
Address prior to admission

Information on address prior to admission was available for 13,574 women (88.2% of admissions). The institutional records show that women were admitted to Pelletstown from all 32 counties. Most women (63.43%) gave Dublin as their address prior to entry, followed by Galway, 2.92%; Wicklow, 2.48%; Cork, 2.45%; Kildare, 2.22%; Wexford, 2.03%; Mayo, 1.94%; Meath, 1.77%; Westmeath, 1.72%; Donegal, 1.69%; Tipperary, 1.55%; Cavan, 1.45%; Limerick, 1.4%; Offaly, 1.35%; Kilkenny, 1.12%; Louth, 1.08%; Laois, 1.04% and Sligo, 1%. The remaining 14 counties combined accounted for 7.37% of admissions.

Occupancy¹

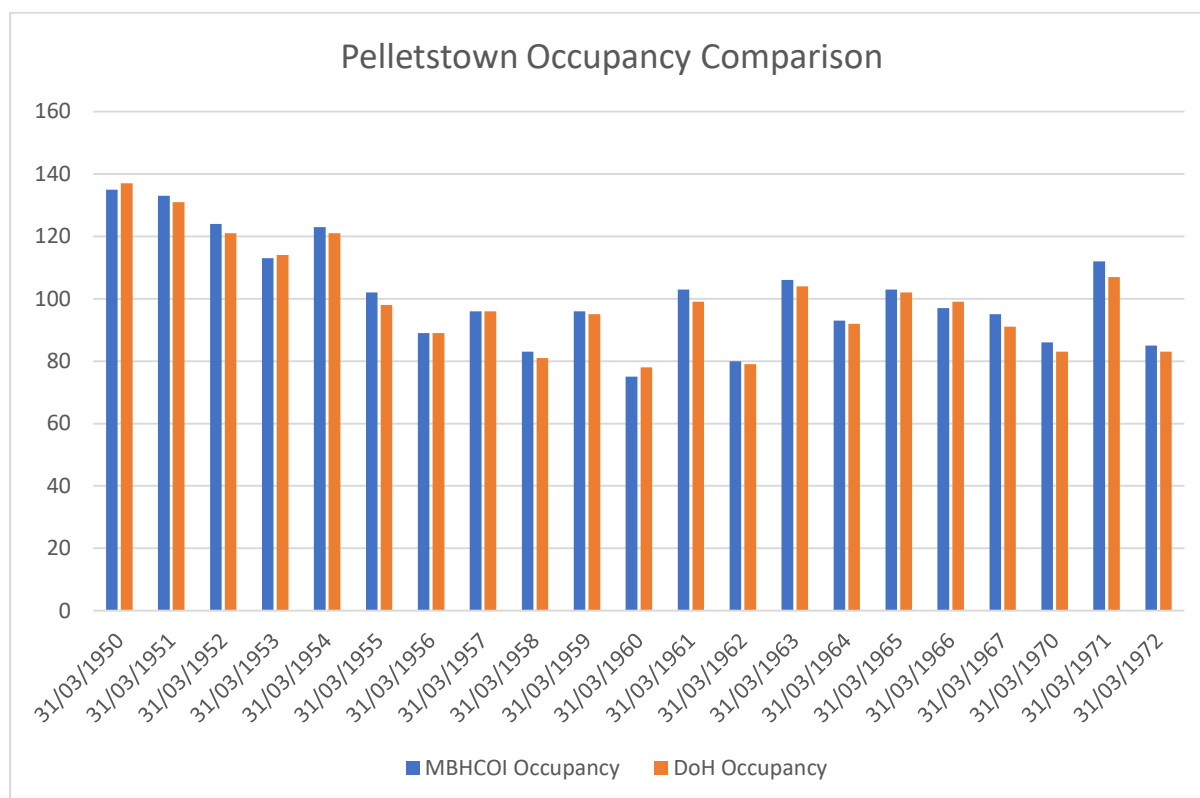
Information relating to occupancy was available for 14,923 women (97% of admissions). The institutional records show that average occupancy in Pelletstown was highest in the period 1934-49. In 1934, 144 women on average were living there. Occupancy peaked in 1937 when 176 women on average were living in the home but by 1949 this had fallen back to 138 and decreased even further in 1956 when 82 women on average were living in the home (this was over half the average occupancy recorded in 1937). Average occupancy began to increase again from 1959 and continued at between 80 and 100 on average until 1973; for the remainder of the 1970s, 63 women on average were living in Pelletstown at any one time. Average occupancy decreased steadily in the 1980s and by 1988 just seven women on average were living in the home. Average occupancy in the 1990s was 11 women.

¹ Occupancy is the number of mothers present on any given day in the institution.

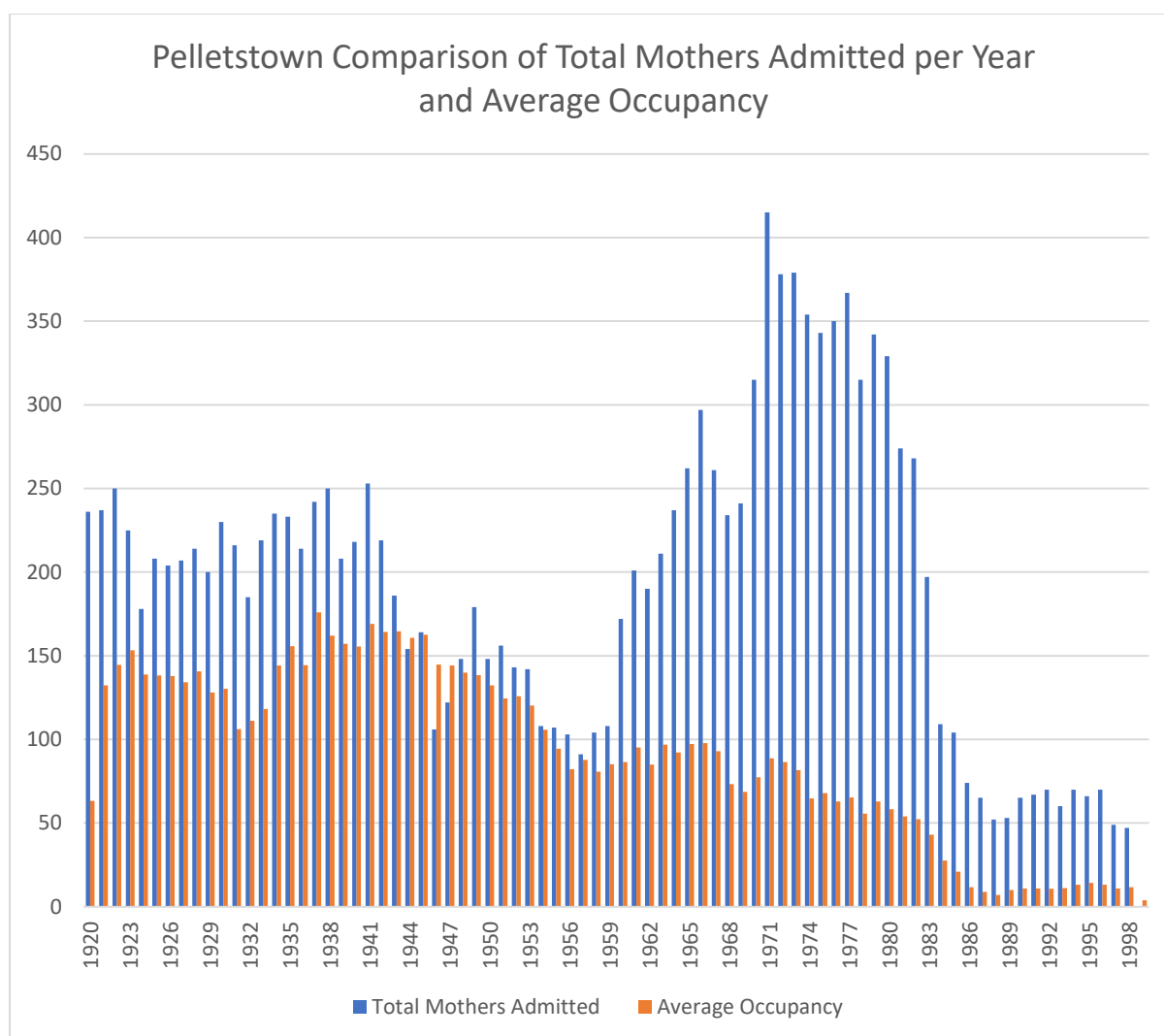
Occupancy by decade

Analysis by decade shows that average occupancy was highest in the 1940s (154) followed by the 1930s (140) and the 1920s (131). Average occupancy decreased steadily from the 1950s. A woman admitted to Pelletstown in the 1940s could expect to be living in Pelletstown with another 153 women on average, whereas a woman admitted in the 1970s could expect to be living with another 70 women on average.

Occupancy comparison

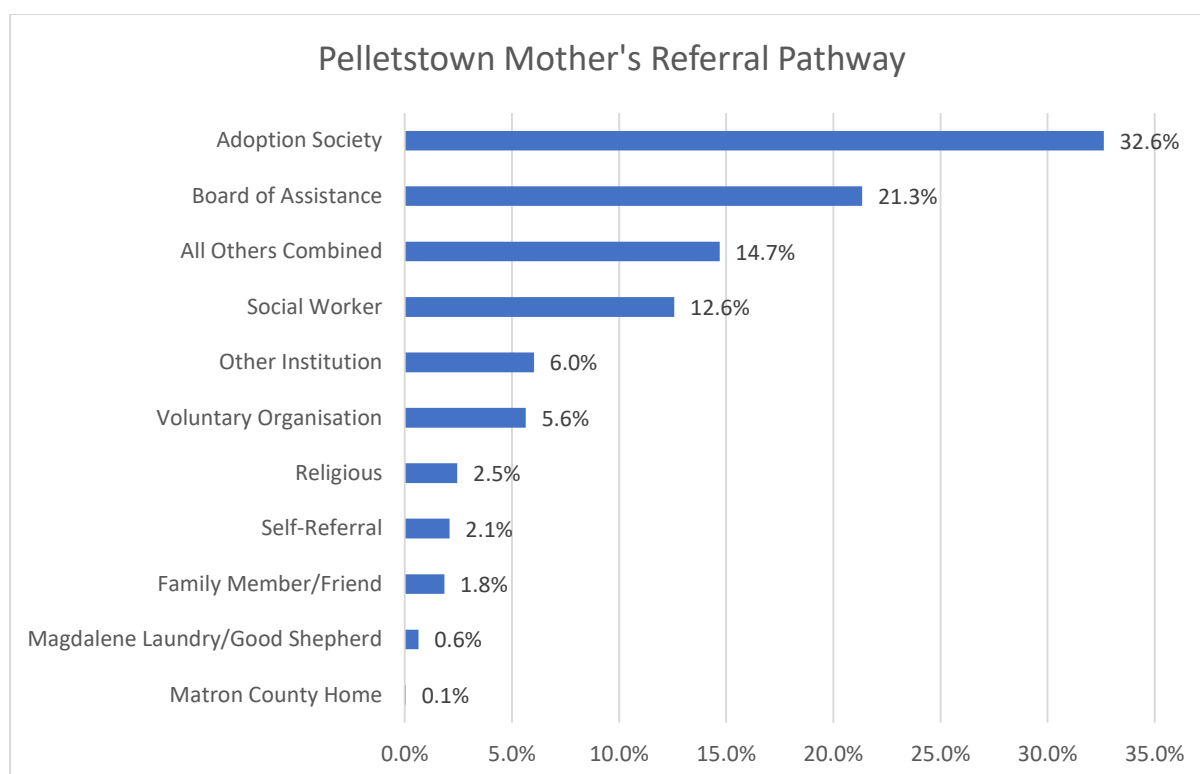


A set of annual statistical returns sent by Pelletstown to the Department of Health for the years 1950-1972 (excluding 1968 and 1969) allowed for a comparison between occupancy rates notified by the Daughters of Charity and occupancy rates independently calculated by the Commission from the institutional records. Temporary absences from the home, such as cases where women were temporarily in another hospital, are excluded from the Commission’s calculations and may inflate the Commission’s numbers slightly. Notwithstanding this, it is clear that the occupation rates notified by Pelletstown are broadly in line with the Commission’s calculations.

Admissions/Occupancy

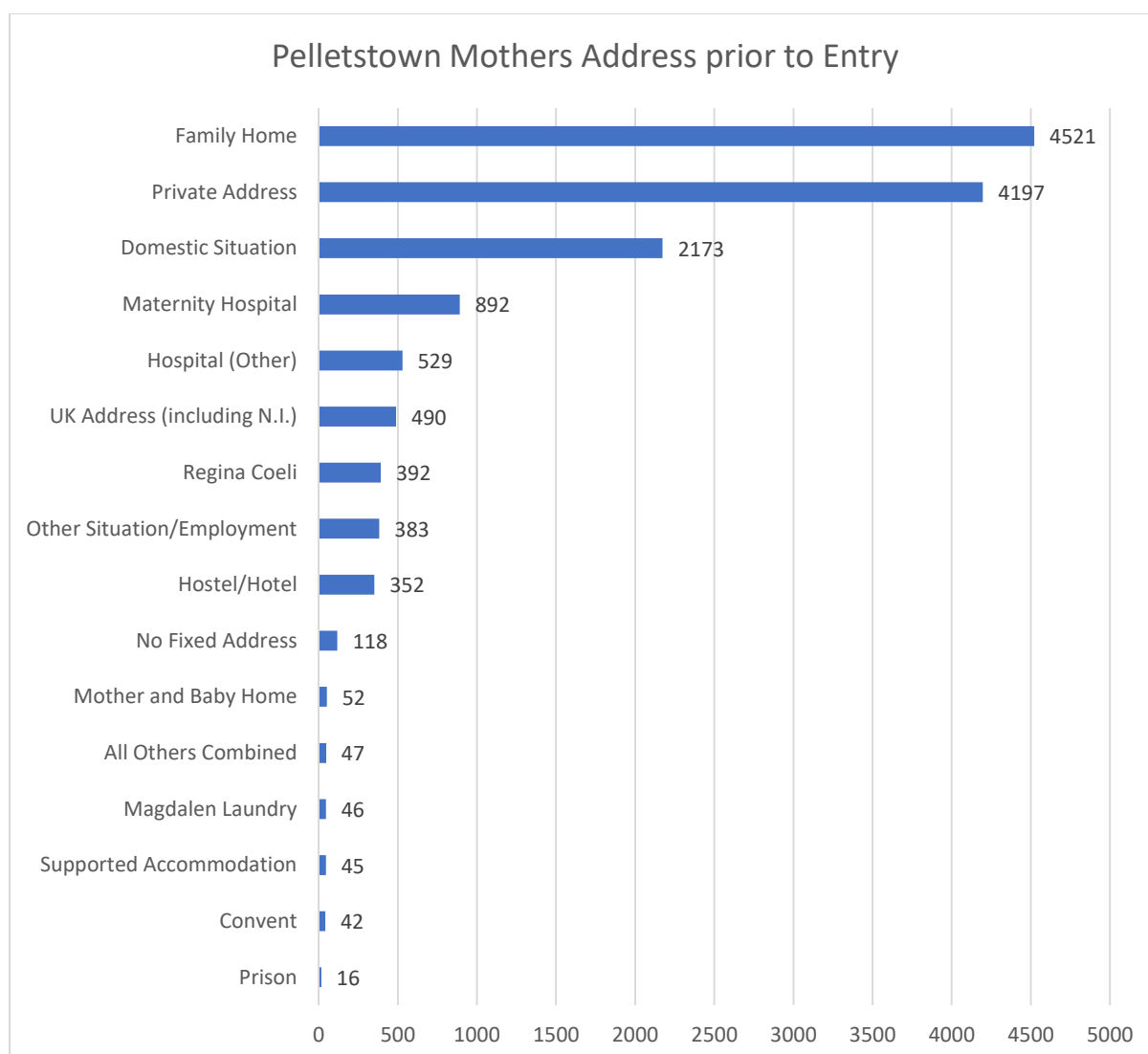
In the years 1920-41, average occupancy in Pelletstown appears to rise and fall in line with the number of admissions for any given year in that period. Although admissions to the home decreased between 1942 and 1946, average occupancy did not decrease correspondingly. In 1944, 1946 and 1947 average occupancy was greater than the number of admissions. This suggests that women were staying in Pelletstown longer in this period. In the period 1948-57 average occupancy remained relatively high and was almost on a par with admissions in some years during this period. Admissions began to increase again in 1958, but average occupancy remained fairly stable until 1971 and then began a steady decline until 1998. This decline in average occupancy occurred in a period when admissions to the home had increased substantially, indicating that women were staying in Pelletstown for considerably shorter periods.

Referral pathways

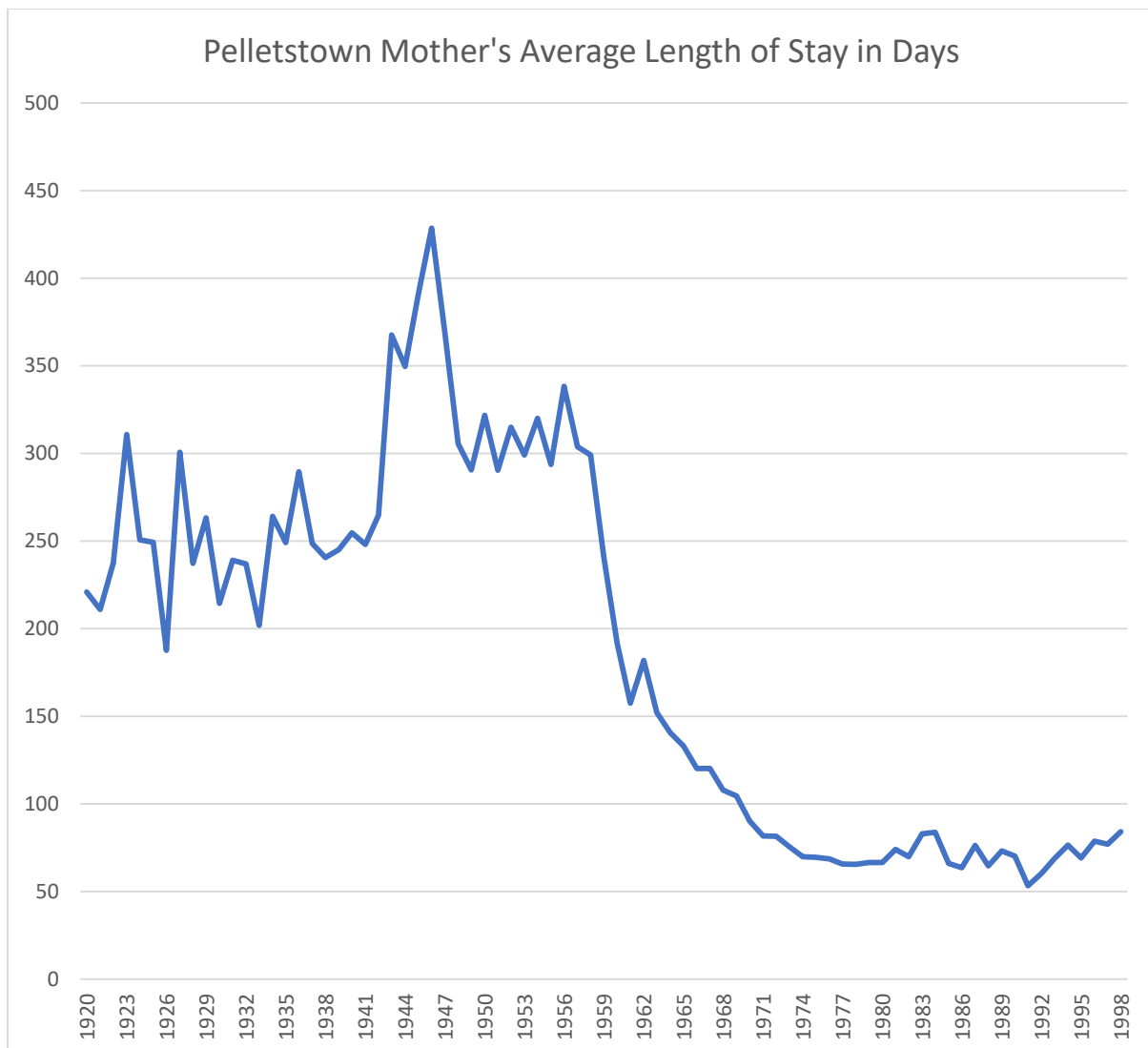


Information relating to referral pathways was available for 7,792 women (50.7% of admissions). The institutional records show that most women (32.6%) were referred to Pelletstown by an adoption society (mostly the CPRSI) or by a Board of Public Assistance/health board (21.3%). Women were also referred by a social worker (12.6%); other institutions under the Commission's remit (6%); a voluntary organisation (5.6%); a nun or priest (2.5%); self-referred (2.1%); family or friend (1.8%); Magdalen laundry/Good Shepherd Convent (0.6%) and by a matron of a county home (0.1%). A further 14.7% of women were referred by a host of disparate institutions including hospitals, children's homes, industrial schools, sheltered accommodation and the courts and by named individuals such as employers, guards, solicitors, probation workers and nurses.

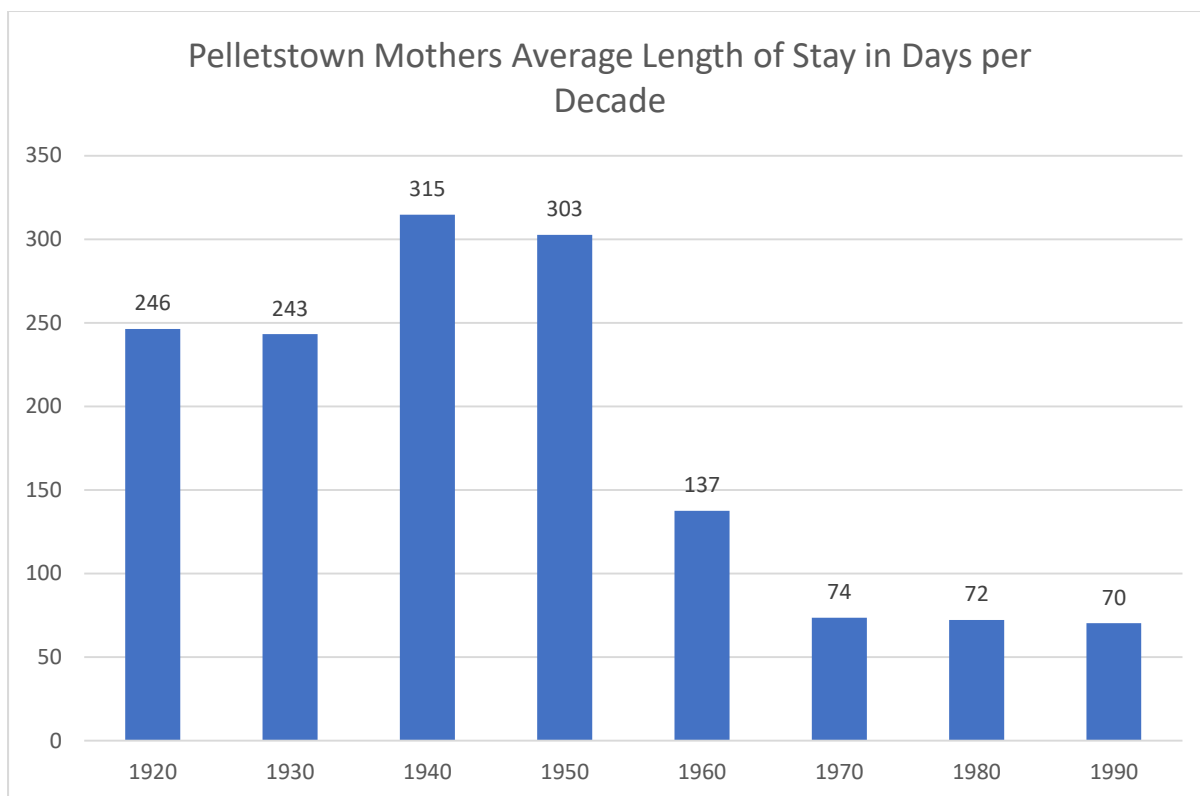
From the 1920s to the 1950s most women were referred to Pelletstown by hospitals or through the other homes under the Commission's remit. Subsequent to the introduction of legal adoption, referral by an adoption society became the most cited referral pathway in the 1960s. Also, in the 1960s, more women were referred directly by a board of assistance in the first instance rather than admission from a hospital or other institution. In the 1970s, social workers appear as one of the leading referral pathways; they were the second most cited in the 1980s and the main referral pathway in the 1990s.

Accommodation type prior to entry

Information relating to accommodation prior to entry was available for 14,295 women (92.9% of admissions). The institutional records show that most women (31.7%) were admitted to Pelletstown directly from their family home and a further 29.5% from a private address. Over 15.3% of women were admitted from a domestic situation (presumably live-in employment); 6.3% transferred from a maternity hospital; 3.7% transferred from other hospitals; 3.4% travelled from the UK prior to admission; 2.8% transferred from Regina Coeli; 2.7% were admitted from their place of work; 2.5% from a hotel or hostel; 0.8% had no fixed abode; 0.4% transferred from another mother and baby home (29 women transferred from another institution under the Commissions remit and 23 transferred from private mother and baby homes); 0.3% transferred from a Magdalen laundry; 0.3% from supported accommodation; 0.3% from a convent and 0.1% were admitted from prison. Small numbers of women were admitted from a range of others addresses including children's homes, halting sites and a boarding school.

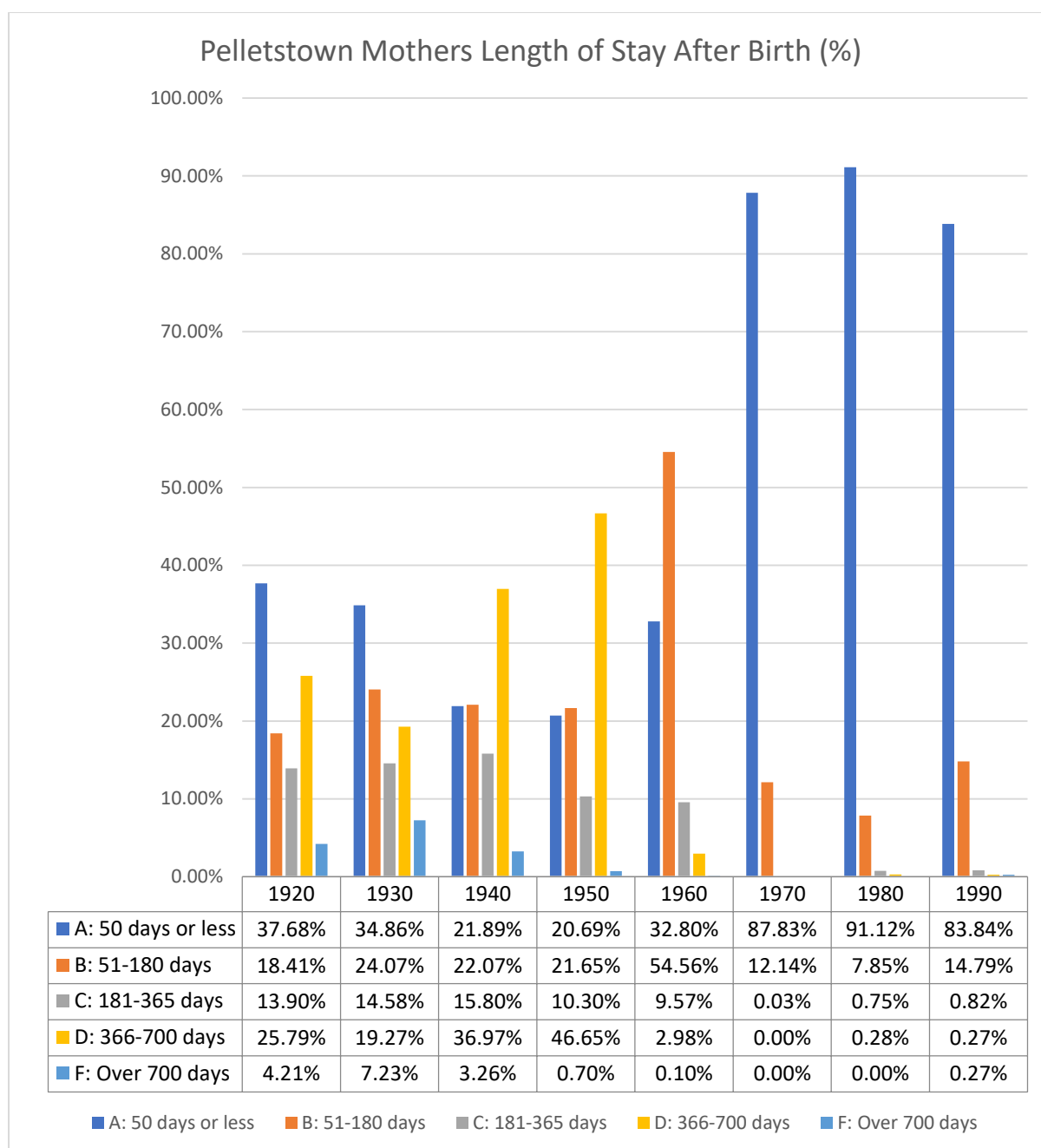
Length of stay

Information relating to length of stay was available for 14,918 women (96.98% of admissions). In the period 1920-42 the average length of stay fluctuated between 188 and 311 days. However, for women admitted in 1943 the average length of stay increased sharply to 368 days and increased even further to 429 days for those admitted in 1946. The increased length of stay recorded in this period parallels periods of high average occupancy as noted above. The average length of stay decreased to 291 days for women admitted in 1949 and remained at an average of 307 days for those admitted from 1949 until 1958. A sharp decrease was recorded in 1961; 158 days was the average length of stay for women admitted that year. Average length of stay declined steadily until 1991 when a stay of 53 days was the norm for women admitted that year; 73 days was the average stay for women admitted throughout the remainder of the 1990s.

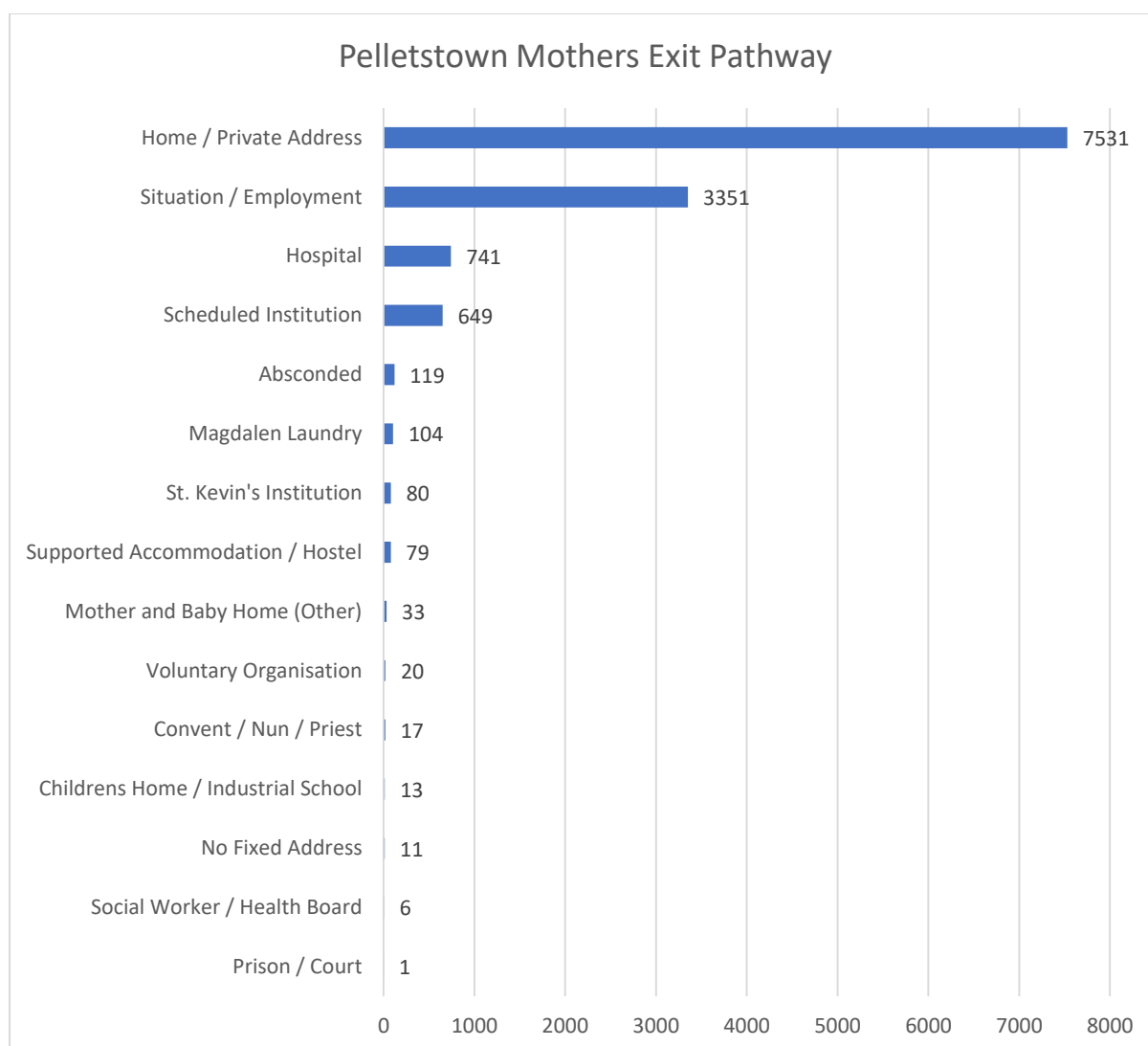


Analysis by decade shows that the average length of stay in Pelletstown was longest in the 1940s when a stay of 315 days was the norm. Women admitted to the home in the 1960s spent less than half that time in the institution (137 days). Women admitted in the 1970s spent around half as long in the home (74 days) as women admitted in the previous decade.

Length of stay after birth



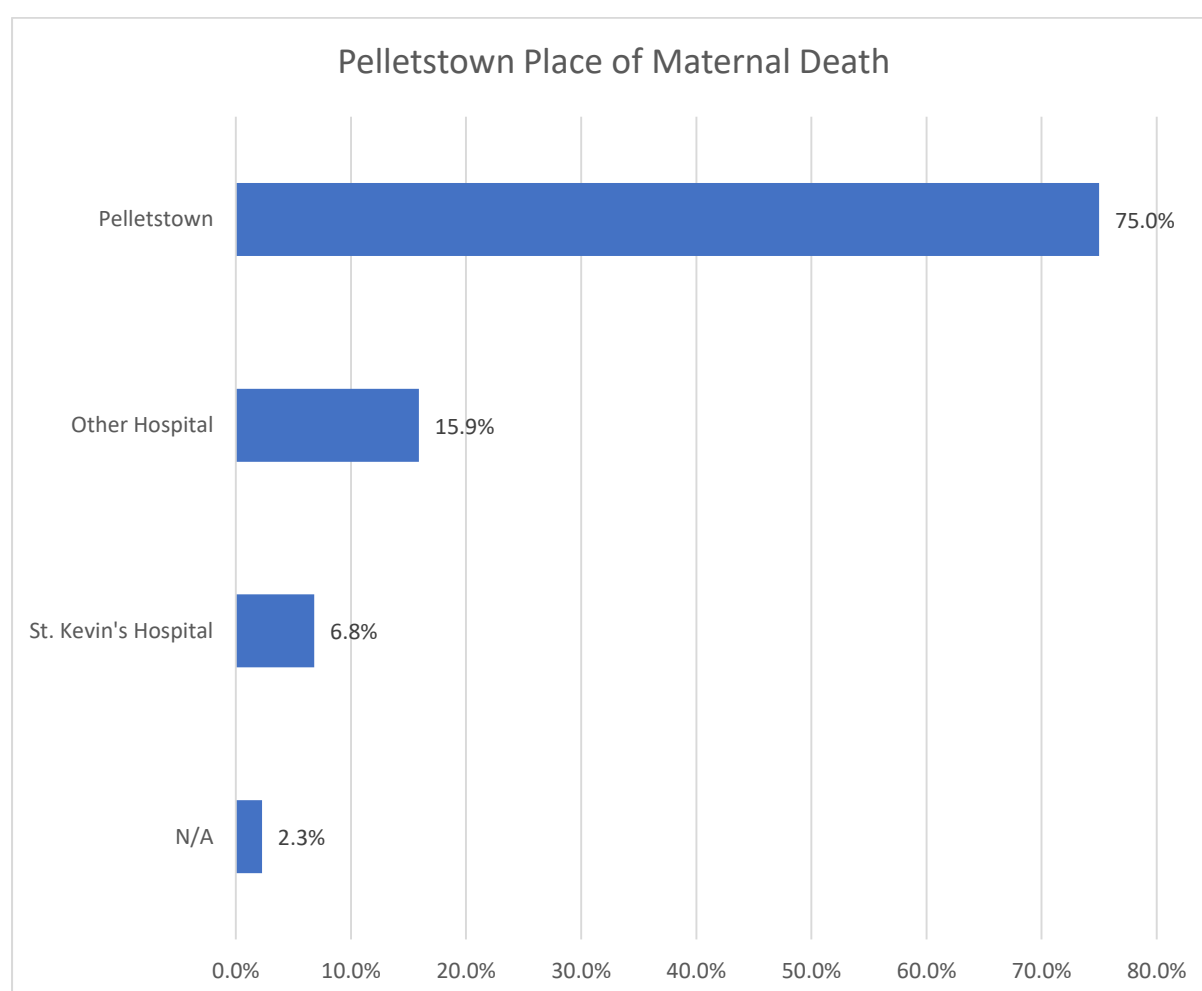
Analysis of length of stay in Pelletstown after birth shows that, in the 1920s, 37.68% of women left within 50 days of giving birth; 56% left within six months and 4.2% spent over 700 days in the home. By the 1950s the length of stay had increased significantly - most women (46.65%) spent between 12 and 24 months in Pelletstown; 20.69% left within 50 days and less than 1% remained there for over 700 days. In the 1970s, 87.8% of women left within 50 days of giving birth and 99.97% left within six months. By this time just one woman remained in the home for longer than six months after giving birth. A similar trend pertained in the 1980s and 1990s.

Mothers exit pathways

Information relating to exit pathways from Pelletstown was available for 12,755 women (82.9% of admissions). The institutional records show that most women (59%) left the institution and returned to the family home or other private address; 26.3% were discharged to employment; 5.8% transferred to hospital; 5.1% transferred to one of the other institutions under the Commission's remit; 0.9% 'absconded' without their baby; 0.8% were discharged to a Magdalen laundry; 0.6% transferred to St Kevin's institution; 0.6% were discharged to supported accommodation and 0.26% were discharged to other mother and baby homes. Small numbers of women were discharged to a voluntary organisation (20), priest or nun (17), children's home or industrial school (13), social worker (6), prison or court (1) or to no fixed address (11). There was little deviation in the main exit pathways over the duration of the home's operation. Discharge to the family home/private address and to employment accounted for 82.3% of exit pathways in the 1920s and 84.4% of exit pathways in the 1980s.

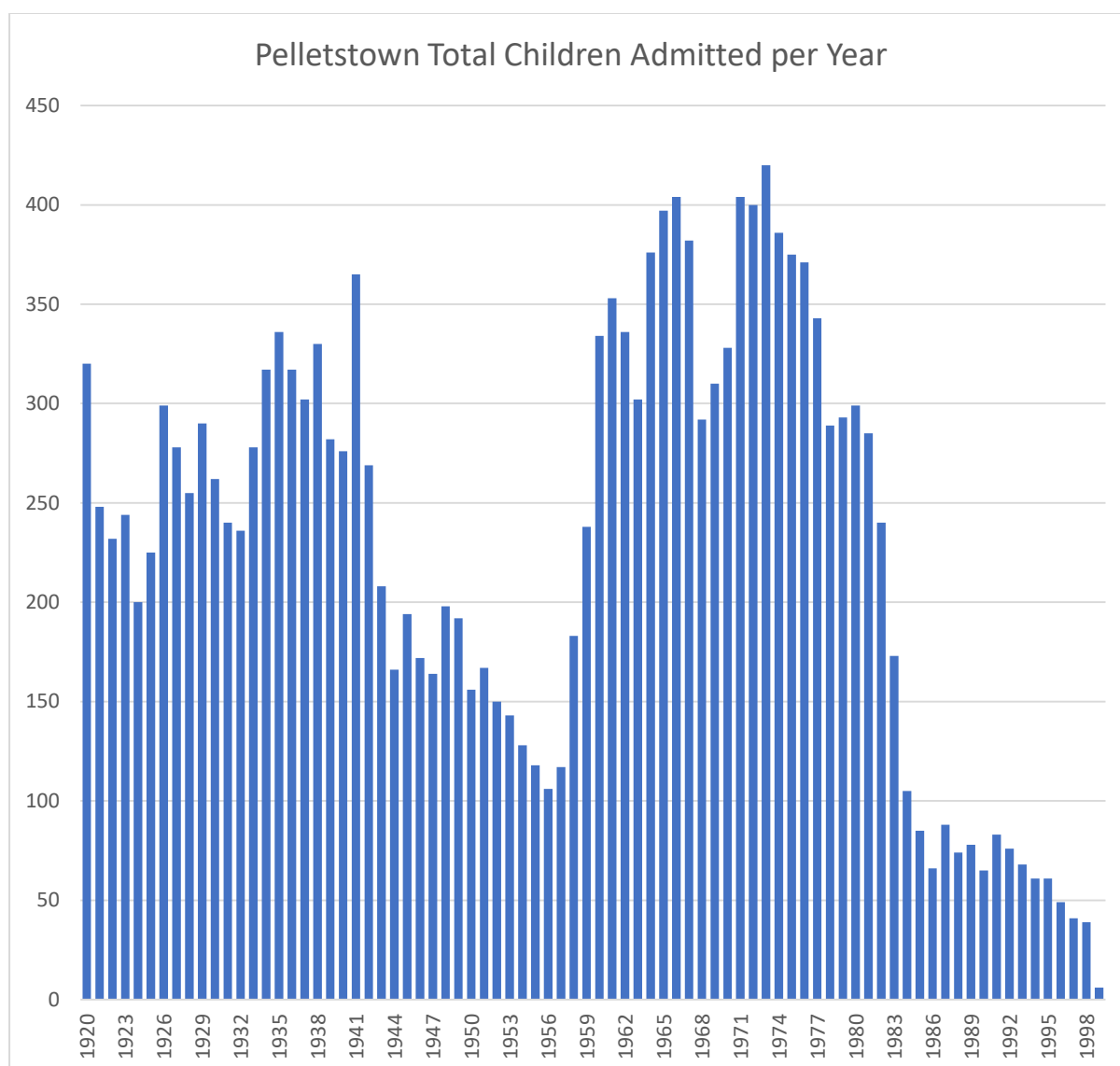
Maternal deaths

Through the institutional records, the Commission identified 43 deaths among women admitted to Pelletstown: representing a mortality rate of 0.29%. The majority of deaths occurred in Pelletstown/Dublin Union/St Kevin's Hospital. Thirty deaths were not associated with pregnancy or childbirth - they were, in the main, due to tuberculosis, dysentery, pneumonia and cardiac failure. Five deaths were indirect obstetric deaths in the sense that they were conditions that developed during pregnancy, were aggravated by the physiological effects of pregnancy and generally resulted in cardiac failure. Eight deaths were directly associated with pregnancy and childbirth. Direct obstetric deaths were mainly due to nephritis, pulmonary embolism, postpartum haemorrhage, septicaemia and peritonitis. Adhering to WHO guidelines the maternal mortality rate in Pelletstown was 0.08%.²



² Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. <https://www.who.int/healthinfo/statistics/indmaternalmortality/en/>

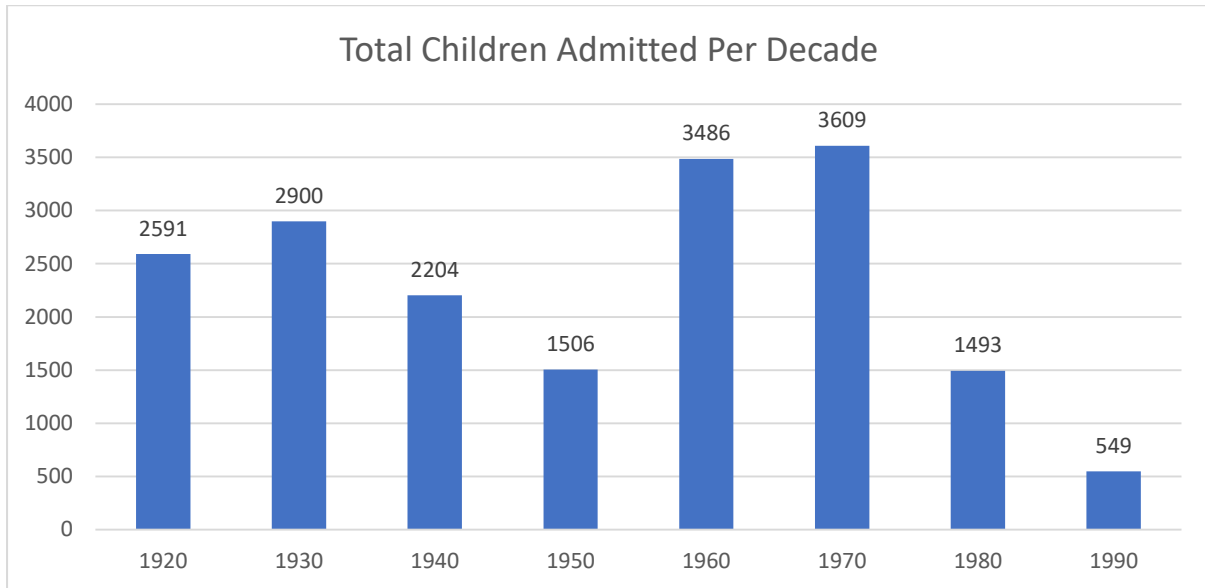
Children Admissions



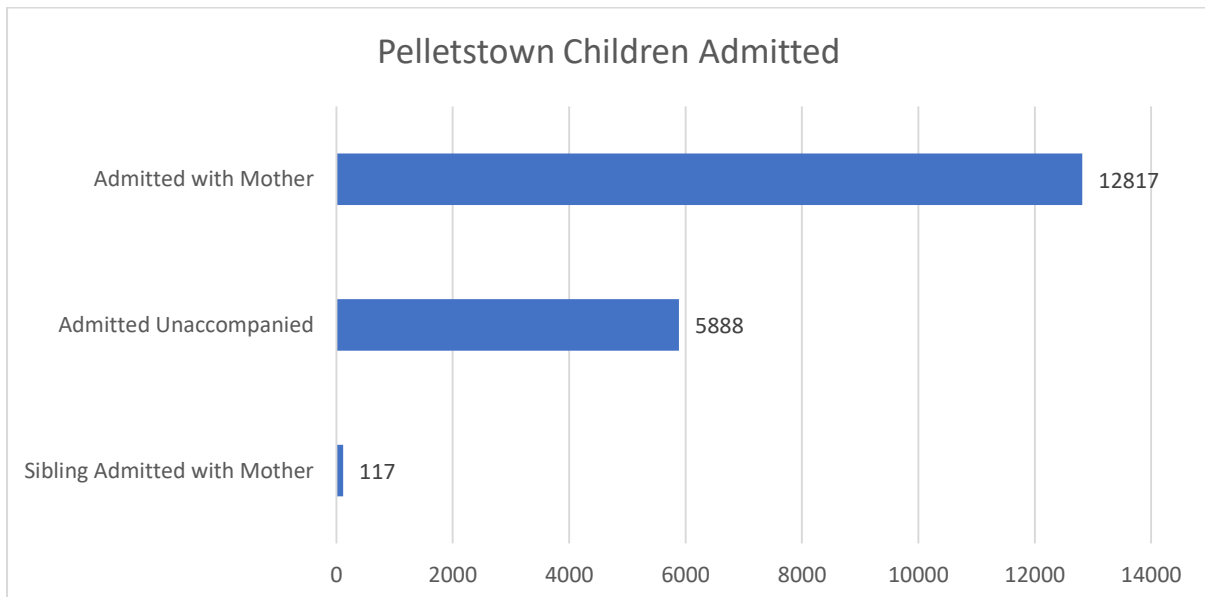
The Commission identified 18,829 children who were admitted to Pelletstown. Information relating to date of birth/admission was available for 18,338 children (97.39% of births/admissions) in the years 1920-1999. The available records show that 83% of children born in or admitted to Pelletstown were 'illegitimate' and almost 9% were 'legitimate'; it was not possible to establish the status at birth in the remaining cases.

In the 1920s, 259 children on average were born in or admitted to Pelletstown annually; this increased to an average of 290 per year in the 1930s. Although 365 children were born or admitted in 1941, numbers declined steadily until 1956 when 106 children were recorded. Births and child admissions began to increase again from 1957 and peaked in 1973 when 420 children were recorded. Numbers decreased steadily for the remainder of the 1970s and

more rapidly from the early 1980s. By 1986, just 66 children were born or admitted to the home and this number decreased to 39 in 1998.

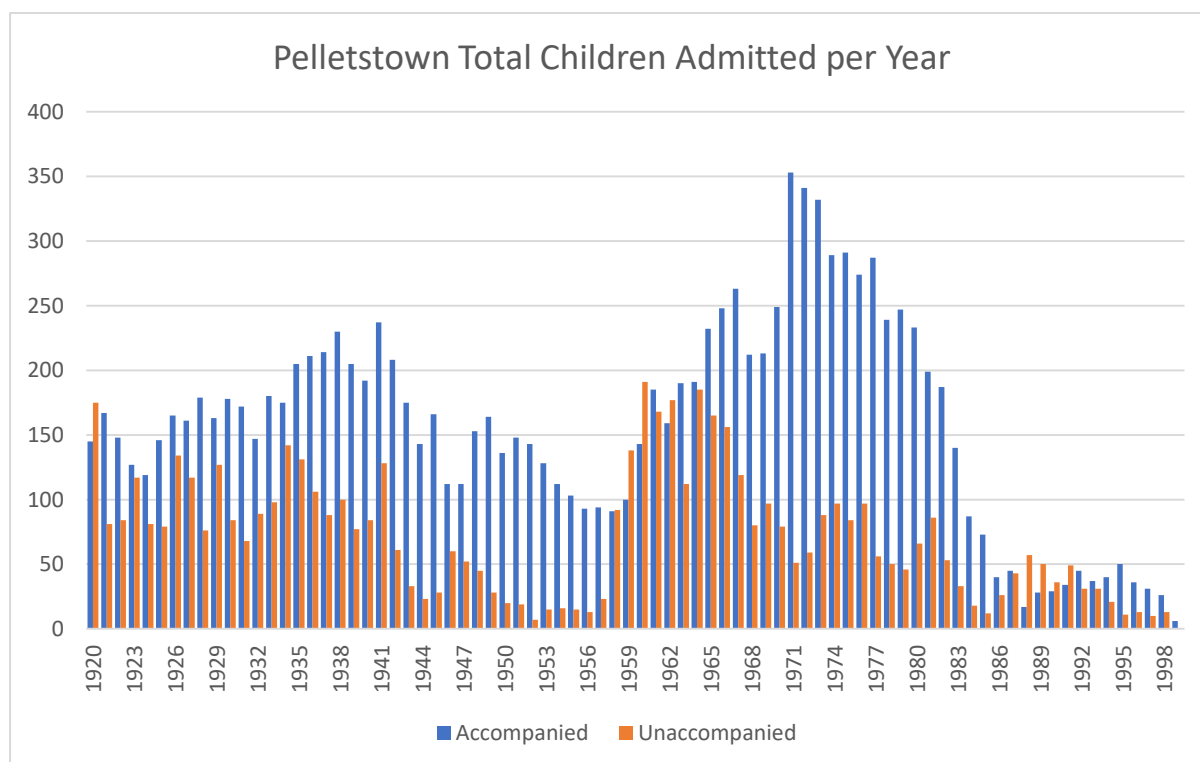


Analysis by decade shows that more children (19.7%) were born in or admitted to Pelletstown in the 1970s than any other decade followed by the 1960s (19%); 1930s (15.8%); 1920s (14.1%); 1940s (12%); 1950s (8.2%); 1980s (8.2%) and the 1990s (3%).

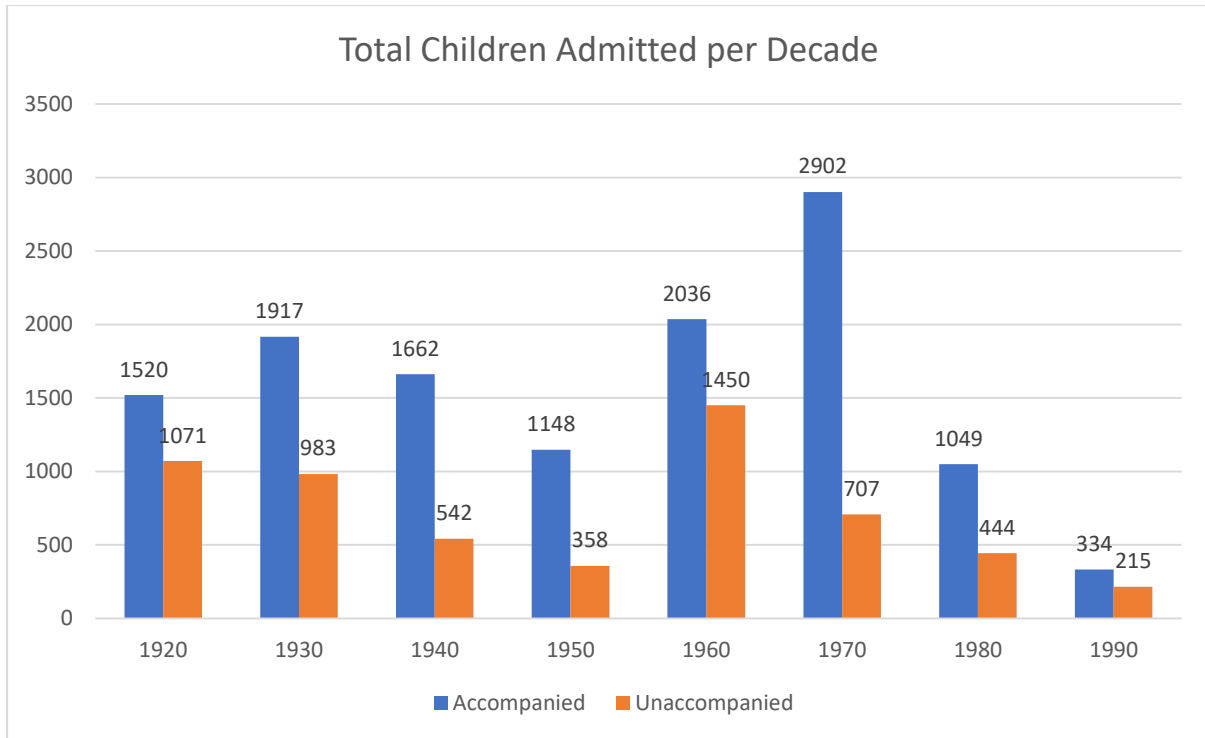


The available information shows that 68.1% of children were admitted to Pelletstown accompanied by their mothers; 31.3% were admitted unaccompanied and 0.6% were accompanied siblings admitted with their expectant mothers.

Of the 5,888 children admitted to Pelletstown unaccompanied 3,203 were recorded as 'illegitimate' and 1,441 were recorded as legitimate. The status of the remaining 1,244 unaccompanied children was not recorded.

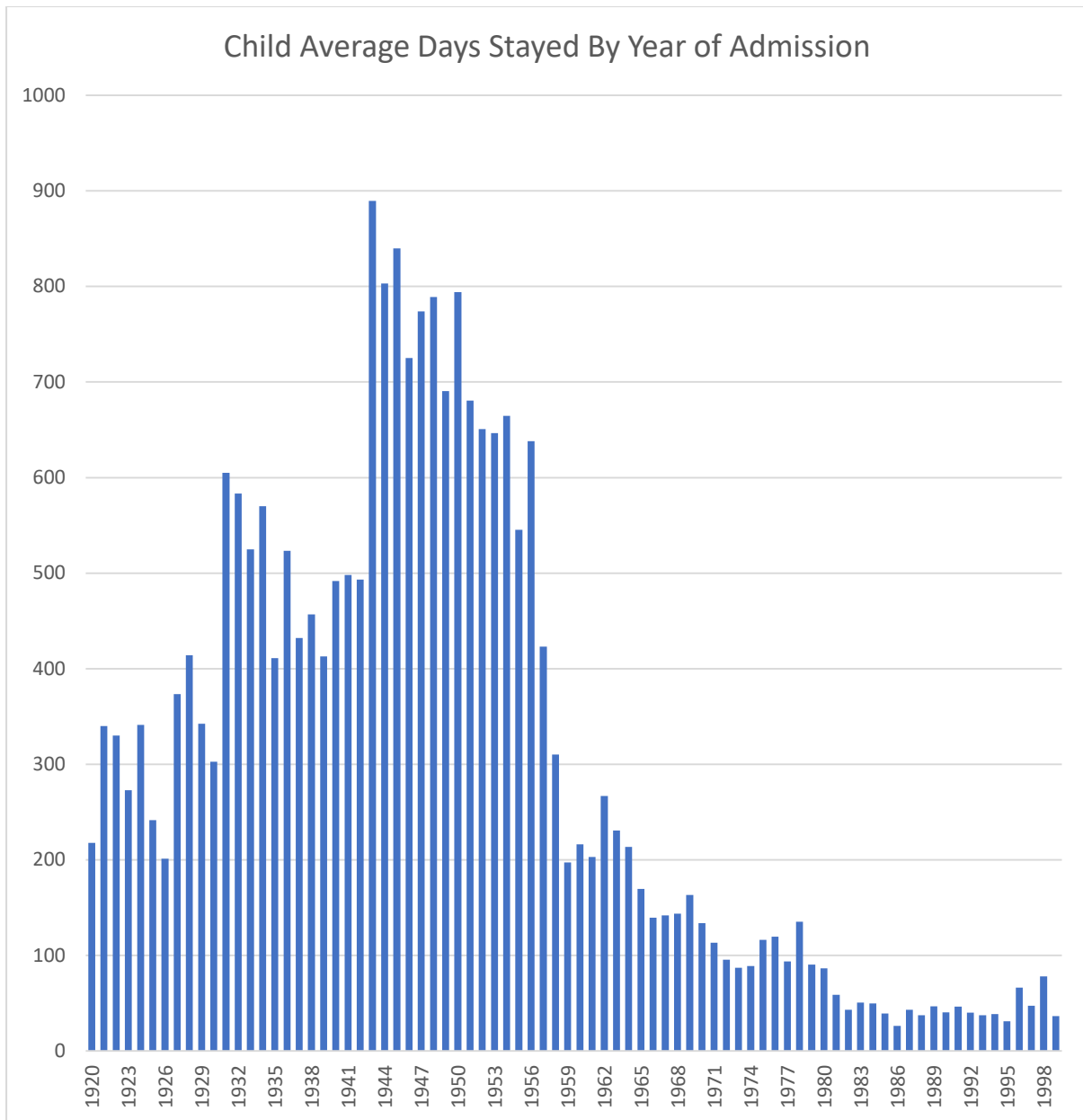


The 5,888 children admitted to Pelletstown unaccompanied by a parent account for 31.3% of all child admissions. Some of these children were recorded as 'foundlings' or 'abandoned'. Others were brought to Pelletstown by nurse mothers when their fostering fee ran out or were brought by local authority health visitors. From 1920 to 1941, the proportion of unaccompanied children admitted to Pelletstown fluctuated between a high of 54.7% in 1920 to a low of 27.3% in 1939. From 1942 to 1957 the proportion of unaccompanied children was significantly lower and stood at just 4.7% in 1952. Numbers increased significantly in 1958 and accounted for 50.3% of admissions that year. Unaccompanied child admissions peaked in 1960 (57.2% of admissions) and remained broadly on par with accompanied child admissions until 1964. This increase coincided with the Department of Health's decision to discontinue the practice of housing children with physical or congenital disabilities in county homes for extended periods. The leading cause of death in Pelletstown in the 1960s was spina bifida, which suggests that a significant number of unaccompanied children admitted in that period were children born with congenital debilities. Although general child admissions to Pelletstown increased significantly from 1965, the proportion of unaccompanied children began a staggered decrease until the late 1980s. Although representing 14.1% of admissions in 1985, by 1988 unaccompanied children accounted for 77% of admissions. From the mid-1990s unaccompanied children accounted for around 1 in 4 child admissions.



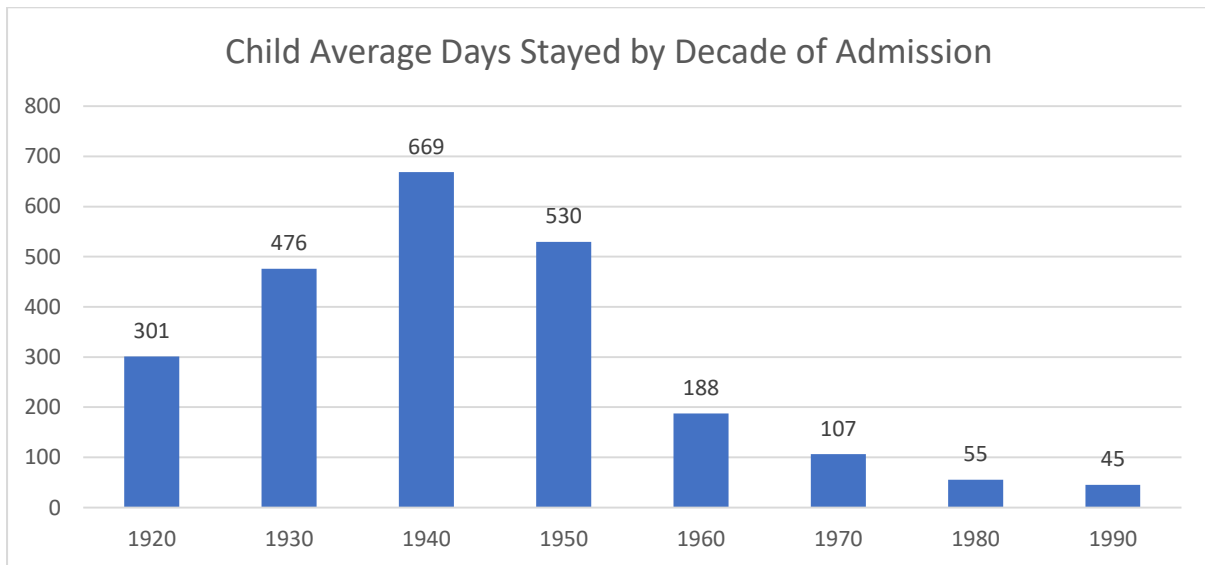
Analysis by decade shows that more unaccompanied children (41.5% of admissions) were admitted to Pelletstown in the 1960s than any other decade followed by the 1920s (41.3% of admissions); 1930s (33.9% of admissions); 1970s (19.6% of admissions); 1940s (24.6% of admissions); 1980s (29.7% of admissions); 1950s (23.8% of admissions) and the 1990s (39.2% of admissions).

Children: Length of stay

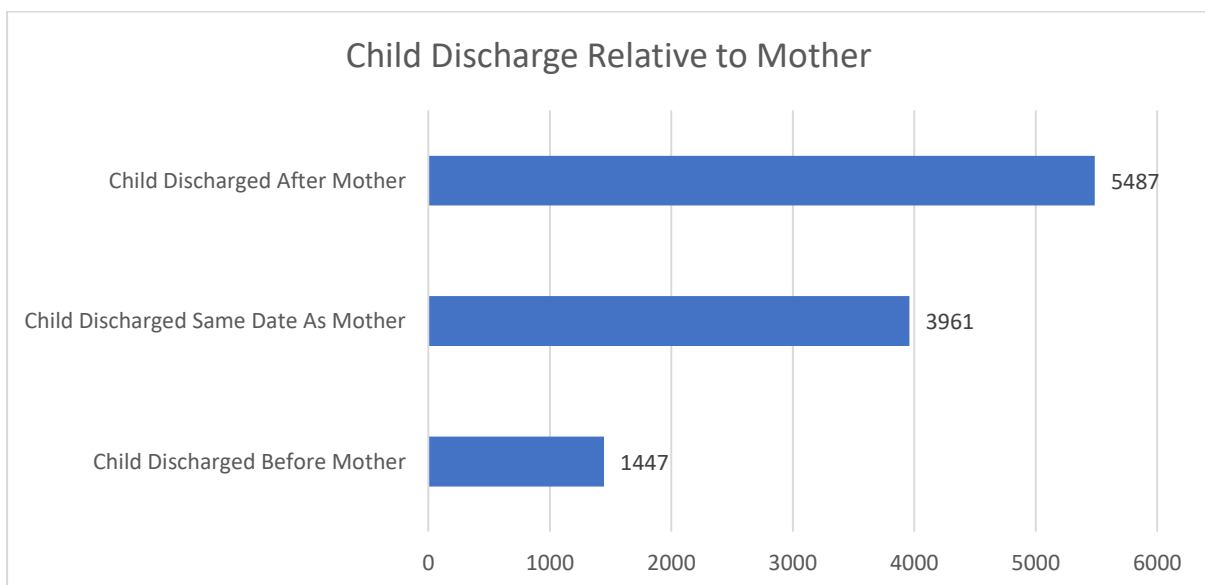


Children born in or admitted to Pelletstown in the 1920s spent 301 days on average in the home. By the 1930s, however, the length of stay for a child had increased significantly to 476 days on average. This increased even further in the 1940s. In the years 1943-56 the length of stay for a child admitted to Pelletstown was 737 days on average. Children born in or admitted to Pelletstown in 1943 could expect to spend 890 days on average in the home. Although some children admitted that year were discharged after just nine days, others remained in the home for five and a half years. Child length of stay decreased significantly in the late 1950s falling from 638 days on average for children admitted in 1956 to 197 days on average for those admitted in 1959. This downward trend continued and by 1970

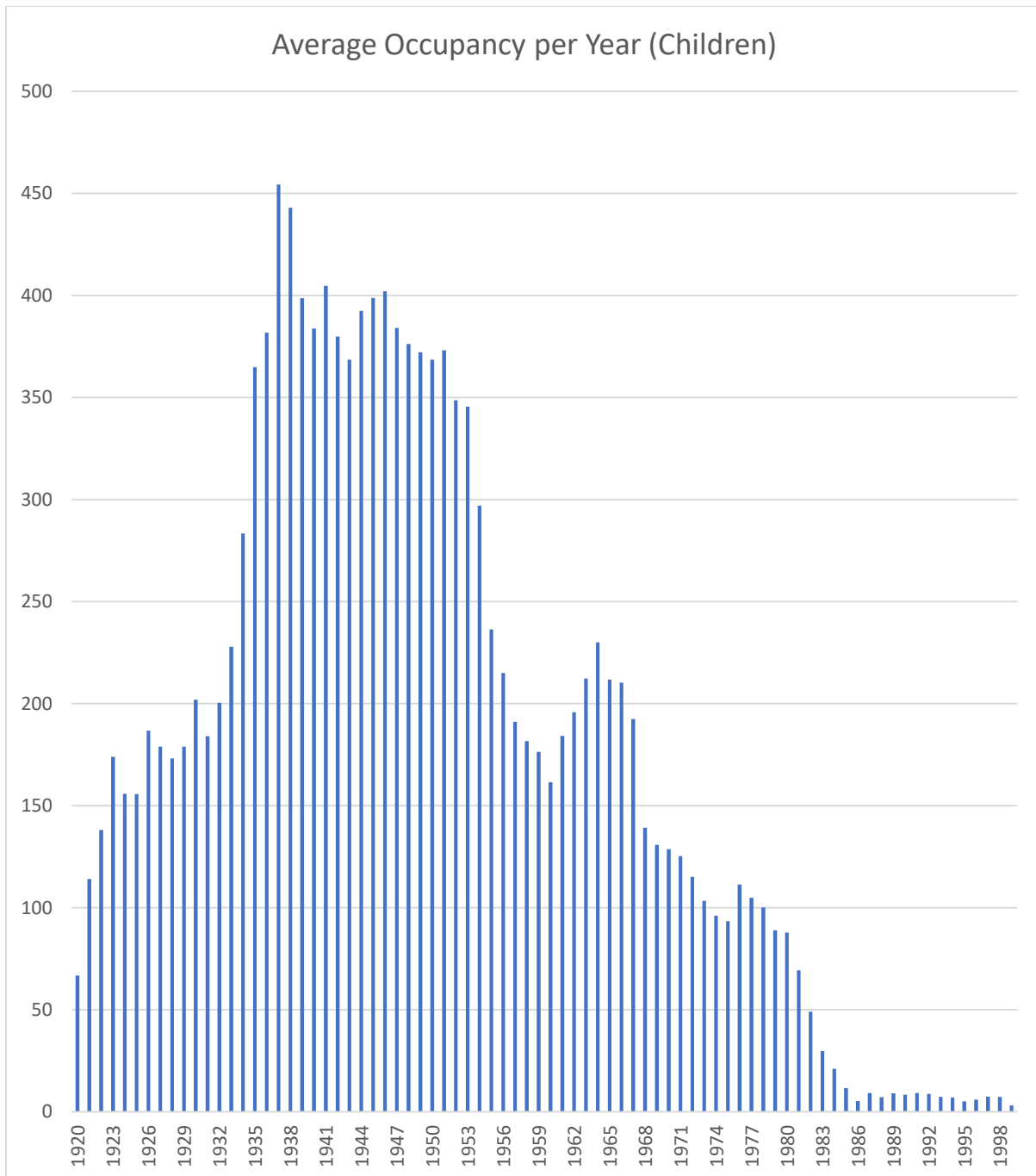
children admitted that year spent 134 days on average in the home, 87 days by 1980 and 41 days by 1990.



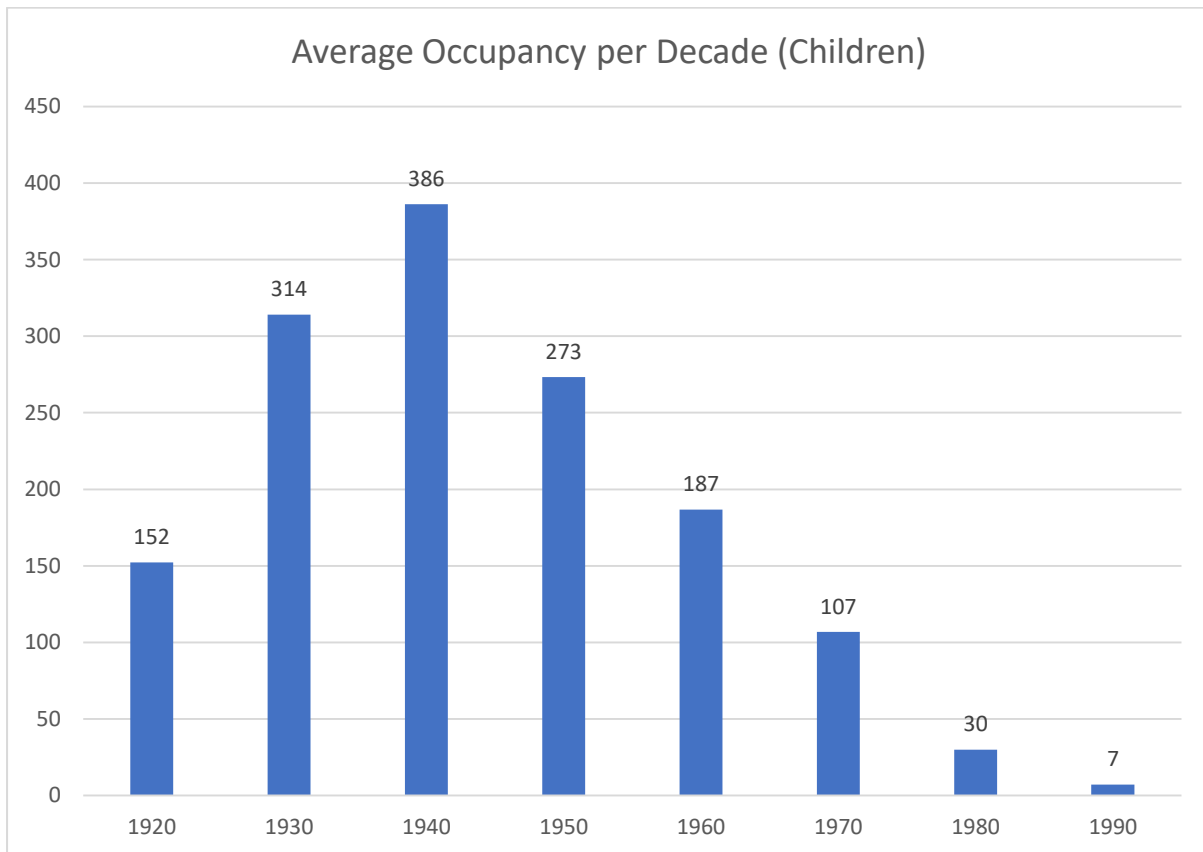
Analysis by decade shows that child length of stay in Pelletstown was longest in the 1940s when 669 days was the average stay. This had decreased dramatically by the 1960s when children spent 188 days on average in the home - one fifth that of their 1940s counterparts.



Information relating to children's discharge in relation to their mother's discharge was available for 10,895 children (57.9% of admissions). The institutional records show that 50.4% were discharged from Pelletstown after their mothers' discharge; 36.3% were discharged on the same date as their mothers and 13.3% were discharged while their mothers remained in the institution.

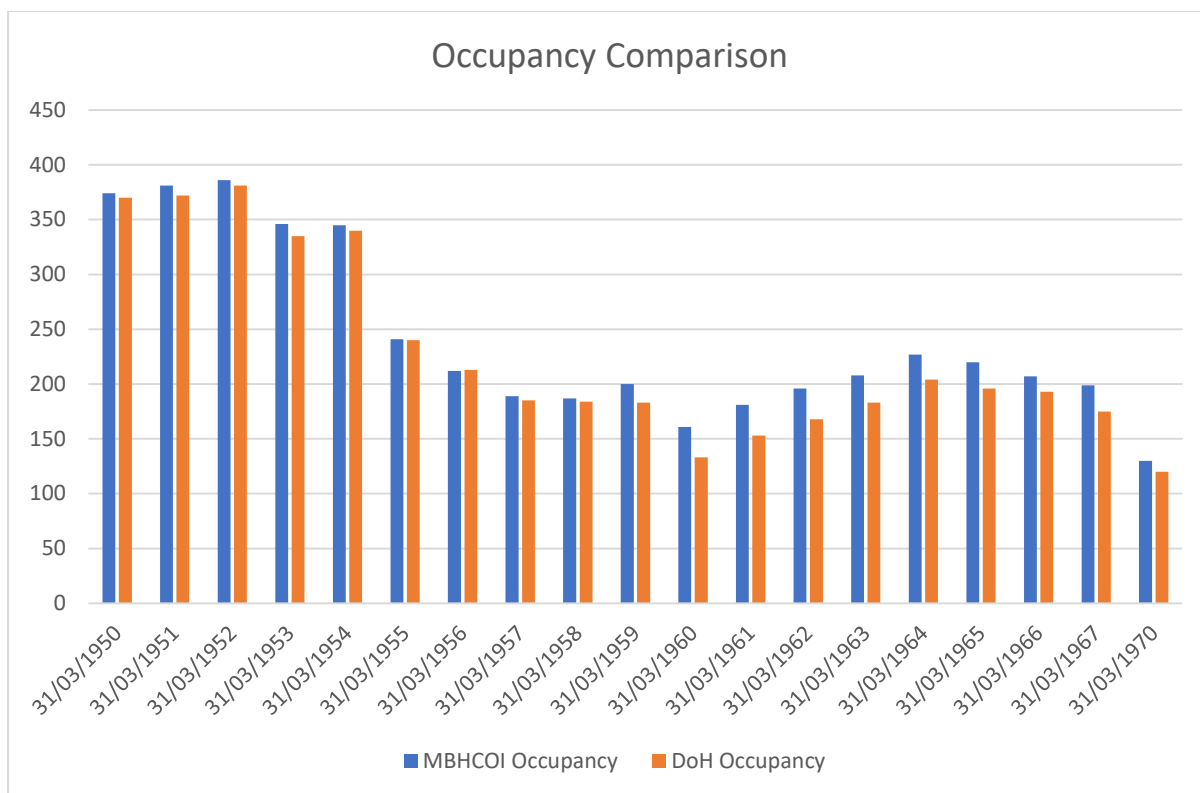
Children: Occupancy

Information relating to occupancy was available for 17,313 children (91.9% of admissions). The institutional records show that child occupancy in Pelletstown increased incrementally from 67 children on average in 1920 to peak occupancy of 454 children on average in 1937. Child occupancy rates remained high in the years 1938-53 when it averaged 384 children annually. Although child occupancy had reduced to 162 on average by 1960 it increased again to 230 in 1964. From 1965, child occupancy declined steadily and by 1986 had fallen to just five children on average.

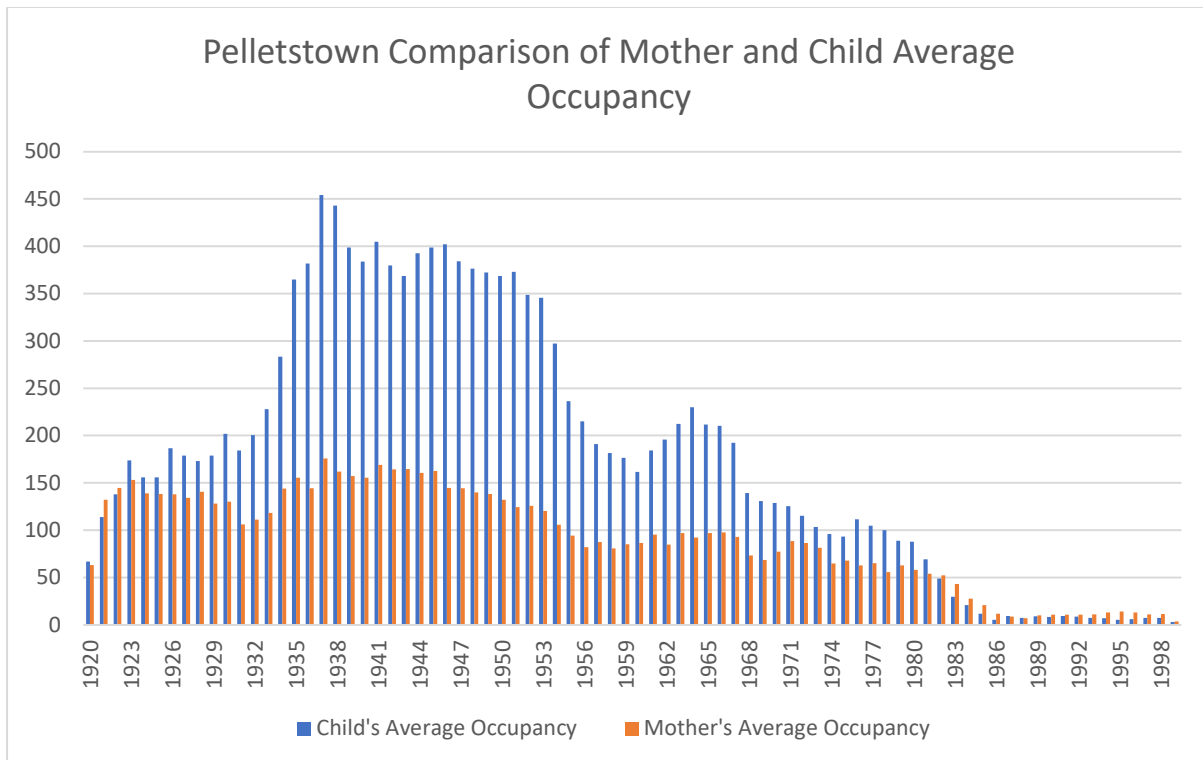
Child occupancy by decade

Analysis by decade shows that child occupancy rates were highest in the 1940s; a child born in or admitted in that decade could expect to be living in the home with another 385 children. In contrast, a child born in or admitted in the 1970s could expect to be living with another 106 children.

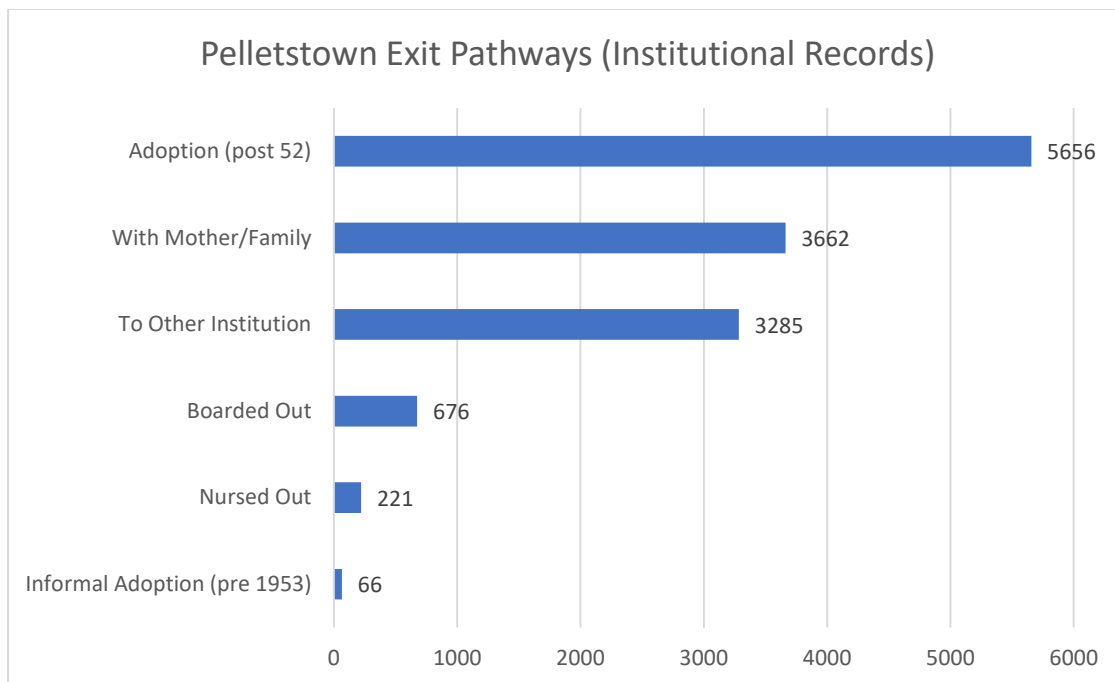
Occupancy DOH Returns comparison



The Commission compared occupancy rates derived from institutional records relating to Pelletstown and returns furnished by Pelletstown to the Department of Health for the years 1950-67 inclusive and 1970. Temporary absences, such as children who were in hospital or absent from the institution for short periods before returning, are not recorded in the Commission’s calculations. This may inflate the Commission’s numbers slightly. Notwithstanding this, the Commission found that occupancy rates forwarded to the Department of Health in this period were broadly in line with those which the Commission established from the institutional records.

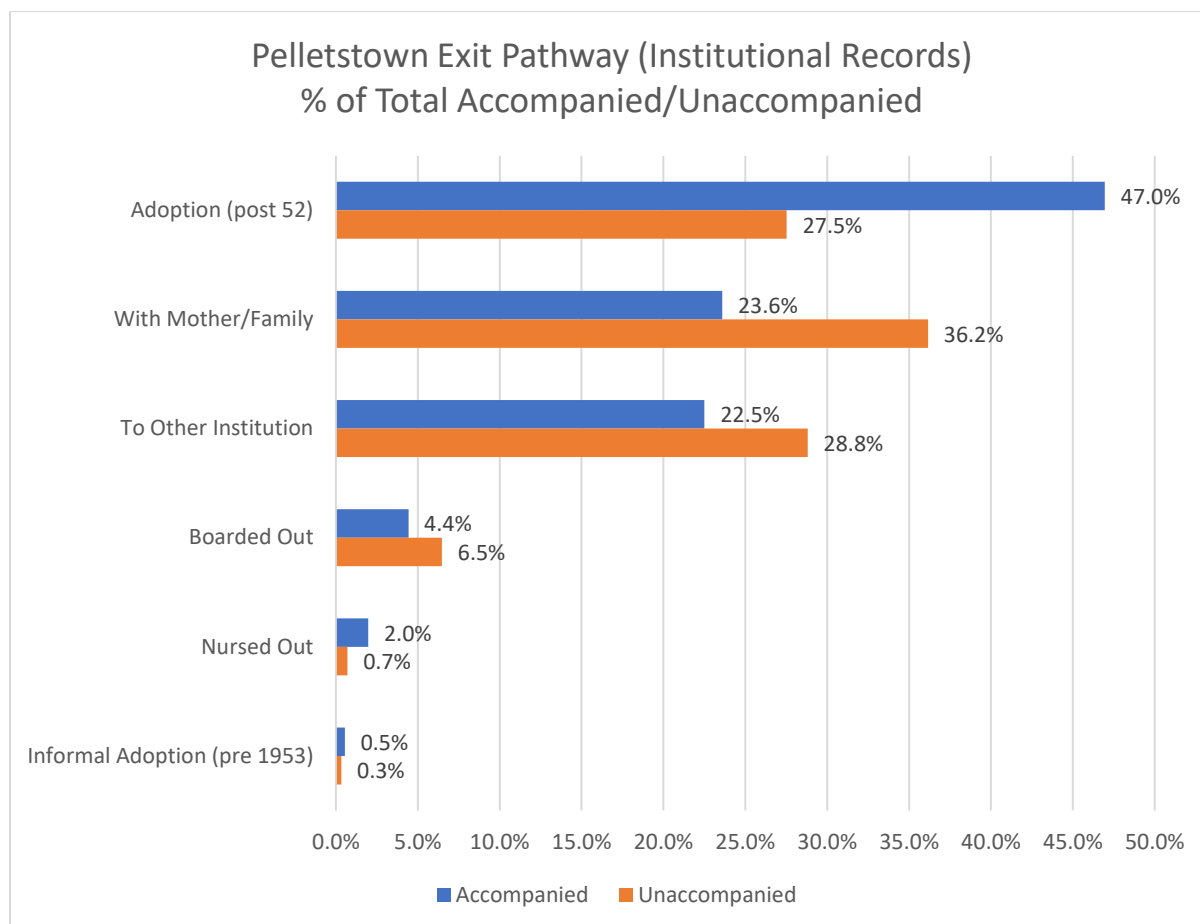
Comparison of mother and child average occupancy

A comparison of average occupancy between mothers and children in Pelletstown highlights a great disparity between the two which is discernible from 1923. From 1923 to 1981 there were considerably more children in the home than women. Even allowing for the fact that 31.3% of children were admitted to Pelletstown unaccompanied, the difference in occupancy rates suggests that during this period significant numbers of children remained in the institution after their mother had been discharged. The disparity was most apparent in 1937 when 454 children on average were living in Pelletstown at any given time that year compared with 176 women. The high discrepancy between the average number of women and children in the home continued until 1953; 346 children on average were in the home that year as compared with 120 women. By 1960, the disparity between the numbers of women and children in Pelletstown had decreased (162 children and 86 women). Although the disparity increased again in the early 1960s - 230 children and 92 women in 1964 - a steady decrease can be identified from 1965. The number of women and children in Pelletstown did not approach parity until 1982 - 49 children and 52 women on average were living in the home that year.

Children: Exit pathways (all children)

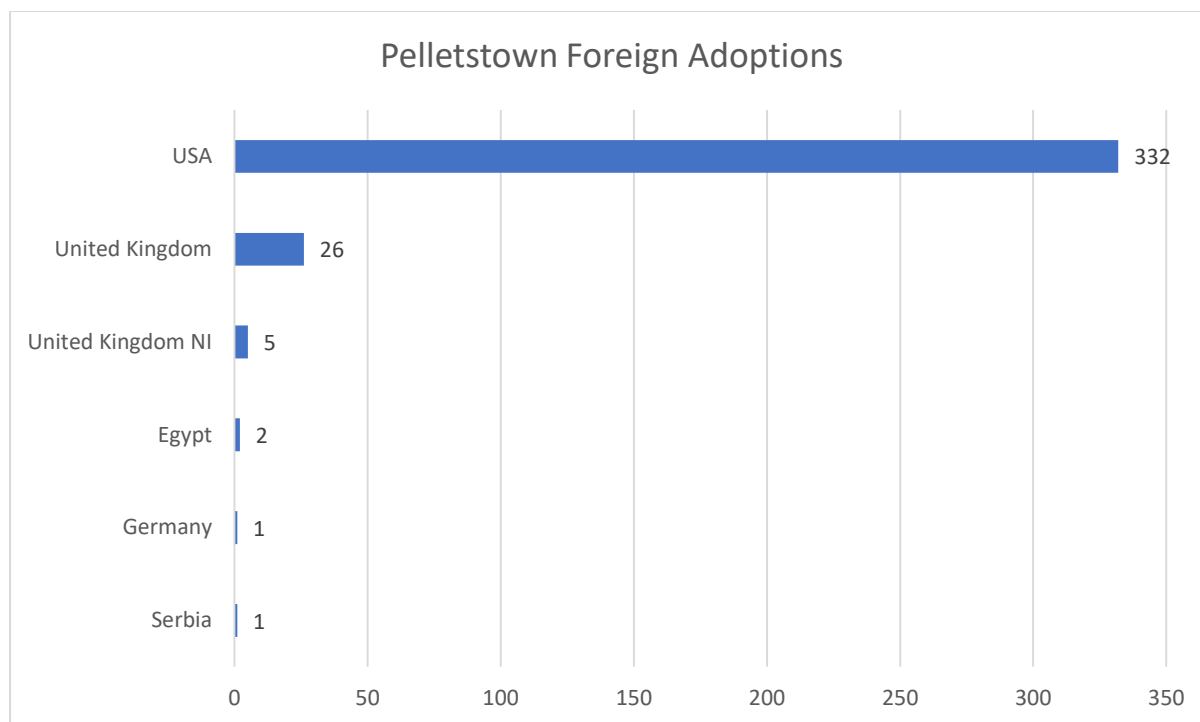
Information on exit pathways from Pelletstown was available for 13,566 children (72% of admissions). The most frequent exit pathway was through legal adoption (from 1952); 41.7% of children left the institution via this route. Almost 27% of children left the institution with their mother or returned to the family home; 24.2% transferred to another institution; 5% were boarded out; 1.6% were nursed out and 0.5% were informally adopted (pre 1953).

Comparison of exit pathways accompanied/unaccompanied children.

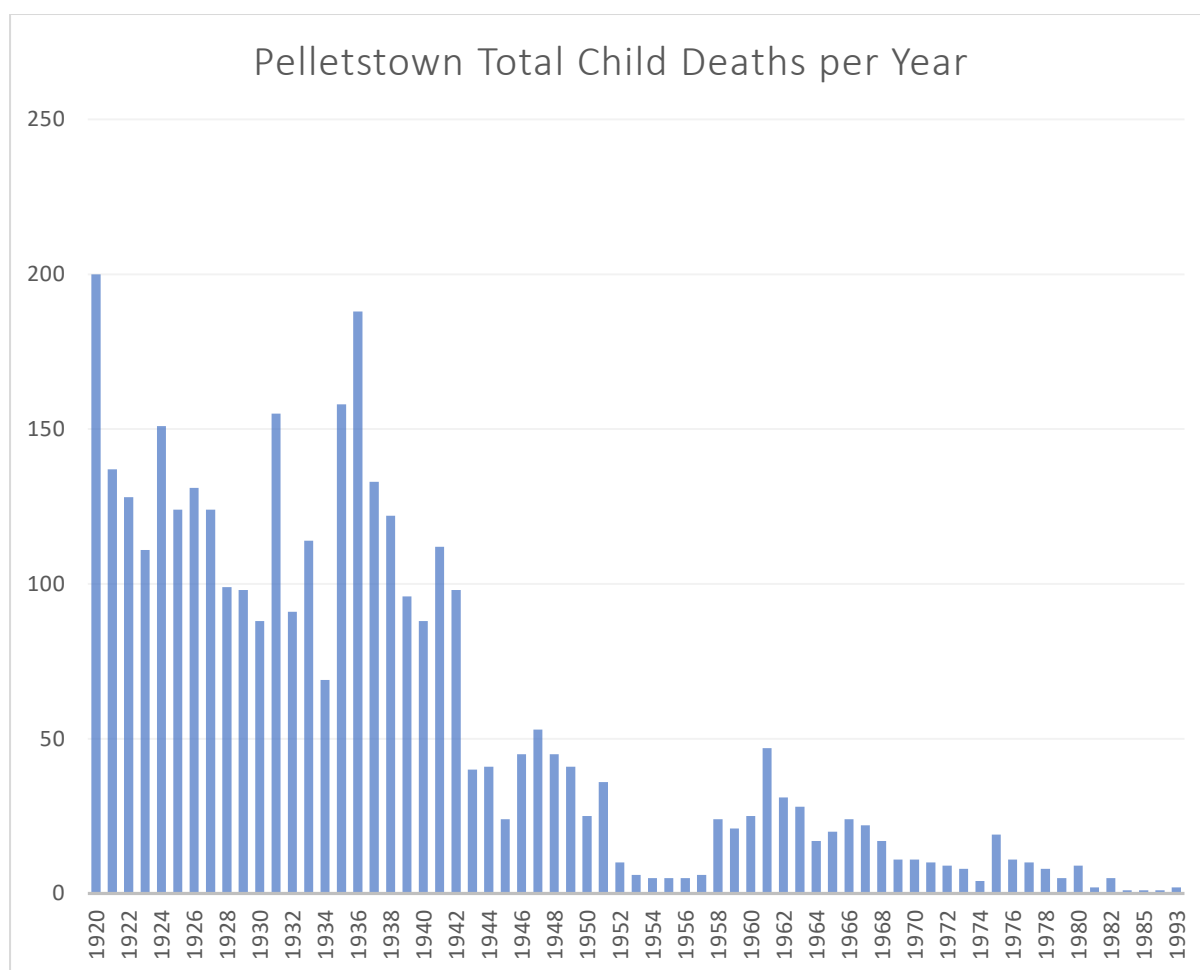


Comparative analysis of exit pathways from Pelletstown for accompanied and unaccompanied children show that accompanied children were far more likely to be discharged for adoption (47%) than unaccompanied children (27.5%). Of the 1,012 unaccompanied children adopted from Pelletstown, at least 90% were 'illegitimate' children. Conversely, the records suggest that unaccompanied children were more likely to return to the family home or to be transferred to another institution than accompanied children. That 36.2% of unaccompanied children were discharged to the family home suggests that they had been admitted to the institution for medical treatment rather than institutional care - it is difficult to establish this with any degree of accuracy from the institutional records. Of the 1,329 unaccompanied children discharged to the family home, 62% were recorded as 'legitimate' children. Of the 1,059 unaccompanied children transferred to other institutions, 31% were recorded as 'legitimate' children. The majority of unaccompanied children transferred to other institutions went to hospitals, specialist homes, industrial schools and orphanages. Of the 238 unaccompanied children boarded out from Pelletstown all but nine were 'illegitimate' children.

Foreign adoptions



The institutional records and records held by the passport office combined show that 367 children were sent for foreign adoption from Pelletstown. Most (90.46%) were adopted in the USA. Just over 7% were adopted in Great Britain and 1.3% in Northern Ireland. Two children were adopted in Egypt and one child was adopted in Germany and Serbia respectively. Fourteen children sent for foreign adoption had been admitted to Pelletstown unaccompanied - 13 were adopted in the USA and one in Northern Ireland.

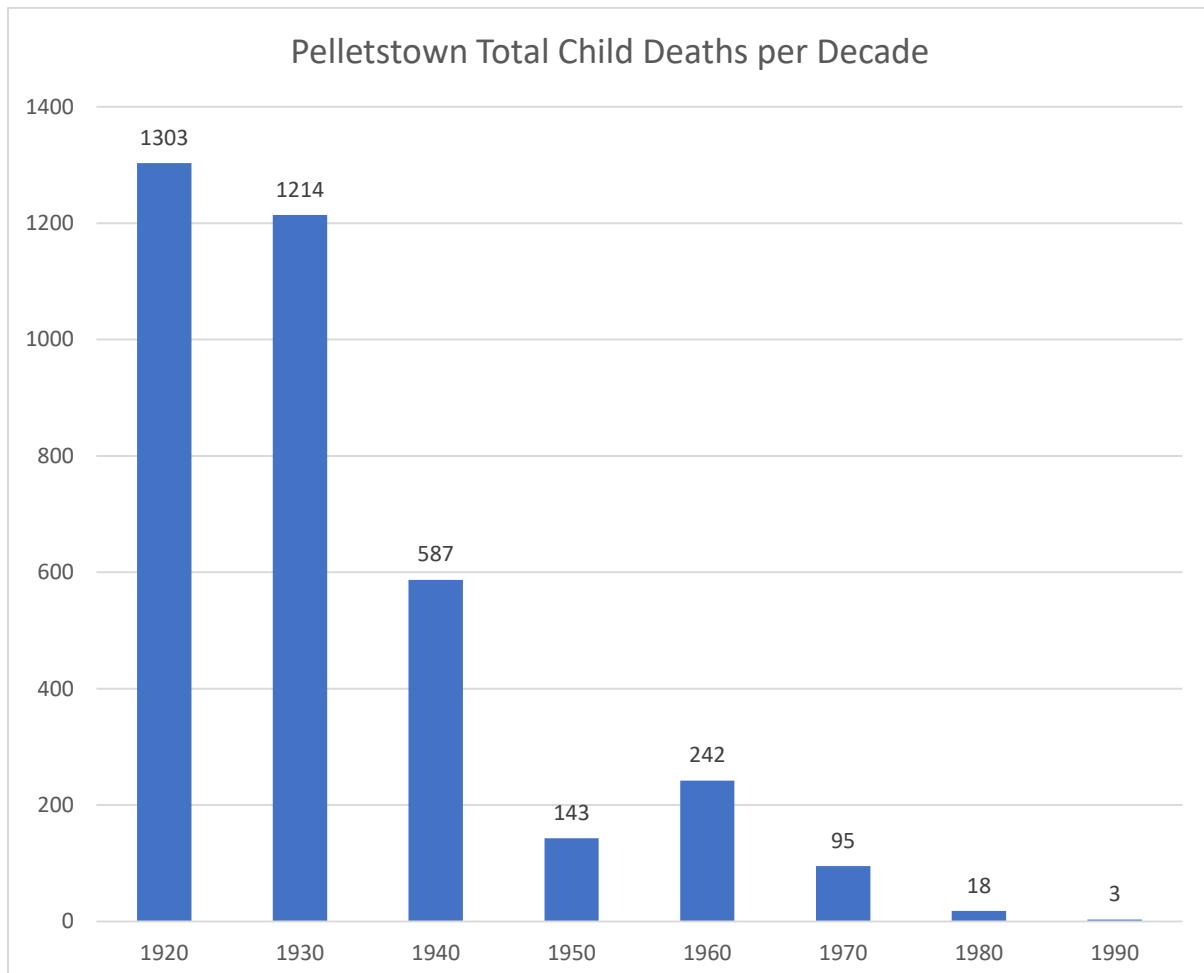
Child deaths

The Commission identified 3,615 deaths among infants and children associated with Pelletstown. This includes children who died in the institution, children who were admitted to the institution but died elsewhere and children who were never admitted to the institution but whose mothers were resident there prior to their birth. A date of death was available for 3,605 children (99.7% of deaths).

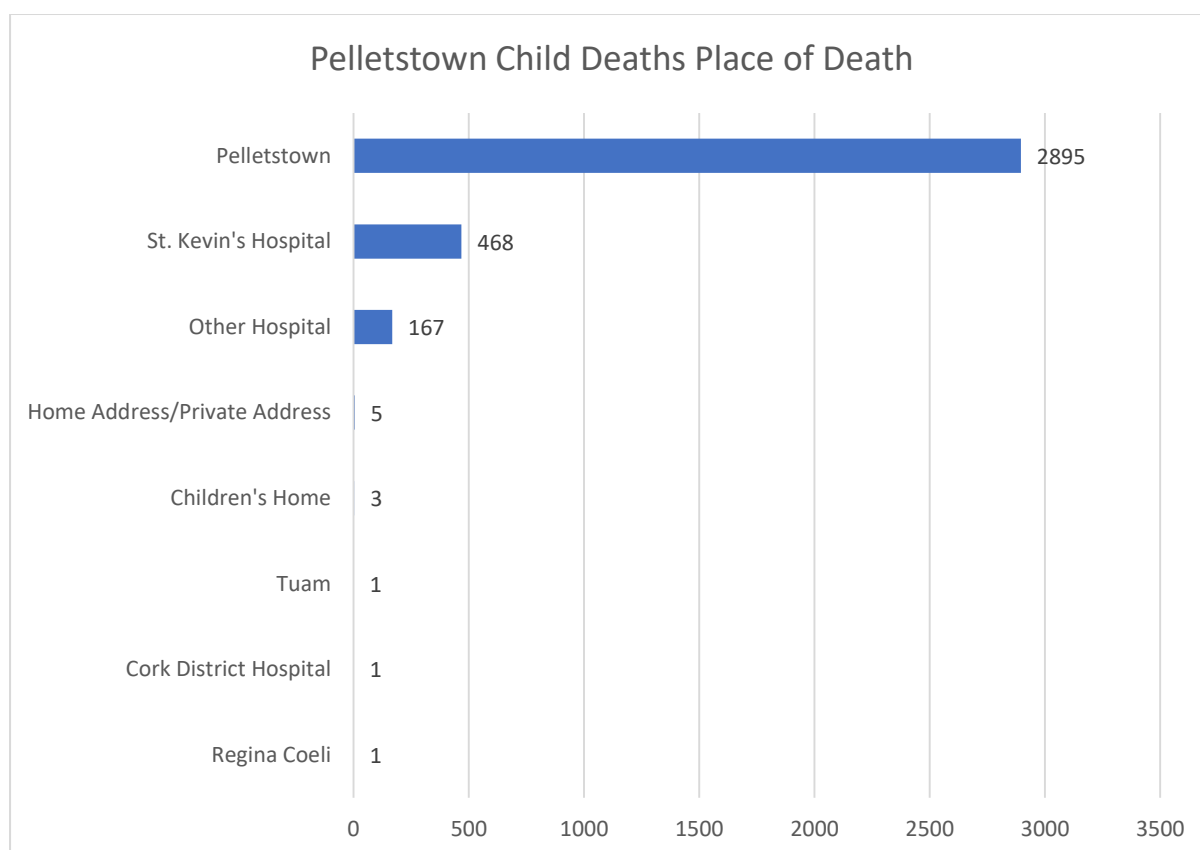
The available records show that 88% of deaths occurred among 'illegitimate' children and 7.2% occurred among 'legitimate' children - it was not possible to establish the status at birth in the remaining cases.

The Commission identified a GRO death record for 3,511 children (97.12% of deaths). Infant and child mortality in Pelletstown was particularly high in the years 1920-42, 78% of all infant and child deaths in the home occurred in this period. Mortality was highest in 1920, when 200 deaths were recorded and peaked again in 1936, 188 deaths were recorded that year. Mortality in Pelletstown declined substantially in the mid-1940s. For much of the

1950s annual mortality in Pelletstown was in single figures, but began to increase slightly from 1958. From 1960 to 1980 Pelletstown recorded 16 infant and child deaths on average annually, fluctuating between 47 deaths in 1961 and four in 1974.

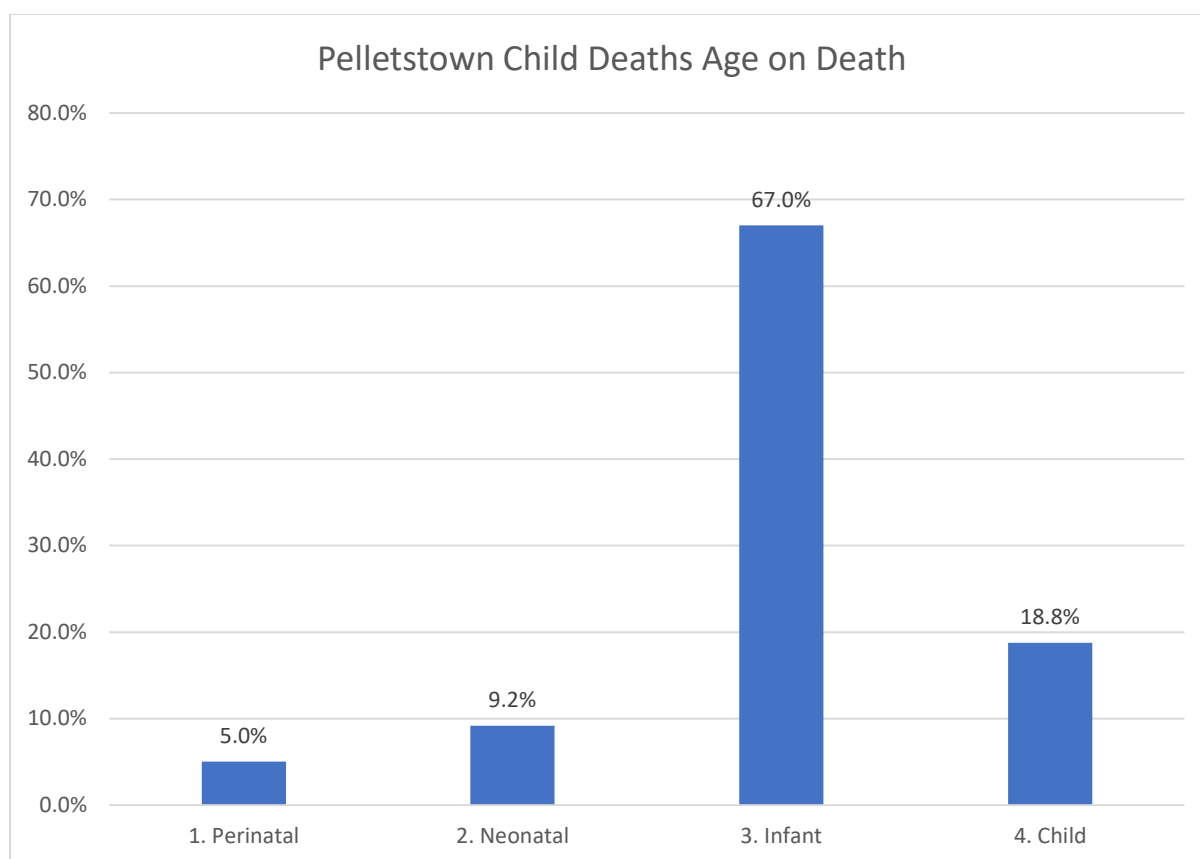


Analysis by decade shows that more infant and child deaths (36.1%) in Pelletstown were recorded in the 1920s than any other decade followed by the 1930s (33.7%); 1940s (16.3%); 1960s (6.7%); 1950s (4.0%); 1970s (2.6%); 1980s (0.5%) and the 1990s (0.1%).

Place of death

Information relating to the place of death was available for 3,541 children (97.95% of deaths). Most infant and child deaths occurred in Pelletstown (81.8%), St Kevin's Hospital (13.2%) or in another external hospital (4.7%). Small numbers of children died at home or in another private address (5); in another children's home (3); in the Children's Home, Tuam (1); Cork District Hospital (1) and in the Regina Coeli hostel (1).

Age on death



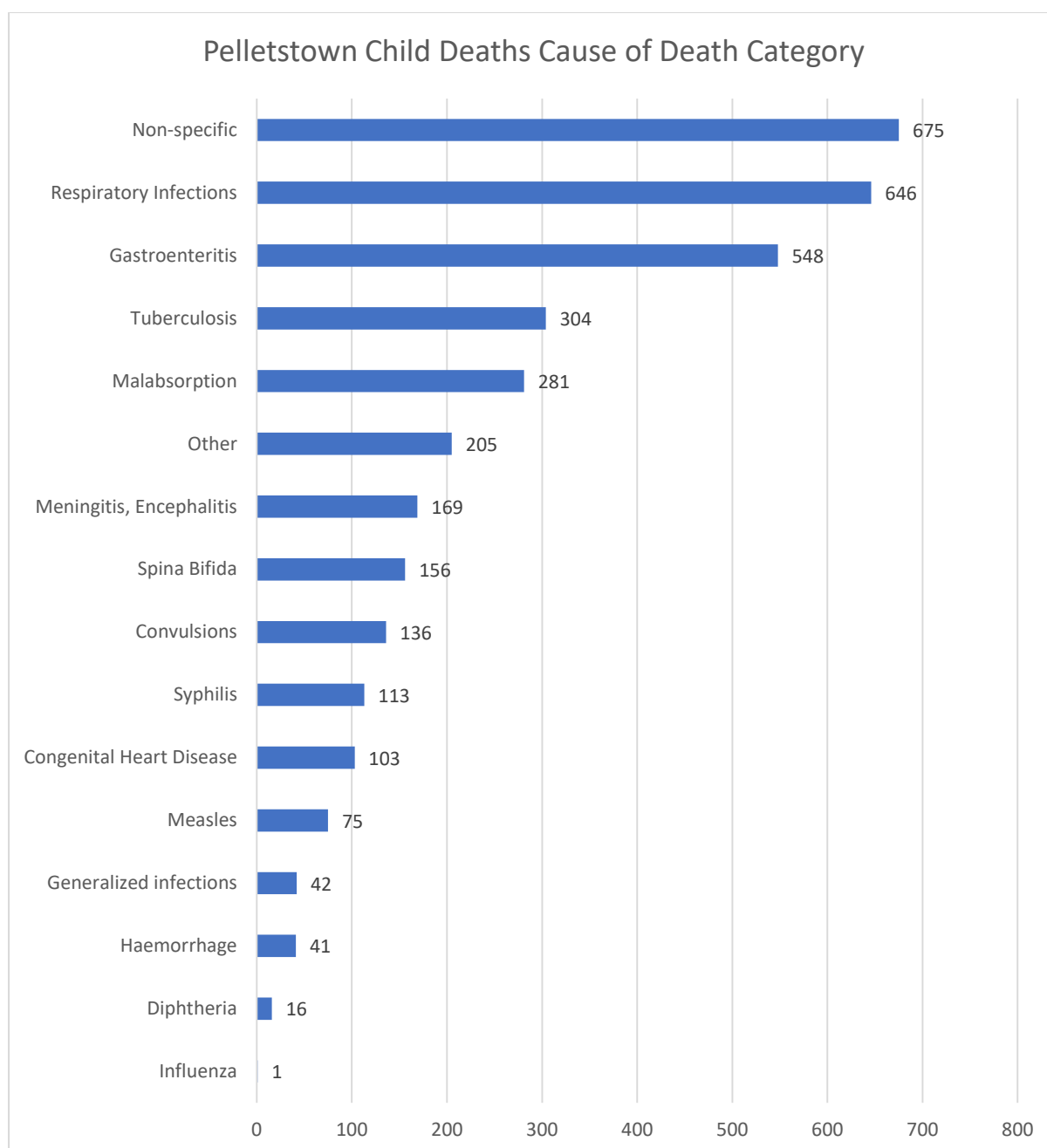
Information relating to age on death was available for 3,509 children (97.1% of deaths). The majority of deaths (81.2%) occurred during infancy, as follows: perinatal, 0-7 days (5%); neonatal, 8-28 days (9.2%) and infants, 29-365 days (67%). The remaining children (18.8%) were aged between 366 days and five years at the time of death.

Accompanied at time of death

Information as to whether a child was accompanied by a mother at the time of death was available for 3,471 children (96% of deaths). The institutional records show that 2,048 children (59%) were unaccompanied at the time of death and 1,423 children (41%) were accompanied by their mother at the time of death.

Place of burial

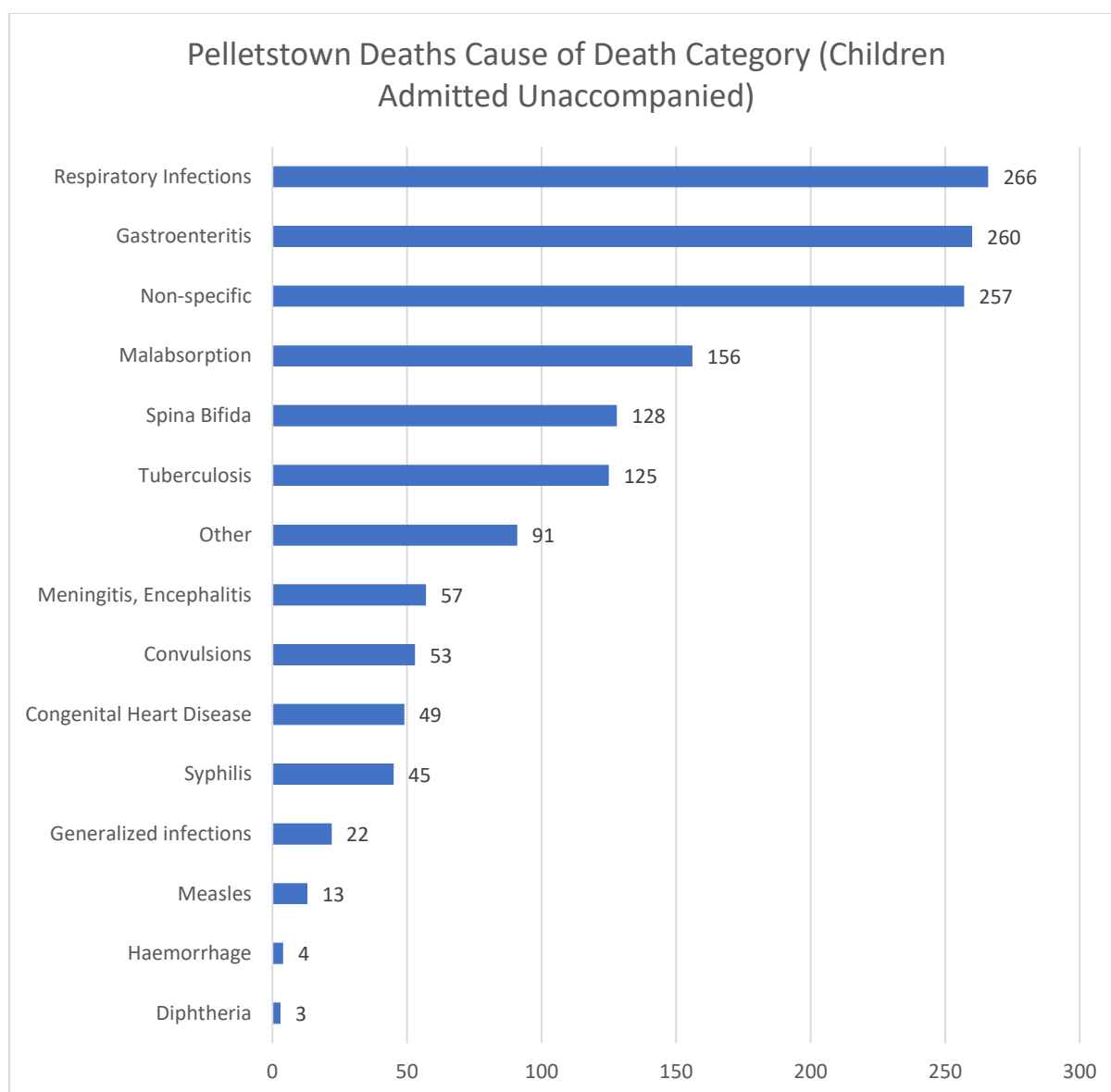
The Commission established the burial place of 3,102 children (85.8% of deaths). The majority, 3,097 children, were buried in Glasnevin cemetery. Five others were buried in Mount Jerome cemetery.

Cause of death

Information relating to cause of death was available for 3,511 children (97.1% of deaths). The leading causes of death were non-specific (19.2%) - including congenital debility, delicacy from birth, prematurity and inanition; respiratory infections (18.4%) - mainly pneumonia, bronchopneumonia and bronchitis; gastroenteritis (15.6%) - mainly enteritis, gastroenteritis and gastritis; tuberculosis (8.7%) - mainly tubercular enteritis, general tuberculosis and pulmonary tuberculosis; malabsorption (8%) - mainly marasmus and malnutrition; other causes (5.8%) - mainly pertussis, peritonitis, congenital deformity and a range of one off causes of death; meningitis/encephalitis (4.8%); spina bifida (4.4%) - mainly hydrocephalus; convulsions (3.9%); congenital syphilis (3.2%); congenital heart disease

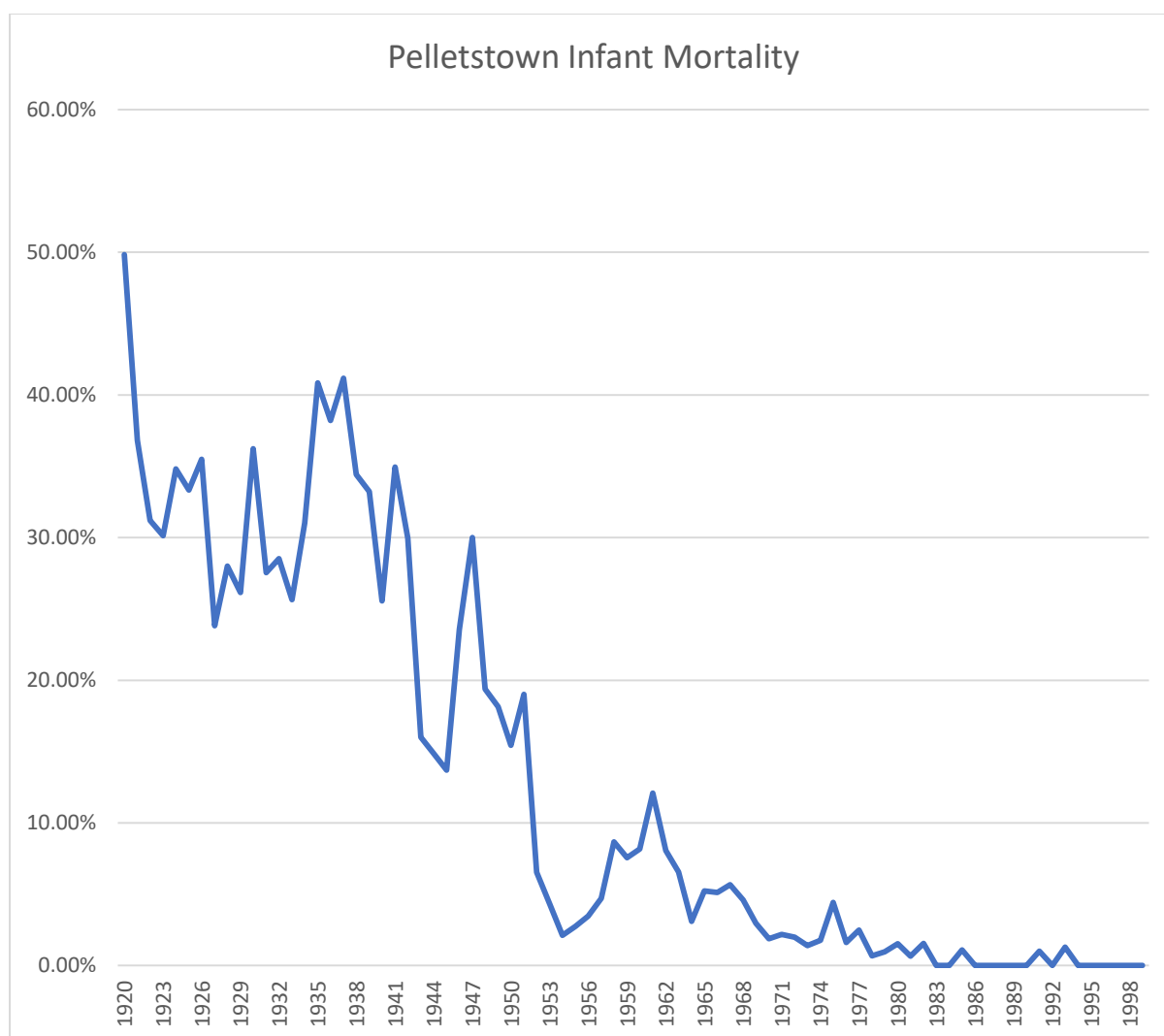
(2.9%); measles (2.1%); generalised infections (1.2%) - mainly toxæmia and septicaemia; haemorrhage (1.1%) - mainly intercranial and cerebral haemorrhage and diphtheria (0.5%). One death was attributed to influenza.

In the 1920s more than 1 in 3 infant and child deaths associated with Pelletstown were due to either gastroenteritis (19.1%) or tuberculosis (16.5%). In the 1930s, congenital debility, prematurity and respiratory infections were responsible for 46.4% of mortality combined although gastroenteritis (14.4%) continued to take a heavy toll. Despite the opening of St Clare's Hospital in 1944, gastroenteritis was responsible for over 18% of mortality in the 1940s. Eight children died in St Clare's in the 1940s after transfer from Pelletstown - gastroenteritis was a factor in all eight deaths. Congenital debility and prematurity continued to be the leading cause of mortality in the 1940s and accounted for 33.2% of deaths. Respiratory infections also featured strongly and were responsible for 16.4% of deaths. In the 1950s, congenital debility, prematurity and respiratory infections accounted for over half of all deaths - spina bifida was also a leading cause of death at that time and accounted for 27% of mortality in that decade. Mortality due to gastroenteritis in Pelletstown had decreased to roughly 2%. By the 1960s, spina bifida had become the single biggest cause of mortality in Pelletstown and was responsible for 35.7% of mortality in that decade - the majority of these deaths (87%) occurred in 'legitimate' unaccompanied children. One in four deaths were attributed to respiratory infections, and gastroenteritis had again become prominent and was responsible for over 1 in 10 deaths. In the 1970s, respiratory infections, spina bifida and congenital heart disease were responsible for 62% of mortality combined; the remaining deaths were attributed to a range of mainly one off causes. In the 1980s, infant and child deaths were a fraction of the number recorded in previous decades. Of the 17 deaths recorded four were due to spina bifida, three to congenital heart disease and the remainder were attributed to one off causes.

Cause of death in unaccompanied children

Unaccompanied children made up 31.3% of all child admissions to Pelletstown. However, they accounted for 43.7% of infant and child deaths associated with the home.

Unaccompanied children appear to have been more susceptible to many conditions. They accounted for 39.8% of deaths due to congenital syphilis; 41.1% of deaths due to tuberculosis; 41.7% of deaths due to respiratory infections, 47.4% of deaths due to gastroenteritis; 47.6% of deaths due to congenital heart disease; 55.5% of deaths due to malabsorption and 82.1% of deaths due to spina bifida.

Infant mortality rate³

The institutional records suggest that the infant mortality rate in Pelletstown was highest in 1920 - a mortality rate of 50% was recorded that year. Over the remainder of the 1920s infant mortality fluctuated between a high of 35.5% in 1926 to a low of 23.8% in 1927. Infant mortality was on a definite upward trend for much of the 1930s peaking in 1937 when a rate of 41.2% was recorded, but began a staggered decline from then. In the years 1943 to 1945 infant mortality in Pelletstown was 14.8% on average; at this time infant mortality rates of up to 75% were being recorded in Bessborough. Although the infant mortality rate increased to 30% in 1947 a definite decrease is discernible thereafter - by 1954 the rate had decreased to 2.1%. Over the next decade the infant mortality rate stood at 6.5% on average. From the late 1970s the rate rarely registered more than 1%.

³ Infant mortality rate was calculated as follows: Living children born in the year who died before the age of 1/All living children born in the year.