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## **'At the service of all who want them:' The work of Little Company of Mary in Ireland, 1888-1980**

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**UNIVERSITY of LIMERICK**  
OLLSCOIL LUIMNIGH



**‘At the service of all who want them:’**

**The work of Little Company of Mary in Ireland, 1888-1980**

**By**

**Niamh Lenahan**

**Thesis completed under the supervision of**

**Professor Bernadette Whelan**

**In fulfilment of the requirements for the degree of**

**Doctor of Philosophy**

**University of Limerick**

**September 2015**

## **Declaration**

I confirm that the content of this thesis is my own original work except where otherwise indicated with reference to secondary sources.

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Niamh Lenahan  
September 2015

## Abstract

‘At the service of all who want them’<sup>1</sup>

This is the first, full length study to examine the work of the Little Company of Mary (LCM), a Roman Catholic women’s religious congregation, in Ireland. This study covers the period 1888 to 1980. Under its Foundress, Mother Mary Potter, the congregation was first established in Nottingham, England in 1877 and eleven years later they made Ireland its fourth foundation. This study, based on original archival material and adopting an empirical approach, documents how this women’s religious order in Ireland contributed first, to the development of the nursing profession in Ireland and second, to the provision of medical services through building hospitals and pioneering hospice care in the Limerick area.

This study will address how the order managed, progressed and modernised their hospitals and adapted their work to suit the needs of a modern society in the twentieth century. It argues firstly, that the LCM, while working under male authority such as the local bishop or archbishop or medical figure, carved out a role for themselves particularly in the day-to-day running of their institutions. Secondly, it argues that the LCM’s vision for meeting the medical needs of Irish society changed over time to deal with all classes of people, and thirdly, that the order adapted to the new roles set out for female religious following the decrees of the Second Vatican Council (SVC) from 1962 to 1965. Female agency is at the core of this study and the thesis examines whether LCM achievements and failures progress arguments around female empowerment in the context of this religious congregation. Ultimately it is intended that by unfolding the role and agency of the LCM in Ireland, this study will expand our understanding of the history of female religious congregations and the history of nursing and medical care in Ireland.

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<sup>1</sup> LCMI, (Little Company of Mary Ireland), Speech by the Bishop of Cloyne, Bishop Robert Browne, to welcome the LCM to Fermoy, County Cork in 1903, File 12/02/1.01

## Acknowledgments

In an interview given to *The Guardian* by Antonia Fraser, the historical biographer, said ‘if you don’t thrill to your subject, you cannot in all honesty expect your reader to do so’.<sup>2</sup> I admit there were difficult times during the course of the study, but the one thing that sustained me, was my interest in the subject, and I hope this will become evident through my writing.

When I began my study I remembered a conversation in 2005 that my sister, Ciara, had with her young daughter who was seven years old at the time. My sister mentioned to her daughter that as a child she had wanted to be a nun when she grew up. My niece replied ‘what is a nun?’ Alarmed at her response I suddenly became aware how nuns, who were still involved in community-based projects, were no longer instantly recognisable to the younger generation. Was this because they no longer wore a habit or was it because they were slowly diminishing in numbers? I thought more about my niece’s response and felt that the work which had been achieved by nuns in Ireland was already invisible to a younger generation and wondered how could their work be recorded and documented. A few years later, when an opportunity arose to gain access to the archives of the Little Company of Mary, (LCM), when it was offered to the University of Limerick, I welcomed the opportunity to document their history.

Even though I was educated by nuns, was familiar with teaching nuns, and was aware of the LCM’s medical institutions in Limerick, St. John’s Hospital and Milford Hospice, I had not encountered any of the LCM nuns myself previous to this study. My engagement in this project has changed my perspective about women religious orders, it has afforded me a deep appreciation of the LCM order through the acknowledgement of their achievements and successes. Their success of their labours is testament to their skills, negotiations, management and devotion to their work and I wanted to share this knowledge and information of the order’s accomplishments. In today’s society, people are sceptical about nuns and I hope that by documenting their achievements, it will allay traces of cynicism that shadows women religious communities. The documentation of the order is important, especially as the numbers of Sisters within the LCM is on the decline in Ireland and also

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<sup>2</sup> *The Guardian*, 24 September 2008.

comprises of an ageing population. I consider my engagement with this project a positive one and of importance to my sense of local identity as the city of Limerick was the location for the first foundation in Ireland.

I want to thank many people I have encountered during the course of my study. I especially want to thank Sr. Mary Hassett, former matron of St. John's Hospital from 1971 to 1986 and Mother Provincial from 1997 to 2000. Sr. Mary was the instigator in opening the LCM archive to the University of Limerick, and without this rich source, my research would not have been possible. I also want to thank Sr. Carmel Kidd, archivist, whose archival work in the LCM in Dublin made my work so much easier, and Sr. Teresa Corby, Provincial Leader from 2011 to date, for allowing me continued access to the archive. I would also like to thank the Sisters of the LCM, who through their interviews, gave me a personal insight into the working of the order. I would especially like to thank all the women who joined the Little Company of Mary and through their work in hospitals and community-based projects in the Irish Foundation, helped to grow and expand the order since its arrival into Ireland and left a rich history for the researcher to explore. I would also like to thank Joanne Callinan, Librarian in Milford Hospice and Marie Struder, personal assistant to the CEO, Milford Hospice. While on my visits to the archive, located in Braemor Road in Dublin, I would sincerely like to thank Barbara and Carmel, the catering staff, who fed me on every visit.

The archivists Fr. David Bracken, archivist, Limerick Diocesan Archive, Henry Street, Noelle Dowling, archivist in the Dublin Diocesan Archive, Clonliffe College, Tom Kilgarriff, archivist in the Galway Diocesan Archive, Galway Cathedral and Eileen Greaney at the Cloyne Diocesan Archives, Cobh, and Bernie Deasy, archivist at the Delaney Archive, Carlow College, require special mention for the information you helped me source. Others who assisted were Brian Donnelly, senior archivist at the National Archives of Ireland and Elizabeth McEvoy, archivist at the National Archives of Ireland, Bishop Street, Dublin, Justin Furlong at the National Library of Ireland, Orna Somerville, archivist in the University College of Dublin Archives, Belfield where I viewed An Bord Altranais Archive, Mary O'Doherty, assistant librarian in the Royal College of Surgeons of Ireland, Stephen's Green and Harriet Wheelock, keeper of collections, in the Royal College of Physicians of Ireland, Kildare Street, Dublin. Many thanks to Ken Bergin, the Head Librarian and Jean Turner, library assistant in the Glucksman Library University of Limerick Special Collections, and to the Inter Library Loans section and the staff in the UL library.

I also want to thank Brian Hodkinson, curator at the Limerick City Museum, Merchants Quay, Jacqui Hayes, archivist at Limerick City Archives, Merchants Quay and Tony Storan at Limerick County Library, Dooradoyle, for replying to my many enquiries. Michael McGuire, executive librarian in the Limerick City Library, The Granary, was most helpful and I thank you for going that extra mile to find information that has helped me to piece together the history and accomplishments of the LCM order.

The staff in the Health Service Executive, particularly Donal Devery in Tullamore, Mary Stokes in Limerick, Richard Buckley in Cork replied to my letters and emails in search of correspondence which led to another rich source; namely the Minute Books for St. John's Hospital dating back to 1885. I want to thank the staff in St. John's Hospital, especially Patricia Keeshan, Management Services Co-ordinator, Dr. Con Cronin, consultant nephrologist, and John Cummins, Deputy Chief Executive, who met with me on several occasions to assist and discuss my project.

To the staff in the University of Limerick Graduate Office, especially Sinead Cooney, Anne O'Dwyer and Marie Beaumont, I thank you for all your friendship and help during my study in UL. I wish to thank the Faculty of Arts Humanities and Social Sciences for financial assistance. A special thank you to my former boss, Dr. Helen Kelly-Holmes as Assistant Dean, Research, who was always interested in my progression from 2011 to 2014 and to my current boss Dr. Eoin Devereux, Assistant Dean, Research for his assistance and understanding at the end of my study. The faculty and staff especially Anne Marie O'Donnell administrator in the Department of History at University of Limerick, who encouraged me to continue this project. To all the postgraduate students who are seated nearby my office in the Foundation Building in the University of Limerick, I thank you most sincerely for your help and proof-reading, inspiration and many urgently needed coffee breaks, most especially, Dr. Catherine O'Connor, Dr. Gavin Wilk, Dr. Mary McCarthy, Dr. Pat McMahon and Dr. Deirdre Brady, Kim Arnold and Clair Sheehan. To Brendan Bolger, Humanities Information Technology Support at the Information Technology Department, thank you for your expert advice on technical issues. To the restaurant staff in the Allegro, Foundation Building and the Plaza restaurant in the Library in UL, I cannot thank you enough for the nourishment and kind words at vital stages.

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## List of Abbreviations

<b>CCA</b>	Carlow College Archives
<b>CDA</b>	Cloyne Diocesan Archives
<b>DDA</b>	Dublin Diocesan Archives
<b>DFA</b>	Department of Foreign Affairs
<b>GDA</b>	Galway Diocesan Archives
<b>LCCA</b>	Limerick City Council Archives
<b>LCL</b>	Limerick City Library
<b>LCM</b>	Little Company of Mary
<b>LCMI</b>	Little Company of Mary Ireland
<b>LDA</b>	Limerick Diocesan Archives
<b>NAI</b>	National Archives of Ireland
<b>NLI</b>	National Library of Ireland
<b>PDDE</b>	Parliamentary Debates Dáil Éireann
<b>SJHBG</b>	St. John's Hospital, Board of Governors' Meetings
<b>SVC</b>	Second Vatican Council
<b>UCDA</b>	University College Dublin Archives

## Introduction

Emmet Larkin has shown that from the mid-nineteenth century, the Irish church provided ‘chapels, churches, cathedrals, schools, seminaries, colleges, hospitals, orphanages, magdalens, convents, monasteries, clerical and episcopal residences and a university’.<sup>1</sup> By the late nineteenth and early twentieth century, most towns and cities in Ireland contained convents which housed women religious orders.<sup>2</sup> Caitriona Clear recorded that at the beginning of the twentieth century there were thirty-five different orders established in Ireland in 368 convents.<sup>3</sup> But since the end of the twentieth century, many of these convents have been sold and the nuns who occupied these buildings are slowly disappearing. Nuns are an ageing population and the numbers entering women’s religious orders have dramatically declined as indicated in figure 5.1. By the end of the twentieth-century, seventy per cent of women religious in Ireland were aged over sixty years.<sup>4</sup> The perception of nuns has also changed in recent decades, and to a younger generation, they are invisible and possibly even non-existent. In the early twentieth century, nuns were a large community of women, who operated in the public sphere while maintaining a privacy about their personal lives. In their religious habits, they were instantly recognisable and had a public presence in towns and cities in Ireland. They appear to have been street-innocent yet worldly-wise. They came from a variety of social backgrounds. Some were poor while others were from well-off families. Once they entered, they appeared to be submissive to authority and meek in character; yet, in today’s terms the successful entrepreneurs they became created their congregational destinies. Many nuns no longer wear habits yet are instantly recognisable to an older generation.<sup>5</sup>

Despite these broad generalisations, little is known about the women who belonged to specific orders that nursed and educated so many generations in Ireland, or as Ferriter noted recently ‘we have little grasp on the multi-layered history of nuns in Ireland in the period ...

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<sup>1</sup> Emmet Larkin, *The Roman Catholic Church and the emergence of the modern Irish political system 1874-1878* (Dublin, 1996), p. 9.

<sup>2</sup> The terms nuns’, ‘Sr.’, ‘Sisters,’ ‘women religious,’ ‘female religious,’ ‘female congregations’ are used interchangeably.

<sup>3</sup> Caitriona Clear, *Nuns in nineteenth century Ireland*, (Dublin, 1987), p. 36.

<sup>4</sup> Diarmaid Ferriter, *The transformation of Ireland 1900-2000* (London, 2004), p. 733.

<sup>5</sup> Yvonne McKenna, *Made Holy: Irish Women Religious at Home and Abroad* (Dublin, 2006), p. 9.

1922-96.<sup>6</sup> Who were the LCM nuns in twentieth century Ireland? How and why did the Little Company of Mary (LCM) expand into seven counties? How were they trained? What work did they do? How and when did they interact with male religious superiors and the largely male-run state and medical authorities? How did the order respond to changes in twentieth century Irish society?

This study will focus on the Roman Catholic women's religious order, the Little Company of Mary (LCM). They came to Ireland in 1888, eleven years after they were founded in Nottingham, England, to nurse the sick and dying. This thesis is not intended as a history of the LCM order worldwide, but rather its primary focus is concerned with the establishment, nature and work of the LCM, or as they were collectively known as the 'Blue Nuns,' in Ireland.<sup>7</sup> Female religious orders tended to focus on a particular apostolate either teaching or nursing, and the LCM order's focus was on nursing and the delivery of medical care. This study complements the literature about the history of religious congregations, the history of medical care and the history of women. Prior to Clear's seminal *Nuns in nineteenth century Ireland*, (1987), the history of nuns and their convents, congregations foundations of various kinds, schools, hospitals and other activities, were passed on to generations 'in the triumphalist rhetoric of pre-Conciliar Irish Catholicism and in the self-effacing internal records of convents'.<sup>8</sup>

Clear's identification of the Second Vatican Council (1962-5) as a significant point in the historiography of female religious is notable, as much of the subsequent scholarship has been more analytical in approach and in findings. Among works written by members of Irish religious orders in recent years are Ursula Clarke on the Ursuline order.<sup>9</sup> A member of the congregation, Clarke traces the history of the Ursulines who were founded by Nano Nagle in Cork in 1771 to educate all classes of girls. She credits the bishops with introducing the order to Cork as well as to other houses that were opened by the Ursulines in Ireland. Sr. Eugene Nolan, a Sister of Mercy, wrote a history of the Mater Misericordiae University

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<sup>6</sup> *Irish Times*, 23 March 2013.

<sup>7</sup> See Kate O'Brien, *The Flower of May* (London, 1955); also, John Logan, "*With Warmest Love. Lectures on Kate O'Brien 1984-1993*" (Limerick, 1994); and Sharon Tighe-Mooney, 'Nun, Married, Old Maid': Kate O'Brien's Fiction. Women and Irish Catholicism' (Unpublished M.A. thesis, University of Maynooth, 2009). Also, the Opera D'Arte's opera *The Oldest Woman in Limerick shown in Limerick December 2015* included information on the life Sr. Anthony O'Dwyer (1910-2015), an LCM Sister.

<sup>8</sup> Clear, *Nuns in nineteenth century Ireland*, p. 166.

<sup>9</sup> Note: The Ursuline Convent was founded in Cork in 1771 by Nano Nagle (1718-1784). Sr. Ursula Clarke, O.S.U., *The Ursulines in Cork 1771-1996* (Cork, 1996).

Hospital Dublin, a hospital founded by the Sister of Mercy order in 1861.<sup>10</sup> Nolan traces the one hundred and fifty year history of the hospital from its foundation through the twenty-first century. Sister Maria Duddy, another member of the Sisters of Mercy, published *The Call of the North. A History of the Sisters of Mercy, Down and Connor Diocese, Ireland*.<sup>11</sup> This order of the Sister of Mercy from their arrival in 1854 to Belfast in the north of Ireland, sought to ‘care for the poor, the sick and the ignorant without distinction of class or creed’ as they carried out their work or apostolate where they taught and nursed in communities wherever they were needed.<sup>12</sup> Jacinta Prunty, a Sister of the Holy Faith, explored the life of Margaret Aylward (1810-1889), the Foundress of the Sisters of the Holy Faith, and she demonstrated that women involved in religious institutions were of a strong character.<sup>13</sup> Prunty also noted that Aylward formed a close association with Dr. Paul Cullen (1803-1878) after his appointment as Archbishop of Dublin in 1852. Prunty argues that Cullen was unjustly credited with Aylward’s achievements.<sup>14</sup> Having had access to personal letters, clerical and charity associations archives, Prunty highlighted the power structures within the Catholic Church in the second half of the nineteenth century, and she reinforced the argument that the women who joined religious congregations and undertook charitable works came from a middle-class background.<sup>15</sup>

Elizabeth West, a member of the LCM, wrote a biography of the Venerable Mother Potter and the formation of that order.<sup>16</sup> West described Potter’s personal life up to her death in 1913, over twenty years after the Irish foundation was established. West focused on how the order’s mission influenced the shaping of the LCM. An important source for the early years of this study, the work identifies the difficulties Potter encountered as she sought official sanction for her congregation particularly noting the volatile relationship she had with Bishop Edward Gilpin Bagshawe, (1829-1915), Bishop of Nottingham.<sup>17</sup> Fr. Patrick Dougherty’s biography of Potter uses Potter’s writings and gives an insight into her deep spirituality and

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<sup>10</sup> Sr. Eugene Nolan, *Caring for the Nation. A History of the Mater Misericordiae University Hospital* (Dublin, 2013).

<sup>11</sup> Marie Duddy, *The Call of the North. A History of the Sisters of Mercy, Down and Connor Diocese, Ireland* (Ulster Historical Foundation, 2010).

<sup>12</sup> *Ibid.*, p. 2.

<sup>13</sup> Jacinta Prunty, *Margaret Aylward 1810-1889* (Dublin, 1999).

<sup>14</sup> Jacinta Prunty, ‘Margaret Louise Aylward (1810-1889)’ in Mary Cullen, Maria Luddy, *Women, Power and Consciousness in 19<sup>th</sup> Century Ireland* (Dublin, 1995), p. 63.

<sup>15</sup> Cullen, Luddy, *Women, Power and Consciousness in 19<sup>th</sup> Century Ireland*, p. 62.

<sup>16</sup> Elizabeth West, *One Woman’s Journey Mary Potter Founder. Little Company of Mary* (Richmond, 2000).

<sup>17</sup> West, *One Woman’s Journey*, pp 65-107.

determination to establish a congregation.<sup>18</sup> In her biography of Potter, Healy explains that another strong aim of Potter's was for the order to engage in nursing 'for the salvation of souls and alleviation of suffering'.<sup>19</sup> Rev. Francis Ripley's study of Potter used original letters from the correspondence of Mother Potter, and focused on her spiritual mission.<sup>20</sup> Sr. Geraldine Fitzgerald, an LCM sister, chronologically recorded the expansion of the order within the Irish Province.<sup>21</sup> These 'house' histories, despite some partiality, are important secondary sources because firstly, they are based on access to unseen records, and secondly, they provide an insight into the houses and individuals in the absence of any other record.<sup>22</sup>

In the 1980s when Clear began her research on nineteenth century nuns, she was met initially with amusement; 'what were nuns anyway, half-clergy, half-women, and not enough of either to merit examination'.<sup>23</sup> Twenty years later, Mangion commented that Roman Catholic womens' congregations were still 'an enigma of nineteenth century social history ... who have virtually disappeared from history'.<sup>24</sup> Margaret MacCurtain, who did so much to pioneer the study of women's history from the 1970s onwards noted that:

'the nuns' story is integral to the history of women in twentieth century Ireland ... as a category nuns provide a map to guide the ignorant through the unexamined landscape of where and how women occupied the religious, cultural and economic space assigned to them in twentieth century Ireland. ... There is a puzzling complexity about the place they occupy ... powerful as negotiating tools in the State's educational and welfare plans, south and north, they became in reality pawns in the struggle for control between Church and State, between bishops and departments of government. Why that came about is largely unexplored ... we need to hear the voices of women religious.'<sup>25</sup>

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<sup>18</sup> Patrick Dougherty, *Mother Mary Potter, Foundress of the Little Company of Mary (1847-1913)* (London, 1961).

<sup>19</sup> Eve Healy, *The Life of Mother Mary Potter. Foundress of the Congregation of the Little Company of Mary* (London, 1935), p. 179.

<sup>20</sup> Rev. Francis Ripley, *The Mary Potter Story* (Nottingham, 1954), p. 32,

<sup>21</sup> Sr. Geraldine Fitzgerald, 'A vision of hope' (Limerick, 1979).

<sup>22</sup> See also Sr. Angela M. Bolster, *Catherine McAuley, Venerable for Mercy* (Dublin, 1990); Sr. Ita Hannaway, *Mission Unimagined, The Story of Mother Mary Finbarr Collins of the Missionary Sisters of St Columban* (Wicklow, 2006); Sr. Phil Kilroy, *Madeleine Sophie Barat: a life* (Cork, 2000); Mother Magdalen Taylor, *Religious Orders or Sketches of Some of the Orders and Congregations of Women* (London, 1862); Sr. Margery Bayley Butler, *A Candle was lit: the life of Mother Aikenhead* (Dublin, 1953); Sr. Margaret Mary Nolan, *Medical Missionaries of Mary covering the first twenty-five years of the Medical Missionaries of Mary 1937-62* (Dublin, 1962).

<sup>23</sup> Clear, *Nuns in nineteenth century Ireland*, p. xvii.

<sup>24</sup> Carmen M. Mangion, *Contested Identities. Catholic women religious in nineteenth century England and Wales* (Manchester, 2008), p. 1.

<sup>25</sup> *Irish Times*, 23 March 2013.

Clear identified nuns as a group of women who had been ‘historically marginalised ... relegated to footnotes or ignored altogether’.<sup>26</sup> She documented the growth of female congregations and crucially located nuns in the general, social and economic context of women’s roles in nineteenth century Irish life. She concluded that nuns embodied ‘the caring self-sacrificing and essentially subordinate woman’ and that they perpetuated this ‘image’ but they were more than just the ‘pet puppets of patriarchy’ and instead performed valuable ““invisible”” caring and maintenance work’.<sup>27</sup> In other words, female religious exercised female agency and influence in conservative Irish society. Magray encouraged researchers to look at women religious’ achievements as opposed to their origins.<sup>28</sup> More recently Mangion used themes relating to gender, ethnicity and class in her analysis of orders in England and Wales. Building on Clear and MacCurtain’s work, Mangion examined the identity of active, religious, simple-vowed women religious, including the Little Company of Mary, who featured prominently in the ‘public and private sphere’.<sup>29</sup> Mangion’s work has shed new light on the subject of religious orders in Ireland and Britain. One of the key aims of this thesis is to examine the growth, development and work of the LCM order within the context of these themes: the caring, self-sacrificing and subordinate woman, female agency, empowerment and influence in twentieth century Ireland.

It is difficult to understand how these women could have been ignored in contemporary scholarship given the rising numbers of women entering into religious orders in Ireland. Figure 1 from Anthony Fahey’s work confirms the growth of the female religious life in the period 1800 to 1911.<sup>30</sup>

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<sup>26</sup> Clear, *Nuns in nineteenth century Ireland*, p. xvii.

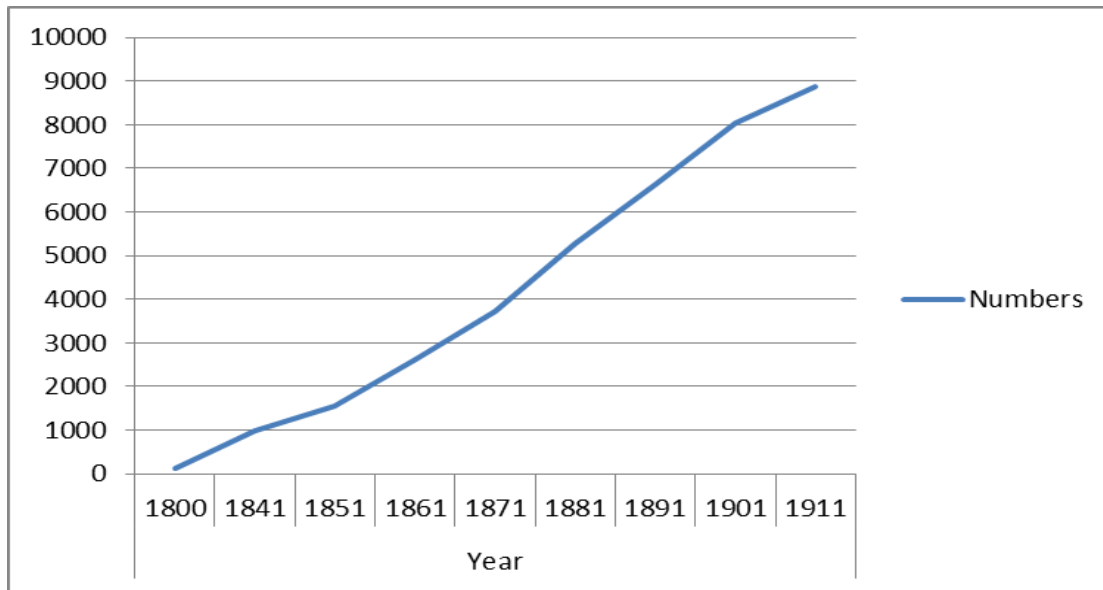
<sup>27</sup> *Ibid.*, p. 166.

<sup>28</sup> Mary Peckham Magray *The transforming power of the nuns, women, religion and cultural change in Ireland 1750-1900* (New York, 1998), p 12-3.

<sup>29</sup> Mangion, *Contested Identities*, p. 1; Laurence Lux-Sterritt, Carmen Mangion, (eds.), *Gender, Catholicism and spirituality: Women and the Roman Catholic Church in Britain and Europe, 1200-1900* (London, 2010).

<sup>30</sup> Anthony Fahey, ‘Female Asceticism in the Catholic Church: A Case Study of Nuns in Ireland in the Nineteenth Century’ (Unpublished PhD thesis, University of Illinois at Urbana-Champaign, 1982), pp 47-76.

**Figure 1 Growth of female religious in Ireland, 1800-1911**

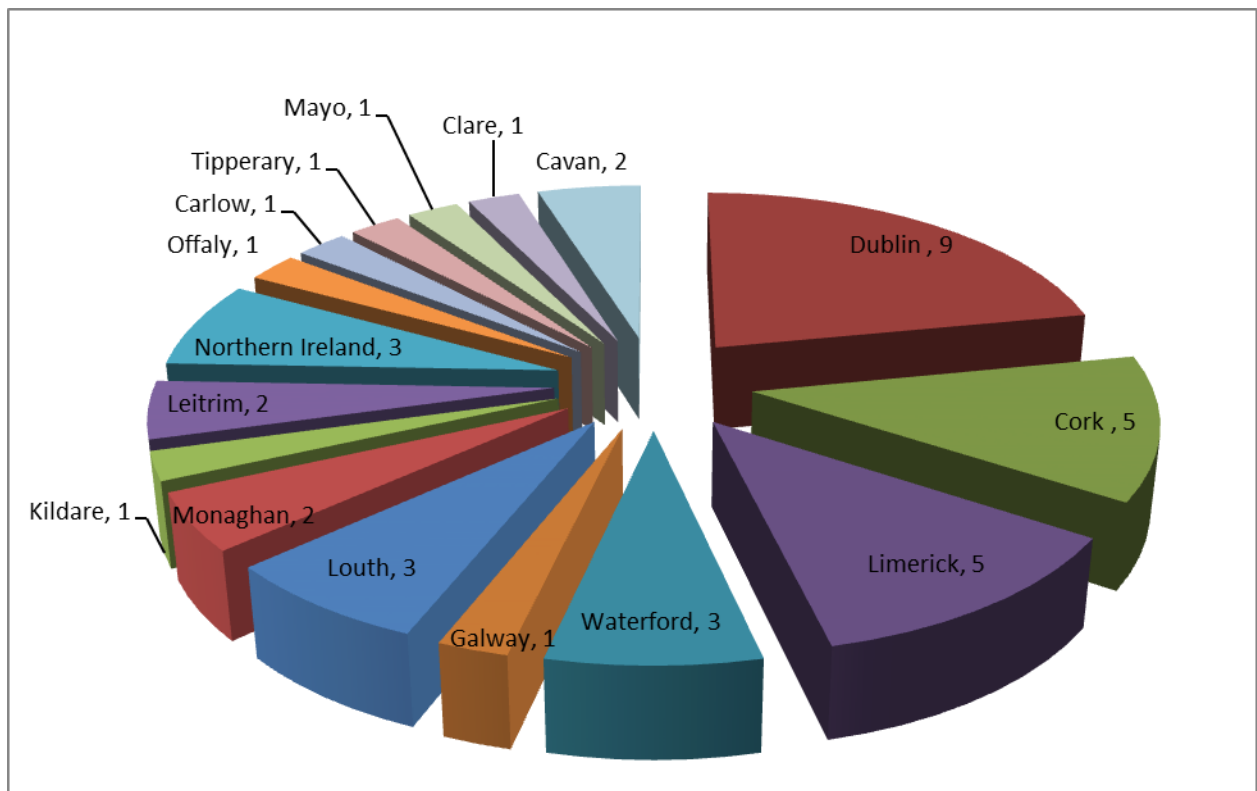


Source: Fahey, 'A female ascetism in the Catholic Church', p. 56.

This increase in the numbers of women entering religious orders is also reflected in the growth of religious congregations. Among the women religious communities established and expanded within Ireland were the Presentation Sisters who were established in 1775, in Cork, under Nano Nagle (1718-1784) and were dedicated to the provision of education. The Irish Sisters of Charity was founded in 1815, in Dublin, under Mary Aikenhead (1787-1858) and offered their services to the poor in schools, hospitals and the nuns provided refuges for women. The Sisters of Mercy were founded in 1831, in Dublin, by Catherine McAuley (1778-1841) and went on to become the most widespread religious congregation for women in Ireland. They began as a group of women who devoted themselves to the care of the poor in Dublin. The Sisters of the Holy Faith were founded in in 1861, in Dublin, under Margaret Aylward (1810-1899). The order dedicated themselves to help poor, young, abandoned and destitute children.<sup>31</sup> The new orders were located throughout the country (see figure 2) but the larger cities particularly attracted the orders.

<sup>31</sup> National Archives of Ireland (hereinafter NAI), Religious Orders and congregations in Ireland, Correspondence with the President, File PRES/2011/126/28.

**Figure 2 Geographical location of women religious orders' first home in Ireland, 1800-1950**



Source: NAI, PRES/2011/126/28 'Religious Orders and Congregations in Ireland' and LCMI archives.

From the mid-nineteenth century onwards, Limerick was among the destinations for some religious foundations that had already established in Ireland or abroad. The Presentation Sisters, already established in Cork, came to Limerick in 1837 when three Sisters arrived into the city and set up their first home in Sexton Street. There they established Limerick's first convent school to continue their mission to educate young girls.<sup>32</sup> A year later, Catherine McAuley, the Foundress of the Sisters of Mercy, already established in Dublin since 1831, opened the first Limerick convent for the order in the Island Road.<sup>33</sup> Mother McAuley remained in Limerick for three months as the order began to look after the poor of Limerick city by visiting them in their homes. There were no religious involved in hospital work in Limerick in the 1830s and the Sisters of Mercy Mother Superior, Mother Elizabeth Moore, offered their services to Barrington's Hospital, St. John's Hospital and to the city gaol. The Sisters also founded an orphanage and pursued their mission to educate the poor children of Limerick.<sup>34</sup> In 1844, the French order, the Faithful Companion of Jesus (FCJ), came to

<sup>32</sup> *Our Catholic Life*, July 1956.

<sup>33</sup> *Our Catholic Life*, October 1956.

<sup>34</sup> *Our Catholic Life*, October 1956.

Limerick from Oughterard, County Galway and set up their home at No. 9 Victoria Terrace. A year later they purchased the site for their boarding school for wealthy families, now known as Laurel Hill.<sup>35</sup>

Limerick was also the first Irish home for other foreign communities. These new female congregations that arrived into Limerick included the congregation of the Good Shepherd (1848) who came to Clare Street, Limerick, directly from France. This order, under their Superioress Mother M. Visitation Smyth, was involved in the establishment of a refuge for poor women, a reformatory school for girls and an industrial school. The latter built a laundrette in 1886.<sup>36</sup> Another women's religious order that had originally formed in Strasbourg, the Society of Mary Reparatrix (1884), made their home in a quiet place in Albert Place, South Circular Road, where they engaged in the making of vestments and prepared altar breads as a means to support themselves.<sup>37</sup> These congregations were part of the pattern of the growth of female religious in Ireland and preceded the LCM order into Limerick. The latter formed one of five new congregations that set up their first foundation in the city of Limerick between 1800 and 1953.

One of the essential questions in the historiography of women religious is why did women enter Roman Catholic communities in such large numbers in the nineteenth and twentieth centuries in Ireland? Clear presented the religious vocation as 'the only area' in Ireland in which there was a career open to talented Irish women.<sup>38</sup> During the nineteenth century, the options available to women were marriage, employment, opportunities offered by emigration or entry into a convent. David Fitzpatrick notes that after the famine (1845-51), Ireland became known as a 'celibate' country where the age of marriage remained unchanged at thirty years for males and twenty-six years for females. He has argued that in rural Ireland in the second half of the nineteenth century, twenty year olds faced three prospects: accept a 'matched' marriage, accept that they could not be 'matched', or emigrate. The timing of marriage for men in a rural setting often depended on the matter of land. Farmers' sons were unlikely to marry until either their father reached retiring age or died, permitting them to

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<sup>35</sup> *Our Catholic Life*, October 1957.

<sup>36</sup> *Our Catholic Life*, Easter 1956.

<sup>37</sup> *Our Catholic Life*, July 1957.

<sup>38</sup> *Irish Times*, 23 March 2013.

inherit the land.<sup>39</sup> Margaret MacCurtain has explained that during the 1860s, unmarried daughters with little or no prospect of financial gain from employment and without any dowry, were considered a financial burden by their families. Ireland was a country consumed with property arrangements and daughters were viewed as commodities.<sup>40</sup> With poor marriage prospects available to women, other options were necessary to avoid being a financial burden.

Bernadette Whelan's collection of essays examined the history of female employment outside of the home in Ireland over a four hundred and thirty-year period and offers an insight into womens' working roles in factories, prisons, teaching, medicine and nursing.<sup>41</sup> Maria Luddy explained that many women were employed in the low paid and low status agricultural and domestic service industries although there was a decline in those numbers between 1881 and 1911.<sup>42</sup> If marriage or employment were not available for women, emigration had to be considered. Whelan's recent essay on the historiography of Irish emigration places women at the heart of this movement of people.<sup>43</sup> Luddy noted the increase in the number of single women who emigrated at the end of the nineteenth century.<sup>44</sup> Barbara Walsh argued that 'non-inheriting siblings' viewed emigration as 'a fact of life'.<sup>45</sup> The theme of emigration was also explored by Fitzpatrick who saw it as a viable option for young women.<sup>46</sup> Against this background, religious life was another alternative. Fahey like Clear, maintained that women from middle-class backgrounds entered religious life because it was one of the few acceptable roles outside of marriage and motherhood.<sup>47</sup> Walsh argued that any family in the post-famine period that could boast about having a priest or a nun in the family was held in high esteem within the local community.<sup>48</sup> Figure 1 illustrates the sharp increase in female

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<sup>39</sup> David Fitzpatrick, 'Marriage in Post-Famine Ireland', in Art Cosgrove (ed.), *Marriage in Ireland* (Dublin, 1985), pp 117-20.

<sup>40</sup> Margaret MacCurtain, 'The real Molly Macree' in *Ariadne's Thread – Writing Women into Irish History* (Galway, 2008), p. 270.

<sup>41</sup> Bernadette Whelan, (ed.), *Women and Paid Work in Ireland 1500-1930*, (Dublin, 2000).

<sup>42</sup> Maria Luddy, 'Women and work in nineteenth-century and early twentieth century Ireland: an overview' in B. Whelan (ed.), *Women and Paid work*, pp 50-4.

<sup>43</sup> Bernadette Whelan, 'Women on the Move: a review of the historiography of Irish emigration to the USA, 1750–1900' in *Womens' History Review*, xxiv, no. 3, March 2015.

<sup>44</sup> Maria Luddy, *Women and philanthropy in nineteenth-century Ireland* (Cambridge, 1995), pp 12-3.

<sup>45</sup> Barbara Walsh, *Roman Catholic Nuns in England and Wales, A Social History* (Dublin, 2002), p. 146.

<sup>46</sup> David Fitzpatrick, 'Marriage in Post-Famine Ireland,' in Art Cosgrove (ed.), *Marriage in Ireland*, pp 11-31.

<sup>47</sup> Tony Fahey 'Nuns in the Catholic Church in Ireland in the Nineteenth Century' in Mary Cullen (ed.), *Girls don't do honours. Irish women in education in the 19<sup>th</sup> and 20<sup>th</sup> centuries* (Dublin, 1987), p. 15.

<sup>48</sup> Walsh, *Roman Catholic Nuns in England and Wales 1800-1937*, p. 146.

religious numbers from the 1870s onwards and Fahey specifically notes that the number of nuns rose from 6,642 in 1891 to 8,887 by 1911.<sup>49</sup>

The idea of so many young women opting for a life of celibacy is difficult to comprehend today, but it was not unusual in Ireland from the end of the nineteenth century up until mid-twentieth century. Luddy believed that women in nineteenth century Ireland, chose to become a member of an order because they saw it as an opportunity that offered options such as teaching, nursing or social work.<sup>50</sup> Luddy described how joining a female religious congregation gave women a degree of control over their lives with the unique possibility of achieving status and power and she emphasises that they were not always fulfilling a spiritual need.<sup>51</sup> Fahey maintained that contrary to the medieval notion that convents were ‘possible dumping grounds for surplus daughters,’ nuns made a choice about their lives starting with joining an active congregation.<sup>52</sup> In the context of Britain, Mangion argued that the reasons for women entering religious life in England during the nineteenth century varied, but one factor was pivotal ‘women were attracted to a religious life’.<sup>53</sup> Susan O’Brien also saw entry to a women religious order as a voluntary decision and that ‘taking the veil, contrary to contemporary popular belief, meant the beginning not the end of a useful life’.<sup>54</sup> Such interpretations support Magray’s view that women religious were not mere servants of the Catholic male hierarchy.<sup>55</sup> Whatever the reasons for entering, the attraction continued up to the middle of the twentieth century as will be discussed later in the study.

McKenna’s work explores the lives of female religious in the twentieth century through the medium of oral history. Her book was wholly based on testimonies from thirty Irish religious women who were born between 1911 and 1950 and emigrated to England. McKenna’s study revealed that some Sisters who joined declared an interest in education or nursing or missionary work prompted their action, rather than joining for spiritual reasons. McKenna concluded that these women were ‘not born nuns, they became nuns’.<sup>56</sup> Flannery’s work in the twentieth century context, described other attractions of religious life where women could

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<sup>49</sup> Fahey, ‘Female asceticism in the Catholic Church’, p. 56.

<sup>50</sup> Luddy, *Women and philanthropy in nineteenth century Ireland*, p. 30.

<sup>51</sup> Ibid.

<sup>52</sup> Fahey ‘Female asceticism in the Catholic Church, pp 64-5.

<sup>53</sup> Mangion, *Contested identities* p. 48.

<sup>54</sup> Susan O’Brien, ‘Terra- Incognita: The Nun in Nineteenth Century England’ *Oxford Journals*, No. 121,(1998), p. 116.

<sup>55</sup> Magray *The transforming power of the nuns*, pp 12-3.

<sup>56</sup> McKenna, *Made Holy: Irish Women Religious at Home and Abroad*, p. 230.

gain access to a good education, lead an exciting life, with the possibility of travel, and enable those from poorer backgrounds to move up the social scale.<sup>57</sup> Marie Galvin identified another continuity from the nineteenth century namely the pervasive influence of the Catholic Church on Irish society meant that having a family member in a religious order was a badge of respectability ‘not only for herself but also for her family’.<sup>58</sup> Thousands of Irish women were attracted into religious life for many reasons. Many had no other option but to enter; others were drawn by the attractiveness of religious life for strong spiritual reasons and for opportunities for economic betterment and for increasing a families’ status in the locality. One of the central aims of this study is to examine why women joined the LCM order in the nineteenth and the twentieth centuries.

Another theme within the historiography of women religious congregations is the relationship between religious orders and the local male religious superiors. O’Brien has criticised the focus on this theme which she sees as irrelevant and possibly even counter-productive, because it undermines the importance of the work of individual orders.<sup>59</sup> It is argued here that in the case of the LCM, it is important to explore this relationship because it reveals the challenges which faced the community to establish themselves, pursue their work and fulfil their mission. Magray believes that many priests and bishops in Ireland in the period 1790-1900, were concerned with controlling the female religious orders within their dioceses.<sup>60</sup> Leslie L. Liedel writing on the Sisters of Charity of Montreal, familiarly known as the ‘Grey Nuns,’ in nineteenth century Cleveland, US, argued that difficulties between the order and Bishop Richard Gilmour overshadowed this order’s achievements.<sup>61</sup> Interaction between the Roman Catholic hierarchy and women religious orders was inevitable though as each congregation required an ‘invitation’ from a bishop to establish in an area. O’Sullivan in her biography on Catherine McAuley (1778-1841), Foundress of the Sisters of Mercy in Dublin, credits the establishment of new congregations of the Sisters of Mercy in Cork, Carlow and Limerick, to the approaches made by the local bishops. O’Sullivan noted that the Bishop of Limerick Dr. John Ryan (1784-1864) received funds from a benefactor that established the

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<sup>57</sup> Tony Flannery, *The Death of Religious Life?* (Dublin, 1997), pp 6-12.

<sup>58</sup> Marie Galvin, ‘The rise and decline of female religious in Ireland 1960-75’ (Unpublished M.A. thesis, University of Limerick, 2003), p. 9.

<sup>59</sup> O’Brien, ‘Terra- Incognita: The Nun in Nineteenth Century England,’ pp 110-40.

<sup>60</sup> Magray, *The transforming power of the nuns*, p. 12.

<sup>61</sup> Leslie L. Liedel, ‘Indomitable nuns and a determined bishop: property rights, women religious and diocesan power in nineteenth-century Cleveland’, (unpublished PhD Thesis, Kent State University, 1998).

Limerick Sisters of Mercy congregation.<sup>62</sup> The foundations in Carlow and Cork were also established through funding received from local benefactors.<sup>63</sup>

Magray suggests that the invitation may only have been a formality that equalled permission to proceed after the order had made arrangements to establish a foundation.<sup>64</sup> The role of lay wealthy individuals in the founding of the order in a new area was important also. For example, Sr. Pius O'Brien, in her study on the Mercy order investigates how this order expanded their houses in County Clare during the late nineteenth century. Rev. Mother Xavier Spain having secured a site in Kilrush as an orphanage for girls wished to open an orphanage for boys in Kilkee, County Clare, a village just eight miles from Kilrush. In 1871, displaying her initiative and business acumen, she approached the landlord of Kilkee, the Marquess of Conyngham to donate a site, and she was successful in her request.<sup>65</sup> This thesis will examine the circumstances under which the LCM established itself in an area. Was the clerical invitation the only method of facilitating the entry of the LCM into a parish?

Two bishops who were central to the LCM activities in Ireland as they expanded their congregations were Bishop Edward O'Dwyer of Limerick and Archbishop McQuaid of Dublin. Several biographical works are available on these individuals, including works by Fr. Thomas J. Morrissey, S.J., who published on O'Dwyer of Limerick but only briefly referred to his involvement with St. John's Hospital and the Little Company of Mary. Morrissey credits Bishop O'Dwyer with 'adding' the religious sisterhood of the LCM to his diocese to run St. John's Hospital in Limerick.<sup>66</sup> As a Bishop who played a key role in the establishment of the LCM's entry into Ireland, the connection between the Little Company of Mary and O'Dwyer of Limerick deserves further investigation.

Another strong and influential Archbishop who was in office when the Little Company of Mary was established in Dublin, in 1949, was Archbishop John Charles McQuaid (1895-1973). John Feeney's biography noted that during the period 1956 to 1961, the Catholic

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<sup>62</sup> Mary C. O'Sullivan, *Catherine McAuley and the Tradition of Mercy* (Dublin, 1995), p. 186.

<sup>63</sup> *Ibid.*, pp 184-86.

<sup>64</sup> Magray, *The transforming power of the nuns*, p. 15

<sup>65</sup> Sr. Pius O'Brien, *The Sisters of Mercy of Kilrush and Kilkee* (Clare, 1997), p. 64.

<sup>66</sup> Thomas J. Morrissey, S.J., *Bishop Edward Thomas O'Dwyer of Limerick, 1842-1917* (Dublin, 2003), p. 219.

Church was at its strongest in Ireland and McQuaid was ‘the most powerful part of it’.<sup>67</sup> Feeney described the Archbishop as ‘one of the most controversial and one of the most loved and disliked’ religious figures who ‘excited more emotion than leading politicians, controversialists and writers’.<sup>68</sup> McQuaid’s contentious character resulted in disagreements with almost all of his staff, a matter to be considered when researching his interactions with the LCM order.<sup>69</sup> However, Feeney argued in McQuaid’s defence, that ‘he was a first class Bishop of the old school’.<sup>70</sup> Coogan has noted that McQuaid was an authoritarian and felt it his duty to ‘play a strong interventionist role in Irish society’.<sup>71</sup> Cooney’s 1999 book presents a similar analysis of McQuaid as a strong, authoritative and powerful religious figure at the heart of Irish life for most of the mid-twentieth century period.<sup>72</sup> These works offer important insights into McQuaid’s personality but are not based on McQuaid’s papers which were released for public use in the late 1990s.<sup>73</sup> Cullen and Ó hÓgartaigh’s *His Grace is displeased. Selected Correspondence of John Charles McQuaid*, availed of access to these papers.<sup>74</sup> As the title suggests, the publication includes selected letters from the archive and the section on medicine dates from 1937 until 1953, but does not reference the LCM.<sup>75</sup> But the work also offered an insight into McQuaid’s micro-management of diocesan matters particularly health, which involved the LCM. Carty maintains that Archbishop McQuaid was ‘an authoritarian manager, exercising a style that was common in his time, he was not inclined towards two-way symmetrical communication, or to consultation and discussion’.<sup>76</sup> This raises the question what was the nature of the relationship between the LCM and O’Dwyer, McQuaid and other bishops in order to establish and to run their foundations, medical institutions and projects in their respective dioceses. As noted previously, MacCurtain maintained that ‘nuns became pawns in the struggle for control between church

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<sup>67</sup> John Feeney, *John Charles McQuaid, the man and the mask* (Dublin, 1974), p. 1.

<sup>68</sup> *Ibid.*, p. 1.

<sup>69</sup> *Ibid.*, p. 50.

<sup>70</sup> *Ibid.*, p. 78.

<sup>71</sup> Tim Pat Coogan, *De Valera: the long fellow, long shadow* (London, 1993), p. 652,

<sup>72</sup> John Cooney, *John Charles McQuaid: Ruler of Catholic Ireland* (Syracuse, 1999).

<sup>73</sup> The archive is at the house of Archbishop of Dublin, Drumcondra.

<sup>74</sup> Clara Cullen, Margaret Ó hÓgartaigh, (eds.), *His Grace is displeased. Selected Correspondence of John Charles McQuaid* (Dublin, 2013).

<sup>75</sup> *Ibid.*, p. 81.

<sup>76</sup> Francis Xavier Carty, ‘The influence of issue management upon public relationships in a changing environment: How John Charles Mc. Quaid, Roman Catholic Archbishop of Dublin (1940-72) Managed the Issue of the Second Vatican Council from 1959 to 1972 and the Extent, if any, to which this Influenced Change in the Public Relationships Between Archbishop, Diocesan Priests and Laity’ (Unpublished PhD thesis, Dublin Institute of Technology, 2006), p. 432.

and state, and between bishops and departments of government'.<sup>77</sup> Investigating the approaches used by the LCM to extend St. John's Hospital in Limerick, establish Mount Carmel Hospital in Dublin and then Calvary Hospital in Galway suggests that the order exercised greater control than might be assumed.

Interrogating the female agency and individual and collective empowerment in the LCM's history requires exploration of the nature of their work. Like many other orders, the LCM were involved in the caring professions. A connection between hospital work and the religious life was explored by Alan Kidd in the English context.<sup>78</sup> He believed that in nineteenth century England, the fragile conditions of the sick enabled healers to administer medical needs as well as to prepare them for the afterlife. Kidd has stressed that Christian Victorian society viewed the sick poor as a group who required both saving of the soul and curing of the body. He argued that the sick poor embodied 'weak bodies and vulnerable souls'.<sup>79</sup> According to Mangion, also writing about nineteenth century England, the presence of sister-nurses in a hospital environment 'encouraged a religious ethos' through their piety and visual display of religious artefacts as they sought to influence the patient and increase the profile of the Roman Catholic Church.<sup>80</sup> Wall asserted that in the United States during the nineteenth century, nuns staffed hospitals, orphanages and schools to preserve the Catholic identity and they played a major role in moving medical care out of the home and into a Catholic hospital environment.<sup>81</sup> Mangion extended the argument by suggesting that attending to the sick brought salvation to both the patient and the Sister.<sup>82</sup>

Prior to the eighteenth century, caring for ill relatives in wealthy families was largely a function of home and family. The hospital system was slow to develop in Ireland and largely provided care for the poorer classes. In the eighteenth century, Protestant élites in towns began to build large institutions for the care of the sick poor. In Dublin, eight hospitals were built in forty years.<sup>83</sup> In 1703, the Irish Parliament introduced legislation to provide for the

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<sup>77</sup> MacCurtain, *Ariadne's Thread*, p. 276.

<sup>78</sup> Alan Kidd, *State, Society and the Poor in Nineteenth-Century England* (Basingstoke, 1999).

<sup>79</sup> *Ibid.*, p. 93.

<sup>80</sup> Carmen P. Mangion, 'To console, to nurse, to prepare for eternity: the Catholic sickroom in late nineteenth-century England in *Women's History Review*, xxi, no. 4, (September 2012), p. 658.

<sup>81</sup> Barbara Mann Wall, *Unlikely Entrepreneurs. Catholic Sisters and the Hospital Marketplace, 1965-1925* (Ohio, 2005), p. 15.

<sup>82</sup> Mangion, 'To console, to nurse, to prepare for eternity': (September, 2012), p. 665.

<sup>83</sup> Elizabeth Malcolm, 'Hospitals and dispensaries', in S.J. Connolly (ed.) *The Oxford Companion to Irish History* (Oxford, 1998), p. 247.

building of a workhouse and foundling hospital in Dublin. According to J.A. Robins, this marked the beginning of social legislation in Ireland which would ensure that the care of the poor would be provided for through compulsory taxation. The six Dublin surgeons who established the Charitable Infirmary in Dublin in 1715, epitomized, according to Robins, ‘the long smouldering embers of an Irish philanthropic society’.<sup>84</sup> Robins dated 1745 as the birth of a voluntary hospital system following the establishment of a hospital for the insane and the Rotunda Hospital for poor lying-in women financed by benefactors and fundraising activities.<sup>85</sup> St. Patrick’s Hospital for the Insane was opened in 1757.<sup>86</sup> In 1765 an Act of Parliament authorised the introduction of county hospitals or infirmaries, established for the poor and by the end of the century, Dublin had accumulated ten infirmaries and Limerick had two.<sup>87</sup> To combat the outbreak of fever, a fever hospital was established for Dublin in 1803, the House of Industry Hardwicke Fever Hospital. Nine hospitals were recorded as being present in Limerick from the sixteenth century to 1780 when St. John’s Fever and Lock was established in 1780. The first lying-in hospital was not built until 1812, much later than the other care-specific hospitals in the city.<sup>88</sup>

Hospitals in nineteenth century Ireland were viewed as treatment centres for four classes of people: the sick poor, the insane, those who carried infectious diseases, and the military.<sup>89</sup> Robins described such hospitals as places of ‘appalling squalor; a place more suited to the spread of disease than to its prevention’.<sup>90</sup> Patients were not encouraged to clean themselves as washing was considered to be ‘weakening’. In some hospitals in Ireland, patients were forced to share beds and the bed clothes were rarely changed, even when a new patient arrived. Food, in some cases, was not provided by the hospital and patients relied on their family and friends to feed them.<sup>91</sup>

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<sup>84</sup> J.A. Robins, ‘The Irish Hospital. An outline of its origins and development’ in *Journal Administration*, xiii, no. 2, (Summer 1960), p. 148.

<sup>85</sup> *Ibid.*, p. 149.

<sup>86</sup> Pauline Scanlan, *The Irish Nurse, A study of nursing in Ireland: History and education 1718-1981*, (Manorhamilton, 1991), p. 2.

<sup>87</sup> *Ibid.*, p. 4.

<sup>88</sup> See Appendix 5.

<sup>89</sup> Elizabeth Malcolm ‘Hospitals in Ireland’ in A. Bourke et al., (eds.), *The Field Day Anthology of Irish Writing*, v, (Cork, 2002), p. 705.

<sup>90</sup> J.A. Robins, ‘Florence Nightingale the original hospital reformer’ in *Irish Hospitals* (August 1962), pp 14-8.

<sup>91</sup> *Ibid.*, pp 14-8.

It was in the context of the voluntary hospital system which was privately run and not state funded, that new Catholic religious orders supported by the Catholic hierarchy and an emerging Catholic middle-class began to open new hospitals.<sup>92</sup> Mangion has noted that this shift in the provision of medical care from the private to the public space of hospitals occurred also in England.<sup>93</sup> The Irish Sisters of Charity established the first Catholic hospital in Ireland, St. Vincent's Hospital in Dublin in 1834. The Sisters of Mercy opened their hospital in Cork in 1857, the Mater Misericordiae in Dublin in 1861 and the Mater Infirmorum in Belfast in 1883.<sup>94</sup> This would be the context for the establishment by the LCM of St. John's Hospital in Limerick in 1888.

The system of voluntary religious hospitals and government-run infirmaries and dispensaries continued into the mid-twentieth century despite the creation of the Irish Free State in 1922. Ruth Barrington analyses how successive Irish governments in the twentieth century developed the provision of health care and noted that voluntary hospitals shifted emphasis from caring for free paying to fee paying patients.<sup>95</sup> She argued that the government adopted the approach of 'enquiring into the hospital needs of the community rather than the needs of individual hospitals'.<sup>96</sup> She also highlighted the continued involvement of the Roman Catholic Church and the medical profession, and argued that in Catholic-run voluntary hospitals, the hierarchy and the medical staff resisted 'public control over their activities'.<sup>97</sup> Coleman illustrated how the Irish sweepstakes, through its provision of funding to voluntary hospitals, contributed to the development of the Irish health services yet also had a detrimental effect on hospital finances as deficits spiralled out of control.<sup>98</sup> St. John's Hospital received sweepstake funding and this study will examine how the support of the sweepstakes affected the finances of the Limerick hospital.

Wall examined the evolution of nuns' entrepreneurial skills based on her research of three Catholic women religious in the United States between 1865 and 1925, the Sisters of St. Joseph of Carondelet, the Sisters of Charity of the Incarnate Word and the Sisters of the Holy Cross. She noted that nuns had to contend with being seen as a group of women noted for

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<sup>92</sup> Malcolm, 'Hospitals in Ireland', p. 706.

<sup>93</sup> Mangion, 'To console, to nurse, to prepare for eternity,' p. 660.

<sup>94</sup> Malcolm, 'Hospitals in Ireland,' p. 706.

<sup>95</sup> Ruth Barrington, *Health Medicine and Politics in Ireland 1900-1970* (Dublin, 1987), p. 15.

<sup>96</sup> *Ibid.*, p. 121.

<sup>97</sup> *Ibid.*, p. 286.

<sup>98</sup> Marie Coleman, *The Irish Sweep. A history of the Irish Hospitals Sweepstake 1930-87* (Dublin, 2009).

their ‘feminine spirituality’, a trait that could overshadow their professional skills in hospital development.<sup>99</sup> She argued these women did not have individual power, as they had relinquished personal power ‘to the congregation’s good as a whole’<sup>100</sup> She viewed them as a powerful group as opposed to being individually powerful. Yet, these women attained powerful positions as superiors and administrators of hospitals.<sup>101</sup> She described them as being subordinate to male authority figures, yet decisive, capable and sometimes stubborn.<sup>102</sup> Wall described the Roman Catholic Sisters she researched as ‘entrepreneurs’ in hospital development who contributed significantly to the development of health care in the US.<sup>103</sup> They achieved their goal by banding together and distancing themselves from other women and leaving behind the traditional gender restraints that affected women.<sup>104</sup> These conclusions attest to the contradictory nature of female religious. This insight informs this study of a women religious order who were engaged in the development in the area of nursing and hospitals.

In addition to establishing and running Catholic hospitals, female religious nursed in workhouse infirmaries and in the late nineteenth and twentieth centuries came to dominate the nursing profession in Ireland.<sup>105</sup> Nursing was not an organised professional discipline. Instead it was viewed as an extension of the caring and nurturing role undertaken by women in the family home, a specialised form of domestic work. Nelson looked at the development of professional nursing and the establishment of hospitals in Britain, North America and Australia by protestant and catholic women. She described that nuns operated in a world that was ‘impenetrable’ without the ‘protection’ provided by ‘veil and vow’.<sup>106</sup> Sioban Nelson challenged the notion that Florence Nightingale was the primary founder of the nursing profession as she asserted that nursing nuns had been involved in the care of the sick before Nightingale began her work.<sup>107</sup> Unlike Nelson’s negative view of Florence Nightingale, Oakley credits Florence Nightingale with removing nursing from the cruder aspects of

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<sup>99</sup> Wall, *Unlikely Entrepreneurs*, p. 149.

<sup>100</sup> *Ibid.*, p. 149.

<sup>101</sup> *Ibid.*, p. 162-5.

<sup>102</sup> *Ibid.*, p. 165.

<sup>103</sup> *Ibid.*, pp 162-5.

<sup>104</sup> *Ibid.*, p. 187.

<sup>105</sup> Malcolm, ‘Hospitals in Ireland,’ p. 707.

<sup>106</sup> Sioban Nelson, *Say Little, Do Much. Nursing Nuns and Hospitals in the Nineteenth Century* (Pennsylvania, 2001), p. 8.

<sup>107</sup> *Ibid.*, p. 14.

domestic work while attempting to gain a more professional standard for nurses.<sup>108</sup> In the US, from the early twentieth century onwards, Wall observed that it became more difficult to take care of the sick at home and that there was a shift towards the professionalization of nursing. Catholic nuns would have a ‘distinctive effect’ on America’s health care system.<sup>109</sup> Similarly in England and Wales, women religious provided medical care ‘to offer spiritual and temporal care’ for the sick and dying in the nineteenth century.<sup>110</sup> Yet, Abel-Smith concluded that negative and stereotyped images of nurses as ‘carriers-out of the doctor’s orders’ haunted the nursing profession.<sup>111</sup>

Until the beginning of the nineteenth century in Ireland, nursing care in hospitals was primitive as the nurses who took care of the patients performed little more than charring duties using the life experiences they gained in the home as their form of training.<sup>112</sup> Nursing was viewed as an extension of the caring and nurturing role undertaken by women in the family home, a specialised form of domestic work. Scanlan’s study of nursing in Ireland from 1718 to 1981 argued that nursing was slow to professionalize.<sup>113</sup> Catholic religious women trained their own nurses for their hospitals. In 1833, the Sisters of Charity established the first nursing school in St. Vincent’s Hospital, Dublin.<sup>114</sup> The first nursing school for Protestant women, The Adelaide School of Nursing, was opened in 1859.<sup>115</sup> Other female congregations opened training schools such as the Sisters of Mercy in Eccles Street, Dublin, in 1891. Here two classes of nurses were trained ‘those intending to make a career of nursing, and those who were “ladies of means” and paid a fee to learn’.<sup>116</sup> The Sisters of the LCM began nurse training for their own order in St. John’s Hospital in 1897. The consequences of the dominance of female religious in nurse training in Ireland has been examined by Ó hÓgartaigh who argued that the profession was undermined on two counts. First, female nurses were seen as ‘comforters of the sick, not alleviators of pain’ because they could only provide comfort for the patients while the male professionals provided the cure. Moreover, nursing training was influenced by characteristics associated with the female

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<sup>108</sup> Ann Oakley, *Telling the truth about Jerusalem* (Oxford, 1986), pp 184-192.

<sup>109</sup> Wall, *Unlikely Entrepreneurs*, pp 4-5.

<sup>110</sup> Mangion, *Contested identities*, p. 132.

<sup>111</sup> Brian Abel-Smith, *A History of the Nursing Profession* (Michigan, 1960), p. 66.

<sup>112</sup> Abel-Smith stated these women did not perform nursing duties carried out today. These were done by the doctors or the apprentice doctor. Abel-Smith, *The History of the Nursing Profession*, p. 6.

<sup>113</sup> Scanlan, *The Irish Nurse*, pp 317-8.

<sup>114</sup> F.O.C. Meenan, *St. Vincent’s Hospital 1834-1994*, (Dublin, 1995), p. 134.

<sup>115</sup> Gerard M. Fealy, *The Adelaide School of Nursing 1859-2009*, (Dublin, 2009).

<sup>116</sup> Sr. Eugene Nolan, *Caring for the Nation*, p. 200.

religious such as piety, self-discipline, obedience and poverty.<sup>117</sup> Both Luddy and Ó hÓgartaigh documented that for many years nurses in Ireland were paid low wages for long hours with few, if any, holidays. Nuns often worked for a nominal fee which inadvertently affected nurses' salaries in the long term.<sup>118</sup> Ó hÓgartaigh commented that 'such was the voluntarism expected of the profession that salaries were supposed to sustain them but not necessarily compensate them for long hours.'<sup>119</sup> These conditions and attitudes towards nurse training persisted after the establishment of the General Nursing Council (GNC) in 1920 which standardised the training of nurses in Ireland. Although Treacy argues that as nurses began to receive formal training and education, the status of nursing changed from a vocation to a profession by providing 'better educated and more skilled nurses'.<sup>120</sup> Against this background, the LCM established its own School of Nursing, as noted above, and this study will investigate the nature of the training, the kinds of relationships that existed between LCM nuns and medical doctors which, in many cases, were less deferential than is suggested above.

McKenna documented that the decline in numbers entering female religious orders occurred due to the changes taking place in Irish society from the 1960s onwards. More opportunities to get well-paid work and increased access to education for women, were at the heart of this modernisation.<sup>121</sup> Other reasons to be considered are the application of changes recommended by the Second Vatican Council (SVC) 1962-65. The goal of the Second Vatican Council was to modernise the Catholic Church and bring it up to date to meet the demands of the society of the twentieth century.<sup>122</sup> McKenna's work, based on oral history, looks at the changes that effected Sisters following the rulings of the Second Vatican Council. She revealed that the freedom extended to the orders was not always positive for them or for the individual nun.<sup>123</sup> Louise O'Reilly's recent publication on the Irish

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<sup>117</sup> Margaret Ó hÓgartaigh, 'Nurses and midwives in Ireland in the early twentieth century' in B. Whelan (ed.) *Women and paid work in Ireland*, pp 133- 9.

<sup>118</sup> Luddy, *Women and philanthropy*, p. 49.

<sup>119</sup> Margaret Ó h Ógartaigh, 'Nurses and Teachers in the West of Ireland in the Late-Nineteenth and Early Twentieth Centuries' in Ciara Breathnach (ed.), *Framing the West Images of Rural Ireland 1891-1920* (Dublin, 2007), p. 198.

<sup>120</sup> Margaret Pearl Treacy 'Invisible Nursing' in Gerard Fealy, (ed.) *Care to remember, nursing and midwifery in Ireland* (Cork, 2005), p. 53.

<sup>121</sup> McKenna, *Made Holy*, p. 29.

<sup>122</sup> See Austin Flannery OP, *The basic sixteen documents Vatican Council 11, constitutions decrees declarations. A completely revised translation in inclusive language* (1996, Dublin); Walter M. Abbott, *The documents of Vatican 11* (London, 1966).

<sup>123</sup> McKenna, *Made Holy: Irish Women Religious*, p. 227

Presentation Sisters indicates that the order introduced the Second Vatican Council changes to 'rid' themselves of 'outdated practices'.<sup>124</sup> The Presentation Sisters felt that they were afforded possibilities not previously available to them and they could now 'develop their individual talents'.<sup>125</sup> Galvin's study also based on oral history, argued that the outward physical change to the habit after the Second Vatican Council was 'far more than cosmetic' and had far-reaching implications as each nun slowly reclaimed her identity.<sup>126</sup> The importance of the Second Vatican Council to the history of female religious is under-researched. Its significance to the lives and work of the LCM will be interrogated using documentary and oral history.

## Methodology

Luddy's review of convent archives as sources for Irish history revealed that there is a wealth of sources on the topic available in Ireland.<sup>127</sup> She concluded that convent archives are the most under-used sources. As mentioned previously, the LCM archives covering the period 1888 to 2008 was made available for this study. The LCM archive which was already catalogued, offered new and exciting information in relation to this female religious order in Ireland.<sup>128</sup> The archive is divided into separate sections and includes information on the Foundress, Mother Potter, information from General and Provincial Chapter meetings, financial matters and separate information on each Irish foundation. The archive also holds a copy of the order's first printed Rule and Constitution of the LCM dated 1893. The information on each of Irish houses contains log books, correspondence between local hierarchy, local government and Health Boards, newspaper cuttings, Sisters' memoirs and photographs. The archive also contained the definitive list of Sisters who joined the LCM from 1888 in Ireland when it accepted its first postulant, to 1988 when the last postulant joined the Irish novitiate. This list proved to be an important source as it contained information on the background of each of the entrants to the Irish order. The LCM archive was a central source for this thesis and access was unrestricted.

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<sup>124</sup> Louise O'Reilly, *The Impact of Vatican 11 on Women Religious: Case Study of the Union of Irish Presentation Sisters* (Newcastle Upon Tyne, 2013), p. 173.

<sup>125</sup> *Ibid.*, p. 174.

<sup>126</sup> Galvin, 'The rise and decline of female religious in Ireland', p. 48

<sup>127</sup> Maria Luddy, 'Convent archives as sources for Irish History' in Rosemary Raughter, *Religious women and their history. Breaking the silence* (Dublin, 2005), pp 98-115.

<sup>128</sup> The referencing system used by the archivist Sr. Carmel Kidd, has been used in the referencing system in this thesis.

The LCM archive was used in conjunction with diocesan archives in Limerick, Dublin, Cork and Galway. Each of these diocesan archives held correspondence between respective bishops and the LCM order. Another rich primary source used for this study was the Minute Books for the Board of Governors meetings for St. John's Hospital which dated from 1885 to 1988. These Minute Books, housed in St. John's Hospital contributed greatly to the study of the Limerick LCM House. Accessing information from the Irish Department of Health and the Health Boards' perspective however proved problematic. Each of the relevant local health boards were contacted including the central health board in Tullamore, County Offaly, but no information was made available to the researcher. The National Archives of Ireland did not contain the bounty of correspondence in the Department of Health files as expected. It was clear from the LCM archives that correspondence with the Department existed but was extant only from the LCM side. Attempts to fill gaps in information were made by using the national and local newspapers in the National Library of Ireland, in local libraries and online. For example Limerick newspapers for the early years of St. John's Hospital contained reports on Board of Governors meetings. In the 1930s, Health Board meetings were reported in local newspapers also; however, in the 1970s and 1980s, the reporting was discontinued. An Bord Altranais Archive, covering the period 1919 to 1985, located in University College Dublin Archive, contains a detailed catalogue and was extremely useful to ascertain how the LCM order negotiated the establishment, development and retention of its own School of Nursing during the decades. Journals covering the time period of this study such as *Our Catholic Life*, *Studies*, *The Furrow*, *Irish Hospitals Review*, *Irish Nurses Union Gazette*, and *the Irish Family* proved to be invaluable sources.

Statistical analysis is another method used in this thesis. Statistics are presented in tabular form and provide a comparative perspective on certain themes relating to background and financial matters. Oral history was used as another methodology and source to give, as MacCurtain noted, 'the voices of' the Sisters of the LCM.<sup>129</sup> Oral history allows access to personal testimony and primary evidence which cannot be found in other sources. Paul Thompson noted oral history transforms the study of 'objects' into 'subjects' producing a richer and more vivid history.<sup>130</sup> Oral history is 'a picture of the past in people's own

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<sup>129</sup> *Irish Times*, 23 March 2013.

<sup>130</sup> Paul Thompson, *The Voice of the Past, Oral History* (Oxford, 1988), p. 99.

words'.<sup>131</sup> The gathering of stories has always been a part of Irish culture in the form of folklore and story-telling. Ritchie made the point that 'oral history is as old as the first recorded history and as new as the latest digital recorder'.<sup>132</sup> Since the 1970s oral history has been associated with recordings of the interview allowing for the expansion of this subject as evidenced by a growth in oral history projects worldwide. It has become important in revealing womens' history also. Gluck stated that women's oral history sought to 'give a voice to those who had been rendered historically invisible and voiceless'.<sup>133</sup> However, Gluck also asserts that oral history should be considered as an important tool for empowering women.<sup>134</sup> This study drew upon testimony provided in interviews undertaken with three Sisters of the LCM order and a medical doctor who worked closely with the order in the Milford house hospice for over twenty years.

In preparing for the interviews, approval to carry out the interviews was required from the University of Limerick Ethics Committee.<sup>135</sup> In accordance with UL Ethic Guidelines, 'all research activities involving the use of human beings participating in research must be reviewed and approved by the Research Ethics Committee'. A completed application form with relevant data was submitted to the Committee and approval was granted in September 2011. Contacts with Sisters were organised from within the order and each Sister was contacted in advance. These Sisters who were interviewed, entered the LCM's novitiate in Milford House in the late 1950s and early 1960s, close to the 1966 Irish peak congregational figure of 13,409. The interviewees held prominent roles within the order, their work included time spent in St. John's Hospital in Limerick, Milford Hospice in Limerick, St. Patrick's Hospital in Fermoy, Cork, in missionary roles and vocational work. They were all trained in general nursing and later availed of further education to assist in the new apostolic works undertaken by the order. Each interview took place either in the individual Sister's home in Dublin or Limerick and each contributor was asked questions about her childhood, her entry into the order, her educational qualifications, aspects about the various roles that she undertook as a member of the LCM order and life in the order including the impact of the

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<sup>131</sup> Beth M. Robertson, 'Oral History Handbook' (Adelaide, 2000), p. 2. See also Sharon Veale and Kathleen Schilling *Talking History. Oral History Guidelines* (National Library of Australia, 2004)

<sup>132</sup> Donald A. Ritchie, *The Oxford Handbook of Oral History* (Oxford, 2011), p. 3.

<sup>133</sup> Sherna Berger Gluck, 'Women's Oral History: Is it so special?' in Charlton, Thomas (ed.) et al. *Thinking about oral history. Theories and application* (Plymouth, 2008), p. 117.

<sup>134</sup> Gluck, 'Women's Oral History: Is it so special?', p. 139.

<sup>135</sup> UL Ethics Committee, <http://www.ul.ie/research-ethics> (September 2011).

Second Vatican Council (see appendix 6). To respect confidentiality, the Sisters who requested it, were afforded anonymity. After the interview, the respondents were given a written transcription of the interview and any changes or amendments were affected.<sup>136</sup> Each of the interviews were held in both written format and recording by the researcher. Another interviewee was Dr. Pat Kelly, who was the first medical doctor to work at Milford Hospice in Limerick. He was interviewed in his practice in Limerick city and his interview was negotiated on the same terms as the Sisters of the LCM (see appendix 7). The focus of his interview was to gain an understanding of his involvement in the hospice and his views of the LCM's role in the establishment and further progression of the hospice in Limerick.

In the first year of this study three interviews took place, but then all future interviews were abandoned. Transcripts for the three interviews that had been completed, received approved from the interviewees and were a vital source to bring uniqueness, insight and richness to this study. Further oral history would have added a perspective to the story of these religious women's lives wholly unacknowledged before. In the absence of further interviews, fortunately the LCM archive contained personal testimonies from Sisters and insights from the lives of nuns in other orders were gleaned from secondary sources. Articles in newspaper on individual nuns were also useful. By using these additional sources, it is hoped this study has included the voices of nuns.

This thesis will concentrate on the Irish Foundation of the LCM. Each chapter which begins with a general introduction, is constructed on both a thematic and chronological basis. Chapter one will begin with a brief history of the order and its Foundress, Mother Mary Potter, and places a lens on how she established the Little Company of Mary. It will look at how the order was structured and reveal how the Irish Province, known as the Province of the Sacred Heart, was first established in 1922.

Chapter two will examine the Limerick houses; St. John's Hospital and Milford House. It will begin with an overview of Limerick city before the arrival of the order into Ireland. Limerick was the home of the order's first foundation in 1888 and also the location where the order were occupants of a voluntary hospital, involved in its finances, administered their School of Nursing and housed their novitiate. It was also the area where they were involved

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<sup>136</sup> See Appendix 6 for questionnaire.

in local pastoral work, expanded their buildings and eventually established a hospice, the latter which will be examined in further detail in chapter four. As Limerick was the first home for the novitiate in Ireland, this chapter will examine the reasons why women were attracted to the LCM order in the twentieth century.

Chapter three will examine the expansion of the order beyond Limerick by documenting how the LCM order moved into eight separate locations and expanded their work beyond nursing in hospitals into the wider community. Each foundation is discussed in chronological order from establishment to closure before moving onto the next foundation. This chapter will identify the reasons that determined the location of their houses and the roles undertaken by key Sisters as they encountered religious political and administration figures.

Chapter four will focus on the implementation of the LCM's nursing mission. It will examine the points of engagements between the LCM and external forces such as respective governments, An Bord Altranais, and relevant hospital boards. The chapter will examine the roles of the LCM Sisters as administrators and businesswomen which allowed them shape the direction of nursing within Ireland. The LCM order recognised the importance of maintaining the School of Nursing in St. John's Hospital and this chapter will reveal how the LCM order faced challenges to keep the school located within the grounds of St. John's Hospital in Limerick. It will also examine how the order became involved in a new area of health care in Limerick by looking at the evolution of hospice care in Milford House from 1977 to 1980.

Chapter five is concerned with the implications of the decrees of the Second Vatican Council (1962-5) for the Little Company of Mary. The SVC was convened under Pope John XXIII (1881-1963) to enable the Roman Catholic Church re-assess its relations with a modern world. This chapter is concerned with the decree *The Adaptation and renewal of religious life, Perfectae Caritatis* which was promulgated on 28 October 1965. The decree proposed that women religious orders needed to change in order to meet the demands of a modern world. To enable religious orders to carry out the decree, they were advised to return to the original spirit of their Foundress and to examine their living and working conditions. Information from the LCM Chapter meetings and Provincial meetings will be used to reveal the inner workings of the order whose objective was to introduce changes within their

congregation. This chapter, and indeed earlier chapters, will benefit from the personal memories of the LCM Sisters that lend a valuable insight into the issues that affected their lives during a period of change. The final chapter offers concluding remarks and attempts to examine the central research question – to what extent did the activities of the LCM order reflect female agency and empowerment as well as the aims of the order’s mission?

The LCM order of women religious and their work within the Irish Province deserves this full length study. In 2011, the LCM congregation recorded only sixty-nine members in the Irish Province and none of the last three postulants who entered the order in the 1980s, remained as members. With no member of the LCM order involved in hospital work, their visibility is waning, hence the urgency and necessity to record their history

## Chapter 1

### Background to the order, 1877 - 1888

The Little Company of Mary (LCM) originated in England in 1877 under its Foundress Mother Mary Potter. The order was established as an unenclosed community who undertook vows of poverty, chastity and obedience. Eve Healy maintained that Potter was motivated by a love of God and a love of her neighbour.<sup>1</sup> These aims also informed her vision to gather a group of Roman Catholic religious women to train as nurses and to carry out their duties of taking care of the sick, especially the dying, from ‘whatever class of society they may belong ... rich or poor, Catholics or Protestants’.<sup>2</sup> In order to understand the legacy left by Mother Potter, this chapter will look at the background to Mary Potter and detail how she established her order. It will then discuss the structure of the order and reveal how the Irish Province was established in 1922. This chapter will also provide an overview of the expansion of the order before its arrival into St. John’s Hospital in Limerick in 1888.

Mary Potter was born in London on 22 November 1847 to William Potter and Mary Anne (Martin) Potter, the youngest of five children and the only girl. Against the wishes of her father, Mary’s mother, a late convert to Roman Catholicism herself, converted her children to Catholicism. Shortly after Mary was born, her father left for Australia and eventually cut all ties with his young family in England. Faced with the task of rearing five children on her own with little income, Mary Anne Potter held a tight reign over the family which continued throughout their adult lives.<sup>3</sup> Mary’s education began at home under the direction of her mother and at the age of nine she was sent to a private Roman Catholic school. She suffered from a heart defect and weak lungs, the effects of which remained with her throughout her life. In 1863 Mary Potter and her mother moved to Portsmouth to live with Thomas, one of Mary’s brothers. In Portsmouth, Mary met a friend of her brother’s, Godfrey King. Aged nineteen years, Mary became engaged to be married for a short time to King. He introduced Potter to the writings of Louis Grignon de Montfort and she was influenced by de Montfort’s devotion to Our Lady, a devotion that would later form the basis of her own religious

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<sup>1</sup> Eve Healy, *The life of Mother Mary Potter. Foundress of the congregation of the Little Company of Mary* (London, 1935), p. 179.

<sup>2</sup> The original Rule and Constitution of the LCM has been revised several times since its inception, First Rule and Constitution of the LCM, Little Company of Mary Ireland (hereinafter LCMI) 1893, File 2/1/01.b.

<sup>3</sup> Healy, *The Life of Mother Mary Potter*, pp 21-3.

congregation. Mary Potter broke her engagement to King when she realised her true vocation and in 1868, aged twenty-one, she entered the Sisters of Mercy in Brighton.<sup>4</sup> Healy suggests that during her novitiate, Potter displayed her interest in nursing.<sup>5</sup> After two years, Mary Potter left this order due in part to poor health but also because of her realisation that she was not suited to this congregation. Potter's difficulties manifested through her prayer life that eventually led to arguments between her confessor Fr. George Lambert, the superior in her house Mother Joseph Barrington and her novice mistress, Mother Louis, about her suitability to the order. Following these arguments, Potter's health began to fail and she left the order in 1870.<sup>6</sup> Mary returned home to her mother, regained her strength and despite strong objection from her own family who considered her 'a disturbing element in family life', Potter pursued her goal.<sup>7</sup> Between 1858 and 1877, the Little Company of Mary was the last of five new English women religious orders to be founded in England.<sup>8</sup>

In January 1877, Mary Potter arrived at the door of Bishop Bagshawe's home in Nottingham city and with his approval, founded the religious order, the Little Company of Mary in Hyson Green, Nottingham. Three reasons account for the choice of location; the initial offer from a benefactor, Thomas Arthur Young, the encouragement from one of Mary's brothers, George, to approach Bagshawe and finally, the intercession of a Father Selley directly to Bagshawe.<sup>9</sup> But behind the scenes Healy documented that Potter had been planning and working towards realising her vision for many years prior to 14 January 1877.<sup>10</sup>

As soon as Potter secured Bagshawe's approval and found a suitable premises in an old, disused, stocking factory in Lenton Street in Nottingham, the LCM began with three members; Mary Potter (Mother Mary Angela), Mrs. Elizabeth Bryan (Mother M. Magdalen) a widow, and Miss Agnes Bray (Mother M. Agnes) a nurse. Bishop Bagshawe paid the annual rent of £33 and the first three LCM Sisters occupied the building which they

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<sup>4</sup> In 1828 The Sisters of Mercy were founded in Dublin by Catherine McAuley (1778-1841). In 1852 the community opened a house in Bermondsey in London, England.

<sup>5</sup> Healy, *The Life of Mother Mary Potter*, pp 32-4.

<sup>6</sup> Elizabeth West, *One Woman's Journey Mary Potter Founder. Little Company of Mary* (Richmond, 2000), pp 27-32.

<sup>7</sup> Healy, *The Life of Mother Mary Potter*, p. 84.

<sup>8</sup> (1859) the Dominican Third Order, (1863) Sisters of the Most Holy Cross and Passion, (1868) The Poor Servants of the Mother of God, the Franciscans of the Five Wounds and (1877) the Little Company of Mary; Barbara Walsh, *Roman Catholic Nuns in England and Wales: A social history* (Dublin, 2002), pp 17-8.

<sup>9</sup> Healy, *The life Of Mother Mary Potter*, p. 108.

<sup>10</sup> *Ibid.*, p. 111.

transformed into a convent. They were soon joined by a young girl of eighteen years, Miss Mary Eleanor Smith (Mother M. Cecilia) and Edith Coleridge (Sister Philip) who had trained as a nurse at George's Hospital, London.<sup>11</sup> One of the first Sisters to enter the order in England in 1877 and receive the habit, Mother Cecilia Smith, felt that she wanted to be a nun even though she did not know 'exactly what a nun meant, only that I thought they were holy people, and live away from the world with Almighty God'.<sup>12</sup> Mother Cecilia expressed her interest directly to Mother Potter and 'from this day Miss Potter seemed to take a special interest in me', and invited Mother Cecilia as 'one of her first children' to the order.<sup>13</sup> Mother Cecilia remained a member of the order until her death in 1940. Another Sister who entered in 1879, Mother Catherine Crocker, was attracted to the order when they came to nurse her dying mother in Nottingham. Mother Catherine began working with the order as a teacher in one of their schools in Nottingham before she made her decision to enter. She felt that her own mother had not 'wished me to be a nun and I got no encouragement from any one, so I waited'.<sup>14</sup> Mother Catherine did join and remained a member of the LCM until her death in 1949.

Apart from Mother Catherine, these pioneering nuns were the first group to receive their habits with the distinctive blue veil ergo "the Blue Nuns" in July 1877 along with Edith Coleridge, (Mother Philip). Mary Potter and her members began religious life mainly teaching in a nearby school under the instruction of Bishop Bagshawe but always with the intention to concentrate and specialise her congregation towards nursing the sick. Potter's intention was to form a religious group that could engage in nursing and develop some source of income to support their work. West notes Mary Potter was adamant that her religious order would be different from all other congregations, she firmly believed she had been called to form a new religious order and not a new religious institute. An important component of the LCM focus was Potter's conviction that her congregation were to be 'mothers to a world in need',<sup>15</sup> a quality echoed in Potter's vision to introduce a model of care for those who were suffering, sick and dying. Having lost their promised financial aid

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<sup>11</sup> West, *One Woman's Journey*, pp 90-136.

<sup>12</sup> LCMI, Recollections of Mother M. Cecilia Smith, August 1902, File 1/3/20.

<sup>13</sup> Ibid.

<sup>14</sup> LCMI, Recollections of Mother Catherine Crocker, August 1902, File 1/3/20.

<sup>15</sup> West, *One Woman's Journey*, pp 90-136.

from her benefactor, Mr. Young, Potter used her own family legacy, Mrs. Bryan's legacy and financial aid from Bishop Bagshawe to begin work on the building in Lenton Street.<sup>16</sup>

Potter's arduous task to create her congregation began in earnest in 1882 when she visited Rome. Magray notes that the Council of Trent in 1563 stipulated that all religious orders including women religious congregations were subject to male hierarchical authority.<sup>17</sup> By establishing the order in Nottingham, the LCM came under Bagshawe, who assumed his authority 'with commanding dignity'.<sup>18</sup> For example, he controlled LCM matters such as approval of new entrants, dismissals, and financial matters. Following disagreements with Bagshawe over the running of her order, Mother Mary Potter decided in late 1882 to set out for Rome to seek papal blessing for her congregation and approval of its Rule, but first, she had to seek permission to travel from Bishop Bagshawe, who granted it, unaware of the reason. Mother Potter was quite ill at this time and Bagshawe felt that this may be her last journey. In September 1882, Mother Mary and her two companions, Mother Cecilia Smith and Mother Philip Coleridge left on their long journey unaware that it would be four years before they returned to England. Potter also knew that by gaining approval from Pope Leo XIII (1810-1903), she could remove control of her order from Bishop Bagshawe. Following her long and arduous journey to Rome, Potter successfully gained access to the Pope who suggested they remain in Rome and establish a house there. In April 1893, eleven years after their arrival in Rome, final approval was granted by Pope Leo and the news was celebrated in the Mother House in Rome and in the other LCM houses.<sup>19</sup> Healy maintained Bagshawe disapproved of the new arrangements, but Potter always expressed her gratitude to the Bishop for his support and he was nursed by the Little Company of Mary on his deathbed.<sup>20</sup>

## Structure of the order

Women religious congregations were formed either under direct papal authority or the local bishop's authority, with each order drawing up its own constitution and aims, abandoning the cloistered tradition and moving towards an active public congregation. In order to establish a

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<sup>16</sup> Young's offer of financial aid required her to open a foundation in Lincolnshire. Healy, *The life of Mother Mary Potter*, p. 114.

<sup>17</sup> Mary Peckham Magray, *The transforming power of the nuns, women, religion and cultural change in Ireland 1750-1900* (New York, 1998), p. 109.

<sup>18</sup> LCMI, Mother Mary Potter, Foundress, undated, File 1/3/12.01(a).

<sup>19</sup> West, *One Woman's Journey*, p. 136-61.

<sup>20</sup> Healy, *The Life of Mother Mary Potter*, p. 166.

religious congregation, it was necessary to agree to a Rule and Constitution, and for centuries women religious orders lived a life of order and structure in accordance with their laws. The Rule and Constitution outlined the manner in which women religious should conduct every aspect of their daily lives, both inside and outside convent walls. In 1893 Pope Leo XIII, approved the first Rule and Constitution of the LCM order. The first rule book comprised of fifty-three pages and documented that members of the Little Company of Mary be established as an unenclosed order with the intention of pursuing an active apostolate and observance of the three simple vows; poverty, chastity and obedience. The published document detailed regulations on work, vows, prayer, recreation and behaviour of its members. It also included a chapter of faults. Healy stated that when the Code of Canon Law of 1918 came into effect, definite steps were taken to modernise religious Constitutions and from 1920 onwards the LCM revised and remodelled versions of their first Constitution, whilst being careful to retain the ‘special spirit’ of the congregation.<sup>21</sup> In 1920, the Sacred Congregation of Religious in Rome received a revised edition of the first rule book from the LCM and eleven years later, the Sacred Congregation of Religious once again approved changes to the rule book of the LCM order which had now grown to one hundred and ninety-five pages. Healy maintained these changes were introduced to cope with the changing needs of the congregation.<sup>22</sup> The more contemporary new rule book defined the entry and living conditions for members of the congregation and outlined their internal governmental structure. Particular emphasis was placed on the training of novices as Mother Hilda, the Superior General, stated that ‘the future prosperity of the Institute’ would depend on the training and education of the novices.<sup>23</sup>

Once an order was established, Mangion has noted that it replicated a structure of an already established corporate entity. The congregations displayed ‘various elements of government, an elected superior, an advising body of administrators and published constitutions. ... It was the site of learning, spirituality, administration and authority’.<sup>24</sup> Female religious congregations were formed either as independent structures, or a centralised structure. When the order expanded into new towns and cities, one house was chosen as the ‘mother house’ in which the General Superior resided. Centralised structures with international status could be

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<sup>21</sup> Healy, *The Life of Mother Mary Potter*, p. 168.

<sup>22</sup> Ibid.

<sup>23</sup> LCMI, Mother Hilda Superior General, to all Mother Provincials of the LCM, 1 May 1932, File 6/1/03.

<sup>24</sup> Carmen M. Mangion, *Contested Identities. Catholic women religious in nineteenth-century England and Wales* (Manchester, 2008), p. 156.

divided into separate Provinces, with each Province identifying a provincial house and provincial mother.<sup>25</sup>

The LCM order replicated this centralised model as they established themselves as part of a papal community locating their first Mother House in Rome in 1882. At the top of the governing structure was the Mother Superior based in Rome. She was aided by a committee of advisors representative of the worldwide congregation. Within each Province, the Mother Provincial was based in the Provincial House and she also had an advisory committee from the local houses. Each house was guided by a Superior. From the beginning, Mother Potter wanted close contact between each convent and freedom of movement of Sisters amongst the houses. Despite this collegiality, there are two examples when the Sisters challenged their Superiors.

In 1910, a sense of injustice began to emerge within LCM communities towards the Head House in Rome. In a letter from the LCM Isleworth House, London, which was the order's novitiate house from 1896 to 1922, it was noted that most of the monies bequeathed by patients in Isleworth was sent to Rome. These Sisters in London believed that they were living in inferior accommodation to those in Rome and were aggrieved that they had to financially support their house in Rome where they felt the Italian Sisters availed of first-class travel, and were treated to:

special sorts of food at table in greater quantity and of superior quality to that supplied to the rest of the community. This is against the express rule contained in our Constitutions.<sup>26</sup>

It is not clear how this was resolved, but a few years later another challenge was made to the Mother Superior's authority in Rome. By 1921 Irish Houses wanted to establish an Irish Province. In June 1921, Bishop Browne of Cloyne, who had welcomed the order into his diocese in Fermoy almost twenty years previously, actively participated to negotiate the separation. He felt that the work of the order could be 'better carried out if they had less interference from the Head Superiors'.<sup>27</sup> He was not satisfied with the calibre of nuns that the Head House transferred into Ireland to replace the Irish Sisters transferred out, whom he described as 'fine Irish postulants and nuns who were sent to England and Rome and

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<sup>25</sup> Mangion, *Contested Identities*, p. 157.

<sup>26</sup> LCMI, Supplementary Memorandum – re separation, 1910, File 4/1/1.11.

<sup>27</sup> LCMI, Bishop of Cloyne Robert Browne to Mother Baptist, June 1921, File 4/01/01.01. The Bishop of Cloyne had the support of the Bishop of Limerick.

elsewhere and too often send back Sisters who must be known to be undesirable'.<sup>28</sup> In October 1921, Fr. Jeremiah O'Connor, who had been the first chaplain appointed to St. John's Hospital in 1895, voiced his opinion on the subject when he stated that 'those [Sisters] of proved efficiency were removed to England or Rome' and sent his support for a separate Irish Province.<sup>29</sup> The Limerick annals recorded this constant movement of the Irish LCM Sisters who:

were sent to the parent roof in Rome, others to the Novitiate in England, some having returned wearing our Lady's colour to the old nest to work here for some time, have again taken flight wafted by the breeze of obedience either to Rome, Florence, Fiesole, Malta, England, America.<sup>30</sup>

Eventually in July 1922, separation for the Irish Province was granted by the Sacred Congregation for the Affairs of Religious, the administrative office of the Holy See, as 'a solution of all the doubts and difficulties of the past year' when four Provinces were established; Ireland, Italy, England and Australia.<sup>31</sup> The Italian Province consisted of houses in Italy and Malta with Sister Mary de Montford as Superior. The English Province had houses in England and Scotland with Sister Mary Perpetua as Superior. The Australian Province oversaw houses in Australia and New Zealand as well as one in Africa with Sister Mary Xavier as Superior. The Irish Province oversaw houses in Ireland.<sup>32</sup> Ireland became known as the Province of the Sacred Heart under the first Mother Provincial Mother M. Alacoque. In each Province, a Provincial House would be recognised as the administrative house with their own Superior appointed for a three-year term.

Despite having received the decree for separation in July 1922, the Mother Superior House in Rome continued to transfer Sisters within the Irish Province, a prerogative that the Irish Province no longer considered Rome's right. In December 1922, an unsigned letter from St. John's Hospital to the Cardinal Prefect of the Sacred Congregation for Religious stated that the right to transfer Sisters within their own Province was one of the fundamental reasons for requesting their separation from the Head House. The Irish House, aware that a draft constitution was being prepared in Rome, petitioned to have the Constitution amended. If the

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<sup>28</sup> LCMI, Bishop of Cloyne Robert Browne to Mother Baptist, June 1921, File 4/01/01.01

<sup>29</sup> LCMI, Deposition from Jeremiah O'Connor, PP of St. Mary's, Limerick, 1921, File 04/01/01.03.

<sup>30</sup> Preface, LCMI, St. John's Hospital Log Book, 1888-1956, File 12/01/01.

<sup>31</sup> LCMI, Contains copy decree of the Sacred Congregation for Religious dividing the order into four separate Provinces in 1922, File 04/01/01.07.

<sup>32</sup> Ibid. The houses in South Africa came into the Irish Province from 1924 until 1965

right to transfer remained with the house in Rome, the Irish House felt that the ‘spiritual, physical and financial detriment, of our Irish houses and Sisters would continually suffer from this power of transfer’.<sup>33</sup> It would appear that a compromise was reached, as an appendix to the Constitution stated that transfers within the Province were to be carried out by the Mother Provincial, while transfer from one province to another belonged ‘exclusively to the Mother General and her Council, following consultations with the Mothers Provincial concerned’.<sup>34</sup> The 1931 ruling awarded supreme authority for the whole congregation to the Superior General, who resided in the Mother House in Rome with her Council. It also empowered the Mother General and Mother Provincial with her Council, to govern locally within each Province. A General Chapter, normally held every six years, comprised of elected officials within the congregation, who met under the leadership of the Mother Superior and her Council attended to the most important affairs of the congregation.<sup>35</sup> The compromise demonstrated the democratic approach adopted within the LCM. As will be seen, the Second Vatican Council would empower Sisters within the LCM to an even greater degree.

## Expansion of the order worldwide

Before the LCM arrived into Ireland, they had foundations in England (1877), Rome (1882) and Australia (1885). The work of the order in Rome had brought the LCM to the attention of an Irish Bishop. In 1884, Bishop Patrick Moran (1830-1911), Bishop of Ossory was in Rome to accept his new appointment as the third Archbishop of Sydney, Australia. While there, he encountered the English nursing order and invited them to set up a congregation in Australia. Bishop Moran’s initial attempt was unsuccessful as Mother Potter felt her congregation could ill afford to release members at that time. It would be a year before Potter accepted his plea to establish the order in his diocese. In 1885, she finally sent six sisters; M. Josephine Wroughton aged 29 years, M. Pierre Dillon aged 28 years, M. Pius Kelly aged 36 years, M. Brigid Rosser aged 20 years, M. Rose Mowles (age unknown) and M. Raphael

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<sup>33</sup> Limerick Diocesan Archive (hereinafter LDA), St. John’s Hospital to Cardinal Prefect of the Sacred Congregation for Religious, 30 December 1922, File Box 275.

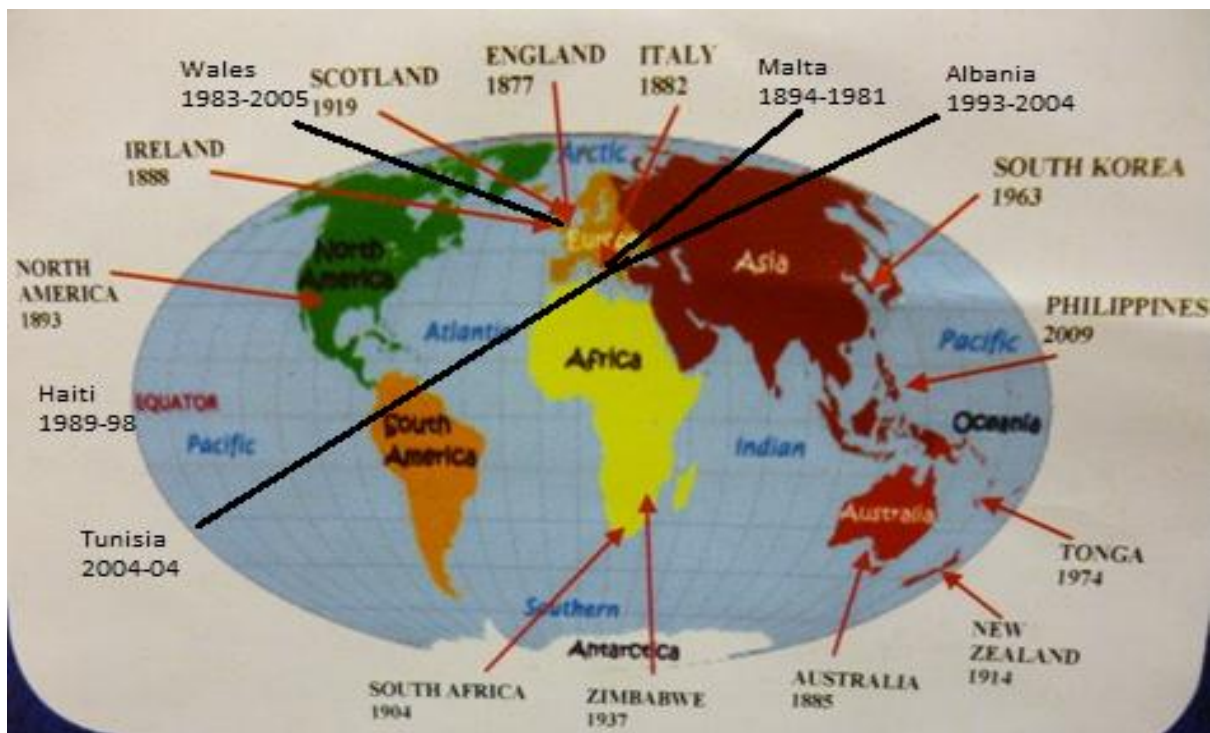
<sup>34</sup> LDA, Copy of 1923 Appendix to the Constitution of the Little Company of Mary, Box 275.

<sup>35</sup> LCMI, Constitution of the LCM, Arts. 334-572, 1931, File 2/1/2.1.

Byrne Farrar aged 25 years as Superior, to accompany the newly-ordained Cardinal Moran on board the ship *SS Liguria* bound for Australia to begin their work in Sydney.<sup>36</sup>

The next foundation was Ireland followed by the United States, Malta, South Africa, Argentina, New Zealand, Scotland, Zimbabwe, South Korea, Kingdom of Tonga, Wales, Haiti, Albania, Tunisia and the Philippines. In 1960, forty-seven years after Potter's death in Rome, the Little Company of Mary had increased to a thousand members, its foundations to forty and its training schools to nine.<sup>37</sup>

**Map 1 LCM Worldwide network 1877-2009**



Source: LCM Archives, Braemor Road, Dublin

What is remarkable about the life of Mother Potter is that despite serious bouts of illness that dogged her all of her life and caused her periods of interruptions faced with enforced rest periods, she never wavered from her goal. Potter guided her rapidly expanding order for thirty-six years while encountering opposition from both the Roman Catholic clergy and local communities in some places. She demonstrated dedication, commitment and determination to establish her order and support her mission.

<sup>36</sup> West, *One Woman's Journey*, p. 152-54. Margaret M. Press, *Three women of faith: Gertrude Abbott, Elizabeth Anstice Baker and Mary Tenison Woods* (Kent Town, South Australia, 2000), pp viii, 77, 79, 80.

<sup>37</sup> Patrick Dougherty, *Mother Mary Potter Foundress of the Little Company of Mary (1847-1913)* (London, 1961), p. 240.

In 1888, the LCM turned their attention to Ireland, where they opened their fourth foundation. Ireland was an obvious choice for expansion of this congregation for three reasons; firstly, its close proximity to England, secondly, Ireland had a history of welcoming women religious congregations in the past and thirdly, Ireland historically reared a population of women who already occupied religious orders. Indeed, Irish Sisters were already attracted to joining the LCM:

Even in Mother Potter's day, before we ever came to Limerick, half the nuns in the early communities in England and Rome and our first foundation in Sydney were Irish.<sup>38</sup>

As this study is concerned with the Irish foundation, the next chapter will examine the Limerick houses, the establishment and expansion of their first hospital in Ireland, St. John's Hospital and the Provincial House in Milford House in Limerick.

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<sup>38</sup> *Irish Independent*, 4 February 1967.

## Chapter 2

### Establishing the Limerick Houses: St. John's Hospital, Milford House, 1888-1970

In 1888, eleven years after the Little Company of Mary (LCM) was founded in England, the first two members of the order, Mother Veronica Dowling and Sister Edward Hitchcock arrived from England into Limerick city. They were soon followed by Sister De Montford Fox and Sister Clare Mullins. The 'Blue Nuns' as they were soon known, took up residency in the large and abandoned St. John's Hospital, Limerick. This chapter will investigate how the order helped to manage and develop an almost abandoned hospital building into a modern medical surgical hospital that was adequate for the needs of the city of Limerick and the surrounding county. It will explore how St. John's Hospital expanded and examine the community treated at the hospital. Three key areas will be highlighted: the administrative role of the LCM, their financial dealings and the physical expansion of the hospital. It will uncover the events that culminated in the eventual withdrawal of the LCM order from St. John's Hospital. It will also focus on the evolution of Milford House from a residential home to a novitiate house and examine this Irish novitiate which trained postulants in their early formation years. It will also identify the reasons why women were attracted to the LCM order in the twentieth century.

#### Why Limerick?

The initial introduction chapter noted that the standard assumption in female religious historiography was that bishops and priests initiated and managed the development of women religious orders which obscured the self-determination and pioneering role of the women religious. In Australia, as noted in chapter one, the foundation was established on the invitation of Bishop Moran.<sup>1</sup> But the formation of the Little Company of Mary in Ireland was not initiated at the invitation of any bishop, rather by their benefactor, Count Arthur Moore (1849-1904), a member of Parliament from Mooresford House near Tipperary town.

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<sup>1</sup> Mother Potter did negotiate terms, but the initial invitation originated from Bishop, later Cardinal Patrick Moran, in 1884 and a second invitation a year later, Elizabeth West, *One Woman's Journey, Mary Potter Founder. Little Company of Mary* (Richmond, 2000), p. 153.

Moore was a devout and dedicated Catholic landlord who became a Papal Count.<sup>2</sup> Through his correspondence with the order and negotiations with Bishop Edward Thomas O'Dwyer of Limerick (1842-1917), Moore enabled the congregation to establish its first ministry in Limerick.<sup>3</sup> Count Moore had made a promise to bring the Little Company of Mary to Ireland following their nursing of his sick wife, Mary Lucy née Clifford, who had contracted enteric fever while on holiday in Rome in 1885. The Count first approached His Grace, Dr. Thomas William Croke, (1824-1902) Archbishop of Cashel, who was a strong supporter of Irish nationalism, and he was reluctant to receive an English community of nurses into his diocese. As the LCM annals of St. John's Hospital log book note:

His Grace's life and actions have proved him to be a thorough patriot, a politician of no mean kind. He thought it would not be in keeping with the principles and sentiments to introduce what he considered an English community.<sup>4</sup>

Disappointed with Croke's response, Moore remained determined to find a home for the LCM. The Count then turned his attention to Limerick and to Bishop O'Dwyer, who was characterized by Morrissey, as an 'independent minded and quarrelsome' Bishop.<sup>5</sup> O'Dwyer, who was born 1842 in Holy Cross, County Tipperary, received his primary education in Sexton Street, Limerick from the Christian Brothers, and his secondary education as a boarder in the Christian Brothers School in Doon, County Limerick. In 1859, he entered the Jesuit diocesan college of St. Munchin at Hartstonge Street, Limerick, but left the following year to enter Maynooth College where he excelled in his theological studies. In 1867, O'Dwyer was ordained in St. John's Cathedral, Limerick. Morrissey maintained that his argumentative character led him to being transferred through eight parishes in eight years.<sup>6</sup> Yet, despite his many moves, Morrissey maintained he was liked by his predecessor, Bishop George Butler (1815-86), whom he succeeded in 1886. Bishop O'Dwyer governed the Limerick diocese for more than thirty years, and during that time he welcomed the first of two women's religious congregations into the city, the Little Company of Mary. Fifteen years later he welcomed the Sisters of Charity of St. Paul the Apostle, a teaching order from France, who established their first Irish home in Kilfinane, County Limerick.

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<sup>2</sup> Mount Saint Joseph Abbey, Roscrea, <http://www.msroscrea.ie> (5 January 2014).

<sup>3</sup> Albert Barry, *The life of Count Moore*, (Dublin, 1905).

<sup>4</sup> Bishop Croke was nursed by the Little Company of Mary in 1902 at the Bishop's Palace in Thurles, Tipperary, until he died in 1902, LCMI, Log book, St. John's Hospital, Limerick, 1888-1956, File 12/01/01.

<sup>5</sup> Thomas J. Morrissey, SJ., *Bishop O'Dwyer of Limerick* (Dublin, 2003).

<sup>6</sup> *Ibid.*, p. 10.

## The background to St. John's Hospital, Limerick

During the twelfth century, the inner walled city of Limerick was dominated by King John's Castle in an area known as English Town. At the same time, an Irish settlement, known as Irish Town, also began to emerge. Both areas were linked through the building of Balls Bridge and the building of the walls enclosing Irish Town began in the fourteenth century and were completed the following century. By 1760, with the advancement of commercial life in Limerick, work began to level the old walls of the city and new roads were introduced to the area. That same year, one road created a link between St. John's Church and Mungret Road, now known as Gerald Griffin Street.<sup>7</sup> In 1775, five years before St. John's Fever Hospital, see map 3.1, was first opened, the city of Limerick comprised of only 27 streets, 3,859 houses and a population of less than 30,000.<sup>8</sup> The area around St. John's Fever Hospital remained home to the poorer classes of the city, whom Logan has described as 'individuals without property or position'.<sup>9</sup> It was in this area of Limerick adjacent to the old walls of Limerick of the city, that Lady Lucy Hartstonge (née Pery) established the fever hospital in 1780.

During the eighteenth century, O'Brien argued that central government 'kept their distance' from infirmaries and responsibility was delegated to the Church of Ireland.<sup>10</sup> Lady Hartstonge and her husband Sir Henry Hartstonge, an M.P for Limerick, donated both their time and money to the promotion of charitable institutions within Limerick. Sir Henry Hartstonge 'was seen as the idol of the people and his wife even more so.'<sup>11</sup> She was motivated to establish the hospital arising from her visits to the poor of the city. In 1780 Lady Hartstonge obtained the use of the old Guard House of the Citadel<sup>12</sup> adjoining St. John's Gate which was one of the openings in the fortified wall that surrounded the city of Limerick, in the area where the siege of 1690 had taken place.<sup>13</sup> Lady Hartstonge aimed to 'bring fever under one roof so as to lay the ground work of an institution her enlightened

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<sup>7</sup> *Our Catholic Life*, Autumn, 1965.

<sup>8</sup> Rev. Patrick Fitzgerald, John MacGregor, *The history, topography, and antiquities of the county and city of Limerick* (Limerick, 1826), p. 504.

<sup>9</sup> John Logan, *With warmest love. Lectures from Kate O'Brien 1984-1993* (Limerick, 1994), p. 114.

<sup>10</sup> Gerard O'Brien, 'State Intervention and the Medical Relief of the Irish poor, 1787-1850' in Greta Jones and Elizabeth Malcolm, *Medicine, Disease and the State in Ireland, 1650-1950* (Cork, 1999), p. 199.

<sup>11</sup> Sighle Ni Chinneide 'A Frenchman's impression of Limerick, town and people in 1781 in *North Munster Antiquarian Journal*, v, no. 4, (1946-8), pp 96-101.

<sup>12</sup> The Citadel was a central strongpoint where soldiers were garrisoned.

<sup>13</sup> St. John's Gate was one of the original seven gates of the city of Limerick. St. John's Gate still holds evidence of its bombardment in the sieges of Limerick 1651 and 1691.

mind saw the necessity of'.<sup>14</sup> By removing the sick from their homes and admitting them to a hospital bed, St. John's Hospital became the first fever hospital in Ireland and Britain. But the original St. John's Hospital contained just a few beds housed within the twelfth century city walls. Shortly after its establishment, a cholera epidemic struck Limerick city and it became immediately obvious that the hospital could not meet the demands made upon it. In 1786, part of the present hospital was built on the foundations of the old city wall at a cost of £500. James Williams was the architect and monies for the building were raised by the Board of Governors.<sup>15</sup>

In 1780 the first doctor appointed to the hospital was Dr. Hassett while Dr. Sylvester O'Halloran and Dr. Patrick Unthank were both visiting attendants to the hospital. This initial trio was succeeded by the physician Dr. Samuel Crump whose early death was followed by the appointment of Dr. Grogan.<sup>16</sup> The earliest staff included a visiting apothecary, a matron and handy-women who acted as nurses.<sup>17</sup> Between 1779 and 1853 two Limerick doctors became synonymous with St. John's Hospital, namely Dr. John Geary and his son Dr. William John Geary. John Geary acted as senior physician at St. John's Fever and Lock Hospital and his son William, who became mayor of the city, was also a physician in the same hospital,<sup>18</sup> John Geary wrote an historical report on the nature and progress of fever in the Limerick district during the early nineteenth century. During his time, the hospital was under Protestant governorship and John Geary's report was, therefore, submitted to the Church of Ireland Bishop of Limerick, Rev. Charles Graves (1812-99). The report documented that over the years, the hospital served the Limerick community and it responded still to the many 'putrid fevers' that visited the city, in particular, the 'more immediate suburbs [that became] the object of our attention ... parishes of St. Mary, St. John and St. Munchin'.<sup>19</sup> During the eighteenth and early nineteenth century, typical fevers included typhus, cholera and typhoid and mainly affected those from poorer backgrounds. As fevers

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<sup>14</sup> The first English fever hospital opened in London in 1803. John Geary, *A Historical and Medical report of the Limerick Fever and Lock Hospitals* (Limerick, 1820), p. 11.

<sup>15</sup> LCMI, St. John's Hospital Log Book, 1888-1956, File 12/01/01 and Limerick City Council Archive (hereinafter LCCA) St. John's Hospital Report and Accounts 1956, File L/AH/PH/1/17/2(25).

<sup>16</sup> *Limerick Chronicle*, 15 March 1994. Dr. Samuel Crump died of typhus aged 29 years. Dr. Grogan established convalescent wards in the hospital. See also Patricia Bennis, *St. John's Fever and Lock Hospital, Limerick 1780-1890* (Newcastle Upon Tyne, 2009).

<sup>17</sup> *Limerick Leader*, 13 August 1988.

<sup>18</sup> 'Dr. John Geary and Dr. William John Geary 1779-1853' in *The Old Limerick Journal*, xxiv, (Winter, 1988), pp 25-8.

<sup>19</sup> Geary, *A Historical and Medical report of the Limerick Fever and Lock Hospitals*, p. 24.

swept through the city of Limerick, the families living around St. John's Hospital were particularly vulnerable to the ravages of disease.<sup>20</sup>

During one period between 1817 and 1819, Geary reported that fever conditions were rife in the city of Limerick.<sup>21</sup> He stated that during this period, admissions to the Fever Hospital reached 5,940 and most affected were between the ages of twenty and thirty years. These admittances were in stark contrast to the period 1814-16 when only 723 patients were admitted.<sup>22</sup> Yet, despite the severity of the 1819 contagion, the city of Limerick continued to show signs of expansion and the 1821 census reported that Limerick now had almost seventy streets, 8,268 houses and the population had increased to 66,042.<sup>23</sup> A cholera epidemic that originated in Europe, reached Limerick in 1832. This epidemic lasted for two years and some of these cases were transported to St. John's Hospital in a 'cholera cot'.<sup>24</sup> This was a seven-foot long box, two-feet wide with a sixteen-inch depth, covered with a hood in case of rain. It had four legs and two long poles for the carriers.<sup>25</sup> A description of the miserable conditions endured by the patients within the hospital during the early nineteenth century fever epidemic noted that:

applicants for admission were innumerable, in fact it was necessary to pass over tiers of beds to examine the sick. There were not infrequently forty persons (four in a bed) in a room not exceeding sixteen feet square.<sup>26</sup>

But the largest number of patients who entered the hospital came during 1845-52, a period that included the years of the Great Famine (1845-52). Famine conditions were accompanied by a fever of such exceptional virulence that the numbers admitted to the hospital reached epic proportions. Maurice Lenihan's research has indicated that between the years 1840 to 1846, the hospital admitted a record 16,376 patients with the largest ever recorded number of 5,228 admitted in the year 1845 as illustrated in figure 2.1. Most suffered from typhus.<sup>27</sup> During 1847, admissions rose slightly to 3,525 but in 1849, victims of another cholera plague which had struck Limerick were treated in St John's Hospital and patient numbers swelled

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<sup>20</sup> *Irish Independent*, 4 February 1967.

<sup>21</sup> *Limerick Leader*, 13 August 1988.

<sup>22</sup> John Geary, *A Historical and Medical report of the Limerick Fever and Lock Hospitals*, pp 85-6.

<sup>23</sup> Fitzgerald, MacGregor, *The history, topography, and antiquities of the county and city of Limerick*, p. 504.

<sup>24</sup> *Irish Medical News* (16 October 1989); *Limerick Leader*, 13 August 1988.

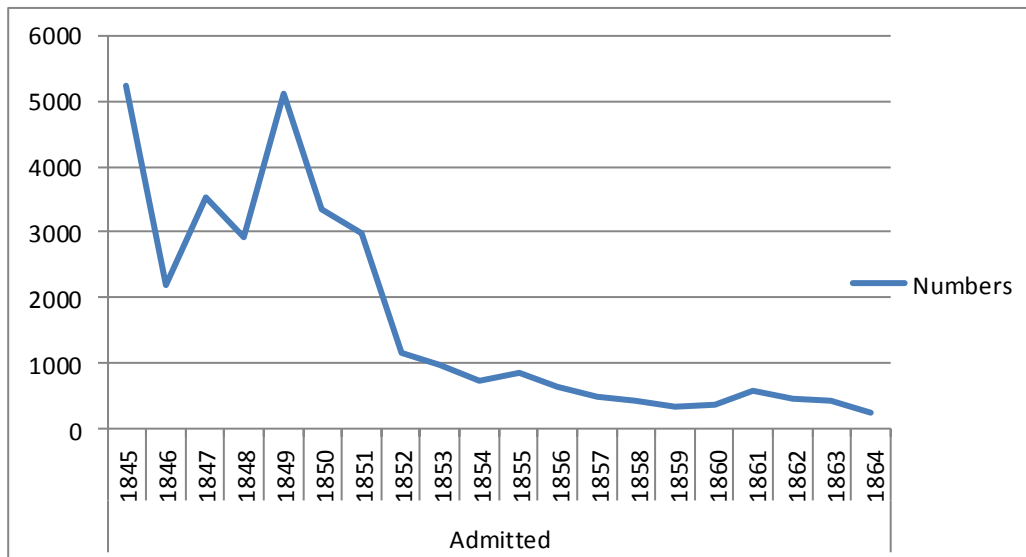
<sup>25</sup> *Limerick Leader*, 22 September 1952.

<sup>26</sup> LCMI, Dr. J.F. Devane to Mother Paul, undated, File 12/01/17.

<sup>27</sup> Maurice Lenihan, *Limerick; its history and antiquities, ecclesiastical, civil and military 1811-1895* (Cork, 1967), p. 371.

once again to 5,097.<sup>28</sup> The ravages of the epidemics are evident in the 1861 population figures for the city of Limerick which show a major fall to 44,000.<sup>29</sup>

**Figure 2.1 Patient Numbers admitted to St. John’s Hospital, Limerick, 1845-64**



Source: Maurice Lenihan, *Limerick; Its history and antiquities* (Cork, 1967), p. 371

Towards the end of the nineteenth century, as diets, sanitation and housing improved, fever epidemics became less frequent, demand for the fever hospital waned and the numbers of admissions began to decline. Devane has noted that towards the end of the 1880s, it did not seem like ‘good economy to maintain a fairly large hospital for the treatment of only a few patients’.<sup>30</sup> In consequence, the hospital annals of 1885 record that as only thirty-four patients were admitted during this year, temporary measures to reduce running costs needed to be put in place. Existing full-time staff, therefore, were released from their duties, the attending physician, Dr. T. Gelston, was retained on a temporary basis, and was to be paid ‘a nominal sum of two guineas per patient, provided this amount does not in any one year exceed twenty pounds of a total’.<sup>31</sup> Two nurse tenders, Mrs. Kirby and Annie Galvin retained their positions, but their salary was reduced to half pay.<sup>32</sup> In the event of an epidemic, these arrangements could be reviewed by the governors. To further reduce running costs, the coal

<sup>28</sup> Lenihan, *Limerick; its history and antiquities, ecclesiastical, civil and military*, p. 371.

<sup>29</sup> *The Irish historic towns atlas* (Dublin, 2012), p. 12.

<sup>30</sup> John F. Devane, *A History of St. John’s Hospital, Limerick* (Dublin, 1970), p. 30.

<sup>31</sup> Limerick City Library (hereinafter LCL), microfilm St. John’s Fever Hospital Minute Book, 1885-1905.

<sup>32</sup> LCL microfilm, St. John’s Fever Hospital Minute Book, 1885-1905.

allowance was also reduced to one ton per annum.<sup>33</sup> It was against this background, that Bishop O'Dwyer uncovered some information about the running of St. John's Hospital, which may have influenced his welcome for the LCM.

O'Dwyer 'studied the city archives' and became aware that St. John's Hospital, then under Protestant management, had fallen into poor practices including that monthly meetings of the existing Board of Governors 'had fallen through for some unaccountable period'.<sup>34</sup> He also learned that any person could become a governor by paying a fee of £3 per year to the secretary and that members of the governing board had to attend meetings and had the authority to admit fever patients to St. John's Fever hospital. He might also have been concerned that a Protestant hospital was tending to a largely Roman Catholic population and O'Dwyer decided to form an alternative body of governors. In order to do so, he secured the interests of five gentlemen to pay £3 each. Among the new members recruited to the board was the Roman Catholic Bishop of Limerick as chairman, the Catholic Rev. Jeremiah O'Shea, Dr. W. Spillane, a Roman Catholic lay doctor who was the first treasurer of the new governing board and Stephen O'Mara another devout Catholic Limerick business man.<sup>35</sup> O'Dwyer then instructed the secretary to summon these new governors to attend a meeting and aware that only his chosen participants who had paid the prescribed £3 could attend the meeting, a new Board of Governors was formed.<sup>36</sup> The year 1887, marked the end of the remit of St. John's Hospital as a fever hospital under Protestant management and the beginning of a new Roman Catholic Board of Governors, who, with the help of the LCM order, would run the hospital into the twenty-first century. MacCurtain has asserted that Sisters involved in nursing had to confront the 'double patriarchy' in the form of firstly, hospital administration and secondly, the Roman Catholic hierarchical control as hospitals boards were chaired by the local bishop.<sup>37</sup> The LCM soon encountered this challenge.

Relations between catholic and protestant administrators in St. John's Hospital appeared amicable. Bennis has shown that during the eighteenth and nineteenth century, even though the original board of governors 'was predominantly Protestant in composition, the staff

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<sup>33</sup> Ibid.

<sup>34</sup> LCMI, St. John's Hospital log book, 1888-1956, File 12/01/01.

<sup>35</sup> I am grateful to Professor Maureen Murphy for alerting me to this local connection, Stephen O'Mara, clerical supporter and Fianna Fail politician was Kate O'Brien's (author) brother-in-law.

<sup>36</sup> Ibid.

<sup>37</sup> Margaret MacCurtain, *Ariadne's Thread. Writing Women into Irish History* (Galway, 2008), p. 290.

including the hospital doctors, were mainly Roman Catholic.<sup>38</sup> In 1949, the board of governors had also employed the Roman Catholic Sisters of Mercy in the hospital during a fever outbreak.<sup>39</sup> Unlike other hospitals histories where for example, the Meath Hospital in Dublin, was initially run by Protestants, then Catholics took over the running in 1949. However, Protestant administration resumed with the full support of the Roman Catholic bishop.<sup>40</sup> The transition in St. John's Hospital from a predominantly Protestant governing board to a new predominantly Catholic board of governors began in 1887.<sup>41</sup> In November 1887 the new Board of Governors took control of St. John's Fever and Lock Hospital. Bishop O'Dwyer, in conjunction with the new primarily Catholic board, sought to revitalize the fortunes of the hospital and announced they would begin this process by 'resuscitating the hospital, so as to make it more useful than it has hitherto been'.<sup>42</sup> This was the context of the welcome given to the LCM order. From its inception, the new governing board quickly identified three areas they needed to address in order to revive the hospital: finance, staff and structural improvements. Firstly, they agreed that the hospital needed 'trained nursing nuns [to] reside therein'. Secondly, the governors settled that 'funds for the hospital will be augmented by collections and gifts not hitherto received'. Thirdly, and perhaps most importantly, they signed contracts with the builder James Maher to carry out structural alterations to the hospital at a cost of £1,026.<sup>43</sup> It is clear that the new governors were anxious to exert a Roman Catholic influence within the revitalised institution and were keen to have a functioning hospital ready for its new occupants as soon as possible. Progress on these activities was discussed and documented every month at board meetings. The structural additions to the hospital were no doubt aided by the financial support of Count Moore. The Count entrusted the control and distribution of his legacy to Bishop O'Dwyer when he stated:

Referring to our interview in the train, on Friday evening, I now propose, on hearing from your Lordship, to lodge £1,500 (say fifteen hundred pounds) in our joint names in the Bank of Ireland and to send the receipt to you. I further propose to withdraw my name altogether the

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<sup>38</sup> Patricia Bennis, *St. John's Fever and Lock Hospital, 1780-1890* (Cambridge, 2009), p. 10.

<sup>39</sup> *Ibid.*, p. 84.

<sup>40</sup> The Catholic Knights of Columbanus takeover of the governing body of the Meath Hospital in 1949 was reversed back to Protestant control with the full support of the Roman Catholic bishop, Kurt Bowen, *Protestants in a Catholic State, Ireland's Privileged Minority* (Queen's University Press, 1983), p. 87.

<sup>41</sup> In 1999, another transition took place between the Protestant run Adelaide Hospital which amalgamated with the Meath and National Children's Hospital, Gerard M. Fealy, *The Adelaide School of Nursing 1959-2009* (Dublin, 2009), pp. 112-3.

<sup>42</sup> LCL microfilm, St. John's Fever Hospital Minute Book, 1885-1905.

<sup>43</sup> *Ibid.*

day the Sisters of the Little Company of Mary enter into possession of the hospital under your Lordship.<sup>44</sup>

Other evidence of financial control exerted by the local hierarchy over the LCM order in the Fermoy and Dublin foundations will be discussed later in this chapter and in chapter three.

### **St. John's Hospital, 1888**

O'Dwyer may have acquired St. John's Hospital, but the hospital, which now had a new governing body to administer it, was barely functioning. When Count Moore called to the Bishop's palace in Corbally, he discovered that the Bishop was absent, visiting the Sisters of the Good Shepherd at Clare Street. Moore followed him there and secured a meeting with the Bishop. The latter admitted that he was not familiar with the LCM order and enquired about the nature of their work. Moore informed him that they nursed the sick and the Bishop, happy in the knowledge that this group of nursing sisters could assist in the needs of his diocese, remarked that they were 'the very nuns I want for that place over there,' pointing in the direction of St. John's Hospital.<sup>45</sup> O'Dwyer expressed his hope that the LCM could settle there and continue their apostolate from this building. Once the Count began negotiations with O'Dwyer, it was through his efforts and the vision and drive of Mother Potter that progress was made to pave the way for the order to enter a new country.

The correspondence between the Count and Mother Potter reflected the enthusiasm of the order to forge ahead with the building of a foundation in Ireland. A year before their arrival into Limerick, Potter confirmed to Moore her acceptance of a position in the city when she stated 'when should we be wanted?'.<sup>46</sup> Even though the Bishop of Limerick had not yet been in contact with the LCM order. Potter wrote to Moore on 19 November 1887:

The Bishop has not yet written to me. I know him to be good and holy and should be glad of a line from him with his blessing and assistance of protection ... We should prefer to leave to the Bishop the arrangements. We like everything as nice as possible for our Lord and our sick and as plain as possible for ourselves.<sup>47</sup>

O'Dwyer's tardiness in communicating with Potter during these early stages corroborated with Magray's theory that the 'invitation' for an order to establish itself could be a formality

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<sup>44</sup> Limerick Diocesan Archive (hereinafter LDA) Count Moore to Bishop O'Dwyer, 11 December 1887, File F.

<sup>45</sup> LCMI, St. John's Hospital log book, 1888-1956, File 12/01/01.

<sup>46</sup> LDA, Mother Potter in Rome to Count Moore, 19 November 1887, File V.

<sup>47</sup> Ibid.

that allowed a female religious order to proceed after the women had already made arrangements for a foundation.<sup>48</sup> Clearly in this case, arrangements were well underway between the Count and the LCM before the Bishop of Limerick made any direct contact with the order. Even four months later and with no word from O'Dwyer, Moore wrote to O'Dwyer requesting him to formally 'summons' the order to Limerick. To ensure that the hospital was in prepared in advance of the LCM's arrival, the Count requested that 'if quite convenient, the good Mother Superior would like to see a tracing of the works in progress'.<sup>49</sup>

In July 1888 when the first two Sisters of the LCM came to Limerick, Mother Veronica Dowling and Sister Edward Hitchcock, arrived into the city to begin their work, they discovered that despite the board's intention to renovate the hospital, works on the hospital were not completed in time for the LCM's arrival. These circumstances exposed them at this early stage to the unpleasant authority of the local Bishop. It appears that O'Dwyer was unprepared for their arrival and the log book of the hospital noted his reaction:

Dr. O'Dwyer, being put out, not being able to give them the reception and welcome he anticipated, taxed Mother Veronica with their premature arrival and not having given sufficient notice. She being, I daresay new to responsibility, and not having the character of the Bishop said, that if His Lordship did not choose to have them other Bishops would gladly welcome them to their Dioceses. A rupture consequently ensued and the Sisters of Mercy intervened, got Mother Veronica to apologise and what threatened to be a complete departure of the Sisters ended amicably on both sides for the time being in any case.<sup>50</sup>

The LCM Sisters were brought to the home of the Sisters of Mercy in the Isle Parish, a community who had been established in Limerick for fifty years. The two women remained there for four weeks, thereby allowing sufficient time to disinfect the old Fever Hospital and make it habitable for both patients and themselves. In August, they were joined by Sr. Mary Montfort Fox and Sr. Clare Mullins, who formed the first group of four Sisters to work in the hospital. Mother Veronica, a native of Dublin became the first matron in the hospital and held the position until 1893. In 1893, she was sent by Rome to help establish the Chicago foundation where she died only three years later. In similar circumstances to their Irish benefactor, the LCM Sisters had nursed the sick wife of Charles Mair in Rome, and he subsequently invited the order to Chicago, their first US foundation.<sup>51</sup> This departure of

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<sup>48</sup> Mary Peckham Magray *The transforming power of the nuns, women, religion and cultural change in Ireland 1750-1900* (New York, 1998) p. 15.

<sup>49</sup> LDA, Count Moore to Bishop of Limerick, 18 March 1888, Box 275.

<sup>50</sup> LCMI, St. John's Hospital log book, 1888-1956, File 12/01/01.

<sup>51</sup> Rev. Francis Ripley, *The Mary Potter Story* (Nottingham, 1954), p. 39.

single women from Ireland was a common theme as already noted, with Irish Sisters forming part of this great exodus.<sup>52</sup>

Clear has asserted when many religious orders were established ‘they experienced difficulties which plague all new voluntary organisations, lack of finance, and of human resources, inadequate accommodation and other worries’.<sup>53</sup> The LCM order could not avoid these difficulties and one of the first tasks undertaken by the new occupants of the hospital was to remove and destroy the last remnants of evidence from the years of epidemics that had gripped the city; infected blankets and mattresses.<sup>54</sup> The annals noted Mother Veronica, together with the first LCM inhabitants, worked tirelessly in the early days as they ‘slaved day and night to get the place in order and to remove the dirt and accumulated debris of years ... and who can, even fancy now their incessant labours and troubles of mind and spirit, the painters, carpenters etc., were working here and there and could not be hurried’.<sup>55</sup> With the promise of a final completion date of the necessary building works set for October 1888, no doubt the Sisters found it difficult to commence their nursing mission. The adaptations that were carried out in the building to suit the needs of the new residents were described in the annals in the following terms:

two long wards in each of the three stories, these were divided, part completely cut off for the Fever Hospital, the remainder was again divided into small wards, ... a room in the ground floor was cut off for chapel ... two other rooms near were given for Mother’s room and refectory between chapel and general kitchen which is a large well ventilated apartment under which there is supposed to be a vault or cellar ... on the middle floor four cells, a community room and infirmary were given to the Sisters.<sup>56</sup>

Within a few months of their arrival, the first Mass was celebrated on 20 August 1888 by Fr. Higgins and St. John’s Hospital was officially opened on 10 October 1888. Among those in attendance at the opening were the Mother General Mary Potter on her first and only trip to Ireland, accompanied by Mother Philip Coleridge. Both had been among the first cohort of women who had professed their vows to the LCM in 1880.<sup>57</sup> Mother Potter had hoped to spend the winter in Limerick but due to a lung haemorrhage, she was advised to return to Nottingham, indeed ill health restricted Mother Potter’s future travel arrangements and the

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<sup>52</sup> See Suellen Hoy, *Good Hearts. Catholic Sisters in Chicago’s Past* (Chicago, 2006), p. 20.

<sup>53</sup> Caitriona Clear, *Nuns in Nineteenth century Ireland* (Dublin, 1987), p. 63.

<sup>54</sup> *Irish Independent*, 4 February 1967.

<sup>55</sup> LCMI, St. John’s Hospital Log Book, 1888-1956, File 12/01/01.

<sup>56</sup> *Ibid.*

<sup>57</sup> *Ibid.*

possibility of visiting her Irish Province was furthermore curtailed. She left Mother Veronica and Sisters de Montford, Clare and Edward as the first community permanently living and working at St. John's Hospital, Limerick.<sup>58</sup> These were the Sisters who were responsible for the early refurbishments of the building

The work to modernise the hospital and the living quarters by the Sisters of the LCM evolved over many decades. Sr. Geraldine Fitzgerald, an LCM Sister, described conditions for patients and the Sisters living in the old hospital in the early twentieth century:

The old hospital building was the same height as the present one but not as long. It was unplastered. The hospital had no central heating. Each ward had a coal fireplace. ... Lighting was by gas. The operating theatre was a simple layout, consisting of two rooms. ... one for sterilising instruments ... the operations were performed in the other room. ... There were no gloves, masks or caps in those days.<sup>59</sup>

Although Mother Veronica's time in St. John's Hospital was brief, under her direction, the hospital attained a high standard of cleanliness and good order as she worked with the new Board of Governors to ensure renovations were carried out to improve living and working standards within the hospital for both patients and the nursing staff. The early additions to the hospital which were finalised in September 1888 funded through the Board of Governors aided by the benefactor, Count Moore, included a new bathroom at a cost of £10, a functioning bell at the gate entrance, a slop sink and the provision of hot water.<sup>60</sup> The wards were also furnished with small stoves to alleviate dampness. In 1889 a porch costing £20 was erected on the outside of the hospital building in order to protect against 'rain falling on the food while on transit to the patients,' while at the same time, partitions were put in place to 'shut off the nuns room from the passage' in order to give the Sisters some degree of privacy. Improvements to the material condition of the hospital continued to take place and in 1891 linoleum was bought for the floors, and in 1894 the sash windows in the hospital which were 'considered unfit as they admit the wind and rain' were replaced with timber windows.<sup>61</sup> Yet, despite their many progressive improvements, living conditions for the Sisters and patients still remained difficult as sanitary conditions were poor. Water had to be carried from a pump in the yard and fires had to be lit when the Sisters or patients wanted a bath.

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<sup>58</sup> LCL microfilm, St. John's Fever Hospital Minute, Book 1885-1905.

<sup>59</sup> Rev. W. Fitzmaurice, Kevin Hannan, (eds.) *In the shadow of the Spire. A profile of St. John's Parish* (Limerick, 1991), p. 116.

<sup>60</sup> LCL microfilm, St. John's Fever Hospital Minute Book, 1885-1905.

<sup>61</sup> *Ibid.*

Within a few years of the first confrontation with Bishop O'Dwyer, a second incident occurred. In 1896 Bishop O'Dwyer, sent a note to Mother Michael in the hospital complaining that:

He was not satisfied with the workings of the hospital and that he wanted the Sisters to clear out altogether, he did not want them in his diocese.<sup>62</sup>

It seems Bishop O'Dwyer was acting on a complaint he had received from Cardinal Michael Logue (1840-1940), concerning the alleged neglect of a patient in their care. In consequence, the Limerick Bishop now wished to dispose of the order, and replace them with the Sisters of Mercy, but the order moved quickly to repel his attack. Mother Catherine was dispatched from Nottingham to Limerick with a letter for O'Dwyer from Mother Philip. It expressed their surprise at the Bishop's actions from whom the Limerick congregation had not received any negative correspondence during the previous four years. On the contrary, the matron of St. John's Hospital, Mother Michael, had maintained that His Grace had been kind and pleased with the hospital and the number of patients admitted, and 'never mentioned anything like displeasure'.<sup>63</sup> Mother Philip, in her correspondence with O'Dwyer, asked him to 'allow the Sisters to continue their work of labour and love amongst the children of God's love the sick and dying'.<sup>64</sup> Two weeks later, the situation was appeased when the Bishop received a letter from Mother Potter which confirmed a change of matron in the hospital from Mother Michael to Mother Catherine.<sup>65</sup> This change of personnel combined with appeals made by some local businessmen to O'Dwyer in support of the LCM order to remain in the hospital, eased the situation. The Bishop stated shortly afterwards that 'he was never more pleased with anything he had done in his lifetime than not having persisted in his intention of sending the Sisters away'.<sup>66</sup> Reaffirming his approval of their presence in Limerick later in that year, he complimented the new personnel; 'I consider Mother Catherine a splendid woman and the personnel of the Sisters is much improved and there is a newer element and tone prevailing'.<sup>67</sup> The swift reaction of the LCM order to Bishop O'Dwyer's outburst, allowed them to continue uninterrupted with their work, for over a hundred years.

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<sup>62</sup> LCMI, St. John's Hospital log book, 1888-1956, File 12/01/01.

<sup>63</sup> LDA, Mother Philip to Bishop of Limerick, 15 February 1897, Box 275.

<sup>64</sup> Ibid.

<sup>65</sup> Mother Michael took up her new position as Mother Superior in Nottingham. LDA, Mother Mary Potter to Bishop of Limerick, 23 February 1897, Box 275.

<sup>66</sup> LCMI, St. John's Hospital Log Book, 1888-1956, File 12/01/01.

<sup>67</sup> Ibid.

The Board of Governors took responsibility for the management of the institution and as such, set about devising a system of protocols for the efficient running of the hospital. But from early on, all matters agreed at the board had also to be considered by the Reverend Mother attached to the hospital. The minutes of the meetings consistently refer to the feedback and opinions from the successive Reverend Mothers who oversaw the running of the hospital. Although the presence of a representative of the LCM on the Board of Governors was not recorded until 1956, from 1897 onwards the Reverend Mother formed part of the official House Committee in order to deal with ‘any small matters connected with the hospital’.<sup>68</sup> Occasionally, relations between the Board and the Sisters of the LCM indicated signs of tension. When the Sisters requested payment for a coffin for one of their own order who had died at St. John’s Hospital in 1890, the board declined their application noting ‘we cannot find a way to accede to their request’.<sup>69</sup> However, despite these altercations, the ultimate aim, to receive patients to the hospital was realised.

When all the preparations for the admission of new patients were finally complete, the first recorded patient to enter the hospital did so in 1889. Fr. Classon from Bruff was admitted with a fractured leg. Daniel Ebrill, a child aged 8 years suffering from scarlatina, became the first patient to be admitted to the fever section of the hospital and was soon joined by Mary Alice Cahill who had been struck down with diphtheria.<sup>70</sup> Patient admissions were slow in the first few years perhaps because a potential patient required a document signed by a member of the Board of Guardians in order to be admitted.<sup>71</sup> In 1890 the first recorded full year’s patient entry showed that a total of 114 patients were admitted. It would take four years before the number of patients admitted almost doubled to 232.<sup>72</sup> Records show that in the fever wing, both patients survived, but unfortunately the damp conditions in the hospital proved fatal for one young novice who died that same year from pneumonia ‘in a very damp and draughty’ house’.<sup>73</sup> This merely highlights that despite the Board of Governors concerned efforts to improve the hospital, conditions remained very difficult. In February 1893 the number of patients treated in the hospital had reached between 400 and 500,

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<sup>68</sup> St. John’s Hospital Board of Governors Meetings (hereinafter SJHBG), 1885-1905.

<sup>69</sup> LCL microfilm, St. John’s Hospital, 1885-1905.

<sup>70</sup> LCMI, St. John’s Hospital Log Book, 1888-1956, File 12/01/01.

<sup>71</sup> LCL microfilm, St. John’s Hospital, 1885-1905.

<sup>72</sup> In 1845 it reached a peak figure of 5,228. LCL microfilm, St. John’s Hospital, 1885-1905.

<sup>73</sup> LCMI, St. John’s Hospital Log Book, 1888-1956, File 12/01/01.

consisting of a mixture of patients, some ‘who pay and those who are free’.<sup>74</sup> This figure included paediatric patients admitted to the new children’s ward which had opened in 1893 in response to ‘a want long felt in the hospital’.<sup>75</sup>

However, the increased influx of patients began taking its toll on the small number of Sisters working in the hospital. In 1893, a letter from Mother Veronica requesting that the number of Sisters employed in the hospital be increased from four to six, was read at the Board of Governors meeting. The Board of Governors acceded to their request but took six months to deliver their response.<sup>76</sup> The additional staff, however, did not completely alleviate the workload for the Sisters, as in the following year, 1894, Rev. Mother Michael, Mother Veronica’s successor, further requested the board’s approval to hire a cleaner ‘as the Sisters were so hard worked’ that they needed additional staff ‘to undertake this workload’.<sup>77</sup> This request was granted. These additions to the staff must have also facilitated the confidence of patients to enter the newly refurbished hospital and for the first time since 1850, arrivals steadily increased. Between 1890 and 1895 the numbers of patients rose from 114 to 217.<sup>78</sup> The 1895 intake in patient numbers no doubt prompted Mother Michael to request an increase on the ‘small stipend the Sisters were receiving’.<sup>79</sup> It is not clear exactly how much of an increase was requested but the ‘small increase’ that was asked for, was acceded to. Mother Michael also managed to ‘persuade the Bishop’ to appoint a chaplain, Fr. Jeremiah O’Connor to the hospital on a salary of £25 per annum to be paid by the Board of Governors.<sup>80</sup> In 1897 the sustained increase in patient numbers again prompted the LCM members to request more staff and the Board of Governors appointed probationer nurses, Mabel Wray from England, Dora Frost from Limerick and Lily Green from County Clare. By 1902, yet more staff were required and an advertisement for three or four probationary nurses to work at the hospital was placed in the local newspaper.<sup>81</sup> In effect, after a mere fourteen years of occupation of the Little Company of Mary in the hospital, St. John’s Hospital had an active new Board of Governors, and a significant increase in both patient and staff numbers, both of which were positive signs of a growing, successful and necessary

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<sup>74</sup> LCL microfilm, St. John’s Fever Hospital Minute Book, 1885-1905.

<sup>75</sup> Ibid.

<sup>76</sup> Ibid.

<sup>77</sup> Ibid.

<sup>78</sup> Ibid.

<sup>79</sup> LCMI, St. John’s Hospital Log Book, 1888-1956, File 12/01/01.

<sup>80</sup> Ibid.

<sup>81</sup> LCL microfilm, St. John’s Fever Hospital Minute Book, 1885-1905.

health institution for the people of Limerick. As these building issues and improvements within the hospital were being addressed, the LCM's presence in Limerick drew the attention of local medical doctors.

Dr. John F. Devane, (1883-1964) first visited St. John's Hospital in 1905. Devane gave an account of the working conditions for the staff in his early days at the hospital when:

all meals had to be carried on trays up the stairs from the kitchen to various wards on the upper floors. Helpless patients had to be carried by the Sisters on hand stretchers from the entrance hall to the various wards. Very little surgery was done and most of it was of minor character. There was no house surgeon. Patients requiring surgical treatment went to other hospitals in the city or to Dublin. St. John's sphere of influence was very limited. It attracted very few patients from outside the city.<sup>82</sup>

He gained his early medical experience through his work in the Mater Misericordiae Hospital in Dublin, Huddersfield Royal Infirmary in England and the Coombe Hospital in Dublin before returning to his hometown and to St. John's Hospital in Limerick. As noted earlier, when Dr. Devane first visited St. John's Hospital in 1905, he described the hospital as 'inferior to that of other hospitals'.<sup>83</sup> He maintained that the reasons for this were threefold: firstly, the large number of fever patients, secondly, the absence of surgical procedures carried out in the hospital, and thirdly, the lack of financial support from the wealthy Protestant community.<sup>84</sup> Having identified these difficulties, Dr. Devane, ably supported by the Sisters of the LCM and set about improving the hospital, particularly the surgical side.

Dr. Devane credited Mother Ambrose, a member of the LCM order with advancing the service within St. John's Hospital. Indeed the hospital did undergo several improvements under her direction. Mother Ambrose O'Donnell, a farmer's daughter and native of Newcastle West, County Limerick, came to St. John's Hospital as a postulant in 1895 aged 21 years. During her time in Limerick between 1895 and 1925, she combined the role of matron, theatre sister, administrator and occasionally regular ward nurse. Her vision, which was ultimately realized, included the elimination of a separate fever ward and fever patients, the introduction and improvement in surgical operations and the re-organisation of training for the Sisters as nurses.<sup>85</sup> Her excellent management skills were an indication of the

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<sup>82</sup> LCMI, St. John's Hospital, 1986-97, File 12/01/17.

<sup>83</sup> John F. Devane, *A history of St. John's Hospital, Limerick* (Limerick, 1970), pp 51-2

<sup>84</sup> *Ibid.*

<sup>85</sup> LCMI, St. John's Hospital, 1986-97, File 12/01/17.

executive roles she would assume later as she was appointed Irish Mother Provincial from 1925 to 1930 and reached the supreme role of Mother General in Rome from 1936 to 1947.<sup>86</sup>

Contemporaneous health service regulations also specified that fever patients should have a segregated nursing and domestic staff, effectively ensuring that only fever patients could occupy the fever wing in the hospital. But Dr. Devane asserted that St. John's Hospital would benefit if the fever wing was closed as contagions frequently spread to other patients and to nurses, doctors and Sisters caring for them which gave rise to unnecessary staff illnesses and potential fatalities. Between 1889 and 1893 eight Sisters contracted pneumonia, phthisis, scarlet fever, typhoid, bright's disease and typhus while nursing patients. Unfortunately two of these cases proved fatal.<sup>87</sup> Dr. Devane noted that most fever cases treated within St. John's Hospital were free patients and if they were cared for elsewhere, staff numbers could be reduced and St. John's Hospital could be transformed by introducing a surgical unit which would inevitably increase its income.<sup>88</sup> As noted in the introduction chapter, many hospitals established during the eighteenth and nineteenth centuries were set up to take care of the poor but due to the financial demands of running a hospital, fee paying patients were gradually introduced.<sup>89</sup> St. John's Hospital followed this pattern and Dr. Devane with the help of Mother Ambrose, steadily replaced free, fever patients with fee paying patients who sought surgery in the hospital. Over time, fever cases were increasingly referred to the Municipal Fever Hospital in the city and fever patients were eventually phased out from St. John's Hospital. The fever wing within the hospital was closed and as hoped, non-fever patients began coming to the hospital.<sup>90</sup> Thus the reassignment of fever patients, combined with the introduction of new surgical equipment brought a new direction to the hospital.

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<sup>86</sup> Mother Ambrose entered St. John's Hospital in 1895 and undertook her novitiate in England. She returned to St. John's Hospital and remained there until 1925. She later became Mother Provincial 1925-1930, Vicarress-General 1930-1936 and Mother General 1936-1947. She subsequently died in St. John's Hospital in 1956 having completed sixty-one years of religious life.

<sup>87</sup> LCMI, St. John's Hospital log book, 1888-1956, File 12/01/01.

<sup>88</sup> Devane, *St. John's Hospital*, p. 52.

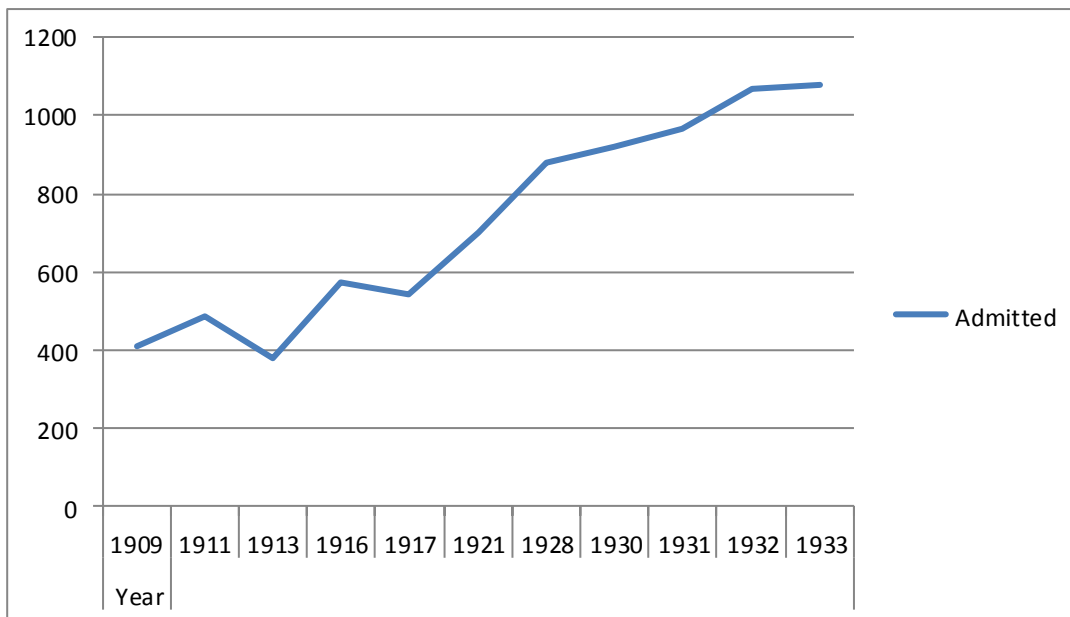
<sup>89</sup> Pauline Scanlan, *The Irish Nurse, A study of nursing in Ireland: History and Education 1718-1981* (Manorhamilton, 1991), p. 30.

<sup>90</sup> LCMI, St. John's Hospital, 1986-97, File 12/01/17.

During Mother Ambrose's time (1895-1925), in St. John's Hospital, new facilities for surgical procedures were installed. In 1909 a new operating theatre opened.<sup>91</sup> The addition of a surgical theatre was most welcome and Devane noted that many of the patients admitted to the hospital after the installation of the surgical equipment, were first-time patients.<sup>92</sup>

Figure 2.2 shows a steady increase in the number of patients admitted to St. John's Hospital and provides a stark contrast to those recorded in figure 2.1 when the numbers admitted were in continuous decline for the period between 1845 and 1864.

**Figure 2.2 Admittances to St. John's Hospital Limerick 1909-33**



Source: Voluntary Hospital database, <http://www.hospitalsdatabase.ishtm.ac.uk>, (21 March 2014)

Also in the early years, each of the LCM Sisters working in the hospital was assigned particular nursing duties and responsibilities. In conjunction with the Board of Governors, the Sister in charge, the matron, was responsible for scheduling visiting hours, the collection of fees from patients, and ensuring matters such as written requisitions were submitted to the treasurer of the Board of Governors for hospital inventory.<sup>93</sup> Although the visiting hour period was initially set at the discretion of the Rev. Mother, the Board of Governors revisited this ruling on several occasions. Originally visiting hours were scheduled daily from 2.00 pm to 4.00 pm, but this was difficult to enforce and visitors would not always adhere to these hours. In 1891, Mother Veronica received a notice from the Board of Governors instructing

<sup>91</sup> LCMI, St. John's Hospital log book, 1888-1956, File 12/01/01.

<sup>92</sup> LCMI, Dr. Devane to Mother Paul, undated, File 12/01/17.

<sup>93</sup> LCL microfilm, St. John's Fever Hospital Minute Book, 1885-1905.

that ‘under no circumstances will friends of patients be allowed to ... remain in the hospital after 7.00 pm’.<sup>94</sup> In April 1894, the board ruled that visiting would be restricted to Sundays only, but a month later they relented and agreed to extend visiting days to two days per week. Thursdays and Sundays, therefore, became the official visiting days for friends and family.<sup>95</sup> Hospital records do not explain the exact reasoning behind these changes, but one reference noted that the behaviour of some of the visitors ‘interfered in the nursing’ of patients.<sup>96</sup> It is possible that the LCM Sisters found that the raucous behaviour of visitors with overnight privileges, caused distress to both patients and staff and highlighted the need to place restrictions on visiting hours.

Strict rules of conduct applied to the staff of the hospital including the nurses and domestic staff, at all times. The day-to-day work of adapting the hospital to the needs of the patients was administered by Sisters within the hospital and they met regularly to discuss best practices for the running of St. John’s Hospital. These meetings were presided over by the Superior or Matron of the hospital and while all professed Sisters were welcome to attend, attendance by all hospital Sisters employed in the kitchen, servery, laundry and offices was mandatory. Much later in the 1960s, it appears that discussions could become confrontational at times as those in attendance were advised ‘not to let the meetings become heated arguments’.<sup>97</sup> Members of the LCM were encouraged to contribute to the discussions but were reminded in 1965 that they should:

not come to the meetings with the fixed idea of getting your suggestions put through, and if it is not accepted, do not then conclude that meetings are of no use. Remember that you are gathered to promote the good order of your hospital in particular, and in general the good name of the Little Company of Mary, and all ultimately for the honour and glory of God.<sup>98</sup>

One of the duties of the ward and staff Sisters was to ensure that cleaning of the hospital was maintained at a satisfactory level. To reiterate an issue previously raised in this chapter, the LCM had first requested professional assistance to clean the hospital as far back as 1894, yet the minutes of the 1965 St. John’s Hospital staff meeting noted that ‘domestics cannot be found or are unsatisfactory’ and a decision was made to ‘dispense with the eight domestics’

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<sup>94</sup> Ibid.

<sup>95</sup> Ibid.

<sup>96</sup> Ibid.

<sup>97</sup> LCMl, Memorandum of ward and Staff Sisters Meetings St. John’s Hospital, 1962-84, File 12/01/08.

<sup>98</sup> Ibid.

who were replaced with contract cleaners at a cost of £230 per month.<sup>99</sup> The above example suggests that during the 1960s, a keen eye was kept on the cleaners and their performance was reported at further meetings. The successful running of the hospital naturally required the co-operation of all the staff, but sometimes strained relationships between doctors and nurses became an issue and any such incidents which occurred were also considered at the monthly meetings.

Wall has asserted that confrontations between Sisters and hospital staff were often about authority.<sup>100</sup> The admission of patients was problematic and roles that the Sisters deemed ‘time consuming,’ were raised at one staff meeting in 1966. It was the responsibility of the doctor to organise the admission time for patients to the hospital and at one meeting the Sisters decided that notices should be displayed in the doctors’ tea room to remind them all that admissions to the hospital should be between 2.00 pm and 4.00 pm. The doctors were issued with constant reminders of this type. Another issue raised at the staff meeting the same year concerned the challenges which arose as a result of a number of Sisters being off on study leave. There was a shortage of Sisters and needless time consuming duties such as theatre Sisters ‘making tea for the doctors’ and the transportation of patients by Sisters and nurses to and from theatre, was the cause of some tension. To alleviate the pressure on full time staff, the possibility of employing auxiliary staff was proposed and carried by those in attendance at the staff meeting of Sisters and Ward Staff.<sup>101</sup>

At a staff meeting in 1978, the Matron reviewed topics from the recent Irish Nurses Organisation (INO) General Meeting that had been held in Wexford. The INO had stressed the importance of Ward Sisters and Staff Nurses sharing the responsibility of patients’ needs whether they be deemed physical, psychological or spiritual. The INO also advised that ‘nursing duties’ should not extend to those roles assumed by junior doctors. Rather nurses were instructed to:

interpret as well as carry out the instructions of the doctors. While using their initiative about nursing matters, the nurses should not take on duties which should be carried out by junior doctors, e.g. I.V. injections, etc.<sup>102</sup>

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<sup>99</sup> Ibid.

<sup>100</sup> Barbara Mann Wall, *Unlikely Entrepreneurs Catholic Sisters and the Hospital Marketplace, 1865-1925* (Ohio, 2005), p. 4.

<sup>101</sup> LCMI, Memorandum of ward and Staff Sisters Meetings St. John’s Hospital, 1962-84, File 12/01/08.

<sup>102</sup> Ibid.

Minutes of staff meetings, although only available for the 1960s indicate that issues which interfered with the smooth running of the hospital were raised by the Sisters with doctors and where required with lay administrative staff. These women were not slow to express themselves and articulate their concerns.

## Sources of income

Once a foundation was up and running, external financial support was essential for its survival. Luddy argued that convents needed to be run like businesses, and in order for women religious congregations to survive, they had to organise guaranteed sources of income.<sup>103</sup> In keeping with its first constitution, the LCM was committed to attend to the sick, ‘whether they be rich or poor, Catholics or Protestants’. It also forbade them from charging for their services so they had to survive on donations from their more affluent patients or donate their ‘attendance gratuitously’.<sup>104</sup> As their work and Constitution did not guarantee a regular source of income for the order, financial difficulties became an abiding concern of the LCM in St. John’s Hospital and other alternative funds had to be organised. Displaying their proficiency in financial matters, the provision for fee-paying patients in the St. John’s Hospital was an option Mother Potter had explored with the Count in advance of their arrival into Ireland:

You will bear in mind, will you not, how poor we are, and if help towards travelling expenses, out of the money, you intend to dedicate to this good work. I should imagine whilst alterations are being made, it would be well to have a few rooms provided for private paying patients to help support the funds.<sup>105</sup>

The Matron of the LCM was assigned the collection of fees from patients in the hospital. In 1888, the board passed a resolution that fee-paying patients should be charged a deposit of £1 and that a bill should be settled on a weekly basis. To ensure the public was aware of the charges, printed cards were displayed in public areas within the hospital. A year later, in order to boost the hospital’s income, Bishop O’Dwyer announced that he would authorise annual collections in the diocesan churches to help raise funds. The collections received would be ‘expended in free beds’.<sup>106</sup> In 1893, prioritization of proper credit control with regard to the necessity for the collection of fees from paying patients and other sources of

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<sup>103</sup> Maria Luddy, *Women and philanthropy in nineteenth-century Ireland* (Cambridge, 1995), p. 34.

<sup>104</sup> LCMI, First Rule and Constitution Book of the Little Company of Mary, 1893, File 2/1/01.b.

<sup>105</sup> LDA, Mother Potter in Rome to Count Moore, 19 November 1887, File V.

<sup>106</sup> LCL microfilm, St. John’s Fever Hospital Minute Book, 1885-1905.

income, became all too apparent when the first accounts for the hospital were produced. The chaplain, Fr. Jeremiah O'Connor was consequently given the role of co-ordinating the collection at all Sunday masses.<sup>107</sup> This source of income proved lucrative. Table 2.3 shows the first financial statement for 1893 published by the new Board of Governors and the LCM and indicates that donations and collections in that year amounted to £346 with income from fee-paying patients totalling £372.

**Table 2.3 First surviving Financial Accounts for St. John's Hospital, Limerick, 1893**

<b>Income</b>		<b>Expenditure</b>	
Dividends	£46	Taxes & Insurance	£27
Donations & Collections	£346	Coal, gas, water	£91
Governors	£43	Salaries & wages	£182
Bequests	£18	Building & furniture	£109
Patients	£372	Repairs	£77
Balance from interest	£83	Medical Provisions	£336
		Balance to Bank	£66
		Misc.	£20
<b>TOTAL</b>	<b>£908</b>	<b>TOTAL</b>	<b>£908</b>

Source: LCL St. John's Fever Hospital Minute Book, 1885-1905

The Treasurer calculated that the annual cost to operate the hospital was £908 during a year in which the hospital had admitted 148 patients, with the largest income from paying patients. The following year expenditure increased slightly to £924 with the admission of 232 patients, and 106 of whom were free.<sup>108</sup> At an 1894 Board of Governors meeting, the Treasurer acknowledged that 'he was sorry to say that he would have to hold back some of the cheques that were after being signed until he had money to meet them'. It was his professional opinion that the increased proportion of free patients 'had made large inroads on their funds' and was the cause of the situation.<sup>109</sup> The Treasurer went on to warn that 'it would be impossible to carry out the work of the hospital owing to the large number of free patients being admitted'.<sup>110</sup> It was clear that despite the board's best efforts to relieve the financial burden of the hospital, St. John's Hospital's finances remained under pressure. The board and the LCM began the work of raising more income for the hospital but also noted the importance of fee-paying patients to the maintenance of the hospital.

<sup>107</sup> LCMI, St. John's Hospital Log book, 1888-1956, File 12/01/01.

<sup>108</sup> LCL microfilm, St. John's Fever Hospital Minute Book, 1885-1905.

<sup>109</sup> Ibid.

<sup>110</sup> Ibid.

Scanlan has demonstrated that hospital income in the eighteenth and nineteenth centuries was generally obtained through various sources and included fundraising efforts, grants, group subscriptions, legacies, entertainment and sporting fixtures.<sup>111</sup> In 1889, as part of the campaign by the board to ‘resuscitate’ the hospital’s finances, the Board petitioned Limerick Corporation for a grant of £300. They were actually awarded £100 but as table 2.4 indicates, the sum consistently increased over the following decades to reach £450.

Table 2.4 Limerick Corporation Grant under 7 William IV Cap. 16 Section 83 to St. John’s Hospital, 1889-1944.

Year	Amount
1889-1896	£100
1897-1901	£300
1901-1902	£400
1902-1944	£450

Source: LCCA, St. John’s Hospital to Limerick city Manager, 16 September 1946, File L/AH/PH/1/17/1(27).

Between 1945 and 1952, St. John’s Hospital received the annual amount of £450 for the congregation.<sup>112</sup> Other bequests and donations were also acknowledged and welcomed by the hospital. In 1893, Mrs. O’Brien from South Hill kindly donated the furniture for the children’s ward. Two years later, a retired corn merchant, Mr. Curtin from Mallow Street, Limerick, who was a personal friend of Dr. Holmes a member of staff, bequeathed £500 to St. John’s Hospital.<sup>113</sup> Additional sources of income came from William Todd and Company, a large retail shop on William Street, and one of three ‘Monster houses’ located in Limerick city. In 1896 the board accepted a donation of £18 from William Todd and Company, to, ‘as far as possible,’ accommodate future sick company workers in the hospital.<sup>114</sup> The annual church collection proved to be an essential component for amassing funds and it remained a mainstay in their annual budget. In 1903 the collection grossed £116, and in 1905 a local derby rugby match realised the sum of £7 which was added to the hospital account.<sup>115</sup>

A number of other money-making strategies were used to help with the hospital’s finances. In 1896, the Thomond Bazaar was the first event specifically organised to help with the

<sup>111</sup> Scanlan, *A Study of Nursing*, p. 12.

<sup>112</sup> Voluntary Hospitals: Proposed stabilisation of annual deficits, National Archives of Ireland, (NAI), Department of Health (DH) A104/3 Vol. 9; Voluntary Hospital Tables 1954, NAI, DH A104/27.

<sup>113</sup> LCMI, St. John’s Hospital Log Book, 1888-1956, File 12/01/01.

<sup>114</sup> LCL microfilm, St. John’s Fever Hospital Minute Book, 1885-1905.

<sup>115</sup> *Ibid.*

financial scheme to build a convent for the Sisters. The bazaar raised £2,400 and £1,500 of this was provided for the building fund.<sup>116</sup> Unfortunately, this amount was not entirely sufficient to fund a new building and a second *fête* had to be organised. Bishop O'Dwyer who described the hospital as one that treated 'numbers of Protestants and members of the Jewish community' was also:

the youngest and the weakest of charitable institutions in the city, under the unremitting care of the Sisters of the Little Company of Mary, had found its way into the hearts of the people of Limerick. Priests, nuns and above all, the poor were well nursed there and no complaint was ever heard. All came away thanking and blessing the nuns for their goodness.<sup>117</sup>

He was keen to provide a new convent for the Sisters within his diocese and, therefore, encouraged another *fête* to help their finances. The *Colleen Bawn fête* was opened on 8 June 1903 and ran over a period of six consecutive days. It was described in the LCM annals as follows:

the day was beautifully fine, crowds came into the city. Special trains were run. The city was made gay and festive by flags and bunting ... the mayor, high sheriff, aldermen and members of the corporation in their robes of office attended the event.<sup>118</sup>

Other congregational orders within Limerick came to the aid of the LCM for the occasion and the Good Shepherd nuns, the Sisters of Mercy, the Presentation nuns all provided stalls at the event along with further assistance donated by the local businesses. The Mayor of Limerick, the Hon. Michael Donnelly, agreed to open the *fête* in June 1903 at 3.00 pm, and the Boherbuoy Band played at the opening and closing of the event.<sup>119</sup> Great efforts went into making this event a success with the big draw of the day the Canadian-Swiss tobogganing slide, a 200 feet long flume that started at a height of forty feet. Other attractions included cinematography, an aerial railway, hobby horses, swing boats, shooting galleries and a tea tent.<sup>120</sup> Local philanthropic ladies also gave their time by looking after stalls. The success of the event was reflected in the income raised for the week, as shown in table 2.5:

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<sup>116</sup> Ibid.

<sup>117</sup> *Freeman's Journal*, 20 December 1902.

<sup>118</sup> LCMI, St. John's Hospital log book, 1888-1956, File 12/01/01.

<sup>119</sup> LCMI, Copy of official programme of *fête*, June 1903, File 12/01/04.3.

<sup>120</sup> *Freeman's Journal*, 5 June 1903.

**Table 2.5 Income from ‘Colleen Bawn’ fête, 1903**

<i>Colleen Bawn fête 1903</i>	
Gate and Railway tickets	£704
Donations	£144
Café	£231
Various stalls	£938
Photographic studio	£25
Restaurant	£40
Tea gardens	£710
Theatre	£25
Gaelic League Concert	£23
Outdoor amusement	£280
Advertisement and sale of Gazette	£63

Source: LCCA, microfilm, St. John’s Hospital Minute Book, 1885-1905

In 1900 it was estimated by architects William H. Byrne of Suffolk Street in Dublin that the building of the new convent would cost £6,618.<sup>121</sup> The event had yielded a sum of £5,000 gross of which £2,200 went towards the building fund for the proposed new convent.<sup>122</sup>

According to Bishop O’Dwyer, these funds were earmarked to:

pay off a considerable part if not all of our bank debt and whatever surplus there remains it is proposed to use with the capital sum invested for the purpose of building a residence for the nuns and the provision of sanitary arrangements in the hospital.<sup>123</sup>

The difference was made up through other events and at twelve o’clock on 16 September 1904, the foundation stone for the new convent was laid in the grounds of St. John’s Hospital. Bishop O’Dwyer unveiled plans for a new residency for the LCM Sisters, who he declared were ‘in charge of St. John’s Hospital’.<sup>124</sup> In doing so, His Grace formally and publicly acknowledged the vital contribution of the LCM order to the successful running of the hospital. The occasion attracted considerable interest and despite the inclement weather, it was attended by members of the LCM congregation, the local clergy, the Mayor and other members of the town council and local business men. Bishop O’Dwyer expressed his regret that the order for the past sixteen years had been living in conditions that were ‘entirely insufficient and unsatisfactory’ and stated that it was ‘of great importance that this house should be built’.<sup>125</sup> His Grace, no doubt fully aware of the additional financial strain and cost

<sup>121</sup> LDA, Bishop O’Dwyer papers, Bill of Quantities September 1900, Box 275.

<sup>122</sup> LCMI, Log Book St. John’s Hospital, 1888-1956, File 12/01/01.

<sup>123</sup> LCL microfilm, St. John’s Hospital Minute Book, 1885-1905.

<sup>124</sup> *Freeman’s Journal*, 17 October 1904.

<sup>125</sup> LCL microfilm, St. John’s Hospital Minute Book, 1885-1905.

involved in the new building, reiterated the importance that the Sisters of the LCM have suitable living accommodation. He stated that it was necessary to make:

full provision for the well-being of the nurses, because of their devotion and energy ... their physical health and strength depended on a large measure the success of their labours. ... It was of great importance that the nuns here should be enabled to do their work with thorough efficiency.<sup>126</sup>

He expressed his belief that their hospital work could be carried out more efficiently if the Sisters were properly housed in suitable accommodation. The archives do not refer to the impact of World War 1 on hospital funds, however, money was still required. A further four-day *fête* to assist in the funding of the convent. ‘Inis na Sláinte’ was organised in June 1919 and took place in St. Munchin’s College grounds in Henry Street.<sup>127</sup> It raised an additional £2,474 for St. John’s Hospital.<sup>128</sup>

By the inter-war period, Coleman indicated that voluntary hospitals found that the traditional sources of revenue used to maintain hospitals, such as voluntary subscriptions, fairs and numerous forms of entertainment, were inadequate to cover the rising costs incurred in running medical institutions.<sup>129</sup> It was no longer possible to fund new equipment, extensions or renovations solely from the old revenue sources. Thus in 1930, under the William T. Cosgrave-led government, the Public Charitable Hospitals (Temporary Provisions) Act was passed. Under the terms of this act, the funds raised through regular sweepstakes could be used to support hospitals. In accordance with the act, two-thirds of the sweepstake money was to be ‘fairly and equitably’ distributed between all voluntary hospitals with the remaining one-third allocated to county hospitals and county homes. The act provided funding for structural improvements and the provision of medical applications within hospitals.<sup>130</sup> Three sweepstakes were run each year to raise funds from the Irish diaspora for hospitals. The first sweepstake took place in Manchester, UK, in 1930 and yielded £131,797. In 1931, forty-four hospitals applied to the Manchester Handicap Sweepstakes for funding. After all applications for funding were viewed by the committee appointed under the Public Charitable Hospitals (Amendment) Act 1931, the first report stated that ‘on mature consideration’ funding was

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<sup>126</sup> *Freeman’s Journal*, 17 September 1904.

<sup>127</sup> *Limerick Leader*, 6 June 1919.

<sup>128</sup> *Freeman’s Journal*, 12 November 1919.

<sup>129</sup> Marie Coleman, *The Irish Sweep. A history of the Irish Hospitals Sweepstake 1930-87* (Dublin, 2009), pp. 8-12.

<sup>130</sup> Parliamentary debates Dáil Éireann (hereinafter PDDE), Vol. 14, 17 June 1931.

awarded by 'equitable divisions of the available surplus ... based on a computation of the total financial needs of each of the hospitals'.<sup>131</sup> Six Dublin voluntary hospitals benefited from the revenue. The success of the first sweepstake attracted much interest from other hospitals and two similar sweepstakes were run the same year. The second sweepstake accumulated £439,858 and this was distributed to twenty-three hospitals and the third accrued £698,365 which was distributed among thirty-four voluntary hospitals.<sup>132</sup> A fourth sweepstake took place in 1931 and yielded £502,167 and within a year and a half six sweepstakes had yielded £2,762,501.<sup>133</sup>

In 1933, the Public Hospitals Act was passed which established a new body, the Hospitals' Commission to replace the existing Committee of Reference, placed under the control and discretion of the Minister for Local Government and Public Health. The functions of the new committee were to oversee the distribution of sweepstake funds.<sup>134</sup> Coleman noted their first task was to visit and inspect ninety-eight hospitals to ascertain the role these hospitals expected to 'play in the life of the community'.<sup>135</sup> In the first general report 1933-34, three Limerick Hospitals were inspected; St. John's Hospital, Barrington's Hospital and the County Infirmary. The three hospitals were reported as not possessing 'facilities that would enable them to be developed on lines approaching to modern ideas'.<sup>136</sup>

The Church of Ireland Bishop, Dr. H. Vere White, a governor of Barrington's Hospital voiced his opposition to the sweepstakes on the grounds that it was 'gambling' and a 'destructive vice of our day'.<sup>137</sup> Despite his opposition, during the year 1931, Barrington's Hospital received £41,000 from the Sweepstake and financed their 'plans for an extension to the building and much needed equipment'.<sup>138</sup> However, the committee of Barrington's Hospital was informed in 1932 that 'they would not receive any funding from the last three

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<sup>131</sup> National Archives of Ireland (hereinafter NAI), Hospital Sweepstakes, June 1932-33, File TSCH/3/S3237/9.

<sup>132</sup> John O'Sheehan, Eamonn De Barra, *Ireland's Hospitals 1930-1955* (Dublin, 1956), p. 17.

<sup>133</sup> *Ibid.*, p. 19.

<sup>134</sup> *Ibid.*

<sup>135</sup> Coleman, *The Irish Sweep*, p. 64.

<sup>136</sup> Hospitals Commission, *First General Report, 1933-34* (Dublin, 1936), p. 36.

<sup>137</sup> Mark Tierney, 'The Irish Hospital Sweepstake and Barrington's Hospital, 1931-37,' in *The Old Limerick Journal* (1988).

<sup>138</sup> *Ibid.*

sweepstakes' and found it 'difficult to plan ahead not knowing exactly how much money they might hope to receive in any one year'.<sup>139</sup>

St. John's Hospital was also experiencing difficulties obtaining the promised sweepstakes funding. St. John's hospital applied for £119,000, for what they considered 'necessary for development and endowment' of the hospital.<sup>140</sup> The hospital proposed to build a new wing to include thirty-three beds. But the sweepstake's committee of reference deemed twenty beds would be sufficient. The figure was reduced to £80,000 by the Committee of Reference. In 1934, it was reported that St. John's Hospital had only received £22,330 from the Hospitals Trust Fund. A local newspaper reported that the government had taken control of the sweepstakes, 'diverted [the funds] from its proper purpose' to form 'portion of the ordinary State revenue.'<sup>141</sup> In 1936, the respective committees of St. John's Hospital and Barrington's Hospital joined forces and wrote several letters to the Minister of Local Government and Public Health Sean T. O'Kelly and sent a deputation to him in Dublin, seeking an explanation for the delay in funding.<sup>142</sup>

Daly stated that the introduction of the Public Hospitals bill in 1933 provided a framework for the future development of the Irish Hospital system.<sup>143</sup> Allocation of the monies was placed under the remit of the Minister for Local Government and Public Health and Barrington maintained voluntary hospitals viewed 'the measure as an act of piracy by the government'.<sup>144</sup> Through this bill, the government envisaged the amalgamation of three separate hospital systems; voluntary hospitals, county infirmaries and district hospitals. Following the introduction of the act, all hospitals, regardless of their status, could now apply for sweepstake funding and would then be liable to inspection. Daly noted that the allocation of two-thirds of the sweepstakes funds to voluntary hospitals, allowed the government to impose stricter controls on voluntary hospitals.<sup>145</sup> Daly noted that conflicts existed between doctors and Catholic religious orders to 'maintain their autonomy' manifested itself in the form of reluctance by voluntary hospitals to provide information to the Hospitals

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<sup>139</sup> Ibid.

<sup>140</sup> NAI, Hospital Sweepstakes, June 1932-33, File TSCH/3/S3237/9.

<sup>141</sup> *Limerick Leader*, 27 March 1939.

<sup>142</sup> Ibid.

<sup>143</sup> Mary E. Daly, 'An atmosphere of sturdy independence', p. 241

<sup>144</sup> Ruth Barrington, *Health, medicine and Politics*, p. 118.

<sup>145</sup> Mary E. Daly, 'An atmosphere of sturdy independence', p. 244.

Commission.<sup>146</sup> In July 1939, the governors of St. John's Hospital informed the Hospitals Commission that they appreciated 'the purpose of the steadily increasing call for statistical information' but were not prepared to furnish the detailed information'.<sup>147</sup> The governors felt that hospital staff were 'unable to spare sufficient time ... to keep new sets of records.'<sup>148</sup>

During the war, building supplies and a shortage of fuel inhibited medical services.<sup>149</sup>

Barrington noted that the hospital sweepstakes were closed for the duration of the Second World War.<sup>150</sup> Other facilities were needed and in the early months of 1939 as the escalating crisis in Europe caused a degree of nervousness within the Fianna Fáil government, they felt that Irish voluntary hospitals should be prepared in advance for the possibility of air bombings. The Department of Defence drew up a contingency plan to provide air-raid shelters for patients and staff of certain hospitals and all costings for hospitals wishing to avail of monies were to be submitted to the Hospitals' Commission in advance of works. Many Irish hospitals including Barrington's Hospital and St. John's Hospital Limerick, received funding to build air-raid shelters which could accommodate approximately eighty persons along with an emergency water storage tank and fire fighting equipment.<sup>151</sup> Both voluntary hospitals applied for sweepstake funding to increase their bed numbers but were refused on the grounds that a new Regional Hospital was envisaged for the area. However, a further £6,200 was provided by the Hospital Trust Fund to install a new heating system to replace the antiquated system of twenty-three turf fires in St. John's hospital.<sup>152</sup> Indeed, between 1941 and 1969, the hospital expended over £80,000 which they had received from the Hospital Trust Fund to spend on further improvements within the hospital (see table 2.7).

According to Meenan, Irish voluntary hospitals in the 1960s were running at a combined annual deficit of approximately £5-million which was under-written by the Hospitals' Commission.<sup>153</sup> It was, therefore, hardly surprising that the unhealthy reliance of voluntary hospitals upon the Hospitals Trust Fund was referred to in November 1960 by Minister for Health, Seán MacEntee, at the official opening of the new Regional Maternity Hospital in

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<sup>146</sup> Mary E. Daly, 'An atmosphere of sturdy independence', p. 250.

<sup>147</sup> Voluntary Hospital Deficits 1938-41, NAI, DH, A104/1 Vol. 2.

<sup>148</sup> Ibid.

<sup>149</sup> Barrington, *Health, medicine and politics*, p. 137-8.

<sup>150</sup> Barrington, *Health, medicine and politics*, p. 137-8.

<sup>151</sup> Hospitals Commission, *Fifth General Report, 1939, 1940, 1941* (Dublin, 1942), p. 35.

<sup>152</sup> Hospitals Commission, *Seventh general report* (Dublin, 1948), p. 16.

<sup>153</sup> Meenan, *St. Vincent's Hospital 1834-1994*, p. 152.

Belfield, Limerick. He stated that ‘some people seem to think that in these funds there was an inexhaustible lode of golden ore into which we might dip without any thought for the future’.<sup>154</sup> He maintained that ‘voluntary hospitals should meet a fair share of the cost of their new building schemes’.<sup>155</sup> The attitude of the Minister worried the Roman Catholic Bishop of Limerick, Most Rev. Dr. Murphy, who believed such remarks displayed an unhealthy attitude towards voluntary hospitals by a Minister who had gained ‘accidental control of the distribution of the Hospitals’ Trust Fund’ and had ‘indulged in sharp unreasonable criticism’ thereby ‘ignoring the ‘services rendered to the public by these hospitals’.<sup>156</sup> But the fact remains that the Department of Health did help finance the building and extensions of the hospital and also helped to ease the income deficit of the hospital despite the fact that Barrington has stated that after 1961 the Hospital Sweepstakes funding for hospital deficits and building, never exceeded £3-million.<sup>157</sup> In the period between 1960 and 1962 the Department of Health contributed £18,000 towards the St. John’s Hospital’s income deficit and between 1966 and 1968 the hospital received a further £22,000.<sup>158</sup> The Department of Health continued to fund hospital building projects and between 1970 and 1983, St. John’s Hospital had expended a total of £334,000 from the Hospital Trust Fund on hospital improvements and modernisations, (see table 2.8).

Coleman argued that while the modernisation of hospitals and developments in Irish public health would not have been possible without the sweepstakes, it did have two negative outcomes; firstly, hospital deficits spiralled out of control ‘in the belief that there was an endless supply of money available’ and secondly, as Roman Catholic run-hospitals accepted state funding, subsequently hospital authorities had to ‘battle against the encroachment of the state’.<sup>159</sup> Daly concluded that the delay in awarding funding was due to the government policy that was ‘largely reactive’ with planning how the funds should be spent ‘after the windfall’ rather than drawing up plans in advance.<sup>160</sup> In 1950, St. John’s Hospital returned a deficit of £2,272 but stated that ‘in all previous years since 1933 it had shown a surplus in its

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<sup>154</sup> *Irish Times*, 22 November 1960.

<sup>155</sup> *Ibid.*

<sup>156</sup> *Irish Times*, 26 November 1960.

<sup>157</sup> Barrington, *Health, medicine and politics*, p. 265.

<sup>158</sup> SJHBG, 1960-68.

<sup>159</sup> Coleman, *The Irish Sweep*, p. 1

<sup>160</sup> *Ibid.*

annual accounts'.<sup>161</sup> As mentioned previously, St. John's Hospital who were in receipt of the Corporation Grant, experienced difficulty in 1948 when the hospital wrote to the city Manager for the third time, requesting the instalment.<sup>162</sup> Perhaps as Coleman suggested like other sources of funding, the Corporation felt the hospital's 'new found source of wealth' should be sufficient to sustain them.<sup>163</sup>

Daly and Coleman agree on the matter of battling against the state and drew attention to the friction that developed between voluntary hospitals and the state. She stated that both the medical profession and the Catholic religious orders were aware of the necessity to obtain funds to 'sustain voluntary hospitals' while also battling to retain 'their autonomy'.<sup>164</sup> In 1940, Bishop Keane in Limerick, while arguing against a salary increase for the Sisters of the LCM stated that he was reluctant 'to invite any interference that would imply state control'.<sup>165</sup>

The 1948 Hospitals Commission report stated that the voluntary hospitals increasing deficit position should be handled by the 'authorities of the hospitals concerned'.<sup>166</sup> Hospital authorities needed to explore other avenues for financial support. In order to meet the increased expenditure, the committee proposed that fees for semi-private wards and private wards should be increased.<sup>167</sup> St. John's Hospital had to source other forms of funding and in 1976, Friends of St. John's Hospital, a group of dedicated individuals joined forces together to spearhead a fundraising effort for new equipment. The original 'friends' was made up of interested hospital staff and volunteers and their fundraising activities enabled the purchase of equipment for areas that included the theatre and the intensive care unit within the hospital.<sup>168</sup> The Irish Sweepstakes survived until 1987 when it was replaced by the Irish National Lottery.

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<sup>161</sup> Voluntary Hospital Deficits 1951, NAI, DH A104/10.

<sup>162</sup> LCCA, St. John's Hospital to Limerick city Manager, 10 July 1948, L/AH/PH/1/17/1(22).

<sup>163</sup> Coleman, *The Irish Sweepstake*, p. 55.

<sup>164</sup> Mary E. Daly, 'An atmosphere of sturdy independence: The state and Dublin hospitals in the 1930s', in Greta Jones, and Elizabeth Malcolm (eds), *Medicine, disease and the state in Ireland, 1650-1940* (Cork, 1999), p. 249.

<sup>165</sup> SJHBG, File, 1936-1966

<sup>166</sup> Hospitals Commission, *Seventh general report* (Dublin, 1948), pp. 3-4.

<sup>167</sup> SJHBG, File, 1936-66.

<sup>168</sup> LCMI, Report on St. John's Hospital, 1961-81, File 12/01/07.

## Expenditure

Scanlan has argued that ‘in influential circles’ nursing care was not considered ‘a very worthy calling’ and, therefore, ‘deserving of only scant financial reward’.<sup>169</sup> The struggles that the LCM nursing Sisters faced to acquire salary increases was evidence in the Minute books of the Governors meetings at St. John’s Hospital, Limerick. When the Sisters took over the running of St. John’s Hospital in 1888, each Sister was given a salary of £25 each per year. By 1940, the Management Committee at St. John’s Hospital recommended that the salary for the LCM nursing staff should be increased from a block sum of £500 to £750 and that a total payment of £600 per annum should be paid in lieu of rations for trained Sisters and probationers. The Committee suggested that the first payment be made in May 1940. But at the following meeting, Bishop David Keane voiced his disapproval of the proposed £600 payment. He had been absent from the meeting the previous month and he thought that the matter needed more attention. He agreed that the nuns were insufficiently paid but before agreeing to any increase, he requested that the hospital income and expenditure accounts covering the previous five years for the hospital, be presented at the next month’s meeting. In advance of the June meeting, the Bishop met with Rev. Mother Columbanus and he pointed out that St. John’s Hospital had been set up as a ‘charitable institution under Catholic management’ and he was reluctant to support salary levels equivalent to those in the State-run hospitals’.<sup>170</sup> But the Rev. Mother, no doubt, spurred on by the feelings that the order deserved a salary increase, displayed considerable acumen when discussing the financial affairs of the hospital, and pointed out that the hospital was financially successful.<sup>171</sup> At the next Board meeting, the Bishop was over-ruled and the increase for the nurses’ salary was granted from 1939 onwards.<sup>172</sup> The nurses’ salary was debated again during the following decades and table 2.6 illustrates the gradual increase in the Sisters nursing salaries between 1939 and 1966.

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<sup>169</sup> Scanlan, *The Irish Nurse*, pp 317-8.

<sup>170</sup> SJHBG, File, 1936-1966.

<sup>171</sup> Ibid.

<sup>172</sup> LCCA, St. John’s Hospital Accounts 1940, File L/AH/PH/1/17/1(2).

**Table 2.6 LCM Sisters' block salaries, 1939-66**

Year	Nurses salary £
1939	520
1940	1,137
1941	1,350
1942	1,350
1943	1,350
1944	1,350
1945	1,350
1949	3,000
1955	6,250
1961	8,750
1962	13,113
1964	15,604
1966	19,240

Source: SJHBG, File, 1936-66.

As the Sisters were paid in 'block', it is difficult to assess individual salaries. In 1944, the Minister for Local Government and Public Health addressed the issue of nurses salaries when he requested a 'more uniform system of remuneration of permanent nurses', and noted that a scale of between £75 to £90 were in operation in county and district hospitals.<sup>173</sup> The salary appointed to a matron in the County Home in Newcastle West was recorded at £180 per annum which nursing nuns in the same hospital received £140 per annum.<sup>174</sup> In 1946, the Hospitals Commission recommended the following salaries for staff in voluntary hospitals Matron £260, Nurse Tutor £230, Ward Sister £140, Staff Nurse £100, Probationer £40.<sup>175</sup> It appears that the LCM Sisters were not paid the same rates as lay nurses in the hospital because when a further increase in salary was discussed at the September 1949 Management Committee, it was stated that the nursing sisters' pay should at least reflect the minimum rate of pay approved of for nursing staff in voluntary hospitals by the Hospitals Commission. The nursing Sisters in St. John's Hospital had received:

salaries that had previously been very low and were still lower than salaries paid generally to nurses in other voluntary hospitals.<sup>176</sup>

Rev. Dr. Patrick O'Neill (1891-1958), similar to his predecessor Bishop Keane, appeared to be a reluctant supporter of a salary increase. His sentiment was that the 'nuns only worked

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<sup>173</sup> General Nursing Staff Remuneration 1945-50, NAI, DH A17/35, Vol. 1.

<sup>174</sup> Ibid.

<sup>175</sup> Hospitals Commission, *Seventh general report* (Dublin, 1948), p. 207.

<sup>176</sup> Voluntary Hospital Deficits 1949 and 1950, NAI, DH A104/9.

for the honour and glory of God'.<sup>177</sup> The committee noted that the Sisters did not request an increase but that they deserved one and proposed to the Board of Governors that the nursing staff's salary should be increased to £3,000 per annum. St. John's Hospital showed deficits in 1950 and 1951. The Department of Health report attributed the deficits to 'the payment of nursing salaries for the first time in accordance with the generally recognised rates' at the hospital.<sup>178</sup>

In April 1955, the nursing nuns' salary was increased to £6,250 and further substantial increases followed with the approval of the Minister for Health.<sup>179</sup> Significantly, at the first Board of Governors meeting when the Sisters of the LCM were represented in March 1956, a member of the committee, M. A. Roche, stated that the Sisters had been 'working for the hospital for many generations at a figure that would not pay for their food'.<sup>180</sup> Coincidentally after that meeting, the salary for the Sisters increased dramatically. In December 1960, the Sisters organised to meet with Eamonn De Barra a member of the Hospitals' Commission, who, while on a visit to the hospital, discussed their application for an increase in salary. De Barra felt it was 'unusual for a nursing community in a voluntary hospital in Ireland to be paid the standard rate, it was generally a nominal sum'.<sup>181</sup> But De Barra stated he would take their application under consideration. In January 1961, the Sisters' salary of £8,750 was agreed by the St. John's Hospital Management Committee and authorised by the Department of Health. A further increase to £13,113 was sanctioned in March 1962.<sup>182</sup> The block payment of Sisters' salaries continued until July 1975 when the Department of Health authorised that payment in future should comprise of individual salaries to members of the Little Company of Mary who filled hospital appointments.<sup>183</sup>

Not satisfied with merely acquiring a hospital, the Sisters were also anxious to enhance facilities and, over the years, improvements and extensions were added to the hospital. As previously mentioned, in 1904 work commenced on the site of the historic 'black battery' for a new convent, built to face St. John's Cathedral. Another addition was the out-patients clinic which opened in 1939. The Management Committee of St. John's Hospital had

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<sup>177</sup> SJHBG, File, 1936-66.

<sup>178</sup> Voluntary Hospital Deficits 1951, NAI, DH A104/10.

<sup>179</sup> SJHBG, File 1936-66.

<sup>180</sup> *Ibid.*

<sup>181</sup> *Ibid.*

<sup>182</sup> *Ibid.*

<sup>183</sup> *Ibid.*

determined that increasing demands for the treatment of the poor necessitated the addition of the out-patients department.<sup>184</sup> In 1938, the Hospital's Commission visited St. John's Hospital and met with the Management Committee and the Mayor of Limerick, Daniel Bourke, with a view to establishing the new department. However, the Hospitals' Commission decided they could not provide financial assistance in this case, they were 'unable to vary the recommendations already made' regarding expenditure on the hospital.<sup>185</sup> A local newspaper noted that the monies promised to St. John's Hospital from the sweepstakes were being held in a 'kind of a suspense account' and the hospital had not been able to access one penny of it since 1933.<sup>186</sup> Nonetheless, in September 1938, tenders for the erection of the new out-patients department were invited from competent contractors. Work duly began on the building and in 1939 the out-patient clinic was officially opened. It was equipped to cater for the treatment of dental care, medical and surgical, day patients, gynaecological care and eye, ear, nose and throat services. The expected cost of the original building works was £8,000, but

after weary years of waiting and correspondence, the matter could no longer be postponed and eventually the hospital authorities were compelled to utilise a large slice of the revenue, amounting to £3,000 to build the new department.<sup>187</sup>

In 1939, at the opening of the new department, the Catholic Bishop of Limerick, Dr. David Keane (1871-1945) expressed his disappointment at the attitude of the Hospitals' Commission regarding their funding for the two Limerick voluntary hospitals, St. John's Hospital and Barrington's Hospital.<sup>188</sup> Despite the Fianna Fáil government's initial refusal to help finance the out-patients department, by the end of 1940, a total of 6,256 patients whose ailments did not necessitate admission to the hospital, had been treated. In 1942 that figure rose to 7,917.<sup>189</sup> The increase in the number of patients attending the clinic confirmed that the out-patient department was an essential addition to the hospital. Further improvements to the hospital came a few years later. Table 2.7 indicates the proportion of monies spent on the following modernising projects:

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<sup>184</sup> LCCA, St. John's Hospital Report and Balance Sheet, 1938, File L/AH/PH/1/17/1(1).

<sup>185</sup> *Ibid.*

<sup>186</sup> *Limerick Leader*, 3 June 1939.

<sup>187</sup> *Ibid.*

<sup>188</sup> *Irish Times*, 27 May 1939.

<sup>189</sup> LCCA, St. John's Hospital Report and Balance Sheets, 1940 and 1942, File, L/AH/1/17/1(2-3).

**Table 2.7 Hospital Trust Fund expenditure on St. John's Hospital, Limerick, 1948-69**

Date	Project	Amount
1948	Hot water and heating	£ 7,462
1959-61	Food service lift	£ 2,756
1963	X-ray equipment	£ 1,998
1963	Telephone system	£ 820
1966	X-ray table	£ 2,711
1968	Nurses' Home	£27,000
1968-9	Training school, Residence for lay student nurses	£13,500

Source: NAI, Department of Health, Register of Capital Payments for Hospitals, 1932-69, File HLTH/FIN/4/1

In 1948, a year after the new inter-party government established a separate Department of Health under Minister Noël Browne, St. John's Management Committee decided to build a new wing which could accommodate an additional twenty beds. The cost projections by builders McCaffrey and O'Carroll, Limerick, for the extension was £29,000, and following several meetings between the hospital and the Minister Browne, in September, the hospital was awarded a contribution of £12,000 from the Hospitals Trust Fund and the balance was funded by a bank loan.<sup>190</sup> In 1950, during Mother Columba O'Donnell's matronship of the hospital, work was completed which allowed the hospital to increase its bed complement to treat one hundred patients.<sup>191</sup> The new wing included operating theatres, pathological and bio-chemical laboratory and administrative area. In the same year, the Limerick Blood Transfusion Service along with their own medical staff, moved premises to the front entrance adjacent to the gate of St. John's Hospital.<sup>192</sup>

A new nurses' home was soon needed to accommodate the increasing nursing staff numbers in the hospital. In 1956, forty-seven Sisters resided in the nurses' home of whom thirty-three resided in dormitories. With patient numbers in the hospital at ninety-four, the Committee felt that the hospital required a staff of fifty-four. In February 1956, the Committee requested that plans be drawn up for an extension and requested funding from the Department of Health.<sup>193</sup> The initial response from the Department of Health was negative. Undeterred by this, the proposed building went ahead. In 1967, in preparation for the proposed new nurses'

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<sup>190</sup> SJHBG, File, 1936-66.

<sup>191</sup> LCCA, St. John's Hospital, Report and Accounts, 1949, File L/AH/PH/1/17/2(2).

<sup>192</sup> *Limerick Leader*, 13 August 1988.

<sup>193</sup> SJHBG, File 1936-66.

home to be erected in the grounds of St. John's Hospital, the Sisters' cemetery had to be removed and the remains of the LCM Sisters were re-interred to Milford House. The new extension, completed in 1968, provided thirty-two sleeping apartments, new student classrooms, a work room and tutor office. There were also some renovations to the existing infrastructure of the convent. The building works were estimated to cost £81,000, the Department of Health committed £27,000 toward the project with the remainder augmented by a loan from LCM Provincial funds.<sup>194</sup> On completion of the work in April 1968, the Sisters moved into the newly renovated convent and according to the annals, it was 'beautiful indeed'. Five months later the nurses' home was opened which was described as 'furnished with taste'.<sup>195</sup> The reputation of the LCM's School of Nursing (see chapter four) attracted lay nurses and the new facilities for the student nurses once again proved insufficient as their numbers rose to fifty. During peak times, accommodation had to be provided for them in the Pennywell area, outside St. John's Hospital itself. By 1973, the LCM order became increasingly concerned that living-out was unsuitable for students who were on theatre call and who needed to attend study and lecture programmes and as they now had a number of vacant rooms in the convent, they proposed to move from the convent to the student nurses' residence. The smaller building had become more suitable for 'our [the LCM's] decreasing numbers'.<sup>196</sup> Two years later this became a reality and the Sisters of the LCM traded accommodation with the student nurses. The School of Nursing was now provided with extra bedrooms along with study and recreational facilities. The former students' accommodation became the convent for the Little Company of Mary. At the same time, the top floor of the convent was renovated to accommodate twenty beds and a new coronary care unit.<sup>197</sup> Following a site visit by two officers from the Department of Health on 15 May 1978, the Minister for Health, Charles J. Haughey, informed the Bishop of Limerick, Rev. Jeremiah Newman that an extension to the waiting area of the out-patients department could now go ahead. Plans for the possible conversion of four convent rooms into wards which would relieve the overcrowding in the hospital would be taken under consideration.<sup>198</sup> The Department did ultimately approve alterations to the former convent to provide an extra twenty beds in four wards, the conversion of two wards in the main hospital to accommodate

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<sup>194</sup> LCMI, St. John's Hospital Log book, 1957-70, File 12/01/02.

<sup>195</sup> Ibid.

<sup>196</sup> LCMI, Superior of LCM to the LCM Council, 29 October 1974, File 12/01/07.

<sup>197</sup> LCMI, Histories on St. John's Hospital, 1961-81, File 12/01/07.

<sup>198</sup> LCMI, Department of Health to the Bishop of Limerick, 6 June 1978, File 12/01/07.

an intensive coronary care unit and an extension to the main kitchen. Even though the lowest tender had been accepted and assurance was given by the Department of Health that finance was allocated for the works, the Matron of the LCM expressed frustration with the delay in the commencement of the work.<sup>199</sup> In 1982, the work was finally completed at a cost of £117,000. Table 2.8 details other projects funded in the period 1970 to 1983:

**Table 2.8 Hospitals Trust Fund expenditure on St. John’s Hospital, Limerick, 1970-83**

Date	Project	Amount	Date	Project	Amount
1970	Improvements on telephone system	£ 2593	1972-73	Electrical installation	£10,670
1973-78	Electrical installation	£6,083	1978	Scheme of extensions	£22,000
1978	Out-patients department	£10,000	1979	Autoclave	£22,626
1979-80	Piped gas	£ 9,400	1980	Purchase of autoclave	£13,000
1980	Installation of gas and oxygen	£11,500	1980	Out-patients department	£20,800
1980	Replacement of autoclave	£ 3,280	1980	Image Intensifier	£28,652
1980	Piped gas and oxygen	£ 4,860	1981	Medical equipment	£13,100
1982	Out-patients department Intensive Care Unit	£90,120	1983	Metal windows	£12,000
1983	Intensive Care Unit and 20 bed unit	£17,400			

Source: NAI, Department of Health, Register of capital payment for hospitals, 1968-83, File HLTH/FIN/4/4

## Who were the Limerick community they served?

St. John’s Hospital originally built as a fever hospital, became home to the Little Company of Mary in 1888. The first Rule and Constitution of the LCM order, stated they should attend the sick ‘whether they be rich or poor, Catholics or Protestants’ and it forbade them from charging for their services. Thus they were required to survive on the voluntary donations from their more affluent patients, otherwise they gave their ‘attendance gratuitously’.<sup>200</sup> In each country of their mission, the LCM’s intention was to survive on donations received but even before Mother Potter came to Limerick, she had the foresight to ensure that the Limerick hospital had ‘a few rooms provided for private paying patients’.<sup>201</sup>

Regulations set out by the 1889 Governing Board insisted that from then onwards, patients were required to have the approval of a governor and ‘such governors to be a member of the

<sup>199</sup> LCMI, St. John’s Hospital to Rev. Jeremiah Newman, 26 September 1980, File 12/01/07.

<sup>200</sup> LCMI, First Rule and Constitution Book of the Little Company of Mary, 1893, File 2/1/01.b.

<sup>201</sup> LDA, Mother Potter in Rome to Count Moore, 19 November 1887, File V.

Managing Committee', in order to be admitted to the hospital.<sup>202</sup> In 1890, rural patients were only admitted to the hospital at a charge of thirty shillings per week and payment of fees proved difficult for some patients and could sometimes be negotiated. For instance, in 1890 when the father of a child who had been hospitalised for eighteen weeks looked for a reduction from the Board of Governors, his request was granted.<sup>203</sup> But a reduction of fees was not always granted and the board insisted that any refusal or inability to pay fees should be referred to the managing committee.<sup>204</sup> In 1892 the Rev. Mother Veronica referred a payment query to the board. When she enquired if two siblings who were being charged £1 a week per child, could have their bill reduced to £1 in total per week, her request was refused and the family were instructed to pay £1 per week for each of their children. However, two years later, the board introduced fees of 15s for children and the provision that poorer families could pay between 10s and 5s per week.<sup>205</sup> But the end of the nineteenth century the governing board of the hospital was under financial pressure. The St. John's Hospital log book of 1894 recorded that of the 232 patients treated in the hospital, fifty-four per cent of the cohort were paying patients.<sup>206</sup> Similarly, in April 1936, the medical staff of St. John's Hospital and Barrington's Hospital noted the 'large numbers of poor persons receive free treatment in the out-patients departments of the existing hospitals'.<sup>207</sup>

The Hospitals Commission first general report suggested that fifty-five per cent of total beds available in Irish hospitals, should be reserved for fee paying patients.<sup>208</sup> Figure 2.9 illustrates that in 1938 in St. John's Hospital's accounts showed that 64 per cent of the total patients admitted to the hospital were paying patients. Nine years later the amount had increased to 76 per cent.<sup>209</sup>

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<sup>202</sup> LCL microfilm, St. John's Hospital Minute Book, 1885-1905.

<sup>203</sup> *Ibid.*

<sup>204</sup> *Ibid.*

<sup>205</sup> *Ibid.*

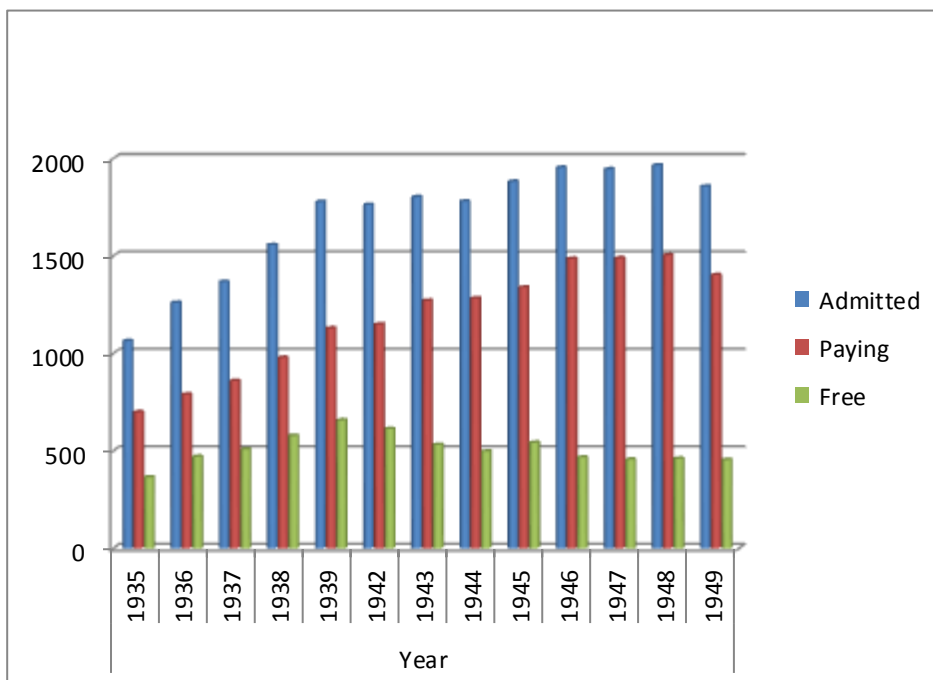
<sup>206</sup> LCL microfilm, St. John's Hospital Minute Book, 1885-1905.

<sup>207</sup> LCCA, Meeting of Medical Staff from St. John's Hospital and Barrington's Hospital, April 1936, File L/AH/PH/1/19/3(119)

<sup>208</sup> Hospitals Commission, *First general report 1933-4*, p. 68.

<sup>209</sup> LCCA, St. John's Hospital Accounts, 1935-49, File, L/AH/PH/1/17(1-2).

**Figure 2.9 Number of paying and free patients, St. John’s Hospital, Limerick, 1935-49**



Source: LCCA, St. John’s Hospital Accounts, 1935-49, File, L/AH/PH/1/17(1-2).

The increase in the number of paying patients between 1935 and 1948 strongly suggests that from early on in its existence, St. John’s Hospital shifted from serving the sick poor to the wealthier in Limerick, perhaps still adhering to their original view that the latter could subsidise treatment for the former.

### **Withdrawal of the LCM Order from St. John’s Hospital, Limerick, 1934-2001**

As early as 1934, the *Limerick Leader* reported that the possible closure of St. John’s Hospital and Barrington’s Hospital had been mooted by the Irish Hospitals’ Commission. The latter recommended that the two voluntary Limerick hospitals be replaced by a state-controlled general city hospital. Naturally, the governing committees of the two hospitals as well as the Limerick public, utterly condemned this suggestion.<sup>210</sup> Years of speculation finally ended in 1936 when the Hospitals Commission confirmed their plans to establish a Regional Hospital.<sup>211</sup> The Commission claimed that the new hospital would be equipped to provide a higher grade of specialist medical work and would better serve the needs of Limerick’s population and its surrounding counties. The Commission’s report noted that since the advent of the Hospitals Sweepstakes, St. John’s Hospital and Barrington’s Hospital

<sup>210</sup> *Limerick Leader*, 14 April 1934.

<sup>211</sup> Hospitals Commission, *First general report*, p. 37.

had jointly expended over £38,000 on improvements to the hospitals. The Commission was of the opinion that ‘further large expenditure on these hospitals should not be entertained’ and concluded that any further expenditure on these hospitals could ‘never make them really up-to-date hospitals and should not be encouraged’.<sup>212</sup>

Nevertheless, the announcement of the proposed scheme heralded the beginning of decades of discussions, meetings and correspondence to resolve the matter. The medical staff of St. John’s Hospital and Barrington’s considered the Hospitals’ Commission’s 1936 report and inevitably objected to the concentration of all hospital services in one large institution for medical and patient reasons.<sup>213</sup> The medical staff believed that the sick poor of Limerick attended St. Johns Hospital because of ‘the convenient situation of these hospitals in or near the most populous areas of the city’. They also expressed concern that if the out-patients clinic was forced to transfer to the proposed Regional Hospital, located on the outskirts of the city, it would ‘inflict considerable hardship on these patients, especially the very poor who could ill afford a daily bus fare’.<sup>214</sup> The Limerick Annual Medical Report issued by the Medical Officer for Limerick noted that the Hospitals’ Commission ‘strongly recommended’ the expansion of the voluntary system in Dublin ‘while in Limerick it recommended the expansion of the public authority system’.<sup>215</sup> On 22 July 1936, the *Limerick Leader* reported that at a special meeting of the General Purpose Committee of the Limerick Corporation there was some support for the establishment of a Limerick Regional Hospital with 200 beds, but also opposition to the Commission’s views on closing the two voluntary hospitals. The Committee also were not convinced that the establishment of a Regional Hospital should preclude the continuation of the health services at the existing voluntary hospitals of the city.<sup>216</sup> A year later, the Hospitals Commission reiterated that expenditure of monies on St. John’s Hospital ‘would be a dissipation of funds that could not be justified by the results that could be hoped to be obtained’.<sup>217</sup> The *Limerick Leader* carried the publics’ largely anonymous views on the closures. One medical man noted that ‘the scrapping of the two hospitals would inflict a hardship on the citizens [of Limerick] that would not be fully

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<sup>212</sup> Ibid.

<sup>213</sup> Coleman, *The Irish Sweep*, p. 69. Also see LCCA, Meeting of Medical Staff from St. John’s Hospital and Barrington’s Hospital, April 1936, File L/AH/PH/1/19/3(119).

<sup>214</sup> Ibid.

<sup>215</sup> LCCA, Annual Report of Medical Officer of Health, 1938, File L/AH/PH/1/1/36.

<sup>216</sup> LCCA, Notes from General Purposes Committee, July 1936, File L/AH/PH/1/19/3(126). See also *Limerick Leader*, 22 July 1936.

<sup>217</sup> Hospitals Commission, *Second general report* (Dublin, 1937), p. 291.

appreciated or realised until the harm was done'.<sup>218</sup> A trade unionist commented that 'the abolishment of the voluntary hospitals [was] a retrograde one ... the Hospitals' Commission rushed down to Limerick and rushed away again with the death warrant of St. John's Hospital and Barrington's in their pockets'.<sup>219</sup> A prominent charity worker claimed that 'very few realised the immense good that was being done for the working classes by both Barrington's and St. John's'.<sup>220</sup> Another anonymous writer, however, suggested that the public should 'stop this sentimental nonsense' and realise that the city should have an hospital that can provide 'one hundred per cent more accommodation' by building a hospital that can 'cater for all of us'.<sup>221</sup> This letter was not representative of the public's reaction to the possible closure of the established medical institutions. The public sensed that Limerick was being deliberately targeted and its medical facilities would be down-graded. In 1938, the Hospitals Commission increased the number of beds in the Regional Hospital to 250 'as this number was considered sufficient for the area'.<sup>222</sup> The Commission would not however, recommend that the Minister guarantee the Limerick voluntary hospitals 'financial support from the Hospital Trust Fund' since the hospitals might become redundant.<sup>223</sup>

The building of a new Regional Hospital in Limerick ultimately affected the status of the two long-serving voluntary hospitals; St. John's Hospital and Barrington's Hospital. In 1955, Tom O'Higgins, Minister for Health, officially opened the new Regional Hospital which was blessed by the Bishop of Limerick, Most Rev. Dr. Patrick O'Neill (1891-1958). The hospital, built to accommodate 288 patients with building costs of over £1,000,000 had been funded in full by a grant from the Hospitals Trust Fund and placed under the care of the Sisters of Mercy.<sup>224</sup> The presence of a new hospital in the Limerick region emphasised the insecurity in the continued existence of the two voluntary hospitals; Barrington's Hospital and St. John's Hospital, which would continue into the future.

In 1977 the LCM Sisters in St. John's Hospital, handled a workload of 2,600 surgeries while routinely admitting sixty-five to seventy patients per week. By January 1978 they had a

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<sup>218</sup> *Limerick Leader*, 2 April 1938.

<sup>219</sup> *Ibid.*

<sup>220</sup> *Ibid.*

<sup>221</sup> *Limerick Leader*, 9 April 1938.

<sup>222</sup> Hospitals Commission, *Fourth general report* (Dublin, 1940), p. 13.

<sup>223</sup> *Ibid.*

<sup>224</sup> *Irish Independent*, 26 April 1955.

waiting list of 481 patients on their books.<sup>225</sup> In 1978, the Department of Health visited St. John's Hospital to discuss the legal implications relating to the proposed consolidation of services through the amalgamation of Limerick's two voluntary hospitals.<sup>226</sup> In the same year, the Provincial Chapter of the LCM deliberated about the future of the participation of the Little Company of Mary in St. John's Hospital due to the decline in numbers of the congregation and uncertainties about the future of the School of Nursing.<sup>227</sup> The Sisters were severely overstretched as fewer nuns were available to occupy senior positions as matron, assistant matron, tutors, qualified nursing staff, training staff, receptionists and pastoral roles.<sup>228</sup> In consequence, the viability of another alternative was proposed; to merge the two hospitals within a new hospital located on the Childers Road of Limerick. It was debated by the Mid-Western Health Board and representatives from both Barrington's Hospital and St. John's Hospital. The LCM was asked to consider its position on the matter. In any event, this proposal was thrown out by the Minister for Health, Barry Desmond as noted at the Board of Governors meeting in April 1984. The Minister refused the proposition to build a new hospital, stating 'Limerick already has a very modern Regional Hospital'.<sup>229</sup> Despite a 20,000 strong Limerick public and cross-party protest in support of saving Barrington's Hospital, the other voluntary hospital in the city, in 1988, the Fianna Fáil led-government decided to close Barrington's Hospital during a period of 'severe cuts in the health service'.<sup>230</sup> In January 1988, in spite of a strong action committee campaign against the closure of Barrington's Hospital, spearheaded by the chairman of Barrington's Board of Governors Alderman Gus O'Driscoll, the hospital was closed.<sup>231</sup> Discussions which had spanned more than fifty years came to an end when Barrington's Hospital, a healthcare facility which had been founded by the Protestant Barrington family at a cost of £10,000 and been in existence for one hundred and sixty years, finally closed its doors.<sup>232</sup> Traditionally a Protestant run-hospital, a department spokesman 'denied any clerical influence [regarding]...

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<sup>225</sup> LCMI, Chairman St. John's Hospital to Minister for Health, 9 March 1978, File 12/01/07.

<sup>226</sup> LCMI, Department of Health to Bishop of Limerick, 6 June 1978, File 12/01/07.

<sup>227</sup> Note: the order had 125 LCM Sisters recorded in Ireland. LCMI, LCM Milford House to Bishop of Limerick Dr. J. Newman, 17 July 1978, File 12/01/07.

<sup>228</sup> LCMI, Report for St. John's Hospital circa. 1984, File 12/01/07.

<sup>229</sup> SJHBG, File 1967-88.

<sup>230</sup> *Limerick Leader*, 9 May 2009.

<sup>231</sup> *Ibid.*

<sup>232</sup> *Ibid.*

which of the two voluntary hospitals in the city would be closed'.<sup>233</sup> A spokesman on behalf of the Department of Health explained:

because it had not been possible to reach an agreement on the amalgamation of the two hospitals, it was agreed that it would be more appropriate to provide the necessary medical, surgical, gynaecological and daytime casualty services at St. John's and to operate a full-time casualty service at Limerick Regional Hospital.<sup>234</sup>

The student nurses from Barrington's Hospital were transferred to St. John's Hospital for training. Although St. John's Hospital remained open, staffing the hospital with LCM Sisters became impossible. In September 1984, a decision was taken by the LCM Sister Provincial and Council to inform the Board of Governors of their decision to withdraw the Sisters from St. John's Hospital on a phased basis.<sup>235</sup> The following January, the Board of Management recorded their sentiments and the feeling of the people of Limerick:

The presence of the Blue Nuns should be maintained in our Training School and in the Administration of the Hospital. The day that we take the influence of religious out of our hospitals will be a bad one.<sup>236</sup>

Due to a decrease in numbers entering their order, the LCM could no longer adequately undertake their roles in St. John's Hospital. Between the years 1982 and 1983 only three new postulants from Roscommon, Limerick and Longford who were aged between eighteen and twenty-four years, entered the order, but none of them persisted with a religious life and each had left the order by 1986.<sup>237</sup> The withdrawal of the remaining LCM Sisters from St. John's Hospital was carried out on a phased basis that ultimately took a further seventeen years, when the last LCM matron, Sr. Mary Morrisroe, having served ten years as matron in St. John's Hospital, left the hospital in 2001. She had entered St. John's Hospital as a young novice forty years previously. Her departure marked the end of an era for the Little Company of Mary who had faithfully served the Limerick community for over one hundred years.<sup>238</sup> The progress of St. John's Hospital's nursing school will be examined in chapter four.

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<sup>233</sup> *Irish Times*, 6 January 1988.

<sup>234</sup> *Irish Times*, 6 January 1988.

<sup>235</sup> LCMI, Provincial Council Meeting September 1984, File 8/1/5.

<sup>236</sup> St. John's Hospital, Board of Governors Meetings, (hereinafter SJHBG), 1967-88.

<sup>237</sup> LCMI, Personnel from 1883, File 10/01/01.

<sup>238</sup> *Limerick Leader*, 30 June 2001.

## Milford House 1923-70

By 1920, the order had attracted fifty new postulants to the Irish foundation and a larger novitiate for the order, therefore, was required to house the growing community. The arrival of the LCM order into Limerick had motivated many young women to enter an order inspired by the legacy of the Foundress Mother Mary Potter. The presence and the work of the order did not go unnoticed in Limerick city, and they became familiar sights on the streets of Limerick clothed in their distinctive blue veil, and carrying out their work publicly, in contrast to the old practice where Sisters remained hidden behind convent walls within enclosed orders. Their presence of the 'Blue Nuns' in the town helped the founding community to grow as new members were soon attracted to join the congregation. Count Moore proudly acknowledged in a letter to Bishop O'Dwyer, 'there is a continuous stream of postulants which is most consoling to Mother General'.<sup>239</sup> The 1888 St. John's Hospital log book records that the first postulant, Katie Purcell, who entered the order came from Mungret near Limerick. She had a delicate chest and 'was a person whose mind on any subject was not the same for twenty minutes'. She did not remain in the community and later married locally.<sup>240</sup> However, the next Sister, Carla O'Daly joined the order in 1888, aged thirty-one years, she came from County Meath. She persevered with the congregation, and went on to have a long and varied career until her death in the LCM's South African hospital, St. Joseph's in Port Elizabeth, in 1945. In the ten years between 1888 and 1898, all thirteen young girls who tried their vocation in the community remained as Sisters of the LCM until the time of their deaths as illustrated in table 2.10.<sup>241</sup>

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<sup>239</sup> LDA, Count Moore to Bishop O'Dwyer, 15 October 1888, Box 275.

<sup>240</sup> LCMI, Log book St. John's Hospital, Limerick, 1888-1956, File 12/01/01.

<sup>241</sup> LCMI, Personnel from 1883, File 10/01/01.

**Table 2.10 New entrants to the LCM in Ireland, 1888-1898**

<b>Name</b>	<b>County</b>	<b>Year of entry</b>	<b>Year of Death</b>
C. O'Daly	Meath	1888	1945
R. Parkes	England	1888	1941
M. Meaney	Limerick	1890	1934
N. Pollard	Tipperary	1890	1952
B. Fogarty	Laois	1894	1950
M. Fogarty	Laois	1894	1951
M. O'Donnell	Limerick	1895	1956
E. O'Brien	Tipperary	1894	1959
M. McInerney	Clare	1896	1961
N. Mullins	Kerry	1896	1963
S. Cronin	Cork	1895	1935
A.Dore	Limerick	1898	1948
L. Lowe	Wexford	1898	1948

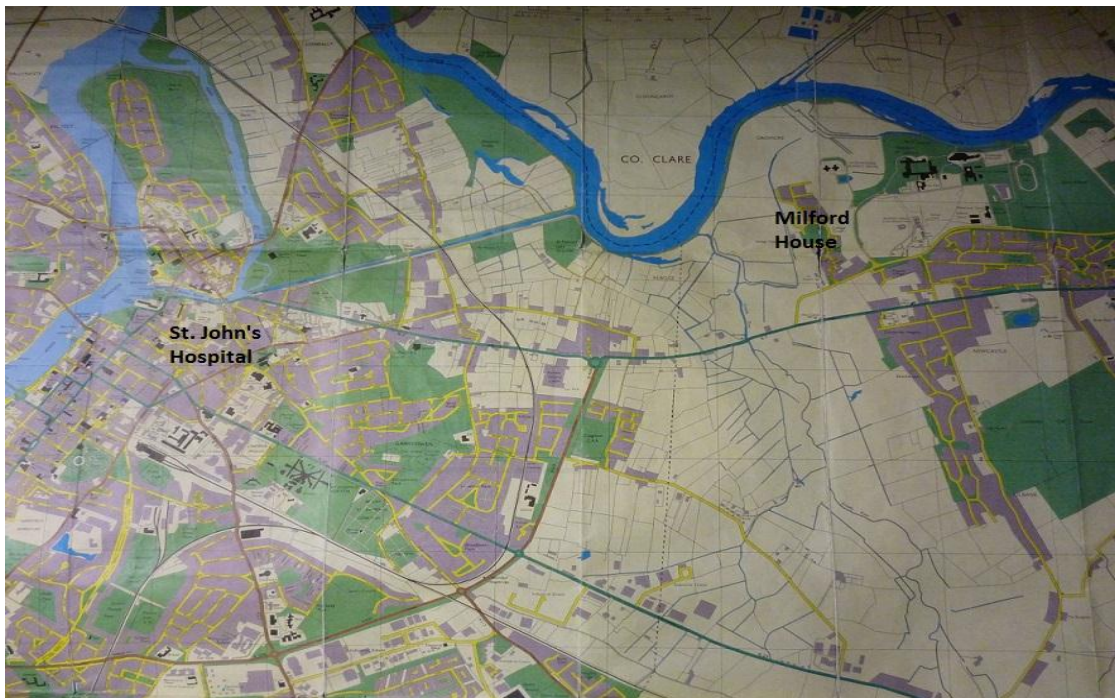
Source: LCMI, Personnel from 1883, File 10/01/01

With an influx of new postulants to the order, the search began for a suitable property and location to house a larger novitiate. In 1923 the order purchased Milford House, a Georgian mansion located to the north of the city, approximately one and a half miles from St. John's Hospital as illustrated in Map 2.1. The purchase was made by the LCM order while under the leadership of Mother M. Rosalie as Mother Provincial. Mother Rosalie, a native of County Clare who had entered the order in 1896 in Limerick at 18 years of age was one of the early cohorts to enter the LCM order in Limerick. She worked in Fermoy and Carlow and also served as Assistant Mother General in the Head House in Rome from 1937 to 1947. Mother Rosalie remained a member of the LCM order for sixty-five years.<sup>242</sup>

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<sup>242</sup> *Limerick Leader*, 25 March 1961.

## Map 2 Map of Limerick city and county



Source: Ordnance Survey Map of Limerick

Milford House was built by George Maunsell in the late eighteenth century. It had many occupants including Reverend M. Widenham in the late 1770s, and in 1786, Lord Kiltarton in 1814, T. Fitzgerald in 1837, Captain Stackpool circa 1840 and Henry Allen in the early 1850s. The house was valued at £28 by mid-century in Griffith's Valuation. Baron Massey bought it for his mother in 1850 from the Maunsells who later sold it to the Russells, a Limerick merchant family. It was Dr. Edmond Neptune Russell, son of Edmond, who finally sold the house to the LCM order in 1923. In order to secure the purchase of Milford House, Mother Rosalie had to increase their original offer by a further £500 to outbid a cattle dealer from Tipperary. With their last bid accepted at £6,500, the LCM order took possession of the house. A little later, in 1927, the order also managed to purchase the adjoining land for £1,000. Both purchases were funded through bank loans. Work commenced on preparing the house for occupancy, under the direction of Mother Provincial, Mother M. Rosalie and assisted by Mother Ambrose from St. John's Hospital. The youngest professed Sisters Patrick, Anne, Eithnea and Declan who had joined the order in 1923 were also involved in the early days of the preparation of Milford House.

On 31 December 1923 the novitiate moved from St. John's Hospital to Milford House. The novitiate was housed in an impressive building described by one of the Sisters who spent her novitiate in the house in the mid-1950s:

The enormous paneled entrance hall and beautiful, broad open staircase ... Reception areas, chapel, kitchen and extensive parlours for visitors were all on the ground floor. Upstairs at first floor level where the patients were, was also open to the public. Each landing on the massive front staircase had great embrasure windows with chintz-covered couches and idyllic views of the surrounding countryside. ... Things on the top floor, where we novices slept ... The large rooms had been converted into 3 or 4 bed dormitories. ... In the late 1950s there were usually about thirty novices in Milford.<sup>243</sup>

Others saw the beauty and also the work:

The house needed a lot of attention and the youngest professed Sisters went out daily to prepare the house, get rid of a lot of rubbish and clean and paint the room. The third floor was prepared for novitiate, sleeping apartments for professed and dormitories for the novices. ... there was no furniture in the house but Mother Ambrose bought a lot at auctions in Dublin. Some beautiful carved oak chests and wardrobes, inlaid tables, etc. clock and carpet. There were some very beautiful fire places in the house, which were fixtures. It was ready for occupation at Christmas, though all the rooms were not quite ready.<sup>244</sup>

The new house became home to the seven postulants who were transferred from St. John's Hospital and took up occupancy. With Mother Rosalie as Mother Provincial and the new appointments of Mother Baptist as Superior of Milford House and Mother Leo as novice mistress, the first mass took place on New Year's Day 1924 celebrated by Fr. Thomas Hagan from St. Munchin's College. Over the next fifty years, the Limerick house became the central point for the Irish foundation.

The LCM supervised many changes and extensions to the original building during the next few years. In 1930 at a meeting of the Provincial Council it was proposed to build a chapel, extend the novitiate and professed wing, as the building was too small for the increasing numbers. The much needed additions to Milford House would cost approximately £3,000. This was funded from monies bequeathed by an elderly lady to the order which was documented as being somewhere 'between £3,000 to £4,000'.<sup>245</sup> A new chapel and further alterations to Milford House were agreed at a Provincial Meeting on 17 August 1955 with an expected outlay of £40,000.<sup>246</sup>

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<sup>243</sup> Unpublished memoirs of Sr. F. Copy held by researcher.

<sup>244</sup> LCMI, XVI Celebrations/annals/Articles by LCM Sisters, 1977, File 16/01/01.

<sup>245</sup> LCMI, Minutes of Meetings of the Provincial Council 1922-1942, 1930, File 8/1/1.

<sup>246</sup> LCMI, Provincial Council Minutes LCM Sacred Heart Province 1942-1966, 17 August 1955, File 8/1/2.

The first clothing ceremony took place on 19 February 1924 for three postulants. Their chosen religious names were Sr. Stanislaus McNamara, Sr. Aloysius Kiely and Sr. Teresa Creagh, all who came from farming backgrounds.<sup>247</sup> The first new postulant to enter the LCM in Milford House was twenty-four year old Mary Buckley from Killaloe County Clare, who was soon joined by others. Between 1923 and 1925 twenty new postulants from Limerick, Clare, Galway, Cork and Kerry, were received into Milford House. All but one came from farming backgrounds.<sup>248</sup>

Apart from the common belief that women received ‘the call’ to enter a religious order, the introduction chapter indicated that there were many other reasons why tens of thousands of women were attracted to religious life in Ireland in the nineteenth century and figure 5.1 confirms that many of these reasons continued into the twentieth century.<sup>249</sup> Suzanne Cita-Malard notes that twentieth century modern society finds it difficult to understand why so many men and women during the late nineteenth and early twentieth century chose entry into a religious organisation. She describes their ‘unconditional self-surrender’ as ‘a stumbling block and a scandal to the spirit of the modern world because so many people find surrender of one’s liberty even more incomprehensible than self-denial and control of the senses’.<sup>250</sup> Yet that is what occurred in Ireland. Coming mainly from rural backgrounds, thousands of young women flocked into the orders up until the 1970s, (see figure 5.1). These women choose to enter despite the wider array of jobs available and the continuing options of emigrating, marrying and motherhood.

Gaining new postulants was central to the survival of a congregation, to carry out the work of the order and the financial reward gained through the dowry, helped to supplement the congregation. The dowry was not mentioned in the 1893 LCM First Rule and Constitution Book, but was explicitly outlined in the 1931 Rule Book. Any woman entering the LCM could provide a dowry and an agreed amount to cover expenses incurred during her

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<sup>247</sup> LCM, Acts of Provincial Chapter, 1924, File 4/1/2.05.

<sup>248</sup> LCM, Personnel from 1883, File 10/01/01.

<sup>249</sup> See Marie Galvin, ‘The rise and decline of female religious in Ireland 1960-75’ (Unpublished M.A. thesis, University of Limerick, 2003); Tony Fahey ‘Nuns in the Catholic Church in Ireland in the Nineteenth Century’ in Mary Cullen (ed.), *Girls don’t do honours. Irish women in education in the 19<sup>th</sup> and 20<sup>th</sup> centuries* (1987, Dublin); Maire Nic Ghiolla Phadraig, ‘The Power of the Catholic Church in the Republic of Ireland’, in Clancy et al (eds.), *Sociological Perspectives* (Dublin, 1995); David Fitzpatrick, ‘Marriage in Post-Famine Ireland’, in Art Cosgrove (ed.), *Marriage in Ireland* (Dublin College Press, 1985).

<sup>250</sup> Suzanne Cita-Malard, ‘Religious orders of Women’, in Daniel-Rops (ed.), *The Twentieth Century Encyclopaedia of Catholicism*, 86 (New York, 1964), pp 93-4.

postulancy and novitiate. It was not a compulsory condition for entry to the LCM as in some cases, the Superior General or the Provincial had the authority to ‘dispense with the payment of Novitiate expenses’.<sup>251</sup> The 1965 General Chapter meeting set the expenses for postulancy and novices, from entrance as a postulant and the first two years of religious life at £100. This was considered to be ‘a reasonable amount to request’. However, the exact figure for a dowry was not documented, rather it was felt that dowry negotiations ‘should be arranged with the Higher Superior’ and ‘given to the congregation if the financial circumstances of the family allow’.<sup>252</sup> By June 1974 the Provincial Council had raised the expenses amount to £200 with allowances made for those unable to pay.<sup>253</sup>

But why did so many join the LCM in the twentieth century? Sister J. recalled that when she entered the order in Milford House in 1956 ‘there were so many of us they had to find something for us to do’.<sup>254</sup> Some Sisters who entered Milford House in the 1950s and 1960s stated that among their personal reasons for entering were the educational opportunities afforded to women. Sister B.F. who joined the order in the 1960s corroborates with this view that joining a women’s religious order afforded opportunities that would otherwise, not have been available to her. She recounted that:

by being a member of the Little Company of Mary I got opportunities that no doubt I wouldn’t have had otherwise.<sup>255</sup>

When Sister F. was asked why she chose to enter the LCM order, she replied that she was interested in availing of the opportunity to become a nurse. She had considered another order, the Mercy order, but because they were involved in teaching she decided she would rather ‘stick with the health care crowd’.<sup>256</sup> It seems she was mostly interested in a congregation that had an attachment to healthcare. Galvin’s work also based on religious order history, averred that the missionary work of spreading the gospel was considered ‘the highest motivation possible for entering the religious community’.<sup>257</sup> Indeed a Sister of the LCM who joined the Little Company of Mary in the 1960s attributed her entry to the lure of the missions:

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<sup>251</sup> LCMI, The Constitution of the LCM, Art. 45, 1931, File 2/1/2.1.

<sup>252</sup> LCMI, Acts of the Ninth General Chapter, 9 April 1965, File 3/1/5.02.

<sup>253</sup> LCMI, Provincial Meetings, Jan 73-Nov 78, File 8/1/4.

<sup>254</sup> Interview, Sr. J., 23 February 2012.

<sup>255</sup> Interview, Sr. B.F., 23 January 2012.

<sup>256</sup> Interview, Sr. F., 1 December 2011.

<sup>257</sup> Galvin, ‘The rise and decline of female religious in Ireland 1960-75,’ p. 7.

and I suppose I had the ambition of going on the missions I had this big thing about going, I remember seeing a picture of a boat and sisters, three or four sisters going off on this boat to some foreign part of the world and I suppose I used to see the fishing boats out in the sea near us and this sounded very romantic and attractive and everything but ah that wasn't to be I never did go on the missions.<sup>258</sup>

Another sister, Sr. Mary, joined the LCM order in the 1950s through her involvement with the Legion of Mary, a lay religious organisation for young people which provided a rich source of postulants for religious orders. She recalled that she joined the LCM:

Through the Legion of Mary then I began to, I suppose, develop more my spiritual life and learn a lot more about the church and about the place of our Lady and the whole scheme of things. ... quite a few joined from being in the Legion of Mary.<sup>259</sup>

Her involvement with the Legion of Mary brought her to the attention of a Catholic priest who felt she should consider the religious life:

So he said 'come on down to talk to me' and then at this point then he said "you know did you ever think about joining religious life"? ... So I went away again and I went back on the Feast of our Lady in Lourdes and I said "yeah".<sup>260</sup>

Having a priest or nun in the family was not unusual as noted in the introduction chapter and quite an acceptable part of Irish life, as one of the sisters in the LCM order recounted a colloquialism that she heard quoted during her working time in St. John's Hospital:

they put you into the convent, because that was the thing to do, to have a son a priest, and a daughter a nun and a pump in the yard.<sup>261</sup>

One of the Sisters who entered Milford House in 1956 along with seven other postulants, described life in the novitiate house:

After my initial landing ... on the day of my arrival, there was little time or attention given to feelings. The daily routine at Milford was a full one from early morning. Every minute was accounted for between regular times of prayer, work and recreation. A bell summoned the novices to the next exercise, whatever that was; and five minutes later, a second bell announced the beginning of the new activity. 'Between the bells' was an interval of strict silence, while one made the hasty changes of location and possibly clothes and /or shoes. Intended for recollection, this interval was usually a frantic rush in which to achieve the transfer of body, soul and attention from one area of activity to another, or to a prayer exercise. The allocated rota of 'charges', or duties, was changed on a monthly basis.<sup>262</sup>

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<sup>258</sup> Interview, Sr. B. F. 23 January 2012.

<sup>259</sup> Interview, Sr. J., 23 February 2012. Frank Duff founded the Legion of Mary in 1921. Co-incidentally Duff and Mother Mary Potter were both influenced by *Treatise on True Devotion to the Blessed Virgin* by Grignon de Montfort. See Finola Kennedy, *Frank Duff A Life Story* (New York, 2011).

<sup>260</sup> Interview, Sr. J., 23 February 2012.

<sup>261</sup> LCMI, Audio Visual, Tapes 2002, Interviews by LCM Sisters, File A05/01.

<sup>262</sup> Transcripts of Sr. F. Copy held by researcher.

Another Sister who entered Milford House in 1956 recalled a typical day:

we would be up at 6.30 or 7am I can't remember and we came to the chapel and we had morning prayer, meditation and mass and after that we went for breakfast and after that then we were assigned to where we were working in that area and that was for 6 months and we wore a black dress at that stage black dress and a black cap.<sup>263</sup>

After six months, the Sisters became novices:

we were received into the order, 'received' that was the word as a novice and then we dressed up as brides for the ceremony and then our families were there of course.<sup>264</sup>

Religious life was structured and novitiate training for Sisters of the LCM was similar to training for Sisters of Mercy. The Sisters of Mercy training lasted approximately six years where 'her separation from the world was marked not only by a change of lifestyle but also by a change of dress'.<sup>265</sup> The first year of the novitiate period included the 'practice of religious life and spirituality' and family visits were curtailed to twice a year.<sup>266</sup> The second period of the novitiate prepared the novitiate for future professional training. Triennial vows preceded final vows where the candidate trained professionally and was also preparing to take their final vows. After completing their final profession, the Sisters were assigned to the various apostolates of the community, chiefly schools or hospitals.<sup>267</sup>

During the LCM's novitiate, the Sisters did not have access to telephones, radios or newspapers. It did not impede their curiosity though, as Sr. J. admitted that 'if there was a newspaper on the floor, you would be reading it'.<sup>268</sup> Healy notes that Potter upheld the value of a period of postulant training 'separated from professed Sisters and free from active works of mercy in which the community was engaged'.<sup>269</sup> Milford House in Limerick fulfilled her wish. Life within the novitiate was subject to rules and Sisters adhered to set patterns. In the first two years of a Sister's postulancy, she was assigned household duties. During their first year of training, it was imperative that they be taught 'refinement and good manners, reserve and modesty in the parlour, silence and quietness of speech and manners'.<sup>270</sup>

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<sup>263</sup> Interview, Sr. J., 23 February 2012.

<sup>264</sup> Ibid.

<sup>265</sup> Marie Duddy, *The Call of the North, A History of the Sisters of Mercy, Down and Connor Diocese, Ireland* (Ulster Historical Foundation, 2010), p. 177-8.

<sup>266</sup> Ibid., 178.

<sup>267</sup> Ibid, 180.

<sup>268</sup> Interview, Sr. J., 23 February 2012.

<sup>269</sup> Eve Healy, *The life of Mother Mary Potter. Foundress of the congregation of the Little Company of Mary* (London, 1935), p. 158.

<sup>270</sup> LCM, Visitation Register, Milford House, 1933-68, File 12/04/01.8.

The second year postulants were initiated into ‘doing care assistance duties for patients’ in Milford House.<sup>271</sup> Second year also incorporated ‘lectures on behaviour in the sick room etc. in order to prepare them for their training in St. John’s hospital’.<sup>272</sup> Those in their third year, who by then were working in St. John’s Hospital, were expected to ‘come in [to Milford House] once a month to see their novice mistress and give her an account of their work and studies, etc., and ask for an obedience’.<sup>273</sup>

Sister F. recalls her time in the novitiate house during the 1950s when she did ‘a little bit of nursing care and even night duty’.<sup>274</sup> After the two years passed, she was sent with the other Sisters into St. John’s Hospital where they lived while they trained in general nursing. The Sisters followed a strict regime in which they set aside a daily, dedicated, time for prayer, work, eating and recreation as laid down in their Rule and Constitution books.<sup>275</sup> Their acceptance for renewal of vows and the final profession was dependent on a favourable report from the Novice Mistress who carefully monitored the Sister, and a satisfactory vote from the Provincial Council.<sup>276</sup>

By the 1970s the LCM decided that novitiate training should also include being able to comprehend financial matters. The Provincial Council decided that to ensure all members of the congregation could fully comprehend the end of year accounts, three LCM Sisters were instructed to formulate ‘a simple report stating the income and commitment of each house [that] would be helpful’.<sup>277</sup> Such knowledge and information was considered important so that the postulants and existing Sisters, were aware of the financial obligations of the order and understood the operations of their congregation which no doubt helped them in their negotiations to establish new foundations. By gaining an understanding of financial matters, they would better understand how to use funds available and interact in a more informed matter with local clergy and government officials.

Perceptions of the LCM order can also be extrapolated from people who worked with them. An article in the *Sunday Tribune* ridiculed the new closing time of 5.00 pm for the accident

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<sup>271</sup> Interview, Sr. F., 1 December 2011.

<sup>272</sup> LCMI, Visitation Register, Milford House, 1933-68, File 12/04/01.8.

<sup>273</sup> Ibid.

<sup>274</sup> Interview, Sr. F., 1 December 2011.

<sup>275</sup> Rules and Regulations of the order will be documented in more detail in chapter six.

<sup>276</sup> LCMI, Provincial Council Meetings, 1922-84, File 8/1/1 to 8/1/5.

<sup>277</sup> LCMI, Provincial Council Meeting, May 1976, File 8/1/4.

and emergency unit at St. John's Hospital, Limerick. The article denigrated the hospital where the 'Blue Nuns slam the five-o'clock door' in the faces of the injured'.<sup>278</sup> This article evoked a swift response from staff at St. John's Hospital who gathered over seventy signatures to demand an apology 'either publically or privately'.<sup>279</sup> In the same year, during the centenary celebrations of the LCM order's establishment in Limerick, the Bishop of Limerick, Rev. Jeremiah Newman praised the work of the Sisters who had 'laboured for all in Limerick whether rich or poor'.<sup>280</sup> The LCM order was welcomed in Limerick and their work received much praise. In Limerick, for over one hundred years the LCM order anchored St. John's Hospital that witnessed and survived various governing boards, structural changes, financial difficulties and intermittent threats of full hospital closure. St. John's Hospital remains in operation despite the withdrawal of the LCM in 2001 whereas Barrington's Hospital closed in 1988. The next chapter will examine the expansion of the order beyond Limerick into other parts of Ireland, specifically into six other counties.

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<sup>278</sup> LCMI, *Sunday Tribune*, 17 January 1988.

<sup>279</sup> LCMI, St. John's Hospital staff member to *Sunday Tribune*, 25 January 1988 and 22 February 1988, File 16/01/06.

<sup>280</sup> *Cork Examiner*, 15 August 1988.

## Chapter 3

### Expanding the Irish Province, 1902-88

Magray argued that by crediting the Roman Catholic hierarchy with initiating the arrival of nuns into their diocese, it 'robs the women involved of their self-determining role'.<sup>1</sup> The LCM order worked hard within their foundations and used their entrepreneurial skills behind the scenes to organise and make contacts to grow their congregation. The complex process of expanding the order was recorded by Superior General Mother M. Hilda in 1933:

Every effort is being made to obtain a suitable opening in another diocese. The Mother Provincial is hereby authorised to treat direct with any of the Local Ordinaries who may be willing to give us a foundation in their diocese. The subsequent details and arrangements being afterwards submitted to the approval of the Mother General and her Council.<sup>2</sup>

Between 1905 and 2005, the order expanded into other parts of the country including Fermoy in County Cork, Carlow town, Abbeyleix town in County Laois, Roscrea in County Tipperary, Dublin city, Spanish Point in County Clare, and Galway City. Other LCM locations also included Kilkenny town, Achill Island, Wicklow town, Killarney County Kerry and Waterford city, although many of these houses are no longer occupied.

Although the African Province had close connections with the Irish Province, indeed they were jointly administered through the Limerick Provincial House from 1924 until 1965 when South Africa became a Province on its own, this chapter will deal exclusively with the LCM in Ireland. It maps the order's expansion out of Limerick beginning with the second Irish foundation in Fermoy, County Cork. It will identify the reasons for entry into different counties, how it occurred, and how the foundation was financed. It will also examine where relevant, the reasons for the departure of the LCM from the foundation. One significant area of interest will be to contest the perceived notion that various bishops were solely responsible for the establishment of women religious congregations in their diocese.

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<sup>1</sup> Mary Peckham Magray *The transforming power of the nuns, women, religion and cultural change in Ireland 1750-1900* (New York, 1998), p. 15

<sup>2</sup> LCMI, Milford House Visitation Register, 1933-68, File 12/04/01.8.

Map 3 LCM Irish foundations, 1888- 2005



Source: LCM Archives, Braemor Road, Dublin

### St. Patrick's Hospital, Fermoy, Cork, 1902

Following the LCM's establishment in Limerick, the second house opened by the Little Company of Mary in Ireland, was in the garrison town of Fermoy, County Cork in November 1902. The Charitable Bequeaths Act of 1844 had enabled Roman Catholics to leave monies to the Catholic Church of varying amounts and consequently, public donations, bequests and philanthropic donations were donated by parishioners within their diocese. Clear noted that bequests were occasionally donated with conditions attached.<sup>3</sup> In the case of Fermoy, the Bishop of Cloyne, Most Rev. Robert Browne, was bequeathed monies from 'a good lady' with instructions that the monies be made available for 'work in a charity's cause'. The LCM annals noted that Bishop Browne had encountered the 'Blue Nuns' in Rome and was impressed by their work with the sick and the dying and wished to have these nuns in his

<sup>3</sup> Caitriona Clear, *Nuns in Nineteenth Century Ireland*, (Dublin, 1987), p. 43.

diocese.<sup>4</sup> Bishop Browne went so far as to extend an invitation to the order, but once again, as evidenced through their correspondence, it was the order itself that ensured a new Irish foundation was established. In 1901, in advance of their arrival, Mother Potter's correspondence with Bishop Browne provides evidence of the LCM's strength in strategic planning. On 17 March 1901, she explained that she was awaiting his promised letter, and wanted to reassure the Bishop that if he had 'thought the former idea not feasible,' the order would 'take it as God's will'.<sup>5</sup> Mother Potter was enthusiastic about extending her congregation in Ireland and realised that if she did not persist with the Bishop, the aim may not be realised. Potter informed the Bishop that the LCM order was in demand and that it 'is strange how many places we are asked to and it is so difficult to know where we shall do most good'.<sup>6</sup> Her sentiments piqued the interest of the Bishop and within a few months she received a written reply which showed that definite plans for their arrival were in place. Browne was keen to have the order in his diocese and offered them a house in Queenstown, (later Cobh), in County Cork, which could accommodate five or six nuns.<sup>7</sup> The Bishop assumed full responsibility for the future of the order and he advised the congregation of his expectations in advance of their arrival to avoid any possible 'misunderstanding later on'. He wished for:

two or three nuns to attend exclusively to the nursing and care of the very poor in distress and sickness. [He] undertook a guarantee for five (5) years to provide them with a parish house and £25 per annum for each of the 2 or 3 Sisters for board and clothing. The money necessary for this purpose I propose to make up by subscriptions among the people, an annual charity sermon and other such ways. I speak of a 'guarantee' and for five years, for it comes to pass, as I feel sure it will, that the nurses are able to support themselves, pay subscriptions, accept donations from the people or otherwise, I should, of course be freed from any obligation in regard to their housing or support.<sup>8</sup>

In addition to his specific recommendations to the order, the Bishop instructed Potter how to further supplement their income. The Bishop expected that two Sisters from the order would nurse the 'well-to-do for a weekly pension'.<sup>9</sup>

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<sup>4</sup> LCMI, Log book, Monument Hill, 1902-1996, File 12/02/08.

<sup>5</sup> Cloyne Diocesan Archive (hereafter CDA), Mother Potter to Bishop of Cloyne, 1901 File Box ii Bishop Browne Catalogue p.9: 1798/05/5/1901-17/03/1901.

<sup>6</sup> Ibid.

<sup>7</sup> CDA, Bishop Browne to Mother General, Rome, October 1901, File Box jj1798.06.

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

Potter replied to Browne that she was puzzled at the letter, as she had written to him a year previously with her own stipulations and felt that he had either ignored the requests or had indeed not received her letter at all, owing to his ‘passing without comment,’ in his own letter. Mother Potter felt strongly that ‘there are some points ... mentioned which ... may not alter’.<sup>10</sup> It is unclear what the issues were, but one of the issues may have been her dissatisfaction at the location as a month later, when Mother Potter formally accepted the invitation and advised the Bishop of the order’s expected arrival, their destination had changed from Queenstown to St. Patrick’s Hospital in Fermoy.<sup>11</sup>

With plans finalised, in 1902, Mother Catherine accompanied, Sr. Felicitas O’Neill who became first matron at St. Patrick’s Hospital. Sr. Felicitas was a native of Tipperary and entered the order in 1887 aged twenty-eight years. She remained a member of the order until her death in 1939 in St. Patrick’s Hospital in Fermoy.<sup>12</sup> They were joined by Mother Aloysious O’Keeffe, Sr. Anthony O’Reilly, Sr. Andrew Cronin and Sr. Rose Kearney who were all dispatched on the 11.00 am train from Limerick and greeted in Ballyhooly Station near Fermoy by Rev. Fr. O’Callaghan and Fr. M. Burke. Bishop Browne, also met them at the station and the group were brought into the town of Fermoy where they were warmly welcomed by the people of the parish and they took up temporary residence at a private house in No. 5 St. James Place. Mother Catherine oversaw the first few months but returned to St. John’s Hospital in Limerick. The remaining Sisters immediately assumed their duties as district nurses.<sup>13</sup> The annals proudly record that these LCM Sisters were ‘the first nursing Sisters in this area to care for patients in their own homes’.<sup>14</sup>

In 1903 during his speech to formally welcome the LCM order to their temporary home, Bishop Browne took it upon himself to ensure that his congregation and the LCM Sisters were aware of their responsibilities while in his parish:

needless to say, these experienced skilled nurses will act in obedience and submission to the doctors’ orders and faithfully carry out his prescriptions, ... These holy nun-nurses will be also at the call of the Priest to go to cases which he invites them, and they will also be at the

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<sup>10</sup> Unfortunately the letter with the stipulations was not present in the CDA, Sister Mary, Mother General to Bishop of Cloyne, June 1902, File Box JJ, 1798.06.

<sup>11</sup> Ibid. Note: The reason for the move from Queenstown to Fermoy no doubt coincided with the vacating of St. Patrick’s Hospital by the Sisters of Mercy as detailed later in this chapter.

<sup>12</sup> LCMI, Personnel from 1883, File 10/01/01.

<sup>13</sup> LCMI, St. John’s Hospital log book, 1885-1956, File 12/01/01.

<sup>14</sup> LCMI, Log Book, Monument Hill, Fermoy, 1902-96, File 12/02/08.

call of the poor themselves who send for them. In a word, they will be at the service of all who want them.<sup>15</sup>

The Bishop's words ensured that the LCM congregation were left in no doubt that they were now in his diocese, to be summonsed as needed by bishops, doctors and the local community. This position supports Wall's theory that within dioceses Sisters were under clerical control and prohibited from acting alone, with their movements subject to episcopal instructions.<sup>16</sup> Such was the fate of the Sisters of the LCM following their arrival into Fermoy. The demands made on the four LCM Sisters available to engage in this 'hard but noble work' were enormous.<sup>17</sup>

From the beginning the Fermoy community struggled financially as they operated on a shoe-string budget to provide for their needs. Limited support came from different sources. In October 1902 donations and aid for the order was organised by a ladies committee which had been formed in the town, the latter provided bed linen and other equipment required for nursing the poor in their homes.<sup>18</sup> In the same year, the local doctor, Dr. Dilworth and his wife donated a table and chairs to the order while other articles of furniture were sometimes left anonymously at the front door of the convent for their use.<sup>19</sup> The running costs for the house in Fermoy was left up to the Sisters who occupied it. Nonetheless, in 1903, Bishop Browne reminded his parishioners that the nuns relied on their support:

From those who can pay, these nurses will accept an offering, not necessarily any fixed sum, but what the people can afford, this applies to those only who are not objects of charity, who are not of the poor.<sup>20</sup>

Funds were desperately needed. In 1905, despite the promise of an annual salary from Bishop Browne before their arrival to County Cork, the log book outlined their reaction to news that outstanding salaries would finally be paid:

We hear with delight that we are to get our few weeks salary which is a great "godsend" as we have not a penny. Sr. M. Felicitia only got Community money coming to open this house, which went quickly for many items were required.<sup>21</sup>

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<sup>15</sup> LCMI, Pastoral by the Bishop of Cloyne, 1903, File 12/02/1.01.

<sup>16</sup> Barbara Mann Wall, *Unlikely Entrepreneurs, Catholic Sisters and the Hospital Marketplace, 1865-1925* (Ohio, 2005) p. 33.

<sup>17</sup> LCMI, Pastoral by the Bishop of Cloyne, 1903, File 12/02/1.01.

<sup>18</sup> LCMI, Log book (Convent) St. Patrick's Hospital, Fermoy, 1902-26, File 12/03/01.

<sup>19</sup> LCMI, History by Sr. Angela of the early years of the Sisters in Fermoy, 1902, File 12/02/1.06a.

<sup>20</sup> LCMI, Pastoral by the Bishop of Cloyne, 1903, File 12/02/1.01.

<sup>21</sup> LCMI, Log book St. Patrick's Hospital, Fermoy, 1905-16, File 12/03/03.

Despite the financial issues in 1905 the LCM order took charge of the Fermoy workhouse, St. Patrick's Hospital.<sup>22</sup> Another order, the Sisters of Mercy, had been working in St. Patrick's Hospital for the previous seventeen years. The following entry by an LCM annalist provides the context to this step:

We were received most kindly and got a loving welcome from the three remaining Sisters of Mercy as the other three had left by the midday train that day. The Sisters of Mercy (at least the rank and file) seem heartbroken leaving this place where they had been for over 17 years and did a good work and got on well with everyone connected with the place. However their giving up of this place is very much at their own request and has been solely the doing of their Rev. Mother in Mallow and her Council for we were very much surprised when his Lordship Most Rev. Dr. Browne told us about the end of the summer previous that the Sisters of Mercy were giving up the workhouse and that he'd like to give it to us. Of course his Lordship paid us a compliment as other nuns wanted to come here, but his Lordship said 'no' that he'd have the 'Blue Nuns' and that they'd be certificated and hold their own with the Local Government Board.<sup>23</sup>

Clearly the LCM Sisters had developed a relationship with Bishop Browne.

When the Sisters undertook their duties in St. Patrick's Hospital, working conditions were difficult. For instance, there was no running water, it was drawn from the river in barrels and carried to the hospital by a donkey and cart. There were only paraffin lamps and candles for lighting. In 1910, Dr. Thomas P. Magnier was appointed as medical officer to the hospital and remained there until his retirement in 1952. The addition of the doctor also inaugurated the introduction of surgery albeit 'under primitive conditions', to be undertaken in the hospital which was without electricity until 1924. The hospital was in demand and during 1913 the order nursed 545 patients rising to 693 patients in 1914.<sup>24</sup> The hospital itself comprised of eighty beds and accommodated short term patients, a surgical unit and a separate fever block where cases of typhoid, polio and scarlet fever were treated by the Sisters.<sup>25</sup>

The Sisters in Fermoy were anxious to build their own accommodation and set about it in an organised business-like way. A log book entry in 1910 noted that:

Sr. Felicitas had been hinting to his Lordship (our dear Dr. Browne) a short time ago about building a new convent for the Sisters in James Place. His Lordship promised Sr. Felicitas that he would think about it and today to our great joy he came to see Sr. Felicitas to have

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<sup>22</sup> This later became known as the St. Patrick's District Hospital.

<sup>23</sup> LCMI, Log book St. Patrick's Hospital Fermoy, 1905-16, File 12/03/03.

<sup>24</sup> Ibid.

<sup>25</sup> LCMI, Monument Hill, Fermoy Log book, 1902-96, File 12/02/08.

another talk over the building of a new convent. You may be sure Sr. Felicitas was delighted and encouraged His Lordship all she could so much as so that before he left he promised Sr. Felicitas that he would set about it at once and further more mentioned a site in the Monument Hill field as most ideal spot and so central for their work and suitable in every way, it took his Lordship to think of that lovely spot, God bless him.<sup>26</sup>

After the meeting, Bishop Browne wrote to Sr. Felicitas to say that ‘he is not losing sight of the building of the new convent’ and that he would invite tenders from local builders.<sup>27</sup> The order was delighted because without his financial support and agreement it would not have been possible thus revealing the limits of their control of their own affairs. The log book noted that outside of ‘praying hard and begging to our dear Lord and our Blessed Mother’ the Sisters ‘can do nothing ourselves’.<sup>28</sup> The order had no additional resources to spend on the new convent as they were ‘labouring under a heavy debt [due to the] building of the new Calvary Hospital in Rome’.<sup>29</sup>

With Browne’s help once again, the order transformed their plan into a reality. Browne found the funds for the building and on the 2 October 1910 he laid the foundation stone for a convent at Monument Hill, on a prominent site in Fermoy town, adjacent to the Parish Church and St. Colman’s diocesan college. In July 1911, nine months after the foundation stone was laid, the LCM convent was completed at Monument Hill, which was constructed by Daniel Hayes. It was named the Convent of the Maternal Heart, and was officially opened by Browne. The large group in attendance included Mother Felicitas, Sisters from the LCM, the local clergy, the President of St. Colman’s College, and representatives from local businesses and the medical profession. The Sisters could now vacate their temporary premises and move into the diocesan property described as the ‘prettiest of structures ... its interior bright and cheery and comfortable amply adequate for the present needs of the Sisters and the scope of their work’.<sup>30</sup>

During his speech, at the opening and blessing of the convent, Browne made reference to their financial sources; a Miss Barry had bequeathed £750, a second private bequest amounted to £300, and a further £200 came from the Bishop’s miscellaneous funds. Not all costs had been covered and Browne urged the parishioners when ‘arranging their affairs on

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<sup>26</sup> LCMI, Log book St. Patricks Hospital, Fermoy, 1905-16, File 12/03/03.

<sup>27</sup> Ibid.

<sup>28</sup> Ibid.

<sup>29</sup> Ibid.

<sup>30</sup> *Cork Examiner*, 17 July 1911.

passing out of this world, I say to those people who are at that time disposing of their surplus monies in charity, “remember the nursing home”.<sup>31</sup> The order too was conscious of the financial burden they faced and were inventive in ways to upgrade the convent and hospital; night lodgings were offered to ‘tramps’ in the early 1900s and in lieu of payment these homeless men carried out any work required. Some men broke stones to keep the avenue repaired.<sup>32</sup> The hospital also provided accommodation for unmarried mothers and their children. The children of unmarried mothers attended primary school, the young girls were educated by the LCM Sisters and boys educated by lay persons. The unmarried mothers were given the chore of washing laundry in lieu of their lodgings. Lodgings for the homeless were discontinued in 1919 and services for unmarried mothers and children were discontinued in 1938.

Bishop Browne exercised tight control over all the financial matters relating to the LCM convent in Fermoy. He regularly gave the Sisters an allowance for the poor from monies bequeathed to him to support religious communities in his diocese. He distributed the salary of the district nurse attached to the LCM congregation every quarter. In 1919 Fermoy housed six Sisters whose salary increased from £35 per year to £40 per year.<sup>33</sup> By the end of the 1920s, two district nurses received a £50 salary per annum sent by post directly to the LCM Sisters in Fermoy from Dr. Browne:<sup>34</sup>

Enclosing a cheque for £50 – salary for two district nurses for six months from 9<sup>th</sup> November 1928 to 9<sup>th</sup> May 1929.<sup>35</sup>

But after twenty years working with the LCM, Browne seemed not to appreciate that any delay in funding the Sisters could cause great financial hardship. In 1925 he wrote to Mother Magdalen:

I wish you would remind me from quarter to quarter when the salary of the district nuns become due. I have so much to do that I am likely, indeed I am sure to forget it.<sup>36</sup>

It appears that the order in Fermoy was constantly living on a shoe-string budget. But this did not deter the Sisters from continuing to respond to local needs. The LCM rule book

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<sup>31</sup> Ibid.

<sup>32</sup> LCMI, History by Sr. Angela of the workhouse in Fermoy, undated, File 12/02/1.07a.

<sup>33</sup> LCMI, St. Patrick Log book, 1905-93, File 12/03/04.

<sup>34</sup> In 1908 a school teacher earned £100 per year and Bank of Ireland clerk started at £45 per year, Tony Farmar, *Ordinary Lives* (Dublin, 1991), p. 5.

<sup>35</sup> LCMI, Correspondence with Bishop Robert Browne of Cloyne, 1922-32 File, 12/02/02.

<sup>36</sup> Ibid.

formulated in Fermoy reminded Sisters involved in home nursing that they could not remain longer than six weeks on any case. If they were nursing cases of infectious diseases they could not return to the convent until all danger of infection has passed. Although the Sisters willingly undertook the nursing of poor patients without remuneration, persons who were able to pay were expected to do so. In the hospital, the Sisters performed all nursing and administrative roles but were forbidden to be present at certain medical operations and there were certain treatments for male patients which they were not allowed to perform, in accordance with the LCM's Constitution.<sup>37</sup> But working in hospitals made this ruling difficult and in 1956 Archbishop McQuaid questioned the order's practice of shaving the parts of males before abdominal operations. He instructed them to employ male help within the hospital.<sup>38</sup>

Other work engaged in by the order in Fermoy included involvement with elderly residents under the direction of Sr. Hilary. During the 1970s, Sr. Hilary, through her drive and determination, witnessed the building of 'The Mary Potter Crescent', a small estate erected in the centre of the town, where the elderly, who were in need 'could live out their lives in their local community', rather than, as a journalist in the *Irish Press* noted, 'being dumped in old people's homes'.<sup>39</sup> A local committee comprising of local clergy and the interested public assisted members of the LCM who co-ordinated the project. Funding was realised through local government grants, Cork County Council, the Southern Health Board, the generosity of the local people and ex-residents of the town.<sup>40</sup> During the 1990s the order again came to the aid of single and separated mothers. With a small grant from the Southern Health Board and £800 from the Minister for Social Welfare, the LCM established an education programme for the mothers and crèche facilities were made available for their children.<sup>41</sup>

The work of the LCM in the Fermoy community brought a favourable response from residents in the area and the Sisters were praised by the people they helped and by the locals in their County Cork foundation. Sr. Barbara Cummins from Tipperary entered the order in 1902. She came to Fermoy in 1905 and taught young orphaned and homeless girls. Sr.

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<sup>37</sup> LCMI, Conditions for engaging Sisters of the LCM to undertake the Nursing out of door cases, undated, File 12/02/1.03.

<sup>38</sup> Dublin Diocesan Archive, (hereinafter DDA), Hospitals, File, L/23/2/2.

<sup>39</sup> *Irish Press*, 21 May 1973.

<sup>40</sup> *Ibid.*

<sup>41</sup> LCMI, Monument Hill, Fermoy, 1995, File 12/02/06.

Barbara developed a strong friendship with the women and some of the children even corresponded with her until her death in 1954.<sup>42</sup> A Fermoy woman who had worked as a maid for the Sisters from 1915 to 1919 described them as a congregation who ‘were and are still, wonderful people’.<sup>43</sup> Similarly in an anonymous letter from Fermoy, the writer praised the LCM’s commitment in the district where they had worked for over ‘seventy-two years and deserve the gratitude especially of the poor’.<sup>44</sup> The work the order began in Limerick continued in their Fermoy foundation. They displayed their agency and acumen to work with largely male-dominated institutions to fulfil their mission. The Sisters of the LCM still maintain a small presence in Fermoy in 2014.

### **St. Brigid’s Hospital, Carlow, 1934**

In the mid-1930s as noted earlier, the Sisters of the LCM were anxious to open their third foundation in Ireland. The Council arranged to meet the Bishop of Kildare and Leighlin, Dr. Matthew Cullen:

In September 1933, Mother Provincial, Mother Columbanus went to Carlow to view a house that might be suitable for a nursing home, also to see Dr. Cullen, the Bishop with the intention of getting his wishes and approval if it was likely the Little Company of Mary would get into his diocese, thus spread our work.<sup>45</sup>

This meeting was successful and in December 1933, the Provincial meeting decided the Carlow foundation would be established. In order to fund the new foundation, the LCM contributed the sum of £1,500 from their South African foundation. On 14 February 1934 possession of the new foundation was finalised.<sup>46</sup> In 1934, tenders were sent out to convert a former Roman Catholic girls club into a private nursing home. The building took over two years to refurbish and in February 1936 Mother M. Rosalie, and Sisters M. Vianney, Benedict and Evangelist arrived in Carlow town from St. John’s Hospital in Limerick to take up residence in the hospital. Earlier that day, Sr. M. Ursula O’Donovan and Mother M. Columba O’Donnell were both met by the Superior of the Christian Brothers Rev. Brother Reynolds who accompanied them to their destination.<sup>47</sup>

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<sup>42</sup> LCMI, Log book St. Patrick’s Fermoy, 1905-93, File 12/03/04.

<sup>43</sup> LCMI, Notes on the history of the LCM in Ireland, 1977, File 16/01/01.

<sup>44</sup> Ibid.

<sup>45</sup> LCMI, St. John’s Log Book, File 12/01/01.

<sup>46</sup> LCMI, Minutes of Meetings of the Provincial Council 1922-1942, February 1934, File 8/1/1.

<sup>47</sup> LCMI, Log Book, St. Brigid’s Hospital Carlow, 1936, File 12/05/01.

The opening of the hospital attracted the attention of a local non-Catholic doctor who offered his services. His offer was duly accepted as in accordance with their 1931 rule book the LCM Sisters could tend as Potter stated to ‘Catholic or Non-Catholic’ patients which seems to have been extended to medical staff also’.<sup>48</sup> The Sisters began the work to prepare the hospital for surgical cases. In April 1936, the Sisters received an operation table, a pantophoslamp and admitted its first patient, ‘an old lady of 78 years’.<sup>49</sup> In keeping with their practice to attend patients of all creeds, the first appendicitis operation took place in May of the same year on a non-Catholic case who was noted as being ‘a very good patient’.<sup>50</sup> As well as treating patients in hospital, the LCM Sisters used St. Brigid’s Hospital as a base from which to nurse patients in their own homes travelling as far as Buttevant in north Cork to successfully treat a three-year old child suffering from pneumonia.<sup>51</sup> The Carlow house remained a small foundation as the highest number of Sisters ever residing in this house at one time was ten.<sup>52</sup>

Nelson has argued that implementing the rule book of each religious community was dependent on several factors, one of which was the influence of its Foundress.<sup>53</sup> The rule book formulated for the occupants of St. Brigid’s Hospital in Carlow provided instructions on the Sisters’ daily behaviour.<sup>54</sup> It noted the prayers recited while putting on each article of the habit:

Each article is reverently kissed.  
Habit; grant unto me, O Lord, a spirit of purity and penance.  
Cincture; eternal Father, I offer Thee, the precious blood of Jesus in satisfaction for my sins and for the wants of Holy Church.  
Scapular; Thy yoke is sweet. Thy burden light. Jesus be with me this day.  
Crucifix; O my God, keep my mind from all vain and idle thoughts this day.  
Veil; Mary, my Mother, keep me faithful unto death.  
Choir Cloak; Blessed be the holy and Immaculate Conception of the Blessed Virgin Mary now and forever. Amen.<sup>55</sup>

In 1940, under the Provincial Mother, Mother Columbanus, the LCM began efforts to add services and add income. They expanded the scope of the hospital in Carlow with the

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<sup>48</sup> LCMI, The Constitution of the LCM, 1931, p. 76, File 2/1/2.1.

<sup>49</sup> LCMI, Log Book, St. Brigid’s Hospital, Carlow, February 1936-December 1951, File 12/05/01.

<sup>50</sup> Ibid.

<sup>51</sup> Ibid.

<sup>52</sup> LCMI, Statistical data, 1877-1989, File 10/09/01-06.

<sup>53</sup> Sioban Nelson, *Say Little, Do Much. Nursing Nuns, and Hospitals in the Nineteenth Century* (Pennsylvania, 2001), p. 23.

<sup>54</sup> LCMI, St. Brigid’s Carlow Hospital, File 12/05/03.

<sup>55</sup> Ibid.

addition of an eight-bed maternity unit in the hope that it would improve the financial position of the hospital.<sup>56</sup> But, despite their best efforts, in 1965 the Sisters were forced to withdraw from St. Brigid's Hospital when the Provincial Council decided that due to a:

lack of facilities and of specialists [at the hospital] the possibility of developing this hospital is nil, and that there is no hope of extending our apostolate in any other way in Carlow as the social work is reserved entirely to the Sisters of Mercy. Sister Provincial will proceed by requesting permission for the disposal of this property from Mother General and Council.<sup>57</sup>

The LCM informed Mr. E. Murray, Carlow County Manager that 'they had been working under great difficulties and that for some years the decision to close the hospital had been under consideration'.<sup>58</sup> In March 1967, the sale of the property was discussed at the LCM General Council Meeting. The sale price was set at £20,000 demonstrating the order had contingency plans in place for these events, the meeting noted that:

the Superior General and her Council had the authority to grant permissions for alienations up to £50,000 in Ireland, also that the money received from the sale will be invested, it will not be necessary to forward the request to the Holy See.<sup>59</sup>

When the news of the imminent closure broke in the newspapers, the *Sunday Independent* observed that the closure of St. Brigid's Hospital would be 'a big blow to Carlow with a population of 33,000'.<sup>60</sup> The journalist acknowledged the difficult conditions under which the Sisters were working and explained to readers how 'operation cases had to be carried by nurses down flights of stairs between the wards and the theatre because the building was unsuitable for the inclusion of a lift'.<sup>61</sup> The local community did not take the news of the closure well. But a local surgeon admitted that even though 'the order [had] spread itself too thin ... the Sisters never turned their back on an emergency and often treated patients for nothing', while a Carlow councillor bemoaned that Carlow would be 'without surgical facilities'.<sup>62</sup>

Despite the public outcry to keep the order in Carlow, the three storey, 6,350 square foot hospital was offered at auction in July 1967 and sold 'for a substantial price'.<sup>63</sup> The same

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<sup>56</sup> LCMI, Minutes of Meetings of the Provincial Council, 1922-1942, File 8/1/1.

<sup>57</sup> LCMI, Provincial Council Minutes, 1966-72, File 8/1/3.

<sup>58</sup> *Sunday Independent*, 30 July 1967.

<sup>59</sup> LCMI, General Council Notes May 1967, File 6/1/6.

<sup>60</sup> *Sunday Independent*, 30 July 1967.

<sup>61</sup> *Ibid.*

<sup>62</sup> *Ibid.*

<sup>63</sup> *Irish Independent*, 16 Jun 1967, *Irish Independent*, 28 October 1967.

year the order established themselves in Carlow, they also opened a new foundation in Abbeyleix in the neighbouring County Laois.

### **District Hospital, Abbeyleix, Laois, 1934**

As part of the LCM's mission to expand in the 1930s, another opportunity to do so came in County Laois. In 1931, the Sisters of Charity who had worked for a number of years in the District Hospital in Abbeyleix, County Laois, withdrew their services, citing inadequate accommodation as their reason.<sup>64</sup> Following their departure, between four and six lay nurses were employed in a temporary capacity at a salary of £3.10.0 per week, until permanent arrangements could be finalised.<sup>65</sup> Meanwhile, the Laois Board of Health & Public Assistance actively looked for a staff of nursing Sisters to replace the Sisters of Charity and in 1934, the LCM Mother Provincial Mother Baptist and Mother Columbanus, in the company of Dr. Devane, travelled from St. John's Hospital in Limerick to view Abbeyleix Hospital. Later in the same year, the Provincial Council announced the appointment of the Little Company of Mary to Abbeyleix District Hospital.<sup>66</sup>

Regrettably for them, not everyone in the town welcomed their arrival. The nurses who had been employed in the hospital by the Laois Board of Health and Assistance on a temporary basis, were not pleased that 'a foreign religious order' would carry on the work while 'Irish Catholic girls and daughters of ratepayers' were made redundant.<sup>67</sup> The nurses turned to Sean T. O'Kelly, Fianna Fáil Minister for Local Government and Public Health 'as an Irishman', to reconsider their termination which would inevitably result in either 'unemployment or emigration'. They also secured the support of the Irish Nurses' Union. As secretary of the Irish Nurse Organisation (INO), Annie Smithson was aware of the case and stated 'it will be a blow for the lay nurses everywhere if the Religious Sisters are to again be put in charge of the District Hospital'.<sup>68</sup> Smithson was clearly approaching the issue from the perspective of lay/religious divide in nursing but the INO did not pursue the matter any further and in 1934, the Laois County Board of Health and Public Assistance confirmed the LCM Sisters in control of Abbeyleix Hospital.

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<sup>64</sup> *The National and Leinster Times*, 5 May 1934.

<sup>65</sup> National Archives Ireland (hereinafter NAI), Abbeyleix District Hospital Nursing Staff, 1934-46, File HLTH/A15/15 Vol. 1.

<sup>66</sup> LCMI, St. John's Hospital Log Book, 1888-1956, File 12/01/01.

<sup>67</sup> NAI, Abbeyleix District Hospital Nursing Staff, 1934-46, File HLTH/A15/15 Vol. 1.

<sup>68</sup> *Ibid.*

The board approved a salary of £70 per annum for matron of the hospital and £65 per annum for a fever-trained nurse. In all, five Sisters were required at Abbeyleix; one to fill the role of matron, one fever-trained Sister, two general nurses and one was assigned kitchen duties. On 12 October 1934, Sr. M. Paul Quinn, a native of Galway, was appointed as temporary matron. Sister Paul had entered the order in 1926 at thirty-two years of age and had gained experience as a staff Sister and theatre Sister in St. John's Hospital and also engaged in private nursing. She was accompanied by Sister Annunziata Fleming, a native of County Cork, who entered the order in 1925 aged twenty years. She had experience as a staff Sister and theatre Sister in St. John's Hospital and had also been engaged in private nursing. Sister Genevieve Kelly a Galway native had entered the order in 1927 aged twenty-three years. She had worked as a staff Sister in St. John's Hospital and private nursing. Sister Alberta McCarthy a Kerry native had entered the order in 1928 aged thirty-one years. She also had experience as a Staff Sister in St. John's Hospital and private nursing. Sister Catherine Kerins who entered the order in 1930 aged twenty-four years was assigned kitchen duties.<sup>69</sup> In 1934, the group set out from Milford House in Limerick, and were met at Maryborough Station, now known as Portlaoise, and taken by car to the local Brigidine Convent to dine with Fr. Breen and the local hospital commissioners. Here the keys for the hospital were then duly handed over to the Sisters who commenced the running of the hospital.<sup>70</sup> Other Sisters who were later associated with the Abbeyleix hospital which the order ran for twenty years, were Sister Imelda Rock a native of Galway, and Sister Mary Evangelist Fitzgibbon, a Cork native. Rev. Edward Lalor was appointed chaplain of the District Hospital with a salary of £154 per annum.<sup>71</sup>

In 1948, the LCM in Abbeyleix decided to expand the hospital at an estimated cost of £14,000, and sought aid from the Minister for Health, Dr. Noël Browne.<sup>72</sup> Browne was the youngest ever minister and 'brought a drive and momentum to action that were unprecedented in the traditions of the Custom House'.<sup>73</sup> Coleman stated that Browne was determined to introduce a modern general hospital system in Ireland.<sup>74</sup> The Minister felt 'the

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<sup>69</sup> Ibid.

<sup>70</sup> LCMI, St. Johns Hospital Log book, 1888-1956, File 12/01/01.

<sup>71</sup> NAI, Laois District and Fever Hospital Abbeyleix, Chaplain, 1949-52, File HLTH A15/95.

<sup>72</sup> *Kilkenny People*, 11 September 1948.

<sup>73</sup> Ruth Barrington, *Health Medicine and Politics in Ireland 1900-1970* (Dublin, 1987), pp 196-7.

<sup>74</sup> Marie Coleman, *The Irish Sweep. A history of the Irish Hospitals Sweepstake 1930-87* (Dublin, 2009), 203.

county would be better served by providing extra beds in the County Hospital, Portlaoise'.<sup>75</sup> He would not recommend grant aid to Abbeyleix Hospital as he claimed that 'heavy expenditure' would not be sufficient to ensure 'modern standards' for the hospital.<sup>76</sup> This decision led to the LCM reviewing its position in Abbeyleix.

Two years later, when news emerged that the hospital might close, forcing the LCM to vacate the hospital, members of the Laois County Council paid tribute to the LCM Sisters whose 'care was second to none' and expressed their sentiment that they would not like to see them 'leaving the county'.<sup>77</sup> The Council expressed the fear of the 'working class people in the area' who could avail of 'treatment of certain types of medical and surgical cases and simple maternity cases' within the 60-bed hospital and 'did not want any change'.<sup>78</sup> The Council were adamant that closure of the hospital 'would be strongly resisted' especially as this would lead to a 'strong possibility and an ultimate danger that the [LCM] order would be withdrawn entirely from that particular location'.<sup>79</sup> In 1955, a deputation from Laois County Council travelled to the Department of Health in Dublin to demand that the hospital be kept open, but the new Minister for Health, Tom O'Higgins stated that 'in hospitalisation schemes it is preferable to increase the size of the larger hospitals rather than augment the smaller hospitals' because 'the larger hospitals provide a better range of surgical and medical facilities and what is also important, that they make far more efficient staffing'.<sup>80</sup> By this time another reason for leaving Abbeyleix had surfaced which was a shortage of Sisters.<sup>81</sup> In the following year, the Sisters publicly announced their decision to withdraw their services from the hospital after more than twenty years of service to the Abbeyleix community. In 1956, the last three remaining Sisters who had all joined the order in 1931, Mother Flannan Stephens a native of Clare, Sister Basil O'Reilly a native of Westmeath and Sister de Pazzi Kennedy a native of Wicklow, finally left the Abbeyleix Hospital to take up new roles in the other LCM homes in Limerick and Galway.<sup>82</sup>

Having established two separate foundations within the same year in Carlow and Abbeyleix, the order waited a further sixteen years before another foundation was officially opened.

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<sup>75</sup> Parliamentary Debates Dáil Éireann (hereinafter PDDE), Vol. 120, no. 2, 29 March 1950.

<sup>76</sup> Ibid.

<sup>77</sup> *Leinster Express*, 25 April 1950.

<sup>78</sup> Ibid.

<sup>79</sup> Ibid.

<sup>80</sup> NAI, Abbeyleix Fever Hospital, 1952-71, File HLTH/2010/63/5.

<sup>81</sup> LCM, Provincial Council Meeting 26 April 1955, File, 8/1/2(2).

<sup>82</sup> *Nationalist and Leinster Times*, 7 April 1956.

This would be a private hospital incorporating the first Roman Catholic maternity hospital in the city of Dublin which was in the diocese and under the authority of Archbishop of Dublin Rev. John Charles McQuaid (1895-1973).

### Mount Carmel Hospital, Dublin, 1949

By the mid-1940s, the caring reputation of the LCM order had come to the attention of Archbishop John Charles McQuaid. McQuaid, described by Cullen and Ó hÓgartaigh as an ‘authoritarian’ with an ‘intensely secretive personal style of leadership,’<sup>83</sup> approached the LCM Mother House in Rome and invited the LCM order to establish a house in Dublin.<sup>84</sup> McQuaid was determined to amass Roman Catholic institutions including the LCM, in the city of Dublin.<sup>85</sup> In 1947, Archbishop McQuaid seemed anxious to expedite the matter. He outlined the work he envisaged the LCM order would pursue in his diocese to Mother Bernard, the Superior General. He wished them to establish:

a Private Nursing Home or Hospital on the South side of the city, particularly for the “fixed income” or ordinary person.<sup>86</sup>

The General Council unanimously accepted McQuaid’s invitation and within a month the Irish Province followed suit.<sup>87</sup> The order began their search for suitable accommodation and located a building for sale in Braemor Park, Churchtown, Dublin, which had been occupied by the Carmelite Fathers since 1928.<sup>88</sup> With the approval of Mother Superior, Mother M. Bernard, in Rome, the order quickly purchased the building which they felt had the potential to be transformed into a private hospital at an initial cost of £13,000. In September 1949, the four Sisters who set out by car from Milford House in Limerick to their new foundation were Mother Provincial and Sisters M. Patrick Cahir from Clare, Dolores Kerr from Antrim and Callista O’Leary a native of Cork. As was their custom, on arrival at their destination, ‘they

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<sup>83</sup> Clara Cullen and Margaret Ó hÓgartaigh, (eds.) *His Grace is Displeased: the selected correspondence of John Charles McQuaid* (Dublin, 2012), p. 4.

<sup>84</sup> LCMI, Notes on the history of the LCM, Mount Carmel Hospital, 1977, File 16/01/01.

<sup>85</sup> Mary E. Daly ‘Catholic Dublin: the public expression in the age of Paul Cullen’ in Daire Keogh and Albert McDonnell (eds), *Cardinal Paul Cullen and his world* (Dublin, 2011), p. 145.

<sup>86</sup> DDA, Women Religious, File AB8/B/XLIV.

<sup>87</sup> Ibid.

<sup>88</sup> LCMI, Correspondence with Church authorities, dealing with the sale of Mount Carmel, 2006, File 12/08/39. Mount Carmel was originally built in 1847 by the Waldron family. It was then called ‘Ardavon’. It later was passed into the Hanley and the Devine family before being bought by the Carmelite monks in 1908. The Carmelite order extended the building to include a new wing, a study hall, an oratory and nine bedrooms. In the period 1937-1939 the name was changed to Mount Carmel. On 19 September 1949, Mount Carmel ceased to be a Carmelite Convent, when the Carmelite order moved to Gort Mhuire, Dundrum.

got down to work' to prepare their new building for opening and the architect Andrew Devane, of Robinson, Keeffe & Devane architects and son of John F. Devane, a Limerick medical doctor, was summoned to 'take care of the renovations and improvements which were to take place without delay'.<sup>89</sup> In August 1950 Mount Carmel, a small private general hospital, was officially opened by Archbishop McQuaid with many of the local clergy in attendance. The hospital comprised of accommodation for twenty-six patients and catered for medical and surgical patients. Every effort was made to ensure that the hospital was up-to-date and equipped with the latest facilities thought necessary for a modern hospital of its time. An x-ray and theatre unit were added to the building in 1951 at a cost of £37,000. By 1952, the order was running the hospital with a total of thirteen 'Blue nun' nurses.<sup>90</sup>

As noted earlier conflicts between clergy and women religious occurred within communities whether or not they were under direct diocesan or papal control.<sup>91</sup> Within a year of the order's arrival into Dublin, McQuaid wrote to the Mother General stating:

Your congregation is very much under observation and it would do well to forget a little its Limerick roots, once it has settled in Dublin. You will see later the wisdom of such a policy, especially if you are to get postulants. Religious reserve and hard work are very attractive to postulants.<sup>92</sup>

McQuaid's reference to a policy of forgetting their 'Limerick roots', related to his request to make Dublin their Provincial home which could increase his authority over the LCM and the Mount Carmel institution. The demand supports Feeney's argument that McQuaid wanted to control all 'intellectual and pastoral activities of religious orders' in his archdiocese.<sup>93</sup> Other instances of McQuaid's intrusion in the LCM's work occurred when the LCM raised the issue of funding a new hospital with McQuaid.

By June 1955, as demand for an even larger hospital grew, it was decided within the LCM, that no expansion should be undertaken in Dublin until the LCM Pretoria Hospital in South Africa was completed and staffed.<sup>94</sup> The Irish LCM nevertheless decided two months later to press ahead with plans to expand by building a seventy-six bed hospital on the site in Dublin

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<sup>89</sup> LCMI, Mount Carmel Log Book, 1958-81, File 12/09/12.

<sup>90</sup> LCMI, Provincial Report to the Provincial Chapter, 1 December 1952, File 4/1/6.01.

<sup>91</sup> Nelson, *Say Little, Do Much*, p. 25.

<sup>92</sup> LCMI, Archbishop McQuaid to Rev. Mother General, 30 August 1950, File 12/08/01.

<sup>93</sup> John Feeney, *John Charles McQuaid: the man and the mask* (Dublin, 1974), p. 45.

<sup>94</sup> LCMI, Mount Carmel Log book 1958-81, File 12/09/12.

at an approximate cost of £207,544.<sup>95</sup> In August 1955, the LCM informed McQuaid that they required a letter of approval from him to secure a bank loan from a financial institution. McQuaid approved the loan for the LCM adding the note ‘I granted,’ a remark that reinforces his authority over the congregation.<sup>96</sup> This evidence of diocesan power was further emphasised on 31 August 1955 when Michael P. O’Connell, Secretary to McQuaid, informed the Mother Provincial that:

I am directed to point out that it would seem from your two letters that you overlook the fact, or perhaps are ignorant of the fact, that in this Diocese all plans of building are lodged first for the approval of the Archbishop.<sup>97</sup>

It seemed that McQuaid was furious with the LCM because he had not been consulted about the building plans for the expansion of the hospital. McQuaid was trying again to control their activities. But the Mother Provincial responded that she was ‘not aware that plans of hospitals had to be submitted’ to the Archbishop and seemingly unperturbed by his objections, calmly explained that ‘had I succeeded in obtaining an interview with you, I fully intended bringing the plans along to show to you’.<sup>98</sup> The calm response of the LCM to McQuaid re-iterated how the order always held their composure in the face of hierarchical authority. In any event, the plans were subsequently forwarded to McQuaid’s office. McQuaid acknowledged on 6 September that

I have received today a copy of the sketch plans of the proposed hospital. On my return I shall deal with the matter. I shall be content now with a few comments. These plans were sent me not by the Provincial, who has not acknowledged my letter. I presume that the Provincial is the Superior responsible. I note that a maternity block is included, my permission was never asked for such a block, nor was I even informed.<sup>99</sup>

McQuaid’s interest in a maternity block is understandable given the recent controversy between the Roman Catholic Church and the first inter-party government on the matter of the ‘mother and child’ scheme, 1950-1. Earner-Byrne concluded that McQuaid wished to maintain control over the ‘the private lives of Catholic citizens’ especially in matter relating

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<sup>95</sup> LCMI, Provincial Council Minutes LCM Sacred Heart Province, 1942-1966, File 8/1/2.

<sup>96</sup> LCMI, Archbishop McQuaid to Rev. Mother Provincial, 19 August 1955, File 12/08/01.

<sup>97</sup> LCMI, Michael P. O’Connell, Secretary to Rev. Mother M. Dominic Provincial Leader, 31 August 1955, File 12/08/01.

<sup>98</sup> DDA, Mother Provincial to Archbishop McQuaid, 12 September 1955, File, L/23/1/7.

<sup>99</sup> LCMI, Archbishop McQuaid to Rev Mother M. Finian, 6 September 1955, File 12/08/01.

to maternity care.<sup>100</sup> It was essential to McQuaid that he was fully informed about any provision of maternity care. McQuaid was satisfied with their proposals and on 25 October 1955, he returned the plans to the Mother Provincial with his approval.<sup>101</sup> Perhaps he had merely wished to document his disapproval with the Sisters who simply wanted to progress their building and expand their services.

By 1958, the proposed hospital in Braemor Road, Churchtown, would now include 103 beds with twenty of these beds allocated to maternity patients. In 1959, a bank loan of £250,000 was secured in order to pay for the new hospital on the Mount Carmel site. This sum was reduced to £50,000 within four years through public contributions, gifts and bequests, sales of work, Sisters' salaries and Provincial funds.<sup>102</sup> Other payments towards the costs came in many different forms. A ladies committee, comprising past patients and friends was formed to gather funds for building projects. Such was the interest in the matter that forty people attended the first meeting. Similarly a sale of work was organised and raised £1,000 and subscriptions of 10 shillings were requested from Friends of LCM. A bonnie baby competition netted £300.<sup>103</sup> One ambitious fundraising committee in 1960 planned to raise £300,000 in funds through 'novel projects' such as a Spring Shop and an Autumn Ball.<sup>104</sup>

On 25 October 1960, a purpose-built hospital designed by Andrew Devane, architect, was opened in Braemor Road, Churchtown by Archbishop McQuaid. The Mother General Very Rev. Mother Dominic Foley and the Mother Provincial of the Irish Province, Mother Kevin McKey, attended the opening and were joined by other church and state dignitaries including the Bishop of Christchurch, New Zealand Most Rev. Dr. Joyce, Kathleen Lemass, wife of An Taoiseach, and the Lord Mayor of Dublin Councillor M. Dockrell T.D. and some seventy guests in all.<sup>105</sup> The new hospital, built in a four storey 'T' shape included medical, surgical and private wards, a maternity unit, a library, a pathology unit, a mortuary and a christening suite. The superannuated old building on the site was turned into a convent for the order.

In December 1960, patients in Mount Carmel were moved from the original nursing home to the first and second floors of the new building and the first baby was born that month on the

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<sup>100</sup> Lindsey Earner-Byrne, 'In respect of motherhood' maternity policy and provision in Dublin City 1922-1956'. (PhD thesis, UCD, 2001), p. 287.

<sup>101</sup> LCMI, Archbishop's office, 25 October 1955, File 12/08/01.

<sup>102</sup> LCMI, Income Sheet for Mount Carmel, 1950-75, File 12/08/01.

<sup>103</sup> LCMI, Mount Carmel Log Book, 1958-81, File 12/09/12.

<sup>104</sup> *Irish Press*, 25 February 1960.

<sup>105</sup> LCMI, Newspaper cutting, unnamed 1960, File 12/08/01.

maternity floor.<sup>106</sup> The maternity section was indeed a success as within four years of its opening, the LCM applied to Archbishop McQuaid for his permission to increase the bed accommodation quota in the maternity section as the present accommodation was ‘entirely inadequate’ and many patients including mothers-to-be were refused admission.<sup>107</sup> Further works were duly carried out and in August 1964, ground was broken for the building of a new wing which would accommodate a further twenty beds. The first patients were admitted to this new section in 1966.<sup>108</sup> The hospital could now accommodate 128 patients, both general and maternity.<sup>109</sup> The extension was a welcome addition to the hospital which recorded admissions of 2,467 patients in 1973.<sup>110</sup>

By the late 1970s, according to the LCM, Mount Carmel operated as ‘an independent, non-profit making, hospital operated by the Little Company of Mary ... entirely dependent on fees from patients for its upkeep’.<sup>111</sup> By 1977 fundraising became more professional and the LCM employed specialists in this field:

Because of its requirements for additional facilities a Development Committee was set up to co-ordinate future improvements and to raise the necessary funds. In order to assist in this task it was decided that it was desirable to seek and obtain the assistance of a specialist in the field of fund raising. Mr. [ ] initially offered his services on 22<sup>nd</sup> December 1977. ... He undertook to organise and guide the Hospital’s fundraising activities.<sup>112</sup>

In 1978 the order approached the Archbishop of Dublin, Rev. Dermot J. Ryan (1972-84), McQuaid’s successor, about adding more facilities to Mount Carmel hospital. The proposed extension was to accommodate physiotherapy facilities, offices or consulting rooms and a day-room for patients. A Development Committee chaired by Professor Ivor Kenny, a director of the Irish Management Institute, was charged to raise funds for an expected cost of £150,000.<sup>113</sup> Unlike the delayed decision as mentioned earlier during McQuaid’s tenure, approval for the extension was immediately given by the Archbishop of Dublin who also included a contribution of £100 towards the fund.<sup>114</sup>

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<sup>106</sup> LCMI, Mount Carmel Log Book, 1958-81, File 12/09/12.

<sup>107</sup> DDA, LCM Limerick to Archbishop McQuaid, 4 January 1964, File L/23/1/25.

<sup>108</sup> LCMI, Mount Carmel Log Book 1958-81, File 12/09/12.

<sup>109</sup> Pauline Scanlan, *The Irish Nurse. A study of nursing in Ireland: History and education 1718-1981* (Drumlin, 1991), p. 38.

<sup>110</sup> LCMI, Statistical Report, 1950-75, File, 12/08/01.

<sup>111</sup> LCMI, LCM to Rev. Dr. Dermot Ryan, Archbishop Dublin, January 1978, File 12/08/02.

<sup>112</sup> LCMI, Notes by Peter D. Sutherland, 24 June 1981, File 12/08/02.

<sup>113</sup> LCMI, LCM to Rev. Dr. Dermot Ryan, Archbishop Dublin, January 1978, File 12/08/02.

<sup>114</sup> LCMI Archbishop of Dublin to Mount Carmel Hospital, 18 January 1978, File 12/08/02.

The 1970 extensions added a new dimension to the hospital that further increased the demand for specialised care. Moreover the LCM nursing Sisters undertook new educational studies to update and increase their skills and knowledge in the latest areas of medical care.<sup>115</sup> All hospital services were in demand as each year thousands of patients passed through the doors of Mount Carmel. Hospital data records for January to June 1974, show that 2,388 patients were admitted with an eighty-eight per cent bed occupancy.<sup>116</sup> During this period approximately twenty LCM Sisters were working in the hospital and as Archbishop Ryan noted they ‘provided a most valuable hospital service for the city and country’.<sup>117</sup> The LCM were considered by Ryan to be the foot soldiers of the Roman Catholic Church and through their work in Mount Carmel hospital, they received Ryan’s approval. Ryan noted that the LCM Sisters ‘provided a genuine Christian atmosphere in their hospital and many patients leave their hospital cured in body and renewed in soul and spirit.’<sup>118</sup> Ryan was anxious that the LCM order be allowed to continue their work in his diocese. But despite the order’s successful running of Mount Carmel Hospital, the order was unable to remain there for much longer.

Admissions to the hospital recorded for the year 1978 reached 4,504, but regrettably for them, as with their other hospitals, the LCM order was forced to withdraw their services from Mount Carmel. In 2005, the *Irish Times* heading noted ‘Fall off in vocations forces Sisters to put hospital up for sale’ and this pre-empted the closing of the hospital. The journalist reported:

The decision to dispose of their interest in Mount Carmel Hospital has been reached following a strategic review and assessment of the options available.<sup>119</sup>

The reasons highlighted for their departure included the age profile of the Sisters and a lack of vocation in recent years which will be examined in chapter five. In 2006, after fifty-seven years running Mount Carmel Hospital, the Archbishop of Dublin, Diarmuid Martin (1945-present) expressed his ‘deep gratitude to the Sisters of the Little Company of Mary who down the years have provided a wonderful hospital service, distinguished for its high standards and for its personal pastoral care’.<sup>120</sup> Even though the hospital was associated with the LCM

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<sup>115</sup> Chapter five will examine in further detail how the order pursued further education.

<sup>116</sup> LCMI, Statistical Report, 1974, File 12/08/01.

<sup>117</sup> LCMI, Archbishop of Dublin, Dermot J. Ryan, 18 April 1973, File 12/08/01.

<sup>118</sup> Ibid.

<sup>119</sup> *Irish Times*, 4 November 2005.

<sup>120</sup> LCMI, Episcopal Vicar for Religious to LCM, 1 May 2006, File 12/08/39.

order and operated under their authority and agency, the LCM had to obtain papal permission to allow the order to sell the hospital.<sup>121</sup> The Sisters remained on the site in a separate purpose-built living accommodation.<sup>122</sup> Barrington highlighted that Hospitals Commission argued private hospitals should not receive sweepstake funding and there is no documentation that shows that Mount Carmel availed of this source.<sup>123</sup> In Mount Carmel, the LCM served the maternity needs of the well-off Dublin families. There is no evidence that non-fee paying women were admitted. This diverted from Potter's vision but nonetheless, the Dublin work emphasised their diplomatic skills, financial management and administrative skills.

Similar challenges faced the order in establishing and running Calvary Hospital in Galway which was established five years after Mount Carmel opened.

### **Calvary Hospital, Galway, 1954**

In 1944, armed with a letter of introduction from Bishop David Keane of Limerick, a representation from the Little Company of Mary comprising the Mother Provincial Sr. M. Columba O'Donnell and Mother Berchmans Cotter, matron of St. John's Hospital, requested a meeting with the Dr. Michael Browne, Bishop of Galway. They wanted to expand their congregation into the west of Ireland by erecting 'a fully equipped medical and surgical nursing home of forty beds' in Galway.<sup>124</sup> As with their previous hospitals, the Sisters wished 'to allot one quarter of these beds at the rate of £2.2.0 per week to meet the requirements of patients not in a position to pay the usual nursing home fees'.<sup>125</sup> This would indicate that the remaining three-quarters would be fee paying patients. This move emphasises the order's progressive thinking and forward planning as once again they initiated the approach for a new foundation and set financial arrangements in place in advance of their arrival. Completion of the hospital, however, would take a further ten years. It would appear that the Bishop's attitude was one of caution. Prior to the LCM order establishing a foundation in Galway, he made enquires about their work in Fermoy. A local Fermoy doctor gave Browne the following glowing reference for the 'Blue Nuns':

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<sup>121</sup> LCMI, General Council Notes May 1967, File 6/1/6.

<sup>122</sup> Note: Mount Carmel Hospital has been owned and managed by a private medical care company, Harlequin Healthcare who bought the 150 bed facility.

<sup>123</sup> Barrington, *Health, medicine and politics*, p. 121.

<sup>124</sup> Galway Diocesan Archive (hereinafter GDA), Sr. M. Columba to Bishop Browne, 7 July 1944, File B/3/6.

<sup>125</sup> Ibid.

They are extremely popular with all, in town and country. ... they keep up to date by taking refresher courses; two Sisters each year, in Dublin. ... they do a lot of work among the poor and they do it exceedingly well and never expect or seek remuneration of any kind. The Sisters on the hospital staff at Fermoy are idolized by all who come in contact with them. ...I have never met a community which commands such respect, without in any way looking for it. All the Sisters I have known, are the essence of dignity and their prestige has been of a very high order in Fermoy and Limerick.<sup>126</sup>

Satisfied with this positive response to his enquiries, in December 1944, Bishop Browne informed the order that he had decided to accede to their request to set up a new foundation in Galway, subject to certain conditions, foremost among them was that the order would not treat maternity cases.<sup>127</sup> However, the exclusion of a maternity unit was reversed in 1953 when Bishop Browne later noted on the letter ‘this condition is cancelled’.<sup>128</sup> In 1946 a site of ten acres was purchased at Renmore, Galway at a cost of £3,755 provided by the LCM and the building of a surgical and medical hospital duly commenced on the site.<sup>129</sup> Regrettably for them, unforeseen issues with drainage and sewerage delayed progress and almost jeopardized the new venture entirely. Bishop Browne, infuriated with the delay berated the LCM that he could have given this foundation to other communities ‘who would have built a hospital by this time’.<sup>130</sup> The LCM, displaying their usual business-like approach, were adamant that matters be addressed by the Galway Corporation before building proceeded further. To appease the situation, they appealed to Bishop Browne to expedite matters and contact the Minister Dr. Noël Browne and the Corporation assuring him that his word ‘would put matters right’.<sup>131</sup> Despite his outburst, the Bishop remained committed to ensuring the LCM would establish their hospital in his diocese and requested the assistance of the Minister for Health to gain a building licence.<sup>132</sup>

Once again Andrew Devane, the Limerick architect supervised the project, McInerney Brothers of Scariff were the builders and the opening on 2 February 1954 was reported in several local papers. This private general hospital, their first purpose built hospital and seventh foundation in Ireland, was built at a cost of £180,000. This hospital, built to accommodate approximately eighty in all, sixty-five patients and approximately twenty staff,

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<sup>126</sup> GDA, Local doctor in Cork to Bishop Browne, 1<sup>st</sup> October 1944, File B/3/6.

<sup>127</sup> GDA, Bishop Browne to LCM, 2 December 1944, File B/3/6.

<sup>128</sup> Ibid. ‘This condition is cancelled’ was written by the Bishop in pencil on this letter and dated it December 1953.

<sup>129</sup> LCMI, Provincial Chapter meeting, January 1947, File 4/1/5.07.

<sup>130</sup> GDA, Bishop Browne to Mother Provincial, 17 August 1948, File B/3/6.

<sup>131</sup> GDA, Mother M. Paul to Bishop Browne, 12 November 1949, File B/3/6.

<sup>132</sup> GDA, Bishop Browne to the LCM, 7 February 1950, File B/3/6.

was a testament to the confidence they had amassed during their work in hospital care. The *Irish Press* commented that the hospital was ‘a splendid example of private enterprise ... was carried out without any call on the Hospitals’ Fund’.<sup>133</sup> The costs attributed to the building of the hospital were borne by the LCM.<sup>134</sup>

**Figure 3.1 Official Opening of Calvary Hospital, Galway, 1954**



Source: LCM Archives, Braemor Road, Dublin, File 12/10/03

Figure 3.1 gives a glimpse of the official opening that was attended by the Papal Nuncio Most Rev. Dr. Gerard P. O’Hara who came from Rome.<sup>135</sup> Other guests included Rev. G.J. Kelly C.C. Castlebar, Bishop Browne of Galway as well as representatives from Galway County Council. Best wishes were sent from the LCM houses in Rome, Australia, New Zealand, North and South America, Africa, England and Scotland. The eighty or so dinner guests also included members of the medical profession and their wives. Even though Browne instructed that the LCM not to treat maternity cases, the order overcame his objection as a new baby was delivered to Frank Quinn and his wife, their seventeenth child,

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<sup>133</sup> *Irish Press*, 8 November 1955.

<sup>134</sup> LCMI, General Administrative File, Calvary Hospital, 1946-84, File 12/10/01, also see Scanlan, *The Irish Nurse*, p. 38.

<sup>135</sup> *Galway Observer*, 16 January 1954, *Galway Observer*, 6 February 1954.

on the opening day of the hospital.<sup>136</sup> This points to evidence that despite the prevailing climate, the LCM order adhered to their own mission.

Barrington has argued the Roman Catholic Church in Ireland exercised enormous influence over Irish society in areas of public morality,<sup>137</sup> and using his inaugural address at the official opening of the LCM's Galway hospital in 1954, the Papal Nuncio, Most Rev. Dr. O'Hara elucidated the Roman Catholic Church's stance on medical matters. He referred to the International Congress of Doctors which was to be held in Dublin in June 1955, and noted that the Catholic Church would be carefully following their deliberations. He emphasised that the Roman Catholic hierarchy expected 'the medical profession to uphold the Catholic ethics and morality within the profession'. On the same platform, Dr. Michael Browne strongly agreed with the Papal Nuncio and re-iterated that Catholics believed 'that certain forms of medical treatment were prohibited by the law of God and because of that we regard it as a fundamental thing'. He continued:

A Catholic father would be horrified by the prospect of submitting his children to treatment by a psychiatrist who had been given a materialistic training.<sup>138</sup>

The rule books of the LCM order agreed with this notion:

Neither may the Sisters attend any lectures at Trinity College, as this is strictly forbidden. When through force of circumstances the Sisters have to attend lectures in Protestant schools or work in Protestant Hospitals, the superiors must take every precaution to prevent them being asked to perform actions not in keeping with the religious habit.<sup>139</sup>

This position contrasted with the relationship developed with the Protestant doctor employed in Carlow in the 1930s. Moreover, in the afternoon of the opening of Calvary Hospital, Galway, the first patient, 'incidentally a Protestant' was admitted and was operated on the following morning.<sup>140</sup> Clearly the LCM was willing to provide treatment for all fee-paying patients.

Just as with their other foundations, the Sisters in Galway were soon in need of better living accommodation. Ten years after their arrival into the city, the order was still living on the top floor of the hospital. In 1954 building began on a new convent building and it was completed

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<sup>136</sup> LCMI, Handwritten article on the opening of Mount Calvary by Sr. Paschal Byrne, LCM, 1954, File 12/10/02.

<sup>137</sup> Barrington, *Health Medicine & Politics in Ireland*, p. 20.

<sup>138</sup> LCMI, Unnamed newspaper reported opening of Calvary Hospital, Galway, 1954, File 12/10/02.

<sup>139</sup> LCMI, Visitation Register Milford House, Limerick, 1933-68, 12/04/01.8.

<sup>140</sup> LCMI, Notes written by Sr. Paschal Byrne, 1954, 12/10/02.

in July 1965 at a cost of £60,000 funded by Provincial Funds.<sup>141</sup> When the new convent was occupied, the maternity unit took possession of the Sisters' former accommodation and extended their patient beds to twenty-four including a nursery, milk kitchen, admission room and two delivery rooms. Against a background of consolidation of hospital services and similar to Limerick, the LCM order became embroiled in negotiations with the local authorities to keep the maternity unit open in Calvary Hospital.

In November 1970, the Western Health Board (WHB) held their first meeting and during the next two years, discussions took place regarding the possible closure of the LCM maternity unit in Calvary Hospital and it was proposed to locate all future maternity services at the Regional Hospital, Galway. The central issue depended on the willingness of full-time consultants who were employed by the Health Board to continue to provide their services to the LCM's private Calvary Hospital and to work in an extended Regional Hospital maternity unit. Over a period of two years a total of eight 'most cordial' meetings took place between the Sisters of the LCM and the Western Health Board to try to resolve these issues.<sup>142</sup>

Although the WHB characterised the discussions as 'cordial', the notes from the LCM documented the meetings in a more serious manner. The order felt that despite assuring them that he was their 'friend', the CEO of the WHB, Eamonn Hannan 'left them in no doubt that there was very little hope of Calvary being able to continue' in its present state.<sup>143</sup> A year later the LCM commented that the meeting continued 'once the air had been cleared'. The order, yet again, demonstrated their professional approach as they noted that they were prepared for the meetings and had 'our homework done' but felt that the WHB had failed to do theirs.<sup>144</sup>

In 1973 the Western Health Board formed a sub-committee under the chairmanship of M. J. Egan in an attempt to resolve the issue at Calvary Hospital. The Sub-Committee met four times, and the following recommendations were forwarded to the Minister for Health, Brendan Corish, to gain his approval at Calvary Hospital for:

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<sup>141</sup> LCMI, Calvary Hospital Log Book, 1954-92, File 12/10/13 and LCMI, Provincial Council Meeting, 1950, File 8/1/2(2).

<sup>142</sup> Lenus, Minutes from Western Health Board Meeting, 28 November 1972, <http://www.lenus.ie/hse/handle/10147/89433> and 1<sup>st</sup> April 1974, <http://www.lenus.ie/hse/handle/10147/89535> (17 October 2014).

<sup>143</sup> LCMI, Minutes of meeting between WHB and LCM, 25 October 1971, File 12/10/01.

<sup>144</sup> *Ibid.*, 17 November 1972, File 12/10/01.

- (a) a general practitioner maternity unit to be established in Calvary Hospital with a maximum of twelve beds,
- (b) consultant cover be provided in Calvary Hospital to deal with any emergencies,
- (c) participating general practitioners to provide round the clock care for the unit,
- (d) the authorities of Calvary Hospital to arrange for the establishment of a Management Committee to regulate admissions,
- (e) the unit to be reviewed after one year's operation,
- (f) capitation rates for eligible patients be increased to a realistic level.<sup>145</sup>

The maternity unit at Calvary Hospital had never worked to its full capacity as records show that in 1973, bed numbers fell. The Galway public, similar to the public in Carlow town, showed their support for the LCM Order and their hospital when 7,000 signatures were collected in an attempt to save the maternity unit at the hospital.<sup>146</sup> But in spite of the order's attention to detail and regardless of the Western Health Board's hopes of keeping the maternity section operating at Calvary, Minister Corish opposed the proposals put forward by the WHB. The Department of Health pushed for maternity health services to be delivered exclusively through their regional hospitals.<sup>147</sup> After three years of discussions, having no other alternative, the Sisters 'regretfully' informed the Western Board, of their decision to close the maternity unit on 30 June 1974.<sup>148</sup> In 1977, the hospital continued to deliver other medical services while the former maternity unit was turned into a single patient rooms and extra bathrooms at a cost of £15,000.<sup>149</sup>

The occupancy of beds at Calvary Hospital declined between 1978 to 1982 from eighty-three per cent to seventy-eight per cent.<sup>150</sup> By 1983, negotiations to sell Calvary Hospital had begun. Two years later the Sisters withdrew their services from Calvary having received permission from Bishop of Galway, Eamon Casey, as was required under the constitution of the LCM and the Church's Canon Law.<sup>151</sup> The order had completed thirty-one years of

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<sup>145</sup> Lenus, Minutes from Western Health Board Meeting, 5 June 1973, <http://www.lenus.ie/hse/handle/10147/89456> (17 October 2014).

<sup>146</sup> *Irish Times*, 17 February 1973.

<sup>147</sup> Lenus, Minutes from Western Health Board Meeting, 1 April 1974, <http://www.lenus.ie/hse/handle/10147/89535> (17 October 2014).

<sup>148</sup> *Ibid.*

<sup>149</sup> LCMI, Statistical data, 1877-1989, File 10/09/01-06.

<sup>150</sup> LCMI, Calvary Hospital, Galway, 1946-84, File 12/10/01.

<sup>151</sup> *Irish Times*, 1 October 1985.

service in the area and cited the reasons for departure to be a decline in vocations. The community simply felt they could no longer sustain the hospital.<sup>152</sup> When the Order finally withdrew from Calvary in 1985, the *Galway Advertiser* commented ‘Thank you for 31 Years’ Service’.<sup>153</sup>

The LCM in Ireland did not concern themselves solely with dealing in medical care. They also looked after the general welfare of young college students. Although this was not strictly-speaking part of their mission, they did so because of the many and persistent requests made to the Mother General.<sup>154</sup>

## LCM involvement in boys boarding schools

### Mount St. Joseph Abbey, Roscrea, Tipperary, c. 1920

The LCM Sisters in Ireland were associated with three colleges; Mount St. Joseph Abbey, a boy’s boarding school in Roscrea, County Tipperary, Knockbeg College, a boy’s boarding secondary school in Carlow and St. Colman’s College, a boy’s boarding secondary school in Fermoy, County Cork. Mount St. Joseph Abbey was founded in 1878 by the Cistercian monks. In 1902 when plans were drawn up to build a college on the site, a contribution was made by Count Arthur Moore who as previously mentioned, had also invited the LCM to Ireland, towards the building of the college in the grounds of Mount St. Joseph’s Abbey. Also Moore knew the Cistercian Monks in Mount Mellaray Abbey in County Waterford and he purchased Mount Heaton Demesne, Mount St. Joseph Abbey, for the Cistercians in 1878.<sup>155</sup> Also Count Moore’s former secretary, Fr. Alberic Murphy entered the monastery. Thus it was Moore’s link to Mount St. Joseph Abbey that prompted an invitation to the LCM. In the early 1920s, the LCM took charge of the stores, the infirmary and offered medical assistance to the boys and the staff in Mount St. Joseph. In 1925 Sisters Stephane, Teresina and Sabina worked there and in the 1930s Sisters Assunta, Aloysius, Columba, Bernadette and Sabina spent various times on the staff. Indeed the Sisters of the LCM enjoyed the

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<sup>152</sup> *Galway Advertiser*, 31 October 1985.

<sup>153</sup> *Ibid.* In 1986 the hospital’s name was changed to Galvia Hospital and it continues to operate as a private health care facility.

<sup>154</sup> Eve Healy, *The life of Mother Mary Potter. Foundress of the congregation of the Little Company of Mary* (London, 1935), p. 272.

<sup>155</sup> Mount Saint Joseph Abbey, Roscrea, <http://www.msjeroscrea.ie> (5 January 2014).

association with the college and were entertained at several Christmas operas which the students from the school performed.<sup>156</sup>

In December 1933, the LCM Sisters nursed the Roscrea students and monks in the school through a traumatic period during which typhoid claimed the lives of four boys and four monks. Indeed, the epidemic forced the closure of the school for a few months and when those who survived the fever ‘and there were many of them,’ returned to the college after Easter, some had temporarily lost their hair. Two years later a bad outbreak of influenza affected over forty patients who also became infected with measles and mumps. To help with the outbreak of flu in the college, an extra LCM Sister, Sister Sabina was summoned. A sidecar hackney was organised by Fr. Ailbe, to bring the Sister from Roscrea Station, but on arrival at the college, the horse slipped and the nun broke her arm and had to undergo a major operation. The last LCM Sister in St. Joseph College left the college in November 1943. The main reason for the withdrawal was the demand for LCM Sisters in their expanding network of foundations elsewhere in Ireland.<sup>157</sup>

#### **Knockbeg College, Carlow, 1929**

Within a year of opening their nursing home in Milford House in Limerick, Knockbeg College, an all-boys boarding secondary school, located in Carlow, extended an invitation to the LCM order to attend to the infirmary and domestic duties. In 1782, St. Mary’s, Knockbeg House, was built as a gentry house on the banks of the river Barrow. In 1847, young boys from St. Patrick’s, College Carlow were relocated to Knockbeg House. The Diocese of Kildare and Leighlin eventually purchased the building and the grounds and the school became the official junior seminary for the diocese.<sup>158</sup> In July 1929, the Trustees of Carlow College invited two Sisters from the LCM order to Cnoc Mhuire, Knockbeg College to take care of the boarders. Accommodation was provided for them in September ‘at a cost not exceeding £1,200’.<sup>159</sup> The College benefited from their association with the LCM order for twenty years as they conducted domestic and nursing activities.<sup>160</sup> The Sisters’ employment

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<sup>156</sup> LCMI, St. John’s Hospital log book, 1888-1956, File 12/01/01.

<sup>157</sup> LCMI, Brief recollections by Fr. Laurence Walsh, Mount St. Joseph Abbey, 1920-49, File 12/7/1.01a and extracts from St. John’s Log book written by Sr. Mary Morrisroe, 1931-43, File 12/07/1.02.

<sup>158</sup> *Carlow Nationalist and Leinster Times*, 31 August 1929.

<sup>159</sup> Carlow College archives, (hereinafter CCA) Minute Book of the Trustees of Carlow College, File CC/1/9/2.

<sup>160</sup> *Knockbeg Centenary Booklet* (1948), pp 115-116.

at Knockbeg College was a cause for concern for the Provincial Chapter in 1936 when it was noted that ‘the Sister in charge of the housekeeping get no holidays and are twelve months away from the convent’.<sup>161</sup> The LCM Sisters finally withdrew their services in 1949, and the college was obliged to employ a lay matron until the Sisters of Mercy took over the following year.<sup>162</sup>

### **St. Colman’s College, Fermoy c. 1942**

Details of the LCM’s involvement in St. Colman’s College, Fermoy are extremely scant. St. Colman’s College was founded in 1858 as the diocesan college for Cloyne. The first President of the College was Archbishop Thomas Croke who had initially refused to accept the LCM order into his diocese. The LCM annals only hold a few references to this college but what is clear is that the LCM convent, known as the Convent of the Maternal Heart, was built in the grounds of St. Colman’s College, and for some years, two LCM Sisters looked after nursing the needs of the priests and students. It is unclear when they began their involvement with the college but they maintained a presence in the college until summer 1958. As in Knockbeg, their financial value to the college is evident in a plea from the President of the College, Fr. Rea to Mother Bernard, the Superior General, against their withdrawal. In an attempt to keep the Sisters in the college he referred to the embarrassing fact that:

The honorarium paid for the services rendered by the Sisters has been far too low. It was my intention before the decision to withdraw the Sisters was made known, to increase this honorarium to whatever figure the Mother Provincial would in all the circumstances consider reasonable.<sup>163</sup>

In 1951 and 1956, the ‘far too low’ honorarium paid by the College to the Sisters was £150 per annum.<sup>164</sup> Despite the President’s plea to the Sisters to remain in the college and his promise to increase the payment, the LCM order vacated the school in summer 1958 as the Sisters were needed ‘to cope with the expanding work of nursing within the Province’.<sup>165</sup>

The order moved into new locations from 1952 onwards. They opened houses in new counties: Clare, where the order purchased a holiday house in Spanish Point. Houses were purchased in housing estates in Kilkenny, Killarney and Waterford and Keel in Achill Island

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<sup>161</sup> LCMI, Acts of Third Provincial Chapter, July 1936, File 4/1/4.01.

<sup>162</sup> CCA, *Knockbeg Annual* (2000), File CC/3/5/3.

<sup>163</sup> LCMI, Fr. Rea to Mother Bernard, 11 April 1957, File 12/02/05.

<sup>164</sup> LCMI, Accounts Monument Hill, 1930-1964, File 8/12/05.

<sup>165</sup> LCMI, Mother Bernard to Fr. Rea, 18 April 1957, File 12/02/05.

where the order serviced a small hospital for short-stay patients between the years 1988 to 2005.<sup>166</sup> As this study has shown, it was through the meticulous correspondence of Mother Potter with Bishops O'Dwyer of Limerick and Bishop Browne of Cloyne, and the approach to Bishop Browne in Galway by the order, that the foundations in Limerick, Fermoy and Galway came to fruition. This study acknowledges the support of the bishops, but it should not obscure how the order worked themselves to expand their congregation in Ireland.

Fahey noted that nuns in the late nineteenth century never presumed to acquire medical training and become doctors. He cited evidence that during this period nursing nuns were concerned only with 'maintaining cleanliness and order and carrying out routine tasks'.<sup>167</sup> This poses an important question to be examined in the next chapter, how did the LCM order help evolve the nursing profession in Ireland from 1888 to 1980?. It will also evaluate how they responded to the social needs of a changing modern society and transformed these needs into new work opportunities for members of the order. Oral histories will continue to be used to reveal the personal stories of the Sisters who contributed to the positive reputation of the order and to its nursing legacy.

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<sup>166</sup> The nearest hospital to Keel was fifty miles away and when the Presentation Sisters left the hospital the Western Health Board were anxious to ensure Sisters would run the hospital, File 12/01/28.

<sup>167</sup> Anthony Fahey, 'Female Asceticism in the Catholic Church: A Case Study of Nuns in Ireland in the Nineteenth Century' (Unpublished PhD thesis, University of Illinois at Urbana-Champaign, 1982), p. 147.

## Chapter 4

### Implementing the mission: Nursing and other work, 1920-70

Despite the 1988 centenary of the arrival of the LCM into Ireland which sparked considerable interest in their history, the discussion of their enduring nursing legacy has been conspicuously absent from the available body of LCM literature. It is now clear that Mother Potter's nursing legacy, along with the work of the order and its apostolates, warrants far more extensive study and this chapter will, therefore, reveal an overlooked aspect of Irish social history namely that of the nursing work of the Little Company of Mary. It will begin by briefly examining the development of the nursing profession in Ireland from the late nineteenth century and identify the forces that helped influence and shape nursing as it progressed towards attaining a professional status in Ireland. It will examine how the order negotiated and developed their School of Nursing and show how they placed importance on having a School of Nursing in St. John's Hospital. It will also examine how the nurses were educated, with special attention to the twentieth century training. Care of the sick and more especially the dying, was always a central part of the LCM order's mission. Even though Mother Potter was not alive to witness the opening and progress of the hospice in Limerick, she did envisage that her order would become involved in the care of the dying, and the setting up of the Limerick hospice fulfilled that vision. Special emphasis will be placed on the order's initiation and implementation of hospice care in Milford House in Limerick, dating from 1977.

#### The background to nursing care and training

Until the mid-nineteenth century those who fell ill in Ireland were cared for in two ways: families nursed sick relatives in their homes, either independently or with the assistance of a paid health worker while the sick poor, who had no prospect of such familial support, were obliged to seek medical attention in hospitals and during this period, Barrington has shown that governments assumed responsibility for the sick poor through the poor law and dispensary medical service.<sup>1</sup> Even before the introduction of Christianity to Ireland, the existence of 'House of Crimson Branch' and the 'House of Sorrow' where the sick and

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<sup>1</sup> Ruth Barrington, *Health Medicine and Politics in Ireland, 1900-1970*, p. 5.

wounded received attention has been documented.<sup>2</sup> According to J.A. Robins, ancient Ireland was equipped with hospitals, in fact the Brehon Laws made reference to hospitals in Ireland and stipulated that hospitals should:

Be free from dirt, have four floors that the sick man may be seen from every side and there should be a stream of water running through the middle of the floor. The patient was to be kept free from dogs and fools and female scolds lest he be worried and if he had to enter hospital as a result of an unjustly inflicted bodily injury the wrongdoer had to pay his hospital expenses. The laws also provided that if a patient's mother was living and available she should be allowed to enter hospital with him.<sup>3</sup>

As Irish society advanced, institutions to care for the wounded and patients afflicted with contagious diseases began to appear during the medieval period. Monastic hospitals and abbeys where the poor and sick sought care in Ireland existed until the reign of Henry VIII. His 1530s campaign of monastic suppression in Ireland effectively dissolved the existence of a working hospital system, and his legacy caused the poor misery and suffering for the next two hundred years. Indeed, when Cromwell arrived in Ireland in 1649 with his 20,000-strong army, he was forced to include physicians in his entourage as Ireland was still devoid of any hospitals.<sup>4</sup> During the seventeenth century, the primary focus of the hospitals existing in Ireland was to care only for the needs of wounded soldiers. There was no provision made for civilians.

By the late eighteenth century, John Howard, a British hospital and prison reformer, paid a visit to the twenty-three infirmaries in Ireland, commending the care in only a few. One of those praised was the Limerick infirmary, and he attributed its success to its benefactor, Lady Hartstonge.<sup>5</sup> Geary stated that the legacy of the penal laws of the eighteenth century ensured voluntary hospitals evolved under the administration of the Church of Ireland clergy and the Protestant social elite.<sup>6</sup> Philanthropists such as Lady Hartstonge who founded St. John's Hospital in Limerick, helped produce dramatic improvements in medical care, and hospitals

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<sup>2</sup> 'The Census of Ireland for the year, 1851. Part 111, 'Report on the Status of Disease in Ireland' in *Association Medical Journal*, Vol. 2, no. 73 (May 1954), pp 89-103.

<sup>3</sup> J.A. Robins, 'The Irish Hospital. An outline of its origins and developments' in *Administration Journal*, xiii, no. 2, (Summer 1960), p. 145.

<sup>4</sup> Tony Farmer, *Patients Potions and Physicians. A Social history of medicine in Ireland 1654-2004* (Dublin, 2004), pp 7-8.

<sup>5</sup> Robins, 'The Irish Hospital' in *Administration Journal* (Summer, 1960), p. 147.

<sup>6</sup> Laurence M. Geary, *Medicine and Charity in Ireland 1718-1851* (Dublin, 2004), p.31.

open to the general public soon began to appear around Ireland.<sup>7</sup> From the mid-nineteenth century onwards there were improvements in health care facilities, medical expertise and an increase in the awareness of a connection between clean water supplies, sanitation, healthy food and improved living accommodation which led to a dramatic decrease in mortality rates.<sup>8</sup> Religious orders are typically associated with care of the sick and Clear noted that in 1882, ten per cent of convents were attached to hospitals. By 1900, this number had risen to twenty-two per cent with nuns gradually taking up positions in hospitals and routinely assuming the role of nurses and carers of the sick around the country.<sup>9</sup>

Before nuns became involved in nursing, Robins condemned the untrained women who cared for the sick poor in hospitals as mere ‘watchers’. Bedside compassion was not perceived as a feature of their care and he maintained that ‘their aid to the dying was to remove pillows and bedclothes and so hasten the end’.<sup>10</sup> In his novel *Martin Chuzzlewit*, Charles Dickens portrayed the drunken midwife ‘Mrs. Sairey Gamp’ as a character who did nothing to enhance the professional character of real nurses. Bolster asserts that by the nineteenth century, the nursing profession was still considered to be a ‘disagreeable and repellent form of domestic service’ undertaken by those who failed to find employment in other ‘spheres of usefulness’. Nursing had quite a poor reputation during this period as a nurse then was described as ‘a coarse old woman, ignorant, dirty intemperate, often brutal, sometimes immoral’.<sup>11</sup> So how did the poor reputation of nursing evolve to become a respected occupation? What forces were involved in this transition?

Luddy noted that the real changes in nursing care came about as nuns took over the care of patients in workhouses and hospitals.<sup>12</sup> Clear recorded that in 1898 there were seventy-three workhouse Irish hospitals under the care of nuns. The number increased to eighty-four just five years later.<sup>13</sup> Clear acknowledged the nuns’ influence upon the perception of nursing profession, advocating the role of nursing as a ‘calling’. She asserted that the nuns’

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<sup>7</sup> See list of Voluntary Hospitals established in pre-Famine Dublin and Ireland, Laurence M. Geary, *Medicine and Charity in Ireland 1718-1851* (Dublin, 2004), pp 18-20.

<sup>8</sup> John Devlin, ‘The State of Health in Ireland’ in Joseph Robins (ed.), *Reflections on Health. Commemorating Fifty Years of the Department of Health 1947-1997* (Dublin, 1997), p. 22.

<sup>9</sup> Caitriona Clear, *Nuns in Nineteenth Century Ireland* (Dublin, 1987), p. 107.

<sup>10</sup> J.A. Robins ‘Florence Nightingale the original hospital reformer’ in *Irish Hospitals Journal*, (August 1962), pp 14-18.

<sup>11</sup> Evelyn Bolster *The Sisters of Mercy in the Crimean War* (Cork, 1964), p. xviii.

<sup>12</sup> Maria Luddy, *Women in Ireland 1800-1918. A documentary history* (Cork, 1995), p. 224.

<sup>13</sup> Clear, *Nuns in nineteenth century Ireland*, p. 107.

influence, along with their vows of chastity, was necessary to shake off the previous image of the nineteenth century drunken wife.<sup>14</sup> The movement of religious orders into the role of carers of the sick poor greatly influenced changes in attitude towards nurses as well as the services provided by them. Healy claimed that as early as the beginning of the nineteenth century, ten years before Florence Nightingale worked with wounded soldiers in the Crimean War (1853-56), the Irish Sisters of Charity and the Sisters of Mercy were the pioneers of nursing care in Dublin.<sup>15</sup> However, history has credited a single woman, Florence Nightingale, with the introduction of a professional structure and organisation into hospital care and nursing. Robins notes that when Nightingale returned home to England in 1856 at the age of thirty-six, she was haunted by the sheer volume of deaths and the poor conditions she had experienced in the hospital during the Crimean War. Nightingale reiterated the vital necessity to stamp out the spread of cholera by ‘vigorously enforcing sanitary measures’ such as ‘washing, cleansing and lime washing and every kind of sanitary work’.<sup>16</sup> In a paper delivered by Nightingale in Liverpool, in 1858, she contended that contemporary hospitals displayed four radical defects: overcrowding combined with deficiencies in space, ventilation and light.<sup>17</sup> To illustrate her theory, she focused on the architectural interior design of hospitals and stressed that wards should be smaller with large windows to allow a better flow of air. She identified the importance of cleanliness within hospitals and encouraged ‘impervious material’ for walls, floors and ceilings.<sup>18</sup>

Nightingale was unable to attend a meeting of medical officers and parties interested in the promotion of hospital care in Ireland but another of her papers was delivered by Lord Talbot de Malahide at the Four Courts in Dublin in 1861. Impressed by Nightingale’s ideas, the South Infirmity Hospital in Cork was one of the first hospitals to be built in Ireland that conformed to Nightingale’s structure.<sup>19</sup> This plan allowed for an easier flow of movement for nursing staff through wards and a clear view of their patients. Nightingale’s nursing theories extended to the importance of administration including the collation of accurate statistical information, data storage and maintenance of buildings. The qualities, she deemed

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<sup>14</sup> Ibid., p. 133.

<sup>15</sup> Eve Healy, *The Life of Mary Potter Foundress of the Congregation of the Little Company of Mary* (London, 1935), p. 59.

<sup>16</sup> ‘Florence Nightingale on the prevention of cholera’, *Irish Times*, 16 August 1884.

<sup>17</sup> Nightingale presented her views on hospital reform in a paper read for the National Association for the Promotion of Social Science at Liverpool in 1858. Florence Nightingale, *Notes on hospitals* (London, 1859).

<sup>18</sup> Florence Nightingale, *Notes on hospitals*, pp 59-60.

<sup>19</sup> Robins, ‘Florence Nightingale the original hospital reformer,’ pp 14-8.

a nurse should possess, were recorded in a letter dated 1897 when she advised nurse probationers of her belief that ‘a good nurse must be a good woman’.<sup>20</sup>

Nightingale also campaigned for the establishment of a specific nursing school to educate and train women in a professional and organised manner as she maintained that the success of hospitals depended on the quality of its nurses. In the 1861 paper delivered by de Malahide in the Four Courts in Dublin, she echoed these sentiments; ‘the successful organisation of a proper hospital system was the creation of a body of trained nurses’.<sup>21</sup> The apostolate of many women religious orders also extended to include the training of nurses.

Until the early twentieth century in Ireland, nurse training was organised separately, primarily within individual religious communities, as they each assumed responsibility for the training of their own nurses. In 1833, the Sisters of Charity pioneered nursing training at St. Vincent’s Hospital in St. Stephen’s Green in Dublin. They sent three of their nuns for nurse training to Notre Dame de la Pitié, Paris.<sup>22</sup> On their return, their Foundress, Mother Aikenhead appointed Sr. M. Camillus, to train other Sisters in the profession.<sup>23</sup> Florence Nightingale was so impressed by the quality of training available in Ireland that she applied to be admitted to the Sisters of Charity in St. Vincent’s Hospital in 1852.<sup>24</sup> Training for a non-religious community was not introduced into Ireland until the late 1850s and Scanlan has identified the Protestant-run Adelaide Hospital in Dublin as the first hospital to train secular nurses.<sup>25</sup>

The 1918 (Ireland) Midwives Act sought to improve the education and training of midwives in accordance with established guidelines and the first law to govern the compulsory registration of nurses in Ireland followed under the Nurses Registration (Ireland) Act of 1919. Guidelines were also laid down for the proper examination of nurses and the act provided a

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<sup>20</sup> Florence Nightingale, *Letters to nurses from Florence Nightingale June 1897 and February 1868* (Liverpool, 1913), p. 2.

<sup>21</sup> Robins, ‘Florence Nightingale’ in *Irish Hospital Journal*, p. 14-18.

<sup>22</sup> F.O.C. Meenan, *St. Vincent’s Hospital 1834-1994* (Dublin, 1995), p. 14.

<sup>23</sup> T.C.J. O’Connell, ‘Historic Irish Hospitals 6, St. Vincent’s Hospital, Dublin’ in *Irish Hospital* (December, 1962), pp 8-12.

<sup>24</sup> University College Dublin Archive (hereinafter UCDA), An Bord Altranais, Historical studies on nursing in Ireland, undated, File P220/285.

<sup>25</sup> Pauline Scanlan, *The Irish Nurse A study of nursing in Ireland: History and education 1718-1981* (Drumlin, 1991) p. 71.

syllabus for the training of nurses.<sup>26</sup> More importantly, the act authorised the establishment of the General Nursing Council (GNC) which took responsibility for the registration of nurses in Ireland. The inaugural Council met in February 1920 in the offices of the Minister for Health for Ireland, James Ian MacPherson (1880-1937), where the election of the chairman Dr. E. Coey Bigger was ratified.<sup>27</sup>

The principle remit of the Council was to organise the registration of nurses to centralise examinations to regularise training schools and to dictate the minimum number of patients required in a training hospital. The following standardised school procedures were put in place; (a) three years approved training which would incorporate work in a recognised hospital, (b) attendance at thirty-six lectures which included physiology, hygiene, bacteriology, gynaecology and surgical nursing and (c) examinations comprised of written and oral sections.<sup>28</sup> Training hospitals were required to apply in writing to the GNC for approval as a training school. Only 261 nurses were registered by 1921 but by the end of 1923 this number had risen to 3,040 nurses and thirteen years later the numbers had dramatically increased to 7,471.<sup>29</sup> The reasons for this remarkable rise were two-fold. First, the Department of Local Government insisted that with effect from 1925 all nurses working in county hospitals and homes should be ‘fully trained and registered’.<sup>30</sup> Second, the GNC for England and Wales insisted that any nurse interested in pursuing a career in Britain would now require certification which confirmed their ‘fitness for admission to the Register kept in England’.<sup>31</sup> Irish GNC exams were to be held twice yearly in January and June and in 1928, 567 lay and religious students successfully graduated.<sup>32</sup> The establishment of the GNC reinforced the quality and expertise of nurses by replacing the ‘untrained’ nurse with the trained nurse.

The Irish Nurses Union (INU) founded in 1925, acted on behalf of Irish trained nurses and midwives. The INU was anxious to elevate the status of nursing and their journal, *The Irish*

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<sup>26</sup> UCDA, An Bord Altranais, Conference paper ‘Guardians or Angels? The development of nursing in Ireland 1919-28, File P220/284.

<sup>27</sup> Ibid.

<sup>28</sup> UCDA, An Bord Altranais, General Nursing Council, 1920-43, File P220/117.

<sup>29</sup> Ibid.

<sup>30</sup> *Irish Nurses Union Gazette* (May 1925), p. 6.

<sup>31</sup> UCDA An Bord Altranais Archives, General Nursing Council, 1920-43, File P220/117.

<sup>32</sup> Ibid.

*Nurses Union Gazette*, was quick to denounce untrained nursing practitioners and support prosecutions against ‘some of these quacks’. In May 1925 the INU encouraged:

every means in their power ... to .. educate the people to the dangers of employing untrained women and should try to get a promise from the doctors in the locality that they will not work with them and send up to Head Office the names and addresses of any doctors who countenance ‘handywomen’.<sup>33</sup>

The GNC remained as the regulatory nursing body until 1950 when, under the Nurses Act, the GNC was abolished and a new nursing body, An Bord Altranais, was established to further expand and improve on practices for nursing.<sup>34</sup> The LCM order had to negotiate with the GNC and An Bord Altranais to establish their School of Nursing in Limerick as discussed further in this chapter.

### **The Little Company of Mary and nursing training, 1877-1980**

The training of nurses within the community had always been part of the remit of the LCM order. Healy asserts that Mother Mary Potter’s ideology included the establishment of a community of fully trained religious nurses, preferably with such training to take place in their own schools, and whose work would involve the caring for, and nursing of, the sick and dying.<sup>35</sup> Mother Potter prioritised the importance of the correct transmission of knowledge and skills to each nursing student, indeed, she began to train her own congregation in Nottingham.

In 1877, Mother Potter visited and acquainted herself with the poor sick of the industrial slums of Nottingham. On one such occasion, Mother Potter instructed Mother Cecilia Smith to accompany her on a ‘visit to the poor sick of the village, and then you will be able to go yourself another morning’. In this way, Mother Potter began her first ever district nursing work and training of the LCM order in England. Mother Cecilia later recalled that this first visit gave her ‘courage, and her first lesson greatly helped me’.<sup>36</sup> But Mother Potter wanted her order to have access to formal nursing training. She secured approbation for her order from Pope Leo XIII (1810-1903), and the first LCM nursing school, San Gregory’s Nursing School, was opened in Rome in 1909. Mother Potter also devised the LCM uniform which comprised of a cap with a blue mantle and hood, a white gown and apron. San Gregory’s

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<sup>33</sup> *Irish Nurses Union Gazette* (May 1925), p. 2.

<sup>34</sup> Joseph Robins, *Nursing and Midwifery in Ireland in the twentieth century* (Dublin, 2000), pp 29-33.

<sup>35</sup> Healy, Eve, *The life of Mother Mary Potter*, p. 61.

<sup>36</sup> LCM, Recollections of Mother Cecilia Smith, August 1902, File 1/3/20.

teaching practices were similar to those undertaken in Limerick where a board of doctors within the hospital was instituted in order to set out the regulations for the school and the programme of lectures.<sup>37</sup> The annals record that Mother Potter did not receive universal approval for this step. Within her own congregation ‘even those who never differed from her before were very hostile to the idea of training Italian girls as nurses’ and some of the students were described as being as ‘wild as young goats’.<sup>38</sup> Sr. Cecilia, who was one of the first LCM Sisters to receive the veil, also conceded that very few within the order wanted a School of Nursing as they were reluctant to accept the additional work involved in the training of students, however, Mother’s Potter’s insistence and her prophetic mind-set ensured that training was established. The proper training of nurses within the LCM order was essential to Mother Potter and she persisted towards that end despite opposition. Her conviction that ‘much good would be done by it, and [how] many souls as well as bodies [could be] saved by a good band of religiously trained nurses’ ultimately prevailed.<sup>39</sup> When San Gregory School opened, it comprised of four LCM Sisters and twelve secular probationers.<sup>40</sup> Naturally Mother Potter extended her policy of training to all her foundations; indeed Healy noted that Potter intended that her order be comprised of contemplative nuns who were efficiently trained nurses and, to that end, she arranged that an LCM Sister, who had trained in St. George’s Hospital in London, would deliver regular lectures to the English LCM community.<sup>41</sup>

Prior to the 1918 Midwives (Ireland) Act and the 1919 Nurses (Ireland) Act, the LCM conducted their own congregational training in St. John’s Hospital, Limerick. Dr. Devane attributed the improvements in nurse training in St. John’s Hospital to Mother Ambrose. In 1897, only two years after the arrival of Mother Ambrose, training for Sisters within St. John’s Hospital was introduced with lectures on medical and surgical nursing given by Dr. Holmes and Dr. Mulcahy.<sup>42</sup> Mother Ambrose had recognised the value in the education and training of the congregation and raised the level of training within St. John’s Hospital by preparing the LCM Sisters for in-house examinations. Dr. Mulcahy presided over the written examination, and the following day, Dr. John Holmes, accompanied by Dr. T.G. O’Sullivan

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<sup>37</sup> LCMI, A chronology of the LCM, undated, File 1/03/16.05.

<sup>38</sup> LCMI, A chronology of Mother Potter’s life, undated, File 1/3/16.05.

<sup>39</sup> LCMI, Recollections of Mother Cecilia Smith, August 1902, File 1/3/20.

<sup>40</sup> LCMI, A chronology of Mother Potter’s life, undated, File 1/3/16.05.

<sup>41</sup> Healy, *The Life of Mother Mary Potter*, p. 131.

<sup>42</sup> LCMI, St. John’s Hospital, 1986-97, File 12/01/17.

conducted an oral examination. The examination consisted of seven medical and seven surgical questions. Six sisters, one postulant and two nurses were awarded their nursing certificates on successful completion of the exam.<sup>43</sup> The early years of certification of nurses was recalled by Sr. Geraldine Fitzgerald who documented that:

Neither were there state registration of nurses or indeed state examinations. After working in the hospital for a few years, a certificate was given stating that Sister X has been working in St. John's Hospital for 'X' years. She is now a trained nurse.<sup>44</sup>

Mother Ambrose ensured that further steps were taken towards attaining high standards within St. John's Hospital. Mother Ambrose, it appears, had little tolerance for recreation which interfered with the work at the hospital and she 'terminated' lay nurses working there during her time between 1895 and 1925.<sup>45</sup> Devane stated that Mother Ambrose preferred nun nurses only because there would be 'no discrimination in the matter of off duty hours or late night leave for dances etc'.<sup>46</sup> This move characteristically signifies the high standards that Mother Ambrose consistently demanded from the staff.

Following the formation of the General Nursing Council (GNC) in 1919, training practices within St. John's Hospital underwent changes. In 1923 anxious to maintain the LCM training remit for fifteen probationers within St. John's Hospital, the order contacted the GNC to seek authorisation to continue with the training of their congregation.<sup>47</sup> The negotiations to attain sole training for the LCM order in St. John's Hospital would regrettably for them, stretch over the next seventeen years, but the order persevered with their fight.

In 1925, the GNC approved and released a complete list of hospitals where training of nurses could take place. It included the Mercy Hospital in Cork and the following year Barrington's Hospital and Limerick County Infirmary were added to the list as a conjoint training school.<sup>48</sup> In keeping with their preferred model of conjoint training schools, the GNC insisted that St. John's Hospital affiliate with other hospitals. The LCM order, therefore, pursued negotiations with several hospitals to comply with the GNC's directives, approaching St. Camillus Limerick City Hospital, the District Hospital in Fermoy, Barrington's Hospital in

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<sup>43</sup> LCMI, Log book, St. John's Hospital, Limerick, 1898, File 12/01/01.

<sup>44</sup> Rev. W. Fitzmaurice, Kevin Hannan, (eds.) *In the shadow of the Spire. A profile of St. John's Parish* (Limerick, 1991), p. 116.

<sup>45</sup> Mother Ambrose left St. John's Hospital in 1925, lay nurses left sometime between 1902 and 1925.

<sup>46</sup> John F. Devane, *A history of St. John's Hospital, Limerick* (Limerick, 1970), p. 47.

<sup>47</sup> UCDA, An Bord Altranais, St. John's Hospital, 1923-94, File P220/364.

<sup>48</sup> UCDA, An Bord Altranais, General Nursing Council, 1920-43, File P220/117.

Limerick, the County Hospital Croom and St. Vincent's Hospital, Dublin. Eventually in 1927 the LCM received approval from the GNC to affiliate with the Mercy Hospital in Cork. It was agreed that the Sisters would train for three years in St. John's Hospital and their final year would be spent in the Mercy Hospital, Cork. Between 1929 and 1940, forty-three LCM Sisters were facilitated in Cork.<sup>49</sup>

Things did not always run smoothly as the organisation of places for training in Cork proved challenging. In 1938 the LCM Sisters complained 'it is very hard luck on us a nursing community, to have the training of our Sisters a begging and depending on the moods of another hospital'.<sup>50</sup> This situation did cause distress to the LCM Sisters because the delays brought about by having to wait for a place in the Cork Hospital meant that the training period had to be extended beyond the recognised three-year period. During 1938, the House Committee in St. John's Hospital met on several occasions to ensure that all GNC requirements were satisfied in order to allow St. John's Hospital to function properly as a training school.<sup>51</sup> These meetings, which included the invaluable input of the Matron, Mother Columbanus, worked towards a successful outcome, and a year later, having addressed regulations imposed by the GNC, another application to have control of its training was made to the Nursing Council. The GNC refused it on the grounds that the hospital had an insufficient number of beds for patients and unsatisfactory sterilizing procedures. But following 'organisation, consultation and pressure on influential people ... the Medical Staff and local politicians' in Limerick and a visit by the GNC to St. John's Hospital in 1939, led to GNC recognition of St. John's Hospital as a full-time nurse training establishment.<sup>52</sup> In 1940 the Limerick school was finally granted sole status for its nineteen probationers.<sup>53</sup>

Seven years later, Sr. Mildred O'Sullivan, a member of the LCM order became the first qualified nurse tutor in Ireland to receive her Diploma from the Royal College of Nursing in London and took up her position as principal tutor in St. John's Hospital.<sup>54</sup> But in 1961, An Bord Altranais advised St. John's Hospital that the training process for the LCM Sisters was

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<sup>49</sup> *Ibid.*, 1923-94, File P220/364.

<sup>50</sup> *Ibid.*

<sup>51</sup> In 1897 a House Committee was formed consisting of members of the Board of Governors to consult with the Rev. Mother on any matters connected with the hospital that she may require from time to time to be attended to.

<sup>52</sup> LCMI, St. John's Hospital, 1961-81, File 12/01/07.

<sup>53</sup> UCDA, An Bord Altranais, St. John's Hospital, 1923-94, File P220/364

<sup>54</sup> LCMI, Brief history St. John's Hospital, 1961-81, File 12/01/07.

not recognised by the GNC in England and Wales due to their low bed occupancy. In response to LCM's suggestion, the three LCM hospitals in Limerick, Galway and Dublin amalgamated to increase their bed occupancy from 100 to 238 beds and broaden the training experience. This was followed in April 1962 by a site visit from An Bord Altranais to review the three LCM hospitals. The report noted that that 'three hospitals inspected were well kept, well equipped and administered in an efficient manner'.<sup>55</sup> The training school in St. John's Hospital was 'found to be a well organised, well equipped training school for nurses'.<sup>56</sup> As a consequence of this favourable report, two months later a request for approval for the new additions to training requirements for the twenty-nine students was sent from St. John's Hospital to An Bord Altranais. The changes were set out as follows:

Six weeks during the second year of training in Mount Carmel, Dublin where supplementary experience will be obtained in surgical nursing and theatre technique. Six weeks further experience in Calvary Hospital Galway to broaden the nurse training experience in medicine with stress on lectures to be received in pharmacology in relation to the nursing of medical patients.<sup>57</sup>

During the 1960s, the training provided to the Sisters in St. John's Hospital was as follows:

Seven junior professed [Sisters] left by [St. John's Hospital] by minibus for Mount Carmel where they will spend six weeks and then go on to Galway for another six weeks. This is included in their training by our becoming amalgamated to these two hospitals to satisfy the requirements of An Bord Altranais.<sup>58</sup>

In 1971, one of eleven student nurses who set out from St. John's Hospital to Mount Carmel in Dublin, to part take in the new training procedures, gave a full account of how they were organised over an eight week period:

The surgical block included practical and theoretical experience. ... We visited many of the Dublin hospitals to see various equipment and the different categories of nursing and we received some very informative lectures in these hospitals. Our day started at 8am. We spent the next half hour recapping on previous lectures while the minds were fresh. Approx. 3 hours each day were spent on ward duty and during that time we gained much experience. ... On our return to the classroom we had a detailed ward report under the supervision and guidance of our Clinical instructor Sr. M. Guiseppe. Lectures from surgeons filled the remainder of the timetable. ... Each student spent one week in the labour ward. Two weeks

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<sup>55</sup> UCDA, An Bord Altranais, St. John's Hospital, 1923-94, File P220/364.

<sup>56</sup> Ibid

<sup>57</sup> Ibid.

<sup>58</sup> LCMI, St. John's Hospital Log Book, 1957-70, File 12/01/02.

in theatre and visited the ICU. ... We departed for Calvary Hospital Galway where we were to complete our surgical block.<sup>59</sup>

During the 1970s, sixteen students were recruited each year for training at St. John's Hospital. The results of the leaving certificate examination taken at the end of second-level education were required for entry and selection interviews were held twice yearly in February and September with successful students forming part of the two intakes of eight students. All students were expected to live in the hospital accommodation for three years during the training.<sup>60</sup>

After Ireland joined the European Economic Community (EEC) in 1973 it was incumbent upon the LCM authorities in St. John's Hospital to ensure their training was in accordance with other EEC countries so that their students' qualifications would be recognised abroad.<sup>61</sup> Consequently in 1975 St. John's Hospital's education plan for their students' from entry to completion, linked theory with practice in year one and students spent designated periods in specialist hospitals in years two and three. Periods of study for exams were similarly allocated to each student during their training as well as three periods of night duty worked over the three years.<sup>62</sup> In the same year, keen to gain recognition for nurses and with the chance of a university status for nurses, the LCM were represented at a meeting in the Royal College of Surgeons in Dublin for the inauguration of the foundation of the Faculty of Nursing. At the meeting, Sister Mildred was conferred with a Fellowship at which the President of the College, Professor McAuliffe Curtin addressed the new members and guests and welcomed a nursing profession which had 'come of age'.<sup>63</sup>

Early hints of a change in location for training in Limerick emerged in 1971 when An Bord Altranais wrote to St. John's Hospital to consider an 'experimental scheme' to form one training school with Barrington's Hospital, St. Joseph's Hospital and Limerick Regional Hospital.<sup>64</sup> In 1973 a meeting convened in St. Camillus Hospital by An Bord Altranais,

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<sup>59</sup> UCDA, An Bord Altranais St. John's Hospital, 1923-94, File P220/364, training took place January to February 1971.

<sup>60</sup> Interview with University of Limerick lecture who trained in St. John's Hospital in the late 1970s. Interview took place in November 2011. Notes with researcher.

<sup>61</sup> LCMI, The Apostolate of LCM, 1961-81, File 12/01/07.

<sup>62</sup> UCDA, An Bord Altranais St. John's Hospital, 1923-94, File P220/364.

<sup>63</sup> LCMI, St. John's Hospital, 1982-97, File 12/01/16.

<sup>64</sup> UCDA, An Bord Altranais, St. John's Hospital, 1923-94, File P220/364.

revealed the Department of Health were in principle agreeable to a single School of Nursing in Limerick.<sup>65</sup> In 1975, a memorandum to the Department of Health from the Chairman of St. John's Hospital detailed three possibilities facing the hospital; the amalgamation of St. John's Hospital with Barrington's Hospital, the closure of one of the hospitals or the closure of both hospitals.<sup>66</sup> The Chairman favoured the amalgamation of the two voluntary hospitals as he maintained that 'small hospitals, such as St. John's Hospital and Barrington's Hospital, Limerick, should, if at all possible, be kept in being'.<sup>67</sup> Co-incidentally, by the late 1970s, LCM's presence in St. John's Hospital was slowly being eroded by a drop in congregation numbers and the increasing age profile of the Sisters. At that time, there were 123 members of the congregation still living in Ireland but statistics reveal that 21 per cent of the order was either retired or suffering from ill health.<sup>68</sup> The amalgamation proposal appealed to the order and St. John's Hospital amalgamated with Barrington's Hospital for training purposes to have one training school which existed from 1988 until 1990, when finally the new Limerick School of Nursing was relocated to the Regional Hospital. St. John's Hospital had representation in the structure of the new school, they negotiated a place on the interview board for the selection of student nurses and held positions within the amalgamated school. In the first year of opening, the new school expected an enrolment of two hundred students, fifty of whom were from St. John's Hospital.<sup>69</sup> The movement of the School of Nursing signalled the end of almost one hundred years of nurse training in the grounds of St. John's Hospital.

## **Background to a change in direction for the LCM order**

As noted, all women religious orders had rules and regulation books tailored for their own congregation which governed their work both inside and outside the convent and in 1893 Pope Leo XIII (1810-1903) approved the first Rules and Constitutions of the LCM order. This booklet was produced internally by the LCM and documented the instructions in all matters of duties and behaviour for the congregation.<sup>70</sup> In 1905 Mother Potter informed her congregation about the importance of adhering to the Rule book when she stated that:

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<sup>65</sup> UCDA, An Bord Altranais, Regional Hospital, 1954-94, File P220/365.

<sup>66</sup> LCMI, Chairman of St. John's Hospital to Minister for Health, 9 March 1978, File 12/01/07.

<sup>67</sup> Ibid.

<sup>68</sup> LCMI, Provincial Chapters, 1979, File 4/1/9.

<sup>69</sup> *Limerick Chronicle*, 18 May 2010.

<sup>70</sup> LCMI, First Rule and Constitution Book of the Little Company of Mary, 1893, File 2/1/01.b.

Novices who do not love the Rule of the Little Company of Mary cannot be meant to be one of them. The Rule is sacred and those wishing to join the Little Company of Mary must look up it as the Will of God for them.<sup>71</sup>

The external work of the LCM focused on ‘attending the sick and dying in their homes by day and by night ... whether they be rich or poor, Catholics or Protestants’. It also directed them to carry out any other ‘work of mercy’ provided it met with the approval of the ‘competent authorities’.<sup>72</sup> This was the charism of the order and anyone wishing to enter was guided by the constitution. The LCM entrants who chose convent life as their preferred option, joined an unenclosed order in which, as Clear noted, they would encounter endless work possibilities.<sup>73</sup>

Entry requirements to the LCM were quite rigorous and those who entered had to be strong of mind and body, beyond reproach by moral standards and willing to work. Until the mid-1960s, the LCM welcomed a steady stream of new postulants, who were offered spiritual fulfilment, job opportunities, further education, possible travel, accommodation, being part of a community and assurance of care in old age. Between 1888 and 1988, the average age of Sisters who joined the LCM was quite young, generally eighteen years of age. Eighty-two per cent of postulants who entered the LCM in Ireland during this period were under twenty-five years of age with three members as young as fifteen years of age.<sup>74</sup> Wall has argued that daughters of farmers were fit enough for the strenuous work of nursing due to the intensive labour they undertook on their farms. This allowed them to adapt easily to the demands made on them as they forged ahead in difficult circumstances in their new foundations in their chosen roles as nurses and teachers. Coming from a farming background had also exposed them to buying and selling, wheeling and dealing, elements that helped them become good negotiators later when confronted with congregational matters.<sup>75</sup> Figure 4.1 corroborates with Wall as it illustrates that a majority of the LCM community came from a rural background with fathers as farmers.

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<sup>71</sup> LCMI, Mother Mary Potter Foundress, Circular Letter, October 1905, File 1/3/17.

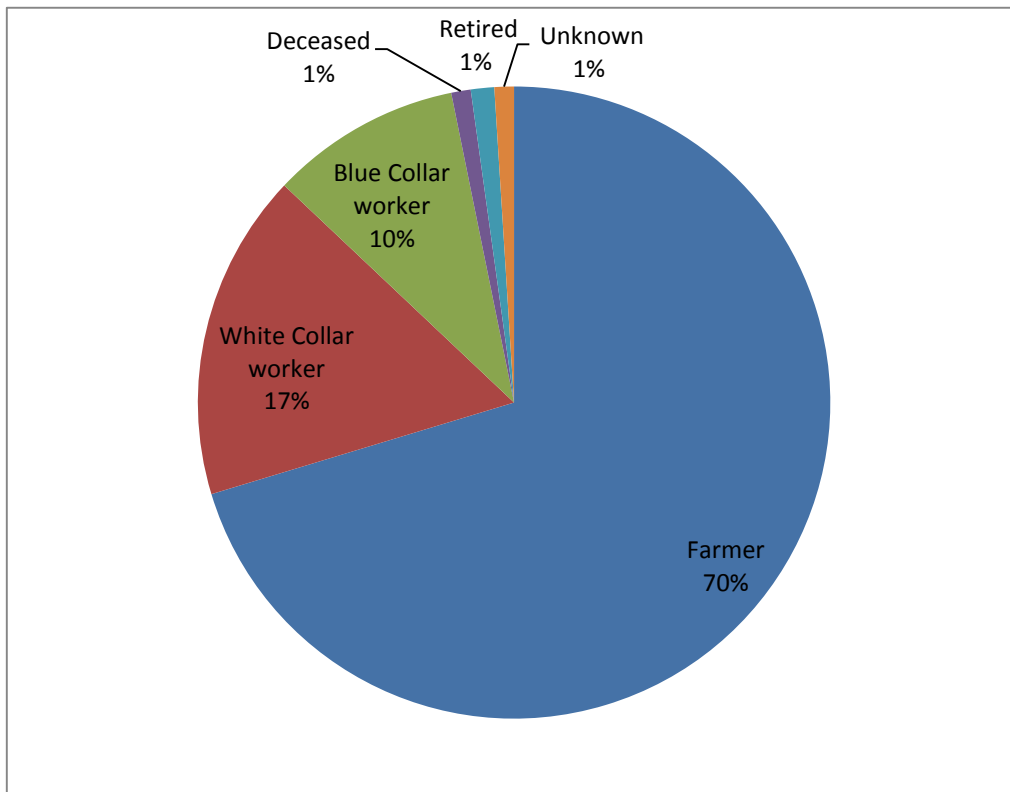
<sup>72</sup> LCMI, First Rule and Constitution, 1893, File 2/1/01.b.

<sup>73</sup> Clear, *Nuns in nineteenth century Ireland*, p. 102.

<sup>74</sup> LCMI, Personnel from 1883, File 10/01/01.

<sup>75</sup> Barbara Mann Wall, *Unlikely Entrepreneurs, Catholic Sisters and the Hospital Marketplace, 1865-1925* (Ohio, 2005), p. 30.

**Figure 4.1 Fathers' occupations of LCM postulants, 1888-1988**



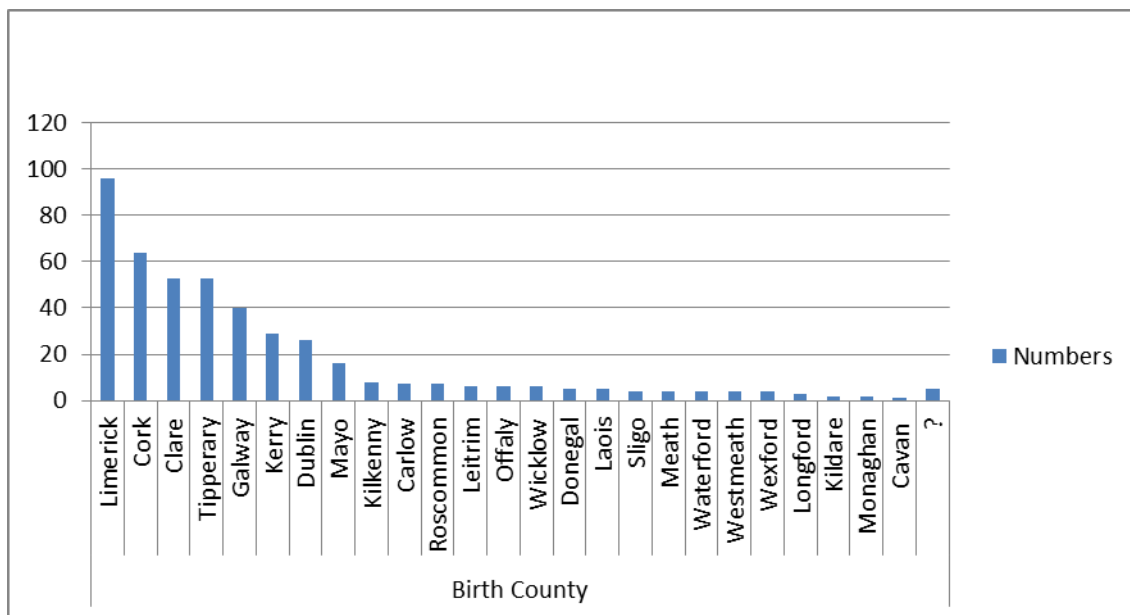
Source: LCM Personnel from 1883, File 10/01/01

Clear has argued that ‘the greater the level and degree of urbanisation, the more plentiful the convents’ stating that towards the end of the nineteenth century Dublin and Cashel housed seventy per cent of all Irish convents.<sup>76</sup> Fahey has noted that from the mid-nineteenth century, Munster and Leinster were the largest area for the suppliers of nuns, and the LCM concurred with his findings.<sup>77</sup> Figure 4.2 details the country of births of all LCM entrants between 1883 and 1988. It shows that the county which contributed the highest amount of postulants to the LCM order was Limerick. This was not surprising, given that Limerick was its first Irish foundation, and the Provincial House was located there and it had an extensive, prosperous, rural hinterland. The other counties, such as Cork, Clare, and Tipperary, who were contiguous to Limerick, were birth counties for large numbers of postulants to the order also.

<sup>76</sup> Clear, *Nuns in nineteenth century Ireland*, p. 37.

<sup>77</sup> Anthony Fahey, ‘Female Asceticism in the Catholic Church: A Case Study of Nuns in Ireland in the Nineteenth Century’ (Unpublished PhD thesis, University of Illinois at Urbana-Champaign, 1982), p. 66.

**Figure 4.2 Republic of Ireland birth counties of LCM entrants, 1883-1988**



Source: LCM Personnel from 1883, File 10/01/01

During the period 1883 to 1988, although the orders lacked a presence in the northern counties, they managed to recruit seventeen women to the congregation.<sup>78</sup> In 1893 two American postulants joined the Irish congregation while the expansion into South Africa in 1904 proved more profitable with the order welcoming eighteen South African postulants between 1929 and 1967.<sup>79</sup>

As noted, many women joined religious orders in the period under review for understandable reasons, chiefly among them it gave women an opportunity to work in a wide variety of occupations as well as serving God. Clear has noted that by the end of the nineteenth century, nuns were working practically everywhere in schools, hospitals and other institutions.<sup>80</sup> This trend continued into the twentieth century and it is recognised as a period of notable growth and vitality for religious life in the western world when large numbers of young women entered active religious congregations and participated in apostolic works with enthusiasm at home while others actively participated in the innovative work undertaken by the missionaries. The LCM's numbers consistently rose through the 1960s as the congregation worked vigorously within their hospitals. Sister F. recounts when she began working in St. John's Hospital in the late 1950s that '[the Sisters] staffed the whole

<sup>78</sup> LCM, Personnel from 1883, File 10/01/01.

<sup>79</sup> Ibid.

<sup>80</sup> Clear, *Nuns in nineteenth century Ireland*, p. 100.

hospital'.<sup>81</sup> They worked in 'every capacity, apart from doctors'.<sup>82</sup> Their duties included 'patient care and surgery ... you did a bit of everything, gyne [gynaecological], obstetrician'.<sup>83</sup> Their days were hectic and eventful and work began at 8.00am when:

after you got the reports and the breakfasts and then patient care and surgery, theatre all that stuff getting people ready or if you were in theatre then you were you know shut in there again. I did a lot of theatre while I was in St. John's. ...It didn't go in shifts it went by the day. ... 12 hour [shifts] basically you know. ... 7 days a week. ... there was no such thing as a day off.<sup>84</sup>

The Sisters worked long hours and full weeks.

But as illustrated in figure 5.2, as the numbers within religious congregations began to decrease, and lay personnel began working in hospitals, the Provincial Council in December 1970 noted that 'they should 'now consider some other fields which are a greater need today'.<sup>85</sup> A shortage in vocations placed the Little Company of Mary at a crossroads and in this post-Second Vatican Council period, following a re-examination of their work, the order adopted a fresh focus and pursued new issues relevant to a changing society.

### Expanding caring roles

Cita-Milard has argued that prior to 1965 religious orders generally sent their congregation to various working places without the required skills as until this time they believed 'that it is more important for Sisters to be a good religious than a good nurse'.<sup>86</sup> The LCM did not do this as they provided nursing training, nonetheless, after 1965, as illustrated in figure 4.3, the LCM began to move away from general nursing and undertook new caring roles in the local community. The LCM Sisters chose educational courses that would equip them with the necessary skills for other types of work and gained qualifications in a variety of more modern caring roles, including pastoral care, counselling and clinical pastoral education.

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<sup>81</sup> Interview, Sr. F., 1 December 2011.

<sup>82</sup> Interview, Sr. J., 23 February 2012.

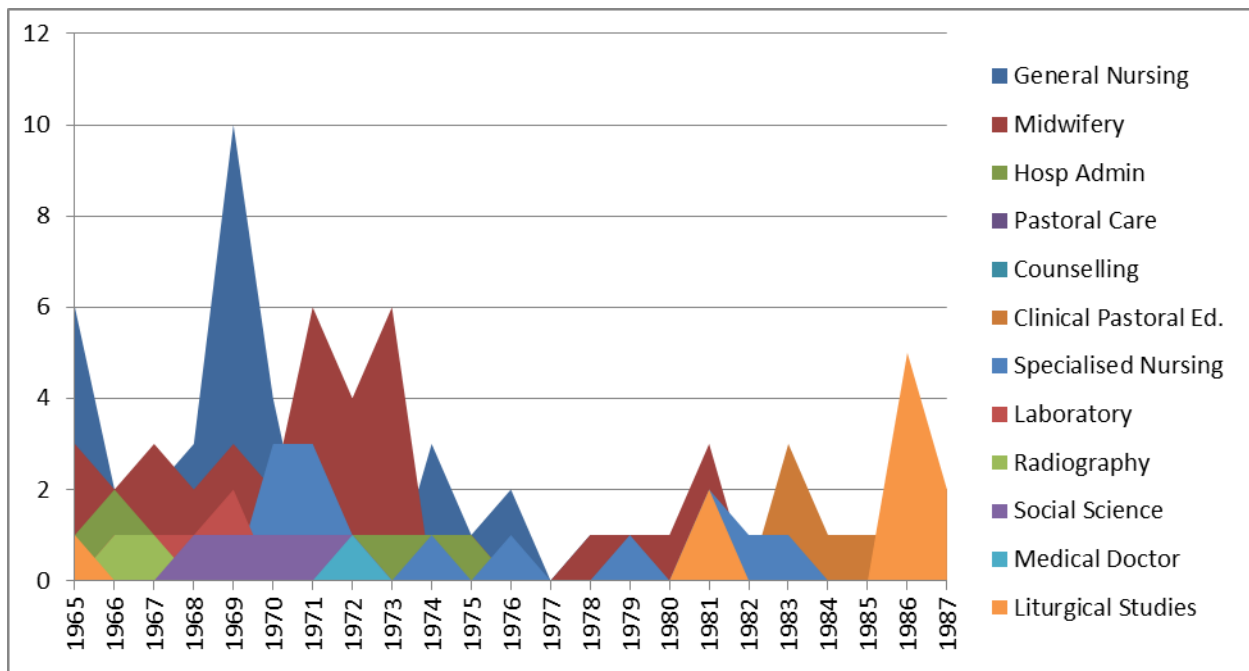
<sup>83</sup> Interview, Sr. F., 1 December 2011.

<sup>84</sup> Ibid.

<sup>85</sup> LCMI, Provincial Council Meetings 1967-72, File 8/1/3.

<sup>86</sup> Suzanne Cita-Malard, 'Religious Orders of Women', in Daniel-Rops (ed.), *The Twentieth Century Encyclopaedia of Catholicism*, 86 (New York, 1964), p. 76.

**Figure 4.3 Education of LCM members, 1965-87**



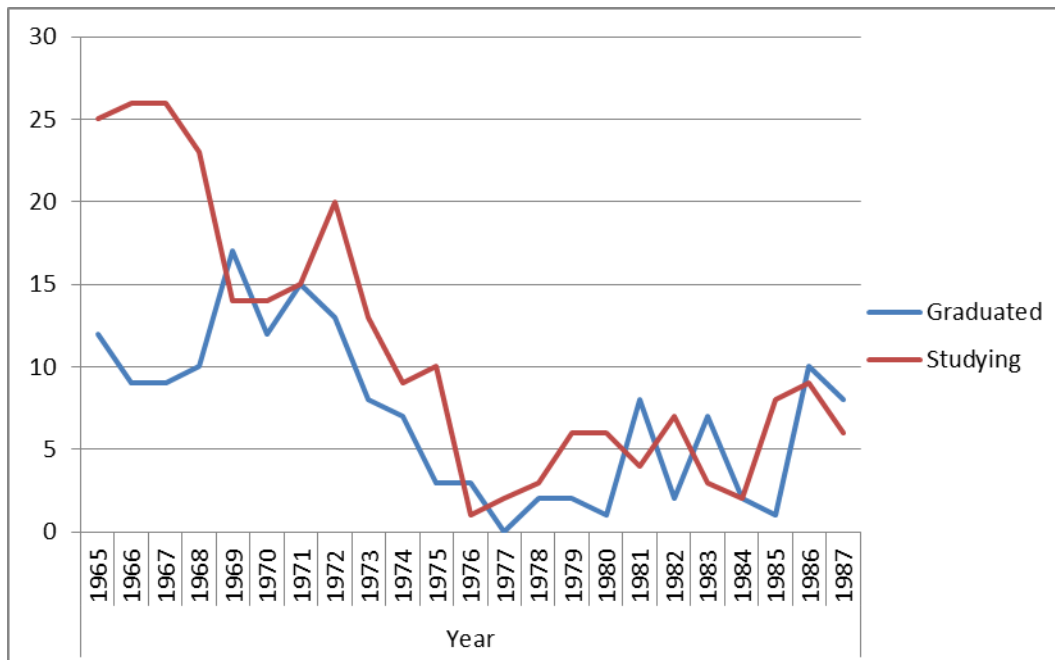
Source: LCMI, Statistical data, 1877-1989, File 10/09/01-06

Sister J. who entered in 1956 began her career as a nurse and went on to pursue further education in nursing administration, midwifery and pastoral studies. This professional progression allowed her career to diversify into areas such as administrative work, ward matron, community work with young girls and remand prisoners, vocation promoter and Mother Provincial.<sup>87</sup> *Perfectae Caritatis* decreed in 1965, required that religious members employed in the active apostolate must be ‘equal to the task’ and must be given ‘the opportunity, equipment and time to do this’.<sup>88</sup> Figure 4.4 represents the number of Sisters in education in the period from 1965 to 1987.

<sup>87</sup> Sr. J. worked as a chaplain Sister in Wheatfield Prison, Dublin in the late 1990s. Interview, Sr. J., 23 February 2012.

<sup>88</sup> Rule 18, *Perfectae Caritatis*, 28 October 1965. The next chapter will discuss this decree further.

**Figure 4.4 LCM Graduands and students attending higher level education institutions, 1965-87<sup>89</sup>**



Source: LCMI, LCMI, Statistical data, 1877-1989, File 10/09/01-06

The Sisters' oral histories confirm this wider involvement in community work and demonstrate how the Sisters responded to new challenges as they updated themselves with additional skills. Sister F. noted:

I did midwifery in London, ... I did Public Health Nursing ... I did a bit of Pastoral Care ... I did an Arts Degree ... I did a Masters in Women Studies ... I did an M. Phil. on feminist ethics. ... I did Adult and Community Education, that was my introduction to third level really apart from nursing. ... I did a course on Pastoral Care and Counselling.<sup>90</sup>

When Sister B.F. completed her general nursing in St. John's Hospital she commented some Sisters:

went on to do orthopaedics, some went on to do maternity, and I went on to do children's nursing ... I did pastoral care and when I came home out of home care I went into education which was running courses for nurses from all over the country and for our own staff on palliative care and caring for people with HIV Aids and Aids related illnesses.<sup>91</sup>

These are examples of the impressive spectrum of education which was covered by members of the LCM order and the roles they ultimately achieved.

Another Sister, Sister Mary Morrisroe, a Roscommon native, entered the novitiate in Milford House, Limerick in 1960 at the age of twenty-five. She began her nurse training in St. John's Hospital and during her career she became fluent in Italian as she worked in Rome teaching

<sup>89</sup> Sisters of the LCM attended third level colleges in Dublin, Belfast, Edinburgh and London.

<sup>90</sup> Interview, Sr. F., 1 December 2011.

<sup>91</sup> Interview, Sr. B. F., 23 January 2012.

student nurses, she nursed in Calvary Hospital, Galway, trained in midwifery, became administrator and financial controller in Mount Carmel Hospital, undertook a diploma in Public Health, studied theology and was the last appointed matron in St. John's Hospital.<sup>92</sup>

Sr. Geraldine Fitzgerald born in County Waterford, entered the Limerick LCM in 1959. She was nineteen years of age and trained in St. John's Hospital where she began her career as a nurse. But Sr. Fitzgerald addressed a need in the Limerick community to care for the elderly by organising social gatherings. In 1973, she was credited as 'the city's most dynamic social worker' for her services to the senior citizens of St. John's Parish, Limerick.<sup>93</sup> Servicing a parish population of 10,000 people with a total of 1,400 public authority houses, Sr. Fitzgerald managed 438 cases which included people with disabilities, single mothers and the unemployed.<sup>94</sup>

Another member of the order, Sister Pauline O'Shea, who commenced her role in 1972, described her work as a community care nurse in St. John's parish in Limerick, where she cared for patients who were terminally ill, very ill or discharged from hospital, as well as caring for the aged and disabled. Sr. Pauline carried out over 340 patient care visits per month and her work brought her into contact with patients, doctors, priests, social workers, chemists, home helpers, home assistance officers and nurses.<sup>95</sup> Their wide range of activities put Sisters Geraldine and Pauline in direct contact with other professionals and figure 4.5 gives an indication of the wide range of activities that were occupied by other LCM personnel. In 1976, in spite of their small congregational number in the Irish foundation that incorporated twenty-one per cent who were either retired or suffering from ill health, the variety of work carried out by the remaining members of the LCM order is notable.

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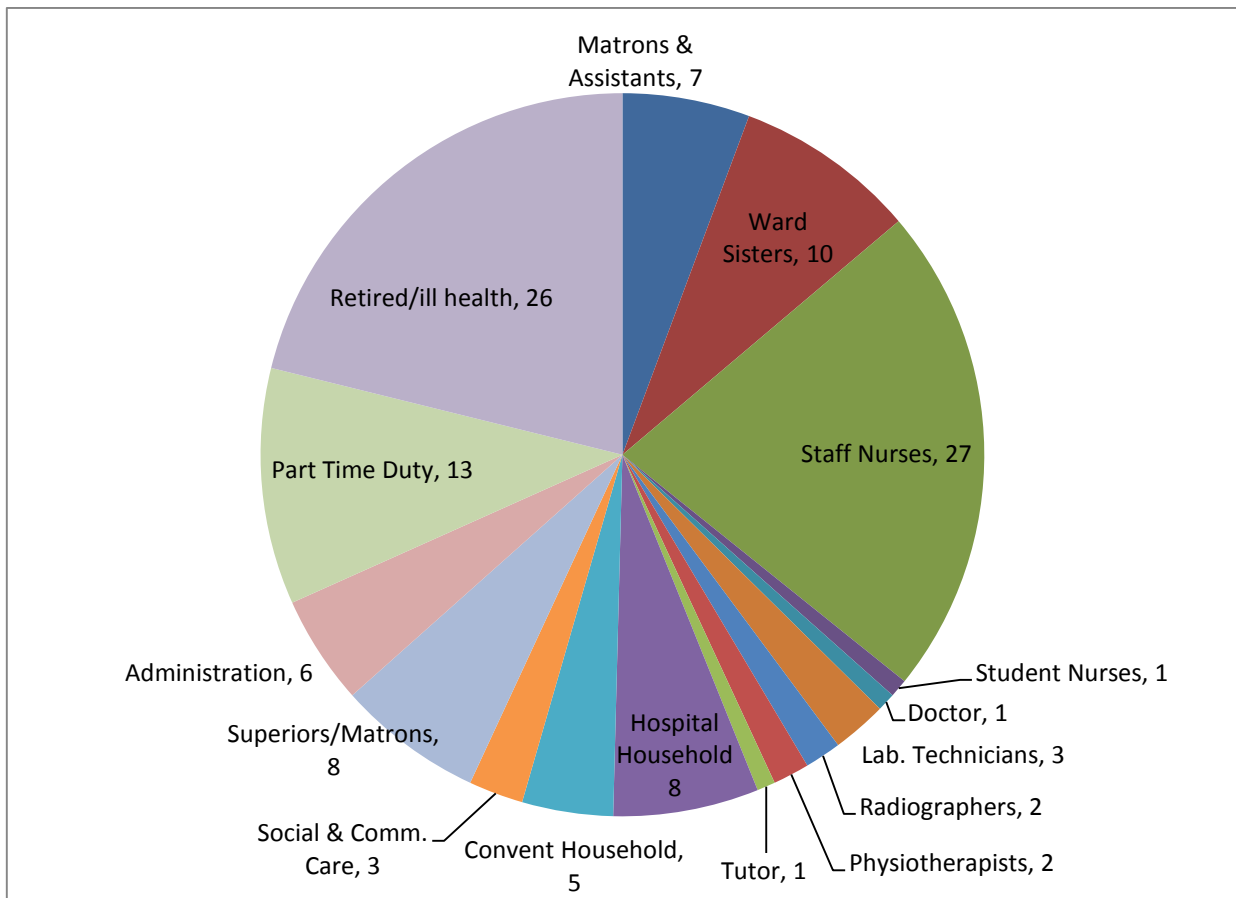
<sup>92</sup> *Limerick Leader*, 30 June 2001.

<sup>93</sup> *Irish Press*, 17 December 1973.

<sup>94</sup> *Ibid.*

<sup>95</sup> LCMI, Report from Commission set up at Provincial Chapter, 1976, File 4/1/9.

**Figure 4.5 LCM Irish Personnel 1976**



Source: LCMI, Report from Commission set up at Provincial Chapter, File 4/1/9

As late as the 1990s, Sister J. described how she became informed of the needs of the community in Fermoy:

if we go out to work in the community, in whatever capacity, you do not do anything immediately you spend time just walking around, particularly walking around meeting people and assessing the needs.<sup>96</sup>

These members of the LCM congregation sought out groups in society who required their assistance. Equipped with a good education, the Sisters worked in tandem with outside agencies. Sister J. acknowledged that ‘while I could not have done it on my own, I might have had the initiative to set something going and saw the need ... but that was how we worked, in partnership really’.<sup>97</sup> Continuing work conducted in the 1920s and 1930s, in the 1990s Sister J. became involved with young single mothers aged sixteen or seventeen years old. There was high unemployment in the Fermoy area, and as ‘nobody was doing anything

<sup>96</sup> LCMI, Interviews 2002, File A05/01

<sup>97</sup> Interview, Sr. J., 23 February 2012.

with them [the single mothers]’. Sister J. organised training and educational facilities for these mothers. In her first year working with single mothers in Fermoy, Sister J. successfully obtained £800 towards the project from the Minister for Social Welfare, Dr. Michael Woods, which was followed by a further £8,000 administered over a three year period. From 1991, Sister J. worked in Fermoy where she pursued other duties in administration, chaplaincy, leadership and vocational promotion work both within the order and at community level.<sup>98</sup> The movement of the LCM Sisters into ‘the battlefield of life’ complied with Potter’s vision for her congregation of ‘integration not isolation’.<sup>99</sup>

One of the Sisters who entered the community in 1956 had had an interesting career which included missionary work abroad in their South African foundation. Following this work, Sister F. embarked on a role in pastoral care and was permitted to work in a Health Care Unit in Northern Ireland in order to support her academic studies in Queen’s University in Belfast. She also carried out administrative duties and vocational work.<sup>100</sup>

The careers of the Sisters in the LCM community absorbed them in the specialised fields of nursing, counselling, parish work, theological study, prison chaplaincy, college and school retreats, administration and nursing education, hospital care, community-based projects such as offering support to young mothers and the elderly, missionary work, administration and visitation of the sick. A sense of adaptability and flexibility emerges from their testimonies which enabled them to respond quickly to diocesan needs that were not always possible for lay people. To enable the LCM order carry out their duties, they needed to be able to integrate into different communities within Ireland. Sr. B.F. a member of the LCM order since 1964 echoed these sentiments:

There isn’t much difference really, I suppose the one thing that would be was, we had, the nurse had to go home and look after her family and all that, we didn’t, there was, I suppose a greater freedom in our life than there would have been with a lay person.<sup>101</sup>

Another aspect of their apostolic works was hospice care.

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<sup>98</sup> Interview, Sr. J., 23 February 2012.

<sup>99</sup> Elizabeth West, *One Woman’s Journey, Mary Potter Founder. Little Company of Mary* (Richmond, 2000), p. 136.

<sup>100</sup> Interview, Sr. F., 1 December 2011.

<sup>101</sup> Interview, with Sr. B. F., 23 January 2012.

## Movement into hospice care, 1977

Healy has noted that in the fourth century, a hospice was a place that provided rest and recovery for pilgrims. It was much later, in the middle of the nineteenth century that the first hospice to provide care specifically for the dying, was founded in France. There under Jeanne Garnier, women with advanced cancer were given end of life care.<sup>102</sup> The first Irish hospice care was developed in 1879 at Our Lady's Hospice in Harold's Cross, Dublin under the auspices of the Sisters of Charity.<sup>103</sup> Harold's Cross had initially been the novitiate for the Sisters of Charity, but became a hospice under the guidance of Sr. Mary John Gaynor. The hospice aimed to provide a peaceful, comfortable and supportive environment for patients mainly suffering from tuberculosis, but also accepted 'patients from poor tenements houses which were noisy, crowded, disagreeable surroundings there was no peace or quiet to prepare for death'.<sup>104</sup> It soon became clear that a larger premises was required due to the numbers applying to enter, and seven years later plans for an institution to accommodate 110 patients were put in place.<sup>105</sup>

In England, with the increase of reported cases of cancer, the development of palliative care was pioneered by Dame Cicely Saunders (1918-2005) at St. Christopher's Hospital in East London during the 1960s. She had previously worked as a social worker in St. Joseph's Hospital in Hackney, London, which was also under the care of the Irish Sisters of Charity, Saunders credited her career to this group of women religious.<sup>106</sup> She believed that pain control should be continuous for patients with advanced cancer and support was also needed for the families of these patients. Her belief in palliative care and the establishment of St. Christopher's Hospice in London in 1967 under her expertise as medical director, aided further progress in palliative care. It became a hospice that not only catered for the needs of its terminally ill patients, but also considered the welfare of their families.

Although Mother Potter did not live to see the establishment of the Limerick hospice, however, it is clearly an institution that embodied her vision for her congregation. When

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<sup>102</sup> T.M. Healy, *125 Years of Caring in Dublin; Our Lady's Hospice, Harold's Cross, 1879-2004* (Dublin, 2004), p. 3.

<sup>103</sup> Healy, *125 Years of Caring in Dublin*, p. 4. See also Regina McQuillan 'In-patient care units' in Julie Ling, Liam O'Siorain, (eds.), *Facing Death. Palliative Care in Ireland* (Maidenhead, 2005), pp 3-4.

<sup>104</sup> National Library of Ireland (hereinafter NLI), The Story of our Lady's Hospice Harold's Cross, pp 19-20, File, NLI 12A 4150.

<sup>105</sup> Ibid.

<sup>106</sup> Healy, *125 Years of Caring*, p. 59.

Mary Potter wrote to her foundation in Australia in 1885, she envisaged that her congregation would ‘attend in person as many deaths as we could, and thus having to be present at the deaths necessitated attending the sickness ... we had to study to know what to do’.<sup>107</sup> As part of their apostolate, the LCM’ documented that their mission was to ‘help the faithful to die a good death, [where] the Sisters [will] consecrate themselves to attend with maternal care, upon the sick and the dying [while] at the death-beds of the faithful, who are her children’.<sup>108</sup> The wording of the Mother Foundress, through the first rule book for the LCM order, set the tone for the future work of her congregation in which care of the dying was seen as their primary role and nursing was secondary. This type of work was also present in their Limerick mission because as early as 1894, only six years after their arrival into the city, the governing body of St. John’s Hospital received a letter complimenting the work of the Sisters, which read:

I cannot forget that two Sisters from St. John’s Hospital attended my mother in her last sickness and that another of these Sisters stood by my fathers’ death bed.<sup>109</sup>

This picture of the Sisters attending to the dying in their beds was actually an early glimpse of the future role of the order. Dr. Devane from St. John’s Hospital had noted that towards the end of the nineteenth century, surgery carried out without anaesthetic in hospitals, including those in Limerick hospitals, caused horrific pain for patients. As he put it ‘life was hard in those days – and death wasn’t easy’.<sup>110</sup> Clearly there was a need to ease and comfort the dying. The modern LCM order wished to explore this aspect of care and they turned their attention to palliative care.

At a 1972 Provincial Chapter meeting, the order expressed an interest in caring for the terminally ill members of the public by approaching St. Luke’s Hospital and the Eastern Health Board and proposing the possibility of a hospice for the order in Dublin.<sup>111</sup> The order noted that other private hospitals such as St. Joseph’s Hospital, Raheny and St. Vincent’s Hospital in Dublin were similarly exploring the possibility of providing private rooms for dying patients. Demonstrating the order’s practical business sense and attention to future business, the order documented that they were all too aware that if they did not act themselves, the other hospitals ‘will provide stiff opposition for Mount Carmel in four or five

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<sup>107</sup> LCMI, Site maps and plans of Milford House, 1979-82, File 12/4/8.

<sup>108</sup> LCMI, First Rule and Constitution of the LCM, 1893, File 2/1/01.b.

<sup>109</sup> LCL microfilm, St. John’s Fever Hospital 1885-1905.

<sup>110</sup> Devane, *A history of St. John’s Hospital, Limerick*, p. 32.

<sup>111</sup> LCMI, Mount Carmel Hospital to the Mother Provincial, Sister Fidelma, May 1972, File 12/08/01.

years' time'.<sup>112</sup> In short, the order was planning ahead. Four years later, at the Provincial Chapter meeting held in Milford House, the decision whether to open a hospice at Calvary in Galway or Milford House in Limerick was debated. Limerick was duly chosen, and it was under the leadership of Sr. Rose Martin Cabrini as Province Leader and a team of Sisters, Mary O'Shea, Mary Hassett and Patricia Woulfe that the serious work began of setting up hospice care and making the hospice a reality. Sr. J. recalled her input into Milford Care Centre:

it was the time we set up Milford Care Centre and set up a Company then to run Milford Care Centre on a very legal basis. ... then the hospice and the friends and all that all these things had to be sorted.<sup>113</sup>

In the early 1970s, Sr. Rosari Perry and Sr. Brigid Finucane were sent to St. Christopher's Hospital in London and trained on the wards in palliative care under the direction of Dame Cicely Saunders.<sup>114</sup> Displaying their continued commitment to both hospice care and the education of their congregation, the LCM Sisters also visited their own hospital in Sydney, Australia, to gain experience in terminal care nursing. They also visited other hospices in Liverpool, Manchester, Nottingham, Birmingham, Edinburgh and Glasgow to gain further knowledge.<sup>115</sup> The Limerick hospice, the first hospice outside of Dublin, opened within Milford House at the end of February 1977 with a nine bed specialist unit which was dedicated for hospice care and to offer comfort and support for patients who were terminally ill and the families affected. Sr. Brigid remembers the early days of the hospice:

we had the number of beds set up on the top floor in Milford House and that was with a view to seeing how it would work for us and we were taking in people from the hospitals who as far as the hospitals were concerned they had done what they could do for the person and they came here for symptom control and pain control. ... But we would have had many occasions then where people came in here and got their pain under control and they were able to go home and there was a bed there for them if they came back if they needed to, and that's nice.<sup>116</sup>

The hospice needed the medical expertise of a doctor, and once again the order displayed their business-like approach when Sr. Mary Clavier and Sr. Cabrini approached Dr. Pat Kelly, a young 27 year old local doctor. Although he admitted he was unaware of the

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<sup>112</sup> Ibid.

<sup>113</sup> Interview, Sr. J., 23 February 2012.

<sup>114</sup> LCMI, Provincial Council Meetings, November 1976, File 8/1/4/(4).

<sup>115</sup> LCMI, The Beginnings of Palliative Care in the Mid-West, Paper presented by Sr. Rose Martin, LCM, 2003, File 12/04/55.05; LCMI, Milford House History, 1923-2000, File 12/04/01.03.

<sup>116</sup> Interview, Sr. B.F., 23 January 2012.

beginnings of a hospice movement, he duly accepted the position. Dr. Kelly commenced working in the hospice in November 1977 and remained there for twenty-three years. Dr. Kelly agreed to the appointment because he felt a hospice was needed. He recalled that during his experiences as a hospital doctor at the time of death:

People just pulled the curtain around and you know that was it. There was very little care of the dying in major hospitals because all that mattered was the ones that you could do something for.<sup>117</sup>

He maintained that the Limerick public were supportive of a hospice because:

People were not happy with what was happening in hospitals, because there was isolation, there was very poor communication as regards talking to patients and telling them the truth and listening to them and look at their concerns and their fears.<sup>118</sup>

But the hospice did not have the support from all local doctors as ‘a lot of the old GPs [general practitioners], felt it was slow euthanasia of course’ and were opposed to the hospice initially.<sup>119</sup> Gradually though, the GPs did get behind the hospice movement when ‘we swung them all around eventually’.<sup>120</sup>

The introduction of palliative care by the LCM order in Limerick was intended to accommodate patients at times when the Provincial Superior, Mother Cabrini noted ‘curative treatment is no longer beneficial and when they [patients] are in need of terminal care. Patients are admitted regardless of the income group to which they belong’.<sup>121</sup> The LCM order with the help of Dr. Pat Kelly worked extremely hard to make the hospice a success. From the beginning, the team ‘agreed policies in pain control and how to deal with other symptoms as well’.<sup>122</sup> Dr. Kelly visited the hospital daily and the Sisters who, ‘were the corner-stone of nursing for the first five years of the hospice [initially when they] occupied two-thirds of the nursing staff’.<sup>123</sup> Dr. Kelly and members of the staff including the LCM Sisters travelled to palliative care conferences at home and abroad, to stay informed of new practices.

The success of Milford hospice in Limerick can be measured by the demand for palliative care. Since the hospice opened in 1977, an average of eighty patients per year were treated at

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<sup>117</sup> Interview, Dr. Pat Kelly, 22 January 2015.

<sup>118</sup> Ibid.

<sup>119</sup> Ibid

<sup>120</sup> Ibid.

<sup>121</sup> LCMI, Provincial Superior to Mid-Western Health Board, 17 December 1981, File 12/04/08.

<sup>122</sup> Interview, Dr. Pat Kelly, 22 January 2015.

<sup>123</sup> Ibid.

the hospice with an average stay of six weeks.<sup>124</sup> The order soon realised that their existing accommodation was inadequate to cater for the numbers applying for accommodation and in 1981, the need to obtain a larger premises was agreed upon in principle.

Displaying the order's usual proficiency in organisational capabilities, they swiftly commenced discussions with the Department of Health to extend the premises. In 1981, the Provincial Superior, Sr. M. Cabrini, started negotiations with the Department of Health and the Mid-Western Health Board and also approached Desmond O'Malley, a Limerick TD and Minister for Industry and Commerce to extend the hospice. The LCM order was willing to provide the site but required financial help for the building costs that were originally estimated at £500,000.<sup>125</sup> Sr. Cabrini argued for the need for a larger hospice at some length, explaining:

in acute hospitals the patients are diagnosed, treated either medically or surgically, then discharged or transferred for treatment to a cancer hospital and then sent home, or as happens quite often re-admitted to the general hospital. Due to pressure on beds both in general and geriatric hospitals and nursing homes these patients cannot be accommodated, even if they are re-admitted to a general hospital the modern methods of treating these patients is not always generally understood or practised. What they need most is a restful environment, relief of pain and staff who are not pressurised and not continuously changing, and where there is more freedom for relatives and friends to visit them. This is one of the reasons why purpose built units are small – twenty to twenty five beds.<sup>126</sup>

In November 1981, approximately five hundred people who were interested in establishing a development committee for the hospice in Limerick met at the Royal George Hotel. By 1983, capital costs for the project were in excess of £700,000. The LCM order provided the sum of £300,000 towards costs and the remainder had to be raised through fundraising.<sup>127</sup> The committee forwarded funding requests to government ministers and placed notices in the local newspaper.<sup>128</sup> The Mid-Western Health Board and the Department of Health both declined to help finance the project 'because this kind of care is not considered a priority' but once again this setback did not deter the LCM from their plans.<sup>129</sup>

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<sup>124</sup> LCMI, Paper written by Provincial Superior on the Proposed Terminal Care Unit at Milford Hospice House, Limerick, June 1981, File 12/04/08.

<sup>125</sup> LCMI, Site maps and plans of Milford House, 15 and 17 June 1981, File 12/04/08.

<sup>126</sup> LCMI, Paper written by Provincial Superior on the Proposed Terminal Care Unit at Milford Hospice House, Limerick, June 1981, File 12/04/08.

<sup>127</sup> *Limerick Leader*, 22 December 1990.

<sup>128</sup> LCMI, Milford Care/House Centre, 1923-2000, File 12/04/01.03.

<sup>129</sup> LCMI, Plans for Milford House 1979-82, File 12/04/08.

Construction of the hospice building commenced in April 1982. The building, situated to the west of Milford House was linked by a corridor to the nursing home to allow easy flow of essential services. In March 1983, the building was completed with a brand new unit to accommodate twenty beds and it was blessed by Rev. Dr. Jeremiah Newman, Bishop of Limerick (1926-95). His Grace praised the spiritual heritage of the order:

She declared [Mary Potter] to pray for the dying is a work appointed to me, and declared too that the special mission of the LCM is to offer perpetual prayers for the dying. This work has been and is being carried out by the Sisters with great constancy and fortitude. I must say that in whatever else they may have undertaken or may even sometimes appear diverted into, they have never forgotten their primary task – the succour of the dying.<sup>130</sup>

Bishop Jeremiah Newman asked that the order be left in Limerick ‘for many a year, to give the service that they are so well equipped to give in St. John’s Hospital, Milford House and elsewhere’.<sup>131</sup> Indeed the work of the LCM order within St. John’s Hospital and the hospice, the latter which became a modern palliative care unit, were both favourably viewed by a medical consultant from St. John’s Hospital who recognised that they had:

given and are continuing to give a magnificent service to the people of Limerick not only in the hospital but in the homes of sick people and as social workers. They have also set up a hospice to care for the terminally ill at Milford House, Castletroy. This is the only such organisation outside Dublin.<sup>132</sup>

During 1983 the LCM order welcomed its first patients into the new building and during that year 114 patients were admitted. The following year, numbers increased to 198 admittances.<sup>133</sup>

Monies to support the building and the day-to-day running of the hospice came from various sources.<sup>134</sup> Despite their initial refusal to help fund the building of the hospice, the Mid Western Health Board did provide them with a once-off grant of £100,000 in late 1983.<sup>135</sup> The Irish Cancer Society visited the hospice and donated £15,000 to the project in the first year.<sup>136</sup> The Milford Hospice Friends Association was formed in 1984 which comprised of twenty people from within the region to raise much needed funds. Members of the LCM

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<sup>130</sup> Limerick Diocesan Archives (hereinafter LDA), Addresses to LCM, St. John’s Hospital and Milford Hospice, File, BI/JN/119.

<sup>131</sup> LDA, Bishop J. Newman to LCM Milford Hospice, 6 March 1983, File, BI/JN/119.

<sup>132</sup> *Irish Times*, 22 February 1988.

<sup>133</sup> *Limerick Leader*, 22 December 1990.

<sup>134</sup> LCMI, Milford House, 1979-82, File 12/04/08.

<sup>135</sup> *Limerick Leader*, 12 May 1990.

<sup>136</sup> LCMI, Hospice Beginnings, by Sr. Rose Martin, 2005, File 12/04/56.04.

order also worked tirelessly on various fundraising events. One LCM Sister, Sr. Norbert Dunne, a native of Tipperary, who had entered the Limerick novitiate in 1945 at the age of 19, worked unwaveringly to raise much needed funds. Following a period of twenty-five years missionary work in South Africa, Sr. Norbert formed a long association with the hospice. She had been influential in initiating the establishment of the Milford Hospice development committee and was involved in their Annual Harvest Fair, Sunflower Day, and the Christmas Light Up a Memory Service which she inaugurated in 1999.<sup>137</sup> Similar to the early *fêtes* that had been successfully organised by the LCM to provide funding for St. John's Hospital at the beginning of the century, the first Harvest Fair in 1985 raised £9,000 for the hospice. The fair has now become a popular annual event held in September. Many other events such as fashion shows, golf outings, runs, cycles and coffee mornings have yielded a steady and essential income for the hospice. Indeed, in 2011, the hospice was still reliant on bequests and donations to continue its work.<sup>138</sup>

Sr. Brigid Finucane, who entered the order in 1964 and trained and worked at St. John's Hospital, acknowledged that although the order was 'founded to care for the sick and dying and those in need ... that is still going on, always developing and in new ways ... once the sick and dying are cared for, even if not as originally intended, that is fine'.<sup>139</sup> As a member of the LCM and one of the Sisters involved in the setting up of Milford Hospice, Sr. Finucane observed that the change in the work of the order, was indeed a positive move. More recently, Pat Quinlan, Chief Executive of Milford Care Centre stated that the role the LCM order played in the 'vision and foresight ... that led to the commencement of Hospice Care in the Mid-West ... can never [be forgotten] or undervalue[d]'.<sup>140</sup>

Throughout its existence in Ireland, the LCM responded to many challenges and also had the foresight to prepare for change in relation to the implementation of its caring mission, but in the 1960s the structure and practices of the order itself came under threat. As the 1960s pressed on, the modern world was about to witness the Roman Catholic Church's attempts to engage more positively with a rapidly changing society. Between 1962 and 1965 the Roman Catholic Church debated the relations between the Church and the modern world at the sitting of the Second Vatican Council (SVC). The outcome from the four sessions of the SVC were

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<sup>137</sup> *Limerick Leader*, 22 March 2003.

<sup>138</sup> *Limerick Leader*, 12 May 1990, 6 March 1991, 24 August 1998, 30 August 2004.

<sup>139</sup> *Limerick Leader*, 30 November 2013.

<sup>140</sup> *Limerick Leader*, 10 August 2013.

delivered through sixteen documents that comprised of constitutions, decrees and declarations. Of the sixteen documents that were promulgated by the Second Vatican Council, *Perfectae Caritatis* produced in 1965, in particular, had strong repercussions for women religious organisations. The next chapter will examine the influence of the Second Vatican Council on the LCM. It will examine the reaction of the LCM to the Council's decree and the changes that the order implemented as the effects of the Second Vatican Council rippled through their community and they realised in other ways also, that they had to learn to adapt themselves to the changing world around them.

## Chapter 5

### The Little Company of Mary's response to the Second Vatican Council, 1962-5

One of the most historic events in Roman Catholic history, the convocation of the Second Vatican Council or the 21<sup>st</sup> General Council of the Church in Rome, took place in the mid-twentieth century. In November 1958, Angelo Giuseppe Roncalli was elected Pope and in January of the following year, the now named Pope John XXIII (1881-1963) unexpectedly declared his intention to review the Catholic Church's position in a modern society. He recognised that the Church's practice and teachings were in need of renewal and between 1962 and 1965, the Roman Catholic Church debated strategies to modernise its position in a changed and modern society and set about removing outmoded structures and practices. The opening ceremony of the first session of the Second Vatican Council took place on 11 October 1962 at 9.50 am. The ceremony lasted for five hours. The Pope requested that the bells of Roman Catholic churches in every country ring out for ten minutes to announce its commencement. Four years later, the outcomes from the four sessions of the Council were delivered through sixteen documents that comprised of constitutions, decrees and declarations.<sup>1</sup> Of the sixteen documents that were produced at the Second Vatican Council, *Perfectae Caritatis* promulgated on 28 October 1965, had particularly far-reaching repercussions for men and women religious congregations as it afforded them the opportunity to implement changes in the way they lived their lives both within and outside their congregations. This chapter will examine the effects of *Perfectae Caritatis* on the Little Company of Mary (LCM). To fully comprehend the extent of the changes that took place during and after the introduction of the legislation of the Second Vatican Council, it is necessary to examine the structures of the order prior to the sitting of the Council. To that end, the Rule and Constitutions that were introduced prior to the 1969 Constitution will be analysed. This chapter will then go on to examine the LCM responses to the decree and the changes the order implemented, particularly in relation to the wearing of traditional habit, recreation, the early formation years for novices and postulants, home visits and their internal

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<sup>1</sup> Constitutions ranked higher than decrees. John W. O'Malley, *What happened at Vatican 11* (London, 2008), p. 3.

governmental structure. It will further assess how despite the changes in the LCM there was a decline in postulants from 1965 onwards.

## Background and objectives of the Second Vatican Council

The Second Vatican Council stated that its main objective was to ‘shape the face and future of the Church’.<sup>2</sup> Hoy has asserted that the Vatican Council was established to ‘remove the outmoded practices’ as they ‘no longer’ fitted in with the modern world.<sup>3</sup> Pope John XXIII stated that the purpose of the Council was ‘to restore its splendour to the face of the Church of Christ, as it was in her primitive simplicity and purity’.<sup>4</sup> Cardinal Leo Josef Suenens (1904-1996), a leading voice at the Second Vatican Council declared its purpose to be:

an invitation of conscience. It is a matter of getting clear what is essential in the Church and what is only incidental, what must remain and what is dependent on the times and circumstances.<sup>5</sup>

The Roman Catholic hierarchy agreed that the practice and teachings of the church were in need of re-energizing and examination in the context of the modern world. To ensure the success of the Council, from the outset, Pope John XXIII was adamant that unlike the previous Vatican Council, the Second Vatican Council would have representatives from all nations present at the proceedings. He also appealed to the faithful all over the world to pray for its success and expressed his belief that this Second Council would improve ‘the lives of Catholics’.<sup>6</sup>

In 1959, in preparation for the commencement of the Second Vatican Council, an ante-preparatory commission was formed under Cardinal Domenico Tardini (1888-1961). Its purpose was to identify issues for discussion at the Second Vatican Council. With no restrictions placed on suggestions for discussion, almost three thousand letters were distributed by the Cardinal to all the bishops of the world, heads of religious orders and Catholic universities. The responses formulated a year later by the commission were divided into twelve categories: theology, bishops and dioceses, discipline of the clergy and the faithful, religious orders, ordering of the Sacraments, liturgy, studies and seminaries, Oriental Churches, missions, apostolate of the laity, mass media of communication and Church unity.

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<sup>2</sup> *Irish Independent*, 6 October 1962.

<sup>3</sup> Suellen Hoy, *Good Hearts. Catholic Sisters in Chicago's Past* (Chicago, 2006), p. 152.

<sup>4</sup> *Irish Independent*, 13 August 1962.

<sup>5</sup> Cardinal Leon Josef Suenens, *The Nun in the World* (Maryland, 1963), p. v.

<sup>6</sup> *Irish Independent*, 13 August 1962.

Examining these twelve themes required the establishment of new expertise groupings.<sup>7</sup> At the request of Apostolic Nuncio, Reverend A. Riberi, the Archbishop of Dublin, John Charles McQuaid forwarded a list of the names of competent Irish theological candidates to assist the commissions, none of which were women.<sup>8</sup> Pope John XXIII's publication of *Motu Proprio Superno Dei Nuto* in June 1960 issued the names of the theologians and pastors who would form the twelve expert groups. Each category was assigned to an expert group enabling the recommendations for the Second Vatican Council to be made. Ten of these groups were denominated Commissions with the remaining two named Secretariats. By June 1961, all findings by the Commissions and Secretariats had been submitted to the Central Commission which was composed of sixty-seven Cardinals, thirty-three Patriarchs and Archbishops, five Bishops and three heads of religious orders.<sup>9</sup> The Central Commission had a prominent Irish presence which included Cardinal D'Alton Archbishop of Armagh, Cardinal Michael Browne, Rev. Dr. D. Finbar Ryan Archbishop of Port of Spain and Rev. Dr. T. Quinlan, Vicar Apostolic of Chunchun.<sup>10</sup> The Commission's role was to deliberate over the findings of the expert groups and propose an agenda to be submitted to the President of the Commission, the Holy Father. The Central Commission reflected on the findings of the twelve preparatory Commissions for seven months and finished their deliberations by June 1962. Their recommendations were duly passed to Pope John.<sup>11</sup> By June 1962, he had been furnished with the completed suggested agenda which delineated seventy schemata for the Second Vatican Council. In the course of four years, the Council had reduced seventy documents to sixteen.

Between 1962 and 1965, the Second Vatican Council met for ten week sessions.<sup>12</sup> Pope John XXIII presided over the first session on 11 October 1962 and following his untimely death, his predecessor, Pope Paul VI (1897-1978), presided over the remaining three.<sup>13</sup> Over three thousand cardinals, patriarchs, archbishops and bishops were entitled to have a seat and vote

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<sup>7</sup> Irish Independent, 10 August 1962.

<sup>8</sup> Dublin Diocesan Archives (hereinafter DDA) Archbishop Charles J. McQuaid to Rev. A. Riberi, File Vatican Council, 12 May 1960, File, AB8/VC/XLV/1.

<sup>9</sup> Irish Independent, 10 August 1962.

<sup>10</sup> Irish Independent, 13 August 1962.

<sup>11</sup> Irish Independent, 10 August 1962.

<sup>12</sup> O'Malley notes that the four years preceding the Council from 1959-62 and the nine interval months between each session were equally as important as work continued during these periods. John W. O'Malley, *What happened at Vatican 11* (Cambridge, 2008), p. 2.

<sup>13</sup> By 1965 when the Council finished, sixteen documents were produced that covered a wide range of subjects from the use of the organ in Church services to the relationship between the bishops and the pope and the role of the laity in the modern Church.

at the Second Vatican Council.<sup>14</sup> St. Peter's Basilica was transformed to accommodate seating for ten thousand participants and observers at the first meeting which included the world's media.<sup>15</sup> In advance of the first meeting, Roman Catholic bishops from all over the world needed to familiarize themselves with their own copies of the 2,060 page schematas.

The inaugural meeting of the Second Vatican Council was attended by 2,500 bishops and male leaders of religious orders, all of whom had voting rights. Also in attendance were 450 Catholic priests with no voting rights and representatives from the Protestant community and other non-Christian religions. Following the announcement of the Second Vatican Council, an international group of Catholic women, known as St. Joan's Alliance, had campaigned vigorously for the inclusion of women at the proceedings but lay women and women religious were not invited to attend the first meeting. But by the end of the fourth session 'the Church recognised the importance of women in the general mission of the Church when twenty-three women were appointed as auditors.'<sup>16</sup>

No constitutions or decrees were promulgated at the first session which opened in October 1962. Pope Paul VI was ordained in June 1963 and he immediately announced the continuation of the Ecumenical Council. The second session of the Council in October 1963 produced one constitution and one decree, the third session in September 1964 produced one constitution and two decrees and the final session which opened in September 1965 promulgated two constitutions, six decrees and three declarations.<sup>17</sup> It was during the final session that the decree on the Renewal of Religious Life, *Perfectae Caritatis*, was promulgated. The decree was aimed to 'treat of the life and discipline of those institutes whose members make profession of chastity, poverty and obedience and to provide for their needs in our time'.<sup>18</sup> All religious communities were urged to examine their histories, characteristics, customs and missions in order to determine the changes required within their communities to meet the needs of a modern society. Changes were to be made in accordance with the spirit of their founders. Clearly, this was the decree that had significant implications for women religious orders worldwide. It was through the Sacred Congregation for Religious

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<sup>14</sup> *Irish Independent*, 14 August 1962.

<sup>15</sup> *Irish Independent*, 12 August 1962.

<sup>16</sup> *Limerick Leader*, 16 April 1966.

<sup>17</sup> For a chronological order of events at the Second Vatican Council see O'Malley, *What happened at Vatican 11*, pp 317-9.

<sup>18</sup> Decree on the adaption and renewal of religious life *Perfectae Caritatis*, 28 October 1965.

[http://www.vatican.va/archive/hist\\_councils/ii\\_vatican\\_council/documents/vat-ii\\_decree\\_19651028\\_perfectae-caritatis\\_en.html](http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_decree_19651028_perfectae-caritatis_en.html) (4 September 2013).

and Secular Institutes (SCRSI), the official administrative body of the Holy See, that the directives from the Second Vatican Council were subsequently administered.<sup>19</sup>

## Response in Ireland to the Second Vatican Council

The work of the Council was examined under the full glare of the world media. In Ireland constant television coverage of the event took place, radio programmes discussed and debated the event and regular updates to keep the public informed appeared in national and local newspapers.<sup>20</sup> Indeed, Carty has asserted that the presence of the media slowly opened ‘out the secrecy which had surrounded its initial phases’.<sup>21</sup> Carty viewed the inclusion of the media in a positive light. In 1950, *The Furrow*, a Roman Catholic monthly journal, was first published by Dr. J. C. McGarry of Maynooth College. It informed subscribers about the events at the Council and Lane has claimed that this journal played a pivotal role in ‘mediating the fruits of the Council’ to the Irish public.<sup>22</sup> Rev. Dr. Joseph Ratzinger, later Pope Benedict XVI, from 2005 to 2013, contributed his reflections of the first session of the SVC to this journal in 1963 and argued that it was too early to consider the effects of the first session of the Second Vatican Council. In his paper he outlined the structure of the first session and concluded that the Church will always require renewal.<sup>23</sup> The Irish Catholic hierarchy used *The Furrow* to inform its readers of the on-going events in Rome.<sup>24</sup> The Bishop of Limerick, Rev. Dr. Henry Murphy (1912-73) who attended all sessions, used his pastoral letter in February 1963 to explain its goals which he deemed were to engage in ‘self-examination’ of the Catholic Church’s teachings in a modern world.<sup>25</sup> In an article in the *Connacht Tribune* a west of Ireland newspaper, on 18 December 1965, His Lordship, Rev. Dr. Michael Browne, Bishop of Galway, also a participant at the Council, claimed the SVC was a success and noted that the Catholic religion would now survive in the modern society.<sup>26</sup>

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<sup>19</sup> Constitutions ranked higher than decrees. O’Malley, *What happened at Vatican 11*, p. 3.

<sup>20</sup> The *Irish Independent* ran a series of daily articles titled ‘The Emerging Church’ on the impact of the decrees from November to December 1966. See also *Irish Times*, *Sunday Independent*, *Limerick Leader*, 1962-5. For journals see *The Furrow*, a monthly religious journal printed at St. Patrick’s College, Maynooth since 1950.

<sup>21</sup> Francis Xavier Carty, ‘The influence of issue management upon public relationships in a changing environment: How John Charles Mc. Quaid, Roman Catholic Archbishop of Dublin (1940-72) Managed the Issue of the Second Vatican Council from 1959 to 1972 and the Extent, if any, to which this Influenced Change in the Public Relationships Between Archbishop, Diocesan Priests and Laity’ (PhD thesis, Dublin Institute of Technology, 2006), p. 442.

<sup>22</sup> Dermot A. Lane ‘Vatican II: The Irish Experience’, in *The Furrow*, lv, no. 2 (February, 2004), pp 67-81.

<sup>23</sup> ‘The Second Vatican Council: The First Session’, in *The Furrow*, xiv, no. 5 (May 1963), pp 267-88.

<sup>24</sup> ‘Documents, The Second Vatican Council’ in *The Furrow*, xvii, no. 1 (January, 1966), pp 53-5.

<sup>25</sup> *Limerick Leader*, 25 February 1963.

<sup>26</sup> *Connacht Tribune*, 18 December 1965.

Archbishop of Dublin, John Charles McQuaid, was a participant in all four sessions but Carty has noted that he did not engage with or inform Irish newspapers about the deliberations and remained remote from the media, a sentiment that was re-iterated by Feeney.<sup>27</sup> Indeed a review of the local and national newspapers in the period 1962 to 1965 supports this view.<sup>28</sup> Archbishop McQuaid made no public statements on the Council throughout this time. He did, however, communicate with his parishioners and priests through his letters and Lenten pastorals during the course of the Council. In 1962 he stated that the aims of the coming Council were ‘to promote the spiritual good of all the church and also provide an invitation to the dissidents to seek the unity that so many souls desire’.<sup>29</sup>

The close church-state relationships in Ireland and the predominance of Roman Catholicism in Irish society meant that politicians were keenly interested in the Council and its deliberations and most spoke positively about the Council. In advance of the proceedings, President of Ireland, Eamon de Valera, expressed his hope that the Council would arrive at decisions that would lead ‘to happiness of man in this life and in the life to come’.<sup>30</sup> Taoiseach Sean Lemass along with Con Cremin, Secretary Department of External Affairs and the Ambassador to the Holy See, T.V. Commins, all attended the Council’s opening ceremony.<sup>31</sup> As Lemass boarded a flight in Dublin to attend the closing ceremony in Rome in 1965, he took the opportunity to congratulate the Council on their accomplishments and commented ‘we are all glad to know that the Council has achieved so much’.<sup>32</sup>

One of the few Irish lay participants at the final session of the SVC was auditor, Frank Duff (1889-1980), who was the founder of the Legion of Mary which originated in Ireland in 1921. In 1965, he was aware of ‘unrest in the Church’, but he proclaimed his support for the Council and urged the members of the Legion of Mary to follow suit. Writing to the respective presidents of the Council of the Legion of Mary located throughout the world, he warned their two million members that ‘disloyalty to the Holy See will not be tolerated’.<sup>33</sup> Following the Council closely, he urged his members to honour their ‘loyalty to Rome, the

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<sup>27</sup> Francis Xavier Carty, ‘The influence of issue management upon public relationships in a changing environment,’ p. 192. See also John Feeney, *John Charles McQuaid, the man and the mask* (Dublin, 1974), p. 1.

<sup>28</sup> *Irish Times, Sunday Independent, Limerick Leader*, 1962-5.

<sup>29</sup> DDA, Vatican Council, Lenten Pastoral 1962, File AB8/VC/LV11/443.

<sup>30</sup> *Irish Times*, 11 October 1962.

<sup>31</sup> *Irish Catholic Directory* (1963), p. 739.

<sup>32</sup> *Irish Independent*, 6 December, 1965.

<sup>33</sup> *Ibid.*, 24 October 1968.

centre of our faith, the source of authority, discipline, unity'.<sup>34</sup> Unsurprisingly in a country where over ninety-five per cent of the population comprised of Roman Catholics, the work of the Second Vatican Council was supported, but it was the religious congregations who were most affected by its deliberations.

## The LCM and the Second Vatican Council

The Second Vatican Council brought about changes that affected the religious lives of men and women. Flannery claims that women religious embraced the changes emerging from the Second Vatican Council and worked at introducing these into their daily lives.<sup>35</sup> The LCM order was anxious to implement the changes that were decreed at the Council. The Sacred Liturgy which was the first Constitution promulgated at the Council, declared changes to the mass. In 1965 members from the LCM chose to attend a liturgical course which was conducted at Glenstal Abbey, a Benedictine monastery in Murroe, County Limerick. The mass was organised by the Benedictine order to inform attendees of the changes to mass as decreed in the Constitution. The Sisters who participated found it 'an immense help enabling them to cope with all the liturgical changes taking place in the Church today'.<sup>36</sup>

The decree *Perfectae Caritatis* produced in 1965, had implications for members of religious orders, both male and female. It was aimed specifically at the religious organisations who consecrated their lives to the Roman Catholic Church. The Council felt it was important that all religious congregations 'return to the sources of all Christian life and to the original spirit of the institutes' and then adapt to the present needs of society.<sup>37</sup> It was, therefore, necessary for the LCM Rule Book and Constitution to be revised and the ensuing changes to be adapted by the LCM congregation.

On 8 September 1964 and in advance of a Chapter meeting in Rome in 1965, the LCM order began the process of implementing changes by encouraging their congregation to forward any suggestions for changes to the habit and regulations for novitiates and juniorates. The order

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<sup>34</sup> *Irish Independent*, 24 October 1968. See Fiona Kennedy, *Frank Duff, A Life story* (London, 2011).

<sup>35</sup> Tony Flannery, *The Death of Religious Life?* (Dublin, 1997), p. 50.

<sup>36</sup> LCMI, St. John's Hospital Log Book 1956-70, File 12/01/02.

<sup>37</sup> Decree on the adaption and renewal of religious life *Perfectae Caritatis*, 28 October 1965.

[http://www.vatican.va/archive/hist\\_councils/ii\\_vatican\\_council/documents/vat-ii\\_decree\\_19651028\\_perfectae-caritatis\\_en.html](http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_decree_19651028_perfectae-caritatis_en.html) (4 September 2013).

was open to all opinions ‘even the ridiculous and unreasonable’ ones were to be considered.<sup>38</sup> The committee advised the LCM community at Milford House in Limerick that each member of the LCM should aim to ‘preserve the glorious heritage’ of their congregation. They were also reminded of the importance of the changes they implemented as future members would ‘look for a guide as to what they should do’.<sup>39</sup> In accordance with suggestions made at the Chapter meeting in relation to the preservation of the heritage, small study group meetings were formed to discuss the life and writings of their Foundress, Mary Potter, their discussions summarised, and in this way ‘a lively interest was maintained’.<sup>40</sup> This response prepared them for the *Motu Proprio* issued in 1966.

On the instructions of Pope Paul VI in the *Motu Proprio ‘Ecclesiae Sanctae’* issued on 6 August 1966 was introduced, to assist religious orders in the implementation of the decree *Perfectae Caritatis*. The LCM order in Rome, aided by the *Ecclesiae Sanctae*, advised the Irish Province to establish a formation commission with the responsibility of co-ordinating the Irish proposals for change which would be discussed at the forthcoming LCM’s Special Chapter meeting in Rome in April 1969. Attendees at the Irish Formation commission were elected anonymously by each Sister within the LCM to discuss the area of ‘sister-formation’ and ‘continued education both spiritually and professionally’.<sup>41</sup> Their agenda was set to study the needs of the congregation and the findings of this commission were distributed to all members of the LCM congregation for eventual discussion and approval at the Provincial and Special Chapter meetings. The Superior General, Mother Dominic regarded involving all members in this process as imperative:

since the future of the Little Company of Mary and its effectiveness in the Church is so dependent on the religious formation of all of our sisters, we believe that it is essential to have sisters from the nursing apostolate as well as the mistresses in formation examining together every aspect of this vast subject.<sup>42</sup>

The results were forwarded to the LCM Special Chapter meeting in Rome in April 1969, whose primary concern was the revision of the order’s Rule and Constitution. The commission instigated changes to the habit, recreational patterns, daily routine, practices and

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<sup>38</sup> LCMI, Rome to Irish Mother Provincial and Mothers in Council, 8 September 1964, File 3/1/6.01.

<sup>39</sup> LCMI, St. John’s Hospital Log Book, 1957-70, File 12/01/02.

<sup>40</sup> Ibid.

<sup>41</sup> LCMI, Mother Superior General to the Irish Province, 12 January 1968, General Chapters, File 3/1/6.01.

<sup>42</sup> Ibid.

education which the order formalised in their 1969 Constitution and Statues book. Mother Dominic was insistent that co-operation of all the members within the LCM was vital to the successful implementation of the Vatican Council directives.<sup>43</sup> Early indications from the log book of the Sisters of the Little Company of Mary showed that the order were receptive to change. They agreed that it was ‘wonderful to be getting all this help and to be living in these changing times’.<sup>44</sup>

In 1968, three years after the Second Vatican Council had completed the sessions, while on her visit to Milford House in Limerick, the Provincial Superior, Mother Dominic, remarked that the [Irish] Province is ‘aiming in a very excellent way at carrying out the decrees of Vatican Council’.<sup>45</sup> She was satisfied that they had moved quickly to adhere to new regulations from the Second Vatican Council and took responsibility to implement the changes. By July of that year, the Irish Formation Commission compiled a list known as the ‘Study’, which was ‘not to be regarded as instructions to be carried out now’, but rather ‘material for further discussion’ at the Provincial Chapters meeting in advance of the Special Chapter meeting in 1969.<sup>46</sup> The Formation Commission’s findings suggested changes for the order and for the individual nun which included experimentation with changes to the habit and veil, relaxation on recreation rules and meals and the examination of practices of postulants and novices and home visits.<sup>47</sup>

Conscious of this decree, and aware of the benefits of having an active women religious congregation within the Catholic Church, Pope Paul VI visited the LCM house in Rome during one of their General Chapter Meetings in 1969. Following the Council’s instruction to return to the spirit of the institution, the Pope encouraged the LCM to ‘renew appropriately the rules that govern your life of prayer and service’, and reminded them that the desirable changes should include ‘traditions that have proved their value by withstanding the test of time’.<sup>48</sup> He indicated that women religious orders should return to their origins and ‘consider

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<sup>43</sup> The Provincial Meeting was held in December 1968 and the Special Chapter Meeting was held in April 1969, LCMI, File 3/1/6.

<sup>44</sup> LCMI, St. John’s Log book, 1957-70, File 12/01/02.

<sup>45</sup> LCMI, Visitation Milford House, Limerick, 1933-68, File 12/04/01.8.

<sup>46</sup> LCMI, Mother Superior General to the Sister Provincial, 1 July 1968, File 3/1/6.01.

<sup>47</sup> Ibid.

<sup>48</sup> LCMI, St. John’s Hospital Log Book, 1957-70, File 12/01/02.

what your great Foundress would wish the Little Company of Mary, now spread throughout the world, to do in today's circumstances'.<sup>49</sup>

The Special Chapter meeting took place in Rome in 1969 when a new Constitution and statutes were agreed for the order in keeping with the norms of *Perfectae Caritatis*. Mother Dominic, the Mother Superior General, was confident that the response of the congregation met the demands set out by the Council.<sup>50</sup> The 1969 Constitution and Statutes of the Little Company of Mary ensured that the congregation endeavoured to 'preserve the special outlook of the Foundress and the sound traditions which are the heritage of our congregation' by remaining true to the original spirit of the Foundress.<sup>51</sup> The Constitution directly addressed issues that affected the members of the LCM order as noted by Sr. Mary who entered the order in 1960:

The recommendations of Vatican II were beginning to filter through at that stage. A lot of new concepts were in the pipeline and structures that had been copper fastened were being loosened.<sup>52</sup>

One of the outward signs of changes that were affected was modifications to the habit.

## Habit

Members of women religious orders had always been recognisable by their distinctive clothing. Although different orders adhered to distinctive styles these were traditionally dark in colour. The habit was quite plain in appearance with an outfit that included a veil as it was considered essential to modesty and to completely cover all body parts, therefore, only leaving the face visible. Dark coats or cloaks were worn, accompanied by dark comfortable shoes. Modifications to the habits of religious orders, 'the outward mark of Consecration to God,' was instigated through *Perfectae Caritatis*.<sup>53</sup> It decreed that the new habit should be 'simple and modest, poor and at the same time becoming'.<sup>54</sup> Galvin has noted that the modifications allowed female religious to reclaim 'one's body, one's hair, the individual

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<sup>49</sup> Ibid.

<sup>50</sup> LCMI, Mother Superior General to the Irish Province, 16 July 1969, File 6/1/4.

<sup>51</sup> LCMI, Constitutions and Statutes of the Little Company of Mary 1969, File 2/1/3.2 and 2/1/4.

<sup>52</sup> *Limerick Leader*, 30 June 2001.

<sup>53</sup> Rule 17, *Perfectae Caritatis*, 28 October 1965,  
[http://www.vatican.va/archive/hist\\_councils/ii\\_vatican\\_council/documents/vat-ii\\_decree\\_19651028\\_perfectae-caritatis\\_en.html](http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_decree_19651028_perfectae-caritatis_en.html) (4 September 2013).

<sup>54</sup> Ibid.

emerged transformed'.<sup>55</sup> She noted that these modifications which allowed the length of the habit to be raised and the changes in headwear which permitted partial viewing of hair, had far reaching implications for members of women religious institutions. It allowed each nun to slowly reclaim their identity.<sup>56</sup> The adaptation of the habit was a gradual process for the LCM.

In 1888, the Sisters of Mercy observed that the habit of the LCM was:

black with a large scapular with the coif and guimp like that worn by the Presentation Nuns; the veil light blue in the street, a black one covers it except a little around the face.<sup>57</sup>

In 1912, the full wardrobe for a postulant of the LCM order comprised of the following items:

six night dresses, six chemises, six white petticoats, six vests, three black petticoats, two black dresses and capes, six pairs of stockings, two outdoor boots, two indoor boots, six white aprons, six blue check aprons, one dozen white handkerchiefs, one dozen blue check handkerchiefs, one black cloak, one black bonnet, a silver watch, umbrella and a Roman missal.<sup>58</sup>

The 1931 Constitution documented that the habit for a member of the LCM comprised a black tunic and scapular, in winter a black cloak, a blue veil in the house and a black veil bordered with blue worn outdoors, plain black leather shoes, a silver ring and a crucifix that hung from the neck.<sup>59</sup> Both dress and appearance were addressed by the LCM in their modifications but they were also mindful of the SVC directive to produce a habit that seemed simple and modest. In 1965, the LCM order introduced changes to the habit 'according to the model approved by the General Chapter'.<sup>60</sup> The new habit would have less material in the skirt that was to measure six inches from the floor and would have plain narrow sleeves without cuffs. This was accompanied by a white head piece bandeau worn under the blue veil and the black veil. Night veils were optional in the rooms, but the head had to be

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<sup>55</sup> Marie Galvin, 'The rise and decline of female religious in Ireland 1960-75' (Unpublished M.A. thesis, University of Limerick, 2003), pp 50-4.

<sup>56</sup> Galvin, 'The rise and decline of female religious in Ireland 1960-75,' p. 48.

<sup>57</sup> John F. Devane, *A history of St. John's Hospital, Limerick* (Dublin, 1970), pp 40-1.

<sup>58</sup> LCMI, Monument Hill, Fermoy, 1912, File 12/2/1.05.

<sup>59</sup> LCMI, The Constitution of the Little Company of Mary, Article 39, 1931, File 2/1/2.1.

<sup>60</sup> LCMI, Log book Mount Carmel, 1958-81, File 12/09/12.

covered in the corridor. Members were also required to wear plain leather shoes either laced or slip on.<sup>61</sup>

In 1968 the experimentation 'Study' list considered that variations to the habit in different Provinces were acceptable with special consideration given for occasions such as sports days or holidays.<sup>62</sup> In 1969 the Statutes included temporary suggestions for the habit until the next Provincial Chapter scheduled for March 1970.<sup>63</sup> The Statutes suggested a black habit, no shorter than mid-calf length, worn with a simple white collar and with a blue veil or black veil if desired. The head piece could only have a small amount of hair to be shown. Black stockings and black shoes were part of the habit requirements.<sup>64</sup> The remodelled veil, with a little hair showing, was a welcome addition to the LCM. In Mount Carmel Hospital, changes to the habit had begun in December 1965.<sup>65</sup> The modifications were noticed as nurses in St. John's Hospital admired the new veil.<sup>66</sup> Sisters F. recalled the time that the hair was allowed to appear under the new veil:

we also had a starchy thing across the forehead, so that went and your hair began to show out and that was kind of radical you know because most of us had neglected our hair.<sup>67</sup>

She believed the uniform was inhibiting as 'the habit was always a barrier - you didn't have an identity'.<sup>68</sup> As the changes and experimentations with the habit were gradually introduced by the LCM, it allowed the individual Sister to recover control of her identity and redefine herself as a woman by moving away from the monastic style of clothing that inhibited her movement and hid her body. This change became most apparent when the changing and remodelling of the habit progressed further to allow the Sisters to simply buy their own clothes rather than having habits specially made for them. Not all women religious were in favour of the directives. Campion described that when the LCM Sisters in Malta received the news to modify their habits by shortening their skirts, some Sisters 'do not like this, but all obey'.<sup>69</sup> In contrast, Sister F. recalled that buying clothes made the process:

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<sup>61</sup> LCMI, Acts of the Ninth General Chapter, 9 April 1965, File 3/1/5.02.

<sup>62</sup> LCMI, from Rome to Sister Provincial, 1 July 1968, File 3/1/6.01.

<sup>63</sup> LCMI, Log book Mount Carmel, 1958-81, File 12/09/12.

<sup>64</sup> LCMI, Statutes of the Special General Chapter 1969, pp 5-6, File 2/1/4.

<sup>65</sup> LCMI, Log book Mount Carmel, 1958-81, File 12/09/12.

<sup>66</sup> LCMI, St. John's Hospital Log Book, 1957-70, File 12/01/02.

<sup>67</sup> Interview, Sr. F., 1 December 2011.

<sup>68</sup> Ibid.

<sup>69</sup> Mary Campion, *Place of Springs* (Merseyside, 1977), p. 51.

much easier rather than having to make these things which had pleats and everything, you would just buy them you know.<sup>70</sup>

The Sisters who worked with lay nurses were perhaps most aware of changing fashions and adapted accordingly as they wished to wear ‘whatever our colleagues wore’.<sup>71</sup> There was a sense that public opinion mattered and that the Sisters now felt ‘just like everybody else’.<sup>72</sup> The changes effected by the LCM through modifications to the habit were outwardly visible signs of conforming to the *Perfectae Caritatis*, but other changes that were introduced would have less obvious but had more profound effects on the Sisters.

## Recreation

According to Duddy, nuns followed strict horariums within their congregations. She believed that the demanding horarium prescribed by rules and constitutions of orders, was the foundation for ‘a well regulated religious life’.<sup>73</sup> According to the first LCM Constitution in 1893, recreation was to take place after dinner and supper time. This time was used for ‘learning and practicing great virtues’ and time to do ‘some little manual work’.<sup>74</sup> Over time in Ireland at least, card-playing, dancing and singing crept in and became ‘the usual custom, even on week-days’, in some houses. This type of behaviour was not encouraged as a regular evening recreation.<sup>75</sup> The 1931 Constitution rules on recreation were reflective of the original Constitution. In the 1965 General Chapter meeting, the topic of recreation was addressed as an ‘important’ issue by which to ‘create a spirit of unity and charity’.<sup>76</sup> In 1968, the Formation Commission suggested a relaxation to the rules pertaining to recreation time and ‘the use of different rooms to watch television, play games or go for a swim’ was recommended and music could be played during meals.<sup>77</sup> And it would appear that the order was attempting to create a sense of closer community between its members, as by 1975 recreation time was an integral part of community life. However there were stipulations which prohibited the use of individual radios and television viewing was limited to

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<sup>70</sup> Interview, Sr. F., 1 December 2011.

<sup>71</sup> Ibid.

<sup>72</sup> Ibid.

<sup>73</sup> Marie Duddy, *The Call of the North, A History of the Sisters of Mercy, Down and Connor Diocese, Ireland* (Ulster Historical Foundation, 2010), p. 108.

<sup>74</sup> LCMI, First Rule and Constitution of the LCM, 1893, File 2/1/01.b.

<sup>75</sup> LCMI, Mother Mary Potter, Foundress, Council Notes, February 1915, File 1/3/18.

<sup>76</sup> LCMI, Acts of the Ninth General Chapter, 9 April 1965, File 3/1/5.02.

<sup>77</sup> LCMI, Rome to Sister Provincial, 1 July 1968, File 3/1/6.01.

designated programmes. Cameras could be used only for community purposes.<sup>78</sup> The need to provide both personal space for Sisters and an interactive area to integrate the Sisters was also explored, but progress was slow.

## Formation

The 1931 Rule Book set out clear instructions on the selection process for the aspirants who presented themselves for admission. The LCM's 1931 Constitution had stipulated the ideal candidates sought for their order. The Constitution noted that candidates seeking admission for either nursing at home or for overseas duties 'ought to be born of legitimate and respectable parents, and ought to be of good reputation. ... she ought to be of good health and a special liking for nursing the sick ... of a docile, patient and respectful disposition. ... the most suitable age is about twenty years'.<sup>79</sup> The Local Superior who interviewed the aspirant had to discover her motive for entry and ascertain the complete family history, 'particularly with regard to any hereditary ailment or mental weakness in her own case or that of her family, or near relatives'.<sup>80</sup> The character of the postulant was under scrutiny from the beginning and those who were accepted into the order were closely monitored by the appointed Novice Mistress in the novitiate home in Limerick. Mother Hilda, the Mother Superior, emphasised in 1932 that:

the postulant should be carefully directed and their character and dispositions studied in order that they may be trained and cultivated in the right way. They have to grow but they must not be allowed to grow up in their own way, for there is danger no matter how good their disposition may be, that they will grow into weeds instead of flowers unless they be carefully tended and trained.<sup>81</sup>

Mother Hilda, through her letter to all Mother Provincials, sought to ensure that the new rule book would 'help these young sisters in their training and preparation for the active works of the congregation'.<sup>82</sup> Aspirants seeking entry to the Little Company of Mary were required to have a strong work ethic and to be healthy. Indeed, strict adherence to the criteria did eliminate postulants who were unsuited to the order. Between 1932 and 1934, eight

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<sup>78</sup> LCMI, Customs book and directory, circa. 1975, File 2/1/6.

<sup>79</sup> LCMI, Constitution of the LCM, Art. 27, 1931, File 2/1/2.1

<sup>80</sup> LCMI, Mother Hilda Superior General to all Mother Provincials of the LCM, 1 May 1932, File 6/1/03.

<sup>81</sup> Ibid

<sup>82</sup> Ibid.

postulants were sent home for reasons of ill health, unsuitability to the order or disobedience.<sup>83</sup>

With the prospect of a new foundation in Galway and Dublin, in 1947, the LCM actively campaigned for new postulants in the Dublin area to join their congregation and maintained their need for new entrants was 'very acute'.<sup>84</sup> The postulants who entered had to conform to the LCM Constitution. A postulant who entered the LCM in 1956 recounted her novitiate training in Milford House, Limerick. She recalled that the postulant made her first vows six months after entry at the 'clothing' ceremony.<sup>85</sup> At the first clothing ceremony, the postulant received the name of a saint, often a male saint, possibly of their own choosing though 'they must be quite ready to accept the name chosen for them by their superiors'.<sup>86</sup> The aspirant signed a declaration stating they would not seek any remuneration for the work undertaken as a member of the congregation. During the novitiate years, the novices were concerned with learning the constitution while engaging in works of the order under instruction that they should not 'expect to be left in any one house or province or to be kept to any particular employment'.<sup>87</sup> During the novitiate training the candidate remained in the Novitiate House in Limerick for the entire two-year period. She was separated from the rest of the community while under the supervision of the Mistress of Novices. The Novice Mistress was responsible for the training of future generations of the LCM community, and their role was an integral part of the community as they ensured that all novices received identical training. The first year was devoted to the study of the Constitution accompanied by manual domestic work and in the second year, the novice carried out healthcare duties for patients in Milford nursing home under the supervision of a Staff Sister. After two years novitiate training, temporary vows could be made for one year with annual renewal for a further five years. Professional training in an area suited to the Sister would be included in the training.<sup>88</sup> The Sister was then automatically transferred to St. John's Hospital in Limerick for professional and religious training.<sup>89</sup> A novice received her final vows after a further three years were

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<sup>83</sup> LCMI Provincial Council Meetings held 1922-1942, File 8/1/1.

<sup>84</sup> DDA, Women Religious, LCM to Archbishop McQuaid, 25 November 1947, File, AB8/B/XL1V.

<sup>85</sup> Unpublished memoirs of Sr. F. Copy held by researcher.

<sup>86</sup> LCMI, Mother Hilda Superior General, to all Mother Provincials of the LCM, 1 May 1932, File 6/1/03.

<sup>87</sup> Ibid.

<sup>88</sup> LCMI, Acts of Ninth General Chapter 1965, File 3/1/5.02.

<sup>89</sup> Unpublished memoirs of Sr. F. Copy held by researcher .

completed on the approval of the novice mistress with the agreement of the Mother General and the advice of her Council.

As the Second Vatican Council concluded its work, the 1965 Chapter minutes noted that the loss of new postulants at the formation level was due to the ‘want of training at the beginning of the religious life’.<sup>90</sup> The LCM annals had always recorded the departure of their novices and Sisters who left of their own accord or were dismissed from the order. Many young girls had tried to pursue a religious life, but for different reasons were unable to do so are recorded in the annals as ‘have gone back again into the world’.<sup>91</sup> Some left the order due to health issues, poor work ethic, other personal reasons or when they had been deemed unsuitable by the order. The 1933 LCM rules clearly documented the guidelines for postulants or sisters they felt unsuitable for the order:

The Superiors and the novice mistresses are reminded of the prescriptions of the Constitutions (Article 35) which forbids the admission to the novitiate and profession of subjects who appear to have no capacity for any kind of work, as who seem to be deficient in memory or intelligence and cannot grasp the meaning of the obligations of our life. Subjects who cannot perform the ordinary duties of the convent are not likely to make good religious nurses and should not be kept.<sup>92</sup>

The LCM order believed that Irish postulants who joined before 1965 had come from families with ‘a deeper faith’ where there was ‘not the same distractions nor the craving for pleasure’.<sup>93</sup> After 1965, new candidates to the LCM appeared to be more worldly to the Sisters, both in terms of their experiences and in being used to independence. The 1965 General Chapter documented that ‘solid’ training was imperative for postulants at the beginning of religious life and the hope that by building a ‘good foundation’ it would inevitably lead to ‘a good religious life’ later for its members.<sup>94</sup> Two years after the publication of *Perfectae Caritatis* in 1967, the LCM considered that every aspect of religious life, including the formation years should be a topic for discussion at the next Special Chapter meeting as dictated by the decree *Perfectae Caritatis*.<sup>95</sup> The Irish Formation Commission suggested that a renewal of vows could take place during mass and each province could plan

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<sup>90</sup> LCMI, Acts of the Ninth General Chapter, 9 April 1965, File 3/1/5.02.

<sup>91</sup> LCMI Log Book St. John’s Hospital, Preface, 1888-1956, File 12/01/01.

<sup>92</sup> LCMI Milford House Visitation Register, 1933-68, Rule 5, File 12/04/01.8.

<sup>93</sup> LCMI, Acts of the Ninth General Chapter, 9 April 1965, File 3/1/5.02.

<sup>94</sup> Ibid.

<sup>95</sup> LCMI, Mother M. Dominic Rome relating to preparation for Special Chapter meeting 1969, January and June 1967, File 3/01/6.01.

their own reception ceremony for receiving the habit.<sup>96</sup> From 1969, the formation rules for orders, including the LCM order, was governed under canon law with the issue of the Instruction on the Renewal of Religious Formation, 6 January 1969. The first LCM Sisters who swore a promise of fidelity under these instructions, did so in the hope that when they took their final vows, it would be ‘for life’.<sup>97</sup> The LCM Sisters hoped that the early scrutiny of interested postulants and alterations in the approach to training during their formation years, would ensure that the postulants:

when the time comes for them take vows, the whole thing will be more meaningful for them, let us hope please God, they will take them for life.<sup>98</sup>

## Home visits

Another consequence of *Perfectate Caritatis* related to home visits by LCM nuns to their families. Prior to the Second Vatican Council, the degree of separation imposed on postulants and Sisters from their families varied within different congregations but the ideological principle of separating nuns from their previous family life was deemed to be imperative. McKenna’s study exploring this topic concluded that religious women were expected to ‘cut ties with the life they had beforehand, as well as the people who were part of it’, a ruling that her respondents admitted finding ‘very difficult’ ‘heart-breaking actually,’ the cause of ‘crying every day for months’.<sup>99</sup> Although it appears that this was a customary rule within women religious orders, the distress caused to Sisters by the restrictions on home visits is painfully obvious from their personal testimonies.

In 1914, members of the LCM recorded that Sisters leaving the convent were required to be accompanied by another Sister and could only visit the house of a patient. They were prohibited from calling to other houses nearby unless approval had been given by the Superior.<sup>100</sup> This ruling specifically restricted Sisters from calling to family or friends’ houses. Indeed the rules concerning conditions for engaging Sisters to nurse outside the convent were very specific:

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<sup>96</sup> LCMI, Mother M. Dominic to Sister Provincial, 1 July 1968, File 3/1/6.01.

<sup>97</sup> LCMI, St. John’s Hospital Log Book, 1957-70, File 12/01/02, also see LCMI, Statutes of the Special General Chapter 1969, Chapter V1, File 2/1/4.

<sup>98</sup> LCMI, St. John’s Hospital Log Book, 1957-70, File 12/01/02.

<sup>99</sup> Yvonne McKenna, *Made Holy, Irish Women Religious at Home and Abroad* (Dublin, 2006), p. 78.

<sup>100</sup> LCMI, Notes from Council, 1914, File 1/3/18.

1. The English nursing Sisters of the LCM make no charge for their services but those who can afford are expected to make a contribution to help defray the great expenses necessarily incurred (such as) heavy house rent, etc., bringing Sisters from England and supporting them throughout the year in Rome.
2. No Sister is allowed to remain at a case more than 5 or 6 weeks without being replaced by another Sister that she may return to the Convent for at least a few days. Patients must not expect to retain the services of one Sister more than another.
3. The Sisters have to return to their Convent every Friday for an hour or two, unless the case is dangerous or the distance too great.
4. Sisters have their meals alone.
5. The Sisters while nursing are not allowed to send their clothes to the Convent to be washed.
6. When Sisters travel with their Patients the return fare to their Convent and other travelling expenses have to be given them before starting.<sup>101</sup>

In 1933 a slight adjustment was made in favour of Sisters visiting relatives when the Superior General, Sister M. Hilda informed the Sisters in Milford House that Sisters could visit their families every five years, with exceptions made for cases of 'serious illness'.<sup>102</sup> In 1947, however, Sisters were informed that they could visit their families, but nursing their sick families was prohibited, and staying overnight was forbidden. They were reminded by the Superior General that once they had entered the religious life they 'renounced their families for that of Jesus Christ'.<sup>103</sup> The restrictions placed on movement and home visitations were about to change and were no doubt welcomed by one LCM member, Sister Dymphna Keane, who returned home to Tipperary for a visit after the decrees were enacted. This was her first visit home in fifty-two years.<sup>104</sup> In 1967, Sisters could visit families every two years and Sr. Raymond who was Mother Superior in 1967, felt members of the congregation were not 'completely cut off from our families – we go home to see them for two days every year'.<sup>105</sup> The 1968 Formation Commission's 'Study' suggested a further relaxation on the ruling for home visitations. Permission could be granted at Provincial level and home visits for the Sisters could now include overnight stays. The commission also recommended that novices and postulants should be allowed to attend ordinations of siblings joining the priesthood and the funeral of a parent.<sup>106</sup> In 1969 two Sisters, who took their final vows welcomed the opportunity to go home and spend three days with their families. The annals stated 'thank

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<sup>101</sup> LCMI, Log book St. Patrick's Hospital, Fermoy, (Convent) 1902-1926, File 12/03/01.

<sup>102</sup> LCMI Visitation Notes and orders, Milford House, Limerick, Rule 12, 1933-68, File 12/04/01.8.

<sup>103</sup> LCMI, General Council Notes, 1947, File, 3/1/2.06.

<sup>104</sup> *Nenagh Guardian*, 28 August 1965. Sr. Dymphna Keane returned home from New Zealand to Tipperary on a visit to celebrate her brother's retirement.

<sup>105</sup> *Irish Independent*, 4 February 1967.

<sup>106</sup> LCMI, LCM Rome to Sister Provincial, 1 July 1968, File 3/1/6.01.

God times have changed so much in this respect'.<sup>107</sup> As the members of the LCM embraced the changes, decreed by the Second Vatican Council in the hope of adjusting to modern life, maintaining their community size was a new problem. In the preceding decades, generally gaining new postulants was not a problem as during the forty year period between 1926 and 1966 all the various Roman Catholic religious orders within Ireland accumulatively welcomed over four thousand women and almost two thousand men into religious life.<sup>108</sup> In the LCM annals, figure 5.3 shows that 427 joined the LCM in the same period.

Following the decrees of the Second Vatican Council, other issues caused women to leave their congregations. As Flannery asserted, the Second Vatican Council asked religious orders to 'live a life almost devoid of structures' and some members struggled with these changes and religious life in general.<sup>109</sup> A report on a women's religious order in the US, the Immaculate Heart Sisters, who suffered a decrease of one-third of numbers from 1960 to 1969, attributed the fall in numbers to the spirit of questioning and introspection that occurred at the Vatican Council. Many of the nuns of this order left religious life entirely, while fifty nuns who resisted the change 'broke away' from the order and continued the traditional life they were unwilling to sacrifice.<sup>110</sup> This latter group of women found it difficult to give up the traditional nun's way of life within the congregation. McKenna's study on women religious orders in Ireland stated that the relationship between the decline in vocations and the Second Vatican Council is difficult to identify, but she argued that social changes in that period produced a modern thinking and questioning society who found religious life less appealing.<sup>111</sup> In keeping with these new social changes, new entrants to the LCM struggled to adapt to a religious way of life which Mangion maintained was indicative of the difficulties they encountered within a communal environment.<sup>112</sup> Four Sisters who joined the LCM order in 1964 left the congregation when they felt they had no vocation to religious life and one sister left of her own accord.<sup>113</sup> Two years later, following a Provincial meeting two

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<sup>107</sup> LCMI, St. John's Hospital Log Book, 1969, File 12/01/02.

<sup>108</sup> Central Statistics Office, Professional Catholic clergy men and nuns, 1926 to 1966, <http://www.cso.ie> (April 2013).

<sup>109</sup> Flannery, *The Death of Religious Life?*, 42.

<sup>110</sup> *New York Times*, 8 September 1969.

<sup>111</sup> McKenna, *Made Holy: Irish Women Religious at Home and Abroad*, pp 28-9.

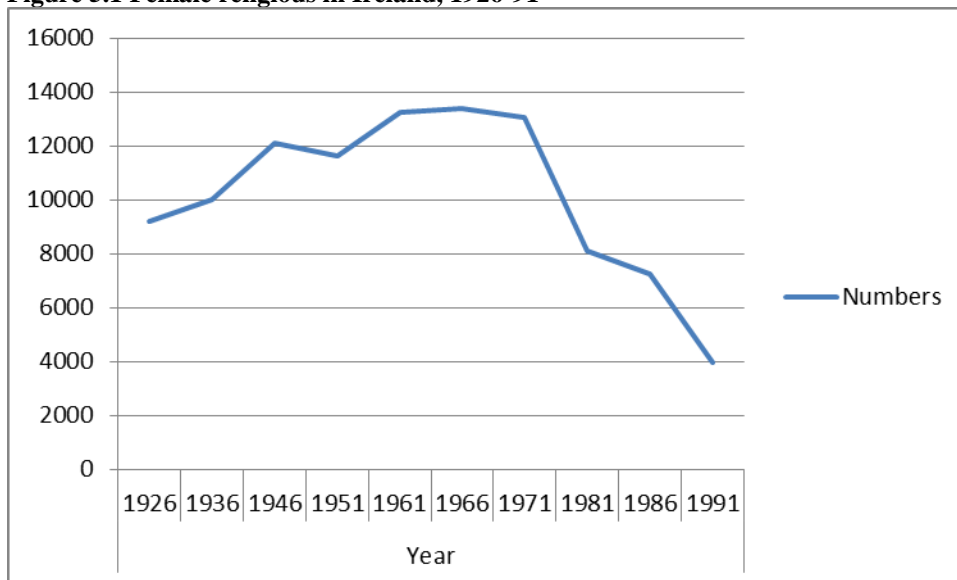
<sup>112</sup> Carmen Mangion, *Contested Identities, Catholic women religious in nineteenth-century England and Wales* (Manchester, 2008), p. 92.

<sup>113</sup> LCMI, Personnel from 1883, File 10/01/01.

siblings were instructed to leave the order, one sister had ‘no vocation’ and the second sister showed signs of a ‘marked irreligious spirit and insubordination’.<sup>114</sup>

More generally, after the Second Vatican Council, women religious orders were reeling from a double blow; the number of women departing increased and the number of women entering religious orders decreased. In 1972, vocations in Ireland reflected this development. Four hundred and seventy-one women applied to enter religious orders in Ireland in 1972, compared with four hundred and forty in 1975. In the same way, one hundred and thirty-seven left religious orders in 1972 rising to one hundred and ninety-five departures in 1975.<sup>115</sup> Figure 5.1 illustrates the gradual decline of female religious orders in Ireland which rapidly decreased from the mid-1970s onwards.

**Figure 5.1 Female religious in Ireland, 1926-91**



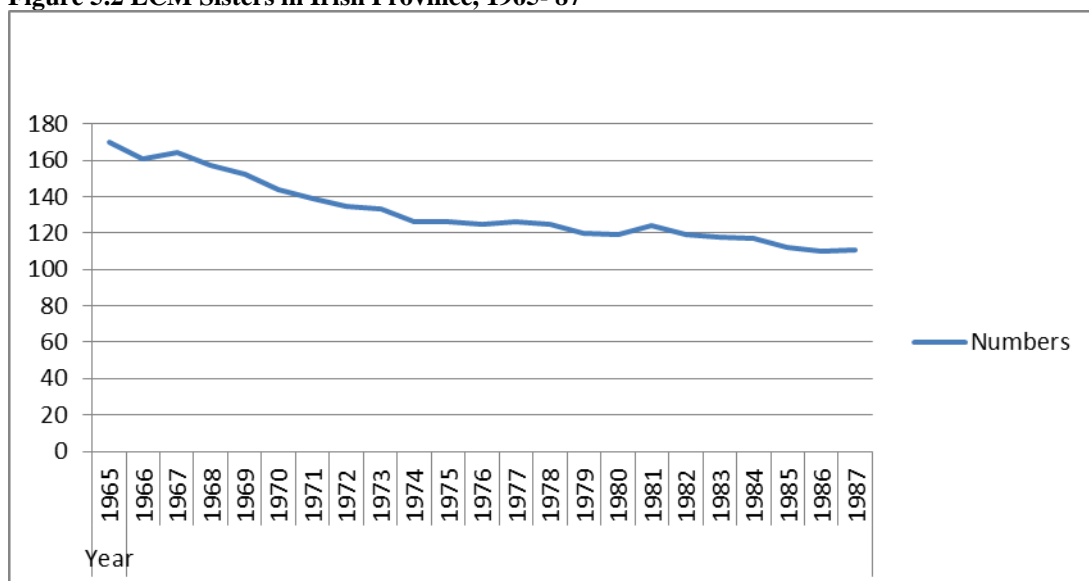
Source: Census of Ireland. <http://www.cso.ie> (2 April 2013)

The decline in vocations had a much greater impact on the LCM, see figure 5.2.

<sup>114</sup> LCMI Provincial Meetings 1942-66, File 8/1/2(2).

<sup>115</sup> LCMI, Vocation Statistics, St. John's Hospital, 1971-86, File 12/01/10.

**Figure 5.2 LCM Sisters in Irish Province, 1965- 87**



Source: LCMI, Statistical data, 1877-1989, File 10/09/01-06

Table 5.3 illustrates the numbers that entered the LCM between 1925 and 1969 during a forty-four year period. Between the years 1960 to 1964 the order accepted fifty-two new entrants but between 1965 and 1969 as the LCM order began to implement the changes of the decree *Perfectae Caritatis*, the numbers entering dropped by half to a mere twenty-six.

**Table 5.3 Number of new entrants to LCM, 1925-69**

1925-29	1930-34	1935-40	1940-44	1945-49	1950-54	1955-59	1960-64	1965-69
54	58	49	46	30	53	59	52	26

Source: LCMI, Personnel from 1883, 10/01/01

Flannery stated that during the mid-twentieth century, entering into a religious life was a way of attaining a good education, an exciting life and access to travel during a period that otherwise offered limited opportunities.<sup>116</sup> He further stated that ‘in that society, it did not seem strange at all [to enter religious life], nobody questioned it.’<sup>117</sup> As shown in chapter four, in addition to a spiritual ‘calling’ the employment opportunities allowed entrants to choose careers otherwise unavailable to them. The LCM Sisters entered the order and pursued work that set them apart from other women, roles that would help shape their lives and options their families could not have provided.

<sup>116</sup> Tony Flannery, *The Death of Religious Life?* (Dublin, 1997), p. 6.

<sup>117</sup> *Ibid.*

But after the Second Vatican Council, McKenna stated that ‘the economic fortunes of independent Ireland . . . began to take a turn for the better’.<sup>118</sup> She argued that Irish society was a stark contrast to the earlier part of the twentieth century as from the mid twentieth century onwards, Ireland showed an increase in employment, urban towns and cities and marriage with a decline in emigration. During this period also Irish Catholics openly questioned the authority of the Catholic Church and as a result, women made decisions about ‘personal morality that were at odds with the teachings of the Church’.<sup>119</sup> McKenna explored the dominant ideologies that surrounded womanhood during this period to provide a context for her study. She concluded that greater access to work and education coupled with the fact that life within a religious order was considered ‘less appealing . . . passive and repressive’, was reflected in declining vocations.<sup>120</sup>

After the Second Vatican Council, the statistics show an irreversible decline in the size of the LCM order that would forever change the congregational profile. Records show that of the thirteen Sisters who joined the LCM order in 1967, only five took their final professions, and in 1968 when just four Sisters joined the order, only one took final profession. But she too subsequently left the congregation.<sup>121</sup> The annals recorded that during this period, Sisters who went home left because ‘they had no vocation to religious life’ or ‘went home of her own accord’ or ‘got dispensation from vows’ or were ‘dismissed’.<sup>122</sup> The pattern continued and was noted at the Provincial Chapter meeting in 1976 when the LCM recorded that twenty-nine new postulants were admitted to the order between 1968 and 1977 but twenty-two had also left the order during this period.<sup>123</sup> One of the Sisters who left the order during this period sought re-entry to the order in 1975, but her request was refused.<sup>124</sup> This suggests that even though the order needed new postulants, they maintained their vigilance in ensuring they received suitable candidates into the congregation. The departure of Sisters from the LCM order was arguably distressing for those Sisters who remained in the order and the annals recorded the sentiment that ‘it is so sad to see Sisters break up the journey on the way

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<sup>118</sup> McKenna, *Made Holy*, p. 21.

<sup>119</sup> *Ibid.*, p. 22.

<sup>120</sup> *Ibid.*, p. 29.

<sup>121</sup> LCMI, Personnel from 1883, File 10/01/01.

<sup>122</sup> *Ibid.*

<sup>123</sup> LCMI, Report from Commission set up at Provincial Chapter, 1976, File 4/1/9.

<sup>124</sup> LCMI, Provincial Council Meeting, June 1975, File 8/1/4.

to becoming Sisters'.<sup>125</sup>

Other aspects of their work that was immediately effected by the decline was first, the retrenchment from houses as noted in chapter three and, second, was that the LCM was obliged to admit the first group of lay nurses into St. John's Hospital under the tutorship of Sister Catherine O'Connell. Speaking at the first official conferring of lay nurses at St. John's Hospital, the Bishop of Limerick, Rev. Dr. Henry Murphy expressed his belief that 'in the case of nurses, there was no question of monotony and therefore, theirs was a vocation as well as a profession which presented a constant challenge'.<sup>126</sup> Murphy was acknowledging the diversity of their work but this was insufficient to halt a decline in postulant numbers which heralded the beginning of the infiltration of secular nurses into the previously LCM dominated nursing world. From this time on, secular and religious nurses worked side by side in LCM hospitals.

The success of the LCM's apostolate in Ireland was linked to a plentiful supply of young postulants eager to pursue a religious life, consequently the LCM needed to explore alternative strategies to attract new postulants. *Perfectae Caritatis* urged congregations to 'make serious efforts to foster religious vocations,' and the next section will explore the strategies the LCM order used to try and boost their numbers.<sup>127</sup>

### Drive to recruit new postulants after 1965

Prior to 1965 and *Perfectae Caritatis*, the LCM, like other others, had used a variety of methods to recruit for the order. Advertisements and notices were placed in newspapers to highlight potential career prospects for candidates interested in a religious life both at home and abroad as well as publicising promotions received by Irish Sisters within the order.<sup>128</sup> Other avenues that were used was calling on Children of Mary Solidarities and Legion of Mary groups and 'schools within the diocese [of Dublin] with a view to obtaining postulants'.<sup>129</sup> New postulants were sought for their houses in 'Ireland, England, Australia and America,' and it appears that Ireland was still a provider of new postulants for home and

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<sup>125</sup> LCMI, St. John's Hospital Log Book, 1957-70, File 12/01/02.

<sup>126</sup> *Irish Times*, 17 December 1970.

<sup>127</sup> Rule 24, *Perfectae Caritatis*,

[http://www.vatican.va/archive/hist\\_councils/ii\\_vatican\\_council/documents/vat-ii\\_decree\\_19651028\\_perfectae-caritatis\\_en.html](http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_decree_19651028_perfectae-caritatis_en.html) (4 September 2013).

<sup>128</sup> *Westmeath Examiner*, 22 December 1962, *Southern Star*, 9 March 1963, *Irish Press*, 25 September 1961.

<sup>129</sup> DDA, Letters dated LCM to Archbishop McQuaid, c. 1950, 25 July 1952, 13 September 1955 and 8 September 1956, File AB8/B/XLIV.

abroad. In order to gain access to these groups in the Dublin diocese, the LCM Sisters diligently sought permission from Archbishop McQuaid. Nelson has noted that women religious also used obituary notices to boost their numbers in the hope of attracting new postulants. Indeed she claims that obituary notices offered individuals a glory in death that was often denied them during their life time.<sup>130</sup>

During the sitting of the Vatican Council, the LCM like other orders, continued with direct measures towards recruitment and explicitly advertised for postulants in local newspapers such as the *Limerick Leader* and the *Connacht Tribune*. Aimed at girls between the ages of twelve and seventeen years who were interested in pursuing a nursing role or to work abroad in the missions, the advertisements invited applications to the LCM.<sup>131</sup> During June 1964 and November 1965, the order adopted a particularly aggressive recruitment campaign, placing more than thirty advertisements in national and local newspapers during this period. In 1965, the LCM deemed vocation promotion to be the responsibility of all of its members, insisting that vocation work 'is really everybody's work' and with 'proper exertion' a growth in numbers could be achieved.<sup>132</sup> The position of a full-time Vocational Promoter, equipped with her own transport and a secretary was suggested at the Ninth General Chapter meeting.<sup>133</sup> In 1970, however, a different approach was used when an advertisement appeared in the *Sunday Independent* as illustrated in figure 5.4.

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<sup>130</sup> Sioban Nelson, *Say Little, Do Much, Nursing Nuns, and Hospitals in the Nineteenth Century* (Pennsylvania, 2001), p. 25. *Limerick Leader*, 1 January 1955, 25 March 1961.

<sup>131</sup> *Limerick Leader*, 13 June 1964; *Connacht Tribune*, 20 June 1964, 18 July 1964.

<sup>132</sup> LCMI, Acts of the Ninth General Chapter, 9 April 1965, File 3/1/5.02.

<sup>133</sup> *Ibid.*

Figure 5.4 Advertisement for LCM Vocations



Source: *Sunday Independent*, 4 October 1970.

But these campaigns did not reverse the declining trend as *Perfectae Caritatis* had anticipated. In 1978, the LCM Provisional Council were forced to review their advertising campaign in Sunday newspapers as they were prohibitively expensive and there was ‘some doubt as to the effectiveness’ of advertisements.<sup>134</sup> The emphasis placed on national advertising was apparently ineffective in attracting new members and the numbers in the Irish Province was then recorded at a figure of one hundred and twenty-five.<sup>135</sup> This drop in numbers was reflective on a national level as Delaney has shown that during the 1970s, there was an overall decline in women religious vocations of seventy per cent.<sup>136</sup>

The Second Vatican Council also encouraged the Sisters to extend their range of educational and skill competencies in order to respond to the needs of a modern society and as noted earlier, between 1965 and 1987, 161 completed third-level courses in various disciplines.<sup>137</sup> This shift in education was further necessitated because by 1987 the LCM order had withdrawn from the District Hospital in Abbeyleix, St. Brigid’s Hospital, Carlow and Calvary Hospital in Galway. The implications of movement from professional hospital care towards community-based projects was in line with *Perfectae Caritatis* requirements and so also was the movement of Sisters from convent living into community houses.

<sup>134</sup> LCMI, Provincial Council Meetings, 1973-78, File 8/1/4.

<sup>135</sup> LCMI, Statistical data, 1967-73, File 10/09/01.

<sup>136</sup> Enda Delaney, *Demography, State and Society, Irish Migration to Britain, 1921-71* (Liverpool, 2000), p. 71.

<sup>137</sup> LCMI, Statistical data, 1877-1989, File 10/09/01-06.

## Linking with the public world

Through the decree of *Perfectae Caritatis*, the Second Vatican Council declared that wherever possible, members of religious congregations should move outside of ‘papal cloisters ... to enable them fulfil the apostolic duties entrusted to them’.<sup>138</sup> This ruling enabled women religious to move into a public world of work and living environment. The movements of the LCM Sisters, as noted earlier, had been restricted and they had required permission to nurse in patients’ homes, attend to sick family members at home.<sup>139</sup> Following the announcement of the 1965 decree, the LCM order was quick to put the directive into practice and began to buy residential property. As early as 1975, Sisters occupied houses in residential areas in Dublin, Galway, Kilkenny, Limerick, Killarney and Waterford. The transition from convent living to community living had a positive effect on their work as illustrated in chapter four, which now broadened to include new areas such as social work. Drury observed that as women religious began to move into small communities, they moved away from their traditional cloistered way of life, changed their dress code and reverted to their former family names which allowed them identify with other women in society.<sup>140</sup>

McKenna has asserted that taking a saint’s name was also a ‘metaphorical symbol’ which created the sense of leaving the ‘secular self’ and being ‘reborn’ into religious life.<sup>141</sup> Before the Second Vatican Council, as mentioned earlier, the LCM like all female religious, required the adoption of a religious name and generally the name chosen was a male name.<sup>142</sup> The 1969 Statutes granted the Sisters permission to return to their birth names, if they desired to do so. Interested Sisters were advised to apply in writing to the Provincial or Regional Superior.<sup>143</sup> Masculine names such as ‘Eamonn’ and ‘Richard’ were relinquished in favour of ‘Sr. Celine’ and ‘Sr. Patricia’.<sup>144</sup> Galvin’s study based on personal testimonies of six nuns who lived within convents between 1960 and 1975 illustrated how the retrieval of the

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<sup>138</sup> Rule 16, *Perfectae Caritatis*, October 28, 1965, [http://www.vatican.va/archive/hist\\_councils/ii\\_vatican\\_council/documents/vat-ii\\_decree\\_19651028\\_perfectae-caritatis\\_en.html](http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_decree_19651028_perfectae-caritatis_en.html) (4 September 2013).

<sup>139</sup> LCMI, Notes from Council, 1914, File 1/3/18.

<sup>140</sup> Becky Drury, ‘Privileged and Pedestaled’, in O’Connor and Drury (eds.), *The Female Face in Patriarchy: Oppression as Culture* (Michigan, 1999), p. 50.

<sup>141</sup> McKenna, *Made Holy*, p. 80.

<sup>142</sup> LCMI, Personnel from 1883, File 10/01/01.

<sup>143</sup> LCMI, Statutes of the Special General Chapter 1969, pp 2-3, File 2/1/4.

<sup>144</sup> LCMI, Personnel, 1969-1996, File 10/05/02 and 10/05/03.

baptismal name for Sisters was a step towards recovery of the nun's individual personality and their own identity.<sup>145</sup> However, not all the Sisters of the LCM were in favour of reverting to their baptismal name and one Sister felt that 'it would be nice to have our own name but some of us are rather conscious of "offending" our Patrons who have cared for us for so long while others think it is not worthwhile'.<sup>146</sup> Another post-1965 change dealt with the rule for the opening and reading of letters sent to members of the LCM.

Before Vatican Council changes were implemented, the Superior General, Mother Bernard in 1958, reaffirmed the order's policy on personal letters when she pointed out that:

The old custom of bringing the mail to the senior in the house will be maintained. If the Mother General or Mother Provincial is in the House, the mail will be brought to them, otherwise the Local Superiors will open the letters of the Professed Sisters and those for the outgoing mail be given to her unsealed. The Novice Mistress will be responsible for the mail of the novices. Mother Foundress urged the spirit of poverty in the matter of correspondence.<sup>147</sup>

At the end of the same year, at the Provincial Chapter meeting, the question of whether Superiors may 'give letters to the Sisters unopened' was raised and clarification of this rule sought from the General Chapter Meeting.<sup>148</sup> The 1965 General Chapter meeting decided that letters would be given to the local superiors who would not be obliged to open or examine correspondence for fully professed Sisters except in special circumstances. Letters for postulants, novices and junior professed would remain subject to inspection from their respective Mistresses.<sup>149</sup> In practice this meant that from 1965 onwards, professed Sisters became entitled to a degree of privacy in correspondence but restrictions were still enforced on those postulants and novices during their period of training.

Movement into wider communities also warranted that Sisters have personal monies. In 1975 the Provincial Council decided that Sisters be given a sum of money for 'small needs' and these monies could be used at their own discretion and it was not considered necessary to account for their spend.<sup>150</sup> This decision was another step towards encouraging individual independence within the congregation. A few years after the Council, one journalist in the *Irish Independent* commented on the 'liberal atmosphere' that Irish nuns were experiencing

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<sup>145</sup> Galvin, 'The rise and decline of female religious in Ireland 1960-75,' p. 49.

<sup>146</sup> LCMI, Log Book St. John's Hospital, 1957-70, File 12/01/02.

<sup>147</sup> LCMI, Visitation Register Milford House, 1958, File 12/04/01.8.

<sup>148</sup> LCMI, Provincial Chapter meeting, 8 December 1958, File 4/1/7.

<sup>149</sup> LCMI, Acts of the Ninth General Chapter, April 1965, File 3/1/5.02.

<sup>150</sup> LCMI, Provincial Council Meeting, November 1974, File 8/1/4.

within their communities and believed it was due to the enactment of the Second Vatican Council decrees.<sup>151</sup>

In December 1965, following his return from the closing sessions of the Second Vatican Council, Archbishop McQuaid in a sermon, assured his congregation that ‘no change will worry the tranquillity of your Christian lives’.<sup>152</sup> In retrospect, the Archbishop underestimated the effects of the decrees. Carty concluded that McQuaid, along with other Bishops were ‘slow to identify the Council and its implications as an issue’.<sup>153</sup> Indeed, at the time, it was difficult to predict the experiential repercussions from the decrees. One Sister who joined the LCM in 1956, a number of years before the Second Vatican Council revealed that ‘it was hard to visualise at that time, the changes that were going to come in’.<sup>154</sup> But the LCM members were open to the challenge and this particular respondent revealed that the changes were accepted by the members ‘quite enthusiastically’.<sup>155</sup> Galvin has argued that the repercussions of the SVC were not felt until the 1970s but as this study has shown the LCM began addressing issues as early as the late 1960s.<sup>156</sup>

In conjunction with enacting the decrees promulgated through the Second Vatican Council, the order was forced to tackle a new phenomenon; a decline in numbers entering the congregation exacerbated by the increasing numbers of Sisters leaving the order. The outside world was changing and more opportunities were available to women. It was, therefore, necessary for the order to take a more proactive role in seeking new members, placing a stronger emphasis on attracting new postulants to the order, and ensuring suitable candidates were accepted. Members of the LCM, no doubt fearful about the future of the congregation presented a positive image of their organisation to generate new novices who, they hoped, would ensure the future of the congregation and continue Potter’s work.

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<sup>151</sup> *Irish Independent*, 29 January 1970.

<sup>152</sup> DDA, Papers Archbishop McQuaid, 1965, File, AB8/VC/LV11/517.

<sup>153</sup> Carty, ‘The influence of issue management upon public relationships in a changing environment,’ p. 436.

<sup>154</sup> Interview, Sr. F., 1 December 2011.

<sup>155</sup> *Ibid.*

<sup>156</sup> Galvin, ‘The rise and fall of female religious’, p. 47.

## Conclusion

This is the first full academic study based on the Little Company of Mary (LCM) archives in Ireland. The aim of this thesis was to construct the history of the Little Company of Mary in the period 1888 to 1980, an order whose work was not in education but in nursing and caring, which also took them outside the convent walls. To fulfill this task, this study examined the motives and actions of the LCM Sisters from Mother Potter onwards, and their interaction with the Roman Catholic hierarchy, medical men and officials, as they established and expanded the order in Ireland. Through this voyage of discovery, the findings in this study not only constructed the history of the Little Company of Mary, it also showed how this women's religious organisation, the Little Company of Mary, exercised female agency in a conservative Ireland. At the core of the study is female agency and by unfolding the role and agency of the LCM in Ireland, it expands our understanding of the history of women religious and the history of nursing and medical care in Ireland. This study documents how this women's religious order in Ireland contributed to the development of the nursing profession in Ireland through the provision of medical services through building hospitals and pioneering hospice care in the Limerick area.

The LCM order both individually and as a congregation were empowered by Potter's vision to achieve successes in the delivery of nursing and medical care in Ireland. They created and advanced nursing training, built and expanded their hospitals, pioneered hospice care outside of Dublin and fostered their other apostolic works in community-based projects. In order to show how the order contributed to the development of the nursing profession in Ireland, this study firstly showed how the support of local bishops was necessary and by referring to it, did not obscure the work and dedication of the Sisters of the LCM. Secondly, it examined how the order helped to professionalise nursing by building and expanding their hospitals and pioneer hospice care. Thirdly, it showed how the order adapted to the new roles set out for female religious following the decrees of the Second Vatican Council (SVC) from 1962 to 1965. The study has shown that this women religious order were willing to push at the boundaries of the gendered expectations to achieve their goals.

This thesis revealed that while the role of the local bishop was essential for the arrival and survival of the order and they were actively involved in the celebrations at the opening and blessing of new buildings, it was the Sisters themselves who were the driving force behind

their establishments. The Sisters of the LCM founded, built, financed and administered their own hospitals from the beginning and staffed them with their hardworking and committed women. The support of the bishops should not obscure the work and dedication of the Sisters. The order effectively sought to carve out a space beyond the control of hierarchical authority, wherever possible. Beginning with Mother Potter who battled against opposition from priests and local bishops yet managed to establish a religious congregation and oversee its expansion into five countries. She also overcame opposition from family members, ongoing medical conditions and illnesses to fulfil her aim and vision.

Individual bishops such as Bishop O'Dwyer and Archbishop McQuaid were strong, influential characters and challenged the order on several occasions but the order managed to maintain a relaxed resistance against a patriarchal force. In Limerick, once the LCM order was invited by Count Moore to establish a presence in Ireland, the order utilised his support and influence to manoeuvre around Bishop O'Dwyer and start St John's Hospital in Limerick city. Twenty years later this relationship with Moore facilitated their entry into working in boys' boarding schools. The LCM Sisters in Limerick also found ways to work with O'Dwyer and his successors in the city, to fulfil Potter's nursing and caring mission. In Dublin where, perhaps, they had the toughest task of all because Archbishop McQuaid tried to control every aspect of Catholic life in the city. At a time when maternal mortality rates gave great cause for concern and in the absence of dedicated maternity hospitals in Limerick and Galway (Dublin had three in 1933), they provided maternity care despite opposition from Bishop Browne in Galway and close scrutiny by Archbishop McQuaid.<sup>1</sup> The order effectively managed to avoid unnecessary conflict as they sought to carve out a space beyond the control of hierarchical authority, wherever possible. Mount Carmel maternity hospital was established according to their plans and successfully ran under their care, until 2006.

Mangion has stated that Mother Superiors and their councils were responsible for 'managing the internal affairs of the congregation and the novitiate'.<sup>2</sup> She argued they organised the building and maintenance of their convents and the institution, supervised and managed the staff within their institutions. They were also responsible for the finances and valiantly aided many fundraising events whilst simultaneously training and educating the next generation

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<sup>1</sup> Ruth Barrington, *Health, Medicine and Politics in Ireland 1900-1970* (Dublin, 1987), p.132.

<sup>2</sup> Carmen M. Mangion, *Contested Identities. Catholic women religious in nineteenth-century England and Wales* (Manchester, 2008), p. 219.

within the congregation. They conducted all these activities and negotiated with the various authorities.<sup>3</sup> The influence women religious had on Irish society is inextricably linked to their strong presence in teaching and nursing. The LCM order are synonymous with medical matters and they forged strong links through their Irish hospitals. The negotiations and depth of their endeavours is evident in the creation of each of their other projects in St. John's in Limerick, Calvary in Galway, Mount Carmel in Dublin, St. Patrick's Hospital in Cork, St. Brigid's Hospital in Carlow, the District Hospital in Abbeyleix and underlines how successive generations of LCM Sisters used their personal and collective strengths in order to fulfil Potter's vision. When the LCM order arrived in Limerick in 1888, St. John's Hospital was in a dirty, disorderly and barely functioning building. The LCM Sisters took charge of the hospital and through their hard work and foresight they modernised and extended the building, developing it into a modern public voluntary hospital which provided a casualty service, blood bank, day surgery, children's hospital, post-natal care, and a School of Nursing. It also provided x-ray, physiotherapy and pathology facilities. Indeed, in each foundation, they seized opportunities and extended their services, in spite of clerical interference and financial difficulties to establish a successful model of health care. St. John's Hospital, as well as their other hospitals, attracted the attention of doctors who carried out their work within the LCM's institutions. Through a century and more of the LCM's existence in Ireland, the order flourished steadily and was the driving force behind the establishment of five hospitals.

It is clear that Potter's mission for her order was to provide care to old and young, rich and poor and Catholic and Protestant. Although the order was unable to deliver this universal healthcare in their hospitals to the extent desired by Potter, due to financial constraints and control of the Roman Catholic hierarchy in Irish society and polity, the LCM did realise much of Potter's mission. From the 1930s, in order to modernise the St. John's Hospital, the order benefitted from the Hospital Sweepstakes and the monies were used to build extensions and purchase equipment. St. John's Hospital, similar to other voluntary hospitals, became increasingly reliant on this form of state funding and as a result, subscriptions to the hospital were affected as the hospital recorded its first deficit in 1950. To counteract this new development, the order had to source other forms of funding. One source was that they used

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<sup>3</sup> Ibid.

fee-paying patients to support those with means to pay for medical care to allow them provide care for people from all backgrounds in their hospitals.

The LCM's contribution to nursing care and the nursing profession in Ireland cannot be under-estimated. This study has shown how nursing moved from having a poor image of a drunken midwife to its current professional status. Traditionally, nursing had been carried out by 'untrained' nurses, but Mary Potter helped raise the criteria and standards of the nursing profession by producing professionally, trained nursing nuns for health care. Mother Potter was aware that the development of a nursing school would contribute towards the overall professionalism of nursing and forged ahead, despite the initial reluctance within her own order. The LCM order in St. John's Hospital had already begun training before the General Nursing Council (GNC) was formed but once this regulatory body was established, the LCM order ensured that Potter's legacy of a training school continued in Limerick and they worked in conjunction with the regulations from the GNC, to keep the school operating for as long as possible. They were not the only nurse training school for nuns in Ireland but were the sole providers for the LCM order and later secular nurses. Recognising the importance of qualifications and expertise, they provided training before the General Nursing Council was established. They constantly updated the nursing curriculum and hospital facilities to provide nurses with the best possible training and work experience. They moved qualified, experienced nurses from one hospital to another to lay the ground-work for a professional health service in the new institution. The LCM, as with other religious orders and congregations, operated in a time of almost complete public obedience and adherence to Roman Catholic teachings. Their presence in hospitals but also school infirmaries and later in community care, consolidated Roman Catholic power and influence in Irish society.

But the LCM order engaged in more than just nursing roles and they responded to the changing needs of society. They equipped themselves with new qualifications and broadened their scope and the range of their activities and the services provided at their institutions benefited. The LCM was open to change particularly in the adoption of hospice care. Milford House was transformed from a residential home to a novitiate, nursing home and ultimately progressed to become a modern health care hospital and a centre of excellence in the field of palliative care. When the LCM then expanded into providing hospice care they still adhered to Potter's vision and provided a modern, progressive facility supportive environment to take care of the dying.

The changes that were introduced after the Second Vatican Council meetings had a significant impact and fundamentally altered how women religious lived their lives and conducted their work. Through the decree *Perfectae Caritatis*, women religious orders were encouraged to confront and resolve problems within their organisations. The changes noted in McKenna's study of women religious, found that these women were able to assume greater responsibility for themselves and this new found independence drove changes that produced modifications and adjustments within the communities.<sup>4</sup> McKenna claims that nuns could make personal choices after the decrees of the Second Vatican Council were enacted whereas during the period before the SVC, her respondents described how 'everything was decided for them,' and the introduction of the Second Vatican Council 'made you grow up'.<sup>5</sup> Suddenly the Sisters were faced with choices, they had to rethink how they lived and with that came personal responsibility. McKenna pointed out that this new-found independence also allowed them to engage more with the world beyond the cloister.<sup>6</sup> The LCM order successfully updated traditional practices to meet contemporary needs and combined with the retention of baptismal names, the privacy of receiving personal letters, the organisation of personal allowances and the movement of the order into the public domain, which promoted individuality and generated a degree of autonomy for LCM members, characteristics that had previously been seen as antithetical to religious life. *Perfectate Caritatis* urged congregations to return to the spirit of the Foundress and the changes that were carried out by the LCM order ensured that the utmost care was given to ensure their original spiritual mission remained as strong as ever within the order. As Mother Potter had intended that her congregation be unenclosed and involved in the care of the sick and dying and it was crucial that the original apostolate remained.

As the twentieth century wore on professional qualifications proved necessary for members within the organisation. It is important to reprise the extent of the new roles which the order assumed in fulfilment the enactment of the decree. In order to extend their caring roles, the order assumed new roles as; specialised nurses, administrators, treasurers, community care workers, a medical doctor, a chaplain, community care workers and pastoral care workers. This array of professions and careers might also be seen as a microcosm of the employment opportunities available for women in twentieth century Ireland. Of course, behind the ability

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<sup>4</sup> McKenna, *Made Holy*, p. 123.

<sup>5</sup> *Ibid.*

<sup>6</sup> *Ibid.*

to engage in varieties of work was education and the study documented the range of new areas of study that the order participated in following the SVC, see figure 4.3. The order recruited young women from prosperous rural farming families in Munster as it was important that the postulant have a level of education which would lead to training for nursing nurse or later educated for one of the other services provided by the order.

At a time when the work of some religious congregations have come to public attention for justifiably deleterious reasons, the narrative in this account may seem less than critical of the order and even laudatory. But it is based on close analysis of the LCM archive, diocesan archives, local authority records, newspapers and memoirs. Disagreements and tensions about financial, administrative and medical matters have been recorded both within the LCM order and outside it with local hierarchy and officials. In the absence of other sources, nothing further can or should be read into these matters. Undoubtedly, topics for further research would be the relationships between the Irish and South African province. Indeed the annals record from 1904 onwards the constant movement of Irish LCM Sisters to South Africa. A further area for investigation which is common to other religious orders to-day is the relationship between foreign ministries which are recruiting well and the European-based houses which are not. The LCM order would also lend itself to an oral history based only on LCM Sisters' voices. Finally, there is the issue of class within the LCM order. MacCurtain has commented on how in the nineteenth century lay sisters were expected to work as 'pious and devout domestic servants' and often were separated from the choir sisters who entered with dowries. Thus, many congregations maintained the 'class system of separation' within the convent spaces. While the LCM annals do not reveal significant evidence of an internal class division, this could be examined in future studies with an emphasis placed on the study of the background and social class of the individual members of the LCM.<sup>7</sup>

This study might also be seen to question the existing narrative of nuns being 'pawns' between sources of authority in twentieth century Ireland. It is clear from this study that they did adhere to their vows of poverty and obedience (which priests also took), and this meant that at times they did not project their own needs. They accepted poor living conditions, low, if any, pay but also were strong enough as individuals and as a community, to negotiate their way to establish new foundations, buy land, renovate, extend and up-date medical and residential facilities. Moreover while they accepted the edicts from the Second Vatican

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<sup>7</sup> Margaret MacCurtain, 'Review', *Catholic Historical Review*, 96, 2 (April, 2010), pp 368-9.

Council, they also amended them to suit their own needs. Ultimately, the greater freedom of personal movement allowed them to extend their work even further into the community.

Not only is this a comprehensive history of the LCM order in Ireland which has highlighted the extensive roles which the Sisters performed. It has also emerged that certain LCM Sisters are named, some are prominent in the narrative but more again are unnamed. Under the vow of humility all LCM Sisters would not wish to have such attention drawn to them but the LCM Sisters in the past and still to-day, are remarkable women.

The LCM order, like other religious congregations in Ireland, experienced a gradual decline in recruitment and the movement and work of the LCM order in the early twentieth century contrasted with that in the later decades. At the start of the century, the order established new foundations and houses in Ireland and created and professionalised a nursing training system. In subsequent years, much of this work continued as they renovated, extended, built and equipped their medical institutions to ensure they met modern standards. The latter decades however, saw them withdraw from five houses.

In spite of their reduced numbers and that the order no longer work in St John's Hospital in Limerick, the 'Blue nuns', are inextricably linked with the hospital. All members of the current staff carry the mission statement endorsed by the LCM order on the reverse of their staff identification badges. It also appears on the hospital's headed paper, which reads:

Faithful to our tradition, we provide the highest possible standard of care and treatment in a professional and compassionate manner to every person who avails of our services.

The novitiate and provincial home unfortunately are no longer housed in Milford but the legacy of the LCM order continues in 2014. The current mission statement in Milford Care Centre reads:

We in Milford Care Centre as a Little Company of Mary Health Care Facility aim to provide the highest quality of care to patients/residents, family and friends, both in the areas of palliative care and services to the older person, as envisaged by venerable Mary Potter.

Mother Potter's legacy still remains relevant within the hospice and tribute to the effective choices demonstrated through the LCM's display of female agency.

## Appendices

### Appendix One

#### LCM Worldwide establishments 1877-2009

1877-present	Nottingham, England
1882-present	Rome, Italy
1885-present	Sydney, Australia
1888-present	Limerick, Ireland
1893-present	Chicago, USA
1894-1981	Sliema, Malta
1904-present	Port Elizabeth, South Africa
1913-1975	San Antonio, Argentina, South America
1914-present	Christchurch, New Zealand
1919-present	Edinburgh, Scotland
1937-present	Harare, Zimbabwe
1963-present	Kang Neung, South Korea
1974-present	Havelu Nuku'alofa, Kingdom of Tonga
1983-2005	Cardiff, Wales
1989-1998	Gros Morne, Gonaives, Haiti
1993-2004	Korce, Albania
2002-2004	Tunis, Tunisia
2009-present	Manila, Philippines.

## Appendix Two

<u>LCM Houses established in Ireland 1888-2005</u>	<u>Vacated</u>
1888 St. John's Hospital, Limerick	1997
1902 St. James' Place, Fermoy	1911
1905 St. Patrick's Hospital, Fermoy	2005
1911 Monument Hill, Fermoy	2014
1920s Mount St. Joseph's Abbey, Roscrea, Tipperary.	1943
1923 Milford House, Limerick	
1934 St. Brigid's Hospital, Carlow	1965
1934 District Hospital, Abbeyleix, Laois	1956
1949 Mount Carmel, Dublin	2006
1952 Spanish Point, Clare	2000
1954 Calvary Hospital, Galway	1985
1975 Highfield Road, Dublin	1982
1981 Clonburris, Ireland	1992
1982 Ballinteer Avenue, Dublin (Provincial Residence)	
1985 St. Joseph's Limerick	
1985 Woodquay, Galway	1998
1986 Mountain View, Dublin	
1988 Achill Island	2005
1989 Troy's Court, Kilkenny	
1990 Heather Lawn, Dublin	
1997 Maryville, Milford Close, Limerick	2005
2001 Lucan, Dublin.	
2001 Alandale Orchard, Limerick	
2002 Park Road, Killarney	
2003 Knocklyon, Dublin	
2005 Braemor Park/West Priory/Priory Way, Dublin	
2005 Willowbrook, Waterford.	

## **Appendix Three**

### List of Irish LCM Provincial Leaders and Matrons St. John's Hospital, Limerick

#### **List of Provincial Leaders – Irish Province**

1922-1923	Mother Mary Alacoque
1923-1925	Sister Mary Rosalie McInerney
1925-1930	Mother Ambrose O'Donnell
1931-1936	Sr. M. Baptist Fogarty
1936-1941	Sr. M. Columbanus Doody
1941-1947	Sr. Columba O'Donnell
1949-1955	Sr. M. Paul Quinn
1955-1959	Mother Dominic Foley
1960-1963	Mother M. Kevin McKey
1963-1967	Sister M. Dominic Foley
1967-1974	Sister M. Fidelma Murphy
1975-1981	Sr. M. Cabrini Martin
1982-1988	Sr. M. Claver O'Shea
1988-1993	Sr. Ann Moran
1993-1995	Sr. Geraldine Fitzgerald
1996-1996	Sr. Mary Flanagan
1997-2000	Sr. Mary Hassett
2000-2005	Sr. Mary Egan
2005-2009	Sr. Celine Bourke
2011-to date	Sr. Teresa Corby

#### **Matrons in St. John's Hospital, Limerick.**

1888-1893	Mother Veronica Dowling and Mother Michael Smyth
1893-1897	Mother Michael O'Connor
1897-1906	Mother Catherine Croker
1906-1910	Mother Agatha Nunn
1910-1925	Mother Ambrose O'Donnell
1926-1934	Mother Gregory Wilson
1935-1941	Mother Columbanus Doody
1941-1947	Mother Berchmans Cotter
1948-1954	Mother Columba O'Donnell
1955-1959	Mother Fidelma Murphy
1959-1960	Mother Finian Gleeson
1960-1966	Mother Fidelma Murphy
1966-1971	Sister Anna Danaher
1971-1986	Sister Mary Hassett
1986-1990	Sister Maura Carmody
1991-2001	Sister Mary Morrisroe

## **Appendix Four**

### Chronology of events in St. John's Hospital and Milford Hospice, Limerick, 1887-2001

- 1887 New Board of Governors formed for St. John's Hospital.
- 1887 Count Arthur Moore approached Bishop Edward O'Dwyer in search of a suitable location in Limerick for the LCM order.
- 1888 Little Company of Mary arrive in Limerick.
- 1888 Official opening of St. John's Hospital.
- 1898 First examinations for certificates in nursing, St. John's Hospital.
- 1913 Death of Foundress, Mother Mary Potter.
- 1904 Foundation stone laid for convent in grounds of St. John's Hospital.
- 1923 Milford House, Castletroy, is purchased by the LCM order.
- 1927 Nurse training amalgamated with Mercy Hospital, Cork.
- 1928 First Irish novitiate and Provincial House established in Milford House.
- 1939 New out-patients department opened in St. John's Hospital.
- 1940 St. John's Hospital received approval from the Irish Nursing Board to train their community in Limerick.
- 1967 St. John's Hospital received first group of lay nurses
- 1975 Provincial House moved to Dublin.
- 1977 Milford House opens nine beds specifically for hospice care.
- 1983 Milford House opens purpose-built hospice care with twenty beds.
- 1990 Training of nurses moved to Limerick School of Nursing at Limerick Regional Hospital.
- 2001 Last LCM matron leaves St. John's Hospital.

## Appendix Five

### Hospitals established in Limerick before 1888

- 1216 St. Mary's Hospital, Fish Lane.
- 1275 St. Laurence's Hospital, Blackboy Road.
- 1543 The Spittle, Garryowen Road.
- 1651 Hospital, St. Thomas's Island.
- 1654 Hospital, Bridge Street, North.
- 1654 Pest House, White Wine Lane.
- 1672 Hospital opened by Jeremy Hall, location unknown.
- 1716 Military Infirmary on site of former Capuchin church.
- 1759 Limerick Charitable Infirmary, Island Road.
- 1811 County Infirmary, Mulgrave Street.
- 1780 St. John's Fever and Lock Hospital, John's Gate, Limerick. 1888 renamed St. John's Hospital.
- 1812 The Lying-in hospital was established in 1812 in Nelson Street, Limerick. The Hospital moved to Bedford Row in 1850.
- 1826 The Limerick District Lunatic Asylum was built in 1825 in Mulgrave Street. It was later renamed St. Joseph's Hospital.
- 1829 Barrington's Hospital, the only other voluntary hospital in Limerick, was established in 1829 by Sir Joseph Barrington and his sons Matthew, Daniel and Croker.
- 1830 Four military barracks were built in Limerick in the 1830s and three of them had hospitals attached to them, the Castle Barracks, the New Barracks and the Artillery Barracks.
- 1860 The first workhouse facility was opened in the country under the auspices of the Sisters of Mercy in Shelbourne Road, Limerick. It later became known as the City Home or St. Camillus Hospital.<sup>8</sup>
- 1897 City Dispensary, Lower Gerald Griffin Street. The dispensary was moved from former premises in George's Quay.

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<sup>8</sup> *Irish historic towns atlas Vol. 111* (Dublin, 2012).

## Appendix Six

### Questionnaire used for interviews with Sisters of the Little Company of Mary

What year did you join the Order?  
What made you decide to enter religious life?  
Why did you choose this order? Was it the best congregation to join?  
What did you know about the order in advance of joining? (the nature of their work, etc).  
Were there other orders that you thought about?  
Nursing and/or spiritual needs, which was more important?.

Level of education before entering? Were you trained as a nurse before you entered?

What was the nature of your duties/role in the convent when you entered?  
Did this change over time? If yes, how? Why?

Would you like to tell me about a typical working day.  
Did this change over time? If yes, how? Why?

Did being part of this congregation help/inhibit your work? Did you have outside influences/contact with TDs, public people, nuns?.  
Did any aspects of being a nun, (e.g. vow of obedience) impact on your role as a nurse?  
As a nursing nun, did you feel different to other nuns/nurses?.

Were you aware of the changes in Vatican Two 1962-65  
How were these changes received by the nuns in the order?

Did life change for you, if so how? If not, why not?  
Reasons/cause for change. Role of the individual nun, personal freedom.

## **Appendix Seven**

### Questionnaire used for interview with Dr. Pat Kelly, M.D.

His background and connection with Limerick.

Why did he get interested in hospice care?

Why was hospice care established in Limerick and not anywhere else?

What was his role in the setting up of the hospice?

Was he aware of any objections to the hospice?

What background/class/religion of people was the hospital established for?

What role did he think the LCM played in setting up the hospice?

Who else was involved in the establishment of the hospice?

What place would religion have taken in the hospice?

## Appendix Eight

### Letter of agreement between the LCM and the University of Limerick

Given the existence of Elizabeth West's study of the founder, Mary Potter (English), the study should focus on the twentieth century evolution of the Congregation and examination of its activities with particular focus on how its vision to care for the old and terminally ill expanded over time. The study would also contextualise the work of the congregation by examining Irish Department of Health Archives, the Taoiseach archives, Diocesan archives relating to individual Bishops. It would also incorporate an oral history study with members of the order and relevant civil servants and other interested parties.

The student would be Limerick based and would require;

- a) Access to the LCM archive in Dublin and possibly to the archives from other houses not transferred.
- b) If possible, for material to be transferred possibly to Milford in Limerick or the Special Collections Archive in the nearby University of Limerick under secure conditions, for consultation to reduce travel costs.
- c) The student to conduct research in the usual fashion through typing notes, photography or scanning.

The student would agree to

- a) Pay their own fees
- b) Pay their travel costs, if necessary
- c) Provide a report on progress to the LCM in each of the years which could form the basis of individual chapters
- d) To the accepted conventions regarding confidentiality and protection of individuals.

The LCM involvement

- a) Allow access to the student
- b) Provide a desk and chair for the student
- c) Would receive annual reports
- d) Receive a complete study.
- e) Support travel costs

Note: It is normal practice for an embargo to be placed on doctoral thesis and both the LCM and the student would agree publishing plans.

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