

# ULRR

## The triumph of proximity: the impact of district nursing schemes in 1890s' rural Ireland

Item Type	Article
Authors	Breathnach, Ciara
Citation	Nursing History Review;26 (1)
Publisher	Springer
Download date	2026-03-07 12:22:34
Item License	<a href="https://creativecommons.org/licenses/by-nc-sa/1.0/">https://creativecommons.org/licenses/by-nc-sa/1.0/</a>
Link to Item	<a href="https://hdl.handle.net/10344/9406">https://hdl.handle.net/10344/9406</a>

# The Triumph of Proximity: The Impact of District Nursing Schemes in 1890s' Rural Ireland

CIARA BREATHNACH  
University of Limerick

In February 1900, Father John P. Connelly, the Roman Catholic parish priest of Achill Island, County Mayo, wrote to the Queen Victoria's Jubilee Institute for Nurses (QNI) in Dublin, pleading for funds to retain the island's Jubilee nurse. Emotively, he claimed that the year before she arrived, there had been 24 maternal deaths and "scarcely any since she came here."<sup>1</sup> Irvine Loudon has advocated both broad and micro approaches to the study of maternal mortality to problematize official statistics.<sup>2</sup> In this article, I present a micro-study of Achill Island, which provides a good example of a community that availed of a diverse "medical marketplace" and used modern, patent, and traditional medicine alike.<sup>3</sup> The aims are to provide insight into the complicated patient-practitioner relationship and the impact district nursing made on maternal health in rural Ireland. I begin by providing an overview of the architecture of the public health-care system and how it applied to Achill Island. Within the public health framework and in the wider context of extreme poverty, it is highly likely that maternity cases and maternal deaths could have escaped official notice. Outside Dublin, where maternity services were more developed, high levels of maternal mortality were an accepted part of social life.<sup>4</sup> It is not possible to precisely correlate Connelly's 1900 claims with aggregate civil registration returns, but a micro-study of death registers over the preceding decade reveals that Achill Island had exceptionally high levels of maternal mortality in 1895 and 1897, prior to the availability of professional nursing services. Death register data are combined with Poor Law Union (PLU) and nursing records to show how central public health nursing was to resolving

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40

1 maternal health problems. The concluding discussion outlines the competing  
 2 influence of traditional practitioners and argues that, on a cultural level, the  
 3 introduction of a nursing scheme separate from the poor law medical service  
 4 was key to breaking their hegemony.  
 5  
 6

### 7 Achill and the Politics of Health Care, 1851–1900 8 9

10 Achill Island is located a short distance off the west coast of County Mayo in  
 11 the province of Connaught (see Figure 1). Agriculture was the mainstay of  
 12 the tenant farming population, whose small holdings (4–6 acres) were uneco-  
 13 nomic. Seafaring was an important part of island life, but for complicated  
 14 historical reasons, the fishing industry was not commercially developed.<sup>5</sup> The  
 15 island was connected to the mainland by the Michael Davitt Bridge in 1897  
 16 (see Figure 2), which improved socioeconomic circumstances somewhat. But  
 17 Achill Island, Mayo, and the province of Connaught more generally suffered  
 18 grinding poverty, periodic bouts of famine, and severe want throughout the  
 19 19th and well into the 20th century.

20 Medical services were deeply intertwined with local power structures.  
 21 Under the Poor Relief (Ireland) Act (1838), the country was divided into  
 22 130 PLUs, and each Union was subsequently divided into electoral divisions  
 23 (ED). These boundaries shifted over time, but initially the ED of Achill (which  
 24 included Achill, Achillbeg, and Inisbiggle Islands and part of the mainland; see  
 25 Figure 2) was located in the Union of Westport.<sup>6</sup> PLUs were determined not  
 26 only by natural physical boundaries like mountains and waterways but also  
 27 by the ability to pay poor rates (a specific form of taxation levied on property  
 28 to pay for poor relief). During the ravages of famine, Westport PLU, which  
 29 strained to cope with its large geographic and demographic responsibility, was  
 30 subdivided in 1849. Subsequently the administration of Achill and neighbor-  
 31 ing Ballycroy fell under the newly created Newport PLU.<sup>7</sup> Under the 1851  
 32 Medical Charities Act, the PLUs were further divided into 723 dispensary dis-  
 33 tricts, only 95 of which were in the geographically challenging and poverty-  
 34 stricken Connaught.<sup>8</sup> Each dispensary district was overseen by a medical officer  
 35 and a committee composed of PLU Board of Guardians and property holders  
 36 of over £30 valuation; their services were unpaid but such positions were pres-  
 37 tigious and clear markers of social class.<sup>9</sup> The system provided free medical care  
 38 to the deserving poor, either on-site or in the home. It was organized using a  
 39 ticketing system: Black tickets were for on-site care and red tickets (colloquially  
 40 known as “scarlet runners”) denoted the right to a house call.  
 41

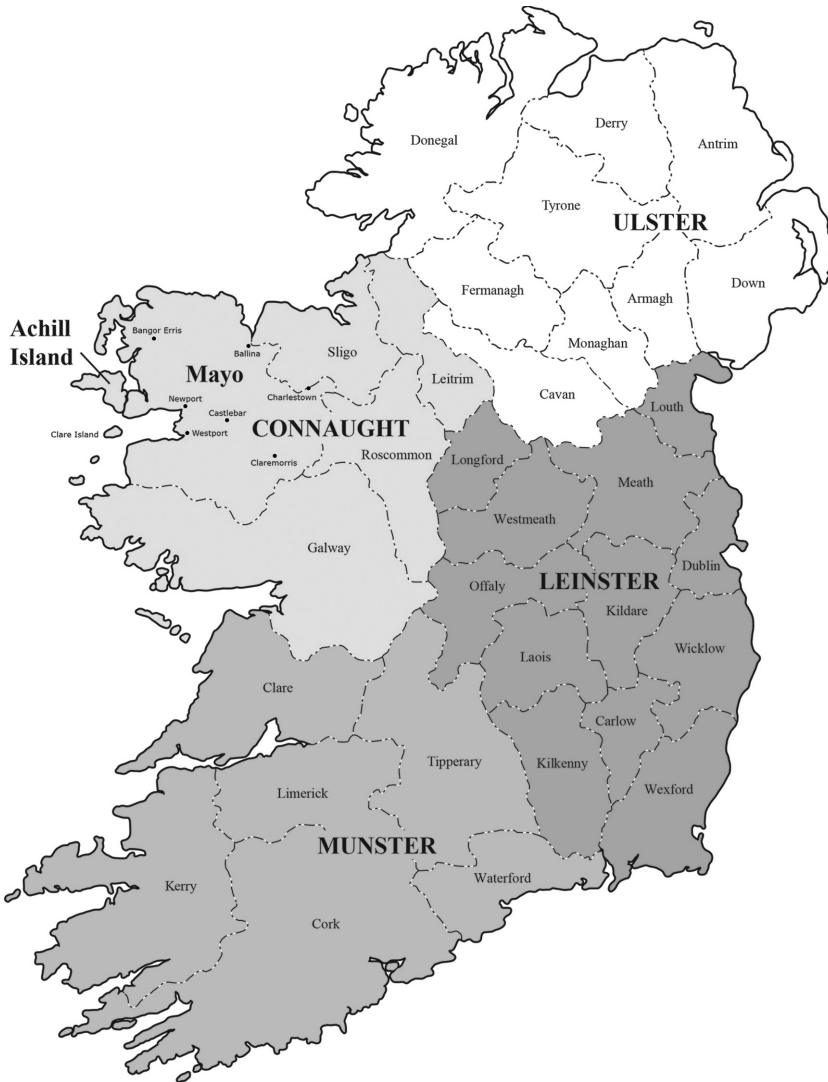
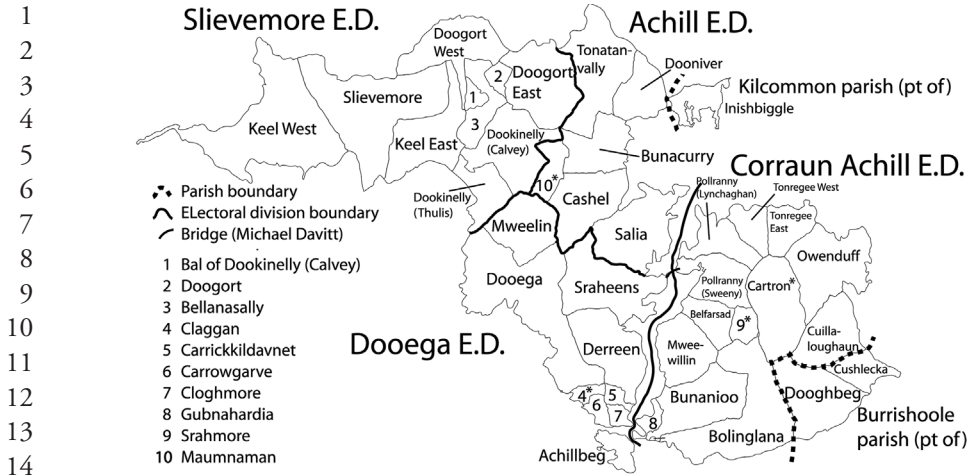


Figure 1. Map of Ireland showing counties and provinces.

To paraphrase historian Laurence M. Geary, the system disadvantaged dispensary doctors, as those authorized to issue the tickets (dispensary committee members, wardens, and relieving officers) did so “with abandon” and the system was corrupt.<sup>10</sup> Relieving officers were PLU employees whose duties included preliminary assessment of individual petitions for indoor (work-house) and outdoor relief. The dispensary system was further encumbered in

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41



**Figure 2.** Achill parish, County Mayo, showing electoral divisions and townlands.

*Note:* Achill Registrar's District covered the four electoral divisions shown. The four townlands marked with \* were unoccupied in 1901.

1864 with the introduction of civil registration, which placed the additional duties of maintaining births and deaths registers and compulsory smallpox vaccination under its charge.

Doctor Thomas H. Croly, a Cork-born physician, served as Achill Island's dispensary doctor from 1878 to 1916; unlike the majority of the islanders, he was not Roman Catholic.<sup>11</sup> His dispensary was originally part of Edward Nangle's controversial Protestant missionary settlement, founded in 1831 at Doogort in the northwest of the Island (see Figure 2).<sup>12</sup> When the dispensary opened, the Roman Catholic archbishop of Tuam, John McHale was its most vociferous opponent and encouraged the islanders to boycott it.<sup>13</sup> According to Nangle, in 1845, the islanders used the dispensary, as did people from the neighboring mainland districts.<sup>14</sup> Assistant Poor Law commissioner Edward Gulson gave conflicting evidence the following year to a parliamentary select committee. He stated that interfaith relations had deteriorated to such a degree that even in times of extreme penury, the resident Roman Catholic population refused assistance from the Achill dispensary, as it was a "Protestant Institution."<sup>15</sup>

Despite the fact that from 1852 on, the Achill dispensary at Doogort came under the 1851 Act and was funded through PLU rates, denominational problems persisted. The following examples provide a flavor of how intensely parochial, often sectarian, health-care provision was in the late 19th century.

Like many of his contemporaries, Croly used the absence of “fever” as an indicator of general well-being. He reported in February 1885 that the health of the district “continues satisfactory, no new case of fever has arisen since last report.”<sup>16</sup> When a “mild type” broke out in the nearby Newport dispensary (see Figure 2) district in May 1885, attention was drawn “to the filthy condition” of Lettermaghera Village, which had exposed cesspools and “collections of offensive matter.” These conditions had undoubtedly been present for some time, but fever occasioned the Board of Guardians to recommend that the village “be looked after” and that the schools at Treanbeg and Derradda be closed for 1 month to stem further contagion.<sup>17</sup>

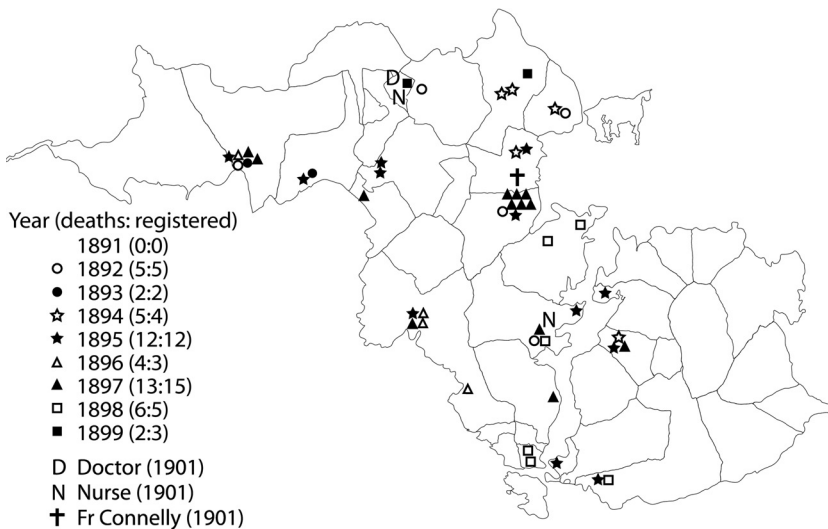
Even in the face of threats to public health, worries about proselytism were never far from the surface. The local priest Rev. P. Grealy defied the order by having the children attend catechism classes, and the clerk of the Union was ordered to write to him to request that he desist for a month.<sup>18</sup> PLU officers had to deal with a lack of cooperation in compulsory smallpox vaccination, also introduced in 1864, and whereas parents were ultimately responsible for ensuring that their children were vaccinated, that responsibility was shared with public health officials.<sup>19</sup> Croly regularly protested that parents in his area were tardy in having their children vaccinated. In January 1885, he notified the Newport Board of Guardians of 37 defaulters in the Achill dispensary district.<sup>20</sup> By 1900, the number of defaulters in the entire Achill ED was more than 500 and the poor law relieving officer had to issue notices threatening prosecution to get the matter under control.<sup>21</sup>

While relieving officers clearly dealt with trying circumstances and poor medicolegal literacy, historian Virginia Crossman, in her study of a number of PLUs, shows that some appointees were unsuitable. She cites the case of relieving officer John Fitzpatrick from Westport, who in addition to normal duties also served as a municipal rate collector and a town sergeant in 1880.<sup>22</sup> In Newport, similar patterns were in evidence in 1885. Achill’s relieving officer Peter Lavelle, who also served as a rate collector, submitted what was viewed as tantamount to a fraudulent claim of over £32 in 1885 for his additional services as a sanitary officer and for serving notices. He had previously issued a claim in August 1883, which the Guardians also refused to pay.<sup>23</sup>

The paucity of rates collected in Newport in the early 1880s caused the dissolution of the PLU in 1886, and it was merged again with Westport PLU, in spite of the vehement opposition of the latter.<sup>24</sup> The shift in power from Newport to Westport (a distance of 7 miles) cannot have helped the plight of Achill Islanders, and although boats offered services that shortened journey times, some residents were more than 30 miles from the central services of the workhouse and the Union hospital. Prior to Newport’s dissolution, Croly

wrote to the Board of Guardians to draw attention to the “urgent necessity of appointing a competent midwife to the district.”<sup>25</sup> His request fell on deaf ears until February 1897, when he made a joint appeal with Connelly for a trained midwife to be appointed to the Achill district.<sup>26</sup> At that point, Croly informed the guardians of “an epidemic of febricula . . . cases of scarlatina . . . six deaths from puerperal fever during the previous six months.”<sup>27</sup> Nurse Kate McGarry, who had a diploma from Sir Patrick Dunn’s Hospital, Dublin, was appointed to the PLU position and was to live on Achill Island at a salary of £25 per annum. She took up occupancy of a stable attached to the dispensary at Sraheens (see Figures 2 and 3) on February 25, 1897.<sup>28</sup>

Despite ongoing distress and extreme poverty, Achill Islanders were slow to resort to assistance from the PLU. In the course of deliberations about the proposed amalgamation of Newport and Westport Unions, it was reported in February 1885 that a mere 14 cases of indoor relief and 6 cases of outdoor relief had emanated from Achill in the previous 12 months.<sup>29</sup> According to the 1897 Local Government Board report, Achill ED had a population of 8,563 (the island’s population hovered around 5,000) and it was theoretically well served by four dispensary districts (two on the island; see Figure 3), two medical officers, and McGarry. In practical terms, only 373 dispensary



**Figure 3.** Map of Achill Island showing the year in which deaths occurred, the year in which these deaths were subsequently registered, and their locations. Locations of a doctor and two nurses identifiable in the 1901 census are also shown.

tickets were issued to those using medical care at one of the four dispensaries; 214 visiting tickets were issued. Furthermore, the dispensaries dealt with 97 cases of vaccination or revaccination and 2 cases concerning dangerous lunatics.<sup>30</sup> Unfortunately, the dispensary records are not extant, so it is impossible to tell how many pertained to the islanders or whether they involved McGarry. Nonetheless, the low numbers are evidence of the fact that the people did not routinely use the poor law medical system when ill. Instead, they relied on their own resources and traditional practitioners. By 1910, a report on the extent of unqualified practitioners in Ireland noted some mild diversification; in Westport Union, “propriety medicines” arrived by post, were used for diseases ranging “from acute to chronic,” and more often caused more harm than good.<sup>31</sup>

Voluntary endeavor was crucial to the improvement of public health conditions because the PLU system failed to encourage engagement with medical services. Introducing the Jubilee nurse system to the Irish medical, socioeconomic, and political landscape of the late 19th century was destined to be difficult, as denominational, class, and gender factors posed formidable challenges to improvements in public health. Battling the influence of untrained practitioners was secondary to internecine rivalries among medical personnel, who also posed a great threat to progress. I have discussed elsewhere evidence of the bishop of Limerick driving out Protestant Nurse Gardiner in 1897, for fear she might take advantage of her position for proselytizing ends. In other areas, Protestant doctors operated in tandem with local Roman Catholic clergy to besmirch the reputation of hardworking nurses.<sup>32</sup> Invariably, denominational and professional issues were set aside in areas of particular distress, for instance, on Achill Island, and it was then that trained nurses could make significant public health strides.

### Maternal Mortality Rates on Achill

The General Register Office (GRO) death registers from January to December 1897 recorded 15 women as having died in Achill parish in childbirth, at an average age of 25.9 years; 2 of these died in the closing weeks of 1896 and a further 9 before the end of April 1897.<sup>33</sup> Of the 15, 9 died from puerperal fever (8 within 12 days of the birth, and 1 after 21 days), 1 from “metritis after parturition,” 2 from debility after parturition, 1 from febricula, 1 from hemorrhage, and 1 from “supposed heart disease.” It should be noted that, in general, Irish mortality returns are incomplete: Some deaths were not reported

1 at all and not all registered deaths were medically certified. The cause of a reg-  
 2 istered death occurring in the absence of trained medical professionals was cat-  
 3 egorized using secondhand accounts from relatives or those present at death.  
 4 The guiding nosology for registrars had a mere 145 categories, and puerperal  
 5 fever was the most commonly cited cause for mothers dying in childbirth.<sup>34</sup>  
 6 Three uncertified Achill deaths in 1897 relied on anecdotal evidence supplied  
 7 to the registrar by “the informant,” who was usually a relative present at the  
 8 time of death. All three were from the townland of Cashell (see Figures 2 and  
 9 3); they were farmers’ wives whose deaths were registered 10, 18, and 47 days  
 10 later. Late entry maternal deaths were usually attributed to “supposed puer-  
 11 peral fever.”

12 An examination of aggregate figures fails to elucidate why Achill Island  
 13 appears to have been a problem area. Unfortunately, maternal mortality does  
 14 not feature as a defined field in the *Annual Report of the Registrar-General*  
 15 (*ARRG*) until the late 1920s. In 1897, general puerperal fever deaths for Ire-  
 16 land stood at 228, a slight reduction from 252 in 1896, but a marked improve-  
 17 ment from 454 in 1894.<sup>35</sup> The figures are not disaggregated by county, which  
 18 makes a micro-study of the registers necessary to isolate them. Achill’s 8 deaths  
 19 from puerperal fever in 1897 accounted for 3.5% of the national rate but  
 20 almost a quarter of the 37 deaths reported for the province of Connaught (see  
 21 Figure 1). Extreme poverty characterized the West of Ireland in the 1890s, and  
 22 if we take Croly to be precise in his report, then this micro-study raises the  
 23 possibility of maternal mortality underreporting elsewhere in Connaught. The  
 24 immediacy of the problem from Connelly’s perspective is better understood  
 25 when the proximity of the 1897 deaths are mapped (see Figure 2): Six deaths  
 26 occurred on his doorstep and prompted his actions.

## 27 28 29 The Challenge of Traditional Practitioners 30

31  
32 A Jubilee nurse located in the West of Ireland in 1906 penned the following  
 33 anonymous report. It shows the very difficult medical, physical, and emo-  
 34 tional circumstances nurses faced:

35  
36 Case 6: A maternity case, the woman living 2 1/2 miles out with no road for the  
 37 last mile only a path up the mountain across streams and boulders, a most difficult  
 38 way to go in the dark. I was called for at 12 am, and went at once. This poor women’s  
 39 [*sic*] 16th child. She had always had most difficult labours, losing six of her babies at  
 40 birth and with a long illness after each. She was delivered with much difficulty during  
 41 the day, and notwithstanding every skill and attention, died that evening. It was a

most pitiable scene. The cries of those little children for their mother with the wail of the newly born babe I will not easily forget. The doctor most kindly stayed and helped me with everything although he left home without any breakfast, and had practically nothing all day. Fortunately the men took him home on the boat, but my way was in the opposite direction so I had to walk.<sup>36</sup>

In contrast with handywomen or untrained midwives who were embedded in their communities, public health nurses were not indigenous to the areas in which they worked. Indeed, it was several decades before native-born or Irish-speaking probationers were attracted to the profession. Historian Carrie Howse has noted the same problems in England, where a new class of village nurse-midwives had to be introduced to solve recruitment problems.<sup>37</sup>

In 1898, Aneence Fitzgerald Kenny, a community activist in Burriscarra, County Mayo, was using the successful case of Achill Island to bring a Jubilee nurse to her area. She cautioned the QNI that its prospective new nurse should be interviewed by “doctors of note” and her diplomas be examined.<sup>38</sup> She wrote:

I would urge very strongly upon you the grave importance of sending a very competent nurse, particularly in maternity work. It is with this view I should be glad to have her engaged by her diplomas; any want of thorough [*sic*] knowledge on her part will throw trained nursing back for years, our people are very quick to make up their minds and their conclusions are stuck to with extreme obstinacy. . . . She will have enemies among the old women.<sup>39</sup> (emphasis original)

By old women, Fitzgerald Kenney was alluding to the myriad medical services provided by untrained nurses, handywomen, and wise women.<sup>40</sup> Although great efforts had been made to professionalize nursing in voluntary and Union hospitals, and to instill confidence in the medical services, most rural people resorted to care and advice from the ubiquitous unqualified practitioners. With respect to female occupations, the Irish census was not comprehensively undertaken, but it is interesting to note that in the 1901 census, 20 Achill Islanders laid claim to medical credentials and 3 gave “nurse” as their profession. Nursing had been on the road to professionalization in Ireland for several decades and a number of training schemes were in place. Yet efforts to find evidence of professional training for 30-year-old Mary Anne Fadian from Doogort East have not been fruitful. The two other Achill “nurses” could not have been trained. Bridget Fadian from Doogort East was only 15; 70-year-old Bridget McNamara from Dooega was an Irish speaker who could not read English.<sup>41</sup>

1 Trained nursing came to Achill in two guises, first with McGarry, who  
 2 was a PLU employee attached to the dispensary at Sraheens, a few miles from  
 3 the problem area of Cashell (see Figure 2). In May 1897, with partial funding  
 4 from the Congested Districts Board and the “Achill Disaster Fund,” a second  
 5 position was established at Doogort specifically to employ a Jubilee nurse.<sup>42</sup>  
 6 Nurse Annie Walsh took up the position; she moved to Cushendall, County  
 7 Antrim, and was replaced by Nurse Mary Lee in October that year.<sup>43</sup> Both  
 8 Achill Island’s nursing positions were occupied by professionally trained mid-  
 9 wives, which signaled a dramatic improvement in the rate of women dying  
 10 from puerperal fever. Of the 15 deaths registered in 1897, 9 were from puer-  
 11 peral fever, of which 5 occurred prior to the arrival of McGarry. In 1898, the  
 12 GRO register accounted for four deaths, of which three were from puerperal  
 13 fever.<sup>44</sup> This dramatic decrease follows precisely the same pattern as statistics  
 14 gathered in England and Wales where, Howse has found, areas with trained  
 15 midwives had half the maternal mortality rate of those without.<sup>45</sup>

16 It is important to note the locations of the Achill Island deaths (see  
 17 Figure 2) and their distance from qualified practitioners. It is possible that  
 18 handywomen were in operation in Cashell, the townland worst affected by  
 19 maternal mortality. The following account submitted by a Jubilee nurse to  
 20 her employers, the Lady Dudley’s Scheme for the Establishment of District  
 21 Nurses in the Poorest Parts of Ireland, shows the aftermath of a difficult  
 22 birth and the implied attendance of an unqualified practitioner.

23  
 24  
 25 A maternity case and a particularly sad one. The woman lived three miles  
 26 from the village and it was her eleventh child, and though she had been ill all night,  
 27 it was only at 12:15 pm next day that her little girl came for me, with no more  
 28 urgent a message than that her mother was ill. I went at once and on my arrival at  
 29 the house found the patient practically dying. I immediately sent for the doctor  
 30 and clergyman (though I feared that neither would reach her in time), and in the  
 31 meantime I did my best for the poor thing, who never rallied but died in about  
 32 twenty minutes after my arrival. I asked the woman who was with her why she had  
 33 not sent for assistance sooner, and the excuse given me was that the patient never  
 34 needed a doctor or nurse on such occasions, and that she did not think she would  
 35 need one this time, the woman was taking great credit to herself for having sent  
 36 for me even then.<sup>46</sup>

37 It will be a great loss to us to be deprived of her services, truly we will be worse off  
 38 than if we never had one as the people will not know now where to look for aid when  
 39 required as a good many of the old handy women have given up or died.<sup>47</sup>

40 Perhaps reflecting the impact of the resident Jubilee nurse in raising public  
 41 health standards and medicolegal literacy levels, two of the women who  
 described themselves as “nurse” in the 1901 census no longer laid claim to

such credentials in 1911: Mary Anne Fadian had no recorded occupation in the 1911 census and Bridget Fadian was described as a farmer's daughter.<sup>48</sup> The combined actions of the parish priest, the vicar, and "43 of the inhabitants of Achill, many of them only able to make their mark" secured their nurse for another 7 years.<sup>49</sup> In November 1903, the Lady Dudley fund took over the administration of the post.

## Conclusion

Using mortality registers in tandem with nursing and PLU records, it is possible to reconstruct the historical geography of the nascent public health movement in rural Ireland. Embedding nurses in their respective communities separate from the existing PLU medical service appears to have been a key factor in surmounting the sociocultural problems that beleaguered the patient–practitioner relationship in the public system and in resolving the rural maternal mortality problem. Unfortunately, a lack of source material has frustrated attempts to fully verify Connelly's contention that 24 women died in childbirth the year before Nurse Lee arrived.<sup>50</sup> Supplementary evidence such as dispensary records or burial registry books simply does not survive. Whatever Connelly's accounting measures were, one thing is clear: Even with a conservative estimate of 13 deaths (excluding the 2 deaths that occurred in late 1896 but were not registered until the following year), 1897 was a bleak year for maternal mortality on the island when national figures were purportedly showing a decrease. Matters of religion, the competing influence of traditional practitioners or other therapeutic regimes, and the political structures that surrounded health care may explain why it seems that Achill Islanders were slow to engage with the range of free public health services in their area. This article demonstrates that, as Loudon suggests, a wide socioeconomic lens is important in the examination of historic maternal mortality and argues that micro-studies such as this challenge the accuracy of aggregate figures.<sup>51</sup>

## *Acknowledgments*

I wish to gratefully acknowledge funding from the Irish Research Council, Research Project Grant 3-2013 and the assistance of Dr. Brian Gurrin, specifically for his work on the GRO data gathering and visualization in Figures 2 and 3.

## Notes

1 Letter from John P. Connelly PP, Achill, to Miss Lamont, QNI, Dublin, February  
26, 1900, WLA/SA/QNI/S.2/1/1, Box 120, Wellcome Library Archives.

2. Irvine Loudon, "On Maternal and Infant Mortality 1900–1960," *Social History of Medicine* 4, no. 1 (1991): 29–73.

3. This term has been criticized by scholars of healing communities; see Mark Jenner and Patrick Wallis, "The Medical Marketplace," in *Medicine and the Market in England and Its Colonies, c.1450–c.1850*, ed., Mark S. R. Jenner and Patrick Wallis (Basingstoke: Palgrave, 2007), 1–23.

4. Lindsey Earner-Byrne, *Mother and Child: Maternity and Child Welfare in Ireland, 1922–60* (Manchester: Manchester University Press, 2007).

5. Ciara Breathnach, *The Congested Districts Board of Ireland, 1891–1923: Poverty and Development in the West of Ireland* (Dublin: Four Courts Press, 2005).

6. An Act for the More Effectual Relief of the Destitute Poor in Ireland, 1838 [hereafter Poor Relief (Ireland) Act], 1 & 2 Vict. c. 56, sections 15, 18; British Parliamentary Papers (BPP), Poor Law Unions (Ireland), Abstract return from the Poor Law Commissioners, showing the name of each union in Ireland, the name of the county in which situated, and of each electoral division, 1846, 262, at 33.

7. Poor Relief (Ireland) Act, 1 & 2 Vict. c. 56; Peter Gray, *The Making of the Irish Poor Law, 1815–43* (Manchester: Manchester University Press, 2009), 286–293; BPP, Poor Law Unions (Ireland), 1846, 262, at 33; BPP, First report of the commissioners for inquiring into the number and boundaries of Poor Law Unions and electoral divisions in Ireland, 1849, 1015, 1015-II, at 16; BPP, Second report of the commissioners for inquiring into the number and boundaries of Poor Law Unions and electoral divisions in Ireland, 1850, 1145, 1146, 1147, 1148, 1149, 14–15.

7. BPP, Medical charities, Ireland, First annual report, 1852–53, 1609, at 3; BPP, Second report of the commissioners, 14–15.

8. BPP, Medical charities, Ireland, First annual report, 3.

9. Laurence M. Geary, "The Medical Profession, Health Care and the Poor Law in Nineteenth-Century Ireland," in *Poverty and Welfare in Ireland, 1838–1948*, ed., Virginia Crossman and Peter Gray (Dublin: Irish Academic Press, 2011), 189–206.

10. *Ibid.*, 193.

11. Croly gave "Church of Ireland" as his religion in the 1901 census, accessed December 19, 2016, <http://www.census.nationalarchives.ie/pages/1901/Mayo/Slievemore/Doogort/1602449>. He was appointed to Achill in July 1878 and held the post until his death in May 1916, at 66 years; *Medical Directory for 1879*, 1016; *Connaught Telegraph*, May 20, 1916; *Irish Times*, May 20, 1916.

12. Edward Nangle, *The Origin, Progress, and Difficulties of the Achill Mission* (Dublin: Wm. Carson, 1839); Mealla C. Ní Ghiobúin, *Dugort, Achill Island, 1831–1861: A Study of the Rise and Fall of a Missionary Community* (Dublin: Four Courts Press, 2000), 68.

13. For accounts of boycotting at the instruction of the archbishop of Tuam, McHale, see Miriam Moffitt, *Soupers and Jumpers: The Protestant Missions in Connemara, 1848–1937* (Dublin: Nonsuch, 2008); Moffitt, *The Origins of the Irish Church Missions* (Manchester: Manchester University Press, 2010), 29–35.

14. BPP, Evidence taken before Her Majesty's Commissioners of Inquiry into the state of the law and practice in respect to the occupation of land in Ireland (1845), 616, 432. 1  
2
15. BPP, Report from the select committee of the House of Lords on the laws relating to the destitute poor and into the operation of the medical charities in Ireland (1846), 694, 809. 3  
4
16. Newport Union Minute Book January–August 1885 (hereafter NUMB), February 20, 1885, MS 12,581: 117, National Library of Ireland. 5  
6
17. NUMB, May 29, 1885, 453–54. 7
18. NUMB, June 5, 1885, 479. 8
19. Deborah Brunton, *The Politics of Vaccination: Practice and Policy in England, Wales, Ireland, and Scotland, 1800–1874* (Rochester, NY: University of Rochester Press, 2008), 135. 9  
10
20. NUMB, Meeting January 30, 1885: 42; NUMB, July 4, 1885, 642. Croly supplied names of the defaulters. 11  
12
21. Westport Union Minute Book, July 1900–January 1901 (hereafter WUMB), NLI MS 12,682: 79, National Library of Ireland, August 15, 1900 (Lavelle states he “had noticed all the defaulters and that he had posted notices threatening prosecutions”), November 17, 1900 (310 defaulters were noted in the Achill, 140 in the Achill no. 2 dispensary district, 358–59); *Mayo News*, August 6, 1898. 13  
14  
15  
16
22. Virginia Crossman, *Poverty and the Poor Law in Ireland, 1850–1914* (Liverpool: Liverpool University Press, 2013), 92. 17  
18
23. NUMB, February 27, 1885, 141. 19
24. BPP, *Fourteenth Annual report of the Local Government Board for Ireland* [C.4728] [C.4728-I], 14. 20  
21
25. NUMB, January 21, 1885, 18. 22
26. Record of the Achill Dispensary Committee meeting held February 2, 1897, WUMB, MS 12678, 95, National Library of Ireland. 23  
24
27. *Ibid.*, February 4, 1897: 96. 25
28. WUMB, MS 12678, February 11, 1897, 116. The report of a meeting held on November 26, 1897, seeking funds to build a new stable at the dispensary revealed that McGarry had been living in the old one in Sraheens. WUMB, MS 12679, November 26, 1897, 156. The money £8:7:6 was sanctioned for a new stable at the dispensary depot at Sraheens, December 14, 1897, 188–89. 26  
27  
28
29. NUMB, February 27, 1885, 134. 29
30. BPP, Annual report of the Local Government Board of Ireland, 1898, C.8958, 384–85. 30  
31
31. BPP, Report as to the practice of medicine and surgery by unqualified persons in the United Kingdom, 1910, Cd. 5422, at 86. 32
32. Ciara Breathnach, “‘it would be preposterous to bring a Protestant here’: Religion, Provincial Politics and District Nurses in Ireland, 1890–1904,” in *Healthcare in Ireland and Britain 1850–1970: Voluntary, Regional and Comparative Perspectives*, ed. D. S. Lucey and Virginia Crossman (London: Institute of Historical Research, 2015), 161–80. 33  
34  
35  
36
33. GRO registers are held at the reading room in Dublin. I am grateful to Declan Roche and Amanda Barry for their invaluable assistance. 37  
38
34. *A Statistical Nosology Comprising the Causes of Death Classified and Alphabetically Arranged, With Notes and Observations* (Dublin, 1864). 39  
40  
41

1 35. BPP, Thirty-fourth detailed Annual Report of the Registrar-General (Ireland)  
2 (hereafter ARR), 1898, C.8949, 14, 170.

3 36. *Lady Dudley's Scheme for the Establishment of District Nurses in the Poorest Parts of*  
4 *Ireland, Fourth Annual Report* (1906), 18.

5 37. Carrie Howse, "The Ultimate Destination of All Nursing': The Development  
6 of District Nursing in England, 1880–1925," *Nursing History Review* 15 (2007): 65–94.

7 38. Aneence Fitzgerald Kenny's letter is filed under Achill by the QNI. Further in-  
8 formation about her involvement in the Burrissacurra district nurse campaign can be found  
9 in the *West of Ireland Association, First Annual Report* (Manchester, 1900), 6.

10 39. Letter from Aneence FitzGerald Kenny to A. M. Leake, esq, November 19,  
11 1898, WLA/SA/QNI/S.2/1/1, Box 120.

12 40. Ciara Breathnach, "Handywomen and Birthing in Rural Ireland, 1851–1955,"  
13 *Gender and History* 28, no. 1 (2016): 36–56.

14 41. Census record for Bridget Fadian, 1901, accessed November 20, 2016, <http://www.census.nationalarchives.ie/reels/nai001101788>; census record for Bridget McNa-  
15 mara, 1901, accessed November 20, 2016, [http://www.census.nationalarchives.ie/reels/  
16 nai001101473](http://www.census.nationalarchives.ie/reels/nai001101473); census record for Mary Anne Fadian, 1901, [http://www.census.nationalar-  
17 chives.ie/reels/nai001101781](http://www.census.nationalarchives.ie/reels/nai001101781).

18 42. BPP, Congested Districts Board for Ireland, Sixth Report of the Congested  
19 Districts Board for Ireland, 1897, C.8622, 27. The "Achill Disaster Fund" was collected  
20 to alleviate suffering following an accident in June 1894 when 32 young seasonal mi-  
21 grants drowned; the hooker (a traditional boat) they were traveling in capsized on its  
22 way to Westport. See Ciara Breathnach, "Lady Dudley's District Nursing Scheme and  
23 the Congested Districts Board," in *Gender and Medicine in Ireland, 1700–1951*, ed.,  
24 Margaret Preston and Margaret Ó hÓgartaigh (Syracuse, NY: Syracuse University Press,  
25 2012), 258–81.

26 43. Jubilee Nurses, Affiliated Branches, c. 1890–c. 1967, P220/28 f. 235, University  
27 College Dublin (UCD) Archives. Achill's District Nursing Association was established in  
28 April 1897 and affiliated with the Queen's Nurses' Institute in July 1897 as District no.  
29 39. Annie Walsh (Queen's roll no. 789) was appointed a Queen's Nurse in July 1896 and  
30 became district nurse for the island on May 3, 1897. She was replaced by Nurse Mary Lee  
31 (Queen's roll no. 1018) on October 19, 1897.

32 44. His appeal was successful; Lee remained on the island until December 1903,  
33 when she was replaced by Georgina McWilliam, who served from February 1904 until  
34 October 1908. Margaret Comerford took up the position from October 1908 until  
35 November 1912. Jubilee Nurses, Affiliated Branches, c. 1890–c. 1967 (UCD Archives  
36 P220/28 f. 235) (McWilliam, Queen's roll no. 2361; Comerford, Queen's roll no. 2582).

37 45. Howse, "The Ultimate Destination of All Nursing," 74.

38 46. *Lady Dudley's Scheme for the Establishment of District Nurses in the Poorest Parts of*  
39 *Ireland, Third Annual Report* (Dublin, 1906), 14.

40 47. Letter from a G. W. H. Croly, presumably a relative of the dispensary doctor, to  
41 the QNI dated March 1, 1900, WLA/SA/QNI/S.2/1/1, Box 120.

42 48. 1911 census record of Bridget Fadian, accessed November 20, 2016, [http://  
43 www.census.nationalarchives.ie/reels/nai003032871](http://www.census.nationalarchives.ie/reels/nai003032871), and 1911 census of Mary Anne  
44 Fadian, accessed November 20, 2016, [http://www.census.nationalarchives.ie/reels/  
45 nai003032861](http://www.census.nationalarchives.ie/reels/nai003032861).

46 49. Letter dated November 28, 1901, WLA/SA/QNI/S.2/1/1, Box 120.

50. An Act to Amend the Laws Relating to the Burial of the Dead in Ireland, 1856, 19 & 20 Vict. c. 98, sect. 30. Although it was mandatory under the Act for local authorities to maintain burial registries for each cemetery, the records are not extant for any of Achill's cemeteries, and Catholic burial records only commence in 1930.	1 2 3 4
51. Ciara Breathnach and Brian Gurrin, "Maternal Mortality in Dublin, 1864–1913," <i>Social History of Medicine</i> , forthcoming (2017).	5 6 7
CIARA BREATHNACH	8
Department of History	9
University of Limerick	10
Limerick V94 T9PX, Ireland	11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41