7. ‘… it would be preposterous to bring a Protestant here’: religion, provincial politics and district nurses in Ireland, 1890–1904*

Ciara Breathnach

In a country where traditional or ethno-medical practices prevailed well into the twentieth century, the interface between the wider populace and ‘modern medicine’ was complicated by undercurrents of class, cultural difference, a mixed medical economy and, perhaps more significantly, denominational concerns. With the exception of Gerard Fealy’s work on the history of nursing, much discussion on the social history of medicalization in the Irish context has focused on doctors; the function of nurses in that process has received relatively little attention. Even the activity of nursing orders in Ireland remains under-explored, as most discussions form part of wider studies of female religious. Sustained accusations of proselytism in welfare institutions made by Roman Catholic clergy resulted in significant gains, particularly in workhouses, with the introduction of the Sisters of Mercy as nurses in Limerick in 1861. ‘Nursing nuns’ had varying degrees of competencies but, and mainly because they worked for little or no pay, by 1903 they dominated nursing in union hospitals. In such a milieu it is unsurprising that the introduction of middle-class, and invariably Anglican, ‘Jubilee’ nurses to Ireland met with the polemics of antipathy and desperate need. Jubilee nurses were women who were trained by bodies associated with the Queen Victoria’s Jubilee Institute for Nurses (Q.N.I.), which was

* W.L.A., SA/QNI/S.2/1/1, box 120, letter from Dublin Branch of Q.N.I., Inspector C. A. Blackmore to Miss Peter, 4 Jan. 1897. The author would like to thank Dr. Lindsey Earner Byrne, Dr. Catherine Lawless and Dr. Laura Kelly for their invaluable comments on earlier drafts of this essay.

1 There are several working definitions of ‘modern medicine’. It is generally taken to mean the provision of scientific-based care by licensed and trained personnel (see D. Lupton, ‘Foucault and the medicalisation critique’, in Foucault, Health and Medicine, ed. A. Petersen, R. Bunton and B. S. Turner (New York, 1997), p. 94).


established in 1887 with £70,000 of an initial fund of £82,000 collected as a gift for the queen’s jubilee. (The difference was used to purchase a commissioned piece of jewellery.)

From the eighteen-sixties until the Midwifery Act of 1918 and the Nurses’ Registration Act of 1919, nursing comprised a ‘mixed economy’ of the relatively new phenomenon of hospital-trained nurses, nursing religious and the much maligned but prolific ‘handy women’.5 Within these categories further distinctions could be made. Margaret Damant’s work has shown how in England, in addition to providing ‘a professional network’, district nursing ‘led to the separation of nursing knowledge and skills from domestic care, quackery and proselytising’.6 This essay explores the degree to which Jubilee nurses played a similar role in Ireland and argues that such a separation of duties was not a smooth process. It shows that the introduction of the Jubilee nurse was dogged by sectarianism and professional power struggles.

Virginia Crossman has likened the Irish local government system to a ‘patchwork’ or a ‘frankenstein’s monster of overlapping authorities and jurisdictions’.7 As in England, a ‘panoply’ of local government services was responsible for public health in Ireland towards the close of the nineteenth century.8 Overarching the ‘modern’ medical encounter was a national infrastructure presided over by politicians, Poor Law officials, clergy and some medical men of note. At a micro-level doctor/patient encounters for the poor usually occurred in Poor Law union hospitals or dispensaries, part of the apparatus of Poor Law medicine established under the Medical Charities Act of 1851.9 Dispensary and workhouse doctors operated in deference to Poor Law guardians who determined whether or not their annual contracts were renewed. In the early decades of the Poor Law system, boards of guardians were usually composed of local landlords and clergy but by the close of the century outside the northern province of Ulster the rising Catholic middle classes played a greater and in many cases a controlling

---

5 Midwives (Ireland) Act 1918, 7 & 8 Geo. 5, c. 59; Nurses Registration (Ireland) Act 1919, 9 & 10 Geo. 5, c. 96.
Religion, provincial politics and district nurses in Ireland, 1890–1904

role. A survey of dispensary records reveals that there was an obvious need for auxiliary services to alleviate the exceptionally busy workloads of some medical officers. Take, for example, the Callan and Rathdown dispensary records which show how over-stretched its medical officer, Dr. Keating, was in the eighteen-seventies. Dr. Keating covered clinics over a large geographic area. An overview of his medical knowledge is insightful; to his mind the Callan Dispensary District was in ‘a healthy state’ once instances of diphtheria and scarlatina remained at bay. Keating’s records give the impression of someone who went to great lengths to take care of his patients but who was also obliged to devote a disproportionate amount of his time to an overly bureaucratized system. Month after month he reported to the Board of Guardians appealing or accounting for the usage of coal and other sundries. The importance of accountability notwithstanding, one cannot help but think that his energy might have been more profitably expended elsewhere.

Parallel to a geographically comprehensive but politically complex public health system (a complexity that rendered it inaccessible to some), there existed an equally mixed ethno-medical economy of quacks, bonesetters, cancer curers, ‘handy women’ and wise women, and aggressive newspaper advertisement campaigns led to an increasing number of patent medicines in circulation. Each type of practitioner offered services of varying degrees and costs, but because ‘traditional’ medical practitioners existed in the vernacular they are difficult to account for and often overlooked. Some traditional practitioners (persons with no formal training), primarily handy women, were deeply embedded in the social and cultural fabric and proved difficult to uproot. As a result, they offered significant competition to those with training.

Although geographically small, strong regional and denominational identities characterized Irish municipalities and local government districts,

---

10 The Local Government (Ireland) Act (1898), 61 & 62 Vic., c. 37, changed the boundaries of administration, but with the exception of matters associated with sanitation it did little to alter the governance of healthcare (see J. J. Clancy, A Handbook of Local Government in Ireland: Containing an Explanatory Introduction to the Local Government (Ireland) Act, 1898 (Dublin, 1899), p. 90).

11 N.A.I., 999/655/3, monthly report by Dr. P. Keating, Callan, Co. Kilkenny, July 1873.


making it difficult to establish district nursing schemes. Unfortunately
records survive piecemeal. Indeed some district nursing associations
(D.N.A.s) were, as we shall see, nearly stripped of their ‘affiliation’ for poor
record-keeping.14 Drawing heavily on the Irish branch correspondence of
the Q.N.I., and Bord Altranais agus Cnáimhseachais na hÉireann (Nursing
and Midwifery Board of Ireland) records, together with newspaper reports
and contemporary medical and nursing journal articles, this essay utilizes
case studies from Londonderry, Limerick City and County, Achill in
County Mayo, and the Rosses in County Donegal to demonstrate how
denominational concerns shaped the public perception of district nursing
regionally. Adopting a comparative regional approach, it shows how the
success of benevolent endeavours was often beleaguered by religious,
secular and medical power-brokerage. In so doing it charts how, as it
professionalized, nursing faced a variety of localized gender, socio-economic
and cultural obstacles.

William Rathbone, a wealthy Liverpool industrialist, is largely accredited
with the foundation of the ‘modern’ concept of district nursing for the
poor.15 In 1859 his ailing wife began to receive palliative care in their home
from Nurse Mary Robinson. Driven by a ‘quality of life’ agenda Rathbone
personally funded Robinson to conduct a three-month pilot district
nursing scheme for the poor of Liverpool. Overwhelmed with demand, it
quickly became apparent that Robinson needed reinforcements and it was
at this point that the movement began to advance in close consultation
with Florence Nightingale.16 A shared vision emerged of providing nurses
with hospital training, a salary, equipment and lodgings to enable them
to care for the sick poor in their own homes, at no cost to the patient.17

The foundation of the Central Home of the Metropolitan and National
Association of Nursing, London, followed in 1875.18 Rathbone entered
politics and was very influential in establishing the Q.N.I. The principles of
district nursing had evolved somewhat from its Liverpool origins and now

14 W.L.A., SA/QNI/S.2/1/1, box 120, letter dated 17 Oct. 1898 regarding the unsatisfactory
management of the Rosses District Nursing Association, Co. Donegal.
15 H. M. Sweet, Community Nursing and Primary Healthcare in 20th-Century Britain
16 See Florence Nightingale: Extending Nursing, xiii, ed. L. McDonald (Waterloo, Ontario,
17 C. Howse, “The ultimate destination of all nursing”: the development of district
Burdett-Coutts (1893), p. 276; see also F. Nightingale, ‘Sick nursing and health nursing’, in
Burdett-Coutts, Women’s Mission, p. 205.
included scientific training in surgery and midwifery. These essential skills set Jubilee nurses apart and, according to Margaret Damant, protected the poor from quackery and the untrained practitioner. The Q.N.I. did not employ nurses directly, instead it ‘operated a system of affiliation, training and inspection’ of D.N.A.s. Two Irish training institutions, both located in Dublin, affiliated with the Q.N.I. in the eighteen-nineties. The first was St. Patrick’s Home (for providing trained nurses for the sick poor). Although not explicitly denominational, indeed it was open to all denominations, it primarily attracted Protestant nurses and probationers. It was affiliated to the Q.N.I. in 1890, and according to the 1881 census served a population of 273,283. St. Lawrence’s Home was founded and affiliated in 1891 specifically to train Catholic nurses.

Sectarianism was always a moot point in nurse training as nurses had unequivocal access in the course of their duties to the vulnerable sick, particularly when the public health setting was the patient’s home. Various charitable institutions and religious orders had for centuries offered elements of community care for the sick but not necessarily in their own homes or by the hospital-trained. It is difficult to decode the precise edicts that inhibited how religious could tend to the sick as some pertain to missions and fall under the auspices of Propaganda Fide. Dictates precluding nuns from dealing with lying-in patients and infants can be traced back to Pope Boniface VIII’s 1298 papal directive Periculoso, later reinforced by the Council of Trent, that made clear distinctions between male and female religious and set out reasons for their cloistering, or separation from the outside world. Sisters, unlike nuns, were permitted to work in the community. Codes of canon law regarding ‘nursing’ were regularly reinforced, often quietly elided (particularly in America), but eventually lifted in 1936 in the ‘missionary context’.

As Maria Luddy has shown, the Sisters of Mercy were permitted to gain a foothold in workhouse hospitals from the eighteen-sixties and thus laid the foundation for ‘a cheap welfare system’, although one that was not without its critics.\(^{26}\) Dr. Smyth from Naas, County Kildare, wrote an extended letter to the \textit{Freeman’s Journal} in 1897 about the problems and vicissitudes of nuns as nurses. He acknowledged nuns’ ability to supervise, and provide discipline and domestic management, but argued that advances in modern medicine required the skills of a trained nurse.\(^{27}\) He recognized and was brave enough publicly to highlight nuns’ professional shortcomings, arguing that:

the science and art of nursing are not learned in the novitiate, and they are not acquired by inspiration. The vocation of a nun though a priceless foundation, cannot of itself make a hospital nurse, there must be training, not a sham or makeshift training, but honest hospital training under efficient teaching. Nursing has one great aspect in which a nun when trained simply has no equal.\(^{26}\)

Describing Sisters of Mercy at Naas Union Hospital as a ‘moral antiseptic’, he proceeded to point out the limitations placed on them regarding male patients and in assisting at operations.\(^{28}\) What militated against the efforts of the nuns in workhouses was that they were bolstered by an ‘apprentice nurse’ system staffed by untrained inmates.\(^{29}\) Dr. Smyth opined:

Untrained ‘nursing’ is bad but pauper ‘nursing’ goes down to the lowest depths … It is a blot on the poor law administration … they are ignorant, unreliable, and being unpaid are under no discipline or control. The women ‘nurses’ are nearly all unmarried mothers who have been confined in the house. They are coarse and fit only for drudgery.

Male pauper nurses he described as ‘corner-boys’ who were a ‘demoralising influence’, and their hands ‘like poisonous bees carrying the pollen of infection from bed to bed’.\(^{30}\)

Dr. Smyth’s personal agenda was to rid the system of unscrupulous pauper nurses, to which end he wrote another letter to the \textit{Freeman’s Journal} in July 1897 providing a flavour of their questionable behaviour. He cited several cases of theft, blackmail and cruelty, and one of a pauper nurse whom he had found, to his disgust, selling hospital rice to an elderly pauper.


\(^{27}\) This was a major source of concern for Nightingale with regard to untrained nurses in the Liverpool workhouse in the 1870s (\textit{Florence Nightingale on Public Health Care}, vi, ed. L. McDonald (Waterloo, Ontario, 2004), 231–40).

\(^{28}\) \textit{Freeman’s Journal}, 7 Jan. 1897.

\(^{29}\) Fealy, \textit{A History of Apprenticeship Nurse Training}, p. 73.

\(^{30}\) \textit{Freeman’s Journal}, 7 Jan. 1897.
patient at a penny a plate.\textsuperscript{31} While he was careful to distinguish the activities of pauper nurses from the good work performed by ‘nursing nuns’, he was not afraid to point out that the latter could not perform full nursing duties. Notwithstanding the contemporary moral sensibilities, Smyth’s aim was to raise awareness of the need for trained nursing assistance in the workhouse system, which he believed offered an opportunity for positive change.\textsuperscript{32}

Acutely aware of the problems associated with employing untrained nurses, the L.G.B. issued a circular on the subject in 1890, warning boards of guardians of the reputational damage to union hospitals. It made a strong case for the employment of trained nursing staff and argued that the use of unskilled nurses undermined the work of the medical officer.\textsuperscript{33} From a patient perspective the L.G.B. noted that the poor had little confidence in the abilities of staff at fever and union hospitals, which, from a public health standpoint, was particularly problematic in instances of ‘eruptive fever’. Obviously, the conviction of the governors of Sir Patrick Dun’s Hospital, Dublin, expressed in 1878, that the union hospitals would become a major employer of its trainees was misplaced.\textsuperscript{34} Instead the L.G.B. found union hospitals in the eighteen-nineties guilty of employing untrained nurses at salaries much lower than standard for qualified nurses and, as each Poor Law union was permitted degrees of financial autonomy, they had little recourse except to encourage change until the Local Government Act of 1898 which, as Crossman highlights, attempted to regulate the sector by clarifying the qualifications required and expected duties.\textsuperscript{35}

Religious tensions over training intensified after Lady Anne Lee Plunkett, wife of the Protestant archbishop of Dublin, established St. Patrick’s Home in 1876. It occupied a number of locations in the early years but settled more permanently on St. Stephen’s Green at the close of the century.

\textsuperscript{31} \textit{Freeman’s Journal}, 11 June 1897.
\textsuperscript{32} V. Crossman, \textit{Poverty and the Poor Law in Ireland, 1850–1914} (Liverpool, 2013), pp. 144–57.
\textsuperscript{33} Circular, 10 Apr. 1890, \textit{Annual Report of the Local Government Board for Ireland} (Parl. Papers 1890–1 [C. 6439], xxxv), pp. 68–9: ‘the highest skill and attention on the part of the medical officer may be neutralized by the ignorance and incapacity of the nurse charged with the duty of carrying out his instructions and informing him of those important changes in the condition of patients which an unskilled nurse will fail to observe and appreciate’ (cited in Crossman, \textit{Poverty and the Poor Law}, p. 148).
\textsuperscript{34} Sir Patrick Dun’s Hospital, \textit{Report of the Governors of Sir Patrick Dun’s Hospital for the Year Ending 31 Dec. 1878} (Dublin, 1879), p. 9. Midwifery was first introduced to the hospital in 1867 under 30 & 31 Vict., c. 9, which also permitted teaching of surgery; prior to then it dealt with medical cases only.
\textsuperscript{35} On the financing of the Medical Charities Act, see Geary, \textit{Medicine and Charity in Ireland}, pp. 21–15. See also Crossman, \textit{Poverty and the Poor Law}, p. 148.
Owing to her social position and her philanthropic endeavours she was able to obtain the help and financial support of influential patrons such as Lady Ardilaun, Lady Brabazon and Mrs. Tottenham.\textsuperscript{36} The nurses trained in Ireland in the eighteen-seventies and eighteen-eighties were invariably not Roman Catholic. Sir Patrick Dun’s Hospital trained midwives who were largely drawn from a cohort of military wives, whose training, while managed by the governors, was ‘supported by special subscriptions’ from people coming from Anglican religious persuasions.\textsuperscript{37} Perhaps as a result of encroaching sectarianism, the Board of Governors at Sir Patrick Dun’s Hospital (which also provided training in general nursing) was prompted to take an ecumenical stand in 1886 when it decreed that nurse training should not take account of religion. Deeming this ‘unsuitable’, the board declared its commitment to principles of open access that would allow for ‘any young woman of good character’ to be admitted.\textsuperscript{38} From 1890, St. Patrick’s Home began to receive a yearly sum of £140 from the Q.N.I. on the condition that it trained four probationers (trainee nurses) per annum.\textsuperscript{39} As a training home St. Patrick’s increasingly became a source of controversy. Although not overtly Protestant in ethos, its support base was undeniably so and it was perhaps around this time that the Roman Catholic archbishop of Dublin, William Walsh, insisted that Roman Catholic probationers receive separate training and live apart from Protestants.\textsuperscript{40} To that end, subscriptions were gathered and St. Lawrence’s Home established in July 1891, located at 21 Mary Street.\textsuperscript{41} St. Lawrence’s ethos was unmistakeable and it was founded, according to a contemporary observer, out of the necessity to create a body of Catholic trainees, ‘the nurses belonging to which should be beyond all suspicion of tampering with the faith of their patients’.\textsuperscript{42}

Efforts to establish Queen’s Nurses in Ireland followed the British

\textsuperscript{36} Annual Reports of St. Patrick’s Home for Providing Trained Nurses for the Sick Poor, 1889 (Dublin, 1890), p. 8.
\textsuperscript{37} Sir Patrick Dun’s Hospital, Report of the Governors of Sir Patrick Dun’s Hospital for the Year Ending 31 Dec. 1879 (Dublin, 1880), p. 9
\textsuperscript{38} Sir Patrick Dun’s Hospital, Report of the Governors of Sir Patrick Dun’s Hospital for the Year Ending 31 Dec. 1886 (Dublin, 1887), pp. 6–7.
\textsuperscript{39} Annual Reports of St. Patrick’s Home for Providing Trained Nurses for the Sick Poor, 1892 (Dublin, 1890), p. 8
\textsuperscript{40} M. H. Preston, Charitable Words: Women, Philanthropy, and the Language of Charity in 19th-Century Dublin (Westport, Conn., 2004), p. 155. Efforts to find further information on the timeline of Archbishop Walsh’s actions have proven fruitless. The author is grateful to Noelle Dowling, Dublin Diocesan Archives, for her efforts in trying to locate materials.
\textsuperscript{41} Freeman’s Journal, 20 Nov. 1893.
template, which relied on local support and a subscription-based funding model, whereby a committee of local power-brokers, or their wives, would gather funds and administer the post. Over the years, the Q.N.I.’s Irish branch office occupied various locations in Dublin City centre. It provided oversight, administered the training, allocated posts and inspected the Irish D.N.A.s. Mary E. Dunn was its first general superintendent, ably assisted by Caroline Anne Blackmore and Mary Lamont, all of whom shared the duties of inspections, administration and correspondence. For D.N.A.s to receive ‘affiliation’, committees had to give the following undertakings: that there was sufficient local need and funding, that nurses would be working under the direction of the local medical doctor, that appropriate lodging was available to them and, most importantly, that the nurses had received Q.N.I. training. Described in the *Nursing Record* as ‘harder than hospital nursing’ owing to remote locations, the frequent lack of medical supervision, and the absence of clinical support mechanisms, district nursing was noted to have proved more successful if candidates were ‘selected from a higher social position from the ordinary class of nurses’. Women ‘possessed of refinement and tact’, it was suggested, would be better able to communicate with the poor.43 ‘These aristocratic and female-dominated origins are usually invoked by historians to explain why ‘scientific’ nursing was slow to make professional gains.’44 However, Caitriona Clear’s suggestion that male dominance of medicine had greater culpability is more plausible and deserving of further investigation.45 Nonetheless, its aristocratic origins extended to the local organization of the schemes. As Damant has shown, ‘the QNI operated on the basis of goodwill ... through a process of voluntary affiliation’.46 Grafting such a system on to the Irish socio-economic and political landscape of the late nineteenth century was never going to be an easy process. Far from the humanistic philosophy of the public health movement for the poor, the immediate concerns in Ireland were primarily denominational.

The Londonderry Association, located in the northern province of Ulster, was one of the first Irish D.N.A.s to receive Q.N.I. affiliation. Political and denominational issues formed a significant undercurrent to the activities of the well-meaning wives of local dignitaries who, when outlining the case for

---

43 *Nursing Record*, 5 Apr. 1888.
affiliation, were at pains to stress how ‘undenominational’ the committee was in its religious persuasions, comprising two Roman Catholic, seven Church of Ireland and eight Presbyterian members. This representation was disproportionate to the religious composition of the city, which was predominantly Roman Catholic.\(^47\) The committee emphasized that their nurses had attended 1,004 poor patients in a period of two months, irrespective of religion, and that arrangements for the acquisition of a ‘nurses home’ were underway.\(^48\) Another prerequisite for affiliation was that a D.N.A. committee should employ a fully trained Queen’s Nurse. In this instance Nurse Isabella Cairnie had trained at the Edgware Road Home in London, and was on the queen’s roll.\(^49\) A letter of thanks noted that granting its application for affiliation would ‘bind the loyal hearts of Derry in attachment to their Queen and will help convince the less well disposed of the beneficent intentions of the Royal Lady who would not only be their Queen but nursing mother’.\(^50\) This expression of loyalist sentiment reflected Ireland’s state of seemingly perpetual political unrest at the close of the nineteenth century, with agitation moving from the land to the national question in quick succession, and religious concerns were never far from the surface.\(^51\) Superintendent Dunn of the Q.N.I. Dublin Branch was ever conscious of creeping sectarianism and the necessity to circumvent the problem in the wider interests of public health. In an effort to allay concerns she routinely cited the greater good and was reported speaking as follows in the St. Patrick’s Home annual report:

A short time ago two gentlemen of high social position and well known for their philanthropy came to my office. They did not come together, and the districts in Ireland in which they are interested were wide apart, but they both used the same words. They were men of different politics and different creeds, yet they both expressed to us their belief that one of the best things they could do for the people was to provide them with District nurses, in order that they might be raised, civilised, improved all round.\(^52\)


\(^{49}\) Nursing Record, 10 Sept. 1891. U.C.D.A., P220/28 fo. 13, District No 2. Londonderry. Nurse Cairnie was number 105 on the queen’s roll.

\(^{50}\) W.L.A., SA/QNI/S.2/1/1, box 120, letter from Rebecca Hime, Hon. Sec., Londonderry Association, 23 May 1891.


\(^{52}\) Annual Reports of St. Patrick’s Home for Providing Trained Nurses for the Sick Poor, 1894 (Dublin, 1895), p. 9.
Londonderry’s Catholic clergy did not oppose the introduction of the scheme and its largely Anglican committee. However, not all associations enjoyed such denominational harmony. An 1896 letter from the Dublin Branch recounted a most disconcerting affair in Limerick City to the London headquarters. It detailed how a well-intentioned, if misguided, group represented by Mr. Bourke proposed the idea of introducing a district health nurse to Limerick City. In the process of placating local interests, the Roman Catholic bishop of Limerick, Edward Thomas O’Dwyer, was approached for his ‘blessing’. The bishop’s response was to offer support in principle as he saw ‘the immense value and practical benefit [that] would accrue to the poor were such an association started’. But he queried: ‘Would the nurses be Catholic?’ Bourke responded, ‘Yes, it would be preposterous to bring a Protestant here’. According to the account, the Anglican bishop of Limerick, Dr. Charles Graves, was far less demanding and passed no comment. At this time Limerick workhouse nuns offered some district nursing care but since they did not attend maternity, male or night cases, provision could hardly be described as a comprehensive service. According to his biographer, having ‘inherited a large body of nuns or religious sisters’ who were primarily concerned with the provision of education, O’Dwyer introduced an English order, the Nursing Sisters of the Little Company of Mary, to run St. John’s Hospital in 1888. Londonderry and Limerick City shared a similar religious profile but where Londonderry had a diverse and thriving textile sector, the Limerick economy was not so fortunate; there were few employment opportunities and an abundance of unskilled women. The denominational profile of the poor of both cities was, however, very similar.

The Limerick D.N.A. served a population of 37,155 and was affiliated in July 1897. Nurse Gardiner, a qualified Jubilee nurse, was employed.

---

56 Royal Commission on Labour. The Employment of women. Reports by Miss Eliza Orme, Miss Clara E. Collet, Miss May E. Abraham, and Miss Margaret H. Irwin (Lady Assistant Commissioners), on the Conditions of Work in Various Industries in England, Wales, Scotland, and Ireland (Parl. Papers 1893–4 [C. 6894], xxiii), p. 327. In Limerick lace-making provided employment to about 2,000 women and girls.
Like most of the early recruits she happened to be Protestant. Extenuating socio-economic circumstances notwithstanding it soon transpired that the bishop could not be swayed on the matter of mixed religion and domiciliary care, and this led to the project’s failure. Shortly after Nurse Gardiner’s arrival his discontent became apparent and concerns arose that nursing should be conducted in tandem with prayer. So serious was the situation for Nurse Gardiner in Limerick that the Q.N.I. inspector, Caroline Anne Blackmore, made an official visit. According to the bishop, ‘had that and the political and Protestant nurse been left out everything would have gone splendidly’. His greatest ‘fear’ was that those attending to the sick poor might exert ‘undue influence’. His concerns were ‘not’ that the nurse would bring pressure to bear, but that the patient would be brought into contact with those who would attempt proselytism. He also feared that the nurse ‘would take away the nuns’ work’. It is unclear which funds sustained a ‘second nurse’, Nurse Kathleen Browne, who was trained at St. Bartholomew’s, London, and at St. Lawrence’s Home, Dublin, and arrived in Limerick in August 1897. She was still working there in 1899 when she received her two years’ service certificate.

While in Limerick dealing with the Nurse Gardiner matter, Blackmore witnessed the case of a dying Roman Catholic woman to whom the bishop was willing to deny care rather than have her see a Protestant nurse. Blackmore appeased the situation by sending Miss Browne, whose religion was implied by her training at St. Lawrence’s. Her Q.N.I. affiliation notwithstanding, the bishop consented to this. At that point he, although a ‘Queen’s man’, wanted to have nothing to do with the Q.N.I. nurses, whom he maintained were causing reputational damage to the monarchy. Alas there were not sufficient Protestant poor in Limerick to occupy Nurse Gardiner, and it was reported to Miss Peter in London that the Limerick case was beyond rescue. Blackmore’s solution to the problem was to ‘offer Miss G. a post elsewhere … as long as she was moved quickly with no mention of religion’. For Blackmore the greater concern was that the long-term reputation of the Q.N.I. was being damaged by association with Protestantism and proselytism. She described how they had already ‘lost’ districts like Ennis where nuns were being sent to nurse.

59 U.C.D.A., P220/28 fo. 229. Her number on the queen’s roll was 786. She was appointed a Queen’s Nurse in July 1896 and her agreement ended in Apr. 1898; she left in 1909 to pursue other work.
60 W.L.A., SA/QNI/S.2/1/1, box 120, C. A. Blackmore to Miss Hughes, 4 Jan. 1897.
61 U.C.D.A., P220/28 fo. 229. Her number on the queen’s roll was 936; she was appointed in July 1897 and her agreement ended in May 1899.
63 W.L.A., SA/QNI/S.2/1/1, box 120, C. A. Blackmore to Miss Hughes, 4 Jan. 1897.
later, a Cork association that faced the same issues elected to implement the following rule: ‘we have decided to allow Nurse Heaps to visit Roman Catholics only when the consent of the doctor and that of the Priest have previously been given. This rule had to be made because of difficulties raised by Roman Catholics themselves not by us’.64

On the charges of proselytism in Limerick, Blackmore tried her best to allay fears, but reported that the response to her was: ‘When I say this cannot be so they tell me Prot’s [sic] in Ireland are different’. She added that some of the trained nursing nuns in Ireland were English, ‘which looks as if there cannot be such bad feelings against English Catholics’.65 Clear has noted how Bishop O’Dwyer specifically asked the Sisters of Mercy and the Little Company of Mary to ‘step up their own sick visitation with the co-operation of the local medical profession’.66 Amid the Gardiner controversy the Limerick Chamber of Commerce met in April 1897 to consider how to bring another trained nurse to the city. Almost £1,200 had been collected in subscriptions and a committee was appointed. Interestingly, the Anglican bishop sent his apologies.67 Bishop O’Dywer’s position caused the city’s Catholic doctors to join a campaign against the Q.N.I. nurses, sending all of their cases to the nuns, who had divided the city into four zones. In an effort to assert supremacy the bishop sought to have his nursing nuns recognized by the Q.N.I. and, Blackmore reported, ‘especially asked that I might obtain permission to inspect his nurses and their work to find out if they were up to the mark or not. Anything we suggested he would carry out’.68 To circumvent the problems of nuns’ inability to attend night cases the bishop planned to employ a secular nurse from London to take these.69 He made little provision for the fact that nuns were not permitted to conduct surgical or midwifery work, a prohibition that remained until the nineteen-thirties.70 Efforts were also made to establish a Vincent de

---

64 W.L.A., SA/QNI/S.2/1/1, box 120, S. R. Day to Miss Lamont, 5 Oct. 1901. U.C.D.A., P220/28 fo. 361, District No. 60 Cork. Nurse Heaps was trained at St. Patrick’s Home. She was appointed a Queen’s Nurse in Jan. 1901, and her number on the queen’s roll was 1607.
65 W.L.A., SA/QNI/S.2/1/1, box 120, C. A. Blackmore to Miss Hughes, 4 Jan. 1897.
66 Clear, Nuns in 19th-Century Ireland, p. 133.
67 Freeman’s Journal, 9 Apr. 1897.
69 By contrast Irish nursing nuns in America paid little heed to Vatican restrictions (see S. Nelson, Say Little, Do Much: Nursing, Nuns, and Hospitals in the 19th Century (Philadelphia, Pa., 2011), pp. 20–1).
Paul nursing nun in Limerick to bolster the work of the workhouse nuns.\textsuperscript{71} Contrary to the ethos of the Q.N.I., and the provision of free services, poor patients were expected to make contributions for visitations from the Little Company of Mary, which placed the service beyond the means of some.\textsuperscript{72}

In areas of extreme poverty the attitudes of Roman Catholic priests differed vastly. Faced with the imminent removal of Nurse Lee from Achill Island, County Mayo, in February 1900 due to exhaustion of funds, parish priest John P. Connelly wrote to the Q.N.I. appealing for assistance in replacing her if she were removed.\textsuperscript{73} He made his case in stark human terms, noting that the year before she arrived there had been twenty-four maternal deaths, and ‘scarcely any since she came here’.\textsuperscript{74} Apparently, for Fr. Connelly, fears of maternal mortality trumped any potential religious anxieties.

Q.N.I. inspectors found that doctors could be just as problematic as the Roman Catholic clergy. Many refused to accept the nurses not for sectarian but for professional reasons. Most nurses were drafted into relatively endogamous areas with little inward migration apart from doctors, local government officials, the judiciary and the clergy. Internecine rivalries among medical personnel and difficult personalities posed a significant threat to progress in district nursing. For instance, Dr. Thompson of Portrush had several difficulties with Nurse McGrath, whom he found attending the same case as him but under the auspices of the dispensary doctor, Dr. Martin.\textsuperscript{75} In that instance it was reported that Dr. Thompson was so rude and ‘violent in his manner’ to the nurse that she reported the matter. He later wrote an official complaint about her saying that she was insubordinate and selective when it came to patients, and cited an occasion when he maintained she had refused to see an unemployed labourer.\textsuperscript{76} His allegations appear to have been unfounded but that did not stop him from writing several letters of complaint seeking a ‘hearing’ with the committee, which did not countenance his claims. It is likely that his response to Nurse McGrath was symptomatic of the anxieties experienced by private practitioners in the face of the shifting medical landscape with all its new medical characters. Nurse McGrath was deemed ‘very satisfactory’

\begin{footnotes}
\item[71] Freeman's Journal, 17 Nov. 1898.
\item[72] Clear, Nuns in 19th-Century Ireland, p. 132.
\item[73] U.C.D.A., P220/28 fo. 235, District No. 39 Co. Mayo. The population of Achill was 3,000. The D.N.A. was affiliated in July 1897.
\item[74] W.L.A., SA/QNI/S.2/1/1, box 120, J. P. Connelly P.P., Achill, to Miss Lamont, Dublin, 26 Feb. 1900.
\item[75] W.L.A., SA/QNI/S.2/1/1, box 120, 25 Jan. 1900.
\item[76] W.L.A., SA/QNI/S.2/1/1, box 120, Dr. Thompson to Q.N.I., Dublin, 19 Jan. 1900.
\end{footnotes}
by Inspector Dunn. She left Portrush in February 1898, remaining in the Q.N.I. until 15 October 1901 when she left to ‘take up private nursing’.77 Perhaps as a consequence of Dr. Martin’s exacting standards, her successor Nurse Cassidy was inspected eight times over her four-year tenure after which the scheme in Portrush was discontinued.78

On the surface slipshod financial and administrative management proved to be the downfall of the Rosses D.N.A. affiliation in County Donegal, but given wider denominational and professional difficulties, it can be argued that this concealed deeper underlying problems. Administrative issues were first brought to the attention of Mrs. Rathbone in May 1895 when Mrs. Sinclair, the honorary secretary, wrote saying how she was unsure if the £10 support promised for the previous year had been received. Continued cavalier approaches to finances and employment terms caused immediate concern and a subsequent investigation in August 1898, when Inspector Blackmore reported that the committee never met and nobody knew who was on it. A letter from Mrs. Pomeroy in October 1898 revealed that Mrs. Smith, the wife of the local rector, was willing to take over from Mrs. Sinclair but sectarian matters again proved a difficulty. It was highlighted by Mrs. Pomeroy that the work of the D.N.A. in a predominantly Roman Catholic community would be prejudiced were it run by the rector’s wife.79 It transpired that Mrs. Smith had not been asked to become a committee member and it appears that from the outset Sinclair was trying to manage local tensions, which in turn gave rise to allegations of financial mismanagement. A report from the London-based Mrs. Rathbone provided the context for the Rosses D.N.A.’s disarray. According to Rathbone, subscriptions had been gathered to train a Roman Catholic, Nurse Dunn, but her health had failed prior to appointment. The fund was managed by Mrs. Sinclair who neglected to file receipts or reports with the Q.N.I. for two years. It later transpired that Nurse Glynn, who was appointed instead of Nurse Dunn, was absent on full pay for eight months, six of which were given over to compassionate leave to tend to her sick brother, and two of which were spent in Sligo providing relief to the service there, meaning that she was paid twice.80 This

77 U.C.D.A., P220/28 fo. 169, District No. 28 Portrush, Co. Antrim: population 1,655, affiliated Apr. 1896, disaffiliated 1905 due to ‘no fund’.
78 U.C.D.A., P220/28 fo. 169. Cassidy’s number on the queen’s roll was 1797.
80 U.C.D.A., P220/28 fo. 157, District No. 26 Sligo. According to Rathbone’s notes a Nurse Massey was engaged as Nurse Dunn’s replacement but this is not substantiated by the Q.N.I. registers held at U.C.D. The Sligo D.N.A. was founded in Nov. 1895; it was affiliated in Dec. 1895. The population was 10,808. Nurse Glynn (number 507 on the queen’s roll) was appointed in July 1894 and temporarily employed from Feb. to May 1898 in Sligo after her predecessor Nurse Camp resigned. Maude M. Stockwin (queen’s roll 1418) was inspected by
was neither sanctioned nor acceptable. During Dunn’s period of absence there was an outbreak of typhus leaving the doctor over-extended because he was required both to attend to patients and carry out nursing work:

During this terrible epidemic Typhus broke out and the medical man had to do a Nurse’s work, having as many as 10 cases in a cabin: this meant whole families disabled. He often had to wash patients himself he would have been most thankful for Nurse’s services at this time if only to attend his non-infected cases if she were not allowed to attend Typhus.81

This account speaks volumes about the gendered and professional division of medical versus nursing duties. After the vilified Mrs. Sinclair received the Q.N.I. reports, she wrote in defence of her actions revealing the real problems she faced. She explained that she had:

summoned dozens of meetings and never could get them to attend. On Dec 5th ‘96 Mrs Pomeroy, myself & the old man where the Nurse lodges constituted a meeting. We carefully consulted, I took notes of suggestions & wrote to persons agreed upon – without the slightest result. I consider this not due to lack of good will, but no one inclined to come forward …

Clearly Mrs. Sinclair never managed to muster sufficient local support but she also acknowledged her own failings in hiding the fact that the nurse had left for an indefinite period, and permitting her payment during that time. As well as apologies, Sinclair offered personally to cover the costs.82

So badly were financial affairs managed that the largest local subscribers (the marquis and marchioness of Cunningham and Mr. and Mrs. Pomeroy) threatened to stop their subscriptions.83 Rathbone explained that the doctor had provided her with damning evidence that ‘the books were what he called padded … If she had a man near-bye with his hand tied up or a boy with a scratch they were put down as “cases” and visited while if he sent a case in a more outlying place, the Nurse said she was too busy to go! Also she required too much of the people’. It appears that the doctor was more fully versed in local politics and averse to Glynn and Sinclair, but he offered sound advice for the future. As recounted by Rathbone, this was

Blackmore in August 1898 at the Rosses. Stockwin was transferred to Burriscarra, District No. 46 Mayo, D.N.A. (population 610, affiliated Nov. 1898, closed in 1908 due to funding collapse) in Apr. 1902; that district closed in 1905 (U.C.D.A., P220/28 fo. 277).

81 W.L.A., SA/QNI/S.2/1/1, box 120, Q.N.I. Irish Branch, inspector’s report, the Rosses, Donegal, 31 Aug. 1898.
82 W.L.A., SA/QNI/S.2/1/1, box 120, Mrs. Sinclair to the Q.N.I., 3 Nov. 1898.
83 W.L.A., SA/QNI/S.2/1/1, box 120, Q.N.I. Irish Branch, inspector’s report, the Rosses, Donegal, 31 Aug. 1898.
to convene a committee to decide which patients should be seen by the nurse. Although a Protestant himself, he also advised that the next nurse be Roman Catholic as he had received ‘several subscriptions from Priests’. The underlying sectarian and professional problems stood in marked contrast with a patient narrative recorded in a St. Patrick’s Home annual report where a man from the Rosses was quoted as saying, as his injured arm was being dressed: ‘I feel that even here I am near civilization when I see the Queen’s letters on your arm’. The Rosses debacle concluded with Sinclair’s resignation in April 1898. Mrs. Smith was endorsed by the Q.N.I. Ireland Branch as a replacement, and Nurse Glynn resigned in 1899.

Professional tensions were all too common and often combined with sectarian issues to deleterious effect. In 1905 in Bruff, County Limerick, Dr. Cleary complained about the local nurse with whom everyone else was satisfied. It transpired that his complaints were motivated by petty jealousy of a new physician, Dr. Fitzgerald, who had come to the area, and who routinely referred cases to the local nurse. The situation was further complicated by the fact that the parish priest did likewise. It was an area where a ‘system of family tickets, a sort of club system’ existed. This made it problematic to upset the status quo and placed the poor at a serious disadvantage. Matters reached a head when Dr. Cleary arrived at a case that was being attended to by Nurse Daly, who had been sent there by the parish priest. Although Dr. Cleary’s input was sought prior to her appointment, he clearly did not read or understand the rules and regulations and later wrote:

I got a distinct undertaking that the nurse would attend no cases except where a doctor was in attendance – the only exception being that of an accident or some hurried case where she may if present give ‘first aid’ pending the calling of a doctor. Some months after her advent to this place I found that she was more a surgical practitioner than a nurse (in fact a Quack).

84 W.L.A., SA/QNI/S.2/1/1, box 120, extract from a letter from Mrs. Rathbone, 7 Oct. 1899; U.C.D.A., P220/28 fo. 91. Nurse Glynn (number 507 on the queen’s roll) was trained at St. Patrick’s in 1894, where she remained until her resignation in 1899. District No. 15 Co. Donegal (population 10,721) was affiliated in Feb. 1894.
85 Annual Reports of St. Patrick’s Home for Providing Trained Nurses for the Sick Poor, 1894 (Dublin, 1895), p. 9.
87 W.L.A., SA/QNI/S.2/1/1, box 120, Miss Lamont, Dublin, to Miss Hughes, 3 Apr. 1905.
88 W.L.A., SA/QNI/S.2/1/1, box 120, Dr. Cleary, Hospital, Co. Limerick, to the general superintendent of the Q.N.I., Dublin Branch, 30 Sept. 1905.
Commenting on the Bruff case, Mary Lamont at the Dublin Branch wrote, ‘You know the Parish Priests are powerful in this country and when the doctor and the PP are not friends the position is difficult for the nurse’. The Q.N.I. inspectors once again elected to appease local interests and it was decided that the nurse should not attend cases if the doctor objected. Dr. Cleary sought clarification after clarification on minutiae and accused the nurse of all sorts of malpractice. Matters escalated when he stated that he would not allow Nurse Daly to attend any of his patients and claimed that she was earning fees which were rightfully ‘the Doctor’s’. Again Dr. Cleary appears to have misrepresented the facts, accusing the nurse of spending an unnecessarily long period of three weeks on a single case. In reality she had spent thirteen days and the case was not his. Lamont confessed to Miss Hughes in London that she was ‘very much vexed by Dr Cleary’s attitude’ and, while she clearly understood the underlying agendas, she was left with little choice as to how to proceed. Dr. Cleary having stated that he would work with another nurse, to placate matters Miss Lamont recommended this as a course of action, much to the local committee’s chagrin. But unlike the case of Nurse Gardiner in Limerick City, an important caveat was added, that the nurse was not at fault. Nurse Daly was recorded in the Q.N.I. register as ‘transferred to Foxford after midwifery training’ in January 1906.

Sue Hawkins has recently argued that to suggest that nurses in Britain emanated solely from the middle classes is to misunderstand their complex social composition. Using the records of St. George’s Hospital in London she has shown that nurses presented textured social origins. While it is not possible without in-depth prosopographical research to determine the social class of the Q.N.I. nurses in Ireland, some general observations can be made. For instance, we can postulate their denominational persuasions from their training institution. Furthermore, the tenor of their reception by the clergy of their host communities is equally revealing. This may also have caused tensions between the nurses and the medical profession, which was dominated by middle-class and usually Anglican men. In general terms

89 W.L.A., SA/QNI/S.2/1/1, box 120, Miss Lamont, Dublin, to Miss Hughes, 3 Apr. 1905.
90 W.L.A., SA/QNI/S.2/1/1, box 120, Miss Lamont, Dublin, to Miss Hughes, 13 Oct. 1905.
91 W.L.A., SA/QNI/S.2/1/1, box 120, Miss Lamont, Dublin, to Miss Hughes, 16 Oct. 1905.
92 U.C.D.A., P220/28 fo. 517, District No. 86 Limerick. Bruff was affiliated on 17 May 1904. She trained in St. Lawrence’s Home and was appointed a Queen’s Nurse in Jan 1903. Her number is not recorded on that folio; it is recorded on U.C.D.A., P220/28 fo. 565, District No. 94 Co. Mayo, as 2007. She was transferred to St. Lawrence’s Home in Sept. 1910.
Q.N.I. nurses stood apart socially from their patients and the dispensary doctors. In most areas doctors were glad of the alleviation of the burden of work in the dispensaries, but in the instances examined here the professional difficulties nurses faced operating in a patriarchal medical structure were pronounced. As this essay has shown, in some areas doctors did not need to oppose the introduction of nurses, as vociferous clergy did their bidding, even if this was sometimes inadvertent. In Limerick, doctors weighed in behind Bishop O’Dwyer by effectively waging a boycott against ‘Queen’s Nurses’. Perhaps another plausible reason for their silence was that the ‘occupational politics’ of nursing in England had presented significant challenges to the power structure of hospital medicine in particular; it threatened employment, and inter-occupational and gender relations.94 The case of Achill acts as a revealing baseline. Here the religious, gendered and professional differences were more carefully negotiated from the outset and the Q.N.I. nurses had a real impact on maternal mortality rates.95

The introduction of the concept of district nursing to Ireland, administering to the poor, while admirable in its aims, raised a host of political, social and ecumenical tensions, which were invariably regionally specific. From a geo-political perspective it proved easier to introduce district nurses to areas of severe poverty but political stability, of which there were several. Indeed the Lady Dudley Scheme founded in 1903 managed to introduce many nurses to some of the poorest parts of Ireland without much opposition, but its success was occasioned by a different set of personalities and socio-political circumstances.96 In the early years the success or failure of D.N.A.s hinged to a great degree on levels of support from local clergy. For some the fear of proselytism outweighed concerns for the physical well-being of the Roman Catholic poor. This is particularly evident in Limerick, where Bishop O’Dwyer was vociferous on political matters and offered substandard alternative care. So marked was his opposition that it gave currency to similar campaigns in the nearby counties of Cork, Clare and Galway.97 In areas where doctors were concerned about the loss of financial

95 *Lady Dudley’s Scheme for the Establishment of District Nurses in the Poorest Parts of Ireland, First Annual Report* (Dublin, 1904), p. 15. Similarly improved maternal health moved Monsignor Walker, Burtonport, to write in 1905 praising the efforts of the Lady Dudley Scheme in Arranmore.
97 W.L.A., SA/QNI/S.2/1/1, box 120, letter from C. A. Blackmore and M. E. Dunn to Miss Peter, dated 17 Dec. 1897. The bishop of Galway employed a Roman Catholic nurse so the Protestant Nurse Young was largely idle.
and professional benefits, nurses also had a terrible time. Although nurses and their personal experiences are not dealt with here, there is ample scope for further investigation. What is clear from this examination is that while district nurses undoubtedly diversified the mixed medical economy in Ireland, their level of access to the poor in the domiciliary setting posed a significant threat to priests and doctors alike.