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The Franciscan Missionaries of the Divine Motherhood and the Provision of Healthcare in Provincial Ireland, 1942–1970

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Abstract

The Franciscan Missionaries of the Divine Motherhood (FMDM) arrived in Ireland in 1942, to establish and run Portiuncula Hospital in Ballinasloe, county Galway. This was not without its challenges and this article explores many of those challenges in the context of the construction and management of the hospital between 1942 and 1970. FMDM sisters were women in a patriarchal church and needed to also negotiate their place within the similar frameworks of the medical profession, civil service, and government, while being subject to gossip as to the work they were doing. The article is a revealing case-study of some of the global changes in medicine that had been taking place since the 1920s. It is also an example of how modern methods of healthcare were having an impact on the Irish healthcare system, with medically trained Catholic religious sisters at the forefront. The story of women religious in twentieth-century global Catholicism is a relatively unattended one. This case-study allows historians of religion to better understand the internationality of Catholic religious congregations, examining concepts of unity and disharmony, and the various efforts they made to confront but also comply with the patriarchal structures in which they found themselves.

In 1942, the Missionary Sisters of the Third Order of Saint Francis for the Home Missions arrived in Ballinasloe, county Galway, a mid-sized market town in the Irish midlands, to open a maternity home. They were renamed the Missionary Sisters of Saint Francis in 1944, and then became known as the Franciscan Missionaries of the Divine Motherhood (FMDM) from 1947. Ballinasloe was the first house that the congregation opened outside Britain, and it marked the beginning of an ambitious and extensive period of growth. By 1970 FMDM sisters lived and worked in sixteen countries.¹ In Ballinasloe, they

¹ Between 1942 and 1970, the congregation established forty-three foundations in sixteen countries: Australia, China, England, Gibraltar, Ireland, Italy, Jordan, Malaysia, New Zealand, Nigeria, Papua New Guinea, Scotland, Singapore, the United States, Zambia, and Zimbabwe.

oversaw the construction, management, and growth of a general hospital that came to provide access to healthcare to a large part of the Irish midlands. During the period discussed in this article, the FMDM were led by Mother Francis Spring, who had joined the congregation's previous iteration in 1917. She qualified as a nurse in 1924 and was elected mother general in 1937, succeeding the Scottish-born Mother Collette Tierney.

When the sisters arrived in Ballinasloe, they had to confront the problematic legacies of the Victorian Poor Law, which meant that many poor people did not have confidence in the health system and were reticent about being admitted to hospital for treatment.² The evolution of Irish hospital services was heavily influenced by the principle of subsidiarity as promulgated in the papal encyclicals *Rerum novarum* and *Quadragesimo anno*, as opposed to the British NHS model.

The construction of Portiuncula Hospital took place at a time when the nature of healthcare provision was changing across the world. The Second World War was a sort of stimulus for the development of health services in Ireland, as a modern hospital system was built between 1932 and 1942.³ Mother Francis Spring and the local superior, Mother Margaret Keenan, who was also the vicaress general for the congregation, clashed with hospital doctors, members of the Catholic middle class, and Bishop William Philbin of Clonfert, who succeeded Bishop John Dignan in 1954, following the latter's death in April 1953. The congregation held firm in resisting pressure to reinstate doctors, while also continuing to expand and develop Portiuncula Hospital into a hub of general healthcare in the Irish midlands.

The Catholic church has its own complex social, spiritual, and theological ecosystem. Franciscan discourses centre on working with marginalized people, while seeking 'immersion in [the] sacramental reality of the world'.⁴ Franciscans strive to live a simple gospel life of personal conversion, avoiding grandiose pretences, inspired by Saint Francis of Assisi's desire to follow 'Christ more closely'.⁵ The FMDM were inconvenient disrupters of the patriarchal structures of the church, the local middle class, and the medical profession as they sought to establish a hospital serving a poor region with a substantial rural hinterland. Mother Francis and Mother Margaret robustly challenged the patriarchal authority evident in the Catholic church, the medical profession, the civil service, and local society, and this rankled with members of the medical and middle classes who were clearly hostile to the presence of outsiders in their midst.

The historiography of Irish Catholicism in the twentieth century tends to focus upon the institution, often through the prism of the actions and papers of John Charles McQuaid, archbishop of Dublin between 1940 and 1972. Recently it has turned to the role of women religious in various forms of

² See Donnacha Seán Lucey, *The end of the Irish Poor Law? Welfare and healthcare reform in revolutionary and independent Ireland* (Manchester, 2015).

³ Ruth Barrington, *Health, medicine and politics in Ireland, 1900-1970* (Dublin, 1987), pp. 135-8.

⁴ Rules of the third order of St Francis, nos. 25, 50, and 52.

⁵ Daniel P. Horan, *The way of the Franciscans: a prayer journey through Lent* (London, 2021), pp. 4-5.

institutional operations. Works by Caitriona Clear, Cara Delay, Yvonne McKenna, Jacinta Prunty, Deirdre Raftery, and Ailish Veale among others have helped nuance our understanding of some central characteristics of Irish Catholicism and its transnational spread in the nineteenth and twentieth centuries.⁶ Yet there is still much to be done on the place of nuns and women religious in nineteenth- and twentieth-century Ireland.⁷ Reflecting on Margaret MacCurtain's work, Deirdre Raftery said, 'there is much room for further work on Irish sisters who were involved in hospital medicine and patient care, and in philanthropic work that included building clinics hospitals and nursing homes'.⁸ Their social entrepreneurship has been explored in the American context by Barbara Mann-Wall, whose arguments, in the case of healthcare entrepreneurship, are also applicable in this instance.⁹ Yvonne McKenna argued that women religious were important in the development of healthcare and education and that their place is generally ignored in explorations of Irish womanhood. The dichotomy of women religious and nuns in Ireland is that 'they are seen as both the victims and perpetrators of repression and abuse ... they are loved and loathed'.¹⁰

Journalists, victim-survivors, legal scholars, historians, and government commissions of investigation have all made powerful and necessary interventions exposing and documenting many incidents of abuse, criminality, cruelty, and neglect by members of the Catholic church.¹¹ Obsequiousness, silence, and cover-up have given way to anger, revulsion, and hostility, as scholars and commentators point to a post-Catholic Ireland emerging in the twenty-first century.¹² The FMDM, the subject of this article, never ran any institutions

⁶ Caitriona Clear, *Nuns in nineteenth-century Ireland* (Dublin, 1987); Cara Delay, *Irish women and the creation of modern Catholicism* (Manchester, 2019); Yvonne McKenna, *Made holy: Irish women religious at home and abroad* (Dublin, 2006); Jacinta Prunty, *The monasteries, magdalen asylums and reformatory schools of Our Lady of Charity in Ireland, 1853–1973* (Dublin, 2018); Deirdre Raftery, *Irish nuns and education in the Anglophone world: a transnational history* (Cham, 2024); Ailish Veale, 'International and modern ideals in Irish female medical missionary activity, 1937–1962', *Women's History Review*, 25 (2016), pp. 602–18.

⁷ Deirdre Raftery, 'Developing an agenda for the history of women religious in Ireland: historiography and potentiality', *Irish Historical Studies*, 46 (2022), pp. 319–37, at p. 321.

⁸ *Ibid.*, p. 329.

⁹ Barbara Mann-Wall, *Unlikely entrepreneurs: Catholic sisters and the hospital marketplace, 1865–1925* (Columbus, OH, 2005).

¹⁰ McKenna, *Made holy*, p. 9.

¹¹ Mary Raftery (producer), *States of fear*, RTE Television, 1999; Louis Lentin (producer), *Dear Daughter*, 1996, narrated by Christine Buckley, documenting Buckley's treatment in Goldenbridge Orphanage. See also Mary E. Daly and Marcus Pound, 'Clerical abuse', in Alana Harris, ed., *The Oxford history of British and Irish Catholicism*, vol. v, *Recapturing the apostolate of the laity, 1914–2021* (Oxford, 2023), pp. 308–33; James M. Smith, *Ireland's magdalen laundries and the nation's architecture of containment* (South Bend, IN, 2007); *Report of the inter-departmental committee to establish the facts of state involvement with the magdalen laundries* (Dublin, 2013); *The final report of the commission of investigation into mother and baby homes* (Dublin, 2021); Mary O'Toole SC, *Report of the scoping inquiry into historical sexual abuse in day and boarding schools run by religious orders* (Dublin, 2024).

¹² Gladys Ganiel, *Transforming post-Catholic Ireland: religious practice in late modernity* (Oxford, 2018); Derek Scally, *The best Catholic in the world: the Irish, the church and the end of a special relationship* (Dublin, 2021).

that came under the terms of reference of any government investigation. Oonagh Walsh's report on symphysiotomy in Ireland between 1944 and 1984 focused primarily on the Dublin maternity hospitals and Our Lady of Lourdes Hospital, Drogheda, which flagged the most concern. There were fewer than five of these procedures performed in Portiuncula Hospital during this time.¹³

This article is a case-study on the role that women religious played in the building of one medical institution in Ireland and it examines internal dynamics of control and how these publicly presented themselves in provincial Ireland in the mid-twentieth century. It allows for the place of women religious, as arbitrators of female authority in patriarchal institutions such as the Catholic church and healthcare, to be explored more widely. FMDM sisters would not have identified as feminists, and such a lens would not be appropriate for this article. Instead, it mirrors what Florence Sutcliffe-Braithwaite and Natalie Thomlinson recently identified as 'vernacular discourses of gender equality'.¹⁴ The lives of Catholic women religious offer a 'rich fund to explore the production of gendered subjectivities'. FMDM sisters were able to exercise meanings of womanhood that may not have fitted in with stereotypical perceptions of women or women religious.¹⁵

Material is mostly drawn from the meticulous and panoptic FMDM archives. As with all archives, there are limitations and silences. The ethnographic detail, commentary, and gossip provide much grist to the historian's mill to extrapolate a narrative and analysis as to the place of the congregation in the healthcare landscape of twentieth-century Ireland. Andy Wood and K. J. Brison have explored the place of gossip and tale-bearing in isolated communities. In the case of the FMDM, being an English foundation in an Irish town in the mid-twentieth century made them particularly vulnerable to malicious gossip, and the challenges in responding to this effectively are explored here. Gossip is disruptive to the ideal community and is subject to sanctions, while simultaneously being a threat to the collectivity. K. J. Brison said that, 'where people have relatively few ties with the outside world and are so dependent on their neighbours for many things', they are especially vulnerable to having to navigate such tensions.¹⁶

The nature of the material in the archive, its detail, and its commentary allow the historian to develop an intimacy with the subject matter, while also zooming out to see how the macro and micro are or are not in lockstep with each other. In general, it shows the tensions and co-operation between members of the congregation, the local church, and government and other officials. It shows that FMDM sisters were not always deferential towards ecclesiastical authority, with many examples of clashes and strategic co-operation.

¹³ Oonagh Walsh, *Final report on symphysiotomy in Ireland, 1944–1984* (Dublin, 2014), p. 8.

¹⁴ Florence Sutcliffe-Braithwaite and Natalie Thomlinson, 'Vernacular discourses of gender equality in the post-war British working class', *Past and Present*, 254 (2022), pp. 277–313.

¹⁵ *Ibid.*

¹⁶ Andy Wood, *Faith, hope and charity: English neighbourhoods, 1500–1640* (Cambridge, 2020), pp. 178, 180, 181, 187. At p. 180, Wood cites K. J. Brison, *Just talk: gossip, meetings, and power in a Papua New Guinea village* (Berkeley, CA, 1992).

Finally, it shows that the Catholic church in Ireland was not necessarily a united monolith and that there were tensions between various parties that could be quite fractious.

I

During the twentieth century, there was a noticeable expansion of hospital medicine across the world. Christopher Lawrence calls the hospitals of the interwar years the 'Cathedrals of Medicine'. They were 'no longer feared as sources of disease' but rather were centres of specialist expertise, and hospitals run by Catholic orders played a major part in this development.¹⁷ In 1926, the Irish Jesuit journal *Studies* carried two articles on Catholic hospitals in the United States. These discussed inefficiencies and the poor standards of hygiene and risk of infection that made many people, particularly the poor, dread going into hospitals. The standardization movement that emerged in the United States allowed for the better treatment of patients and soon became a template for healthcare globally. 'The social problems connected with hospitals are thus being solved in a very interesting and promising fashion by the various phases of the Catholic hospital movement in the United States.'¹⁸ FMDM initiatives formed part of a wider expansion by religious orders, and of visits to American Catholic hospitals to learn about this quest for greater efficiencies, as faith and scientific medical care co-mingled.

The growth of the FMDM was part of the growing influence that Catholic sister-nurses had after the Second World War, by which time these sister-nurses had achieved a high level of professional training.¹⁹ Ballinasloe was the ninth foundation for the congregation, the other eight being in the south of England and the Isle of Wight, though three of these had closed by 1942.²⁰ The name of Portiuncula Hospital honoured a small chapel near Assisi where the Franciscan movement started in the thirteenth century. It was built as part of an ambitious desire to expand the apostolates of the FMDM and attract vocations. The congregation felt that this would attract women who wanted to be medical missionaries rather than join a teaching congregation.

The congregation negotiated with bishops and government officials to fulfil their ambition to expand, especially after embracing maternity work as part of their religious charism from the 1930s. Charisms are seen by religious

¹⁷ Cited in Mary E. Daly, 'The curse of the Irish hospitals' sweepstake: a hospital system, not a health system', *Working Papers in History and Policy*, No. 2, University College Dublin, 2012, p. 3. See also Christopher Lawrence, 'Continuity in crisis, 1914–1945', in W. F. Bynum et al., *The Western medical tradition, 1800–2000* (Cambridge, 2006), pp. 266–71.

¹⁸ James J. Walsh, 'Catholic hospitals in the United States: part II', *Studies: An Irish Quarterly Review*, 15 (1926), pp. 480–7, at pp. 480, 485–6.

¹⁹ Barbara Mann-Wall, 'The role of Catholic nurses in women's health care policy disputes: a historical study', *Nursing Outlook*, 61 (2013), pp. 367–74, at pp. 367, 369.

²⁰ St Anthony's, Aldershot, 1892–1988; Sandown, Isle of Wight, 1929–37; Mount Alvernia, Guildford, 1935–2005; St Nicholas's Home, Highbury, 1938–62; St Joseph's Home, Tulse Hill, 1939–42; Corston, 1940–2; La Verna, Godalming, 1941–66; Assisi, Grayshott, 1942–78.

congregations as a gift from God – something deeper and more profound than a mere ‘corporate identity’. During the 1930s, Mother Francis Spring came to understand the divine motherhood as being connected with devotion to Mary, the Mother of God, as a model for life.²¹ The FMDM’s primary focus was on women’s healthcare, but they also managed general hospitals – such as Mount Alvernia, Singapore, and Mount Alvernia, Bendigo, Australia – that maintained a Catholic ethos. Sisters were trained in various London hospitals, especially in midwifery and tropical diseases. Subsequently Mother Francis established nurse training schools in Ballinasloe, Singapore, Hwange, (Rhodesia/Zimbabwe), and Lusaka (Northern Rhodesia/Zambia). Their expansion coincided with the dynamic movement of knowledge in a rapidly decolonizing world, and medical missionaries were part of this knowledge transfer. Like another modern medical missionary congregation, the Medical Missionaries of Mary, who built Our Lady of Lourdes Hospital in Drogheda to serve as an international training school for the missions, the FMDM trained an agile group of women.²² However, the varied cultural contexts and lack of appropriate awareness as to the cultural and linguistic challenges saw problematic and prejudicial views being displayed. This reflected ignorance of the cultural richness of the countries where they came to establish a presence and of the scars of the colonial experiment. This engagement was also prior to processes and discussions on inculturation within the congregation and the Catholic church more generally.

In 1934, Bishop Peter Amigo of Southwark granted permission for the Missionary Sisters of the Third Order of Saint Francis to commence training as midwives. They had been asked to open a maternity wing in their hospital, Mount Alvernia Hospital, Guildford (founded in 1933), and preferred not to employ secular nurses.²³ The provision of maternity services was partially in response to and in advance of the 1936 papal rescript *Constans ac sedula*, which lifted restrictions on religious sisters working as midwives, obstetricians, or doctors. It was issued by Pope Pius XI as a response to a need for such skills in mission territories. Canon law had previously ‘prohibited sisters from performing surgery or delivering babies’, out of a belief that this would threaten the vocation and chastity of the sisters. Thereafter, these medical women often came ‘to be held in high regard by priests and bishops’.²⁴ While Dr Amigo and his consultants had no objection to the sisters taking on maternity cases, Bishop William Cotter of Portsmouth, where the motherhouse was then located, did object. In January 1936, Mother Collette told Dr Cotter that his demands were unreasonable, provoking his response: ‘the sooner the novitiate is transferred to Guildford, the better’.²⁵

²¹ See Sister Assumpta Williams, *Of the Divine Motherhood*, 1999, FMDM Sisters’ spiritual writings, FMDM Congregational Archive, Ladywell Convent, Godalming, UK, FMDM/PB/1/8/56. All material with the prefix ‘FMDM’ is located in this particular archive of the congregation.

²² Veale, ‘International and modern ideals’, p. 603.

²³ *Origins*, FMDM/HS/2/1, pp. 97, 102–3.

²⁴ Barbara Mann-Wall, *Into Africa: a transnational history of Catholic medical missions and social change* (New Brunswick, NJ, and London, 2015), pp. 13–14.

²⁵ *Origins*, pp. 97, 102–3.

Keen to have a place to evacuate to during the Second World War if necessary, in 1939 Mother Francis contacted Archbishop Paschal Robinson, the Irish-American Franciscan apostolic nuncio to Ireland. While Dr Robinson made supportive overtures, the congregation did not get the welcome they initially hoped for from sections of the Irish hierarchy, which paralleled the similarly chilly reception received by the Medical Missionaries of Mary.²⁶ The archbishop of Dublin, John Charles McQuaid, refused Mother Francis permission to establish a maternity home in the archdiocese because he felt that there was an adequate number of religious working in hospitals there. 'The daily chronicle of life in Ballinasloe', akin to a convent annal, notes that Dr McQuaid remarked that Irish people would have been scandalized at the thought of women religious working as midwives.²⁷ Mother Mary Martin and the Medical Missionaries of Mary faced similar challenges, which reflected the orthodox mindset and hostility of many Irish bishops regarding the place of women religious working as medical missionaries.²⁸ The bishop of Cork, Dr Daniel Coholan, refused the Medical Missionaries of Mary permission to establish an apostolate in Cork on the grounds that people there would not like nuns doing maternity work. Dr John Harty, the archbishop of Cashel, never had any intention of accepting a medical missionary congregation into his archdiocese.²⁹

In July 1942, Dr Michael Browne, bishop of Galway, granted Mother Francis permission to open a temporary novitiate for the duration of the war, but told her, 'I can assure you that you are very fortunate to obtain this permission as many similar applications have been refused by us'.³⁰ The week before this letter arrived, Mother Francis was granted permission to establish a foundation in the neighbouring Clonfert Diocese, but in Ballinasloe rather than Portumna, where they had planned on setting up a small cottage hospital after exchanging correspondence with the Sisters of Mercy there.³¹

The original aim of the congregation was to build a GP-led cottage hospital that would be located in a former fever hospital in Portumna, in the south-east of county Galway, in proximity to counties Tipperary, Offaly, Clare, Westmeath, and Limerick. However, Portumna lacked adequate public transport. Mother Margaret Keenan wrote to Dr Dignan on 15 August 1942 to ask if it would be possible to convert and update this old hospital, remarking: 'You of course know the needs of the district better than anyone else.'³² She acknowledged

²⁶ Archbishop Pascal Robinson to Mother Francis Spring, 21 Oct. 1939, FMDM/ADM/5/2/1 Ballinasloe 2.

²⁷ 'Daily chronicle of events from 15 August 1942 to 20 March 1949', FMDM Archive, Ireland, Franciscan Convent, Ballinasloe, county Galway (hereafter FMDM Archive Ireland), HS/PH/1.

²⁸ Ailish Ellen Veale, "'It's all a matter of balanced tensions": Irish medical missionaries in Nigeria, 1937–1967' (PhD thesis, Trinity College Dublin, 2014), p. 79.

²⁹ Veale, 'International and modern ideals', p. 607.

³⁰ Bishop Michael Brown to Mother Margaret Keenan, 11 July 1942, FMDM/ADM/5/2/1.

³¹ FMDM/ADM/5/2/1; FMDM/ADM/5/2/1a; FMDM/ADM/5/2/1 Ballinasloe 2; FMDM/ADM/5/2/1 Ballinasloe 4.

³² Mother Margaret to Bishop John Dignan, 15 Aug. 1942, FMDM/ADM/5/2/1 Ballinasloe 2, Portiuncula Ballinasloe.

that Ballinasloe might be more centrally located but that 'it might be difficult to get a house or building to start with'.³³ After deciding that Ballinasloe was indeed a better location, Dr Dignan said that their trust in providence would help them overcome any resistance and he was pleased that they were locating to a poor region. He acknowledged that it was a risky undertaking and they could rely only on moral rather than financial support from the diocese and people in the locality.³⁴ Eight acres were subsequently purchased on 10 November 1942 at Brackerneagh, on land previously owned by the Clancarty family, well-known evangelical Protestant landlords during the nineteenth century.³⁵ The congregation received formal permission to establish a foundation as per canon law (canons 607–9), which was granted on 3 November 1942.³⁶

Ballinasloe is on the main Dublin–Galway road, with the Grand Canal terminus then at the edge of the town bringing a lot of trade. It was surrounded by small towns and villages, with regular bus and train services between Dublin and Galway. While it was not a large manufacturing centre, it was a hub of trade and sociability for a substantial rural hinterland, like many similar towns in Ireland in the mid-twentieth century.³⁷ In 1946 it had a population of 5,421 people, making it the largest town in county Galway. By comparison, Galway City's population was 20,370 and that of Tuam was 3,868.³⁸ At this time the hospitals and maternity homes that served Ballinasloe were Calvary (Little Company of Mary), the Galway Regional Hospital, the Woodlands Sanatorium, and Merlin Park in Galway City; the County Home in Loughrea (geriatric care); and the Grove Maternity Hospital, Tuam, run by the Bon Secour Sisters (distinct from the Children's Home).

The first sisters arrived in Ballinasloe in December 1942 and initially ran a small maternity home in two houses on Mount Pleasant Avenue, where they received private patients while the hospital was being built. The first baby was born in this maternity home in February 1943. The 'Daily chronicle' recorded the generosity of local people upon their arrival. Fr Edward Hughes, administrator for the parish of Ballinasloe, said mass in the house; food and turf for the fire were delivered; and a local bank manager delivered two bags of coal, a fuel that was almost unobtainable during the Second World War.³⁹ Shortly after arriving, the sisters received a letter from the local dispensary doctors, Dr Gerard Coyne in Ballinasloe and Dr Elizabeth Killeen in Creagh. They demanded that they 'would be appointed sole honorary

³³ Ibid.

³⁴ Bishop John Dignan to Mother Francis Spring, 12 Oct. 1942, FMDM/ADM/5/2/1 Ballinasloe 2.

³⁵ Letter from Rothwell and Co., auctioneers. See also Mother Margaret to Fr Edward Hughes, administrator, Ballinasloe, 20 Aug. 1942, FMDM/ADM/5/2/1 Ballinasloe 2. See also Brian Casey, *Class and community in provincial Ireland, 1851–1914* (London, 2018), ch. 3.

³⁶ See Code of Canon Law of the Catholic Church, canons 607–9; Dignan to Mother Francis, 3 Nov. 1942, FMDM/ADM/5/2/1 Ballinasloe 2.

³⁷ Conrad M. Arensberg and Solon T. Kimball, *Family and community life in Ireland* (Ennis, 2001), pp. 309–10, 312.

³⁸ Census of Ireland, 1946.

³⁹ 'Daily chronicle'.

physicians or medical officers to the proposed new hospital'; otherwise they would oppose its construction. They were concerned about the impact that the hospital would have on their own incomes. Mother Margaret told Dignan: 'I assured him that we were not in the least afraid of opposition, that we had met it before and overcome it, and would probably do so again.'⁴⁰ The congregation attracted continued hostility from Coyne in later years and he did not send his patients to the hospital because of the clashes with the sisters; incidents of him losing his temper and threatening violence were also recorded.⁴¹

The hospital's design was a compact, straightforward modern block in an inverted T, located on four floors. Built with Kingscourt rustic brick, this style allowed for easy maintenance and hospital needs, with an electric bell system installed throughout to avoid unnecessary noise. The third floor accommodated the living quarters for the sisters, and 'the chapel which is without ornament has pitch pine floor, grey coloured plaster walls and ceiling, lead glazed windows. The nuns' choir is finished with polished oak stalls.' Construction commenced in 1942, with the foundation stone laid on 11 October 1943, the feast of the Maternity of Our Blessed Lady.⁴²

Sister-nurses had to ensure that their qualifications would be recognized; for example, only qualified midwives could work in the maternity unit as per the 1934 Maternity Homes Act.⁴³ A well-built, modern, and sterile hospital allowed for appropriate antenatal care and the safe delivery of babies.⁴⁴ Joseph Robbins commented that maternity hospitals were seen to be an exceptional response to need, with the home still deemed a suitable place to give birth. As the move towards hospital-based maternity care progressed, there was an emergence of a 'reliable, professional corps of midwives', as the profession was a respectable one, with the daughters of middle-class families entering it during the twentieth century. Theirs was seen to be 'valiant, valuable work' in a 'splendid profession for a girl'.⁴⁵

The initial estimate of £15,000 for the maternity home more than doubled to £36,000. This was for the initial maternity hospital that then became a much larger hospital. Misinterpreting the final bill, Mother Francis believed it should have been £26,653 17s. and was furious. She insisted that the hospital could only carry a small debt when it opened, which was a congregational rule.⁴⁶ The architectural firm, William H. Byrne, who managed to negotiate a reduction

⁴⁰ Mother Margaret to Dignan, 1 Sep. 1942, FMDM/ADM/5/2/1 Ballinasloe 2.

⁴¹ 'Daily chronicle'.

⁴² FMDM/ADM/5/2/1a.

⁴³ Registration of Maternity Homes Act 1934, available at <https://www.irishstatutebook.ie/eli/1934/act/14/enacted/en/print.html> (accessed 20 Sept. 2022).

⁴⁴ For more on district nursing in Ireland, see Elizabeth Prendergast and Helen Sheridan, *Jubilee nurses: voluntary district nursing in Ireland, 1890–1974* (Dublin, 2012), esp. ch. 3 in this context.

⁴⁵ Joseph Robbins, *Nursing and midwifery in Ireland in the twentieth century: fifty years of An Bord Altranais* (Dublin, 2000), p. 11; Gerard Fealy, "'The good nurse": visions and values in images of the nurse', *Journal of Advanced Nursing*, 46 (2004), pp. 649–56, at p. 651.

⁴⁶ Mother Francis to Dignan, 1 Oct. 1945, FMDM/ADM/5/2/1 Ballinasloe 2. See also Mother Francis to Dignan, 1 Dec. 1945, FMDM/ADM/5/2/1a.

of nearly £1,000, said that the figure was reasonable for a hospital constructed during the war, at a time when raw materials were in short supply.⁴⁷

Mother Francis expressed her frustrations to Dr Dignan in thinly veiled prejudice: 'I've decided that the Irish people are the most difficult and unreliable in the world!' He responded 'please don't decide! on anything outside your sphere of authority, it does not help one in her work and it does show she does interfere and concern herself about things that are outside of her sphere of authority'.⁴⁸ Dignan was a staunch defender of Mother Margaret, as she kept costs down, even in the face of many unreasonable demands, and he asked Mother Francis, 'surely you have not lost confidence in your Minister of Supplies in Heaven!'⁴⁹ Mother Francis wrote back on 1 October 1945, stating that:

my trust in my Minister of Affairs has not diminished ... but what would you think of a wife who had a rich husband and squandered his money, in that she contracted debts which were unwise, and she had no right to expect him to pay. That is my position!⁵⁰

She did not think it was right that there should be such a large debt hanging over the hospital before its opening, fearing that it would stifle the future growth of the congregation.⁵¹

Clement O'Flynn, the Galway county manager, wrote to Dr Dignan on 21 June 1944, suggesting that the sisters could become salaried officers of the county council, like the nursing sisters in the County Home at Loughrea, or the Central Hospital in Galway. Doing this would mean surrendering control of the hospital, and Mother Francis was not prepared for this to happen.⁵² Maintaining control ensured that they could fulfil the horarium of religious life within the hospital, which might not have been feasible if they were answerable to lay management.

In 1945, when the eighteen-bed hospital had opened, a deputation from the Ballinasloe Urban District Council met O'Flynn to ask about provision for the sick and poor of Ballinasloe in the hospital. O'Flynn stressed that negotiations were ongoing between the county council and the Department of Local Government and Public Health.⁵³ The hospital soon proved to be inadequate,

⁴⁷ William H. Byrne to Mother Francis, 23 Nov. 1945, FMDM/ADM/5/2/1a; FMDM/ADM/5/2/1 Ballinasloe 2. See also letter from Mother Francis on 1 Dec. 1945, FMDM/ADM/5/2/1a. For more on the firm William Henry Byrne and Son, see 'Byrne, William Henry, & Son', *Dictionary of Irish Architects*, <https://www.dia.ie/architects/view/873/BYRNE-WILLIAMHENRY-%26SON> (accessed 19 Jan. 2023); for more on Byrne, see 'Byrne, William Henry', *Dictionary of Irish Architects*, <https://www.dia.ie/architects/view/862/BYRNE-WILLIAMHENRY> (accessed 19 Jan. 2023).

⁴⁸ FMDM/ADM/5/2/1 Ballinasloe 2.

⁴⁹ Dignan to Mother Francis, 28 Sep. 1945, FMDM/ADM/5/2/1 Ballinasloe 2.

⁵⁰ Copy of letter from Mother Francis to Dignan, 1 Oct. 1945, FMDM/ADM/5/2/1 Ballinasloe 2.

⁵¹ FMDM/ADM/5/2/1 Ballinasloe 4.

⁵² Dignan to Mother Margaret, 14 Nov. 1946, FMDM/ADM/5/2/1 Ballinasloe 4. For more on O'Flynn, who was county manager from 1931, see Richard J. Butler, 'Catholic power and Irish city: modernity, religion and planning in Galway, 1944–1949', *Journal of British Studies*, 59 (2020), pp. 521–54.

⁵³ *Connacht Tribune*, 21 July 1945.

resulting in the government agreeing to fund the construction of an additional hundred beds out of the Hospital Trusts funds.⁵⁴ In August 1945, Dr Dignan lamented that the hospital was not yet able to provide beds for the poor: 'It is undoubtedly doing great work in the district as a hospital – for the well-to-do!' However, the debt it was carrying meant that serving the poor was not yet possible, showing the importance of funding to deliver the services that the congregation needed and wanted to deliver.⁵⁵

In 1946 an agreement was reached with the Department of Health: Portiuncula would remain a voluntary hospital under the control of the FMDM, with eighty-five beds to be allocated for patients whose care was paid for by local authorities.⁵⁶ The following year, Patrick Beegan TD expressed concern that the council had no say in the running of the hospital, even if nurses trained in the Central Hospital, at the government's expense, ended up working there. Councillor P. Collins argued that if Galway County Council was contributing to the cost of extending the hospital, they should have some say in its management. Councillor T. King disagreed, remarking that 'in supplying this site we are supplying Ballinasloe with a district hospital ... our function is to provide hospital treatment for the poor ... I consider that we are fulfilling our obligations by handing over the matter to the nuns', and that it would relieve congestion in the Central Hospital.⁵⁷ It is unclear what King means by supplying the site, as the FMDM purchased the site themselves with a view to having an adequate area to expand if required in the future.

The cost of expanding the larger hospital amounted to £270,000, with £210,000 coming from the Irish Hospitals' Sweepstake and £60,000 from the congregation's resources and loans they received from supporters.⁵⁸ A fund-raising committee, known as the Ballinasloe Benevolent Fund, was established on 17 October 1945, to raise funds through whist drives, raffles, and dances, to support the costs in caring for non-paying patients.⁵⁹ In January 1949, the Manager's Orders for Galway County Council noted that the hospital was approved for twelve public assistance patients as an extern institution at a rate of 10s. 6d. per day.⁶⁰ Similar agreements were reached with local authorities in Longford, Offaly, Roscommon, and Westmeath, probably at the same rate.

The foundation stone of the extended hospital was laid on 17 October 1949. Turning the sod that day, the minister for health, Noël Browne, said that the work of the congregation would prevent anti-Christian ideas infiltrating, and he praised Franciscan loyalty to the Irish cause as they were useful in 'building

⁵⁴ J. H. Whyte, *Church and state in modern Ireland, 1923-1979* (Dublin, 1980), p. 129.

⁵⁵ Dignan to Mother Francis, 6 Aug. 1945, FMDM/ADM/5/2/1 Ballinasloe 2.

⁵⁶ Dignan to Mother Margaret, 7 Nov. 1946, FMDM/ADM/5/2/1 Ballinasloe 4.

⁵⁷ *Connacht Tribune*, 21 June 1947.

⁵⁸ Marie Coleman, *The Irish Sweep: a history of the Irish hospitals sweepstake, 1930-87* (Dublin, 2009), p. 1. For the contribution from the congregation, see FMDM Archive Ireland, HS/PH/5 and HS/PH/6. The total amount the hospital received from the sweepstakes up to 1969 was £778,158 11s. 8d. See *Irish Hospitals, 1956-1971* (Dublin, 1972), p. 73.

⁵⁹ FMDM Archive Ireland, ADM/PH/3.

⁶⁰ Galway County Council Manager's Orders, Galway County Council Archives, GC/CSO/2/1949, order no. 5224.

up the militant spirit of a practical anti-Communist opinion'.⁶¹ James Ryan, who succeeded Browne as minister in 1952, expressed his satisfaction that the completed hospital would relieve pressure on other hospitals and be a benefit for east Galway and the wider midlands region.⁶²

Dr Dignan had extensive knowledge of the machinations of power and bureaucracy in Ireland, and this helped Mother Francis to build rapport with local and national civil servants and politicians. The dynamics changed following his death in April 1953 and the installation of his successor, William Philbin, in March 1954. Dr Philbin was a bright and capable intellect, who was chair of dogmatic theology at the National Seminary at Maynooth prior to this appointment; he was subsequently translated to Down and Connor. He was noted as an articulate voice at the Second Vatican Council at the second session of the council in 1963, though Oliver P. Rafferty remarked that this seemed to have deserted him by 1966, as he became critical of 'the spirit of the council'.⁶³ While in Clonfert, he presented as a traditional and orthodox bishop who clashed frequently with the sisters, in contrast to his predecessor.

Following Dr Dignan's death, the congregation had limited options for advice and Dr Philbin's truculence intensified the sense of hostility. Throughout this entire period, the congregation received legal advice from Seán MacBride TD, minister for external affairs (1948–51), former chief of staff of the IRA, senior counsel, and the Nobel-prize winning chairman of Amnesty International (1961–75). He was their closest confidante following Dr Dignan's death, eventually becoming chairman of the hospital board.

II

Dr Dignan, who was aware of the distinct peculiarities of medical egos, warned Mother Margaret: 'One final word ... never speak of your fears or your trials to anyone outside Portiuncula – never. Smile with everybody, don't have even one discreet friend with whom you can cry in comfort.'⁶⁴ He also advised Mother Margaret that any doctor who sent patients to Portiuncula should be made aware that the sisters were in charge and no one else, and not to let the doctors interfere in hospital management, as jealousy and rivalry were rife in the profession.⁶⁵

By the late 1940s, the congregation had become dissatisfied with the standards of care delivered by certain doctors in Portiuncula. Mother Margaret and Mother Francis contended that the Irish Medical Association (IMA) was more interested in defending recalcitrant and reckless members than improving the quality of care. Seán MacEntee, minister for health between 1959 and 1965, also took exception to the oversized influence of the IMA, calling them 'King Canutes'

⁶¹ *Irish Press*, 18 Oct. 1949.

⁶² *Irish Independent*, 1 May 1952.

⁶³ Oliver P. Rafferty SJ, 'The Catholic church in Ireland and Vatican II in historical perspective', in Niall Coll, ed., *Ireland and Vatican II: essays, theological, pastoral and educational* (Dublin, 2015), p. 21.

⁶⁴ Dignan to Mother Margaret, 25 Feb. 1943, FMDM/ADM/5/2/1 Ballinasloe 3.

⁶⁵ Dignan to Mother Margaret, 20 Nov. 1942, FMDM/ADM/5/2/1 Ballinasloe 2.

who continued to live in the past.⁶⁶ Relevant here were the accusations that the surgeon was unreliable and had turned up drunk to emergencies. In 1954, Mother Margaret told the resident physician that, if he was not prepared to sign up to their standards, he was free to go elsewhere. Although he then offered his resignation with short notice, he subsequently tried to withdraw this.⁶⁷ Mother Margaret found it difficult to respect him as a man or a doctor.⁶⁸

A sister who was also a house surgeon, Sister Scholastica Perry, was based in Portiuncula between July 1953 and October 1954.⁶⁹ In one report, she referred to a young woman arriving in acute distress, clearly in need of surgical intervention. The congregation struggled to locate the surgeon, who was on call; he was eventually discovered drinking in Shannonbridge, seven miles from Portiuncula, and apparently arrived drunk, accompanied by another doctor. Sister Scholastica refused to give the patient an anaesthetic because of this. The surgeon was also rude to patients, did not take long doing his rounds, and refused to co-operate with hospital administration; as indicated here, there were constant difficulties trying to locate him at nighttime when he was needed.⁷⁰ Dr Philbin defended the doctors, saying that there was a great want of charity in relation to their treatment, as there was an expectation that they were to be always on call. Mother Francis wrote that when Mother Margaret complained to the bishop about 'one doctor who was a drunkard His Lordship replied that it was her duty to reform him'.⁷¹ This is one of many examples throughout the archives of condescending and patriarchal attitudes of bishops and priests towards the sisters and congregational leadership.

Mother Margaret refused to withdraw any of the allegations and demanded an apology for multiple egregious breaches of trust. She alleged that the doctors had complained about the congregation to the Sacred Congregation of Religious in Rome (SCR), which was a betrayal of trust and confidence for the sisters, who, in addition, had never been informed about the contents of the complaint.⁷² Bishop Cyril Cowderoy of Southwark was a staunch defender of the sisters, telling the SCR in 1955 that Mother Francis wanted an efficient, first-class institution, as desired by the church, and did not want the surgeon reinstated.⁷³ Writing from Mount Alvernia, the FMDM's hospital in Singapore,

⁶⁶ National Archives of Ireland, Department of An Taoiseach, S16374B/95, newspaper clipping from *Irish Press*, 31 Mar. 1960. The *Irish Press* (1931–95) was founded by Eamonn De Valera, founder of Fianna Fáil, and was seen to be the party's organ.

⁶⁷ Draft of letter for minister, 11 Jan. 1957, FMDM/ADM/5/2/1 Ballinasloe 12.

⁶⁸ FMDM/ADM/5/2/1 Ballinasloe 8.

⁶⁹ Born Margaret Perry in Dublin on 3 July 1912, Sister Scholastica qualified in medicine from Trinity College Dublin in 1936, and then gained a Diploma in Public Health from University College Dublin in 1942. She subsequently worked in England and entered the FMDM in 1950. After her time in Ballinasloe, Scholastica spent fourteen years in Zambia, between 1955 and 1969, becoming general medical officer at Mansa between 1961 and 1968, before returning to Ladywell in 1970.

⁷⁰ Report written by Sister Scholastica Perry, FMDM/ADM/5/2/1 Ballinasloe 8.

⁷¹ Mother Francis to Cardinal Valerio Valeri, 20 Dec. 1954, FMDM/ADM/5/2/1 Ballinasloe 7.

⁷² Undated letter from Mother Margaret, FMDM/ADM/5/2/1 Ballinasloe 8.

⁷³ Series of letters from Bishop Cyril Cowderoy, 8 Mar., 22 Mar., and 22 Apr. 1955, FMDM/ADM/5/2/1 Ballinasloe 8.

Mother Francis argued that Dr Philbin would go to any length to make his point and that he believed the doctors rather than the sisters. She told Dr Philbin that the decision was hers to make, and that the surgeon did not suit the hospital's ethos anymore.⁷⁴ Mother Margaret warned Mother Francis that Dr Philbin was a dangerous person who should not be 'trifled with'.⁷⁵

The bitterness of this dispute, along with various rumours circulated in the town by the doctors and their allies, meant that the congregation became wary of phones and the post, believing that the doctors had informants in the local post office and telephone exchange who would examine post or listen in to calls. The surgeon apparently said to Mother Francis, 'I want to tell you Mother that it is not true what Mother Margaret said to you on the phone, that I was the cunning one and the trouble.' Having never heard this from Mother Margaret, Mother Francis asked him how he knew about the contents of her phone call. He responded that his brother was a telephonist on the transatlantic line in the General Post Office in Dublin.⁷⁶ Similarly, the hospital telephonist was allegedly bribed with brandy and champagne to report back to the doctors about what was being discussed between Portiuncula and the motherhouse in Guildford. Mother Margaret sometimes drove sixty miles to Kinnegad, county Westmeath, to place particularly sensitive calls to Mother Francis, so that local telephonists could not hear what was being said. Kinnegad was on an automatic exchange, meaning that the risk of an operator listening in was removed.⁷⁷ Dr Philbin became aware of sisters driving at unusual times to and from the hospital and demanded to know the reason.

In the face of such stress, Mother Margaret said that the sisters remained loyal, happy, and fervent in their spirit, asserting, with some hyperbole, that their standards of efficiency were 'second to none in the country, our patients are nursed and looked after with kindness and sympathy'.⁷⁸ However, some sisters were accused of being discourteous to family members. Mother Francis said that they would strive to give their best to their patients and be interested, friendly, and helpful, but that they 'were not going to lose their religious reserve and modesty or their spirit of silence'.⁷⁹ The congregational rules of silence were quite strict, though not atypical in the pre-conciliar church. The sisters were affirmed in this routine by a visitation in February 1953 which concluded that there was a need for some silence in nursing religious life, encouraged by Florence Nightingale in *Notes on nursing*.⁸⁰

In January 1955, Dr Philbin argued that, because Mother Margaret was mother vicarress, under canon law she needed to be in the motherhouse rather

⁷⁴ 'Franciscan Missionaries of the Divine Motherhood, 1954–1955' folder, Arundel and Brighton Diocesan Archives, B11/2/21.

⁷⁵ Mother Margaret to Mother Francis, 20 Apr. 1955, FMDM/ADM/5/2/1 Ballinasloe 8.

⁷⁶ Mother Francis to Bishop William Philbin, 14 May 1955, FMDM/ADM/5/1/2 Ballinasloe 8.

⁷⁷ My thanks to Dr Adrian Kirwan of Maynooth University for this information.

⁷⁸ Mother Margaret to Mother Francis, 10 Oct. 1954, FMDM/ADM/5/2/1 Ballinasloe 2.

⁷⁹ Mother Francis to SCR, 25 Mar. 1955, FMDM/ADM/5/2/1 Ballinasloe 8.

⁸⁰ Copy of visitation report, 20 Feb. 1953, FMDM/ADM/3/1/57b; Florence Nightingale, *Notes on nursing* (London, 1859).

than Portiuncula. Mother Francis viewed this as an attempt to remove Mother Margaret from Ballinasloe, and a clear example of Dr Philbin attempting to assert his authority.⁸¹ Mother Margaret was described by Mother Francis as a strong woman 'and men do not like that'.⁸² While Mother Francis liked the surgeon, she acknowledged that he could be abrupt and rude with patients. She felt that Dr Philbin was acting in a prosecutorial manner; he said it was his duty as their bishop and pastor to look out for them and that sometimes meant being harsh.⁸³ There were incorrect rumours that Dr Philbin had taken control of the hospital and was planning to reinstate the surgeons.⁸⁴ The Galway county manager, Clement O'Flynn, and the congregational solicitor, Brendan Glynn, said that they had heard this from a priest and had accepted that it was true, showing how effective the gossip in the town was.⁸⁵

Mother Francis opposed arbitration on principle because she felt it would be tantamount to a recognition of the rights of other people to interfere in the operation of the hospital and would increase pressure on her to re-hire Dr Murphy, undermining the authority of the congregation in the running of the hospital. Dr Cowderoy also got the impression that she feared arbitration would work against her in Ireland because of the country's intense catholicity. The congregation's good relations with the Irish government fomented jealousy, and the progressive views of Mother Margaret saw Dr Philbin wanting her curbed.⁸⁶ Dr Cowderoy suggested that Dr Philbin's temperament meant that he struggled to let bygones be bygones.⁸⁷ The congregation were concerned that Dr Philbin would ask for their removal from the diocese, and therefore from their only house in Ireland at this time. However, the fact that the FMDM was a pontifical congregation limited what Dr Philbin could do, as they were directly answerable to the pope.

Dr Philbin's hostility was partially down to the fact that the congregation were on very cordial terms with his predecessor, who had not unduly interfered in community affairs.⁸⁸ In a report to the SCR on 25 March 1955, Mother Francis alleged that Dr Philbin asked her 'what else would you expect from a congregation founded by an English convert?', an allusion to the fact that Mother Francis converted to Catholicism as a teenager.⁸⁹ On 13 June 1955, the SCR informed Dr Philbin that the administration of the hospital

⁸¹ Report of visit of Mother Francis Spring to Sacred Congregation of Religious, 25 Mar. 1955, FMDM/ADM/5/2/1 Ballinasloe 8.

⁸² *Ibid.*

⁸³ Philbin to Mother Francis, 14 May 1955, FMDM/ADM/5/2/1 Ballinasloe 8.

⁸⁴ Cowderoy to Cardinal Protector, SCR, 17 May 1955, FMDM/ADM/5/2/1 Ballinasloe 8.

⁸⁵ Mother Margaret to Mother Francis, 20 Apr. 1955, FMDM/ADM/5/2/1 Ballinasloe 8.

⁸⁶ Report of visit of Mother Francis Spring, 25 Mar. 1955, FMDM/ADM/5/2/1, Ballinasloe 8.

⁸⁷ Cowderoy to Cardinal Protector, SCR, 17 June 1956, FMDM/ADM/5/2/1 Ballinasloe 11.

⁸⁸ FMDM/ADM /5/2/1 Ballinasloe 1.

⁸⁹ Report of visit of Mother Francis Spring, 25 Mar. 1955, FMDM/ADM/5/2/1 Ballinasloe 8. Congregational records state that Mother Francis's father was Protestant and her mother Catholic. She was born in Newport, Monmouthshire; her parents separated when she was six and her father insisted that she be brought up a Protestant. She was said to have converted while living in Newcastle-upon-Tyne, much to her father's disappointment.

was the sole business of the congregation, though it suggested that Mother Margaret should withdraw from Ballinasloe following the construction of the nurse training school.⁹⁰ She did, indeed, leave in 1955 and was succeeded by Mother Evangelist O'Keefe as local superior and Sister Benedict Veale as matron of the hospital.

The surgeon was dismissed without any stated reason, in the hope that this would enable him to find another job. He was subsequently employed by the Bon Secours Sisters at the Grove Maternity Hospital in Tuam, before being asked to leave, and finally at St Bridget's Psychiatric Hospital in Ballinasloe.⁹¹ The doctors were being defended by a noisy clique in the town: families who were closely connected to the aggrieved doctors and members of the local Knights of Columbanus.⁹² This clique vetoed the membership applications of the new doctors and their wives from the local golf club, and this prompted the hospital solicitor, Brendan Glynn, to resign from the club.⁹³ This is a manifestation of the local Catholic middle classes asserting their notion of respectability, excluding those who did not conform to an unwritten code of bourgeois solidarity. They used gossip and rumour to actively undermine the work of the sisters.

In June 1956, Rosanna Cunningham of An Bord Altranais (the Irish Nursing Board) called the timetable of the Madonna School of Nursing (the congregation's nurse training school in Ballinasloe) ambitious. She was, however, impressed with the arrangements in the hospital, the colour scheme, and the equipment, and she described the patients as looking very happy and well cared for.⁹⁴ Secular trainee nurses were expected to have completed their leaving certificate examination and they were interviewed prior to admission. More generally, Dr McQuaid had expressed concerns about the formation of nurses and wanted to ensure that they were imbued with a devotion to Catholicism and had maternal instincts.⁹⁵ Mother Francis felt that too many Catholic Irish women fell victim to opposition to Catholic teachings once they emigrated to England to work in hospitals there.

In a further example of Dr Philbin's hostility towards the congregation, he did not see the case for postgraduate courses in the Madonna School because University College Galway offered similar courses.⁹⁶ He also objected to Mother Margaret describing Portiuncula as a well-equipped hospital; he suggested she visit Dublin hospitals and learn what they were doing, but on previous visits Mother Francis had not been impressed. She had also visited American Catholic hospitals with Mother Margaret.⁹⁷ In the United States, there was a

⁹⁰ Rev. Mother Francis Spring, Correspondence from Rome, 1955–8, FMDM/ADM/5/2/1 Portiuncula Ballinasloe.

⁹¹ Mother Francis to Valeri, 20 Dec. 1954, FMDM/ADM/5/2/1 Ballinasloe 7. For details of his further employment, see FMDM/ADM/5/2/1 Ballinasloe 13.

⁹² Mother Francis to Valeri, 20 Dec. 1954, FMDM/ADM/5/2/1 Ballinasloe 7.

⁹³ Mother Evangelist O'Keefe to Mother Francis, 20 Sept. 1956, FMDM/ADM/5/2/1 Ballinasloe 11.

⁹⁴ Rosanna Cunningham to Mother Sylvester, 6 June 1956, FMDM/ADM/5/2/1 Ballinasloe 11.

⁹⁵ Fealy, "The "good nurse"", p. 652.

⁹⁶ Report of visit of Mother Francis Spring, 25 Mar. 1955, FMDM/ADM/5/2/1 Ballinasloe 8.

⁹⁷ *Ibid.*

long tradition of religious entrepreneurship in the building and management of hospitals by religious sisters, embodying various issues of gender, religion, and ethnicity in their work.⁹⁸ These visits by Mothers Francis and Margaret allowed the congregation to gain a variety of perspectives, to learn about standardization, and to understand how to organize ‘funding contracted with local government and mining corporations ... without the direct support from local church leaders’.⁹⁹

Because of these disputes, several issues of the *Journal of the Irish Medical Association* in the mid-1950s carried a notice asking any doctor interested in applying for a position in Portiuncula to contact the IMA first. The notice also appeared in newspapers such as the *Irish Independent*.¹⁰⁰ Mother Evangelist O’Keefe wrote to Mother Francis following the notice’s publication and said that it was quite serious because doctors elsewhere in the country would not be aware of what was happening in the hospital. They would need to go public in response, if they felt that they had right on their side.¹⁰¹ The IMA was not a statutory body and did not have the authority to make such decisions, but it could be extremely loud and aggressive.¹⁰² It was clear that there were significant differences of opinion as to what was expected from doctors at Portiuncula. Ambiguity as to the nature of the work and an expectation to be always on call contributed to this, with Mother Francis and Mother Margaret unwilling to compromise. The doctors employed at the hospital did not have formal contracts, they were vulnerable to being dismissed on a whim, and they were expected to be constantly available.

By 1966, the consultant staff at Portiuncula were Conor Carr (obstetrics/gynaecology), Stanley Hewitt (obstetrics/gynaecology), Dermot Kelly (anaesthesiology), Morgan McElligott (surgery), Michael McCormack (surgery), and Niall Walsh (pathology). The employment of these doctors coincided with a period of stability that had been lacking during the 1940s and 1950s. It also showed that the hospital’s status as a centre of general medical care necessitated this expansion. Portiuncula was seen to be in a ‘unique position both geographically and physically to provide twenty-four-hour specialist and ancillary services for a wide area of the Midlands’, serving east Galway, west Offaly, west Westmeath, south Longford, south Roscommon, and north Tipperary.¹⁰³

None of the consultants had more than a decade’s experience in the hospital. Stanley Hewitt was appointed in 1962 as a consultant obstetrician following the death of Pat O’Dwyer. According to Carr, by the 1960s, ‘Portiuncula provided the only Consultant Maternity service between Dublin in the east and Galway in the west and between Sligo in the north and Limerick in the south’.¹⁰⁴ In his own memoirs, Hewitt was effusive in his praise of the hospital and training school, commenting that ‘the atmosphere throughout Portiuncula

⁹⁸ Mann-Wall, *Unlikely entrepreneurs*, p. 4.

⁹⁹ Mann-Wall, ‘Role of Catholic nurses’, p. 368.

¹⁰⁰ *Irish Independent*, 17 Mar. 1956.

¹⁰¹ Draft of letter for minister, 11 Jan. 1957, FMDM/ADM/5/2/1 Ballinasloe 12.

¹⁰² National Archives of Ireland, Department of An Taoiseach, S1637b/95.

¹⁰³ FMDM Archive Ireland, ADM/PH/33, ‘Regionalisation/Federation 1966–1972’.

¹⁰⁴ Conor Carr, *The lucky twin (an obstetrician’s tale)* (Ballinasloe, 2014), pp. 160, 166.

Hospital was one of quiet efficiency and superb cleanliness everywhere' upon his arrival in 1962.¹⁰⁵ Along with his colleague, the consultant pathologist, Niall Walsh, Hewitt oversaw the introduction of anti-G testing to prevent rhesus haemolytic disease, which affected babies in utero.¹⁰⁶ The hospital had also been recognized by An Bord Altranais as a 'complete general training school for nurses' since 1953, and pupil midwives were being trained by 1963. An inspection by members of An Bord Altranais in 1983 said that it was a hospital with a good staff atmosphere and high standards, with student nurses presenting themselves as vocal and professional. They praised the hospital management for the programme of education and experience offered to student nurses.¹⁰⁷

By the 1960s, the Irish health system was regarded as unwieldy and inefficient. The Fitzgerald report that led to its overhaul, with the establishment of regional health boards, described the sector as outmoded and a hindrance to practising modern medicine. The Irish Sweepstakes funds were more focused on infrastructure than staff appointments.¹⁰⁸ In response to the 1966 white paper on the regionalization of healthcare, the congregation produced a report arguing that the services provided in Portiuncula should be maintained. The white paper suggested that county boundaries should be used to guide regionalization of healthcare.¹⁰⁹ The congregation responded, correctly, that this would not make sense in the context of Portiuncula, which was close to the Roscommon border and fifteen miles from the middle of Ireland. They argued that it was an ideal location for a midland regional hospital, rather than a county hospital. Commissioned by the congregation, but with an unknown author, *A proposal regarding the future development of the health services in the midlands area* said that medical card holders (who were entitled to free medical care) who lived between fifteen and twenty miles from Portiuncula would have to travel forty miles under the proposed regional plan, and doctors usually hesitated to send very sick patients that distance on bad roads. In addition to increased waiting lists, the sick people would have to forego the benefit and comfort of visitors. At a public meeting held in the Emerald Ballroom on 23 November 1968, a Ballinasloe urban district councillor and psychiatric nurse, Gus Hynes, said that having visitors helped hospital patients in their recovery.¹¹⁰

In September 1968, Mother Francis told Seán MacBride that Portiuncula risked being downgraded if the white paper was implemented as it stood. Members of the FMDM, such as Mother Francis, visited other voluntary hospitals to get their views of the scheme. The Medical Missionaries of Mary had a

¹⁰⁵ Stanley Hewitt, *Two thunderstorms, one umbrella* (n.d.), p. 58. Thanks to Nancy Hurley for a copy of this.

¹⁰⁶ Hewitt, *Two thunderstorms*; See also 'Dr Stanley Hewitt – an appreciation', *Irish Medical Times*, 12 July 2009.

¹⁰⁷ An Bord Altranais (Nursing and Midwifery Board) inspection report of Portiuncula Hospital, 11 Oct. 1983, UCD Archives, Dublin, Ireland, An Bord Altranais papers, 9220/138.

¹⁰⁸ Daly, 'Curse of the Irish hospitals' sweepstake', pp. 9, 13.

¹⁰⁹ *The health services and their further development: laid by the government before each house of the Oireachtas, January 1966* (Dublin, 1966).

¹¹⁰ FMDM Archive Ireland, ADM/PH/33, 'Regionalisation/Federation 1966–1972'.

330-bed hospital in Drogheda, county Louth, that was to be integrated into the new scheme. They were not inclined to 'throw in their lot with the State, even though they built their beautiful hospital themselves at a cost of over a million pounds'. However, they were prepared to sell it to the state and redeploy their personnel for missionary work. They would not be happy just being a community health centre, 'as we would not be adhering to our original objectives and would certainly have difficulty in retaining the services of the medical staff'.¹¹¹

In a letter to the local superior, Mother Baptista Hennessey, on 30 January 1969, Mother Francis said that, if the hospital was to survive, then they would need to link up with the regional hospital in Galway, while the nature of the proposed changes meant that they would have no control over the appointment of doctors. Framing these changes in the spirit of the Second Vatican Council, Mother Francis said that they were expected to 'serve in whatever area we are' and they could give 'better witness to our service by uniting with the regional hospital'. Seán Flanagan, minister for health, assured the local Fianna Fáil TD, Michael F. Kitt, on 26 March 1969, that there would be no immediate changes to the medical services being provided by Portiuncula.¹¹²

A meeting with Dr P. D. Power, the Galway county medical officer, in late 1969, heard that the medical staff in Galway Regional Hospital were in favour of retaining Portiuncula, as otherwise patients in the eastern part of the county would travel to Dublin for treatment. They were favourably disposed towards the hospital, while being totally committed to the new scheme. On 15 January 1972, the congregation eventually received assurances from the then minister for health, Erskine H. Childers, that the hospital would not be downgraded, at a meeting attended by Mother Francis and Mother Bernadette Kerins. The memo of this meeting noted that 'he [Childers] is not a Catholic, but he thinks very highly of the religious'. The FMDM also assured a deputation from the Ballinasloe Urban District Council who visited on 17 January 1972 that they would co-operate with the new Western Health Board.¹¹³ This was an indication that previous disputes with the doctors and members of the Catholic middle class had eased, and that the pragmatism needed to ensure the hospital's future helped to focus minds.

III

Hospitals run by religious communities were both medical and religious institutions. While diplomacy and other strategies could be used to defend their communities, these did not always work as well as they could, and there was resistance to those who tried to limit their abilities.¹¹⁴ It was clear that Mother Francis and Mother Margaret would not let bishops, priests, or medics

¹¹¹ *Ibid.*

¹¹² *Ibid.*

¹¹³ *Ibid.*

¹¹⁴ Barbara Mann-Wall, "'We might as well burn it': Catholic sister-nurses and hospital control, 1865–1930", *U.S. Catholic Historian*, 20 (2002), pp. 21–39, at p. 23.

interfere in what they felt was congregational business, and Mother Francis was ruthless – even unreasonable at times – in her efforts to protect the congregation’s interests. The FMDM leadership could be subtle, defiant, or forthright as necessary. The congregation confronted the condescending patriarchal control of the medical profession and hierarchy in mid-twentieth-century Ireland, while also being conscious by the late 1960s of the need to ensure that Portiuncula would survive as a voluntary hospital in the reformed Irish hospital structures.

The case of Portiuncula Hospital offers an important example of these power relations within a Catholic hospital and the wider community, and how the congregation managed these prescriptions in the face of extraordinary hostility at times, sometimes of their own making through unnecessarily belligerent behaviour.¹¹⁵ Mother Francis and Mother Margaret were firm in protecting the congregation’s reputation as it expanded internationally, and therefore presented as inflexible at times in their management of the hospital. The high-quality maternity services provided at Portiuncula attracted women from a wide hinterland, but the hospital was ultimately dependent on public patients for its survival.¹¹⁶ FMDM sisters not only carried out nursing duties and other prescribed gender roles but also took on administrative duties that tended to be the preserve of men.

Despite the eventual success of the hospital as it became an important part of the healthcare infrastructure of the Irish midlands, the challenges in establishing it were serious. Being outsiders, FMDM sisters were soon brought face to face with local social mores; yet they were keen observers of social behaviour. They learned that a community can find a way to censure: for example by boycotting new doctors and their wives in the golf club, and spreading gossip and rumours clearly designed to undermine their authority and destroy their reputation.

The place of the Catholic church in twentieth-century Ireland is a complex tapestry of local and institutional experiences and practice that were often not in harmony or speaking with one voice.¹¹⁷ The sisters who arrived in Ballinasloe in 1942 were young; and while they were well educated and had received good training, they were inexperienced. Having the advice of wise people to help them navigate the various problems as they arose was important for them to stabilize their presence. Being able to court favour and support from local government and clergy, and working within the framework of government policy, was a hallmark of their growth across the world from the late 1940s, even in the face of strong and forceful clashes elsewhere.

¹¹⁵ *Ibid.*, p. 22.

¹¹⁶ Draft of letter for minister, 11 Jan. 1957, FMDM/ADM/5/2/1 Ballinasloe 12.

¹¹⁷ For more on the fragmented nature of the Church in Ireland and the strategic nature of deference, see Brian Casey, ‘Catholicism, deference and devotion in early twentieth-century Ireland: some reflections’, in Francis Devine and Fearghal Mac Bhloscaidh, eds., *Bread not profits: provincial working-class politics during the Irish revolution* (Dublin, 2022), pp. 271–87. See also Butler, ‘Catholic power and the Irish city’, pp. 523–4.

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