The Provision of Disability Services in Limerick 1930-1990

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Author’s Declaration:

This thesis is the result of my own research. The work of others has been acknowledged in accordance with academic conventions.

Signature: _________________________________

Date: _________________________________
Introduction

This thesis explores the developing provisions for disability in the greater Limerick area from the mid-twentieth century onwards, a subject that I became interested in when working on my undergraduate research project. This topic was chosen because there is a limited amount of research into the history of disability in Ireland. The works of Tubridy and O’Shea, amongst others, are important studies of the research into the experience and treatment of disability in Dublin, Cork and other areas of Ireland and the present thesis focuses on the Limerick area which has not yet been studied at an academic level.1

The main primary sources used in the study were both oral and documentary. The interviewing of eighteen individuals has given first hand evidence of the experience of disability. It involved exploring the memories of persons who have been actively involved in the development of physical and mental disability services in Limerick. These individuals included church representatives, medical professionals, members from charitable organisations, disabled persons, and parents of the disabled.

Local newspapers, especially the Limerick Leader, Limerick Chronicle and Nenagh Guardian and national newspapers (the Irish Independent and Irish Times) newspapers have given an insight into the social changes that occurred in attitudes to disability over time. The wide array of charitable organisations, predominantly religious, catering for the disabled was evident up until 1960s. Thereafter, family and friends of the disabled become more proactive in caring for the physically disabled. The newspapers also highlighted the involvement of numerous politicians in advocating the growth and improvement of disability services.

The census as a source for the numbers of disabled in the country is uneven. There is considerable detail in the nineteenth century census and the returns for 1901 and 1911. But there is no specific information gathered on disability within the 1926, 1936, 1946, 1951, 1956, 1961, 1966, 1971, 1979, 1981, 1986, 1991 and 1996 Censuses of Population. This highlighted how inadequate were the provisions for, and consciousness of, disabled people. A proper recording of the numbers of disabled only began again in 1960 with the government ‘White paper’ (The problem of the Mentally Handicapped). This prompted the government to initiate an inquiry and they established a commission of inquiry on mental handicap in February 1961 which eventually led to the Report of the commission of inquiry on mental handicap (1965).

In the same way, from a statistical point of view the Dáil Éireann debates are not a useful source prior to 1960 as there simply was no work carried out as to the extent of disability. Studies done on the extent of physical disability up to this period were confined to such diseases as polio and tuberculosis and there was no attempt to ascertain the extent of physical disability as a whole, again this can be compared unfavourably with the work carried out by the census commissioners from 1871 to 1911. The Dáil Debates from the late 1950s onwards, however, give some insights into government attitudes to disability and allows us to trace the role of public representatives from Limerick City and County in highlighting the needs of constituents who had a disability. At a more local level, the Limerick Diocesan Papers (predominantly those of Bishop Henry Murphy) highlight the influence of the church in establishing and maintaining services and facilities for the disabled within the Diocese of Limerick.

Whilst touching on more recent years, and exploring the nineteenth century background, the thesis concentrates largely on the period from 1950 to 1990. The first chapter explores the language and definition of disability. In general, the definition of disability used by this thesis is narrower that the broad definition that has evolved in the twenty-first century and focuses on those who were labelled as cripple, idiot,

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imbecile, blind, deaf, dumb, handicapped, disabled etc. in the period between 1800 and 1990.

Studying how the disabled were catered for tells us much about society in general. The role that philanthropy, medical professionals, the state, local government and religious bodies played in the lives of the disabled forms an important part of this thesis and for much of the period covered this was only way that people with disabilities were catered for. The thesis explores the changes in this situation over the latter half of the twentieth century.

In Chapter 2, the nineteenth and early century background to the provision of disability provisions is examined, looking both at Limerick and at the country generally. Chapter 3 goes on to trace how, from the 1950s onwards, lay people began to gradually take control of the work that had largely being done by the Catholic Church up to the mid-twentieth century. It explores the Church’s role in detail as well as the relationship with the State and the role of latter in providing for the disabled.

In Chapters 3 and 4 the thesis also explores the move by disabled individuals themselves to break away from this patronage and to start movements based on their own self-determination. It also looks at the development of schools for disabled children in Limerick city, and particularly at the facilities and teaching provided in these schools. Finally, it surveys the role of local politicians in supporting and forwarding the provision of facilities for the disabled.
Chapter 1: Disability and Language

The language used to describe disability, both in professional circles and in society generally, has changed and evolved throughout the decades, and the words that were used to describe a disability in the past may be seen as offensive today. As time goes on the meaning of a word can become corrupt and misused, whereby words that are legitimately describing a disability become offensive. A debate appeared in the British Medical Journal in 1964 regarding the use of terms to described mental disability:

[It has been suggested] that the terms ‘idiot,’ ‘imbecile’, and ‘feeble-minded’ are diagnoses. This is an additional handicap that has burdened the mental defective for many years. They are not diagnostic, merely expressions in quasi-legal terms of the degree of mental retardation present. It is only by more precise ‘clinical’ diagnosis that we can hope to advance in this difficult branch of medicine.¹

It is somewhat ironic that the words recommended for use as suitable in 1964 are today considered inaccurate and outdated. This was commented upon by one interviewee in this research study. When asked about the term ‘handicapped’ being replaced by ‘disabled’ she commented as follows:

Well I think language is, is reflective of the time we’re in and the culture we’re in. You know, and, like, and it can be very, very, very offensive, language. But … the offence attached is based on the time at which it is used. And we constantly reflect on language, you know and you see some disabled people like, they have, they have regained or taken back the notion of cripple and as a political, am, as a political language, … saying, ‘we, the cripps’, you know ’cause they own, they’re owning that themselves. It’s where the groups use the language themselves, ah, to be political is, is where it is really.²

In the Irish context, the language of disability has changed over time. From the eighteenth to early twentieth centuries, the condition of disability was hidden in a broad spectrum of health disorders, leading to a lack of clarity in terminology. People with cancer, paraplegics and the crippled were grouped together. There was no specific label given to disability and no differentiation made between the congenitally disabled and those suffering from disability caused by disease. ‘Incurable’ was a word used in the press to describe workhouse inmates and others with conditions for whom there was no cure. The lack of distinction in terms of language was reflected in the physical accommodation of such people in institutions. For instance, in Dublin’s Royal Hospital for Incurables people with cancer were kept beside people with permanent disabilities, either congenital (many were described as having paraplegia, various sorts of paralysis, curvature of the spine, loco-motor ataxia, disease of spinal cord) or acquired (chronic rheumatism, various types of tuberculosis, etc.) although it must be pointed out that there was no great effort to differentiate between congenital and acquired forms of disability.

In the Limerick House of Industry, which closed in 1841, the diseases or behavioural conditions of inmates were listed, but although there were twenty-one different categories of health condition listed, there was no attempt to distinguish permanent disability from temporary diseases. Alcoholism, forms of insanity and mental disabilities were all grouped together in the same category. Types of specific physical or sensory disability mentioned among the hospital’s patients included palsy, various degrees of blindness and deafness, paralysis and crippled conditions of various types. There appeared a number of combinations of two or more conditions such as ‘lame and blind’. This lack of distinction between conditions was still evident a century later in 1901 as evident through the classifications listed for the nineteen inmates of

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3 There were many citations of ‘incurables’ in the press including workhouse incurables and the Royal Hospital of Incurables, see Freeman’s Journal, 22 June 1854; 5 January 1861.

4 1911 Census Returns, Residents of House 1.1 Bloomfield Avenue, Pembroke West, Dublin. http://www.census.nationalarchives.ie/reels/nai000122423/ accessed 11 February 2013. Conditions such as Locomotor Ataxia were likely to have been some form of Cerebral Palsy although one can never be sure.


6 Fleming and Logan, Pauper Limerick, pp xxiii-xxxiv.
the Limerick Union Workhouse. The only three specific descriptions were of an eight-year old boy with ‘spine disease’, a nineteen-year old man with a ‘disabled leg’ and a sixty-four year old man with one arm. Similarly in the 1911 census for the city generally, the terminology used to describe disability was equally blunt and direct but also non-specific: blind and lame were words that were used, not giving us any details with respect to the precise conditions that people suffered from.\footnote{Census of Ireland Returns 1911, Residents of House 14.23, Farranshone More, Limerick North, Limerick, \url{http://www.census.nationalarchives.ie/pages/1911/Limerick/Limerick_North/Farranshone_More__Pt_of_/624819/}, accessed 8 February 2013.}

Parallel to this lack of clarity in describing disability was a very sentimental attitude. Throughout the nineteenth and early twentieth centuries writings about disability used language designed to awaken the sympathy of the readers for the disabled person. In 1836, Charles Orpen – the early nineteenth century campaigner for the deaf and dumb – wrote for the \textit{Dublin Penny Journal} a tragic story of a deaf girl, and throughout the work he used words like ‘poor creature’ to attract sympathy.\footnote{\textit{Dublin Penny Journal}, Vol. 4, No. 196, 2 April 1836, p. 316.} Thirty years later, when describing a dramatic and musical performance staged by the female inmates of St. Mary’s Asylum for the Blind, \textit{The Freeman’s Journal} used sentimental language to try to get sympathy for the disabled. These terms included ‘poor afflicted creatures’, ‘poor blind inmates’, ‘the stricken and most afflicted of all God’s creatures.’\footnote{\textit{Freeman’s Journal}, 22 September 1869.} This language was used to attract philanthropic attention and the approach was still used a hundred years later in the 1960s, when an \textit{Irish Times} report on the Central Remedial Clinic described one little boy as follows: ‘He was about six, his sad little body misshapen, his face agonisingly appealing’, and described another as ‘on a couch nearby lay a pale [and] sorrowful-looking.’\footnote{\textit{Irish Times}, 22 August 1967.}

This suggests that the old words to describe disability were used much longer in Britain and Ireland than in the United States. Until the late nineteenth century, words like ‘infirmity’ and ‘afflicted’ were used by Americans for what we now call disability. There the language began to change as eugenics evolved in the early twentieth century, with new words such as ‘handicapped’, ‘retarded’, ‘abnormal’,

\footnote{Irish Times, 22 August 1967.}
‘degenerate’ and ‘defective’ being used to describe disability. The use of the word ‘normal’ was used to describe a person without defects. These terms were used as much in a political as in a health context: the term ‘normal’ was used in the 1850s to distinguish between societies that could look after themselves and ‘abnormal’ societies that needed protection. This thinking had an effect on education, especially the education of the deaf: teachers wanted to forbid the use of sign language in the early twentieth century because they wanted students to be what was perceived as more normal and less like Native American and South African ‘savages’ who were believed to use sign language. The term ‘mental defective’ was commonly used in Ireland in relation to mental disability as early as the 1930s while the use of the word ‘sub-normal’ became common in the 1950s although it had been used infrequently before this time period. When J. G. Cooney wrote about the treatment of the disabled in Ireland in a journal article, he referred to the term ’subnormal’ in the title.

The word ‘handicapped’ was first used in connection with foot-races and competitions involving physical speed or skill and then it became to be applied to social conditions. People who by misfortune or failing were at a competitive disadvantage were said be ‘handicapped in the race for life’ and the term handicapped was now used to refer to anyone who was not able to contribute to society and who could not go out to make a living for themselves, someone who did not have a monetary value. In America, the attitude to immigration was strongly influenced by this and anybody with a disability was prevented from entering the United States as it was felt that they would not be able to contribute. This was reflected in the Irish context half a century later when the Rehabilitation movement concentrated on helping people with disabilities to earn a wage, and contribute to the economy, and so ease the burden on the state. This was reflected by John L. McDowell, chairman of

15 Baynton, “These Painful Days”: The Disability in the Age of Eugenics’, p. 46-47.
16 Ibid.
the Rehabilitation Institution who stated strongly in 1956 that ‘We cannot place a financial assessment on the work we have done to restore people to gainful employment.’\textsuperscript{17} The word ‘burden’ was used in America and Ireland to describe the disabled and many meetings of the Rehabilitation Board featured discussions of how they needed to ensure that there was ‘less of a burden on the public purse.’\textsuperscript{18} At a 1965 meeting of the International Society for the Rehabilitation of the Disabled in Dublin it was acknowledged that the disabled are often viewed as a burden and they stated that ‘No handicapped person wishes to be a burden on any other citizen.’\textsuperscript{19} This sort of language immediately painted them in a bad light. The word ‘retarded’ (describing children who were educationally slower than other children of their age) was very infrequently used in the late nineteenth century but became common in the twentieth century as did the term ‘mentally retarded’: ‘the problem shifted from a mind that was “feeble” to one that could not compete.’\textsuperscript{20} The terms ‘mentally retarded’ and ‘feeble’ were widely used in Ireland in the 1960s. In 1969, Rev. Joseph Barrett S.M.A – who was involved with the intellectually disabled in Lota (Cork) and Kilcornan (Galway) – referred to ‘the mentally retarded’ as ‘the most helpless and pitiable people’, and as ‘difficult, helpless, hopeless cases.’\textsuperscript{21} But he also described the disabled as ‘God’s afflicted ones’, echoing the term in the Irish language that presented the disabled, especially the mentally disabled, as ‘daoine le Dia’ (God’s people). This view was also familiar to the general public: one Limerick interviewee, remembering the 1940s, spoke about how his parents who were very religious thought that their disabled son was an ‘angel’ sent from God to stay with them for a while.\textsuperscript{22}

By the second half of the twentieth century the need to use accurate terms in describing mental disability was being discussed in Ireland at government level. This

\textsuperscript{17} \textit{Irish Times}, 30 Jan 1956.
\textsuperscript{18} \textit{Irish Independent}, 10 Sept 1969.
\textsuperscript{19} \textit{Irish Independent}, 27 Sept 1965.
\textsuperscript{20} Ibid. p. 51.
\textsuperscript{21} Fr. Joe Barrett SMA, was editor of the \textit{African Missionary} in the 1950s. He became Chaplin to the Brothers of Charity in Lota and later he became Chaplin to the Kilcornan centre for the mentally handicapped, also run by the Brothers of Charity. His brother was a journalist for the \textit{Irish Independent} and Fr. Joe himself often contributed articles, many of them relating to institutions for the intellectually disabled, \textit{Irish Independent}, 30 September 1969, \textit{Connacht Tribune}, 7 Aug 1998.
\textsuperscript{22} Tom Keane, interviewed by David Loughnane, 24 July 2012.
was reflected through the establishment of a commission by the Minister for Health in 1962 to study disability services in Ireland. The term ‘educationally subnormal’ referred to anyone whose educational development was retarded. There were also the terms ‘mentally handicapped’ and ‘mentally defective’ which were regarded as synonymous. The description ‘mentally handicapped’ referred to people who were unable to adapt to their environment as a result of incomplete development of the mind while ‘mentally ill’ referred to somebody who was born with a normal mind which broke down due to stress or strain.23

Despite this growing consciousness in official circles about the need for specific terminology, inaccurate terms continued to be used widely in relation to mental disability. For example, the word ‘imbecile’ was still being used in the Dáil in 1962 when Deputy Seamus Dolan TD called on the Minister to ‘do more for imbecile children.’24 In this context the word imbecile was being used in its medical sense to refer to children with mental disabilities. However, it was also used in a derogatory manner in the Dáil by deputies ridiculing other members or proposed legislation.25 In the mid-twentieth century the medical field sought to come up with more specific terms to describe various degrees and conditions of disability, but even medical journals still used the words ‘imbecile’ and ‘idiot’ as late as 1962.26 Like the word ‘spastic’ the word ‘imbecile’ had originally been an authentic medical term which was misused by society and then disowned and classified as not politically correct. Proper names for actual conditions were not used very often by the general public and the term Cerebral Palsy was not used until the very end of the 1940s.27 In fact, until the 1970s, the term ‘spastic’ was frequently used in place of Cerebral Palsy.

23 St. John of God Brothers, service for the mentally handicapped, National Archives, TAOIS. S/16814, July 1962, Details of the Commission to investigate the question of the mentally handicapped in Ireland. The Commission involved experts from across Europe.
There was a society in England known as the Spastic Society of England and the Cork headquarters of the National Association for Cerebral Palsy was situated in what was called the Cork Spastic Clinic.\footnote{Irish Times, 7 January 1965, Kerryman, 29 July 1972.}

The tendency for purely descriptive words to be changed into insults is evident in the case of the word ‘spastic’. By the 1980s, it had come to be used as an insult and gradually was deemed inappropriate. It is difficult to trace exactly how this happened, indeed the word ‘spastic’ represents, in the second decade of the twenty-first century, a far greater taboo in Britain and Ireland than in America where the word ‘spaz’ is seen as a very mild, humorous word.\footnote{The Sword, http://news.bbc.co.uk/2/hi/uk_news/magazine/4902432.stm accessed 10 June 2013.} Many trace the downfall of the word to the appearance of Joey Deacon (introduced as a spastic) on the children’s BBC programme Blue Peter in 1981. Far from inspiring school children it prompted them to adopt the term ‘spastic’ as an insult.\footnote{ibid.} By 1989 the Spastics Society of Great Britain decided that their name was costing them funding and in 1994 the organisation was renamed as Scope: for people with cerebral palsy.\footnote{Scope: for people with cerebral palsy, http://www.scope.org.uk/sites/default/files/pdfs/History/Scope_name_change.pdf accessed 10 June 2013.} A similar development can be seen in relation to the condition known as Down’s Syndrome. In 1961 the Editor of the Lancet opted for this description of the condition previously described as Mongoloid Idiocy.\footnote{Ibid.} The word ‘Mongoloid’ was originally used because children with Down’s Syndrome often had eyes that looked slightly Asian and the racist attitudes of the time made people believe that they were born with Asian features, which also explained their low level of intelligence.\footnote{Erminio Peter Volpe, Patient in the Womb (Macon, 1984), p. 1.} The term ‘mongoloid’ was widely used in the Irish context in the 1960s. In an article in the Irish Press in 1965 the Director of the Army Medical Corps used the word mongoloid and at the same time turned a good news story (i.e. the news that retarded children were living longer) into a bad one: ‘In fifteen or twenty years’ time the mentally retarded adult was going to be the problem.’ He also stated that, ‘in ninety-nine cases out of a
hundred, abnormality was no reflection on the parents’. 34 By the 1960s the Mongolian government was urging the international community to stop the use of the word ‘Mongoloid’ to describe people with this condition and the World Health Organisation agreed in 1965 to drop the word and replace it with the term Down’s Syndrome. 35 Yet the word ‘mongoloid’ was still in use in Ireland until the 1980s even though proper scientific terminology had been adopted for all other conditions. In 1971 the word ‘mongoloid’ appeared in an Irish Independent advertisement looking for a nurse. 36 An article in 1972 spoke about an institute which catered for children with conditions such as ‘cerebral palsy, spastic or athetoid, autistic, epileptic, mongoloid, hyperactive, mentally retarded or emotionally disturbed.’ 37 In an article in the Kerryman in 1976 the term ‘Down’s Syndrome’ was used but was explained in the first line as meaning ‘mongoloid’ and Mary Kenny, the prominent Irish feminist, was still using the word ‘Mongoloid’ as late as 1979. 38 In 1982 the editors of the Irish Press and the Irish Independent were still using the word ‘Mongoloid’ and ‘Mongol’ respectively despite the fact that the doctor featured in the articles used the term ‘Down’s Syndrome.’ 39 The Limerick press did not use the term mongoloid but the term Down Syndrome only became extensively within the newspaper in the mid-1990s. 40

The evolution of terminology to describe individuals with learning disabilities has proved even more complicated. In the United Kingdom, ‘mental handicap’ had become the common medical term, replacing the term ‘mental sub-normality’. The term ‘mental deficiency’ was used until Stephen Dorrell, Secretary of State for Health for the United Kingdom (1995 to 1997) changed the National Health Service’s designation of the term to ‘learning disability’. 41 As in the case of terms used to describe other forms of disability, every word ever devised for this condition

34 Irish Press, 18 September 1964.
37 Irish Press, 10 June 1972.
eventually becomes perceived as an insult and is replaced. Because of the specificity of the term, ‘mentally retarded’ is still in the early twenty-first century used by some of the medical community, largely because the new terms ‘learning difficulty’ or ‘learning disability’ are not as precise as the term ‘mental retardation.’ Recent attempts in America to substitute the term ‘intellectual development disorder’ for ‘mental retardation’ in the 2012 update of the *Diagnostic and Statistical Manual of Mental Disorders* met with a considerable amount of opposition from professionals who argued that the new terms with too vague. Liam Lawlor, former principal of a Limerick school used the term, ‘General learning disability’ to differentiate the condition from ‘Specific learning Disability.’

The word ‘special’ in relation to the education of the disabled is also problematic. It was a word that was sometimes used in the nineteenth century regarding education for those with disabilities. Mary Warnock, the pioneer of education for the disabled and who influenced government policy in the United Kingdom in this regard, popularised the use of the word and the term ‘Special Education’ in the late twentieth century. The word was brought in to replace terms like ‘imbecile’ and was supposed to be a positive term but as one interviewee stated it is now regarded as a negative word which stigmatises pupils, devalues their education and fosters an atmosphere of alienation. A teacher in Limerick explained that students with a mild general learning disability are now uncomfortable with the word ‘special’ and are aware that it is used by other children in a negative way.

The old words such as ‘cripple’ and ‘idiot’, though not now acceptable, clearly differentiated between physical disability and mental impairment, so that in many

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44 Liam Lawlor, interviewed by David Loughnane, 7 May 2012.
47 Declan Bromell, interviewed by David Loughnane, 1 March 2012.
ways language has gone backwards in terms of the detail it gives. However, those favouring the social model of disability – which focused upon the social obstacles faced by disabled people rather than the solely medical implications of their impairment – rejected this medical terminology as an insult to disabled people, believing that by changing the language that describes disability they would improve society and allow disabled people to be accepted.\textsuperscript{48} They did not want disabled individuals to be defined and limited by certain medical labels which had negative connotations. However, even terms such as ‘special’, devised to meet this issue, have become unacceptable. It is all evidence of the ‘euphemism treadmill’ phenomenon.\textsuperscript{49} The same trend is obvious in relation to the term ‘handicapped’ which was once a euphemism for the offensive term ‘crippled’, and when ‘handicapped’ became politically incorrect it was replaced by the euphemism ‘disabled’ and, as we write, ‘disabled’ is falling into disrepute and is often replaced by yet another euphemism, ‘challenged’.

Nonetheless, in all such cases changing language has not resulted in a new world view of the speakers and current research shows that language does not determine how we think about and perceive the world.\textsuperscript{50} Though it was widely used in official sources in the nineteenth century, it seems that it was not until 1981, the Year of the Disabled, that we see the word ‘disability’ used more in Ireland than the term ‘handicapped’.\textsuperscript{51} Not all disability groups appreciated the attempts to replace the old terminology with the language of the new model. Spokespeople for the blind, for instance, condemned the rewording of their disabilities as they thought that this could lead to more harm than good in promoting their image:

This euphemism concerning people or persons who are blind – when used in its recent trendy, politically correct form – does the exact opposite of what it

\textsuperscript{49} Victoria Fromkin, Robert Rodman, Nina Hyams, \textit{An Introduction to Language} (Boston, 2011), p. 34.
\textsuperscript{50} Ibid.
purports to do since it is overly defensive, implies shame instead of true equality, and portrays the blind as touchy and belligerent.  

In the twenty-first century the use of terminology became very important because of the welfare issues and the need to determine the kind of welfare to which people are entitled to. Whereas previously the term ‘disabled’ was an unwanted label, now there are a great many people who seek it out for welfare purposes. In the 1980s and 1990s all around the Western world anti-discrimination legislation took a very broad definition of the term disabled. Legislation defining who could get access to services also led to a broad definition of the term disabled. In western countries such as the United Kingdom and the United States disability is the ‘new welfare’. In recent years the number of persons claiming disability allowance in Ireland has surpassed 100,000 for the first time costing the tax-payer over €1.1 billion annually. In the past many people underplayed minor physical disabilities whereas today they sometimes overplay them. Regarding the present phenomenon of disability welfare fraud in Ireland, O’Brien has highlighted the statistics which underline the problem of the overuse of the label. He cited the fact that the proportion of adults under sixty years of age not working owing to disability has been well above European averages since comparative figures were first collected in 2004. Between 2004 and 2007, the height of the boom era, it was almost twice the euro zone rate, according to unpublished figures obtained from Eurostat. By 2010, the recession had pushed the rate to the highest among the euro zone’s seventeen states. Concluding, O’Brien stated, ‘But the health of Irish people has improved, not deteriorated markedly, over time.’ Recent investigations by the Department of Social Welfare have also led to over twenty per cent of disability allowance payments being terminated. But using a

55 Irish Examiner, 26 Oct 2010.
stigmatising label in order to improve the possibility of receiving assistance is also problematic from the point of view of equality. The parent of a disabled child commented on the situation as follows:

It is very much what category we as a parent of a person with disability, we say that my son has to get a label in order to get help. Am an awful lot of the parents I deal with in the Special Needs Parents’ Association their children are at the beginning of the process and they have no diagnosis. And they don’t get any resources. They don’t exist as a statistic even, which is dreadful to see that there’s a person who needs help and we have to go through a whole process in order to get them help. It’s a … very, very daunting thing to find your child has something that you can’t help them with until you get a label and stick it on that person and that’s what they’re going to be labelled as for the rest of their lives.58

The development of language relating to disability in Limerick was relatively in-line with wider progress but there seemed to be a noticeable lag in the late twentieth century when political correctness became more common. The terms ‘subnormal’ and ‘mentally defective’ were common in the mid-twentieth century Limerick press, the former particularly so in the 1950s and the latter from the 1930s to the 1960s.59 The word ‘retarded’ featured in the local press up until the 2000s although increasingly it was solely as a quote from members of the public.60 The term was not deemed as inappropriate and indeed former Mayor John Gilligan described one his own children as ‘retarded’ in 1993.61 Evidence that the Limerick media was, perhaps, lagging behind global trends with some terminology was made evident in 1998 with a review of the film ‘There’s Something about Mary’, a comedy which featured a character with a learning disability and which lampooned another able-bodied character who used the term ‘retard.’ It was perhaps ironic that the review of the movie in the Limerick Leader made use of the term ‘mentally retarded’ despite the obvious hint from the movie that the term had become risible.62 The word dropped from use in the

58 Eleanor McSherry, interviewed by David Loughnane, June 2010.
61 Limerick Leader, 3 April 1993.
late 2000s in the local press, certainly long after it had completely disappeared elsewhere. The term invalid was in use primarily in the early and mid-twentieth century although, again, the Limerick media were slightly behind the trend to eradicate the term and the word was continuously used until the early 2000s in relation to pilgrimages to Knock or Lourdes.63 ‘Physical disability’ was used intermittently throughout the twentieth century in the press although often in conjunction with the term ‘defective’ or ‘handicapped’ and it was only after 1981 that it became the common term.64 The term ‘imbecile’ was used alternatively as an insult and as a genuine description, more often it was treated as an authentic word in the 1920s and after this it was increasingly used as an insult.65 The term ‘handicapped’ was still commonly used in the 1990s before dying a slow death in the 2000s.66 When 1981 was designated the International Year of the Disabled, this marked a transition and saw increased adoption of the word ‘disabled’. Up to 1980 even members of the Irish Wheelchair Association were making use of the term ‘handicapped’ and the press officer of the association even made use of the term in 1980 when advertising that the following year would be the ‘Year of the Disabled.’67 The use of the word ‘disabled’ instead of ‘handicapped’ in 1981 was noticeable, particularly in relation to the physically disabled.68

Many of the nineteenth century terms for disability became pejorative in the twentieth century although these terms were said to be more precise than more recently introduced terms in diagnosing disability. The older terms were still used by the medical profession but people corrupted the words by misusing them in an insulting fashion as demonstrated in this chapter. As can be seen from the evidence from the newspapers, language changed and terms previously accepted now became insults and were used to downgrade a person. The families of disabled people, however, were never as worried about the terminology and many of the cases of more

67 Limerick Leader; 26 Jan 1980.
68 Limerick Leader; 18, 22, 25 April, 8, 13, 18 July 1981.
recent use of obsolete terms involved the members of family of disabled people. in Limerick Councillor John Gilligan continued to refer to his daughter as ‘retarded’ well into the 1990s and one of the interviewees who contributed to the present study – a mother of two children with cerebral palsy – related how she would not be bothered if somebody referred to her daughter as ‘mentally retarded’ unless there was a ‘nasty’ tone to it.\textsuperscript{69} This trend can also be seen in America where author Buzz Bissinger – in describing his intellectually disabled son – declared in 2012, ‘Why sugar-coat it? My son is mentally retarded.’\textsuperscript{70} The language people used to describe disability can evoke complex feelings of sensitivity. There are no universal terms to describe disability and so this makes the whole issue around language more complicated. The medical profession continue to use the original terms because they are seen as more precise in diagnosing disability while society sees these terms as offensive and not politically correct. Sometimes the changes that needed to be made with respect to service provision for the disabled were forgotten in the argument over language. People were more predisposed to be politically correct and this was especially so with regard to the Year of the Disabled (1981). The decline in the usage of inappropriate terminology to describe disability began in the 1990s and has continued to date.

\textsuperscript{69} Limerick Leader, 3 April 1993, Maura Hayes, interviewed by David Loughnane, 12 May 2011.
Chapter 2: Provision for Disability pre 1920

According to the 1911 census the total population of the midwest region was just under 400,000, of whom 143,000 lived in the county and city of Limerick.\(^1\) A very small proportion of the population was registered as having a disability. For instance, 1.8 per cent, 1.6 per cent and 1.6 per cent of the population in Counties Limerick, Tipperary and Clare respectively had a disability. The number of physically disabled (2,961), as indicated in Tables 1 and 2 below, was slightly higher than the number of mentally disabled (2,906) in the mid-west region.\(^2\)

<table>
<thead>
<tr>
<th>Location</th>
<th>Deaf, Dumb, Blind</th>
<th>Mental Disability</th>
<th>Physical Disability</th>
<th>Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co. Limerick</td>
<td>316</td>
<td>998</td>
<td>1279</td>
<td>143,069</td>
</tr>
<tr>
<td>Co. Clare</td>
<td>236</td>
<td>796</td>
<td>607</td>
<td>104,232</td>
</tr>
<tr>
<td>Co. Tipperary</td>
<td>302</td>
<td>1112</td>
<td>1075</td>
<td>152,433</td>
</tr>
<tr>
<td>Mid-west Region</td>
<td>854</td>
<td>2906</td>
<td>2961</td>
<td>399,734</td>
</tr>
</tbody>
</table>

As suggested by the following table, physical disability was marginally more common than mental illness in the mid-west region, but there was a significant county variation of the proportion of the population having specific types of disability. Co. Limerick had the highest number of physically disabled, but mental

\(^1\) The total population of the region was 399,734, with 143,069, 104,232 and 152,433 in Counties Limerick, Clare and Tipperary respectively. There were 313 physically disabled people living at home in Limerick in 1911. This compared to 822 in the workhouse hospital. This meant that there were significantly more in institutions such as the workhouse. There was an additional twenty three in the military hospital and 121 in the infirmary. The number of mentally ill placed in asylums was 672, 469 and 824 in Limerick, Clare and Tipperary respectively. The number of mentally ill not in asylums was 326, 327 and 288 in Limerick, Clare and Tipperary respectively. In Limerick, 24.5 per cent of those physically ill lived at home, 64.3 per cent in the workhouse hospital, 1.7 per cent in the military hospital, 9.5 per cent in the infirmary. In Clare, 37.9 per cent of the physically ill lived at home, 57.2 per cent in the workhouse hospital and 4.9 per cent in the infirmary. In Tipperary 32.3 per cent of the physically ill lived at home, 64.1 per cent in the workhouse hospital, 1.5 per cent in the military hospital and 2.1 per cent in the infirmary.

\(^2\) Census of Ireland, 1911, Area, houses, and population: also the ages, civil or conjugal condition, occupations, birthplaces, religions, and education of the people. Province of Munster, H.C., 1912-13 CXV [Cd.6050] 118.
illness was more prominent in Clare and Tipperary. The proportion of deaf, dumb and blind was small and did not vary much between the counties in the mid-west region.

Table 2: Percentage of Population with Disability in the mid-west region 1911

<table>
<thead>
<tr>
<th></th>
<th>Deaf, Dumb, Blind</th>
<th>Mental</th>
<th>Physical</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co. Limerick</td>
<td>0.2</td>
<td>0.6</td>
<td>0.2</td>
<td>0.04</td>
</tr>
<tr>
<td>Co. Clare</td>
<td>0.2</td>
<td>0.6</td>
<td>0.2</td>
<td>0.04</td>
</tr>
<tr>
<td>Co. Tipperary</td>
<td>0.2</td>
<td>0.6</td>
<td>0.2</td>
<td>0.04</td>
</tr>
<tr>
<td>Mid-West Region</td>
<td>0.2</td>
<td>0.6</td>
<td>0.2</td>
<td>0.04</td>
</tr>
</tbody>
</table>

As illustrated in Table 3 below, the age profile of the mentally ill was broadly similar in Counties Limerick and Tipperary, with the majority of those categorised in this way being between the ages of twenty-five and sixty-five. However, in Co. Clare, a higher proportion of mentally ill were aged over sixty-five years. A very low proportion of children were classified with a mental illness. One explanation for this may have been the lack of diagnosis of mental illnesses in children.³

Table 3: Place of confinement of disabled individual in the mid-west 1911.

<table>
<thead>
<tr>
<th></th>
<th>In Asylum</th>
<th>Not in Asylum</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co. Limerick</td>
<td>672</td>
<td>326</td>
<td>998</td>
</tr>
<tr>
<td>Co. Clare</td>
<td>469</td>
<td>327</td>
<td>796</td>
</tr>
<tr>
<td>Co. Tipperary</td>
<td>824</td>
<td>288</td>
<td>1112</td>
</tr>
<tr>
<td>Mid-West Region</td>
<td>1965</td>
<td>941</td>
<td>2906</td>
</tr>
</tbody>
</table>

³ Census of Ireland, 1911, Area, houses, and population: also the ages, civil or conjugal condition, occupations, birthplaces, religions, and education of the people. Province of Munster, H.C., 1912-13 CXV [Cd.6050] 118.
In contrast, the age profile of physical disability varied significantly by county. This is seen in Table 4 below, which shows that in Co. Limerick a significant proportion (thirty-two per cent) of the physically disabled was over the age of sixty-five. Conversely, in Co. Clare, physical disability was more common among those aged between twenty-five and fifty-five. According to the Census of Population, a very small number of those aged under fifteen years had a physical disability. In Co. Tipperary, thirty-six per cent of those with a physical disability were persons over the age of sixty-five, with lower rates of physical disability in other age categories.

Table 4: Age Profile of Physical Illness in the mid-west region, 1911

By 1911, just under one-third of all people registered with a disability in the mid-west region were resident in their own homes and voluntary and religious institutions had taken over the care of the disabled. The vast majority of physically disabled people seem to have been institutionalised within workhouse hospitals in 1911. As Table 3

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4 Census of Ireland, 1911, Area, houses, and population: also the ages, civil or conjugal condition, occupations, birthplaces, religions, and education of the people. Province of Munster, H.C., 1912-13 CXV [Cd.6050] 118.
below indicates, of the 1,279 individuals who were listed as having various forms of disability, just a quarter lived at home, with the remainder in various institutions.

Table 5: Residential Setting of Persons with a Physical Disability in the mid-west region, 1911

As can be seen from Table 5, there were subtle differences in the rate of institutionalisation between Counties Limerick, Clare and Tipperary. Despite the workhouse being the most prominent residential setting for the disabled, the home was also important. The number of disabled within military hospitals (39) is insignificant. The number in general hospitals was slightly higher (174), with the majority of patients located in Co. Limerick (121).

In the early twentieth century, there was a high rate of institutionalisation for the mentally ill, with most mentally disabled individuals being placed within an asylum rather than being cared for at home. As shown in Table 6 below, Co. Tipperary had the highest proportion in the mid-west region, in both absolute and relative terms, of mentally ill resident within asylums. It must be remembered that the term mental

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5 Census of Ireland, 1911, Area, houses, and population: also the ages, civil or conjugal condition, occupations, birthplaces, religions, and education of the people. Province of Munster. H.C., 1912-13 CXV [Cd.6050] 118.
6 Ibid.
disability encompassed a wide range of conditions. For example, epilepsy was considered a mental illness in 1911.

The provision for disability in the nineteenth century was very limited, and was largely in the workhouses, lunatic asylums and in a few philanthropic institutions. Blindness was one of the few disabilities in Ireland for which there was substantial provision in the nineteenth century. This is reflected in the decline in the numbers of blind individuals over the period, and especially from 1851 onwards, as seen in Table 7.7

**Table 7: Numbers of blind in Ireland 1851-1911**

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7 Census of Ireland, 1851, 1861, 1871, 1881, 1891, 1901 and 1911.
The trade directories and census abstracts give ample detail of the philanthropic institutions and bodies in the Limerick area in the nineteenth century. Apart from the Blind Asylum, however, there were no such bodies which catered for people with a specific disability. Rather they focused on material poverty and religious instruction.\(^8\)

The Limerick Blind Female Asylum was one of the few examples of an early institution that specifically catered for a disability group. But the majority of other disabled people in Limerick during this period resided in the House of Industry or the Limerick Workhouse. Disability was therefore hidden behind a broad spectrum of health disorders.\(^9\) Conditions in the House of Industry were very bad and there were reports of some of the inmates being chained, there was no resident doctor or chaplain, and inmates had to rely on the voluntary efforts of physicians and clergymen.\(^10\) People resident in the House of Industry in Limerick (1774-1842), had one or more diseases or behavioural conditions, the categorisations including ‘bad disorder,  pox’, ‘blind boy’, ‘cripple’, ‘fool’, ‘foolish’, ‘strolling fool’, ‘idiot’, ‘insane’, ‘mad’, ‘lunatic’, ‘out of her senses’ or ‘drunkard’.\(^11\) Overall there were twenty-one different categories of medical condition. Permanent disability was not

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sub-divided into specific categories. Alcoholism, forms of insanity and mental disabilities were all categorised together. Types of specific physical or sensory disability mentioned included palsy, various degrees of blindness and deafness, paralysis and crippled states of various descriptions. There were a number of combinations of two or more conditions such as lameness and blindness.

The successor to the House of Industry, the Limerick Workhouse, continued along the same lines. In the very early years of the Poor Law in Ireland, it appeared that many workhouses had numerous disabled people and evidence from Cork, at least, indicates that in 1843 a very large number of inmates may have been disabled.\(^2\) Regarding Limerick, O’Mahony stated that, ‘In the years before the Famine able-bodied men were rarely found in the workhouse.’\(^3\) In the workhouse there was no effort to rehabilitate or educate any person with a disability, in fact the odds were that a disabled person in the workhouse would become more disabled over time, or contract a debilitating disease such as ophthalmia.\(^4\)

One of the main obstacles faced by philanthropic institutions was denominational rivalry which resulted in the duplication of support services for the disabled throughout Ireland. In the tense sectarian atmosphere of the 1840s, accusations of

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\(^3\) Unmarried mothers, orphans or people were the majority of the inmates, Chris O’Mahony, ‘The poor law comes to Limerick’, *Old Limerick Journal*, Vol. 6, 1981, p. 20.

\(^4\) Damien Moane, The Limerick Workhouse 1841-61 (unpublished Master thesis, Mary Immaculate college, 2002), p. 182; Census of Ireland Returns, 1901, Residents of house 1000 in Spital-land, Limerick South Rural, [http://www.census.nationalarchives.ie/pages/1901/Limerick/Limerick_South/Spital_land/1496158/ accessed 14 June 2013](http://www.census.nationalarchives.ie/pages/1901/Limerick/Limerick_South/Spital_land/1496158/); Census of Ireland Returns, 1911, Residents of house 9.3 in Spital-Land, Limerick South Rural, [http://www.census.nationalarchives.ie/pages/1911/Limerick/Limerick_South_Rural/Spital_Land__Pt_of_/624837/ accessed 14 June 2013](http://www.census.nationalarchives.ie/pages/1911/Limerick/Limerick_South_Rural/Spital_Land__Pt_of_/624837/); June Cooper, ‘Children and the Falling Sickness, Ireland, 1850-1904’, Anne McClennan and Alice Mauger, (eds.), *Growing Pains, Childhood Illness in Ireland, 1750-1950* (Dublin, 2013), p. 96. The only institution catering on a large scale for mental disability was the Lunatic Asylum, opened in 1827. In total the Limerick Lunatic Asylum in 1901 housed nine people described as having congenital mental deficiency, three as having congenital mental deficiency with epilepsy and five with mania epilepsy. In 1911 it had four inmates described as imbeciles, one idiot, two epileptics, one epileptic with insanity, one with congenital mental deficiency with epilepsy and ten with congenital mental deficiency. There were numerous cases of epilepsy in Ennis District Asylum, along with many physically and intellectually disabled people. Epileptics were unwanted in asylums or workhouses because neither such institution had the staff to cope. Nevertheless, many epileptics ended up in these institutions in any case as there was nowhere else to go.
proselytism were constantly levelled at members of rival religions who attempted to provide for the disabled. This was evident both in England and Ireland, Ulster being particularly noted for sectarian competition between different philanthropic groups.\textsuperscript{15} When Dr. Charles Orpen set up the Claremont Institution for deaf children in Dublin in 1816, it catered for all denominations but there were some objections from Catholic parents due to the fact that they were not happy sending their children to a Protestant Institute.\textsuperscript{16} The Claremont Institution was the only institution that educated the deaf at this time and Catholics out of necessity had to send their children to the institution because there was no alternative option for them.\textsuperscript{17} The Claremont Institution was the target of Catholic suspicion in this way. In May 1850 Daniel O'Connell's son, John, claimed that he knew of instances where Catholic children had their minds poisoned within this institution, to such an extent that they believed that their parents were burning in hell because they were Papists.\textsuperscript{18} It was thought that many children who were sent to the Claremont Institution returned home with anti-Catholic feelings and one story was relayed to the Loyal National Repeal Association by Fr. Brendan in 1850 of how he had encountered a deaf boy in Limerick who acted towards him with hostility and produced a medal inscribed with the words ‘thus do you keep a padlock on the Bible.’\textsuperscript{19} Whilst there was no proof it was felt that the boy had been in Claremont. Even if the reports were false, the fear of proselytism motivated Catholics to support and fund a Catholic rival to the Claremont Institution – the new Catholic Institution for the Deaf and Dumb.\textsuperscript{20} By 1850 the success of the Catholic Institution seems to have undermined Claremont in terms of both finance and applications for admission and some existing pupils had to be sent home.\textsuperscript{21} By the late nineteenth century a facility to cater for deaf Catholic children had been

\textsuperscript{18} Freeman's Journal, 14, 25 May 1850.
\textsuperscript{19} Freeman's Journal, 14 May 1850.
\textsuperscript{20} Freeman's Journal, 24 May 1850.
\textsuperscript{21} Nenagh Guardian, 6 April 1850.
provided in Dublin in St. Mary’s School for Catholic Deaf Girls (1846) and St. Joseph’s School for Catholic Deaf Boys (1857), and by the 1911 census only Church of Ireland children were attending the Claremont School.22

The same religious exclusiveness was evident in the education of the physically disabled. Such provision was largely in the hands of protestant bodies and organisations, and the first such institution was the Bray Protestant Cripples’ Home, set up in 1874 by Mrs Lucinda Sullivan.23 It is unclear whether the home admitted only Church of Ireland applicants or whether children converted after admission, but according to the 1911 census returns all of the children at the institute were members of the Church of Ireland.24 In the early twentieth century, sectarian rivalry surfaced when, there were moves to establish Catholic Children’s Cripples’ Homes to counteract the allegedly proselytising activities of the existing Cripples’ Institutes in Bray and Belfast.25 The Belfast Cripples’ Institute was only one of many charitable organisations in late nineteenth century Belfast that were officially non-sectarian but in reality were devoid of Catholic input and had a ‘religious mission.’26 The 1911 census shows that the Bray and Belfast Cripples’ Institutes were completely Protestant apart from one inmate in the Belfast Institute.27 The Day and Industrial School and Lending library for the Blind, in Marlborough Street was non-sectarian. There was a Sunday School affiliated with the Institute but this was opened on the suggestion of a Roman Catholic. There was some Protestant elements to the Institute and the Bible was regularly read to the men. However, they kept their school separate

23 Irish Times, 15 March 1913.
24 Census of Ireland Returns, 1911, residents of house 9.3 New Dargle Road, Bray, County Wicklow, http://www.census.nationalarchives.ie/pages/1911/Wicklow/Bray_No_1/New_Dargle_Road/891390/ accessed 1 July 2013.
25 The Irish Times, 8 February 1913.
26 Nicholas Acheson, Brian Harvey, Jimmy Kearney & Arthur Williamson, Two paths one purpose: voluntary action in Ireland, North and South (Dublin 2004), p. 17.
from the Molyneux Asylum which had a completely Protestant ethos.\textsuperscript{28} Catholic Institutions tended not to have Bible reading whereas Protestant ones did.

Hospitals for the treatment of ‘incurables’ were also affected by denominational rivalry. Some hospitals had a charter which specifically stipulated a Protestant ethos, for example the Cork Home for Protestant Incurables which did not have a single Catholic patient in 1901, furthermore all advertisements for job vacancies stipulated that applicants had to be Protestant.\textsuperscript{29} The Catholic, St. Patrick’s Hospital for Incurables in Cork contained, unsurprisingly, only Catholic inmates although there was a Protestant nurse working there in 1911.\textsuperscript{30} The Royal Hospital for Incurables in Dublin was an exception in that it deliberately avoided religious division. Religious personnel were allowed to be involved in the running of the hospital but were not allowed to discuss religious matters with anybody of a different religion. According to the dictates set out by the 1886 Charter of the Hospital, no religious service, address or sacred music could be performed in any of the wards, and all religious ceremonies had to be performed in private.\textsuperscript{31}

In Limerick there is less clear evidence of tensions between the Catholic and non-Catholic populations when it came to caring for those in need, though it is true that Protestant, and indeed all non-religious, nurses were being slowly pushed out by nurses who were attached to the religious orders in Limerick.\textsuperscript{32}

\textsuperscript{28} Irish Times, 15 Sep 1864.
\textsuperscript{30} Census of Ireland Returns, 1911, residents of house 37.2 Wellington Road, Cork no. 3 urban, Cork, http://www.census.nationalarchives.ie/pages/1911/Cork/Cork_No__3_Urban/Wellington_Road__part_of_/387380/ accessed 2 July 2013.
\textsuperscript{31} National Archives, Royal Hospital for incurables, Supplemental 1886 Charter, point 19, Pres/1/P4237, 1949.
\textsuperscript{32} Caitriona Clear, Nuns in nineteenth century Ireland (Dublin, 1987), pp 132-133.
Chapter 3: From religious orders to voluntary groups

It is ironic that there is more detail available on the numbers of disabled in Ireland in the nineteenth century than following the foundation of the new state. There was no information in the 1926 census about disability. Stranger indeed is the fact that there was no inquiry made by census commissioners into disability for the entire twentieth century. It is not until the 1960s that there is any estimate of the numbers of disabled: according to the *Report of the commission of inquiry on mental handicap* (1965). There were an estimated 2,750 severely handicapped in the country: 1,400 moderately mentally handicapped children; 5,000 mildly mentally handicapped children; and 8,000 moderately and mildly mentally handicapped adults. These numbers were used for planning future targets for the provision of facilities for mentally handicapped patients. In 1966, there were 3,628 people in special residential institutions for the mentally handicapped. But the provisions were limited: all of the places in institutions were full and there was a long waiting list. It was also estimated that out of 9,200 mentally handicapped adults, only 3,500 received the Disabled Persons’ Maintenance Allowance. ¹

How had provision for the disabled evolved over the previous decades? In general, the mainly Catholic controlled twentieth century institutions for the disabled originated in the nineteenth century as a response to Protestant dominance in this area. By the late nineteenth century the efficient and cost-friendly option of the Catholic vocational orders was beginning to gain the upper hand on their Protestant counterparts and even the government began to favour the Catholic orders. The commissioners of the 1889 inquiry into the Blind, Deaf and Dumb commented that,

> It must be borne in mind that as regards the Catholic population of Ireland there exists in the religious orders a machinery peculiarly favourable for making the institutions successful. The Commissioners at their visits to Cabra, Merrion and

Cork were much struck by this, and they have evidence that the same machinery may be applied to the industrial training of the blind, &c. in Ireland.2

Archbishop Walsh, when asked by the 1889 commissioners if religious orders would be suitable for running institutions replied,

No Misgivings need be entertained on this score. As regards the Catholic side of the question – and of course on this point I can speak only for the Catholic side – our resources in this respect are practically unlimited.3

The encroachment of the Catholic institutions was part of a wider phenomenon and reflected how increasingly prosperous post-famine Catholic Ireland wanted social provisions for themselves. The Mayor of Limerick in 1860 commented, during a plea for the presence of the Sisters of Mercy in the Limerick workhouse, whether ‘if it pleased Providence to afflict him with sickness, if he wanted a nurse, would he treat with a mercenary one when he could find one to attend him for love alone.4

The Catholic Church started education for Catholic deaf children in 1846 with the opening of St. Mary’s school for deaf girls. The religious orders played a key role in setting up St. Mary’s, and copied methods that were used by the same orders in France.5 The education of the blind was also provided by religious orders in the latter part of the nineteenth century.6 Schools for deaf mutes were established at Cabra, Dublin by the Irish Christian Brothers and the Dominican Sisters; St. Mary’s Blind Asylum in Dublin was run by the Sisters of Charity, and a school for deaf boys was opened by a community of Carmelite Brothers in Dublin shortly after 1870.7 In Limerick, however there were no such institutions for the deaf until the late 1970s and all deaf children were required to travel to Dublin for an education.

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2 Report of the Royal Commission on the Blind, the Deaf and Dumb, &c., of the United Kingdom 1889, p. 115, [C.5781-I] [C.5781-II] [C.5781-III].
3 Ibid
4 Caitriona Clear, Nuns in nineteenth century Ireland, p. 131.
Local authorities were equally dependent on the provision of services by denominational groups. The Coole Institute in County Westmeath, for instance, was seen from its establishment in 1916 as a place to which Boards of Guardians could send crippled boys as workhouses were not able to train them. 8 Voluntary groups continued this work after 1920 in both states on the island. In Belfast voluntary charitable bodies were overrun by requests for help in the 1920s. The Ingham Mission for the Deaf, originally a Presbyterian initiative, continued to be the sole provider of sign language interpreting until 1994, while the Cripples’ Institute, founded in 1874 continued to function as the Incorporated Cripples' Institute until 1989 and then became the Northern Ireland Institute for the Disabled. 9

When the new state was established, the role of individual bishops in setting up provisions to care for the disabled in their dioceses was vital. Half a century after Archbishop Walsh’s evidence, Archbishop Charles McQuaid was equally concerned to develop services for the disabled. From his appointment as a bishop, McQuaid got involved with health and social service initiatives. He was the chairperson of Mater, Jervis Street, the National Maternity and St. Michael’s hospitals. He was actively involved in the establishment of Our Lady’s Hospital for Sick Children in Crumlim (opened 1956.) McQuaid made sure that the hospital had the best equipment for the treatment of sick children. Services for the mentally and physically handicapped were also improved whilst he was the archbishop of Dublin. 10 He was President of the Catholic Institute for the Deaf and in 1956 he was responsible for inviting the Daughters of the Cross of Liege to establish a school for deaf boys aged between three and ten years in Beechpark, Stillorgan, Co. Dublin. 11

In institutions run by religious orders, the system was sometimes derived from the institutions run by the same order in Britain or on the continent. The Coole Institute for Crippled Boys, for example, which was set up by the Daughters of Charity in 1916 which was one of the only examples of Catholic religious orders catering for the

8 *Irish Times*, 25 July 1933.
physically disabled, was modelled directly on similar institutions run by the Daughters of Charity in Britain. The first aim was to teach religion to the boys and the second aim was to make them self-reliant. In this case the local Bishop was not the principle reason why the Coole Institute was set up, instead a local Catholic woman, Teresa Dease, took charge of the proceeds of a will of £6,000 in 1916. Whilst the bishop did not initiate the project, however, he was instrumental in getting the religious order in question to undertake the project.

The real beginning of provision for the mentally disabled (seen earlier in the century) continued in this area. Limerick was no exception. The first order that came to Limerick to deal specifically with the mentally disabled was the congregation of the Daughters of Charity of St. Vincent de Paul, who had been founded in nineteenth century France by Vincent de Paul and Louise de Marillac. This order came to Limerick in 1952, invited by the bishop and the Minister for Health to fill a shortfall in the area of services for the mentally handicapped. The Minister for Health, Dr Ryan opened Woodstown House in 1952. The house was situated on one hundred acres of wooded land and it was easily accessible by rail and bus services – very important in putting it in the reach of families without private transport. The order was already in Dublin fulfilling this role after turning a workhouse into a the St. Vincent’s Centre for the mentally handicapped and in Limerick they settled in Annacotty after looking at accommodation in Croom and at Plassey House (now on the grounds of the University of Limerick).

The same pattern of invitation by the Catholic bishop and the civic authorities was evident two decades later in the case of the Brothers of Charity. Founded in Belgium in 1807, they arrived in Ireland in 1883 and by 1938 they began to develop services

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12 *Irish Times*, 30 October 1917.
13 *Irish Times*, 25 July 1933.
14 St. Joseph’s Orthopaedic Hospital, Coole, Westmeath, http://wiki.answers.com/Q/ St_josephs_hospital_coole_co_westmeath accessed 02/7/2012.
16 *The Irish Independent*, 27 May 1952.
17 Limerick Leader, 10 May 1952.
18 Sister Sheila Ryan, interviewed by David Loughnane, 2 Feb 2012; Landed Estates Database, NUI Galway, http://landedestates.nuigalway.ie/LandedEstates/jsp/estate-show.jsp?id=2314, accessed 24 May 2013. Woodstown House was built by the Bannatyne family in the early twentieth century and their relatives the Goodbody family lived there until the house was taken over by the Sisters of Mercy.
for disabled people, followed by the provision of education and medical care. The order arrived in Limerick in 1971 at the request of the Limerick Health Authority and the Catholic Bishop, Dr. Henry Murphy. They began working in an assessment and advisory role at first before construction work commenced on the Bawnmore site in 1974 and the centre was opened in 1978. The idea was that the order would provide care for adults who were mentally disabled. They set up an advisory assessment service in the city centre location of Pery Square, followed in April 1973 by the establishment of a short term residential care unit in Clare Haven on the Ennis Road. There was some expansion within the mid-west over the next two years, so that in June 1974 the Brothers of Charity extended their services to Ennis with the setting up of a five day residential hostel which accommodated up to twelve children from the West Clare area, whose homes were too remote to allow them to return home each evening. There was a real struggle to open the Bawnmore centre as the funding required was hard to come by during the economic crisis of the mid-1970s. The Department of Health provided funding for the essentials but there was still a need for fund raising for the extras like holidays.

Co-operation between Catholic bishop and religious orders in the 1970s also shaped the setting up schools for disabled children. This time the religious order involved was the long established Mercy Sisters and the school established was geared to cater for children with mild learning disability. At the request of the Catholic Bishop, Dr Murphy, two Mercy Nuns, Sister Killian and Sister Providence (later known as Sister Mary) opened a small two class school adjacent to St. John’s primary school in 1962. The expansion of the school (called Catherine McAuley School to make clear its roots in the Mercy Order) continued over the following decade: in 1970 it relocated to the grounds of another Mercy school in the working class suburb of

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22 Limerick Leader, 17 April 1976.
24 Limerick Leader, 9 May, 24 Sept 1962; Liam Lawlor, interviewed by David Loughnane, 7 May 2012.
Rosbrien where they now had five classrooms to work with.\textsuperscript{25} In 1979 the school again relocated, this time to purpose-built accommodation beside Westbourne Convent where they progressed to ten classrooms and ten teachers, and with a catchment area including most of County Limerick, as well as some of Clare and Tipperary, as far as Killaloe and Newport.\textsuperscript{26}

Despite the continued role of religious orders in providing care for the disabled in Limerick, there was from the 1950s onwards a new emphasis on such provision by bodies established and run by lay people. The school linked with St. Michael’s House in Dublin (established in 1956) was, in fact, non-denominational and in its administrative structures ensured that there was a mix of parents and non-parents on the board of management. This meant that parents had their say about management decisions. Whilst they adopted a non-denominational stance, officially they were registered as a Catholic school for practical purposes and they often required clerical permission and assistance for key stages in their development.\textsuperscript{27} In Limerick St. Gabriel’s was a similar example of an organisation – and later school – run by lay people, although the involvement of the clergy of all denominations was noted in the early development of the body.\textsuperscript{28}

The role of epidemics in this development was very important, as public awareness of the needs of the disabled grew. This growing awareness originated in the drive against tuberculosis in the 1940s and the increasing prevalence of polio in the 1940s and 1950s, especially the polio epidemic of 1956.\textsuperscript{29} Although the Irish Red Cross Society was involved in helping families affected by tuberculosis in the late 1940s and corresponded with the local authorities throughout the island regarding matters such as increasing remuneration for families affected by the disease, the first non-Church body established specifically to meet the needs of those who had tuberculosis

\textsuperscript{25} Limerick Leader, 31 Oct, 10 Jan 1970; Liam Lawlor, interviewed by David Loughnane, 7 May 2012.

\textsuperscript{26} Liam Lawlor, interviewed by David Loughnane, 7 May 2012.

\textsuperscript{27} ‘Tribute to Declan Costello’, St. Michael’s House Newsletter, Summer 2011, pp 4-5.

\textsuperscript{28} Limerick Leader, 24 May 1961.

was the Rehabilitation Institute in Dublin in 1949. This was followed two years later in 1951 with the setting up of the Central Remedial Clinic in Dublin to care for those who were left disabled as a result of polio, and in 1952 by the Polio Fellowship of Ireland in Cork. The previous epidemics of polio had prompted Goulding to set up the CRC but they were unprepared for impact of the 1956 epidemic.

There were 1,700 people in the Republic of Ireland suffering from Polio in 1955. Although the numbers affected by the disease were high, the epidemic in Ireland was not as bad as it had been in other countries as in the United States where fear of polio was second only to fear of atom bombs. The outbreak of polio was especially severe in the Dublin and Cork areas and it may be the scale of the epidemic that brought the wider population, rather than religious orders and the Catholic church, into involvement in the care of those affected.

Polio was nicknamed ‘The crippler’ as many people who contracted polio were condemned to life in an institution. We can see why it was called ‘the crippler’ as various newspaper advertisements had depictions of Little Willie (including the Limerick Leader). Little Willie contracted polio shortly after being born and it affected the muscles in his legs. Willie’s mother was unmarried and he was left with the Sisters of Charity and he became the symbol of polio in Ireland. Willie was brought out to raise money on big occasions in order to help with the fundraising of a new hospital in Baldoyle, which was later nicknamed the ‘Little Willie’ hospital. Limerick was not affected to the same extent as other parts of the country,

31 Poliomyelitis is a highly infectious disease caused by a virus that is spread through person-to-person or faecal-oral contact. The initial symptoms are like the common cold. The effects of the disease range from mild to severe, from a minor transient illness to extensive long-term paralysis and even death. The virus invades the nervous system and can cause total paralysis within a matter of hours. The country placed all the resources it had at the time into fighting the disease. The vast majority of cases produce very mild or no symptoms and these usually go unrecognised. There was no explanation why only a small percentage led to paralysis. Laurence Geary, The 1956 Polio Epidemic in Cork, History Ireland, Vol. 14, No.3 (May-Jun., 2006), 34-37; Vaccine Ethics, http://www.vaccineethics.org/salk_polio/pre1955_D.php access 5 Mar 2013.
32 Polio was first described as ‘The Crippler’ in a film titled ‘In Daily Battle’ which was part of an American polio awareness campaign, Vaccine Ethics, http://www.vaccineethics.org/salk_polio/pre1955_D.php accessed 5 Mar 2013.
33 Irish Independent, 8 Nov 1963. Willie was described as the little boy whose ‘pathetic figure when only a few years old helped the appeals to raise the money to build a hospital for 120 boys and girls in Baldoyle.’
particularly Cork and Dublin, during the 1950s polio epidemic. There was only one severe case of polio in 1957, with an Englishman who arrived into the city two days prior to his death. But public concern was great: parents were advised strongly to have their children vaccinated against the disease and the local newspapers published information on the progress of the epidemic in Cork and Dublin and promoted activities in support of the ‘Little Willie Fund’.

The geographic limitations of the Central Remedial Clinic in the early days of its existence were obvious since these facilities really benefitted those who lived in the south and west of Dublin – where the early provisions for cerebral palsy and intellectual disability were also located – and the disabled living in the country outside Dublin were paid little or no attention. The Clinic publicised the need for the establishment of special centres in Limerick, Cork and Galway, with the latest orthopaedic equipment and specialists. Therefore, over the course of the next decade the Central Remedial Clinic formed committees all over the country to extend the work of the clinic in Dublin. Limerick was included in this network early on, as a post-polio clinic was set up there in 1954. Lady Valerie Goulding, chairperson of the Central Remedial Clinic Dublin attended a public meeting at the Chamber of

[34] _Limerick Leader_, 17, 21 May 1958.
Commerce in Limerick to discuss the fight against polio. The Mayor of Limerick, Alderman G E Russell opened the meeting by praising the clinic for doing excellent work in assisting people, both young and old, who were victims of polio. The mayor wanted a branch of the CRC to be established in Limerick, The main aim of the clinic was to provide after care for people with chronic polio and general hospitals could not provide indefinite treatment. The clinic requested no fees for treatment. When the clinic first opened, it was a located in a small room and could only be accessed by climbing three flights of stairs. Subsequently, the clinic moved to Prospect Hall in Dublin. This building had large rooms, which had been adapted in order to treat patients. Despite receiving funds from benefactors the central remedial clinic was heavily in debt due to the costs associated with the movement and the purchase of new equipment. At the meeting it was decided to establish a committee, with the mayor as chairperson, to organise fundraising initiative in Limerick for the Central Remedial Clinic.36

The polio fellowship of Ireland planned to launch a scheme for the rehabilitation of polio victims in Ireland at a cost of £86,000. The site was Our Lady of Lourdes Hospital, Dun Laoghaire which was previously a TB hospital. The details were told to the Limerick Polio Fellowship, of which Lord Dunraven was president. The centre would assess victims and provide vocational training. There are about 300 polio victims in the country.37 The Polio Fellowship also helped polio sufferers to gain employment. For instance, a number were employed by Shannon Airport. Other patients were provided with type-writers, sewing machines and radios (for educational purposes). Furthermore, a fourteen year old boy was provided with a motorised wheel-chair and free tuition as he was unable to attend a mainstream school.38

There was a decline in the incidence of polio and tuberculosis from the 1960s onwards.39 TB was declining by 1960 and 1,500 people had been rehabilitated.

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36 *Limerick Leader*, 4 September 1954.
38 *Limerick Leader*, 14 April 1962.
Charles Crabtree said that the Limerick Branch of the Rehabilitation Institute was turning its attention to other forms of disability. The institution’s aim was to have a residential centre in which polio cases and other disabled people could be trained to be self-sufficient.\(^\text{40}\) Therefore, organisations originally established to deal with the results of tuberculosis and polio began to cater for a much wider range of conditions such as cerebral palsy, spina bifida and muscular dystrophy, conditions that were congenital. This was the case with the Rehabilitation Institute. It was founded as a voluntary organisation in 1949.\(^\text{41}\) The main objective of the Rehabilitation Institute was to rehabilitate people who, as a result of an accident or other untoward circumstances, had to give up work, and to help engage them into gainful employment. The Rehabilitation Institute did not have the physical or financial resources to cater for all patients. They were other organisations (examples include the Red Cross, Limerick Handicapped Committee and Central Remedial Clinic) at this time, were developed to deal with epidemics such as tuberculosis but their constitution did not make them stick rigidly to the care of ex-tuberculosis patients and in reality they also dealt with individuals who were deaf or who had been affected by polio.\(^\text{42}\)

The Irish Red Cross Society were involved in helping families affected by TB in the late 1940s and were corresponding with the local authorities regarding matters such as increasing remuneration for families affected by TB.\(^\text{43}\) National Rehabilitation Board in 1967 took over from the National Organisation for Rehabilitation.\(^\text{44}\) In 1967 the Minister for Health reconstituted the National Organisation for Rehabilitation as a corporate body and renamed it the Rehabilitation Board. The government was taking over these independent bodies.\(^\text{45}\) In Limerick there was a new Rehabilitation Institute which opened on the site of the old Thomond Laundry in 1973. It provided accommodation and training opportunities for forty-five mentally and physically handicapped people. This institute would help the handicapped people to get work

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\(^{40}\) *Irish Independent*, 16 Nov 1960.


\(^{42}\) *Irish Times*, 30 January 1956.

\(^{43}\) Limerick City Museum, Object Identifier: 1987.3285.


\(^{45}\) *The Irish Times*, Dec 23 1967.
and also to lead independent lives. There was a need for such a centre in Limerick.\textsuperscript{46} The centre provided training in garment making, upholstery workshops and industrial repair unit training. Subsequently, it opened a horticultural centre in 1962 and upholstery courses commenced from 1973 onwards.\textsuperscript{47}

The NRB (National Rehabilitation Board) had a placement service to find employment for people. The trainees came from all around the Mid-west region. If a person was restored to work it saved the state thirteen shillings a week. In the period 1951-56 the rehabilitation clinic paid out £20,000 in wages and the workshops had produced goods worth £35,000. As with other centres, the Limerick Rehabilitation Clinic seemed to cater mostly for people that had suffered from tuberculosis.\textsuperscript{48}

Other organisations, originally established to deal specifically with such congenital conditions, also became more prominent. The National Association for Cerebral Palsy, established in Dublin in 1951, was one such organisation. It was set up in 1948 by Dr. Robert Collis, a paediatrician in the National Maternity Hospital and the Rotunda, who used one hundred pounds he raised through a play he wrote called \textit{Marrowbone Lane} (the play was about life in the slums of Dublin).\textsuperscript{49} With this money he helped to establish a clinic which would run a few afternoons a week.\textsuperscript{50} The organisation became a national one in 1951, following a meeting in Collis' house on Fitzwilliam Square and the first directors were appointed.\textsuperscript{51} Though centred in Dublin, the clinic treated children from all over Ireland but it would take until 1954 before services became available for the first time outside the capital, starting in Cork. Then there followed a long time lag of almost thirty years before the transformation of Cerebral Palsy Ireland into a national association. This began in the

\textsuperscript{46} Limerick Leader, 10 Nov 1973.
\textsuperscript{47} Limerick Leader, 10 Nov 1973.
\textsuperscript{48} The Irish Times, 23 May 1955.
\textsuperscript{51} Irish Independent, 20 October 1951. Collis’s sister-in-law, Eirene Collis, travelled to America and was impressed with the work being done there for Cerebral palsy. When she returned to England she set up a centre for the condition, the first of its kind in England, with the help of an Irish woman, Dr Mary O’Donnell. They first started with an outpatients’ clinic in the Orthopaedic Hospital and later set up Marino House in Bray where Dr O’Donnell came to work with Dr Collis.
1980s when branches began to be established throughout the country, including Limerick and Clare.52

Cerebral Palsy Ireland set up a branch in Limerick in 1988. A new centre was opened in 1996. In 2000, there were 31 members of staff catering for sixty-five children and twenty-four adults.53 The services provided by the CPI include occupational, physiological and speech therapies, education, vocational assessment, training and employment. Services in Limerick were provided at St. Paul’s Work Centre for the Severely Physically Disabled in Dooradoyle. This centre opened in 1990 and offered training in printing, furniture restoration, social training and adult literacy.54 A CPI charity shop was opened in Limerick in 1991. This shop was opened in order to raise funds for the association. The government only provided 70 per cent of the total running costs. Each CPI centre had to meet the shortfall.55

Another important organisation that was set up in Limerick to tackle disability was the result of an entirely local initiative. This was the Limerick Handicapped Children Committee, established through the efforts of Arthur Crabtree, originally a director of a printing company in England, who came to Ireland in 1933 to take up the post of manager of Tait’s Clothing Factory in Limerick.56 Arthur Crabtree was aware that there were no support services available for children with disabilities or their families. Along with a group of business people, he established St. Gabriel’s Handicapped Committee. In 1961 Arthur Crabtree, the visionary founder of St. Gabriel’s School & Centre and a group of Limerick business people came together to set up a centre that would help children with disabilities and offer support to their families. The need for the service was so great that within a short space of time St. Gabriel’s Centre had established its first home in a premises in St. Joseph’s Street in Limerick.

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53 Limerick Leader, 28 October 2000.
54 Limerick Leader, 3 November 1990.
55 Limerick Leader, 8 February 1992.
56 The Times, 17 May 1920; The Irish Press, 2 January 1935.
Limerick Handicapped Committee May 1962, C.A. Crabtree, Wyn Crabtree, Ted Russell, Rev. M. Tyanan (diocesan inspector), Dr. N O’Higgins, Dr. Anne McMahon, T O’Kelly NT, Dr. R Hayes (City MOH), Dr. Michael Curtin, Dr. Ed Cullen, S Downing, J Kneafsey, D McMahon (Hon Treasurer), Mrs R Penny (Parents and Friends Association). They wanted the support of shops bars and hotels, they placed collection boxes in these businesses. They wanted people to support their flag days as generously as possible and to join the Association which cost 5/ per annum. They wanted people to wear their badges which cost 2/. They stressed that they were not sentimentalists. They were aware that this was an issue for local and state government but they could not wait for government to catch up the need. They appear to have been working closely with the Catholic Bishop and involved with the early Catherine McAuley School in Limerick which was run by the Mercy Sisters. They were looking to open a day centre where parents could bring their child after they were referred from St. Camillus’s Hospital Clinic which was free of charge. The Committee was formed with the purpose of helping handicapped and retarded children. They left the children in there to be minded while their mother went off to do chores.57 It would seem that Dr. Hayes, of the Handicapped Committee, was involved in starting Catherine McAuley’s school with the support from the bishop.58

The Limerick Branch of the Variety Club donated a £1,500 sunshine bus to the Limerick Handicapped Children’s Committee in 1968. It was claimed that there were four hundred mentally or physically handicapped children in the city and county. Ted Russell was at this point the vice-chairman of the Limerick Handicapped Children’s Committee. Pepsi Cola had originally donated the coach to the Variety Club. On the Limerick Handicapped Children’s Committee were Miss Crabtree (sec), G Moloney (tres), Dr. R Hayes, Mrs M Keane (physiotherapist), Mrs Geary (nurse), Miss L Gibson (speech therapist), Miss A Clohessy (principal St. Gabriel’s centre).59

When Catherine McAuley’s was established it was with the help of Dr. Hayes from the Handicapped Committee and when St. Gabriel’s was established the Sisters of

57 Limerick Leader, 9 May 1962.
Mercy were heavily involved. It would seem that the two centres were to compliment each other and were primarily to cater for the mentally handicapped. St. Gabriel’s was a day centre and there were plans to eventually have a class for moderately handicapped and Catherine McAuley’s would stay with the mildly handicapped. The bishop appears to have been directing both organisations.\footnote{Limerick Leader, 1 Oct 1962.} St. Gabriel’s was raising money for the building of a new school and physiotherapy clinic for Physically Handicapped children in Limerick and the mid-west.\footnote{Limerick Leader, 24 Jan 1981.}

St. Gabriel’s school for the physically handicapped was to be officially recognised by the department of education. It was officially opened and blessed at St. Gabriel’s Centre, St. Joseph Street. The school had been run by the Limerick Handicapped Children’s Committee, chairman Eric McNamara. Catholic and protestant clergy blessed the centre, after which Mass was celebrated. The Mayor said that St. Gabriel’s started off from small beginnings and developed into a very important educational day centre which met the requirements of children with special needs, parents and their families. It bridged the gap between voluntary and charitable and organised health services. Special tribute was paid to Winifred Crabtree.\footnote{Limerick Leader, 28 Oct 1978.}

One of the main activities of the new bodies was the establishment of day centres to provide facilities for disabled individuals. Up to this point there had been a great emphasis on hospitalisation as the best means of catering for the disabled and there were therefore very inadequate facilities for parents to care for a child at home. People were starting to move away from residential institutions and beginning to see the advantages of day care centres and day schools. Some of the initiative in this direction actually came from the religious orders that had provided the care for the disabled up to now. Brother Hubert Moloney, the Provincial of the Brothers of Charity in Ireland and Britain, spoke on the matter in 1969 and believed that it was best if the handicapped were cared for in the community: it was, he believed, the best solution for the child and for his parents and it was also more economic. He summed

\footnote{Limerick Leader, 1 Oct 1962.}
\footnote{Limerick Leader, 24 Jan 1981.}
\footnote{Limerick Leader, 28 Oct 1978.
it up by stating, ‘In one institution the cost of keeping a child was about £14 a week. To spend half of that on a home help could be far better for everyone.’ Furthermore, it was both economically more efficient and better for social development to have small workshop units in towns and cities rather than large institutions away from urban centres, which had been the pattern previously.\textsuperscript{63}

The lay-established day centres set up from the 1950s onwards were also based on this belief. St. Michael’s House, founded in Dublin, was the first of these in Ireland but there were still not enough day centres in the country, particularly to cater for severe cases.\textsuperscript{64} The establishment of day centres in provincial cities came generally a decade after those in Dublin. By 1961 there were two day centres in the country, one in Dublin and one in Waterford.\textsuperscript{65} Shortly after this a day centre appeared in Dundalk, Limerick and Galway and the Handicapped Children’s Association in Cork established two special schools and a sheltered workshop.\textsuperscript{66} By the late 1960s there were calls to establish day centres in smaller urban centres such as Castlebar and Tralee amongst others.\textsuperscript{67} All of the motivation to establish these centres came from parents and friends groups. It must also be remembered that the 1960s saw the beginnings of the proliferation of motorised transport which made these urban centres more accessible for the rural parent.

In the local context, St. Gabriel’s Centre fitted perfectly with the broader national pattern described above. It was the first major day centre in Limerick and grew out of the efforts of the Limerick Handicapped Children’s Committee, founded in 1961. Arthur Crabtree, the leading light of this committee, had come together with a group of Limerick business people to set up a centre that would help children with disabilities and offer support to their families. St. Gabriel’s Centre opened its day centre in St. Joseph’s Street in October 1962.\textsuperscript{68} The centre set up a parents’ and friends’ association, which was there to give help and give advice to parents of handicapped children. The advice from the parents and friends was mainly supportive

\textsuperscript{63}爱尔兰《爱尔兰时报》，15 Aug 1969.
\textsuperscript{64}St. Michael’s House Newsletter, (Dublin, Summer 2011), p. 4.
\textsuperscript{65}National Archives, Department of the Taoiseach, S/16814, 1962.
\textsuperscript{67}Connaught Telegraph, 28 April 1966, Kerryman, 6 April 1968.
\textsuperscript{68}Limerick Leader, 5 October 1962; Irish Independent, 5 October 1962.
in nature whereas the core group of the original Handicapped Children’s Committee consisted of many people with medical expertise who could lend professional advice. It also provided medical attention for the children, in fact this was the primary role of the early centre. Children were required to be assessed in St. Camillus Hospital before they could be offered treatment at St. Gabriel’s centre.  

Dr. Cahill described a haphazard environment in the early centre and the range of disabilities and conditions that he treated was too wide for him to fully describe. Further oral evidence suggests that the building in which the centre was located was in a bad state. Dr Bill Cahill, who worked in the centre, in his interview for this study described the clinic as being extremely crowded and disorganised:

Well, well it, it was so bad, am. A, a clinic was like this. The patients would arrive. They would be in the hallway outside, a small hallway. And then they would come in. And eventually I would be seeing patients at a desk here, with, am, a parent or two. And there would be people all around, listening. There was no room for them, we could have, if, you know, you couldn’t put them out on the street. ’Cause most of the time, this is Limerick, it rains.

Another interviewee, Ann Bowes, a teacher at St. Gabriel’s since 1978, gave the same account of the centre’s shabbiness, and actually described the building as having been condemned in 1937, twenty years before it opened as a centre for the disabled.

In general, as is clear from Dr. Cahill’s memories, provisions set up for the care of different types of disability had both a social and medical function and also often provided the starting point for the setting up of a school. This had been the case with St. Michael’s House, which sought to provide treatment for local children who otherwise would have to go to a hospital or institution, in 1955 and it was the same in the case of St. Gabriel’s in Limerick. The centre evolved as a drop-in centre where parents could drop in their children with various disabilities, but early on in its history, the provision in the centre became more formal and geared towards education.

69 Dr. Bill Cahill, interviewed by David Loughnane, 23 Feb 2012; Limerick Leader, 9 May 1962.
70 Dr. Bill Cahill, interviewed by David Loughnane, 23 Feb 2012.
71 Dr. Bill Cahill, interviewed by David Loughnane, 23 Feb 2012.
72 Anne Bowes, interviewed by David Loughnane, 25 Jan 2012.
when it was realised that many of the children attending the centre could overcome their disability with the proper care and there were plans ‘given the necessary funds and personnel’ to start a class for moderately handicapped children and to open an occupational therapy centre.\

The 1960s saw the emergence of a new type of body concerned with the improvement of conditions for the disabled, i.e. bodies set up by the disabled themselves. These new bodies were centred mainly on the users of wheelchairs, since wheelchairs were becoming more accessible from this time onwards.

Early popular wheelchairs included the self-propelled model (see photograph below).

![Early Self-propelled wheelchair in Listowel 1955](image)

**Figure 1. Early Self-propelled wheelchair in Listowel 1955**

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73 *Irish Times*, 5 October 1962.
Such wheelchairs generally sold for approximately twenty-five pounds which would have beyond the limits of many disabled people.\textsuperscript{74} For example, in 1955 a disabled Limerick man named Michael Callanan was only able to acquire a metal wheelchair through the efforts of his friends and the mayor of Limerick and a fundraising campaign. Wheelchairs were clearly becoming popular but it was still quite difficult to go about purchasing one.\textsuperscript{75} Most of the early advertisements for people buying or selling wheelchairs were from more affluent parts of Limerick city.\textsuperscript{76}

The first organisation to cater for this emerging class of wheelchair users was the Irish Wheelchair Association, established in November 1960 at a meeting held at Dublin’s Mater Hospital.\textsuperscript{77} The objective of the new organisation was practical in the extreme – it aimed to integrate people with disabilities into the community and therefore concentrated to a great extent on providing a social outlet for disabled people and on highlighting the issue of physical mobility.

In Limerick, as elsewhere the Association provided a social outlet for disabled people. Lord Dunraven was at the centre of much of this social activity and it was something that he stressed. This was at a time when disabled people wouldn’t get out of their house and many places, such as cinemas, were inaccessible. The Irish Wheelchair Association would put on a film in Adare Manor for the benefit of members, three of whom had never seen a film before due to the fact that cinemas were inaccessible.\textsuperscript{78} As branches began to get their own buses and trips were organised to accessible venues and stadiums including Croke Park, Lansdowne Road and Race meetings.\textsuperscript{79} By the late 1960s there were organised excursions to St. Munchin’s College and whilst the Limerick IWA branch did not have a bus at this stage they got help from local drivers on a voluntary basis.\textsuperscript{80} Voluntary drivers were to remain important for many branches in the mid-west and the Newcastlewest branch was still relying on voluntary drivers to take members to monthly social

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\textsuperscript{74} Irish Independent, 30 Jul 1957.
\textsuperscript{75} Limerick Leader, 23 April 1955.
\textsuperscript{76} Limerick Leader, 12 Mar 1958.
\textsuperscript{77} Joanna Marsden, ‘Remembering Fr. Leo Close’, Spokeout, Winter 2012, p. 9. The meeting was held on 10 November 1960.
\textsuperscript{78} Joanna Marsden, Extraordinary Lives (Dublin, 2010), p. 72.
\textsuperscript{79} Ibid.
\textsuperscript{80} Limerick Leader, 2 July 1969.
\end{flushleft}
outings in 1997.\textsuperscript{81} Pubs, clubs and stadia needed to become more accessible in order for socialising to improve for the Limerick wheelchair user. By 1994 the Gaelic Grounds, for example, was rated as being ‘relatively accessible’ with only the toilets being a no-go area.\textsuperscript{82}

The local branch also reflected the growing assertiveness of the organisation at national level, acting as a civil rights group that fought for the disabled at a time when government did not look to get involved with the disabled. This involved campaigning for wheelchair access to public buildings and, over the course of a decade, the association provided services such as occupational therapy, holidays and transport, as well as wheelchair borrowing and repair services.\textsuperscript{83} The association had a local representative in Limerick by 1962 and a local branch was mentioned in the local press a number of times in 1965 although there is no mention of when the branch was founded.\textsuperscript{84} The ‘Wheelchair pools’ was their main source of income.\textsuperscript{85}

At a practical level, this issue of civil rights was most obvious in the matter of improving physical access to public events and sporting fixtures. The foremost exponent of this approach in the IWA was Chairman Liam Maguire who, speaking in the late 1970s, took the view that the time for a purely charitable approach was over and it was time for a radical social change,

\[\text{There has been an undue emphasis on this aspect [namely charity] at the expense of real and fundamental change in the social and economic conditions of the handicapped in this country.}\textsuperscript{86}\]

The Irish Wheelchair Association got disabled people more involved in attending sporting events, campaigning for stadiums to be made more accessible and demanding that wheelchair users were not simply put at the side of the pitch.\textsuperscript{87}

\begin{footnotes}
\textsuperscript{81} Limerick Leader, 15 Feb 1997.
\textsuperscript{82} Limerick Leader, 23 July 1994.
\textsuperscript{83} Marsden, \textit{Extraordinary Lives}, p. 86.
\textsuperscript{84} Limerick Leader, 15 October 1962, 23 April 1965; Irish Press, 24 April 1965.
\textsuperscript{85} Irish Independent, 19 December 1966.
\textsuperscript{86} Limerick Leader, 25 Nov 1978.
\textsuperscript{87} Marsden, \textit{Extraordinary Lives}, p. 86.
\end{footnotes}
The issue of access to public buildings was another major concern of the Irish Wheelchair Association. According to Liam Maguire of the IWA, Taoiseach Jack Lynch, was approached in 1967 about getting a ramp installed in government buildings but it was eleven years before it was provided and when it was built the IWA were apparently not informed and according to Maguire only learnt of it from a newspaper report. The effect of this issue on the Association cannot be underestimated: it led to a wave of militancy and suggestions of the staging of demonstrations when the Dáil was in session, which was illegal.  

Accessibility at local level was also a matter brought up by the Limerick branch, which in the later 1970s became active in putting pressure on local politicians to build street ramps in the city centre and to highlight the plight of the disabled people in the city who could not get out of their home due to their inability to manoeuvre steps and even people who could barely negotiate their own homes. Though the bulk of the lobbying was done in the late 1970s it all only came to fruition in 1981 (the year of the disabled) when Limerick Corporation announced that they were constructing their first street ramps on the intersection of Thomas Street and O’Connell Street ‘on a trial basis.’ The ‘trial basis’ qualification reflects the fact that the initial lobbying had been opposed by many Corporation officials who feared that drainage issues could arise from the ramps not to mention the effects of icy conditions.

This issue of access for wheelchair users was particularly relevant in Limerick city and seems to have attracted the support of the local press. In late 1978 a Limerick Leader journalist, Vince Moran, decided to become a wheelchair user, for journalistic
purposes, for two hours. He found the experience unbearable as he could not access public buildings and found that a person in a wheelchair could not use public toilets. His feature in the Leader described how it was impossible to move the wheelchair around Limerick because of the four inch kerbs and the high steps outside some buildings. While many of the inaccessible buildings were Georgian, with flights of steps leading to the front doors, the modern buildings were equally problematic and the wheelchair user could not access the newest modern building in town, the Bank of Ireland on the main thoroughfare, O’Connell Street. He was fortunate enough to access a chemist, Power and Mangan’s on O’Connell Street, where he was able to make a purchase. This experiment was carried out to highlight how bad Limerick was with regard to access to wheelchairs and how this made it impossible for a wheelchair user in the city to live any sort of independent life. The article had the desired effect and elicited a response from the public as shown by letter writers to the paper. The Irish Wheelchair Association’s membership grew in the 1970s, a lot of this was down to the accidents consequent on the lifestyle that was developing in the country – motor accidents, sporting accidents, workplace and farming accidents. Babies born with congenital conditions, particularly Spina Bifida, were more likely to survive to adulthood now as well.

Out of the IWA we see the emergence for the first time of a number of other organisations to cater for the disabled, and these had their roots, unlike the IWA and the Cerebral Palsy Association, outside the Dublin area. The next major self-help organisation for the disabled, founded in 1970, was the Disabled Drivers Association of Ireland. This was an offshoot of the Irish Wheelchair Association, which was

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92 Moran was a highly rated investigative reporter who later took up an academic position in a UK university, Limerick Leader, 1 May 1999.
93 Limerick Leader, 18 November 1978.
94 Limerick Leader, 2 Dec 1978.
95 Marsden, Extraordinary Lives, p. 73. The numbers of road traffic accidents rose from approximately 213 fatalities in 1949 and peaked at 640 in 1972 before declining to 472 by 1997, the number of debilitating injuries was largely in line with this trend. See Adrian Redmond (ed.), That was then this is now: Change in Ireland, 1949-1999, a publication to mark the 50th anniversary of the Central Statistics Office, http://www.cso.ie/en/media/csoie/releasespublications/documents/otherreleases/thatwasthenthisisnow.pdf accessed 8 July 2013.
96 A news article in 1972 reported that until ‘fairly recently’ 90% of children born with spina bifida died in infancy, usually of the related condition of hydrocephalus. Pioneering work in the 1960s involving the use of a valve led to the increased level of survival, Irish Press, 26 Jan 1972.
originally a small and united body but split as a lot of voluntary bodies tended to, due to personality clashes and geographic divisions. As the membership of the IWA grew nationally, tension developed between rural members and the Dublin leadership. This tension eventually led to the formation in 1970 of the Disabled Drivers Association of Ireland. The incident that proved to be the straw that broke the camel’s back involved the inability of disabled people to attend Croke Park in 1968. Many felt that the Wheelchair Association was not putting enough pressure on the GAA to provide facilities for wheelchair users. Shortly before the 1968 All-Ireland Football final, the GAA, after being advised by the Gardai, asked the Wheelchair Association to tell its members not to attend matches at Croke Park for their own safety and the safety of everyone else (prior to Garda intervention it was planned to simply allow wheelchair users to attend on the pitch sidelines). The incident, along with a general feeling of alienation on the part of many rural members of the IWA, prompted the establishment of the Disabled Drivers Association of Ireland in 1970. As well as local factors, the influence of contemporary British initiatives for and by the disabled was significant in the establishment of the Disabled Drivers’ Association, though Ireland lagged some thirty years behind events in the United Kingdom. The pioneers of the Disabled Drivers Association in Ireland made contact with the Disabled Drivers Association of Britain who set a template for the fledgling Irish group and were able to impart some of their experience gleaned from being in existence for twenty-one years. The importance of the Disabled Drivers’ Association was that it gave rise to further organisations for the disabled. Despite their initial manifesto which promised to serve the disabled throughout the country, in many ways the DDAI were as provincial as they had considered the IWA to be, and they never established a branch in Limerick and were mostly confined to Connacht. The Irish Association of Physically Handicapped People was established in the early 1970s, shortly after the DDAI itself was founded, the Disabled Drivers’ Association due to the fact that many people were under the impression that one had to drive in

order to become a member of the Drivers’ Association. The aim of the new body was to unite all disabled people under the one banner so they could speak with one voice. These developments were also shaped, to some extent, by changes in health legislation in the state. The Health Act of 1970, which heralded the introduction of regional health boards, had just been passed and the new organisations aimed to make disabled people aware of their rights under the Health Act. 100

A new approach by these organisations was to contact the local authorities on behalf of the disabled in relation to housing. This new emphasis on housing was influenced by the recent passing of housing-related legislation by which grants were made available to local authorities to adapt council housing for physically disabled people. Despite this new legislation it was still very difficult for many disabled families to get suitable house adaptations. This led to a further attempt to publicise these problems. For example, the case of one Limerick woman, who was finding it difficult to avail of the legislation, received a lot of coverage in the local press. 101 This more assertive mood was also evident in the concern of the new bodies with the incomes of the disabled. At the time the disability pension was between three and four pounds per week, which was considered insufficient. 102 This compared with the average weekly earnings of full-time farmers in 1968-69, which was just under £14 a week and just over £17 a week for the average industrial worker. 103

Despite the increasing role of lay people and self-help organisations in the provision for the disabled from the 1950s onwards, this did not mean an end to denominational involvement in this provision. This was especially so in the case of schools rather than day-centres. In Dublin, Archbishop McQuaid was closely involved in establishing facilities for the disabled. For instance, Mary Immaculate School for Deaf Children was established in July 1955 at his request, although it lost the confidence of parents (largely because it forced the oral language education system

100 The Limerick local health authorities were replaced by the new Mid-Western Health Board, see Brendan Hensey, The Health Services of Ireland (Dublin, 1986), pp 34-35.
103 Irish Farmers’ Journal, 26 June 1971.
than the more generally accepted bilingual system) and closed in 1998. Links between church and lay-run bodies were also obvious in some cases. St. Michael’s House School in Dublin, although in fact non-denominational, was formally registered as a Catholic school. One of the explanations for this was that it would be easier to get recognition from the government once Archbishop McQuaid provided approval and once letters of support could be got from the local parish priest. Similarly in Limerick despite the less prominent role of the church in setting up the local School for the Deaf, church support was essential as it was the Catholic Bishop, Rev. Jeremiah Newman, who helped to get the school to acquire buildings in Rosbrien, on the grounds of a Mercy Convent school (the school was not directly associated with the Sisters of Mercy).

In view of more recent revelations regarding abuse in religious-run institutions, the response of those commenting on the role of religious orders in caring for the disabled has, in the context of this study, been favourable. A sister who had been involved in the care of the disabled saw the involvement of the religious orders as a matter of treating those with disabilities with respect:

Well, I suppose what we did was we showed respect to the people. We accepted them as human beings. Wasn’t that a big thing, in the fifties and the sixties?

A former lay principal of a special school in the city had much the same idea:

I would have said it [the influence of the religious order] was a good influence on the school. It wasn’t in anyway strict, but it was very charitable and Christian and all the, what we would call kind of, the beatitudes, or the good things about Catholic education was very strong. Sister Cillian she was a very prayerful and respectful person and ahm, I must say that she brought an awful lot of good to the school.


105 Ibid.


107 Sister Sheila Ryan, interviewed by David Loughnane, 2 February 2012.

108 Liam Lawlor, interviewed by David Loughnane, 7 May 2012.
This interviewee also commented on the willingness of the religious orders to give their resources towards the institutions, as well as their practicality and ability to get things done:

In fairness to the nuns, and this is why nuns, I suppose, and the brothers were so valuable in education at the time, they had access to finance and money, their own money, that they were prepared to spend in the schools that the lay schools didn’t have … The nuns were able to, their vocation or their commitment was to the school and if the school needed, if they needed a supply of books, the books arrived or if the school needed a prefab, it arrived. They, the, the Department [of Education] may eventually pay it in five years’ time but the nuns, if they needed it they went ahead and got it right there and then you know.

The establishment of services for the disabled after 1950 was also characterised by a far greater cooperation between the different religious denominations and between church personnel and laity. Most of the planning that preceded the establishment in Limerick of both St. Gabriel’s and Catherine McAuley’s in the early 1960s involved the co-operation of senior Protestant and Catholic clergymen along with senior Protestant and Catholic lay citizens. Indeed, the opening of St. Gabriel’s and most of the major extensions to the centre in the early period were attended by both bishops of Limerick, reflecting the fact that the Limerick Handicapped Children’s Committee was led by both Catholic and Protestant citizens.

St. Gabriel’s School in Limerick, catering for the physically handicapped, was initially different from the Catholic-founded schools in that religion had a less direct influence on its formation. From the beginning, perhaps because it was set up by an English Protestant, it was multi-denominational and did not come under the direct patronage of any religious group and no child was ever refused entry because of religion. There is no obvious reason why St. Gabriel was chosen as the patron saint of the centre for the disabled children of Limerick although there is a somewhat small

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109 Liam Lawlor, interviewed by David Loughnane, 7 May 2012.
110 A meeting was held and attended by both bishops and citizens from all faiths to discuss provision for the mentally handicapped in Limerick and the necessary fund-raising, Irish Times, 24 May 1961; Limerick Leader, 27 May 1961.
Catholic tradition that associates St. Gabriel with care for the disabled.\textsuperscript{112} As time passed, however, the influence of Catholicism in the school seems to have increased. In the past there are suggestions that Catholicism was allowed a prominent place in spite of being officially multi-denominational, after the initial decade of the centre the role of the Protestant Clergy appears to disappear and this author’s own memory of the institution – spanning from the late 1980s – was of Catholic clerical involvement. When the new centre was opened in 1997, however, the inter-Christian profile was in evidence, as both bishops were again in attendance at the opening ceremony.\textsuperscript{113} Moreover, the school was very careful to cater for all denominations, no overtly Catholic religious symbols or statues were present in the school.\textsuperscript{114}

\textsuperscript{113} \textit{Limerick Leader}, 19 April 1997.
\textsuperscript{114} Ibid.
Chapter 4: Background of the activists

In the nineteenth century, the initiative for establishing bodies to support for the disabled came from the social elite. The National Institution for the Indigent Deaf and Dumb in Ireland, set up in 1816, was a result of the initiative of Lord Massy. When this was reorganised three years later as the Claremont Institute, it was helped by the patronage of Lord Powerscourt.\(^1\) In Limerick in the same period the patrons also tended to be from the upper orders of society although not as aristocratic as in Dublin. One notable example of such a patron was the Rev. Edward Newenham Hoare, who was responsible for the building of the Limerick Blind Female Asylum and the adjacent church.\(^2\) Hoare was a senior Protestant Clergyman (later a Dean) as well as being an author of some repute.\(^3\) Hoare appears to have been the main organiser behind the establishment of the asylum and church but he did require the patronage of Lord Limerick along with some other minor landed gentlemen such as George Massey of Milford and Robert George Maunsell.\(^4\) In fact, a general pattern can be observed here with most of the founders of organisations being best described as concerned members of the Protestant middle class and the upper class providing the patronage. Examples of this class include the above mentioned Hoare, Dr. Charles Orpen (Claremont, 1817), Lucinda Sullivan (Bray Cripples institute, 1874), Robert

\(^4\) John Thomas Waller, A Short Account of the Origin of Trinity Church and St Michaels Church in the City of Limerick (Limerick, 1954), pp 1-7.
Swan (Incorporated Orthopaedic Hospital, 1876) with Dr. Robert Collis and the Crabtrees marking the twentieth century equivalent of this pattern.  

This involvement of those of a higher social class in the creation of disability services continued into the twentieth century. Valerie Goulding was an example of someone above the Protestant middle-class who was involved in establishing an organisation for the disabled, and not just as a financial patron. Lady Valarie Goulding was born into the English upper-class. She came to prominence by being a message carrier between King Edward VIII and Wallis Simpson. She married a well-known businessman, Sir Basil Goulding. In 1951, she helped to establish the Central Remedial Clinic.  

Robert Collis, who established Cerebral Palsy Ireland, had a similar background. He was Protestant and from a family that could be described as Anglo-Irish with a number of brothers having gone to school in England and later serving in the British army. He was, however, not typical of his class, being a politically active person with socially radical views, who later helped re-established the Communist Party of Ireland. Christy Brown was one of his first patients and two years later he collaborated in Christy Brown’s autobiography, *My Left Foot*.  

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6 Irish Independent, 15 October 1994; Patrick Maume, ‘Valerie Goulding’, *Irish Dictionary of National Biography*, http://dib.cambridge.org/quicksearch.do accessed 24 April 2012. She converted to Catholicism in 1962. This was not unprecedented as other family members converted to Catholicism as well. She was later nominated to Seanad Eireann by Jack Lynch.  

7 Census of Ireland Returns, 1911, Residents of a house 136 in Killiney (Killiney, Dublin) http://www.census.nationalarchives.ie/pages/1911/Dublin/Killiney/Killiney/97776/ accessed 16/1/12.  


The Limerick founders of St. Gabriel’s School for the mentally disabled were also prominent lay people, most of them involved in business or medical practice in the city. A large portion of the early Limerick Handicapped Children’s Committee was made of medical professionals. In 1962 the committee consisted of the Crabtrees, one politician, senior Catholic Clergyman, five doctors and a number of unspecified lay people. In 1968-69 the committee consisted of the Crabtrees, at least two Sisters of Mercy and a number of doctors and other medical personnel such as therapists and nurses with a number of unspecified lay people. Overall throughout the 1960s there were at least six doctors involved in the committee and they constituted the largest group at all times. With the lay members of the committee it is difficult to learn much about their social background but addresses are given for some members which indicate a middle-class background, one member, William Glasheen, was a teacher with Crescent College Comprehensive, Limerick. The most prominent of these individuals, Arthur Crabtree, an Englishman, was a manager in the Limerick Clothing Factory, situated in Edward Street, only a few yards from where the day centre was opened. Doctor Bill Cahill, who was also active on the committee and knew Crabtree, described him as aloof, ‘severe and serious’ and ‘a stern man from north of England’. But Crabtree’s interest in the disabled and his awareness of the need for a day centre was, as in Collis’ case, based on experience: it sprang from his considerable experience as a manager and he became interested in setting up the centre after he noticed at first hand that women had to give up work in order to mind their disabled children.

Similarly, the patronage of prominent local individuals was vital in the development of self-help organisations from the 1960s onwards. When the Limerick branch of the Irish Wheelchair Association was set, the main patronage came from Lord Dunraven, whose estate was situated in Adare, eight miles outside Limerick city. He had

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11 *Limerick Leader*, 1 June 1968.
previously been President of the Limerick Branch of the Polio Fellowship of Ireland and it was this activism that brought him to the attention of the founder of the association, and led to his becoming president of the association in 1971.\textsuperscript{16} The Earl originally contracted polio himself as a teenager in the 1950s.\textsuperscript{17}

But Dunraven’s involvement with the interests of the disabled was different from that of other prominent individuals who had been so involved previously – he was himself physically disabled and was therefore typical of the membership of the new self-help organisations that emerged from the 1960s onwards, in which the disabled themselves took the lead. The Irish Wheelchair Association was a pioneering organisation in this regard. It was founded in November 1960 mainly through the efforts of Fr. Leo Close, the first wheelchair user to ever be ordained a priest. When Fr. Close returned from the Paralympics in Rome he decided to establish an organisation to support wheelchair users in Ireland. It was meeting and talking to others at the Paralympics that inspired him to found the IWA. On 10 November 1960 the first meeting took place in Dublin’s Mater Hospital, a meeting which led to the founding of the Irish Wheelchair Association.\textsuperscript{18} The leadership of the association continued to depend on the disabled themselves, tying in with their newly assertive attitude. This tied in with the newly assertive attitude on the part of disabled people best exemplified by the firebrand Liam Maguire whose calls for ‘justice not charity’ and an ‘end to subtle apartheid.’\textsuperscript{19}

In the mid-west region the IWA was led by the ubiquitous Dunraven and a number of other wheelchair users such as Martin Rainsford and Noreen Redford.\textsuperscript{20} Rainsford was the victim of a car crash which broke a number of vertebrae leaving him unable to walk. After the accident he sold his public house as he was now unable to live above the bar because of access by stairs. He tried tirelessly to get a job through AnCo and the National Rehabilitation Organisation but he felt that the attitude of the

\textsuperscript{16} He was invited by Fr. Paddy Lewis to become president in 1971, Marsden, \textit{Extraordinary Lives}, pp. 72-73.
\textsuperscript{17} \textit{Irish Independent}, 10 Jan 1969.
\textsuperscript{19} \textit{Irish Independent}, 19 December 1966, 31 Dec 1980. The chairman was Oliver Murphy who was a wheelchair user himself.
\textsuperscript{20} \textit{Limerick Leader}, 4 Aug 1979.
public didn’t help. He was active in the IWA as he wanted to change this negative public attitude, remove pity and more than anything he wanted the public to differentiate between the physically disabled and the intellectually challenged. 21 Rainsford was vice-chairman of the Mid-west Branch of the Irish Wheelchair Association.22 The local branch of the IWA owed a lot to Fr. Fabian Gerrard O.P. who was President in the early years of the organisation in the 1960s and who died in 1968.23 Perhaps the most active member of the local branch of the IWA was Bob Nesbitt, an able-bodied man who may have been employed by the IWA or else is simply likely to have been another member of the managerial class of the city – he was the General Manager of Limerick Cargo and Handling Ltd, Limerick Docks – who like Arthur Crabtree wanted to make a difference.24 As well as being a manager of a cargo company, Nesbitt was also heavily involved in Bohemians RFC and became president in the late 1980s.25 He certainly appears to have been a man who was well known and sought after for his managerial expertise. Bob Nesbitt highlighted practical problems faced by wheelchair users in Limerick, for example the fact that telephone kiosks were too small for many wheelchairs to fit into.26

The presence of people such as Bob Nesbitt, in the IWA, and individuals such as Eric McNamara and Col. Michael Shannon in the Limerick Handicapped Children’s Committee from the late 1960s onwards reflected the need for fundraisers. Fundraising was essential and whilst the initial Handicapped Committee contained mostly medical professionals as the years progressed networking skills became more important and people such as Col. Michael Shannon (military commander) and Eric McNamara (prominent businessman) – who were in touch with the middle class of the city – came to the fore.27

The founders of the Disabled Drivers Association of Ireland, established in 1970, were even more assertive in their approach, and were determined to be an

22 Limerick Leader, 18 Nov 1978.
23 Irish Independent, 24 Jun 1968.
24 Irish Independent, 8 Sep 1975.
25 Limerick Leader, 4 Sept 1989.
26 Irish Independent, 18 June 1981.
organisation run totally by the disabled. The founder and first president, Martin Donoghue, wanted a more aggressive approach to the establishment of disabled rights than that followed by the IWA.\(^{28}\) The association was for all types of disabled people and was unique for its time in the fact that it was, from its inception, completely controlled by disabled people.\(^{29}\) As stated above, the DDAI never established a Limerick Branch and had a poor representation outside of Connacht.

Possibly the influential group of activists involved in developing services for the disabled from the 1950s onwards were the parents of disabled people, and particularly of disabled children. This new activism took the form of the formation of a new type of pressure group – the parents’ and friends’ association. Up to now, the parents of disabled children had seldom been involved in any organisations to deal with disability. Throughout the country from the early 1950s onwards, these parents’ and friends’ organisations were formed to highlight the need for improved provision of care and education for disabled children, especially those suffering from infantile paralysis or cerebral palsy. This development occurred in the Limerick context in 1961, when the individuals involved in setting up St. Gabriel’s Centre made an appeal to parents of mentally handicapped children to come forward and work with the Limerick Handicapped Children Committee in pushing forward the project.\(^{30}\)

The desire of parents to keep their disabled children at home was the most important factor in the formation of these associations. In general, schools and centres catering for the disabled were centred in Dublin and they were only viewed as practicable with the spread of motorised transport. There were many investigations into the feasibility of day schools in the nineteenth century but both the commissioners and the witnesses that contributed to the Royal Commission on the Blind, Deaf and Dumb in 1889 agreed that institutionalised education was best suited to Ireland both because of the dispersed rural population and the manner in which the denominational institutions operated.\(^{31}\) There was a day school for the deaf and dumb in Dublin

\(^{28}\) The Irish Times, 26 January 1970.
\(^{29}\) The Irish Times, 26 January 1970.
\(^{30}\) Irish Times, 24 May 1961.
\(^{31}\) Report of the Royal Commission on the Blind, the Deaf and Dumb, &c., of the United Kingdom 1889, p. 65, [C.5781] [C.5781-I] [C.5781-II] [C.5781-III].
during the mid-nineteenth century which was an experiment tried for twenty-five years and the school was closed for want of pupils and their funds, 500l, were sent to Claremont.\textsuperscript{32} Even for Dublin children who suffered from a mental disability, there was little chance of education outside a residential institution until a parents’ and friends’ association set up St. Michael’s House in Dublin in 1955 with the school being established a year later.\textsuperscript{33} But for children living outside Dublin the situation was much worse. There were provincial centres run by the Brothers of Charity in Cork and children from outside these centres had, therefore, to travel long distances from their homes and had to board in these schools. Transport back to their parents’ homes was only available three times a year, Christmas, Easter and summer recess and away from home for most of the year, they could not have an unbroken loving relationship with their parents.\textsuperscript{34}

The same separation of a child from its family happened in the case of physical disability. Children who were affected with polio in the 1950s were sent to Cappagh, so they only saw their parents once a month, because it was very hard to travel. Distressing separation from their families became the norm for polio affected children. Some felt that they were a number rather than an individual and many felt that there was very little love. Children found it hard to build up a relationship with their families and in many cases so many children were estranged from their family. In one case a polio victim named Ciarán Nicholson was so institutionalised that he did not know any of his siblings and after coming home at the age of fourteen asked his parents to send him to Toghermore Rehabilitation Centre. To him family was just a word in a book.\textsuperscript{35}

Research since the 1960s has highlighted the importance of family in determining how a child with disability fared, and on the way families can respond to the presence of a disabled sibling. Parents, it was found, were worried that the presence of a disabled child would force other siblings in the family to take over huge

\textsuperscript{32} Ibid, p. 1188.
\textsuperscript{34} Limerick Leader, 23 May 1985.
\textsuperscript{35} The Irish Times, 15 Apr 1968.
responsibilities, while brothers and sisters could resent the amount of time and attention given to the disabled child. Eirene Collis, writing on the effects of disability within a family, pointed out how the child who was born disabled could have a profound effect on the balance of the whole family since lack of information could lead to stress and strain within the family unit. The fact that older children had been born without any difficulty or defect, she explained, made it hard for the parents to comprehend the birth of a subsequent child with disabilities. This was the case with Emer, who was interviewed for the present study: the fact that her younger son walked before her older disabled son led to tension in the family and there were mixed emotions regarding it.

All research, including this study, suggests that the mother is the most significant figure in determining the child’s future. The care of a handicapped child is usually the main responsibility of the mother. This can be seen as a burden or this may serve to create a stronger bond between the mother and the child. It depends very much on the mother’s attitude and knowledge towards the problem that she is faced with. Christopher Nolan’s mother was persistent in getting treatment for her son and she devoted her time to her son’s care, so much so that she sent her daughter to boarding school so that both parents could devote more time towards caring for Christopher. This was confirmed by the memories of another interviewee for this study, who described the effect the presence of his disabled twin brother had on the family in the 1950s – though in his case the focus of the father as well as the mother was on the disabled child:

Well when you’re a child, Dave, when you’re seven or eight or nine you’re totally taken up by your own little world, right, and it was only years later I realised, my

36 (Documentary on One) DocArchive: Dam-burst of Dreams 03 April 2009, 13:00:00. The extraordinary story of Irish poet and novelist Christy Nolan, who made a remarkable career despite being unable to walk, talk, or use his hands (Broadcast RTE 1981).
40 (Documentary on One) DocArchive: Dam-burst of Dreams 03 April 2009, 13:00:00 The extraordinary story of Irish poet and novelist Christy Nolan, who made a remarkable career despite being unable to walk, talk, or use his hands (Broadcast 1981).
mother had to physically lift Dominic up a stairs, because we were on a three floor house, a basement, a first floor, second floor, and we lived in the kitchen in the basement but my mother had to physically lift him up every night and he was getting heavier and heavier, my mother was getting older, but we didn’t notice that, right, and this was now… the other thing was that, my father doted on him and used to at night, you know, hold him in his arms sing him songs, tell him stories and he doted on him, but again we didn’t realise this was going nowhere.41

Parents were, and continue to be, the first to be aware that their child may have a disability. Glenn Doman made note of this general point and was positive that parents were always the first to discover when something is wrong.42 Derek, another man interviewed for this study, went to a hospital in Derry in Northern Ireland to see a doctor that diagnosed him with cerebral palsy. In his case, echoing Doman’s findings, it was the doctors who were reluctant to give a diagnosis rather than the parents being afraid to admit that anything was wrong. In the case of Emer, another interviewee, her son had ataxic cerebral palsy. When her son was very young, doctors said he had global developmental delay but this was not the case. Emer had to research his condition on the internet.43 It seems to be the case that parents, rather than not wanting to hear the full truth, demand to know everything and it is doctors that are most reluctant to give a full opinion. Emer noted that not knowing everything was her greatest fear.44

The generosity of individuals had played a major part in the establishment of services for those with various forms of disability from the mid-nineteenth century onwards. In 1879 the British Medical Journal published lists of those subscribing to Protestant-run institutions for the disabled.45 From the mid nineteenth century Catholic

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41 Tom Keane, interviewed by David Loughnane, 24 July 2012.
44 Ibid.
45 W. S. Playfair, H. Hensley and H. C. Stewart, ‘Reports of Societies’, The British Medical Journal, Vol. 2, No. 967 (Jul. 12, 1879), p. 55. ‘The late Mr. Richard Ormsby Vandeleur has bequeathed £1,000 to the Cripples’ Home, Bray; £2,000 to the Stewart Institution for Idiots; and £1,500 to the Convalescent Home, Stillorgan. Mr. Henry Phelps has bequeathed £200 to the Hospital for Incurables, Donnybrook. The Misses Brooke has given £50 towards the “Gregg Memorial” Wing of the Cork Home for Protestant Incurables, Cork, being their second donation of £50 to the charity.’
organisations, too, were receiving a considerable amount of money from wills.\textsuperscript{46} In the same period, Catholic religious orders received vast sums of money from bequests. For instance, St. Raphael’s Asylum for the Blind, run by the Sisters of Mercy, was founded in 1885 when two women left money for the purpose in a will, while St Joseph’s Orthopaedic Hospital at Coole was opened in 1917 by the Irish Sisters of Mercy as a result of a similar bequest.\textsuperscript{47} We do find the Limerick Female Blind Asylum receiving some money as a result of wills, often they were one of many Protestant institutions that benefited from the proceeds of a will although occasionally somebody left money to both Protestant and Catholic institutions.\textsuperscript{48} In the mid-twentieth century the importance of bequests was still evident and while many programs were financed by Hospital Sweepstakes Funds, others relied heavily on charitable donations and bequests.\textsuperscript{49} It is sometimes difficult to trace the bequests that Catholic run institutions for the disabled received. For example there does not appear to have been any bequests left to St. Vincent’s, Lisnagry although there are many which were left to the Daughters of Charity as an order. An example of specific money left to aid the disabled of Limerick in the late twentieth century was the Michael Freeman estate which aided the Limerick School for the Deaf and provided for the support of guide dogs in the Limerick area.\textsuperscript{50}

The necessity to rely on bequests and donations was also clear in the case of the Incorporated Orthopaedic Hospital in Dublin. Although it was founded in 1874, the hospital received only £200 from the government up until 1940.\textsuperscript{51} Even when the Irish Sweepstake made funding available for the development of hospital services, there were some conscientious objections to the use of such funds, and this hospital was such a case. It therefore received most of its funding from independent charitable sources, patrons and subscribers. This was limited the hospital’s income, since by

\textsuperscript{46} Irish times, 1 March 1941.  
\textsuperscript{47} Report of the Royal Commission on the Blind, the Deaf and Dumb, &c., of the United Kingdom 1889, p. 115, [C.5781], H.C., 1889, cxiii; Irish Times, 30 October 1917.  
\textsuperscript{48} 1846 (285) Charitable donations and bequests (Ireland). specification of the several sums at present administered by the commissioners of charitable donations and bequests in Ireland, stating by whom left, and the objects in each case; &c., pp 2, 36, 115 [C.285], H.C., 1846.  
\textsuperscript{49} Cooney, p. 113.  
\textsuperscript{50} Limerick Leader, 22 Jun 1994.  
\textsuperscript{51} The Irish Times, 22 February 1940.
1947 there were only two hundred of the 1,400 governors that were subscribing to the funds of the hospital. 52

By the mid-1950s, the state had made some provision for financing the care of the mentally disabled by voluntary organisations. While direct payments were not made, money was provided for capital works. The local health authorities paid for the treatment of individuals within these institutions and fifty per cent of the funds were recouped from the Exchequer while the Department of Education provided additional money for training. 53 The cost of running St. Gabriel’s increased constantly in the 1960s and 70s. In 1970 the cost of running the centre was £6,000 which they appear to have been able to meet. 54 But there was still a serious lack of finance, especially in the case of the newly-founded institutions that did not have a diocese or religious congregation behind them. St. Gabriel’s School in Limerick, for instance, despite the annual grant of £9,000 it received from the Health Board was, sixteen years after it opened, faced with a deficit of £17,000. 55 Inevitably, many of these early centres for the disabled were, in their initial stages, run on a volunteer basis. For instance, when the school attached to St. Michael’s House first opened in Dublin it was maintained through fund-raising. This required a great deal of voluntary effort. In an effort to gain a more permanent form of funding, TDs were lobbied to provide financial support for the school which did result increased funding for centres such as St. Gabriel’s which was receiving a Health Board grant of over £30,000 by 1990. 56

In the case of many of the new bodies, draws and lottos were a main source of funding. The main source of income for the Central Remedial Clinic was its charity lotto draw, though it seems that Lady Goulding in her later years she was somewhat ill-at-ease with newer fund-raising techniques and the more bureaucratised and

54 Limerick Diocesan Archives/B1/Henry Murphy/Box 254/2/8, 12 Nov 1970.
state-driven nature of services for the handicapped.\(^5^7\) St. Gabriel’s also operated a bingo draw in the early years of the centre but this appears to have been abandoned due to legal infringements.\(^5^8\) In general, it relied on draws, coffee mornings and church gate collections (with the permission of the bishop).\(^5^9\) By the 1990s the school was receiving money from the National Lottery (about £10,000 in 1993).\(^6^0\)

Schools for the disabled, though they were in receipt of state funding by the 1970s, were sometimes caught between state and voluntary support. Often the ratio between state and public support depended largely on how much could be raised through initiatives such as the J. P. McManus Golf Classic (which managed to contribute £50,000 in 2003 for example).\(^6^1\) Often the success of such public funding meant that the Health Board purposely accorded a grant which would fall short of the total amount needed, for example in 2003 the staff costs alone were greater than the Health Board grant.\(^6^2\) St. Gabriel’s in Limerick was one such school: when a new premises was planned in the early 1970s, the importance of voluntary contributions was clear. The financial arrangement was that the fundraising committee was to come up with £90,000 – to be raised by church gate collections and other voluntary activities – while the rest of the money was to come from the Department of Education and Health. This meant major delays in the building, and it was not until 1997 that the new school in Dooradoyle was actually completed despite the fact that the site beside St. Paul’s school was available long before the construction of the school actually commenced.\(^6^3\)

Much of the support for organisations and provisions for the disabled took a practical form rather than involving purely financial assistance. When St. Gabriel’s was opened, the building (in need of considerable repair) was decorated by voluntary

\(^{5^8}\) Irish Press, 22 May 1976. Wynifred Crabtree ran a bingo night in the Savoy which was deemed unlawful under the 1956 Gaming and Lotteries act.
\(^{5^9}\) Limerick Leader, 16 Mar 2002; Limerick Diocesan Archives/BI/Henry Murphy/Box 254/2/8, 12 Nov 1970.
\(^{6^0}\) Ibid.
\(^{6^1}\) Limerick Leader, 10 July 1993.
\(^{6^2}\) Ibid.
\(^{6^3}\) Ibid.
\(^{6^4}\) Dáil Eireann Debate, Written Answers, Dooradoyle (Limerick) Special School, Thursday, 30 October 1986, Vol. 369 No. 4; Limerick Leader, 29 Dec 1990.
tradesmen and helpers from the staff of St. Joseph’s Mental Hospital and Limerick Regional Hospital.\(^64\) This was not so much the case with institutions that were run by the religious orders as they tended to have the necessary funds to afford professionals to construct whatever was required.\(^65\)

One of the main problems was the provision of transport for individuals using the new centres. Voluntary drivers played a major role in the work of the Central Remedial Clinic from its foundation. On average 150 patients needed to be transferred every day by three coaches and three minibuses. Over seventy children needed to be transported home at 2.30pm when the clinic finished. It was impossible for patients in the mid-1960s to attend the clinic without the voluntary drivers.\(^66\) The issue of transport was even more serious in a provincial centre like Limerick: By 1962 there were between thirty and forty children whose mothers were anxious to use the St. Gabriel’s day centre but because of transport problems only eight or nine children a day had been availing of the services in the first two years of the centre’s existence, and the local Handicapped Children’s Committee had to make an appeal to the public to provide such transport on a voluntary basis.\(^67\) In general, the disability organisations without religious patrons relied most on voluntary drivers, for example the Irish Wheelchair Association in Limerick regularly had to appeal for voluntary drivers.\(^68\) Eventually organisations got buses and reliance on voluntary drivers declined although the local branch of the IWA was still relying on voluntary drivers in 1995.\(^69\)

The local authorities in Limerick were given a bad press regarding provision for the needs of the disabled. In the mid-west the local authorities were brought into contact with the issue of disability in relation to the accessibility of public buildings. This happened in the 1970s when the local IWA branch complained to the city council that there was apparently no thought for the disabled when planners were designing

\(^{64}\) Irish Independent, 5 Oct 1962; Irish Times, 5 Oct 1962.

\(^{65}\) According to Liam Lawlor money was very rarely an issue for Catherine McAuley School due to the financial support of the Sisters of Mercy, Liam Lawlor, interviewed by David Loughnane, 7 May 2012.


\(^{67}\) Irish Times, 14 February 1963; Dr. Bill Cahill, interviewed by David Loughnane, 23 Feb 2012.

\(^{68}\) Limerick Leader, 28 Nov 1970.

\(^{69}\) Limerick Leader, 1 July 1995.
buildings and the access to and from the streets, the IWA felt that the council was not responsive.\textsuperscript{70} In fact, the City Manager, it was claimed, told the IWA that it was up to itself as an organisation to get the private sector to improve accessibility and that the council could not build ramps because of drainage issues and the danger of slippery icy conditions.\textsuperscript{71} However, this view may not have been entirely accurate since newspaper reports of council proceedings show that the issue of disability was actually discussed in the city council as early as the 1960s, for example there were proposals in 1962 to build a hostel for wheelchair users.\textsuperscript{72}

Such issues were more frequently discussed from the 1970s onwards. There was talk of improving disabled facilities and promoting employment for the disabled. AnCo was one of the main agencies seeking to provide employment for the disabled and through its efforts many civil service jobs were made available to the disabled.\textsuperscript{73} The National Organisation of Rehabilitation was also behind such initiatives as the Re-Employment Training Organisation which sought to employ thirty-five disabled people in Shannon in the mid-1960s.\textsuperscript{74} The reason for this new interest in disabled facilities was at least partly because the council was put under pressure notably by organisations like the IWA, but also by the parents’ and friends associations’. This lobbying seems to have happened a lot more than before the 1960s.

This lobbying was particularly important for the newer organisations established from the late 1950s onwards. Religious-run institutions like Catherine McAuley’s School and Lisnagry had less need of such lobbying since they could turn to the church for their needs, but for the lay-run institutions the support of local politicians was vital.\textsuperscript{75} Such involvement of public men in the support of disability services in Limerick took a number of forms. Local TDs brought to the attention of the Dáil what Limerick needed. In particular, Willie O’Dea, Des O’Malley (both Fianna Fáil), Michael Noonan (Fine Gael), and the socialist Jim Kemmy and were most active in

\textsuperscript{70} Limerick Leader, 18 November 1978.
\textsuperscript{71} Limerick Leader, 2 December 1978.
\textsuperscript{72} Limerick Leader, 15 Oct 1962.
\textsuperscript{73} Limerick Leader, 12 Feb 1977, 27 Dec 1979.
\textsuperscript{74} Limerick Diocesan Archives/Bl/Henry Murphy/Box 254/2/9, 15 Aug 1966.
\textsuperscript{75} Liam Lawlor, interviewed by David Loughnane, 7 May 2012.
this regard.76 Others like Stevie Coughlan (Labour) and Ted Russell (Fine Gael) saw their main role as spear-heading initiatives at local level to deal with problems as they arose. Ted Russell, for instance, was actively involved in the Limerick Handicapped Children Committee. As vice-chairperson of this committee, he appealed to the general public for financial support for retention and expansion of services for the mildly and severely handicapped in Limerick. ‘We cannot hope to do it without money and we are relying entirely on the kindness of the citizens to carry our programme through. We hope they will stand by us’.77 Similarly, Coughlan played a part in the Limerick Handicapped Children’s Committee and was often found appealing to the public to financially support such initiatives.78 However, while some politicians were predominant in one area rather than another, all had a foot in both the local and the Dáil contexts in promoting the interests of the disabled.

Donough O’Malley and Ted Russell were particularly involved in the 1960s with promoting the interests of the disabled. O’Malley was active in the expansion of St Vincent’s at Lisnagry in 1965.79 Bobby Byrnes (a prominent local town councillor) was particularly involved in the Irish Wheelchair Association (which without a religious patron was acutely in need of financial support) promoting the Association and acting as its spokesman and representative in Limerick, fundraising and speaking at public events like the opening of centres. Also he spoke at a number of protests regarding the inaccessibility of public and other buildings and the bad condition of streets for wheelchair users.80 Politicians were particularly important in sorting out problems when a new or projected institution got into trouble. The politician could give public credibility to the project, and he could highlight the problem in the Dáil, as when Michael Noonan, as Minister for Health, sanctioned an additional £160,000 capital funding for the completion of St. Gabriel’s school in Dooradoyle.81 This was one of the first projects that Michael Noonan sanctioned on entering ministerial

77 Limerick Leader, 16 May 1964.
79 Limerick Leader, 1 July 2013.
80 Limerick Leader, 12 Nov 1979.
81 Limerick Leader, 23 October 1996. This money was spent on the construction of a clinic and therapy unit.
office. The building of this school was a very protracted affair, since there were problems in planning permission, in acquiring money from the Department of Education, and in acquiring a design for the premises which would actually be wheelchair friendly. 82 The process of planning for the construction of the school commenced in 1979 when it was sanctioned by the Department of Health. 83 Efforts were also made on behalf of other Limerick facilities for the disabled, as when Willie O’Dea pushed for the construction of a new educational centre to replace St. Gabriel’s on Joseph St. in 1986. 84

Michael Noonan was also instrumental in acquiring state funding for St. Gabriel’s School in the 1980s and, along with a large number of TDs, was also involved in pushing for the setting up of Bawnmore in the mid-1970s, largely because the establishment of the centre was so protracted. At the critical point in 1976, when the project faltered, Stevie Coughlan tried to get the centre opened by initiating a local fundraising scheme. 85 The centre appears to have been almost completely constructed by April 1976 but the government was unable to find the requisite £500,000 required to staff and furnish the centre. In this case there was a lot of Dáil activity on the part of local TDs, particularly Des O’Malley, to get the project moving again but it appears that the lack of financial support at this point in time was an insurmountable problem and the centre was opened in 1978 but only partially staffed. 86 By 1986 the centre was still struggling for funds and Jim Kemmy TD addressed the issue directly highlighting the fact that £250,000 was still required by the centre or it would close, asking the question, ‘Where can these patients go?’ 87

83 Limerick Leader, 19 April 1997. The total cost of St. Gabriel’s was £1.2 million, with the Department of Health contributing £404,000.
84 Dáil Eireann Debates, Written Answers, Dooradoyle (Limerick) Special School, Thursday, 30 October 1986.
85 Irish Independent, 6 Dec 1976.
87 Irish Independent, 21 Feb 1986.

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Overall, these incidents highlighted how politicians were particularly important in sorting out problems when a new or projected institution got into trouble. The politician could give public credibility to the project, and he/she could highlight the problem in the Dáil. A politician also had a greater knowledge of the bureaucracy and legislation which could potentially impede the progress of a fledgling institution.

What certain councillors were doing for the disabled was appearing in the newspapers a lot more than before we see this from the 1960s with the very public involvement of Russell and Coughlan (as previously detailed) and it escalated in the 1970s and 1980s when local councillors were very prominent highlighting issues such public access and house adaptations. Basic altruism was probably a cause of all this although politicians generally sought to act according to the changing sentiment of the local population. If they were highlighting disability issues we must presume that these issues were attracting the public’s attention.

The overall pattern that can be described concerning the relationship between lay organisations and politicians was one where the politicians were asked to be as involved as possible without actually being part of the organisation itself. Ted Russell, vice-president of the Limerick Handicapped Committee for much of the 1960s, was an exception to this and he was probably an example that the committee tried not to follow. Col. Michael Shannon, of the Handicapped Committee, described how it was essential to remain apolitical when asked to name the politicians most involved with St. Gabriel’s school he replied,

I would prefer to answer that by saying we didn’t have a system where we were comparing what one TD or Minister got us because that would hurt the guy who was out of power. We dealt with each man, you know, we dealt with the Department of Health, the Department of Education, we dealt with them we didn’t care who was in.  

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Chapter 5: From Day Centres to Schools

The provision of education for children with disabilities was very limited up to the 1960s. This was especially true for children with mental disability. In terms of legislation for the provision of services for the mentally disabled, Ireland had been left behind in the nineteenth and early twentieth century. Many acts of parliament that applied in Britain were not enacted in Ireland, including the Idiots Act (1866), the Elementary Education (Defective and Epileptic Children) Act (1899), Mental Deficiency Act (1913) and the Education Acts of 1914 and 1921. According to the Mental Deficiency Act 1913, a person in receipt of Poor Law relief within a workhouse could be moved to an institution for defectives.\textsuperscript{1} The Idiots Act 1866 registered all institutions which provided care, training and/or education to idiots or imbecile and allowed for these patients to be detained within these institutions without further certification\textsuperscript{2}. This Act initiated simpler procedures for the care of imbeciles under the age of 21 years. Once they were in the institution they could be retained indefinitely.\textsuperscript{3}

The Elementary Education (Defective and Epileptic Children) Act 1899 established special day and residential schools for defective children who could not attend mainstream schools. The Act mandated the ways in which the schools should be

\textsuperscript{1} House of Commons, 26 March 1914. Mental Deficiency Act, 1913. (Provisional regulations.) Copy of provisional regulations, dated 20th March, 1914, made by the secretary of state for the Home Department with the concurrence of the Local Government Board under section 30, proviso (ii) of the Mental Deficiency Act, 1913; His Majesty’s Stationary Office : London pp. 465-468. A mental defective was loosely defined as a person could be neglected; abandoned; without visible means of support; cruelly treated; habitual drunkard; a woman giving birth to an illegitimate child (subject to being in receipt of Poor Law relief); prostitute; and / or a moral imbecile who has diseases or infirmities which are undesirable within the workhouse.

\textsuperscript{2} Minutes of evidence taken before the Royal Commission on the care and control of the feeble minded: questions 1 to 11, 021, London 1908, His Majesty’s Stationary Office, p.9.

\textsuperscript{3} Minutes of evidence taken before the Royal Commission on the care and control of the feeble minded: questions 1 to 11, 021, London 1908, His Majesty’s Stationary Office, p.86.
constructed and managed. It also provided special grants for these schools. The curriculum included basic reading, writing and arithmetic; singing and recitation; object lessons; drawing; needlework for girls; physical exercise; and manual instruction.⁴

According to the Education Act (1921) blind and deaf children over the age of seven were obliged to attend elementary school. The parents had to ensure that the child was educated, even though a suitable school might not be located within close proximity. The local school authority was responsible for the provision of education to blind and deaf pupils.⁵ Furthermore, children with epilepsy were also obliged to attend special classes or schools (certified by the Board of Education) if they were in reach of the child’s residence.⁶ The 1918 Education (Fisher) Act required local authorities to identify defective or epileptic children within their catchment areas and the remit of the Elementary Education (Defective and Epileptic Children) Act 1914 was broadened to include physically defective as well as 'mentally defective' children.⁷

On the establishment of the Irish Free State in 1922, the Stewart Institution (established in Dublin in 1869) was still the only centre dealing specifically with the mentally handicapped.⁸ The mentally handicapped continued to be catered for, to a large extent, in mental hospitals and in county homes.⁹ As a consequence, there was little thought of education for anyone with an intellectual disability. The first such attempt to educate the intellectually disabled in Ireland was initiated by the Brothers of Charity who were founded in 1807 in Belgium and specialised in the care of the mentally disabled. The first house they set up in Ireland was at Lota in Cork and

⁴ Education Department, Minute of the Committee of Council on Education, dated 26th February 1900, providing for grants on account of the education of defective and epileptic children and prescribing conditions to be fulfilled by certified schools for such children. London: 26 February 1900, Her Majesty’s Stationary Office pp. 733 – 742.
⁵ Education Act 1921, 5(51 – 52), London, His Majesty’s Stationary office, p.32.
⁶ Education Act 1921, 5(53), London, His Majesty’s Stationary office, p.33.
opened in 1932. It provided education to children with an intellectual disability, generally catering for those in the mild category. It is not stated how many boys from Limerick attended although a bus was required to take them home during holidays or alternatively to take parents to them.

By the late 1950s there were two schools in the Republic of Ireland for the mentally handicapped, that at Lota and another in Dublin at St. Michael’s House, established in 1956. St. Michael’s House differed from Lota in that it was a day school, and part of the trend, already described above, towards centres established not by religious orders but by parents and other concerned individuals from within the wider community. The Parents’ and Friends’ Association set up the day centre, St. Michael’s House, in 1955 with the school being established a year later. This pattern that became familiar at this period, especially in the facilities set up for the disabled by lay people – a pattern involving the establishment of a day centre catering for the social and medical needs of the children, followed after some time by the setting up of educational facilities.

Education in Limerick for those with a moderate learning disability (children with an IQ of less than fifty) began in 1952 with the establishment of St. Vincent’s at Lisnagry, two miles outside the city. Provision for those with a mild general learning disability (children with an IQ of less than seventy and greater than fifty) followed in 1961 with the founding of a special class in St. John’s School in the city. In these early days there were no more than thirty pupils in the class and the pupil-teacher ratio was about 15:1 or 16:1. Following later relocations, first in 1970 and then in 1979, the school expanded to five and then ten classrooms, eventually with a ten teacher staff. The school population soon reached approximately two hundred pupils, a number which varied slightly over the years. The general catchment area included most of County Limerick, as well as some of Clare and Tipperary, as

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10 Irish Times, 15 August 1969.
11 Irish Times, 15, 27 August 1969.
13 Hyland and Milne, p. 461.
far as Killaloe and Newport. A pupil-teacher ratio of 12:1 or 11:1 was eventually reached. From the 1980s the number in the school evened off. This was because, with the expansion of remedial education in mainstream schools, fewer children with mild learning disability needed to transfer to special education while those with moderate disability tended to move to Lisnagry.\textsuperscript{16}

The government in 1977 made the funding available for the full opening of Bawnmore Village for the mentally handicapped in Limerick.\textsuperscript{17} By April 1976 the exterior of the building was finished, but an additional £500,000 was required for furnishing and staffing – a result of the financial crisis of the mid-1970s.\textsuperscript{18} The centre finally opened in 1977 with four hundred applicants for 250 places but staffing problems persisted and one of the board commented in 1978 that because of a government financial embargo, only half of the staff required had been appointed.\textsuperscript{19} Therefore, though the new centre consisted of schools of nursing, a special school, training and socialisation centre, physiotherapy block, mobility and social activity area, convent and chapel, there was still danger of the school closing in 1986 and many children in smaller local communities could not be relocated to Bawnmore.\textsuperscript{20} Besides, Bawnmore was now encountering another problem – its staff shortages meant that it could not fulfil its original purpose as an accommodation centre for pupils from other schools like Lisnagry, St Gabriel’s and Catherine McAuley’s who had reached school leaving age. Staff shortages meant that the accommodation that had been promised for such young adults could not now be provided.\textsuperscript{21}

Unlike the case of mental disability, provision of education for the physically disabled was not entirely absent in the earlier decades of the twentieth century, and probably the best provided for were the blind. By 1967 the number of blind people of school going age was only 185, much less than the number for other disabilities and there were two schools in the country although, ironically, no school for blind

\textsuperscript{16} Liam Lawlor, interviewed by David Loughnane, 7 May 2012. Children stayed in Catherine McAuley’s until the age of sixteen, at least.
\textsuperscript{17} Limerick Leader, 29 Jan 1977.
\textsuperscript{18} Limerick Leader, 17 & 24 April 1976,
\textsuperscript{19} Limerick Leader, 21 Jan 1978.
\textsuperscript{20} Irish Independent, 21 Feb 1986.
\textsuperscript{21} Limerick Leader, 21 Jan 1978.
students was established in the new state after 1922.\textsuperscript{22} Despite the lack of educational facilities, there was a home teacher who visited blind pupils.\textsuperscript{23} The Limerick branch of the Council for the Blind advocated the appointment of a second home teacher in Limerick City and County. They could now do this as they had the finances to do so. The home teacher visited homes of the blind, hospitals, clinics, and pension and welfare offices. In the county, voluntary workers visited the blind.

The process of providing education for those with physical disability accelerated in the late 1950s, when the Central Remedial Clinic opened its own school in 1956.\textsuperscript{24} It started with two teachers and a third was being sought in order to cater for the children who could not keep up with the rest of the class because they spent long spells in hospital, such absences making it difficult for them to participate fully in the curriculum.\textsuperscript{25} The provision of education was also a major emphasis of the Cerebral Palsy Association. Dublin’s Sandymount Day Centre, which was run by the National Association of Cerebral Palsy, was founded in 1952 and for many people with cerebral palsy it was their first chance of a formal education.\textsuperscript{26} The Sandymount Centre gave children an education up to the age of eighteen but it did not prepare them for formal examinations such as the Inter Cert or Leaving Cert.\textsuperscript{27} In Limerick there was never any centre dedicated specifically for Cerebral Palsy, but those with this condition were increasingly focused upon, along with those who had spina bifida and hydrocephalus, by St. Gabriel’s centre – as it moved away from intellectual disability – from the mid-1960s onwards.\textsuperscript{28}

The experience of St. Gabriel’s School in Limerick shows how a concern initially set up as a drop-in centre evolved into an educational institution, and also how an increased specialisation became possible as resources improved. When St. Gabriel’s first opened it was, as already discussed, a centre where mothers could leave their

\textsuperscript{23} \textit{Limerick Leader}, 30 September 1939, 13 July 1955.
\textsuperscript{24} National Archives, DFA/2011/126/25.
\textsuperscript{25} Irish Times, 21 August 1967.
\textsuperscript{26} Irish Independent, 19 February 1988.
disabled children for a few hours. There was no deliberate focus on any one type of
disability or any attempt to section off the intellectually disabled from the physically
disabled and the term ‘handicapped’ was very broadly used as late as 1970 to mean a
wide array of conditions.29 Signs that the centre was beginning to focus upon
physical disability were evident from 1966 when they began to offer physiotherapy
and there were plans to move the ‘moderately handicapped’ to Lisnagry but Dr. Bill
Cahill recalled how for the first ten years that he worked there any and every sort of
condition was catered for at the centre and the school had not began to specialise
either.30 To begin with, boys could not be relocated to Lisnagry and it would appear
that the ‘mildly handicapped’ (this generally meant children with an IQ range of 50-
75) were still retained. In addition, many conditions such as hydrocephalus caused
both physical and intellectual disability which complicated the matter.31 But the
arrival of the Brothers of Charity in the city in 1971 allowed a greater degree of
specialisation (particularly after Bawnmore was completed in 1977):

The Brothers of Charity arrived in Limerick and were able to hive some of our
patients away to the Brothers of Charity, the more severely disabled. Am, but
they were, again, they weren’t too interested in physically disabled children.
We gradually am, if you like, hived off, am, the mentally handicapped, the
obviously mentally handicapped, ah, clients to them.32

This development allowed St. Gabriel’s to concentrate on providing care for
physically disabled children, and it also helped the school financially, as the Brothers
pooled their resources with the school when providing care.33 This pooling of
resources was typical of the cooperation between different groups working with the
disabled in Limerick. For example, the lack of educational psychologists available to
schools for the disabled meant that existing expertise had to be utilised to the full. In
Catherine McAuley School, for instance throughout the 1960s through the 1990s

29 Limerick Leader, 28 Nov 1970.
30 Limerick Leader, 14 June, 23 Sep 1967; Bill Cahill, interviewed by David Loughnane, 23 Feb 2012.
31 Limerick Leader, 28 Nov 1970.
32 Bill Cahill, interviewed by David Loughnane, 23 Feb 2012.
33 Limerick Leader, 26 November 1978.
clinical psychologists were hired from the Brothers of Charity to assess any child who sought admission.34

St. Gabriel’s was typical of those special schools that became integrated in the state system when it became an officially recognised educational institution in 1978.35 In 1979 the school management and supporters began a campaign to move to a green field site in Dooradoyle, just under two miles from the city centre, as the school premises, occupied since 1962, was cramped and overcrowded.36 Although the numbers actually attending the school always averaged around fifty the numbers who used the centre was in the hundreds and the centre at St. Joseph’s Street was unable to cope with this.37

From the 1960s onwards, we can see a slow evolution in the educational curriculum that was to be found in these schools. This emphasis on an intellectual content in the education provided was not totally new: In 1900, girls in St. Mary’s Blind asylum in Dublin were taught to read raised writing as well as needlework and knitting. They were also were encouraged to sing and express themselves musically.38 Over a decade later, children at the Bray Protestant Home were taught academic subjects along with some crafts.39 This emphasis on handcrafts continued into the 1950s when such a class for blind people was held once a week in St. Anne’s Vocational school in Limerick.40 There was, however, a move towards a more intellectual but still practical curriculum and by the 1930s, the School for the Deaf in Stillorgan, Co Dublin, followed a primary curriculum and placed emphasis on speech, lip-reading and the acquisition of language, while in orthopaedic hospitals a classroom was provided where children were given a primary education and those that were bedridden were visited and taught.41

34 Liam Lawlor, interviewed by David Loughnane, 7 May 2012.
36 Limerick Leader, 29 Nov 1980.
37 Limerick Leader, 29 Nov 1980; Bill Cahill, interviewed by David Loughnane, 23 Feb 2012.
38 Freemans Journal, 16 October 1900.
39 Irish Times, 15 March 1913. According to the 1911 census returns all of the children at the Institute were Church of Ireland Protestants.
40 Limerick Leader, 30 September 1953.
In the 1950s when the new lay-run organisations for the disabled had emerged, there was some attempt to provide a curriculum that would give physically disabled children a head-start.\(^{42}\) However, retrospective evidence suggests that that the curriculum in the early days of the special schools was inadequate, and that life for the pupils was almost too relaxed.\(^{43}\) This seems to have been the case of St. Gabriel’s School in Limerick, precisely because it began more as a respite centre than as a school and all emphasis in the early period was on medical care rather than quality of education. The very fact that St. Gabriel’s catered for the intellectually disabled as well as the physically disabled in the early years was proof that respite rather than education that was the focus.\(^{44}\) The earliest classes were under the direction of Nurse Kay Geary, further proof of the medical focus of the school.\(^{45}\) Another problem in such schools was the tension between the medical and educational needs of the pupils: it proved difficult for teachers to educate children that required almost constant medical attention, and this could lead to some tension between the nurses and the teachers working in the school.\(^{46}\) Anne Bowes, who taught in St. Gabriel’s described how teachers were always conscious of the students’ medical conditions and how it affects their education. This meant that resourcefulness was hugely important for those working with the children in the educational sphere and according to one former teacher,

Well obviously we don’t take care of the medical needs, but am, am, as you know yourself… It’s, a lot of the physical needs kind of have ah, an input into your education, because say, you know, you’re unable to write very well. But then you’ve to find some other way of doing things, or expressing yourself… For instance, you did your exam and …someone scribed for you. Ah, so, you know, you have to find other ways of doing something.\(^{47}\)

\(^{43}\) Maura Hayes, interviewed by David Loughnane, 12 May 2011.
\(^{44}\) *Limerick Leader*, 7 Mar 1966.
\(^{45}\) *Limerick Leader*, 14 Jun 1967.
\(^{46}\) Anne Bowes, interviewed by David Loughnane, 25 Jan 2012.
\(^{47}\) Anne Bowes, interviewed by David Loughnane, 25 Jan 2012.
The difficulties were increased where children had mental as well as physical disabilities, something which still forced parents to send their children to schools outside their home area: one mother of a severely disabled child put it as follows:

Am, and I have to say, she needed the extras, am, that, that the special school gave her. I wish she could have had her education locally, at home. I know there are special needs assistants and that available, probably, you know. They, they would have been there at our time as well. But it wasn’t enough for her, and she needed extra help in a different place. She has an intellectual disability as well. Am, so she would have, she would have really struggled in, in mainstream school and, and, you know. Yeah. Looking back it’s hard you know: I’d weigh it up sometimes and I’d say, was it the right decision? Was it the wrong decision? I think for us, it was, it was right, you know.48

Such problems still exist in special education in the early twenty-first century, as was pointed out as late as 2007 in relation to the Ballymun Comprehensive School’s provision of facilities for the physically disabled. It was emphasised in this report that additional care is needed for students with physical disabilities and this, along with potential underlying health issues, goes some way towards explaining why there are so few people with disabilities doing the full Leaving Certificate examination.49 This has a knock-on effect with regards to the number of disabled individuals going onto third level and consequently competing in the white-collar world. It also might explain why we see poverty amongst the disabled and why voluntary services for the disabled are still so relevant. Statistics released by the CSO in 2006 show that forty-four per cent of households where the head of the family was disabled were in risk of poverty, also forty per cent of individuals who were disabled were at risk of

48 Maura Hayes, interviewed by David Loughnane, 12 May 2011.
poverty.\textsuperscript{50} Furthermore, figures from 2011 show over 20,000 disabled people without any formal education.\textsuperscript{51}

Obviously, the issues of curriculum proved even more complicated in the case of intellectual disability, the tendency being to provide more in terms of life skills than traditional academic subjects. Government attention was given to the provision of education of the mentally disabled in the early 1960s, most of whom, it was believed, could never reach full development but could be taught to fully utilise their mental capacity and could take their place in the community. Mental handicap was described in a Department of the Taoiseach file as ranging from mild to severe. The moderately mentally handicapped could be taught to do routine things but were not able to learn academically. The mildly mentally handicapped could be trained and taught to read and write, some needed supervision throughout their lives.\textsuperscript{52} The curriculum in the various schools tended to reflect this division: the curriculum that was taught at Lota in Cork prior to the late 1950s was outside of the national education system.\textsuperscript{53} Similarly, while the school for moderately disabled children at Lisnagry in Limerick taught pupils to read and write, there was also a strong emphasis on how to look after themselves. In Limerick’s Catherine McAuley School, children received a very general education (the project approach) which included the acting out of practical scenarios with academic tasks centred around the practical issue in question. Liam Lawlor described this approach in detail,

Now the project approach would have been where you would have a certain theme for the week and the theme may be, let’s say, the railway station and everything then would be developed around that railway station for the week or for a fortnight. Your language development in the mornings, your written work would be, would be focused on that. It was all really in or around the ‘look and


\textsuperscript{52} National Archives, Department of the Taoiseach, 3/S/16814, B/62, July 1962.

say’ method at the time so you’d have flash-cards and you’d have written stuff and then your art and your craft and your Geography and your History would all be based, maybe, in or around the railway station and your social environmental studies would be going to, going to view the railway station here in Limerick. Your art would be in or around the railway station. Your language would be in or around the train and the station and the guard and the whistle and so on. There was a huge amount of language development in that and the written work would be based around this as well.

Though expected to follow a version of the mainstream curriculum that included academic material, there was also an emphasis on life skills and social skills. It was not until 1992, however, when the Junior Certificate and revised Leaving Certificate gave the students the opportunity to take English, Irish and Maths at foundation level that those attending the school were able to successfully complete general exams.54 A major problem in the curriculum for those with mild learning disabilities as late as the 1980s involved the content of textbooks. Teachers found that it was very difficult to find Irish-published text books that were ‘academically appropriate, in [the] level of difficulty, but also age appropriate in the subject matter.’ One teacher explained how they wanted to ‘get teenagers to read about “teenager” stuff, but not be reading about Peter and Jane and Daddy and the garden and all that which was quite, which was for a much younger student.’ Suitable books could only be found in Britain and imported, otherwise students could find themselves using books which a sibling, five or six years younger than they, was also using, and this was not good for their self-esteem. There was also the issue of gauging the ability of individual pupils in a way that enabled them to succeed. Declan Bromell, teacher in Catherine McAuley’s school, described how the proliferation of courses, such as the Junior Cert Schools Program and FETAC course, meant that children at various levels of intellect could take part in academic programs.55 Some children with Down Syndrome initially attended Catherine McAuley’s school but, although they well did relatively in the

54 Ibid. The old Inter Cert was so memory based that the children in the school were unable to attempt it. Much of the teaching was project based, with particular theme, such a railway station for example, being used for the week and all the academic work would centre around the train station.

55 Declan Bromell, interviewed by David Loughnane, 1 March 2012.
beginning, there was a plateauing out of their ability and eventually they started to struggle with the curriculum, particularly maths.56

There was also the issue of the provision of special training for teachers working with disabled students, and such a provision was not available for most of the period under review. Most experience in the teaching of the disabled had to be got on the job. A former principal of Catherine McAuley School (which dealt with mild learning disability) commented:

Certainly all I learnt from special teaching was from the principal of the school at the time, Sister Cilian, so while we were trained in Mary Immaculate College for general teaching, once we went into the school we really learned on the job.57

While St. Patrick’s College in Drumcondra provided a dedicated course in special needs education since 1961, Mary Immaculate College in Limerick did not provide diploma and masters’ courses in the area until 2007.58 Liam Lawlor described how when he first came to work in Catherine McAuley’s in 1970 he simply had a basic Bachelor of Education degree and he received all of his special needs training ‘on the job’ from the school principal Sister Killian.59 Special Education in Ireland was just being developed in the late 1960s although, as Liam Lawlor showed it had not become a requisite qualification in Limerick by 1970.60 By 1974 there were twenty-five students a year enrolling in the special education teacher training course in St. Patrick’s College in Dublin and government grants had increased for the course.61

A major emphasis in the attitude to disability from the 1950s onwards was on the role of rehabilitation. Retrospectively, this has been questioned by a number of individuals interviewed for this study. The term ‘rehabilitation’ is regarded by them

56 Liam Lawlor, interviewed by David Loughnane, 7 May 2012.
57 Liam Lawlor, interviewed by David Loughnane, 7 May 2012.
59 Liam Lawlor, interviewed by David Loughnane, 7 May 2012.
60 Irish Independent, 22 April 1969.
as illustrating the way in which disabled people were seen as people who did not belong in the workplace and who were objects of charity rather than potentially active members of the workforce.\textsuperscript{62} There was also the fact that many small businessmen were being undercut by some of the workshops and one interviewee recalled how the Brothers of Charity ran a workshop manufacturing stainless steel products and this undercut at least one local business.\textsuperscript{63} The word ‘rehabilitation’ in their view paints a picture of trying to improve a person according to the medical model, when in fact disabled people needed a place to be educated to work to their full potential. Tom Keane who worked for Cerebral Palsy Ireland in the 1980s, was critical of the 1950s interpretation of ‘rehabilitation’ when he commented that,

Rehabilitation to me, ahm, appears to be something that was wrong in the first case that’s going to be put right in the second case; but in actual fact there’s nothing wrong in the first case, what it needs is a different concept of education and training within people.\textsuperscript{64}

While this is a fair assessment, it fails to take account that in the thinking of the time, the idea of rehabilitation was a practical one, i.e. to get people ready for work so that they could take their rightful place in society. Also, it was intended to persuade employers that people with disabilities were able for full-time work and that they were sufficiently skilled so as not to be a danger to other employees. In 1957 a state body was established to co-ordinate the rehabilitation of individuals suffering from a disability. This new body, the National Organisation for Rehabilitation, organised the welfare of disabled persons including training and medical care.\textsuperscript{65} Ten years later, the National Rehabilitation Board took over from the National Organisation for Rehabilitation to look after ‘the welfare of persons who are disabled as a result of physical defect or injury, mental handicap or mental illness’ and to provide services

\textsuperscript{62} Irish Times, 30 January 1956.
\textsuperscript{63} Dermot Hartigan, interviewed by David Loughnane, 9 July 2012.
\textsuperscript{64} Tom Keane, interviewed by David Loughnane, 24 July 2012.
including training and placement of disabled individuals who could enter the workplace.66

The idea of providing training was also an essential part of the rehabilitation movement although the fact the organisations in charge of rehabilitating the disabled constantly changed – from the Rehabilitation Institute (founded 1949) to the National Organisation for Rehabilitation (1957) to the National Rehabilitation Board (1967) – meant that there were a confusingly large number of new centres opened in Limerick city from the 1950s onwards. The first centre in Limerick city was opened by the Limerick committee of the Rehabilitation Institute in May 1955: it ran upholstery workshops and it initiated industrial repair unit training. As the national bodies responsible for rehabilitation were renamed or re-incorporated a number of new centres closed replacing older ones which had lapsed. Under the supervision of the National Organisation of Rehabilitation a training centre which focused on horticulture opened in Limerick in 1962 and later a centre was opened, on the site of an old laundry, under the National Rehabilitation Board which reverted to upholstery work.67 It provided accommodation and training opportunities to forty-five mental and physically handicapped people. As well as this the centre aimed to stimulate and they had a placement service to find employment for people. Generally these workshops aimed to at least break even and in the period 1951-56 the rehabilitation clinic paid out £20,000 in wages and the workshops had produced goods worth £35,000. As with other centres, as mentioned previously, the Limerick Rehabilitation Clinic seemed to cater mostly for people that had suffered from tuberculosis.68

67 Limerick Leader, 10 November 1973.
68 The Irish Times, 23 May 1955.
Conclusion

This study set about exploring the experience of people with a disability in Limerick and looked at how services have evolved to meet their needs. This thesis has highlighted the extent to which from the late nineteenth century onwards disabled persons were reliant on charitable organisations and philanthropists rather than the state. The church was very proactive in filling the vacuum that was left by the state and pioneered many facilities to deal with disability.

The time-period 1960 to 1990 saw a radical change in how disabled persons were treated. Limerick was not unique, as everywhere throughout the developed world, new services started to address the needs of the disabled. This was due to the ever going pressure by disability advocacy groups. People with a disability were no longer willing to sit back and let others dictate their lives. As shown through this thesis, the disabled started to campaign for better treatments and facilities from the 1960s onwards. Politicians both locally and in government started to get involved in these groups as a means of proactively supporting constituents although there was a discernible effort to keep them away from the decision making process of these organisations. The need to be belonging to all political parties and none was very much emphasised by Col. Michael Shannon of St. Gabriel’s who commented, ‘they were all in favour because there were votes in it and they didn’t come on our committee, we didn’t want politics to take it over.’ \(^1\) This encapsulates the sentiment of all such lay organisations at the time.

The main issues dealt with in the thesis were the changing language used by society to describe various forms of disability; the extent on institutionalisation of the disability in later nineteenth and twentieth century Limerick; the degree of denominational rivalry with respect to the provision of care to the disabled; the transition in the provision of services to the disabled from religious to voluntary

\(^1\) Col. Michael Shannon, interviewed by David Loughnane, 31 May 2013.
charitable organisations; and the various types of education (including vocational training) that was on offer to disabled persons.

The Catholic Church played a crucial role in providing care for the disabled up until the 1960s. There were sectarian tensions between the Catholic and Protestant churches in this area as well as in others, and this led to a duplication of services for the disabled. Catholics did not want their children to be sent to protestant institutions because they were afraid that they would be proselytised. This tension was also evident in securing funds for disabled organisations. Due to the fact that there was a scarcity of secondary sources directly relevant to this thesis, primary sources form the bedrock upon which this study was based. Oral interviews and local newspapers constitute the spine of this thesis and both types of sources have their shortcomings. However, whilst one would assume that oral interviewees would have less objectivity than newspaper reports the opposite was often the case. The case of the early St. Gabriel’s centre illustrates the strengths of oral interviews as oppose to newspaper reports. Whilst the newspaper reports wanted to stick with the ‘feel-good’ aspect of the story and were happy to report that voluntary tradesmen had done a ‘great job’ in restoring the building the truth in all its starkness was laid out by Dr. Cahill who was happy to describe the dilapidated early centre including the holes in the floor and cramped conditions.²

Archival material was a useful source although it is unfortunate that many local archives, particularly the Limerick Diocesan Archives, are not fully catalogued and it was only through the kind assistance of David Bracken, archivist of said archives, that any information at all could be obtained. The National Archives are a great help to anybody seeking to learn more about provision for the disabled on a national level, although there is not an abundance of material relevant to Limerick in particular. Debates in Dáil Éireann are another useful source although one inevitably has to wade through the political mud-slinging to get to the relevant information. Overall, the Dáil debates show where the topic of disability was in the public mind and the

increase of debate involving this topic from the 1960s onwards is a clear indication – given as politicians always follow the public mind – of the popular perception of disability.

Overall, as mentioned in the introduction to this thesis, the census returns as a statistical source are somewhat of a disappointment in relation to disability, particularly for anyone attempting a study of disability in twentieth century Ireland. The fact that all mention of disability disappears from census reporting after 1911 and does not reappear until the very end of the twentieth century probably says much for how the subject was approached and how much of a priority it was. One has to move towards the middle of the nineteenth century to find the most detailed commentary on disability by census commissioners. This is not to say that this early commentary is all that reliable as it uses antiquated definitions and applies outdated attitudes to the question of disability. Overall the early census commissioners are indicative of an approach to disability that appears harsh in comparison to analogous commentary from the twenty-first century. Most problematic of all is the fact that one cannot completely assume continuity between the nineteenth century censuses reporting on cripples, imbeciles, idiots etc. and the later investigations into physical disability, intellectual disability and so forth. It is probably only with disabilities of the senses that one can expect some continuity although we have to take into account the problem of the ‘Dumb’ and the fact that it is always associated with deafness often with a scant regard for whether intellectual disability had a part to play. In the end, however, the nineteenth century census commissioners stand far above their twentieth century counterparts when one takes into account the fact that they were dealing with a population that stringently stuck with folk interpretations of the cause of disability. It was a considerable achievement to get any amount of statistical information when examining a community that believed that supernatural possession, intervention and influence were inextricably associated with all forms of disability.

The main patterns that were apparent through the course of this study involved the interplay of lay philanthropists, religious clergy and politicians. The earliest period examined in the study was dominated by concerned Protestant philanthropy, with the Claremont Institution and the Limerick Blind Female Asylum being prime examples
at national and local level respectively. The increasing dominance of the Catholic Clergy in the public domain reflected wider patterns and it was obvious from as early as 1889 that the financial clout and structure of the Catholic religious orders was seen, from a government perspective, as a useful way of dealing with disability (see page 38 of this thesis). Catholic religious orders were left to deal with disability almost completely by themselves for the first half of the twentieth century and this pattern was only broken when another group of concerned lay people (who, perhaps coincidentally, were often Protestant) began to establish organisations such as Cerebral Palsy Ireland, the Central Remedial Clinic and the Limerick Handicapped Children’s Committee. This latter group were reliant on political patronage to a greater extent than the religious orders and much of the story of such local organisations, especially St. Gabriel’s School and Centre, feature the struggle that the leaders had in getting political support whilst remaining independent of political and religious control. Whilst one can see that the old model, generally featuring an institution run by a religious order, was changing from the 1960s onwards the reliance upon charity which characterised the new model was never eradicated and as late as the twenty-first century we still see government grants for St. Gabriel’s purposely left short of the required amount and fund-raising and private support remains an integral part of this model. Whether this negatively affects the independence of these centres is open to discussion but it is probably reflective of a wider pattern in Irish society that the likes of J.P. McManus and other prominent philanthropists are expected to permanently support such organisations.

The attention of the wider community to the subject of disability increased in short bursts which generally accompanied an epidemic. In general, for much of the early period under discussion here congenital disability was taken for granted as a fact of life but epidemics which caused disability struck fear and demanded action. It was the will of God (or the fairies) if a person was born blind but something such as ophthalmia meant that the sighted population could be rendered blind and epidemics of this nature quickly cast a spotlight on the plight of people with disabilities. The polio epidemic was another such period where the eyes of the general public turned to the question of disability. In general, those who were blind or physically disabled
as a result of congenital reasons had a lot to be thankful for such epidemics which were always followed by an increase in provision and an improvement of facilities which they could avail of when the epidemic passed.
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