The Protestant Orphan Society and its social significance in Ireland 1828–1940

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Bereaved families and boarded-out children, 1850–98

They were put into families where they found another father and another mother, and had an opportunity of mixing with children of their age. They were not drilled like soldiers, as they would be in an institution; they were simply treated like members of the family.1

Introduction

Despite the general rise in living standards, widowhood remained a defining period for women and their families due to poorly paid and often scarce employment, and the burden of dependents. While some widows managed to find work, remarried or emigrated, for others the heavy responsibility of providing for their families alone, and often unexpectedly, caused mental and physical decline; children were also deeply affected by bereavement and separation from their mothers. Through case history analysis, this chapter closely examines the difficult period of bereavement, the chain of circumstances that led widows to seek relief from PO Societies, which by 1870 had a presence in every county in Ireland, and the effects of such upheaval for children. It assesses the boarding-out environment in which children were placed, and, using the Dublin POS as a case study, establishes whether the system was as effective in practice as in theory.

Bereaved families: applicants

PO Societies generally received applications from the families of professionals, artisans, and semi-skilled and unskilled workers. During the period from 1877 to 1894, the Tyrone POS received applications from widows of labourers (44 per cent), farmers (10 per cent), shoemakers (7 per cent), weavers (5 per cent), soldiers (almost 3 per cent), school masters (2 per cent), blacksmiths (2 per cent), and servants (2 per cent).2 Other occupations included bakers, coopers, plumbers, scutchers and sawyers.
The DPOS received applications from the widows of soldiers, labourers, shoemakers, carpenters, weavers, tailors and servants; clerks, farmers, artists, architects/civil engineers, chandlers, chemists, Church of Ireland clergymen, Presbyterian ministers, dairymen, hatters, lawyers, and japanners, violinists and band masters. Just as in the first half of the nineteenth century, there is evidence to suggest that a number of families had experienced a reduction in circumstances prior to bereavement due to declines in their husbands’ trades.3 The children of high ranking policemen – acting inspector of police, the inspector of the Metropolitan Police, and police sergeants – as well as police constables were among those also admitted. See figure 5.1.

There was a strong military presence in Dublin throughout the nineteenth century and the DPOS served a percentage of these families, many of whom originated from England, Wales and Scotland.4 The 1863 return of judicial statistics in Ireland states that there were 12,337 members of the constabulary in Ireland with 1,079 in the Dublin Metropolitan Police, 538 in Tipperary and 152 in Londonderry.5 By 1870 Catholics represented almost three-quarters of the police force, primarily in the lower ranks.6

The records of the Monaghan, Cork, Belfast, Tipperary, Londonderry, Tyrone and Dublin PO Societies7 suggest that with few exceptions, widows were left ‘unprovided for’ and ‘utterly destitute’. The seeming lack of provision was largely attributable to the sudden deaths of their often very young husbands. Causes of death ranged from duty in the Crimean War (1854–56) to work-related accidents; for example, an engine driver was killed in the ‘Trillick Outrage’, on the Derry and Enniskillen Railway, Friday 15 September 1854 which left four

![Figure 5.1 DPOS applicants' occupational profile, 1850–98. Source: Register of applications, 1850–98, NAI, POS papers, 1045/5/2/2–4.](image)
orphans. The Employer’s Liability Act was passed in 1880 and the Workmen’s Compensation Act in 1897.)

The incidence of consumption (TB) in Ireland had exceeded English and Scottish figures in 1866; fevers, and the cholera epidemics of 1853 and 1866 also produced many young widows. In one such case, a slater and plasterer by trade, resident of Kingstown, Dublin, who had kept his wife and two daughters ‘in comfortable circumstances’ during his lifetime, died ‘after a very few hours illness’. Other causes of death included general ill health, in a minor number of cases improper medical care, and age. In 1861 it was reported that in Dublin, the average life expectancy for the artisan class was twenty years and the wealthier classes forty-eight years.

**Work for widows**

The female industrial movement, which was particularly active in the early 1850s, increased employment for women; for example, in Dublin women produced embroidery and plainwork, and sewed muslin, work which was intended to have a moralising effect on the lower classes. Mrs Jellico, a Quaker, and founder of the Queen’s Institute, 1861, and Alexandra College, Dublin, 1866, and committed campaigner for women’s inclusion in university education, reported on Dublin factories in 1862, noting that one factory alone employed 400 women and girls. Jellico concluded that needlework in all its forms was a substantial source of employment for women ‘from the tradesman’s daughter … to the reduced gentlewoman, striving to eke out a meagre existence’. Women with dependents tended not to engage in homework, and those who did were scarcely able to survive on the wages which were considerably lower than those in factories. However, as it was socially unacceptable for middle-class women to work outside the home, taking up homework helped to preserve the respectability of widows in reduced circumstances at least in the short term. In the years after 1871 there was a decrease in the number of women recorded in census returns as having a separate occupation from their husbands; they were accounted for as ‘non-productive’.

By admitting their children to the DPOS, widows from Dublin, and other parts of the country including the north, where the textile trade was booming and needle work ‘very remunerative’, could obtain higher paid factory work. (Until the foundation of local PO Societies in the north, children were placed under the guardianship of the DPOS.) A number of widows who applied to the DPOS recorded their occupations as plainworkers, needlewomen and dressmakers.
In many DPOS applications, widows were recorded as having no occupation; for example, the entries read ‘mother’ or ‘mother, no occupation’, while in other cases, women shared the same occupation as their husbands – father’s occupation ‘umbrella maker’ and mother’s occupation ‘mother and umbrella maker’. Domestic service was a highly represented occupation among widows at the time of their application to the DPOS. Widows also worked as housekeepers, nurses, teachers, charwomen and laundresses, albeit in fewer numbers.

As discussed in chapter 3, the DPOS, those who applied on behalf of widows, and the widows themselves recommended that if the youngest dependents were admitted to the Society, widows would be free to ‘earn their bread’. Records from emigration schemes such as Barnardo’s contain numerous cases in which widows sent their children to the homes because they could not secure day care. By admitting one or all of their children to the DPOS, or local PO Societies, particularly their youngest dependents, whether temporary or long term, overburdened widows could work, migrate or emigrate. As Maria Luddy suggests for women, ‘in order to engage in remunerative and rewarding work they had to leave the country’. The following cases support the view that if relieved of their youngest dependents, widows could re-establish themselves with a certain degree of independence. A Cork widow was assisted by local people to ‘open up a little shop’ after her husband, a soldier, died of consumption in the trenches of Sebastol during the Crimean War (1854–56). The Cork POS admitted her younger dependents.

In 1880 a widow admitted her two daughters, aged eight and five, and one boy aged six to the DPOS. At the time of her application she recorded her occupation as a stewardess on the SS Lady Olive. Mrs – had two addresses, one in London and one in Dublin, depending on where the ship was anchored – ‘SS Lady Olive, North Wall, Dublin or SS Lady Olive, Millers Warf, Smithfield, London’. The DPOS case file register documents the widow’s employment history while her children were under its care, first as a nurse in the Adelaide Hospital in 1881, then in 1883 as a nurse in Sir Patrick Dun’s Hospital, and finally in 1885 as a nurse in the North Dublin Union. In cases of this kind, PO Societies represented a substitute for, or an extension of, kin support networks. Furthermore, other widows admitted their children to a local PO Society on a temporary basis until they could afford to emigrate with the whole family. The Newry POS reported a case of this kind in September 1874 when a widow removed her daughter from its care and emigrated to America.
Widows as nurses to their own children

While many widows requested that the Dublin POS (DPOS) admit their youngest dependents, in other cases widows refused to part with any of their children. As early as 1855, a lady subscriber to the DPOS advised, ‘it may perhaps be as well to mention that the Monkstown Protestant Orphan Society has consented in several cases, to permit the surviving parent to have charge of the child’.28 Other local PO Societies also permitted children to remain with their mothers in specific cases. The Cork POS stated in 1859 that ‘in former years the committee felt it their duty not to commit the care of the orphans in any case to their mothers. It was, no doubt, a sure way of testing their destitution. The harsh and painful course is no longer pursued by the Society; if the mother be a member of the Church, of unexceptionable character, and possessed of some means of livelihood, she is intrusted with the care of her own child’.29 However, it soon encountered difficulties and though it continued to provide widows with grants, at times it doubted the propriety of its decision, particularly in light of the inferior housing, and unhealthy surroundings in which some widows lived.

Nevertheless, the Cork POS also reported excellent results; for example, in 1888, it told of a widow who was given charge of her children, ‘a most industrious woman’ who was ‘paying off some debts’,30 and ‘making a hand first to retain her farm for her boys; she has taught her elder child to milk and make butter’.31 The widow later stated that ‘the Society’s help is what kept her on her farm and she is deeply grateful for it’.32 The Tyrone POS confirmed in 1877 that mothers could nurse their children until they were three years old and in other ‘peculiar circumstances’.33

A DPOS subscriber argued against the policy change adopted by local PO Societies, claiming that widows would be prevented from finding employment and that bereaved families in poor circumstances could not provide their children with adequate care if dependent solely on the relatively small grants provided. The DPOS had always allowed children to remain with their mothers in infancy (the length of their stay depended on the widow’s individual circumstances and the children’s health). Moreover, the committee granted 86.6 per cent of written requests from mothers and extended kin to visit with their children during the period 1 July 1868 to 23 December 1869,34 and allowed children to remain with their mother in certain cases. In 1883 the DPOS indicated that it had temporarily relaxed the rule on children’s removal from their mothers but later reverted to the ‘old rule’ which it adhered to until the late nineteenth century.35
The Donegal POS debated the possible rule change at an annual meeting in 1890, at which many ladies were present. One speaker claimed the existing system was unfair to mothers and to children: ‘it very seriously loosened the ties that should bind a mother to her child’. The committee subsequently agreed to rescind the rule; however, in 1892, following a number of difficulties, the committee revised its policy again. Thereafter, discretionary powers were given to the committee to decide on a case-by-case basis whether children should be left in the care of their mothers or relatives and paid an allowance, a decision which proved unpopular with subscribers as evidenced in the decline in support reported the following year. By 1896 the Donegal POS had placed 45 out of 61 children with their mothers and grandmothers and boarded out the remaining orphans.

**Widows’ physical health**

There were a number of advances in public health which improved life expectancy in the second half of the nineteenth century: the Medical Charities (Ireland) Act, 1851 (also known as the Dispensary Act), under the terms of which the Poor Law Commission became the central authority for a countrywide system of dispensaries; the Medical Registration Act, 1858; the first Medical Officer of Health, 1864; the Sanitary Act, 1866; Public Health (Ireland) Acts 1874 and 1878; and compulsory registration of births, deaths and marriages, introduced in 1879.

It was relatively common for widows to become physically and mentally ill following the death of their husbands, the major breadwinners, which thwarted the best efforts of otherwise willing and able mothers to provide for their families. The esteemed doctor, William Wilde, ophthalmic surgeon of St Mark’s Hospital, whose name features on the Dublin POS collections lists, reported in the 1851 census that ‘over 53,000 women, or 1 in 63, of the total female population, were classed as ‘sick’.

Women were also underrepresented as hospital patients. Despite women’s ill health, it was also likely that women were generally the primary care-givers to their husbands when sick and that they were reliant on state medical care and charity whilst men had better means to access superior medical care if required.

A widow in Cork cared for her husband until he passed away and just as she herself was close to death. He had worked as ‘confidential clerk and manager’ and died of consumption. The Cork POS inspector visited the widow: ‘she is now in very delicate health with a young family thrown upon her for support while she is quite unable to do anything for them and is rapidly hastening toward her end being in
In his report, the inspector referred to the fact that this widow had herself been raised by the Cork POS; she had completed training as a dressmaker, and received a good conduct premium and a marriage portion.

While many widows were in a position to work in some capacity, for those with many dependents, no support networks, in poor physical or mental health, there were limited options and thus more tragic outcomes. On average, at the time of bereavement there were four children in every family who applied to the DPOS from 1858 to 1898; records also show that in certain cases there were between eight and thirteen children in the family at the time of bereavement. In larger families, elder siblings, if old enough to work, were viewed as contributors rather than dependents. The children’s age determined their usefulness in the family. These figures shed light on the level of burden under which widows struggled. See figure 5.2.

The available evidence suggests that many widows endured great hardship rather than accept charity and often neglected their own health to provide for their families. In 1855 the DPOS received a letter from a clergyman in Wicklow which stated, ‘The destitution of the mother is as great as it was. The poor creature’s illness was brought on by exposure and overwork in walking to Wicklow, nine miles off, and returning with fish generally carried on her head. By the sale of eggs and fruit she earned a few pence for her family’. The rector stated as the weather had been ‘very cold and wet’, he had ‘forewarned’ her to slow down and that she would become ill if she persisted. He said ‘during the late snow the family would have starved except for some aid I supplied and I am now employing one of the girls about the yard’.

The same year,
another Protestant widow was ‘in consumption scarcely able to leave her bed’. She was ‘hardly able to procure them bread, being from illness neither capable of needle or the necessary household work’. In many similar cases widows did not seek assistance unless compelled to do so out of urgent necessity.

A widow admitted her infant daughter to the DPOS in May 1881 and updated the secretary, Mr Jepps, of her circumstances on 14 January 1882:

I write to let you know that I have changed my residence I left my situation in Spencer Hill, Eglinton Park on the first of December and have obtained the present situation this month. I hope you are quite well and all your family. I saw you one day in Dublin and I waited a long time to get to speak with you, but you were engaged speaking with a gentleman at the corner of Grafton Street and you walked on with him, so I was disappointed. Dear sir, it is rather late for me, but I must wish you a happy new year. P.S. I am happy to hear that Mrs – has another orphan she will be a good comrade for my little – I hope soon to be able to go see her. I am sure she has grown very tall.

At the time the letter was written, Mrs – was healthy enough to work; however, four years later, by 20 January 1886, her circumstances had deteriorated dramatically. The committee noted, ‘mother in Baggot Street Hospital suffering from cancer’. Just under two weeks earlier, the widow’s daughter had been sent to lodge in Dublin. Less than three months later, by 9 April 1886, the widow had passed away in the South Dublin Union. The DPOS arranged for her daughter’s admission to the Female Orphan House on 7 June 1886.

Depending on their individual circumstances, widows were often overwhelmed to the point of mental as well as physical collapse by the pressure to provide for their families alone. In 1861 it was reported that there were 554 married, 1,617 unmarried, and 204 widowed women in Irish lunatic asylums. The Inspectors of Lunacy observed that in widowhood, ‘the woman, deprived of her natural support, and thrown perhaps on the world, must feel her position more acutely than a man correspondingly situated’.

A number of widows who were with child or who had recently given birth applied to the DPOS for assistance. The *Dublin Journal of Medical Science* contains references to widows whose husbands’ deaths caused a corresponding decline in their health. ‘M.D., aged 30; second pregnancy; admitted in very low spirits and extremely weak, her husband having died a week before, leaving her in a state of great privation’. The widow delivered a baby girl but died twenty-five days later.
In the early 1890s the DPOS admitted four siblings under the age of nine, the youngest just months old. The children’s mother, aged forty, was unwell at the time and subsequently admitted to the Richmond District Lunatic Asylum after she threatened ‘to destroy herself’. (Mrs – had been admitted to the Richmond for the first time four years earlier.) ‘Domestic trouble and heredity’ were the supposed causes of insanity. On her admission the widow was described as having a ‘sorrowful face’:

idiotically laughing, worn features, sunken eyes, dishevelled appearance are presented by this woman, as she sits gazing vacantly with mouth parted and vacuous smile. Her story is a sad one, of a marriage to a drunkard, large family, [and] hard work ... [Her husband] died here about two months ago, and she considers that a good riddance. But she is anxious about the children who are left in poverty and neglect consumed with evil sights and smells. Whilst she felt herself inclined to commit suicide, urged by some irresistible influence, and she confesses she often said she would do it.\textsuperscript{55}

(In addition to the younger children admitted to the DPOS, Mrs – also had older children who were likely to have been beyond the DPOS age limit. She appears to have been most concerned for the welfare of these older children who could not be admitted to the Society and who were therefore left unprovided for.) Within weeks of her admission, the medical officer reported that the widow began to ‘realize the isolation of her position amongst people whom she calls “unreasoning idiots”, but her language follows no coherent order, her judgement in no way improved’.\textsuperscript{56} The following year she attacked a matron, which was considered out of character for a woman generally regarded as ‘harmless’. In the months that followed, the medical officer noted that after the widow was informed of her eldest son’s death, she became ‘dull and depressed’ and refused food for a time. DPOS records also state that her youngest daughter died of ‘convulsions’. (The child’s death was likely to have occurred during teething.) The widow, who ‘was constantly in bed’, died in the asylum of suspected phthisis less than a year later.\textsuperscript{57}

There seems little doubt that the practical rather than emotional implications of her husband’s death caused a rapid deterioration in the widow’s health and exacerbated a pre-existing illness. The birth of her youngest daughter in the months before her husband’s death was also likely to have been a contributory factor in her decline. Moreover, the widow clearly expressed acute anxiety over her children’s future well-being given the family’s reduced circumstances. The consequent separation from her children and the later death of her eldest son and youngest daughter also caused her immense distress. Following the widow’s own
death, a relative adopted her other young daughter and her two young sons remained with their DPOS nurse until apprenticed. Without the assistance of the DPOS and a relative, the children would most probably have become dependent on the union workhouse.

**Boarded-out children**

In 1869 Florence Davenport Hill, social reformer, outlined the system of ‘modern boarding out’:

> boarding-out seeks before all things to preserve life ... the foster-parent is invited to share in a benevolent action ... profit, if considered at all, is a minor object, and the payment is so regulated as to prevent the children being taken as a source of gain ... boarding-out challenges the utmost publicity ... boarding-out is entrusted to those alone whose character is above suspicion ... boarding-out involves, as an essential feature, close and constant supervision ... the boarded-out child must daily attend school, and thus come under the constant notice of persons who would not hesitate to proclaim any sign of ill-treatment they might observe.\

As discussed in chapters 3 and 4, PO Societies laid the foundations for this model and continued to improve its system.

The idea of ‘domestic bliss’ in the middle-class family was enshrined in evangelical Protestant teaching influenced by the romantic era and espoused by preachers such as Revd John Gregg. In a sermon he preached on behalf of the DPOS in 1850, Gregg observed:

> Was there ever yet painted a perfect scene of pure domestic bliss, whether with pencil or with pen, in poetry or in prose, in which children did not form part of the picture? Would not every family scene be imperfect without them? I need not tell the virtuous brother and the affectionate sister, grown up to mature life, how the happiness of the home and the attraction of the fireside is owing to engaging and playful children. Many a harsh tone is arrested and corrected by their joyous voices ringing through the house. The saddest scene will be relieved by their playfulness, and the brow of care relaxed by their smiles. This is so in the families of the rich. But children have, in my mind, a peculiar interest and charm in lowly and virtuous life. I do not know that I enjoy anything more than to visit, as I am sometimes called upon to do, an humble dwelling where I know that peace and truth reside. In such the little children have their places, they are loved as tenderly, and watched as carefully, as in more wealthy homes.

Gregg’s words shed light on mid-nineteenth century attitudes toward children and the family.
PO Societies aimed to provide the orphans with the ideal concept of family life as described by Gregg. To this end, the Dublin POS continued to approach the entrustment of children to nurses with great caution. A DPOS inspector reported in 1853, ‘the people seem kind and I am sure the children would be treated as members of the family and well fed’. An inspector said of one applicant, ‘I believe that she would pay special attention to their moral and religious training and take the place of a mother to the orphans as far any one could do so’. Another observed, ‘she is a careful motherly woman’. Other nurses were referred to as ‘decent’, ‘respectable’, ‘pious people’. There is also evidence that
the same ‘good nurses’ were kept on by the Society for a number of years; letters of recommendation shed light on the committee’s gradual development of trust for nurses: ‘she has taken very good care of the two already entrusted to her, I can with confidence recommend her’. Over time, the inspectors came to depend on a network of reliable and respectable families.

Clergymen closely observed the manner in which prospective nurses treated their own children. However, given that many of the children retained ties with their mothers and extended kin, the nurses and their families were not typically expected to form permanent bonds with the children leading to informal adoption apart from in cases of full orphanhood.

DPOS nurse inspection reports, dating from the 1850s and 1860s, suggest that owing to the general rise in living standards, nurses in the second half of the nineteenth century were in better stead to receive children into their homes. The Society paid the nurses annually, provided the orphans with an annual supply of clothing and shoes and paid the schools a sum for each orphan in the neighbourhood who attended.

While a number of the DPOS’s nurses were tenant farmers’ wives, the wives of fishermen and blacksmiths also sought nursing positions. (Farmers’ wives were generally in charge of milking, unless they had servants to carry out these duties, and continued in this role for the domestic use of milk while men milked commercially from the late nineteenth century following the establishment of cooperative creameries.) Described as ‘a very respectable looking woman about 36 years of age’, the nurse in one report had four young children and employed ‘a servant to mind them’. The family lived on a farm with ‘two houses joining each other – one is a shop in which she sells tea, tobacco’. Her husband was noted as a ‘decent man’ who ‘keeps cows and goes to fish sometimes’. The inspector also indicated that ‘the house is situated on the strand – it would be a good place for delicate children. I am sure they would be comfortable’. The home was highly sought after not least because it was close to the sea.

In most other cases the children were sent to women who cared for the children themselves. For the most part, the DPOS tended to appoint relatively young nurses with their own small children as the aforementioned case attests; however, in other instances, it appointed much older women, many of whom were widows themselves. In the 1890s the Cork POS employed nurses who were between thirty and forty years of age as well as a minor number of women in their seventies who had served the Society throughout their married lives.
Inspections

As discussed in chapter 3 DPOS orphans were visited unannounced once in summer and once in winter by committee members, and supervised in their local parish by parochial clergymen and their wives, as well as the community at large. DPOS inspection reports from the 1870s indicate that the children were visited quarterly. At the Antrim and Down POS inaugural meeting, 1868, attendees were reminded that, ‘A child is placed in a certain parish. The clergyman’s family, and indeed all the families, take an interest in it’. Occasionally, concerned neighbours informed the DPOS committee that orphans were being mistreated by their nurses; for example, on 28 October 1869, the DPOS committee received an anonymous note stating, ‘the orphans located at Cappa and Shauna are very badly treated’. Similar concerns were raised about another nurse on 21 June 1869. Visiting kin, including siblings, also detected cases of neglect and, in some cases, asked the DPOS committee to inspect the home or transfer the children. In the second edition of *Children of the State*, published in 1889, Florence Davenport Hill restated her support for the DPOS system, particularly its safeguards to protect boarded-out children.

As shown in chapter 3, the Limerick POS arranged ‘ladies’ committees’ to visit the orphans. The Cork POS also reported in 1859 that ‘several ladies have kindly signified their intention to the committee to undertake this interesting and important duty [the supervision of nurses and orphans in every parish]’. In 1869, the Cork POS noted that Mrs Woodroffe, the wife of the secretary, Revd Woodroffe, was requested to help persuade a young orphan to reside with another nurse for health reasons: ‘Mrs. Woodroffe to try and induce her to go’. The Mayo POS reported in 1866 that no child had died that year and the ‘nurses have, in general, fulfilled their duties to the satisfaction of the Committee, who are gratified in being able to report most favourably of them. Some changes, on account of removal, have taken place, and other nurses appointed, but except in one instance this did not arise from any fault found with the nurses’. The Mayo POS inspectors kept detailed records of the children’s circumstances and progress, which were particularly useful for monitoring the children’s health.

The Donegal POS awarded prizes to ‘deserving nurses’ and included their names in reports of its annual meetings published in local newspapers, both of which were innovative ways to encourage nurses to meet the required standards of care. In 1892 Revd Crookshank, the inspector, having visited all the orphans ‘without previous notice’ awarded prizes
to the most deserving nurses’. The Donegal POS committee remarked in 1896 that ‘a very real attachment which existed between the orphans and their foster mothers was pleasant to behold’. The bonds between nurses and their foster children were demonstrated through ‘little gifts from the children from America’ and ‘affectionate remembrances of old and happy connections’. Equally important were the bonuses or gratuities that most PO Societies gave nurses for the effective care of sick children.

**DPOS orphans: a case study**

Revd Thomas Shore, noted in chapter 3 as a driving force behind the DPOS in the first half of the nineteenth century, was appointed Protestant chaplain to the North Dublin Union in 1852. The DPOS committee considered that given his appointment to a new position, he would no longer have sufficient time to devote to the Society and recommended his dismissal. One committee member also noted that when he had visited County Wicklow, where the majority of orphans were placed, he had heard his name (Revd Shore’s) ‘in every one’s mouth, and they seemed to think and speak of no one in the Society, but Rev. Shore’. Another committee member remarked that Shore had ‘had too much administrative power in the Society’. Following Shore’s departure, the newly appointed inspectors formed a subcommittee to arrange children’s placements.

In its first year, the subcommittee found the children in good circumstances, overall, however, ‘although they saw much to their satisfaction, they also saw problems’. In one case, children lived in overcrowded accommodation, had inadequate bedding, and suffered from the ‘itch’, the medical treatment of which is discussed later in the chapter. The subcommittee subsequently warned all the nurses that such neglect was unacceptable. In June 1853, the subcommittee reported a dreadful account of neglect and physical mistreatment against two orphans who were ‘not fed or treated in any respect like her own family’. The children were overworked before and after school and given no time for recreation and the nurse regularly sent the children for whiskey and beat the children; the children were removed immediately, and the nurse dismissed. While undoubtedly a troubling account, the very existence of any detailed evidence of neglect was most reassuring, for it confirmed the effectiveness of surprise visits and the inspection process as a whole. Furthermore, it invited crucial discussion on how best to guard against similar mistreatment in the future.
The aforementioned cases of neglect and mistreatment led to the revision of the original 1837 nurse guidelines. The honorary secretaries, Revd Beaver H. Blacker and Revd Thomas Kingston, former committee member of the Irish Daughters’ Clergy School, which assisted orphans and curates’ daughters, modified the rules:

1. No relative shall be allowed to visit the orphans at the nurse’s home without written permission from this office.
2. Nurses are to pay particular attention to train the orphans in habits of personal cleanliness and to report infirmities in any of them which the nurses’ care may not be able to correct. Their hair should be kept cut rather short, and the daily use of the comb enforced.
3. The committee require that the orphans be supplied with three comfortable meals each day, that they sit and eat with the family, and the food be freshly made and warm.
4. The committee require that the orphans, after their return from school, be allowed a reasonable time for recreation and preparing their lessons for the next day.
5. The committee expect that the nurse, or some member of her family, will attend church with the orphans so as to have an eye to them and set them a good example; and that she will also send her own children in the company of the orphans to Sunday school.
6. In case of any nurse having a complaint to make of the conduct of an orphan, or an orphan having reason for complaint about anything, the clergyman of the parish in all cases is to be applied to.
7. Every nurse shall be responsible, that no orphan shall ever go without shoes, or wear broken ones; and the practice of mending the old shoes too often, when they have become too small for the orphans, cannot be allowed. Any nurse who neglects attending to the above regulations must expect that all the orphans will be immediately removed from under her care.
8. It is expected that the nurse will have family prayer daily at which the orphans should attend.

The DPOS insisted that the orphans wore shoes to give the appearance of respectability and to maintain their general health; however, inspectors later reported that nurses did not always comply while in other cases children’s shoes were found in disrepair. The Fermanagh POS provided orphans with clogs rather than shoes which was objected to by subscribers at an annual meeting in 1861. In the 1870s, the Belmullet Board of Guardians supplied workhouse children with clogs.
Transferrals

In 1855 twenty-three children were transferred to alternative nurses, twenty-one children in 1856 and nine children in 1857\textsuperscript{93} from a total of approximately four hundred children. They were almost invariably removed from nurses on the grounds of ill health, neglect – moral, physical and religious, death of nurse, and poor schooling. PO Societies considered the children’s moral well-being as important as their physical health. As discussed in chapter 3, respectability was central to the Society’s ethos and any infractions of the rules which undermined the Society’s moral authority were not tolerated. In May 1856 DPOS orphans were removed from a nurse in Newcastle, County Wicklow, because the committee was given notice that ‘a young unmarried woman resident in the house of a Nurse – of Newcastle has given birth to a child; that Nurse – be informed that the committee have heard with great regret of the above occurrence and desire to know whether the young woman has left or shall immediately leave or the children shall be forthwith removed’.\textsuperscript{94} The rector subsequently told the committee that the nurse was ‘anxious now to send away the young woman whose presence in the nurse’s house induced the committee to order up the orphans there from’.\textsuperscript{95} Following the assurance of another clergyman that the ‘young woman in question’ had been removed from the nurse’s home, the children were permitted to stay. The discovery of drunkenness on the part of the nurses or any members of their families was also considered just cause for the orphans’ immediate removal.

Nevertheless, despite the relatively minor number of transferrals, inspectors continued to detect isolated cases of neglect which led the DPOS committee to revisit the issue of nursing standards in 1858. In a ‘special address to the nurses’, the committee urged nurses to adhere to the following rules:

1. That the orphans shall never be kept from school or church, except in case of illness, or extreme inclemency of weather, or by special leave applied for to, and given by the Teacher of the School.
2. That they shall not be allowed to be without shoes and stockings at any time, either when at home or at school.
3. That they shall partake of the same food, and be treated in all respects as the Nurses’ own children, and if the Nurse have no children of her own, that Breakfast and Tea be taken with the Nurse, and Dinner as far as possible.
4. That they shall never be put to any kind of work at which the Nurses’ own children of the same age are not usually employed.
5 That no more than two children shall be allowed to sleep in the same bed.
[Note: When the issue of overcrowding was raised in a workhouse hospital in the late nineteenth century, the guardians, who were increasingly represented by labourers, were unconcerned as their own children slept four to a bed.]

6 That special attention be paid to the general cleanliness of the Orphans by daily washing and also by daily combing of their heads, and that their clothes be kept clean and in repair: particular attention is to be given to keep good shoes on the Orphans.

7 That the Orphans be allowed reasonable time for recreation, and for the preparation of their school business, at least one hour each evening.

8 That the Nurses shall have family prayer daily, with reading of the Holy Scriptures.
[Note: The nurses were provided with a book of prayers ‘The Tent and the Altar’ in 1858 for family use.]

9 That the Nurses and their families shall be careful in all things to set the Children a good example, by a conscientious regard to truth, and by carefully abstaining from the appearance of evil: i.e., remaining at home when summoned to Divine Worship on Sunday evening.

The DPOS also forbade nurses from putting children to work instead of school: ‘No boy or girl shall be kept from school to do work at a farm, or go for messages, nor at all, except during sickness or under peculiar circumstances, such as the clergyman of the parish would approve.’

However, in September 1859 inspectors reported that specific children were absent from school for long periods: ‘Rev. Halahan spoke very severely to the nurses and they promise to send them regularly’. The committee suggested at a meeting dated 24 July 1869 that ‘nurses who keep the orphans from school will get no gratuity’.

A selection of surviving inspection reports for the year 1872 indicate that, overall, the orphans received a satisfactory standard of care. Inspectors visited nurses’ homes located in Baltinglass, Dunlavin, Carnew, Killiskey, Kiltegan, Inch, Shillelagh and Tinahely. The reports confirmed that 56 per cent of cases were ‘satisfactory’; 21 per cent ‘fairly satisfactory’; 15 per cent ‘very satisfactory’; and, 6 per cent ‘unsatisfactory’.

For the years 1890 to 1892, 70 per cent of cases were satisfactory; 13 per cent of cases were transferred; 8 per cent ‘very satisfactory’; and 5 per cent ‘fairly satisfactory’. In 1894, the secretary of the committee concluded that he had not in seventeen years of service, ‘found matters on the whole more generally satisfactory’. The report of that
year stated ‘a full and minute inspection of the orphans has been made, and we have to express our gratification generally with the appearance, health and cleanliness and manners of the orphans and in exceptional cases the nurses were instructed or reprimanded’. Broadly speaking, the Society’s enforcement of stricter nursing instructions and regular unannounced visits gradually improved nursing standards and the general care of orphans.

**Children’s mental health**

Children were likely to have suffered immense grief at both the loss of their fathers and separation from their mothers; the transition

*Figure 5.4 DPOS nurse and orphans c. 1880s to 1890s.*
was extremely difficult with attendant emotional effects as manifested in behaviours such as running away, bed wetting and disruptive behaviour.

As discussed in chapter 3, PO Societies prioritised the placement of siblings together. St Brigid’s Catholic boarding-out institution (founded in 1856) also introduced this policy. In a study of middle-class siblings in nineteenth-century England, it was found that ‘elder siblings provided care, leadership and control using a range of behaviour from autocratic bullying to loving guidance and practical help, often in lieu of ailing or dead parents’. Figure 5.5 DPOS nurse and orphan c.1880s to 1890s. Boarded-out siblings became each other’s confidante, source of support and a stabilising force in their lives.
In August 1885, a brother and sister, aged thirteen and eleven respectively, ‘eloped’ from their nurse’s home in Donoughmore, Donard in West Wicklow and arrived the same day at their maternal grandmother’s home in Northumberland Road, Ballsbridge, Dublin. When the children were found their clothing was described as being ‘in a wretched state’, however, no account was given of how they managed to reach their grandmother’s home. While there was also no mention of ill-treatment on the part of their nurse, which might have explained their decision to run away, the committee was informed that the children’s mother, who had left Ireland in January 1883, was ‘now in a dying state in America’.

**Figure 5.6** DPOS orphans, siblings c.1880s to 1890s.
After a young boy ran away from his nurse because of alleged mistreatment, he wrote to the DPOS committee to apologise. He did so to avoid being separated from his younger sister: ‘I feel heartily sorry for what I committed through my own foolishness running off. I will never do such a thing again. I have never been ill-treated since I came to Mrs – in any way. I hope the committee will forgive me for what I did and to please leave me with Mrs – on account of my little sister’. The committee later noted, ‘There has been no serious ill treatment, at the same time I think the boy must have been a good deal frightened and expected to be well punished or he would not have stayed out all night’. The children were sent ‘to another nurse who is known for having a very
good reputation as a kind nurse’. The inspectors concluded that his original nurse was a respectable woman but entirely unsuited to the role.

**Bed wetting**

Enuresis, or bed wetting, though not particularly common, was nonetheless mentioned at DPOS committee meetings and in inspectors’ reports. Generally, bed wetting is recognised in some instances, not all, as an emotional response to trauma particularly ‘separation from the mother, the loss of a parent or inadequate care on the part of the parents’. However, in the nineteenth century it was stigmatised and viewed as
a weakness that many believed needed to be beaten out of children. Moreover, personal testimonies of Irish industrial school life reveal that children were frequently beaten for bed wetting well into the twentieth century.\textsuperscript{114}

In the 1840s, Dr Robert L. M’Donnell, Licentiate of the King and Queen’s College of Physicians and the Royal College of Surgeons Ireland, referred to the case of an eight-year-old boy, a habitual bedwetter; every remedy had been tried to no avail; a doctor had recommended ‘a “whipping” to be administered every morning’, which the child’s mother had ‘rigidly followed’.\textsuperscript{115} M’Donnell disapproved of the ‘cure’. The DPOS gave nurses practical and child-oriented directions for the prevention

\textbf{Figure 5.9} DPOS orphans, siblings c.1880s to 1890s.
of the ‘infirmity at night’, which did not include punishment. It advised against drinking too much in the evening; urinating excessively during the day; sleeping on their back; and recommended having ‘every convenience close to the bed’. ‘Marine medication’ – sea air and sea bathing – was recommended by doctors in France and London in the 1860s to cure children of ‘nocturnal incontinence of urine’. Nurses were held responsible if reports of such cases were not promptly conveyed to the office in Dublin. Attributing blame to mothers/nurses for the continuation of nightly infirmities was commonplace in the nineteenth century. The possible emotional causes were not generally acknowledged.

A child aged ten was found to suffer a ‘nightly infirmity’ in 1852. The nurse was ‘warned to attend to the child. Last Spring he was reported in the same state, and in April, the attention of the nurse was again urgently directed to this matter’. DPOS inspectors discovered that the boy was ‘put in a miserable place to sleep by himself’ and when the inspectors spoke to both the nurse and her husband on the subject, they answered, roughly, ‘they could do no more’. The inspectors ‘advised immediate removal’ of the boy.

Additional evidence of children’s emotional responses to bereavement included destructive behaviour. In June 1898, the DPOS committee was informed that despite a nurse’s best efforts to settle a young orphan on his arrival by accommodating him in ‘a room next to her own’ as she worried that he ‘would feel lonely in the lower part of the house’, the boy ‘took her [the nurse’s] nice little gold watch and her marriage present ring … he lost the gold ring and he smashed her nice watch’. The boy had not been with the nurse for very long before the incident happened and there was no question of mistreatment on the nurse’s part.

Children’s health

As discussed in chapter 3, the DPOS consistently emphasised the health benefits of placing children with farming families in the ‘pure air’ of the country where they would be provided with ‘pure milk’. Where possible, it sent orphans to nurses who resided in Killiney, Delgany and Greystones for the benefit of sea bathing and sea air. In the second half of the nineteenth century, ‘marine medication’ continued as a cure-all for children’s ailments. Private nurses advertised sea-side accommodation for children during the summer months in the *Irish Ecclesiastical Gazette*.

A widow (a respectable Protestant) who has a young family would take charge of a few children during the summer months, who would have the
advantage of sea bathing, and be treated as their own. Unquestionable refer-
ences as to character and circumstances. Residence on the coast, twenty-
five miles North of Dublin – railway. Terms moderate.126

The Gazette also advertised a hydropathic establishment at Malvern
House, Delgany, County Wicklow, encouraging Dublin clergy and
medical men to partake in the ‘water cure’.127 Archbishop Whately
remained a keen supporter of homeopathy into the 1860s. From
the 1860s fresh air as a ‘climatic treatment’ for consumption became
popular.128 A Protestant home for sick children was also opened in
Delgany. Children were sent to the home after time spent in hospital.129

During the workhouse reform debates of the 1860s, discussed in
chapter 4, children’s health was identified as a major concern for both
opponents and proponents of a boarding-out system for workhouse
children. In 1862 the Dublin College of Physicians submitted a report
to the Chief Secretary for Ireland regarding the physical effects of work-
house life, in which several key points were raised: children required
special care up to the age of five after second dentition; a combination
of good nutriment, ‘good air and healthful locality’ were required for
the formation of bones; ophthalmia and scrofula were more likely to
develop in children who were removed too early from the ‘pure air of
the country’ to the confines of workhouses.130 In the 1860s the chair-
man of the North Dublin Union stated that after analysis its milk supply
was deemed ‘not pure’. ‘Bad milk’, he claimed, ‘showed seven or eight
degrees of cream’, while good milk ‘showed twelve to thirteen’.131 There
were several ways to adulterate the milk and in this case the milk had
been watered down considerably.132

Opponents of the system argued against boarding out on the basis that
children were carriers of disease. ‘Opponents of boarding-out express
terror lest the pauper child should spread disease in his foster parent’s
home; but there is such virtue in dispersion that maladies absolutely
invincible when concentrated in the workhouse become manageable if
the cases are isolated, and a free open-air life strengthens the constitu-
tion’.133 DPOS medical officers had raised many of the same points in
favour of boarding out twenty years earlier.

The Country Air Association was formed in Dublin in 1886; its objec-
tive was to send the Protestant poor of Dublin, both adults and children,
‘away from their crowded and unhealthy homes’ to the country air
‘and the thousand and one pleasant, health giving associations that the
country life affords’.134 Its supporters regarded the work as ‘preventative
medicine’ for those who without such intervention would ‘break down
from overwork, fall into permanent ill health, and pauperism’.135 In
many respects it was an extension of the work which had already been carried out by PO Societies from the 1840s. There was an associated home in Bray, County Wicklow.\footnote{136} A Catholic Fresh Air Association was also founded.

**Provision of medical care**

The DPOS, local superintendents, the nurses with whom the children were placed, and surviving kin were jointly responsible for the maintenance of the orphans’ health and the provision of medical care. This following section asks whether the children ever became ill due to general and medical neglect whilst boarded out, whether they became ill due to ordinary children’s ailments or whether they were weak and sick prior to admission. The DPOS medical examiner made observations on the children’s health on admission in 1855 as shown in table 5.1. Children could have suffered neglect or physical mistreatment prior to their admission or while in their mothers’ care prior to their transferral to the nurses in the country. After the famine, up until 1853, a number of reports were made regarding the children’s weak state of health when admitted.

**Table 5.1** Children’s health on admission, DPOS, 1855

<table>
<thead>
<tr>
<th>Age</th>
<th>State of health</th>
<th>General appearance</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/r</td>
<td>Delicate</td>
<td>Dirty badly fed</td>
</tr>
<tr>
<td>4</td>
<td>Good</td>
<td>Clean looking – small</td>
</tr>
<tr>
<td>8</td>
<td>Good</td>
<td>Dirty slight appearance kernels in the neck</td>
</tr>
<tr>
<td>7</td>
<td>Good</td>
<td>Rough small for his age</td>
</tr>
<tr>
<td>6</td>
<td>Delicate</td>
<td>Bald on the head</td>
</tr>
<tr>
<td>3</td>
<td>Good</td>
<td>Head scruffy</td>
</tr>
<tr>
<td>3</td>
<td>Delicate after measles</td>
<td>Hair coming off eyes weakly scruff in head</td>
</tr>
<tr>
<td>7</td>
<td>Delicate</td>
<td>Eyes delicate, sore in neck, very dirty, rather simple in mind</td>
</tr>
<tr>
<td>n/r</td>
<td>Good</td>
<td>But has a cough</td>
</tr>
<tr>
<td>8</td>
<td>Delicate</td>
<td>Very weak not fit to be taken into the society</td>
</tr>
<tr>
<td>2</td>
<td>Healthy</td>
<td>Deformed head</td>
</tr>
<tr>
<td>n/r</td>
<td>Healthy</td>
<td>Stupid and short sighted – defect in eye lids</td>
</tr>
<tr>
<td>8</td>
<td>Healthy</td>
<td>But not very stout</td>
</tr>
<tr>
<td>5</td>
<td>Good</td>
<td>Robust but not fat; eyes have a slight squint</td>
</tr>
<tr>
<td>n/r</td>
<td>Good</td>
<td>A very nice little boy robust, slight appearance of scruff on face</td>
</tr>
</tbody>
</table>

*Source:* Register of state of health and education of newly elected orphans, March 1855.
While the principle epidemic diseases, measles, scarlet fever, typhus, whooping cough, diphtheria and diarrhoea along with everyday ailments were the primary causes of children’s sickness, there is evidence to suggest that children also fell ill as a direct result of neglect. As discussed earlier, in 1852 inspectors found children in a delicate state with the ‘itch’. Nurses were reprimanded for the outbreak, the secretary, George Jepps, stated, ‘Now this is a serious matter and the committee have therefore determined upon enforcing such a regard for cleanliness in the nurses’ families including the orphans as shall effectually prevent a continuance or recurrence of this disease amongst the children’. Jepps circulated instructions on the appropriate medical care of the children:

With respect to the treatment in this disease, it may be well first to observe that the daily use of yellow soap will, in nine cases out of ten, prevent persons taking the itch and in slight cases the rubbing of a little hog’s lard to the parts affected and washing some time after with soap around the wrists, arms and about the legs, if affected. It may be necessary to use a stronger remedy ... apply to me for a box of ointment and the printed instructions for using which you can have without charge and this ointment, if properly applied will affect a cure in a short time. Of course it will be necessary to take great care that the child does not take cold while the rubbing in be done last thing at night before a good fire. Then let the child or children go immediately to bed into sheets and the first thing the next morning let the children be well washed all over with soap and warm water using a bit of flannel, then dried with a clean towel.

These were child-oriented directions which took the children’s general health into account.

In a second case, a widow found that her daughter ‘fell into delicate health’ while at nurse. Rather than discuss the matter with the DPOS committee, the widow applied to the Monaghan POS for her daughter’s admission. The Monaghan POS committee referred to the case: ‘Her mother is most anxious to take the child from the care of the Dublin society but as she was unable to provide proper nourishment for the child she applied to this society for an allowance’. While the widow’s request suggests possible neglect on the nurse’s part, the widow may have applied to the Monaghan POS because it permitted widows care of their own children with an allowance which was not typically possible under DPOS rules.

Moreover, there is evidence that in other cases the DPOS committee heeded widows’ warnings and investigated their complaints. For example, in January 1876, inspectors were directed to inquire into a case of alleged neglect in which a widow had complained about a
nurse’s treatment of her children. The inspectors reported the ‘specially healthful’ appearance of the children. They noted ‘the appearance of a recent boil on the child’s arm but according to the opinion of the doctor present this was of no consequence, the more so as the child had two such boils when placed under the nurse’s care’. The inspectors concluded that in consideration of the children’s ‘state of weakness’ when admitted that they were ‘fully of the opinion that the children were well cared for’. However, as a precaution, they agreed to transfer the children to another nurse ‘to try if any benefit will come’.

There is abundant evidence that ‘good nurses’ were largely responsible for the Society’s record of consistently low mortality rates. Local PO Societies also reported low mortality rates: in 1860 the Cork POS – one death out of 256 children (190 were at nurse); the Limerick POS also only one death. (In 1860 only four children died while under the care of St Brigid’s boarding-out orphanage, which did not apply a ‘health test’ when admitting children.)

The containment of disease and access to medical care were equally important factors which resulted in low mortality rates. The effects of smallpox had been felt in Ireland throughout the nineteenth century. Under the Medical Charities Act, 1851, dispensary medical officers did not require payment for vaccinations. However, the uptake was not as high as predicted due to concerns over possible contagion at the dispensaries; in many cases, even those who did take their children to be vaccinated, declined to return as requested for the second visit to ensure the vaccination had ‘taken’.

Table 5.2 DPOS child mortality rates, 1850–98

<table>
<thead>
<tr>
<th>Year</th>
<th>%</th>
<th>Year</th>
<th>%</th>
<th>Year</th>
<th>%</th>
<th>Year</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1850</td>
<td>0.27</td>
<td>1862</td>
<td>0.69</td>
<td>1875</td>
<td>0.57</td>
<td>1887</td>
<td>0.52</td>
</tr>
<tr>
<td>1851</td>
<td>0.8</td>
<td>1863</td>
<td>0.46</td>
<td>1876</td>
<td>1.35</td>
<td>1888</td>
<td>0.53</td>
</tr>
<tr>
<td>1852</td>
<td>0.77</td>
<td>1864</td>
<td>0.46</td>
<td>1877</td>
<td>0.27</td>
<td>1889</td>
<td>0</td>
</tr>
<tr>
<td>1853</td>
<td>0.75</td>
<td>1865</td>
<td>1.16</td>
<td>1878</td>
<td>0.54</td>
<td>1890</td>
<td>0</td>
</tr>
<tr>
<td>1854</td>
<td>0.75</td>
<td>1866</td>
<td>0.92</td>
<td>1879</td>
<td>1.36</td>
<td>1891</td>
<td>0.63</td>
</tr>
<tr>
<td>1855</td>
<td>0.75</td>
<td>1867</td>
<td>0.69</td>
<td>1880</td>
<td>1.2</td>
<td>1892</td>
<td>3.1</td>
</tr>
<tr>
<td>1856</td>
<td>1.25</td>
<td>1868</td>
<td>1.44</td>
<td>1881</td>
<td>0.3</td>
<td>1893</td>
<td>1.9</td>
</tr>
<tr>
<td>1857</td>
<td>0.47</td>
<td>1869</td>
<td>n/r</td>
<td>1882</td>
<td>1.91</td>
<td>1894</td>
<td>2</td>
</tr>
<tr>
<td>1858</td>
<td>0.71</td>
<td>1871</td>
<td>1.53</td>
<td>1883</td>
<td>0.69</td>
<td>1895</td>
<td>0.66</td>
</tr>
<tr>
<td>1859</td>
<td>0.47</td>
<td>1872</td>
<td>1.54</td>
<td>1884</td>
<td>0</td>
<td>1896</td>
<td>0.39</td>
</tr>
<tr>
<td>1860</td>
<td>0.24</td>
<td>1873</td>
<td>1.17</td>
<td>1885</td>
<td>1.32</td>
<td>1897</td>
<td>2.14</td>
</tr>
<tr>
<td>1861</td>
<td>0.46</td>
<td>1874</td>
<td>0.3</td>
<td>1886</td>
<td>1.44</td>
<td>1898</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Source: Annual reports; registers of orphan histories, 1850–98.
and the Compulsory Vaccination (Ireland) Act, 1863, deaths from smallpox fell considerably. Yet despite initial optimism, there was a smallpox epidemic in 1871 and 1872 which caused 4,000 deaths in Ireland.

The DPOS committee made every effort to contain its spread among orphans already under its care. For example, it advised that children with smallpox or other illnesses should be sent to Percy Place where they could be isolated in a ‘separate dormitory’. The committee stated that ‘every exertion had been made to provide proper care for these orphans’. In 1872 the children were not permitted to attend the annual meeting because ‘smallpox is in Dublin’. In December of that year there were also two cases of measles and one of fever. There is evidence that DPOS nurses gave children who were suffering from whooping cough hippo-wine and syrup of squills, which were recommended treatments for respiratory complaints, such as whooping cough and croup. In a rare glimpse into the administration of medicine in the domestic setting, the case suggests that nurses treated the orphans with well-known and readily available remedies as mothers would have done for their own children. Scarletina or scarlet fever, which was extremely contagious and associated with childhood, was also reported. Without effective medication, it was life-threatening for children in the nineteenth century. In some cases, children who had received adequate medical care for one illness were struck down with another whilst in hospital.

The Monaghan POS reported a minor number of cases of ophthalmia and consumption in the 1870s and 1880s. The Dean of Cloyne inspected cases for the Cork POS and in October 1880 he showed concern for a widow who had the charge of her own children: ‘this widow is a most respectable woman yet very delicate in health and I fear the orphans are delicate also; she has no farm and I suspect they do not get enough milk’. ‘Delicacy of health’ was also recorded by Monaghan, Cork and Dublin PO Societies. In these cases doctors recommended ‘good new milk and an otherwise nutritious diet and ... cod liver oil daily’. Despite public health reforms, medical care was not always available to the children. In 1889, the Monaghan DPOS reported that the parson was forced to arrange medical treatment for a young girl under his superintendence: ‘The secretary reported the case of – and Revd Wilson’s claim for £1.5.0 for medical attendances. Wilson being called in when the locum of Ballybay Dispensary District neglected to attend to – when seriously ill with measles and bronchitis’. This case provides evidence that clergymen often played a highly significant role in the ongoing maintenance of the children’s health. In one of the cases
Bereaved families and boarded-out children, 1850–98

mentioned in table 5.3 a child was admitted to hospital with measles but contracted scarlatina and died while in hospital, the occurrence of which calls for caution when analysing children’s charities’ mortality rates: in these cases children’s deaths were beyond the control of the charities’ managers.161

In its 1896 annual report, the NSPCC referred to the ‘many deaths of infants, particularly as at the present time, when epidemics of measles,

**Table 5.3** Children’s medical care, DPOS, 1855–98

<table>
<thead>
<tr>
<th>Age</th>
<th>Ailment</th>
<th>Year</th>
<th>Treatment</th>
<th>After care</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/r</td>
<td>Scrofula</td>
<td>1855</td>
<td>To nurse beside the sea in August</td>
<td>Sea air and sea bathing</td>
</tr>
<tr>
<td>n/r</td>
<td>Bad eyes</td>
<td>1862</td>
<td>Adelaide hospital from Cork POS</td>
<td>To nurse in Dublin, back to Cork</td>
</tr>
<tr>
<td>n/r</td>
<td>Bad eyes</td>
<td>1867</td>
<td>Baggot Street Hospital</td>
<td>To be sent to St Mark’s for advice</td>
</tr>
<tr>
<td>n/r</td>
<td>Weak limb</td>
<td>1867</td>
<td>City of Dublin Hospital</td>
<td>Extra nourishment, change of air, crutch</td>
</tr>
<tr>
<td>n/r</td>
<td>Measles</td>
<td>1871</td>
<td>Steven’s Hospital</td>
<td>To lodge with mother</td>
</tr>
<tr>
<td>n/r</td>
<td>Small pox</td>
<td>1872</td>
<td>James Street Smallpox Hospital</td>
<td>Killiney, change of air</td>
</tr>
<tr>
<td>12</td>
<td>Measles</td>
<td>1873</td>
<td>Cork St Hospital</td>
<td>Recovered contracted scarlatina in hospital, died</td>
</tr>
<tr>
<td>10</td>
<td>Eye treatment</td>
<td>1877</td>
<td>To mother, then to Adelaide</td>
<td>Recovered</td>
</tr>
<tr>
<td>n/r</td>
<td>Ulcer on eye lid</td>
<td>1878</td>
<td>St Mark’s Hospital</td>
<td>Open air and check up as weak general health</td>
</tr>
<tr>
<td>12</td>
<td>Eye treatment</td>
<td>1878</td>
<td>Medical treatment and to mother</td>
<td>Recovered</td>
</tr>
<tr>
<td>8</td>
<td>Psoriasis</td>
<td>1879</td>
<td>Kept with mother</td>
<td>Recovered</td>
</tr>
<tr>
<td>n/r</td>
<td>Scarlatina</td>
<td>1879</td>
<td>Adelaide Hospital</td>
<td>2 months</td>
</tr>
<tr>
<td>8</td>
<td>Rash</td>
<td>1879</td>
<td>Doctor Tweedy</td>
<td>Recovered</td>
</tr>
<tr>
<td>4 m.</td>
<td>Whooping cough</td>
<td>1880</td>
<td>Adelaide Hospital</td>
<td>Died</td>
</tr>
<tr>
<td>9</td>
<td>Typhoid fever</td>
<td>1880</td>
<td>Adelaide Hospital</td>
<td>To convalescent home</td>
</tr>
<tr>
<td>6</td>
<td>Scarlatina</td>
<td>1881</td>
<td>Died at nurse’s home</td>
<td>Died</td>
</tr>
<tr>
<td>9</td>
<td>Sore eye</td>
<td>1882</td>
<td>St Mark’s Ophthalmic Hospital</td>
<td>Recovered</td>
</tr>
<tr>
<td>4</td>
<td>Eye treatment</td>
<td>1882</td>
<td>St Mark’s Ophthalmic Hospital</td>
<td>Recovered</td>
</tr>
<tr>
<td>6</td>
<td>Measles</td>
<td>1882</td>
<td>n/r</td>
<td>Recovered</td>
</tr>
<tr>
<td>3</td>
<td>Scarlatina</td>
<td>1883</td>
<td>Under nurse’s care</td>
<td>Died</td>
</tr>
</tbody>
</table>
scarlatina, and whooping cough are raging’.\textsuperscript{162} The DPOS also reported higher mortality rates in 1897 and 1898.\textsuperscript{163} NSPCC annual reports also contain numerous references to ‘medical neglect’, which perhaps highlight DPOS achievements in the area of medical care; for example, ‘Neglect of a child by failing to procure medical aid for a loathsome skin disease, which was rapidly disfiguring its face and eating into its eyes. The mother did not seem to attach the slightest importance to the matter’.\textsuperscript{164} The DPOS record of consistently low mortality rates and good health was stressed in earlier workhouse reform debates. Referring to the Cork POS, it was noted that, ‘They grow up strong, cheerful, red-cheeked, and spirited; and disease, much less death seldom thins their numbers ... They are attended to on the first signs of illness’.\textsuperscript{165}

### Table 5.3 (Continued)

<table>
<thead>
<tr>
<th>Age</th>
<th>Ailment</th>
<th>Year</th>
<th>Treatment</th>
<th>After care</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Broken Leg</td>
<td>1883</td>
<td>Surgical aid at once procured</td>
<td>Leg cured</td>
</tr>
<tr>
<td>5</td>
<td>Eczema</td>
<td>1884</td>
<td>Dublin medical treatment</td>
<td>Recovered</td>
</tr>
<tr>
<td>7</td>
<td>Squeezed fingers in mangle</td>
<td>1885</td>
<td>Extra nourishment, cod liver oil (not serious)</td>
<td>Recovered</td>
</tr>
<tr>
<td>1 m.</td>
<td>Diarrhoea</td>
<td>1886</td>
<td>Under mother’s care</td>
<td>Died</td>
</tr>
<tr>
<td>13</td>
<td>Scarlatina</td>
<td>1886</td>
<td>Newtown Fever Hospital</td>
<td>Killiney for sea air</td>
</tr>
<tr>
<td>8</td>
<td>Tonsillitis</td>
<td>1887</td>
<td>Adelaide Hospital</td>
<td>Killiney for sea air</td>
</tr>
<tr>
<td>14</td>
<td>Itch</td>
<td>1888</td>
<td>Shillelagh Union</td>
<td>Killiney for sea air</td>
</tr>
<tr>
<td>13</td>
<td>Itch</td>
<td>1888</td>
<td>Shillelagh Union</td>
<td>Killiney for sea air</td>
</tr>
<tr>
<td>11</td>
<td>Itch</td>
<td>1888</td>
<td>Shillelagh Union</td>
<td>Killiney for sea air</td>
</tr>
<tr>
<td>12</td>
<td>Tubercular sore</td>
<td>1888</td>
<td>Richmond Hospital</td>
<td>To mother in Limerick for 3 months</td>
</tr>
<tr>
<td>15</td>
<td>Dog bite</td>
<td>1889</td>
<td>Whitworth Hospital</td>
<td>Recovered</td>
</tr>
<tr>
<td>14</td>
<td>Curvature of spine</td>
<td>1890</td>
<td>Whitworth Hospital</td>
<td>One month’s treatment</td>
</tr>
<tr>
<td>n/r</td>
<td>Lungs not quite sound</td>
<td>1890</td>
<td>Dr Tweedy</td>
<td>Cod liver oil and change of air</td>
</tr>
<tr>
<td>12</td>
<td>Scarlatina (Bethesda)</td>
<td>1892</td>
<td>Cork St Fever Hospital</td>
<td>Sent to nurse for change of air</td>
</tr>
<tr>
<td>13</td>
<td>Consumption</td>
<td>1893</td>
<td>Whitworth Hospital Drumcondra</td>
<td>Died</td>
</tr>
</tbody>
</table>

Source: Register of orphan histories; minutes subcommittee on nurses, 1850–98.
Conclusion

The extent to which widowhood caused destitution or a reliance on private or public poor relief depended on several factors: the number and age of dependents in the household; the mother’s health – mental and physical; and, the availability of support networks. PO Societies gave widows the freedom to work and preserved their respectability by providing an alternative to workhouses. It was considered a form of respite or, if required, a longer term solution. Widows found work, remarried, or emigrated; once re-established their children were generally returned to them on request unless the committee deemed such a move inadvisable. Certain local PO Societies provided widows with grants to care for their own children in individual cases. The doctors associated with the DPOS who promoted the importance of good hygiene, adequate nourishment, fresh air and access to medical care, the nurses who followed these instructions, and the inspectors who monitored the children’s progress all contributed to the Society’s consistently low mortality rates. Though DPOS boarding-out placements were not all successful, overall, the children appear to have been well cared for. The Society invested in the children’s education, recommended reasonable time for recreation and limited work; the next chapter examines the subject of child labour and child training in greater detail.

Notes

1 ‘Meath POS’, Irish Times (30 September 1893).
2 Tyrone POS, annual reports, 1877–94, NLI.
3 Registered application files, NAI, POS papers, 1045/5/3; see also register orphan histories, 1850–95, 1045/5/1/3–6.
5 Return of judicial statistics of Ireland (part I, police; criminal proceedings; prisons) (part II, common law and equity; civil and canon law) [3418] HC 1863, vol. lvii, p. 11.
7 Annual reports; minutes; registers of applications.
8 The Protestant Orphan Society Record, 1855, NLI, p. 12.
9 Letter in register, 15 June 1855, NAI, POS papers, 1045/5/3.
11 Cronin, “The female industrial movement”.
12 Cronin, “You’d be disgraced!””, p. 111.

Ibid.


Luddy, ‘Women and work’, p. 45.

Registered application files, NAI, POS papers, 1045/5/3.

Register orphan histories, NAI, POS papers, 1045/5/1/3–6.


See registered application files, NAI, POS papers, 1045/5/3.


Scrapbook, 1855, RCBL, CPOS papers, PRIV MS 519.16.1.

Register orphan histories, 1880, NAI, POS papers, 1045/5/1/6, p. 128.

Ibid.

‘Newry POS’, *The Belfast News-letter* (3 September 1874).

Letter with registered application form, NAI, POS papers, 1045/5/3.


Minutes, Sept. 1888, RCBL, CPOS papers, PRIV MS 519.3.

Ibid.

Ibid.

Tyrone POS annual report, 1877, p. 7, NLI.

Register incoming letters, 1868–69, NAI, POS papers, 1045/3/1/13.

DPOS annual report, 1883, NAI, POS papers, 1045/1/1/50–54.


Ibid.

Letter in scrapbook, 1863, RCBL, CPOS papers, PRIV MS 519.16.2.

Ibid.

Registers of applications, 1850–95, NAI, POS papers, 1045/5/2.

Registered application files, 1855, NAI, POS papers, 1045/5/3.
Bereaved families and boarded-out children, 1850–98

46 Ibid.
47 Ibid.
49 Ibid.
52 Ibid.
54 Ibid.
56 Ibid.
57 Ibid.
58 F. Davenport Hill, ‘The boarding-out system distinguished from baby farming and parish apprenticeship’, A paper read before the National Association for the Provision of Social Science, October 1869, pp. 4–5.
60 Applications for employment as nurse, 1853, NAI, POS papers, 1045/5/6/8 (1847–62).
61 Ibid., 1856.
62 Ibid.
63 Ibid.
64 Ibid., 1857.
65 Mothers/extended kin or an appointed guardian escorted the children to the nurses’ homes after they were admitted in order to settle them and, as mentioned earlier, widows could also visit their children while boarded out, see register of orphans’ movements, NAI, POS papers, 1045/5/6.
66 See Enright, ‘“Take this child”’ for examples from the Limerick POS.
68 Applications for employment as nurse, 1856, NAI, POS papers, 1045/5/6/8.
69 Ibid.
70 Minutes, 1890s, RCBL, CPOS papers, PRIV MS 519.3.
71 *Belfast News-letter* (7 March 1868).
72 Register incoming letters, NAI, POS papers, 1045/3/1/13.
73 Ibid.
74 Ibid., 2 Aug. 1869.
75 Davenport Hill, Fowke (ed.), *Children of the State*.
77 Minutes, 2 Aug. 1869, RCBL, CPOS papers, PRIV MS 519.1.
78 Mayo POS, annual report, 1866, NLI.
79 Ibid.
80 Belfast News-letter (27 June 1892).
81 Belfast News-letter (26 June 1896).
82 Shore, Case of Rev. Thomas R. Shore, p. 11.
83 Ibid.
84 Minutes subcommittee nurses and education, Dec. 1852, NAI, POS papers, 1045/2/3/2.
85 Ibid.
86 Ibid.
87 Ibid., 3 June 1853.
88 Ibid.
89 Ibid.
91 ‘Fermanagh POS’, Irish Times.
93 See DPOS annual reports 1855–57, NAI, POS papers, 1045/1/1/24–28; see also register orphan histories 1855–57, NAI, POS papers, 1045/5/1/4.
94 Minutes, May 1856, NAI, POS papers, 1045/2/1/6, pp. 10–13.
95 Ibid.
96 Crossman, ‘Middle-class attitudes’, p. 143.
97 Minutes, 1858, NAI, POS papers, 1045/2/1/6, p. 195.
98 Directions to nurses by the committee, Oct. 1854 NAI, POS papers, 1045/5/6/14.
99 Minutes subcommittee nurses and education, Sept. 1859, NAI, POS papers, 1045/2/3/1.
100 Minutes 24 July 1869, NAI, POS papers, 1045/2/1/8.
101 Minutes subcommittee nurses and education, NAI, POS papers, 1045/2/3/2 (1867–96); inspection (nurses) reports, NAI, POS papers, 1045/5/6/13; parish inspection reports, 1872, NAI POS papers, 1045/5/6/15.
102 Minutes subcommittee nurses and education, NAI, POS papers, 1045/2/3/2 (1867–96); inspection (nurses) reports, NAI, POS papers, 1045/5/6/13; register orphan history, NAI, POS papers, 1045/5/1/4–6.
103 Minutes subcommittee nurses and education, 1894, NAI, POS papers, 1045/2/3/2 (1867–96).
104 Ibid.
106 Davidoff, ‘Kinship as a categorical concept’, p. 412.
107 Register orphan histories, 1879, NAI, POS papers, 1045/5/1/6, p. 107.
108 Ibid.
110 Ibid.
111 Ibid.
Bereaved families and boarded-out children, 1850–98

112 Ibid.
116 Directions given to nurses, Oct. 1854, NAI, POS papers, 1045/5/6/14.
117 Ibid.
119 Bollard and Nettleback (eds), Bedwetting: A Treatment Manual, p. 12; see also Murdoch, Imagined Orphans, p. 158.
120 Minutes, 1850–56, NAI, POS papers, 1045/2/1/5, p. 213.
121 Ibid.
122 Ibid.
123 Bound volume of incoming letters, 1898, NAI, POS papers, 1045/3/1/25.
124 Ibid.
125 Brochard, Sea Air and Sea Bathing, p. 125.
127 Irish Ecclesiastical Gazette (15 September 1860), p. 403.
129 Luddy, Women and Philanthropy, pp. 94–5.
130 Letter by Dublin College of Physicians on physical effects of rearing children in workhouses 1862, HC 1862 (348), vol. xlix.
131 ‘North Dublin Union’, Irish Times (15 March 1860).
132 Ibid.
134 ‘Country Air Association’, Irish Times (6 May 1899).
135 Irish Times (27 May 1887).
136 See Walsh, Anglican Women, p. 94.
137 Found in papers re. rules and schemes governing the Society, NAI, POS papers, 1045/6/2.
139 Ibid.
140 Minutes, 6 Aug. 1874, RCBL, MPOS papers, PRIV MS 692.1.
141 Ibid.
142 Minutes subcommittee nurses and education, 30 Jan. 1876, NAI, POS papers, 1045/2/3/2 (1867–96).
143 Ibid.
144 Ibid.
Minutes general committee, registers orphan histories, subcommittee
nurses and education.

O’Shaughnessy, ‘On the rearing of pauper children out of workhouse’,
p. 658.

Cassell, Medical Charities, Medical Politics, p. 125–6.

Ibid.

D. Brunton, ‘The problems of implementation: the failure and success of
public vaccination against smallpox in Ireland, 1840–1873’, in Jones and
Malcolm (eds), Medicine, Disease and the State in Ireland, pp. 138–57,
p. 140.

Minutes, 24 May 1872, NAI, POS papers, 1045/2/1/8, p. 371.

Ibid.

Ibid.


DPOS miscellaneous papers, 1872.

In one recorded case dated 1872 a widow visited her sick child at nurse
and expressed her disapproval at the way the nurse cared for the child
while ill. She subsequently reported the matter to the DPOS secretary who
investigated the case but found that the nurse had treated the child the
same as her own children.

Minutes, 10 Aug. 1887, RCBL, MPOS papers, PRIV MS 692.1.

Minutes, 20 Oct. 1880, RCBL, CPOS papers, PRIV MS 519.3.

DPOS minutes, Cork POS minutes, Monaghan POS minutes.

Register orphan histories, 1880–85, NAI, POS papers, 1045/5/1/6, p. 115.

Minutes, 7 Nov. 1889, RCBL, MPOS papers, PRIV MS 692.1.

See similar accounts in M. Cruickshank, Children and Industry: Child
Health and Welfare in the North-west Textile Towns during the Nineteenth

NSPCC annual report, 1896, p. 8, NLI.

DPOS annual reports, 1897–98, NAI, POS papers, 1045/1/1/66–93.

NSPCC annual report, 1890, p. 11, NLI.

Arnott, The Investigation into the Condition of the Children in the Cork
Workhouse, p. 41.