‘Mad-Doctoring’
In 19th Century Limerick

Introduction
Over time, asylums have come to assume a frightening level of control over thousands of Irish people’s lives. Indeed, Mary Kofthey (2013) has stated that by the 1950s, more inmates were incarcerated inside such institutions, than in all, of the old USSR put together. Here, Electric Convulsive Therapy (ECT), Insulin Shock Therapy and Lobotomies, were universally popular. Indeed, death rates, recorded inside asylum walls, were often higher than those outside of them. In fact, it has been estimated, that by 1958, some 21,000 of our fellow citizens, languished inside the state’s ‘Asylum Gulags’. Incredibly, many had been admitted, simply, on the basis of ‘needing a rest’. Crucial to the expansion of this system of control was the interplay of ideologies that supported it.

Causes Of Madness

Rightly or wrongly, the Irish have long been suspected of having a pre-disposition towards madness. The perceived causes have ranged from the effects of the Famine (1845), high levels of celibacy, enforced emigration, and the perceived fundamentalism of the Roman Catholic Church. Catholic theologians absorbed their understanding of ‘Good’ and ‘Evil’ from Judaic and Hebrew thinking. Indeed, the Christian Old Testament was derived from the ‘Tanakh’ or ‘Holy Law’ consisting of five books, collectively called, the ‘Pentateuch’.

The Hebrew word for evil (Ra) was later translated, in the King James edition of the Bible, as meaning either ‘Worthless’ or ‘Useless’. Thence, our understanding of ‘disability’ has emerged from the inter-testamental period of Judaism (356-220 BC), when it became associated with man breaking his covenant with God. St. Augustine, for example, saw mental illness as punishment for the fall of Adam, while others, saw it as a sign of possession. Even, at the turn of the last century, Charles Elliot Norton, President of Harvard University was calling for: ‘the painless destruction’ of ‘insane and deficient minds’.

Conceptions of ‘Animality’ were, quite often, used by 19th Century ‘alienists’, in

Robbins (1986) defined the phrase ‘Duine le Dia’ as having derived from the word ‘Druth’, meaning the tool or agent of God. Such beliefs made it necessary to explain away mental illness as being the product of unseen forces thus absolving parents from the stigma of wrong doing. These beliefs were common in Medieval Europe. Martin

St. Joseph’s, view of clock tower
(Courtesy Limerick City archives)
Luther wrote: 'the devil sits in such Change-lingers where the soul should have been'. Indeed, marriage between 'imbeciles' was forbidden under Catholic Canon Law (Ecclesiae Vetitum). This philosophy was a variant of Augustinianism which 'lays relatively greater emphasis on the weakness and evil to which human nature is prone, as a result of its original sin'. It was a position, supported, by a series of papal encyclicals, ranging from 'Rerum Novarum' (1891), written by Pope Leo XIII, to Pope Pius XI's 'Quadragesimo Anno' (1931).

Such pronouncements reflected the harsh reality of life for many ordinary people during the nineteenth century.

If we are tempted to romanticise the unspoilt life of the country people of six generations ago, it is as well to remember that for many of them, poverty was the normal condition of life. Foreign travellers never failed to remark on the object poverty they saw among the Irish and the number of beggars they met everywhere. (Callen, 1970, p.152.)

By 1841, some 40 percent of houses in Ireland were mere one-roomed cabins. The 'Bothin Scoir' had no windows, chimney or fireplace, and when it rained, these homes were invariably flooded.

Famine exacerbated this poverty, with around 300,000 people dying of starvation in 1841, alone. Later, in the Great Famine (1845-1849), one million people died and a further one million emigrated. Diseases like Typhoid Fever, Diphtheria, Tuberculosis, Smallpox and Cholera, were rife. Water supplies, often, came from unhygienic wells or fountains, fed by a public water supply, itself, polluted by effluent from drains and cesspools. Typhus resulted from lice, feeding on unwashed bodies.

In Post-Famine Ireland, these social evils were heightened, by the primogeniture rule, which meant that the eldest son inherited the entire property, leaving the remaining children to face economic penury. The situation required a strict moral code and a self-imposed celibacy, which added to the distress caused by these new economic realities. 

Emigrants to the USA, suspected by the immigration authorities of being a burden on the state, were frequently rejected at Ellis Island, in New York. On their return, they often became inmates of a growing institutional system. Not surprisingly, under these conditions, cases of mental illness rose considerably. Indeed, the papers of the time were full of graphic examples.

In 1851 the Limerick Chronicle recounted the awful results, of one 'Horrible Occurrence', on Church Street, Limerick.

The facts are briefly these: About nine o'clock in the morning, the wife of a man named Mathew Lynch, a lodger in the house No. 82, Church-Street, went from her room for the purpose of purchasing some groceries for breakfast. On going out she left her husband sitting on the bed-side undressed, having their infant daughter, aged about six months on his knee, while another child, a girl, and aged 2 years, was in the bed asleep. The wife was not absent more than 15 minutes, when, on her return, a spectacle of the most hideous kind presented itself to her view.

On the floor lay her husband, having his throat cut in a most shocking manner, and by his side was extended the body of his infant, which he had been nursing. Its head nearly severed from the body, while the child in the bed exhibited the same terrible appearance.

Life was completely extinct in both the children. The unfortunate man still breathed. A bloody razor, lying also on the floor, showed the weapon that had been resorted to, to effect all this horror.

In 1894 the Limerick Leader told of the sad case of the 'Suicide Of A Pauper in The Limerick Workhouse'.

Yesterday Coroner Cleary held an inquest at the Limerick Workhouse on the body of an old man named Madigan, aged 70 years, an inmate of the infirmary of the Limerick Workhouse, who on Friday last succeeded in inflicting serious injuries on himself with a razor, which subsequently resulted in his death. Nobody anticipated or suspected that he showed any suicidal tendencies. A verdict of suicide while suffering from temporary insanity was returned.

Indeed, suicide affected all classes, sexes, and age groups. In 1895 the Limerick Leader wrote of a 'Sad Case Of Suicide In County Limerick'.

Last night a very melancholy case of suicide occurred at Bunage, within about two miles of Shanagolden. A respectable young man of the farming class named Hurley was found suspended from the rafters of a barn house, quite close to the dwelling-house where he had gone, and closing the door fastened a horse's reins across one of the rafters, strapped his hands with the band of the horse's collar, and having mounted a barrel, which he kicked away, was thus found suspended and life quite extinct. The sad occurrence has cast a gloom over the locality where the young man, about 26 years of age, and his relatives are much respected.

Some short time ago, when returning from Rathkeale fair, the deceased was in a row with others in which he received some slaps with a penknife from
which he suffered for a time, but did not afterwards appear in any way affected from the injuries he received.

In 1897, the *Limerick Leader* likewise, recorded the 'Suicide Of A Child In The City' naming her as Christina Moore, who lived with her parents in Pennywell.

From the evidence adduced at the inquest, it appeared that on the 22nd of March, Michael Moore asked her [Christina Moore] to wash a shirt for her other, brother, Patrick, but she refused, saying that he had beaten her and that if he did it again she would throw herself into the Shannon. She had made a similar threat on many previous occasions. Patrick Moore was a van driver in the employment of Mr. Garry, Charlotte-quay, and was considered by the neighbours to be very kind to the deceased for whom he bought clothes and boots. He had often to chastise her for boldness, as she was exceedingly wild. She ran away on the night of the 22nd March, and her body was found by John D'Arcy, tied to a stake in the canal, some one having evidently discovered it previously, and placed it in that position so that it would be exposed to view, and reported to the police. Dr. Harper, resident surgeon, Barrington's Hospital, who made an external examination of the body, stated that he found no marks of violence, and death, in his opinion, had resulted from drowning. The child was at least ten days dead. Rev. Father Shanahan, who was in court, said that no boy could possibly be kinder to his brothers and sisters than Patrick Moore. A verdict that death was due to suicide by drowning was returned.

**Criminalising Insanity**

Under English Law the 'Derivative', the Irish family unit, or 'Indelicacy', the extended family, had a duty of 'Sick Maintenance' which imposed 'a legal responsibility on the kin group to care for its members, who were insane, aged or suffering from physical disability'.
was made on the suspicion that he was a person going about trying to obtain money for charitable purposes. On being brought before Mr. E. F. Hickson, R.M., he refused to give an account of himself. Mr. Hickson gave instructions to the police to have him looked after and watched.

The Relentless Rise Of 'Mad-Doctoring'

While medieval religious thinkers like St. Anselm (1033-1109) adopted 'Holistic' or 'Spiritual' models, which were 'God Centred'. The coming of the Enlightenment foresaw the triumph of a 'Mechanical' model, which took its logic, from the invention of the 'Clock', in the 15th Century. Glorification of God was, now, replaced by a glorification of the scientific method. Rationally became the keystone of humanity. Descartes himself laid the foundations for this new reasoning, in his dictum: 'Cogito, Ergo Sum', (I think therefore I am). Like mechanical devices, human beings, were now seen as being little more than a 'Union of Parts'. In this brave new world, the mind was distanced from the body and raised to a position of pre-eminence. Those who failed 'Gold Standard' tests for mental health were, often, conveniently classified as criminals instead. By 1817, therefore, the country had been divided into mental hospital districts with asylums for the insane built and maintained at the expense of the area served. Local authorities (Grand Juries) were charged with voting in finance for the system.

The extension of the English Poor Law to Ireland in 1858 consolidated this decentralised approach by further dividing the country into Unions. Each one of these had a workhouse, run by Boards of Guardians, elected by ratepayers and justices of the peace. By 1838, the 'Dangerous Lunatics Act' decreed that asylums would now become home to the criminally insane, as well as any 'Dangerous Idiots'. The medical profession assisted this criminalisation process, by segregating the marginalised, into five convenient categories namely, 'Children, Sick, Insane, Defectives, Aged and Infirm'. Incredibly, these are categories of disability still recognised today. The Poor Relief (Ireland) Act (1851) increased the powers of the 'Poor Law Guardians' and 'Local Committees'.

By 1869, there were some 22 mental asylums established by the Lord Lieutenant. Control over these eventually passed to the newly created 'County Councils', in 1886. An RIC census, compiled in 1871, of 'Lunatics', 'Idiots' and others, with multiple disabilities and handicaps, found a total of 70,202 languishing in these asylums and workhouses. A further 7,000 were recorded 'wandering abroad' as 'Vagrants'. By 1881, there were 364,000 people, many of them mentally ill, in Irish 'Workhouses', however, the failure of the system to cope, is exemplified by the 226,000 still on outdoor relief. Madness, it appears, was assuming epidemic proportions.

In 1897 the Limerick Leader, in an article entitled, 'The Outbreak Of Lunacy Near Skibbereen-Death Of One Of The Victims', stated by way of example:

Intelligence reached Skibbereen on Wednesday evening that one of the family of three sisters and five brothers named Cunningham, of Bawnishal, ranging in age from 35 to 23 years, all of whom went mad last week, had died in the Cork District Lunatic Asylum that morning. John Cunningham, aged 35, who was the first to show the dreaded symptoms of insanity, was a man in most feeble health, while Dan, 28 years of age, who died on Wednesday, was a hearty fellow, and the first death that has taken place in the ill-fated family was the last that was expected. This terrible visitation is sad in the extreme, and not a soul of the family being left in their once happy and comfortable homestead.

Nevertheless, the 'Medicalisation of Madness', was deemed to be essential, in order for capitalism to thrive. The able-bodied were separated from the disabled; the deserving from the non-deserving poor. Doctors were charged with categorising those who were helpless and suitable only for charitable relief. There were many reasons for the success of this medical model. Firstly, the medical profession in Ireland sanctioned the workhouse system by producing a whole way of thinking that justified it. Second, they linked mental incapacity to physical disability, thereby, increasing a sense of exclusion. Thirdly using 'Defect Theories' they focused research on differences, not similarities, between able and disabled people. Fourthly, the environment of the asylum could not be questioned, as doctors, themselves, had a vested interest in its survival. They were, after all, the very first 'asylum keepers'. Pasteur and Koch's 1840s research into 'Germs Theory' reinforced these views, fueling a public panic. Indeed, fears concerning madness sometimes extended to animals.

For example, in 1896 the Limerick Leader, in an article entitled, 'A Woman Attacked By A Cat' told the following strange tale.

An elderly woman named Honora Kenna, residing in Fish Lane, was admitted into Barrington's Hospital on Friday night, suffering from severe lacerated wounds on the face, the left leg, and right forearm. It appears from her statement that she was in bed, and her cat attacked her in a most ferocious manner, causing the wounds stated. Had not two men who heard her screams come to her assistance, she said that the cat, the unfortunate woman would, in all probability, have fared even worse still. She is detailed in hospital. The cat is supposed to have been mad.

This climate of fear was further heightened by a series of high profile attacks involving 'Lunatics', both at home and abroad. In 1788, for example, Margaret Nichollsen, c.1763-1829, made an unsuccessful attempt to murder King George III (1738-1820), using an ivory handled dessert knife. For her crime, she was sentenced to life in the Bethlem (Bedlam) Mental Hospital, in London, where she became something of a celebrity and tourist attraction. Ironically, George III went mad, himself, in 1788, as a result, perhaps, of inherited 'Porphyria or depression. He was treated by the radical doctor, Francis Willis, (1718 - 1807).

Willis, believed in using 'the eye' (a fierce stare), strait jacket and leeches to defeat the illness, through fear, intimidation, bleeding and purging.

In Ireland, Dr. William Saunders Hallaran (c.1785-1852), was the first physician superintendent at the 'County and City of Cork Lunatic Asylum' (formerly 'The Eglington Asylum'). In 1810, he wrote the very first treatise on the treatment of madness, in Ireland, called 'An Enquiry'. In this book, Dr. Hallaran, listed what he felt were the main causes of insanity which included: wives whose husbands had gone to California, Syphilis, Alcoholism, love, jealousy, seduction. The word 'Dementia' was coined by him because it is 'a mental condition of dementia, rather, in terms of Schizophrenia, Psychosis, Mania and Depression. He proposed using a, 'Circulating Swing', pioneered by Erasmus Darwin (1731-1802) and Joseph Cox (1735-1818), to induce nausea and vomiting in patients. Hallaran believed, (as the ancient Greeks and Romans had done), that madness resulted from an imbalance in the four 'Humors' (essential fluids) making up the human body. He, therefore, used emetics, purgatives, digitalis, opium, the
shower bath and exercise to treat the mad. Later, Herbert Spencer’s concept of ‘Social Darwinism’, and Francis Galton’s ideas about Eugenics, (1883), both supported by IQ Testing, provided a ‘Scientific Basis’ for ‘Moral Treatment’.

On March 30, 1896, the Limerick Leader, once again commented on insanity, under the heading ‘The Plague Of Insanity’.

Hardly a week passes that we do not read in the daily papers of a cold-blooded murder where the statement is made that the lawyers have not, as yet, decided whether to enter a plea of self-defence or insanity. For this reason a test for insanity proposed by Dr. Buxton Ward may, on investigation, prove of great utility. He declares there is no fallible symptom indicating whether one is sane or not. Let a person speak ever so rationally and act ever so sedately, if his or her thumbs remain inactive, there is no doubt of insanity. Lunatics seldom make use of their thumbs when writing, drawing or saluting.

A History Of Madness In Limerick

Founded as the ‘Limerick District Lunatic Asylum’, in 1827, ‘St. Joseph’s Hospital’, Limerick, was the second of twenty-two district mental asylums built in Ireland. The Lunacy (Ireland) Act, of 1821 was its legislative basis and the asylum served Limerick City and County, as well as Clare and Kerry. Designed by architects William Murray and Francis Johnson, and constructed by Gilbert Cockburn and Arthur Williams, it was built with incarcation firmly in mind. A nineteenth century prison design lay behind its Octagonal shape, with inmates housed in four wings radiating out from a central point, where offices were located. ‘Limerick District Lunatic Asylum’ was originally designed to hold 150 patients, but soon became home to many more. Previous to this, ‘Lunatics’ were held in gaols, and in the notorious Limerick ‘House of Industry’. John Jackson, became the ‘Moral Manager’ in charge of the Limerick asylum, in 1826, with his wife, Eliza, being its Matron.

However, by the 1850s, with the numbers of inmates growing rapidly, a medical approach came to predominate. This was reflected in the creation of a new class of ‘Resident Medical Superintendents’, to run these institutions. They were Dr. Robert Fitzgerald (1850); Dr. E. Courtenay (1872); Dr. Edward O’Neill (1880); Dr. Peter Irwin (1816); Dr. Niall B. O’Higgins (1949). These officials lived on the grounds of the hospital in a self-contained house, called ‘Elmhurst’. Their work was supervised, annually, by the ‘Inspector of Lunatic Asylums’ and by a local ‘Visiting Committee’, made up of local businessmen and the gentry. In 1872, an inmate died after being submerged in a bath and the issue was raised in the House of Commons. Eventually, the case led to a sworn public inquiry by the ‘Inspector of Lunatic Asylums’, in Ireland, a criminal trial and the dismissal of the Resident Medical Superintendant, Dr. Robert Fitzgerald.

A Board of Governors, drawn from local gentry and clergy and appointed by the Lord Lieutenant, worked under the control of the Chief Secretary’s Office, in Dublin Castle, to administer the asylum. From 1898, management of the asylum was transferred to the local authorities, operating as the ‘Limerick District Mental Hospital Committee’. Although, still subject to the ‘Inspectorate of Lunacy’, this local committee, eventually became the ‘Limerick Mental Hospital Board’, under the Mental Treatment Act (1945).

Overcrowding was the biggest problem faced by the Board of Governors. The asylum held 337 patients, in 1848, only twenty years after opening, but by 1888, the figure was 494. In 1940, the renamed ‘Limerick District Mental Hospital’, had grown to hold 885 patients. The cause of this high committal rate ranged from high emigration, falling marriage rates, high unemployment, and social isolation. The largest increase, for any one year, was in 1939, when 251 patients with ‘mental defects’, were transferred to the ‘Limerick Mental Hospital’, from the County and City Homes. The previous year, the figure was just 53.

Evoking The System

In the 1820s asylums became a place of refuge for the ‘Lunatic Poor’. However, by 1838, the ‘Dangerous Lunatics Act’ meant that asylums also became home to the ‘Criminally Insane’, as well as ‘Dangerous Idiots’. From 1838 until 1888, patients had first to spend a night in jail, before being transferred to the asylum. The insane, then, became classified as ‘Dangerous Lunatics’ or ‘Criminals’.

This represented a considerable advantage for the families of potential inmates, as ‘Criminal Lunatics’, bestowed a public responsibility to pay for their maintenance. From 1868, the law was changed to allow medical certificates to replace the practice of gaoling ‘Lunatics’, before having them committed. An accusation of insanity, in the presence of two Justices of the Peace, with an examination by a physician, was now sufficient for commitment. Alternatively, an ‘Ordinary Form’ or ‘House Form’ could be used to make an application directly to the asylum’s manager, by a relative or friend. This application would, then, require endorsement by a magistrate or clergyman, to testify that the person was poor enough to be entitled to public care, with a medical certificate confirming their insanity. By criminalising the admission process release was not just dependent on a medical opinion of recovery; it also, now required the signature of two Justices of the Peace.

However, one of these had to have signed the patient’s original committal form. This process was, strangely, only applicable in Ireland and did not apply to England or Scotland.


The causes of insanity, increasingly, came to reflect the fears of the age, especially the trauma of war. The work of mental health pioneers, like Freud and Jung, greatly influenced the enactment of the Mental Treatment Act (1945). Improvements were made to the nursing profession, admission procedures and the 1838 Act was, after 107 years, repealed.

Judicial admission was now replaced by medical admission, using narrower criteria, which required legal procedure. The Mental Treatment Act (1945), also, provided for routine and regular reviews of patient treatment, removing the emphasis on long term institutionalisation.

There were, now, only three categories
for admission: 'Persons of Unsound Mind' (P.U.M.) (detained until deemed fit to leave by medical staff), 'Temporary' (initially for six months and for three further such periods of detention, if necessary) and 'Voluntary' (allowed to leave at any time, provided 72 hours notice was given).

The accompanying use of 'drugs' and 'active' treatment calmed the more disturbed patients, and staff increasingly migrated to being professional psychiatric nurses. However, some treatments like insulin shock therapy and electric convulsive therapy (ECT), without anaesthetic, proved to be controversial. 'Mental defectives' and infants were often treated and received no proper training, however, and as a result, many spent their lives languishing inside.

Until the late 1960s staff were obliged to 'live in', until they qualified as psychiatric nurses, and had to have 'passes', in order to leave the institution, at any time. Their duties ranged from washing, and shampooing, patients' hair to dishwashing, cleaning rooms, and doing laundry duties, bringing in turf, working with patients on the farm and changing bed-linen. With very long working hours, and few days off, they too became 'institutionalised', adding to the general malaise of the asylum environment.

The Drive For Self-Sufficiency

From 1898, lunatic asylums came under the control of local authorities and were funded by rates and government grants. Yet, mortality levels still remained stubbornly high. Cold and damp conditions helped the spread of diseases like pneumonia, bronchitis and phthisis (Tuberculosis) in overcrowded wards. The need to keep costs down meant that asylums were overcrowded and insanitary. 'Resident Medical Superintendents' who replaced the old 'Moral Managers' were extremely cost-conscious. In Limerick, a farm was developed on the grounds of the asylum and then, at Roxboro and Lemenfield, Cruccura, Co. Limerick, soon after.

'The farm, glasshouses and orchards, were lucrative and provided food for the asylum, which housed 300 patients and 400 staff, up to the 1970s. Incredibly, 'St. Joseph's Hospital', then, had its own bakery, laundry, cobbler, butcher, tailors, and upholsterers. There were, also, permanent tradesmen to maintain the buildings such as masons, carpenters, grounds-men and painters. Patients were employed in the kitchens, laundry or sewing rooms, with sixty inmates working on the farm alone. The farm and Limerick asylum, also, drove economic activity in the city, by buying fuel, clothing, and flour, from local mills, like Banks and Harris', who tendered to supply it. Drapery shops, like Canneck's and The Limerick Clothing Company, tendered for the supply of uniforms.

The Limerick asylum was funded by a combination of central funding and local authority rates, until 1975. As any increase to these domestic rates would be unpopular, getting funding for any improvements proved difficult. Internal heating was provided by open turf fires until the first turf fired central heating system was finally installed. However, the storage of large quantities of turf and coal meant that vermin abounded within.

Towards Reform (1960-1980)

The wave of institutional reform sweeping the Western World in the 1960s and 1970s, known collectively as 'Normalisation', was not without effect in Ireland. The 'Limerick District Lunatic Asylum' (1827) became known as the 'Limerick District Mental Hospital' (1923) as 'St. Joseph's Hospital' (1959) and, in 1961, the Minister for Health established two Commissions of enquiry, to look at mental handicap and mental illness in Ireland. These reported in 1965 and 1966, respectively, suggesting improved and expanded facilities and an increased awareness of individual needs.

However, it was only with the Inter-Department Report (1966), into the 'Care of the Aged' that the 'county homes', the homes of the old poor houses, were finally closed or re-designated as 'Geriatric Hospitals'. The emphasis, now, was on preserving the patient's individuality, by maintaining their personal possessions, and respect, while allowing wards to be broken up into smaller units. Clothing and dining practices were to reflect 'normal' society, with locked doors, barred windows and high walls, being avoided.

The Mental Treatment Act (1961), allowed patients to be paid for their work for the first time, with the money, often, being used to buy some luxuries. In the early 1980s, training in Idle skills and personal decision making, was increased through the use of multidisciplinary teams of clinical psychologists, occupational therapists and social workers. Training for psychiatric nurses was, also, encouraged. The national policy document, Planning For The Future (1984), marked a move away from institutional care, towards a community-based model.

In 1981, there were 900 patients in St. Joseph's Hospital, and even by 1987, the asylum had the highest rate of admissions, nationally. However, by 1993, this admission rate had halved, with other agencies coming on-board, to assist those with intellectual disabilities. The 'Big House' was no longer, quite as feared, as it once was, and plans were soon made, to close it altogether.

Conclusions

Although, the culture of our Psychiatric Hospitals has undergone a profound change over the past few decades, the pervasiveness of the ideology, of 'Med-Doctoring', still remains. Indeed, recent news, that, 'St. Joseph's Hospital', in Limerick, is set to close, does not mean the end of this outdated mode of thinking. In fact, it has been pointed out that the replacement of one big institution, with several smaller ones, may be viewed as being more cosmetic than substantive. Even from a personal liberties viewpoint, it might be reasoned, that little progress has been made, since 1966. For example, anyone with a history of mental illness may, currently, be committed to an asylum, solely on the report of a Psychiatrist. That person has no entitlement to legal representation for 21 days, while doctors have the right to administer, by coercion, any drug of their choice. It is a state of affairs which, under Irish law, even murderers, are not subject to. The allure of 'Med-Doctoring', clearly, continues to have a frighteningly enduring appeal.

REFERENCES


Grainne Higgins and Jacqui Hayes, Darkness Gives Way To Light, St. Joseph's Hospital Archive Collection, Limerick City Archives, Limerick, (2013).


CITATIONS

1 The Limerick Chronicle 23 February 1893
2 The Limerick Leader 11 July 1894
3 The Limerick Leader 4 February 1895
4 The Limerick Leader 9 April 1897
6 The Limerick Leader 23 March 1896
7 The Limerick Leader 1 January 1897
8 The Limerick Leader 20 January 1896