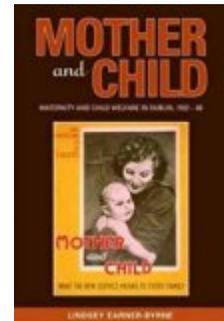


Lindsey Earner-Byrne. *Mother and Child: Maternity and Child Welfare in Dublin, 1922-60*. Manchester: Manchester University Press, 2007. x + 245 pp. \$74.95 (cloth), ISBN 978-0-7190-7474-5.

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Women and Children Last?

Lindsey Earner-Byrne has written an analysis of government and church policy toward maternal and infant welfare in the early years of the Irish Free State, concentrating on the city of Dublin. After a background chapter, she surveys the major ideas of policymakers, and then follows a roughly chronological survey of the services available to pregnant women and mothers with young children from 1920 to 1956, with sections on the interwar period and World War II (“the emergency”), as well as two on the aftermath of the war. The final chapter explores the vexed experience of “illegitimate mothers” during the four decades under review.

Earner-Byrne’s conclusions are not startling but do offer detailed analyses of policy debates and legislative efforts. She argues that the main force behind reform was concern about infant mortality rather than maternal health, though, of course, the two were connected. In the early twentieth century, Ireland’s efforts at child and maternal care focused on health visitors and midwives, in part due to the “voluntary” legacy of the British state. Access to these limited services varied widely. Church and state also centered on improving nutrition, first to pregnant women and then to infants, with limited effects, since neither institution considered dealing with the structural problems that caused high mortality, poverty, and large families.

The interwar period saw the beginnings of a partnership between state and private (largely Catholic) charities

in welfare provision. The Catholic Church insisted that private charity was the most appropriate vehicle for aid, for both the recipient and donor. The government agreed, in part, because the costs of welfare were much less when subsidized by charities. However, this partnership had three disadvantages for Irish families. First, the Catholic Church had an effective veto on social programs, meaning they could block any legislation regarded as harmful to the Church or family. For example, the Church opposed a legal adoption act, since it refused to support any bill that did not safeguard a child’s religious upbringing; the Church also, of course, opposed any bill that even hinted at educating women about birth control. Second, the reliance on private charity meant that sectarianism was encouraged, not discouraged. The Catholic Church regarded Protestant, nondenominational, and secular efforts as attempts to proselytize Catholics to other faiths, and thus refused to combine services or to relinquish control of its charities. This led to doubling efforts that could have been avoided with a more streamlined approach. Third, the Church (seconded by the state) was determined to uphold patriarchy in the family. They then opposed any measure to give aid directly to women, thinking this would undermine the male breadwinner. The result was a severe limitation on recipients of aid; they tended to be widows with children—and then only if they met certain “moral” standards. As a result, the provisions for women and children in the 1920s and 1930s were modest and still centered on the “deserving.”

The following chapters, on World War II and the 1950s, center on the role of the new archbishop of Dublin, Dr. John Charles McQuaid (1940-72). McQuaid became archbishop at a time of “emergency,” since the world war caused economic disruption. Despite the growing needs, McQuaid frustrated all attempts to bureaucratize social services. He remained convinced that only the deserving poor should get charity, a view that became increasingly at odds with those who argued that proper nutrition and medical care was a right of all Irish women as citizens. During the war, McQuaid managed to enforce the Catholic position, helped by a compliant Department of Local Government and Public Health. The latter allowed the Church to vet any proposed legislation and changed anything offensive to the former. In addition, Catholic charities followed restrictive policies without forfeiting government subsidies.

The period between 1946 and 1956 showed renewed strains in the partnership between church and state, partially due to the appointment of Dr. James Deeney to the Department of Local Government and Public Health. Deeney wanted a public health system that was comprehensive in scope and based on rights. The Church, aided by the Irish Medical Association, opposed these measures on a number of grounds: interference of the state into the family, fears of women getting birth control information, and loss of professional standing for doctors. McQuaid was able to delay the plans, but at the cost of bad publicity. Earner-Byrne gives a careful account of the “mother-and-child” controversy of 1950-51, showing the complexity of the issues involved. Interestingly, despite all the obstruction, a public health system for mothers did exist in Dublin, started on an experimental basis in the 1940s. Its success was one reason the Irish finally passed a Public Health Act, based on a woman’s right as a citizen, in 1953. By 1956, Irish mothers got help during pregnancy and birth, a grant of £4 for every confinement, and hot meals at maternity centers. Though the laws ignored social causes of poverty, they were a vast improvement.

These better conditions, however, did not spread to illegitimate children and their mothers. Illegitimacy rates were low in Ireland, below 3 percent until the 1970s (and still only 4.5 percent in 1979), but the mortality rate for illegitimate children was double that of legitimate ones. Attempts to help unwed mothers were frustrated time and again by concerns about “encouraging immorality.” The only aid for such women was Catholic “magdalene” homes. These were thinly veiled prisons; they required a year’s stay and hard manual labor to recompense the institution for the keep of mother and child. After a

year, the child then went into an orphanage or industrial school, and the mother left to resume her life. Several laws in the 1930s improved conditions, including a Legitimacy Act in 1931 and provision for free medical care in 1939. But none of this was enough to stop Irish women from fleeing to Britain to “hide their shame,” especially after England passed an adoption act in 1926. Only embarrassment over the number of Irish women leaving for Britain finally led the government to allow adoption, with suitable safeguards for the child’s religious health, in 1952; real change for unwed mothers only came in 1973, with the Social Welfare Act.

Earner-Byrne summarizes her main conclusion thus: “There was no social revolution in Ireland between 1922 and 1960, but it was a period of vital evolution which helped to redefine and redirect the future of Irish motherhood” (p. 222). Slowly, the state stopped approaching public health as charity for the needy and instead saw it as an entitlement program that encompassed all citizens. The evidence she gathers, based on institutional and government documents, supports her arguments. She makes particularly good use of the correspondence of the two archbishops of Dublin (Edward Byrne and McQuaid), detailing their extensive influence on the government. Although the author does her best to be fair-minded, the obstructive role of the Church comes through clearly. In addition, this study adds more evidence of the unintended consequences of sectarian strife in modern Irish life; due partly to religious squabbling, public health suffered in ways none of the combatants could have imagined.

The production of this book has both good and bad aspects. On the one hand, the author and Manchester University Press should be congratulated on the inclusion of seventeen helpful tables, and Earner-Byrne’s endnotes are unusually informative. On the other hand, the index, at less than three pages, is all but useless (McQuaid, for instance, does not appear in it). If the press hired a professional indexer, it should ask for its money back.

The arguments of the book also have some minor limitations. This study is told almost entirely from the point of view of those who made policy. The one exception is a section in chapter 3, based on letters sent to the archbishop of Dublin. As many historians have found, the poor were not passive recipients of charity, but instead tried to “work the system.” In this case, Catholic mothers searching for aid threatened to change denominations if the Church did not help them; Earner-Byrne concludes that “veiled or explicit threats of conversion were common and effective” (p. 79). This part of the

book is entertaining, but it is the only one that deviates from the top-down approach, an all-but-inevitable result of the author's reliance on official government and Church sources. Still, Earner-Byrne writes that "thousands" of mothers wrote to the archbishops, and the book could have used more from this source to give context to the public debates and some idea of the real costs and benefits of the Irish approach to maternal welfare (p. 2).

Mother and Child might also have been more helpful if Earner-Byrne had drawn more open comparisons between other British states; England, too, mixed public and private welfare provision well into the twentieth century, especially in terms of care for unwed mothers. (The Irish regarded England as a socialist, statist government, especially after the introduction of the National Health

Service [NHS], but this was not the entire story.) However, such inclusion would perhaps have made the book too long in today's publishing climate.

Overall, this book is a well-written analysis of an important topic. Most crucially, Earner-Byrne is a careful historian whose empathy with mothers and children comes through in her writing, but does not skew her work. Her book shows, as Lord Buckmaster said in the House of Lords in 1925, "some of the greatest injustices are perpetrated in the name of the highest ideals." [1]

Note

[1]. *House of Lords Debates*, Vol. 6, March 12, 1925), 520.

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