Medicine in Limerick in 20th Century

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The development of health services in Limerick since the foundation of the state has been dramatic. The improvement in sanitation, living conditions and nutrition has resulted in improved population health. World-class nursing standards were established by the major religious orders in their hospitals and continued by the University of Limerick. The population has benefited from the explosion of modern diagnostics and therapeutics, the regional organisation of health services under the Mid Western Health Board but has also been the victim of major health cuts and rationalisation. In the first decade of the 21st century it has become the location of the first new medical school since the foundation of the state.

The New State & Health Service

The energies of Local and Central Government during the 1920’s were largely taken up with the job of national reconstruction with the result that little was achieved by way of provision of new hospitals or the development of existing services. Six new district hospitals were built in the country during that period and considerable efforts made to improve accommodation and equipment of other Local Authority institutions. In the voluntary hospital sector, capital development was equally limited. The 1920’s saw a continuation of the existing 19th Century systems based on Poor Law legislation with serious consideration given to updating the health system occurring in the early 1930’s.

About this time it became clear that the old buildings in which local authority hospitals were established, such as the County Infirmary in Mulgrave Street and the City Home on Shelbourne Road were unsuited to the needs of modern healthcare provision. The voluntary hospitals such as Barrington’s and St. John’s were equally restricted and there was a pressing and escalating need to modernise services and to re-equip.

Healthcare within the country gradually improved in the 1930’s and County and District Hospitals offering free treatment to the poor replaced the old Workhouses. However by
1935 only 40% of patients in the voluntary hospitals were treated free and as a consequence these institutions were perceived to favour paying patients. The Government made the receipt of public funds contingent on their remaining charitable institutions ensuring that the hospitals continued to treat all classes under the same roof.

At a time when hospitals were in greatest need the resources of the State were strained as a consequence of the economic war and voluntary financial support, which had been the bedrock of hospital funding, was diminishing rapidly in the infant State. It was against this backdrop that the Hospitals Sweepstake was established.

**Hospitals Sweepstake**

In 1930 six of the Dublin voluntary hospitals proposed to the Cosgrave government of the day, the establishment of a Sweepstake for the support of public ‘charitable hospitals and sanatoria’. They received the necessary permission under the Public Charitable Hospitals (Temporary Provisions) Act of 1930 to enable funds to be raised by means of sweepstakes. The new Hospital Trust promoted and organised the first Sweepstake at the Manchester November Handicap. The proceeds at the time were made available to the six promoting voluntary hospitals and the venture realised in excess of £130,000. Subsequently the conditions necessary to enable an institution to participate included:

a) that it should be in receipt of subscriptions from the public.

b) that in the year preceding the passing of the Act not less that 25% inpatient accommodation should have been used for patients who paid 10 shillings a week or less for their treatment.

The second Sweepstake was held in 1931 and 26 hospitals participated including Barrington’s Hospital, which received 3% of the fund, The Limerick County Infirmary in Mulgrave Street, which received 2% of the fund and Bedford Row Lying-in Hospital received 2% of the fund. On the second occasion these hospitals shared between them £439,858. The first three Sweepstakes had given participating hospitals over a million and a quarter pounds to provide new buildings and equipment. The Dáil passed a
subsequent Act - The Public Charitable Hospitals (Amendment Act 1931), which made two provisos concerning the distribution of the surplus funding, derived from the Sweepstakes:

1. Providing for the appointment of a Committee of Reference.
2. Decreeing that available surplus should be divided with two thirds to be distributed among the participating hospitals and one third to be paid to the Minister for Local Government and Public Health to be applied by him in such manner as he shall think fit, in and towards provision, improvement or equipment for institutions for ‘prevention treatment or cure of physical or mental diseases or injuries of human beings’.

The Committee of Reference subsequently suggested that funding no longer be distributed on the basis of a percentage and that a new system be introduced whereby each hospital submitted a claim for certain improvements under the headings:

a) Repayment of Loans
b) Building Work
c) Furniture
d) Medical and Surgical Pathological Apparatus
e) Investment

The Committee of Reference was subsequently suppressed and the Hospital Commission established. An Engineer, Mr Michael Doran, chaired the first Hospitals Commission and when it first reported in 1936, it recommended a four-tier hospital system. This involved District Hospitals at local level, County Hospitals catering for certain medical and surgical cases in counties remote from Regional Centres, Regional Hospitals which would cater for the more acute and unusual medical and surgical cases and three main hospital centres, associated with University Medical Schools in Dublin, Cork and Galway. The subsequent systematic concentration of major resources around these
University Hospitals provided the primary impetus for the subsequent establishment of a Medical School at the University of Limerick.

**National Influences on Health Care Provision in Limerick**

James Deeny, Chief Medical Officer 1944, in his memoirs, described how the new State was confronted with a crumbling and neglected poor law system, which had been badly run down. The country had the worst tuberculosis problem in Western Europe, a chronic typhoid problem and a very high infant mortality rate with large numbers of babies dying from enteritis and a high maternal mortality rate. There was particular concern about the high infant and maternal mortality rates – the most fundamental quality indicators of any public health system. New and radical proposals were needed to address this major problem and Dr Noel Browne, Health Minister introduced the “Mother and Child Scheme” through the 1947 Health Act which provided for state-funded healthcare. This was opposed by Fine Gael who felt that General Practitioners private practice would be significantly affected. More ominously, the catholic Bishops feared that a State medical service would ultimately include sex education, information about contraception, abortion and that the State might take control of Catholic hospitals.

James McPolin who was the Chief Medical Officer for County Limerick at the time, was particularly vocal in relation to this Act. He had previously had an altercation with the Department of Health, which considered suspending him because health services in Limerick were a ‘black spot’ and McPolin emerged as an ardent opponent of State medicine despite the fact that he was State salaried himself. In a series of articles he argued that State medicine contravened moral law, that it was the father’s duty to provide medical care for his dependants and the role of the family doctor and the church, not the State to educate mothers and children about health.
The international situation at the time was evolving rapidly. The UK established the NHS in 1948, the French had established their social security system in 1945 building on occupational health insurance schemes introduced in the 1920’s. Further afield the Canadian province of Saskatchewan introduced health insurance to cover hospital care in 1946. De Valera’s Fianna Fáil Government of the 1940’s was influenced by the health reforms as advocated by the Beveridge report (1942) and aspired to the goal of a free national health service. There was no separate Department of Health (established 1947) at that time because since the 1930’s health care had been the responsibility of a parliamentary secretary (junior minister) in the Department of Local Government and Public Health, Dr Conor Ward.

In 1945 Dr Ward and Mr Sean McEntee appointed a committee of civil servants including Dr James Deeny to plan for the development of a National Health Service. This group reported in 1945 (reported to the Departmental Committee on Health Services) and proposed a free national health service that could be introduced to the whole population on a phased basis. GP’s would be district medical officers and private practice, it was proposed, would become peripheral. The thinking of this group was influenced by the type of changes that were taking place around the world. They proposed changes, which were radical, which would be introduced in stages and financed through a combination of insurance contributions and State funds, both central and local. Social insurance was introduced to cover hospital treatment for workers but not their families.
The development of health services both locally and nationally, can best be traced by looking at the modern development of hospitals in Limerick.

**St. John’s Hospital**

The nursing sisters of the Little Company of Mary were introduced to St. John’s in 1888 and made great improvements in the running of the hospital. The introduction of the order came about through the intervention of Count Arthur Moore of Mooresfort, Co. Tipperary. He was holidaying in Rome in the mid 1880’s when his wife took seriously ill. She was nursed back to health by two sisters of the Little Company of Mary and following on this the Count committed to establish the ‘Blue Nuns’ in his native Tipperary but couldn’t find a suitable place for them. He wrote to the Bishop of Limerick suggesting a role for them in St. John’s Hospital. The sight of the sisters with white gowns and blue veils was unusual in Limerick and the story is repeatedly told of a woman coming from mass at the Cathedral who spread the news that she had seen the vision of Our Lady at one of the hospital windows, unaware that the sisters had started their work inside by cleaning up after workmen (Fig.1). On their arrival in Limerick the sisters were accommodated at St Mary’s Mercy Convent on a temporary basis.

Mother Veronica Dowling became the first Matron. Despite recent renovations to the hospital at that time the sanitary conditions were still very poor. The water was contaminated, the gas light poor and fires had to be kept going in order to keep the building heated. They did however set about establishing exacting standards of cleanliness for which the hospital has gained a rightful and ongoing reputation. At that time the medical staff in attendance were Dr P. F. Graham MD, Dr McGrath FRCSI and Dr John Holmes. The first patient admitted to the hospital in its transformation to a general hospital was Fr Gleeson c.c. of Bruff, admitted under Dr Holmes with a fractured leg. Dr John Devane joined the surgical staff in 1905 who increased the range of surgical services available and he subsequently wrote an excellent history of St. John’s Hospital. The inevitable increase in demand for services led to increased financial pressures and in the 1890’s the financial situation had deteriorated at
the hospital. The debts increased and in 1897 the Bishop O’Dwyer who had first invited
the nuns to minister at the hospital suggested that they should withdraw and wrote
accordingly to their foundress in Nottingham who replied quickly that the sisters ought
not to be blamed for the financial difficulties but she sent over another sister Mother
Catherine who subsequently became Matron.

In 1897 the Board of the hospital accepted probationary nurses and training of nurses
continued until 1934. At that time it became a training centre for the order of the Little
Company of Mary sisters but reopened as a training school for lay nurses in 1968. There
was some debate about the hospitals ongoing viability as an acute general hospital during
the health cutbacks of the 1980s but it survived at a time when Barrington’s Hospital
closed. The hospital continues to provide medical, surgical, gynaecological and other
subspecialty services with increasing service and academic linkages with the Regional
Hospital.

**Barrington’s Hospital**

The early history of Barrington’s Hospital is dealt with in the previous chapter and an
excellent history of the hospital exists in the Barrington’s edition of the Old Limerick
Journal (1988). The hospital, which first opened in 1831, had developed into a vital
facility for the management of medical and surgical conditions but also very importantly
provided accident and emergency services for the city and surrounding hinterland. An
amalgamation of the two Limerick voluntary hospitals (Barrington’s and St John’s) was
first mooted as far back as the 1930s by the Hospital Commission but this was brought
into sharper focus with the health cuts of the 1980s. There was considerable political
controversy around the closure of Barrington’s Hospital, which was first mooted in
December 1987 at a meeting between Alderman Gus O’Driscoll who was Chairman of
the Board of Governors of the hospital and Assistant Secretary of the Department of
Health, Mr Gerry O’Dwyer. It was announced at this meeting that acute services would
be concentrated in St. John’s Hospital and acute services at Barrington’s Hospital would
cease, early in 1988. This came as a shattering blow to the hospital and an emergency
meeting of the Board of Governors was convened for Monday 14\textsuperscript{th} December. There was a huge public reaction in Limerick with unanimity across the political divide within the city that the closure of the hospital would be resisted. However on March 1\textsuperscript{st} the Health Minister, Ruairi O’Hanlon announced that Barrington’s would close at the end of the month despite the fact that a Dail vote in favour of keeping the hospital open was supported. 

The Minister considered that a vote on a private members motion was not legally binding. Subsequent High Court challenge failed to reverse this and acute emergency services at the hospital were transferred to the Regional Hospital and St. John’s Hospital ending almost 170 years of service to the people of Limerick.

\textbf{St Camillus Hospital}

In 1920 the Limerick Union workhouse was converted into the City Home for the care of elderly. This was the first workhouse facility in the country where the Mercy Sisters ministered (1860). They lived in the adjoining Convent dedicated to St. Camillus from which the hospital derives its current name. Better medical care was provided with the number of doctors increasing from one in 1861 to four in 1873. Night nurses and wards men were appointed. The Sisters insisted on comfort and cleanliness in the wards and great care was given to the spiritual wellbeing of the patients. Some Sisters worked in the Fever Hospital close to St. Camillus’ and in 1876 three sisters were officially appointed to service there, one as matron and two as nurses.

In 1933 a new Hospital for the treatment of acute medical and surgical cases was built and in 1934 an ophthalmic section was added. It served as the fever hospital and sanatorium during the 1940s-1960s where major thoracic surgery for the treatment of Tuberculosis and it complications was performed, most notably by Mr Maurice Hickey. It also housed the paediatric and neonatal unit prior to these services moving to the Regional at Dooradoyle and to St Munchin’s Maternity Hospital.
On 16th November 1998 a plaque was unveiled by Councillor Jack Bourke, Chairman of the Mid-Western Health Board commemorating 137 years association of the Sisters of Mercy with health care in the hospital. Dr David Clinch, the first vocationally trained Physician in Medicine for the Elderly to be appointed in Limerick and a pioneer in modern health care for the elderly in Ireland, presented Sr Damien Kelly with the Mercy Medal – awarded for outstanding contribution in the care of the elderly in Limerick.

The hospital operates today as a continuing care facility for elderly patients and houses Rehabilitation and Stroke Units of the Department of Medicine for the Elderly.

**St. Ita’s Newcastlewest**

St. Ita’s in Newcastle West was also previously a Workhouse, built in 1841 to serve 550 inmates run by a board of governors. Towards the end of the nineteenth century Mercy nuns from the nearby St. Catherine’s Convent went daily to nurse in the wards, to cater and to work in the laundry and general stores. A Sister was appointed as Matron to supervise the service of the sick poor. In recent years St Ita’s has played a vital role in the provision of hospital continuing care and rehabilitation for older patients in West Limerick.

**Limerick Regional Hospital**

The Hospital Commission, at a very early stage, suggested the scrapping of both voluntary hospitals in Limerick (St John’s and Barrington’s) and replacing them with a Regional Hospital. A site (28 acres) was purchased in Dooradoyle by the Limerick Board of Health and Public Assistance in March 1939 and Mr P Rutledge, Minister for local government in the early 1940’s, turned the first sod for the building. World War II intervened and the building project was postponed until 1951 when Dr James Ryan, the first Minister for Health, laid the foundation stone, on the 17th October in that year (Fig 2). The builders were Murphy Brothers Ltd. of Cork and the building was made entirely of reinforced concrete. Rubble and stones from the demolished house of Mercy at St
Mary’s in Limerick were used in its foundations. The design of the new hospital was influenced by the work of Finnish architect, Alvar Alto, whose signature sanatorium in Paimio, Finland provided the inspiration for many European hospitals at the time. The predominant features were a strong horizontal effect with extensive windows, flat roofs, projecting sun balconies facing south and overhanging canopies. Mr T.F. O’Higgins, Minister for health in April 1955, officially opened the hospital and following the furnishing and equipping of the hospital, staff was recruited and the first patient admitted in on the 22nd of September in 1955 (Fig 3). The first Matron of the Regional Hospital was Sr Defatima Ryan and there were two Physicians, Dr John Nash and Dr Stan Hogan with General Surgeons, Mr Michael Murphy and Mr Pat Kennedy. Funding from Irish Sweepstakes allowed for the construction of the Limerick Regional Hospital. The Hospital had an original complement of 276 beds with a total staff of 171. The cost of the project was £1,650,797, all provided by the Sweepstakes fund. The Sisters of Mercy took on the running of the hospital. During the following years, a series of extensions were provided for Paediatric and Psychiatric care and further facilities for laboratories and for staff. In 1955 approval was granted for the redevelopment of the existing Hospital into a modern facility with full range of treatment, diagnostic, medical, social and general services and staff facilities to serve the outpatient and in-patient needs.

In addition to providing an extensive range of medical, surgical and related services, Limerick Regional Hospital also established a School of Nursing. In the early 1990’s An Bord Altranais published ‘A Review of Nursing Education in Ireland. This review recommended that Schools of Nursing link with a Third Level College so that undergraduate nursing could be upgraded from a Certificate to a Diploma/Degree. The Regional Hospital and the Mid-Western Health Board advanced a proposition for establishment of a new nursing faculty to the University of Limerick that led to the current school of Nursing at the University.

A series of extensions, usually ‘temporary’, took place during the 1970’s, yet despite this, there was an ongoing need for expansion to cope with the increasing demands of the
hospital and the concentration of diagnostics at the Regional site. It became the principle referral centre for the entire Mid Western region during this period.

In February of 1990 a project team at the hospital prepared a brief for a Protection Development and Control Plan (PDCP) for the Regional site which was the basis for subsequent major capital development which was commenced in 1995 and completed over two phases in 1999 with funding secured from the Minister for Health, Michael Noonan TD for Limerick East. The hospital currently has 426 in-patient beds and 86-day beds with a staff in excess of 1800. In the year 2004 the Regional Hospital was the busiest in-patient hospital in the country with 33,000 admissions and an expanding day case workload. The activity at the hospital continues to rise with a 90% increase in outpatient attendances from 1983 – 2003. There was a 74% increase in day case activity, with a 40% increase in A+E attendances all accompanied by a shortening length of stay, underpinning the increasing level of intensity of work performed at the hospital.

Acute hospital services in the Mid West have changed dramatically in the last thirty years. Acute hospital care at the outset consisted of the core specialities of general medicine and general surgery with limited specialisation in paediatric care, ENT, ophthalmology and gynaecology. The 1993 Tierney report on Consultant Manpower in the Mid West played an important role in underpinning the necessity to increase the degree of specialisation. This subsequently led to the appointment of specialists in geriatric medicine, invasive cardiology, endocrinology, nephrology and dialysis, palliative medicine, neonatology, vascular surgery, urology, colorectal surgery, maxillofacial surgery, genitourinary medicine, haematology, oncology, ambulatory day care medicine, dermatology, laser, psychiatry, rheumatology and neurology and also in the development of anaesthetics, intensive care, radiology, nuclear medicine, radiotherapy, orthopaedic surgery, otorhinolaryngology and pathology services.

The establishment of the Mid Western Hospital’s Development Trust - a registered charity - in 1986 was a pivotal development in accelerating developments in the hospital
sector. It works in partnership with the HSE and previously with the Health Board to secure funding for a diverse range of projects to improve the health and wellbeing of people in Limerick and in the surrounding region. The activities of the Trust have been funded by philanthropic contributions from the business community and by large fund raising projects. The work and entrepreneurial flair of the Trust has added enormously to developments in the region and accelerated developments in the local health. The Trust was critical to the development of the Oncology Unit, the Radiotherapy Unit, the Children’s Ark, the Cardiac Catheterisation Lab, the provision of MRI/CT scanning and Hydrotherapy facilities at Croom Orthopaedic Hospital (Fig 4).

**Croom Hospital**

The opening of the Regional Hospital was accompanied by a change in the function of Croom Hospital, which was erected in 1852 as the Croom Workhouse and continued in that capacity until 1921 when it was closed. It was reopened in 1924 as Limerick County Hospital incorporating a General Hospital, Fever Hospital and Maternity Hospital. Croom was incorporated into the Regional Hospital Complex and became the Regional Orthopaedic Hospital with 68 beds and 10-day beds and a staff of 470 with the opening of the Regional Hospital in Dooradoyle.

**Maternity Hospitals**

Up to the 1950’s, home births were the norm in Ireland and Lying-in or Maternity Hospitals was considered to be for the use of the poor or if medical intervention was required. The first Lying-in Hospital in Limerick was founded in Nelson Street (Parnell Street) in 1812 by two women, Miss White and Miss Banks, each contributing £1000. The Hospital moved, in 1866, to the corner of Bedford Row and Henry Street and from that time onwards was known as the Bedford Row Lying-in Hospital. Services expanded at the Hospital slowly but a dispensary was added in 1898 and the child welfare committee operated a clinic for children from the basement of the Hospital and a training
centre for midwives was set up at the end of the nineteenth century. In 1935, the Hospital took over the domiciliary maternity services for the City with the appointment of a midwife to attend to women in their homes during childbirth. The Hospital was serviced by visiting Physicians who gave their services for the treatment of the poor free of charge, but from 1884 a ward for the treatment of doctors private patient’s was provided for.

From its foundation, the Hospital was critically dependant on subscriptions and fundraising, which was organised by the Ladies Management Committee, populated by many of the wives of attending doctors at the Hospital. The religious orders were not involved in the running of Bedford Row as nuns were not permitted to nurse maternity cases at that time. The number of patients treated at the Hospital grew over the nineteenth century from 129 in 1868 to 353 in 1898. The Hospital continued to struggle for funding but benefited from the establishment of the Irish Hospital Sweepstake and received its first cheque in April 1931 to the amount of £10,996 followed shortly after by an additional cheque of £13,967. The previously mentioned Public Hospital’s Act of 1933 brought the distribution of Sweepstakes fund under the control of the Minister for Local Government and through the newly appointed Hospital Commission greater controls were exercised on the running of all hospitals including Bedford Row in exchange for funds.

The Hospital Commission first advised in 1933 that a fresh site should be bought for the building of a new maternity hospital and the site identified at Belfield, just north of the river Shannon was purchased for £2000 in 1935 with the purchase also of old Belfield House for an additional £3000 in 1936 to provide a larger site. It was envisaged from the outset that a new hospital on the Belfield site would be managed by a committee made up of seven representatives from Limerick Corporation and seven representatives from the existing Bedford Row Committee. However the intervention of the Second World War resulted in inordinate delays and Bedford Row continued to function as per usual with patient’s in 1935 having to put up with the very considerable noise generated from the construction of the adjacent Savoy Cinema. Dr James Deeny, Chief Medical Officer
visited Bedford Row on a countrywide hospital tour in 1945 and was left unimpressed by the state of the Bedford Row Hospital at that stage. A letter was sent to the City Manager from the Department of Health in July 1948, proposing that a Regional Maternity Hospital catering for Limerick City, Tipperary and Clare be built on the Belfield site and that this Hospital should be operated, not as was previously envisaged, jointly by representative of Limerick Corporation and the Bedford Row Committee, but exclusively by the Limerick Corporation. The Bedford Row Committee had considerable funds from the Sweepstakes contributions but ultimately agreed to transfer their interests in the Belfield site to the Corporation as they felt they would be unable to pay for the construction and maintain the running costs of the new maternity hospital without the support of Central Government.

The building of St. Munchin’s Regional Maternity Hospital commenced in 1955 and received it’s first patient’s in October 1960. Prior to this, large numbers of patient’s continued to have their babies delivered at home, with Bedford Row accounting for 572 deliveries in 1952 and a number of private Nursing Homes around the City accounting for an increasing number of births.

As an interim solution, prior to commencing construction of the new Maternity Hospital, the Department of Health remedied the lack of State provision of maternity beds by opening a 17 bed Maternity Unit in the City Home in 1954 and this did have a welcome impact on the activity at Bedford Row with the number of patients reducing from 771 in 1953 to 604 in 1955. Bedford Row continued to be a very popular hospital with mothers who were appreciative of the high nursing standards at the Hospital and the fact that their own General Practitioner could deliver their babies once they were a member of the Visiting Panel. This was a practice that was not permitted either in the City Home Unit or in the new Regional Maternity Hospital. After the building of the Regional Maternity Hospital, Bedford Row was excluded from the receipt of any funding from the Hospital Commission and subsequently its Local Authority support was also reduced, but it remained a popular hospital with young mothers in the City and in 1971 had 796 births. The Hospital continued to have financial difficulties as a result of rising healthcare costs
but had no option but to close down in 1975 despite extensive lobbying at National and Local level for State support.

The Regional Maternity Hospital subsequently grew into the largest Maternity Hospital outside of the three major Dublin maternity hospitals. When it opened in 1960 it had 60 beds and this was subsequently increased to 80 beds in 1969. At the end of its first full year of operation 1961, there were 1576 births, rising in 1980 to 5162 births dropping back in 1992 to 3572 with a drop in the baby boom and rising again in 2007 to 5200 with the highest ever number of first time mothers being delivered and with about 20% of these being non Irish nationals, largely Polish women, reflecting the large immigrant population in the City coinciding with the booming economy of the early to mid 2000’s. A number of phased developments have taken place at the Hospital in particular the opening of the first Home Birthing Unit in the country, with the first planned Professor of Obstetrics and Gynaecology appointment scheduled for early 2009. The current Protection Development and Control Plan (PDCP) for the Regional Hospital at Dooradoyle makes provision for a new maternity hospital on that site to replace St Munchin’s Maternity Hospital.

**St Joseph’s Hospital & Mental Health Services**

The approach to the management of mental health was predominately through institutionalisation and what was previously know as the Limerick District Lunatic Asylum built in 1825 in Mulgrave Street, became the Limerick District Mental Hospital in 1925 and in 1959 was renamed St. Joseph’s Hospital. This large Victorian building reflected the institutional model of care of that time. Patients were accommodated in segregated environments within largely self-sufficient communities isolated from the wider community and society. The Health Authorities Act 1960 saw the abolition of separate mental health authorities and boards in an attempt to integrate mental health provision with the general health services but the approach continued to be largely
institution orientated, reflected in the fact that St Joseph’s Hospital had 839 in-patient’s in 1971.

The establishment of the Health Boards in 1971 under the Health Act of 1970 facilitated the new thinking around community management of mental illness and at this time Outpatient Clinics, Community Psychiatric Nursing Services and an Acute Psychiatric Unit was opened up at the Regional Hospital. A rapid shift from institutional to community based Mental Health Service took place throughout the 1980’s and 1990’s as set out in the policy document ‘Planning For The Future’ 1984 and the Mid Western Health Board produced it’s own response to ‘Planning For The Future’ in April 1986 resulting in re-accommodation of large numbers of patients from St. Joseph’s into community facilities with the establishment of eleven sector based Mental Health Services in three broad catchment areas. Each sector had its own multidisciplinary team and served a population ranging from 20,000 - 40,000. This process continued a pace and the current in-patient population in St Joseph’s is now less than 100 with patients being managed to a large degree now in community settings.

**General Practice**

Major developments have taken place in the development of General Practice (primary care) in the last 40 years. Up to the Mid 1970s, General Practitioners dealt with the broad breadth of medicine including attending to families in their home and then in hospital, where they would conduct morning rounds and maybe having an operating list as well as doing obstetrical and gynaecological work. Many patients liked the familiarity of knowing that their own doctor would look after all their health care needs and most of these “old style” doctors grew to know their patients and families over several generations. This presented doctors with huge workloads – on call to their patients 24 hrs a day, with limited holidays. The 1970s saw a veritable explosion in biomedical knowledge and the necessity to specialize became imperative at that stage. Formal vocational training of General Practitioners had begun in the UK in 1956 with the establishment of the Royal College of General Practitioners and it established 3 faculties
in Ireland (East, West & South) with 5 training programmes in Dublin, Cork, Galway, Sligo and Donegal.

The Irish College of General Practitioners was established in 1984 with the establishment of the Mid –West Specialist Training programme in General Practice based at the University of Limerick in 1990 with Dr Michael Griffin as the Programme Director. Almost 70 General Practitioners have been trained in the Limerick programme with 70% of trainees ultimately practicing in the Mid West Region. General Practice has seen many developments including the establishment of the General Medical Card Scheme (GMS), GP Units, indicative drug budgeting to facilitate rational drug prescribing and practice development and co-operative schemes to ensure round the clock GP availability.

**The Mid Western Health Board**

The Mid Western Health Board was established under the terms of the 1970 Health Act during the tenure of Mr Erskine Childers as Health Minister and the first meeting was held at Limerick County Council Chambers in O’Connell Street at 11.30am on November 23rd 1970 (Fig 5 & 6). The Minister appointed to the Health Boards, public representatives, doctors and other professional peoples whose daily lives were spent in the provision of health services. The Minister in addressing the first meeting commented on some unduly pessimistic forecast that had been made on the friction, which might develop between the public representatives and the professional people on the Health Boards.

The headquarters for the newly formed Mid Western Health Board were opened in January 1976. The new Board Room was in the office complex made by joining the former Church of Ireland Diocesan hall and Old Trinity Church in Upper Catherine Street. The Limerick Health Authority purchased these buildings in 1963.
As part of the reform of the health services the Minister for Health and Children Micheál Martin announced the publication of the Health (Amendment) Bill 2004 which terminated the office of the members of all Health Boards and the Eastern Regional Health Authority. Commenting at the time the Chief Executive Dr Stiofán de Búrca said “that he was conscious of a deep sense of loss in that we had reached the end of an era in the administration of health and personal social services in Ireland. The system of Regional Health Authority established under the 1970 Health Act had served the people of Ireland well over the preceding 34 years” (Fig 7).
The University of Limerick and Graduate Entry Medical School

The establishment of the National Institute of Higher Education (NIHE) in 1972, with Dr Edward Walsh as the foundation President and John O’Connor as head of finance, represented the culmination of strenuous efforts on the part of many of Limerick’s citizens for the establishment of a major third level academic institute in the City. The institution was accorded University status in 1989 with the specific intention of responding to the changing needs of Ireland’s economic social and cultural development. It had developed a strong expertise in Engineering, Sports Science, Informatics and Electronics. From the outset, there was a strong desire to underpin biomedical research with the establishment of a medical school but no new medical school had actually been opened since the foundation of the State. Early efforts were made to develop and support biomedical research with Mr Peter Delaney, Consultant Surgeon at the Regional and Professor Eamonn McQuade, Dean of Engineering at UL laying the foundations for a growing biomedical research programme. The appointment of Pierce Grace as Professor of Surgical Science and Declan Lyons as Professor of Medical Science led to the establishment of the University of Limerick Biomedical Institute and subsequently the National Institute of Health Studies. This resulted in a sharpened approach to the establishment of the Medical School and a concerted effort ensued that laid the ground for the successful bid for the school. John O’Connor, at this stage Acting President, led the process of preparing the submission to the Higher Education Authority based on a tendering process announced by the Department of Education for the provision of additional places for medical students. Paul Finucane, a native of Newcastle West with experience in Graduate Entry Medical Education in Australia was employed to work up the educational elements of the bid to the Higher Education Authority, which was submitted in January of 2007. The Minister of Education, Ms Mary Hanafin, announced in March of 2007 that the University had succeeded in its bid to establish the country’s
first new medical school since the foundation of the State with an intake of students of 32 to the University of Limerick in September of 2007, with the numbers expanding to an intake of 110 over a four year period (Fig 8). This represented the culmination of an intense period of work to secure the medical school for Limerick but the start of a process that is hoped will deliver world class services to the people of Limerick. The medical school currently has three directorates one responsible for education, another for research and another for the development of academic activities in support of clinical provision.

The developments in healthcare provision in Limerick have been very considerable in the last century. The combination of infrastructural development and real academic potential leaves Limerick strongly positioned to make even greater progress in the 21st century.

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Ms Helen Cuneen, Regional Hospital, Project Office.
Prof Stiofan De Burca, University of Limerick.
Dr Michael Griffin, St John’s Square.
Mr Mike Maguire, Limerick City Archives.
Figure 1.
Aerial view of St John’s Hospital and St John’s Cathedral in the 1950s.
Figure 2.
The Regional Hospital, Dooradoyle at various stages of construction during the early 1950s.
Figure 3.
Official opening of Limerick Regional Hospital 1955. Dr D Costelloe, Mr M Noonan (Solr), Chevalier PJ Sheahan (Architect), Mr T O’Higgins (Minister for Health), Mr PJ Meghen (Limerick County Manager), Mr M Keyes (Minister for Local Government), Dr M O’Neill (Bishop of Limerick), Fr M O’Callaghan (Bishop’s Secretary)
Figure 4.
Figure 5.
List of attendees at the Inaugural Meeting of the Mid Western Health Board
November 23 1970.

BORD SLAINE AN MHEAN-I ARTHAIR

MID WESTERN HEALTH BOARD.

MINUTES OF INAUGURAL MEETING HELD ON MONDAY 23rd.
NOVEMBER, 1970, AT THE COUNTY COUNCIL CHAMBERS, 60-
83, O'CONNELL STREET, LIMERICK.

PRESENT:

APPOINTED BY CLARE COUNTY COUNCIL.
Messrs Patrick Buckley, M.C.C., Michael Considine, M.C.C.
and Martin Cahill, M.C.C.

APPOINTED BY LIMERICK CITY COUNCIL.
Senator G.E. Russell, Alderman S. Coughlan, T.D. and Mr. J. Bourke, B.C.

APPOINTED BY LIMERICK COUNTY COUNCIL.
Messrs. James C. Barrett, M.C.C., W. Cahill, M.C.C., Cornelius
O'Neill, M.C.C. and Edward Lane, M.C.C.

APPOINTED BY TIPPERARY COUNTY COUNCIL.
Messrs. William Whyte, M.C.C., Michael Smith, T.D., M.C.C.,
Thomas Molony, M.C.C. and John Murphy, M.C.C.

APPOINTED BY MINISTER ON THE NOMINATION OF PROFESSIONAL BODIES.
Dr. P. Counihan, Dr. J. Nash, Dr. P. Power, Mr. M. Roberts,
Mr. E. G. Staunton, Dr. R. Stokes, Miss Joan Stack, Dr. Michael
Collins, Mr. John Hillery and Mr. Denis Ryan.

APPOINTED BY MINISTER FOR HEALTH.
Mr. P. J. Meghan, Sr. Coadimin and Mr. Paul Quigley.

IN ATTENDANCE:
Mr. J. A. Hynes, Chief Executive Officer, and

The following Officers from the Constituent Authorities -
Limerick Health Authority - Mr. P. Harnett, Secretary and Mr. M.
Nadden, Accountant.
Clare County Council - Mr. T. Dillon, Staff Officer.
Tipperary (N/R) Co. Council - Mr. R. Stakelum, Staff Officer.

OBSERVATIONS:
His Worship, the Mayor of Limerick, Councillor J.F. Liddy,
Mr. T. Shanahan, Chairman, Tipperary (N/R) County Council.
Mr. Edward O'Dwyer, Chairman, Limerick County Council.
Mr. T. F. McDermott, Limerick City Manager.
Mr. J. Boland, Clare County Manager.
Mr. T. Brephy, Tipperary (N/R) County Manager, and
Mr. R. B. Haslem, Limerick County Manager.

Prior to proceeding with the Agenda, the Minister addressed the
Meeting. A copy of the Minister's address on that occasion
is attached. A vote of thanks to the Minister was proposed
by Senator G.E. Russell, and seconded by Mr. P.J. Meghan.
The Minister and Guests then left the Council Chamber.
The Meeting then proceeded to deal with the Agenda.
Figure 6.
Members of the First Health Board with the Minister for Health Erskine Childers November 1970.

Figure 7.
Figure 8.
The Class of 2007. The first intake of Medical students to the Graduate Medical School at UL in 2007.