



**Disabled Veterans of the First World War in Ireland
1914-1945**

By

Anthony Farrell

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HEAD OF DEPARTMENT: Professor Filipe Ribeiro de Meneses

Supervisors of Research: Doctor John Paul Newman
and
Professor Filipe Ribeiro de Meneses

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Abbreviations

ANZAC	Australian and New Zealand Army Corps
BEF	British Expeditionary Force
DAH	Disordered Action of the Heart
DCM	Distinguished Conduct Medal
DCMS	Deputy Commissioner of Medical Services
GIF	Government Instructional Factory
GP	General Practitioner
GSW	Gunshot Wound
INVA	Irish Nationalist Veterans' Association
IRA	Irish Republican Army
LPH	Leopardstown Park Hospital
MoP	Ministry of Pensions
MP	Member of Parliament
NAI	National Archives Ireland
NAUK	National Archives United Kingdom
NLI	National Library of Ireland
ODH	Organic Disease of the Heart
OPW	Office of Public Works
OR	Other Rank
PRONI	Public Records of Northern Ireland
RAMC	Royal Army Medical Corps
RIC	Royal Irish Constabulary
RPFC	Royal Patriotic Fund Corporation
SSFA	Soldiers and Sailors Families Association
SSHS	Soldiers and Sailors Help Society
TB	Tuberculosis
TD	Teachta Dáil
UK	United Kingdom
VAD	Voluntary Aid Detachment
VDH	Valvular Disease of the Heart
WNHA	Women's National Health Association
WPC	War Pension Committee
WRAF	Women's Royal Air Force
YMCA	Young Men's Christian Association

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Introduction

This thesis examines the lives of disabled veterans in Ireland after the First World War, who have not yet received the attention they deserve. It represents a pioneering analysis firmly entrenched in the emerging field of disability studies. It does not seek to re-examine the military or political aspects of the conflict. Rather for the first time, the administration of the financial and medical aspects of British military pensions in Ireland is examined, particularly how veterans were treated after the establishment of the Irish Free State. It is the culmination of intensive research across several hemispheres in national and local archives. It combines military, civil and medical records with family papers in a manner never before attempted. The central assertion is, amid the momentary celebrations of great battles and the commemoration of the dead and missing, that the matter of many thousands of service personnel disabled during the war is long overdue for detailed study. It is further contended that within the narrative of Great War veterans, significantly less has been written about those who received physical injuries or suffered from long-term illnesses, than those who suffered from neurasthenic disorders; a topic often regarded in an emotionally charged manner, detracting from the realities of disability. It is also asserted that, for Irish veterans who were awarded disability pensions, there was a continuity of care by successive British governments after the establishment of the independent twenty-six counties of the Irish Free State. Britain's commitment to a continuity of care carried across many decades and many other wars, even after the last disabled survivor of the Great War passed away in July 1998.¹

Primary source material has been used to the greatest possible extent, collated for the first time. There is nothing in published works that reflects this situation. Therefore, the work draws extensively on surviving patient registers from the British Ministry of Pensions hospitals that continued to work in the Irish Free State long after it was formed. To that extent, a database of almost 5,000 individual hospital admissions of disabled Irish Great War veterans stretching from 1920 to 1945 has been created. Analysis of the database enables the first detailed picture of the health of disabled Great War veterans in the Free State, to include ancillary materials from national and international archives, local authorities, civilian hospitals and family

¹ Eoin Kinsella. *Leopardstown Park Hospital, a home for wounded soldiers 1917-2017* (Dublin, 2017) p. 160.

papers. Contextualisation of these sources allows detailed individual identification of Great War veterans. Individual case studies such as these change our perception of what life was like for a disabled First World War veteran in Ireland between 1914 to 1945. Ultimately, this thesis reveals new information about the Irish experience of disability from the First World War.

The number of young men killed across the warring nations was such that many spoke, and continue to speak, of a 'Lost Generation', although cold statistics offer an alternative argument.² British and Empire fatalities are estimated to have been almost 900,000 out of approximately eight million people who served in the military. At a personal level, many families dealt with the grief of losing a loved one by cherishing their memory throughout long periods of mourning or in a more tangible ways such as cherishing personal keepsakes. The emotions felt by those who chose this path were often private and very personal. But many within society and among the relatives of the unprecedented numbers of missing needed something more. They found a focus for their grief and loss in the formal commemorative practices that developed in the years after the war and it is that commemorative process continues to dominate the public perception of the war to this day.

Whatever the final number of dead may have been, there was an even greater number who were injured or who suffered from sickness or disease. The total number of sick and wounded has been re-assessed over time. It is estimated that 2.3 million British soldiers were treated for wounds, of which 7% later died and 8% were invalided out of the service.³ Many others returned to full or limited military service, sometimes to be wounded a second or more times. If the war dead were the 'Lost Generation' of the early twentieth century, this origin of this work was the awareness that the wounded and sick of the war, especially those who were disfigured or disabled can be considered a 'Forgotten Generation'. Many servicemen returned home with damaged, disabled or sick bodies, with minds that were unable to deal effectively with the trauma of wartime experiences or with combinations of all these conditions. They seem to have submerged into the mass of society, seldom to rise to the surface. Baynton has written that

² J.M. Winter, 'Some aspects of the demographic consequences of the First World War in Britain' in *Population Studies*, Vol 30, No 3 (Nov. 1976), p. 547.

³ Chris Baker, *Some British Army statistics of the Great War* (Leamington, 2015), available online at The long, long trail, the British army in the Great War of 1914-1918, (<http://www.1914-1918.net/faq.htm>) [17 Jan 2015].

Disability is everywhere in history, once you begin to looking for it, but conspicuously absent in the histories we write. When historians do take note of disability, they usually treat it merely as personal tragedy or an insult to be deplored and a label to be denied, rather than as a cultural construct to be questioned and explored.⁴

If this hypothesis were valid in relation to the United Kingdom, it would not be too much to suggest that the veterans of the British Armed Forces who returned to Ireland on discharge are all but absent from the history of this island.

The British government undertook to provide medical care for service personnel injured in the Great War, pensions for those who were disabled by their injuries and training for those unable to return to their pre-war occupations. This work will show that within the constraints of post-war economic difficulties and political upheaval, this undertaking was realized. It will do so by looking at aspects of the lives of disabled veterans of the Great War in Ireland and the Irish Free State that have received little attention. At a time when states had little more than scarcity to offer their citizens,⁵ the legislation and policies enacted for the care of those disabled or bereaved by the war were as applicable in Ireland as they were in the rest of the British Isles. After the establishment of the Irish Free State, the administration of disability pensions and the medical treatment of Great War veterans continued essentially as before, although it involved both the Ministry of Pensions and the Ministry of Labour operating in what was a different sovereign state, albeit still a part of the British Empire. After 1922, the Irish Free State was unique among the dominions of the British Empire in that it was the only one that did not develop its own disability pension policy and medical treatment schemes for service personnel injured during the First World War.⁶

This thesis explores how war pension legislation remained in operation in the Free State after 1922, thereby ensuring that there was a continuity of care and responsibility for disabled ex-British veterans that extended until the last disabled

⁴ Douglas C. Baynton, Disability and the justification of inequality in American history in Paul K. Longmore & Lauri Umansky (eds), *The new disability history, American perspectives* (New York, 2001), p. 52.

⁵ Deborah Cohen, *The war come home, disabled veterans in Britain and Germany, 1914-1939* (Berkeley, 2001), p. 188.

⁶ *War Pension Gazette No 24* (London, April 1919) p. 293. For a comparison of pension rates for totally disabled private soldier in British, Dominion, Allied and German forces after 1918.

veteran of that conflict passed away.⁷ It shows that the administration of pension legislation carried on with some appropriate measures to reflect the new political reality in southern Ireland, thereby ensuring that this duty of care was not reneged on. The work examines how the infrastructure for the care of disabled veterans was established and developed in southern Ireland and how successive British governments continued with the commitments made to support its disabled ex-servicemen amid the difficulties of the War of Independence and the foundation of the Irish Free State, throughout the frosty formality of political relations in the 1920s and the economic uncertainty of the 1930s, until another world war intervened and another generation of disabled veterans had to be provided for.

The main medical concerns of disabled veterans in the twenty-six counties during the decades after the Armistice are the subject of an original analysis. This has been done by utilising statistics drawn from the annual reports of the Ministry of Pensions from 1919 onwards as a starting point. In the first of this series of reports it was stated that 42.5% of war pensions were awarded on account of wounds or injuries and 57.6% as a result of disease.⁸ This ratio of combat to disease related pension awards did not vary to any significant degree during the time frame of this study. Even accepting that the Ministry classified all neurasthenic conditions, including cases of insanity, as diseases, and transferring that 6.6% from the disease category to the wound category, some 51% of war pensions remain that were awarded for non-combat ailments. However, it must be recognised that the circumstances of combat may have had an influence on some illnesses such as cases of trench foot or deafness. The high non-combatant figure seems counter intuitive when much of the popular narrative is that the conflict was one of unending slaughter, where for the first time in the history of war there were more combat deaths than deaths from disease. Evidence is presented that although deaths from disease may have decreased, those diseases did not disappear. They were in fact joined by a more insidious factor than the traditional ailments of war in the form of the immediate and the scarcely understood, long-term effects of poison gas.

⁷ Individuals from Ireland who served in the British armed forces during the First World War are described in several different ways in the sources used in this thesis, for example, 'Irish ex-members of British military forces'. The term 'British ex-servicemen or ex-British veteran' will be used throughout this thesis to describe these individuals as they were terms that were in common usage in the early years of the Irish Free State, as in the *Report of the committee on claims of British ex-servicemen* established by Dáil Eireann in 1927.

⁸ *First Annual Report of the Minister of Pensions to 31 March 1918* (London, 1919) p. 140.

Chemical warfare in some form had existed for many years before the use of gas in the First World War. But in military terms, gas was an indiscriminate weapon that caused much inconvenience but relatively few casualties for the amount of effort involved. In the British army, only some two percent of those exposed to gas died and official figures classed seventy percent of victims cured after six weeks.⁹ However these figures did not consider the debilitating effect of exposure to gas or the consequences for the long-term health of individuals. Much as in more recent times, it has been recognised that an exposure to asbestos has serious health implications in later life, so too did exposure to the of gases used during the First World War appear to have had a deleterious effect on the health of many veterans. Being such a controversial topic can lead an author to be less careful in separating truth from rumour. Typical of this is the work of Harris and Paxman¹⁰, when in 2002; they stated that Britain had used chemical weapons in Mandatory Iraq in the early 1920s. Douglas refuted this comprehensively in a more recent journal article that drew on available primary sources to present the actual course of events.¹¹

Chapter Outline

The evidence in support of these arguments is presented in six chapters, the first of which looks at how the pension and training support system visualized by central government put local authorities at its core both in terms of the administration of the system, and more importantly for many of the financial aspects of it as well. Central government also considered that charitable organisations and their funds would be made use of. Since the middle of the nineteenth century several such groups had done much to alleviate the hardships of service families and veterans alike. Acquiring the material for chapters one and two involved visits to the archives of twenty-three local authorities across the country. The material found has enabled the previously unacknowledged, but vital part that local communities played in the aftercare of disabled veterans of the Great War to be told for the first time. It will be shown that from early 1916, most councils in Ireland complied with the new legislation and established Local War Pension Committees. However, they soon found themselves in a web of administrative confusion and financial uncertainty that

⁹ Denis Winter, *Death's men, soldiers of the Great War* (London, 1979)

¹⁰ Robert Harris and Jeremy Paxman, *A higher form of killing, the secret history of chemical and biological warfare* (London, 2002).

¹¹ R.M. Douglas, 'Did Britain use chemical weapons in Mandatory Iraq?' in *The Journal of Modern History* Vol. 81 No. 4, pp 859-87.

was not helped by the massive increase in the volume of work as the Somme Offensive dragged on. In Ireland, the added complication of the 1916 Rising did not seem, at first, to interfere to any great extent in the formation of Local Committees. The establishment of the Ministry of Pensions that finally centralised control of pension affairs is discussed along with later war-time legislation born of experience and the necessity of coping with ever increasing numbers of disabled servicemen. This first period is marked by the reactive nature of the legislation as both central and local government struggled to keep pace with the ever-increasing demands for medical treatment, pensions and retraining.

Chapter two examines the War Pension Acts introduced between 1918 and 1921, as the Minister assumed ever more responsibility and as many of the Local Committees became more organised and efficient. From this point on, legislation became more proactive as the numbers of new cases stabilised and gradually reduced. Ministerial authority over matters of medical treatment and pensions was confirmed and many procedures within the Ministry of Pensions were restructured. It also from this time that consequences of the Easter Rebellion emerged to cause difficulties among local authorities with a strong Nationalist representation. Although no overt opposition to the work of War Pension Committees has been found, there was an increasing degree of disengagement from their work, forcing the Minister to intervene in matters such as nominating replacement committee members. Ministerial intervention was not unique to Ireland as the Minister also had to exercise those same powers in mainland Britain, especially after the end of the war as the willingness to volunteer dissipated with the return of peace. This chapter provides two case studies of veterans who appealed the decision of medical boards that had assessed their level of disability. The generosity of individuals who have allowed the use of family papers is acknowledged as being vital in the compilation of the case studies.

Chapter three looks at the training and future employment of disabled ex-servicemen. This was a feature of the original 1915 Act that had been neglected somewhat due to the exigencies of war.¹² Likewise, it has been neglected in the historiography of Irish Great War veterans. Charitable organisations and individuals led the way in finding employment opportunities for disabled veterans, but the task was too great without a more centralised effort. By early 1919, the job was devolved

¹² Naval and Military War Pensions, &c., Act 1915 Para 3(1)(j).

to the Irish Department of the Ministry of Labour. With inadequate staff levels and a deteriorating economic and security situation, this Ministry tried to bring order from chaos. The nature of the armed conflict in Ireland put several Ministry officials in some danger, especially those in the unfortunately named ‘Intelligence Section’, a group that was intended to gather information about the needs of unemployed veterans, but suspected by nationalists of being involved in more nefarious activities.¹³ There were successes with some training schemes and job creation programmes, notably the local authority work schemes that were designed specifically for ex-servicemen. However, it seemed that it was always too little, too late, as the Treasury’s watchful eye kept budgets low and the placement of disabled men back in the workplace was not a high priority.¹⁴ This chapter explores areas of employment and training that have not received the attention that they deserve by cross-referencing national and local archival sources in Ireland and Great Britain. It also shows how some individuals strove to provide as much support as possible to veterans in their care. A case study of the work done at the Tipperary Training Centre illustrates this.

Chapter four outlines how the Ministry of Pensions adapted to the changed circumstances in the Irish Free State by the establishment of Area Advisory Committees, staffed in some cases by individuals who had several years of experience dealing with war pension administration. The Advisory Committees and a network of several hundred volunteer workers provided a continuity of care and service not to only to veterans in receipt of disability pensions, but also to widows, orphans and other dependants of dead servicemen. Heretofore, these Area Advisory Committees have been absent from the historical narrative of Ireland and the post First World War era, yet the needs of disabled veterans in Ireland did not go away with either the end of the war or with independence. This chapter addresses this missing, but vital, part of the aftercare of disabled veterans of the Great War in Ireland.

It is interesting that although some veterans did enter the political arena in the Free State, they tended to do so as individuals. There, they were often vocal in their support for the governing party and the rule of law, while doing as much as they could to keep the concerns of veterans in the public consciousness. They were instrumental in persuading the Free State government to establish a commission to enquire into the

¹³ Ministry of Labour memo dated 12 April 1919 (NAUK, Treasury sanction to set up training schemes in Ireland for ex-servicemen, LAB-522-TDS3949-2).

¹⁴ Cohen, *The war come home*, p. 27.

condition of British ex-servicemen in Irish Free State, although that body did not fulfil the expectations of the Great War veterans.

For the community of veterans in Ireland, the formation of representative bodies was an important step. Groups of ex-servicemen organised themselves even before the cessation of hostilities, perhaps as a means of presenting their concerns to the general public or later, in the case of those in the twenty-six counties, to either of the two governments that influenced their lives or more simply as a way of re-connecting with the comradeship of the trenches. The situation they faced was similar to that which faced many other veterans across Europe with one significant difference. All the new states in mainland Europe that had emerged were from collapsed Empires, but the Irish Free State had broken from a victorious Empire. As a result of this, disabled veterans in the twenty-six counties were resident in a state where a proportion of the population were still hostile to the country they had fought for. Representative groups that were expressly non-political were one way of smoothing the path of rapprochement in the newly established state. Much as their counterparts in Britain followed an apolitical course, so too did most Irish veterans' groups. It is striking that the only representative group in the Irish Free State that articulated an overt political agenda was short lived. The emergence, amalgamation and some of the later work of the main representative groups on behalf of all veterans will be outlined. As with other aspects of this thesis, this is an area that has received little attention. The importance of these bodies, especially the Royal British Legion, for the veterans that chose to participate in them, was a vital link with the degree of expertise necessary when dealing with government organizations. This was in addition to the more usual atmosphere of comradeship and self-help found in such organisations. The work of Stephen O'Connor concerning Irish officers in the British military demonstrates how important the Royal British Legion was to veterans of the First World War, as well as instrumental in maintaining the tradition of service in the British armed forces.¹⁵ It is unfortunate for this thesis that research for this section was greatly hampered by the inability or unwillingness of the British Legion in Ireland or the United Kingdom to engage with this study.

The organisation of the medical infrastructure in southern Ireland and later in the Irish Free State are the subject of Chapter five. The facilities established by the

¹⁵ Stephen O'Connor, *Irish officers in the British forces, 1922-45* (London, 2014), pp 147-54.

Ministry of Pensions in Ireland during the war were greatly reduced when peace returned, but in line with the policy of continuing care, some carried on as before attending to both out-patients and in-patients. Nothing of what has been written so far is to suggest that successive British governments considered disabled service personnel, irrespective of where they lived, among their highest priorities. They were not, but there was a continuing obligation to do all that could be, within the limits of financial resources and some official attitudes.¹⁶ Even though the British Empire had reached its greatest geographical extent with the return of peace, economic uncertainties were met with strict financial controls from the Treasury. After the immediate post war surge of spending on medical care and pensions, the 1920s saw a gradual decline in the amount spent on war pensioners each year, from 8.7% of the national budget in 1924 to 5.7% in 1933. It was a decline that continued until war returned in 1939.¹⁷ However at no time was there serious consideration given to the idea that the disabled ex-British veterans in the Irish Free State should be denied the pensions or medical care provided by the Ministry of Pensions. Some forty years after its establishment, when the medical facilities of the Republic of Ireland were compared to those offered by Britain to disabled ex-servicemen, they were considered to be ‘not as yet developed to the same extent, its resources in trained personnel are more limited and perhaps its opportunities less attractive’ than those in Britain.¹⁸

An important aspect of medical care was the scheme whereby veterans received medical services from general practitioners in their locality. Should more complex treatment be required, a network of Ministry run clinics was established, and if they in turn were unable to address the medical issue, two hospitals were retained in the Dublin area and one in Cork. These hospitals continued in operation after the formation of the Irish Free State with Leopardstown Park Hospital in south county Dublin remaining as a treatment centre for veterans of the British armed forces until the late 1970s.¹⁹ A detailed description of the treatment facilities is included as a further example of the continued investment in the care of disabled veterans by the Ministry of Pensions. Provision was also made for the treatment of diseases such as tuberculosis in a specialist sanatorium if that disease was attributed to a veteran’s

¹⁶ Cohen, *The war come home*, pp 41-5.

¹⁷ *Ibid*, p. 194.

¹⁸ Extract from note of visit to Ireland dated 1-3 July 1963 (NAUK, Leopardstown Park and Shanakiel Hospitals, consideration of future, MH 150/109).

¹⁹ Kinsella. *Leopardstown Park Hospital* (Dublin, 2017), pp 115-41.

wartime service. The emphasis in this section and throughout the thesis however, is on the aftercare of victims of gunshot wounds and disease rather than neurasthenic conditions. The sources on shell shock is readily available,²⁰ as is the literature on the subject, an example being the work of Ben Shepard who published his work in 2003.²¹ Earlier in 2000, the *Journal of Contemporary History* devoted a special issue to the subject.²² In relation to Ireland, Brendan Kelly has reviewed the clinical files of 362 shell shock sufferers and their treatment in the Richmond Hospital in Dublin from 1916 to 1919. Despite the short time frame of this work and the relatively small number of patients, several important points are made including the presence of physical illnesses among the shell shock patients and that the treatment of these patients was financially lucrative for the hospital itself, as the War Office paid generously for the treatment of soldiers.²³ For a study of the treatment shell shock over a longer period of time, the work of Michael Robinson can be consulted.²⁴ It is accepted that many suffers of neurasthenic disorders did not receive adequate treatment for their condition and that many also suffered from other conditions brought about by disease or wounds. However, in the absence of specific medical records or other verifiable sources, the assessment of the numbers and reasons for the award of a pension must be made on the statistics available and on the reasons given for any particular award.²⁵

Chapter six is the first ever examination of the surviving patient registers from the two Ministry of Pensions hospitals in the Dublin area, spanning the period from the 1920s to the middle of 1945. The seven volumes that comprise this archive provide an invaluable insight into the state of health of disabled veterans in Ireland over an extended period. The details extracted from almost 5,000 entries has been analysed and compared with the annual reports of the Ministry of Pensions to see if there is a similarity between the reasons that pensions were awarded, as recorded in

²⁰ Primary sources include *Report of the War Office committee of enquiry into 'shell-shock'* (London, 1922) & *First and second special reports from the select committee on pensions together with the proceedings of the committee and minutes of evidence and appendices* (London, 1920).

²¹ Ben Shepard, *A war of nerves, soldiers and psychiatrists in the twentieth century* (Harvard, 2003).

²² *Journal of Contemporary History* Vol. 35, No. 1, (January 2000), Special issue: Shell-shock. pp 1-128.

²³ Brendan Kelly, *'He lost himself completely' shell shock and its treatment at Dublin's Richmond war hospital, 1916-1919* (Dublin, 2014), pp 72-80 & 30.

²⁴ Robinson, Michael. *Nobody's children'? Shell-shock and rehabilitation in Ireland, 1914-1938*. PhD thesis University of Liverpool, 2016.

²⁵ *Annual reports of the Minister of Pensions 1919-39* (London, 1919-39) & Blackrock and Leopardstown Park hospitals patient registers 1920-45 (LPH archives).

the reports, and the types of diagnoses recorded on hospital admission. The results are presented and discussed. A surprising feature of the analysis is the high instance of respiratory illnesses recorded. This and the apparent connection with exposure to gas is also discussed. Because veterans awarded disability pensions as a result of exposure to gas were included in the Miscellaneous Disease category of the annual reports, they are difficult to distinguish from other pensionable conditions. However, the analysis of the patient registers enables this to be done.

Another feature of this chapter is the cross-reference veterans recorded in the registers against the surviving personal and pension records in the National Archives UK and the National Archive of Australia. This has made it possible to present three case studies that illustrate various aspects of the later lives of veterans disabled as a result of their wartime service. The first case is that of Nurse Laura Ethel Baldwin, a VAD nurse from County Cork. She was one of 2,476 nurses who were awarded pensions for a disability brought on by war service. This represents just 0.18% of all wartime disability pensions and although it is a very small proportion of the 1.34 million pensions awarded up to 1939, the figures alone do little to convey the contribution to the care of service personnel that was made by medical staff like Nurse Baldwin.²⁶ The other two case studies are of Irishmen who had emigrated to Australia before the war and who returned to Ireland following their discharge on medical grounds. That there were many Irishmen in the Australian armed forces is not surprising as nearly 20% of pre-war immigrants to Australia claimed to be Irish born.²⁷ James Joseph Coffey suffered a leg wound that, according to his medical file, never seemed to heal properly. Edward Keaven, originally from Galway, suffered the effects of exposure to poison gas from which he never really recovered. Their cases show how wounds or illness, that might be considered commonplace in wartime, had serious long-term implications for some veterans, an issue that becomes more apparent when the diagnoses from the patient registers are analysed.

Historiography

In the last hundred years there are few aspects of the First World War that have not been examined, dissected and held up to the scrutiny of academic, political

²⁶ 22nd *Annual report of the Minister of Pensions from 1 April 1938 to 31 March 1939* (London, 1939), p. 16.

²⁷ Angela McCarthy, 'The Irish in Australia and New Zealand' in Eugenio F. Biagini and Mary E. Daly (eds), *The Cambridge social history of modern Ireland* (Cambridge, 2017), pp 478-96.

and individual opinion. There has been increase in the number of publications focussing on the early years of the twentieth century as the centenary of so many important events come about. Many publications, with some notable exceptions, are of doubtful usefulness as they regurgitate well-worn topics, consulting few if any primary sources or introducing any new insights into their topics. Of course, many publications are aimed at a general audience, not an academic one, but that does not excuse the continued repetition and presentation of complex issues in stereotypical ways. A good example of this type of literature is the perpetuation of the belief that soldiers spent their whole war in mud filled trenches, except when they ordered to walk across no-mans-land in doomed attacks that had been ordered by well-fed generals living many miles behind the front lines. The last sentence contains more than a little truth, but it is not the whole picture. More recent, less emotional examination has shown that the dilemmas and dangers faced on the battlefields, of Europe and beyond, were the subject of much thought and experimentation as armies struggled to cope with the demands of a war that they had not been trained to fight.²⁸

It is extremely difficult to find any great degree of anti-establishment feeling among veterans in the ten years after the end of the war. It is as if after the war and demobilization, men returned home to resume their lives to a greater or lesser degree. The collective focus seemed to be on the remembrance of those killed in the war. Every year on Armistice Day veterans and families gathered to parade and remember the many thousands who did not survive. Apart from some histories, official or otherwise, there was no great outpouring of war literature in the first years of peace. Even so it was possible to find publications that portrayed diametrically opposed personal views of war. The work of Arthur Graeme West was published posthumously in 1919 and portrayed an individual who was almost overwhelmed by the horrors he had experienced.²⁹ In contrast in 1920, Ernst Junger, a German soldier, wrote in graphic detail of his war and his time as a frontline officer.³⁰

Almost as if there had been a conscious decision to wait until the death of Field Marshall Haig,³¹ it was not until around 1928 that the first literature questioning

²⁸ Paddy Griffith., *Battle tactics of the British army, the British army's art of attack 1916-18* (Yale, 1996).

²⁹ Arthur Graeme West, *The diary of a dead officer* (London, 1919).

³⁰ Ernst Junger, *Storm of steel* (London, 2004).

³¹ Daniel Todman, 'San peur et sans reproche: The retirement, death, and mourning of Sir Douglas Haig, 1918-1928' in *The Journal of Military History*, Vol. 67, No. 4 (October 2003), pp 1083-1106.

the validity of why and how the war was fought came to the public's attention.³² In terms of the Irish experience of the conflict, it was not until 1937 that the wartime diary of Francis Clere Hitchcock, was published. With the renewed interest in Irish involvement in the First World War, similar works have been published more recently. Examples of these include the war diary of David Campbell,³³ the diary of Gerald Achilles Burgoyne which is a personal account of the first winter of the war on the Western Front,³⁴ and the wartime correspondence of Michael Hall.³⁵ It is notable that while these books are about the experiences of men who were officers, they are mainly based on diaries kept by these individuals despite such items being forbidden by military law. Sadly, the personal writings of individuals who served as enlisted men are extremely rare.

Unit histories were popular from an early stage. With regards to the exploits of Irish units of the British army, a history of the Tenth (Irish) Division by Major Bryan Cooper was published as early as 1918. He had served in that formation and he later became an advocate for veterans in the Irish Free State when elected as a T.D. This, often forgotten book gave an account of the early life of the Division.³⁶ Much more well-known and still in print is the work of Cyril Falls who produced his history of the 36th Ulster Division in 1922. There is much within the pages of this book to suggest that it contributed to the origins of the legends of the Ulster Protestant sacrifice for Britain and the Empire.³⁷

It was almost fifty years later before a history of the all the Irish regiments became generally available.³⁸ This book published in Cork by Henry Harris has also almost become a forgotten work. It describes the wartime exploits of all the Irish units in a compassionate and nostalgic manner. Although a bibliography is lacking, the author did have the benefit of interviewing many survivors which adds to the narrative. Tom Johnstone produced his book *Orange, green & khaki, the story of the*

³² These publications include Siegfried Sassoon, *Memoirs of a fox hunting man* (London, 1997), Robert Graves, *Goodbye to all that* (London, 1977) and Frederic Manning, *The middle parts of fortune* (London, 1977) a biographical account in fictional form.

³³ David Campbell, *Forward the Rifles, the war diary of an Irish soldier, 1914-1918* (Dublin, 2009).

³⁴ Gerald Achilles Burgoyne, *The Burgoyne diaries, the first winter at Ypres with the Royal Irish Rifles* (Barnsley, 2015), an important work that describes the frontline conditions that led to the production of the *Report of the committee appointed by the President of the Local Government Board upon the provision of employment for sailors and soldiers disabled in the war.* (London, 1915).

³⁵ Tom Burke, *Messines to Carrick Hill, writing home from the war* (Cork, 2017).

³⁶ Bryan Cooper, *The Tenth (Irish) Division in Gallipoli* (London, 1918).

³⁷ Cyril Falls, *The history of the 36th (Ulster) Division* (London, 1998).

³⁸ Henry E.D. Harris, *The Irish regiments in the First World War* (Cork, 1968).

Irish regiments in the Great War, 1914-18 in 1992. This work essentially covers the Irish regiments, in a similar but more detailed manner than the previous book, as a straight forward account of the wartime experiences of these units. Since then as interest in the Irish contribution to the First World War has become more popular there have been many other books written on the subject. These later books often follow a similar format, in that the narrative concentrates on accounts of the military operations, gives some attention to the political situation in Ireland and conclude with the disbandment of several Irish regiments of the British Army in 1922. One author that took a slightly different approach to Irish involvement in the war was Timothy Bowman in his history of the Irish regiments of the British army. As well as examining the history of the regular and wartime battalions, he also scrutinised the discipline and morale of the units throughout the conflict.³⁹

The development of the Northern Ireland peace process and the reduction in violence provided an opportunity for all political factions on the island to revisit the shared experience of the First World War. Irish academics turned their attention to this era, among them was Keith Jeffery who published a collection of his lectures on various aspects of Ireland and the Great War. In one he focused on enlistment, noting that the vast majority of Irishmen who served did so voluntarily, before moving on to look at the actions of the three Irish divisions. Irish cultural responses, mostly in the form of art and literature are also discussed before addressing the subject of Irish politics and the collective memory of the war.⁴⁰ Remembrance and commemoration form a very significant proportion of the publications about the First World War. Catherine Switzer has looked at the significance of the Somme battlefield in the memory and present consciousness of Ulster and Ireland. Although even the title of the work, *Ulster, Ireland and the Somme* is an acknowledgement of the different status the events and the memories of that battle have in the collective consciousness of the two jurisdictions on the island. It is however a detailed examination of how battlefield memorials came to be erected, as well as their position in the somewhat more inclusive climate of commemoration that has prevailed in recent years.⁴¹

How each of the two political traditions in Ireland contributed to the British war effort in terms of recruitment is very often investigated. David Fitzpatrick has

³⁹ Timothy Bowman, *The Irish regiments in the Great War, discipline and morale* (Manchester, 2003).

⁴⁰ Keith Jeffery, *Ireland and the Great War* (Cambridge, 2000).

⁴¹ Catherine Switzer, *Ulster, Ireland and the Somme, war memorials and battlefield pilgrimages* (Dublin, 2013).

explored the rates of enlistment across the four provinces, highlighting similarities and differences while acknowledging the economic, religious and political circumstances that existed in Ireland. The fall-off in recruitment both north and south to replace the casualties suffered in the great battles is another topic addressed, as is the contentious topic of compulsory military service in Ireland.⁴² Another issue that is encountered on occasion is the idea that Irish units were used as a type of forlorn hope in attacks that were bound to fail. This proposition has been explored and been shown to be ill founded by Paddy Griffith. The dubious honour of being committed to action on multiple occasions was more likely to be the lot of ANZAC, Canadian or a select group of formations from the British mainland.⁴³

Whether straightforward historiography, autobiography or fictionalised accounts, the publications mentioned and many others of a greater or lesser value concentrate on the horror of war. Accounts of battles give casualties suffered or inflicted, often in numbers so large that they are difficult to comprehend. Personal accounts often end with the evacuation of the wounded comrades or the case of a wounded author, the time in hospital is not considered in detail. The notable exception to this is the previously mentioned Arthur Graeme West. It is indisputable that many more men survived the war than died, and that many thousands of those who returned to civilian life suffered from debilitating wounds or illness. This significantly large group is generally absent from most, if not all the works mentioned so far. The subject matter of much of the literature until quite recently can be divided into a several broad themes such as the experience of the war and the futility of the conflict and the memory of the dead. If the post war era is spoken of at all, it is in terms of remembrance process and the commemorative ceremonies that are associated with it. Jennifer Wellington has written about various efforts to put the war on public display across parts of the British Empire and this work ties in with the whole commemorative and remembrance process.⁴⁴ The earlier work of Jay Winter remains a standard in this field of research by which others are measured.⁴⁵ There is however,

⁴² David Fitzpatrick, 'The logic of collective sacrifice: Ireland and the British army, 1914-1918' in *The Historical Journal*, Vol. 38, No. 4 (December 1995), pp 1017-30.

⁴³ Paddy Griffith, *Battle tactics of the British army, the British army's art of attack 1916-18* (Yale, 1996) pp76-83.

⁴⁴ Jennifer Wellington, *Exhibiting war, the Great War, museums, and memory in Britain, Canada, and Australia* (Cambridge, 2017).

⁴⁵ Jay Winter, *Sites of memory, sites of mourning, the Great War in European cultural history* (Cambridge, 1995).

a tendency to focus on the dead and missing of the war, not just in the British Isles but in many of the countries involved in the war.⁴⁶ This thesis acknowledges this area of investigation but resists reworking older themes, preferring instead to concentrate on the individual disabled veteran and their attempts to receive adequate medical care and financial security in the post-war years.

The way in which the Irish contribution to the First World War is written about has evolved. Jane Leonard collected oral histories of Irish veterans during the 1980s and 1990s that dealt with more personal topics such as homecoming, hostile attitudes towards British servicemen, unemployment and attitudes towards and interactions with the IRA.⁴⁷ She expanded this exploration with a contribution to the publication '*Our war, Ireland and the Great War*', a volume of First World War related essays edited by John Horne.⁴⁸ Here, in addition to the topics already mentioned, the public remembrance of war losses and the issue of housing and employment for veterans was outlined. Attention was given to the killing of ex-servicemen by the IRA during the War of Independence, where it is noted that at least 120 discharged service personnel were killed by IRA or anti-treaty forces, despite few of them being involved in counter-IRA activity.⁴⁹ David Fitzpatrick notes that there were many dangerous and potentially lethal labels applied in Ireland during the revolutionary period and that these killings were often as a result of rumours or paranoiac assumptions. He lists adulterers, homosexuals, tinkers, beggars, Protestants as well as ex-servicemen as both visible and easy targets for violence.⁵⁰ Leonard also examined this topic with particular reference to ex-servicemen.⁵¹ As well as many cases of intimidation, she estimates that eighty-two veterans of the British armed

⁴⁶ Fergus D'Arcy, *Remembering the war dead: British Commonwealth and international war graves in Ireland since 1914* (Dublin, 2007) and David Foley, 'The Irish missing of WW1 – out of sight, out of mind?' in *Defence Forces Review 2014*, pp 11-23. K.S. Inglis, 'Entombing unknown soldiers: from London and Paris to Baghdad' in *History and Memory* Vol. 5, No. 2 (Fall-Winter 1993), pp 7-31. Malcolm Humble, 'The unknown soldier and the return of the fallen: the political dimension of mourning in German texts from the First World War to the present' in *The Modern Language Review*, Vol. 93, No. 4 (October 1998), pp 1034-44.

⁴⁷ Jane Leonard, 'Facing 'the finger of scorn': veterans' memories of Ireland after the Great War' in Martin Evans and Ken Lunn (eds), *War and memory in the twentieth century* (Oxford, 1997), pp 59-72.

⁴⁸ John Horne (ed.), *Our war, Ireland and the Great War* (Dublin, 2008).

⁴⁹ Jane Leonard, 'Survivors' in John Horne (ed.), *Our war*, (Dublin, 2008), pp 209-223.

⁵⁰ David Fitzgerald, *The two Irelands 1912-1939* (Oxford, 1998), p.95. The use 'tinker' in this context appears to describe a person who makes a living by travelling from place to place mending pans and other metal utensils and not as a derogatory term for a member of the travelling community. See Appendix 3.1 & 3.2 for various metal-working trades including tinsmith.

⁵¹ Jane Leonard, 'Getting them at last, the IRA and ex-servicemen' in David Fitzpatrick (ed.), *Revolution? Ireland 1917-1923* (Dublin, 1990), pp 118-29.

services were murdered by the IRA prior to the Truce in July 1921, of whom eleven were in receipt of disability pensions. In many cases signs or placards proclaiming the victim was a spy or informer were left on the body. While some ex-servicemen did fall into this category, most did not. British intelligence reports from that period show that their main informants at that time were clergymen, bank managers, shop owners, women and Irish employees of the British military forces. Some of the veterans killed did fall within the last category, but according to Leonard they were a small minority.

Peter Hart also examined the issue of violence against serving soldiers and their families as well as ex-servicemen as part of the IRA campaign in Cork from 1916 to 1923 and in general reaches similar conclusions.⁵² As part of this work he noted the widespread unemployment experienced by veterans of the Great War, not only in Cork but across Ireland, with the exception, he claims, of Ulster. He states that 46% of ex-servicemen in the other three provinces were without work in 1919, as opposed to an average of 10% in mainland Britain. Hart, like Leonard states that the situation was exacerbated by both spontaneous and organised boycotting of Great War veterans by some employers and public bodies such as Boards of Guardians, either by choice or as a result of intimidation.

Recently Paul Taylor has looked at the experiences of veterans returning to southern Ireland over a longer period, from 1919 to 1939.⁵³ This work can be considered to look at three main areas, the first is which is violence and intimidation of veterans. This is similar to what had been previously covered by Leonard and Hart. The second area he deals with is regarding the Irish Sailors' and Soldiers' Land Trust and the construction of houses in Ireland for Great War veterans. The Trust has been the subject of other studies and is referred to briefly in this study only as it provided a substantial portion of the report of the Committee on Claims of British Ex-servicemen established by the government of the Irish Free State in late 1927.⁵⁴ This section of the book also deals with the continuing imperial obligation of British governments to provide support to veterans of the First World War. It is in this section that there is some overlap with this thesis in so far as there is some discussion

⁵² Peter Hart, *The IRA and its enemies, violence and community in Cork, 1916-1923* (Oxford, 1998).

⁵³ Paul Taylor, *Heroes or traitors? Experiences of southern Irish soldiers returning from the Great War 1919-39* (Liverpool, 2015).

⁵⁴ *Report of the Committee on Claims of British Ex-servicemen* (Dublin, 1929) & Jan O'Sullivan, 'Houses for heroes, life in the Killester Colony 1919-1945' in *Dublin Historical Record*, Vol. 65, No. 1/2 (Spring/Autumn 2012), pp 2-33.

of the attempts to provide training for ex-servicemen. Likewise, there is some discussion of the medical support provided for disabled veterans, but little detail. It is notable that in the passages devoted to disabled veterans, there is only one brief reference to the Local War Pensions Committees that were so vital for the administration of pensions until December 1922. Their replacement in the post-independence Irish Free State, the Southern Irish Area Advisory Committees, of which there were five, are absent from the narrative. This work builds on that of Taylor, by exploring the origins and evolution of Local War Pension Committees and their successors in order to further the overall understanding and knowledge of these important bodies. The third section of Taylor's work is devoted to the integration of Great War veterans into the Irish Free State. Here again the Irish Sailors' and Soldiers' Land Trust is the subject of some discussion, as are the grievances of ex-members of the British armed forces that culminated in the establishment of the Committee on Claims of British Ex-servicemen. His overall conclusion is that British ex-servicemen in the Free State were not deliberately discriminated against any more than any other group.

To better understand this opinion, some understanding of the political climate prevailing in the Irish Free State can be useful. Cumann na nGaedheal has been described as a party that governed through refurbished versions of institutions that existed under British rule, with a highly centralised approach to policy making. Another characteristic of successive governments was the power of the Department of Finance in restricting government spending and a conviction that the population might become overly dependent on state welfare if it was seen to be too generous.⁵⁵ David Fitzpatrick wrote that Cumann na nGaedheal allowed the economy to follow its accustomed sluggish course with less official intervention than that practiced by the 'constructive' Conservative administrations at the turn of the century. In their turn, Fianna Fáil's experiment in economic nationalism brought no obvious long-term benefit and by 1939 the southern state was once again an economic dependency of the UK, virtually devoid of any other export markets.⁵⁶ In a recent study of political life in the twenty-six counties during the interwar period by Mel Farrell, British ex-servicemen are not mentioned as an issue that concerned either Cumann na nGaedheal

⁵⁵ Mairéad Considine and Fiona Dukelow, *Irish social policy a critical introduction* (Dublin, 200), pp 25-6.

⁵⁶ David Fitzpatrick, *The two Irelands 1912-1939* (Oxford, 1998), pp 213-4.

or Fianna Fáil.⁵⁷ Referring to the position of those who had served in the British forces during the First World War, Senia Peseta has written that the new government of the Irish Free State needed allies particularly for the various skills and support they provided in the struggle against extreme Republicans, but that they were compromising allies within the Nationalist agenda.⁵⁸ Within the confines of these attitudes, the disabled First World War veterans who were in receipt of pensions and medical care from another source, i.e. the British government, were not considered as a priority for any special consideration.

Research for this work has uncovered aspects of the Irish First World War experience that can complement and be complemented by the work of other authors. Extensive evidence of the involvement of women with War Pensions Committees, both titled and untitled is presented.⁵⁹ In the introductory paragraph to her article on the wartime voluntary work of titled women, Maeve O’Riordan lists a great many of the organisations that were championed by members of this class.⁶⁰ The glaring omission here is that there is no mention of War Pensions Committees. While many charities were wound down at the end of hostilities, the work of War Pensions Committees and their successors carried on during the decades that followed. For example, the Marchioness of Waterford mentioned by O’Riordan also represented the Soldiers’ and Sailors’ Families Association on the Waterford County War Pensions Committee where she was joined by Lady Eleanor Keane representing the lesser known Soldiers’ and Sailors’ Families Help Society.⁶¹ Other titled women were involved with War Pension Committees from their inception in 1916, such as Lady Bellingham in County Louth.⁶² After the establishment of the Irish Free State, the contribution of titled women to the cause of disabled veterans and their families

⁵⁷ Mel Farrell, *Party politics in a new democracy the Irish Free State, 1922-37* (Dublin, 2017).

⁵⁸ Senia Paseta, ‘Ireland’s last Home Rule generation: the decline of constitutional Nationalism in Ireland, 1916-30’ in Mike Cronin and John M. Regan (eds), *Ireland: the politics of independence, 1922-49* (London, 2000), pp 21-2.

⁵⁹ See Appendix 1.3, 2.2, 4.1, 4.2 & 4.3.

⁶⁰ Maeve O’Riordan, ‘Titled women and voluntary war work in Ireland during the First World War: a case study of Ethel, Lady Inchiquin’ in *Women’s History Review*, Vol. 27, No 3, pp 360-78.

⁶¹ Waterford County Council minutes 25 Nov 1919.

⁶² Louth County Council minutes 27 July 1916. Lady Bellingham was county director of the Red Cross for Louth and a member of the joint committee of the Red Cross in Leinster, Munster and Connaught (See *Reports of the Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on voluntary aid rendered to the sick and wounded at home and abroad and to British prisoners of war, 1914-1919* (London, 1921), pp 625 & 725.

continued, notable among them was Lady Crofton and Lady Fitzgerald⁶³ and later still, Lady Nash.⁶⁴

Another area of engagement is in relation to women engaged in war work especially in factories. Deborah Thom has written of how the types of war work available in Ireland differed from mainland Britain mainly due to influence of conscription there.⁶⁵ In a similar vein, Fionnuala Walsh has focused on Irish female munitions workers during the war.⁶⁶ Following the cancellation of war contracts and demobilisation, the experiences of women munition workers and veterans were in many ways compatible as both groups experienced high rates of unemployment and perhaps sought compensation for work related injuries. Although excluded from wartime military pension legislation, munition workers could claim recompense under the Workmen's Compensation Act, 1906 or more likely, the Injuries in War (Compensation) Act, 1914. A group that was entitled to pensions under the various War Pensions Acts were women who served in the various branches of the nursing services. For many years the standard work has been the autobiographical work of Vera Brittain, but this spans a twenty-five year period.⁶⁷ This work can be somewhat literary and almost self-indulgent in style at times and the author's overseas service was far from continuous.⁶⁸ A more immediate and poignant account is the diary of Dorothea Crewdson who served in France as a VAD from May 1915. She was awarded a Military Medal in 1918 for gallantry during an air raid and continued to nurse in France after the war. She unfortunately died in March 1919 while still nursing casualties of the war.⁶⁹ For an overview of the collected writings of wartime nurses, the work of Christine Hallett and Henriette Donner have much that can be recommended.⁷⁰

⁶³ See Appendix 4.1.

⁶⁴ See Appendix 4.2 & 4.3.

⁶⁵ Deborah Thom, 'Women, war work and the state in Ireland, 1914-1918' in *Women's History Review*, Vol. 27, No 3, pp 450-67.

⁶⁶ Fionnuala Walsh, 'We work with shells all day and night: Irish female munitions workers during the First World War' in *Saothar, Journal of the Irish Labour History society*, Vol. 42 (2017), pp 19-30.

⁶⁷ Vera Brittain, *Testament of youth, an autobiographical study of the years 1900-1925* (London, 2004).

⁶⁸ The Vera Brittain collection, *The First World War Poetry Archive* (Oxford, 2019), online at <http://www.lit.nsms.ox.ac.uk/www.lit/collections/brittain> (30 July 2019).

⁶⁹ Richard Crewdson (ed.), *Dorothea's war, a First World War nurse tells her story* (London, 2013).

⁷⁰ Christine E. Hallett. *Nurse writers of the Great War* (Manchester, 2016) and Henriette Donner, 'Under the cross: Why VADs performed the filthiest task in the dirtiest war: Red Cross women volunteers, 1914-1918' in *Journal of Social History*, Vol. 30, No. 3, Spring 1997, pp 687-704.

Aspects of the consequences of the Great War on women are touched upon in this work most notably the award of pensions to widows and dependants of those killed in the war. However, the female relatives of serving or deceased servicemen were subject to a degree of scrutiny by the pension authorities that was often harsh and subjective. The treatment of one war widow and the forfeiture of her pension is noted in Chapter 1. The loss or intrusive control of widows' pensions by the granting authorities continued after the war and is an area that can only be mentioned here but should be explored further. For the attitudes prevailing towards women and alcohol during wartime Holly Dunbar has explored this area in some detail.⁷¹ The replacement of men in the workplace and the attainment of some degree of financial independence by women brought about changes in inter-personal relationships and the position of women in society. Susan Grayzel has studied the relationship of gender and the First World War by exploring the roles changing roles of men and women in the war and in society itself by comparing the experiences in Britain and France.⁷² With Tammy Proctor, Grayzel co-edited a collection of writings on various gender related themes but curiously, how gender and disability relate is not included.⁷³

The theme of the war and its effect on manliness and masculinity was chosen by Jane McGaughey with a specific emphasis on Ulster Protestant Unionists. The shadow of violent sectarianism is seldom far from the surface. She states that 'Nationalists who fought with 10 (Irish) and 16 (Irish) Divisions were not afforded the same rewards for wartime service in terms of public commemoration and iconography'.⁷⁴ However commemoration does not treat illnesses or wounds, and iconography does not feed families. On a more practical level, this work shows that in terms of medical care and disability pensions, Great War veterans in the south of Ireland were on a par with their erstwhile comrades in the six counties. Another publication purporting to offer new insights into First World War studies is a collection edited by Heather Jones, Jennifer O'Brien and Christoph Schmidt-Supprion. Many well-travelled paths are explored in this volume including mourning, memory, commemoration and popular culture. What is missing is an examination of

⁷¹ Holly Dunbar, 'Women and alcohol during the First World War in Ireland' in *Women's History Review*, Vol. 27, No. 3 2018, pp 379-96.

⁷² Susan R. Grayzel. *Women's Identities at War: Gender, Motherhood, and Politics in Britain and France during the First World War* (North Carolina, 1999).

⁷³ Susan R. Grayzel and Tammy M. Proctor (eds). *Gender and the Great War* (Oxford, 2017).

⁷⁴ Jane G.V. McGaughey. *Ulster's men, Protestant Unionist masculinities and militarization in the north of Ireland, 1912-1923* (Montreal, 2012).

wounds, illness, recuperation and rehabilitation.⁷⁵ Another publication by Jones does augment part of this thesis. In her book on prisoners of war in Britain, France and Germany, the mistreatment and privations suffered by prisoners of all nations is brought to light, especially among prisoners in Germany who suffered so badly because of the Allied blockade.⁷⁶ Among the patients of the Blackrock Hospital, one veteran has been found who was admitted with a diagnosis of general debility in 1929, as a direct result of his treatment as a prisoner of war.⁷⁷ Although debility was sometimes used to describe a state of general enfeeblement that was sufficiently grave to attract a pension, one of the most debilitating and fatal diseases in Ireland in the first half of the twentieth century was tuberculosis (TB). The resources that were committed to the treatment of this disease within the military establishment were quite significant. Service personnel or veterans suffering from TB whose illness was attributed to their military service received special treatment in dedicated institutions. The Ministry of Pensions paid for the treatment of these serving or discharged personnel through a special scheme involving local authorities in Ireland that continued after the establishment of the Irish Free State. Chapter 5 gives this matter some attention but for an overview of TB in Ireland over a greater time period the thesis by Alan Carthy can be consulted although unfortunately it does not make any reference to the matter of disabled ex-service personnel of the Great War.⁷⁸

While the contributions of all the authors mentioned have provided some insights into the lives of veterans and civilians in Ireland during and after the First World War, this thesis explores aspects of their lives that have either not been addressed before or have not been dealt with in detail. For instance, the development and operation of the Local War Pension Committees and their successors, the Area Advisory Committees, that involved the contribution of some hundreds of voluntary Irish citizens, is significantly missing from other studies. Also missing from other works is the continuing commitment of British governments to meet their imperial obligation to provide pensions and medical care for its veterans although always within the constraints of Treasury oversight. Certainly, in this regard, Irish veterans

⁷⁵ Heather Jones, Jennifer O'Brien and Christoph Schmidt-Supprion (eds). *Untold war: new perspectives in First World War studies* (Leiden, 2008).

⁷⁶ Heather Jones. *Violence Against Prisoners of War in the First World War in Britain, France and Germany 1914-1920* (Cambridge, 2011).

⁷⁷ See database entry no. 1037.

⁷⁸ Alan Carthy. *The treatment of tuberculosis in Ireland from the 1890s to the 1970s, a case study of medical care in Leinster* (PhD thesis, NUI Maynooth, 2015).

and dependants were treated no differently than their counterparts in mainland Britain. When a second global conflict broke out in 1939, the British armed forces were bolstered by many thousands of volunteers from the twenty-six counties. The commitments made to Irish veterans of the Great War were extended to this new generation of veterans when some were inevitably injured. The treatment of this later group, by both the Irish and British authorities, has been explored in the work of Bernard Kelly which highlights the continuity of care that continues to this day.⁷⁹ Finally, this thesis dispels the belief that disabled veterans of the First World War were predominantly victims of artillery or machinegun fire. This idea can no longer be accepted as it does not survive the critical analysis of the primary sources presented. It confirms that the illnesses that had plagued military operations for hundreds of years, still took a fearful toll on the service personnel of the First World War.

⁷⁹ Bernard Kelly. *Returning home, Irish ex-servicemen after the Second World War* (Dublin, 2012).

Chapter 1

The Evolution and Operation of the Military Pension System in Ireland from 1914 to 1918

Introduction

During the late summer of 1914, as the great conscript armies of the continental powers moved to the tempo of strict railway timetables, Britain assembled her military contribution to the unfolding conflict. While the Grand Fleet sailed to its new wartime base at Scapa Flow in the Orkney Islands, the British Expeditionary Force (BEF) embarked at ports along the south coast of England bound for France and participation in its first European war for almost a century. Debate continues as to whether the BEF was a ‘contemptible little army’ but it cannot be denied that compared to European armies, it was certainly small, mustering fifty-two infantry battalions to 1,000 German, and over 1,100 French battalions.⁸⁰ With modern rifles and low-visibility khaki uniforms, the BEF was considered to be perhaps the best-equipped military force ever to leave Britain. The composition of the force was unique. The officers and men were all professional soldiers supplemented by recalled reservists, and later by Territorial units made up of patriotic part-time soldiers. Soldiering was just one of many hazardous occupations available to young men at that time, but as Joanna Bourke has written, they had accepted the idea that their bodies were likely to be mutilated in the profession of arms.⁸¹ But there were some benefits, unlike many workers in industry. In addition to regular pay, food, accommodation and the possibility of promotion, there was the prospect of travel and adventure. Military personnel also had the benefit of a medical establishment that, despite having military efficiency at its core, provided a level of healthcare that was unobtainable for most manual workers. The medical services had learned many lessons during the Boer War and had been subject to many reforms in the years after.⁸²

British military doctors had entered that conflict with confidence in regard to their procedures and abilities compared to other armies. The self-important attitude

⁸⁰ Max Hastings, *Catastrophe, Europe goes to war 1914*. (London, 2013) p. 201.

⁸¹ Joanna Bourke, *Dismembering the male*. (London, 1996) p. 31.

⁸² *Report of the Royal Commission appointed to consider and report upon the care and treatment of the sick and wounded during the South African campaign* (London, 1901) and *Report by the British Red Cross on the voluntary organisations in aid of the sick and wounded during the South African War* (London, 1902) for more on military medical care during the Second Boer War.

was displayed through articles in publications such as the *British Medical Journal*. The belief that British medical practices were in advance of others was propounded, especially those of the French who were, after all, the old enemy.⁸³ The war in South Africa produced a period of sobering re-assessment. That war had seen many fierce battles, but none more so than the fight against sickness and disease. The memorial for the dead of the Royal Irish Regiment in their Clonmel depot bears witness to this. The roll of casualties on the monument records fifty-two personnel killed in action or died of wounds, while there are sixty-two names of those who succumbed to illness or disease.⁸⁴ The prevalence of so many non-combat related deaths in British and Empire units serving in South Africa produced a period of investigation, re-assessment and re-organisation for the British Army's medical services. The outcome was that by the time the BEF landed in France, the core of the medical organisation that served throughout the war was in place.

In South Africa, the Boers had relied very much on their skill with modern high-powered rifles to fight the guerrilla war that evolved. As a consequence, the majority of wounds encountered by British medical personnel were inflicted by small arms ammunition. After 1914, the number of casualties caused by armies using large amounts of artillery came as a shock to the medical establishments of all combatants, as the wounds inflicted were more severe and complicated than those encountered before. The dry and sparsely inhabited veldt of South Africa had produced very little secondary infection. A Royal Army Medical Corps reservist who had attended to wounded in the Balkan Wars of 1912-1913 had observed a similar phenomenon among the troops of that conflict.⁸⁵

Conditions in the wet, extensively cultivated and heavily fertilised areas of Belgium and northern France were not so benign. The use of animal fertilizer over many generations had produced an environment that was ideal for the growth of organisms harmful to the human body. Shrapnel and high explosive carried earth and other foreign objects deep into jagged irregular wounds. Failure to remove this material and to cut away all dead flesh provided a perfect breeding ground for the bacteria that produced gas gangrene with its distinctive smell. Post-war analysis indicated that gas gangrene, so prevalent on the Western Front, was almost unknown

⁸³ *The British Medical Journal*. Vol 2 No 1970. 1 October 1898, pp 991-2.

⁸⁴ Royal Irish Regiment memorial. Kichham Barracks, Clonmel.

⁸⁵ *The British Medical Journal*. Vol 2, No 2817 (26 December 1914) p. 1119.

in other theatres of war that British troops served in.⁸⁶ The unexpected nature of the wounds, and the sheer number of casualties encountered by the BEF from 1914, all but overwhelmed even the improved medical resources available.

However, despite the difficulties encountered by medical staff, it was due to their efforts that the survival rate among wounded soldiers was higher than any known previously. But the increasing numbers of soldiers who survived with injuries that led to their subsequent medical discharge, and who were not capable of competing on an equal basis in a civilian environment or meeting their obligations to dependents, presented the government with unforeseen difficulties. There was great doubt that the existing system of aftercare for disabled servicemen could cope with the demands placed on it and whether it was capable of meeting the future needs of all those who would need help as the anticipated battles of movement halted amid the glutinous mud of north west Europe.

When the weeks of fighting became months, there came a realization that the troops who had marched to the front in August would not return home for that Christmas or many Christmases to come. For many there would be no homecoming. The war became a struggle between nations, not just armies, and it assumed the characteristics of a fight to the death. As one newspaper described it,

The God of Attrition was invoked in the beginning by the Germans, but he has turned his face from them and shown that he is a friend of the Allies. If it is to be a war of attrition - and it looks as if the force of circumstances must make it so - then the Allies must win, no matter how long and how cruel the process [....] We can fight it out on these lines all spring, all summer, and all winter, and, if necessary, for two springs, two summers, and two winters. Germany cannot. To put it in another way, the Allies may be bled so white that their ultimate victory will be robbed of half its benefits. Germany will be bled white and beaten also.⁸⁷

This article was prescient in many ways as the war did develop into one of attrition, where the production and use of deadlier weapons, and the expenditure of more and more lives appeared to be the only way to achieve victory.

While the medical services available to the British military were quite well organised and prepared in comparison to previous wars, the demands placed on them

⁸⁶ *The British Medical Journal*. Vol 1, No 3034 (22 Feb 1919) pp 209-10 and National Institutes of Health, *Gas Gangrene* (Bethesda, 2014), available online at Medline Plus, A service of the U.S. National Library of Medicine, (<http://www.nlm.nih.gov/medlineplus/ency/article/000620.htm>) (22 January 2015).

⁸⁷ *The Spectator*, 13 March 1915.

led to an unprecedented increase in the numbers of medical personnel and facilities needed. These were forthcoming across the British Isles, including Ireland. The same cannot be said of the system in place to look after those military personnel discharged as a result of wounds or illness. With regard to this inevitable consequence of war, central government had not been as progressive in the early years of the twentieth century as it had been in other areas such as its capability to wage at sea.

As a result of this neglect there were no less than three official bodies involved in the granting and administration of pensions awarded to servicemen in 1914. The three groups were the Chelsea Hospital Commissioners, who also had oversight of Kilmainham Hospital in Dublin, the Army Council and the Admiralty. Pensions might be awarded as a result of wounds or illness, for military service or because a bravery award had a gratuity attached to it, such as the Victoria Cross. However, the granting of a pension by any of these institutions was not an automatic matter, as by 1914 it was the norm that soldiers, sailors or their dependents were regarded as having no legal right to a pension regardless of the severity of the disability or the extent of the hardship suffered.

In addition to these three bodies, by the early 1900s there were several semi-official and private bodies involved in the aftercare of ex-servicemen and of the dependents of those who died in service. The Boer War had not brought about any real changes to how military pensions were awarded. However, the difficulties of service families had come to the attention of the general public through newspaper reports and the work of organisations such as the Royal Patriotic Fund⁸⁸ and the

⁸⁸ Charitable organisations to provide assistance for enlisted men in the military had become popular during the war in the Crimea. The Prince Consort was appointed by a Royal Commission as President of an organisation, later known as the Royal Patriotic Fund, to help with the most deserving cases of hardship among the families of serving soldiers.

The public response for contributions for this Fund was such that by 1860 the assets were almost £1,500,000. But generosity had limits as the rules did not allow relief to be given to soldiers who married without permission or to the dependents of single men. The following decades saw an increasingly narrow interpretation of the way aid was given as the Fund's commissioners applied its rules in a manner that was not originally intended. The focus became the education of suitable children in schools run by the Fund. This story is dealt with elsewhere, but suffice to say that the belief in and support for the Fund lessened through years of mismanagement [His Honour Judge Edward Abbott Parry & Lt Gen Sir Alfred Edward Codrington, *War pensions: past and present* (London, 1918), pp 30-50]

Under royal patronage, the Royal Patriotic Fund also maintained close connections with successive administrations, to the extent that an Act of Parliament rescued it from the patchy organisation that it had evolved into. It was re-launched by the terms of the Patriotic Fund Reorganisation Act in 1903, which introduced a wider range of appointed and elected officials into the renamed Royal Patriotic Fund Corporation. Besides twelve members appointed by the monarch, the ruling council included the Lord Lieutenants of all counties, the chairman of every county council, every person entitled to be

Soldiers' and Sailors' Families Association. The former enterprise played an important role in war pension administration during the war.

Recognising the need to provide support

On the outbreak of war, there was a wave of support throughout the British Isles for the Armed Forces, closely followed by a call to increase the size of the army. The surge of applicants trying to join up came from all walks of life and introduced the military to men who were not normal recruit material. Many were literate and had good civilian jobs although it can be argued that neither case applied to the greater mass of Dublin working class recruits who seized the opportunity to escape the grinding poverty of that city.⁸⁹ No matter the source of new recruits, there was awareness in government that the neglect and hardship experienced by service families during the South African War should not and could not be repeated.⁹⁰

Soon after the declaration of war a series of letters were sent from the Local Government Board in London to local authorities across the United Kingdom proposing that a War Distress Committee be established in each borough, urban district and county area to deal with any distress that might arise because of the war. In correspondence dated 10 August 1914, the Local Government Board for Ireland anticipated some areas where distress might be encountered but did not commit itself to specific concerns.⁹¹ The secretary to the Local Government Board for Ireland suggested to each council chairman that 'You should take immediate steps to establish such a Committee, of which you will be Chairman. The Committee should comprise

called Lord Mayor or Lord Provost and seven members of other charitable organisations involved in similar work to the Corporation, who were to be co-opted by the other members of the ruling council. An important part of this Act specified how the Fund was to be supported financially. It was enacted that the 'Corporation may from time to time solicit and receive contributions from the public and donations of property for the purposes of the Corporation and may also receive any such sums as may be granted by Parliament'.

There were two important reasons for this within the 1903 Act. First was the facility to accept and dispense both public and private contributions for the relief of service families. The other was the overwhelming participation of local government leaders in the administration of the Corporation. This was in accordance with the traditional situation where relief was dispensed at local level and often funded at local level as well. The most well-known example of local relief in operation was the funding for Work Houses throughout the British Isles.

⁸⁹ Mary E. Daly, *Dublin the deposed capital, a social and economic history 1860-1914* (Cork, 2011) for more information on the living conditions of the working class in Dublin at the start of the war.

⁹⁰ Eliza Riedi, 'British war widows of the South African War and the origins of war widows' pensions' in *Twentieth Century British History*, Vol. 29, No. 2, (2018), pp 169-98 for the introduction of widows pensions after the Second Boer War.

⁹¹ Letter from Local Government Board to Local Authorities dated 10 August 1914 (Louth County Archive, LCC/MB/002/008).

representatives of local authorities, trades unions and philanthropic organisations. It is important that some of the members should be women.⁹²

The secretary went on say that 'a national relief fund is about to be organised, and it is intended, should distress arise, that the local distribution of the sums made available shall be entrusted to the Committees, over which the Mayors and the Chairmen of Councils will preside.'⁹³ These letters demonstrate what were to be recurring features of war pension legislation in the following years and were indicative of the imprecision of the response to the emerging crisis for the support of the large numbers of casualties and their dependents.

The correspondence suggested that Distress Committees be formed in each council area rather than directing that they be established. Similarly, the representative composition of the committees because it was suggested, was open to interpretation or even ignored completely. Only with regard to the inclusion of women as committee members was official clear-cut. At a time when women were not prominent in public administration, their compulsory inclusion in this scheme can be considered as progressive, albeit one in line with their already well-established involvement in charitable enterprises. The letter concluded by saying that a national relief fund was being organised and that the money collected would go to the local committees. It did not, however, point out that the money for the fund was from public subscription. In effect the government indicated that it intended to use private money given to alleviate hardships caused by their actions or inactions. The importance of this series of letters is that they laid the foundation within councils of a capacity to organize for additional tasks delegated to them by central government. The administration of war pensions and allowances became one such undertaking.

Government Concerns and Responses

The demands of trench warfare led to the deployment of more of the regular British army, its reservists and Territorial troops, followed by the first Empire contingents from Canada and India. The need to support the expanding armed forces and to deal with the ever-increasing casualty lists from the British Expeditionary Force caused concern in Whitehall. In late 1914, the Government proposed the

⁹² Letter from Local Government Board to Local Authorities dated 10 August 1914 (Louth County Archive, LCC/MB/002/008).

⁹³ Letter from Local Government Board to Local Authorities, 10 August 1914(Louth County Archive, LCC/MB/002/008).

formation of a Select Committee to consider ‘a scheme of Pensions and Grants for men in the Naval and Military Services wounded in the present War, and for the widows, orphans, and dependants of men who have lost their lives’.⁹⁴ This committee, with David Lloyd George as chairman, investigated the compilation of a new scale of allowances and pensions. The recommendations of the committee were adopted in a Royal Warrant on 21 May 1915.⁹⁵

Concurrently, on 16 February 1915, the President of the Local Government Board appointed a committee to report on how the government could deal with the treatment and future employment of soldiers and sailors disabled by the war. The Board submitted its report in May 1915. The introduction explained the brief that was given:

1. The subject of our inquiry may be considered under the following heads:-
 - (i) The methods which should be adopted for the restoration of the disabled man, as far as possible, to health;
 - (ii) The provision of surgical appliances by means of which his condition may be alleviated and his industrial efficiency increased;
 - (iii) The provision of training designed to fit him for some new occupation when he is unable to resume that to which he has been accustomed;
 - (iv) The finding of suitable employment for him when he is in a condition to accept it.

The report concluded that the state was obliged to continue to care for those disabled by the war and that the award of a pension should not be the full extent of that care. The state should not only restore the serviceman to health but must help him find an occupation most suited to his circumstances and physical ability. It was also acknowledged that persons and associations interested in the welfare of service personnel had done and continued to do much valuable work and that the obligations of the state could be enhanced by the co-operation of those non-governmental bodies.⁹⁶ Some groups, like the Soldier and Sailors Families Association, were responsible for the distribution of large amounts of money often money that had been donated to the Prince of Wales’ National Relief Fund. It was realised that it was in the best interest of veterans that the expertise of these groups be utilised, but in the

⁹⁴ *Hansard*, HC 18 November 1914 vol 68 c444.

⁹⁵ J.M. Hogge & T.H. Garside, *War pensions and allowances* (London, 1918) pp 14-5.

⁹⁶ *Report of the committee appointed by the president of the local government board upon the provision of employment for sailors and soldiers disabled in the war. Section 2.* 4 May 1915. p. 2.

longer term it led to unforeseen complications as subsequent administrations used the work of voluntary organisations to reduce the involvement of central government in the provision of care, rehabilitation and future employment of disabled veterans. Post-war statistics of government expenditure on veterans illustrate this. A comparison of the proportion of the British national budget devoted to war pensions between 1924 and 1933 compared to that of the Weimar Republic shows that the average annual British expenditure was 7%, compared to the average of 20% allotted to pensions and aftercare for veterans in Germany.⁹⁷

The report proposed changes in the medical treatment of disabled servicemen during and after their discharge from the Armed Forces that became the blueprint for government policy for service personnel disabled during the war. It was suggested that the state should take a liberal view of its duties towards these men and that it should assume the responsibility for the treatment of the disabled sailor or soldier whether the injuries were physical, mental or due to illness. Even the emerging problem of personnel who were ‘temporary unsound of mind’⁹⁸ was considered. It was recognized that treatment in ‘an institution other than a lunatic asylum’ might be most appropriate and that detention in an asylum was an extreme measure to be accepted only if a patient was a danger to himself or others. The committee tried to work out the numbers of disabled personnel that would have to be catered for but admitted that there was no way of knowing exactly what the final count would be. However, they did analyse and categorise those personnel that had been discharged from the army and navy from the outbreak of hostilities until 15 April 1915 in an effort to provide some measure of the task ahead.

This study showed that while 49% of army and 47% of navy disability discharges were attributable to wounds, the remainder of discharges which is over half in each case, were due to illnesses of the mind or body. Just over 10% of the total discharges were described as resulting from chest complaints and three quarters of those were diagnosed as tubercle of the lungs. Just less than 10% of discharges were due to heart disease.⁹⁹ Just these two figures added together amounted to 20% of the disability figures among servicemen in the group examined. This allows some

⁹⁷ Cohen, *The war come home*, p. 194.

⁹⁸ *Report of the committee appointed by the president of the local government board upon the provision of employment for sailors and soldiers disabled in the war. Section 9(c)* (London, 1915), p.4 (Henceforth cited as *LGB report on war disabled, 1915*).

⁹⁹ Cohen, *The war come home*, p. 3.

conclusions to be drawn. The first is that because modern warfare was an all-year-round affair, it imposed great physical hardship upon participants as armies essentially lived in the open in all weathers. As a consequence, it was more likely that the health of some soldiers would break down. Another reason, less often considered is that because so many reservists recalled to the colours were from a section of society that already existed in a precarious state of health, there was a greater likelihood that they would in turn succumb to the rigours of trench life. It seems that as the report was in preparation, the full impact of casualty figures suffered to date had not been fully accounted for as many of the sick and injured were still within the military medical system.¹⁰⁰ The realisation that it was going to be a long and bloody war was finally beginning to be accepted and that as bad as these losses had been to date, there was worse to come.¹⁰¹

The Naval and Military War Pensions, &c., Act 1915

The report of the Local Government Board Committee caused much debate in Parliament throughout 1915 that culminated with the enactment of The Naval and Military War Pensions, &c., Act 1915 10 November 1915. It created a Statutory Committee of the Royal Patriotic Fund Corporation that was tasked with all matters related to ‘pensions, grants and allowances made in respect of the present war to officers and men in the naval and military services of His Majesty and their wives, widows, children and other dependants, and the care of officers and men disabled in consequence of the present war’.¹⁰² There are several possible reasons why they should do this. The incorporation of an already established organization with experience of the needs of military veterans and their dependents was considered progressive. Also, after the Administration of the Patriotic Fund Act in 1903, there

¹⁰⁰ The early months of 1915 marked an increase in the intensity of battles on the Western Front. The most up-to-date figures cited in the report were from April 1915, less than a month after the first British offensive at Neuve Chapelle and just one week before the first German gas attack around Ypres. It was also around this time that the BEF mounted an attack on strong German positions at Festubert, in northern France. All this offensive action in turn prepared the way for the costlier, and ultimately unsuccessful British attacks at Aubers Ridge and Loos later in the year. These latter actions resulted in casualty lists of 11,000 and 60,000 respectively killed and wounded. In the Aubers Ridge and Loos operations particularly, the remnants of the pre-war regular British army disappeared for little gain. The attacks of late 1915 ‘had not improved the general situation in any way and had brought nothing but useless slaughter of infantry.’ [B.H. Liddell Hart, *A history of the First World War* (London, 2014), p. 244].

¹⁰¹ It was during this period that a staff officer is supposed to have written in his diary that he was ‘afraid that England will have to accustom herself to far greater losses than those of Neuve Chapelle before we finally crush the German Army’. Alan Clark, *The donkeys* (London, 1961), p. 65.

¹⁰² The Naval and Military Pensions, &c, 1915 Para 1(1).

was a certain measure of government oversight and control of the Royal Patriotic Fund Corporation and therefore over the Statutory Committee.

The composition of the Statutory Committee had been a source of disagreement during the House of Commons debates. Originally it was to consist of twenty-six members with six making a quorum. The initial government proposal for the composition of the Statutory Committee is shown in Appendix 1.1. The final composition of the Statutory Committee is shown in Appendix 1.2. The committee as decided upon by the Act had twenty-seven members with seven making a quorum. The quorum was raised because of concerns that the original number matched the number of government appointees exactly. Those six members were from the Treasury, Admiralty, Army Council and the three Local Government Boards. It was feared that such a strong government faction within the Committee could control it and use it to further a government agenda that might be against the wishes of the rest of the Committee.

One of the most noteworthy changes was the removal of the fixed numbers of female members.¹⁰³ This change was a sensible recognition of the contribution of women in welfare matters. It was also a progressive step in a country where women could not yet vote in national elections, where the attempts to eliminate their second-class status in society before the war was still a contentious issue and of course it may have been an effort to recognise and appreciate the increasing contribution made by women to the national war effort. The King was to appoint two extra members to represent working people, an ill-defined term in a society where the monarch had such a limited acquaintance with working people. The National Health Insurance appointee was a useful addition. That organisation was included so that ‘their assistance and knowledge might be at the disposal of the Committee in dealing with the men who come back and who may again become insured persons’.¹⁰⁴

The exclusion of the proposed representatives from the National Relief Fund from the final Statutory Committee is significant because there was a degree of apprehension that the government had set their sights on the monies that had been donated to that fund by the general public. During the parliamentary debates one MP, with the Chancellor of the Exchequer firmly in mind, made it be known that

¹⁰³ The Naval and Military Pensions, &c, 1915. Para 1(2).

¹⁰⁴ *Hansard*, HC 6 July 1915 vol 73 c236, Establishment of statutory committee of the Royal patriotic fund corporation.

There is an unpleasant suspicion [...] that the National Relief Fund is going to be raided, and that this proposal is a quid pro quo; that in return for being allowed to have two members of the National Relief Fund on this governing body we should estimate their value at, say, £1,000,000 each or £1,500,000 each. I doubt whether there are two members of that fund upon whom the members of that fund will put a value so high as that. Whatever the National Relief Fund may do—of course that is a matter for the National Relief Fund itself, and I am not qualified to speak for them - I would respectfully suggest that those who think that to raid that fund is an easy matter will find a very unpleasant surprise waiting for them. Though the members of that fund may be a very harmonious collection of innocent people, and though some hon. Members might think that they look capable of being easily robbed, I think they will be able to hold their own.¹⁰⁵

Although no conclusive proof has been found during research for this work, the ‘unpleasant suspicion’ may have some substance as the National Relief Fund was not strictly under government control as the collection, administration and distribution of aid was at a local level.¹⁰⁶ In addition, there is the relationship between the National Relief Fund and Soldiers and Sailors Families Association on one hand, and the Royal Patriotic Fund Corporation and government on the other, which was not the most harmonious as they plumbed the generosity of the nation to cope with the ever-growing issue of pensions and allowances for disabled veterans and their families. There was the appearance of competition for charitable contributions between the groups with the former organisation appearing to gain the upper hand being as it was supported by Queen Alexandra and the Prince of Wales.

Many of the recommendations of the Local Government Board Committee were included in the Act, such as the establishment of local committees at county, county borough and every borough or district with a population of not less than 50,000 inhabitants. The Act made provision for either the chairman or vice-chairman to be paid from central funds, subject to Treasury approval.¹⁰⁷ Why this was so is not clear at first until it emerged that the Prince of Wales had been appointed as the unsalaried Chairman.¹⁰⁸ The Statutory Committee was required to ‘administer any funds which may be placed at the disposal of the Committee by the Corporation or by

¹⁰⁵ *Hansard*, HC 6 July 1915 vol 73 c260, Establishment of statutory committee of the Royal patriotic fund corporation.

¹⁰⁶ National Relief Fund, *Local Studies Department: World War One* (Naas, 2019), available online at <http://www.kildare.ie/Library/KildareCollectionsandResearchServices/World-War-One/chapter2-national-relief-fund.asp> (18 February 2019).

¹⁰⁷ *Hansard*, HC 6 July 1915 vol 73 c212, Establishment of statutory committee of the Royal patriotic fund corporation.

¹⁰⁸ *Hansard*, HC 4 January 1916 vol 77 c812W, Statutory Committee.

local committees or by any society or other organisation having funds applicable to the making of grants of the nature of those which the Committee are authorised to make'.¹⁰⁹ It appears that the only tangible financial support identified as being available to the Statutory Committee for rehabilitation and training as mandated by the Act was from private contributions: anywhere in fact except central government. In this regard the 1915 Act specifically states that one of the functions of the local committees will be 'to solicit and receive from the public contributions towards any such purposes as aforesaid'.¹¹⁰ The appointment of the Prince of Wales as chairman could be seen as a astute way to gain access to the fund that was named for him.

At the start of December 1915, after the Act was passed but before the Statutory Committee was formed, the government approved a separate scheme of payments to the dependants of sailors and soldiers killed in the war.¹¹¹ These new allowances were for dependants other than widows and children who were unable to support themselves and who had been entitled to separation allowances from a serviceman on active duty. This overdue system acknowledged that loved ones who had received an allowance from a serviceman, who was killed in the course of his duty, would be helped by the government. This brought the government into line with private organisations like SSFA, who had been making up this shortfall for many years. While this was an admirable intention, the administration of the policy was quite separate from the provisions of the new Naval and Military Pensions Act. The scheme was to provide

only the grants to be made from the Votes of the Admiralty and War Office, not those which may be made out of the funds at the disposal of the Body proposed to be established by the Bill before Parliament. The duty of determining the facts on which a grant may be based will be among the duties of that Body, and the Admiralty or War Office may at their discretion entrust it with other duties in connection with the administration of such grants.¹¹²

Functions of the Statutory Committee

By the start of 1916, the award of pensions to disabled veterans and dependant families was approved in addition to other dependants of soldiers and sailors killed in the current war. The scheme was not applied retrospectively to the casualties of

¹⁰⁹ Naval and Military Pensions Act, &c, 1915, Para 3 (1)(i).

¹¹⁰ Ibid, 1915, Para 4 (g).

¹¹¹ *Scheme for allowances from Navy and Army funds to dependants of deceased sailors and soldiers presented to both houses of Parliament 1 December 1915.* (London, 1915).

¹¹² Ibid, Section III, (c), p. 3.

previous conflicts. With the government providing for the large proportion of military dependants who had previously depended on charitable groups, the exact purpose of the Statutory Committee needs to be considered. The functions of the Statutory Committee were

- (i) Make decisions on facts surrounding pensions awarded to dependants other than a widow or child.
- (ii) Make rules to supplement pensions, grants or separation allowances deemed inadequate.
- (iii) To supplement pensions, grants or separation allowances deemed inadequate out of funds at their disposal.
- (iv) To award grants or pensions out of funds at their disposal where no pensions, grants or separation allowances were payable from public funds.
- (v) To make advance payments out of funds at their disposal against pensions, grants or separation allowances to be awarded or accidentally interrupted.
- (vi) To decide if any pensions, grants or separation allowances to a wife, widow, child or other dependant should be forfeit.
- (vii) Where there are two or more claimants decide who receives a pension, grant or separation allowance.
- (viii) To make decisions on any pension, grant or separation allowance issue that the Admiralty or Army Council may refer to them.
- (ix) To administer funds given them by the Corporation, local committee or any other organisation with a similar interest to the aims of the Statutory committee.
- (x) To make provision for the health, training and employment of disabled officers and men when discharged.
- (xi) To provide grants to widows, children or other dependants of deceased officers and men for training and employment.¹¹³

There is a strong case to be argued that items (i) to (viii) above are functions that already fell within the sphere of responsibilities of the authorities that granted the pensions. Item (ix) seems little other than a willingness to harness the goodwill and money of the various private charities for official purposes as forewarned in Parliament. It does not specifically state that the government would be a source of funding. Items (x) and (xi) were the most important for disabled veterans and their dependants because restored health, retraining if necessary and a decent job were the least that servicemen might expect. From the outset it was apparent that both government and private schemes fell short of the demands for training by disabled veterans.

¹¹³ Naval and Military Pensions Act, &c, 1915, Para 3(1).

In practice, the Statutory Committee of the Royal Patriotic Fund Corporation introduced a fourth organisation into the administration of pensions and allowances with a similar mandate to the already existing departments of the Chelsea Commissioners, the Admiralty and the Army Council. The Committee had to process claims made directly to it, but also had a duty to investigate and rule on pension claims lodged with the Admiralty and Army Council by veterans and dependants of service personnel killed in the war. In addition, the Committee was obliged to carry out any other duty that these bodies assigned to it. By default, reciprocity applied, whereby the Admiralty and Army Council could decline to delegate tasks as they chose. This complicated multi-departmental arrangement involving central and local government as well as private associations in financing and administering pensions, allowances and gratuities made it likely that the process would develop into a labyrinth of bureaucracy for veterans to contend with.

The Formation of War Pension Committees in Ireland

From January 1916, Local Authorities throughout the British Isles started to establish War Pension Committees although there were delays as the Statutory Committee established guidelines for councils. Local Authorities responded at different rates depending on their priorities or their willingness to take on additional tasks. Of the local archives consulted, the earliest reference found was in the Carlow County Council minutes dated 29 February 1916. At that meeting twenty individuals from various organisations were appointed to the Local Committee.¹¹⁴ The committee members were a typical cross-section of the great and good of the county and not untypical of many people who gave their time and energy to worthwhile causes. A full list of the County Carlow War Pensions Committee and the organisations they represented can be found in Appendix 1.3.¹¹⁵

On 14 March 1916, Dublin Municipal Council discussed an example of a scheme that had been circulated to all councils by the Statutory Committee,¹¹⁶ while

¹¹⁴ Carlow County Council minutes, 29 February 1916.

¹¹⁵ Besides seven county councillors, of whom one was also an MP, there were three clergymen who were members of the council's technical and agriculture committee and so were familiar with the employment and training opportunities in the county. Labour interests and those of the army and navy were represented by two, two and one members respectively. The British Red Cross provided two members. The brainchild of Lady Aberdeen, the Women's National Health Organisation, whose goal was to improve the health of the general population, provided one representative. Likewise, there was one member of the committee from the Soldiers' and Sailors' Families Association and one from the less well known Soldiers' and Sailors' Families Help Society

¹¹⁶ Dublin Municipal Council minutes, 14 March 1916.

Wicklow County Council took until May to consider whether to adopt such a scheme.¹¹⁷ Several drafts of their scheme were considered before it was approved by the Statutory Committee in August 1916. The Act stated that the majority of the local committee members should be appointed by the council, but that they did not need to be councillors.¹¹⁸ Wicklow County Council embraced this provision fully and, uniquely among the records found, all its nominees were female.¹¹⁹ Not every council found it as easy fill out their War Pensions Committee. In May 1916, the Secretary of Louth County Council wrote to the Secretary of SSFA in Drogheda looking for members of that organisation to serve on the Pensions Committee because he was having trouble finding suitable people to nominate.¹²⁰ Here was the crux of the matter for many councils. An individual had to agree to serve on the new committees as an unpaid member on a voluntary and potentially time-consuming basis, and this at a time when the political climate was changing in the aftermath of the failed Easter Rising.

In the larger county towns few records of individual committees or sub-committees have been found. In one case uncovered, two councillors from Kingstown Urban District Council were members of the County of Dublin War Pensions Committee.¹²¹ Not every council within the area that became the Irish Free State was as diligent in the organisation of a War Pensions Committee. Longford County Council discussed the formation of a pensions committee at their quarterly meeting in August 1916, and there the matter rested until the council approved the attendance of one of its members at a War Pensions Committees conference almost a year later.¹²² However, in the case of Longford Council this did not mean that they had a functioning War Pensions Committee because in August 1917, the Minister of Pensions notified the council that in the absence of such a committee, one would be appointed by him. The Council debated the topic through the winter of 1917-8 until July 1918, at which time, a Local War Pensions Committee was finally formed. The intriguing question that arises from this situation is how disabled veterans and war widows living in the county were able to claim their financial entitlements up to that

¹¹⁷ Wicklow County Council minutes, 15 May 1916.

¹¹⁸ The Naval and Military War Pensions, &c. Act, 1915, Para 2 (2)(a).

¹¹⁹ Wicklow County Council minutes, 14 August 1916.

¹²⁰ Correspondence from County Secretary to SSFA dated 22 May 1916 (Louth County Archive, Council letter book, LCC/ADM/LB/1/8).

¹²¹ Kingstown Urban District Council minutes, 6 December 1917.

¹²² Longford County Council minutes, 16 August 1916 & 22 May 1917.

point. Available sources do not record either the number of pensioners in the county or how they were catered for. It may have been as was the case with Tipperary North Riding where various charitable groups carried out pension work until a properly constituted committee was formed.¹²³ It cannot be determined from the council minutes why a War Pensions Committee was postponed for so long, but strong nationalist sentiment in Longford may have been a contributing factor. By 1919, Longford had more members of Sinn Féin per head of population than any other county in Ireland.¹²⁴ However, Longford was not alone in being reluctant to abide by the new pensions legislation. The Ministry was compelled to intervene in a total of nine local authority areas across the British Isles. Four of these were in England, three in Scotland and two in Ireland. The other Irish council was that in Tipperary South Riding.¹²⁵

The sources consulted suggest that it is highly likely that there were no War Pension Committees functioning in an effective manner by late summer or early autumn of 1916. By that time, the legislation formulated on experience gained to the end of 1915 was being subjected to the strains imposed by the horrendous casualties suffered by the British Army during the Somme Offensive. Like so much of the British war effort, the system was not proving fit for purpose and needed improvement to meet the unforeseen challenges.

1917 – A Year of Change

A coalition administration was formed in December 1916 with David Lloyd George as Prime Minister, which brought about changes to the organisation of the government. Five new ministries were created. They were, the Ministry of Labour, Ministry of Food, Ministry of Shipping and the Air Board, the president of which was equivalent to a Minister. The fifth newcomer was the Ministry of Pensions.¹²⁶

On 22 December 1916, the Ministry of Pensions Act 1916 came into force. This combined the duties and powers of the various organisations involved in war pension administration under the overall control of a dedicated minister. That such a decision was taken is not surprising because of the apparent uneven quality of some

¹²³ Tipperary North Riding County Council minutes, 15 June 1916.

¹²⁴ R.F. Foster, *Modern Ireland 1600-1972* (London, 1989), p. 496.

¹²⁵ Longford County Council minutes, 2 July 1918 & *2nd Annual Report of the Minister of Pensions from 31 March 1918 to 31 March 1919* (London, 1920), p. 6.

¹²⁶ No author, 'New ministries in the British cabinet' in *Monthly review of the U.S. Bureau of Statistics*, Vol.4, No. 5 (May 1917), pp 770-1.

local committees. But perhaps more important were the estimated 420,000 British and Dominion casualties incurred between July and November of that year.¹²⁷ As the many thousands of wounded moved through the hospital system and the final tally of casualties was made, the implications of the financial assurances given by the government to servicemen and their families became evident. It was also apparent that the system for pension administration did not meet the needs of either disabled veterans or the government.

Except for the award of service or living-in pensions by the Greenwich and Chelsea Commissioners, the new ministry assumed all responsibilities for, and the powers of, the two establishments as well as the Admiralty and Army Council in respect of the award of pensions, grants or allowances. The Ministry absorbed the powers and duties of the Statutory Committee including all sub-committees established by the 1915 Naval and Military War Pensions Act.¹²⁸ The Minister had authority to transfer personnel from these organisations to his department and become subject to his work practices, pay and conditions, provided the Treasury agreed.¹²⁹ Treasury approval extended to the recruitment of any new staff and any changes in work conditions and salaries that would increase expenditure. As experience grew the Minister sought to increase the efficiency of his department through the Naval and Military Pensions, &c. (Transfer of Powers) Act, 1917 and the Naval and Military Pensions, &c. (Administrative Expenses) Act, 1917. In the first of these Acts, the Statutory Committee was abolished and replaced by a Special Grants Committee under the Minister's direct control. In essence this was the same committee under a different name, but directly answerable to the Minister and also available to provide advice on request.¹³⁰

¹²⁷ Chris McCarthy, *The Somme, the day by day account* (London, 1993), p. 11.

¹²⁸ Ministry of Pensions Act, 1916, Paras 2 (1) & 3.

¹²⁹ *Ibid*, Para 8 (1).

¹³⁰ This put the Prince of Wales in an awkward position because if he remained as Chairman of the revamped committee then the heir to the throne would be subordinate to a servant of the Crown, who was perhaps a commoner, a situation that was unthinkable. The potential difficulties were avoided in early March 1917 when the Chancellor of the Exchequer announced that 'it was inappropriate that His Royal Highness the Prince of Wales should continue to act as chairman of the Committee after they had lost their full independence, and, [...] His Royal Highness has accordingly resigned. I think it only right to add that during the tenure of his office His Royal Highness took deep and continuous interest in all the proceedings of the Committee, and in the performance of the first public duties of this nature which he has undertaken he has shown a zeal for the public service, and more particularly that part of it relating to the welfare of our sailors and soldiers, which may inspire the country with confidence as to the contribution to the national service that may be expected from him with increasing years.

The second Act gave the Minister the powers to control the infrastructure of local and sub-committees that were working to provide aid to disabled servicemen and their dependants. In addition, he assumed responsibility for no more than two-thirds of the expenses of the local committees with the remainder coming from locally raised funds. Treasury oversight was apparent at all stages as government funding was based on budgetary estimates submitted to the Local Government Board by councils for approval sometimes many months in advance. The costs of Local War Pensions Committees were a concern for many Local Authorities. With no way of predicting potential workloads, committee secretaries had to make best estimates which would be refused, if too high, or put additional costs onto ratepayers, if too low. For instance, on 21 July 1917, the Secretary of Louth War Pensions Committee, Patrick Gilmore, submitted an estimate of £90 to cover administrative expenses from 17 May 1917 to 31 March 1918 for his committee and a sub-committee in Drogheda. This was accepted by the Council Clerk on 26 July and forwarded to the Local Government Board for Ireland for their approval. Five days later the Third Battle of Ypres opened and continued until early November 1917. This Battle of Passchendaele has become a byword for the pointless expenditure of lives for little or no gain. The effect that the casualties from this battle had on Gilmore's estimate is not known, but certainly there is no indication in his surviving preparatory notes to indicate that such an event was factored into the estimates.¹³¹

The records of the City of Dublin War Pensions Committee illustrate the effect of the increased casualties from that, and later battles. This War Pensions Committee was responsible for a densely populated urban area that provided many recruits. In autumn 1918, the committee notified the Municipal Council about its ever-increasing workload. The Committee included a comparison of a typical week in August 1917 to another typical week almost exactly one year later.¹³²

I think I ought also to add that during His Royal Highness's tenure of office as chairman the Statutory Committee have laid the foundation of a system of pensions and allowances to our soldiers and sailors and their widows and dependants more humane and generous in its provision than any which had previously existed'. *Hansard*, HC 6 March 1917 vol 91 c222.

¹³¹ Estimate of administrative expenses of the County Louth Local War Pensions Committee dated 26 July 1917 (Louth County Archives, LCC/FIN/62)

¹³² Dublin Municipal Council minutes 7 October 1918.

Table 1.1 Comparison of applicants to City of Dublin War Pensions Committee

Week ending 25 August 1917		Week ending 24 August 1918	
Women (Sub-Committee A)		Women (Sub-Committee A)	
Grants	£120 11s. 2d.	Grants	£307 0s. 8d.
Applicants	413	Applicants	1,131
Men (Sub-Committee B)		Men (Sub-Committee B)	
Grants	£161 17s. 5d.	Grants	£960 19s. 1d.
Applicants	211	Applicants	770
Total 1917		Total 1918	
Grants	£282 8s. 7d.	Grants	£1,267 19s. 1d.
Applicants	624	Applicants	1,901

Dublin Municipal Council minutes 7 Oct 1918

At this remove, the significance of the dates can be seen, but it cannot be determined how aware the Committee were of military events given the limited information that was available to them. 25 August 1917 is approximately one month after the start of the Third Battle of Ypres. It was to continue for over two months more. Likewise, by August 1918, the British Army was still recovering from the heavy losses suffered in the German Spring Offensive of that year and had just opened the series of continuous offensives that would bring about the Armistice in November. The two Irish divisions in northern Europe were involved in both of these events. The consequences of that year were impossible to predict from the committee offices at 42 York Street, but the after-effects were encountered every day. Over the course of that year, the number of female applicants increased almost threefold. Meanwhile the number of male applicants increased by more than a factor of three. Overall the weekly average shows a three-fold increase. Even when the most meticulously prepared estimates were approved for the Local Government Board, they were subject to rates of remuneration set by the Ministry of Pensions. In turn, these rates were approved or amended at the Treasury. Thus, if a particular committee incurred unanticipated expenses such as appears to have happened with the Dublin War Pension Committee, those expenses had to be borne at local level.¹³³

The Naval and Military Pensions, &c. (Administrative Expenses) Act made provision for the Minister to accept any gift of money and to use funds collected by non-governmental groups, as long as it was for the benefit of disabled servicemen,

¹³³ The Naval and Military Pensions, &c. (Administrative Expenses) Act, 1917, Para 1.

widows, children or dependants, and that the trustees of those funds approved.¹³⁴

There was also the facility to accept the use of property donated by organisations or individuals. The most well-known example of this in southern Ireland were the house and grounds at Leopardstown Park on the outskirts of Dublin, gifted to the Ministry of Pensions in 1917 for the benefit of disabled service personnel for as long as it was needed.¹³⁵

On 20 December 1917, the third important piece of pension legislation in that year came into force. This was the Naval and Military Pensions, &c. (Committees) Act, 1917. Important changes to the composition of Local War Pensions Committees were introduced. From that time each committee had to include two men who had been discharged from the armed forces because of a disability, and at least one woman who was in receipt of a widows or dependant pension.¹³⁶ While the committees continued to be dominated by the more privileged people in a district who often had time to devote to voluntary work, this was a progressive move that involved the very people that the system was supposed to help. The changes took effect immediately and by way of encouragement, there was a provision to impose the changes if they were delayed by more than one month. As with many amendments to pension administration some councils acted more promptly than others. For example, Kildare County Council was notified of the changes in January 1918. By 26 Feb 1918, a new establishment for their Local War Pensions Committee had been approved, although exactly when the new members took up their posts is not recorded.¹³⁷ Cavan County Council started to search for the additional members in July of that year, but again when they were appointed was not recorded.¹³⁸ Longford County Council, true to their idiosyncratic way of dealing with veteran affairs, recorded in their minutes that they could not appoint any disabled veterans because no one in the County Council knew any disabled veterans, despite four County Councillors being on the Local War Pensions Committee.¹³⁹ According to the 1911 census, Longford had the second lowest population of the counties that became the Free State and with the rural custom of knowing ones neighbours, it seems an unlikely

¹³⁴ Ibid, Para 5 & 6.

¹³⁵ Kinsella, *Leopardstown Park Hospital*, pp 32-9.

¹³⁶ Naval and Military Pensions, &c. (Committees) Act, 1917, Para 1(1).

¹³⁷ Kildare County Council minutes, 26 February 1918 & 22 May 1918.

¹³⁸ Cavan County Council minutes, 16 July 1918.

¹³⁹ Longford County Council minutes, 2 July 1918.

that after four years of war nobody knew anyone who had joined up.¹⁴⁰ This is even more unlikely as the council minutes show that at the same meeting the widow of a serviceman had been appointed to the Pensions Committee. The reluctance of the council to participate fully with the Ministry of Pensions may have some basis in the strong support for Sinn Féin and its policies in county Longford towards to end of the First World War.¹⁴¹ Subsequently, Longford experienced a significant level of IRA activity during the War of Independence, another factor that may have encouraged individuals not to participate in activities that could be seen as pro-British, for fear of retaliation.¹⁴² Whatever the situation of ex-British servicemen in Longford was during the hostilities that led to the establishment of the Free State, when peace returned they were not forgotten. In August 1925, with council and local approval, at a ceremony attended by several thousand veterans, a monument to the 284 service personnel from the county who were killed in the Great War was unveiled in a prominent position in the Market Square in Longford town, where it still stands.¹⁴³

1918 – The Ministry of Pensions consolidates its Position

Ten days after the Armistice on the Western Front, the War Pensions (Administrative Provisions) Act, 1918 came into force. As the last pension legislation for disabled veterans to be drafted under wartime conditions, it provided additional wide ranging powers for the Minister. He could now appoint or dismiss committee members, amalgamate or disband committees and investigate any potential mal-administration. He could also consolidate various pension schemes and clarify issues that had arisen because of previous legislation. These changes were in an effort to deal with the unprecedented numbers of wounded and sick returning from the war.

For local authorities there was a welcome bonus as all administrative costs became the responsibility of central government.¹⁴⁴ In 1917, Limerick County Council had resolved to 'refuse to approve of same [War Pension Committee expenses] as the Council were not at the time the Committee was formed responsible for any portion of the expenses and are of the opinion that the full amount should be

¹⁴⁰ Central Statistics Office. *Life in 1916 Ireland: Stories from Statistics, Population*, available online at <https://www.cso.ie/en/releasesandpublications/ep/p-1916/1916irl/people/population/> (2 August 2018)

¹⁴¹ Peter Hart, *The IRA at war 1916-1923* (Oxford, 2003), p. 53.

¹⁴² *Ibid.* pp 37-46

¹⁴³ *The Irish Times*, 28 August 1925 & Figure 1.

¹⁴⁴ War Pensions (Administrative Provisions) Act, 1918, Para 1(1).

an Imperial charge.¹⁴⁵ Disquiet at the financial burden of Pension Committees extended across the British Isles. Earlier, Dublin Municipal Council had approved the actions of the Lord Mayor of Liverpool when he, and several other mayors in mainland Britain, declared that all pensions, grants and allowances should be defrayed out of moneys provided by Parliament.¹⁴⁶ Now while the financial burden of Pension Committees was removed by the act, the Minister's greater powers allowed him to intervene if he felt that a council was not fulfilling its obligations to disabled veterans or bereaved dependants.¹⁴⁷

It took some time before the changes included in the Act became apparent. A progressive section of the Act, was that the Minister took responsibility for the upkeep and welfare of children, including illegitimate children, of deceased servicemen. He also became responsible for the children of serving or deceased servicemen whose mothers were unable or incapable of looking after them. The Minister, or his nominee was given the authority to place a child in the care of a reputable individual or institution with due regard to the religious affiliation of the child. This duty of care could to be extended beyond sixteen years of age if the child was in further education.¹⁴⁸

The concern for the welfare of service families did not start with the 1918 Act. Since earlier in the war, government departments tried to ensure that service families received all their financial entitlements. At the same time there was a degree of unease that some individuals might try to claim more than they were due.¹⁴⁹ As Local War Pensions Committees became more organised, in addition to their normal work, they were the primary source of help or investigation for service families with difficulties with pay or allowances.¹⁵⁰

Another worry was with regards to the mistreatment of children or misconduct by dependants of service personnel. An example of this type of behaviour is illustrated by the case of a soldier's widow who persistently spent her pension on

¹⁴⁵ Limerick County Council minutes, 1 September 1917.

¹⁴⁶ Dublin Municipal Council minutes, August 1916.

¹⁴⁷ War Provisions (Administrative Provisions) Act, 1918. Para 2-6.

¹⁴⁸ *The Local War Pensions Committees' Handbook*. (London, 1921), p.5.

¹⁴⁹ Offaly County minutes, 25 November 1915. Circular from Local Government Board to County Councils in respect of fraudulent claims for separation allowances.

¹⁵⁰ Limerick County Council minutes, 16 August 1919. Letter of appreciation from War Office to Local Government Board and War Pensions Committees in regards administration of Dependants Allowances.

alcohol, to the detriment of her two children.¹⁵¹ When brought to court in the summer of 1918, she was accused of drunkenness, anti-social behaviour and the neglect of her children. The elder child was taken into the care of the War Office, and the mother received a six-month prison sentence although it was decided that the other child was too young to separate from her.¹⁵² Cases such as this provided a compelling reason for the Minister of Pensions to assume the place of an absent or delinquent parent on a more formal basis than the ad hoc system that had existed up to then.¹⁵³ As with all war pension legislation, it was applicable throughout the British Isles, and it remained so in Ireland after partition. What was not considered, let alone implemented, was a formal system of support for the dependants of service personnel including wives and war widows. It was reflective of the prevailing attitudes in society that a certain standard of behaviour was expected from military wives and widows. Those who found themselves unable to meet what was often an indeterminate standard, found themselves under investigation with possible forfeiture of pensions and allowances on foot of alleged misconduct, including allegations from anonymous sources.¹⁵⁴ The investigation of such matters was usually delegated to the Local War Pensions Committee because of their familiarity with their area and its population. The Ministry of Pensions issued detailed instructions on how to proceed in these cases, but they were open to subjective interpretation.¹⁵⁵

Conclusion

The establishment of a legislated disability pension system and the formation of the Ministry of Pensions was the culmination of over three hundred years of British ambivalence in providing pensions to persons injured or disabled in wars. The commitment to disabled veterans and their dependants had waxed and waned as various threats had heightened the country's reliance on a strong and effective military. The pattern was repeated time and again, from the foreign and civil wars of the sixteenth and seventeenth centuries to the establishment of the invalid hospitals by

¹⁵¹ Holly Dunbar, 'Women and alcohol during the First World War in Ireland' in *Women's History Review*, Vol. 27, No. 3 2018, pp 379-96 for more information on the attitudes prevailing towards women and alcohol.

¹⁵² *The Clonmel Chronicle*, 10 July 1918

¹⁵³ Naas Board of Guardians minutes 6 April 1918, Kildare County archive.

¹⁵⁴ Janis Lomas, 'Delicate duties: issues of class and respectability in government policy towards the wives and widows of British soldiers in the era of the Great War' in *Women's History Review*, Vol. 9, No. 1 (2000), pp 130-2.

¹⁵⁵ Notes on war pensions issued by the Ministry of Pensions for the guidance of War Pensions Committees established under Section 1 of the War Pensions Act, 1921 (London, 1923), pp 28-31.

Charles II that seemed to provide the necessary care but may have had as much to do with his rivalry with Louis XIV. The establishments at Chelsea, Kilmainham and later Greenwich might have proved a lasting foundation for state care of injured servicemen, but the facilities offered by these institutions were inadequate and could never meet the demands put on them.

The middle of the nineteenth century saw the emergence of charitable organisations concerned that the dependants of dead or serving servicemen should be cared for. The Royal Patriotic Fund had started with the patronage of senior royals, but strayed from its founding ideals, which in turn led to less involvement by royalty, and eventually government intervention to rescue it. Despite this government involvement or perhaps because of it, the renamed Royal Patriotic Fund Corporation played a pivotal role in the early development of pensions during the First World War. Ultimately it proved unable to meet the challenge.¹⁵⁶ The foundation of SSFA in the 1885, introduced a more benevolent attitude to the welfare of all military dependants. By the outbreak of the Great War its prestige was boosted by the patronage of the Queen Mother and the Prince of Wales. It was particularly successful and has survived to the modern era, eventually absorbing its predecessor.¹⁵⁷

If any good came from the Boer War, it was that there was an increased awareness among the general public of the conditions faced by the armed forces. Similarly, the lack of support for the families and dependants of those killed or injured in that conflict caused great unease. This awareness created a groundswell of concern that carried through into the opening months of the war. With the realisation that Britain was involved in a new type of conflict, the first attempt at a comprehensive care package was introduced. The Naval and Military Pensions Act, &c, 1915 was based on the traditional British concept of providing aid and comfort at

¹⁵⁶ In the rush to war, there were several examples where delays in the delivery of monetary allotments to the wives of servicemen had led to hardships. While this was a fault that could be placed on the appropriate pay department, the government were prompt to establish procedures to deal with this situation. (Waterford County Council Archive, County Council correspondence Book. Correspondence dated 21 August & 1 September 1914 from Local Government Board of Ireland to County Councils). It is interesting that in this and in related correspondence, the families of men in the Armed Forces seeking financial assistance were referred to SSFA or the SSHS who would provide aid from the National Relief Fund. There is no mention of the Royal Patriotic Fund Corporation, which was an unusual omission when this was the organisation that was later entrusted with the administration of the government's pension legislation during the first year of its operation.

¹⁵⁷ SSAFA Forces Help. *Military charities merge* (London, 2011), available online at The confederation of service charities (<https://www.cobseo.org.uk/ssafa-forces-help-military-charities-merge/>) (3 August 2018).

local level, while drawing as much financial support as possible from private donations. The Act also acknowledged that the re-training of veterans was a necessary function of government. It is not surprising that the administration of the Act did not fulfil the intent, given the scale of the task that emerged. Working from loosely phrased legislation, and with the creation of a viable system of support spread over several months, the proposed organisation had not found its feet before it was confronted with the casualties of an expanded war. The greatly increased scale of the casualties came as an unanticipated challenge to Local War Pension Committees in terms of workload, as well as to central government because of the increased costs involved. Due to the inherent friction of so many disparate public bodies and private organisations with their own ethos and goals, it became apparent that strong centralised leadership and direction was needed. The first step in this direction was the establishment of the Ministry of Pensions.¹⁵⁸

The outcome of the three Acts in 1917 was to establish the Minister of Pensions as the chief overseer for the administration of war pensions. Even so, many of his ministerial decisions were subject to outside influences and agendas, most notably the strict oversight of the Treasury. His ministry had to work with what was essentially the same infrastructure as before. The marriage of so many official, semi-official and private organisations, each with their unique ethos and work methods was bound to be difficult. A more practical solution might have been to disband them and to start afresh. But this was a radical a solution for wartime Britain, and fraught with the potential of disrupting the support to veterans that was already in operation. As a result of the reorganisation, the Statutory Committee became the new Special Grants Committee and the existing district and sub-committees carried on as before, with some being more active or efficient than others.¹⁵⁹ Finally the Local Government Board, the Admiralty and Army Council retained some input in the pension process. These different levels of administration with multi-agency interaction and the traditional instinct for each department to support its own position, combined with the overarching impositions from the Treasury to minimise spending, created a bureaucratic maze for veterans and their dependants to deal with.

¹⁵⁸ Ministry of Pensions Act, 1916, Para 1 & 2.

¹⁵⁹ Hogge & Garside, *War pensions and allowances*, p. 14.

Chapter 2

The Military Pension System in Ireland from 1919

The War Pensions (Administrative Provisions) Act, 1919

The coming of peace allowed the Ministry of Pensions the opportunity to finally try to get to grips with the task that it had been set. With the almost complete disappearance of new casualties, it appeared that real progress might be made in the treatment and rehabilitation of disabled veterans. Coming into force on 19 August 1919, two sections of this Act were of especial importance for all pension claimants. The first was that finally a disability pension for a wound or illness caused directly by military service became a statutory right.¹⁶⁰ This feature had existed briefly during the Napoleonic Wars, but had soon been revoked at Treasury insistence. The other important section was the establishment of a Pensions Appeal Tribunal, whose job was to investigate the case of any ex-service personnel whose disability claim had been refused.¹⁶¹

More correctly this was the second time that a Pensions Appeal Tribunal had been established. The first had been created following a statement by the Chancellor of the Exchequer, Bonar Law, who had said that in relation to military pension legislation that,

there is something in the belief that there is a danger that administratively the Act will be so worked that men who ought to be given pensions may only get a gratuity [.....] I shall see that that case is carefully and sympathetically considered by the Government with a view [....] of setting upon an independent tribunal, which would do nothing more than this [....] it will review the decision and come to a final decision whether or not they are to get a gratuity or a pension.¹⁶²

The belief that early legislation was interpreted to the benefit of the Exchequer can be illustrated by the case of Private James Butler of the Royal Dublin Fusiliers. Private Butler died of tuberculosis on 25 February 1916.¹⁶³ By September of that year, having received a death grant but not a pension, his widow and children were being

¹⁶⁰ War Pensions (Administrative Provisions) Act, 1919, Para 6.

¹⁶¹ Ibid, Para 8.

¹⁶² *Hansard*, HC 20 March 1917 vol 92 c710. Gratuities were normally awarded to personnel whose injury or illness were adjudged to cause less than a 20% disability. Gratuities were a once off final payment and as such were more attractive to the Treasury than an open-ended permanent pension.

¹⁶³ Tom Burnell, *The Carlow War Dead, a history of the casualties of the Great War* (Dublin, 2011) p. 32.

supported by outdoor relief from the Carlow Board of Guardians. In correspondence with the War Office the Guardians stated that,

We would point out that this man was accepted for active service by the Army Authorities and passed by the Army Doctor as medically fit for same. In these circumstances there seems no doubt that the disease contracted by this man, and from which he subsequently died, was contracted while on active service, and the refusal of the War Officer to make any allowance to the widow and children of this man, and thus leaving them chargeable on the rates has created a very strong feeling in the district.¹⁶⁴

The War Office took the stance that the death of Private Butler did not fulfil the conditions necessary for the award of a pension and that his time in the military did not constitute active service. He was buried under a Commonwealth War Graves Commission headstone near his hometown in Carlow,¹⁶⁵ and as such is very unlikely to have served in an active theatre of war. The surviving minutes of the Carlow Board of Guardians do not reveal any information as to the ultimate fate of the Butler family. The imprecise wording of the 1915 Naval and Military Pensions Act in no small way facilitated this form of interpretation and was in contrast to the attitude of the independent Pensions Appeals Tribunal that came into being in the year after his death.

Pensions Appeals Tribunals

A fully independent Pensions Appeals Tribunal was formed in July 1917 under the chairmanship of Judge Edward Parry with senior army, navy and medical personnel as members. The Appeals Tribunal ruled on the cases of 927 men who had received a gratuity in lieu of a pension. The finding of the tribunal was in favour of the appellant in a majority of cases.¹⁶⁶ No doubt galling to the military and the Treasury in particular, was that among some of the successful appeals were men who were suffering from various forms of venereal disease. The Tribunal ruled in several cases that there was evidence of the disease being congenital rather than acquired and so when debilitating symptoms manifested themselves, they were attributable to military service and therefore within the scope of pension legislation.¹⁶⁷ The military

¹⁶⁴ Minutes of Carlow County Board of Guardians, 21 September 1916.

¹⁶⁵ Commonwealth War Graves Commission *Find war dead and cemeteries, Grave of Private J. Butler, Royal Dublin Fusiliers*, available online at <https://www.cwgc.org/find-war-dead/casualty/662606/butler,-/> (4 September 2018).

¹⁶⁶ Parry and Codrington, *War pensions: past and present*, (London, 1918), pp 87-157.

¹⁶⁷ *Ibid*, pp 127-39.

considered the acquisition of any form of venereal disease as equivalent to a self-inflicted wound because a serviceman deliberately removed himself from active service. It therefore carried severe penalties, not least of which was loss of pay and allowances. With an estimated total of over 400,000 venereal disease cases within the Armed Forces admitted for treatment during the war,¹⁶⁸ the potential that any proportion of them might become eligible for pensions was unacceptable. This Tribunal was disbanded in June 1918 after less than a year of operation. Various reasons were put forward, such as operating too slowly, but the leniency of the Tribunal was also a factor. In addition to the displeasure of the various ministries, there was a legitimate explanation that was hard to counter. A single Tribunal based in London could not deal with the volume of appeals that were being submitted, nor was it realistic that disabled veterans travel from around the British Isles to London to be assessed.

The solution provided by the War Pensions (Administrative Provisions) Act, 1919 was to establish Pensions Appeals Tribunals on a regional basis. The tribunals consisted of a medical doctor, a barrister or solicitor and either a disabled ex-officer or ex-serviceman.¹⁶⁹ This appeared to be a relatively fair and equitable system, but the Tribunals soon developed a reputation for being harsh and unsympathetic to those who appeared before them. This is unsurprising when the senior civil servant with responsibility for the Tribunals did not believe that supporting disabled veterans was the sole responsibility of the state. He believed in the idea that the less well off in society should be helped by charitable organisations. He was quoted as saying that, ‘once the state intervened, the public would cease to do its part.’¹⁷⁰

The tribunals were appointed by the Lords Chancellor of England and Ireland and the Lord President of the Court of Session in Scotland and were intended to be independent of the Ministry.¹⁷¹ The new Tribunals worked to a strict set of guidelines which stated that,

every officer or man suffering from a disability attributable to or aggravated by naval, military, or air force service during the present war, and not due to his serious negligence or misconduct, shall be entitled to receive such pension, gratuity, or allowance as shall be awarded by the Minister of Pensions.¹⁷²

¹⁶⁸ Bourke, *Dismembering the male*, p. 161.

¹⁶⁹ War Pensions (Administrative Provisions) Act, 1919, Schedule. pp 7-8.

¹⁷⁰ Cohen, *The war come home*, pp 42-3.

¹⁷¹ War Pensions (Administrative Provisions) Act, 1919, Schedule. pp 7-8. Schedule.

¹⁷² *Ibid*, Para 7.

Although the intent of this paragraph appeared to be clear, it too could be interpreted differently by a hostile or a sympathetic Tribunal. If the case of James Butler was one of the former, then the appeal of David Campbell was certainly one of the latter. Campbell was a pre-war divinity student at Trinity College from County Louth. In his published war diary, Campbell described a pre-existing condition, an infection of the bone, most often associated with childhood, called osteomyelitis.¹⁷³ This required surgical intervention on several occasions before he was commissioned in 1914. After wartime service, two leg wounds and several more bouts of the disease, his temporary pension ceased as he was deemed to be fully recovered. As with any veteran, he had the right to appeal if his claim was

- rejected on the grounds that the disability on which the claim is based,
- (a) is not attributable to or aggravated by service during the present war, or
 - (b) is due to the serious negligence or misconduct of the claimant; or where such disability, although admitted to be aggravated by, is certified not to be attributable to such service.¹⁷⁴

Campbell's appeal was successful, and his pension was restored at the end of 1922, not for his two leg wounds, but for his pre-war osteomyelitis. This appears to be contrary to the last clause of the above legislation. Campbell described 'an amusing encounter' with the Appeals Board. He recalled that their contribution to this medical review was to ask questions about various Trinity College staff members where Campbell was a student because the members of the Board were graduates. He considered the 20% disability pension very decent and the minimum appropriate to his rank.¹⁷⁵ This remark was a little disingenuous as the 20% disability level was the minimum for which a permanent pension could be awarded, irrespective of rank. Any officer or enlisted man with a disability assessed below that was eligible for a once off gratuity of not more than £500, the amount being dependant on the degree of disability.¹⁷⁶ The payment of a lifetime pension for over forty years, and whose 'percentage disability was nil in so far as it is affected by my old osteomyelitis'¹⁷⁷ was more than generous for a childhood disease that had a minimal effect on his military

¹⁷³ The Mayo Clinic. *Osteomyelitis*, available online at <https://www.mayoclinic.org/diseases-conditions/osteomyelitis/symptoms-causes/syc-20375913> (9 August 2018).

¹⁷⁴ War Pensions (Administrative Provisions) Act, 1919, Para 8 (1).

¹⁷⁵ Campbell, *Forward the Rifles*, p. 156.

¹⁷⁶ Ministry of Pensions. *First Annual Report of the Minister of Pensions* (London, 1919), p.108.

¹⁷⁷ Campbell, *Forward the Rifles*, p. 156.

service. It is difficult to reach a conclusion other than that the difference in treatment of this ex-officer and the family of the deceased Private Butler was attributable to pre-conceived economic, social and class attitudes, rather than an assessment of the degree to which wounds or disease were caused by or aggravated by military service. When assessing veterans who had been wounded it was possible to be quite objective by using the scale of disability as approved by the Ministry.¹⁷⁸ Unfortunately a similar table did not exist to measure disability caused by illness or disease apart from cases of advanced incurable diseases that were assessed at 100% disability. In general, there was no precise definition of what an advanced incurable disease was except in the case of serving personnel or veterans who suffered from various forms of tuberculosis and so it remained open to subjective or biased interpretation.

The end of the war brought a belated recognition in government circles that the scale of pensions payable since the outbreak of war had not kept pace with the cost of living, if indeed it had ever been. By late 1918 an unmarried, childless infantry private who had enlisted in 1914 was paid 1s 4d per day or 7s 4d per week, if war pay was included.¹⁷⁹ The minimum pension payable for a 20% disability had been 5s 6d per week. This was increased in 1919 to 8s 0d weekly, thereby making a slightly disabled infantry veteran 8d better off than he had been while on active service.¹⁸⁰ Of course, this category of individual, while they made up the majority of the army, were at the bottom of a complex maze of pay rates and allowances. Taking the unmarried, childless infantry private as an example, his annual pension with a 100% disability was £104 or £20 16s for a 20% disability. By way of comparison, an office clerk at the lowest grade could expect an annual income of £50.¹⁸¹

During the 1920s the Free State government pursued cautious and orthodox economic policies where public borrowing for capital purposes was kept low and budgets were in general, balanced.¹⁸² Even so for the first five years of its existence,

¹⁷⁸ See Appendix 2.1. *Notes on War Pensions* (London, 1923), pp105-6.

¹⁷⁹ Chris Barker, *British Army rates of pay 1914* (Leamington Spa, 2018) online at The long, long trail (<http://www.longlongtrail.co.uk/soldiers/a-soldiers-life-1914-1918/british-army-rates-pay-1914/>) (5 September 2019) & *British Army pay 1917* (Leamington Spa, 2018), available online at The long, long trail (<https://www.longlongtrail.co.uk/soldiers/a-soldiers-life-1914-1918/british-army-rates-pay-1914/british-army-war-pay-1917/>) (5 September 2019).

¹⁸⁰ See Appendix 2.2 for representative pension rates for three grades of enlisted personnel.

¹⁸¹ Memorandum on reorganisation of Irish Department of the Ministry of Labour dated 12 April 1919 (NAUK, Treasury Sanction to Set Up Training Schemes in Ireland for Ex-servicemen 1919, LAB2-522-TDS3949-2-1919).

¹⁸² J. Peter Neary & Cormac Ó Gráda, 'Economic war and structural change: the 1930s in Ireland' in *Irish Historical Studies*, Vol. 27 No. 107 (May 1991), pp 250-66, at p. 253.

government spending out-stripped its income.¹⁸³ The determination to keep spending low was reflected in the policies adopted by Local Authorities as well. In an effort to reduce their financial outlay on home assistance for needy citizens, Kildare County Council wrote to the War Office in London asking for a list of all persons living in Kildare who were in receipt of British military, disability or widows pensions in case they looked for assistance from the Council at some stage in the future.¹⁸⁴ The reply came from the Colonial Office and was polite, stating that service pensions were paid from regimental funds and that the Army Council was not prepared to undertake the amount of work needed, nor was the Ministry of Pensions prepared to do a similar search in respect of disability or widows pensions.¹⁸⁵ Although not impossible, any compilation of such a list would have involved looking up veterans from the previous century receiving pensions from several different establishments. For pensioners of the Great War, lists were more readily available but to undertake this task for one county would in all probability invite similar requests from every other Local Authority in the Free State. The tone of the reply from the Colonial Office strongly suggests that there was no appetite in the British government to undertake such a task. Throughout the 1920s and 1930s, the various First World War pensions, allowances and grants paid by the British Exchequer made a significant contribution to the well-being of many thousands of Irish Free State citizens. Although seldom regarded as sufficient, the scheme of financial aid, medical treatment and other supports provided by veteran representative groups and charitable associations provided a level of assistance to fall back on in hard times that was not available to many other sections of the population. The amount paid in military pensions to citizens of the Irish Free State by the British Exchequer was not insignificant. As early as 1926, the amount was estimated to be at least two million pounds.¹⁸⁶ That total did not vary to any great degree until the end of the decade, when for a variety of reasons, some of which are explored elsewhere in this work, there was a gradual decline in the overall costs of pensions for veterans and dependants in the twenty six counties. Appendix 2.2 shows

¹⁸³ G.A. Duncan, 'The Irish Free State budget' in *The Economic Journal*, Vol. 38, No. 150 (June 1928), pp 267-75, at p. 267.

¹⁸⁴ Superintendent Home Assistance Officer to The Secretary, War Office, London dated December 1924 (NAI, Great War Disability Pensions, Application from Kildare Co. Board of Health, TSCH-3-S4238).

¹⁸⁵ Colonial Office to Governor General of Irish Free State dated 14 January 1925 (Ibid).

¹⁸⁶ T.J. Kiernan, 'The national income of the population of the Irish Free State in 1926' in *The Economic Journal* Vol. 43 No. 169 (March 1933), pp 74-87 at p. 84.

the total amount of money issued as pensions in the Free State up to 1937 and in addition illustrates the cumulative reductions expected as veterans passed away, widows re-married or children grew up. What can be determined from these figures is that the Ministry of Pensions met its Imperial Obligation to disabled veterans and other pension recipients of the First World War up to that time and planned to continue to do so for many years after.

The War Pension Acts 1920 and 1921

The War Pensions Act, 1920 was mainly a consolidation of authority with the Minister and his officials including the power to appoint auditors to any committee. However, for service families the most important addition was the extension of the statutory right to a pension to widows and children of deceased servicemen.¹⁸⁷ On 19 August 1921, the last major piece of war pension legislation prior to the Second World War was enacted with the War Pensions Act, 1921. This completed the process by which full control of Local Pension Committees was assumed by the Minister.¹⁸⁸ This was far removed from the original Act where so much had been devolved to local authorities and control of pension finances had been given into the hands of a non-governmental charitable organisation.¹⁸⁹ The 1921 Act set a seven-year limit for a pension claim to be made for a disability due to war service, the start of the period to be determined by the Termination of the Present War (Definition) Act, 1918. Even this seemingly straightforward section caused difficulties of interpretation. While the date of discharge was seldom disputed, the Termination of the Present War (Definition) Act provided a different end date for hostilities with each former enemy.¹⁹⁰ However remote, the possibility existed that personnel on active service in one theatre of operations might be eligible for a disability pension or gratuity, while individuals with similar injuries or illnesses in another area where peace had been formally declared, might not.

The Minister was given authority in two other important areas. Firstly, he was authorised to make provision for final awards of pensions or gratuities to disabled ex-service personnel. The award was to be made within four years of discharge or the

¹⁸⁷ War Pensions Act, 1920. Para 8.

¹⁸⁸ War Pensions Act, 1921. Para 1-2.

¹⁸⁹ Naval and Military War Pensions, &c., Act, 1915. Para 1-2.

¹⁹⁰ Statutory Instruments for the cessation of hostilities.

SI 1920 No. 4 - Germany 10 January 1920, SI 1920 No. 1347 - Austria 16 July 1920, SI 1920 No. 1612 - Bulgaria 9 August 1920, SI 1921 No. 1284 - Hungary 31 August 1921, SI 1921 No. 1276 - All belligerents except the Ottoman Empire 31 August 1921, SI 1924 No. 819 - Turkey 6 August 1924.

original award of a pension, and as before any person unhappy with their award could appeal to a Pensions Appeal Tribunal.¹⁹¹ The vast majority of pensions granted up to this had been provisional and subject to amendment up or down because a veteran's condition might improve with treatment or might deteriorate due to a wound not healing, or because a disease progressed. As usual, Treasury approval was needed, but the finalisation of pensions was considered a useful and necessary step for future financial planning. Because a recipient was no longer required to return for periodic medical examinations, it was likely to have been less useful to a disabled veteran whose condition worsened as he or she got older such as from the effects of poison gas, tuberculosis or a tropical disease where a deterioration of health might be expected. These veterans had to apply to the Ministry for a case review, which was a process that might, or might not, be granted.

As with many initiatives driven by fiscal prudence, movement in this area was swift. It was supported by statistics that confirmed that a continual medical re-assessment of veterans produced a decrease in the level of disability assessed, and that there were many cases, becoming 'ripe for consideration with a view to assessment on a permanent basis'.¹⁹² The regulations and procedures governing final awards were in place and operating before the end of 1921.¹⁹³ In the first full year of operation in 1922-3, 251,000 final disability awards were made, of which 65,400 were pensions awarded for life. This amounts to just over one quarter of the veterans examined. As a corollary, it also shows that almost three quarters of disabled veterans under medical care were assessed as being less than the critical 20% level needed for the award of a pension.

When a less than 20% disability gratuity came to an end after several months, all government liability to that veteran ended unless new evidence was presented as to the deterioration of the injury or illness especially if made outside the statutory time limit. It is important to remember that the medical boards made their decisions on the condition of the veteran as presented to them. There was no recognition or acceptance that even relatively minor disabilities could leave a veteran susceptible to developing more serious conditions in later life.

¹⁹¹ War Pensions Act, 1921. Para 4 (3) (b). The composition of these Tribunals was modified by the substitution of a second medical practitioner instead of the legal representative in an attempt to put more emphasis on the medical aspects of the case, rather than the legislative.

¹⁹² *Sixth Annual report of the Minister of Pensions, from 1 Apr 1922 to 31 Mar 1923*. Para 5.

¹⁹³ *Fifth Annual report of the Minister of Pensions, 1 April 1921 to 31 Mar 1922*. Para 12.

**Table 2.1 Disability Awards in UK and Irish Free State
for financial year 1922-3**

Type of Award	Number of Veterans	Percentage
≥ 20% Disability - Pension	65,400	26.05%
< 20 % Disability - Gratuity	185,000	73.95%
Total Awards	251,000	100%

Sixth Annual report of the Minister of Pensions, from 1 Apr 1922 to 31 Mar 1923. Para 5

Of the total number of finalised awards shown in Table 2.1, 25,150 or 10% of those veterans examined, lodged appeals, but whether this was to increase their award or against a refusal was not recorded. The Pension Appeals Tribunals rulings on the cases presented to them are shown in Table 2.2.

Table 2.2 Decisions of Pensions Appeals Boards in UK and Irish Free State for financial year 1922-3

Tribunal Decision	Number of Cases	Percentage
No Change	14,660	58.29%
Reduced	70	0.28%
Increased	5,350	21.27%
Assessed not stabilised	5,070	20.16%
Total Appeals	25,150	100%

Sixth Annual report of the Minister of Pensions, from 1 Apr 1922 to 31 Mar 1923. Para 5

The table shows that almost six out of every ten awards were unchanged, a fraction of one percent of appeals were reduced and one fifth were increased. The number of cases that were re-assessed as being not stabilised is interesting. In effect, this was an admission that these cases had been decided on before treatment was complete.

This appears to present an equitable system for determining the extent of debility of claimants, but both the Pension Boards and the Pensions Appeal Tribunal retained a reputation for severity, driven as they were by the 'Treasury's restraining hand'.¹⁹⁴ Certainly for those that had claims reduced or refused, the Boards were the harsh face of British administration. For those who were successful the award was

¹⁹⁴ Cohen, *The war come home*, p. 44.

often considered barely adequate. In many cases, how and why Pension Boards and Pension Appeal Boards reached their decisions seemed to have had an inexplicable and arbitrary quality to them. Two cases will be examined in order to illustrate the decision-making process and the sometimes variable and unclear path to final resolution.

Patrick Eaton - Appeal Refused¹⁹⁵

This veteran, from Limerick city, made a case to the Pensions Appeal Tribunal on 26 November 1925, on the basis that his deafness was brought about by wartime service. He had joined the Connaught Rangers in December 1913 and travelled to France with his unit in October 1914. In autumn 1916, he was transferred to a battalion of the Royal Irish Fusiliers. His appeal papers indicate that he did not serve in France from 12 September to 12 December 1916. It was most unusual for private soldiers to spend long periods away from the front unless due to wounds or illness. The absence came after he was buried by shellfire near Leuze Wood on 9 September that year.¹⁹⁶ He also claimed to have suffered from nervous debility as a result of this, as well as bronchitis due to the conditions experienced in the trenches during the first winter of the war. The trenches occupied by the BEF that winter were described by another soldier as often being ‘very badly sited as well as full of water’.¹⁹⁷ Eaton also claimed that he was buried for a second time by an exploding shell in April 1919, fully five months after the armistice, a situation that is not unlikely if he was involved in the massive clean-up of the battlefields. This clean-up remains in operation a century later. His records show that he was hospitalised three times during this period for shellshock and for bronchitis. Bronchitis was also the reason for his hospitalisation on five occasions from September 1921 to November 1924. Eaton's medical grades, as recorded in his appeal papers from his enlistment and throughout

¹⁹⁵ Pensions Appeal Tribunal papers of ex-Private Patrick Eaton dated 26 November 1925 courtesy of Michael Maguire.

¹⁹⁶ Leuze Wood was on the extreme right flank of 16 (Irish) Division when it captured Ginchy during the Battle of the Somme, see Chris McCarthy, *The Somme, the day by day account* (London, 1993) pp 97-9. It was also the battle where poet, barrister and politician Tom Kettle was killed on the same day that Eaton claimed he was buried, see Sean Boyne, *Emmet Dalton, Somme soldier, Irish general, film pioneer* (Sallins, 2016) pp 16-9.

¹⁹⁷ Max Hastings, *Catastrophe, Europe goes to war 1914* (London, 2013), p. 530. See especially Gerald Achilles Burgoyne, *The Burgoyne diaries, the first winter at Ypres with the Royal Irish Rifles* (Barnsley, 2015) for detailed descriptions of life in the frontline trenches during the first winter of the war.

the war, show a marked degree of deterioration, but also that he continued to serve in the army for two years after the armistice.

On enlistment, aged about eighteen years of age, he was described as being underweight with an irritable heart due to cigarettes which was not unusual for recruits from urban areas in the British Isles at that time. In August 1915, he was classed as category BX,¹⁹⁸ which would normally mean that he was fit for support duties abroad, although out of the frontline. But due to the exigencies of the service, he seems to have been retained in an active combat area, if the account of being buried is true. The system of medical grading was adjusted several times during the course of the war, mainly in attempts to provide more manpower for frontline units. It was not unusual that men with a lower than required medical grade were posted to or retained by fighting units when necessary.¹⁹⁹ By November 1915, his medical grading was noted as 'Permanent Base' along with Debility and Disordered Action of the Heart (DAH), an all-encompassing term for several conditions related to military service. This grade was retained throughout 1916 and 1917 until he was upgraded to category BII in June 1918 and BI in May 1919.

Eaton was discharged from the army on 29 December 1920. But prior to that his disabilities were the subject of a military medical board that decided his bronchitis was slight, his deafness was caused by wax and that a gunshot wound to his left knee was giving no trouble. It noted that he claimed that his nerves were easily upset and that he was especially nervous at night. His overall disability was assessed at 30%, but as this was four months prior to his discharge he would have received any medical treatment considered necessary. Unfortunately, the section of his claim detailing admission to hospitals during his military service is incomplete. His next verifiable medical condition was in May 1923, when his general condition was entered as poor, anaemic and debilitated. This condition qualified him for a 30% disability, but not a final award. In April 1924 and 1925, he was assessed at the same level of disability and have received medical treatment if needed. In October 1925, following another examination his disablement was set at between 15% and 19% and therefore would not have been entitled to a pension. Because his submission to the Pensions Appeal Tribunal appeared so soon after this examination, it is reasonable to conclude that this finding marked the end of his treatment and the award of a final gratuity.

¹⁹⁸ The use of an X after a medical grade usually signified that the category was of a temporary nature.

¹⁹⁹ *Hansard*, 20 June 1918 vol 107 cc609-11.

According to his family, Eaton's appeal was not successful, and he did not receive a disability pension. It seems an unsympathetic decision in light of the medical history recorded in his pensions appeal that included a gunshot wound, shellshock, debility, disordered action of the heart, otitis media and bronchitis. It begs the question as to what exactly a serviceman had to endure to reach the elusive 20% disability level for a pension award. While the paperwork generated by the Pensions Appeal Tribunal itself cannot be examined, the surviving pension appeal forms provide one last piece of evidence as to why the tribunal may have reached their decision. At the time of his appeal Eaton was in employment and appears to have been for some time, all the while making insurance contributions through the Limerick Workers' Approved Society. He was therefore able to allay the cost of any medical treatment necessary. This situation may have influenced the tribunal in refusing the appeal because of his ability to provide for his own medical care, thereby reducing the financial burden to the Ministry.

Michael Carroll – Appeal Upheld²⁰⁰

Originally from Dublin, this veteran was a regular soldier with seven years service in the 1st Battalion Royal Dublin Fusiliers when the war started. At the outbreak of hostilities, he had served in Egypt and India for the previous six years. His battalion joined the 29th (Regular) Division that became part of the Mediterranean Expeditionary Force in March 1915 and as such was involved in the disastrous landings at V Beach in Gallipoli on 25 April.²⁰¹ The Fusiliers remained in Gallipoli for the next eight months until they were evacuated and moved to France. The battalion fought on the opening day of the Battle of the Somme,²⁰² attacked during the Third Battle of Ypres (Passchendaele) in 1917²⁰³ and was in turn attacked on the first day of the German Spring Offensive in 1918.²⁰⁴ In all these actions the 1st Battalion suffered severe casualties, yet apart from a period between November 1916 and April 1917 when he was not in France, Carroll served throughout. His appeal papers show that at some stage during the war he suffered a gunshot wound to the head and on another occasion was exposed to gas that brought on bouts of bronchitis. One, or both

²⁰⁰ Pensions Appeal Tribunal papers of ex-Private Michael Carroll dated 3 October 1927 courtesy of John Branagan.

²⁰¹ Myles Dungan, *Irish voices from the Great War* (Dublin, 1998), pp 32-49.

²⁰² Chris McCarthy, *The Somme, the day by day account* (London, 1993), pp 28-9.

²⁰³ Chris McCarthy, *Third Ypres, Passchendaele, the day by day account* (London, 1995), pp 102-3.

²⁰⁴ Martin Middlebrook, *The Kaiser's battle, 21 March 1918: the first day of the German Spring offensive* (Harmonsworth, 1983), pp 120-1.

of these incidents may account for the period of absence from active service that was noted in his appeal papers. Those appeal papers also record that he was a recipient of the Military Medal, an award for bravery. Carroll was discharged on 4 July 1919 having completed twelve years unbroken service, and one of the relatively few regular soldiers to serve throughout the war years and survive. Later in 1919, he applied for a disability pension under Article 9 of the Royal Warrant for Pensions. This was a clause that allowed veterans who had not been noted as having a disability at their discharge medical examination to claim one at a later date. Carroll's disability pension was granted at a rate of 30% effective from 24 November 1919 but as with most initial awards, it was on a temporary basis.²⁰⁵

That rate of disability was continuous until 22 March 1921 at which point he was re-assessed. The head wound was not considered a disability and the exposure to gas that had caused bouts of bronchitis was determined to be between a 6% and 14% level of disability and therefore not pensionable. He was granted a weekly allowance for seventy weeks which would have ceased around July 1922. At that stage he faced the dilemma many other veterans faced, when the Ministry of Pensions decided that their responsibilities were fulfilled, that is, how to secure an income especially as he had recently married.²⁰⁶ The expanding army of the emerging Irish Free State provided a means of earning a living using the skills acquired during his extensive military service. Carroll enlisted in the National Army on 29 September 1922. The army census taken in November that year shows that he was serving as a military policeman in the Curragh Command.²⁰⁷ He returned to civilian life on 27 October 1923.

It appears that Carroll was quickly in contact with the Ministry of Pensions as his Appeal Tribunal application shows that he was examined by a medical board on 2

²⁰⁵ Royal Warrant for the pensions of soldiers disabled, and of the families and dependants of soldiers deceased in consequence of the present war. (London, 1918). The full text of Article 9 read: If a man after discharge from the Army suffers from a disablement which is certified as either attributable to or aggravated by military service during the present war, such disablement not being due to the soldier's serious negligence or misconduct, he may be granted a disablement pension or a gratuity or temporary allowance under Article 1 of this Warrant as if he had been discharged as medically unfit for further service upon the date from which his claim is established.

²⁰⁶ Marriage Certificate i/r of Michael Carroll and Hannah Anderson on 19 March 1922, available online at Irish Genealogy, Civil Records, https://civilrecords.irishgenealogy.ie/churchrecords/images/marriage_returns/marriages_1922/09195/5325944.pdf (27 August 2018).

²⁰⁷ Military Archives collections, Irish Army Census Records 12/13 November 1922. Curragh Command returns available at http://census.militaryarchives.ie/pdf/Curragh_Command_RA_Police_Page_8.pdf (27 August 2018).

November 1923, when his old head wound and bronchitis due to gas were noted along with an enlarged liver and defective teeth. He was assessed as having a 20% disability and received a final pension award of eight shillings a week with effect 22 January 1924. Over three years later, on 3 October 1927, Carroll again appealed this decision. Ministry doctors examined him at least four times during 1927 with a 'no treatment' diagnosis being made for the first three examinations and 'home treatment' for the last. It was on this occasion that his mental state was assessed as 'Hypochondriacal and self-centred'. Without new medical evidence the chances of a successful appeal were slim, and the surviving paperwork indicates that this appeal was refused but the pension awarded earlier remained unaltered.

It is interesting to compare Carroll's case with Eaton's to try to understand why this veteran seemed to have been treated with a degree of leniency. Carroll had received a final award of a gratuity for a less than 20% disability, which should have been his last interaction with the Ministry of Pensions unless he appealed that decision within the year before 22 March 1922.²⁰⁸ The available evidence suggests however that he did not do so, but continued to draw his gratuity until it ran out, at which point he enlisted in the National Army and served there for over a year. Only then did he make another application to the Pensions Appeal Tribunal. Despite their reputation for severity, Carroll was re-examined resulting in an award of a 20% disability pension. This suggests that the Tribunal may have been looked at him with some degree of sympathy. The unknown factor is why this might have been so and whether the Board was aware of his service in the National Army.

Like Eaton, Carroll was a regular soldier, but with more extensive pre-war and wartime service. This included participation in some of the most demanding campaigns of the Great War including Gallipoli and the Somme. In addition, he was the recipient of a bravery award. Considering the virtual destruction of the regular army in the early years of the conflict, he was a rare individual to have survived for so long. Although it cannot be confirmed, the suspicion is that his extensive service may have contributed to his more generous treatment than that received by Eaton, much in the way that Campbell's case of pre-war osteo-myelitis was interpreted so generously by medical men from his alma mater. Eaton's pension appeal papers recorded a long history of medical assessments that were on the lower end of the level required for

²⁰⁸ War Pensions Act 1921, Para 4 (3).

active service. Military medical officers were, and are to this day, sceptical of service personnel who present with a less physically robust constitution. C.E. Montague has written that in such a case, ‘the doctor’s first impulse, as soon as he sees which way the man’s wishes tend, is to lean to the other’.²⁰⁹ It is natural that this attitude continued after the war and were projected onto some veterans who appeared before Medical Boards and Tribunals.

There is nothing to suggest whether this type of bias was, or was not, present in the composition of Pensions Appeal Boards, which were required to have at least one disabled veteran as a member, but where medical members were often ex-military medical officers. That ill or diseased veterans were held in less regard by those at the highest level in the Ministry of Pensions was evident when the senior assistant secretary in the Ministry, C.F. Adair Hoare, admitted to the Committee on the Employment of Severely Disabled Men on 28 June 1922 that ‘it was not the severely disabled man, in the technical sense of the word, who was most damnified in the labour market, but the less severely disabled man who suffered from some congenital weakness’. When pressed further by the committee, Hoare answered that it was ‘the diseased person and the case of the comparatively low disablement in the case of disease – the man who suffered from unemployability on the grounds of poor physique or otherwise’.²¹⁰ It would appear that Eaton may have contributed to his own failure to gain a disability pension. While he presented with several illnesses and injuries, he was in employment and making insurance contributions. These circumstances seem to have made him less deserving of the consideration of the Appeals Tribunal.

Ex-British Veterans and the National Army

Carroll’s case raises issues that were important both to the Ministry of Pensions and the government of the Irish Free State. The deteriorating security situation throughout 1922 led to a rapid expansion of the National Army. Despite the recruitment of thousands of unemployed young men, the army needed an experienced cadre for the new units, as well as specialists such as artillerymen, motor transport drivers and instructors of all types. The obvious source of these trained personnel was the ex-British veteran community who were often only too willing to escape from the

²⁰⁹ C. E. Montague, *Disenchantment* (London, 1922), p. 61.

²¹⁰ *Report from the select committee on training and employment of disabled ex-servicemen* (London, 1922), pp 131-2.

scourge of unemployment, while at the same time proving their loyalty to the new state.²¹¹ In the rush to fill the ranks the medical screening of recruits was at best perfunctory and often non-existent.²¹² The Ministry of Pensions became concerned that veterans with a disability pension, would engage in activities during their Free State service that might aggravate an existing condition or incur a new one. If such a situation occurred, the possibility of additional expense for the Ministry was unacceptable, especially if the veteran omitted to disclose the full circumstances leading to any changed state of health. Likewise, the Free State authorities did not want to enlist disabled ex-British veterans who might later claim that their disability was due to service in the National Army and thus potentially draw two pensions for the same disability.²¹³ The possibility of such an event was recognised by both the Ministry of Pensions and the National Army at approximately the same time. Starting in October 1922, a series of letters passed between Colonel Commandant B.J. Hackett of the Office of the Director-General of Medical Services of the National Army via the Ministry of Pensions offices in Dublin, to the Minister in London.²¹⁴ In the initial correspondence Hackett stated that

A number of men who present themselves for enlistment have served in the European War. Many of them are in receipt of pensions for disabilities or wounds contracted on Active Service.

Often the receipt of such pensions is not disclosed and it is quite possible that such a man will go sick and try to obtain a second pension from the National Army for the existing disablement.²¹⁵

Hackett asked for nominal rolls of ex-British pensioners in order to minimise the danger of unfit men being enlisted in the National Army. Likewise, the Ministry of Pensions wanted to know whether any of their pensioners had enlisted in the National Army in order that they might be brought before a 'Special Board' for re-assessment. This was to exclude any percentage of disability due to or aggravated by

²¹¹ Sean Boyne, *Emmet Dalton, Somme soldier, Irish general, film pioneer* (Sallins, 2016), pp 125-6.

²¹² Correspondence from Minister of Defence, Dublin to Ministry of Pensions, London dated 22 June 1923 (NAI, Former members of British forces in Irish Free State army, exchange of information with British government, TSCH-3-S2140).

²¹³ Correspondence from Director-General Medical Services, Ministry of Pensions to Ministry of Pensions, Ireland-South Region dated 20 October 1922 i/r of request from Free State army for information about persons in receipt of disability pensions (NAUK, Pensioners enlisting in Irish National Army, PIN15-663).

²¹⁴ P.J. Casey, K.T. Cullen & J.P. Duignan, *Irish doctors in the First World War*. (Dublin, 2015), p. 315 for biographical notes on Bartholomew James Hackett including wartime service in the R.A.M.C.

²¹⁵ Attachment to correspondence dated 20 October 1922 between Commissioner of Medical Services, Ireland-South Region to Director-General of Medical Services, Ministry of Pensions (NAUK, Pensioners Enlisting in Irish National Army - Exchange of Information, PIN 15-663).

service in the Free State Forces.²¹⁶ These lists, if they were ever compiled, do not seem to have survived. Over the following months, the enlistment of disabled ex-British veterans into the National Army was the subject of much communication between the sides that eventually produced an agreement to exchange information.²¹⁷ From the correspondence, it appears that neither side was completely satisfied with the agreement, but it was one that both sides were willing to deal with in a pragmatic way. The Governor General of the Free State wrote to the Secretary of State for the Colonies acknowledging the chaotic nature of the National Army expansion and the incomplete of records saying that

during the recent national emergency men were accepted for active service who would not normally be regarded as medically suitable for enlistment, and no information was sought as to receipt or otherwise by them of disability pension in respect of service with the Imperial Forces. It is regretted, therefore, that little or no information is available, or conveniently obtainable, which would enable the list referred to in paragraph 5 of the memorandum to be prepared. It is regretted also that, owing to the exceptional circumstances under which the Forces have been serving, medical reports are not available in respect of many men who have already been discharged, and in no case would it be possible to furnish a complete medical history for the period of service.²¹⁸

A nominal roll of disabled British ex-servicemen was not possible because the National Army appears not to have asked this of new recruits. Nor were the Army medical services able to provide the Ministry of Pensions with the requested medical history of ex-British veterans during their service in Free State, because it appears none were kept.²¹⁹ Despite the difficulties, they were quite willing to continue paying pensions to veterans serving in the National Army as it was

altogether to our advantage that as many of our pensioners as the Free State Authorities are willing to enlist, or allow to continue serving in their Army should remain there, as this occupations [sic] is the only remunerative

²¹⁶ Draft correspondence from Ministry of Pensions to Regional Director, Ireland-South Region dated 13 April 1923 (NAUK, Pensioners Enlisting in Irish National Army - Exchange of Information, PIN 15-663).

²¹⁷ Draft agreement for the exchange of information between British Ministry of Pensions and Irish Ministry of Defence dated 13 March 1923 (NAI, Former members of British forces in Irish Free State army-exchange of information with British Government, TSCH-3-S2140) & Correspondence from Ministry of Pensions to Colonial Office (Irish Branch) dated 8 March 1923 (NAUK, Pensioners enlisting in Irish National Army, PIN15-663).

²¹⁸ Correspondence from Governor General of the Free State to Secretary of State for the Colonies dated 1 September 1923 (NAI, Former members of British forces in Irish Free State army-exchange of information with British Government, TSCH-3-S2140).

²¹⁹ Correspondence from Governor General of Irish Free State to Dominions Office dated 1 September 1923 (NAI, Former members of British forces in Irish Free State army-exchange of information with British Government, TSCH-3-S2140).

employment open to them in this country, and under existing circumstances not only is it far from likely to do them any harm, but it would I consider be altogether to their physical and moral benefits [sic].²²⁰

Granted that soldiers are fed, paid and generally have the benefit of some level of medical care, but this is one of the more unusual ways of reducing unemployment among veterans in general and those with disabilities especially. A more unsympathetic observer might consider that it had the potential to reduce the cost to the Ministry of Pensions should any of the veterans pay the ultimate price while serving in the armed forces of their new state.

Changes to War Pension Committees

With the 1918 Pensions Act, the government not only took on the responsibility for all administrative expenses of War Pensions Committees but also a greater involvement in the appointment of committee members.²²¹ In August 1919, the Minister instructed that four disabled veterans should be appointed to each committee.²²² The implementation of this directive proved difficult in practice. By April the following year only five local authorities in the Ireland South region had complied,²²³ three of which have been identified. They were the Dublin City Committee, the biggest and busiest in the area that was to become the Free State,²²⁴ the Waterford City Committee,²²⁵ an area that had been the heartland of support for John Redmond, leader of the Irish Parliamentary Party, and lastly the Cavan Committee, a group that showed a great commitment to the aftercare of veterans as they were one of the committees that continued their work right up to its

²²⁰ Ministry of Pensions internal memo dated 27 October 1923 (NAUK, Pensioners Enlisting in Irish National Army - Exchange of Information, PIN 15-663).

²²¹ The War Pensions (Administrative Provisions) Act, 1918, Para 2-4.

²²² Ministry of Pensions memo dated 15 April 1920 (NAUK, Reports from Regional Directors 1919-21, PIN56-24)

²²³ Starting in 1919, the Ministry of Pensions divided the British Isles into thirteen (later eleven) administrative regions each with an Advisory Committee that liaised with local committees and the Ministry. Ireland had two regions; Ulster, consisting of all nine counties, and Ireland South, consisting of the other three provinces. *Second annual report of the Ministry of Pensions from 1st April 1918 to 31st March 1919* (London, 1920), p. 6 & *Third annual report of the Ministry of Pensions from 1st April 1919 to 31st March 1920* (London, 1921), pp 11-2 & 55-7

²²⁴ Dublin Municipal Council minutes, 19 April 1920. The committee members who were disabled soldiers, sailors, or airmen and the associations they represented were listed as:

Mr W.J. Webster (Comrades of the Great War),

Mr Michael Hennon (Irish Federation of Discharged and Demobilised Soldiers and Sailors),

Mr T.H. Louth (Discharged and Demobilised Soldiers and Sailors Protection Association),

Mr J.F. McGee (Irish National Veterans' Association).

²²⁵ Correspondence from Ministry of Pensions to Regional Director, South Ireland Region dated 28 October 1919 (NAUK, Reports from Regional Directors 1919-21, PIN56-24)

disestablishment at the end of 1922.²²⁶ The failure of other local authorities to comply with the directive was regarded as deliberate by Ministry officials and was perhaps an indication of the increase in anti-government sentiment that found its focus in the resolutions of support for Dáil Eireann in the summer of 1920.

Miscellaneous Provisions of the War Pensions Act 1920

The Minister was given power under this Act to restore disability pensions that had been forfeited. This usually involved the recipient being convicted of a crime and imprisoned, but it also applied to a veteran who had not collected their pension for twelve consecutive months. Although this seems unlikely situation, the fact that procedures were in place to deal with such an occurrence suggests that it did happen.²²⁷ With regard to convicted prisoners, the authority to restore forfeited disability pensions was important for at least some of the Irish prisoners released by the amnesty granted by the king, having been incarcerated for political offences committed prior to the Anglo-Irish Truce on 11 July 1921.²²⁸ On 4 February 1920, an ex-Royal Navy sailor from Cork called C. Conroy [his first name is not given in any of the correspondence], was granted a temporary disability pension effective until 2 August 1921, at which point he was due for review. However, in February 1921, he was sentenced to fifteen years penal servitude for treason. Because of the nature of this conviction, his pension was stopped.²²⁹ In early 1924, Conroy made an appeal for financial aid to the Admiralty, who forwarded it to the Ministry of Pensions. Despite the unambiguous wording of the Forfeiture Act, the Minister was advised, that because of the equally unambiguous nature of the king's amnesty, all political crimes prior to the Anglo-Irish Truce were subject to an 'act of oblivion'. Therefore, even a conviction for treason was expunged from the record. Using the powers given to him by the 1920 Act,²³⁰ the Minister restored Conroy's pension in August 1924, effective from 13 February that year.²³¹ How the decision was received among British officials of a more zealous anti-Irish Nationalist disposition is not recorded, but it is interesting

²²⁶ Correspondence from Cavan War Pensions Committee to President of Irish Free State dated 22 December 1922 (NAI, War Pensions Acts 1915-21 protest by West Cavan Local Committee on proposals for re-organisation, FIN 1-50).

²²⁷ *Notes on War Pensions* (London, 1923) p. 28.

²²⁸ *Irish Examiner*, 13 January 1922

²²⁹ Forfeiture Act 1870, Para 2.

²³⁰ War Pensions Act 1920, Para 7.

²³¹ Correspondence between Mr. C. Conroy and Ministry of Pensions and Ministry of Pensions memos dated from February to August 1924 (NAUK, Pension Restored to Pensioner Guilty of Treason, PIN15-1032).

to ponder how they squared the circle of a person convicted of treason being reinstated as a financial burden to the state that had convicted him.

Miscellaneous Provisions of the War Pensions Act 1921

This Act introduced a Central Advisory Committee, consisting of Ministry officials, disabled veterans and representatives of War Pension Committees to ‘consider any matters that might be put before them by the Minister for their advice.’²³² In essence the committee became a sounding board for any Ministerial policy or administrative changes, as well as a way for local concerns to be brought to the attention of the Minister. In time, an Advisory Committee was established in all the Ministry of Pensions areas, including the two regions in Ireland. After the Free State came into being and the Local War Pension Committees were disestablished, the ‘Advisory Committee for the Ireland South Region’ formed the basis of the structure that replaced them. That revised organization and its work in the Free State will be expanded upon in due course.

Another important section the Act was the expansion of the powers of the Minister of Pensions in relation to the children of deceased servicemen, to include children who were inmates of a Poor Law Union. The establishment of the Irish Free State did not negate the responsibility of the Minister of Pensions to these children for as long as the Poor Law Union or the local Board of Health so desired. This presented the unusual situation of a government providing financial support, to individuals who may or may not have been one of their citizens, who were living outside their borders, with the consequence of relieving the country in which the individuals did live in, from any financial responsibility for them. The annual report of the Ministry for the year ending 31 March 1927 shows that almost 17,000 motherless children were in receipt of war pensions.²³³ This does not seem to be excessive, especially as the figures were in respect of the British Isles going back to 1914, but it must be remembered that these pensions ceased when the child reached sixteen years of age unless continuing in education. The Minister was also entitled to put part of some children’s pension into a saving account.²³⁴ The amounts may not have been large, but it at least provided a lump sum for a young person when their

²³² War Pensions Act 1920, Para 3.

²³³ See Chapter 4 for details of children in the care of the Mullingar Area Advisory Committee in the 1902s.

²³⁴ *Tenth Annual Report of the Minister of Pensions from 1 April 1926 to 31 March 1927.* pp 3 & 17.

pension ceased. For example, the children of Pte Owen Quinn (deceased), late of the Royal Dublin Fusiliers were cared for by the Kildare Board of Health after the establishment of the Free State. The Board's minutes acknowledged the receipt of a cheque for £6 16s. 6d. issued by the Pension Issue Office of the Ministry of Pensions every three months from early 1924 until at least March 1929.²³⁵ Unfortunately the number of children or their ages was not recorded.

The Operation of later the War Pension Acts in Nationalist Ireland

With the return of peace, Local War Pension Committees across the British Isles were beset by an unanticipated crisis, a shortage of personnel. This was perhaps a natural reaction among voluntary workers at this time, but it had not been anticipated that some members of Local Committees considering their patriotic duty done, would withdraw their services. Consequently, there were difficulties retaining individuals on the committees and in recruiting new people.²³⁶ At the same time the Ministry acknowledged that the nature of the work of the Local Committees had changed. In August 1919, in a letter to all local authorities regarding the composition of Local Committees they were told that with

the cessation of hostilities and the demobilisation of the larger part of the military forces, the character of the work of the Local Committee necessarily changes. The supplementation of separation allowances and the care of the serving man's family have ceased to be the principal work of the Committees, and the work connected with the pensioner and those claiming pension has taken their place. This change could reasonably be reflected in the composition and personnel of the Committee.²³⁷

The same document noted that the Minister required a greater representation of disabled veterans on Local Committees and also an increase in the numbers of employers from the locality, so as to increase the likelihood that disabled veterans might find employment. At approximately the same time members of Local War Pension Committees were due to be re-appointed, as the original Act had set their term in office at three years.²³⁸ There were plenty of disabled veterans to fill the extra places, but because many Councils disengaged from the activities of their Local War

²³⁵ Kildare County Archive. Kildare Board of Health minutes, 14 Feb 1924 to 19 Mar 1929 & *Report of the Departmental Committee of Inquiry into the Machinery of Administration of the Ministry of Pensions*. (London, 1921), pp 24 & 38.

²³⁷ Correspondence from Ministry of Pensions to all Local Authorities dated 1 August 1919 (Roscommon County Archive, Secretary's miscellaneous letters 1914-1944).

²³⁸ Naval and Military War Pensions, &c., Act 1915, Para 1 (7).

Pensions Committees, it has not proven possible to determine if the proposed increase of disabled veterans was achieved in many cases. Similarly, because of the animosity shown by Trade Unions towards veterans of the British Forces and the reluctance of employers to antagonise their existing employees by being seen to be too sympathetic towards ex-servicemen, there seems to have been an unwillingness among many of them to become Pension Committee members, lest it precipitate workplace unrest.

In addition to an often very real shortage of staff, another difficulty in Ireland was the evolving and deteriorating security situation in many parts of the country. This state of affairs produced an additional concern from the summer of 1920 as Local Authorities, controlled by Nationalist councillors, initiated a boycott of central government in Dublin Castle. It included among other things, a refusal to submit to any financial audits by the Local Government Board for Ireland, refusing to comply with a direction that coroners courts be suspended in certain areas because of the retaliation killings that were becoming a feature of the ongoing war in Ireland, or snubbing court orders, other than those made by a court constituted by Dáil Eireann.²³⁹

Despite this, the work of the Committees carried on with a certain degree of diligence. This may have been because it involved the administration of pensions and grants not just for disabled veterans, but also for the widows, orphans and other dependants who invariably lived in the local area and were in many cases known to the committee members. As an example of the evolution of Local War Pension Committees the composition of the committee from County Carlow provides an interesting comparison between its formation in February 1916 and the re-organisation three years later.²⁴⁰ In the second incarnation of the committee, the number of members had increased from nineteen to twenty-two with thirteen of the original members retaining their places. The November 1919 committee included three disabled veterans and the widow of a serviceman, as required by the Ministry. But the most noticeable feature of the later list is that the County Council representation was reduced from six members to two. That is the impression until a comparison of names is undertaken. This shows that two members listed as County Councillors in 1916, were included in the later list, representing the Ancient Order of

²³⁹ Dublin County Council minutes, 7 August 1920 & 2 October 1920. Longford Urban District Council minutes, 12 June 1920. Wexford County Council minutes, 7 October 1920. Queen's (Laois) County Council minutes, 5 July 1920.

²⁴⁰ See Appendix 2.4.

Hibernians, an Irish Catholic fraternal society with a benefit section that provided some health care and unemployment benefits to its members.²⁴¹ It is not clear if these men were still County Councillors, but it was not unknown that the type of individual who served on War Pension Committees were also likely to be members of several other local organisations. Certainly, in the case of Carlow some other members of the Pensions Committee, including Miss Pack Beresford, also served on the Board of Guardians for the county. Likewise, Michael Governey who was an original member of the Pensions Committee on behalf of the Ancient Order of Hibernians, also served on the Carlow Board of Guardians.²⁴²

This does not mean that Carlow County Council was free from the anti-establishment sentiment that was growing throughout many parts of Ireland. By June 1920, the council considered a motion acknowledging the authority of Dáil Eireann that was passed accompanied by many patriotic speeches and a unanimous salute to the Sinn Féin flag.²⁴³ At a later meeting, correspondence from Dublin Castle was burned by the chairman in the council chamber.²⁴⁴ While many Local Authorities undertook 'to give effect to all decrees duly promulgated by Dáil Eireann in so far as same affect each Council.'²⁴⁵ there is no record of any such resolution in the minutes of the Dublin Municipal Council. This was the city where the British government in Ireland was located, and the hub of all the country's communication. The council was not completely pro-British, as several disagreements between Nationalist and Unionist councillors were recorded. One instance centred on the city's War Pensions Committee occurred when the council voted that 'if Sir James Gallagher's [an ex-Lord Mayor and Unionist] name be retained as a member of this Committee we refuse to bear any further expenses in connection with the administration of the Committee'.²⁴⁶ Unlike many Local Authorities where the activities of Local War Pensions Committees were mentioned infrequently and eventually not at all in their minutes, in those of the Dublin Municipal Council, matters concerning the War Pension Committee were recorded until December 1922.²⁴⁷

²⁴¹ Ruth Barrington, *Health medicine and politics in Ireland 1900-1970* (Dublin, 2000), p. 35.

²⁴² Carlow County Archives. Board of Guardians minutes dated 29 October 1914 and 11 June 1921.

²⁴³ *Nationalist and Leinster Times*, 26 June 1920.

²⁴⁴ Carlow County Council minutes, 10 August 1920.

²⁴⁵ Kildare County Council minutes, 21 June 1920 and Limerick County Council minutes, 25 June 1920.

²⁴⁶ Dublin Municipal Council minutes, 5 July 1920.

²⁴⁷ Dublin Municipal Council minutes, 19 June 1922 and 4 December 1922.

Conclusion

The end of hostilities provided the Ministry of Pensions with an opportunity to introduce pension legislation that would fully control all aspects of the medical treatment and pension awards for disabled personnel. It marked a change from the reactive situation that had existed up to that point as ever-increasing casualties had all but overwhelmed the new and ever evolving system. The end of hostilities allowed a pro-active stance to be adopted as the numbers of sick and injured both present and future could be determined finally with some degree of accuracy. Not least among the benefits of this was the possibility that more precise estimates of the overall financial costs of medical care, gratuities and pensions could be made. Many responsibilities and tasks previously delegated to local level were brought under the control of the Minister of Pensions or his civil servants. The increased powers that the Minister received proved useful in the parts of Ireland that boycotted British authority in their areas. Local War Pensions Committees were able to continue to operate in Nationalist controlled districts. Despite threats and some acts of violence against them, it proved possible to retain a core of voluntary and salaried workers to continue to look after the interests of disabled veterans in Ireland. Some of the new legislation was innovative for the time, for instance the assumption by the Minister of the responsibility for the children of dead or disabled service personnel in certain cases. In the Irish Free State this produced the situation where a government minister of one state was the legal guardian of a child who was a citizen of another state.

The re-establishment of multiple Pensions Appeal Tribunals at a regional level was an important step in the aftercare of disabled veterans. The original Tribunal had experienced a short operating life. As a singular body it was not able to cope with the many demands placed on it, as it only operated in London and it was therefore difficult for veterans outside that area to travel for their appeal. Many of the Tribunal deliberations were considered time consuming and its decisions overly generous, which made it unpopular with officials from the Treasury. The new Tribunals, while appearing to be created in a fair and equitable manner, soon developed a reputation for harshness and subjectivity in their interpretations of the rules. This may have been because of the speed with which final award decisions had been made; for instance, there were a quarter of a million final awards between 1922 and 1923 alone. Official figures show that veterans who appealed their final award were successful in just over 40% of cases. However, much depended on how lucky each applicant was with the

Tribunal they appeared before, as in the case of David Campbell. In most cases the experience was not so pleasant.

Two case studies of peacetime regular soldiers who survived the war, illustrated both the uncaring and the compassionate sides of Pensions Appeals Tribunals as well as their subjectivity. Patrick Eton, a veteran who had suffered both wounds and diseases had his appeal for a disability pension refused. The decision appears to have been influenced by his service record and medical grades, as well as his proven ability to find work in the post-war environment. The case of Michael Carroll seems to have been considered in a more compassionate manner. His head wound was described as ‘soundly healed’ and his exposure to gas and subsequent bronchitis was not deemed sufficient to warrant the award of a pension. After he had collected the full amount of his final monetary award and had served in the National Army for a year, he appealed again for a permanent pension and was successful. The more generous attitude of his Pensions Appeal Tribunal can only be attributed to his extensive military service in some of the most gruelling campaigns of the Great War, helped no doubt by his bravery award for his actions on the Somme.²⁴⁸

As the Free State National Army expanded in response to the military threat from anti-Treaty forces, veterans of the First World War were among the first recruits. Both the British and Free State authorities became concerned that disabled veterans would join the new army. They were both afraid that they would have to pay for wounds and injuries acquired by personnel while in the armed forces of the other government. In an early example of inter-government co-operation, the Ministry of Pensions and the National Army medical authorities agreed to share information so as to eliminate this possibility but how successful this was cannot be determined.

The later War Pensions Acts finally put the Minister of Pensions in absolute control of the medical and financial care of disabled veterans of the war including the appointment and dismissal of members of Local War Pensions Committees. This was most useful in the often hostile environment of Nationalist Ireland where, despite violence or the threat of violence, a core of people remained willing to give up their time and energy to help those disabled during the First World War. The Minister, or his appointed subordinate, was also given the authority to be the legal guardian of orphans of deceased veterans or other children who were in his estimation, neglected

²⁴⁸ *Third Supplement to The London Gazette of 19 September 1916.* (London, 1916) p. 9200.

in some way by their surviving parents. This responsibility did not end with the establishment of the Free State. The example of one such case from County Kildare illustrated how a minister from the United Kingdom became the legal guardian of a child in another country and provided financial aid to the Local Authority. The exact number of these cases has yet to be determined, but as the records of the Mullingar Area Advisory Committee show, this responsibility carried on into at least the early 1930s. At a meeting of that committee from 18 May 1931 there were eighteen orphans listed as being under their care at that time.²⁴⁹

The forfeiture and restoration of disability pensions was among the last significant issues addressed by the later pension legislation. A disability pension could be stopped if a pensioner refused medical treatment or abused alcohol, tobacco or other drugs. The imposition of a prison sentence was another reason for the forfeiture of a pension. The example given was of a veteran who had been convicted of treason but who was exonerated as a result of a blanket royal amnesty for political crimes connected with the struggle for independence. In theory a person convicted of a criminal offence could apply for the restoration of a pension, but each claim had to be assessed on a case by case basis. For the early years of the Irish Free State, the sources consulted show that main group that were subject to the forfeiture of pensions were widows or dependants of deceased service personnel. Because this group were in receipt of either a widow or dependant pension and strictly speaking are outside the parameters of this study on disabled veterans, it is impossible to ignore them as they were subject to rules and regulations enacted under the same legislation as was used for disabled veterans. Their situation was acknowledged by just one example in this work, but the families of deceased service personnel of the First World War are worthy of a study dedicated to their situation in the new state.²⁵⁰

²⁴⁹ Mullingar Area Advisory Committee minutes 18 May 1931 (NLI, O'Hara Papers, MS36,447-6 1931-3).

²⁵⁰ *Ibid*, 21 March & 18 July 1927 (NLI, O'Hara Papers, MS36,447-4 1927-9).

Chapter 3

Employment and Training for Veterans in southern Ireland and the Irish Free State

The rapid demobilisation of the armed forces presented thousands of ex-servicemen with the challenge of unemployment. The issue was even more important for disabled veterans who were unable to compete for as many jobs as their able-bodied ex-comrades. In the 1915 Local Government report into the requirements of disabled veterans, some measure of training or retraining was stipulated.²⁵¹ However according to the Minister of Pensions little was done in this regard until July 1917, when overall responsibility for the provision of training for disabled veterans was assumed by the Ministry.²⁵² It was at this point that the Ministry of Pensions considered that a Joint Committee be formed for the better co-ordination of treatment and training for disabled veterans. This initiative was to include an examination of available training facilities, mainly as a way of ensuring that there was no duplication, or over investment in establishments that would become surplus when their usefulness had passed. The committee was also to identify if Local Authorities or any other interested body had facilities that might be suitable for use by disabled veterans. The Joint Committee was to disseminate such information as widely as possible and maintain an overview on any training schemes or job opportunities suitable for the war disabled.²⁵³ This was some eighteen months after the proposal had first been enacted in the Naval and Military Pensions Act, &c, 1915.

Fragmented or missing records do not facilitate a seamless narrative, but there is enough to illustrate the efforts of various bodies in their efforts to help disabled veterans. It has been proposed that most returned veterans wanted ‘a steady job and a secure home, not a revolution’.²⁵⁴ To these wishes might be added adequate pensions and some form of retraining if needed. Even after the significant increases in 1918, disability pensions were still low compared to wages and government efforts at retraining never met the demand or expectations of veterans. Perhaps it was only in medical treatment that government commitments to veterans were close to being met. While this was a fair description of the situation facing veterans in mainland Britain,

²⁵¹ *Report of the committee appointed by the President of the Local Government Board upon the provision of employment for the sailors and soldiers disabled in the war.* (London, 1915), p. 5.

²⁵² *First annual report of the Minister of Pensions to 31st Mar 1918* (London, 1919), pp 46-7.

²⁵³ Hogge & Garside, *War pensions and allowances*, pp 12-3.

²⁵⁴ Cohen, *The war come home*, p. 49.

for veterans returning to Ireland, unfortunately unemployment, bad housing and revolution is exactly what they found in a country where the political and security situation was radically changed and the efforts of government agencies to support veterans were sometimes thwarted by hostile attitudes. Individual disabled veterans were often victims of this hostility for no other reason than they were a visible indication of a war and a government that many rejected.²⁵⁵ The degree of hostility is difficult to quantify; it was present, but it was not universal. Even as the war was in progress efforts were made to provide jobs and training for disabled veterans by many individuals and small business concerns. Some of these jobs were directly, or indirectly connected with the war effort and so did not survive the return of peace. Following the creation of the Ministry of Pensions all regulations made by the Statutory Committee of the Royal Patriotic Fund concerning the training of disabled veterans were cancelled. In July 1917, the Ministry issued new guidelines on this important issue. These were distributed following consultation with representatives of labour groups as to the types of employment most suitable for veterans with varying degrees of disability.

There were differences of opinion between the Ministry and the labour movement as each side manoeuvred to protect its own interests. The government side, while recognising the benefits of meaningful employment for the re-integration of disabled personnel was also mindful that the more disabled veterans who returned to the labour market, the fewer demands would be made on central government. On the other hand, labour organisations were nervous of the possibility of hastily trained disabled veterans already in receipt of a pension, being used by employers to cut the pay of their members that had risen over the course of the war. Over time several national and local employment advisory committees were formed with representatives of government, employers and labour. They commissioned studies as to the trades and industries for which training could be provided, the jobs best suited to particular injuries, and the maximum time needed to train veterans in new skills.²⁵⁶ The lists were published and distributed, with the emphasis, not on unhappy workers looking for a change of profession, but on the re-training of personnel who could not return to their pre-disability occupations. While these committees did provide useful guidance

²⁵⁵ *First and second special reports from the select committee on pensions together with the proceedings of the committee and minutes of evidence and appendices* (London, 1920), p.391.

²⁵⁶ John Galsworthy (ed.), *Reveille*. (London, August 1918), pp 159-61.

and helped ensure a degree of calm in labour relations, they were never established in Ireland. As the secretary of the Dublin War Pensions Committee, the busiest in the southern Irish area stated, 'on that subject we were left high and dry'.²⁵⁷

As well as the training schemes for enlisted men, there were separate schemes proposed for officers, nurses and war widows all of which were focused on a style of employment appropriate for the military rank, previous work experience and station in society. Although there had been a shared experience in the trenches, and later an equality of treatment in death, this did not extend to rehabilitation after injury and discharge. In general, the training on offer to ex-enlisted men remained vocational in nature, while the training opportunities available to ex-officers tended to be of a more managerial or supervisory nature.²⁵⁸ This situation was predictable given the differences in education and training between the two groups.

With a more organised approach to training and job creation there was some successes in securing positions, often with the efforts of Local War Pensions Committees or philanthropic individuals and organisations. Several well-known companies made positions available to disabled veterans. In Dublin, apart from Guinness brewery, these included established firms such as Read and Company of Parliament Street, manufacturers of fine cutlery since the seventeenth century and the oldest retail outlet in the city. Another company was Weir and Sons of Grafton Street, where they are still located.²⁵⁹ The owner of this firm had a personal interest in the welfare of ex-servicemen. His eldest son, Captain Andrew Herbert (Bertie) Weir served in the Royal Dublin Fusiliers and had been gassed in 1917, but survived the war otherwise intact to return to the family business.²⁶⁰ Other companies offering training or employment could be found in Cork, Limerick, Kildare, Waterford and Tipperary. There were also firms across Antrim, Armagh and Derry. These Ulster based businesses had the advantage of the King's Roll, the shortened title given to the National Scheme for Employment in a Percentage Basis of Disabled Ex-service men, started in 1920. It allowed the use of a special Royal Coat of Arms in the company

²⁵⁷ *First and second special reports from the select committee on pensions* (London, 1920), p.390.

²⁵⁸ *First annual report of the Minister of Pensions* (London, 1920), pp 46-53.

²⁵⁹ John Galsworthy (ed.), *Reveille*. (London, Feb. 1919), pp 548-9. See Appendix 3.1 for a list of firms and establishments providing training for both disabled and able-bodied veterans in counties found in the Ireland South area of the Ministry of Pensions in early 1919. It can be observed that the vast majority of occupations while requiring a degree of skill in many cases, did not demand a high standard of formal education.

²⁶⁰ No author, *Weir and sons, Dublin Limited 1869-1994* (Dublin, 1994), pp18-9.

letterhead so long as at least 5% of the workforce were disabled veterans. Approximately 30,000 companies joined the scheme across the United Kingdom, but it was only extended to southern Ireland in a specially modified form, where from the summer of that year, there was an increasing boycott of British authority and all things connected to Royalty.²⁶¹ In March 1920, the Ministry of Pensions wrote to the secretary of each War Pensions Committee in the British Isles suggesting that each committee should try to find at least 10% of their work force from the disabled service personnel in their area.²⁶² In compliance with this, from May 1920, the Irish Department of the Ministry of Labour suggested that the scheme should apply to the permanent staff of all War Pension Committees in the country, and individuals willing to sign the necessary undertaking.²⁶³ At least two War Pension Committees in southern Ireland complied with this proposal. In July, the Louth County Pensions Committee confirmed that disabled veterans would make up 30% of their employees, that is, one disabled ex-serviceman out of a total of three employees.²⁶⁴ The Pensions Committee in Limerick County undertook to employ 10% of their staff from among disabled veterans. They confirmed on 23 April, that they had four employees in receipt of disability pensions, which if it is accurate would mean that they had at least forty workers in that county area, exclusive of Limerick city but a lack of records means that this cannot be verified.²⁶⁵

The Ministry of Labour

In February 1919, the responsibility for the employment of disabled veterans was transferred from the Ministry of Pensions to the Ministry of Labour but with little apparent improvement in the provision of jobs or training.²⁶⁶ Under strict Treasury control, the British government did not give disabled veterans as high a priority as governments in mainland Europe did.²⁶⁷ As bad as the situation was in mainland

²⁶¹ Cohen, *The war come home*, pp 39-40.

²⁶² Secretary, Ministry of Pensions to Secretary of each War Pensions Committee dated 20 March 1920 (NAUK, National Scheme for Employment, application to War Pensions Committees & Firms in Ireland, LAB2-220-EDX701-4-1920).

²⁶³ Ministry of Labour, Irish Department to Ministry of Labour, Employment Department dated 19 May 1920 (Ibid).

²⁶⁴ Various correspondence from Louth County War Pensions Committee to Ministry of Labour dated from 29 April 1920 to 8 July 1920 (Ibid).

²⁶⁵ Limerick County War Pensions Committee to Ministry of Labour, Irish Department dated 23 April 1920 (Ibid).

²⁶⁶ *The Clonmel Chronicle* 12 July 1919, p. 6.

²⁶⁷ Cohen, *The war come home*, p. 26-7.

Britain, in Ireland the state of affairs for veterans, and particularly disabled veterans was described by Ministry of Labour officials as being

in a hopelessly chaotic condition..... that ex-servicemen were seething with discontent at nothing having been done for them - were mocked at for having served in the British Army and were forced to join the Sinn Fein partly through discontent, and partly because in doing so lay their only chance of getting even unskilled employment.²⁶⁸

The head of the Irish Department of the Ministry of Labour, Mr. Gordon Campbell had to design and build an organisation from scratch, including preparing staffing levels that he had to justify in light of restrictions by the Treasury and his superiors in London.²⁶⁹ The scale of unemployment in Ireland became apparent, but that was one of the few certainties. The best that could be offered to Irish veterans was that ‘training will be provided wherever the circumstances allow, but it will be understood that it is not possible to guarantee training in any particular case’.²⁷⁰ Campbell made a start within his own department by trying to recruit suitable ex-service personnel. By early 1920, of 923 Ministry of Labour employees, 304 were ex-servicemen, and of that total 100 were disabled veterans. However, of those 100 disabled ex-servicemen, only one filled a permanent post.²⁷¹

It was estimated that over 100,000 Irish servicemen were demobilised after the Armistice, of which 11,342 had found work through the services of Employment Exchanges by March 1920.²⁷² Two months later, the Ministry of Labour estimated the number of out of work ex-servicemen in Ireland at not less than 40,000.²⁷³ Among those who returned to civilian life there were at least 4,000 to 5,000 disabled men for which the Ministry had little hope of placing in useful employment. In a letter to his headquarters in London, Campbell noted that

²⁶⁸ Memo from Ministry of Labour, Irish Department to Ministry of Labour, London dated 18 November 1919 (NAUK, Treasury Sanction to Set Up Training Schemes in Ireland for Ex-servicemen 1919, LAB2-522-TDS3949-2-1919).

²⁶⁹ Minutes of conference in Irish Department of the Ministry of Labour dated 24 April 1919 (NAUK, Treasury Sanction to Set Up Training Schemes in Ireland for Ex-servicemen 1919, LAB2-522-TDS3949-2-1919).

²⁷⁰ Ministry of Labour information poster dated 20 May 1920 (NAUK, Treasury Sanction to Set Up Training Schemes in Ireland for Ex-servicemen 1919, LAB2-522-TDS3949-2-1919).

²⁷¹ Ministry of Labour memorandum dated 16 March 1920 (NAUK, Memorandum re Position of Ex-servicemen in Ireland 1921, LAB2-855-ED5412-7-1921 NFD&DS&S).

²⁷² Ministry of Labour memo dated March 1920 (NAUK, Correspondence with Irish Department regarding position of Ex-servicemen in Ireland 1920, LAB-747-ED106-16-1920).

²⁷³ Ministry of Labour memorandum on the position of unemployed ex-servicemen in Ireland dated 18 May 1920 (NAUK, Letter on re-employment of ex-servicemen in Ireland 1920, LAB-748-ED2332-11-1920).

Wages in Ireland, outside the city, rarely exceed the amount of the Out-of-Work Donation, and the amount of money which employers can be persuaded to pay to men fit only for light work is generally considerably less. There is little industry and at the moment, little prospect of any developments.²⁷⁴

He went on to say that his department was ‘very badly equipped for any effective training scheme’ and that he had enlisted the help of personnel from the Sailor’s and Soldier’s Help Society, in itself an indication of the lack of preparedness in the Ministry of Labour. He concluded that there had to be greater involvement by central government in training and job creation ‘in order that we may not be accused hereafter of having done little for the disabled man’. In this and other correspondence Campbell explained the scale of the difficulties he faced along with many practical measures to overcome them. He tried to resolve some of the issues experienced by disabled veterans in Ireland, but perhaps it was almost inevitable that his department could not meet many of the needs of disabled veterans where in the ‘present political state of Ireland the ex-serviceman is rather a God-send to those who want a concrete political bone to pick’²⁷⁵ irrespective of their party colours. Much as central government in mainland Britain did not meet the expectations of disabled veterans there, this failure was replicated and indeed exceeded in the volatile environment of an unsettled and soon to be divided country

Training Schemes in Operation

An early example of a Ministry of Labour scheme to provide employment for ex-servicemen was when they canvassed Local Authorities to provide work for officers disabled in the war even as the outcome of the conflict was still undecided.²⁷⁶ Later, after the Armistice, a scheme was provided by the Appointments Department of the Ministry that concentrated on finding work for ex-officers or technically qualified ex-enlisted men.²⁷⁷ Part of this focussed on filling positions in Local Authorities that

²⁷⁴ Letter from Gordon Campbell, Irish Department, Ministry of Labour to James Curry, training Department, Ministry of Labour, London (NAUK, Treasury Sanction to Set Up Training Schemes in Ireland for Ex-servicemen 1919, LAB2-522-TDS3949-2-1919).

²⁷⁵ Letter from Gordon Campbell, Irish Department, Ministry of Labour to E.C. Cunningham, Ministry of Labour, London dated 9 February 1920 (NAUK, Correspondence with Irish Department regarding position of Ex-servicemen in Ireland 1920, LAB2-747-ED106-16-1920).

²⁷⁶ Kildare County Council minutes, 2 August 1918.

²⁷⁷ Correspondence from Ministry of Labour Appointments Department to Clerk of Waterford Poor Law Union dated between 1 & 6 February 1919 (Waterford County Archives, Correspondence Books 1914-9).

had become vacant during the war because of an embargo on filling appointments on a permanent basis. This scheme also helped those who wished to move overseas to a dominion or colony. While the transfer of small numbers of personnel with specific skills abroad was not considered a controversial issue, the movement of large numbers of veterans overseas was not seen as a viable option. Within the Ministry of Labour, it was agreed that 'any steps taken to encourage the emigration of ex-Servicemen from Ireland ought to be regarded as a measure of despair and should not be entertained at this stage' even though Ireland had had an average of 30,000 people leaving the country annually before the war.²⁷⁸ Even so the Ministry provided 326 free passages for ex-servicemen to various parts of the empire in 1919 alone.²⁷⁹

The Ministry advised the Irish Office that any suitable vacancy that became available in any government department in Ireland or with any government contractor, should be 'placed at the disposal of ex-servicemen'.²⁸⁰ A register of suitable candidates was compiled by the Ministry of Labour offices in Ireland that included information such as age, qualifications, experience and preferred location, which was distributed widely among Local Authorities.²⁸¹ The list also included age, rank and regiment, an assessment of the health of each individual and a section for individual comments on the type of work preferred. An examination of the list circulated in early 1919 by the Cork sub-district of the Department of Labour provides a useful snapshot of the jobs being sought as well as the physical robustness of a cross-section of the officer class from Ireland.

There was a total of seventy-two individuals listed ranging from a twenty-two year old Lieutenant to a seventy four year old Lieutenant Colonel. The most significant sub-group in this list were the nineteen officers whose health was indicated to be less than good. For some, such as the ex-Lieutenant who was an amputee, the reason was clear. For others it was less obvious or absent, as in the case of the oldest member of the sub-group. This individual was a forty-nine year old ex-Major with

²⁷⁸ Minutes of meeting in Ministry of Labour dated 4 May 1920 and Ministry of Labour memo dated April 1920 (Correspondence with Irish Department regarding position of Ex-servicemen in Ireland 1920, LAB2-747-ED106-16-1920).

²⁷⁹ Ministry of Labour memo dated 3 May 1920 (NAUK, Employment for Ex-servicemen in Ireland-Meeting with Ministry of Transport 1921, LAB2-855-ED5412-13-1921).

²⁸⁰ Ministry of Labour to Irish Office dated 3 October 1918 (NAUK, Correspondence with Central Office regarding appointment of Local Advisory Committees in Ireland 1918, LAB2-411-ED28179-1918).

²⁸¹ Ministry of Labour to Local Authorities dated 13 January 1919 (Serving officers immediately available, Waterford County Council Archives, Correspondence Books 1914-9).

nineteen years service in Sierra Leone who did not include a medical category in his details. However, given the prevalence of disease in West Africa, even in modern times, his inclusion in the list of those whose health was below par is a reasonable one.²⁸² Even if it is supposed that he had endured long service in the tropics and retained full health, his exclusion from the less healthy group would serve only to emphasise the findings for this group as a whole. Of the nineteen men in this category, sixteen were in the twenty to thirty-four age band identified by J.M. Winter as the age group most likely to become a casualty in the war.²⁸³ In addition, all sixteen of these ex-officers had served in infantry units which were also identified by Winter as having suffered a higher proportion of casualties than any other corps. These statistics are summarised below.

Table 3.1 Officers/ex-officers seeking Local Authority positions
February 1919

Officers/Ex-officers by age group	Number	% of total
Aged from 21 to 74 years	72	100%
In less than good health, aged from 22 to 49 years	19	26%
In less than good health, aged 22 to 34 years who served in infantry unit	16	22%

Correspondence from Cork office of Ministry of Labour to Local Authorities, Waterford County Council Archive, Council Correspondence Book 1914-1919

Although a small cross section, it is apparent that of the individuals with a health-related issue, the majority were of prime military age. Only one had an injury obviously attributable to combat and only one admitted to having a debilitating illness i.e. chronic bronchitis.²⁸⁴ Among the remaining individuals are suggestions of debilitating conditions such as provisos that jobs should involve ‘not much walking’ or ‘sedentary employment’.²⁸⁵ These are not characteristics to be expected of or shown by junior infantry officers.

²⁸² Charles Messenger, *Broken sword, the tumultuous life of General Frank Crozier 1879-1937* (Barnsley, 2013), p.22 describes one pre-war group of seventy officers and NCOs that suffered an 18% mortality rate before completing their first year of service in Nigeria, with a further 22% invalided home during the same period.

²⁸³ J.M. Winter, ‘Britain’s lost generation of the First World War’ in *Population Studies* Vol 31 No 3 (November 1977), pp 451 & 457.

²⁸⁴ Serving officers immediately available for work dated 13 January 1919, p.6. (Waterford County Archives, Correspondence Books 1914-9).

²⁸⁵ *Ibid*, pp 2 & 3. (Waterford County Archives, Correspondence Books 1914-9).

The main deduction from this list of ex-officer job seekers is that ill health through injury, illness or the debilitating nature of military service, was a common feature of their wartime and post-war experience. It supports the conclusions reached by examining the statistics of pensions awarded contained in the Ministry of Pensions annual reports showing that wounds due to combat operations were not the main reason for the awards of a pension.²⁸⁶ It is an important realisation that runs counter to the common perception of the casualties of the First World War. Illness and disease played as large a part in the wartime experience of servicemen as did wounding in battle and perhaps even more so. This is not intended to lessen the suffering of those who were killed or maimed. It is however a point of great significance that has not been acknowledged to any extent before. It is unclear why this might be so. Certainly, during the war stories of gallant wounded returning from the front having faced the cowardly Hun, had more propaganda value than an account of a dysentery ward in Salonika. In a similar vein, in the post-war world, a be-medalled veteran on an Armistice Day parade supporting himself on a crutch was a greater symbol of the sacrifice of the war compared with a relatively young man with a hacking cough and the grey pallor brought on by ill health.

Not unexpectedly, veterans with a higher standard of education could benefit more from schemes that provided education and retraining. The most beneficial of these was a back to education programme. If a suitably qualified candidate for a third level course applied for and was granted approval by the head of an institution, his way through university was paid for him.²⁸⁷ Professor Waterhouse, a fellow of Trinity College, administered the scheme in Ireland on behalf of the British government. It ran from 1919 until December 1925 when the last of the participants graduated. By that time a total of 775 ex-servicemen had been awarded grants by the British government for further education. The students were divided among institutions as follows:

²⁸⁶ *Annual reports of the Ministry of Pensions 1917-1939* (London, 1919-1939).

²⁸⁷ *Report from the select committee on pensions together with the proceedings of the committee, minutes of evidence and appendices.* (London, 1920), pp 71-6.

Table 3.2 Number of ex-British servicemen in Irish Free State Funded for further education

Institution	Number of students
Trinity College, Dublin	435
Royal College of Surgeons, Dublin	168
University College, Dublin	71
University College, Cork	33
University College, Galway	18
King's Inn, Dublin	23
Other Institutions	27
<hr/>	
Total	775

Correspondence from Dominions Office, London to Governor General, Irish Free State dated 5 December 1925 (NAI, Higher education of British ex-servicemen in Ireland, DFA/1/GR/682).

Unfortunately, the information that has survived does not give details of any recipients who were suffering from a disability but at least one, ex-Captain David Campbell has been identified through his autobiography. As a member of the Officer's Training Corps in Trinity College in August 1914, he received a commission in the Royal Irish Rifles. He returned to his studies at Trinity College in October 1919, and immediately re-joined the Officer's Training Corps. He graduated in 1922 and went abroad to work for many years. Strangely he admitted that 'The Troubles' of the War of Independence, made very little impression on him and that he remembered very little about them.²⁸⁸ Much as he had luck on his side in respect of his claim for disability for a minor pre-war injury, as described elsewhere in this work, so too did he have luck with his post war experiences.

Training for demobilised enlisted men

The Ministry of Labour found that many of the Irish veterans who had been fortunate enough to be enrolled in a training scheme under the auspices of the Ministry of Pensions, had been placed there in a disorganised and haphazard manner with little regard for formal agreements between the Local War Pensions Committees as representatives of the government and the civilian trainer-employer.²⁸⁹ The nature

²⁸⁸ Campbell, *Forward the rifles*, pp 9 & 146-155.

²⁸⁹ Ministry of Labour internal memo dated 16 February 1920 (NAUK, Treasury Sanction to Set Up Training Schemes in Ireland for Ex-servicemen 1919, LAB2-522-TDS3949-2-1919).

of their training was described as irregular because of deficiencies in the training and because much had not been approved by the Treasury.

Because of the prioritisation of Local War Pension Committees on the financial aspects of their work, it was often left to private individuals and organisations to help disabled veterans find work or training. One such group was the Galway War Fund Association, set up in 1915 to provide aid and comforts to Irish soldiers during the war. Correspondence from one member to Lady Clonbrock records attempts made to provide for long-term welfare and job prospects of some disabled veterans. Besides describing the various injuries suffered by service personnel, concern was expressed about the size of pensions awarded. In some cases, the pension was of a temporary nature, liable to reduction, thereby increasing the sense of urgency expressed by the writer that some type of work be found to supplement this reduced income. There was also an assessment of some disabled veterans that shows frustration with the character and conduct of some ex-soldiers. The author tried to secure places on a training scheme in Dublin and told of how when, 'I asked Col. Dobbs if we could get them taught at 66 Lower Mount St. if we sent them up and he said he thought it would not be much good – as when in lodgings in Dublin they generally went in a drunken [not legible] it did no good.'²⁹⁰

In addition to this type of unease, Ministry officials had two main concerns. One was the unauthorised high training fees paid to certain instructors, in some cases £20 to £26 instead of the approved £6 10s. The other was the low or non-existent wages paid to the veterans being trained.²⁹¹ During 1919, there was a realisation in the Ministry of Labour that they were totally unprepared both in terms of administrative staff and because of the disjointed nature of the training and work schemes in operation. By June of that year, as always with Treasury approval, a new Appointments and Training Branch of the Ministry was established in Dublin.²⁹² Its job was to assess the needs of veterans, to compile a register of ex-servicemen who wanted retraining and to inspect and co-ordinate all training schemes.

²⁹⁰ Correspondence re Irish Soldiers (NLI, Clonbrock Papers, MS 35,796-10).

²⁹¹ Memo from Ministry of Labour, Irish Department to Ministry of Labour, London dated 25 November 1919. Undated report from T.J. Dallas & Sons, 13 St. Andrew St., Dublin. Ministry of Labour memo dated 5 January 1920 (NAUK, Treasury Sanction to Set Up Training Schemes in Ireland for Ex-servicemen 1919, LAB2-522-TDS3949-2-1919).

²⁹² Various correspondence between Ministry of Labour, Irish Department and Ministry of Labour, London between May and June 1919 (NAUK, Treasury Sanction to Set Up Training Schemes in Ireland for Ex-servicemen 1919, LAB2-522-TDS3949-2-1919).

At the end of the year, the Ministry produced a comprehensive report that described many of the difficulties they faced in Ireland and set out some of the potential solutions.²⁹³ Having had to take over the few training schemes that were in existence, it was found that the possibility of them placing disabled veterans in employment on their completion was slim. It did not come as a surprise that they found the main centres for industry and employment were in Dublin and Belfast, but that there were few job vacancies in either city and those that had existed were already occupied by veterans who had been discharged during the war. A factor not mentioned, but of some relevance to men seeking work, was that because of the sectarian nature of politics in Ireland and the consequence upsurge of violence,²⁹⁴ the scope for movement of labour was limited. This was an issue that did not loom so prominently in the work of the Ministry in mainland Britain.

The Ministry noted increasing hostility towards disabled veterans from both employers and employees in Ireland. For the employers it was generally because of the work conditions demanded by the Ministry. In the case of employees, it often centred on the fact that many ex-servicemen were not members of a particular trade union.²⁹⁵ The report also considered the background and pre-war occupation of disabled veterans. They found that at least 20% of them had been general labourers before the war, an occupation so prevalent in pre-war Ireland that the last pre-war census form had required that the actual type of labouring be specified. The educational standard of many veterans seeking re-training was considered to be low. The post-war parliamentary select committee on pensions also recorded that many of the ex-servicemen in Ireland were illiterate,²⁹⁶ a state of affairs that limited their choice of training opportunities and future job prospects as too many individuals looked for too few low-skilled, low-paid jobs. The report moved on to list some successes placing disabled veterans in training and employment in Ireland. Table 3.3 illustrates this showing the numbers of disabled veterans involved and the type of training on offer.

²⁹³ Report on industrial training of disabled ex-servicemen in Ireland (NAUK, Treasury Sanction to Set Up Training Schemes in Ireland for Ex-servicemen 1919, LAB2-522-TDS3949-2-1919).

²⁹⁴ Hart, *The IRA at war*, pp 32-42.

²⁹⁵ *First and second special report from the select committee on pensions together with the proceedings of the committee, minutes of evidence and appendices*. (London, 1920), p. 93, Para 1661.

²⁹⁶ *First and second special report from the select committee on pensions together with the proceedings of the committee, minutes of evidence and appendices*. (London, 1920), p. xiv, Para 28.

Table 3.3 Ministry of Labour training and placement statistics 1919

Date	Status of disabled veterans	Total
6 August 1919	In training	386
6 August 1919 to 26 November 1919	Placed in employment	496
26 November 1919	In training	735
	On waiting list (52 with one arm)	1332
	Applications for training pending approval	1235
<hr/>		
Total number of disabled veterans		3302
Report on industrial training of disabled ex-service men in Ireland (NAUK, LAB2-522-TDS3949-2-1919 Treasury Sanction to Set Up Training Schemes in Ireland for Ex-servicemen 1919)		

Appendix 3.2 provides a breakdown of men in training on 26 November 1919. There are fifty-five different skills or occupations listed, with three activities in particular providing 423 places or over 57% of the total. The vaguely termed 'Commercial' category had the highest number at 177, followed by Boot and Shoe repair with 141. Various aspects of the motor industry came third highest with 105 in training. Thirty of the activities had only one person in training and included some unusual occupations such as lip reader. A well-supported trade was listed as simply Wireless, which like the motor trade was an emerging technology that could provide a reliable job for a disabled ex-serviceman. Several veterans had shown an interest in this work area, even pursuing the occupation as the war was still in progress. For instance, in late 1917, J.E. Kinahan from Belfast wrote to the Secretary of the Louth County War Pensions Committee, some distance from his home and outside the area of the Local Committee with responsibility for him, looking to train in wireless telegraphy. He was told at the time, that the Ministry of Pensions was considering this branch of training and that if there was any further information he would be informed. Whether he was ever contacted again is also not known as later records have not survived.²⁹⁷ As a further indication of the popularity of this occupation, the Ministry report acknowledged that several of what they described as 'fit men' had already been trained as wireless operators. Despite efforts to implement the findings

²⁹⁷ Letter from J.E. Kinahan to County Louth War Pensions Committee dated 9 November 1917 (Louth County Archive, County Louth War Pensions Committee Correspondence Book).

of the report, by the middle of 1920, the Ministry considered the position of ex-servicemen in Ireland was

so serious and, indeed, so pitiful, that I do not feel that we can any longer maintain the position that we will administer the Regulations identically for England and Ireland. The feeling that I have in mind is that we shall have to treat the Irish Ex-Service men in something the same way as disabled Ex-Service men in this country. We shall, in fact, have to say just as disability in England makes it impossible for a man to resume his old occupation so military service in Ireland itself disqualifies a man for employment [.....] It is of course necessary to collect satisfactory information locally, but I do not in the least like suggesting that anyone should go to Ireland to collect it because one knows that the officer deputed would necessarily go at some personal risk.²⁹⁸

Just what that level of risk could be, was highlighted of 21 November 1920, a day more well known as Bloody Sunday. On that day, British intelligence officers were killed by IRA volunteers, and civilians at a GAA match were shot by British security forces. Two members of the Appointments and Training Branch, Majors Litton and Ross White, were attacked in their lodgings that morning with Ross White being wounded. At the same time another Ministry official, Colonel Day and his wife, fled from their lodgings in Pembroke Street following a similar attack near their home there. A fourth official, Captain Townsend, left Dublin that day for Belfast in fear for his life. Finally on the following Wednesday, Colonel Crozier, who was in charge of the Appointments and Training Branch in Dublin, was approached in the street and accused of being connected with the 'Black and Tans'.²⁹⁹ It was the Ministry's opinion that the IRA suspected that the Appointments and Training Branch was involved in recruiting ex-servicemen for police and military duties, a misgiving perhaps reinforced by the head of that particular branch having the same surname as the officer commanding the Auxiliary Division of the RIC, Brigadier General Crozier.³⁰⁰

Nationalist suspicions were naturally reinforced by the inevitable social interaction of members of the security services and government officials, many of

²⁹⁸ Ministry of Labour memo dated 4 May 1920 (NAUK, Employment for Ex-servicemen in Ireland-Meeting with Ministry of Transport, LAB2-855-ED5412-13-1921).

²⁹⁹ Letter from Gordon Campbell, Ministry of Labour, Irish Department to Sir James Masterson Smith, Ministry of Labour, London dated 27 November 1920 (NAUK, Reorganisation of Training & Appointments Branch in Ireland, LAB2-1753-CEB1253).

³⁰⁰ Ministry of Labour memo dated 6 December 1920 (NAUK, Reorganisation of Training & Appointments Branch in Ireland, LAB2-1753-CEB1253).

whom came from military backgrounds, as is evidenced by the Ministry of Labour officials mentioned above.³⁰¹ It does appear that the IRA suspicion concerning recruitment had some foundation as the Appointment and Training Branch had recruited personnel for the security forces, but within two weeks of that Sunday, Gordon Campbell recommended that his department should restrict itself to matters concerning training, including that for disabled men, appointments in private business and education.³⁰²

Local Authorities and ex-servicemen

As Nationalist controlled councils in Ireland expanded their non-cooperation with the Local Government Board,³⁰³ Dublin Castle sent a circular letter to all Local Authorities warning them that because they were

repudiating the authority of the Imperial Parliament it is necessary to withhold further payments from the Local Taxation (Ireland) Account to any Local Authority until a definite assurance is received that they will distribute the money to the services to which they are assigned by statute and that they will submit their accounts to the Local Government Board audit as heretofore and will conform to the rules and orders of the Board.³⁰⁴

This effectively removed an important source of funding, leading many councils to find other ways of securing money for vital services. These included a more rigorous collection regime for local rates and the negotiation of ever-larger overdrafts from Irish banks.³⁰⁵ However the boycott was not total. There were areas of continued interaction, such as the War Pension Committees and in the provision of employment for ex-servicemen. While the War Pension Committees administration gradually became more centralised by the Ministry, no evidence of deliberate obstruction of their work by councils has been found. However, with regard to unemployment among ex-servicemen, councils were very aware that the numbers were a serious enough concern to moderate their stance with central government. Many Local Authorities recognised that the support of large numbers of unemployed ex-

³⁰¹ Charles Messenger, *Broken sword, the tumultuous life of General Frank Crozier 1879-1937* (Barnsley, 2013) p. 175. As an example of the movement of personnel between various branches of the British administration, Lt. Col. H.K. Umfreville worked in the Ministry of Labour Appointments Department in early 1920 before becoming the RIC Director of Personnel Services.

³⁰² Letter from Ministry of Labour, Irish Department to Ministry of Labour, London dated 3 December 1920 (NAUK, Reorganisation of Training & Appointments Branch in Ireland, LAB2-1753-CEB1253).

³⁰³ Cavan County Council minutes, 19 Jun 1920. Dublin County Council minutes, 24 Jun 1920. Laois County Council minutes, 5 Jul 1920.

³⁰⁴ Westmeath County Council minutes, 26 Aug 1920.

³⁰⁵ Queen's (Laois) County minutes, 3 Jan 1921.

servicemen and their dependents was a financial burden on the rates that was not an option they could consider.

For many County Councillors, their involvement with War Pension Committees had made them aware of the difficulties faced by disabled veterans. With the war over, and with much of the wartime army demobilised, there were many able-bodied veterans returning home to unemployment. The offer of grants from the Ministry of Transport for road improvements, with the proviso that the labour force consisted of ex-servicemen, was one that many Local Authorities were willing to consider. Whether this acceptance of government funds was from anxiety about political fallout at the ballot box or due to a genuine concern for their fellow citizens was not immediately apparent. The weight of evidence found in the Council minutes seems to favour the latter rather than the former, but a case can be made for either claim. Of the Local Authorities investigated, none recorded the reasons why the road improvement grants were accepted, although the willingness to accept, and the receipt of grants is recorded by many. What is clear is that the roads in many council areas were badly in need of repair, often because of heavy military use.³⁰⁶ A road repair grant was a pragmatic solution to more than one real problem. The Ministry of Transport was not just operating out of largesse, it too had practical reasons to be interested in road repairs. It may have been in response to a Ministry of Labour report that

considered a Memorandum on the position of ex-service men in Ireland, and were convinced that owing to the special conditions prevailing there, the possibility of placing them in employment must depend largely on the provision of work by the Government or Local Authorities. We consequently recommended that the Ministry of Transport should accelerate their programme of public works in Ireland with a view to providing employment for ex-service men.³⁰⁷

Another reason to find work for ex-servicemen was, in the somewhat guarded opinion of W.G. Fallon, secretary of the Dublin City War Pensions Committee, that many veterans were 'living in a hostile atmosphere due to causes that reacted on the disabled man and as a consequence found steady work hard to come by'.³⁰⁸

³⁰⁶ Wicklow County Council minutes, 17 May 1915 & Dublin County Council minutes, 7 Feb 1918.

³⁰⁷ *Interim report of the committee on re-employment of ex-service men* (London, 1920), p. 11, Para 9.

³⁰⁸ *First and second special report from the select committee on pensions together with the proceedings of the committee, minutes of evidence and appendices*. (London, 1920), p. 373, Para 8630.

A further possible explanation was, that it was in response to the refusal of many Irish rail workers to allow the carriage of troops or munitions of war on the railways.³⁰⁹ A revitalised road system would allow greater freedom of movement for security forces in response to the growing unrest in the country. Finally, there is the possibility that there was genuine concern for the plight of Irish ex-servicemen among some officials within the Ministry of Labour and Transport. Recognising that the retraining and employment of disabled servicemen was vital to their recovery, and in order that they would not become burdens on the state, an internal memo written in early 1920 pondered whether the Minister of Labour might intervene with Dublin Castle 'to deprecate a too rigid adherence to economic principles in considering schemes which might help to find employment for ex-servicemen'.³¹⁰

Whatever the motives of all participants, disabled veterans were in competition with their able-bodied comrades for whom the hard, physical nature of road repairs may have been of little concern for those used to military life. During the recent war, the ability to use a pick or shovel was very often a more important skill than familiarity with a rifle. In many cases though, this type of employment was not suitable for individuals with physical or psychological difficulties. Such difficulties did not deter some disabled veterans who were determined to find employment. A case that came to the notice of Roscommon County Council during the war provides an example. They received a letter from a disabled veteran called James Doyle, in early 1917, stating that

the work I'd prefer is ganger on the road or some light work as I am deficient of one hand. As for my pension I am getting 19/6 per week for myself, wife and six children. I would be very thankful if you would procure some position for me.

The Council passed this short request for work on to Mr. Mulvany, the County Surveyor stating that they 'be greatly obliged if you would kindly see your way to help this man.' He in turn acknowledged receipt on 29 March, but whether James

³⁰⁹ Charles Townsend. 'The Irish railway strike of 1920: industrial action and civil resistance in the struggle for independence' in *Irish Historical Studies* Vol. 22, No. 83 (Mar 1979), pp 265-82.

³¹⁰ Ministry of Labour memo dated 9 March 1920 (NAUK, Correspondence with Irish Department regarding position of ex-servicemen in Ireland 1920, LAB2-747-ED106-16-1920).

Doyle was successful is not known because any further correspondence has not survived.³¹¹

The funding for this work for ex-servicemen was provided by a £100,000 grant from the Treasury for use in areas where unemployment among ex-servicemen was particularly high.³¹² This was in addition to funding that had been approved and allocated for road works between 1917 and 1920.³¹³ It was also in addition to £250,000 that had been allocated in the period 1919 to 1920 for the employment of ex-servicemen.³¹⁴ Although the jobs proposed in the schemes were not specifically aimed at disabled ex-servicemen, those veterans with less serious injuries, with specialist skills, or with a determination to return to work, were eligible to participate. The scheme did have some success for those veterans who were lucky enough to avail of it. Within months of its introduction there were about 400 ex-servicemen employed on road works in Ireland.³¹⁵ As the number of schemes increased, more councils were willing to interact with the Ministry of Transport to gain access to much needed funds. They willingly provided information as the nature, extent and location of works proposed, gave detailed quantities for the different classes of work, the corresponding prevailing rates of wages, the number of ex-service men likely to be employed and the probable period of employment.³¹⁶ Trade Unions, who had been instrumental in the failure to establish Employment Advisory Committees in Ireland, as they had been in mainland Britain,³¹⁷ lobbied some County Councils to have their members included in some of the schemes. Some requests seemed to have had an expectation of Trade Union involvement in these special ex-servicemen-only work schemes despite their previous opposition to the employment of veterans. One such request came from Mr. James Connors, Secretary of the Irish Transport & General Workers' Union, Gorey Branch asking 'the Wexford County Council for part of the

³¹¹ Correspondence from James Doyle and Roscommon County Council dated between 14 & 29 March 1917 (Roscommon County Archives. Roscommon County Secretary, Miscellaneous letters file 1914-44).

³¹² *Irish Times*, 3 November 1920.

³¹³ Letter from Ministry of Transport to Ministry of Labour dated 1 March 1920 (NAUK, Correspondence with Irish Department regarding position of Ex-servicemen in Ireland 1920, LAB2-747-ED106-16-1920). See Appendix 3.3 for breakdown of funds.

³¹⁴ Letter from Ministry of Labour, Irish Department to Ministry of Labour, London dated 8 March 1920 (NAUK, Correspondence with Irish Department regarding position of Ex-servicemen in Ireland 1920, LAB2-747-ED106-16-1920)

³¹⁵ Letter from Ministry of Transport to Ministry of Labour dated 5 July 1920 (NAUK, Letter on Re-employment of Ex-servicemen in Ireland 1920, LAB2-748-ED2332-11-1920).

³¹⁶ Kings (Offaly) County Council minutes dated 25 August 1921.

³¹⁷ Letter from Ministry of Labour, Irish Department to Ministry of Labour, London dated 3 June 1920 (NAUK, Letter on Re-employment of Ex-servicemen in Ireland 1920, LAB2-748-ED2332-11-1920).

grant allotted for the roads in this district as there is a great need for employment at present. We would also ask your Council to make it a general work for all Union Workers as there are not many ex-service men in this Union.'

The Council, conscious of the conditions for the award of the grants, replied 'that grants of this nature can be spent only on the employment of ex-service men'. In the interest of maintaining a semblance of a working relationship with the union, the Council also said that they would endeavor to interest some prominent residents in the Gorey District to help secure a grant for the road repairs from the Ministry of Transport.³¹⁸ Another more ambiguous case concerned Limerick County Council who first decided on the formulation of a road works scheme in April 1920, but had still not decided on its final details some eleven months later. This at least speaks well for the patience of the Ministry of Transport who maintained the offer of a £25,000 grant for such a long period. A contributing factor may have stemmed from the decision of the Council in the middle of this process, to support a directive from Dáil Eireann that 'none but Trade Union Labour be employed under the Council' and that 'Labour had found it necessary to adopt this measure for its own protection, and is intended to be a safeguard to the worker against the constant encroachment on their liberties by the employing classes'.³¹⁹ Alternately it could be interpreted as another politically motivated way to undermine the position of British rule by using the power of Trade Unions, much as the railway strike of May to December 1920 did with travel and communications in the country.³²⁰

Training for Great War Veterans the Irish Free State

When the Irish Free State (Agreement) Act was passed on 31 March 1922 funding for many work schemes including those for ex-servicemen was withdrawn. The Minister for Finance of the Provisional Government wrote to the Treasury seeking to restore these schemes, while offering to provide half of the money outstanding for each project. The only stipulation made by the Provisional Government was that the work was to be divided equally between ex-servicemen and other unemployed. Of the nine work schemes involved, agreement was reached in eight cases where ex-servicemen had been the main work force. The Treasury ruled

³¹⁸ Wexford County Council minutes, 25 January 1921.

³¹⁹ Limerick County Council minutes, 24 April 1920, 9 October 1920 and 1 April 1921.

³²⁰ Charles Townsend. 'The Irish railway strike of 1920: industrial action and civil resistance in the struggle for independence' in *Irish Historical Studies* Vol. 22, No. 83 (Mar 1979), pp 265-82.

that the ninth scheme involving the Dublin Port and Docks Board was not directly for the benefit of ex-servicemen and therefore was a responsibility of the Provisional Government.³²¹

While these schemes were of benefit to mainly able-bodied ex-servicemen, the issue of suitable employment for veterans with disabilities remained. The work of the Ministry of Labour carried on against the backdrop of the security situation in Ireland and the political events that led to partition. One of the possibilities that was hoped for with the establishment of the Irish Free State government was that it might contribute at least half of the expenditure for retraining ex-British servicemen in its jurisdiction, but the possibility of this happening was postponed until the final figures of veterans seeking retraining was established.³²² However, this did not happen because in the negotiations following the treaty it was decided that all training for ex-service personnel was to remain as a reserved service, whereby the full cost was met by the British exchequer.³²³

A finding of the Ministry of Labour report from 1919, concerned the significant Trade Union opposition in Ireland to training disabled men in several of the preferred occupations. The conclusion was that the 'solution of the after employment of trained disabled ex-Servicemen would appear in this country to be in the establishment of Government factories where Trade Union rates would be paid, and manufactured goods sold in the open markets.'³²⁴ Even at that early stage it was recognised that individuals and private concerns had provided as many jobs for disabled veterans as they possibly could. It was decided to concentrate more training in larger establishments while retaining as many smaller schemes as were practicable. However, the Treasury demanded that the retraining of disabled ex-servicemen could not be an open-ended procedure.

It was decided that there would be a final attempt to register all veterans looking for retraining. 30 September 1921 was the closing date for mainland Britain,

³²¹ Correspondence between Ministry of Finance, Irish Provisional Government and the Treasury, London between 6 May 1922 and 30 September 1922 (NAUK, Works for the Benefit of Ex-Servicemen Irish Free State, T160-127-5). See Appendix 3.4 for list of work schemes.

³²² Letter from the Treasury to Ministry of Labour dated 7 March 1922 and Ministry of Labour to the Treasury dated 8 June 1922 (NAUK, Admin of Training Scheme as Result of Government of Ireland Act 1920, LAB2-528-TDS1181-1921).

³²³ Position of industrial training scheme Irish Free State dated 6 July 1923 (NAUK, Admin of Training Scheme as Result of Government of Ireland Act 1920, LAB2-528-TDS1181-1921).

³²⁴ Report on industrial training of disabled ex-servicemen in Ireland (NAUK, Treasury Sanction to Set Up Training Schemes in Ireland for Ex-servicemen 1919, LAB2-522-TDS3949-2-1919).

but an extension was granted for Ireland because of the prevailing conditions.³²⁵ The new closing date was 1 July 1922. It was advertised by notices in all daily and twenty weekly newspapers, by letters to the Ministry of Pensions and Local War Pensions Committees offices as well as to all ex-servicemen's representative organisations. Applications from Cork, Kerry, Limerick and Clare were to be sent to the Ministry office in Cork city, all other applications had to go to the Appointments and Training Branch in Merrion Square, Dublin. All seemed to be going according to plan but it was disrupted when

on the morning of Wednesday 28th [June] military operations were commenced in Dublin and fighting in various parts of the city continued uninterrupted until the evening of Wednesday July 5th. Desultory firing continues at the time of writing. During part of that time it was necessary to close this office, owing to the danger to members of the staff involved in passing through the city to and from duty. There has been no delivery of mail for a week and communication with country districts is still suspended.³²⁶

The disagreement between pro and anti-treaty factions had turned into open warfare and many Great War veterans, including some with disabilities, found that they were involved in another war. After some debate within the Ministry of Labour, the closing date for requests for training from disabled veterans was extended once more, to 31 March 1923.³²⁷ By the end of 1923, there were a total of 560 disabled veterans training in various locations and trades, with another 1,858 waiting to be placed. Of the latter number, it was expected that about 780 would be enrolled in some form of training programme by the end of the 1924-5 financial year.³²⁸ About 200 more were attributed to natural wastage and although this term is not expanded upon, the implication was that some veterans were expected to have found work by themselves or to have passed away. Therefore, it was expected that by spring 1925, there would be approximately 878 disabled veterans awaiting some form of training.³²⁹ By that time it was anticipated that most, if not all the training would be concentrated in the larger establishments run by the British government.

³²⁵ Letter from Ministry of Labour to British Legion dated May 1922 (NAUK, Announcement of Last Date for Industrial Training in Ireland, LAB2-548-TDS1151-3-1921).

³²⁶ Letter from Irish Department, Ministry of Labour to Ministry of Labour, London dated 8 July 1922 (NAUK, Announcement of Last Date for Industrial Training in Ireland, LAB2-548-TDS1151-3-1921).

³²⁷ Ministry of Labour memo dated 10 October 1922 (NAUK, Announcement of Last Date for Industrial Training in Ireland, LAB2-548-TDS1151-3-1921).

³²⁸ See Appendix 3.5.

³²⁹ Ministry of Labour report on training in Southern Ireland dated 17 December 1923 (Admin of Training Scheme as Result of Government of Ireland Act 1920, LAB2-528-TDS1181-1921).

As a final note it has been observed that of all the sources concerned with training of ex-service personnel that have been found there were only two references concerning training for female veterans. One mention was in a Ministry of Labour financial report that listed eight disabled nurses in training in southern Ireland in December 1922.³³⁰ The other is from an earlier financial report from the same Ministry that estimated costs in relation to the retraining of ten nurses, five each in the northern and southern areas of Ireland.³³¹ The five nurses from the southern area appear to be the same individuals as those noted in Appendix 3.5.

The Tipperary Training Centre

Little information remains available about the majority of the larger government training centres in southern Ireland, but what has survived provides a useful insight into the establishment, organisation and operation of the Tipperary Training Centre.

Early in 1916, Tipperary town, along with twenty-four other locations across the British Isles, was selected by the Director of the Army Medical Services as the location for a Command Depot. These Depots were to be centres for the rehabilitation and training of soldiers too fit for convalescent homes, but not yet fit enough to be returned to their unit.³³² In effect it was a halfway house for soldiers to regain full health before returning to full or restricted service or discharged from the army. Earlier in 1915, a group known as the Wounded Soldiers Committee from the Tipperary area had raised the sum of £3,000 to provide instruction in various trades for wounded soldiers.³³³ The convergence of the Command Depot and the local charitable committee provided the basis for a training establishment that was to survive until the mid-1920s. Using facilities such as the local Technical Training School along with local volunteers and qualified tradesmen, the committee offered

³³⁰ Financial inspection of training work in Dublin dated 18 & 19 December 1922 (NAUK, Industrial training matters in Southern Ireland, LAB2-1554-1-F7062-1922).

³³¹ Ministry of Labour provisional estimates for Great Britain and North and South Ireland dated 22 August 1923 (NAUK, Admin of Training Scheme as Result of Government of Ireland Act 1920, LAB2-528-TDS1181-1921).

³³² Chris Barker, *The long long trail, the British Army in the Great War, 1914-1918* (Leamington Spa, 2018), available online at <https://www.longlongtrail.co.uk/soldiers/a-soldiers-life-1914-1918/the-evacuation-chain-for-wounded-and-sick-soldiers/command-depots/> (18 October 2018).

³³³ Letter from the Ministry of Pensions to the Treasury dated 28 June 1919 (Tipperary Training Committee General File, Treasury Sanction for expenditure on provisions and classes, LAB2-620-TDS3996-1919).

classes in boot repairs, French polishing, motor driving, engineering, and clerical skills. They also organised concerts, sporting events and provided a cinema.³³⁴

When the war ended the need for the rehabilitation of active service personnel came to an end, but the needs of disabled veterans were only becoming apparent. Such had been the success of the Tipperary committee that in April 1919 the Ministry of Pensions took over the training schemes while retaining the input and local oversight of the committee, retitled as the Training Committee.³³⁵ Later, because of a change in policy, the responsibility for training ex-servicemen was transferred to the Ministry of Labour, along with the responsibility for the Tipperary Training Centre.³³⁶ Because the Command Depot had closed, there was a need for accommodation for trainees. This was met by renting houses in Tipperary town and converting them into veterans' hostels. The town had at least three hostels but there was insufficient capacity for all disabled veterans in training, so recourse was made to use private house as billets. As an example of how extensive this practice was, in May 1920 there were 180 men in training, and at least 110 were accommodated in private houses.³³⁷ Further details are sparse, but the households used would have been in receipt of gratuities for accommodating the veterans and possibly for providing food as well. This would have been a useful extra source of income in the difficult economic conditions prevailing in Ireland at the time. The Tipperary Training Centre, later known as the Tipperary Government Instructional Factory (G.I.F.), was spread over a significant portion of Tipperary town. As well as the widespread accommodation, the workshops and training rooms were located around the town in places such as the local Technical Schools, the Bridewell, the pavilion at the Horse Show Grounds and at least one building on Main Street.³³⁸

334 Denis G. Murnane, 'It's a long way to Tipperary: a military barracks, a song and a World War, part four' in Denis G. Murnane (ed.), *Tipperary Historical Journal 2017* (Tipperary, 2017) pp 102-20 at pp105-6. The members of the committee were: Canon Ryan (president), Canon de Boinville, rector of Tipperary; Mr. Daniel Kelly JP, chairman of the UDC; Mr. P.J. Flynn, secretary to the Tipperary Joint Technical Instruction Committee; Mr. J.F. Hall, manager National Bank; Mr. G.C. Townsend, Cordangan Manor. Ex-officio members from the Command Depot: the commandant Colonel Gordon; the medical officer in charge, Lt. Col. Woodhead and Captains V.H. Scott and St G. Whyte.

³³⁵ Undated Board of Works memo circa 1920 (NAI, Tipperary Training Centre, OPW-5-21771-26).

³³⁶ Letter from Treasury to Ministry of Pensions, Ireland (South) Region dated 23 July 1920 (NAUK, Tipperary Training Committee General File, Treasury Sanction for expenditure on provisions and classes, LAB2-620-TDS3996-1919).

³³⁷ Board of Works memo dated 7 May 1920 (NAI, Tipperary Training Centre, OPW-5-21771-26).

³³⁸ Letter from the Board of Works to the Treasury dated 11 July 1921 (NAI, Tipperary Training Centre, OPW-5-21771-26).

The person in charge in Tipperary was Major Laurence Roche late of the Royal Munster Fusiliers and a native of Kilmallock, County Limerick³³⁹. He maintained a very pro-active policy with regard to the training facility and the disabled veterans who might benefit from it. As an example of his forthright style of management, when he was appointed as secretary to the Training Committee, he informed the Ministry of Pensions of the decision despite it being the job of a different member of the committee to do so.³⁴⁰ An inspector from the Ministry of Pensions wrote with some frustration about him because he

on his own initiative, has visited various centres in this Area, and in Ireland (Central) Area, and arranged with a number of men and interviewed them. He apparently entertained applications from men for a course of instruction in motor driving, informing them that the course would extend for a period of 12 months.

He appears to imagine that all he has to do with regard to training men, is to interview them, and say 'yes' or 'no', without taking into consideration the fact that they should, in the first instance, be interviewed by their War Pensions Committee.

In this instance, he has received applications from at least 80 disabled soldiers, for training under this scheme, and now submits the attached supplementary scheme to the Committee, who have requested me to forward same to the Ministry of Pensions.³⁴¹

The enthusiastic way in which Major Roche did his job also irritated some Local War Pension Committees in the southernmost counties in their attempts to gain more control over the Tipperary Training Committee. As a counter to this, the Ministry of Labour appointed him Training Supervisor for the whole of the Munster area, but in a recommendation for the job it was stressed that 'he must be made to understand that his word is not law'.³⁴² How much attention Major Roche paid to these attempts to stifle his efforts to do the job as he saw fit remains an intriguing question. However, not all reports complained of his over-zealous manner; another, later report was fulsome in praise of him, when it described how the Tipperary Training Centre

³³⁹ *The Nationalist (Tipperary)* 19 June 1926.

³⁴⁰ Letter from Major Laurence Roche to Ministry of Pensions, Dublin dated 1 July 1918 & letter from Ministry of Pensions to Tipperary Training Committee dated 21 June 1918 (NAI, Tipperary Training Centre, OPW-5-21771-26).

³⁴¹ Report from Assistant Superintending Inspector to Chief Inspector Ministry of Pensions, Ireland (South) Area dated 5 May 1919 (NAUK, Tipperary Training Committee General File, Treasury Sanction for expenditure on provisions and classes, LAB2-620-TDS3996-1919).

³⁴² Unsigned copy of letter i/r of the appointment of Major Roche dated 11 September 1918 (NAI, Tipperary Training Centre, OPW-5-21771-26).

was the only building of any size in Tipperary which has not been destroyed. It has been threatened at various times by the British Army, the Black and Tans, the Sinn Feiners, the I.R.A., and the Free State Army. Although it has suffered a small amount of damage and loss of stores, yet there has been no serious loss, and how Major Roche has managed to preserve it is a mystery. He has been helped considerably by the Chairman of the Local Training Committee, who is the parish priest.³⁴³

Although the losses mentioned in this report were described as not serious, the usefulness of the tools and materials for training disabled veterans would have greatly outweighed their monetary value and their loss provided a further hindrance for the trainees to overcome.³⁴⁴

While the Ministry of Labour training schemes continued into the early years of the Irish Free State, there is insufficient data available to indicate if the reduction in the numbers of disabled ex-servicemen in training between 1922 and 1923 [See Appendix 3.5], was a once off phenomena or the start of a downward trend as the Ministry failed to meet the needs of disabled veterans in the Free State as they failed disabled veterans in mainland Britain. There are indications from early 1924 that the Ministry was considering the closure of the facility in Tipperary and contracts were awarded for maintenance and repairs to restore rented buildings to the state they had been in when first taken over by the Tipperary Training Centre.³⁴⁵ The first confirmation of the closure of the Training Centre was a summary of the notices to surrender properties disseminated during the summer of 1926 and the final mention of the Training Centre was an acknowledgement of its closure in a report for that financial year.³⁴⁶ Unfortunately the available sources do not allow an overall total of disabled veterans who received re-training to be determined, but a letter circulated by

³⁴³ Letter from Ministry of Labour to the Treasury dated 27 July 1923 (NAUK, Admin of Training Scheme as Result of Government of Ireland Act 1920, LAB2-528-TDS1181-1921).

³⁴⁴ Letter from Ministry of Labour to the Treasury dated 17 January 1923 describing loss of goods due to burglary, also letter from Ministry of Labour to the Treasury dated 9 April 1923 describing loss of goods due to actions of the Free State Army valued at £200 9s 10d (NAUK, Tipperary Training Centre - Loss of Goods 1921-24, T161-141-19).

³⁴⁵ Letter from the Commissioners of Public Works, Dublin to the Office of Works, London dated 16 January 1924 and Tender for repairs and maintenance dated 7 August 1924 (NAI, Tipperary Training Centre, OPW-5-21771-26).

³⁴⁶ Correspondence between Office of Public Works and various property owners between October and November 1926 (NAI, Tipperary Training Centre, OPW-5-21771-26) and Civil Services, appropriation accounts, 1926 (London, 1928), p. 113.

the Ministry of Labour acknowledged that thousands of veterans had benefited from the services of the volunteers who had worked on their behalf.³⁴⁷

The Civil Liabilities Grant

This sub-section of the Ministry of Labour was established in order to provide extra financial support to demobilised members of the armed forces of the Great War. Its function was twofold. One was to give support to ex-service personnel who faced serious hardship on their return to civilian life with regards to financial matters that may have been otherwise met by specific military allowances. The focus here was on personnel still serving in the armed forces, and so became less frequent as demobilisation gathered pace. The second was to provide grants to veterans who had undergone a course of training at public expense, and who were unable to find employment because of their disability, or because of conditions peculiar to their locality. The purchase of items such as tools, or stock for a business were also eligible for grants. Disabled veterans were entitled to apply, but there were time limitations as to eligibility and for the amount of money that could be granted, which was not more than £104.³⁴⁸

From the start of the scheme in September 1916 to May 1920, £11,998,539 was paid out in grants across the United Kingdom and the number of applications received is shown in Table 3.4.

³⁴⁷ Letter from Ministry of Labour, London to Major C.K. O'Hara dated 16 September 1927 (NLI, O'Hara Papers, MS36,447-4 1927-9).

³⁴⁸ *The Local War Pensions Committee Handbook* (London, 1921), p. 129. It is important that grants from this department are differentiated from those available under the provisions of the Special Grants Committee established by the 1917 (Transfer of Powers) Pension Act, Para 2. Among the functions of that committee was the determination of what level of pension or allowances should be paid to claimants, to make decisions about forfeiture or restoration of pensions or allowances, to investigate disputed pensions or allowances, and to liaise with the branches of the armed services on all questions relating to pension entitlement. The Civil Liabilities Department was also responsible for the Re-settlement Scheme for veterans to travel to the colony of their choice but as has been noted earlier, this was a course of action that was not considered workable especially in areas of Ireland with strong Nationalist feelings.

Table 3.4 Applications to Civil Liabilities
Department 1916-192

Applications	Total
Received	190,377
Approved	73,542
Refused or withdrawn	98,977
Pending	17,858
Grand Total	380,754

Report from the select committee on pensions together with the proceedings of the committee, minutes of evidence and appendices. (London, 1920), p. xiii.

How the grants were apportioned in Ireland was not recorded but it was recognised that the administration of the scheme had met with great difficulties due to a number of factors; Sinn Fein hostility, the small proportion of Irish veterans who had had a pre-war business and because so many Irish veterans were illiterate.³⁴⁹ At a meeting of ex-servicemen representative organisations with the Prime Minister in early 1920 it was put to him that over 80% of all Civil Liabilities applications in Ireland were refused and of those granted, the vast majority had the amounts requested reduced by four-fifths.³⁵⁰ A draft reply to the Prime Minister's office by a Ministry of Labour official stated that the difficulties with unemployment in Ireland were due to 'a kink in the Irish mind' and that it was not 'in the power of any Department, or any Government as a whole, to straighten out this kink'.³⁵¹ The author of this draft also stated that the statistics in regard to Civil Liabilities applications as presented were compiled under a misapprehension and that the 'peculiar circumstances in Ireland are fully realised and special favourable consideration is given to applications from Irish Ex-servicemen'. What exactly the 'kink in the Irish mind' was is not fully explained but it is difficult to regard this as anything other than a derogatory opinion of Irish people and an indication that this official may not have been completely objective in his assessments. Certainly, some

³⁴⁹ *Report from the select committee on pensions together with the proceedings of the committee, minutes of evidence and appendices. (London, 1920), p. xiv.*

³⁵⁰ Memorandum to be presented by the Irish Delegates on the deputation from the National Federation of Discharged and Demobilised Sailors and Soldiers to the Prime Minister dated 6 February 1920 (NAUK, National Federation of D&DS&S Memorandum re Position of Ex-servicemen in Ireland, LAB2-855-ED5412-7-1921).

³⁵¹ Letter from Ministry of Labour to Prime Minister's Office dated 24 March 1920 (NAUK, NFD&DS&S Memorandum re Position of Ex-servicemen in Ireland, LAB2-855-ED5412-7-1921).

weeks later the situation in Ireland was considered so serious by the Minister of Labour that he undertook to see if it was possible to ease the problem by applying the regulations more generously.³⁵² Whether this happened or not cannot be determined, but the Ireland (South) Advisory Council later considered that the whole system of grants might be ‘suspended until the country was in a better state’.³⁵³

Following the formation of the Free State, Civil Liabilities Grants, along with the appointments and training responsibilities were retained as reserved services i.e. they remained funded and administered by the Ministry of Labour. For the financial year 1924-5, the Irish Free State was assigned just under 10% of the £140,000 Civil Liabilities budget allocation for Britain and Ireland. The Ministry of Labour memorandum noted that the estimates were based on the number of men anticipated to be in training across the British Isles and therefore likely to seek financial assistance to exploit any new employment opportunities.³⁵⁴

Table 3.5 Civil Liabilities estimates 1924-5

Area	Amount	Percentage
Great Britain	£122,220	87.3%
Northern Ireland	£4,760	3.4%
Irish Free State	£13,020	9.3%
Total	£140,000	100%

Allocation of provisional estimate for 1924-25 between Great Britain and North and South Ireland dated between August and September 1923 (NAUK, Admin of Training Scheme as Result of Government of Ireland Act 1920, LAB2-528-TDS1181-1921).

During 1924, the Irish Free State was divided into five Advisory Committee areas to administer to the needs of disabled veterans and all others in receipt of war pensions. One of the duties assigned to these new committees was the assessment of applications for Civil Liabilities Grants. Some records of the Mullingar and District Advisory Committee have survived and provide a fascinating insight into the number

³⁵² Minutes of inter-departmental meeting to discuss measures to assist ex-servicemen in Ireland dated 4 May 1920 (NAUK, Correspondence with Irish Department regarding position of Ex-servicemen in Ireland 1920, LAB2-747-ED106-16-1920).

³⁵³ Regional Advisory Council, Ireland (South) Region minutes of the fifth meeting, 6 April 1921 (NLI, O’Hara Papers, MS36,447-4 1927-9).

³⁵⁴ Ministry of Labour memorandum on the Government of Ireland Act as affecting the Ministry of Labour dated 22 February 1922 and Allocation of provisional estimate for 1924-25 between Great Britain and North and South Ireland dated between August and September 1923 (NAUK, Admin of Training Scheme as Result of Government of Ireland Act 1920, LAB2-528-TDS1181-1921).

of requests and the reasons given. The earliest minutes are from their second meeting on 24 March 1924. They show that no Civil Liabilities Grant applications were made, although there were requests for funds from other schemes. By the fourth meeting, there were eight applications for Civil Liabilities Grants, of which five were granted and three were deferred for further investigation.³⁵⁵ As this Advisory Committee and the others settled into their work, the number of applications remained relatively low but steady. For example, during the four weeks ending 26 November 1926, there were five applications but for the following five weeks to the end of the year, there were only two.³⁵⁶ The greatest number of applications made was fourteen at a meeting on 15 March 1928. A comparison these applications and those from the 1924 meeting is shown in Appendix 3.6. The earlier group had a success rate of over 60%, with no absolute refusals, whereas the group that came later had a less than 30% approval rate. This seems to indicate that as time went on there was less chance of a veteran's application being successful. There are several reasons why this might have been so. Applications in the early years may have been regarded more generously as the committees adapted to their roles and interpretations of the rules. There was also a greater likelihood that an ex-serviceman who had completed a Ministry approved training course would be approved. In the later group shown in Appendix 3.6, a close study of the remarks of the Advisory Committee reveals that many applications were marginal cases or outside the parameters for approval set by the Ministry. There is of course a factor that influenced so much of the aftercare of veterans of the Great War. That is, Treasury policy, and the reduction of expenditure across all government departments. Of the five applications that were approved, the committee reduced the amount of money requested for three of them. The Mullingar and District Advisory Committee, like those in the other districts, was disestablished on 31 December 1936.³⁵⁷ During that final year there were no applications for Civil Liabilities Grants recorded in the minutes of the committee.

³⁵⁵ Mullingar and District Area Advisory Committee minutes dated 24 March 1924 and 21 July 1924 (NLI, O'Hara Papers, MS36,447-2 1923-4). See Appendix 3.6.

³⁵⁶ Statistical returns from Mullingar and District Area Advisory Committee to Ministry of Pensions dated 6 January 1927 and 10 January 1927 (NLI, O'Hara Papers, MS36,447-2 1923-4).

³⁵⁷ Letter from Ministry of Pensions to Major C.K. O'Hara dated 22 December 1936 (NLI, O'Hara Papers, MS36,447-2 1923-4).

Conclusion

It was the intention of the 1915 pension legislation that adequate provision be made for the health, training, and employment of disabled ex-service personnel following their discharge from the armed forces.³⁵⁸ In the system put in place from 1916 the matter of retraining and employment took a back seat as Local War Pension Committees and central government struggled to deal with the effects of the war. Ever-increasing casualties and the consequent greater numbers of disabled personnel produced a reactive environment when dealing with disabled service personnel rather than a proactive one. As the armed forces demobilized, finding employment for veterans was transferred from the Ministry of Pensions to the Ministry of Labour. The challenge presented by people with such a wide range of disabilities was one that had never been encountered before by this Ministry, and one that was never fully got to grips with, although many within the department and without, tried.

When the task of retraining and employment of disabled veterans in Ireland fell to the Ministry of Labour, they were in many ways presented with a poisoned chalice. The attempts to re-organize and to recruit adequate staff for the Irish Department of the Ministry were thwarted by a lack of infrastructure and financial restrictions imposed by the Treasury. Other conditions of a type peculiar to Ireland did little to help achieve meaningful results. There were a very limited number of industries or large employers in Ireland, the majority that existed were mainly concentrated in the north-eastern counties. In post-war Ireland the returning servicemen joined the approximately 120,000 persons who would have normally been expected to emigrate, but who had been unable to do so because of the war. It was estimated that this was roughly equal to the number of men from Ireland who enlisted during the war. Therefore, there many more thousands of workers pursuing the same, or a reduced number of jobs.³⁵⁹ Many of the workers that had stayed at home had joined trade unions and those organisations were reluctant to accept veterans, especially disabled ones who might displace their members by working for lower wages. Similarly, the fear of potential labour disputes made employers reluctant to employ veterans, although Guinness Brewery stands out as one employer that not

³⁵⁸ Naval and Military War Pensions, &c. Act, 1915, Para 4 (f).

³⁵⁹ Correspondence from Ministry of Labour, Irish Department to Ministry of Labour, London dated 10 May 1920 (NAUK, Letter on the re-employment of ex-servicemen in Ireland 1920, LAB2-748-ED2332-11-1920).

only re-employed workers who had served in the Great War, but also took on some veterans who had not worked there before.³⁶⁰

Adding to the economic difficulties was the deteriorating political and security situation. The Irish Parliamentary Party, so influential in 1914, had all but disappeared to be replaced by the more extreme Sinn Féin with its more radical Nationalist agenda. Ireland in 1919 was a very different place indeed. Veterans were no longer defenders of gallant little Belgium, but foolish pawns of an imperialist regime, the embodiment of the just defeated enemy. Not only did ex-servicemen become victims of suspicion or violence, but officials of the Ministry of Labour did as well, especially those whose job entailed gathering information about veterans, their families and their living conditions. As mentioned earlier, the unfortunately named 'Intelligence Section' of the Irish Department of the Ministry of Labour was all too easily seen as a cover for military intelligence work and in at least one case may have led to officials being the target of an assassination attempt.

The plans for a network of Government Instructional Factories, teaching trades that could lead to self-sufficiency among disabled veterans did not come to fruition. There were never enough places to accommodate those seeking training positions. But for those who secured positions and who learned a new skill or enhanced old ones, these must be regarded as successes. Similarly, there may have been successes with the schemes of grants to help veterans gain some level of self-sufficiency and employment, but with the dearth of sources it is difficult to be clear-cut. Overall, while the programmes and schemes to help disabled Great War veterans in Britain are regarded as a failure, in Ireland the record cannot be regarded as being dissimilar, but with the added difficulty that in the immediate postwar years both able-bodied and disabled veterans faced the potential of violence from military or quasi-military forces, and when that predicament receded, they coped with the dilemma of being citizens in a country where the government for the most part did little to acknowledge their existence or help them in any way.

³⁶⁰ Ministry of Pensions memo dated 12 July 1936 (NAUK, British Ex-servicemen in Irish Free State, Commission to enquire into conditions of, PIN15-758).

Chapter 4

Additional Support for disabled ex-British servicemen in the Irish Free State

As a semblance of normality returned to Ireland, disabled veterans faced enormous challenges with the administration of pensions, allowances and health care. In the newly detached six counties of Ulster, the changes were less disruptive as they retained the services of a central committee that controlled the existing network of Local War Pensions Committees, much as it had been before the political partition.³⁶¹ A similar group known as the Irish Free State Advisory Committee consisting of twenty-five members was proposed for the Irish Free State.³⁶² The Advisory Committee was supposed to work in conjunction with representatives of the Ministry of Pensions who had remained in the Free State. It is uncertain if this committee was ever formed, but in the autumn of 1924 a similarly named Irish Free State Advisory Council held its inaugural meeting in Dublin. What is certain is that the War Pensions Committees that had provided the first point of contact between veterans or dependants and the Ministry of Pensions were not retained. Many such committees held their last meetings during December 1922 and then ceased operations, leaving a small number of voluntary workers in their place to liaise with the Free State Area Committee and through them, the Ministry of Pensions.³⁶³

The sense of isolation among both urban and rural veterans was exacerbated by the fragmented nature of communication in the new state. All sides involved in the fighting had attacked road, rail and postal services for several years rendering them almost inoperative. In addition, there was the already noted low level of literacy among many ex-servicemen in Ireland, a reflection of those who had seen enlistment as an escape from the poverty of low-paid jobs. All these circumstances made the navigation of pension bureaucracy a formidable obstacle. The feeling of loneliness, even abandonment, felt by many veterans was mitigated by three factors, each of

³⁶¹ *Northern Standard*, 8 December 1922.

³⁶² Dublin Municipal Council minutes 22 May 1922 lists the members as five representatives of disabled men who have been discharged from the Naval, Military, or Air Service of His Majesty during the war, one representative of women who are in receipt of pensions as the widow or dependant of men who have died from causes arising out of service during the war, two representatives from Dublin County Borough Council, one each from Cork, Limerick and Waterford County Borough Councils, six representatives of employers and workmen in industry in equal numbers and five representatives of voluntary associations engaged in the care of ex-service men and their families. It was also stipulated that not less than four members of the committee be women.

³⁶³ *Northern Standard*, 8 December 1922.

which will be discussed in turn but that were in reality perhaps inseparable from each other. They were; the re-organisation of the Ministry of Pensions infrastructure in the Free State, the support given to ex-British servicemen by elected public representatives and the organisation of veterans' representative bodies.

The Ministry of Pensions in the Irish Free State

During 1923, Ministry of Pensions officials operated out of permanent offices in Dublin and five full-time and ten part-time offices in regional towns.³⁶⁴ Pensions continued to be paid to disabled veterans at local Post Offices each Wednesday as before. Mondays were reserved for payments to widows, separated wives and motherless children and on Tuesdays all other forms of war pension or allowance were paid.³⁶⁵ But for veterans, and all other pension recipients who needed to communicate with the Ministry for any reason, the system proved to be inadequate especially for those who lived outside the immediate vicinity of the Ministry offices and for who travel was difficult.

By the end of 1923, the Ministry brought forward proposals to form five Area Advisory Committees in the Free State. These were to be based in Dublin, Cork, Limerick, Mullingar and Waterford. Each committee was to consist of twelve members, made up of some individuals who were in receipt of a disability or widow's pensions, others who were from each county or county borough and lastly representatives from voluntary organisations.³⁶⁶ Among the groups approached to nominate members was the Legion of Irish Ex-servicemen.³⁶⁷ The constitution and functions of the new committees were quickly drafted and published. Such was the sense of urgency that events moved along with uncharacteristic swiftness, with the first meeting of each committee being scheduled for the middle of January 1924.³⁶⁸ The composition and changing personnel of each committee is outlined in Appendix

³⁶⁴ *Sixth Annual Report of the of Pensions from 1st April 1922, to 31st March 1923*. p.15. The locations of the offices were not listed in this report, but it is reasonable to deduce that at least the permanent offices were located in the towns chosen as the centres of the soon to be established Area Advisory Committees in Dublin, Cork, Limerick, Mullingar and Waterford.

³⁶⁵ *Notes on War Pensions issued by the Ministry of Pensions for the guidance of War Pensions Committees established under section 1 of the War Pensions Act, 1921*. (London, 1923), p. 23.

³⁶⁶ Ministry of Pensions memo dated 8 November 1923 (NAUK, Area Advisory Committee Irish Free State, PIN 56-14).

³⁶⁷ Letter from Ministry of Pensions to Legion of Irish Ex-servicemen acknowledging receipt of nominations dated 10 December 1923 (NAUK, Area Advisory Committee Irish Free State, PIN 56-14).

³⁶⁸ Correspondence from Ministry of Pensions, London to Ministry of Pensions, Dublin dated between 20 December 1923 and 1 January 1924 (NAUK, Area Advisory Committee Irish Free State, PIN 56-14).

4.1, along with a map showing the counties administered by each committee. It also shows that the three Ulster counties in the Free State, were included in the Dublin Area. The Ministry notified its officials in Dublin that a detailed briefing of duties and responsibilities was to be given at the inaugural meeting of each Advisory Committee.³⁶⁹ In addition to these new committees, the Irish Free State Advisory Council came into being during 1924 with the intention of acting as a conduit for advice, suggestions and instructions between the Ministry and the Local Advisory Committees. It was soon discovered to be an additional layer of administration and it was disbanded in 1926.³⁷⁰ In effect what the Local Advisory Committees did was to replace the disbanded Local War Pension Committees by re-enlisting some individuals who had done the job since the early days of the war pensions process.³⁷¹

The Work of a Local Advisory Committee

The minutes of the Mullingar and District Local Advisory Committee provide a valuable insight into how a Local Advisory Committee conducted its business. It involved not just the members of the committee itself, but also a network of voluntary workers across the towns and counties in its area. While the committee members were entitled to claim out-of-pocket expenses from the Ministry,³⁷² no evidence has been found that suggests that the voluntary workers could do so as well. This meant that these workers carried out interviews, assessments of claimants and any other assigned duties, out of a sense of obligation, duty, or even Christian charity for several of the volunteers were clergymen. At one meeting where the committee members passed a motion in favour of increased travel allowances for themselves, ten additional voluntary workers were appointed including two clergymen. A later meeting recorded the appointment of forty-one volunteer workers, of whom eight were clergymen. Nine volunteers can be identified as female, another reminder of the important and almost unrecognised role that women played in the whole pension

³⁶⁹ Correspondence from Ministry of Pensions, London to Ministry of Pensions, Dublin dated 3 January 1924 (NAUK, Area Advisory Committee Irish Free State, PIN 56-14).

³⁷⁰ Ministry of Pensions Irish Free State Advisory Council dated 14 January 1925 and letter from Dublin Area Advisory Committee to Mullingar Area Advisory Committee dated 21 June 1926 (NAUK, Area Advisory Committee Irish Free State, PIN 56-14). See Appendix 4.2 for comparison of members of this Advisory Council with the members of the Advisory Committees.

³⁷¹ See Appendix 4.1.

³⁷² Mullingar Area Advisory Committee minutes, 21 July 1924 (NLI, O'Hara Papers, MS36,447-4 1923-4).

process since 1916.³⁷³ While the number of voluntary workers cannot be established with any great degree of certainty, during a debate in the Dáil, the chairman of the Mullingar Area Advisory Committee P.W. Shaw T.D., gave the following information to the house. He said that the five Area Advisory Committees had sixty-two members in total, who in turn controlled 524 voluntary workers throughout the Free State, and that there were in addition, 164 staff employed in forty full and part time offices.³⁷⁴

However, it should be said that not all volunteers were motivated by humanitarian feelings. During 1928, a report reached the Mullingar committee that not only was a volunteer worker in Athlone accepting money from pensioners for advice given, but that he was also taking money from widows whose pensions were being handled in trust by the committee, and about whom he had been submitting reports. Following consultation with the Ministry, this volunteer worker was summarily dismissed.³⁷⁵ The more usual work an Area Advisory Committee consisted of dealing with various applications for assistance from disabled veterans or dependants of deceased servicemen under the several schemes available. The applications, most often in the form of a request for a monetary grant, were usually processed under three headings, Commutation of pensions, Civil Liabilities Department grants and Special Grants. Typical applications in each of these categories can be illustrated with reference to a meeting of the Mullingar Area Advisory Committee held on 21 July 1924.³⁷⁶

Commutation of Pensions

This type of application could be submitted by disabled veterans who were in receipt of a permanent disability pension who wished to receive a lump sum in return for a reduction in their pension. Ex-servicemen with a less than 20% disability, who were in receipt of a final weekly allowance, were also eligible to apply for the remainder of their allowance as a lump sum. For an ex-serviceman it was in effect, an

³⁷³ Mullingar Area Advisory Committee minutes, 19 July 1926 (NLI, O'Hara Papers, MS36,447-3 1925-6).

³⁷⁴ Houses of the Oireachtas. Dáil Eireann debate 16 November 1927. *Motion by Deputy Redmond-disabilities of British ex-servicemen*, statement by P.W. Shaw, available online at <https://www.oireachtas.ie/en/debates/debate/dail/1927-11-16/42/> (24 October 2018).

³⁷⁵ Mullingar Area Advisory Committee minutes, 19 July 1928 and 17 September 1928 (NLI, O'Hara Papers, MS36,447-4 1927-9).

³⁷⁶ Mullingar Area Advisory Committee minutes, 21 July 1924 (NLI, O'Hara Papers, MS36,447-2 1923-4).

interest free advance of their own pension or allowance, and provided that the veteran stayed in relatively good health, it was money that he was going to receive anyway. Before a payment of this sort was made there were some important conditions to be met. First the sum advanced could not be more than the equivalent of twenty-six weeks pension.³⁷⁷ Next the applicant had ‘to pass a medical examination showing him to be in a good state of health and to possess a normal expectation of life’.³⁷⁸ Finally, in what was perhaps the greatest hurdle, the reason put forward to the committee had to be plausible.

In this meeting of the Mullingar Area Advisory Committee, there were nine applications for commutation of money. Two involved life pensions and seven concerned final weekly allowances. The reasons put forward included establishing various business ventures, buying livestock and in one case setting up both as a plumber and the operator of a cycle works, a combination of trades that seem to have little common ground. This last application for an advance of final weekly allowance was refused, along with two others. Two more were granted and the final two were deferred for further investigation. In the case of final weekly allowances, a deferment was not always welcome. Because this type of payment had a finite time span, the longer a decision took, the smaller the amount of money that could be granted would be.³⁷⁹ Of the two ex-servicemen with pensions who applied, one request was granted and one deferred.

The committee also deliberated on three complaints made to them. Two were from disabled veterans whose applications for commutation of pension had been refused by Ministry officials but were to be re-assessed. The third complaint was in relation to a pension application from a widow whose husband’s death was ruled as not being caused by or contributed to, by his military service.

Civil Liabilities Grants

Details of this grant have already been described, but two aspects of this scheme are worth noting. In the minutes of this Area Advisory Committee, preference seems to have been given to disabled veterans who had completed a course of training approved by either the Ministry of Pensions or Ministry of Labour. The

³⁷⁷ *Notes on War Pensions* (London, 1923), Para 28 (1)(a), p. 24.

³⁷⁸ Circular to War Pensions Committees and to Area Advisory Committees in the Irish Free State, No. 40, Commutation of Pensions dated 1 September 1924 (NLI, O’Hara Papers, MS36,447-8 1923-4).

³⁷⁹ See Chapter 2 for the case of Michael Carroll who was awarded a weekly payment for seventy weeks.

other interesting aspect is that money granted under this scheme was in addition to any other money given by way of pension or allowance. It was therefore free to use, or possibly misuse, at the pleasure of the recipient. To date, no evidence has been found that indicates that a method to reclaim any funds used inappropriately existed. However, given the strict rules that were applied in all financial matters, it is reasonable to assume that such a system did operate. Because applicants for these grants were for the most part already in receipt of pensions, recoupment of such amounts may have been made under the rules for the forfeiture of pensions. Certainly, any false statements made in relation to the commutation of pensions could result in imprisonment if found guilty.³⁸⁰ Of the eight applications considered at the July meeting, five were granted and the remainder deferred.

Special Grants

The Special Grants Committee of the Ministry of Pensions was formed for the purpose of providing funds to widows, children, and other dependants of deceased officers and men to help them obtain education, training or employment.³⁸¹ The Advisory Committee considered seven applications at this meeting, all of which were for grants to fund the education of children and all were approved. Later the regulations were tightened to ensure that all officials and volunteers were aware that Special Grants were only to be approved in ‘exceptional cases of hardship’.³⁸² Four of the applicants discussed at this meeting were mothers, who in the circumstances were most likely to have been widows or dependants of deceased servicemen; two were from fathers who were disabled Great War veterans; and the last was submitted by the guardian of a children of a deceased serviceman.

Reduction of Workload and Amalgamation

As time moved on it became apparent that the volume of work being done by the Area Advisory Committees was beginning to stabilise and even decrease. Table 4.1 compares differences in the volume of work undertaken by the Mullingar Committee over a four-year period.

³⁸⁰ War Pensions Act, 1921, Para 7(2).

³⁸¹ Naval and Military War Pensions, &c., Act 1915, Para 3(1)(k) and Naval and Military War Pensions, &c., (Transfer of Powers) Act, 1917, Para 2.

³⁸² Circular to War Pensions Committees and to Area Advisory Committees in the Irish Free State, No. 55, Regulations for the Special Grants Committee (NLI, O’Hara Papers, MS36,447-3 1925-6).

Table 4.1 Comparison of work undertaken by Mullingar Area Advisory Committee over a four-year period

Time Period	Correspondence		Interviews	Veterans for medical treatment	Children under supervision
	In	Out			
For five weeks to 31 December 1926 Mullingar Area Advisory Committee return to Ministry of Pensions for five weeks ending 31 December 1926 (NLI, O'Hara Papers, MS36,447-4 1927-9).	2682	2721	1046	509	63
For four weeks to 26 December 1930 Mullingar Area Advisory Committee return to Ministry of Pensions for four weeks ending 26 December 1926 (NLI, O'Hara Papers, MS36,447-5 1930).	2588	3001	340	203	284

The 1926 return reflects a time when the committee had settled into its role as the main contact point for people in receipt of war pensions or allowances, while the 1930 return is from a time when the urgency of the formative years had been addressed, and there was an obvious reduction in the numbers of veterans and dependants presenting to the committee. The statistic that goes against this trend was in relation to the number of children who were, to use the term applied in the printed return 'under the supervision' of the committee. Why there was such a dramatic increase in the numbers being supervised is not apparent in the surviving documents. It is almost counter-intuitive that this should be so, because as children grew up, they became ineligible for payments from the Ministry. Although the layout of the statistical forms changed, there is not enough information to determine if the accounting criteria had changed in the intervening years as well. The atypical trend indicated by these figures can only be noted and in the absence of more details, further comment would be speculative.

Other information can be drawn from the statistical returns. That there was an average of over 1,000 letters received and dispatched each week by the committee is quite staggering. This earlier return breaks down the correspondence further by recording that there were 9,561 individual documents received and 8,164 despatched by the committee. This indicates an average of 1,912 documents in and 1,632 out each week during this period, for an area that covered seven mainly rural counties. The volume of correspondence in the largest area served by the Dublin Committee that administered the needs of ten counties, including the capital city must have been

significantly greater.³⁸³ In the return for 1930, the amount of correspondence dealt with had increased to an average of almost 1,400 each week, but the number of individual documents was not recorded nor is there any indication as to why the correspondence increased.³⁸⁴ In terms of the numbers of claimants seen by the committee or volunteers each month, this showed a considerable difference from 1,046 to 340 (weekly averages of 209 against 85). The figures for the earlier period show a total of 959 male and 87 female interviewees, but the later figures were less detailed as they did not differentiate between male or female applicants. Why there was an increase in the level of correspondence to and from the committee when there a decrease in the number of applicants cannot be determined.

The figures for men undergoing medical treatment included home visits by doctors, to outpatients and inpatients. Here again, there is a sizeable difference, with the later total being less than 40% of what it had been four years earlier. The last two sets of statistics illustrate an important point, not only about the situation in the Mullingar area, but also about what was happening with disabled veterans across the Irish Free State. Some twelve years after the Great War, the demands placed on the medical and financial supports by disabled ex-servicemen and other dependants had reduced as the treatment of wounds and illnesses was completed and claims for pensions were approved or refused. The infrastructure put in place by the Ministry of Pensions had fulfilled its mission and had reached a point where there was over-capacity. Under the ever-present watchfulness of the Treasury, it was apparent that a rationalisation of Ministry facilities was needed. Symptomatic of this was the amalgamation of the Blackrock Orthopaedic Hospital in Blackrock, Co. Dublin with the Leopardstown Park Hospital, also in Co. Dublin.³⁸⁵

The need for reduced Ministry of Pensions services was apparent in the Mullingar Advisory Committee Area as early as 1927. In that year the committee offices in Sligo town reduced its operating hours 'because there were so few applicants', and at the same time the opening hours for the Athlone, Galway and

³⁸³ Letter from Chief Area Officer, Ministry of Pensions, Dublin to Ministry of Pensions, Dublin dated after 17 June 1936 stated that 75% of all Area Advisory Committee work came within the purview of the Dublin Area Advisory Committee (NAUK, Irish Republic Area Advisory Committee, composition and functions of, PIN56-15).

³⁸⁴ The weekly average correspondence to and from the Advisory Committee for the five weeks to 31 December 1926 was 1,080.

The weekly average correspondence to and from the Advisory Committee for the four weeks to 26 December 19 was 1,397.

³⁸⁵ NAI, Blackrock & LPH Proposed Amalgamation, OPW-16100-29 for more details.

Longford offices were reduced or adjusted to include Saturdays because that was the most convenient time for those areas, for example it was market day in Athlone.³⁸⁶ By July of that year the full-time offices in Ballina, Athlone and Mullingar were reduced to part time opening, with further reduced opening hours in Castlebar, Sligo, Roscommon, Galway, Longford and Boyle.³⁸⁷ Almost ten years after the end of the war, that nine offices were still in operation, albeit part time, speaks volumes of the size and needs of the war veteran community, and also of the commitment of the Area Committee and volunteers. The matter of office closures continued throughout 1927-8, but it was apparent that the need for so many offices had passed and that a further reduction in the number of locations and opening hours was necessary. The Sligo office closed during 1928³⁸⁸ and in January 1929 the decision was made to close offices in Roscommon, Boyle, Castlebar and Athlone, while retaining Mullingar, Longford and Ballina as part time for one or two days each week.³⁸⁹ Exactly when the Galway office closed is not recorded.

The decline in work for the Mullingar Area Advisory Committee and the other Advisory Committees continued as the demand from disabled veterans reduced. By the middle of 1936, it was determined that one consolidated committee would adequately serve the responsibilities of the Ministry of Pensions to disabled ex-servicemen and other pensioners in the Irish Free State.³⁹⁰ At this point, some eighteen years after the war ended there were approximately 26,000 disability pensioners in the Irish Free State of which at least 20,000 were to be found within the area of the Dublin Advisory Committee.³⁹¹ The new committee was to consist of seventeen members and would be filled by members of the disbanded committees. It was to be known as the British War Pensions Advisory Committee (Irish Free State) but as the name of the country changed, so did the name of the committee.³⁹²

³⁸⁶ Mullingar Area Advisory Committee minutes, 17 January 1927 and 21 March 1927 (NAI, O'Hara Papers, MS36,447-4 1927-9).

³⁸⁷ *Ibid*, 18 July 1927.

³⁸⁸ *Ibid*, 15 January 1928.

³⁸⁹ *Ibid*, 28 January 1929.

³⁹⁰ Letter from Ministry of Pensions to Mullingar Area Advisory Committee dated 31 July 1936 (NLI, O'Hara Papers, MS36,447-6 1934-6).

³⁹¹ Letter from Ministry of Pensions, London to Chief Area Officer, Ministry of Pensions, Dublin dated 17 June 1936 and reply from Chief Area Officer, Ministry of Pensions, Dublin to Ministry of Pensions, London dated after 17 June 1936 (NAUK, Irish Republic Area Advisory Committee, composition and functions of, PIN56-15).

³⁹² Letter from Ministry of Pensions, London to Ministry of Pensions, Dublin outlining change of name from Irish Free State to Ireland dated 31 December 1937 & Letter from Ministry of Pensions, London to Ministry of Pensions, Dublin outlining change of name from Ireland to Eire dated 16 June 1938

The British War Pensions Advisory Committee (Irish Free State)

Within the Ministry of Pensions in London, there was intense debate about who was to be invited to be part of the new committee. It is apparent from the exchange of memos between officials that their priority was that the best people for the job should be chosen, and not just a person who would slavishly follow Ministerial instructions. The debate around some candidates stands out as characterizing this. The first is in regard to the non-selection of one member of the Dublin committee, Major J.J. Tynan who was a representative of disabled men and who despite his protests, was not invited to be on the new committee due to poor attendance and because he was ‘more concerned with his personal re-election than anything else.’³⁹³ In a different vein, Captain T. Corry D.C.M. from the Limerick Committee was described as a ‘difficult member’ but a ‘good worker who represented a large colony of ex-servicemen in the extreme part of Clare’ and ‘that it would be an advantage from every point of view to retain the services of Captain Corry as a member of the committee.’³⁹⁴ Other than being recognised as a good worker on behalf of pensioners, being the holder of the DCM identified him as having been commissioned from the ranks of enlisted men. This may have made it more likely that he could understand and communicate more effectively with disabled ex-servicemen, the vast majority of whom were ex-enlisted men. Capt Corry had replaced M.L. Hegarty as the representative for County Clare. Hegarty had attended no meetings of the Limerick Area Advisory Committee between January 1929 and October 1930 due to ill health. He was a Great War veteran with a 90% disability for VDH who despite being acknowledged as an active worker in his home district, was unable to travel to committee meetings. His replacement was done with great reluctance as it was considered ‘difficult to turn off a member of long standing where illness has overtaken him, and particularly where the illness arises from a serious war disability’.³⁹⁵

(NAUK, Irish Republic Area Advisory Committee, composition and functions of, PIN56-15).

³⁹³ Letter from Chief Area Officer, Ministry of Pensions, Dublin to Ministry of Pensions, London dated 7 August 1936 (NAUK, Irish Republic Area Advisory Committee, composition and functions of, PIN56-15).

³⁹⁴ Letter from Chief Area Officer, Ministry of Pensions, Dublin to Ministry of Pensions, London dated after 17 June 1936 (NAUK, Irish Republic Area Advisory Committee, composition and functions of, PIN56-15).

³⁹⁵ Ministry of Pensions internal memo dated 30 October 1930 (NAUK, Irish Republic Area Advisory Committee, composition and functions of, PIN56-14).

The official that recommended the services of Captain Corry also saw merit in retaining the services of P.W. Shaw who was a sitting member of Dáil Eireann at that time.³⁹⁶ In a detailed account of his activities with the Mullingar Advisory Committee he was described as

not concerned so much with the merits or demerits of a case or with the Ex-Serviceman, as such, or the Ministry, but to him a successful claim meant more British money for the Irish Free State, and in the case which he personally sponsored. He was candid about it too. A favourite remark of his was 'The more pensions we get the better it is for the country'.³⁹⁷

The letter went on to describe how Shaw would gladly publicize his successes, but left the conveyance of bad news to others, much to the amusement of other committee members. Despite his apparent self-glorifying actions, Shaw was considered too valuable a worker to exclude from the new committee. The members of the British War Pensions Advisory Committee were invited to retain their positions until at least the end of December 1942 by which time their work involved disabled ex-servicemen of another war.³⁹⁸

Politicians and Disabled Veterans

It was not long after the formation of the Free State that there were reports in some Irish newspapers, about Irish ex-servicemen being the subject of questions in the Houses of Parliament in London. According to the *Freemans Journal*, a Nationalist and pro-Treaty newspaper,³⁹⁹ the Minister of Pensions was asked to outline the procedures left in place for war pension administration in the Free State and the part the Free State government had in the matter. His reply was that the same rules applied in the twenty-six counties as applied in Britain or in any other dominion and the that mode of administration was that which was most suitable to local conditions. He then added that because all monies expended came from the Imperial Parliament, there was no need to consult the Free State government if any changes were made, such as the withdrawal of any grant or payment.

³⁹⁶ TDs & Senators (Dublin, 2019), available online at Houses of the Oireachtas <https://www.oireachtas.ie/en/members/member/Patrick-Walter-Shaw.D.1923-09-19/> (28 February 2019).

³⁹⁷ Letter from Chief Area Officer, Ministry of Pensions, Dublin to Ministry of Pensions, London dated after 17 June 1936 (NAUK, Irish Republic Area Advisory Committee, composition and functions of, PIN56-15).

³⁹⁸ Letter from Ministry of Pensions, London to members of British War Pensions Advisory Committee (Eire) dated 3 October 1940 (NAUK, Irish Republic Area Advisory Committee, composition and functions of, PIN56-15).

³⁹⁹ *Freemans Journal*, 29 June 1923.

At least that is what he was reported to have said on 28 June 1923. A search of the speeches of the Minister of Pensions, Mr George Tryon in Hansard reveal no such announcement at this time. It shows that he addressed the House on 10 May 1923 and on 2 July 1923, but not in between.⁴⁰⁰ In terms of the substance of the newspaper report, parts of it can be found in the Minister's answer to questions about the Free State on 26 April 1923, but it does not contain anything that could be interpreted as being dismissive of the Free State or any other Dominion parliament as it stated at the end of the newspaper article.⁴⁰¹ Attempts to find the two members of parliament who had raised the questions that the minister is supposed to have answered were equally fruitless. Mr Robert Richardson did not speak in parliament between 11 May to 11 July 1923.⁴⁰² Mr James Ede likewise made no contributions between 10 May and 3 July 1923.⁴⁰³ This strongly suggests that the parliament was not in session and that the members may have been on their summer holidays. Whether by accident through inaccurate reporting, or bad proof-reading or worse, by a deliberate intention to misrepresent facts, the supposed reminder of the supremacy of the London parliament over all other dominion parliaments, although legally and technically true, had suggestions of an admonishment especially for the Free State as it was the only dominion mentioned by name. A direct or indirect reproach such as this was likely to be salt in the wounds of some Irish people who were unhappy with the compromises made to secure the Anglo-Irish Treaty.

While inter-government relations were often frosty, impersonal, and proper in the extreme, they could hardly be described as friendly. The Irish government position was reflected early in the life of the Dáil whenever the issue of Great War veterans was raised by T.D.s, several of whom were themselves veterans and who were involved with veteran affairs. As an example, on 3 October 1923, when questioned by two T.D.s with knowledge of, and an interest in ex-British veterans' affairs, the President of the Executive Council, W.T. Cosgrave, gave answers that provide an object lesson in parliamentary stone-walling. When he was asked by Alfred Byrne, a Dublin T.D. who had been a prominent councillor in the City with

⁴⁰⁰ Hansard 1803-2005, *Mr George Tryon contributions 1923* online at <http://hansard.millbanksystems.com/people/mr-george-tryon/1923> (18 December 2016).

⁴⁰¹ *Hansard*, HC 26 April 1923 vol 163 cc640-1. Irish Free State.

⁴⁰² Hansard 1803-2005, *Mr Robert Richardson contributions 1923* online at <http://hansard.millbanksystems.com/people/mr-robert-richardson/1923> (18 December 2016).

⁴⁰³ Hansard 1803-2005, *Mr James Ede contributions 1923* online at <http://hansard.millbanksystems.com/people/mr-james-edel/1923> (18 December 2016).

knowledge of the workings of War Pensions Committees from his time there, whether he had information about the number of men in receipt of Ministry of Pensions disability payments, or if he could get them, the President answered that as that body was not under the control of the Free State government, he was not in a position to ask for the returns requested. When pressed by the T.D. if it was the intention of the government to protect its citizens from reductions in Ministry of Pensions allowances, Cosgrave replied that he had no control over that committee. While both answers given are technically true, there was no particular reason preventing the President of the Executive Council from making some sort of representation on behalf of citizens of the country he was the leader of. Nothing that is except that there was no political or moral will within the government to do so.

Captain William Redmond, an ex-British wartime officer and son of John Redmond who had led the Irish Parliamentary Party, who was now a T.D. representing the Waterford area, pressed the President about safeguarding the interests of Irish citizens in this matter. The reply was that the President did not know if it was possible to do so. Redmond pressed the matter of making representations to some part of the British government on behalf of Free State citizens and elicited the reply that the official view was that the Executive Council

did not think that this Dáil, if it were made aware that representations were made to us as to how we should conduct our business with regard to any persons placed in the same position in Great Britain, would be satisfied that such representations should be made to us. If that be our view in regard to that question, I do not see how we could interfere in a matter which concerns them.⁴⁰⁴

It seems an extremely rigid position to adopt whereby one government would not contact another in an effort to improve the welfare of some of its citizens. Other government ministers treated questions about ex-British pensioners in a similar manner. When asked questions in relation to ex-British service pensioners who were Irish citizens, the Minister of Finance, Mr. Blythe replied that ‘the administration of British military pensions is not a matter in which the Government of the Irish Free State is officially concerned.’⁴⁰⁵ Later, in connection with a Dublin veteran who had

⁴⁰⁴ *Dáil Eireann debate*, 3 October 1923, Questions. Oral Answers. Pensions appeal tribunal (British Pensions).

⁴⁰⁵ *Dáil Eireann debate*, 25 September 1923, Questions. Oral Answers. Pensions to soldiers of the Great War.

been admitted to Grangegorman Mental Hospital and whose family were in severe financial difficulties the same minister said the administration of British Military pensions was not a matter in which the government of the Irish Free State was officially concerned, that general representations that had been made were duly brought to the notice of the British Authorities, but that it was not possible for him to pursue inquiry in individual cases affecting a branch of administration for which he was in no way responsible.⁴⁰⁶

The policy of having as little as possible to do with persons in receipt of British pensions carried on throughout the rest of the decade. In doing so, the government in effect turned its back on a significant number of its citizens and reneged on some of the responsibilities that can be considered to be inherent for a democratic government. The numbers of Irish citizens who were uncared for by their government was not insignificant. By the middle of 1924, there were 10,550 Irishmen in the Free State in receipt of permanent disability pensions. Another 4,750 were receiving weekly allowances, usually because they were undergoing treatment or by way of a final payment for less serious injuries. In addition to these, there were approximately 58,000 widows, orphans and other dependents in receipt of payments from the Ministry of Pensions. All told, in 1924, there were approximately 140,000 individuals in the Irish Free State who were beneficiaries of British war pensions that were paid out every week without fail.⁴⁰⁷

The position of the politicians who represented the interests of veterans was that everyone in the new state should pull together, but there was a danger that those who had fought in the British Forces during the Great War were portrayed as less Irish or as a lesser grade of citizen in some circles. The editor of *Irish Truth*, a periodical from that time wrote about what he saw as an unfair attitude towards ex-British veterans,

Surely, there can be no ground for any different feelings towards their own countrymen [.....] We believe that there is esteem for them, but there are some rancorous souls who think that there is a cheap road to popularity to be found in abusing them. IRISH TRUTH [capitals in original] maintains that there can be no justification for treating them as under some ban - something disintitling them to the rights and liberties of full and trusted citizens of the Irish Free State.⁴⁰⁸

⁴⁰⁶ *Dáil Eireann debate*, 10 October 1923, Questions. Oral Answers. Ex-British soldier's pension.

⁴⁰⁷ *Hansard*, HC Deb 2 June 1924 vol. 174 c897. Pensioners, Ireland.

⁴⁰⁸ *Irish Truth*, 2 August 1924.

At no time did the politicians who represented ex-British veterans, make any statements that could be construed as disloyal to the new state. In fact, just the opposite was the case. During the election campaign in August 1923, supporters of Major Bryan Cooper, who had served as an officer in 10 (Irish) Division during the war, were reminded by a speaker that

they had a present got a government that had brought them from chaos to order. They had got a government that had faced the most enormous difficulties that had ever faced men trying to pull the country together. They would not be talking together that night with the freedom they had if the government and these great men had not stood to their guns. Now first and foremost [.....] it was their duty to take care that the government came back with a good backing of the sort of men like Major Cooper.⁴⁰⁹

But despite this and many similar statements of support for the Free State and the avowed non-political nature of the majority of ex-servicemen's organisations, a perception that there was a degree of bias and discrimination towards ex-British veterans in the Free State existed. The allegations of discrimination were refuted by both Generals McMahon and Hickie as well as various branches of the British Legion in the Free State.⁴¹⁰ As time moved this perception persisted, fuelled by newspaper reports of 'appalling conditions among ex-servicemen in Ireland under which human beings are slowly rotting to death'.⁴¹¹ To present the actions of public representatives highlighting the condition of ex-British servicemen in the Free State as agitation would be to portray them in too strong terms, rather it was more of a campaign of persistence that eventually led to the success of a Dáil motion put forward by William Redmond, setting up a commission of enquiry to determine if the assertions concerning ex-British servicemen in the Free State were true. During the debate Redmond had stated that there were

two classes of claims - the first against the Irish Government, and the second against the British Government. The first, as I say, is a claim for equal rights of citizenship, no more and no less. The second is a claim for the fulfilment of solemn obligations and undertakings entered into by a previous British Government and binding on the present British Government.⁴¹²

⁴⁰⁹ *The Irish Times*, 25 August 1923.

⁴¹⁰ *Weekly Irish Times*, 28 March 1925. Lieutenant General Sir Bryan Mahon commanded 10 (Irish) Division during the war. Major General Sir William Hickie commanded 16 (Irish) Division in France.

⁴¹¹ *Ibid*, 14 May 1927.

⁴¹² *Dáil Eireann debate*, 16 November 1927, Motion by Deputy Redmond-disabilities of British ex-servicemen.

This was a sentiment that he repeated several times in the House. The President of the Executive Council of the Irish Free State appointed the Committee on Claims of British Ex-servicemen on 29 November 1927. One of the three members, Brigadier General Browne-Clayton had experience of veterans' affairs, having been a member of the Waterford Area Advisory Committee since its inception.⁴¹³ The committee was to determine

- (a) The nature and extent of the claims made by such ex-Servicemen against the British Government in respect of rights alleged to have arisen out of past services;
- (b) the nature and extent of their claims, if any, against the Government of the Irish Free State in respect of alleged discrimination against them in regard to employment on public works or otherwise;⁴¹⁴

Having been instrumental in the establishment of a committee of enquiry it might be expected that Redmond would have supported it but he did not. He refused to co-operate because of what he considered to be fundamental flaws in how the committee conducted its investigation, namely that all its proceedings were in private, and that it would not travel outside Dublin to interview ex-servicemen or to inspect local conditions, although in fact two of its eighteen meetings were held in Cork and Waterford.⁴¹⁵

The report was completed on 8 November 1928. At least half of it concerned the workings of the Irish Land Trust, a British government funded organisation set up to build houses for ex-servicemen in Ireland.⁴¹⁶ While some of these houses were built specially for disabled veterans, there was no mention of this group in this section of the report. There was also a substantial section on the employment of temporary and permanent government clerks, but from the perspective of disabled ex-servicemen with modest or no education, there was little that was relevant. Overall there is little to indicate that the needs of disabled veterans, of which there were 22,366 in the Irish

⁴¹³ Letter from Ministry of Pensions, London to Ministry of Pensions, Dublin dated 28 November 1927 (NAUK, Commission to enquire into condition of British ex-servicemen in Irish Free State, PIN15-757).

⁴¹⁴ *Report of the Committee on Claims of British Ex-servicemen* (Dublin, 1929), p.1.

⁴¹⁵ *Ibid*, p. 2 and pp 63-5.

⁴¹⁶ Patrick Hugh Lynch. *Irish Sailors' and Soldiers' Land Trust* (Dublin, 2009) for more information concerning this organisation.

Free State in late 1927,⁴¹⁷ were addressed to any extent or that they were given much consideration by the members of this committee of investigation. This can be attributed to the manner in which their investigations were conducted. While acknowledging that the submission of grievances was to be ‘thrown as much as possible upon the ex-Servicemen's Organisations’, the committee also stated that because of the ‘very considerable body of British Ex-servicemen not connected with any Organisation’ they were unlikely to hear their claims or grievances’.⁴¹⁸ Given the number of disabled veterans in the Free State, the potential number of interviewees that the committee sought out, seems to be small. Even the public notice in newspapers asked specifically for submissions from representatives of ex-servicemen because the committee had decided that ‘no useful purpose would be served by asking for particulars of individual grievances by public notice’.⁴¹⁹ However although the committee tried to avoid dealing with individuals, many veterans did send in personal submissions that the committee referred to in just two pages of the report. The committee considered that all pension related submissions given to them had already been through the Ministry of Pensions administrative procedures and so they recommended that all such submissions be directed back to that Ministry.⁴²⁰ As if to illustrate the lack of regard in which British ex-servicemen were held in by the Free State government, it was not until 31 December 1929 that the Department of External Affairs sent the Government Memorandum on the Report of the Committee on Claims of British Ex-servicemen to the Dominions Office in London.⁴²¹ Officials at the Dominions Office concluded that of the claims and appeals made to the Free State committee, ‘many - if not all – are hopeless and foolish appeals’ and that ‘there is nothing which the Irish Free State Government propose to do for the Ex-service men concerned’.⁴²²

Of the 337 pension related submissions, a nominal roll of 316 has survived in the Ministry of Pensions files. Analysis of the county of origin of the submissions shows that Cork provided the most with thirty-seven submissions, followed by Dublin

⁴¹⁷ Ministry of Pensions memo dated 29 February 1928, showing number of ex-servicemen in receipt of disability pensions in England, Wales, Scotland, Northern Ireland and Irish Free State (NAUK, Commission to enquire into condition of British ex-servicemen in Irish Free State, PIN15-757).

⁴¹⁸ *Report of the Committee on Claims of British Ex-servicemen* (Dublin, 1929), p. 1 and p. 52.

⁴¹⁹ *Ibid.*, p. 53.

⁴²⁰ *Ibid.*, pp 54-5.

⁴²¹ Correspondence from Department of Foreign Affairs to Dominions Office dated 31 December 1929 (NAUK, Claims of British Ex-servicemen in IFS 1929-30, DO35-330-9).

⁴²² Internal Dominions Office memo dated 4 March 1930 (*Ibid.*).

with thirty-four. The surprising total is from Sligo, also with thirty-four submissions. This seems a large number for a rural county, but perhaps not so when it is considered that the county lay within the Mullingar Area Advisory Committee catchment area with the previously mentioned P.W. Shaw T.D. as its chairman and his enthusiasm for bringing British money to Ireland. With this route of review effectively closed off, perhaps the disabled veterans living in the Irish Free State needed some other way to advance their cause and conceivably that way was through self-help.

Representative Associations in Ireland and the Irish Free State

The great majority of Irishmen who joined the British Armed Services during the First World War were volunteers. Many of the first to join were members of the National Volunteers. Others were not, but all were of a like mind that it was the right thing to do for Ireland, for Belgium and for themselves, not forgetting that there were some who saw it as an opportunity to escape poverty and have an experience of a lifetime.⁴²³ Never had the words of Doctor Johnson seemed more apt that 'every man thinks meanly of himself for not having been a soldier, or not having been at sea.'⁴²⁴ The majority joined the British Army and became subject to the discipline and the sometimes, exotic customs of the regiments that made up that organization. Through training and active service, a bond of trust and fierce loyalty developed towards comrades. As one infantryman said of the army,

whatever its size a man's world was his section - at most his platoon; all that mattered to him was the one little boat of castaways with whom he was marooned on a desert island making shift to keep off the weather and any sudden attack of wild beasts. Absorbed in the primitive job of keeping alive on an earth naked except in the matter of food, they became, like other primitive men, family separatists.⁴²⁵

It is almost impossible for those who have not served in the military to appreciate the intimacy and cohesion of these small units. For many men, one family was replaced by another, with a fierce bond of loyalty to each other within their group. But the bonds were broken when the effects of an illness or wound were

⁴²³ For more on recruiting and the formation of wartime formations see; Keith Jeffery, *Ireland and the Great War* (Cambridge, 2000), Timothy Bowman, *The Irish regiments in the Great War, discipline and morale* (Manchester, 2003) and Tom Johnstone, *Orange green & khaki, the story of the Irish regiments in the Great War, 1914-18* (Dublin, 1992).

⁴²⁴ Frank P. Lynch, *Soldiers* (New York, 2016), online at The Samuel Johnson sound bite page, <http://www.samueljohnson.com/soldiers.html> (25 November 2016).

⁴²⁵ C.E. Montague. *Disenchantment* (London, 1922), p. 35.

serious enough to necessitate evacuation to the rear. When that occurred, a soldier was moved as rapidly as conditions allowed away from the comfort of that surrogate family into a huge and often impersonal medical system. Following treatment, a soldier might be returned serve with his old unit where it might be possible to re-establish the bonds that had existed before. Alternatively, he might be discharged from the forces, thus completely severing ties, leaving him to pick up the pieces of his former life. Whether from a rural or urban background, many ex-servicemen, especially those with disabilities that impinged on their everyday life, felt physically and emotionally isolated.⁴²⁶ None more so than in Ireland, a country that had changed so much while they were serving abroad. The inclusion of disabled ex-servicemen on Local War Pension Committees was one way in which this isolation could be broken. The 1917 and 1918 Acts provided for the participation of disabled veterans in these local organizations where their knowledge of the medical system and personal experiences could be used for the benefit of others. The comfort of a group identity rediscovered and a realisation that organised representation could be more successful when dealing with government bureaucracy than individuals, all combined to bring ex-servicemen together. Many representative groups were formed with some emerging even as the war was in progress.

One of the first groups was the Irish Federation of Discharged and Demobilised Soldiers and Sailors. This was an offshoot of the National Federation of Discharged and Demobilised Soldiers and Sailors that had been formed in the London area in January 1917. It had been organised and was led by James Hogge, a radical Liberal M.P. who had been a campaigner for the rights of veterans for many years. Membership was open to all discharged enlisted men and to ex-officers who had served in the ranks before being commissioned. Directly commissioned individuals were excluded. With a strong political leadership, the Federation saw itself as the guardian of veterans' rights and was willing to confront the authorities in pursuit of this.⁴²⁷ The Federation was also willing to petition local authorities in order to advance their agendas. For instance, soon after the Armistice, as the Land for Soldiers Bill was being debated in parliament, a local branch in Limerick gained the

⁴²⁶ *Weekly Irish Times*, 24 April 1920, Ex-servicemen barred from admittance to Union hospital by Clonmel Board of Guardians; *Irish Times*, 5 November 1923, Ex-serviceman and family forced from their home in Roscommon by gunmen; *Wicklow Newsletter*, 13 August 1924, Ex-serviceman cuts own throat in bedroom while family at dinner downstairs.

⁴²⁷ Niall Barr. *The lion and the poppy, British veterans, politics, and society, 1921-1939* (Westport, 2005), p 12.

support of the County Council to lobby the War Office, the Local Government Board and the local press to ensure a good outcome for veterans.⁴²⁸ At this time the changes introduced in pension legislation gave Federation members a chance to work for the benefit of disabled veterans by becoming members of Local War Pension Committees.⁴²⁹ Participation in the pensions administration process often brought them into contact with members of other, possibly rival groups of veterans. For instance, by early 1920 the Dublin Municipal Pensions Committee had disabled representatives from four ex-servicemen's groups. They were from the Comrades of the Great War, the Irish Federation of Discharged and Demobilised Soldiers and Sailors, the Discharged and Demobilised Soldiers and Sailors Protection Association and the Irish National Veterans' Association.⁴³⁰ Because Dublin had provided such a large proportion of the wartime volunteers, it was not surprising that so many veterans groups were represented.

As one of the larger associations, The Irish Federation of Discharged and Demobilised Soldiers and Sailors often appeared to disagree with the Comrades of the Great War. This stemmed from the different ethos of the organisations. The Federation strove to establish the rights of all veterans especially in relation to ensuring that disability pensions were a statutory right and not at the whim of the monarch.⁴³¹ In their view the war had fundamentally changed the relationship between the masses and the establishment. Proper aftercare was considered a just reward for wartime sacrifices. It can be said that the federation developed from the grassroots up, as it can be said that the Comrades of the Great War expanded from the top down.

That organisation grew from an idea that Captain Simson of the Australian Expeditionary Force had while serving in Gallipoli. He decided that should he survive, he would do all he could to help discharged soldiers. Later, in London he contacted the emergent National Federation of Discharged and Demobilised Soldiers and Sailors but found that he disagreed with their exclusion of ex-officers. He returned to Australia and formed branches of his organisation there. He did the same in parts of Africa, Canada and later in England.⁴³² Several Conservative politicians

⁴²⁸ Limerick County Council minutes, 26 April 1919.

⁴²⁹ Wexford County Council minutes, 11 February 1920.

⁴³⁰ Dublin Municipal Council minutes, 17 April 1920.

⁴³¹ Barr, *The lion and the poppy*, p. 12.

⁴³² *Kilkenny People*, 30 November 1918.

helped form the initial branch of the Comrades of the Great War in London, in opposition to the popularity of the Federation. To what extent they were influenced by the Federation's exclusion of the traditional officer class, and by extension, the traditional ruling class, is hard to determine. What is apparent is that the new association received generous donations from wealthy benefactors with connections to the Conservative Party. The influence of this establishment group was such that the first ruling committee was made up entirely of officers and members of parliament.⁴³³

In Ireland, the establishment of the Comrades of the Great War followed essentially the same process. At a formative meeting in Dublin in 1918, the trustees included the Lord Lieutenant of Ireland and Admiral Lord Charles Beresford. Brigadier General McCalmont was among the patrons as well as a member, and the movement had the approval of the King and the Duke of Connaught.⁴³⁴ By year end the new Lord Lieutenant, Lord French also numbered among the trustees. By that time there were twenty-four branches of the organisation in Ireland.⁴³⁵ As the membership of the Comrades organisation grew, to at least 27,000 by the middle of 1919, it was considered necessary to establish an Irish Central Committee based in Dublin with Major General W.B. Hickie as chairman.⁴³⁶ Under the Committee's auspices, Ireland was divided into three regions centred on offices in Belfast, Dublin and Cork. The values and aims of the Comrades were promoted throughout Ireland. Early in that first summer of peace, the Lord Mayor of Belfast had addressed a meeting of the Comrades of the Great War where he expressed his hope that the brotherhood that had been cultivated at the front would continue. At the same meeting General Ricardo stated that there must be no strife in a society such as theirs over politics, religion, capital and labour.⁴³⁷ Fine and noble sentiments to express but while they might have worked at a personal or even local level, they were not to survive the bitter and violent upheaval of the sectarian conflict and political intransigence that prevailed in Ireland.

The establishment credentials and connections of the controlling committees, and officials of the Comrades of the Great War did little to assuage the concerns of

⁴³³ Barr. *The lion and the poppy*, p 13.

⁴³⁴ *The Irish Times*, 2 July 1918.

⁴³⁵ *Ibid*, 7 December 1918.

⁴³⁶ *Weekly Irish Times*, 2 August 1919.

⁴³⁷ *Ulster Herald*, 7 June 1919.

many veterans who were in favour of more egalitarian representation outside the Armed Forces, than that which had existed within. Nor did the apparent lack of equality in the treatment of ex-officers and ex-enlisted men meet with the expectations of those who thought that the war had been fought for better reasons than maintaining the status quo. While much was made of the uniformity of treatment and respect awarded to the war dead, the notion of this uniformity being extended to demobilised officers and enlisted men did not rest comfortably with some traditional sections of society.

Although both organisations had started off in the London area, the differences and rivalry between them could be found throughout the British Isles, even in small towns in rural Ireland. In early spring 1919, 150 veterans gathered in a cinema in Carrick-on-Suir, Co. Tipperary to decide if they should form a branch of the National Federation of Discharged and Demobilised Soldiers and Sailors. The speaker, Mr. Michael O'Leary from nearby Waterford, spoke of the origins, ethos and aims of the organisation. He emphasised the organisations independence and the establishment fears that the Federation was becoming a political menace that had to be opposed. He stated that the Comrades of the Great War was an organisation founded 'by the aristocrats and highly placed officers with the object of keeping the discharged soldiers under the thumb and discipline of the army service and rendering them harmless as a strong and independent body to fight for their rights.'⁴³⁸

This precipitated a protest from a member of the audience, who happened to be a member of the Comrades of the Great War. This group had been active in the town since at least January 1919 and possibly earlier.⁴³⁹ The exchange of accusations led to the heckler being invited to address the meeting. Both men spoke, and each made a series of allegations against the other. The weight of the arguments made were in favour of the Federation. Eventually the chairman concluded the debate and expressed his view that everyone should unite and work towards a position where all were treated properly. The meeting closed with the announcement of details for enrolment in the Federation to take place the next day. Although there is no record of violence at the meeting, it is clear from the report that passions were aroused and that each side had strongly held opinions. What was also apparent is that while each side had fundamental differences in how their respective organisations should be run, they

⁴³⁸ *The Express*, 5 April 1919.

⁴³⁹ *The Irish Times*, 16 January 1919.

each declared that the best interests of veterans was at the heart of their mission. The similarity of their goals became a significant factor that eased the later amalgamation of the two organisations with the smaller Officers Association in late 1921.⁴⁴⁰

At least two other ex-servicemen's associations existed in Ireland immediately after the war. These groups were the Irish Nationalist Veterans' Association and the Discharged and Demobilised Soldiers and Sailors Protection Association. Evidence suggests that the latter group was strongest in the Dublin area although it appears to have had much less support from veterans and in official circles than the other organisations. In the summer of 1919, it had been unable to secure an interview with the Lord Lieutenant, Lord French.⁴⁴¹ This was in contrast to the situation where the greatest possible encouragement and approval was offered by the Viceroy and Chief Secretary to a deputation from the Comrades some weeks earlier. That delegation was led by Major General Hickie, as chairman of the Irish Central Committee of the Comrades of the Great War.⁴⁴²

The establishment credentials of men such as Hickie did much to advance the agenda of ex-servicemen, while at the same time calming fears of socialism or communism developing in the veteran community.⁴⁴³ This, when combined with the constantly recurring statements by the Comrades of being non-political, non-sectarian and accepting all ex-servicemen as members regardless of previous rank, provided the authorities with a reassuring message in the unsettled post war world.⁴⁴⁴ The Comrades passed an important 'acid test' of acceptability with the authorities while groups like the Discharged and Demobilised Soldiers and Sailors Protection Association apparently did not.

On the face of it, the Irish Nationalist Veterans' Association (INVA) should have appealed to a large proportion of Irish ex-servicemen, but for several reasons it did not. The objectives of the association provided ammunition for the doubtful.

They were

- (i) To promote a National Memorial to commemorate Ireland's efforts and sacrifices in the War.
- (ii) To promote and protect the interests of all Irishmen who have served in the War against the Central Powers.

⁴⁴⁰ Ibid, 12 December 1921.

⁴⁴¹ *The Irish Times*, 22 August 1919.

⁴⁴² Ibid, 2 August 1919.

⁴⁴³ *Freemans Journal*, 2 July 1919.

⁴⁴⁴ *Nationalist and Leinster Times*, 17 June 1919.

(iii) To express and promote the claim of Ireland to National Self-Government.⁴⁴⁵

The first objective was in line with the wishes of the majority of veterans as a way to pay respect to fallen comrades. The second was generally in line with the widely accepted belief that veterans should be looked after by government agencies, rather than private charities, although many veterans might have put this as being a higher priority. The third aim however was complete anathema for the Unionist tradition, opposed to any rule from Dublin. This was the very policy that had caused so much trouble in the years before the war. While some representative groups had put forward proposals for social change, this was a call for political change. The importance attached to this third objective can be explained by noting some individuals who made up the associations Provisional Executive Committee.

The committee consisted of many who had been long-time supporters of Irish Nationalism and the Irish Parliamentary Party. For example, W.A. Redmond had been a member of parliament and wartime officer.⁴⁴⁶ John Esmonde was also a pre-war Irish Parliamentary Party M.P. and had served as an officer during the war.⁴⁴⁷ Sir Thomas Myles and Sir Andrew Horne were pillars of the medical establishment throughout the British Isles. Myles had been a colonel in the R.A.M.C. and consulting surgeon for the Irish Command during the Great War. He had also been a gun runner for the Irish Volunteers.⁴⁴⁸ The Honourable Secretaries were William Henry Brayden and Henry Harrison. The former had been editor of the *Freemans Journal*, an active recruiter for the army during the war and an anti-Sinn Fein propagandist during 1918-9.⁴⁴⁹ Henry Harrison had been a supporter of Parnell and Redmond, served as an officer from 1915 to 1918, winning two Military Crosses along the way.⁴⁵⁰ But the inclusion of Mary Kettle, the widow of Tom Kettle who

⁴⁴⁵ *Irish Independent*, 21 May 1919.

⁴⁴⁶ Marie Coleman. *Redmond, William Archer* (Cambridge, 2016) available online at Dictionary of Irish biography <http://dib.cambridge.org.jproxy.nuim.ie/viewReadPage.do?articleId=a7608&searchClicked=clicked&quickadvsearch=yes> (4 December 2016).

⁴⁴⁷ Lawrence William White. *Esmonde, Sir John Lymbrick* (Cambridge, 2016) available online at Dictionary of Irish biography <http://dib.cambridge.org.jproxy.nuim.ie/viewReadPage.do?articleId=a2946&searchClicked=clicked&quickadvsearch=yes> (4 December 2016).

⁴⁴⁸ *British Medical Journal*, 24 July 1937.

⁴⁴⁹ Felix M. Larkin. *Brayden, William John Henry* (Cambridge, 2016) available online at Dictionary of Irish biography <http://dib.cambridge.org.jproxy.nuim.ie/quicksearch.do> (4 December 2016).

⁴⁵⁰ Owen McGee. *Harrison, Henry* (Cambridge, 2016) available online at Dictionary of Irish biography online at

died on the Somme in 1916, and Eleanor Redmond the widow of William Redmond, killed in action in 1917, was an act of political shrewdness designed to resonate with all who had lost loved ones in the war. The Irish Parliamentary Party pedigree of the Executive Committee gave the organisation some authority and respectability in the eyes of the British administration. This was demonstrated in early July 1919 when a delegation from the association was received by the Lord Lieutenant. A comprehensive list of concerns in relation to veteran affairs was presented covering many aspects of pensions, employment and retraining for disabled veterans.⁴⁵¹

At first the organisation was strongest in the Dublin area, but it did expand. The first regional branch was formed in Longford in June 1919 where up to 200 veterans had joined within a few weeks.⁴⁵² Simultaneously there was a recruiting drive in Belfast and Derry where the association gained some support among veterans with Nationalist sympathies. In these cities, being a Nationalist and a Roman Catholic often went hand in hand, and it was not long before sectarian attitudes put wartime bonds under stress. The breaking point was the organisation of a victory parade in Belfast in August 1919. Nationalist orientated veterans were unhappy at the overtly political nature of the parade organisers and the affiliations of the dignitaries invited. They also took offence at the railway warrants they received describing them as members of the Ulster Division although many had not served in that formation. It was felt that the wartime sacrifices of other Irish formations and of everyone outside Ulster were being deliberately ignored.⁴⁵³ The boycott of this ceremony was quite widespread among members of the INVA, but their dead comrades were not forgotten. Both the Belfast and Derry branches held their own ceremonies of remembrance some weeks later.⁴⁵⁴ Amid an increasingly hostile environment the Ulster branches of the association adopted a lower profile and gradually faded away as members moved to other veterans' groups or concentrated on surviving the uncertainty of the following years. The last mention of the INVA in Ulster was the attendance of a small group at the funerals of victims of sectarian violence in July 1920.⁴⁵⁵

<http://dib.cambridge.org.jproxy.nuim.ie/viewReadPage.do?articleId=a3824&searchClicked=clicked&quickadvsearch=yes> (4 December 2016).

⁴⁵¹ *Freemans Journal*, 8 July 1919.

⁴⁵² *Longford Leader*, 12 July 1919.

⁴⁵³ *Freemans Journal*, 9 August 1919 & *Irish Independent*, 11 August 1919.

⁴⁵⁴ *Freemans Journal*, 16 September 1919 & 11 October 1919.

⁴⁵⁵ *Freemans Journal*, 26 July 1920.

Ulster was not the only region where the INVA lost the support of Irish veterans. The areas in the rest of Ireland where it had made an impression followed suit. An effort to revitalise what was described as a moribund organisation in mid-1920 came to naught.⁴⁵⁶ From organising a meeting in the Mansion House in Dublin with an attendance of between two to three thousand men in July 1919, to complete indifference barely a year later was a dramatic turn of events. Several reasons might explain why this was so. The INVA was one of two veterans' associations that refused to march in the Victory Parade in Dublin on 19 July, the other group was the Irish Federation of Discharged and Demobilised Soldiers and Sailors. Yet the Federation carried on as a viable representative body for veterans until its amalgamation with the Comrades of the Great War in December 1921. Unlike other groups the INVA never expanded significantly, or retained its membership, beyond its Dublin base and therefore did not develop into a truly national organisation. The association seemed to have been directed more towards its political agenda based on the situation as it had been pre-war and not as it then existed. The remembrance of the war dead appeared to have more priority than the more immediate needs of veterans, especially the disabled.⁴⁵⁷ Perhaps the most important reason is that the association was too intimately connected to the Irish Parliamentary Party, which despite its pre-war efforts, had been rejected whole-heartedly by the electorate in 1918. The composition of the Executive Committee of the INVA clearly illustrated those older political connections. Although this organisation failed, several members of the committee had successful and varied later careers such as serving as members of Dáil Eireann.

The Associations Come Together

As noted earlier, the National Federation of Discharged and Demobilised Soldiers and Sailors and the Comrades of the Great War were united in their goal of organising, representing and helping the Irish veterans of the Great War. There was a realisation that the distinctive characteristics of each organisation complemented each other. The Federation had strong support among ex-enlisted men, while the ex-officer led Comrades generally had the benefit of better social, political and military connections. Just when the idea of amalgamation was first put forward is unclear, but

⁴⁵⁶ *Irish Independent*, 28 June 1920 & *Freemans Journal*, 5 July 1920.

⁴⁵⁷ *Donegal News*, 19 July 1919.

it became a serious issue during 1921. The most obvious reason was the benefit to be gained by veterans speaking with one voice. A large association, working on the principle of strength in numbers, had a greater chance of achieving its goals than several smaller ones. It made little sense to have more than one veteran group in any particular area, particularly less prosperous ones because the effectiveness of each group was diluted. There were also financial gains to be had from merging the organisations as fewer groups competed for limited resources and charitable donations. These were essentially the reasons that led to the amalgamation of veterans' organisations in mainland Britain.⁴⁵⁸ For example there was the re-distribution of the wartime profits of the Armed Forces canteens through a committee of the United Services Fund in 1921. £50,000 was available for Ireland based on an allowance of five shillings for every ex-serviceman.⁴⁵⁹ Therefore the larger a representative body was, the larger the amount it was likely to receive. Finally, the members of the Irish representative bodies were aware of events in the United Kingdom, especially the formation of the British Legion under the patronage of Earl Haig. The regard in which the Field Marshall and other senior military figures were held is often misrepresented in modern times.⁴⁶⁰ Criticism of their conduct of the war was the exception rather than the rule, and although it is difficult to understand today, within the confines of prevailing social conventions, there was a large degree of mutual respect between leaders and those who were led. The re-establishment of the officer and men relationship as a way of ensuring they were not forgotten, that disabled comrades received all that they could in terms of medical and financial assistance and as a means of commemorating the dead, all this made a great deal of sense to many veterans.

An indication of how veterans' groups in Ireland would evolve was illustrated by events in the United Kingdom. In May 1919, the National Federation of Discharged and Demobilised Soldiers and Sailors removed its membership ban on ex-officers who had not served in the ranks. This led to talks and eventual amalgamation. On 1 July 1921, it was announced that the Comrades of the Great War, the National Association of Discharged Sailors and Soldiers, the National Federation of

⁴⁵⁸ Barr. *The lion and the poppy*, pp 16-21.

⁴⁵⁹ *Munster Express*, 12 November 1921.

⁴⁶⁰ Daniel Todman, 'Sans peur et sans reproche: the retirement, death, and mourning of Sir Douglas Haig, 1918-1928' in *The Journal of Military History*, Vol. 67, No. 4 (Oct 2003), pp 1083-1106.

Discharged and Demobilised Soldiers and Sailors and the Officers Association had become the British Legion.⁴⁶¹

Months later in Waterford, the Irish Federation of Discharged and Demobilised Soldiers and Sailors and a distinguished audience gathered to open a new clubhouse. The dedication of a building, even this recycled wartime hut, as a meeting place was a milestone for many ex-servicemen. It established a degree of autonomy for the members by removing any obligation they might have to charities or local authorities for the provision of a meeting place.⁴⁶² Most importantly it provided an area where veterans could relax or discuss the matters that were important to them. In the absence of state funded facilities, the members of a veterans' organisation in the environment provided by a clubhouse, formed the basis for de-facto self-help groups, in the likeness of their wartime comradeship.

Amid the speeches at the opening, where the traditional ribbon had been replaced by a token barbed wire entanglement that was removed with due ceremony using a wire cutter, and with the cheers of the veterans, the General Secretary of the Irish Federation of Discharged and Demobilised Soldiers and Sailors announced that henceforth the organisation was to be known simply as the Legion.⁴⁶³ A week later on 19 November 1921, the banner of the new Legion led the procession and open-air ceremony in Waterford to commemorate the local men who had died in the war.⁴⁶⁴ Some days earlier it was recorded that a similar ceremony had seen large numbers of the Legion of ex-servicemen in Cork parade to their respective churches.⁴⁶⁵ Although it is often said that there are no atheists in a foxhole, the idea of a multi-denominational or ecumenical service, even among those who had shared the horrors of war, was a step too far at this time for religious denominations deeply entrenched in their own doctrine. The separate ceremonies were at least peaceful and respectful as the new Legion continued to publicise its non-sectarian, non-political position.

On 24 November 1921, the three main ex-servicemen groups in southern Ireland met at the Royal Hospital, Kilmainham. Under the chairmanship of General Macready, Commander-in-chief of British forces in Ireland, the Comrades of the Great War, the Officers' Association and the Legion joined together to form a new

⁴⁶¹ Barr. *The lion and the poppy*, pp 17-8.

⁴⁶² Kingstown Urban District Council minutes, 25 April 1919. Longford County Council minutes, 19 February 1919.

⁴⁶³ *Munster Express*, 12 November 1921.

⁴⁶⁴ *Munster Express*, 19 November 1921.

⁴⁶⁵ *Freemans Journal*, 15 November 1921.

organisation. It was unanimously agreed that it would be called The Legion of Irish Ex-servicemen.⁴⁶⁶ The headquarters was to be in Dublin and that it would be the only recognised ex-serviceman's organisation in the south and west of Ireland.⁴⁶⁷ Whether the soon to be concluded Anglo-Irish Treaty negotiations influenced this decision in any way cannot be determined but the participants at the Kilmainham meeting cannot have been unaware that the outcome of the London talks would have a direct impact on the veterans that they represented.

In 1922, there were developments that helped establish the Legion of Irish Ex-servicemen as the primary representative body for veterans of the Great War. In early February, the Legion's Dublin branches paid respects to the late Capt. J.C. McWalter, an officer in the RAMC who had been both a city councillor and a member of the Dublin City War Pensions Committee. Over two days, the Legion laid wreathes on his grave in Glasnevin Cemetery and attended a memorial mass in the Pro-Cathedral. This was the first public demonstration of the unified organisation and it received a significant amount of publicity.⁴⁶⁸

At the same time in clubhouses of the Legion away from the capital, members found a cause that was of great importance to them. Many branches passed resolutions calling for the restoration of the provisions of the Irish Land (Provision for Sailors and Soldiers) Act 1919.⁴⁶⁹ The countrywide meetings were held within a very short timeframe and the similarity of their wording seems to bear the hallmarks of a co-ordinated campaign. The official stance of the Legion was put forward by the national chairman, M.R. Walker who placed the blame for the suspension of the Act firmly in the lap of the Treasury and other unspecified government departments in London by refusing to release money that had been approved by parliament. He also called on the emerging Provisional Government to work towards freeing up the necessary funds.⁴⁷⁰ The Legion adopted a policy of supporting the Provisional Government, while at the same time using whatever powers it could to seek government support for its members. The Legion did not back away from public demonstrations of support as evidenced by their involvement in a pro-Treaty parade,

⁴⁶⁶ *The Irish Times*, 12 December 1921.

⁴⁶⁷ *Freemans Journal*, 12 December 1921.

⁴⁶⁸ *Freemans Journal*, 3 February 1922. *Sunday Independent*, 5 February 1922. *Irish Independent*, 6 February 1922.

⁴⁶⁹ *Nenagh News*, 4 February 1922. *Connacht Tribune*, 11 February 1922. *Longford Leader*, 4 February 1922.

⁴⁷⁰ *Irish Independent*, 9 February 1922.

complete with uniformed band, in Cork.⁴⁷¹ Later a delegation met with Michael Collins, the Chairman of the Irish Provisional government to apprise him of their function and concerns. It was reported that Collins gave ‘a sympathetic hearing and promised to do all in his power to meet their views’.⁴⁷² It should be noted that the Legion of Irish Ex-servicemen was just one of many groups seen by Collins that day and they all seem to have been given very similar messages. It was unfortunate that the next meeting between Collins and the Legion was when a large contingent of ex-British servicemen formed part of his funeral procession to Glasnevin Cemetery.⁴⁷³

The Legion of Irish Ex-servicemen consolidated its role as representing the community of veterans by organising events such as the Armistice commemorations around the country. The 1923 ceremony in Dublin was considered a notable success with large crowds attending.⁴⁷⁴ A new year brought a new Labour government in Britain, and a new Minister of Pensions, F.O. Roberts, who in relation to any disability claims said that ‘a patient and tactful handling of the case is of utmost importance, and in the decision of claims it should never be forgotten that the benefit of the doubt (if any) must be given’.⁴⁷⁵ In June, Roberts visited Ireland, spending several days touring Ministry facilities in the Free State, meeting with, and being accompanied by Legion officials.⁴⁷⁶ In September, a Legion delegation waited upon a group of British M.P.s who were in Dublin on a fact-finding mission. Among the delegation led by General Hickie, was Henry Harrison, one-time member of the defunct INVA, but now a member of the Legion of Irish Ex-servicemen.⁴⁷⁷

The creation of the British Legion from several other ex-servicemen’s organisations was mirrored to a remarkable degree in the establishment of the Legion of Irish Ex-servicemen. This cannot be regarded as surprising, as they developed from basically the same organisations, i.e. the Comrades of the Great War, the National Federation of Discharged and Demobilised Soldiers and Sailors and its affiliate Irish Federation of Discharged and Demobilised Soldiers and Sailors. With such similar origins, it was perhaps inevitable that amalgamation of the British and

⁴⁷¹ *Irish Examiner*, 14 March 1922.

⁴⁷² *Southern Star*, 18 March 1922.

⁴⁷³ *Strabane Chronicle*, 2 September 1922.

⁴⁷⁴ *The Irish Times*, 12 November 1923.

⁴⁷⁵ *Belfast Newsletter*, 1 February 1924.

⁴⁷⁶ *Freemans Journal*, 9 June 1924. *Irish Independent*, 10 June 1924. *Irish Independent*, 12 June 1924. *Nenagh News & Tipperary Vindicator*, 14 June 1924.

⁴⁷⁷ *The Irish Times*, 23 September 1924.

Irish Legions would come about. The impending union first came to public attention in October 1924, in a report of a local Irish Legion meeting in Tullamore, Co. Offaly.⁴⁷⁸ Some days later it was announced that the Legion of Irish Ex-servicemen would change its name to the British Legion (Ireland).⁴⁷⁹

From the outset it appears that there was a smooth transition to the new organisation. It essentially carried on as before, but with the support of a more widespread network of contacts and resources. In the dire economic situation prevailing in the Irish Free State, financial support, pension claims and unemployment for veterans became some of the most important issues facing the Legion. Such was the situation in one region, that a British Legion visiting officer wrote that ‘in most towns 95% of Legion members are unemployed’ and that in ‘Waterford district alone there are approximately 3,000 ex-British servicemen out of work’.⁴⁸⁰ It is unclear from this report if this figure referred to Waterford alone or to the counties that comprised the Waterford Area Advisory Committee. If the latter was the case, the figure also applied to Wexford, Carlow, Kilkenny and the South Riding of Tipperary.⁴⁸¹ While statistics such as this are informative, they do not differentiate between able-bodied and disabled veterans.

Another report, from six months later paints an even more depressing portrait of the situation faced by ex-British servicemen, and indeed the population as a whole. It said that the

general conditions of the majority of ex-servicemen is exceedingly poor although it is the state of a large majority of the population. Some have been brought to the verge of starvation through force of circumstances [.....] The only solution to the problem appears to lie in emigration of those who are fit and willing. Many of these men would require building up before being fit to take up any form of employment. Others could not be accepted owing to injuries incurred during service in the late war and since.⁴⁸²

If able-bodied men were malnourished, how much more so were disabled veterans who were incapable of any work. Sometimes newspaper reports gave false hope to veterans who were willing to emigrate, such as when the Commissioner of the

⁴⁷⁸ *Sunday Independent*, 5 October 1924.

⁴⁷⁹ *The Irish Times*, 9 October 1924.

⁴⁸⁰ Review of clubs and branches visited in Southern Ireland dated 30 November 1926 (PRONI, Review of Clubs & Branches, D-4246-2-3 BL).

⁴⁸¹ See Figure 2.

⁴⁸² General report on visits to relief committees situated in Southern Ireland dated 28 May 1927 (PRONI, Visit to Relief Committees in Southern Ireland 1925-1927, D-4246-2-4).

Soldiers' Settlement Board of Canada came to the British Isles searching out volunteer settlers for the less populous areas of that country.⁴⁸³ However, the report about his visit did not explain that veterans who were citizens of the Irish Free State could not avail of the benefits of the Overseas Settlement Act as veterans in the United Kingdom could.⁴⁸⁴ At a later date, the Legion did from time to time provide assistance to ex-servicemen who managed to secure employment abroad.⁴⁸⁵

Regarding pension claims and appeals, the assistance of Legion volunteers helped disabled veterans present their cases in a more organised manner. Some members had long experience of dealing with disabled veterans. Major H. LeFroy who spoke on behalf of the Irish Land Trust at the Legion annual conference in January 1925, had served on the Tipperary North War Pensions since 1919, and at that time was also an active member of the Limerick Area Advisory Committee of the Ministry of Pensions. Members such as this offered a degree of expertise when dealing with government bureaucracy that most individuals just did not possess.⁴⁸⁶ By the mid-1930s the British Legion in the Free State had assisted in nearly 4,000 pension appeals of which over half were successful.⁴⁸⁷

Employment for Great War veterans in the Irish Free State had always been a particular problem, especially for those who had been disabled. Many branches of the Legion tried to address the problem, but usually in a local way. One of the earlier successes was the establishment of a furniture and woodworking factory in Dublin manned entirely by ex-servicemen, but how many of these if any, were disabled was not recorded.⁴⁸⁸ In May 1930, an Employment Department was set up at the Headquarters in Dublin to provide a more concerted effort in finding jobs for ex-servicemen. While any jobs found were a step towards self-reliance and away from poverty, the extent to which disabled veterans were helped is not apparent.⁴⁸⁹ Poverty, unemployment and lack of proper housing remained issues faced by ex-servicemen throughout the Irish Free State, all of which were exacerbated in the case of disabled veterans by limitations imposed by them by old wounds or recurring

⁴⁸³ *The Irish Times*, 2 February 1923.

⁴⁸⁴ *Hansard* HL Deb 28 June 1923 vol 54 cc 707, Compensation for damage in Ireland.

⁴⁸⁵ British Legion Annual Irish Free State 1937 (Dublin, 1937) p.28. (NLI, LO 8943).

⁴⁸⁶ *Weekly Irish Times*, 24 January 1925 and Appendix 4.1.

⁴⁸⁷ Captain D.D. Sheehan (ed.), *British Legion Irish Free State, souvenir of ten years of progress 1925-1935* (Dublin, 1935) p. 61 (NLI, LO 8942). See Appendix 4.4.

⁴⁸⁸ *Ibid.* pp 45-6.

⁴⁸⁹ See Appendix 4.4.

illness. Examples of pensioners who had many periods as in-patients in Blackrock and Leopardstown Park hospitals bear witness to this. Pensioners in this situation were very poor candidates for employers to give a permanent job to when so many able-bodied workers were available.

Conclusion

This chapter outlined certain other support mechanisms that were of great importance to the later lives of disabled ex-British service personnel in the Irish Free State. Having lived through the Great War and the turbulent years that culminated in the establishment of the Irish Free State, disabled veterans faced a future in a new state that was not unduly concerned about how they came to be sick or injured. Despite the withdrawal of almost every branch of the British establishment from the twenty-six counties, the Ministry of Pensions retained a presence to fulfil their Imperial Obligation to disabled veterans of the First World War. The system of War Pension Committees was adapted to the conditions prevailing in the Irish Free State. The five Area Advisory Committees that were established provided the first point of contact for all war pension applications and enquiries. The committees were composed of many individuals who had long experience of the needs of veterans and their dependants. They were aided in their work by a comparatively small number of full-time staff and several hundred unpaid voluntary workers. The surviving records of the Mullingar Area Advisory Committee covering counties that were mostly rural, give some idea of the sheer volume of work that was done by the committees. After some very busy early years, the number of enquiries and pension claims became fewer, leading to a rationalisation of the organisation. The original five Area Committees were amalgamated into the British War Pensions Advisory Committee (Irish Free State) that catered for the whole of the twenty-six counties. Although the name of this committee was changed, as the name of the Irish state changed, the work undertaken remained constant. That was, to administer to the needs of disabled veterans of the Great War and to the qualifying dependants of service personnel who had paid the ultimate price. The commitment to this task remained in place until the last pension recipient had passed away.

The difficulties that faced ex-British veterans in the emergent state were highlighted by some T.D.s, notably William Redmond and Bryan Cooper, both of whom had served as officers during the war. While their speeches in the Dáil cannot

be termed a co-ordinated campaign, their continued publicising of the hardships faced by Great War veterans while declaring their loyalty to the new state, were hard to discount. Combined with the efforts of other T.D.s who made representations on behalf of their constituents who were veterans of the First World War, the Free State government finally established a Committee on Claims of Ex-British Servicemen in late 1927. Despite expectations, the committee did not report the degree of hardship among the veteran community that had been anticipated. Their findings can be summarised as a report on the numbers of the houses built by the Irish Land Trust, the allocation of vacancies in the Civil Service for various groups of veterans and the referral of all disability claims and complaints back to the Ministry of Pensions in London. As with other enquiries into the policies of the Free State government towards other concerned segments of society, the committee did not satisfy expectations. Like the Report of the Old Age Pensions Committee of Inquiry, published in 1926, the Report of the Commission on the Relief of the Sick and Destitute Poor, including the Insane Poor, published in 1927 and the Report of the National Health Insurance Commission, published in 1928, the Committee on Claims of Ex-British Servicemen, can be described as being of little value for what they achieved in practice.⁴⁹⁰ In hindsight the committee of investigation can be looked on as the high point of the movement for the recognition of ex-British veterans as equal citizens in the Free State.

The need to rekindle the comradeship of service life and the realisation that a group identity enabled more effective submissions to be made to various official bodies, saw the establishment of veterans' representative groups even before the war ended. Despite some rivalry and disagreement many of the more successful groups coalesced to form the Legion of Irish Ex-servicemen which in turn joined with the British Legion to become the British Legion (Ireland). From the outset there were close ties between the Legion in England and Wales and the new branches in Ireland. This was in contrast to the position adopted by the British Legion in Scotland that very much pursued its own agendas and defended its independence until at least 1939.⁴⁹¹ The British Legion (Ireland) participated fully with their mainland comrades in all ceremonial events and campaigns. Throughout the 1920s and 1930s, the work

⁴⁹⁰ Adrian Kelly, *Social Security in Independent Ireland, 1922-52*. PhD thesis St. Patrick's College, Maynooth, 1995, p. 70.

⁴⁹¹ Niall Barr, 'The most happy and cordial relations continue to exist: The Scottish ex-service movement in the inter-war years' in *War and Society*, Vol. 29, No. 1, May 2010, pp 47-70.

of the Legion in the Free State continued and even expanded to some extent. By the middle of the later decade there were 110 branches of the British Legion across the twenty-six counties.⁴⁹² However what the proportion of veterans who joined the Legion was to those that did not, cannot be calculated from the available evidence. The organisation continued its work as a new war produced another generation of veterans in need of assistance. Despite a reduction in the public profile of the organisation during the more troubled years of the relationship between Ireland and Britain, it continued to provide advice and assistance for veterans of the British Armed Forces resident in Ireland, work that continues to this day.

⁴⁹² Captain D.D. Sheehan (ed.), *British Legion Irish Free State, souvenir of ten years of progress 1925-1935* (Dublin, 1935) p. 29 (NLI, LO 8942).

Chapter 5

Medical Services for Disabled Ex-British Veterans in southern Ireland before and after Independence

The armed forces had provided medical services of a varying degree of efficiency for service personnel for many years. At the outbreak of the First World War, the organisation responsible for the health and well-being of the British Army was the Royal Army Medical Corps (RAMC) which was one of the youngest regiments in the army, having been formed by Royal Warrant on 23 June 1898.⁴⁹³ Following serious deficiencies, especially in the realm of disease control during the Second Boer War, the regiment was reorganised in the early twentieth century. When mobilised in 1914 it had strength of approximately 9,000 all ranks, which may have been sufficient to meet the needs of the army as colonial police but proved wholly inadequate for modern warfare on an industrial scale. While the immediate evacuation and treatment of casualties remained the responsibility of the RAMC, the number of casualties suffered by the BEF during the opening months of the war, all but overwhelmed its medical facilities. To alleviate this, organisations such as the British Red Cross stepped in to provide additional medical staff.⁴⁹⁴ To meet the demand for more hospital capacity many temporary medical facilities were established across the British Isles. One of these was the Red Cross Hospital in Dublin Castle. This hospital enjoyed the services of many highly qualified and senior doctors in their respective fields of expertise. Several offered their services without payment although their very seniority sometimes led to friction with the military authorities when it was perceived that their medical opinion was questioned.⁴⁹⁵ The Red Cross operated other hospitals throughout Ireland, but the pre-war political

⁴⁹³ The museum of military medicine. *History of the Royal Army Medical Corps*, available online at <https://museumofmilitarymedicine.org.uk/about/corps-history/history-of-the-royal-army-medical-corps/> (10 Jan 2018).

⁴⁹⁴ *Reports of the Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on voluntary aid rendered to the sick and wounded at home and abroad and to British prisoners of war, 1914-1919* (London, 1921). pp 74-83.

⁴⁹⁵ Correspondence from Dublin Clinical Hospitals Standing Committee to Sir Charles Ball & Sir Thomas Myles dated 12 Dec 1914 (RCPI Archives, Dublin Clinical Hospitals Standing Committee file).

differences between Ulster and the other three provinces were reflected in the operation of two branches of the organisation in Ireland.⁴⁹⁶

Because of the number and nature of the wounds and illnesses encountered many personnel needed extensive surgery as well as long periods of convalescence, unless they had been rendered unfit for further military service. This was a new and unanticipated departure for the War Office and Admiralty. The government was sufficiently concerned about this matter to quickly accept the main findings of the first substantial report on disabled war veterans published in April 1915. This stated that the aftercare and retraining of discharged personnel was the responsibility of central government.

The report, prepared for the President of the Local Government Board by what was known as the Disabled Sailors and Soldiers Committee [sic], became the foundation for subsequent legislation.⁴⁹⁷ Ultimately as the war ended and demobilisation gathered pace, disabled veterans in Ireland had what was in effect a three-stage system of medical care available. These options were, treatment by a local doctor; treatment as an outpatient at a civilian or Ministry of Pensions hospital; and treatment as an in-patient at a Ministry or a civilian hospital if deemed necessary. This is not to suggest that they had a free choice in the level of service they could avail of. The type of treatment offered was normally decided by medical referees working on behalf of Local War Pension Committees who considered the nature and degree of disability, and the availability of an appropriate clinic or hospital in their area. The preference in this regard was for an establishment that was operated by the Ministry itself.

The General Practitioner Treatment Scheme

It was envisioned that this scheme would cater for those who could not avail of Ministry establishments either because of an inability to travel or because the nature of their disability did not need specialised care. The system was introduced to Ireland in October 1917.⁴⁹⁸ By April 1919, a total of 984 doctors in Ireland had

⁴⁹⁶ *Reports of the Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on voluntary aid rendered to the sick and wounded at home and abroad and to British prisoners of war, 1914-1919* (London, 1921), p.2.

⁴⁹⁷ *Report of the Committee appointed by the President of the Local Government Board upon the Provision of Employment for Sailors and Soldiers Disabled in the War.* (London, 1915), pp3-5.

⁴⁹⁸ *The War Pensions Gazette* No 20, (London, November 1918), p. 256.

signed up to provide G.P. services for disabled ex-servicemen.⁴⁹⁹ However even medical professionals were not immune to the unrest and uncertainty brought about by the social and political changes in the country. One report observed that a doctor in southern Leinster felt obliged to move away because of the attitude of other members of the medical profession towards them, primarily it seems because of their participation in the scheme. It is notable that the inspecting officer thought it was important enough to mention that the doctor involved was female. This may also have been a contributing factor in a male dominated profession.⁵⁰⁰

While there was no controversy about servicemen categorised as disabled on discharge receiving medical care for all ailments, there was much discussion about whether G.P. treatment would be extended to include personnel who were classified as impaired when discharged. Impaired men were defined as

those who though not discharged as ‘no longer physically fit for war service,’ are certified to be suffering from a disablement attributable to or aggravated by service, and are in consequence granted by the Minister of Pensions a disablement pension or gratuity or temporary allowance, payable at any time after discharge from service, and all such impaired men in Ireland are to be entitled to treatment.⁵⁰¹

This unforeseen category came about mainly as a result of rapid demobilisation after the Armistice. Each man was supposed to be medically examined in his unit or at the discharge centre where he was processed. Personnel whose home was in Ireland were demobilised in mainland Britain because of the security situation. If a disability attributable to military service was noted during the examination, the man was required to appear before a medical board comprising two civilian doctors and a military medical officer for assessment. A medical board was also specified if the man signed a written declaration that he was claiming a service related disability.⁵⁰² If this system had worked as well as intended it should have ensured that the paperwork was completed correctly and transmitted from the War Office or Admiralty to the Ministry of Pensions. This should have happened while the newly restored civilian was on twenty-eight days discharge furlough. However, this was not

⁴⁹⁹ Correspondence from National Health Insurance Commission (Ireland) to Ministry of Pensions dated 17 April 1919 (NAUK, GP Treatment in Ireland 1918-19, PIN15/139).

⁵⁰⁰ Report of Ministry of Pensions inspector to Headquarters Irish (South) Region dated 2 June 1919 (NAUK, GP Treatment in Ireland 1918-19, PIN15/139).

⁵⁰¹ Ministry of Pensions memo, no date (NAUK, GP Treatment in Ireland 1918-19, PIN15/139).

⁵⁰² *The War Pensions Gazette* No 19, (London, November 1918), pp 233-4.

the case during early 1919 as demobilisation proceeded at such breakneck speed that backlogs developed. The absence of so many doctors serving in the military contributed to the failure of the system.

In the Ministry of Pensions, the debate carried on as to whether G.P. services should be extended to include impaired men or not. Unsurprisingly extending the G.P. scheme to impaired ex-servicemen was regarded as unlikely to gain Treasury approval. This was especially so as it was thought that 25% to 60% of the approximately 168,000 Irishmen estimated to be serving in the British forces might make claims.⁵⁰³ The total was later reduced to about 6% of demobilised Irishmen. There was also the point of view outlined in a Ministry of Pensions memo that 'the majority of impaired men are in fact very slightly the worse for wear, and to give them a doctor free for the rest of their life for treatment for any kind of ailment they may suffer from, involves assuming a liability which is not warranted by the circumstances.'⁵⁰⁴

Officials worked to develop a scheme whereby disabled veterans in Ireland could receive treatment based on their contributions paid under the National Insurance Acts while they were serving in the armed forces. Amendments in the 1917 version of this act brought about differences in the benefits available to ex-servicemen in different parts of the United Kingdom, the most important being the lack of medical cover in Ireland. With Treasury permission, talks took place between the Ministry of Pensions, National Health Insurance Commission (Ireland) and the Irish Local Government Board to address this anomaly. However, an arrangement could not be made with the Local Government Board which was the body that was normally in charge of public health in Ireland, and it was excluded from the matter.⁵⁰⁵ Arrangements were made instead with the National Health Insurance Commission (Ireland) to act as the agent for the Ministry of Pensions.⁵⁰⁶

Across the British Isles it was estimated that less than 5% of men who joined the New Armies were uninsured when they enlisted, but the total was higher in Ireland. This situation was no doubt brought about by the pervasiveness of a more

⁵⁰³ Ministry of Pensions memo dated 13 December 1918 (NAUK, GP Treatment in Ireland 1918-19, PIN15/139).

⁵⁰⁴ Ministry of Pensions memo dated 13 February 1919 (NAUK, GP Treatment in Ireland 1918-19, PIN15/139).

⁵⁰⁵ *First annual report of the Minister of Pensions to 31 March 1918* (London, 1919), p. 35.

⁵⁰⁶ Ministry of Pensions Memo dated 14 February 1918 (NAUK, GP Treatment in Ireland 1918-19, PIN15/139).

casual, less organised labour market in pre-Ireland.⁵⁰⁷ The special arrangement was an important step in providing insurance and medical cover that was on a par with mainland Britain. It was considered that the establishment of the G.P. scheme in Ireland was instrumental in ensuring that disabled veterans ‘might escape the alleged pauper taint of the dispensary system’.⁵⁰⁸ Although it appears that the application of equitable medical treatment in all parts of the British Isles was the primary consideration in the extension of the scheme, officials were also conscious of potential political fallout if Irish veterans were treated any differently to all others.⁵⁰⁹ By mid-1919, an instruction was issued by the Ministry to all War Pension Committees. It defined those entitled to free G.P. treatment as

- (a) Men invalided from the Naval, Military or Air Forces of the Crown in the present war.
- (b) Men whose claim that they are suffering impairment due to or aggravated by service has been admitted by the Ministry.
- (c) Men who have claimed to have been suffering from a disability due to or aggravated by war service are, pending the decision of the Ministry on their claims, entitled to treatment under the scheme, if certified by a Medical Referee, as needing general practitioner treatment for a disability due to or aggravated by war service.⁵¹⁰
[Underlined in original]

Failure to declare a disability on discharge did not prevent a claim being made later and it was generally this class of veteran that made up the bulk of claimants categorised as impaired. Once such an individual initiated a claim, he was examined and certified by a medical referee on behalf of a Local War Pensions Committee or he could be refused and so deemed ineligible for treatment. For approved cases, the Local War Pensions Committee notified the National Health Insurance Commission (Ireland). The Commission in turn contacted the Ministry to certify the claim.⁵¹¹ When confirmed, the Commission issued each claimant with a Medical Card to be presented to the doctor at each consultation. The Insurance Commission could also

⁵⁰⁷ Mary E. Daly, *Dublin the deposed capital, a social and economic history 1860-1914* (Cork, 2001) especially chapter three and four for information on working conditions and unemployment in an area that provided a significant number of recruits from 1914.

⁵⁰⁸ Ministry of Pensions Memo dated 13 December 1918 (NAUK, GP Treatment in Ireland 1918-19, PIN15/139).

⁵⁰⁹ Ministry of Pensions Memos dated 13 February 1919 (NAUK, GP Treatment in Ireland 1918-19, PIN15/139).

⁵¹⁰ Correspondence from Ministry of Pensions to War Pension Committees dated 14 June 1919 (NAUK, GP Treatment in Ireland 1918-19, PIN15/139).

⁵¹¹ Correspondence from National Health Insurance Commission to Ministry of Pensions dated 3 Apr 1919 (NAUK, GP Treatment in Ireland 1918-19, PIN15/140).

issue a Medical Card on foot of notification by the Ministry that an individual had been assessed as disabled or impaired by a medical board at a demobilisation centre. When so many personnel moving within such a system of cross-referencing and double-checking, there was potential for errors to occur.

By late 1919, unease had grown about delays in some ex-servicemen receiving treatment. Concerns were focussed on the time taken for notification of eligibility to be transmitted from the Ministry and Local Pension Committees to the Commission. In the case of the Ministry of Pensions, delays and mistakes were perhaps inevitable, dealing as it was with increasing numbers of disabled veterans, widows, orphans and dependants. By early 1920, the total number of pension claims in the British Isles was fast approaching two million.⁵¹² War Pension Committees in Ireland were also affected by the changing situation in the country as was so much local and national administration because of an increasing amount of disruption to the normal means of communication. In addition, participation on a War Pensions Committee was voluntary and unpaid. Members could leave at any time and so the issue of suitable or willing candidates for membership became more important. For some likely candidates a degree of war-weariness and a sense of civic duty done with the end of the war may have influenced a decision to disengage from what had been seen as a patriotic duty. But the changed political and security situation cannot be discounted as an influence for withdrawal from connections with British administration. Unfortunately for the tens of thousands of sick, injured or bereaved by the war, turning away was not an option. Wexford War Pensions Committee provides a good example. On 5 August 1918, nine members of the Committee resigned, with the matter being debated in the council chamber on 7 August. The search for replacement members carried on for the rest of 1918 and 1919. Finally, in January 1920, a replacement committee was formed and even then, there were still vacancies outstanding.⁵¹³

As the Pension Committees worked to cope with an increasing workload, disabled and impaired veterans continued to seek medical attention from their local medical practitioners. Fees for the treatment were paid to the doctors by the National Health Insurance Commission (Ireland) and recouped from the Ministry of

⁵¹² *Third annual report of the Minister of Pensions from 1 April 1919 to 31 March 1920*. (London, 1920), pp 45-54.

⁵¹³ Wexford County Council minutes 7 August 1918, 3 December 1918, 8 April 1919, 16 June 1919, 8 October 1919, 7 January 1920, 11 February 1920.

Pensions.⁵¹⁴ Nothing has been found to indicate that a medical practitioner could not be both the certifying medical authority for a Local War Pensions Committee and a G.P. providing treatment for veterans in that locality. As the Pension Committee medical referee was often a local doctor who received a fee for each ex-serviceman examined it could be considered that there was potential for a conflict of interest by occupying both positions simultaneously i.e. the greater the number of ex-servicemen certified as disabled or impaired, the greater the number of paying patients for a G.P. signed up to the scheme. One report stated that

When it is considered that in a number of cases the referees are practitioners with large connections, it may well be understood that in a very large proportion of cases the examination of a man is valueless. The referee is dependent on his support to a large extent on the men and their relatives, and decisions given in such cases generally err on the side of leniency.⁵¹⁵

The concern about the cost effectiveness of Medical Referees was widespread. It is perhaps with this in mind that the rise in the number of eligible claimants caused disquiet in government circles. Financial controllers in all areas of pension administration throughout the British Isles were under pressure from the Treasury, anxious to curb increasing costs of this and every other government service. It was especially interested in Ireland where the cost of medical services had generally been higher than mainland Britain and did not appear to change in the post-war years. After the establishment of the Free State, the G.P. scheme continued with the National Health Insurance Commission still acting as the agent for the Ministry of Pensions. Payment to doctors for medical treatment remained as before but there was continuing concern among Treasury officials about the higher cost of the scheme in Ireland than in Britain. Treasury figures put the cost of administration of the scheme for veterans in Britain at just under £700 each year. In the Irish Free State, nearly three times as many Great War veterans availed of the service than did in Britain, approximately 27,000 personnel. The annual estimate should have been £2,100 however the actual cost was nearer £2,600. A Treasury memo noted that although 'We do not have enough information as to the details of the work performed to be able to check that figure closely, but from our knowledge of what work must be done we can safely say

⁵¹⁴ Correspondence from National Health Insurance Commission (Ireland) to Ministry of Pensions dated 2 June 1919 (NAUK, GP Treatment in Ireland 1918-19, PIN15/139).

⁵¹⁵ Correspondence from Regional Finance Officer to Headquarters Ministry of Pensions (Ulster) dated 15 July 1921 (NAUK, GP Treatment in Ireland 1918-19, PIN15/134).

that there cannot be gross extravagance in the administration.⁵¹⁶ There was an acceptance within the Treasury as in all departments dealing with disabled veterans that G.P. treatment was an imperial service although framed in such a manner as to give a disabled veteran more than his due even to the extent of getting treatment for a head cold.⁵¹⁷

A contributing factor to the increased cost in the Free State was because of the Insurance Commission staff who administered the scheme. Under the terms of an inter-governmental agreement all expenses for the administration of the scheme done by the southern Irish officials was reclaimed by the Free State Ministry of Finance.⁵¹⁸ In the years after the formation of the Free State, the agreement was threatened by a series of claims and counter-claims by each side about the amount of money owed to each other. It was some time before this was resolved, mainly as a result of each side realising that they owed each other roughly the same amount. The payment of administrative costs carried on year on year even through the difficulties of the early 1930s. The correspondence of the Minister for External Affairs in relation to administration of the G.P. scheme is a model of polite, business-like communication that reveals nothing of the tensions that sometimes existed between the governments.⁵¹⁹ The G.P. treatment scheme remained in operation until the need ceased to exist when the last Great War pensioners entered residential care or passed away.

Outpatient Clinics

The second level of medical services available to disabled veterans of the Great War in Ireland were outpatient clinics. A clinic offered more specialised treatment for wounds or illnesses. They were located in either civilian or Ministry run hospitals and were regarded as a more efficient and cost-effective way of caring for veterans. During the war civilian hospitals had provided invaluable aftercare for many personnel leaving Ministry of Pensions and military medical staff free for more immediate primary care of patients. In Dublin city there were eighteen civilian

⁵¹⁶ Treasury memo dated 15 December 1924 (NAUK, GP Services for Pensioners in Irish Free State, T160/1174/10).

⁵¹⁷ Treasury memo dated 12 December 1924 (NAUK, GP Services for Pensioners in Irish Free State, T160/1174/10).

⁵¹⁸ Expenses of administration. Letter from Ministry of Finance to The Treasury dated 5 January 1925 (NAUK, GP Services for Pensioners in Irish Free State, T160/1174/10).

⁵¹⁹ Correspondence from Minister of External Affairs to Secretary of State for Dominion Affairs dated 10 September 1932 (NAUK, GP Services for Pensioners in Irish Free State, T160/1174/10).

hospitals providing outpatient facilities for disabled veterans. In November 1920, these treated 2,199 ex-servicemen during 14,727 separate visits.⁵²⁰ As time moved on concerns arose that disabled servicemen did not receive the best possible care in civilian run clinics albeit through no fault of the hospital concerned. A departmental committee of enquiry identified prolonged periods of treatment, protracted waiting times and inconvenient opening hours as the main factors militating against the continued use of civilian facilities, although their continued use in special cases was not ruled out.⁵²¹ Despite being absent from the committee report, another factor considered was the cost of the treatment allowances payable to veterans under medical care. This payment was made to ex-servicemen whose treatment was expected to last more than seven days and who were normally in receipt of a pension or gratuity for a disability.⁵²² Although this allowance was often less than the payment it replaced, in the early post war years a very large proportion was paid to veterans receiving treatment from civilian institutions. Because of the administrative costs of changing the type of payment made to veterans, the time involved and the potential for delays or incorrect payment, as well as the cost of fees to civilian hospitals, the necessity to bring as many of these services under direct Ministry control became apparent. The size of the outlay can be illustrated by reference to reports prepared by the Finance Officer of the Ireland (South) area for the Regional Headquarters in the summer of 1921. For the Dublin City and County Local War Pensions Committees, the aggregate amount spent on medical fees and treatment allowances is shown in Table 5.1

⁵²⁰ Summary of returns from Regional Financial Officers in respect of outpatient treatment at the cost of the Ministry in non-Ministry institutions for December 1920 (NAUK, Ministry of Pensions Clinics, PIN15/134).

⁵²¹ *Report of the departmental committee of inquiry into the machinery of administration of the Ministry of Pensions*. (London, 1921), p. 102.

⁵²² *The Local War Pensions Committee Handbook* (London, 1921), pp 85-6.

Table 5.1 Monetary outlay of Dublin City and County War Pensions

Committees for Quarter ending 31 March 1921

Dublin City Local War Pensions Committee	Amount
Medical Referees fees	£453 0s 0d
Payments to hospitals in respect of out-patient treatment	£2,082 3s 6d
Treatment allowance paid in respect of outpatient treatment to men attending	
Ministry institutions	£615 11s 9d.
Non-Ministry institutions	£40,023 6s 7d.

Report from Regional Financial Officer to Headquarters Ministry of Pensions Ireland (South) Region dated 16 July 1921 (NAUK, Ministry of Pensions Clinics, PIN15/134)

Dublin County Local War Pensions Committee	Amount
Medical Referees fees	£351 4s 0d
Payments to hospitals in respect of out-patient treatment	£926 3s 6d
Treatment allowance paid in respect of outpatient treatment to men attending	
Ministry institutions	£629 3s 4d.
Non-Ministry institutions	£25,700 6s 9d.

Report from Regional Financial Officer to Headquarters Ministry of Pensions Ireland (South) Region dated 21 July 1921 (NAUK, Ministry of Pensions Clinics, PIN15/134)

The enormous difference in treatment allowances being paid to those attending civilian hospitals compared to Ministry institutions gave cause for alarm. The ratio of allowance paid in Dublin city was 65:1 in favour of civilian facilities and 40:1 in favour of civilian facilities in Dublin county. Although the actual number of veterans involved was not included in the report, the disparity in the amounts of allowance paid, illustrates the low numbers of disabled ex-servicemen under the direct medical care of Ministry of Pensions doctors.

As well as concern that too high a proportion of care for veterans was being carried out in civilian hospitals, the reports highlighted the unease felt about the status and objectivity of Medical Referees. It was an attitude found in all parts of Ireland including Ulster. The Regional Financial Officer in Belfast was of the opinion that 'the elimination of the Medical Referee has long been wished for in this Region, and there is no doubt that considerable economy would result if the proposed scheme were

carried out.⁵²³ The Finance Officer of the Ireland (South) area especially highlighted the financial outlay by the Ministry of Pensions in Waterford city and county for Medical Referees and outpatient services. It helped to strengthen the drive to cut costs by promoting the greater use of Ministry medical officers and Ministry run clinics.⁵²⁴

Table 5.2 Comparison of medical expenses

<u>Waterford City</u>			<u>Waterford County</u>		
Population	27,464		Population	56,502	
Discharged men	1,240		Discharged men	773	
Period	Treatment	Total Expenditure		Treatment	Total Expenditure
Dec 1919	3,058 5s 7d	£6,105 2s 7d	Dec 1919	£2,009 12s 0d	£3,895 0s 5d
Mar 1920	1,899 14s 10d	£4,801 19s 4d	Mar 1920	£4,324 5s3d	£6,185 16s 1d
June 1920	£1,162 10s 5d	£3,580 9s 10d	June 1920	£6,213 10s 3d	£8,058 4s 7d

Correspondence from Regional Financial Officer to Headquarters Ministry of Pensions Ireland (South) Region dated 16 July 1921 (NAUK, Ministry of Pensions Clinics, PIN15/134)

A Ministry run clinic had been established in Waterford city and subsequent reductions in the overall cost of aftercare for veterans are apparent. The situation in Waterford County is very different. With a population double that of Waterford city, it had slightly over half the number of veterans, yet cost twice as much for medical care. The report stated that 'In County Waterford there are three Medical Referees residing within a comparatively small area, and it is difficult to avoid the conclusion that professional competition has a decided effect on the facilities for Treatment with allowances afforded Discharged men residing within such a small area.'

A final concern about Medical Referees came from within the medical community itself. Across the British Isles, many thousands of doctors had enlisted for the duration of the war. Many medical vacancies in Ireland were filled by doctors either less inclined to volunteer or unfit to serve, or by retirees returning to work. It was natural that doctors were as anxious to be demobilised as any other group, but the situation many found on return to civilian life was not always to their liking. Some

⁵²³ Correspondence from Regional Finance Officer to Ministry of Pensions Headquarters Ulster Region in connection with extension of the use of Ministry clinics dated 15 July 1921 (NAUK, Ministry of Pensions Clinics, PIN15/134).

⁵²⁴ Correspondence from Regional Financial Officer to Headquarters Ministry of Pensions Ireland (South) Region dated 16 July 1921 (NAUK, Ministry of Pensions Clinics, PIN15/134).

expressed their displeasure in the pages of medical journals. One ex-service doctor summed up the thoughts of many in relation to medical boards and referees when he said that

what riles the demobilized medical man is not the mere discovery that pensions boards are packed with non-service men, many of whom attend all, or nearly all, the eleven sessions per week. The peculiarly irritating part of the business lies in finding that men who only came into the district as a result of the war – for example as locums for those serving [...] have secured themselves by a quasi-whole-time service upon the boards.⁵²⁵

Similarly, another ex-military medical officer argued with no small degree of validity that 'how can a doctor judge a post-malarial or dysenteric condition who has never seen one in his life in the acute state?'⁵²⁶ With fees for Medical Referees varying between one or two guineas for each two and a half hour session⁵²⁷ and 5s for an examination such as might be performed on a dependent child,⁵²⁸ a sense of grievance is perhaps understandable.

After due consideration, the Ministry decided in early 1921 to establish specialised clinics throughout the British Isles. In the southern Ireland Region these were located in Dublin and dealt with neurasthenic and tropical disease cases which were considered to be outside the experience of most G.P.s and civilian hospitals. It was proposed to open aural, cardiac and ophthalmic facilities in due course along with a neurasthenic clinic at the Medical Board premises in Cork city.⁵²⁹ By the middle of the following year a more widespread network of general clinics was established along with revised instructions as to their use. Ministry of Pensions Instruction No. 241 was intended to address the main problems with the procedures in force by centralising as much aftercare for disabled veterans as possible under Ministry control.⁵³⁰ As well as changes in nomenclature such as Medical Referees became Examining Medical Officer (EMO), the supervision of EMOs was increased. More importantly, while under treatment the maximum amount of time permitted to be excused from work was four weeks following an appointment, but extensions were

⁵²⁵ *The British Medical Journal*. Vol. 2 No. 3056 (26 July 1919), pp 118-9.

⁵²⁶ *Ibid.* Vol. 2 No. 3061 (30 August 1919), p. 291.

⁵²⁷ *Ibid.* Vol. 2 No. 3056 (26 July 1919), p. 119.

⁵²⁸ *The Local War Pensions Committees' Handbook* (London, 1921), p. 152.

⁵²⁹ List of Ministry of Pensions clinics in towns in UK dated 23 February 1921 (NAUK, Ministry of Pensions Clinics, PIN15/134).

⁵³⁰ Ministry of Pensions Instruction No. 241 dated 19 June 1922 (NAUK, Ministry of Pensions Clinics 1920, PIN15/136).

permitted if necessary. This rule in particular removed a troublesome point for Ministry officials concerned about slowing the rising costs of treatment. The use of clinic doctors to conduct non-emergency domiciliary visits was also promulgated.

Despite the uncertainty and danger of life in Ireland at that time, the network of clinics spread, and they did appear to achieve their dual purpose of cutting costs while providing continuing care for disabled veterans. Correspondence from the Deputy Commissioner of Medical Services (DCMS) for the Dublin General Medical Clinic confirms this. In June 1922, he told the Ministry of Pensions that practically every case previously dealt with by civilian clinics had been transferred to the Ministry run facility apart from a few specialised cases attending the Eye and Ear Hospital.⁵³¹

The DCMS also highlighted the changes brought about by the new clinic in a more tangible way. He produced a comparative table of the number of patients and the overall costs of treatment allowance paid by the Dublin City and County Local War Pensions Committees over a twelve-month period. Interestingly the emphasis was on the savings in allowances paid to veterans and not whether there were savings in the overall cost of medical treatment provided.

**Table 5.3 Reduction in costs of medical treatment
in Dublin area 1921-2**

Date		No. of men	No. of attendees	Amount paid in Treatment Allowance
April 1921	Civilian outpatients	1,330	6,250	£26,742 18s 5d
April 1922	General Medical Clinic outpatients	499	1,393	£14,317 15s 8d
Overall reduction		831	4,857	£12,317 15s 8d

Correspondence from Ministry of Pensions Ireland (South) to Ministry of Pensions London dated 28 June 1922 (NAUK, Ministry of Pensions Clinics 1920, PIN15/136)

The reduction in Ministry of Pensions expenditure was such that it elicited that most uncommon of official documents, namely a note of praise from the Lords of the Treasury, who wrote concerning

⁵³¹ Correspondence from Ministry of Pensions Ireland (South) to Ministry of Pensions London dated 28 June 1922 (NAUK, Ministry of Pensions Clinics 1920, PIN15/136).

the reduction in expenditure consequent upon the establishment of General Clinics.

In reply I am to request you to inform the Minister of Pensions that My Lords note with satisfaction the reductions in the quarterly expenditure on outpatient treatment which had taken place between September 30th, 1921, and September 30th, 1922.⁵³²

Some ten years after their establishment there were full or part-time clinics co-located with Ministry of Pensions offices in eight locations throughout the Free State at Cork, Limerick, Waterford, Drogheda, Birr, Kilkenny, Sligo and Galway. This was in addition to the Ministry headquarters for Southern Ireland based in Merrion Street, Dublin.⁵³³

Ministry of Pensions Hospitals

Disabled veterans could be admitted as a fulltime in-patient at a civilian or Ministry run hospital, with the latter as the preferred option. During the war an extensive network of full or part-time hospitals, convalescent and rest homes for officers and enlisted men had grown up throughout Ireland. The Dublin city area for instance had at least thirty-three medical establishments ranging from the King George V military hospital (now St. Bricins Military Hospital), to smaller converted houses such as the Monkstown Auxiliary Hospital in Kingstown (now Dun Laoghaire).⁵³⁴ Along with many other hospitals across Ireland they provided aftercare for sick and wounded servicemen from all parts of the British Empire. As 1919 wore on, the number of injured personnel reduced so that most of the wartime hospitals closed. The Ministry of Pensions retained two hospitals in the Dublin area to cater for sick and wounded veterans. One was the Special Orthopaedic Hospital in Blackrock. The other was the Leopardstown Park Hospital, an establishment originally for

⁵³² Correspondence from Treasury Chambers to Ministry of Pensions dated 24 March 1923 (NAUK, Ministry of Pensions Clinics 1920, PIN15/136).

⁵³³ Correspondence from Ministry of Pension to Dominions Office dated 21 June 1932 (NAUK, Leopardstown Park Hospital, political situation in Irish Free State, MH79/451).

⁵³⁴ The hospitals that have been identified are Blackrock Military Orthopaedic Hospital, Corrig Castle Hospital, Fetherstonehaugh Convalescent Hospital, Leopardstown Park Hospital, Linden House Auxiliary Hospital, Monkstown Hospital (Naval), Monkstown House Auxiliary Hospital (Officers), Rockfield Auxiliary Hospital, St. Michael's Auxiliary Hospital, Stillorgan Auxiliary Hospital, Temple Hill Auxiliary Hospital. The list has been compiled from the following sources: Chris Baker, *Military hospitals in the British Isles 1914-1918* (Leamington Spa, 2017), available online at The Long Long Trail <http://www.longlongtrail.co.uk/soldiers/a-soldiers-life-1914-1918/the-evacuation-chain-for-wounded-and-sick-soldiers/military-hospitals-in-the-british-isles-1914-1918/> (26 November 2017), John F. Fleetwood, *The military orthopaedic hospital Blackrock 1917-1932* (Unpublished monograph, c. 1995) and No author. *Royal Irish Automobile Club war services* (Dublin, 1919), p. 35.

neurasthenic cases. It later not only became the only full-time hospital for disabled veterans in southern Ireland, but it would also become the only fully owned and operated Ministry of Pensions hospital outside of mainland Britain.

Blackrock Hospital

On 8 March 1917, in response to the ever-increasing casualties from the war, the Secretary of State for the War Department took over the Meath Industrial School for Boys on Carysfort Avenue, Blackrock just north of Kingstown (Dun Laoghaire).⁵³⁵ From the outset the Blackrock Hospital was a significant medical facility. By November 1918, it included an operating theatre and x-ray room, a massage room, gymnasium and Y.M.C.A. hut. Wounded or sick officers were provided with a separate ward and dining area away from the main building and areas for enlisted men. The accommodation for enlisted patients was in eight huts south of the main hospital block. The huts were used as wards, each of which was able to accommodate twenty beds, giving a capacity of 180 patients, plus an additional unspecified number of patients who were housed on the upper floors of the main hospital block. There was an urgent need to accommodate patients from the rapidly demobilising armed forces. To deal with the extra patients, five more hut wards were built. Four of the new huts were twice the size of the previous structures and could house forty patients each. All told this allowed the hospital to cater for at least twice the number of patients than before.⁵³⁶ By the middle of 1919, the Blackrock hospital had room for 520 bed patients consisting of 20 officers and 500 enlisted men.⁵³⁷

By late 1921, the four new double capacity huts had been combined with an ablution block serving all of the new wards. At the same time four of the original huts were converted in a similar manner. Ward number one became an ablution block and was combined with Wards 2-4 into a large ground level building. Although these facilities seem very standard from this distance, they were a step forward in efforts to maintain good sanitary conditions. For many patients it was a significant

⁵³⁵ Correspondence from Office of Public Works, Dublin to H.M. Office of Works dated 26 June 1931 (NAI, Leopardstown Park Hospital adaptation, OPW 6439/32).

⁵³⁶ Architectural plans dated 19 Nov 1918 (NAI, Military orthopaedic hospital Blackrock, OPW/5HC4/938).

⁵³⁷ Architectural plans dated 2 Sep 1919 (NAI, Military orthopaedic hospital Blackrock, OPW/5HC4/938) & Reports of the Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on voluntary aid rendered to the sick and wounded at home and abroad and to British prisoners of war, 1914-1919, (London, 1921) p. 737.

improvement over what they had known previously. In the summer of 1923, these wards were enhanced by the erection of an annex on the south facing side. This became an open-air treatment area where patients were placed, often while still in bed, in order to gain the benefit of fresh air and sunshine.⁵³⁸ While there are undoubtedly many benefits to be gained from fresh air and sunshine there was a strong body of opinion that this was another example of vigorous treatment to ensure no loss of robust manliness.⁵³⁹ The open-air ward remained in use for most the remaining lifetime of the hospital with the last recorded patient being discharged from this particular ward on 6 Dec 1930.⁵⁴⁰

Just over fifty yards from the open-air treatment area was a hut marked on various plans as hut number nine. In the early years this was designated as a detention ward which serves as a reminder that irrespective of wounds or illness, that unless formally discharged from the armed services, patients remained under military law and as such could be subject to punishment if found guilty of an infraction of the rules.⁵⁴¹ By the middle of 1923 hut nine had been renamed as an isolation ward.⁵⁴² That such a ward was used is understandable when the illnesses acquired by veterans while on campaign are considered. Besides many variations of tropical maladies, tuberculosis was among one of the most virulent diseases. This disease was widespread among service personnel and the general population in Ireland during the Great War and for many years after. During the first visit to the Irish Free State by the new Labour Party Minister of Pensions during the summer of 1924, there were 329 patients being treated at Blackrock, of which twenty were suffering from tubercular bone disease.⁵⁴³

Among the buildings on the hospital grounds were two that housed curative workshops. These were equipped by and jointly run with the British Red Cross. They were an important component of the Blackrock and Leopardstown hospitals treatment regimens and were an innovative feature in the rehabilitation of wounded and disabled

⁵³⁸ Architectural plans dated 3 October 1921 & 18 December 1922 (NAI, Military orthopaedic hospital Blackrock, OPW/5HC4/938).

⁵³⁹ Jeffrey S. Reznick. *Healing the nation, soldiers and the culture of caregiving in Britain during the Great War* (Manchester, 2004), p. 79.

⁵⁴⁰ Blackrock Hospital admission and discharge book, Oct 1929 – Feb 1931. LPH Archives.

⁵⁴¹ Architectural plans dated 3 July 1923 (NAI, Military orthopaedic hospital Blackrock, OPW/5HC4/938).

⁵⁴² Architectural plans dated 3 Jul 1923 (NAI, Military orthopaedic hospital Blackrock, OPW/5HC4/938).

⁵⁴³ *The Irish Times*, 9 June 1924.

personnel. This was especially so in Ireland where outside of the main urban areas, many hospitals lacked much of what would be considered modern medical apparatus and techniques. The workshops provided occupational therapy, physiotherapy and basic re-training for war damaged service personnel. The system had been inaugurated at the military hospital in Shepherd's Bush, London as a result of a report submitted to the Joint Committee of the British Red Cross and St. Johns' Ambulance service by ex-King Manuel of Portugal. He had carried out an investigation into orthopaedic cases in Britain and among her allies in late 1915 in response to the large numbers of complex orthopaedic casualties returning from the battlefronts.⁵⁴⁴ Because of the nature of these injuries, long periods of treatment and rehabilitation were common. The essential feature was that patients were encouraged to take part in exercise that was targeted at the specific injury suffered. An important aspect of the exercise routine was the introduction of an element of work activity either at a soldier's pre-war trade or at a new trade more suitable to any physical impairment. The Shepherd's Bush hospital served as the prototype on which all other orthopaedic hospitals were modelled and as such the treatment practices that were pioneered there were duplicated in Blackrock.

In addition to the physical benefits, there were psychological benefits to be gained. In the opinion of the commanding officer and medical superintendent of the Shepherd's Bush hospital

The enforced idleness inseparable from the ordinary routine of convalescence in a military hospital undoubtedly tends to make the men lose the industrious ways, and unless some system is adopted to counteract this undesirable feature of prolonged periods of hospital life, the effect may possibly be permanent...⁵⁴⁵

Patients were not compelled to work while staying in such a centre but the knowledge that the workshops provided splints and other medical devices destined for other casualties of the war encouraged participation. Indeed, many useful modifications to these medical devices were suggested and introduced by the very people who had to wear them.⁵⁴⁶ There was also the added incentive that patients did not have to wear the normal anonymous regulation hospital clothing. Consisting of a blue suit with no

⁵⁴⁴ *Reports of the Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on voluntary aid rendered to the sick and wounded at home and abroad and to British prisoners of war, 1914-1919* (London, 1921), p. 732.

⁵⁴⁵ *The War Pensions Gazette* No. 4 Aug 1917, p. 40.

⁵⁴⁶ *Ibid.*, p. 41.

pockets, a white shirt and red tie, it was unpopular with many wounded servicemen as it was unfavourably compared to ill-fitting pyjamas.⁵⁴⁷ It was also manufactured from inferior quality materials and subject to uneven shrinkage, faults that were admitted by the financial secretary of the War Office when he was questioned on the matter in parliament.⁵⁴⁸

The Joint Committee appointed ex-King Manuel chairman of a special Orthopaedic Department charged with establishing and equipping curative workshops in orthopaedic centres throughout the British Isles. Being resident in London and with a close relationship with King George, he was well placed to liaise between the civilian Joint Committee, the War Office, the Admiralty and the Ministry of Pensions. This he did in a conscientious manner that involved visiting most if not all the orthopaedic centres. In July 1919, as part of his final report to the Joint Committee he said that in regard to Blackrock Hospital “there is not a doubt that this centre, although not a very large one, is one of the best”.⁵⁴⁹ This is high praise for the care given to wounded soldiers, but it is also sobering that a hospital housing five hundred patients was not considered a large establishment. Helped by the good work of the medical staff, the situation where the hospital was working at full capacity did not last. In May 1922, the hospital had 467 bed cases, putting it equal fifth with Craighigh, Edinburgh in terms of the number of bed-ridden patients being cared for. This was from a total of fifty-two hospitals across the British Isles that were wholly under the control of the Ministry of Pensions.⁵⁵⁰

The excellence of the hospital facilities was recognised not only within the British medical establishment but also within the military hierarchy of the emerging Irish Free State. In a letter to the de facto Irish Minister of Defence in respect of the Blackrock and Leopardstown hospitals, the surgeon of the south Dublin Brigade of the IRA reported that ‘they are splendidly equipped and if they are taken over by the Irish Government I suggest that they should be utilised for the treatment of suitable

⁵⁴⁷ Jeffrey S. Reznick. *Healing the nation, soldiers and the culture of caregiving in Britain during the Great War* (Manchester, 2004), p. 101.

⁵⁴⁸ *Hansard*, HC 24 October 1916 vol 86 cc970-1, Wounded soldiers (Uniforms).

⁵⁴⁹ *Reports of the Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on voluntary aid rendered to the sick and wounded at home and abroad and to British prisoners of war, 1914-1919* (London, 1921), p. 737.

⁵⁵⁰ *Hansard*, HC 11 May 1922 vol 153 cc2348-50. The bigger hospitals were located at Orpington, Kent - 833 bed patients, Bellahouston, Glasgow - 643 bed patients, Shepherd’s Bush, London - 595 bed patients, Knotty Ash, Liverpool – 480 bed patients.

cases in the IRA'.⁵⁵¹ Comdt. Emmet Dalton, acting as liaison officer with the British authorities in regard to their withdrawal from Ireland made tentative enquiries about taking over both south County Dublin hospitals. The correspondence does not seem to have been answered by the Chief Under-Secretary for Ireland, perhaps in light of the rapidly changing political and military situation prevailing in Ireland

Blackrock in the 1920s

Blackrock continued to provide specialised orthopaedic care for veterans of the First World War along with general surgical and medical treatment if necessary. As the 1920s wore on, the numbers in need of care decreased as veterans completed their treatment by being declared cured of illnesses or because surgical intervention had reached the best achievable result. Either way, the number of Ministry of Pensions hospitals was gradually reduced to eliminate over-capacity and the attendant cost of under-utilised facilities. Between February 1926 and January 1927, of the eleven Ministry controlled general surgical and medical hospitals, Blackrock was fourth highest in terms of bed availability and third highest in terms of bed occupancy. In that year there were on average 285 patients occupying the 298 available beds, an occupancy rate of 95.6%.⁵⁵² Irrespective of such high level of occupancy, by the mid-1920s a number of factors converged that prefaced changes in Blackrock and also throughout the whole of the Ministry of Pensions hospital infrastructure in the British Isles.

By March 1926, there were just under 1.8 million separate pensions or allowances being paid by the Ministry of Pensions in the UK and Ireland.⁵⁵³ Although high, this was actually an overall reduction in the number of payments paid in previous years. That up to 23,000 pensioners passed away each year helped these statistics. In addition, an average of 4,500 widows remarried annually and thus forfeited their pensions. Finally, some 51,000 children reached an age beyond which a pension was not payable. Ever conscious of reducing financial commitments there was a rationalisation of services and institutions including reducing the number of Ministry run hospitals to twenty-two and staff levels to just over 11,000, from a peak of 21,000 in 1920. Among the changes introduced was the reduction of the capacity of

⁵⁵¹ Fleetwood, *Blackrock 1917-1932*, pp 13-4.

⁵⁵² *Hansard*, HC 10 March 1927 vol 203 c1377, Hospitals.

⁵⁵³ *Ninth annual report of the Ministry of Pensions from 1st April 1925 to 31st March 1926* (London, 1927), pp 1-2.

Blackrock and a diversification of the services at the second Ministry hospital in the Free State located at Leopardstown Park.

Leopardstown Park Hospital

This facility was set in 100 acres of land adjacent to the well-known racecourse in south county Dublin. It had been gifted to the Ministry of Pensions by Mrs Gertrude Dunning in 1917 for the treatment of wounded soldiers for as long as the Ministry needed it.⁵⁵⁴ It became the main treatment centre for neurasthenic patients in southern Ireland. Neurasthenia in its various forms was categorised as an illness by the military and Ministry of Pensions, rather than a combat induced condition. Statistically throughout the first twenty years after the war, neurasthenia accounted for a little over 9% of disability pensions awarded.⁵⁵⁵ However this does not mean that neurasthenia was not a contributing factor in other awards. This opinion has been proposed recently.⁵⁵⁶ The hypothesis cannot be verified or denied with any degree of certainty and so must remain just that. But using surviving records it may be possible to find indications that some Great War veterans displayed behaviour similar to that of veterans of more modern conflicts, behaviour that has been identified as Post Traumatic Stress Disorder.

In a recent history written to commemorate the centenary of the Leopardstown Park hospital, it appears that prior to the amalgamation with Blackrock hospital the only veterans treated at Leopardstown were those suffering from neurasthenic disorders.⁵⁵⁷ However, an examination of the annual Ministry reports show that this may not have been so. From 1925-6, Leopardstown was also classified as a general hospital for surgical and medical procedures. At this time the hospital had accommodation for 136 patients, whereas Blackrock could cater for 313.⁵⁵⁸ Leopardstown Park retained this capability until the 1929-30 reporting year when it reverted to a neurasthenic only hospital. Just over a year later, in late 1931, it was amalgamated with Blackrock, after which time it became the sole Ministry of

⁵⁵⁴ *Eighty-sixth Annual Report of the Commissioners of Works in Ireland with Appendices for the year ending 31st March 1918.* (London, 1918), p. 10.

⁵⁵⁵ *Annual reports of the Minister of Pensions, 1918-39* (London, 1919-39).

⁵⁵⁶ Prof. J. Winter, Keynote speech, What Tommy did next symposium (University of Edinburgh, 18 March 2017).

⁵⁵⁷ Kinsella. *Leopardstown Park Hospital*, p.96.

⁵⁵⁸ *Ninth annual report of the Ministry of Pensions from 1st April 1925 to 31st March 1926* (London, 1927), p. 30.

Pensions owned and operated hospital in the Irish Free State dealing with all surgical and medical issues.

The decision to close one of the Ministry hospitals was taken over a number of years and involved two important factors. The first was with regard to the number of patients. The numbers of veterans admitted was reducing year on year, a factor that produced surplus capacity in both hospitals. In the second half of 1928, the Ministry estimated that demand would be at a level that could be supported by just one hospital by 1930. There were difficulties in deciding which hospital to retain. Issues that influenced the decision included the lack of an x-ray room and operating theatre in Leopardstown and a potential shortage of living-in accommodation for nursing staff in Blackrock.⁵⁵⁹

In early September 1928, Mr. T.A. Pole from the Ministry of Pensions visited both hospitals in Dublin to consider the situation at first hand. His assessment took several factors into consideration including accessibility of each site. He found little to choose between either hospital, but that Blackrock had an edge in regard to public transport. In terms of location, Blackrock was close to Kingstown (Dun Laoghaire) with associated temptations for more ambulatory patients, as had been experienced at a number of hospitals with ex-servicemen as patients. It was considered that the hospital was situated in a poor class of locality and that it was also in a low-lying area. Leopardstown on the other hand was situated in a healthier environment at the foot of the Dublin Mountains which improved the case for selecting it.

As with so many government decisions, the overall running and maintenance costs of the hospitals were perhaps the most important factors. The report put the overhead charges for rent, rates, and utilities in Blackrock at £2,737 per annum. At Leopardstown due to the circumstances of its acquisition, there was no rent, rates were not mentioned, and utilities came to £344 per annum. Finally, there was the condition of the buildings at each location. In Blackrock because many of the wards, kitchens, stores and workshops were housed in standard war utility huts, their deteriorating condition had to be considered and the ever increasing maintenance costs calculated. The report concluded that remedial building work at Blackrock would cost approximately £7,000 in addition to the recurring overheads. The cost of the work at Leopardstown was estimated at £13,500 plus the recurring overheads that

⁵⁵⁹ Correspondence from Ministry of Pensions to Office of Works, Dublin dated 29 August 1928 (NAI, Blackrock and Leopardstown MoP Hospitals proposed amalgamation, OPW/1600/29).

were less than one eighth those at Blackrock. The report came down in favour of the site at Leopardstown because of its security of tenure allied with much lower future overheads, allied with the healthier location. There was a proviso that the building of an operating theatre, x-ray room and accommodation for patients, nurses and administrative personnel was undertaken.⁵⁶⁰ The greater initial cost for improvements at Leopardstown presaged the greater long term saving to be made as successive British governments through the Ministry of Pensions, remained committed to fulfilling their imperial obligations to disabled veterans in the Irish Free State.⁵⁶¹

Some preliminary work was carried out, for instance the new quarters for nursing staff was ready for occupation by the autumn of 1929.⁵⁶² It was some time before the number of patients was reduced to a level where closure of Blackrock became inevitable. By early June 1931, the decision to close Blackrock hospital was made and plans for the amalgamation were put in train. Besides the transfer of patients and staff, as much useful equipment and stores as was possible was to be moved from Blackrock to Leopardstown including the x-ray machinery and operating theatre.⁵⁶³ The transfer of patients and staff went ahead over several days at the end of November and early December 1931. It was anticipated that the re-assignment of personnel and movement of stores would be complete no later than 6 December.⁵⁶⁴

After inventory and audit, much of the surplus equipment was offered at auction through the services of a local auctioneer. Amid the lists of mundane catering equipment and the unglamorous but essential chamber pots, many of the tools used in the curative workshops were also included for disposal. After the auction a total of £756 8s 9d was transferred to the account of the Office of Public Works a department of the Free State government that maintained the hospitals as agents for the Ministry

⁵⁶⁰ Correspondence from Ministry of Pensions to Office of Works, Dublin dated 10 September 1928 (NAI, Blackrock and Leopardstown MoP Hospitals proposed amalgamation, OPW/1600/29).

⁵⁶¹ Michael Robinson (2017): "Nobody's children?": The Ministry of Pensions and the treatment of disabled Great War veterans in the Irish Free State, 1921–1939 in *Irish Studies Review* (tandfonline.com, 20 Apr 2017) p. 7, available online at <http://www.tandfonline.com/doi/full/10.1080/09670882.2017.1317401> (11 December 2017).

⁵⁶² Correspondence from the Commissioners of Public Works to Ministry of Pensions dated 9 September 1929 (NAI, Blackrock and Leopardstown MoP Hospitals proposed amalgamation, OPW/1600/29).

⁵⁶³ Correspondence from Ministry of Pensions to H.M. Office of Works dated 5 June 1931 (NAI, Leopardstown Park Hospital adaptation, OPW 6439/32).

⁵⁶⁴ OPW memo dated 18 November 1931 (NAI, Transfer of Blackrock Hospital to Leopardstown Park Hospital and disposal of surplus stores, OPW 3623/23).

of Pensions.⁵⁶⁵ Of more relevance to the staff and patients was the £40 9s 6d achieved from the sale of surplus recreational equipment and deposited into the Comforts Fund account of Leopardstown Park. The inventory of items sold shows something of how patients filled their leisure time. Among the objects listed were a piano, a pianola and items of stage equipment. Sports equipment was also included although most was of a sedentary nature in accordance with the orthopaedic nature of many of the patients. It included croquet, quoits, cricket and large and small billiard tables.⁵⁶⁶ The latter items attracted the attention of the British Legion in Wicklow who offered to take one of the tables for their Arklow and Rathnew clubhouse.⁵⁶⁷

Changes in Leopardstown Park

Prior to the transfer and perhaps already familiar with the decision to close Blackrock, the senior medical officer of the Ministry of Pensions, Dr, Hebb, visited the two hospitals on 2 June 1931.⁵⁶⁸ He met with an OPW architect to formulate a plan for alterations to the buildings and facilities at Leopardstown following the amalgamation. Following a constructive meeting there was agreement as to the extent and cost of the work to be done.⁵⁶⁹ Hebb did raise concerns about the electricity supply at Leopardstown that he felt was inadequate for the x-ray apparatus when it was transferred from Blackrock. The x-ray department was obliged to remain at Blackrock until a contract to upgrade the supply was signed with the Electricity Supply Board in early 1932.⁵⁷⁰ The Electricity Supply Board as the only organisation that could ensure a reliable electricity supply, was a semi-state body of the southern Irish government. However, when it came to the maintenance of the hospital, that was in the hands of a full-time department of the Free State government, the Office of Public Works (OPW). The OPW was the successor of the Commissioner of Works as

⁵⁶⁵ Correspondence from Hazey & Co., auctioneers to Office of Public Works dated 22 February 1932 (NAI, Transfer of Blackrock Hospital to Leopardstown Park Hospital and disposal of surplus stores, OPW 3623/23).

⁵⁶⁶ Correspondence from Leopardstown Park Hospital to A.C. Kelly, Auctioneer, Blackrock dated 4 February 1932 (NAI, Transfer of Blackrock Hospital to Leopardstown Park Hospital and disposal of surplus stores, OPW 3623/23).

⁵⁶⁷ Correspondence from British Legion (Ireland) Southern Area to Superintendent, Blackrock Hospital dated 5 December 1931 (NAI, Transfer of Blackrock Hospital to Leopardstown Park Hospital and disposal of surplus stores, OPW 3623/23).

⁵⁶⁸ Correspondence from Ministry of Pensions, London to Office of Public Works, Dublin dated 22 May 1931 (NAI, Transfer of Blackrock Hospital to Leopardstown Park Hospital and disposal of surplus stores, OPW 3623/23).

⁵⁶⁹ OPW memo by J.M. Fairweather, OPW architect dated 3 June 1931 (NAI, Transfer of Blackrock Hospital to Leopardstown Park Hospital and disposal of surplus stores, OPW 3623/23).

⁵⁷⁰ Correspondence from Office of Public Works to Electricity Supply Board dated 22 March 1932 (NAI, Leopardstown Park Hospital adaptation, OPW 6439/32).

the body that provided equipment and maintenance for all government buildings.⁵⁷¹ Following the closure of Blackrock hospital, the extra money spent in Leopardstown was recouped by a decrease in the overall amount spent in the Free State by the Ministry of Pensions. In particular, there was a trend to under-spend on maintenance, rent, furniture and utilities throughout the 1930s, although there were occasions when savings were not made.⁵⁷²

Early in 1937 there was considerable storm damage at Leopardstown Park that necessitated expenditure on immediate repairs. In February 1938, the Committee of Public Accounts at Westminster quizzed civil servants about this. A Conservative M.P. was particularly interested as to why an agency of a foreign government, over which there was no control, was acting on behalf of a British ministry. The reply that this was not unusual situation especially when dealing with dominions, did not seem to placate him. This was especially so when it was pointed out that the southern Irish government had not ‘fallen down over this at all; it is Northern Ireland’.⁵⁷³ The clear message was that government departments in the twenty-six counties fulfilled obligations made to the British government in a more comprehensive manner than the authorities in Northern Ireland fulfilled theirs. Other questions followed about the various moneys owed by Southern Ireland (i.e. Eire) to the British government, to which the answer was again that the government of Eire had not failed to meet their obligations to the Ministry of Pensions. This seemed contrary to an earlier report by a senior Ministry of Pensions official based in Dublin who wrote that ‘the whole tenor of its policy is to ignore, minimise and slight such remnants of British suzerainty as still remain in the 26 counties’.⁵⁷⁴ Despite many concerns expressed in internal memos about the relatively higher costs of services in Ireland compared to similar ones in mainland Britain, no cases of refusal to pay the southern Irish government for services done on behalf of the Ministry of Pensions have been found.⁵⁷⁵

⁵⁷¹ Following the establishment of the Irish Free State, the OPW continued to work as the local agent on behalf of the Ministry of Pensions in their hospitals in southern Ireland. The cost of work carried out was reimbursed to the Free State government by the UK Treasury once approved by the Ministry of Pensions.

⁵⁷² *Civil Service Appropriation Accounts 1932-39* (London, 1933-41).

⁵⁷³ *First and Second Reports from the Committee of Public Accounts* (London, 1938), pp 44-5.

⁵⁷⁴ Letter from Deputy Director Medical Services, Dublin to Deputy Director General Medical Services, London dated 2 Jul 1935 (NAUK, Pensions Appeals Tribunal Irish Republic 1935-9, PIN15/2957).

⁵⁷⁵ *First and Second Reports from the Committee of Public Accounts* (London, 1938), p. 45.

Another significant event occurred in relation to Leopardstown in 1932. In 1917, Leopardstown Park had been given into the hands of trustees under the terms of a Deed of Trust for as long as it was needed as a medical facility. However, the original owner of the property, Mrs Dunning had retained the right to repossess the property should the Ministry of Pensions have no further use for it. Six years after her death in 1926, her husband made a gift of the whole property to the Ministry as he believed it was in accordance with the wishes of his deceased wife. A new Deed of Trust was signed on 20 December 1932, in which the property remained in Ministry of Pensions control with the proviso that it would be sold if no longer needed, the proceeds of the sale would then go to a service charity.⁵⁷⁶ At this time the number of available beds had stabilised at eighty with a high occupancy rate.⁵⁷⁷

Shanakiel Hospital, Cork

Despite the post-war removal of private hospitals from involvement in the care of disabled veterans, an examination of the Ministry of Pensions annual report for the year ending 31 March 1922 revealed that the Shanakiel Hospital at Sunday's Well, Co. Cork was listed for the treatment of general, medical and surgical patients and those requiring special surgical treatment. A total of sixty beds were reserved for the exclusive use of the Ministry.⁵⁷⁸ Examination of two comprehensive lists of hospitals in the British Isles for the Great War period did not include the Shanakiel Hospital.⁵⁷⁹ In the Annual Report for the year ending 31 March 1923 and in each successive report up to the year ending 31 March 1930, the number of beds was increased to eighty-seven.⁵⁸⁰ After this nine-year period Shanakiel Hospital is not mentioned in the annual reports of the Ministry. It might therefore be natural to assume that this was the end of the involvement of this institution with disabled veterans, but this was not so.

⁵⁷⁶ Kinsella. *Leopardstown Park Hospital*, pp 53-7.

⁵⁷⁷ *First and Second Reports from the Committee of Public Accounts* (London, 1938), p. 44.

⁵⁷⁸ *Fifth annual report of the Minister of Pensions from 1st April 1921 to 31st March 1922* (London, 1922), p. 37.

⁵⁷⁹ *Reports of the Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on voluntary aid rendered to the sick and wounded at home and abroad and to British prisoners of war, 1914-1919* (London, 1921).

Chris Baker, *Military hospitals in the British Isles 1914-1918* (Leamington Spa, 2017), available online at The Long Long Trail <http://www.longlongtrail.co.uk/soldiers/a-soldiers-life-1914-1918/the-evacuation-chain-for-wounded-and-sick-soldiers/military-hospitals-in-the-british-isles-1914-1918/> (19 December 2017).

⁵⁸⁰ *Annual reports of the Minister of Pensions from 1st April 1922 to 31st March 1930* (London, 1924-31).

The Shanakiel Hospital still exists and continues to operate as a private hospital.⁵⁸¹ The hospital website states that it is one of the oldest private hospitals in Ireland with a history of treating ex-British veterans from both world wars.⁵⁸² Additional information about the hospital has proven to be elusive. A newspaper report from 2012 gives some detail confirming a history dating back to 1918. It highlighted the most significant event from the post-war years as being the reception of the body of Michael Collins in August 1922 following his fatal ambush in County Cork.⁵⁸³ The article also noted that the hospital had been operated as a family concern for many years. It has been verified that the Duggan family did indeed operate this establishment.⁵⁸⁴ A Ministry of Health internal memo from the mid-1960s confirmed the status of Shanakiel as a private hospital of about 120 beds run by a family trust which up to that time had taken only war pensioner patients.⁵⁸⁵

An extensive search in various archives failed to uncover any material to explain the thirty-year gap between the Ministry of Pensions Annual Reports and the above-mentioned correspondence. While it is outside the core dates for this study, what the later inter-departmental correspondence indicates is that there was a long-established medical facility that provided a continuity of care for disabled Great War veterans resident in the southern counties of Ireland from the end of the First World War, that continued on after the establishment of the Irish Free State and the Irish Republic. Evidence of the continued use of the hospital by ex-British veterans of the First World War between 1930 and the 1960s can be confirmed with reference to the obituary columns of newspapers where several entries acknowledged the wartime service of deceased patients at Shanakiel.⁵⁸⁶ From the 1930s to the 1960s, there was a preponderance of males among the deaths at Shanakiel that were notified to the newspapers. Mention of the Royal Munster Fusiliers occurred frequently in the

⁵⁸¹ Requests for information from the current operators of the hospital failed to produce any information about the history of the hospital or the location of any archival material. Searches in other local and national archives proved equally fruitless.

⁵⁸² Shanakiel hospital, *History* (Cork, 2011), available online at <http://brianoregan.ultrasoftware.ie/sh/history.php> (20 December 2017).

⁵⁸³ Barry Roche, *Historic Shanakiel Hospital to close* (The Irish Times, 2017), available online at <https://www.irishtimes.com/news/historic-shanakiel-hospital-to-close-1.4450> (20 December 2017).

⁵⁸⁴ Correspondence from Ministry of Pensions and National Insurance to Ministry of Health dated 9 June 1966 (NAUK, Leopardstown Park and Shanakiel Hospitals, consideration of future, MH150/109).

⁵⁸⁵ Ministry of Health internal memo dated 17 June 1966 (NAUK, Leopardstown Park and Shanakiel Hospitals, consideration of future, MH150/109).

⁵⁸⁶ *Irish Examiner*, 18 November 1931. *Irish Examiner*, Death notice Martin Keating, late Royal Munster Fusiliers, 10 November 1954 p.1 & Death notice for John O'Sullivan, late Royal Munster Fusiliers, 8 September 1969 p. 2.

obituaries which is not surprising as counties Clare, Cork, Kerry and Limerick were the recruiting areas assigned to that regiment with a regimental depot located in Tralee.⁵⁸⁷ These counties still form a natural catchment area for hospitals and other facilities and amenities in Cork city. During the First World War eleven battalions of the Munster Fusiliers were formed and an unknown number of Munster men served in other branches of the British military.⁵⁸⁸ This confirms that there were a large number of men in the region who served in the Great War and provided a pool of patients for the Shanakiel Hospital to treat. The last death of an ex-British serviceman at the hospital that has been identified was a resident of Cobh, Co. Cork. James O'Leary passed away in March 1970, having served in the Royal Irish Fusiliers, a regiment more closely associated with counties in Ulster.⁵⁸⁹

Specialist Medical Care

Although the Ministry of Pensions facilities at the Blackrock, Leopardstown and Shanakiel hospitals provided invaluable surgical, medical and psychological support for the disabled veteran community during and after the First World War, they did not always meet every demand placed on them by serving personnel and veterans alike. In the case of service personnel who fell victim to debilitating or terminal illnesses acquired as a direct result of their military service, there were both successes and failures with the official response to their needs.

In the latter part of 1916, members of Dublin County Council launched a campaign for the establishment of a hospital specifically for Irish soldiers and sailors who were suffering from incurable diseases arising directly or indirectly from the war. They gained the support of the board of the Royal Hospital for Incurables in Donnybrook, Dublin to lobby the Chief Secretary for Ireland, the Commander-in-Chief of the forces in Ireland and the Chief Medical Superintendent at the War Office but made little progress other than an acknowledgement from both military officers. The Chief Secretary seems not to have considered the matter worthy of a reply.⁵⁹⁰ The matter seemed to stall at that point until the cause of incurable ex-servicemen was championed by Patrick Brady, a Dublin M.P. who challenged the Parliamentary

⁵⁸⁷ R.G. Harris. *The Irish regiments, a pictorial history 1683-1987*. (Tunbridge Wells, 1989), p. 210

⁵⁸⁸ Alan Drumm. *Kerry and the Royal Munster Fusiliers* (Dublin, 2010), p.21.

⁵⁸⁹ *Irish Examiner*, Death notice for James O'Leary, late Royal Irish Fusiliers, 20 March 1970 & R.G. Harris. *The Irish regiments, a pictorial history 1683-1987*. (Tunbridge Wells, 1989), pp 167-74.

⁵⁹⁰ Dublin County Council minutes 16 November 1916, 30 November 1916, 21 December 1916, 22 February 1917, 8 March 1917, 22 March 1917.

Secretary for the Ministry of Pensions as to the situation facing discharged incurables in Ireland. He wondered why there was

a suggestion that paralysed or incapacitated Irish soldiers or sailors, or other sufferers from incurable disease with a claim on their country, may be sent, if they desire, to the county infirmary nearest their home.....We can hardly believe that it is the intention of His Majesty's Government that soldiers or sailors permanently incapacitated, whether it be in England, Scotland, Wales, or Ireland, should be sent to workhouses, for the term "county infirmary" is only a euphonious way of describing the workhouse. If there is one institution which stinks in the nostrils of Irish people it is the workhouse.⁵⁹¹

He pressed home the point with the Parliamentary Secretary Arthur Griffith-Boscawen supported by other Irish M.P.s. Brady maintained that it was 'very easy to cheer your soldiers when the War is going on, but experience proves, in Ireland at any rate, that our soldiers, when they have given all that was best in them, are discharged and thrown into the union.'⁵⁹²

This rebuke was such that Griffith-Boscawen, on behalf of the government stated that

we are quite prepared to take any steps we can to see that some sort of national system for the treatment of disabled soldiers is formed in Ireland whereby all the different facilities for the treatment of those who require it and for training those who can be re-educated in a new way when they are no longer able to carry on their former vocation shall be pooled and placed at the disposal of the broken soldier.⁵⁹³

It can be argued that the government lived up to the first part of this promise but their performance in relation to the second part was less than complete. In the months following this exchange there were moves that led to the establishment both the Blackrock and Leopardstown hospitals to cater for members of the armed forces and disabled veterans. However, there was no progress with the case in hand and there was no hospital for incurables in Ireland. The matter might well have rested there but some subsequent remarks by Griffith-Boscawen illustrate policies towards the war disabled that were pursued by both his and successive governments. Pressed again by Brady as to whether the government would set up special institutions for incurables if no suitable accommodation could be found in Ireland, he replied

⁵⁹¹ *Hansard*, HC 19 March 1917 vol 91 c1648, Ministry of Pensions.

⁵⁹² *Hansard*, HC 19 Mar 1917 vol 91 c1657, Ministry of Pensions.

⁵⁹³ *Hansard*, HC 19 Mar 1917 vol 91 c1678, Ministry of Pensions.

I hope in those parts of the country generous voluntary societies, and rich people will come forward and provide the capital expenditure for these institutions, as is being done in many parts of England, notably by the Red Cross Society. It is the duty of the State, if these institutions cannot be found voluntarily, to actually set them up themselves. We do not shrink from that obligation..... Apart from that, this is quite a temporary business, and we do not want to land the country with a large number of new buildings which will not be required a few years hence,⁵⁹⁴

Throughout the war and for many years after the British government displayed an inclination to step back from veteran affairs in favour of charities or philanthropic individuals. It has also to be remembered that the original legislation had laid the responsibility for pensions and re-training in the remit of a private organisation, the Royal Patriotic Fund Corporation. That body had been unable to cope with the needs of veteran, a situation that had led directly to the establishment of the Ministry of Pensions. The latter part of the Griffith-Boscawen statement is notable because the policies of the Ministry of Pensions were over-shadowed by the Treasury anxious to keep expenditure as low as possible irrespective of the pain and suffering of the ordinary disabled veteran.⁵⁹⁵ Despite the failure of the authorities with regard to incurables, there was recognition that specialised treatment methods were needed in some circumstances and the Ministry of Pensions tried to make them available. There was a concerted effort to deal with a most virulent disease that infected many, a disease that due to the hardships of service life many succumbed to. The disease was tuberculosis.

In the decade before the outbreak of war, the death rate from tuberculosis in Ireland was almost twice that of England and Wales.⁵⁹⁶ The problem began to be addressed by various health schemes such as the introduction of the Tuberculosis Prevention (Ireland) Act, 1908. The Act established a regulatory system to deal with the disease based mainly around county councils. The efforts were aided by philanthropic individuals like Lady Aberdeen, the wife of the Viceroy to Ireland, who used her position and influence to change public attitudes to, and treatment of the disease. In the case of Lady Aberdeen, it included the founding of the Women's National Health Association (WNHA) and the establishment of specialist centres such

⁵⁹⁴ *Hansard*, HC 19 Mar 1917 vol 91 c1679, Ministry of Pensions.

⁵⁹⁵ Cohen. *The war come home*, pp 190-1.

⁵⁹⁶ *The British Medical Journal*. Vol. 2, No. 3639, 4 October 1930. p. 576.

as the Peamount Sanatorium in County Dublin for the treatment and rehabilitation of tuberculosis sufferers.⁵⁹⁷

Tuberculosis can present itself in many forms but the type that most concerned the military authorities and the Ministry of Pensions was of the pulmonary variety. Within the first year of the war there were indications that the disease was likely to cause concern. In the first report of the conflict to deal with the issue of discharged disabled servicemen, the Disabled Sailors and Soldiers Committee published figures for the number of sailors and soldiers discharged as a result of wounds or illness following eight months of war.⁵⁹⁸ From a total of 2,977, 302 personnel were categorised as discharged due to chest complaints, and of this number 200 were deemed to be ‘tubercle of the lungs’ or 6.7% of total discharges for that period. By the time the report was published it was acknowledged that the monthly discharge rate from all causes had increased to at least 1,000 per month with another rise to 1,500 each month anticipated. The higher total would have given a total figure for 1915 of not more than 16,000 which would provide an estimate of 1,067 service personnel discharged with ‘‘tubercle of the lungs’’ during 1915. Events would prove that all estimates of casualties were conservative.

In the rush to recruit and train Kitchener’s New Army and later still to replace the massive casualties of the BEF, it was inevitable that some men with an inferior physique would be attested. The rigours of military service left them very likely to succumb to some form of disease. As the war dragged on, conscription was introduced and the physical and medical standards for recruits were reduced. This may have been less relevant to Irish servicemen, the greater proportion of whom were volunteers during the early years of the conflict. However, it did have an impact on those who continued to serve, and as units had a more diverse and a less physically robust assortment of personnel assigned to them from all parts of the British Isles. This increased their likelihood of exposure to the tubercle bacilli. Whether the level of tuberculosis within the military reached epidemic proportions especially when compared to the virulent flu that spread across the world during the last year of the war is worthy of debate. What is certain is that while the Spanish flu was sweeping

⁵⁹⁷ Anna Day, *Turn of the Tide, the story of Peamount* (Dublin, 1987), pp13-21 & Frances Carruthers, *The Organisational Work of Lady Ishbel Aberdeen, Marchioness of Aberdeen and Temair, 1857-1939*. PhD thesis National University of Ireland, Maynooth, 2001.

⁵⁹⁸ *Report of the Committee appointed by the President of the Local Government Board upon the Provision of Employment for Sailors and Soldiers Disabled in the War*. (London, 1915), p. 3.

across the country, there was also concern in official circles about the estimated 40,000 consumptive soldiers that had been discharged since the start of the war.⁵⁹⁹

The unease about pulmonary tuberculosis was such that a government interdepartmental committee was set up in April 1919 to make recommendations as to treatment and future employment for sufferers of the disease. One of their first tasks was to establish the extent of the problem. Despite differing methods of compiling figures and the frequent grouping of tuberculosis sufferers within a generic category of 'chest cases', they concluded that 35,000 service personnel had been discharged because of tuberculosis.⁶⁰⁰ Although this is lower than the original estimate it does not mean that it was an entirely accurate reflection of the problem. The committee figures were based on those personnel whose diagnosis had been accepted by the Ministry of Pensions as having been either caused by or aggravated by military service. It was inevitable that there would be a proportion of personnel whose claim for pension and consequently for treatment was not accepted by Ministry doctors. Because of the destruction of the vast majority of enlisted men's service records during the Second World War and the retention of so few medical pension files it cannot be stated unconditionally that either total is correct or incorrect.

Some important points were highlighted in the report with the recognition that tuberculosis was a national issue not just a problem for the services being perhaps the most important. The case for Ireland was significant enough to include a separate section dealing with the problem that noted the far higher rate of mortality from the disease on the island. That at least half the population of Ireland lived in conditions that were not beneficial for the prevention of tuberculosis or for the home treatment of the disease was a significant finding in this section of the report. The lack of residential accommodation was pointed out, highlighting the conundrum that the only care facility available for the segregation of tuberculosis sufferers in most of Ireland was the local Poor Law institution, but that the Irish Insurance Commissioners were forbidden by statute to utilise these establishments for ex-servicemen.⁶⁰¹ The dearth

⁵⁹⁹ P.C. Varrier-Jones, 'A plea for the consumptive soldier' in *Reveille*, No.2 (Nov 1918), p. 242.

⁶⁰⁰ *Report of the inter-departmental committee appointed to consider and report upon the immediate practical steps which should be taken for the provision of residential treatment for discharged soldiers and sailors suffering from pulmonary tuberculosis and for their re-introduction into employment, especially on the land* (London, 1919), p.5.

⁶⁰¹ *Report of the inter-departmental committee appointed to consider and report upon the immediate practical steps which should be taken for the provision of residential treatment for discharged soldiers and sailors suffering from pulmonary tuberculosis and for their re-introduction into employment, especially on the land* (London, 1919), p. 20.

of suitable residential care for tuberculosis in Ireland took many more years to resolve.

A positive feature to emerge was that the government decreed that service personnel and veterans were to receive priority of admission to residential treatment in approved sanatoria, even to the extent that in Ireland some civilian cases were not admitted. The preference given to service personnel and veterans as in-patients could be to the detriment of civilian tuberculosis sufferers as many of those cases were already in advanced stages of the disease before they agreed to receive residential care.⁶⁰² The Ministry also recognised that many cases of the disease found among military personnel were of the later, well-developed variety.⁶⁰³ The reasons for delayed admission included late diagnosis and a lack of compulsion for those who were the main breadwinner in a family to enter residential care, because of concerns over loss of income. For servicemen and disabled veterans this was reduced in two ways. The first was that from January 1919, the Ministry of Pensions took responsibility to provide full payment for residential treatment for all military and veteran tuberculosis cases if the disease was due to or aggravated by military service.⁶⁰⁴

The second was that after much discussion within the Ministry and with Treasury approval it was agreed that following a suitable course of residential treatment a veteran would be paid a 100% pension for six months, followed by a pension of not less than 50% for two years. The pensioner was then subject to periodic assessment by a suitably qualified Tuberculosis Officer. For those who did not complete their treatment or who refused to accept treatment, pensions were awarded at a reduced rate.⁶⁰⁵ Ever mindful of financial prudence the Ministry noted that while tuberculosis was a special case demanding certain minimum levels of pension, the increasing number of demobilised personnel returned to civilian life

⁶⁰²Ibid, p. 19.

⁶⁰³ Ministry of Pensions internal memo dated 1 November 1919 (NAUK, Tuberculosis - Sanatoria treatment for men, PIN15/1062).

⁶⁰⁴ *Report from the select committee on pensions together with the proceedings of the committee, minutes of evidence and appendices* (London, 1920), p. 111. There was an added complication that the actual responsibility for medical care fell to the Ministry of Health as the body that oversaw all tuberculosis treatment.

⁶⁰⁵ Ministry of Pensions internal memo dated 25 June 1920 (NAUK, Tuberculosis - Sanatoria treatment for men, PIN15/1062).

either with or without a disability pension, who later developed tuberculosis, must not set a precedent for those who suffered from other diseases.⁶⁰⁶

The extent of the tuberculosis problem among veterans in Ireland is difficult to quantify accurately. The best estimate is from Lady Aberdeen, who was a tireless advocate for improved public health in Ireland. In evidence given between April and August 1919, she stated that between her two establishments in Peamount and Rossclare, located in county Dublin and Fermanagh respectively, they had treated two-thirds of the discharged Irish tuberculous soldiers and that of the combined total of 321 beds about half were occupied by ex-soldiers.⁶⁰⁷ From these figures it can be projected that there were approximately 240 veterans with tuberculosis in Ireland. To this total must be added eighteen tuberculous ex-servicemen listed in other Irish treatment centres during 1919 as incurable cases.⁶⁰⁸ Thus an all-Ireland total of not less than 258 ex-servicemen suffering from the disease seems likely. However, considering the importance government health officers placed on the issue and the general prevalence of the disease in Ireland it is in all probability a conservative estimate. As late as 1927, ex-British servicemen were the largest single group of patients to be found in Peamount Sanatorium.⁶⁰⁹

How the prioritisation of ex-British tuberculosis patients evolved after the formation of the Free State is unclear except that they continued to receive treatment paid for by the Ministry of Pensions. In Local Authority areas that had adopted a scheme for the treatment of tuberculosis, there is evidence that shows how the procedure worked. Ex-British personnel were admitted to an institution that had a contract to provide treatment for patients that were paid for by a Local Authority. The Local Authority then reclaimed the cost from the Ministry of Pensions, via the Department for Local Government & Public Health, subject to the patient abiding by the rules of the institution. Veterans continued to be admitted to institutions for treatment if the Ministry of Pensions accepted their claim that they developed tuberculosis directly

⁶⁰⁶ Ministry of Pensions internal memo dated 5 November 1919 (NAUK, Tuberculosis - Sanatoria treatment for men, PIN15/1062).

⁶⁰⁷ *Report of the inter-departmental committee appointed to consider and report upon the immediate practical steps which should be taken for the provision of residential treatment for discharged soldiers and sailors suffering from pulmonary tuberculosis and for their re-introduction into employment, especially on the land* (London, 1919), p.33.

⁶⁰⁸ Correspondence from National Health Insurance Commission (Ireland) to Ministry of Pensions dated 22 December 1920 (NAUK, Treatment of tuberculosis 1920-22, PIN15/48).

⁶⁰⁹ T.M. Healy. *From sanatorium to hospital, a social and medical account of Peamount 1912-1997* (Dublin, 2002), p. 40.

because of their wartime service or it was aggravated by the conditions of service during the First World War. Examples can be found of Local Authorities throughout Ireland claiming payment for the treatment provided to Great War veterans for this disease for several years after they were discharged from the military.

Two ex-servicemen from the same Local Authority area serve to illustrate the long-term struggle with the disease as well as differing outcomes. In the case of J.N. an ex-Private in the Connaught Rangers, the Ministry of Pensions accepted his claim for treatment in the National Hospital for Consumption in Ireland, Newcastle, County Wicklow and his eligibility for pension in February 1931.⁶¹⁰ Following treatment, he was transferred to St. Patrick's Sanatorium at Collooney, County Sligo which was closer to his home.⁶¹¹ His treatment continued for several years alternating between the two sanatoria. Unfortunately, there was no happy outcome for this disabled veteran who succumbed to his illness on 14 January 1934 aged about forty-eight years.⁶¹²

J.L. had been a private soldier in the Machine Gun Corps. He was a patient at the National Hospital for Consumption in Ireland from 13 June 1928 until 17 October 1928, where his civilian occupation was noted as farmer. Sometime later his tuberculosis returned and liability for his case was accepted by the Ministry of Pensions. He was admitted to St. Patrick's Sanatorium, Sligo for treatment on 1 April 1931 and payment by the Ministry of Pensions was under consideration from 14 April. There was some concern about periods where J.L. appeared to have been granted leave from the sanatorium that were in excess of what was allowed by Ministry regulations. The outcome of these interruptions was that final Ministry approval for payment was only forthcoming from 14 May of that year. J.L. brought his treatment to an end on 11 July 1931 when he left St. Patrick's Sanatorium without the permission of the medical authorities.⁶¹³ While J.L. may have had good reasons for this action, there were financial implications by way of a reduction in pension for not completing the Ministry approved course of treatment, although whether this impacted his later life cannot be determined. In a follow-up survey in 1939, the National Hospital for Consumption in Ireland found that he was in good health.⁶¹⁴

⁶¹⁰ Sligo Board of Health minutes 3 February 193, (Sligo County Archive).

⁶¹¹ Ibid, 21 April 1931.

⁶¹² National Hospital for Consumption in Ireland patient registers 1914-1939 (RCPI Archives).

⁶¹³ Sligo Board of Health minutes 4 August 1931 (Sligo County Archive).

⁶¹⁴ National Hospital for Consumption in Ireland patient registers 1914-1939 (RCPI Archives).

Conclusion

The medical facilities and services available to disabled Irish veterans on their return from service in the Great War were built on that which had been put in place during the years of conflict. At the end of the war and with the consequent reduction in the number of casualties there was resultant reduction in the number of hospital beds needed. The voluntary and temporary hospitals were closed quite quickly leaving the Ministry of Pensions to continue to care for disabled veterans within a system that was maintained throughout successive decades as part of an imperial obligation. The network of general practitioners, regional out-patient clinics and Ministry owned hospitals provided a countrywide system of healthcare for disabled veterans that was in many ways far superior to the medical services provided by the Free State government to their able-bodied ex-comrades and to the general population. For those in need of more specialised care, such as in psychological and tuberculosis cases that the Ministry of Pensions had accepted as caused or aggravated by military service, there were capitation schemes with various medical establishments providing for their treatment. The largest scheme involved the Shanakiel Hospital on the outskirts of Cork city. The hospital served the medical and some surgical needs of veterans in the southern counties of Ireland, an area where some of the fiercest fighting against both British and Free State forces had caused devastation to infrastructure.⁶¹⁵ The establishment and continued existence of a fulltime medical facility for disabled ex-British veterans where the tradition of the ‘‘Rebel County’’ was, and continues to be, so strong seems to be implausible. But the Shanakiel Hospital could not have delivered its services for the greater part of half a century without two important factors. First, in the early years of its existence there were the ongoing travel difficulties due to the inadequate road network and disjointed rail system which made it hard for veterans in the south of the Free State to avail of the Ministry of Pensions facilities in Dublin. Secondly, and more importantly, the Shanakiel Hospital could not have existed for so long if there had not been a sufficiently large body of disabled veterans within its catchment area to justify the continued financial commitment by successive British governments in fulfilment of their imperial obligation to care for disabled veterans.

⁶¹⁵ Bernard Share. *In time of civil war, the conflict on the Irish railways 1922-23* (Cork, 2006) for background to the precarious financial position of rail companies and the cumulative damage to the railway system during the years of conflict.

The same general reasons can be applied for the retention of the two hospitals in Dublin, only in this case the road and rail system as it existed had Dublin as the route focus for the country as might be expected for the traditional capital city and administrative centre. Allied to this was its proximity to mainland Britain that made the regular visits by Ministry of Pensions and other British government officials convenient. Finally, as in the case for Cork, Dublin and its environs retained a critical mass of disabled veterans sufficiently large to justify the retention of two hospitals. As that critical mass decreased, the hospital at Blackrock was closed and all medical and surgical facilities were moved to Leopardstown Park. That hospital retained an exclusively ex-British veteran clientele until it was transferred to the Irish Department of Health on 1 April 1979, although a priority of admission for ex-members of the British armed forces has been maintained to this day.⁶¹⁶

Disabled ex-British veterans enjoyed a level of healthcare that was in many ways superior to that of the ordinary Irish citizen although this may not have been much consolation when the wounds or diseases that entitled them to such treatment were considered. Whether this level of healthcare and a disability pension were adequate to meet the needs of ex-British veterans is a topic for discussion. In a similar vein the story of how veterans, who applied for pensions and were refused outright, or who were granted once off gratuities, dealt with their medical needs in later life remains to be told. What is clear is that having regard to the commitment to care for veterans whose disabilities were attributable to war service, and staying within the confines of pension legislation and strict financial oversight, the evidence suggests that disabled veterans in Southern Ireland were treated as equitably as their comrades in other parts of the British Isles for as long as the need existed

⁶¹⁶ Kinsella. *Leopardstown Park Hospital*, pp 135-8.

Chapter 6

The Patients of the Ministry of Pensions Hospitals in southern Ireland 1920 - 1945

While it was always unlikely that wartime experiences could be forgotten, individuals often put aside such memories as they tried to return to some form of normality. This may have been achievable for some but for many it was not possible especially for veterans adapting to the long-term consequences of wounds or disease. For these veterans there were constant reminders of the cost they had paid as they endured recurring surgeries or persistent illnesses. The vast majority of work that has been done about the health issues facing Great War veterans in the British Isles has concentrated on personnel suffering from shell shock in its various forms and its many classifications.⁶¹⁷ Psychological injuries to service personnel during combat are now acknowledged and accepted but this was not so a century ago. Personnel who lost the mental battle were often regarded as having failed and in many cases were treated with less regard than those with more visible wounds.⁶¹⁸ From 1918 to 1939 an average of 6% of disability pensions granted were categorised as psychological and as such they remain a reliable baseline figure from which any assessment of this condition can be made. At this distance, without a verified diagnosis by a medical practitioner, any other conclusions drawn can vary from an educated guess to pure speculation. This study differs from others in that it gives greater attention to the over 90% of personnel who received the disability pensions for reasons other than a neurasthenic condition. From the first Annual Report of the Ministry of Pensions, it was apparent that a large proportion of pensions were awarded for a disability of a non-combat nature, i.e. because of illness and disease and not because of the effects of high explosive or projectiles on the human body.

The first Annual Report shows the government attempts to come to terms with the needs of the disabled veterans from 1914 until spring 1918. Using the statistics provided in the report as a starting point and by re-labelling as combat related the

⁶¹⁷ See Michael Robinson, 'Nobody's children'? Shell-shock and rehabilitation in Ireland, 1914-1938 (PhD thesis, University of Liverpool, 2016).

⁶¹⁸ *Annual Reports of the Minister of Pensions 1918 - 1939* (London, 1919-39). In the compilation of official figures for disability pensions awarded by the Ministry of Pensions, psychological conditions were included in the disease or non-combatant category and as such are retained in that category for this study.

nervous diseases category, i.e. shell shock and neurasthenia, the resultant total still gives a figure of over half of disability pensions awarded for a non-combat related reason.⁶¹⁹ This stark figure provides a pause for thought and a demand for the statistics to be re-assessed. If the common perceptions of the enormous casualty figures of the First World War are accepted, this more evenly balanced difference seems to be counter-intuitive and therefore worthy of further investigation.

In pursuit of this, the focus of this chapter is the examination and comparison of the Ministry of Pensions hospitals at Blackrock and Leopardstown Park. It is not coincidental that the Ministry retained its facilities on the outskirts of the capital city. Dublin and its hinterland had a greater number of ex-British veterans than anywhere else in the Free State.⁶²⁰ Likewise the city had been home for a greater concentration of temporary military and established civilian hospitals than anywhere else in the country.⁶²¹ Although veterans eligible for treatment after discharge were supposed to attend a Ministry of Pensions establishments for treatment, they were sometimes treated in civilian hospitals. That treatment might have been in a specialist clinic as with cases of venereal disease, in a sanatorium dealing with tuberculosis, and in other hospitals as necessary.

The analysis of the health-related issues faced by ex-British service personnel is in large part based on surviving Admission and Discharge Books of the two Ministry of Pensions hospitals in Dublin. The timeframe of the books is from the early 1920s until mid-1945. Although Admission and Discharge Books in the Ministry hospitals were for the most part administrative records, the seven extant volumes include much information that can help increase our understanding of the later lives of disabled veterans. The amount of information varies even within each book, but there is a certain consistency throughout. For example, almost every entry includes a brief description of the medical reason a veteran was admitted to hospital. For this study four overall categories for admission were identified. These were

Gunshot Wound (GSW), to include all injuries caused by a projectile,

Disease, to include all illnesses and non-combat injuries),

Both (where a veteran was diagnosed as suffering from both conditions and

⁶¹⁹ *First Annual Report of the Minister of Pensions to 31 March 1918*, p. 140. Wounds and injuries accounted for 42.4% and disease for 57.6% of pensions awarded.

⁶²⁰ Memo on the proposal to establish an Irish Ministry of Pensions dated 9 Mar 1922 (NAI, War Pensions, Proposed establishment of Ministry of Pensions in Ireland, FIN 1/216).

⁶²¹ Royal Irish Automobile Club. *War Services*. (Dublin, 1919), p. 35.

No entry made or Illegible

In many cases there are also details of a veterans' wartime unit, next of kin, home address, length of stay and degree of disability. If a patient passed away their death was often recorded in the Admission and Discharge Book. However, a cross-reference with the official death certificates has uncovered some irregularities in the standard of book-keeping that occur not only regarding this group of entries but across several others. The anomalies seem to be because of the varying abilities or conscientiousness of individual clerical staff. This also goes some way to explain the many differences in spelling, the irregular use of abbreviations and some faulty arithmetic calculating the length of a patients stay in hospital. There is of course the possibility that there were changes in administrative procedures that are no longer apparent without further information that could explain these variances.

The Admission and Discharge Books

The seven surviving patient registers can be divided into four groups of unequal size according to the time frame of entries or because of their topic. For ease of reference each Admission and Discharge book was allotted a number. The categorisation is briefly explained, and each group is examined in turn. Finally, an analysis will be made of the whole archive to present some conclusions.

The oldest record is from the Blackrock Special Orthopaedic Hospital which covers the period from April 1920 to August 1926 and as such overlaps with much of the War of Independence, the establishment of the Free State, the Civil War and the return to peace. This book is referred to as Book 1.

The second group consists of two non-contiguous registers also from the Blackrock hospital that run from May to December 1928 and from October 1929 to February 1931. Despite this gap, there are several valid reasons for treating these registers as a single group. Firstly, 1928 marked ten years since the signing of the armistice and provides a significant anniversary for an examination of the Ministry of Pensions medical facilities retained in the Free State and of the patients who relied on them for their continued healthcare. Secondly, the report of the Committee on claims of British ex-servicemen established in November 1927 to investigate allegations of discrimination against ex-members of the British Forces was published in January 1929. The report is notable because the committee did not consider it necessary to consider the medical facilities provided for disabled veterans. While there were

complaints about the granting and administration of various types of pensions, there do not appear to have been complaints of any substance made about the medical care provided.⁶²² Finally, the two volumes give a snapshot of the needs of disabled veterans at a time when the Ministry of Pensions was re-assessing its commitments in the Irish Free State and was actively planning to amalgamate the Blackrock and Leopardstown Park hospitals as the demand on their services was reducing.⁶²³ The official merger of the hospitals took place on 1 December 1931. These books are referred to as Book 2 and 3.

The third group also consists of just one volume, but it was in operation for a longer time than any of the others having been used in both Blackrock and later in Leopardstown Park. This book records patients from May 1920 until August 1945, a period of over twenty-five years and provides a perfect example of the care provided to disabled veterans of the Great War over an extended period. It is marked 'Colonial Chelsea Pensioners' on the outer cover and details the admission and treatment of personnel who had served in the colonial armed forces. It helps demonstrate the reciprocal medical arrangements that existed between the United Kingdom and dominions of the Empire as well as illustrating that Irishmen did not just enlist from within the British Isles. This book is referred to as Book 4.

The final group of patient registers consists of three volumes from Leopardstown Park Hospital that run from August 1930, when it was still generally regarded as an establishment to treat neurasthenic, through the amalgamation with Blackrock,⁶²⁴ extending for almost fifteen years until the last recorded admission in July 1945. These books are referred to as Book 5, 6 and 7.

Blackrock Hospital April 1920 to August 1926 (Book 1)

The oldest book is from Blackrock Hospital and even within this collection, it is one of a kind as it deals exclusively with ex-officers of the British Armed Forces. The separation of officers and enlisted men was maintained even after demobilization and confirms the separate facilities shown in the architectural plans of the hospital

⁶²² Committee on claims of British ex-servicemen report (NAUK, Commission to enquire into condition of British ex-servicemen in Irish Free State 1927-29, PIN15-757).

⁶²³ Correspondence from His Majesty's Office of Works, Westminster to Office of Public Works, Dublin dated 17 Nov 1931 (NAI, Transfer of Blackrock Hospital to Leopardstown Park Hospital, OPW-3623-23).

⁶²⁴ *Thirteenth Annual Report of the Minister of Pensions from 1 April 1929 to 31 March 1930*, p. 19 (London, 1930).

from 1918 onwards.⁶²⁵ The names of 227 individuals are recorded in 286 entries, the difference in totals being explained by the admission of some veterans on more than one occasion. The patients came from all three branches of the armed services and varied in rank from Second Lieutenant to Lieutenant Colonel, with the lower commissioned ranks predominating. This is a natural state of affairs because of the greater number of lower ranks combined with the greater likelihood that they would spend more time in potentially hazardous situations than their superiors.

According to the general instructions at the front of the Admission and Discharge Books the reasons for admittance were listed with the primary complaint first and other disorders listed in their degree of severity.⁶²⁶ The total number of admissions in each category is outlined in Table 6.1 below, as well as the percentage of the total in each case. All statistics used in this study are based on the primary diagnosis entered. Where this is not so it will be clearly indicated. It is notable that in this sample, victims of disease and illness outnumber combat casualties by a factor of over two to one. This is another challenge to the perception of the First World War as an unremitting cycle of artillery, machine gun fire and going over the top. A more in-depth look at the veterans admitted in the gunshot category shows that 74% were treated for wounds to various limbs. This might be considered as nothing out of the ordinary given that Blackrock had been established specifically as a special orthopaedic hospital in 1917.⁶²⁷ However as time moved on the number of wounds to the limbs presented became more frequent compared to those to the abdomen. Some of the injuries were extensive, as in the case of a lieutenant from the Machine Gun Corps with wounds to the head, right hand and both legs.⁶²⁸

⁶²⁵ Architectural plans dated 19 November 1918 (NAI, Military orthopaedic hospital Blackrock, OPW-5HC4-938).

⁶²⁶ Blackrock admission and discharge book 25 May - 28 December 1928.

⁶²⁷ *Reports of the Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on voluntary aid rendered to the sick and wounded at home and abroad and to British prisoners of war, 1914-1919* (London, 1921), p. 737.

⁶²⁸ Blackrock admission and discharge book 25 May - 28 December 1928, database entry no. 133 dated 28 March 1922.

Table 6.1 Distribution of Patients in Book 1

Category	Number of Patients	% of Patients
Gunshot Wounds	84	29.4%
Disease	187	65.4%
Both	1	0.3%
No Entry	14	4.9%
Total	286	100%

Blackrock Hospital Patient Register April 1920 to August 1926

The high proportion of veterans suffering from illness and disease is important in re-assessing our understanding of the casualty lists associated with the Great War. While there are many studies of individual battles and campaigns with their enormous casualties and also a sizeable body of work dealing with the collapse of service personnel because of neurasthenic disorders, considerably less attention has been paid to those whose constitutions broke down under the stresses of service life or who succumbed to diseases endemic to the areas where the war was fought.

The non-combat ailments recorded in Book 1 cover a wide range of disorders, diseases, injuries and accidents, some of which are more prevalent than others. Many illnesses recur several times in the surviving books and a small number make up a significant proportion of the sicknesses for which veterans were treated in later years. The most frequently occurring non-combat complaints that patients were admitted for, are listed in descending order. These four diseases make up just short of 20% of all patients who presented with diseases or injuries. It will be shown later that the proportion of veterans admitted with these diseases became more substantial as the years passed by.

Table 6.2 Most prevalent diseases in Book 1

Disease	Number of patients	As % of Diseases
Malaria	11	5.8%
Dysentery	10	5.3%
Tuberculosis	9	4.8%
Bronchitis	7	3.7%
Total	37	19.6%

Blackrock Hospital Patient Register April 1920 to August 1926

Among the personnel recorded in Book 1 are eight nurses. Among the nursing organisations listed are Queen Alexandra's Imperial Military Nursing Service, the Voluntary Aid Detachments and the Territorial Force Nursing Service.⁶²⁹ Pension files for individuals from each of the first two units have survived and they provide a remarkable insight into the later lives of nurses who served. The details of the other nurses found in Book 1 serve to remind us that the Great War was not just about men in battle, but it was also about women who supported the armed services whether they wore a uniform or not. The experience of one of those nurses is outlined below.

Laura Ethel Baldwin joined the Voluntary Aid Detachments (VADs) in May 1915, serving at home in Cork until she volunteered for overseas service in September 1916. She carried out nursing duties in Malta until the termination of her contract on 21 June 1918. VADs were either members of the British Red Cross Society and the Order of St. John and so still technically civilians, not military personnel. Having returned to the UK, she applied for a commission in the Women's Royal Air Force (WRAF) but failed the medical examination when it was discovered that she was suffering from tuberculosis in the right lung.⁶³⁰ In October of that year, a Ministry of Pensions medical board assessed her disablement at 100% from tuberculosis aggravated by her military service and awarded a pension of £100 per annum, payable from her date of discharge from the VAD.⁶³¹ Because VADs were not included in the original pension legislation, there had been some doubt among officials as to her eligibility for pension although the matter appeared to have been clarified by directives from the War Office as early as June 1915. Those instructions stated that VADs who were paid by the War Office and injured in the performance of their duties would be regarded as being subject to army regulations and entitled to all the benefits that it entailed. However, if the War Office had not paid a VAD member their case

⁶²⁹ The National Archives, Disability and dependents' pensions in the First World War (London, 2018), available online at <http://www.nationalarchives.gov.uk/help-with-your-research/research-guides/disability-dependents-pensions-first-world-war/#4-pension-case-files-1920-1989> (9 April 2018). Files for only 2% of all the pensions awarded by the Ministry of Pensions in relation to service in the First World War have been retained including disability pensions and pensions to widows and dependents

⁶³⁰ Proceeding of a Medical Board dated 1 December 1919 (NAUK, Pension file for Nurse Laura Ethel Baldwin, PIN26-19998).

⁶³¹ Findings of Medical Board dated 28 October 1918 & Ministry of Pensions memo dated 13 January 1919 (NAUK, Pension file for Nurse Laura Ethel Baldwin, PIN26-19998).

was subject to individual consideration for compensation.⁶³² This latter case seems to have applied to Nurse Baldwin as questions to her entitlement for disability pension reappear several times in her file.⁶³³

Eight months after the initial award Nurse Baldwin's assessment of disability was reduced to 30% effective from March 1919. Over the next eight years another thirteen medical boards were held where the level of disability varied between 40% to 50%, apart for a period of 100% between August 1921 and May 1922 when Nurse Baldwin was an in-patient at a tuberculosis sanatorium in East Anglia. It was not until January 1931 that it was decided that her pension, that had remained set at 50% since 1922, be continued for life.⁶³⁴ Nurse Baldwin enjoyed the benefits of her pension for many years until she passed away at the age of ninety in November 1981.

Blackrock Hospital May 1928 to December 1928 & October 1929 to February 1931 (Books 2 & 3)

These admission and discharge books are not sequential but for this study it is considered that they are best examined together. Book 2 straddles the period during which the commission of enquiry set up by the Free State government to investigate the condition of ex-British servicemen was conducting its enquiries. Book 3 provides a snapshot of the work of the Blackrock Hospital as it approached the end of its operational life.

Book 2 contains 660 entries spread over an eight-month period up to the end of 1928. The breakdown of this total is shown in Table 6.3.

Table 6.3 Distribution of Patients in Book 2

Category	Number of Patients	% of Patients
Gunshot Wound	307	46.5%
Disease	344	52.1%
Both	2	0.3%
No Entry	7	1.1%
Total	660	100%

Blackrock Hospital Patient Register May 1928 to December 1928

⁶³² *Reports of the Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on voluntary aid rendered to the sick and wounded at home and abroad and to British prisoners of war, 1914-1919* (London, 1921), pp 193-4.

⁶³³ Ministry of Pensions internal memo dated 10 October 1923 (NAUK, Pension file for Nurse Laura Ethel Baldwin, PIN26-19998).

⁶³⁴ Ministry of Pensions Award Sheet dated 26 January 1931 (NAUK, Pension file for Nurse Laura Ethel Baldwin, PIN26-19998).

Here the reasons for admission were more equally balanced than in Book 1. While Book 1 was exclusively for ex-officers, all other admission and discharge books recorded veterans who had been enlisted men. There were differences in how Ministry of Pensions dealt with demobilised officers and enlisted men but the important point to be taken from the available records is the predominance of the disease category.

An examination of the figures from Book 3 shows similar trends to those of Book 2. Diseases still outnumbered gunshot wounds but the difference between the categories increased from 5.6% of the veterans treated in Book 2, to 15.2% in Book 3. The figures from Book 3 are shown in Table 6.4.

Table 6.4 Distribution of Patients in Book 3

Category	Number of Patients	% of Patients
Gunshot Wound	273	42%
Disease	371	57.2%
Both	5	0.8%
No Entry	-	-
Total	649	100%

Blackrock Hospital Patient Register October 1929 to February 1931

Of the veterans in the gunshot wound category in Book 2, 75.4% of those treated were for injuries to various parts of limbs including amputations. In Book 3 that percentage was 82.4% of the gunshot wound total. On inspection, these figures might not appear to be especially noteworthy given that Blackrock had originally been a specialist orthopaedic hospital.⁶³⁵ But ten years after the end of the war this seems somewhat simplistic. More plausible is that personnel who had been wounded in an arm or leg were much more likely to survive than a colleague who suffered an abdominal wound. Such wounds were often ‘complicated by infection, gangrene, cold, a variety of shock symptoms and the often-protracted evacuation procedure’.⁶³⁶ A fatal outcome was more likely for personnel with damaged internal organs or through blood loss, than a more easily controlled limb wound no matter how

⁶³⁵ *Reports of the Joint War Committee and the Joint War Finance Committee of the British Red Cross Society and the Order of St. John of Jerusalem in England on voluntary aid rendered to the sick and wounded at home and abroad and to British prisoners of war, 1914-1919* (London, 1921), p. 737.

⁶³⁶ Emily Mayhew. *Wounded: The long journey home from the Great War* (London, 2013), p. 226.

extensive. It must not be forgotten that the practice of blood transfusion was in its infancy and the practicalities of such a technique on the battlefield was beyond the capabilities of the medical services. This interpretation is supported by Denis Winter who quotes figures of only eight in every thousand abdominal wounds as survivable, but that those with chest wounds were likely to have survival rate of better than one in four.⁶³⁷ An examination of the total number of veterans admitted to Blackrock Hospital from 1928 to 1931, shows a total of forty-nine patients who could be considered as having suffered abdominal wounds. This equates to just 3.7% of the patients who received treatment in the hospital during that period.⁶³⁸

With a greater chance of survival, it is not surprising that a larger number of patients with less serious but still complicated wounds, number among those who returned for further treatment, thereby making up a disproportionate number of admissions to the hospital a decade after the war ended. The large difference in survival rates between limb wounds and abdominal wounds is reflected in the annual reports of the Minister for Pensions. The 1928-9 report shows that 26.8% of pension awards were for arm and leg wounds across five different headings, while abdominal wounds do not rate a category of their own. They were recorded under the heading 'Miscellaneous wounds and injuries' totalling just 7.3% of disability pensions.⁶³⁹

Addressing the incidence of disease in Books 2 and 3, it has been determined that this was 52.1% and 57.2% respectively of patients admitted to Blackrock, as opposed to the 65.4% of ex-officers recorded in Book 1. The absence of more information makes further deductions speculative apart from noting that in all three books over half of the patients recorded were treated for non-combat related conditions. It is important to remember that while veterans were recorded for a primary illness, some suffered from more than one ailment, and the combination of wounds, illnesses and disease could greatly complicate any treatment given. A prime example of this is the case of a fifty-one year old ex-infantry soldier who was admitted on 26 June 1930 for sixty-eight days suffering from malaria, dysentery and

⁶³⁷ Winter. *Death's Men*, p. 193.

⁶³⁸ Admission and discharge book for Blackrock Hospital May 1928 to December 1928 & October 1929 to February 1931, Leopardstown Park Hospital Archives. The totals for each wound type that could be assessed under the general heading abdomen were Chest: 13, Buttock: 11, Back: 9, Abdomen: 7, Pelvis: 4, Side: 3, Groin: 1, Lumbar: 1.

⁶³⁹ *Twelfth Annual Report of the Minister of Pensions from 1 April 1928 to 31 March 1929*, p. 13 (London, 1929).

bronchitis.⁶⁴⁰ It is impossible to say at this distance if there was a common source for these diseases, but all were debilitating and pensionable in their own right, and each of them was potentially fatal.

Table 6.5 Most prevalent diseases in Book 1 compared to the same diseases in Books 2 & 3

	Book 1	As % of Diseases	Book 2	As % of Diseases	Book 3	As % of Diseases
Malaria	11	5.8%	12	3.5%	17	4.6%
Dysentery	10	5.3%	12	3.5%	4	1.1%
Tuberculosis	9	4.8%	8	2.3%	-	-
Bronchitis	7	3.7%	35	10.2%	92	24.8%

Blackrock Hospital Patient Registers April 1920 to August 1926, May 1928 to December 1928, October 1929 to February 1931

Table 6.5 shows the four most frequently occurring illnesses from Book 1 as a percentage of the disease category. A comparison with the same maladies from Books 2 and 3 produces some interesting results. There was some fluctuation but little change in the proportion of veterans suffering from malaria. The numbers suffering from dysentery fell dramatically with only four cases between late 1930 and early 1931. The proportion of tuberculosis cases was seen to reduce in Book 2 and disappear from Book 3 entirely. However, this did not signify an eradication of the disease among ex-service personnel, rather than the procedures put in place by the Ministry of Pensions to facilitate the treatment of veterans whose disease they acknowledged as being attributable or aggravated by their wartime service, were working.

The statistic that stands out is the great increase in the number of disabled veterans presenting with forms of bronchitis. This grew from 10% of the disease category in Book 2, to almost a quarter of the total admitted for that disease in Book 3. When the combined total for the period 1928 to 1931 is calculated, it transpired that almost one in five of the veterans admitted suffered from varieties of bronchitis. The shortest stay in hospital for bronchitis was two days, the longest was 149, with the average period of hospitalisation being just over sixty-two days.

Because bronchitis is an infection of the main airways of the lungs that causes them to become irritated and inflamed,⁶⁴¹ there seemed to be several likely causes, the

⁶⁴⁰ Admission and discharge book for Blackrock Hospital October 1929 to February 1931, Leopardstown Park Hospital Archives, database entry no. 1378.

first of which was that admissions were subject to seasonal variations, much as nowadays there is a recognised flu season. Although there was a slight increase in the number of veterans admitted during winter months, it was not substantially greater than during the more temperate parts of the year. Another reason was the lifestyle choices of disabled veterans, specifically the use and abuse of tobacco and alcohol. The Ministry of Pensions had procedures in place to penalise personnel who were in receipt of a disability pension who abused or misused tobacco, alcohol or drugs.⁶⁴² Of the 3,049 entries in the surviving admission and discharge books, only one disabled veteran can be said to have over-indulged in tobacco products with any degree of certainty. On 16 December 1940, a veteran of the Royal Army Ordnance Corps was admitted to Leopardstown Park suffering with Thromboangiitis Obliterans, a disease almost exclusively caused by overuse of tobacco products.⁶⁴³ Twelve years previously he had spent 501 days in Blackrock hospital with a swollen right foot.⁶⁴⁴ Following a stay of sixty-seven days the patient was discharged to be re-admitted on 28 March 1941. On this occasion both arms and legs were amputated. 505 days later the patient passed away as a result of his illness.⁶⁴⁵

Despite the widespread use of tobacco products throughout society at this time, another likely factor contributing to the incidence of this disease among veterans was an exposure to gas munitions during the war. Gas was an indiscriminate weapon once released and soldiers could be injured just as seriously by gas from their own side as by that from the enemy. The self-inflicted nature of these injuries was exacerbated by the British Army's habit of storing gas cylinders that often leaked, in front line trenches for future use.⁶⁴⁶ It is estimated that the BEF suffered over 180,000 gas casualties of which almost 6,000 were fatal. Of the non-fatal casualties, 93% were returned to duty but when the types of injury caused by the gases most

⁶⁴¹ National Health Service, *Health A-Z/Bronchitis*, available online at <https://www.nhs.uk/conditions/bronchitis/> (7 May 2018).

⁶⁴² Ministry of Pensions memo dated 17 to 29 December 1921 in respect to reduction of disability pension because of excessive smoking (NAUK, Alcohol, Tobacco or Drugs, Impairment due to Intemperance, PIN15/1659).

⁶⁴³ The Mayo Clinic. *Buerger's disease (thromboangiitis obliterans)* (Mayo Foundation for Medical Education and Research, 2018), available online at <https://www.mayoclinic.org/diseases-conditions/buergers-disease/symptoms-causes/syc-20350658> (8 July 2018).

⁶⁴⁴ Blackrock Admission and Discharge Book, May 1928 to December 1929, database entry no. 859.

⁶⁴⁵ Leopardstown Park Admission and Discharge Book, October 1936 to May 1942, database entry nos 3788 & 3844. Death Certificate i/r of Henry Pennycook, available online at Irish Genealogy, Civil Records, https://civilrecords.irishgenealogy.ie/churchrecords/images/deaths_returns/deaths_1942/04681/424775_9.pdf (8 July 2018).

⁶⁴⁶ Winter. *Death's Men*, p. 126.

often encountered are considered, the number of personnel who returned to the degree of military efficiency they had achieved before must be questioned.⁶⁴⁷

The most commonly used chemical weapons were chlorine gas and its derivative phosgene, and later still, mustard gas was introduced. When ingested in enough quantities the first two types of gas acted mainly on the bronchioles and alveoli to produce liquid in the lungs, possibly leading to death by drowning. The third gas was much more insidious because it was a liquid with a persistent nature. The reaction to mustard gas was often delayed until blisters formed on exposed skin or the airways were burned.⁶⁴⁸ Mustard gas survived in a dormant state in soil, in water and on clothes until activated by the victim, often by body heat, at which point it turned to vapour. It could then be absorbed through the skin or ingested into the lungs or stomach often without the victim knowing until many hours later.⁶⁴⁹ It was generally accepted by medical practitioners in the main combatant nations that exposure to war gases increased the chances of developing chronic bronchial disorders.⁶⁵⁰ An example of this is included in a report retained by the Ministry of Pensions that noted the development of emphysema in gas victims, especially in connection with the inhalation of phosgene gas. In Books 2 and 3, six cases of emphysema were found including one where the diagnosis is specifically noted as ‘emphysema arising from gas’.⁶⁵¹

The Ministry of Pensions was aware of the effects of various gases on service personnel including the increased likelihood of developing pulmonary disorders.⁶⁵² However it is not possible to determine with any degree of certainty how many veterans received pensions for either bronchitis or gas poisoning because of the manner in which these conditions were recorded in the Ministry’s annual reports. Bronchitis was included with tuberculosis under a generic ‘Chest Complaints’

⁶⁴⁷ Anthony Saunders. *Trench Warfare 1850-1950*. (Barnsley, 2010) pp 153-8 & Gordon Corrigan. *Mud Blood and Poppycock* (London, 2004), pp163-74.

⁶⁴⁸ Diseases of respiration. After effects upon the respiratory organs of war gas poisoning by Prof. Rudolf Staehelin dated February 1920 (NAUK, Gas Poisoning-Treatment & After Effects 1927-31, PIN15-127) & Undated chart outlining the nature of war gases and their treatment (NAUK, Gas poisoning - War Gassing Sequelae 1916-37, PIN15-128).

⁶⁴⁹ Captain J.C. Dunn. *The war the infantry knew 1914-1919* (London, 1989), pp 390-1.

⁶⁵⁰ Diseases of respiration. After effects upon the respiratory organs of war gas poisoning by Prof. Rudolf Staehelin dated February 1920 (NAUK, Gas Poisoning-Treatment & After Effects 1927-31, PIN15-127).

⁶⁵¹ Blackrock admission and discharge book, October 1929 to February 1931, database entry no.1113.

⁶⁵² Journal article entitled After-results of Gassing by Basil Price, C.M.G., M.D., F.R.C.P., D.P.H., late consulting medical advisor, Ministry of Pensions dated 16 March 1938 (NAUK, Gas poisoning -War Gassing Sequelae 1916-37, PIN15-128).

heading. Gas poisoning was one of nine headings included under a catchall 'Miscellaneous Diseases' heading.⁶⁵³ Never the less the increase in the numbers of veterans presenting to Blackrock Hospital with bronchitis and other pulmonary disorders indicates that this was an important issue.

Table 6.6 Most prevalent diseases in Books 2 & 3

Disease	Number	As % of Diseases
Bronchitis	127	17.6%
Rheumatism	53	7.3%
Disorders of the Heart	50	6.9%
Gastritis	49	6.8%
Total	279	38.6%

Blackrock Hospital Patient Registers May 1928 to December 1928,
October 1929 to February 1931

Table 6.6 emphasises the magnitude of the problem with bronchitis within the veteran community and while this work proposes that this was as a direct result of exposure to toxic gases, it was not the only sickness that this claim could be made for. The incidence of bronchitis will be discussed further in the examination of Books 5-7 from Leopardstown Park Hospital. These extend over a fifteen-year period during which medical staff were more forthright in attributing bronchitis and other conditions directly to the after effects of exposure to gas.

There were other long-term conditions attributable to gas warfare. Gastritis is included in the four most frequently occurring diseases treated in Blackrock Hospital in this period. It was relatively easy for a vesicant such as mustard gas to enter the digestive system when in liquid form through the contamination of food or water. As a result of this there was a greater likelihood to develop gastro-enteritis, acidity of the stomach and other intestinal ill-effects in addition to the expected blistering action of the agent.⁶⁵⁴

⁶⁵³ *Annual Reports of the Minister of Pensions* (London, 1918 to 1939). For the timeframe covered by these reports 'Chest Complaints' averaged 9% of disability pensions, 'Miscellaneous Diseases' averaged 24.2%.

⁶⁵⁴ Translation of extract from *Handbuch der Aertzlichen Erfahrungen im Weltkrieg 1914-1918*, edited by Otto von Schjerning, 1921 (NAUK, Gas Poisoning-Treatment & After Effects 1927-31, PIN15-127).

Likewise, mustard gas could cause persistent eye problems and even blindness.⁶⁵⁵ A report from the Veteran's Administration in the United States found that for many years after the war some ex-servicemen suffered from chronic conjunctivitis, blepharitis or keratitis.⁶⁵⁶ Twelve cases of conjunctivitis and four cases of blepharitis can be found in Books 2 and 3. While the individual totals for each ailment may not be excessive, when added to the overall figure of disabled veterans who were potentially or actually injured by chemical warfare, questions are raised about perceptions of the long term effects of the war. Only the most seriously affected by any of the ailments mentioned in relation to gas were awarded pensions and therefore entitled to treatment by the Ministry, but many more servicemen may have been exposed to such a ubiquitous substance without becoming sick enough to reach the minimum 20% disablement required for the award of a pension. It brings into question whether the 93% of gas cases returned as fit for duty during the war reflects the true extent of the effects of chemical warfare, or whether military necessity took precedent over any long-term health issues as men were returned to service in a condition that was healthy enough to perform their duties reasonably well.⁶⁵⁷ A post war report in use by the Ministry of Pensions during the 1920s included the very vaguely termed 'illness of general character' following exposure to either concentrated or dilute gases and provided a long list of possible side effects. They included deleterious effects on the heart and circulation system, the digestive system, the nervous system and the kidneys and bladder.⁶⁵⁸

Returning to Table 6.6, the second highest reason for admittance was rheumatism, a complaint distinguished by inflammation and pain in the joints or muscles. Unfortunately, the entries for many of the patients diagnosed with this disease are incomplete, as their wartime regiment is not entered. For those that were recorded it is apparent that the majority served in units that had borne the brunt of the hardships of trench warfare with its attendant exposure to the extremes of outdoor life

⁶⁵⁵ Winter. *Death's Men*, p. 124. In 1990 it was estimated that there would still be 400 men alive who were blinded by mustard gas.

⁶⁵⁶ The residual effects of warfare gases: The use of mustard gas, with report of cases published in the medical bulletin of the Veteran's Administration, April 1933 (NAUK, Gas poisoning -War Gassing Sequelae 1916-37, PIN15-128).

⁶⁵⁷ L.F. Haber, *The poisonous cloud, chemical warfare in the First World War* (Oxford, 2002), pp 239-59.

⁶⁵⁸ Extract from *Handbuch der Aertzlichen Erfahrungen im Weltkriege 1914-1918* (Leipzig, 1921) (NAUK, Gas Poisoning and After Effects 1927-31, PIN15-127).

in dangerous and uncomfortable conditions. Therefore, it is not surprising that they would suffer from a condition caused or exacerbated by physical hardship.

Disorders of the heart provide the third most common disease among the veterans in Books 2 and 3. Soldier's heart was a phenomenon that first came to the attention of military medical practitioners during the American Civil War. Some of the many symptoms included palpitations, irregular pulse, chest pain, headaches, indigestion and diarrhoea. It was known by various names, including 'effort syndrome' and 'anxiety neurosis'.⁶⁵⁹ Concern at the increase in cases of this disorder during the early months of the war had led to the formation of a study group under an eminent cardiologist, Sir James McKenzie.⁶⁶⁰ As a measure of his standing within the medical community, he was said 'to have revolutionised our knowledge of the cardiac mechanism and put the diagnosis and treatment of certain diseases of the heart on a logical basis'.⁶⁶¹ Through his research and that of others, the diagnosis of cardiac disorders was progressed so that actual diseases of the heart became more likely to be differentiated from psychological disorders that produced the physical symptoms that were known to present themselves in some manifestations of soldier's heart.⁶⁶² This did not mean that progress was swift or far-reaching, rather it was more of an evolutionary process.

In Blackrock and Leopardstown Park Hospitals veterans were normally classified under three variations of the classic soldier's heart symptoms. Valvular disease of the heart (VDH) was the most clearly descriptive where a fault with one or more heart valves was diagnosed or suspected. Disordered action of the heart (DAH) was usually where the heart was determined to be operating in some incorrect manner. This definition left great scope for interpretation among medical practitioners as to what exactly was the root cause of the problem. Organic disease of the heart (ODH) was usually defined as when the heart was, or had become, diseased from some internal or external source. These imprecise definitions of heart complaints continued to be used within the medical profession for some considerable time. It was not just confined to those providing care to disabled veterans, as some or all the

⁶⁵⁹ Sean Dyde. 'The chief seat of mischief: Soldier's heart in the First World War' in *Journal of the History of Medicine and Allied Sciences*, Vol. 66, No. 2, April 2011, p. 216.

⁶⁶⁰ National Health Insurance, First Annual Report of the Medical Research Committee 1914-1915 (London, 1915), pp 45-6.

⁶⁶¹ Obituary of Sir James McKenzie. *British Medical Journal*. 31 January 1925, p. 242.

⁶⁶² Sean Dyde. 'The chief seat of mischief: Soldier's heart in the First World War' in *Journal of the History of Medicine and Allied Sciences*, Vol. 66, No. 2, April 2011, pp 246-8.

terms found popular use among the general medical population.⁶⁶³ Despite the inexactness of the three conditions there is no doubt the use of these diagnoses continued for the full period of this study, either singly or sometimes in combination with each other.⁶⁶⁴

“Colonial Chelsea Pensioners” Blackrock & Leopardstown Park Hospitals May 1920 to June 1945 (Book 4)

This admission and discharge book illuminates an aspect of the Irish Great War experience that is sometimes forgotten and is certainly under-researched as service in the British Forces forms the basis for the majority of research into the topic. This book records Irishmen who were disabled while serving in the armed forces of countries that were part of the British Empire and who returned after the war to live in the Free State. Personnel who fought in Australian, Canadian, New Zealand and South African units are included, as is one individual who had served in the United States Army.⁶⁶⁵ There are also five patients included who can be regarded as being entered in error. The parent units of these men were either British infantry regiments or the Royal Artillery. Why they are included in this book cannot be determined, but their retention in this section is not considered to have an adverse effect on the analysis of veterans in this book. In a similar way, Book 5 contains an entry from February 1931 that is marked as ‘Australian Case’. This patient, John Crawley, was indeed an Australian veteran who was born in Granard, County Longford. He moved to Australia before the outbreak of war and enlisted there on 15 May 1916. He was discharged from the Australian Imperial Force on 14 May 1919 and returned to Ireland.⁶⁶⁶ There are no cases of neurasthenic disorders recorded in Book 4, so it may be that this particular case was recorded in Book 5 because it involved neurasthenia

⁶⁶³ Death Certificate i/r of Edith Cynthia Houston, VDH contributed to her death on 9 October 1933, available online at Irish Genealogy, Civil Records, https://civilrecords.irishgenealogy.ie/churchrecords/images/deaths_returns/deaths_1933/04854/431025_7.pdf (10 June 2018).

⁶⁶⁴ Leopardstown Park admission and discharge book August 1930 to October 1936, database entry nos 1956 & 4405. Patient admitted on both occasions for neurasthenia, VDH & ODH.

⁶⁶⁵ Myles Dungan. *Distant drums, Irish soldiers in foreign armies* (Belfast, 1993) pp 53-90.

⁶⁶⁶ 2435 John Crawley service file (National Archive of Australia), available online at <https://recordsearch.naa.gov.au/SearchNRetrieve/Interface/ViewImage.aspx?B=3461634> (16 June 2018).

even though he had been previously entered in Book 4 suffering from deformed feet.⁶⁶⁷

Although the Book 4 covers a twenty-five year period, there are only ninety-five entries involving a total of forty-nine individuals as shown in Table 6.7. It can be quickly seen that, as with the previously discussed Admittance and Discharge Books, a veteran was more likely to present with a disease than with a gunshot wound, approximately in the proportion of 3:2.⁶⁶⁸

Table 6.7 Distribution of Patients in Book 4

	Disease	GSW	Both	Total Entries	No. of Individuals
Australia	14	11	1	26	15
Canada	26	17		43	21
New Zealand	2	3		5	3
South Africa	12	3		15	4
United States		1		1	1
Great Britain	4	1		5	5
Total	58	36	1	95	49

‘Colonial Chelsea Pensioners’ Blackrock & Leopardstown Park Hospital Patient Register May 1920 to June 1945

As with Books 2 and 3, the disease most often complained of was bronchitis, in this case a total of fourteen times. Regarding gunshot wounds, there are striking similarities to Books 2 and 3 with the types of wounds that were presented for treatment. In all but two cases, the veterans admitted were suffering from wounds to either their arms or legs.⁶⁶⁹ This is very much in line with the previous two books. It confirms that the type of wound where blood loss could be quickly checked or where sepsis more easily arrested, led to an appreciably higher survival rate than wounds to the abdomen. This seems self-evident when pointed out, but it does not appear to have been referenced in other research. However, the conclusion must be drawn from these statistics is that the wounds and illnesses recorded in the extant admission and

⁶⁶⁷ Colonial Chelsea Pensioners admission and discharge book May 1920 to June 1945, database entry no. 1619 & Leopardstown Park Hospital admittance and discharge book August 1930 to October 1936, database entry no. 4686.

⁶⁶⁸ Colonial Chelsea Pensioners admission and discharge book May 1920 to June 1945. Breakdown of patients admitted was Disease 61%, GSW 38%, Both 1%.

⁶⁶⁹ Colonial Chelsea Pensioners admission and discharge book May 1920 to June 1945. Database entry no. 1651 GSW Multiple & database entry no. 1662 GSW Bladder.

discharge books provide a true reflection of the main medical and surgical problems faced by disabled veterans after the Great War.

The disabled ex-soldiers in Book 4 that attended Blackrock and Leopardstown Park did so under reciprocal arrangements whereby veterans from Dominion countries were treated in the jurisdiction in which they chose to live. The scheme was put in place soon after the end of the war. The veterans were treated under the same conditions as veterans from the British Isles and the cost of their care was recouped from the appropriate Dominion government. Prior to the establishment of the Free State, Local War Pension Committees administered to the needs of these ex-servicemen in largely the same way as ex-British personnel except that they corresponded with the appropriate Dominion office in London to seek approval for any financial outlay. These arrangements had been finalised with Australia, Canada, Newfoundland, New Zealand and South Africa by 1921.⁶⁷⁰ In a similar manner, the treatment of British and Imperial veterans in the United States was administered by the Canadian Pensions Authorities. The presence of at least one disabled United States veteran in a Ministry of Pensions hospital in Dublin provides evidence that a similar arrangement existed between America and Britain.⁶⁷¹

Long Term Consequences of Wounds and Disease

Events that barely merited a mention in official records or were considered to be everyday occurrences could and did have long lasting effects on the individuals involved. Although they were never mentioned in the official narrative of the greater events of which they were part, the case studies of two individuals illustrate the long-lasting effects of the war within the categories of GSW and Disease. The first concerns an Irishman's service in perhaps the most famous of Australia's military units, in a campaign, second in importance only to that in Gallipoli in Australian historiography. The second relates to an aspect of the war that was until recently relatively unknown and under-researched, the war fought in tunnels beneath the frontlines in Belgium and France.

⁶⁷⁰ *The Local War Pensions Committees' Handbook* (London, 1921), pp 96-102.

⁶⁷¹ Colonial Chelsea Pensioners Admission and Discharge Book May 1920 to June 1945. Database entry no. 1651.

Trooper James Coffey - 11th Australian Light Horse Regiment

James Joseph Coffey was originally from just outside Tipperary town. He arrived in Freemantle in April 1904.⁶⁷² He worked as a stockman and enlisted in Brisbane, Queensland on 22 June 1915. Following a period of training he travelled to Egypt where, as a trained horseman, he was posted to the 11th Light Horse Regiment on 9 March 1916. He served in that unit for the next two years taking part in the British led campaign that brought about the advance into Palestine.⁶⁷³ By early May 1918, his unit was based near Jericho. Here it was subjected to an early morning attack by ten enemy aircraft which resulted in eleven men being wounded including Coffey who suffered a serious wound to the left femur. As was typical for the period the names of enlisted men were not mentioned in the unit war diary.⁶⁷⁴

Having been evacuated through various medical facilities, Coffey was shipped back to Australia, arriving there as a stretcher patient on 17 August 1918. After assessment he was discharged from the Australian Imperial Force on 9 March 1919 but continued to receive treatment for a wound that refused to heal. In July of that year he applied for both an assisted or a free passage back to Ireland ‘in order to rejoin my family’. This was an important step to take as it involved signing a declaration that should he be successful it would involve a forfeiture of veteran benefits on departing Australia. This seems a particularly harsh measure and difficult to reconcile with the agreement of reciprocal care for veterans between Britain and the Dominions. The records do not show if the forfeiture concerned all pension rights, allowances, medical care or any combination of the three. The applications were refused.⁶⁷⁵ Despite this outcome, by May 1920 Coffey was in Blackrock Orthopaedic Hospital receiving treatment for the wound to his femur. He remained

⁶⁷² Arrivals aboard the vessel Stuttgart 4 April 1904 (NAA), available online at <https://recordsearch.naa.gov.au/SearchNRetrieve/Interface/ViewImage.aspx?B=7974305&S=5> (16 June 2018).

⁶⁷³ Attestation paper of persons enlisted for service abroad dated 22 June 1915 (NAA, 1000A James J. Coffey service file), available online at <https://recordsearch.naa.gov.au/SearchNRetrieve/Interface/ViewImage.aspx?B=3266545> (16 June 2018).

⁶⁷⁴ Daily report for 7 May 1918. Item number 10/16/32 (AWM, 11th Australian Light Horse Regiment War Diary), available online at <https://www.awm.gov.au/collection/C1350621?image=2> (16 June 2018).

⁶⁷⁵ Application for free passage from Commonwealth & application for assistance dated 5 July 1919 (NAA, 1000A James J. Coffey medical file), available online at <https://recordsearch.naa.gov.au/SearchNRetrieve/Interface/ViewImage.aspx?B=3266545> (16 June 2018).

there for 233 days, being discharged on 7 January 1921. On 25 November 1921, he was re-admitted to Blackrock for another five days.⁶⁷⁶

By December 1922, Coffey had returned to Australia where he applied for financial assistance from the Department of Repatriation, the government department that dealt with veteran affairs there. A medical examination of Coffey in February 1924 in support of his claim for a tram pass in Sydney, noted that his left leg was one inch shorter than his right, heavily scarred and painful to move.⁶⁷⁷ In May of that year he applied for more financial assistance, as he was unable to subsist on his weekly pension of 25s. 3d. This was a reduction of the weekly pension awarded in 1919 that had been 30s. per week.⁶⁷⁸ The wound refused to heal, and by September 1926 Coffey was a patient in the Prince of Wales Hospital, Randwick, Sydney. Again, treatment was for the same unhealed wound and further operations were considered. He was discharged in early June 1927, when he moved to Brisbane having spent 150 days as an in-patient.

In the middle of 1930 Coffey was in Ireland once again, as a patient in Blackrock Hospital, when he was discharged on 13 June after nine days in the hospital. His address in Book 4 was given as Tipperary town where he was staying with his brother who was a medical practitioner.⁶⁷⁹ On 30 September, he was re-admitted for 270 days, being discharged on 27 June 1931. He appears to have stayed in Ireland for some time as he was admitted to Leopardstown Park on 9 June 1933. As on every other occasion, it was because of the same unhealed wound to his left femur that he had received in May 1918. This hospital stay was for 134 days until 20 October 1933.⁶⁸⁰ It is also the last period as an in-patient that can be verified except for a period from February to December 1955 when Coffey was treated in Brisbane

⁶⁷⁶ Colonial Chelsea Pensioners admission and discharge book May 1920 to June 1945. Database entry nos 1596 & 1599.

⁶⁷⁷ Memo dated 20 February 1924 (NAA, 1000A James J. Coffey medical file), available online at <https://recordsearch.naa.gov.au/SearchNRetrieve/Interface/ViewImage.aspx?B=3266545> (16 June 2018).

⁶⁷⁸ Application for employment and sustenance dated 1 May 1924 & application for assistance dated 5 July 1919 (NAA, 1000A James J. Coffey medical file), available online at <https://recordsearch.naa.gov.au/SearchNRetrieve/Interface/ViewImage.aspx?B=3266545> (16 June 2018).

⁶⁷⁹ Harriet Wheelock, Keeper of Collections, Royal College of Physicians Ireland. E-mail correspondence on 8 Feb 2018.

⁶⁸⁰ Colonial Chelsea Pensioners admission and discharge book May 1920 to June 1945. Database entry nos 1649, 1653 & 1667.

Mental Hospital, although whether this was in relation to his war service is not specified.⁶⁸¹

There are some conclusions that can be drawn from the foregoing. Coffey was wounded in a minor incident that did not merit the names of the casualties being mentioned in the unit war diary. However, this event changed his life completely, leading to his return to Australia and subsequent discharge as unfit for further service. Although he received immediate and continuing treatment, his wounds did not heal fully, thereby ensuring long periods in hospital undergoing treatment for a discharging sinus on the left thigh.⁶⁸² Even nowadays this type of wound can demand long and difficult treatment, but before anti-biotics and other modern drugs, the prognosis was often not good.⁶⁸³ Long periods of hospitalisation prevented this man from returning to his pre-war occupation as a stockman with its associated need to spend long periods on horseback. He also became an unattractive prospect to any employer who would be unlikely to have a tolerant attitude towards long absences or restrictions on the type of work possible. In addition to a shortened leg, unpleasant treatment procedures and dismal employment prospects, there are two other factors that must be considered. Both are important but neither can be quantified. The first is the physical suffering that accompanied an open wound discharging pus. Coffey's medical record contains nothing about ongoing medication or pain control. The second is the unknown toll on Coffey's mental state brought on by the combined strain of all these issues. Perhaps it was years of dealing with these difficulties that led to his period in mental hospital in 1955. It is unlikely that we shall ever know, and James Coffey remains just one case of tens of thousands from many countries.

Sapper Edward Keaven - 3rd Australian Company

Edward Keaven enlisted at Blackboy Hill, Western Australia on 30 Nov 1915, aged thirty-six years. When he arrived in Australia is not known, but it is certain that he was not present at his family home in Oranmore, Galway for either the 1901 or

⁶⁸¹ Notice of discharge dated 9 December 1955 (NAA, 1000A James J. Coffey medical file), available online at <https://recordsearch.naa.gov.au/SearchNRetrieve/Interface/ViewImage.aspx?B=3266545> (16 June 2018).

⁶⁸² Progress report dated 8 December 1923 (NAA, 1000A James J. Coffey medical file), available online at <https://recordsearch.naa.gov.au/SearchNRetrieve/Interface/ViewImage.aspx?B=3266545> (16 June 2018).

⁶⁸³ Martyn Butcher. 'Managing wound sinuses' in *Nursing Times*, Vol. 98, Issue 2, p. 63, available online at <https://www.nursingtimes.net/roles/older-people-nurses/managing-wound-sinuses/200416.article> (16 June 2018).

1911 census.⁶⁸⁴ His occupation on attestation was given as ‘Bushman’.⁶⁸⁵ Why a man used to the open spaces of the outback would volunteer for a tunnelling company remains unknown. A recent study described tunnellers’ work as having ‘more intense, more constant, more insidious, more prolonged and potentially more barbaric dangers than any other branch of the services’.⁶⁸⁶ By May 1916, he was serving with No. 3 Australian Tunnelling Company on the Western Front. Within a short space of time he had been hospitalised twice, first with influenza and later with a severed artery in his left forearm.⁶⁸⁷ He continued to carry out his duties, but not without falling foul of the military authorities on a number of occasions, one of which entailed him suffering the imposition of Field Punishment No. 1, a practice whereby a soldier was tied hand and foot to a post or wagon wheel for hours at a time.

By the summer of 1917, the tunnelling company was working in support of Canadian troops in the general area of Hill 70 near Loos. This was a section of frontline with a very active underground war. The tunnelling company war diary for 28 July 1917 states that two sappers were wounded. These men were named which was unusual for that time. The diary also mentions ‘4 O.R.’s slightly gassed’ on 27 July, but it does not name them. However, one of these men was Edward Keaven. A hand-written report by Lt. Grainger described how Keaven and another man were found in a trench where they

had been gassed about 2 hours previously by gas shells. I found the men resting, but apparently not badly affected but complaining of headaches and giddiness. I ordered them to remain at rest. Capt. Hillman and myself administered Oxygen to them from ‘Novita’ apparatus⁶⁸⁸ at 2.30 pm [.....] At 1.45 pm two more men [.....] reported they had vomited [...] Oxygen was

⁶⁸⁴ Census Years/1901/Galway/Ballynacourty/Prospecthill/Residents of a house, NAI, available online at <http://www.census.nationalarchives.ie/pages/1901/Galway/Ballynacourty/Prospecthill/1376961/> & Census Years/1911/Galway/Ballynacourty/Prospecthill/Residents of a house, NAI, available online at <http://www.census.nationalarchives.ie/pages/1911/Galway/Ballynacourty/Prospecthill/456905/> (17 June 2018).

⁶⁸⁵ Attestation paper for persons enlisting for service abroad dated 20 Oct 1915 (NAA, 1230 Edward Keaven service file), available online at <https://recordsearch.naa.gov.au/SearchNRetrieve/Interface/ViewImage.aspx?B=7367120> (17 June 2018).

⁶⁸⁶ Peter Barton, Peter Doyle & Johan Vandewalle. *Beneath Flanders fields, the tunneller’s war 1914-1918* (Stroud, 2013) p. 62.

⁶⁸⁷ Casualty form – Active service dated 6 Jun 1916 & 28 Sep 1916 (NAA, 1230 Edward Keaven service file), available online at <https://recordsearch.naa.gov.au/SearchNRetrieve/Interface/ViewImage.aspx?B=7367120> (17 June 2018).

⁶⁸⁸ The ‘Novita’ apparatus was an oxygen revival kit on issue to tunnelling companies. See Barton, Doyle & Vandewalle. *Beneath Flanders fields*, p. 128.

administered to the four men at 8 pm 27th and at 6.30 am on the 28th and orders given that the men should remain at rest⁶⁸⁹

All four appear to have been victims of a type of artillery shell containing mustard gas first used by the Germans along the Western Front during July 1917.⁶⁹⁰ Concern about this new threat was such that Headquarters Canadian Corps issued an urgent request to all sub-units for information on the new gas, especially any new precautions that might be taken.⁶⁹¹

The effect of the gas on Edward Keaven cannot be described as slight. As already noted the effects of mustard gas could be delayed. On 29 July he had been admitted to hospital, by 31 July he was in the process of being evacuated to England, where he arrived on 10 August. He was discharged from hospital to a holding depot on 10 September. Later that month the decision was made to repatriate him to Australia where he arrived on 12 November 1917. On 6 December he was discharged as unfit for further military service. All told it took a little over four months from his being 'slightly gassed' until his return to civilian life, a reflection of the insidious and partially understood nature of gas warfare and the sometimes hurried and inadequate treatment of its victims.

It is not known what prompted Keaven to return to Ireland or when precisely he did so. A contributing factor may have been the deaths of his two older sisters in September 1919 and January 1920, aged forty-three and forty-two respectively, both of whom had been suffering from pulmonary tuberculosis. Both died at the home that they shared with their father, Myles Keaven. He had been named as Edward's next of kin when he enlisted and living at that same address in Prospect Hill, Galway. In his turn, Myles Keaven passed away in September 1921 aged seventy-eight years.⁶⁹²

⁶⁸⁹ Report from Lt. Grainger to O.C. 3rd Australian Tunnelling Company (AWM, 3rd Australian Tunnelling Company War Diary Item number 16/4/17), available online at <https://www.awm.gov.au/collection/C1345743?image=58> (17 June 2018).

⁶⁹⁰ Haber. *The poisonous cloud*, pp 191-3.

⁶⁹¹ Memo from Canadian Corps HQ to 3rd Australian Tunnelling Company dated 29 Jul 1917 (AWM, 3rd Australian Tunnelling Company War Diary Item number 16/4/17), available online at <https://www.awm.gov.au/collection/C1345743?image=65> (17 June 2018).

⁶⁹² Death Certificate i/r of Delia Keaven, available online at Irish Genealogy, Civil Records, https://civilrecords.irishgenealogy.ie/churchrecords/images/deaths_returns/deaths_1919/05142/4416667.pdf (18 Jun 2018).

Death Certificate i/r of Nonie Keaven, available online at Irish Genealogy, Civil Records, https://civilrecords.irishgenealogy.ie/churchrecords/images/deaths_returns/deaths_1920/05121/4409011.pdf (18 June 2018).

There is no explanation in his file as to why and when Keaven returned to Ireland, but the aforementioned family tragedies provide a compelling suggestion as to why he might have.

No trace of Keaven can be found until November 1928 when he was admitted to Blackrock Hospital suffering from gas poisoning. This is the earliest instance found in the surviving records of the use of this diagnosis, and it is unlikely it was used without good reason. After twenty-nine days Keaven was discharged. He returned to Blackrock from 11 to 18 June 1930, at which time he was living in Clontarf, Dublin. Although it was a stay of only eight days, the diagnosis this time was bronchitis. This reinforces the proposal that there was a link between exposure to gas and the later prevalence of bronchitis and other pulmonary disorders among disabled veterans. It is not unreasonable to suggest that this premise can be extended to include the mass of veterans who were not disabled or whose disability had been assessed as less than 20%.⁶⁹³ Neither of these groups had any medical entitlements despite being exposed to various gases during their service and would have had to deal with any post war effects as best they could.

Keaven's next period of hospitalisation was when he was admitted to the National Hospital for Consumption in Ireland in Newcastle, Co. Wicklow on 5 December 1930.⁶⁹⁴ He remained in this specialist tuberculosis hospital until 26 May 1931. His occupation was recorded as ex-soldier, which was how that establishment identified patients who were ex-British servicemen whose treatment was paid for by the Ministry of Pensions. The immediate supposition is that there was a correlation between Keaven's gas poisoning and his tuberculosis, but this is not necessarily so. A tuberculosis specialist from the Ministry carried out a study on 200 veterans who were in receipt of disability pensions due to exposure to gas. His medical report concluded that only nine of the cases had tuberculosis that might be connected with exposure to gas. He further qualified his findings to state that only two cases were definitively

Death Certificate i/r of Myles Keaven, available online at Irish Genealogy, Civil Records, https://civilrecords.irishgenealogy.ie/churchrecords/images/deaths_returns/deaths_1921/05088/439675_1.pdf (18 June 2018).

⁶⁹³ Myles Dungan, *Distant drums Irish soldiers in foreign armies* (Belfast, 1993) pp 81-2 & 90 for the account of one individual who suffered from the effects of exposure to gas for over seventy years.

⁶⁹⁴ National Hospital for Consumption in Ireland, Admittance and Discharge Book 1914 to 1939 (RCPI archive).

due to gas.⁶⁹⁵ The weight of evidence indicated that although gas could activate tuberculosis, the chances of it happening were quite slim. Therefore, a person was more likely to acquire the disease due to general poor health, poor food and living conditions or exposure to other persons who had the disease in an active form. Certainly, the latter would have applied to Keaven had the illness of his sisters been the reason that he returned to Ireland. We cannot be sure, but the possibility remains.

Keaven was to return the Blackrock Hospital for a third time on 28 August 1931 during its final months of operation. He stayed for twenty-eight days, being discharged on 24 September. He was diagnosed as suffering from gas poisoning once again. In addition, he was also diagnosed as suffering from disordered action of the heart (DAH), that indeterminate ailment with both physical and psychological symptoms. It is difficult not to propose that one condition contributed to the other in a self-perpetuating cycle of illness and general debility.⁶⁹⁶ Debility in this case describes the gradual wearing down of an individual's ability to resist illness and disease.

This third period was the last occasion that Keaven was an in-patient in a Ministry of Pensions hospital and possibly the last time as an in-patient in any hospital. Keaven died of tuberculosis on 11 April 1938, his passing was recorded alongside his entry in the National Hospital for Consumption in Ireland Admittance and Discharge Book. His death certificate noted that he had suffered from tuberculosis for eight years and that he died in the presence of his landlady in Killadreenan, Co. Wicklow.⁶⁹⁷ It is interesting to note that Killadreenan is the townland in which the National Hospital for Consumption in Ireland is located. This leads to the possibility of that hospital may have operated an out-patient clinic for tuberculosis cases of whom Keaven may have been one. Such clinics did operate in other tuberculosis hospitals. However, no records appear to have survived to confirm or deny if this was the case.

⁶⁹⁵ G. Basil Price, *After-results of Gassing and Gunshot Wounds of the Chest in Relation to Tuberculosis*. (London, 1929) p. 4 (NAUK, Gas Poisoning-Treatment and After Effects 1927-31, PIN 15/127).

⁶⁹⁶ Caution must be exercised using the expression 'debility' as it was also used as a diagnosed medical condition among Great War veterans that was sometimes worthy of a disability pension.

⁶⁹⁷ Death Certificate i/r Edward Keaven, available online at Irish Genealogy, Civil Records, https://civilrecords.irishgenealogy.ie/churchrecords/images/deaths_returns/deaths_1938/04766/427808_2.pdf (18 June 2018).

Leopardstown Park Hospital August 1930 to October 1936, October 1936 to May 1942 & May 1942 to July 1945 (Books 5, 6 & 7)

The three books that make up the final group are exclusively from Leopardstown Park Hospital. They stretch from before the closure of Blackrock Hospital almost to the end of the Second World War. The information available from such an extended period provides an unequalled opportunity to discover the number and nature of the health issues facing disabled veterans in the twenty-six counties. There are a total of 3,048 entries in Books 5-7 and as in the preceding books they are broken down into the categories shown in Table 6.8. The details from Books 1-4 have been included by way of comparison.

Table 6.8 Distribution of Patients in Books 5-7 compared to Books 1-4

Total Entries	GSW		Disease		Both/No Entry	
Book 1	286	84 29.4%	188	65.7%	14	4.9%
Book 2-3	1309	580 44.4%	715	54.5%	14	1.1%
Book 4	95	36 38%	58	61%	1	1%
Book 5-7	3048	1017 33.3%	1956	64.2%	75	2.5%
Grand Total	4738	1717 36.2%	2917	61.6%	104	2.2%

Blackrock Hospital Patient Registers April 1920 to August 1926, May 1928 to December 1928, October 1929 to February 1931, 'Colonial Chelsea Pensioners' Blackrock & Leopardstown Park Hospital Patient Register May 1920 to June 1945, Leopardstown Park Hospital Patient Registers August 1930 to October 1936, October 1936 to May 1942, May 1942 to July 1945

The comparison of the ratio of GSW to Disease is an important facet in the appreciation of the health issues faced by disabled Great War veterans. Book 1 is included although it is the only one of the seven surviving volumes that deals with officers and ex-officers. However, the proportion of GSW to Disease is very much in line with Books 2-7. Although the primary legislation did not differentiate between ranks, the administrative procedures that evolved took the difference in the status of officers and enlisted men into account, as well as the ranks and pay differentials within each group. Some of the differences, and even some of the preferential treatment given to officers has been alluded to, but the main thrust throughout this work has been towards the sometimes mentioned but seldom named 'Other Rank'.

Referring back to Table 6.8, some immediate conclusions can be drawn. Across the books a predominance of disease over GSW is noticeable, a difference of approximately 10% in the earlier books, rising to 23% in Book 4 and rising yet again

to a substantial 31% difference in the last three books. From these figures it can be inferred that as time moved on, veterans with GSWs became less likely to need hospitalisation as wounds stabilised or as the veterans passed away. At the same time the possibility of veterans developing a disease became more likely and the probability of that disease being of a variety that could be attributed to their military service more likely still.

Another notable feature of Books 5-7 is the increase in the number of veterans presenting for treatment for both GSW and Disease. If it is accepted that the entry of symptoms was in accordance with the instructions printed at the front of each admittance and discharge book, fifty patients were admitted primarily for GSWs in addition to one or sometimes two complicating diseases.⁶⁹⁸ The remaining twenty-five were admitted primarily for diseases in addition to a GSW already suffered. This would appear to be contrary to the trend that is being presented, but closer investigation reveals that this is not necessarily so. It is prudent to reiterate that a degree of caution must be used concerning the standard of clerical expertise of those who compiled the admittance and discharge books. A noteworthy number of veterans had wounds and diseases that were intimately connected. For instance of the twelve veterans with GSWs to the left arm, eight also suffered with osteomyelitis, an infection of the bone often attributable to an injury.⁶⁹⁹ Likewise of five patients admitted with VDH, four had suffered a GSW to the back or chest and of five neurasthenia sufferers, three had received a GSW to the head which strongly suggests that the psychological disorder might have been linked to the physical wound. Considering these factors, it is strongly suggested that the inter-connected symptoms presented by patients in this category do not run counter to the general trend whereby patients suffering from some form of disease became more prominent as time moved on.

GSW cases in Leopardstown Park Hospital 1930 to 1945

Although the first entry in Book 5 was made in August 1930, it was not until the amalgamation with Blackrock that distinct diagnoses were included in patient

⁶⁹⁸ General Instructions, Blackrock admittance and discharge book 25 May 1928 to 28 December 1928, p.1.

⁶⁹⁹ Mayo Clinic. *Diseases and conditions, osteomyelitis* (Mayo Foundation for Medical Education and Research, 2018), available online at <https://www.mayoclinic.org/diseases-conditions/osteomyelitis/symptoms-causes/syc-20375913> (24 June 2018).

details. The first of 1,017 GSW victims was recorded on 5 December 1932 and the last on 12 July 1945. The types of wounds recorded are shown in Table 6.9.

Table 6.9 Distribution of GSWs in Books 5-7

Category	Number of Patients	% of Patients
Arms & Legs	753	74%
Abdomen	147	14.5%
Head & Neck	113	11.1%
Illegible	4	0.4%
Total	1017	100%

Leopardstown Park Hospital Patient Registers August 1930 to October 1936, October 1936 to May 1942, May 1942 to July 1945

The most noticeable feature of these statistics is again the preponderance of wounds to limbs. They outnumber all other wounds combined by a factor of three to one and concur with the findings in Books 2 & 3, that a serviceman was much less likely to survive a wound to the abdomen or head than one to a limb.

In relation to head wounds, provided that no major blood vessels were compromised a serviceman might survive. However, the result was often disfiguring injuries that required frequent surgical intervention to restore a degree of normality to the victim's appearance and their ability to live some sort of normal life.

Reconstructive surgery was in its infancy during the First World War, but great advances were made in medical procedures and often included the involvement of experts from other disciplines such as dentistry. Because of the lengthy and delicate nature of treatment for facial wounds, periods of hospitalisation spanning many years were not unusual. One case was that of Patrick Cummins who was admitted to Blackrock Hospital in January 1930 to be treated for a GSW to his jaw. He was admitted to Leopardstown Park Hospital in 1936, 1937 and 1938, at which time he was transferred to Roehampton Hospital in London where Sir Harold Gillies, a pioneer of reconstructive surgery had moved his specialist unit in the mid-1920s.⁷⁰⁰

Another period in Leopardstown Park came later in 1938 and a second trip to Roehampton in February 1939. From then until March 1944, he was an in-patient another six times, on each occasion receiving treatment for the wound to his jaw.⁷⁰¹

⁷⁰⁰ Andrew Bamji, 'Sir Harold Gillies: surgical pioneer' in *Trauma*, Vol. 8, Issue 3 (2006), p. 151.

⁷⁰¹ Including two trips to the UK, Cummins spent fourteen periods in hospital in fourteen years. Blackrock admittance and discharge book October 1929 to February 1931 database entry no. 1121,

So much time spent in hospital must have had detrimental effect on the job prospects for Cummins and been disruptive to his family life. The admittance and discharge books record that he was a married man with an address in Dublin north inner city where he lived until his death from heart failure in Leopardstown Park Hospital in September 1961.⁷⁰²

As previously mentioned, the chances of finding an employer tolerant enough to accept a worker who was unavailable for such extended periods was so remote as to be impossible, although it is another example of the continuing commitment of successive British governments to provide both financial and medical care for its disabled veterans wherever they might be.⁷⁰³

Disease cases in Leopardstown Park Hospital 1930 to 1945

In Books 5-7 the total of disease cases outnumbers GSWs by a little less than two to one. Including cases from the 'Both' category according to the primary diagnosis does not alter this (See Table 6.8). Within the disease category there are over fifty different diagnoses recorded, some of which are variations of similar ailments. Because of this wide variation of ailments, patients who presented with related symptoms are grouped together. The five most frequently occurring disease groups are shown in Table 6.10. In addition, the table shows the percentage of each group within the overall total for disease found in Leopardstown Park from 1930 to 1945.

Leopardstown Park admittance and discharge book August 1930 to October 1936 database entry nos 2695 & 3029, Leopardstown Park admittance and discharge book October 1936 to May 1942 database entry nos. 3167, 3332, 3456, 3570, 3679, 3718 & 3799, Leopardstown Park admittance and discharge book May 1942 to July 1945 database entry nos 4237 & 4373. A total of 408 days in hospital in Ireland & an unknown number in the UK.

⁷⁰² Death Certificate i/r of Patrick Cummins, available online at Irish Genealogy, Civil Records, https://civilrecords.irishgenealogy.ie/churchrecords/images/deaths_returns/deaths_1961/04320/411531_3.pdf (26 Jun 2018).

⁷⁰³ It is recognised that a collection of medical files for several thousand service patients who were treated by Sir Harold Gillies and his team still exist in the archive of the Royal College of Surgeons in London. Comparing the surviving Admittance and Discharge Books against this collection revealed that the records of at least six patients from Blackrock or Leopardstown Park have survived. Unfortunately, it has not been possible to consult this archive due to refurbishment of the London facilities, but it is anticipated that a research visit will provide more information on the post-war life of this group of disabled Irish veterans.

Table 6.10 Most Prevalent Diseases in Books 5-7

Disease	Number of patients	As % of Diseases
Bronchitis	673	34.4%
Neurasthenia	321	16.41%
Heart	216	11.04%
Stomach	134	6.85%
Rheumatism	132	6.74%
<hr/>		
Total	1476	75.44%

Leopardstown Park Hospital Patient Registers August 1930 to October 1936,
October 1936 to May 1942, May 1942 to July 1945

As before bronchitis and associated pulmonary diseases are the most common complaints. This includes those assessed as chronic or directly attributable to exposure to gas. Six cases were recorded just as gas poisoning or effects of gas. It appears that the long-term consequences of exposure to gas was, and still is under appreciated and that it had considerable long-term health consequences for veterans. Unlike GSWs where there was an established norm by which disability could be measured, diseases such as those caused by gas were prone to more subjective assessment and were often treated with less sympathy than individuals with more 'heroic' wounds. Many veterans with bronchitis spent long periods in hospital over several years.

Neurasthenia and other psychological or neurological conditions form the second highest group of veterans admitted to Leopardstown Park. While neurasthenia is the diagnosis entered in 281 of the cases, there are six other conditions included in the category. It was not until the amalgamation of Leopardstown Park and Blackrock Hospitals that the former establishment included a patient diagnosis in its admittance and discharge books. At least this was the assumption made by Kinsella in his recent history of Leopardstown Park. He also stated quite categorically that all patients admitted to Leopardstown Park prior to December 1931 were in need of treatment for a neurasthenic condition and this assumption was taken at face value in the compilation of the statistics for this section.⁷⁰⁴ However an examination of all the surviving records indicate that this opinion might be treated with a degree of caution, as it does not seem to take account of two factors. Firstly, in the Ministry of Pensions

⁷⁰⁴ Kinsella. *Leopardstown Park Hospital*, p. 96.

annual report for the year ending 31 March 1926, Leopardstown Park is recorded as providing general medical and surgical treatment in addition to its primary role for neurasthenic cases.⁷⁰⁵ This continued to be the case for the next four years. In the annual report for the year ending 31 March 1930, the hospital is listed as being only for neurasthenia cases.⁷⁰⁶ This was the last occasion where the Ministry reports listed the establishments providing in-patient care to disabled veterans in the British Isles. Therefore, while Kinsella's statement may be true in general, the possibility exists that non-neurasthenic patients were treated in Leopardstown Park especially in the period leading up to the closure of the hospital in Blackrock.

The second factor is the case of a patient found in Book 5, and while one case does not necessarily constitute a trend, it contributes to the doubt that all patients in Leopardstown were there for neurasthenic related issues alone. Henry Connolly is recorded as entering Leopardstown Park on 30 November 1931, the day Blackrock closed its doors to new patients. No diagnosis is recorded but the assumption was made that Kinsella was correct, and Connolly was noted as suffering from neurasthenia.⁷⁰⁷ However over the next seven years Connolly was admitted on five other occasions for the same disorders, GSWs to his shoulder and right lung, with no indication that he suffered from any neurasthenic condition.⁷⁰⁸ Within the surviving records there are several examples of neurasthenia and either another disease or a GSW.⁷⁰⁹ Therefore to suggest that patients in Leopardstown Park prior to the amalgamation with Blackrock were treated for neurasthenia alone to the exclusion of other wounds or disease would seem to be false. The evidence suggests that more examples may exist, but with the scarcity of records it must remain a theory although one with some degree of substance.⁷¹⁰

⁷⁰⁵ *Ninth Annual Report of the Minister of Pensions 1 April 1925 to 31 March 1926* (London, 1926), p. 30.

⁷⁰⁶ *Thirteenth Annual Report of the Minister of Pensions 1 April 1929 to 31 March 1930* (London, 1926), p. 19.

⁷⁰⁷ Leopardstown Park Admittance and Discharge Book August 1930 to October 1936 database entry no. 4739.

⁷⁰⁸ Leopardstown Park Admittance and Discharge Book August 1930 to October 1936 database entry nos 1745, 1782 & 1975. Leopardstown Park Admittance and Discharge Book October 1936 to May 1942 database entry nos 3016 & 3224.

⁷⁰⁹ Leopardstown Park Admittance and Discharge Book October 1936 to May 1942 database entry no. 3466, GSW Head & Neurasthenia. Leopardstown Park Admittance & Discharge Book August 1930 to October 1936 database entry no. 4370, Neurasthenia & GSW Right Arm.

⁷¹⁰ Connolly died of an aneurysm of the carotid artery at his home in Meath in September 1940. His occupation was recorded as ex-soldier. Death Cert i/r Henry Connolly, available online at Irish Genealogy, Civil Records,

The third highest total in the list of prevalent diseases is that of disorders of the heart. VDH, DAH and ODH are recorded in descending order of frequency with ninety-one, seventy-eight and forty-six patients respectively. There was a solitary veteran with the intriguingly vague diagnosis of heart trouble. Little remains to be said about this category except that it continued to be an accepted and frequent diagnosis by the doctors in Leopardstown Park.

Conditions of the stomach were the fourth highest complaint over this fifteen-year period. Gastritis was the most common diagnosis. This may have had its origins in exposure to gas as previously discussed. There were also twenty cases of dysentery. These may have been because of poor living conditions in Ireland or as a result of parasitic infections acquired during foreign service. In the absence of service and medical records, both explanations remain plausible.

With a total of 132 cases, rheumatism was only two less than the total for those with stomach troubles. As in the other categories the term rheumatism is used as an overall term for diseases of the limbs and joints. Two thirds of the patients included here were diagnosed with rheumatism itself with various forms of arthritis making up most of the rest. Although all these disorders can develop as a matter of course, the conditions of service during the Great War especially for men in the harsh environment of the front lines, without doubt brought on or exacerbated the diseases that many veterans suffered from.

Long Stay Patients

The seven surviving admittance and discharge books contain a total of 4,738 entries spanning twenty-five years of veterans being treated in the Ministry of Pensions hospitals in southern Ireland. Because of the nature and complexity of some wounds or illnesses it was inevitable that there were a sizeable number who were subject to long periods as an in-patient. Likewise, in the case of continuing difficulties with wounds or with chronic illnesses, some disabled veterans found themselves being admitted to hospital frequently. A search for patients who spent 100 or more days in hospital at any one time produced a total of 1,105, as shown in Table 6.11.

https://civilrecords.irishgenealogy.ie/churchrecords/images/deaths_returns/deaths_1940/04720/4261268.pdf (26 June 2018).

Table 6.11 100 or more days as an In-Patient in Books 1-7

Category	Number of patients	As % of Total
Both	16	1.45%
GSW	395	35.75%
Disease	694	62.80%
Total	1105	100%

Blackrock Hospital Patient Registers April 1920 to August 1926, May 1928 to December 1928, October 1929 to February 1931, 'Colonial Chelsea Pensioners' Blackrock & Leopardstown Park Hospital Patient Register May 1920 to June 1945, Leopardstown Park Hospital Patient Registers August 1930 to October 1936, October 1936 to May 1942, May 1942 to July 1945

The longest unbroken individual stay was for a veteran suffering from neurasthenia who remained in Leopardstown Park for 4,162 days from November 1931 to March 1943. Of the eleven patients who spent over 1,000 days continuously in hospital, three were for neurasthenia two had epilepsy, two had suffered GSWs to the head, two had GSWs to the thigh, one suffered from debility arising from nephritis and the last was a paraplegic who also suffered from malaria. As can be seen in Table 6.11, the ratio of disease to GSW was near 3:2, while the distribution of wounds and ailments within each category remained approximately the same as described previously. Some veterans were unfortunate enough to spend several periods in hospital for more than 100 days. Between 1930 and 1944, one veteran was an in-patient on fifteen occasions suffering from bronchitis. Of these periods, no less than eleven were for stays of more than 100 days. His longest period of continuous hospitalisation was for 355 days from March 1938 to February 1939.⁷¹¹ An immediate inference is that if any person suffered from bronchitis or similar complaint, to such a degree as to demand so many periods of hospitalisation, the chances of there being a serious underlying cause was extremely high. In the case of veterans of the First World War a reasonable assessment would be that the likely cause was the hardships of the conditions of service up to and including exposure to chemical weapons.

One group of researchers has concluded that 'the traumatic experience of being gassed was linked to popular convictions about its potency and systemic effects and that a conviction of having been gassed had long term deleterious effects on a

⁷¹¹ Leopardstown Park Admittance and Discharge Book October 1936 to May 1942 database entry no. 3226.

person's beliefs about illness and perceptions of health and well-being'.⁷¹² In their study group of Great War veterans who complained of suffering from the effects of gas, all who suffered from chronic respiratory illnesses were excluded, which appears to be an admittance on their part that the effects of gas was responsible for their illness in the first place. The groups' main argument was that a strong emotional response to the horrors of gas warfare was the main reason that so many of the other veterans claimed to be victims of exposure to gas. What they did not address was whether their study group had been exposed to gas or not, the extent of that possible exposure or what the nature of the chemical agents may have been. In short, they seem to have adopted an attitude of disbelief rather than objectivity or thorough investigation. Comparisons can be made between this study group of First World War veterans and the emergence of Gulf War Syndrome among personnel who had served in that theatre of war, the basic premise being that the symptoms were all imagined. However now that there are no more veterans of the Great War alive, allied with incomplete administrative and medical records, the opinions of medical professionals who treated the veterans must carry the greatest weight, opinions such as those of the doctors at Blackrock and Leopardstown Park Hospitals. Due to the systemic nature of chemical agents, variations of delivery methods and quantities, exposure times and individual physiology, the effects of war gases can vary greatly between individuals, so a diagnosis cannot be made according to hard and fast rules, but rather by dealing with the medical indicators as presented.

It should be remembered too that the job title of a doctor in the military is Medical Officer. The job of a Medical Officer was, and still is, to maintain the highest level of manpower possible to achieve the mission in hand and it does not necessarily have to consider the best health outcome for the soldier.⁷¹³ This can be a hard and unusual concept for a civilian to understand. The large numbers of gas casualties declared as fully cured shortly after exposure is an indication of this. Similarly, the official attitude towards personnel being gassed is shown by the case of Edward Keaven who was 'lightly gassed' in the official report, yet he was discharged as permanently disabled within a few months. Cases of military organisations persisting in procedures without due regard to potential long-term effects are not

⁷¹² Edgar Jones, Ian Palmer & Simon Wessley, 'Enduring beliefs about effects of gassing in war: qualitative study' in *British Medical Journal* Vol. 335, No. 7633, (22-9 December 2007), p. 1315.

⁷¹³ Leo Van Bergen, 'Military medicine' in Jay Winter (ed.), *The Cambridge history of the First World War, Volume III Civil Society* (Cambridge, 2014), pp 290-1.

unique to the era under examination. They have persisted since the end of the First World War whether it was the use of Agent Orange during the Vietnam conflict, the meting out of nerve agent pre-treatment pills during the First Gulf War⁷¹⁴ or closer to home, the continued use of anti-malarial pills with potentially dangerous side-effects within the Irish Defence Forces.⁷¹⁵

The medical system in use during the Great War centred on military expediency, was later matched in the continued policy of financial restraint pursued by British governments.⁷¹⁶ In spite of this the medical staff at both Blackrock and Leopardstown Park Hospitals appear to have taken a more benign attitude to disabled veterans especially as a large number of the doctors who worked in the hospitals had served as Medical Officers during the First World War.⁷¹⁷ Ministry officials noted the more generous attitude of the medical staff in Leopardstown Park to patients over many years with some concern. So much so that they welcomed the appointment of a medical superintendent who returned the establishment to a regime of more military like rules and procedures.⁷¹⁸

Multiple Admissions

Whether it was part of a more generous policy of admission at Leopardstown Park, a failure of medical procedures in the hospital or simply an indication of the fragile state of health of disabled veterans in independent Ireland, there were a considerable number of ex-servicemen who were admitted to hospital on multiple occasions. It has been possible to trace the admissions of some personnel from the late 1920s up to the mid-1940s. A survey of veterans with five or more instances of admission to either of the two Ministry hospitals uncovered 162 individuals. It was not surprising that many of the patients found in this search are also found to be in the 100-day or more grouping. The breakdown of disease, GSW or both is in line with the general hospital population, that is, in a ratio of approximately two to one in

⁷¹⁴ Kim Sengupta, *Pills blamed for Gulf War Syndrome* (The Independent online), available online at <https://www.independent.co.uk/life-style/health-and-families/health-news/pills-blamed-for-gulf-war-syndrome-1023096.html> (29 June 2018).

⁷¹⁵ Caroline O'Doherty, *More soldiers to sue over malaria drug* (Irish Examiner online), available at <https://www.irishexaminer.com/ireland/more-soldiers-to-sue-over-malaria-drug-465141.html> (29 June 2018).

⁷¹⁶ Cohen. *The war come home*, pp 41-5.

⁷¹⁷ Kinsella. *Leopardstown Park Hospital*, pp 65-70.

⁷¹⁸ Ministry of Pensions memo dated November 1966 (NAUK, Consolidation of Leopardstown and Shanakiel Hospitals, MH150/109).

favour of diseases over GSW.⁷¹⁹ Despite this the veteran with the highest number of admissions entered hospital on no fewer than nineteen occasions, each time receiving treatment for a GSW to his right leg. It is not recorded where on the leg the wound was inflicted, but as the case of James Coffey showed, leg wounds were often so complicated that amputation was the chosen treatment.⁷²⁰ Finally it was not surprising that bronchitis either by itself or in conjunction with other ailments was the single most frequently occurring condition complained of with a total of forty-two veterans being admitted five or more times.

Falling Demand and In-Patient Deaths

The statistics contained in the Ministry of Pensions Annual Reports show a rapid rise in the number of veterans being granted disability pensions between 1920 to 1922. After that period the total number of pensioned ex-service personnel stabilised at a little over 1.3 million across the British Isles, a level that was maintained until at least 1939.⁷²¹ The eleventh and twelfth Annual Reports from April 1927 to March 1929, record that the numbers of veterans in need of outpatient and hospital care had appreciably reduced. The trend continued from that time forward.⁷²² The reduction in demand for medical care was the principle reason for the closure of Blackrock Hospital. It can be illustrated by referring to the sequential serial number assigned to each patient in the surviving admittance and discharge books, as required by paragraph seven of the general instructions printed on the first page of each book. The difference between the first entry in Book 2 and the last entry in Book 3 is 2,035 patients. This stretched from May 1928 until February 1931 and provided an average monthly rate of admission of 61.7 during this thirty-three month period. Conversely there were 14,100 patients recorded from April 1917⁷²³ to April 1928, a figure that provided a monthly average of 106.8 admissions.⁷²⁴ Applying the same rules to

⁷¹⁹ Blackrock & Leopardstown Park admittance and discharge books 2-7. Of a total of 162 patients who were admitted five or more times, disease accounted for 96, GSW for 58 and 8 were admitted for both.

⁷²⁰ Blackrock & Leopardstown Park admittance and discharge books 2-7. The five veterans most often admitted to Blackrock and Leopardstown Park Hospitals between 1928 and 1945 were for GSW right leg-19 times, Bronchitis-18, 17 & 15 times, GSW right arm & osteomyelitis-15 times.

⁷²¹ 1st to 22nd Annual Reports of the Minister of Pensions (London, 1918 to 1939).

⁷²² *Eleventh Annual Report of the Minister of Pensions from 1 April 1927 to 31 March 1928* (London, 1928) pp 4-5 & *Twelfth Annual Report of the Minister of Pensions from 1 April 1928 to 31 March 1929* (London, 1928), pp 1-2.

⁷²³ Fleetwood. *Blackrock 1917-1932*, p. 7.

⁷²⁴ Blackrock admittance and discharge books 25 May - 28 December 1928 and 25 October 1929 - 23 February 1931.

Leopardstown Park where the surviving records stretch from August 1930 to July 1945 with a total of 3,048 individual entries, the number of veterans admitted averages out at 16.9 per month. It has not been possible to find any records from the Shanakiel Hospital in Cork where in-patient facilities for veterans were also available but there is no reason to suppose that there were important differences in trends for admissions in that area. The continuing decline in the average number of veterans admitted to hospital support the decision of the Ministry of Pensions to rationalise their organisation in the Free State and convincingly show that the needs and experience of disabled veterans in the Free State were in line with the rest of the British Isles where similar reductions were made at the same time.⁷²⁵

After the amalgamation of the Dublin hospitals, the disabled veteran population in the Free State stood at 21,200 in receipt of pensions.⁷²⁶ Because of the nature and number of patients attending any Ministry of Pensions hospital it was inevitable that deaths would occur. In the immediate post war era, it would have been predictable that some patients would succumb to wounds or diseases caught while serving. As wounds were stabilised and diseases treated, the death rate, inevitably fell, but never stopped. Staff recorded the deaths of patients as they occurred and notified the Registrar of Births and Deaths in the Rathdown district of south County Dublin. Consequently, these records can be cross-referenced with the admittance and discharge books to see if there was a correlation between the hospital diagnosis and the actual cause of death.

The seven books record a total of 115 deaths, the earliest of which was that of a fifty-year old ex-Lieutenant in June 1921.⁷²⁷ He had been in Blackrock for sixteen days with nephritis and neurasthenia. His death certificate recorded that he had suffering from nephritis for four years and cardiac failure for two months.⁷²⁸ Ex-Lieutenant Smythe would have been about forty-seven years old in 1918, which is old, both for a subaltern and for an officer in an infantry regiment, in this case the Royal Fusiliers. This suggests that he may have been an experienced regular army

⁷²⁵ *Hansard*, HC 7 March 1932 vol 262 cc1462-3. Hospital Treatment.

⁷²⁶ Correspondence from Ministry of Pensions to Dominion Office dated 21 June 1932 (NAUK, Leopardstown Park Hospital, Political situation in Irish Free State-Correspondence with Dominion Office, MH79-451).

⁷²⁷ Blackrock admittance and discharge book April 1920 to August 1926, database entry no. 87.

⁷²⁸ Death Certificate i/r of T.H. Smythe, available online at Irish Genealogy, Civil Records, https://civilrecords.irishgenealogy.ie/churchrecords/images/deaths_returns/deaths_1921/05097/440038_2.pdf (4 July 2018).

soldier. Suitable men of this type were often commissioned during the war as quartermasters where their knowledge and experience were invaluable, but the job was often hard and thankless.

This last veteran to die according to the available records from Leopardstown Park was Michael O'Connor in February 1947. Coincidentally this was also a fifty-year old, although this veteran had been a private soldier in the Labour Corps. His age would put his year of birth at about 1897, which would have made him approximately twenty-two years old at the end of the war. He had been admitted to Leopardstown Park on five occasions between Mar 1932 and April 1945, where he remained until his death. All his periods in hospital were in excess of 100 days, and in each case the primary diagnosis was bronchitis.⁷²⁹ A pattern emerges of a veteran with a long record of pulmonary illness whose health deteriorated quite quickly from the middle of 1942, so much so that he spent most of the last two years of his life in hospital. His death certificate records that chronic bronchitis, emphysema and myocarditis contributed to his death.⁷³⁰

A search was carried out to find any pattern in the deaths at the hospitals based on the likelihood that it may have been more prevalent in the winter months, but none was discernible. Nor was there a noticeable increase in the number of deaths in the hospitals as the years passed. A pattern did emerge, and it was not unexpected. Bronchitis and other pulmonary disorders occurred again and again as a major contributing factor in the cause of death, even when not included in the primary cause of admission to the hospitals. In the seven books, 115 patients were found as having died in the two hospitals.⁷³¹ According to the register of deaths for the n district, no less than fifty-nine of the deaths in Blackrock and Leopardstown Park Hospitals had bronchitis or a similar pulmonary disorder as the main or a significant contributory

⁷²⁹ Leopardstown Park Admittance and Discharge Book August 1930 to October 1936 database entry no. 1760- 122 days, Leopardstown Park Admittance and Discharge Book October 1936 to May 1942 entry no. 3296- 148 days, Leopardstown Park Admittance and Discharge Book May 1942 to July 1945 entry no. 4040- 113 days, entry no. 4207- 183 days, entry no. 4587- 667 days.

⁷³⁰ Death Certificate i/r of Michael O'Connor, available online at Irish Genealogy, Civil Records, https://civilrecords.irishgenealogy.ie/churchrecords/images/deaths_returns/deaths_1947/04591/421541_2.pdf (4 July 2018).

⁷³¹ 107 of the deaths recorded were verified by death certificates available online at <https://www.irishgenealogy.ie/en/>, two searches led to incorrect pages of the register and two did not return deaths that could be confirmed as having taken place in a Ministry of Pensions hospital, giving a total of 111 recorded deaths. However, one extra death certificate for Blackrock and three extra death certificates for Leopardstown Park were found within the periods of this study. In each case the date of discharge corresponded with the date of death. Consequently, the total number of deaths found so far is 115, of which fifty-nine were bronchitis or pulmonary related.

factor. When this information is added to the large number of veterans with the same ailments who were included in both the long stay and the multiple admissions categories as already described, it becomes apparent that bronchitis and associated disorders have, at best, been an under-appreciated health factor among veterans and at worst a factor that has been ignored in favour of the more emotive issue of neurasthenia and its associated disorders. Veterans of the Great War were exposed to physical and psychological events that no one had experienced before, and few have since. An understanding of their later lives needs to encompass their whole life experience and not just the political situation or that part that elicits an emotional response among us nowadays as we attempt to understand the generation that participated in the war to end all wars.

Conclusion

The discovery of seven admittance and discharge books from Ministry of Pensions hospitals in the twenty-six counties was a fortuitous event, not just for this researcher but for any investigation of the state of health of veterans of the British and Empire forces that served in the First World War. Although they are not all connected chronologically they provide invaluable insights into the disabled veteran experience at important points in time. Despite dealing exclusively with ex-officers, Book 1 reflects the years where the Ministry of Pensions medical system was pushed to its limit by the post war surge of residential and out-patients who required medical treatment as well as those seeking pensions for wounds and conditions caused or aggravated by wartime service.

Book 2 and 3, both also from Blackrock, are from approximately ten years after the end of the war and in many ways a time of change. The death of Earl Haig, the emergence of authors who were critical of how and why the war had been fought, the decline in the numbers of veterans needing medical services and the establishment of a committee of inquiry into the conditions of ex-British servicemen in the Irish Free State and even the economic crises of the late 1920s, all these events were in train during the period covered by these two books.

Book 4 serves as a reminder that Irishmen fought in the armed forces of many countries and that some of them chose to return to the Free State. The conscientious retention of so many documents pertaining to dominion forces by their governments is a boon to researchers and is a topic that can be pursued further.

Books 5 to 7 provide the greatest continuous collection of raw data concerning the state of health of disabled veterans of the First World War that has been uncovered in Ireland. They provide the opportunity to survey and record the perilous state of health of some of the veterans and point out what the main medical problems faced by them were. Armed with this information it is possible to extend research about veterans into new areas that have not been explored up to this point. For example, the examination of records of civilian hospitals that may have treated veterans not entitled to be admitted to a Ministry of Pensions establishment, even though that veteran may have had needed medical attention for the after-effects of a wound or disease in later life. A case in point is the occurrence of diseases among patients in hospitals such as the Cork Street Fever Hospital during the 1920s and 1930s that were likely to be acquired by a person with military service. In the records of this hospital are several patients whose occupation was recorded as ex-soldier and whose diagnosis was entered as malaria, a disease not endemic to the British Isles.⁷³² Another search discovered a veteran who died from acute bronchitis and congestion of the lungs in Cork Street Hospital in 1935.⁷³³ This same man had been treated in Blackrock Hospital during 1928 for a GSW to the left leg.⁷³⁴ It is considered that this case and others yet to be found support the assertion of this work that bronchial disorders were more prevalent among veterans than has been appreciated up to this time irrespective of whether the veterans were disabled or not. These findings indicate that there are still aspects of the later lives of Great War veterans that have not yet been addressed and that there are still avenues of research that have not been fully explored. Research into the sources used in this work is ongoing and it is hoped that this will encourage greater interest in this neglected topic.

⁷³² Cork Street Fever Hospital Admission and Discharge Books 1925-1938 (RCPI archives).

⁷³³ Death Certificate i/r of Stephen Lett, available online at Irish Genealogy, Civil Records, https://civilrecords.irishgenealogy.ie/churchrecords/images/deaths_returns/deaths_1935/04820/429852_9.pdf (6 July 2018).

⁷³⁴ Blackrock admittance and discharge book May 1828 to December 1928 database entry no. 556.

Conclusion

This thesis was born of two important questions. The first was whether pension legislation for disabled veterans of the First World War applied equally in Ireland as in Britain, and if so, how was it applied? The second question was about how disabled ex-British servicemen who lived in the Irish Free State coped with their wounds or illnesses as they got older and was there any support systems in place to help them? To the first question, the answer was in the affirmative. Amid the economic uncertainty, political turmoil and violence, pensions were paid, applications and appeals were submitted and processed, and medical treatment was given, as needed, for life. It does not mean that the services were perfect, far from it. Postal notifications vanished, appointments were missed, and many applications were refused for what appeared to be random or harsh reasons, but generally, within the confines of an imperfect system, disabled veterans were treated much as their old comrades were in Britain.

Regarding the second question, the disabled British ex-servicemen were not forgotten about or abandoned as there was a system of government and charitable support that could be availed of in time of need. Administrative and medical facilities were left in place after the establishment of the Free State, or instituted if they had not existed before. Disabled veterans were susceptible to a variety of ailments in addition to any wounds that they had received. In many cases the diseases, especially pulmonary disorders, were chronic and extremely debilitating, leading to long periods in hospital. There are indications that these types of pulmonary disorders were prevalent among the non-disabled veteran community as well, but this aspect of the later lives of Irish veterans of the First World War needs further research. Among the Ministry of Pensions staff that saw to the needs of the disabled veterans were many who were veterans themselves, often with long records of service to the needs of ex-service personnel. To this were added the network of volunteer workers involved with the various Area Advisory Committees whose voluntary work on behalf of disabled veterans and bereaved families has gone unrecognized for many years. All this was funded by successive British governments in fulfillment of their Imperial Obligation to disabled veterans of the First World War. These are issues that have not been addressed previously in the historiography of the Irish involvement in the First World War. However, some progress has been made in this regard. Leading the way,

Leonard mentioned some of the issues of great importance to veterans, the most important of which was disability. Housing and the search for work are mentioned as well, but no topic is addressed in any great detail because of the nature of the publication.⁷³⁵ By avoiding the well-worn themes of memory and commemoration, Paul Taylor and Michael Robinson have contributed to the under researched aspects of Great War veterans in the twenty-six counties. Although not without its faults, Taylor addressed many important issues that were of concern to Irish veterans. These include violence and intimidation against some in their community, a lack of suitable housing, unemployment and their overall position as citizens of what was at the very least, a new uncaring state.⁷³⁶ Robinson on the other hand, dealt solely and in depth with the treatment of neurasthenic cases in Ireland between 1914 and 1938. While the study of this aspect of the Irish Great War experience is welcome, it does not address the much greater numbers of personnel who were disabled by physical wounds or disease. The annual reports of the Ministry of Pensions show clearly how small a proportion of disability pensions were awarded for neurasthenic disorders. It is accepted that many veterans suffered some form of neurasthenic symptoms but were not assessed as meeting the requirements for a pension award by the medical standards of that time. Military conflict changes all who have experienced it, however, many veterans were not overwhelmed by their psychological ordeal, dealing with it as best they could with or without the support of family, friends and charitable and representative groups. However, many did succumb to wounds or disease. This work redresses the balance to examine the treatment and health of the forgotten majority of disabled veterans who were awarded pensions for reasons other than neurasthenic disorders.⁷³⁷

The Irish Free State was unique in the aftermath of the Great War as the only new state to break away from a victorious allied power, but there are comparisons to be made between it and the other new European states.⁷³⁸ Much of this work has yet to be done, but perhaps the most important similarity to be drawn is that across post-war Europe there were demobilised service personnel living in new nation states that

⁷³⁵ Jane Leonard, 'Survivors' in John Horne (ed.), *Our war*, (Dublin, 2008), pp 209-223.

⁷³⁶ Paul Taylor, *Heroes or traitors Experiences of Southern Irish soldiers returning from the Great War, 1919-39* (Liverpool, 2015).

⁷³⁷ *Annual reports of the Minister of Pensions, 1918-39* (London, 1919-39).

⁷³⁸ Mark Cornwall & John Paul Newman (eds), *Sacrifice and Rebirth. The Legacy of the Last Habsburg War* (Oxford, 2016).

refused any responsibility for the aftercare of military veterans of the empires they had emerged from. Irish veterans of the Great War seldom feature in the historiography of the early years of Irish independence except possibly as dupes of an evil empire, or less often as a freedom fighter that used his military skills against his former employer.

The absence of disabled or able-bodied veterans from the narrative of the early decades of the Irish state, along with disregarding of families of the dead and missing of the First World War except as scapegoats of a mean and small-minded system of welfare,⁷³⁹ has meant that the secondary literature does not embrace the story of this extended community. It was necessary therefore to concentrate on unearthing any surviving primary sources and relying on them almost exclusively to answer the questions that other researchers had not asked. This thesis deals with the practical solutions that were established to facilitate disabled veterans in their everyday post-war lives. Because the system of care and support has been under-researched, much of the narrative is descriptive in nature. This is important in order to appreciate fully the commitment of successive British governments to the care of its veterans in Ireland, despite the many faults and economies that existed or whatever the political motivations may have been. More relevantly it is necessary to understand and appreciate the commitment of many hundreds of Irish voluntary workers who oversaw pensions administration, for decades in some cases.

This project began in a similar way to the War Pension saga, with one official paper, a ten-page document presented to Parliament in May 1915.⁷⁴⁰ From this relatively short report developed the legislation that led to the establishment of the Ministry of Pensions. For the first time in the British Isles a complete government department was devoted to the care and welfare of disabled military veterans. The Ministry oversaw the development of a system of pensions, allowances and grants that was Byzantine in its complexity. In addition to the standard pension for wartime disability, there were pensions for widows, orphans, other dependants including parents, siblings and illegitimate children, pensions for injuries from previous wars and alternative pensions for pre-war high earners. There were allowances for veterans

⁷³⁹ See Kildare County Board of Health minutes 15 February, 21 June and 17 December 1926 for examples of investigations of, and legal actions against, alleged false claims for Home Assistance while in receipt of British military pensions.

⁷⁴⁰ *Report of the committee appointed by the President of the Local Government Board upon the provision of employment for sailors and soldiers disabled in the war.* (London, 1915).

receiving home treatment for wounds or illness, allowances for hospital in-patients and out-patients, as well as special allowances for those suffering from diseases such as tuberculosis. There were grants for the further education and training of veterans, their children and widows, and grants to help veterans start a business. Yet there were never enough resources to meet the demands placed on the organization. But for all the shortcomings, the Ministry of Pensions, veterans representative associations, charitable organisations and some politicians worked hard on behalf of the community of Great War veterans in the Free State. Disabled veterans whose wounds or illnesses were treated, without additional cost to them, for life, those whose financial hardship was alleviated in some way or whose business venture was boosted by a grant, these must be regarded as successes, however small they may have been. The core of this thesis has been the disabled veterans themselves, but as can be determined from the preceding passage, there is much that is tangential, but indivisible from their story. Most notably, the situation faced by the wives, widows, children and other dependants of all veterans or casualties of the war has been given some attention but their experiences are worthy of greater and more individual research than has been possible here.

The wartime legislation was examined in the Chapter 1. The provisions of the Pensions Acts enacted between 1915 and 1918 were as binding in Ireland as in any other part of the British Isles. On that basis the archives of County Councils provided a significant portion of the story of the War Pension Committees that were formed throughout the country. The early administration of the committees was hampered by a lack of clear instruction as to their precise function and especially their sources of funding. The establishment of the Ministry of Pensions did much to alleviate these problems by centralizing responsibility and decision-making in a government department, headed by one person. Among the more important decisions taken soon after was the inclusion of disabled veterans and service widows on to the War Pension Committees from December 1917. However, the Ministry found itself very much reacting to events rather than controlling them in their attempts to cope with the ever-increasing casualties and discharged service personnel. As if this were not enough to manage, there were severe financial restrictions imposed by the Treasury as the costs of all aspects of the conflict escalated.

By the end of the war there was substantial progress in how the Ministry was run, but it was far from perfect. The application of later Pension legislation was

discussed in Chapter 2, as the Ministry of Pensions became more proactive in its attempts were made to make the pensions process and administrative procedures more efficient. At this point, the change in the political environment in Ireland began to have a detrimental effect on some War Pension Committees as Nationalist-controlled County Councils demonstrated their opposition to British rule in Ireland. In mainland Britain there was also a degree of disengagement among the volunteers needed to keep War Pension Committees operating as many considered that with the war over, their patriotic duty was done. However, as many sick and injured service personnel found out to their cost, suffering did not end with the signing of a peace treaty. Because of the nature of the conflict, the types of wounds suffered by soldiers or the sorts of diseases acquired often needed intensive long-term treatment. Despite the disengagement of many Irish Local Authorities, no evidence has been found that they actively hindered the work of their Local War Pension Committees. An increase in the power of the Minister to appoint or dismiss committee members did much to mitigate this situation. Changes in legislation were also introduced to finalize many disability pensions that had been, up to that point of a temporary nature.

The training and future employment of disabled veterans had been intended to be included in the work of War Pension Committees from the outset, but due to the unprecedented level of work, this task had been very much neglected by the Ministry of Pensions. Much of the progress in this field was as a result of the efforts of private charities and philanthropic individuals. Chapter 3 looked at how the task of training and re-employment for ex-servicemen in Ireland including disabled was given to the Ministry of Labour. The Irish Department of this Ministry was provided with hopelessly inadequate resources but, led by Gordon Campbell, it tried to address the situation. Helped by individuals such as Major Laurence Roche, superintendent of the Tipperary Government Instructional Factory, some progress was made, and every man who was helped to get a job could be considered a success. However, in the economic and security climate prevailing in Ireland, it was an insurmountable task and no matter how well-intended, it was never enough.

Chapter 4 shows how after the foundation of the Irish Free State there was a concerted effort to provide a continuity of support for ex-servicemen in the changed political circumstances. Three features of the support given to ex-service personnel in the Free State were examined. First was that provided by the Ministry of Pensions as it continued to meet its Imperial Obligation to disabled Great War veterans in the Free

State. The twenty-six counties were divided into five areas with a Local Advisory Committee established in each one.⁷⁴¹ In effect, these committees replaced the War Pension Committees that had been disbanded in December 1922. In the selection of committee members care was taken to ensure that there was a high proportion of individuals who had experience with either War Pension Committees or other charitable organizations providing help to ex-servicemen or their families. In addition to pension applications and appeals, the Advisory Committees considered applications for financial aid from veterans, both able-bodied and disabled, from the several schemes available. The chapter also outlined the contribution made by politicians in the Free State, some of whom were veterans themselves. It was significant that at no time did any of the leading members of this group, such as W.A. Redmond or Bryan Cooper, express anything but loyalty to the new Free State. The establishment of a committee of enquiry by the Free State government in late 1927 came about as a result of lobbying by these, and other, politicians.⁷⁴² The committee's report seems to have been an object lesson in activity for the sake of activity. It was not contentious or judgmental in any way, rather it was informational, and it placed the issues of concern to veterans in the Irish Free State back in the hands of the British government. Perhaps this was all that might be expected from a government whose 'policy is to ignore, minimize and slight such remnants of British suzerainty as still remain in the 26 counties'.⁷⁴³

The last part of this chapter was devoted to the organization of representative associations by ex-servicemen. Overall, they were not so much concerned with politics, but rather with the welfare of their members, many of whom were aggrieved by what they saw as penny-pinching by Britain and discrimination by the Free State. It is worth noting that the only overtly political group, the Irish Nationalist Veterans' Association, was one of the first groups to fail. There were several different representative groups in the years after the war, but the successful ones tended to fall into two main categories. One type was organized from the bottom up, that is by men of lower rank who saw that there was a better chance of achieving their goals by being organized than by being individuals. The other kind was organized from the top down. That is, these groups tended to be organized and led by ex-officers. It was the

⁷⁴¹ See Figure 2.

⁷⁴² *Report of the Committee on Claims of British Ex-servicemen* (Dublin, 1929).

⁷⁴³ Correspondence from DCMS Dublin to Ministry of Pensions, London dated 2 July 1935 (NAUK, Pensions Appeals Tribunal Irish Republic 1935-39, PIN-2957).

latter type of group that proved to have the greatest success. There are many explanations why this was so, but as ex-officers were generally from a higher social class, they often had more resources, including better education, to devote to their causes. They also tended to move in the same social circles as politicians, senior civil servants and even royalty. Finally, there was the matter of the comradeship of the trenches. If a man could be trusted to lead in war, then he could be trusted to do the same in civilian life. The Royal British Legion emerged as the main representative organization for ex-service personnel. The organization achieved a membership high of 400,00 across the British Isles in 1938, which represented 20% of surviving veterans at that time.⁷⁴⁴ Despite its apparent popularity, by default this also means that fully 1.6 million surviving veterans chose not to be members. Why this was so, is worthy of a study of its own. It has not been possible to estimate the number of veterans in the twenty-six counties who were members of the 110 branches Legion spread across the state at that time because of the dearth of information available and the refusal of the organisation to engage with this project.⁷⁴⁵

The medical services retained by the Ministry of Pensions in southern Ireland and the Free State were the subject of Chapter 5. The service was of a three-tiered nature consisting of treatment by a General Practitioner (GP), attendance at a Ministry approved clinic, or as in-patients in a Ministry or a Ministry approved hospital. GP services were the Ministry's least favored method of treatment for disabled veterans in Ireland because of the relatively high cost compared to mainland Britain. Measures were put in train to remedy this cost overrun, but the service was never eliminated. Rather, it was considered the price necessary to provide the same level of care to disabled ex-servicemen in the Irish Free State as was available to those in Britain. For more complex treatment, attendance at a Ministry-run clinic was the next preferred step. Several were situated around the country but in the case of more exotic or specialized treatment, attendance at a civilian hospital could be sanctioned in advance of an appointment. As with the GP scheme, costs were a matter for concern to the Ministry, but this did not necessarily prevent treatment.

⁷⁴⁴ John Horne, 'The Living' in Jay Winter (ed.), *The Cambridge history of the First World War, Volume III Civil Society* (Cambridge, 2014), p. 602.

⁷⁴⁵ Captain D.D. Sheehan (ed.), *British Legion Irish Free State, souvenir of ten years of progress 1925-1935* (Dublin, 1935) p. 29 (NLI, LO 8942) & E-mail correspondence with Royal British Legion on 14 April 2015, 3 July, 6 July 2015.

A large part of the chapter examined the two Ministry hospitals retained in the Free State, at Blackrock and Leopardstown Park. The former was a specialist orthopaedic hospital first established by the Red Cross, that at its busiest could accommodate 500 patients. The latter was originally a neurasthenic hospital that eventually catered for all types of patients. The hospitals were looked at in detail for two reasons. One was to illustrate the scale of the work involved in the treatment of large numbers of ex-servicemen in the post war years. The other was to again illustrate the continued commitment of the Ministry of Pensions and, by extension, the British government, to meet its obligations in respect of disabled Irish veterans of the First World War. While these hospitals were located just outside Dublin, the disabled veterans in the southern part of the Free State were not neglected. The Shanakiel Hospital in Cork was engaged for many years on a contractual basis to provide beds for veterans from that part of the country. Unfortunately, sources for this aspect of the later lives and medical needs of disabled veterans are exceedingly sparse.

The final part of work was presented in Chapter 6, and this perhaps can be regarded as the most important section. Hospital Admission and Discharge Books for Blackrock and Leopardstown Park were discovered in recent years. They record disabled ex-servicemen and women that were admitted to the two hospitals over several extended periods. The longest time frame covered are the three volumes from Leopardstown Park that stretch from August 1930 to July 1945. All told there are nearly 5,000 entries recorded and they enabled an extensive statistical analysis to be completed. Some of the more interesting results show that the overall pattern of wounds to disease was not dissimilar to that shown in the annual reports from the Ministry of Pensions. By looking at the nature of the wounds treated it was possible to determine that the likelihood of surviving abdominal wounds was low. Only head wounds had a lower survival rate. Arm and leg wounds were presented in almost 75% of patients seen in the two hospitals. A second surprising feature was the number of long-stay patients at the hospitals. There were no less than 1,104 occasions when patients stayed in hospital for 100 or more days.⁷⁴⁶ Of these over 62% were suffering from a disease of some type, which again is very much in line with the pension statistics from the Ministry's annual reports. The longest single stay in hospital was by a neurasthenic patient that lasted almost twelve years. The most

⁷⁴⁶ See Appendix 6.1.

startling discovery was that from 1930 to 1945, bronchitis and associated pulmonary disorders were the most frequent diseases treated by Leopardstown Park Hospital. In many cases exposure to gas was considered a contributing factor. Evidence from wartime and post-war reports is both extensive and contradictory on the long-term effects of gas or the quantity needed to trigger a serious reaction. Granted, that many veterans may have had general poor health and nutrition, but as more recent studies of other noxious substances have found, the time between exposure and the onset of symptoms can often be great. In the absence of individual medical files and suitable pathology, it remains a theory but one that is based on the statistical analysis of a sizeable study group.

This thesis set out to look at aspects of the later lives of the disabled veterans of the First World War in southern Ireland and the Irish Free State. Notably whether disabled veterans of the war in the twenty-six counties continued to benefit from the pensions and medical care available to veterans in mainland Britain. The answers to the research questions were in the affirmative. Disabled Great War veterans were not forgotten, but received pensions and medical care that was equivalent to all British veterans. However, as some questions were answered, others arose. Foremost among them are that the widows, families and other dependents of Great War veterans are worthy of further research, as are the attitudes and policies of national and local government towards this significant but forgotten section of the population. The same questions are entirely relevant to the disabled veterans community in the six Ulster counties that remained in the United Kingdom. When this is complete, it might be possible to present a complete picture of the Irish involvement in the First World War.



**Disabled Veterans of the First World War in Ireland
1914-1945**

By

Anthony Farrell

THESIS FOR THE DEGREE OF PhD
DEPARTMENT OF HISTORY
MAYNOOTH UNIVERSITY

HEAD OF DEPARTMENT: Professor Filipe Ribeiro de Meneses

Supervisors of Research: Doctor John Paul Newman
and
Professor Filipe Ribeiro de Meneses

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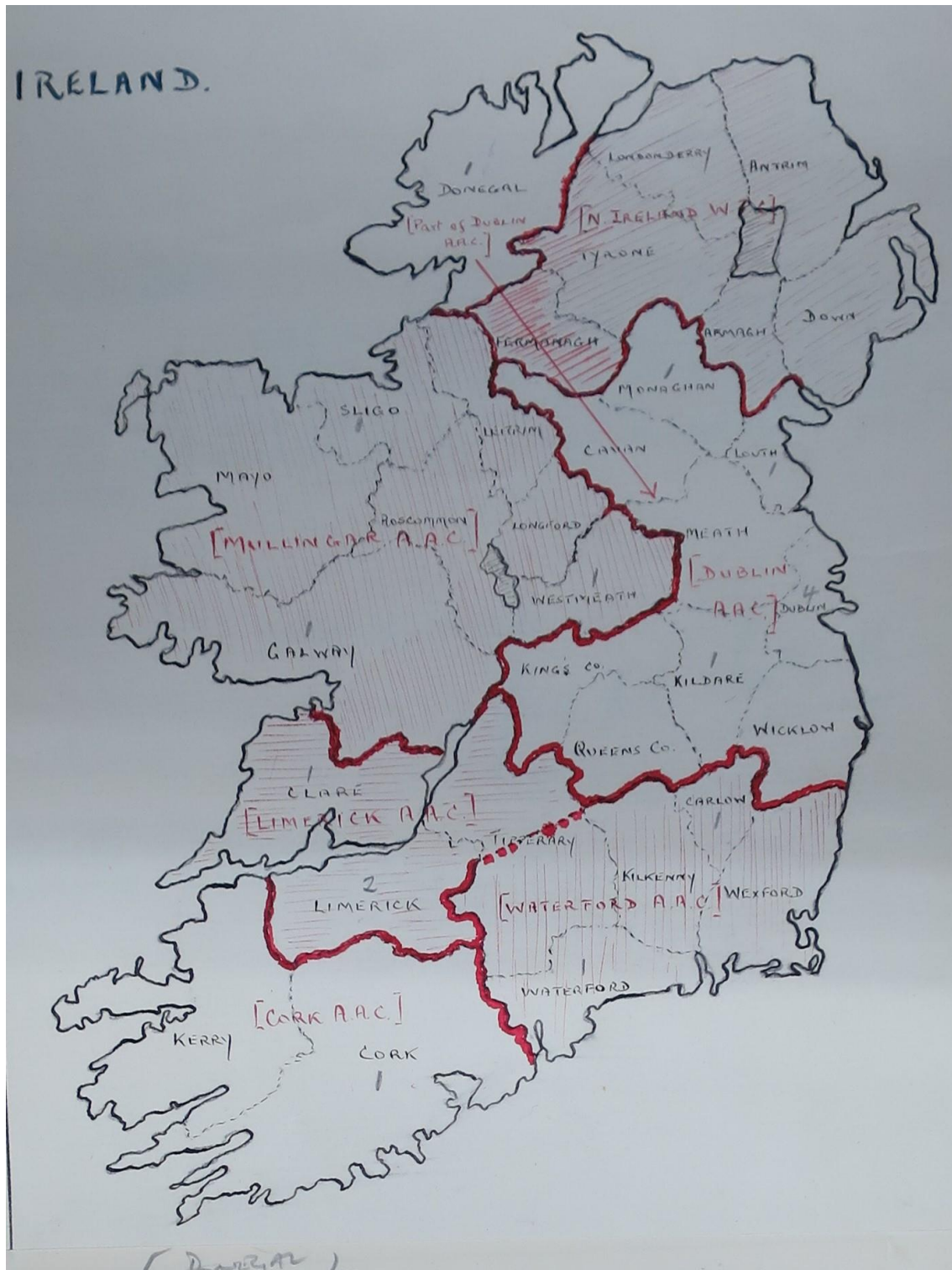
Comparison of deaths recorded in Ministry of Pensions Hospitals in Dublin against Death Certificates 1921-1945.

Figure 1



Memorial to service personnel from Longford killed in the Great War, Market Square, Longford town (Author's photograph, 29 October 2015).

Figure 2



Map of Ireland detailing counties making up Area Advisory Committees in Irish Free State, Ministry of Pensions memo dated 17 June 1936 (NAUK, Area Advisory Committee Irish Free State, PIN 56-15).

Appendix 1.1

Composition of Statutory Committee of the Royal Patriotic Fund Corporation as first proposed in parliament 6 July 1915.

Ten appointed by the His Majesty (one to be chairman and one vice-chairman and not less than two women)

One appointed by the Treasury

One appointed by the Admiralty

One appointed by the Army Council

One appointed by the Local Government Board

One appointed by the Local Government Board for Scotland

One appointed by the Local Government Board for Ireland

Six appointed by the General Council of the Corporation (not less than two women)

Two appointed by the Governing Body of the National Relief Fund

Two appointed by the Soldiers' and Sailors' Families Association

Six appointed by the General Council of the Corporation (not less than two women)

Hansard, HC 06 July 1915 vol 73 c212.

Appendix 1.2

Composition of Statutory Committee of the Royal Patriotic Fund Corporation as authorized by The Naval and Military War Pensions, &c., Act 1915.

Twelve appointed by the King (one to be chairman and one vice-chairman, some to be women and not less than two to be representatives of labour)

One appointed by the Treasury

One appointed by the Admiralty

One appointed by the Army Council

One appointed by the National Health Insurance Joint Committee

One appointed by the Local Government Board

One appointed by the Local Government Board for Scotland

One appointed by the Local Government Board for Ireland

Two appointed by the Soldiers and Sailors Families Association

Six appointed by the General Council of the Royal Patriotic Fund Corporation (some to be women)

The Naval and Military War Pensions, &c., Act 1915, Para 1

Appendix 1.3

Persons appointed as members of the Local War Pensions Committee for County Carlow under the provisions of the Naval and Military War Pensions &c Act 1915 at the council meeting held on 29 Feb 1916.

Revd Ambrose Lynan Adm Revd S. Ridgeway Revd. P. Gorry P.P.	As representing County Agriculture and Technical Instruction Committee
Lord Rathdonnell H.M.L. D.F. Bagenal	As representing the Army
Captain Forbes	As representing the Navy
Mr. James Breen Mr. William Purcell	As representing Labour Interests
Mrs. O'Donnell	As representing Women's National Health Organisation
Mrs Connellan	As representing Soldiers and Sailors Families Association
Miss Pack Beresford	As representing Soldiers and Sailors Families Help Society
Miss Alexander Miss Norton	As representing Red Cross Society
Michael Governey Michael Molloy M.P. Patrick J. Kinsella Edward P. Hughes Charles F. McNally Patrick Hanlon Right Honourable Walter Kavanagh	As representing County Council

Carlow County Council Minutes 29 February 1916.

Appendix 1.4

Composition of the Local War Pensions Committee for King's County under the provisions of the Naval and Military War Pensions &c Act 1915 at the council meeting held on 27 March 1916.

Constitution of Local Committee.

The total number of Members of the Committee shall be 44, and of this number not less than 4 shall be representatives of labour, and not less than 8 shall be persons who have within the area, either as Members of the Soldiers' and Sailors' Families Association, or the Soldiers' and Sailors' Help Society. Or otherwise, been performing functions similar to those to be performed by the Local Committees under the Act.

Schedule – Part I.

County Council to appoint 7 Members	7
Each Branch of the Ancient Order of Hibernians to nominate one Member	3
Irish National Foresters	1
Kings' County Insurance Society	5
Young Men's Christian Association (Birr)	1
Catholic Young Men's Society (Birr)	1
Land and Labour Association	1
Trade and Labour Association (Tullamore)	1
Employers of Labour	1
Women's National Health Association (Tullamore)	1
Portarlinton Jubilee Nursing Association	1
Birr Jubilee Nursing Association	1

Part II

Soldiers' and Sailors' Families Association.	
Each Branch, 2	6
King's County War Relief Committee	4
Soldiers' and Sailors' Help Committee	1
The Committee, as constituted above, to have power to nominate 6 Members.	

King's County (Offaly) Council Minutes 27 March 1916.

Appendix 2.1

Grade of Disablement, Specific Injuries and Percentage Disability for Officers, Non-commissioned officers and Men

War Pensions (Final Awards) Regulations, 1922		
Table A (Regulation 9) Officers, Non-commissioned officers and Men		
Note: In the case of left-handed men, certified to be such, the compensation under the following tables in respect of the left arm, hand, &c., will be the same as for a right arm, hand, &c., and vice versa.		
Grade of Disablement	Specific Injury	Degree of Disablement
1	Loss of two or more limbs Loss of an arm and an eye Loss of a leg and an eye Loss of both hands or all fingers and thumbs Loss of both feet Loss of a hand and a foot Total loss of sight Total paralysis Lunacy Wounds, injuries or disease resulting in disabled man being permanently bedridden Wounds of or injuries to internal, thoracic, or abdominal organs involving total permanent disabling effects Wounds or injuries to head or brain involving total permanent disabling effects, or Jacksonian epilepsy Very severe facial disfigurement Advanced cases of incurable disease	100%
2	Amputation of right arm through shoulder	90%
3	Amputation of leg at hip or below hip with stump not exceeding 5 inches in length measured from tip of great trochanter; of right arm, below shoulder with stump not exceeding 6 inches measured from tip of acromion; or of left arm through shoulder Severe facial disfigurement Total loss of speech Lisfranc operation both feet	80%
4	Amputation of leg below hip with stump exceeding 5 inches in length measured from tip of great trochanter, but not below middle thigh; of left arm below shoulder with stump not exceeding 6 inches measured from tip of acromion; or of right arm below shoulder with stump exceeding 6 inches measured from tip of acromion, through elbow, or below elbow with stump exceeding 5 inches measured from tip of olecranon Total deafness	70%

5	Amputation of leg below middle thigh, through knee, or below knee with stump not exceeding 4 inches; of left arm below shoulder with stump exceeding 6 inches measured from tip of acromion, through elbow, or below elbow with stump not exceeding 5 inches measured from tip of olecranon; or right arm below elbow with stump exceeding 5 inches measured from tip of olecranon	60%
6	Amputation of leg below knee with stump exceeding 4 inches; or of left arm below elbow with stump exceeding 5 inches measured from tip of olecranon	50%
7	Loss of thumb or of 4 fingers of right hand Lisfranc operation, 1 foot Loss of all toes of both feet above knuckle	40%
8	Loss of thumb or of 4 fingers of left hand, or of three fingers of right hand	30%
9	Loss of two fingers of either hand Loss of all toes of one foot above knuckle Loss of all toes of both feet at or below knuckle	20%

Notes on war pensions issued by the Ministry of Pensions for the guidance of War Pensions Committees established under Section 1 of the War Pensions Act, 1921, pp 105-6 (NLI).

Appendix 2.2

Representative Basic Weekly Disability Pensions for Three Grades of Enlisted Men

Disability	Year	Sergeant Major	Sergeant	Private
100%	1918	42s 6d	32s 6d	27s 6d
	1919	60s 0d	46s 8d	40s 0d
90%	1918	38s 3d	29s 3d	24s 9d
	1919	54s 0d	42s 0d	36s 0d
80%	1918	34s 0d	26s 0d	22s 0d
	1919	48s 0d	37s 4d	32s 0d
70%	1918	29s 9d	22s 9d	19s 3d
	1919	42s 0d	32s 8d	28s 0d
60%	1918	25s 6d	19s 6d	16s 6d
	1919	36s 0d	28s 0d	24s 0d
50%	1918	21s 3d	16s 3d	13s 9d
	1919	30s 0d	23s 4d	20s 0d
40%	1918	17s 0d	13s 0d	11s 0d
	1919	24s 0d	18s 8d	16s 0d
30%	1918	12s 9d	9s 9d	8s 3d
	1919	18s 0d	14s 0d	12s 0d
20%	1918	8s 6d	6s 6d	5s 6d
	1919	12s 0d	9s 4d	8s 0d

Figures for 1918 taken from John Galsworthy (ed.) Reveille No. 3 (February 1919), p. 520 & Figures for 1919 taken from Notes on war pensions issued by the Ministry of Pensions for the guidance of War Pensions Committees established under Section 1 of the War Pensions Act, 1921 (London, 1923), p.71.

In addition to the basic disability pension, a veteran might also be entitled to increments if married, if the parent of children under sixteen years old, or with other dependants who relied on that veteran's income as their sole support. In addition, a veteran might be eligible for a service pension for long service or an annual gratuity that accompanied some bravery awards.

Appendix 2.3

Actual and Estimated Annual Expenditure on Great War Pensioners in Eire 1928 to 1965

Actual expenditure		Estimated expenditure	
<u>Year</u>	<u>Amount in £</u>	<u>Year</u>	<u>Amount in £</u>
1928	2,080,000	1938	1,337,000
1929	2,010,000	1939	1,339,000
1930	1,915,000	1940	1,302,000
1931	1,820,000	1945	1,302,000
1932	1,715,000	1950	1,120,000
1933	1,630,000	1955	749,000
1934	1,545,000	1960	549,500
1935	1,495,000	1965	353,500
1936	1,455,000		
1937	1,436,000		

Correspondence from Ministry of Pensions to Dominions Office 15 January 1938
(NAUK, Liability for payment of pensions to ex-servicemen in Eire 1937-38, DO35-895-11).

Appendix 2.4

Composition of Carlow County Council Local War Pensions Committee in 1916 and following re-organisation in 1919

29 February 1916	18 November 1919	Organisation Represented
Lord Rathdonnell	Lord Rathdonnell	Army
D.F. Bagenal	D.F. Bagenal	Army
Michael Molloy M.P.	Michael Molloy	Carlow County Council
Walter Kavanagh P.C.	Rt. Hon. W. Kavanagh	Carlow County Council
Matthew Kavanagh		Carlow County Council
Nicholas P. Roche		Carlow County Council
Patrick J. Kinsella J.P.		Carlow County Council
Charles F. McNally J.P.		Carlow County Council
Captain Forbes	Capt Forbes	Navy
Revd. A. Lynam	Revd. A. Lynam	County Agricultural and Technical Committee
Revd. Canon S. Ridgeway	Revd. Canon S.	County Agricultural and Technical Committee
Revd. P. Gorry P.P.		County Agricultural and Technical Committee
	Col. Browne-Clayton	Employers
Michael Governey		Ancient Order of Hibernians
	James J. Dunphy	Ancient Order of Hibernians
	N.P. Roche	Ancient Order of Hibernians
	Mat. Kavanagh	Ancient Order of Hibernians
Mrs O'Donnell		Women's National Health Organisation
	Miss Alexander	Women's National Health Association
Mrs Connellan	Mrs Connellan	Soldiers and Sailors Families Association
Miss Norton	Mrs Norton	Red Cross
	Mrs Adair	Red Cross
	Mrs Mary Francis	Widows and Dependants
Miss Pack Beresford	Miss Pack Beresford	Soldiers and Sailors Help
William Purcell	William Purcell	Irish National Foresters Benefit Society
	John Connolly	Disabled Soldiers
	Peter Bigley	Disabled Soldiers
	Thomas J. Walker	Disabled Soldiers
James Breen	Gerald Donnelly	County Insurances

Carlow County Council minutes 29 February 1916& 18 November 1919.

Appendix 3.1

Courses of training under Ministry of Pensions supervision, February 1919

Location	Occupation	Location
Dublin	Care of horses	Riding Academy
	Optical instruments	Sir Howard Grubb & Sons
	Motor mechanics	Technical school
	Artificial limbs & surgical boots	Messrs. Smith & Sheppard
	Carpentry	Disabled soldier's workshops
	Clerical	Ross's college
	Cutlery repair	Messrs. Thoman, Read & Co.
	Hotel assistants	Various hotels
	Tailor's cutters	Messrs. Horan's workshops
	Watch & clock jobbing	Messrs. West, Weir, & Chancellor & Sons
	Forestry	Dept of Agriculture & Technical Instruction for Ireland
	Rough gardening	Albert Agricultural College, Glasnevin
	Basket making	
	Furniture making	Soldiers' & Sailors' Help Society
	Toy making	
	Basket making	Leopardstown Park
Co. Dublin	Poultry farming	Mr. Pike Cloghan
	Artificial flower making	
King's Co.	Toy making	Messrs. Aylesbury, Edenderry
	Brush making	
Wexford	Boot & shoe repairing	Enniscorthy Co-operative Agricultural Society
	Harness & saddlery repair	
Kildare	Motor tractor work	Joseph Millne, Kilgowan & The North Kildare Farming Society, Naas
Cork	Gardening	
	Tool & implement handle making	Castle Martyr, Co. Cork
	Boot repairing	
Tipperary	Boot & shoe making	
	Harness repairing	
	Basket making	Training Centre in Tipperary
	Commercial	
	Agricultural engineering	
Waterford	Commercial	
	Basket & hamper making	Technical Institute, Waterford
	Jewellery & enamelling	
	Repoussé metal & bent iron work	
Wicklow	Gardening	Kilruddery, Bray & Powerscourt Castle, Enniskerry
Limerick	Basket & willow work	Limerick Basket Co.

John Galsworthy (ed.), Reveille No. 3 (February 1919) pp 548-9.

Appendix 3.2

Ministry of Labour approved list of numbers of men in training on 26 November 1919

Artificial limb making	2	Motor engineering	17
Agriculture	1	Mattress making	1
Agricultural engineering	1	Magneto & accumulator repairing	1
Boot & shoe repair	141	Motor salesman	1
Basket making	37	Music	1
Butcher salesman	1	Navigation	1
Blacksmith	1	Optical	1
Brass finishing	1	Photography	4
Building trades	1	Poultry farming	10
Commercial	177	Pensions	2
Printing	1	Photo engraving	1
Cinema	1	Plumbing	2
Cooking	1	Printing	1
Dental mechanics	12	Switchboard operator	1
Draughtsmanship	2	Toy making	10
Dairy farming	1	Trunk making	4
Dyeing	1	Tailoring	14
Electrical	1	Tinsmith	1
Engraving	1	Travelling	1
Furniture & cabinet making	10	Upholstering	1
French polishing	1	Vulcanising	1
Gardening	19	Wood carving	1
Grocery salesman	2	Wireless	57
Gold embroidery work	17	Watch making	3
Joinery	21	Hand loom weaving	15
Saddlery & harness making	15	Jewellery	1
Hairdressing	7	Motor (Driving & running repairs, agricultural traction)	105
Lip reading	1		

Report on industrial training of disabled ex-service men in Ireland (NAUK, LAB2-522-TDS3949-2-1919 Treasury Sanction to Set Up Training Schemes in Ireland for Ex-servicemen 1919).

Appendix 3.3

Funds allocated to Local Authorities by Ministry of Labour for roadwork schemes from January 1917 to February 1920

<u>County Councils</u>	<u>Grants Indicated £</u>	<u>Grants Made £</u>
Antrim	40,750	40,750
Armagh	18,500	16,930
Carlow	2,000	2,000
Cavan	11,618	11,618
Clare	13,360	-
Cork	36,550	36,550
Donegal	12,300	-
Down	45,079	45,000
Dublin	38,032	36,032
Fermanagh	12,144	12,144
Galway	15,375	-
Kerry	-	-
Kildare	7,300	7,300
Kilkenny	9,966	9,966
Kings	9,180	9,180
Leitrim	6,976	6,976
Limerick	25,000	-
Londonderry	15,940	13,518
Longford	5,040	5,040
Louth	6,360	6,360
Mayo	12,074	12,074
Meath	12,503	10,540
Monaghan	12,000	12,000
Queens	9,000	9,000
Roscommon	6,000	6,000
Sligo	3,000	-
Tipperary North	12,000	-
Tipperary South	7,370	7,370
Tyrone	13,100	11,600
Waterford	9,050	9,000
Westmeath	5,192	3,420
Wexford	16,600	16,600
Wicklow	1,007	-
Total	450,366	356,968
<u>County Boroughs</u>	<u>Grants Indicated £</u>	<u>Grants Made £</u>
Belfast	19,500	12,000
Cork	2,000	2,000
Dublin	36,602	36,602
Limerick	2,400	2,400
Londonderry	1,750	-
Waterford	1,800	-
Total	64,052	53,002
Grand Total	514,418	409,970

Letter from Ministry of Transport to Ministry of Labour dated 1 March 1920 (NAUK, Correspondence with Irish Department regarding position of Ex-servicemen in Ireland 1920, LAB2-747-ED106-16-1920).

Appendix 3.4

Work schemes for ex-British servicemen approved for joint financing by British Treasury and Free State Ministry of Finance May 1922

Local Authority	Grant	Expenditure	Balance
Sligo Harbour Commissioners	£5,000	£796	£4,204
Fermoy Urban District Council	£2,700	£2075	£625
Galway County Council	£600	£160	£440
Kilkenny County Council	£2,500	£354	£2146
Longford Urban District Council	£2,000	£1567	£433
Sligo Corporation	£1,800	£1347	£453
Kerry County Council	£5,500	£5080	£420
King's County County Council	£1,300	£1034	£266
<u>Totals</u>	£21,400	£12,413	£8,987

Approval was given by the Treasury to forward not more than £4,500 to the Ministry of Finance in Dublin on receipt of certification of works as payment for the British half of the remaining costs.

Correspondence from Ministry of Finance, Irish Provisional Government to Treasury Assistant Secretary, London dated 6 May 1922 (NAUK, Works for the Benefit of Ex-Servicemen Irish Free State, T160-127-5).

Appendix 3.5

Number of disabled ex-servicemen in training on 11 November, 1922

Tipperary G.I.F.	147
Seven institutions [Unnamed in file]	108
Employers	425
Total	680

Number of disabled ex-servicemen in training as of 17 December 1923

Tipperary G.I.F.	182
Clonmel Technical Institute	54
Kearney & Co.	15
Bonsers Commercial College	3
Ministry of Labour training centre, Hume Street, Dublin (Boot & Shoe)	30
Ministry of Labour training centre, Merrion Street, Dublin (Watch & Clock)	18
Employers Workshops	258
Total	560

Expected additions 1 January to 31 March 1924

Tipperary G.I.F.	90
Clonmel Technical Institute	40
Kearney & Co	40
Dublin (Boot & Shoe)	10
Employers Workshops	10
Total	190

Expected additions Financial year 1924/5

Tipperary G.I.F.	150
Clonmel Technical Institute	40
Kearney & Co	20
Dublin (Boot & Shoe)	20
Employers Workshops	360
Total	590

Ministry of Labour finance inspection dated 9 January 1923 (NAUK, Industrial training matters in Southern Ireland 1923, LAB2-1554-1-F7062-1922). It was noted during this inspection that there were five disabled nurses and eighty scholarship students availing of further education schemes. A training finance report in southern Ireland dated December 1922 gives the total number of disabled men placed in Employers Workshops as 425 divided among a total 409 employers. This gives a clear indication of the small scale of many training schemes.

Appendix 3.6

Civil Liabilities applications Mullingar and District July 1924

Reason	Amount requested	Decision
Purchase motor car	£130	Referred for Ministry decision
Basket making business	£50	Approved
Purchase house boat	£75	Approved
Build a house	£100	To be investigated
Saddler & Harness business	£62	£40 approved
Saddlery business	£95	To be investigated
Blacksmith business	£100	Approved
Cabinet making business	£60	£40 approved

Civil Liabilities applications Mullingar and District March 1928

Reason	Amount requested	Decision
Carpentry business	£35	Approved
Not specified	Unknown	Not approved
Boot & shoe repair	£35	To be investigated
Purchase motor lorry	£135	Not approved
Calf dealer	£80	Not approved
Rural carpenter	£70	Approved
Bakery business	£80	Not approved
Extend existing business	£30	£20 approved
Pig dealer	£50	Not approved, £60 already received
Fowl & egg dealer	£80	Not approved
Boot & shoe repair	£45	£25 approved
Boot & shoe trade	£66	£45 approved
Purchase horse, cart & harness	£80	Not approved
Purchase donkey cart & harness	£50	Not approved

Mullingar and District Area Advisory Committee minutes dated 24 March 1924 and 21 July 1924 (NLI, O'Hara Papers, MS36,447-2 1923-4).

Appendix 4.1

Members for Dublin Area 1923-1936

Name	County or Organisation	Date From	Member of WPC & date
Michael J. Hennon Esq.	Disabled men	Proposed December 1923	
Major H.E. Cheeseman	Disabled men	Proposed December 1923	
T. Croke Esq.	Disabled men	24 July 1925	
Major J.J. Tynan	Disabled men	10 February 1926	
Mrs L. Craddock	Widows & Dependants	Proposed December 1923	
Mrs E.A. Fitzgibbon	Widows & Dependants	18 July 1924	
Sir John Lumsden	British Red Cross	5 January 1924	
A.W.Brewin		6 May 1931	
E.L. Phillips Esq.	British Red Cross	13 January 1926	
Major H.J. Nolan-Ferrall	British Red Cross	29 August 1930	
Miss C. Sullivan	Soldiers' & Sailors Help Society	5 January 1924	Dublin Municipal 5 July 1920
Walter Sexton Esq.	Dublin City	5 January 1924 Chairman	Dublin Municipal 19 April 1920
Sir Henry McLaughlin	Dublin County	Proposed December 1923	Dublin Municipal 19 April 1920
C. Nolan-Ferrall Esq.	Dublin County	5 January 1924	Dublin Municipal 19 June 1922
Mrs M. Wilson	Donegal	5 January 1924	
Miss A. Godley	Cavan	5 January 1924	
Major E.J. Richardson	Monaghan	5 January 1924	
Miss A.E. Dennis	Kildare & Wicklow	5 January 1924	Wicklow 14 August 1916
Lady Everard	Meath & Louth	5 January 1924	
J. Cruise Esq.	King's & Queen's	5 January 1924	King's Co. 25 August 1916

Correspondence from Ministry of Pensions, London to Ministry of Pensions, Dublin dated between 20 December 1923 and 1 January 1924 (NAUK, Area Advisory Committee Irish Free State, PIN 56-14), Dublin Municipal Council minutes 19 April & 5 July 1920, 19 June 1922, Wicklow County Council minutes 14 August 1916, King's County minutes 256 August 1916.

Appendix 4.1 contd.

<u>Members for Cork Area 1923-1936</u>			Member of WPC & date
Name	County or Organisation	Date Appointed	
Major F. Bruce	Disabled men	Proposed December 1923	
J. Barrett Esq.	Disabled men	5 January 1924	
Lt Col H.W. Beecher	Disabled men	10 February 1927	
Mrs F. Coughlan	Widows & Dependants	5 January 1924	
Mrs Charles Beale	British Red Cross	Proposed December 1923	
Mrs Mabel Murphy	British Red Cross	14 February 1929	
Miss M. Gubbins		7 February 1931	
Captain A.F. Penny	Soldiers' & Sailors Help Society	Proposed December 1923	
J.T. Mulligan Esq.	Soldiers' & Sailors Help Society	5 February 1926	
P. Bradley Esq.	Cork City	Proposed December 1923	
Miss F.F. Hall	Cork City	19 January 1929	
A.W. Rowland Esq.	Cork	Proposed December 1923	
The Ven. Archdeacon T. Courtney Abbott	Cork	Proposed December 1923 Chairman	
Rev. W.T.H. Pearson	Cork	19 January 1929	
Lt Col W.A.T. Somerville	Cork	9 March 1931	
Col Wm.C.W. Hawkes	Cork	10 January 1928	
Mrs M.C. Garde	Cork	30 January 1931	
Major F. Bruce	Cork	12 April 1924	
B. StJohn Galvin Esq.	Cork	28 February 1930	
Mrs R. Walsh	Cork	10 July 1931	
Captain A.H.C.C. Home R.N.	Cork	14 January 1926 Chairman	
Brooke W. Brasier T.D.	Cork	29 February 1932	
Col T.C.F. Somerville	Cork	27 May 1933	
J. McSweeney Esq.	Kerry	Proposed December 1923	
M. O'Connell Esq.	Kerry	Proposed December 1923	
Mrs K.M. Murray	Kerry	20 January 1926	

Lt Col The MacGillycuddy

Kerry

25 January 1929

Correspondence from Ministry of Pensions, London to Ministry of Pensions, Dublin dated between 20 December 1923 and 1 January 1924 (NAUK, Area Advisory Committee Irish Free State, PIN 56-14).

Appendix 4.1 contd.

Members for Limerick Area 1923-1936			
Name	County or Organisation	Date Appointed	Member of WPC & date
Richard Crotty Esq.	Disabled men	Proposed December 1923	Tipperary North 19 November 1919
A.P. Connolly	Disabled men	Proposed December 1923	
Captain J.O. Power	Disabled men	8 January 1927	
Major DeRos-Rose	Disabled men	11 May 1927	
Councillor P. Madigan	Disabled men	25 February 1930	
Captain E.R. Shaw	Disabled men	22 March 1932	
Mrs Connery	Widows & Dependants	Proposed December 1923	
Madame E.W. DeCourcy-O'Grady	Widows & Dependants	30 April 1930	
Miss B.M. Bruce M.B.E.	British Red Cross	5 January 1924	
Lady Nash O.B.E.	Soldiers' & Sailors Help Society	5 January 1924 Chairman	
Mrs A. Fitt M.B.E.	Limerick City	5 January 1924	
Mrs Abbott	Limerick County	5 January 1924	
Mrs Greene-Barry	Limerick County	Proposed December 1923	
Major J. Finch	Limerick County	25 April 1928	
M.L. Hegarty Esq.	Clare	5 January 1924	
Captain T. Corry	Clare	7 January 1931	
Mrs Vere-O'Brien	Clare	5 January 1924	
Major H. Lefroy	Tipperary North	5 January 1924	Tipperary North 19 November 1919
Captain B. Butler-Stoney	Tipperary North	28 February 1933	
E. Heaney Esq.	Tipperary North	5 January 1924	Tipperary North 24 March 1921

Correspondence from Ministry of Pensions, London to Ministry of Pensions, Dublin dated between 20 December 1923 and 1 January 1924 (NAUK, Area Advisory Committee Irish Free State, PIN 56-14), Tipperary North County Council minutes 19 November 1919 & 24 March 1921.

Appendix 4.1 contd.

Members for Mullingar Area 1923-1936		
Name	County or Organisation	Date Appointed
B.W. Bidgood Esq.	Disabled men	Proposed December 1923
W.J. Moore Esq	Disabled men	5 January 1924
Rev. J. Jackson	Disabled men	5 January 1925
Mrs M. Doherty	Widows & Dependants	Proposed December 1923
Mrs M. Macken	Widows & Dependants	15 April 1925
Major C.K. O'Hara	British Red Cross	8 January 1924
Mrs Featherstonhaugh O.B.E.	Soldiers' & Sailors Help Society	5 January 1924
John Garvey Esq.	Mayo	Proposed December 1923
G. O'Malley-Ormsby Esq.	Mayo	24 October 1925
J.S. Young Esq.	Galway	Proposed December 1923
Rev. T. Ormsby D.S.O.	Galway	23 February 1927
Major J.F. Murphy O.B.E.	Roscommon	5 January 1924
P.H. Brady Esq.	Roscommon	5 January 1925
Lady Crofton	Sligo	5 January 1924
A.A. Algeo Esq.	Leitrim	Proposed December 1923
T.W. Daly Esq.	Leitrim	5 January 1930
P.W. Shaw Esq. T.D.	Westmeath	5 January 1924 Chairman
William Balfe Esq.	Longford	Proposed December 1923
Rev. P. Poe	Longford	19 September 1924
Dr V.S. Daly	Longford	5 January 1930

Correspondence from Ministry of Pensions, London to Ministry of Pensions, Dublin dated between 20 December 1923 and 1 January 1924 (NAUK, Area Advisory Committee Irish Free State, PIN 56-14), Roscommon County Council minutes 27 September 1916, Sligo County Council minutes 20 March 1917.

Roscommon 27 September 1916

Sligo 20 March 1917

Appendix 4.1 contd.

Members for Waterford Area 1923-1936			
Name	County or Organisation	Date Appointed	Member of WPC & date
E. Murphy Esq.	Disabled men	Proposed December 1923	
J.H. O'Leary Esq.	Disabled men	5 January 1924	
M.G. Flynn Esq.	Disabled men	30 April 1929	
J. McDonnell Esq.	Disabled men	27 January 1931	
Mrs B.M. Spring	Widows & Dependants	Proposed December 1923	
Miss M.E. Spring	Widows & Dependants	1 October 1926	
General Browne-Clayton	British Red Cross	Proposed December 1923	
Mrs D.M. Price	British Red Cross	13 September 1927	
Miss J.M. Ryan	Soldiers' & Sailors Help Society	23 September 1929	
Mrs E. Shortis	Waterford City	Proposed December 1923 Chairman	
Captain J. Conway	Waterford City	16 June 1925 Chairman	
Mrs M. Gough-Dower O.B.E.	Waterford	17 March 1924	Waterford 25 November 1919
Sir Robert Paul	Waterford	25 October 1932	
Lady Fitzgerald	Wexford	5 January 1924	Wexford 11 February 1920
Mrs S. Stafford	Wexford	5 January 1924	Wexford 11 February 1920
Miss O'Connor	Wexford	10 February 1931	
J.R. Henchy Esq.	Kilkenny	5 January 1924	
Mrs C. Lambert	Kilkenny	17 October 1931	
J.J. Dunphy Esq.	Carlow	10 March 1927	
Mrs G. Connellan	Carlow	17 February 1931	Carlow 29 February 1916
Rev. W.H. Smith	Tipperary South	5 January 1924	
Captain P. Smith D.C.M.	Tipperary South	17 February 1931	

Correspondence from Ministry of Pensions, London to Ministry of Pensions, Dublin dated between 20 December 1923 and 1 January 1924 (NAUK, Area Advisory Committee Irish Free State, PIN 56-14), Carlow County Council minutes 29 February 1916, Waterford County Council minutes 25 November 1919, Wexford County Council minutes 11 February 1920.

Appendix 4.2

Composition of Irish Free State Advisory Council 21 October 1924

General Sir Charles Hickie	Legion of Irish Ex-servicemen
Sir Henry McLaughlin	Dublin Area Advisory Committee
Miss A.E. Dennis	Legion of Irish Ex-servicemen
Major Lefroy	Legion of Irish Ex-servicemen
T. Long Esq.	Cork Area Advisory Committee
J. McSweeney Esq.	Cork Area Advisory Committee
Lady A.K.M. Nash	Limerick Area Advisory Committee
Major C.K. O'Hara	Mullingar Area Advisory Committee
Major E.J. Richardson	Dublin Area Advisory Committee
W. Sexton	Ministry of Pensions Appointee
P.W. Shaw T.D.	Mullingar Area Advisory Committee
Mrs E. Shortis	Waterford Area Advisory Committee
Rev. W.H. Smith	Waterford Area Advisory Committee
Colonel J. Steele	Ministry of Pensions Appointee
W.P. Walker	Legion of Irish Ex-servicemen
J.S. Young	Ministry of Pensions Appointee

Minutes of inaugural meeting of Irish Free State Advisory Council on 21 October 1924 (NLI, O'Hara Papers, MS36,447-4 1923-4).

Appendix 4.3

Members of British War Pensions Advisory Committee from 1 January 1937

* denotes Chairman of disbanded Area Advisory Committee

	Representing	Date of first appointment	
		Dublin Area Advisory Committee	War Pension Committee
Walter Sexton Esq. *	Voluntary Associations	5 January 1924	Dublin Municipal 19 April 1920
Lt Col G.P. Morris Mrs E.A. Fitzgibbon	Disabled Men Widows & Dependants	18 July 1924	
Miss C. Sullivan	Soldiers' & Sailors Help Society	5 January 1924	Dublin Municipal 5 July 1920
Miss A. Godley	Cavan	5 January 1924	
	Representing	Cork Area Advisory Committee	War Pension Committee
Lt Col H.W. Beecher *	Disabled men	10 February 1927	
Mrs R. Walsh	Cork	10 July 1931	
J. Barrett Esq.	Disabled men	5 January 1924	
	Representing	Limerick Area Advisory Committee	War Pension Committee
Lady Nash O.B.E. *	Soldiers' & Sailors Help Society	5 January 1924	
Miss B.M. Bruce M.B.E. Captain T. Corry D.C.M.	British Red Cross Clare	5 January 1924	
	Representing	Mullingar Area Advisory Committee	War Pension Committee
P.W. Shaw Esq. T.D. *	Westmeath	5 January 1924	
Rev. J. Jackson	Disabled men	5 January 1925	
W.J. Moore Esq.	Disabled men	5 January 1924	
	Representing	Waterford Area Advisory Committee	War Pension Committee
Captain J. Conway *	Waterford City	16 June 1925	
Captain P. Smith D.C.M.	Tipperary South	17 February 1931	
Lady Fitzgerald	Wexford	5 January 1924	Wexford 11 February 1920

Minutes of inaugural meeting of Irish Free State Advisory Council on 21 October 1924 (NLI, O'Hara Papers, MS36,447-4 1923-4).

Appendix 4.4

Pension Appeal Cases Presented by British Legion in Irish Free State

Year	Presented	Allowed	Disallowed
1925	947	524	423
1926	908	481	427
1927	557	280	277
1928	537	226	311
1929	312	170	142
1930	239	116	123
1931	121	72	49
1932	73	33	40
1933	69	24	45
1934	40	17	23
1935	36	17	19
Total	3,839	1,960	1,879

Jobs created by Legion Employment Department and Branches

Year	Employment Department	Legion Branches	Total
1931	336	880	1,216
1932	744	1,160	1,904
1933	588	1,221	1,809
1934	485	2,419	2,904
1935	508	2,325	2,833
Total	2,661	8,005	10,666

Sheehan, Captain D.D. (ed.), British Legion Irish Free State, souvenir of ten years of progress 1925-1935 (Dublin, 1935) pp 57 & 61.

Appendix 5.1

The Consolidation of Medical Services 1962-1979

Leopardstown Park Hospital

During the early summer of 1962 there was a proposal that Leopardstown might extend its work to offer treatment to ex-British servicemen in southern Ireland not in receipt of disability pensions. There was also a suggestion that the hospital might be handed over to the Red Cross or even the southern Irish government.¹ During an inspection visit to the hospital Mr. Emery from the Ministry of Health which had had responsibility for Leopardstown since 1953,² met with the Irish Minister of Health and Social Welfare, Séan McEntee. Emery wrote that he let it be known that

At some time in the future we would have to consider the future of Leopardstown Park Hospital. To my surprise he said at once that he would be glad to have this hospital for his people and would be very willing to continue to treat our war pensioners there.³

This was the first movement in the transfer of Leopardstown Park to the control and ownership of the Irish government. Concerns were expressed that many of the patients were in need of long-term residential care due to their advancing age. There was also an opinion within the British Ministry of Health that Irish hospitals were under-resourced and that there was a great possibility that war pensioners would be discriminated against.⁴ Finally, there was the legacy of history, where there was a vocal minority of anti-British feeling in the country and that from the point of view of providing services for war pensioners, Ireland should be considered as a foreign country.⁵ Doubts continued to be raised in the Ministry of Health about levels of patient care should any handover occur. An opinion expressed was that

despite what has been said by several people, we have been assured, on our enquiries from time to time, that to hand over the British War Pensioner to Irish care would be to refer him to, at the best, an uninterested party, and to

¹ Ministry of Health memo dated 1 June 1962 (NAUK, Leopardstown Park and Shanakiel Hospitals, consideration of future, MH 150/109).

² Eoin Kinsella. *Leopardstown Park Hospital 1917-2017 A home for wounded soldiers* (Dublin, 2017), p. 119.

³ Ministry of Health letter dated 13 July 1962 (NAUK, Leopardstown Park and Shanakiel Hospitals, consideration of future, MH 150/109).

⁴ Note of meeting in Ministry of Health on 28 November 1963 (NAUK, Leopardstown Park and Shanakiel Hospitals, consideration of future, MH 150/109).

⁵ Extract from note of visit to Ireland dated 1-3 July 1963 (NAUK, Leopardstown Park and Shanakiel Hospitals, consideration of future, MH 150/109).

expose him to the effects of a still smouldering sense of resentment against anything British which remains in Eire (if they destroy Nelson's statue they would not presumably love someone who has fought for the "hated English").

At present both the Irish Hospital Service, General Practice and the Welfare Services - particularly in the remote areas - are insufficiently organised to cope with their own needs, let alone this unwanted addition.⁶

Whether this was the official Ministry policy or that of the author of the memo cannot be determined, but the opinions expressed in this passage reflect some of the recurring attitudes to be found in Anglo-Irish relations, not only in the 1960s, but also throughout the time since the emergence of southern Ireland as a separate country. In addition, it is a condemnation of the failure of successive Irish governments to provide an adequate modern health care system for their citizens in the first fifty years of its existence.

Despite all the misgivings, negotiations produced an agreement that ex-British service personnel would have priority of admission, a continued standard of care and the Ministry of Pensions would retain right of access to ex-service patients. The handover process was completed in 1979 and the work of Leopardstown Park Hospital on behalf of ex-British service personnel continues to this day.⁷

Shanakiel Hospital

Shanakiel hospital was subject to periodic visits by British elected representatives and government officials such as an inspection by the Minister of Pensions in September 1951⁸ or when the British Ambassador to the Irish Republic spent four days in the Munster area on an official fact finding mission in August 1960.⁹ It is from this last decade that information becomes more readily available as there was movement within British government circles to rationalise the medical and residential care provided for veterans of the Great War still living in the Irish Republic.

The move to consolidate the medical services in the twenty-six counties can be traced to a proposal by the Ministry of Pensions and National Insurance (the successor

⁶ Ministry of Health memo F/L9/22 dated November 1966 (NAUK, Leopardstown Park and Shanakiel Hospitals, consideration of future, MH 150/109).

⁷ Kinsella. *Leopardstown Park Hospital*, pp 134-8.

⁸ *Irish Examiner*, 18 September 1951.

⁹ *Irish Examiner*, 30 August 1960.

to the original Ministry of Pensions) to the Ministry of Health following their annual visit to Leopardstown and Shanakiel.¹⁰ A meeting of the two departments took place on 8 November 1962 in which the Ministry of Pensions representative expressed the view that 'his Ministry was naturally concerned with the welfare of all British war pensioners in Ireland and would not wish it to be said that the services were to be diminished. He thought we must accept that the tempo of work and conditions in Ireland were different from those existing here.'¹¹

This was a particularly enlightening extract that summarises the continuing doubts expressed by British officials as to the inadequacies of the Irish health service. It was generally accepted in London that as far as Southern Ireland was concerned 'The Irish hospital service as such was far from adequate and was under great pressure [...] that its local institutions are not yet - for one reason or another - developed to the same extent, its resources in trained personnel are more limited and perhaps its opportunities less attractive.'¹²

The same internal document pointed out that although the numbers of pensioners seeking treatment at Leopardstown and Shanakiel showed a downward trend, the nature of that treatment was changing as pensioners who had been able to earn a living and live an independent life, were now coming to a time when long-term residential care was more likely to be needed as they succumbed to the vagaries of old age.

By the end of 1963, Leopardstown had a capacity for 131 beds of which 105 were occupied while Shanakiel had 120 beds with eighty-eight Ministry of Pensions patients. It was the opinion of the UK Ministry of Health that it would not be possible to get the government in the Republic to take over the running of the hospitals on either medical or political grounds. It was felt that

The Hospital Services of the Republic of Ireland are unorganised and apparently insufficient. The feeling about British War Pensioners is one of why should we look after the pensioners of a foreign country, even though the pensioners are themselves citizens of the republic. It is thought that it would be quite impossible to get in Irish hospitals the sort of priority which

¹⁰ Correspondence from Ministry of Pensions and National Insurance to Ministry of Health dated 31 October 1962 (NAUK, Leopardstown Park and Shanakiel Hospitals, consideration of future, MH150/109).

¹¹ Note of meeting between Ministry of Pensions and National Insurance and Ministry of Health dated 8 November 1962 (NAUK, Leopardstown Park and Shanakiel Hospitals, consideration of future, MH150/109).

¹² Extract from note of visit to Ireland dated 1-3 July 1963 (NAUK, Leopardstown Park and Shanakiel Hospitals, consideration of future, MH150/109).

has been promised to War Pensioners by the British Government, and indeed there could be discrimination against them. There are said to be no British War Pensioners in Irish hospitals, with the exception of the mental hospitals, and it would certainly not be possible to get the Irish hospitals to assume responsibility for the residential patients.¹³

As the fiftieth anniversary of the outbreak of the Great War approached there was a strong body of opinion within the British ministries dealing with veteran affairs that because of the costs involved their ‘‘aim should be to get out of running a hospital in Southern Ireland’’. However, it was decided that this would be 'unlikely to be acceptable politically and that as far as could be seen we should have to continue running Leopardstown Park at least until there was a change in the numbers of War Pensioners in Ireland requiring hospital care.'¹⁴

The peculiar conundrum facing the British authorities during this time was that although there was a downward trend in the numbers of First World War pensioners through natural wastage, there was little reduction in the number of veterans seeking hospital treatment. In fact, the opposite seemed to be the prevailing state of things. For example, Leopardstown hospital admitted 339 patients in the financial year 1964-5 as opposed to 347 patients in 1965-6.¹⁵ The increase of admittances was most noticeable during the winter months among veterans who had bronchial and other similar problems. In addition, there was a continued poor opinion of the health and welfare services in the Irish Republic and an admission that in recent years many of the veterans admitted to Leopardstown and Shanakiel hospitals were suffering from severe malnutrition and lack of medical and welfare care.

However, the figures did disguise the fact that there was a lower occupancy rate of beds mainly due it seems to the changes brought about by a new Medical Superintendent at the hospital who adopted a much tougher policy towards patients. The previous holder of the post, Dr. George Moran who had held the post from 1946 to 1964,¹⁶ was described in a report as

¹³ Ministry of Health note of meeting dated 28 November 1963 (NAUK, Leopardstown Park and Shanakiel Hospitals, consideration of future, MH150/109).

¹⁴ Note of meeting between Ministry of Health and Ministry of Pensions & National Insurance dated 16 December 1963 (NAUK, Leopardstown Park and Shanakiel Hospitals, consideration of future, MH150/109).

¹⁵ Ministry of Health internal memo dated 22 December 1966 (NAUK, Leopardstown Park and Shanakiel Hospitals, consideration of future, MH150/109).

¹⁶ Kinsella, *Leopardstown Park Hospital*, p.69.

a humanitarian with a very wide sympathy with the problems of the poorer, rather feckless, and far from well part of the Irish population, and particularly of the war pensioner.

He tended to accept most cases put up to him – often perhaps not wholly hospital cases if they had lived in a county where the Local Health and General Practitioner Services are developed – and he perhaps kept them longer than was absolutely necessary because he knew so well their home conditions and their personal habits and abilities.¹⁷

This was in contrast, said the report, to the regime of his successor, Dr. Hugh Doyle, who was described as having wide experience, an Irishman and who someone who ensured ‘the hospital was run more on the lines of a Military or Ministry of Pensions Hospital of former days’. The report concluded that although there was ‘a sort of moral debt to the trustees of Shanakiel Hospital’ because of its long service to the disabled veteran community in southern Ireland, it was in the best interest of the Ministry to gradually withdraw from the arrangement and transfer the remaining patients to Leopardstown. There does not appear to have been the reassignment of patients from Shanakiel to Leopardstown on a scale similar to that when Blackrock closed down. Rather it seems that new medical or residential patients were admitted to the Dublin establishment with a subsequent decline in the number of patients being cared for in Cork. With an absence of other sources, the obituary columns of newspapers provide the details to show that ex-British service patients continued to be cared for in Shanakiel until at least 1970.¹⁸

¹⁷ Ministry of Health internal report dated 9 November 1966 (NAUK, Leopardstown Park and Shanakiel Hospitals, consideration of future, MH150/109).

¹⁸ *Irish Examiner*, Death notice for James O’Leary late Royal Irish Fusiliers, 20 March 1970.

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1	McCormack	HR	23	GSW	Leg L			01-Apr-20	35			1
2	Wheatley	JA	22	GSW	Leg L, Ampt below knee			08-Jun-20	112			1
3	Nevin	WK	24	Disease	Poliomyelitis			14-Aug-20	157			1
4	Whiteside	J	30	GSW	Foot R			20-Apr-20	36			1
5	Meredit	RC	26	Disease	Inflamed Testicle			01-May-20	12			1
6	Beggin	JF	27	GSW	Leg R		15-Apr-20	22-Apr-20	9			1
7	Williamson	JB	26	GSW	Arm R		21-Apr-20	25-Apr-20	2			1
8	Murphy	J	30	GSW	Arm R			14-Jun-20	49			1
9	Horgan-Gaul	JJ	27	Disease	Knee Injury			12-Aug-20	140			1
10	Boyle	JJ	32	Disease	Hydrocele		14-May-20	21-Aug-20	99			1
11	Clarke	JE	28	Disease	Arm R injury		22-May-20	24-Sep-20	107			1
12	Phillips	AG	26	GSW	Leg L		30-May-20	11-Sep-20	104			1
13	White	BM	23	Disease	Nasal & Bronchial - Gas Poisoning		05-Jun-20	06-Jun-20	2			1
14	Twamley	W	26	Disease	Gas Poisoning		08-Jun-20	14-Jun-20	7			1
15	Segrave	HW	40	Disease	Jaw Upper - Nervosis of bone		11-Jun-20	25-Jun-20	14			1
16	McMillan	JK	36	GSW	Elbow R		14-Jun-20	21-Jul-20	39			1
17	Shannon	JW	29	GSW	Leg R		14-Jun-20	28-Aug-20	75			1
18	Quinnell	AV	29	GSW	Head		16-Jun-20	01-Jul-20	16			1
19	Fitzpatrick	J	38	GSW	Shoulder L		21-Jun-20	11-Jul-20	22			1
20	O'Shea	C St John	35	GSW	Knee		21-Jun-20	08-Jul-20	19			1
21	Poutter	EA	23	GSW	Leg R	Arm L	11-Jun-20	02-Jul-20	14			1
22	Campbell	V	0	Disease	Deafness		26-Jun-20	26-Jun-20	1			1
23	Hunter	JA	31	GSW	Elbow L		29-Jun-20	02-Dec-20	160			1
24	Tuite	Thos	28	GSW	Thigh R		29-Jun-20	06-Dec-20	225			1
25	Geoghan	AA	37	GSW	Foot L		28-Apr-20	18-Jun-20	52		KG5 Hosp - 41 days	1
26	Feehan	MR	26	GSW	Head		01-Jul-20	31-Jul-20	31			1
27	Leonard	JT	22	GSW	Leg L		01-Jul-20	05-Jan-21	189			1
28	Crawford	FH	25	GSW	Ankle R		03-Jul-20	08-Jul-20	6			1
29	McQuade	JS	29	Disease	Sub Maxillary Adonitis		08-Jul-20	11-Oct-20	96			1
30	Osborne	Wm H	23	Disease	Variocele		12-Jul-20	02-Aug-20	22			1
31	Turney	FE	25	GSW	Head		21-Jul-20	21-Jul-20	2			1
32	Howe	ND	28	Disease	Hernia		27-Jul-20	12-Aug-20	15			1
33	Carson	RG	24	GSW	Arm R	Hand R	06-Aug-20	26-Aug-20	21			1
34	Praitt-Wright	Robert	0	Disease	Aural		10-Aug-20	02-Sep-20	23		Deafness crossed out	1
35	Verchoy/la-Campbell	J	39	Disease	Aural		11-Aug-20	17-Aug-20	7			1
36	Henchie	JP	23	Disease	Illegible		08-Aug-20	22-Sep-20	45			1
37	Maguire	GD	29	Disease	Knee R injury		03-Sep-20	06-Oct-20	34			1
38	Gleeson	FB	29		Hand R		10-Sep-20	04-Nov-20	55			1
39	Tracey	WS	32	GSW	Hand R		16-Sep-20	23-Sep-20	8			1
40	Morrin	MJ	27	GSW	Illegible R		21-Sep-20	07-Nov-21	443			1
41	Trotter	FA	33	GSW	Head		21-Sep-20	24-Sep-20	4		Transferred Tooting Hosp	1
42	Wallis	F J S	23	Disease	Neurasthenic		02-Oct-20	28-Oct-20	27			1
43	Dickinson	F	41	Disease	Fistula in Anus		15-Oct-20	19-Oct-20	5			1
44	MacLoughlin	S	40	Disease	Throat		19-Oct-20	26-Oct-20	8			1
45	Poulter	EA	24	GSW			19-Oct-20	29-Nov-20	51			1
46	Ashe	CE	46	Disease	Rhinitis		25-Oct-20	02-Nov-20	9			1
47	O'Hagan	CR	26	Disease	Ankle R injury		01-Nov-20	28-Nov-20	28			1
48	Moran	M	30	Disease	Dysentery		04-Nov-20	17-Nov-20	14			1
49	Miller	Alfred	23	Disease	Bladder Trouble		04-Nov-20	24-Nov-20	21			1
50	Catwell	WM	0	Disease	Haemorrhoids		09-Nov-20	29-Nov-20	21			1

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
51	Murphy	Patrick Joseph	30	Disease	Haemorrhoids	Kidney **	09-Nov-20	28-Nov-20	50			1
52	Maguire	G D	29	Disease	Knee R injury		17-Nov-20	20-Nov-20	4			1
53	Kelly	E W	38	Disease	Kidney **		22-Nov-20	02-Dec-20	11			1
54	Kavanagh	Michael	46	Disease	Nose		01-Dec-20	24-Dec-20	24			1
55	Ward	Wm	24	Disease	Varicose Veins		01-Dec-20	07-Feb-21	69			1
56	Ward	Maurice J	32	GSW	Shoulder L	Hand L Bayonet	02-Dec-20	09-Jul-21	221			1
57	Duignan	J	49	Disease	Sciatica		04-Dec-20	23-Dec-20	20			1
58	Kirkland	John	57	Disease	Sciatica		08-Dec-20	23-Dec-20	16			1
59	Carson	R G	24	GSW	Arm R	Hand R	12-Dec-20	20-Dec-20	7			1
60	King	A J	23	Disease	Septum of Nose		30-Dec-20	03-Jan-21	4			1
61	Duggan	Patrick	26	Disease	Ununified Fracture L Clavicle	Malaria	03-Jan-21	08-Jan-21	6			1
62	O'Connor	M J	36	Disease	Prepatella Bursitis		08-Jan-21	25-Jan-21	18			1
63	Callaghan	F J	37	Disease	Ear Operation		12-Jan-21	16-Jan-21	5			1
64	Leonard	John J	23	Disease	Leg L Compound Fracture		26-Jan-21	15-Apr-21	71			1
65	Kavanagh	Michael	46	Disease	Stenosis Nasal Ducts		07-Feb-21	28-Feb-21	22			1
66	Fish	George D	44	Disease	Inguinal Hernia		14-Feb-21	24-Mar-21	36			1
67	Haines	Cecil	42	Disease	Internal Injury		22-Feb-21	16-Feb-21	3			1
68	Adamson	Arthur Graham	48				22-Feb-21	07-Mar-21	14			1
69	Mullen	B J	31		Illegible		23-Feb-21	24-Mar-21	31			1
70	Somers	Robert G	29	GSW	Leg R		06-Mar-21	13-Apr-21	39			1
71	Rutherford	Robert A	0	GSW	Back		08-Jun-21	24-Mar-21	17			1
72	Good	William	26	Disease	Ankle Sprained		09-Mar-21	28-Jul-21	142			1
73	O'Hagan	Charles	26	Disease	Ankle Injury		08-Mar-21	03-Apr-21	29			1
74	Sheehan	John B	24	Disease	Septum of Nose		09-Mar-21	14-Mar-21	6			1
75	Richmond	Leslie	25	Disease	Hernia		11-Mar-21	30-Apr-21	54			1
76	Munro	James H	46	Disease	Hernia		17-Mar-21	19-May-21	57			1
77	Arnold	John C	39				22-Mar-21	24-Mar-21	3			1
78	Kearney	Joseph E	36	Disease	Trench Fever		29-Mar-21	02-Jun-21	70			1
79	Roiston	John	22	Disease	Ankle Fracture L		05-Apr-21	05-Jul-21	92			1
80	Keith	Richard A R	37	GSW	R Kidney Opsine		20-Apr-21	13-Aug-21	115			1
81	Horgan-Gaul	Nicholas	25	GSW	Back	Buttock L	29-Apr-21	12-Aug-21	106			1
82	Bridge	Allman	25	GSW	Leg R		06-May-21	13-Jun-21	39			1
83	Mullen	B J	31	Disease	Shoulder L Abcess		07-May-21	07-Jan-22	246			1
84	Hernandez	Leo M	45	Disease	Toe R Injury		09-May-21	28-Jun-21	37			1
85	Ashman	Arthur T	28	Disease	Cystitis		23-May-21	28-May-21	6			1
86	Gray	Edward	29	GSW	Leg R		08-Jun-21	13-Oct-21	135			1
87	Smythe	T H	0	Disease	Nephritis	Neurasthenia	08-Jun-21	23-Jun-21	16		DIED.	1
88	Aylward	Gerald	25	Disease	Otitis Media		04-Jul-21	28-Jul-21	25			1
89	Leitch	G P	0	Disease	Loose Illegible	Illegible	15-Jul-21	31-Oct-21	137			1
90	Callaghan	Patrick	45	Disease	Malaria		12-Jul-21	14-Oct-21	85			1
91	Ashie	Charles Evanson	0	GSW	Thighs L & R		01-Aug-21	01-Oct-21	62			1
92	Dickinson	Frank George	41	Disease	Perineal Fistula	Malaria	01-Aug-21	25-Apr-22	237			1
93	Wakely	Ian Edward	29	Disease	Facial Disfigurement		08-Aug-21	10-Aug-21	3			1
94	Moloney	William Francis	57	Disease	Myalgia Illegible	Bronchitis	24-Aug-21	27-Aug-21	15			1
95	Maguire	James	31	Disease	Nasal Septum		24-Aug-21	29-Sep-21	35			1
96	Dignam	Charles Alfred	28	Disease	Knee L Injury		02-Sep-21	05-Dec-21	95			1
97	Stoney	J L	39	GSW	Leg L		05-Sep-21	10-Sep-21	6			1
98	Tuite	T M H S	28	GSW	Thigh R		20-Sep-21	14-Nov-21	56			1
99	Forde	A	36				22-Sep-21	16-Nov-21	56			1
100	Fitzgerald	A E	25				26-Sep-21	26-Oct-21	31			1

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
101	Roulston	John R	22	Disease	Ankle L Fracture		04-Oct-21	17-Oct-21	14			1
102	Molony	Capel M	37	GSW	Arm R		11-Oct-21	14-Dec-21	65			1
103	Martin	M	34	GSW	Humerus Compound Fracture	Dyspepsia	18-Oct-21	14-Dec-21	56			1
104	Stoney	J A L	39	GSW	Leg L Ampt		17-Oct-21	31-Oct-21	15			1
105	Singleton	H	35	Disease	Strain Lumbo Sacral Region		19-Oct-21	14-Dec-21	57			1
106	Cleary	W F	28	Disease	Otitis Media		19-Oct-21	14-Dec-21	57			1
107	Clair	Michael	35	GSW	Hand R		29-Oct-21	06-Jan-22	77			1
108	Pratt	Jas Rowley H	60	Disease	Reumatoid Arthritis		02-Nov-21	13-Dec-21	42			1
109	Comber	G F	74	Disease	Nose		04-Nov-21	11-Nov-21	8			1
110	OByrne	M	39	Disease	Neuritis		05-Nov-21	06-Dec-21	32			1
111	Roynayne	E C	41		Illegible		07-Nov-21	07-Jan-22	62			1
112	Fraser	A C C	27		Illegible		11-Nov-21	13-Dec-21	33			1
113	Wolfe-Smyth	Arthur	0	GSW	Sacral Region L		22-Nov-21	13-Dec-21	22			1
114	Prendergast	Michael	29	GSW	Knee L		25-Nov-21	07-Jan-22	44			1
115	Briscoe	Frederick W	33	Disease	Knee R Injury		05-Dec-21	07-Jan-22	34			1
116	Thomas	W R	0		Illegible		09-Dec-21	14-Dec-21	37			1
117	Conan	Frank	33		Illegible		15-Dec-21	17-Dec-21	3			1
118	Moore	M	0	Disease	Neurasthenia		17-Dec-21	03-Jan-22	18			1
119	Good	G H	0	Disease	Ankle R Injury		19-Dec-21	23-Dec-21	5			1
120	Crawford	G P G	25	GSW	Shoulder R		02-Jan-22	17-Jan-22	16			1
121	Duignan	J	49	Disease	Sciatica		11-Jan-22	14-Jan-22	4			1
122	Atkinson	Jas H	26	GSW	Sciatic Illegible		17-Jan-22	27-Feb-22	42			1
123	Prendergast	Michael	29	GSW	Leg L		20-Feb-22	01-Mar-22	10			1
124	Close	E	42	GSW	Shoulder R	Arm R	23-Feb-22	01-Jun-22	99			1
125	Hearn	M L	63	Disease	Vilous Growth of Bladder		23-Feb-22	17-Apr-22	54			1
126	Maguire	Godfrey D	31	Disease	Knee R Injury		01-Mar-22	22-May-22	83			1
127	Briscoe	Frederick W	33	Disease	Knee L Injury		01-Mar-22	07-Jun-22	99			1
128	Dickenson	F	49	Disease	Reumatism		03-Mar-22	08-Jun-22	98			1
129	Lucy	D F	32	GSW	Jaw		13-Mar-22	06-May-22	55			1
130	Waldron-Hamilton	H J	27	Disease	Hand L Injury		20-Mar-22	07-Jun-22	80			1
131	Ronsayne	E C	41	Disease	Umbilical Hernia		22-Mar-22	10-May-22	81			1
132	Healy	Patrick Jos	29	Disease	Reumatoid Arthritis		23-Mar-22	22-May-22	61			1
133	Bell	Daniel Jameson	39	GSW	Head, Hand R	Both Legs	28-Mar-22	18-May-22	52			1
134	Redmond	Henry Mt Stewart	37	Disease	Reumatism		03-Apr-22	03-May-22	31			1
135	Atkinson	James M	26	GSW	Sciatica Illegible		03-Apr-22	16-May-22	45			1
136	Murphy	T J	31	Disease	Inguinal Hernia L	Hydrocele	07-Apr-22	03-Jun-22	58			1
137	Sheehan	John Banon	25	Disease	Otitis Media Chronic		25-Apr-22	19-Aug-22	117			1
138	O'Donnell	Nicholas Francis	35	Disease	Deafness	Deviation of Septum	29-Apr-22	08-May-22	11			1
139	Meany	Michael Joseph	39	GSW	Skull & Brain Penetrating		06-May-22	15-May-22	10			1
140	Earnshaw	Frederick Wm	25	Disease	Fits - For Observation		15-May-22	02-Jun-22	19			1
141	O'Reilly	Robert Joseph	36	Both	Wrist L	Appendicitis	02-Jul-22	14-Jul-22	13			1
142	Collins	John C	27	Disease	Pleurisy Chronic	Tuberculosis	20-Jul-22	21-Aug-22	33			1
143	Hernandez	L M	50	Disease	Arm R Neuritis	Knee R Injury	20-Jul-22	21-Nov-22	124			1
144	Cooper	R E	27	GSW	Knee L		26-Jul-22	25-Apr-23	275			1
145	McLean	Arthur Howard	0	GSW	Lung R		01-Aug-22	15-Sep-22	46			1
146	Muleahy	Michael	27	Disease	Malaria		11-Aug-22	15-Sep-22	36			1
147	Richardson	SGPL	39	Disease	Ulcer Duodenal		11-Aug-22	21-Jan-22	72			1
148	Atkinson	James H	26	GSW	Thigh R	Sciatica Nerve	14-Aug-22	18-Aug-22	5			1
149	Battersby	J A	26	GSW	Hand L		16-Aug-22	29-Sep-22	45			1
150	Phipps	Albert	45	Disease	Malaria		25-Aug-22	26-Aug-22	0		X-Ray-No entitlement	1

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
151	Gleeson	F D	31	Disease	Bronchitis - Nasal Obstruction		13-Sep-22	05-Oct-22	24			1
152	Faussett	William	27	GSW	Leg R		19-Sep-22	05-Oct-22	17			1
153	Delaney	Martin	37	Disease	Illegible		09-Oct-22	31-Oct-22	53			1
154	Callaghan	I J	46	Disease	Myalgia	Malaria	12-Oct-22	06-Mar-23	140			1
155	Hogan	John Francis	30	GSW	Thigh R	Testicle	16-Oct-22	31-Oct-22	16			1
156	Stoker	Douglas	29	Disease	Neurosis		16-Oct-22	30-Oct-22	15			1
157	Way	A G F	57	Disease	Dysentery		27-Oct-22	14-Nov-22	19			1
158	Costello	T W	27	Disease	Head Injury		09-Nov-22	08-Jan-23	61			1
159	Spillane	John A	50	Disease	Pleurisy	Thigh R Fracture	27-Dec-22	29-Mar-23	93			1
160	Layng	Arthur E	40	GSW	Limb Fitting		28-Dec-22	09-Jan-23	13			1
161	Hoey	Denis Arthur	40	Disease	X-Ray Examination				84			1
162	Stoney-Johnston	P L	41	GSW	Leg L Ampt		18-Jan-23	30-Jan-23	15			1
163	Harry	E P	26	Disease	Debility		22-Jan-23	10-Mar-23	48			1
164	Roche	Lawrence	54	Disease	Shell Shock		31-Jan-23	15-Feb-23	16			1
165	Duignan	John	32	Disease	Sciatic Neuritis		10-Feb-23	16-Feb-23	7			1
166	Carew	Michael James	36	Disease	Debility for Observation & Report		10-Feb-23	23-May-23	103			1
167	Pratt-Wright	Rupert	34	Disease	Otitis Media for Operation		15-Feb-23	19-Apr-23	64			1
168	Stoney	J P L	41	GSW	Leg L Linb Fitting		01-Mar-23	24-Mar-23	24			1
169	Henry	W A D	29	GSW	Legs Both Ampt above knee		19-Mar-23	21-Mar-23	3			1
170	Henry	W A D	29	GSW	Legs Both Ampt above knee		04-Apr-23	19-Apr-23	16			1
171	Healy	Peter Jas	30	Disease	Rheumatoid Arthritis		08-May-23	21-May-23	14			1
172	Smith	Charlés	44	Disease	Myalgia		10-May-23	28-Jun-23	50			1
173	Leland	Lionel Thomas H	43	GSW	Arm L Ampt		04-Jul-23	05-Jul-23	2			1
174	Carrroll	Joseph Nicholas	29	Disease	Traumatic Septal Deviation		12-Jul-23	19-Jul-23	8			1
175	Phipps	William Charles	31	Disease	Deafness	Deviation Septum	13-Jul-23	25-Jul-23	13			1
176	Kavanagh	Michael	49	Disease	Stenosis of Nasal Ducts		18-Jul-23	22-Sep-23	67			1
177	Murphy	Patrick Jas	33	Disease	Rectal Trouble		23-Jul-23	02-Aug-23	11			1
178	Wheatley	J	25	GSW	Knee L		14-Aug-23	17-Aug-23	4			1
179	Little	Hugh Denis	28	GSW	R Illegible	Deafness R Ear	20-Sep-23	22-Sep-23	3			1
180	Meany	Michael Joseph	40	GSW	Head		02-Oct-23	24-Oct-23	25			1
181	Griffin	Samuel B	30	Disease	Tuberculosis (? Written)		08-Oct-23	01-Nov-23	25			1
182	Wolfe-Smith	Arthur Sidney	36	GSW	Sacral Region L		13-Oct-23	05-Nov-23	23			1
183	McNamara	James A	47	Disease					15			1
184	O'Farrell	Peter	40	Disease	Septum Operation	Middle Ear Cattarrh	06-Nov-23	10-Nov-23	5			1
185	Munro	James H	48	Disease	Varicose Veins		04-Dec-23	17-Jan-24	45			1
186	O'Hagan	Charles Russell	28	Disease	Deflected Septum		13-Dec-23	21-Dec-23	9			1
187	Conway	James	48	Disease	Malaria		07-Jan-24	23-Jan-24	17			1
188	Truran	Jas L	32	GSW	Back		08-Jan-24	23-Jan-24	0			1
189	Cooper	R E	27	Disease	Face L Injury		16-Jan-24	21-May-24	0			1
190	Dickenson	Frank	44	Disease	Fistula in Anus		19-Jan-24	16-Feb-24	0			1
191	Hough	William	4	GSW	Thigh L		18-Jan-24	05-Apr-24	0			1
192	Fitzpatrick	James	44	GSW	Shoulder L		04-Feb-24	10-Mar-24	0			1
193	Shannon	J W	33	GSW	Leg R		04-Feb-24	09-Apr-24	0			1
194	Close	William	29	Disease	Phelbitis		11-Feb-24	05-Apr-24	0			1
195	Moran	Michael M	34	Disease	Dysentery	Defective Teeth	13-Feb-24	19-Feb-24	0			1
196	Hartnett	James Charles	44	Disease	Tuberculosis of Lungs		27-Feb-24	19-Mar-24	0			1
197	Beggin	Thomas Francis	32	GSW	Tibia R Fracture		03-Mar-24	13-Oct-24	0			1
198	Glanville	Thomas A	31	Disease	Taspe Worms		03-Mar-24	08-Mar-24	0			1
199	Gerard	Henry J Frederick	32	Disease	Dysentery		10-Mar-24	03-Apr-24	0			1
200	Jameson	Alan Taylor	30	Disease	Tuberculosis Lungs		13-Mar-24	04-Apr-24	0			1

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
201	Grant-Adamson	Pierce D	44	Disease	Malaria	Dysentery	13-Mar-24	03-Apr-24	0			1
202	Ade-Cunan	? J P	47	Disease	Psychasthenia		18-Mar-24	22-Mar-24	0			1
203	Stirling	James Nailor	20	Disease	Debility Investigation		26-Mar-24	26-Mar-24	0			1
204	Lefevre	Charles	53	Disease	Duodenal Ulcer		19-Apr-24	24-Apr-24	0			1
205	McLean	Samuel	48	Disease	Ankle Sprained		24-Apr-24	30-Apr-24	0			1
206	McRaith	Hawtrej	44	Disease	VDH		02-May-24	28-May-24	0			1
207	Savill-Nolan	Wm	42	Disease	Post Dysenteric Illegible		16-May-24	21-May-24	0			1
208	Harty	E P	0	Disease	Debility following Appendicitis		29-May-24	14-Jun-24	0			1
209	Webster	John	52	Disease	Nasal Polyps		18-Jun-24	09-Jul-24	0			1
210	Close	W A	30	Disease	Phebitis		18-Jun-24	07-Aug-24	0			1
211	Crowley	Jane	38	Disease	Dysentery	Anaemia	10-Jul-24	27-Oct-24	0			1
212	Jeffries	Ptk	32	GSW	Femur L	Abcess at Illegible	19-Jul-24	08-Sep-24	0			1
213	O'Dowda-Wade	Joseph	37	Disease	Gastritis Treatment		25-Jul-24	27-Aug-24	0			1
214	Brick	P J	27	Disease	Dysentery		28-Jul-24	20-Oct-24	0			1
215	Duignan	John	53	Disease	Sciatica		01-Aug-24	08-Sep-24	0			1
216	Arnold	R	31	Disease	Gastric Ulcer		01-Aug-24	18-Aug-24	0			1
217	Acheson	William Shaw	38	Disease	Shoulder R		04-Aug-24	15-Aug-24	0			1
218	Connor	Michael	62	Disease	Bronchitis		26-Aug-24	28-Sep-24	0			1
219	Crinion	Timothy Chas	20	Disease	Diabetes		01-Sep-24	27-Sep-24	0			1
220	Redmond	H M S	40	Disease	Rheumatism		15-Sep-24	06-Oct-24	0			1
221	Gregan	P D	23	Disease	Incontinence of Urine		18-Sep-24	20-Sep-24	0			1
222	Fitzpatrick-Robertson	A M	27	GSW	Face, Loss of L Eye	Abcess L Eye	19-Sep-24	23-Mar-25	0			1
223	Courtney-Luck	G H	27	Disease	Tuberculosis Pulmonary		24-Sep-24	21-Oct-24	0			1
224	O'Driscoll	M	30	Disease	Bronchitis		24-Sep-24	21-Oct-24	0			1
225	Doyle	Edward J	33	Disease	Rheumatism		30-Sep-24	15-Nov-24	0			1
226	Whyte	H St G	43	Disease	Deafness	Deviation of Nasal Septum	15-Oct-24	04-Nov-24	0			1
227	Carew	Michael J	37	Disease	?euretic Adhesion R Lung		24-Oct-24	21-Nov-24	0			1
228	Yorke	Andrew	29	Disease	Deafness		06-Nov-24	12-Nov-24	0			1
229	Atkinson	J M	28	GSW	Thigh L		11-Nov-24	23-Jan-25	0			1
230	McNamara	Jas A	47	Disease	Malaria	Duodenal Ulcer	17-Nov-24	16-Dec-24	0			1
231	Johnston	Kathleen	39	Disease	Debility		01-Dec-24	26-Jan-25	0			1
232	Beggan	Thomas Fianman	33	GSW	Leg R Fracture of Tibia		29-Dec-24	06-Mar-25	0			1
233	Owen	Edward	37	Disease	Tuberculosis Pulmonary		09-Jan-25	09-Apr-25	0			1
234	Richardson	G S P L	42	Disease	Duodenal Ulcer		13-Jan-25	14-Feb-25	0			1
235	Crinion	Timothy	30	Disease	Diabetes		15-Jan-25	21-Jan-25	0			1
236	Roberts	John Nugent	48	Disease	Phebitis		02-Feb-25	12-Mar-25	0			1
237	Nevin	William Kerr	29	Disease	Anterior Polio		02-Mar-25	15-Feb-25	0			1
238	O'Day	Timothy	48	Disease	Fistula ILLEGIBLE		02-Mar-25	24-Mar-25	0			1
239	Jameson	Allan Taylor	32	Disease	Fistula in Anus	Tuberculosis	06-Mar-25	01-Apr-25	0			1
240	Callaghan	Patrick Jas	49	Disease	Bronchitis		16-Mar-25	16-Apr-25	0			1
241	Brick	Paik Jas	28	Disease	Colitis Chronic after Dysentery		23-Mar-25	05-May-25	0			1
242	Hough	William	44	GSW	Thigh L		26-Mar-25	29-Jul-25	0			1
243	Close	W A	31	Disease	Phebitis		08-May-25	11-Aug-25	0			1
244	Ryan	John	49	Disease	Debility		15-May-25	10-Jun-25	0			1
245	Ronayne	Edward	46	Disease	? In text		15-May-25	19-Jun-25	0			1
246	Davis	William C R	29	Disease	Malaria	DAH	19-May-25	03-Jul-25	0			1
247	Millar	William	36	Disease	? In text		21-May-25	29-Jun-25	0			1
248	Crawford	Geo Percy Darfield	38	Disease	Enlarged Glands		02-Jun-25	13-Jun-25	0			1
249	Moran	Michael	36	Disease	Dysentery, Dermatitis	Defective Teeth	11-Jun-25	26-Jun-25	0			1
250	Mahoney	P J	52	Disease	Arthritis	Hemia	17-Jun-25	01-Aug-25	0			1

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
251	Dickey	Lamont H	35	GSW	Leg R		17-Jun-25	01-Aug-25	0			1
252	Johnston	Kathleen	40	Disease	Debility		29-Jun-25	23-Jul-25	0			1
253	Sharkey	William	38	Disease	Perinium Injury		07-Jul-25	15-Jul-25	0			1
254	Toole	Laurence	45	Disease	Hearing Defective		09-Jul-25	15-Jul-25	0			1
255	Corballis	Jas Cecil Jas	34	Disease	Tubercle Abdominal (? In text)		12-Aug-25	20-Aug-25	0			1
256	Mahon	C V B	30	Disease	Deafness		20-Aug-25	24-Aug-25	0			1
257	Halpin	Arthur Joseph	28	Disease	Ingrowing Toenails		25-Aug-25	29-Aug-25	0			1
258	Taylor	Thomas	47	Disease	Varicose Veins		02-Sep-25	08-Oct-25	0			1
259	Baldwin	Miss Laura Ethel	34	Disease	Tuberculosis Lung		28-Sep-25	09-Oct-25	0			1
260	Boyle	Peter Vincent	35	Disease	Psychosis		14-Oct-25	06-Nov-25	0			1
261	O'Connell	Richard	33	GSW	Leg L		26-Oct-25	07-Nov-25	0			1
262	Poullon	Geo Vincent	32	Disease	Dysentery		26-Oct-25	05-Nov-25	0			1
263	Purcell	Herbert Kevin	40	GSW	Femur R		12-Nov-25	27-Nov-25	0			1
264	Wamer	John Proctor	31	Disease	Knee R Injury		17-Nov-25	25-Nov-25	0			1
265	Maguire	Godfrey Dillon	34	Disease	Deflected Septum		07-Jan-26	09-Jan-26	0			1
266	Close	Wm A	32	Disease	Phlebitis		14-Jan-26	11-Feb-26	0			1
267	Jenkins	Thomas Richard	32	Disease	Malaria	Dysentery	25-Jan-26	11-Feb-26	0			1
268	Whyte	Harman St George	45	Disease	Nasal Septum Restriction		04-Feb-26	06-Feb-26	0			1
269	Horgan	Gaul J J	32	Disease	Knee L Injury		22-Feb-26	31-Mar-26	0			1
270	Bealin	Mrs Mary Francis	34	Disease	Thumb L Injury		01-Apr-26	19-Apr-26	0		As spelt	1
271	Taylor	Thomas	48	Disease	Varicose Veins		10-Apr-26	14-Jun-26	0			1
272	Glanville	Thomas Albert	33	Disease	Colitis - Effects of Tapeworm		23-Apr-26	12-May-26	0			1
273	Cranny	Rose	36	Disease	Appendicitis	Gall Stones	25-Apr-26	31-May-26	0			1
274	Wolfe-Smyth	Arthur Sydney	40	GSW	Sacral Region L		01-May-26	31-May-26	0			1
275	Duignan	John	55	Disease	Sciatica		03-May-26	02-Jun-26	0			1
276	Fitzgerald	Harold Edward	29	Disease	Chronic Shinitis		06-May-26	16-May-26	0			1
277	Good	William Henry	31	Disease	Ankle R Injury		11-May-26	14-Jun-26	0			1
278	McNamara	James Alfred	49	Disease	Chronic Appendicitis		25-May-26	14-Jun-26	0		Duodenal Ulcer	1
279	Corcoran	Elizabeth	36	Disease	Tuberculosis Bladder & Kidneys		02-Jun-26	24-Aug-26	0			1
280	Rodgers	William Mercer	34	Disease	Dyspepsia		29-Jul-26	25-Aug-26	0			1
281	Carew	Michael James	40	Disease	Bronchitis		29-Jul-26	11-Aug-26	0			1
282	Cleary	Margaret J	28	Disease	Bronchitis		13-Aug-26	06-Aug-26	0			1
283	Tyler	E W	32	GSW	Wrist R		13-Sep-20	13-Sep-20	423		KG5 Hosp 9/7/1919	1
284	Byrne	E	37	GSW	Leg L Ampt	Arm L	08-May-20	08-May-20	158		Roehampton 3/12/1919	1
285	Chute	I V	22	GSW	Leg R Ampt		24-Apr-20	24-Apr-20	14		Roehampton 4/12/1919	1
286	O'Dell	T U	21	GSW	Leg L Ampt				75			1
287	Alcock	Thomas	33	GSW	Leg L Ampt		25-May-28	08-Jun-28	15			2
288	Walsh	Michael	31	GSW	Leg Ampt		28-May-28	16-Jun-28	20			2
289	Skeffington	Michael	31	Disease	Defective Vision		28-May-28	26-Jul-28	60			2
290	Walsh	Robert	42	GSW	Knee R		28-May-28	01-Aug-28	66			2
291	Daly	John	30	GSW	Hand L		28-May-28	02-Aug-28	67			2
292	Dowling	John	48	Disease	Rheumatism		28-May-28	18-Jun-28	22			2
293	Carleton	Michael	57	Disease	Sciatica	Rheumatism	28-May-28	02-Aug-28	37			2
294	Dunne	Patrick	35	GSW	Foot		29-May-28	15-Aug-28	49			2
295	Kelly	Joseph	32	Disease	Foot R Ulceration		29-May-28	11-Jun-28	14			2
296	Keating	Patrick	0	GSW	Hand		30-May-28	19-Jul-28	51			2
297	Conlon	Thomas	43	Disease	Varicose Veins		30-May-28	12-Jul-28	44			2
298	Donegan	Bernard	29	Disease	Dysentery		31-May-28	16-Jun-28	17			2
299	Mulvaney	Edward	39	GSW	Pelvis		31-May-28	04-Aug-28	66			2
300	Power	Richard	54	Disease	Varix		31-May-28	28-Jun-28	29			2

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
301	Eustace	Joseph	38	GSW	Elbow R		31-May-28	21-Jun-28	22			2
302	Shaw	Patrick	29	GSW	Hand L		01-Jun-28	21-Jun-28	21			2
303	Gaifney	John	49	Disease	Defective Vision		01-Jun-28	04-Jul-28	34			2
304	Morley	John	43	GSW	Multiple		04-Jun-28	20-Sep-28	109			2
305	Killelea	Peter	39	GSW	Chest		05-Jun-28	30-Aug-28	87			2
306	O'Loughlin	Patrick	40	Disease	Conjunctivitis		06-Jun-28	23-Aug-28	79			2
307	Strahan	Samuel	52	Disease	Bronchitis		06-Jun-28	26-Jul-28	51			2
308	Behan	Robert	49	Disease	Elbow L Dislocation		06-Jun-28	29-Aug-28	85			2
309	Power	John	34	Disease	Gastritis		07-Jun-28	20-Dec-28	197			2
310	McCabe	John	43	Disease	Knee R Injury		07-Jun-28	27-Sep-28	113			2
311	Noonan	Maurice	48	Disease	Bronchitis Chronic		07-Jun-28	04-Jul-28	28			2
312	O'Brien	James	34	GSW	Hand R		07-Jun-28	25-Jul-28	49			2
313	Sheehan	Thomas	39	GSW	Arm R		07-Jun-28	08-Aug-28	63			2
314	McMahon	Patrick	40	Disease	Malaria		07-Jun-28	21-Jun-28	15			2
315	Powell	Cecil	28	GSW	Thigh R		07-May-28	02-Aug-28	57			2
316	Feeney	William	47	Disease	Varicose Veins		07-May-28	27-Sep-28	143			2
317	McCormack	Peter	54	Disease	Varicose Veins		07-Jun-28	18-Jul-28	42			2
318	Callaghan	Daniel	34	GSW	Hand L		08-Jun-28	27-Sep-28	112			2
319	McCaul	Bernard	40	Disease	Leg R Injury		08-Jun-28	15-Aug-28	69			2
320	Scott	Francis	32	GSW	Leg L		08-Jun-28	01-Aug-28	55			2
321	Loneragan	William	42	Disease	Liver Abscess	Bronchitis	08-Jun-28	23-Aug-28	77			2
322	Brompton	George	32	Disease	Supp Conn Tissue R Hip		08-Jun-28	12-Sep-28	77			2
323	Hannahan	Bartley	37	Disease	Dyspepsia		08-Jun-28	14-Feb-29	252			2
324	O'Hara	Matthew	30	GSW	Knee L		08-Jun-28	19-Jul-28	41			2
325	Murphy	Thomas	45	Disease	Tuberculosis Lungs		09-Jun-28	23-Aug-28	76			2
326	Shanley	Patrick	59	Disease	Arthritis		09-Jun-28	23-Aug-28	76			2
327	Donnelly	Thomas	60	Disease	Tuberculosis Pulmonary	Seq TB Abscess	11-Jun-28	31-Jul-28	51			2
328	Barrett	Robert	36	Disease	Purigo Eczema		13-Jun-28	14-Mar-29	275			2
329	Frazer	Patrick	31	GSW	Arm L		13-Jun-28	16-Jun-28	4			2
330	Lynch	John	33	Disease	Gastritis		13-Jun-28	15-Aug-28	64			2
331	Whelan	Michael	46	GSW	Hand L		13-Jun-28	19-Sep-28	99			2
332	Leahy	Daniel	37	Disease	Nephritis		13-Jun-28	29-Aug-28	78			2
333	Williams	Michael	39	Disease	Deblity	DAH	13-Jun-28	08-Nov-28	149			2
334	Cleary	Edmond	30	GSW	Hip	Scrotum	13-Jun-28	27-Sep-28	107			2
335	Magner	Patrick	56	Disease	Sciatica		14-Jun-28	11-Oct-28	120			2
336	Cuddihy	Luke	38	Disease	Varicose Veins	Seq V Leg Ulcer	14-Jun-28	18-Jul-28	35			2
337	Flood	Bernard	39	GSW	Leg R		14-Jun-28	17-Apr-29	308			2
338	Nolan	John	27	Disease	Defective Vision		14-Jun-28	28-Jun-28	15			2
339	Dalton	Edward	33	GSW	Arm R	Shoulder R	14-Jun-28	08-Aug-28	56			2
340	Lyons	Daniel	50	Disease	Tonsillitis		14-Jun-28	27-Sep-28	106			2
341	O'Neill	Daniel	35	GSW	Foot		14-Jun-28	14-Nov-28	154			2
342	Jones	Edward	43	Disease	Rheumatism		14-Jun-28	24-Aug-28	72			2
343	Fahy	Patrick	35	GSW	Thigh Ampt		14-Jun-28	19-Jul-28	36			2
344	Hanley	Joseph	54	Disease	Gastritis		15-Jun-28	24-Aug-28	71			2
345	Burns	John	37	GSW	Chest		15-Jun-28	15-Aug-28	62			2
346	Ward	James	0				15-Jun-28	15-Aug-28	62			2
347	Mahon	Chris	41	Disease	Otitis Medis		16-Jun-28	12-Sep-28	89			2
348	Noonan	Michael	0	Disease	Rheumatism		18-Jun-28	30-Aug-28	74			2
349	Robbins	Walter	0	Disease	Deblity		18-Jun-28	15-Aug-28	59			2
350	Mears	James	0	Disease	Laryngitis		18-Jun-28	11-Jul-28	24			2

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
351	Walsh	John	0	Disease	Dyspepsia		18-Jun-28	30-Aug-28	74			2
352	Davis	Thomas	0	GSW	Thigh R Ampt		18-Jun-28	25-Jul-28	38			2
353	Furlong	Peter	0	Disease	Dysentery		19-Jun-28	19-Jul-28	31			2
354	Whelan	Daniel	0	Disease	Rheumatism		19-Jun-28	30-Aug-28	73			2
355	Gray	John	33	GSW	Arm L		19-Jun-28	15-Aug-28	58			2
356	Elliott	Chris	31	GSW	Leg R Ampt		19-Jun-28	18-Jul-28	30			2
357	Scanlon	Michael	42	GSW	Wrist L		20-Jun-28	20-Sep-28	62			2
358	Heffernan	Peter	36	GSW	Thigh L & R		20-Jun-28	27-Sep-28	100			2
359	English	Chris	56	Disease	Elbow L Injury		20-Jun-28	06-Dec-28	170			2
360	O'Neill	John	51	Disease	Hernia Double		23-Jun-28	28-Sep-28	98			2
361	Cooley	William	53	Disease	Varicose Veins		25-Jun-28	15-Aug-28	52			2
362	Doherty	James	48	Disease	Leg R Varix		25-Jun-28	26-Jul-28	32			2
363	Coleman	Cornelius	35	GSW	Multiple		25-Jun-28	31-Aug-28	68			2
364	Higgins	James	42	Disease	Varicose Veins		25-Jun-28	26-Sep-28	94			2
365	Hallahan	Joseph	33	Disease	Otitis Media		25-Jun-28	25-Jul-28	31			2
366	Sullivan	Edmond	45	Disease	Malaria		25-Jun-28	06-Sep-28	74			2
367	Carrill	Patrick	34	Disease	Debility from Rheumatism		25-Jun-28	19-Jul-28	25			2
368	Grogan	John	55	Disease	Dysentery		25-Jun-28	05-Sep-28	73			2
369	McGiff	James	36	Disease	Varicose Veins		26-Jun-28	31-Aug-28	67			2
370	Gaffney	John	28	Disease	Dysentery		27-Jun-28	15-Aug-28	50			2
371	Sullivan	Denis	52	Disease	Hip L Injury		27-Jun-28	20-Sep-28	86			2
372	Hassett	Martin	48	Disease	Bronchitis		27-Jun-28	27-Sep-28	93			2
373	McCommack	James	39	Disease	FB in Abdomen		27-Jun-28	10-Oct-28	106			2
374	Ryan	Martin	39	Disease	Bronchitis		27-Jun-28	06-Sep-28	72			2
375	Brannigan	John	30	GSW	Arm L		27-Jun-28	08-Aug-28	43			2
376	Heffernan	Michael	42	GSW	Arm L		27-Jun-28	05-Sep-28	71			2
377	Reid	John	32	Disease	Cystitis		30-Jun-28	04-Oct-28	97			2
378	Flynn	Peter	31	GSW	Foot R		02-Jul-28	19-Sep-28	80			2
379	Roche	Declan	32	Disease	Bronchitis due to Gas		02-Jul-28	18-Oct-28	109			2
380	Scanlon	William	40	GSW	Buttock R		02-Jul-28	10-Apr-29	283			2
381	Smyth	Thomas	48	GSW	Leg		02-Jul-28	08-Nov-28	130			2
382	Brown	Peter	44	Disease	Varicose Veins		02-Jul-28	31-Oct-28	122			2
383	Langan	Michael	53	GSW	Thigh L		02-Jul-28	23-Aug-28	53			2
384	Feehan	Thomas	43	GSW	Arm L		02-Jul-28	20-Sep-28	81			2
385	Walsh	John	39	GSW	Leg Ampt		02-Jul-28	25-Jul-28	24			2
386	Gaffney	Patrick	45	GSW	Leg Ampt - Limb fitting		02-Jul-28	29-Aug-28	59			2
387	Clinch	Thomas	48	Disease	Otitis Media		03-Jul-28	02-Aug-28	31			2
388	Condon	James	40	GSW	Hand L		03-Jul-28	29-Aug-28	58			2
389	Fleming	Patrick	38	Disease	Gastritis		03-Jul-28	24-Apr-29	296			2
390	Keivigan	William	48	Disease	Rheumatism		03-Jul-28	10-Oct-28	100			2
391	Maheir	Edward	34	Disease	Peritonitis Traumatic		04-Jul-28	19-Jul-28	16			2
392	Scales	Stephen	39	GSW	Leg R		04-Jul-28	11-Oct-28	100			2
393	Keily	Joseph	44	GSW	Scar on abdomen		04-Jul-28	29-Sep-28	88			2
394	Daly	John	34	GSW	Thigh L		04-Jul-28	18-Oct-28	107			2
395	Corcoran	Michael	44	GSW	Thigh R		05-Jul-28	27-Sep-28	85			2
396	Coughlan	Patrick	28	Disease	Fracture involving L Elbow Joint		05-Jul-28	03-Aug-28	30			2
397	Baxter	James	45	Disease	Gastritis		05-Jul-28	22-Nov-28	141			2
398	McKeady	James	31	GSW	Knee L		05-Jul-28	05-Sep-28	63			2
399	Duffy	Peter	43	Disease	Osteitis R Femur		06-Jul-28	05-Sep-28	62			2
400	Caulfield	Peter	32	GSW	Arm L		06-Jul-28	19-Jul-28	14			2

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
401	Nesbitt	Laurence	40	GSW	Foot L		07-Jul-28	19-Sep-28	75			2
402	McDonald	Michael	32	GSW	Hand L		09-Jul-28	13-Sep-28	67			2
403	O'Brien	Peter	40	GSW	Eye R		09-Jul-28	22-Aug-28	45			2
404	Gilgan	Patrick J	34	Disease	Gastritis		09-Jul-28	02-Aug-28	25			2
405	O'Donovan	Joseph	40	Disease	Rheumatism		09-Jul-28	11-Nov-28	126			2
406	Harris	William	37	Disease	Conjunctivitis		10-Jul-28	08-Aug-28	30			2
407	Walsh	William	60	Disease	Varicose Veins L Leg		10-Jul-28	30-Aug-28	52			2
408	Flynn	John	32	GSW	Arm R		10-Jul-28	31-Aug-28	53			2
409	Young	John	30	GSW	Arm R forearm		10-Jul-28	31-Dec-28	175			2
410	Brennan	Chris	29	Disease	Bronchitis	DAH	11-Jul-28	12-Sep-28	64			2
411	Kavanagh	John	37	Disease	VDH		11-Jul-28	10-Jan-28	184			2
412	Beirne	Michael	40	GSW	Arm R forearm		11-Jul-28	02-Aug-28	23			2
413	Clarke	John	56	Disease	Varicose Veins		11-Jul-28	17-Oct-28	99			2
414	Collins	James	46	GSW	Arm L		11-Jul-28	27-Sep-28	79			2
415	Carolan	Thomas	36	GSW	Thigh R Ampt		12-Jul-28	19-Jul-28	8			2
416	Murphy	Thomas	35	GSW	Elbow R		12-Jul-28	19-Oct-28	100			2
417	Whelan	Thomas	53	GSW	Hand R		12-Jul-28	26-Sep-28	77		Removal of Nevromata	2
418	Byrne	Peter	59	Disease	Malaria		12-Jul-28	04-Aug-28	24			2
419	Molloy	Thomas	53	Disease	Bronchitis		13-Jul-28	19-Sep-28	69			2
420	Kenny	Michael	38	Disease	Necrosis of Ilium		16-Jul-28	17-Sep-28	64			2
421	Merriman	Joseph	29	GSW	Leg L Ampt		16-Jul-28	15-Aug-28	31			2
422	Merrigan	Patrick	36	GSW	Leg R Ampt		16-Jul-28	25-Aug-28	31			2
423	Roche	Edward	49	GSW	Leg L		16-Jul-28	15-Oct-28	102			2
424	Gleeson	John	37	GSW	Arm R forearm Ampt		16-Jul-28	12-Sep-28	59			2
425	O'Rourke	John	40	Disease	Leg L Ulcer		16-Jul-28	30-Aug-28	46			2
426	Carey	Thomas	39	GSW	Right (? Not entered) Ampt		16-Jul-28	17-Oct-28	94			2
427	Wallace	Michael	36	GSW	Shrapnel wounds Abdomen & Groins		17-Jul-28	10-Oct-28	86			2
428	Donovan	John	36	Disease	VDH	Bronchitis	17-Jul-28	14-Nov-28	121			2
429	McGowan	Thomas	55	Disease	Malaria		17-Jul-28	27-Sep-28	73			2
430	Hogan	Thomas	36	Disease	Effects of Gas Poisoning		17-Jul-28	14-Aug-28	29			2
431	Monaghan	Thomas	34	GSW	Foot L		18-Jul-28	27-Sep-28	72			2
432	Kennedy	Con Jos	42	Disease	Bacillius		18-Jul-28	10-Aug-28	24			2
433	Gorman	Michael	29	GSW	Thigh L Ampt		18-Jul-28	22-Aug-28	36			2
434	Kennedy	Albert	47	Disease	Rheumatism	Flat Feet	19-Jul-28	16-Nov-28	121			2
435	Pearson	Peter	36	Disease	Bronchitis	Malaria	19-Jul-28	22-Aug-28	35			2
436	Lang	James	55	Disease	Bronchitis		19-Jul-28	27-Sep-28	71			2
437	Hickey	William	35	GSW	Leg R		19-Jul-28	31-Oct-28	105			2
438	Payne	James	32	GSW	Legs Both		19-Jul-28	20-Sep-28	64			2
439	Hallion	George	34	GSW	Shoulder		20-Jul-28	11-Oct-28	84			2
440	Claffey	Thomas	30	GSW	Chest		21-Jul-28	27-Sep-28	69			2
441	Coggar	Thomas	50	GSW	Leg R		23-Jul-28	30-Aug-28	39			2
442	Brady	John	38	Disease	Eczema		23-Jul-28	05-Dec-28	136			2
443	Walsh	Michael	41	Disease	Debility associated with Pyemic		23-Jul-28	18-Aug-28	27			2
444	Conroy	Thomas	40	Disease	Gastric Ulcer		23-Jul-28	27-Sep-28	67			2
445	Slattery	John	31	GSW	Leg L	Hand L	24-Jul-28	20-Sep-28	59			2
446	Dignam	Patrick	52	Disease	Leg R Ulcer		24-Jul-28	14-Mar-29	234			2
447	Morris	Laurence	32	GSW	Thigh		24-Jul-28	10-Oct-28	79			2
448	Murphy	James	56	Disease	Rheumatism	Conjunctivitis	24-Jul-28	04-Oct-28	73			2
449	Ryan	David	28	GSW	Arm L forearm		24-Jul-28	03-Oct-28	72			2
450	Byrne	Peter	48	Disease	Varix		25-Jul-28	19-Dec-28	148			2

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
451	Smith	James	37	GSW	Foot L		25-Jul-28	25-Oct-28	93			2
452	Daly	George	32	GSW	Wrist L		25-Jul-28	23-Aug-28	30			2
453	Mooney	Daniel	56	Disease	Varicose Veins		25-Jul-28	19-Sep-28	57			2
454	Meenan	Patrick	46	GSW	Arm L forearm		25-Jul-28	07-Feb-29	198			2
455	Downey	Daniel	31	GSW	Leg R		25-Jul-28	04-Oct-28	72			2
456	Webster	Michael	30	GSW	Hip L		26-Jul-28	29-Aug-28	35			2
457	Ormond	Harold	35	Disease	Sciatica		27-Jul-28	18-Aug-28	23			2
458	McCarthy	John	33	Disease	Laryngitis		27-Jul-28	25-Oct-28	91			2
459	Leary	John	55	GSW	Jaw		27-Jul-28	12-Sep-28	48			2
460	Kerwick	John	48	Disease	ODH		30-Jul-28	24-Aug-28	26			2
461	Wynne	John	43	Disease	Defective Vision		30-Jul-28	22-Aug-28	24			2
462	Hayes	Christopher	43	GSW	Thigh R		30-Jul-28	18-Oct-28	81			2
463	Doyle	Martin	29	Disease	Ichthyosis		30-Jul-28	04-Oct-28	67			2
464	Whelan	Daniel	35	GSW	Abdomen		30-Jul-28	08-Nov-28	102			2
465	Harte	Thomas	32	GSW	Femur L		30-Jul-28	25-Oct-28	88			2
466	Tobin	Michael	49	GSW	Arm L		31-Jul-28	13-Sep-28	45			2
467	Sheehan	Joseph	32	Disease	Otitis Media		31-Jul-28	12-Sep-28	44			2
468	Burke	Thomas	43	GSW	Thigh R		31-Jul-28	20-Dec-28	143			2
469	Naylor	Henry	32	GSW	Leg R		31-Jul-28	10-Oct-28	72			2
470	Kinsella	Patrick	43	Disease	Bronchitis		02-Aug-28	02-Nov-28	93			2
471	Cahill	James	58	Disease	Leg R Ulcer		02-Aug-28	27-Sep-28	57			2
472	Morgan	Francis	34	Disease	Otitis Media Chronic		02-Aug-28	13-Sep-28	43			2
473	McMahon	Francis	58	Disease	Pterygium		02-Aug-28	22-Aug-28	21			2
474	Riordan	Thomas	47	Disease	Debility arising from Malaria		02-Aug-28	03-Sep-28	33			2
475	Lennon	Patrick	48	Disease	Haemorrhoids		02-Aug-28	24-Oct-28	84			2
476	Howard	Charles	30	Disease	Enteroptosis		03-Aug-28	31-Aug-28	29			2
477	Talbot	Thomas	53	Both	Arm L	Deafness	03-Aug-28	24-Oct-28	83			2
478	McGovern	Thomas	38	GSW	Leg R	Knee R	04-Aug-28	25-Oct-28	83			2
479	McLoughlin	John J	37	Disease	Syocosis	Blepharitis	07-Aug-28	13-Sep-28	38			2
480	Long	Martin	60	Disease	Varix both Legs		07-Aug-28	19-Sep-28	44			2
481	Marrett	Francis	30	Disease	Gastritis	Appendicitis	07-Aug-28	31-Oct-28	86			2
482	Duggan	Edward	52	Disease	Varicose Veins		07-Aug-28	26-Sep-28	51			2
483	Fitzgerald	John	44	Disease	Leg R Ulcer		07-Aug-28	19-Sep-28	44			2
484	Kealy	Joseph	28	GSW	Elbow R		07-Aug-28	20-Sep-28	45			2
485	Leddin	Joseph	42	GSW	Multiple		07-Aug-28	03-Sep-28	28			2
486	Stevin	William	48	GSW	Leg Ampt		07-Aug-28	22-Aug-28	16			2
487	Murphy	Joseph	44	Disease	Leg R Ulcer		08-Aug-28	18-Oct-28	70			2
488	Dunne	Patrick	43	GSW	Leg L		08-Aug-28	12-Dec-28	127			2
489	Toole	Stephen	33	GSW	Foot R		08-Aug-28	24-Oct-28	78			2
490	Molloy	Joseph	47	Disease	Rheumatism		08-Aug-28	05-Sep-28	29			2
491	Owens	Martin	31	GSW	Head		09-Aug-28	23-Oct-28	76			2
492	Hodgins	Thomas	30	GSW	Leg L		09-Aug-28	14-Nov-28	98			2
493	Browne	Patrick	35	GSW	Arm R		09-Aug-28	25-Sep-28	48			2
494	Bride	Luke	31	Disease	Trachoma		10-Aug-28	03-Jan-29	147			2
495	Ward	Denis	34	Disease	Gastric Ulcer		13-Aug-28	06-Oct-28	55			2
496	Fagan	Thomas	32	GSW	Arm L		13-Aug-28	31-Oct-28	80			2
497	Adams	Thomas	37	Disease	Gastritis		13-Aug-28	19-Dec-28	129			2
498	Davis	Thomas	36	GSW	Leg R Ampt		13-Aug-28	31-Aug-28	19			2
499	Ryan	Thomas	29	GSW	Leg L Ampt		13-Aug-28	20-Aug-28	8			2
500	Walsh	Michael	0	GSW	Limb Fitting		13-Aug-28	05-Sep-28	24			2

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
501	Prendergast	Michael	39	Disease	Rheumatism		14-Aug-28	17-Oct-28	65			2
502	Cronin	John	38	GSW	Head	Deafness	14-Aug-28	20-Aug-28	7			2
503	Murphy	John	50	Disease	Deafness	Bilharzia	14-Aug-28	18-Oct-28	66			2
504	Elliott	Chris	32	GSW	Leg R Ampt		14-Aug-28	27-Sep-28	45			2
505	Comerford	Francis	29	GSW	Hand R		14-Aug-28	13-Dec-28	122			2
506	Moore	Terrance	40	GSW	Hand L		14-Aug-28	08-Nov-28	87			2
507	Sheehan	John	36	GSW	Shoulder R		14-Aug-28	19-Dec-28	128			2
508	Hurley	Michael	0	GSW	Limb Fitting		14-Aug-28	15-Sep-28	33			2
509	Dardis	Edward	48	Disease	Haemorrhoids		16-Aug-28	28-Nov-28	105			2
510	Eustace	Thomas	33	GSW	Arm - forearm not specified		16-Aug-28	01-Nov-28	78			2
511	Moohan	Thomas	60				16-Aug-28	05-Oct-28	51		No diagnosis	2
512	McKeown	Bernard	41	Disease	Defective Vision		16-Aug-28	17-Sep-28	33			2
513	Fletcher	Edward	32	GSW	Arm L multiple		16-Aug-28	25-Oct-28	71			2
514	Kenny	John	59	GSW	Arm L forearm		16-Aug-28	17-Oct-28	63			2
515	McGrath	Peter	33	Disease	Defective Vision		16-Aug-28	12-Sep-28	28			2
516	Monks	Edward	34	GSW	Head		16-Aug-28	17-Aug-28	2			2
517	Cullen	Chris	32	GSW	Arm L Ampt		16-Aug-28	14-Oct-28	60			2
518	Laffan	John	52	Disease	Gastritis		16-Aug-28	31-Oct-28	77			2
519	Eustace	Joseph	34	GSW	Elbow R		16-Aug-28	19-Sep-28	35			2
520	O'Grady	John	54	Disease	Rheumatism		20-Aug-28	31-Oct-28	73			2
521	Tennyson	Richard	55	Disease	Dyspepsia		20-Aug-28	21-Nov-28	94			2
522	Lonerigan	Thomas	32	Disease	Rheumatism		20-Aug-28	31-Oct-28	73			2
523	Kearns	James	37	Disease	Bronchitis		20-Aug-28	31-Oct-28	73			2
524	Murren	Michael	40	Disease	Hammer Toes		20-Aug-28	12-Dec-28	115			2
525	Gaughan	James	40	GSW	Thigh & Leg L		20-Aug-28	22-Nov-28	95			2
526	McSweeney	Michael	32	Disease	Sycosis Barbae Marginal Blepharitis		20-Aug-28	26-Sep-28	38			2
527	Joyce	William	30	Disease	Gastritis		20-Aug-28	14-Nov-28	87			2
528	Neill	Thomas	61	Disease	Trachoma Arterio Sclerosis		20-Aug-28	12-Sep-28	24			2
529	Dwyer	John	45	Disease	Deformed Feet	Malaria	20-Aug-28	31-Oct-28	73			2
530	Feeney	James	60	Disease	Haemorrhoids	Sinuses	20-Aug-28	22-Nov-28	95			2
531	O'Sullivan	James	48	Disease	Periostitis L Lung		20-Aug-28	16-Jan-29	150			2
532	Muldoon	Thomas	32	GSW	Arm		20-Aug-28	25-Oct-28	67			2
533	Ryan	Laurence	33	GSW	Arm L		21-Aug-28	14-Nov-28	86			2
534	Connor	Joseph	38	GSW	Knee L		22-Aug-28	31-Oct-28	71			2
535	Gray	Richard	45	GSW	Hand R		22-Aug-28	13-Dec-28	114			2
536	Whelan	Joseph	56	Disease	Rheumatism		22-Aug-28	31-Oct-28	71			2
537	Feeney	Peter	51	Disease	Rheumatism		22-Aug-28	31-Oct-28	71			2
538	Chambers	Joseph	40	GSW	Wrist R		22-Aug-28	14-Nov-28	85			2
539	Taylor	James	31	Disease	Defective Vision		23-Aug-28	12-Sep-28	21			2
540	Prenderville	Richard	38	GSW	Shoulder L		24-Aug-28	20-Dec-28	119			2
541	Clarke	Edward	31	GSW	Heel R		24-Aug-28	23-Jan-29	153			2
542	Byrne	James	31	GSW	Hand R		24-Aug-28	04-Oct-28	42			2
543	Herlihy	William	43	GSW	Leg R Ampy		24-Aug-28	03-Sep-28	11			2
544	Whelan	James	35	Disease	Dysentery		24-Aug-28	20-Sep-28	28			2
545	Molloy	Henry	58	Disease	Osteo Arthritis		24-Aug-28	05-Dec-28	104			2
546	Mullane	James	36	Disease	DAH	Bronchitis	24-Aug-28	07-Nov-28	76			2
547	O'Brien	James	32	GSW	Arm R		24-Aug-28	12-Sep-28	20			2
548	White	Thos Jos	34	Disease	Otitis Media Chronic		27-Aug-28	04-Dec-28	100			2
549	Casey	Michael	35	Disease	Haemorrhoids		27-Aug-28	19-Oct-28	54			2
550	Burke	William	50	Disease	Ear Disease		27-Aug-28	12-Sep-28	17			2

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
551	Reilly	James	33	Disease	Blepharitis		27-Aug-28	26-Sep-28	31			2
552	O'Leary	Anthony	46	GSW	Side		27-Aug-28	19-Oct-28	54			2
553	Doran	James	34	GSW	Leg R		27-Aug-28	21-Nov-28	87			2
554	Byrne	Joseph	34	GSW	Leg L Ampt		27-Aug-28	26-Sep-28	31			2
555	Russell	Mi Jos	40	GSW	Arm L forearm		27-Aug-28	19-Dec-28	115			2
556	Lett	Stephen	43	GSW	Leg L		27-Aug-28	31-Oct-28	66			2
557	Keohoe	Aiden	31	Disease	Leg R Injury		28-Aug-28	21-Nov-28	86			2
558	Reynolds	Sylvester	42	Disease	Varicose Veins		28-Aug-28	10-Oct-28	44			2
559	Maher	Thomas	33	Disease	Dysentery		28-Aug-28	07-Nov-28	72			2
560	McCarthy	Denis	35	GSW	Leg L		29-Aug-28	26-Sep-28	29			2
561	McKenna	Patrick	33	GSW	Leg R		29-Aug-28	31-Oct-28	64			2
562	Foran	Chris	61	Disease	Osteo Myelitis		29-Aug-28	09-May-29	254			2
563	Ahern	Joseph	52	Disease	Bronchitis		29-Aug-28	12-Dec-28	106			2
564	Goodchild	Patrick	34	Disease	Defective Vision		01-Sep-28	09-Jan-29	131			2
565	Carey	Joseph	43	GSW	Multiple		01-Sep-28	21-Feb-29	174			2
566	Heffernan	Joseph	31	Disease	Fractured Skull		01-Sep-28	27-Sep-28	27			2
567	O'Toole	James	39	Disease	Gastritis		03-Sep-28	24-Oct-28	52			2
568	Monahan	Patrick	36	Disease	Hernia		03-Sep-28	19-Sep-28	17			2
569	Brown	John	30	GSW	Arm R		03-Sep-28	21-Nov-28	80			2
570	Riordan	William	35	GSW	Foot L Seq Corns		03-Sep-28	22-Nov-28	80			2
571	Hickey	Teddy	45	Disease	I.C.T. Feet		03-Sep-28	28-Oct-28	56			2
572	Nihill	Thomas	36	GSW	Arm L forearm		03-Sep-28	22-Nov-28	81			2
573	Kinsella	Michael	34	GSW	Knee R		03-Sep-28	20-Feb-29	171			2
574	Fox	Patrick	32	Disease	Deafness		04-Sep-28	24-Oct-28	51			2
575	Timmons	James	48	GSW	Hand L		04-Sep-28	21-Nov-28	79			2
576	Kelly	James	57	Disease	ODH		04-Sep-28	03-Oct-28	30			2
577	Byrne alias Joyce	Thos	42	GSW	Arm L forearm Ampt		05-Sep-28	09-Oct-28	35			2
578	Lehane	David	50	Disease	ODH		05-Sep-28	21-Nov-28	78			2
579	Hayes	Patrick	53	GSW	Back		06-Sep-28	22-Nov-28	78			2
580	Conway	Peter	35	GSW			06-Sep-28	21-Nov-28	77			2
581	Wall	William	40	GSW	Leg L Ampt		06-Sep-28	18-Sep-28	13			2
582	Carey	James	39	GSW	Leg L Ampt		06-Sep-28	15-Sep-28	10			2
583	Armitage	Charles	29	Disease	Leg R Osteo Periostitis		07-Sep-28	26-Sep-28	20			2
584	Mansfield	Denis	43	Disease	Ex Ophthalmic Goitre		07-Sep-28	09-Oct-28	33			2
585	Marrett	Denis	55	Disease	Nephritis		10-Sep-28	06-Oct-28	27			2
586	Dennehy	Charles	54	Disease	Osteo Arthritis		10-Sep-28	31-Jan-29	144			2
587	Casey	Dominick	32	GSW	Leg L		10-Sep-28	29-Nov-28	81			2
588	Corr	Andrew	37	GSW	Leg R		10-Sep-28	16-Jan-29	129			2
589	McKenna	Joseph	49	GSW	Thigh	Hand	11-Sep-28	13-Dec-28	94			2
590	McHugh	Michael	53	Disease	VDH		11-Sep-28	12-Dec-28	93			2
591	Pate	Martin	43	Disease	Leg Ulcerated		11-Sep-28	31-Oct-28	51			2
592	Green	Henry	34	GSW	Foot R Ampt		11-Sep-28	11-Oct-28	31			2
593	Crosbie	Thomas	37	GSW	Arm R		11-Sep-28	24-Jan-29	136			2
594	Norton	William	38	Disease	Otitis Media		11-Sep-28	28-Nov-28	79			2
595	Naughton	Edward	33	Disease	Deblity	Malaria	12-Sep-28	31-Oct-28	50			2
596	Carney	Joseph	50	Disease	Otitis Media		12-Sep-28	14-Nov-28	64			2
597	Meara	Joseph	38	GSW	Thigh L Ampt		12-Sep-28	23-Oct-28	42			2
598	Fennell	Jeremiah	38	GSW	Chest		12-Sep-28	22-Dec-28	102			2
599	Kensifick	Thomas	31	GSW	Thigh L Ampt		12-Sep-28	16-Nov-28	66			2
600	Ahern	Joseph	40	Disease	Tuberculosis Lungs		12-Sep-28	08-Oct-28	27			2

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
601	Cranny	Thomas	45	Disease	Conjunctivitis		13-Sep-28	14-Nov-28	63			2
602	Collins	John	52	Disease	Gastritis		13-Sep-28	14-Nov-28	63			2
603	Meany	David	43	GSW	Thigh L		14-Sep-28	28-Nov-28	76			2
604	Kelly	Michael	45	GSW	Knee L		14-Sep-28	29-Nov-28	77			2
605	Corcoran	James	29	Disease	Otitis Media Chronic		14-Sep-28	10-Oct-28	27			2
606	Reilly alias Ryan	Ed	37	GSW	Buttock		14-Sep-28	17-Jan-29	126			2
607	Moran	John	50	GSW	Thigh R		14-Sep-28	16-Jan-29	125			2
608	Flood	Thomas	34	Disease	Hand L Injury		14-Sep-28	10-Oct-28	27			2
609	Hennessy	Edmond	50	Disease	Debilty		15-Sep-28	21-Nov-28	68			2
610	Mahoney	James	36	Disease	Gastritis		15-Sep-28	28-Nov-28	75			2
611	Byrne	William	29	Disease	Otitis Media		15-Sep-28	10-Oct-28	26			2
612	Brown	John	61	Disease	Deflected Septum		15-Sep-28	10-Oct-28	26			2
613	Kelly	Joseph	32	GSW	Arm R forearm		15-Sep-28	31-Oct-28	47			2
614	Rathbone	Charles	29	GSW	Chest		17-Sep-28	10-Jan-29	116			2
615	Flynn	Bernard	43	Disease	Venous Obstruction		17-Sep-28	13-Mar-29	178			2
616	Reddington	Thomas	28	GSW	Knee R		17-Sep-28	19-Oct-28	33			2
617	Stanley	Charles	0	GSW	Leg R Tibia		18-Sep-28	02-Aug-29	319			2
618	McGowan	Simon	37	Disease	Leg L Injury		18-Sep-28	28-Nov-28	72			2
619	O'Brien	Michael	31	GSW	Leg L		18-Sep-28	21-Nov-28	65			2
620	McDermott	John	53	Disease	Hernia		18-Sep-28	12-Dec-28	86			2
621	Ellis	William	57	Disease	Defective Vision		19-Sep-28	18-Oct-28	30			2
622	Keane	Thomas	38	GSW	Arm L		19-Sep-28	12-Dec-28	85			2
623	Cullen	Henry	27	GSW	Foot L		19-Sep-28	31-Oct-28	43			2
624	Farrell	John	47	Disease	Rheumatism		20-Sep-28	05-Dec-28	77			2
625	Byrne	Joseph	27	GSW	Jaw		20-Sep-28	14-Dec-28	86			2
626	Tilson	Cecil	34	GSW	Thigh R		21-Sep-28	22-Nov-28	63			2
627	O'Neill	Hugh	33	GSW	Thigh R		21-Sep-28	25-Jan-29	127			2
628	Kelly	Chris	38	GSW	Wrist		25-Sep-28	02-Feb-29	131			2
629	McGovern	Peter	56	Disease	Eczema		25-Sep-28	07-Nov-28	44			2
630	Matthews	George	65	Disease	Rheumatoid Arthritis		25-Sep-28	28-Nov-28	65			2
631	Farrell	Bernard	62	Disease	Otitis Media		25-Sep-28	06-Dec-28	73			2
632	Campbell	Patrick	31	GSW	Arm R forearm		25-Sep-28	24-Nov-28	61			2
633	Baird	William	59	Disease	Rheumatism		25-Sep-28	12-Dec-28	79			2
634	O'Brien	William	33	GSW	Arm R		25-Sep-28	16-Jan-29	114			2
635	Clinch	Thomas	48	Disease	Otitis Media		25-Sep-28	01-Nov-28	38			2
636	Egan	William	41	GSW	Arm L forearm		25-Sep-28	31-Jan-29	129			2
637	Hare	Thomas	38	GSW	Arm L		25-Sep-28	23-Nov-28	60			2
638	O'Shea	Thomas	49	GSW	Leg L		25-Sep-28	13-Dec-28	80			2
639	Carpenter	James	49	GSW	Foot L		25-Sep-28	07-Nov-28	44			2
640	Murphy	Patrick	32	Disease	Bronchitis		26-Sep-28	05-Dec-28	71			2
641	Connolly	Stephen	61	Disease	Eye Trouble		27-Sep-28	25-Oct-28	29			2
642	Furlong	Pierce	33	GSW	Thigh R Ampt		27-Sep-28	02-Oct-28	6			2
643	Ryan	Richard	43	GSW	Leg L		28-Sep-28	17-Jan-29	112			2
644	Byrne	William	39	Disease	Multiple Sclerosis		28-Sep-28	24-Oct-28	27			2
645	O'Connor	Patrick	47	Disease	ODH		28-Sep-28	12-Dec-28	76			2
646	Rogers	John	36	GSW	Leg L		28-Sep-28	12-Dec-28	76			2
647	Coughlan	Peter	36	Disease	Bronchitis		28-Sep-28	12-Dec-28	76			2
648	Graham	James	46	Disease	Contusion of Hips		28-Sep-28	10-Oct-28	13			2
649	Hennessy	James	41	GSW	Arm L forearm		30-Sep-28	12-Dec-28	74			2
650	Burke	Joseph	56	GSW	Hand R		29-Sep-28	20-Dec-28	83			2

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
651	Murphy	William	44	GSW	Head		01-Oct-28	20-Dec-28	81			2
652	Cleary	William	43	GSW	Thigh L		01-Oct-28	05-Dec-28	66			2
653	Pender	Martin	33	Disease	Bronchitis		01-Oct-28	31-Oct-28	31			2
654	Hearne	James	57	Disease	DAH		01-Oct-28	16-Jan-29	108			2
655	Cuddihy	Luke	39	Disease	Varicose Veins		01-Oct-28	23-May-29	235			2
656	Ludden	James	60	Disease	Rheumatism		01-Oct-28	07-Nov-28	38			2
657	Lunn	Charles	59	Disease	Hernia		01-Oct-28	08-Nov-28	39			2
658	Kennedy	William	37	GSW	Shoulder L		01-Oct-28	25-Oct-28	25			2
659	O'Dwyer	James	42	Disease	Varicose Veins		01-Oct-28	13-Dec-28	74			2
660	Doyle	Michael	40	Disease	Pnebitis		01-Oct-28	28-Nov-28	59			2
661	Kierans	Patrick	39	Disease	Tuberculosis Kidney		01-Oct-28	19-Dec-28	80			2
662	Callaghan	Patrick	32	GSW	Hand		02-Oct-28	23-Jan-29	114			2
663	Conway	Michael	34	GSW	Arm L Ampt		01-Oct-28	31-Oct-28	31			2
664	Carey	James	39	GSW	Buttock L		01-Oct-28	31-Oct-28	31			2
665	O'Connor	John	33	Disease	Otitis Media		02-Oct-28	24-Oct-28	23			2
666	Curtin	John	44	Disease	Debility		02-Oct-28	19-Dec-28	79			2
667	Clarke	James	52	GSW	Back		02-Oct-28	10-Jan-29	101			2
668	Dunne	Patrick	30	GSW	Arm L forearm	Thigh R	02-Oct-28	20-Dec-28	80			2
669	Byrne	Joseph	34	GSW	Leg L Ampt		03-Oct-28	01-Nov-28	30			2
670	Daly	John	30	GSW	Hand L		03-Oct-28	16-Jan-29	106			2
671	Johnson	Charles	36	GSW	Leg R		03-Oct-28	09-Oct-28	7			2
672	Kennedy	Joseph	40	GSW	Leg R		03-Oct-28	21-Jan-29	111			2
673	Costello	Charles	34	GSW	Leg L Ampt		03-Oct-28	12-Dec-28	71			2
674	Breen	Peter	39	GSW	Leg L Ampt		03-Oct-28	09-Nov-28	38			2
675	Martin	John	45	Disease	Eczema		04-Oct-28	20-Dec-28	78			2
676	McCarthy	Denis	29	GSW	Leg L		04-Oct-28	09-Oct-28	6			2
677	McNamara	Thomas	28	GSW	Face		04-Oct-28	24-Oct-28	21			2
678	Kelly	William	38	GSW	Hand L finger		04-Oct-28	23-Nov-28	51			2
679	McEntee	John	40	Disease	Gastritis		04-Oct-28	15-Dec-28	73			2
680	Byrne	George	54	Disease	Debility	Bronchitis	05-Oct-28	19-Dec-28	76			2
681	Brown	Henry	43	Disease	Gastritis	Debility	05-Oct-28	18-Dec-28	75			2
682	Barlow	Arthur	33	GSW	Hand		05-Oct-28	21-Nov-28	48			2
683	Keating	Patrick	40	GSW	Hand R		08-Oct-28	19-Dec-28	73			2
684	Brannigan	John	30	GSW	Arm L		08-Oct-28	19-Dec-28	73			2
685	Maloney	Michael	45	GSW	Hand		08-Oct-28	04-Jan-29	89			2
686	Rooney	James	47	Disease	VDH		08-Oct-28	19-Dec-28	73			2
687	McCann	Peter	36	Disease	Deafness		09-Oct-28	01-Nov-28	24			2
688	Scully	John	30	Disease	Otitis Media		09-Oct-28	15-Nov-28	38			2
689	Smyth	John	46	GSW	Foot L		09-Oct-28	20-Dec-28	73			2
690	Hill	Thomas	40	GSW	Hand R		10-Oct-28	13-Dec-28	65			2
691	Foran	Michael	40	Disease	Bronchitis		11-Oct-28	07-Nov-28	28			2
692	Leslie	Peter	38	GSW	Thigh Ampt		11-Oct-28	08-Nov-28	29			2
693	Corcoran	John	40	Disease	Conjunctivitis		11-Oct-28	15-Nov-28	36			2
694	Jones	John	38	GSW	Ankle		12-Oct-28	19-Dec-28	69			2
695	McManus	Thomas	28	GSW	Foot		12-Oct-28	19-Dec-28	69			2
696	Fay	Thomas	32	Disease	Rheumatism	Malaria	12-Oct-28	08-Nov-28	28			2
697	Courtney	Michael	34	GSW	Foot R		12-Oct-28	23-Feb-29	135			2
698	Clifford	John	39	GSW	Buttock		12-Oct-28	23-Nov-28	43			2
699	O'Connor	Denis	48	GSW	Leg L		12-Oct-28	17-Oct-28	6			2
700	Dwyer	Timothy	33	Disease	ODH		12-Oct-28	12-Dec-28	62			2

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
701	Cleary	John	41	Disease	Synovitis of R Knee		12-Oct-28	09-Jan-29	90			2
702	Sexton	William	53	Disease	ODH	Deblity	12-Oct-28	05-Dec-28	55			2
703	Garry	Joseph	32	GSW	Head		13-Oct-28	09-Nov-28	28			2
704	Hamilton	James	36	GSW	Arm L forearm		15-Oct-28	13-Dec-28	60			2
705	O'Leary	John	44	GSW	Arm L forearm		15-Oct-28	19-Oct-28	5			2
706	Fenlon	Michael	29	GSW	Leg L		16-Oct-28	12-Dec-28	58			2
707	Clinch	Arthur	43	Disease	Varicose Veins		16-Oct-28	30-Jan-29	107			2
708	Kelly	Peter	50	GSW	Leg L Ampt		16-Oct-28	28-Nov-28	44			2
709	Barrett	John	28	GSW	Leg L Ampt		16-Oct-28	30-Oct-28	15			2
710	Stafford	Thomas	52	Disease	Gastric Ulcer		17-Oct-28	14-Nov-28	29			2
711	Dowd	Patrick	46	Disease	Epthalmic Goitre		17-Oct-28	24-Apr-29	190			2
712	Brown	James	37	GSW	Legs Both		18-Oct-28	18-Feb-29	124			2
713	Leahy	Daniel	38	Disease	Nephritis	DAH	18-Oct-28	19-Dec-28	63			2
714	Sheehan	Thomas	49	GSW	Arm R forearm		18-Oct-28	19-Dec-28	63			2
715	Moran	David	44	Disease	Deafness		18-Oct-28	31-Oct-28	14			2
716	Foley	Peter	40	Disease	Fistula in ANO	Piles	18-Oct-28	11-Jan-29	86			2
717	Cunningham	Thos	28	GSW	Leg L		18-Oct-28	30-Jan-29	105			2
718	Byrne	Edward	42	GSW	Face - Loss of eye		18-Oct-28	15-Nov-28	29			2
719	Meehan	Michael	36	GSW	Hand R		19-Oct-28	22-Nov-28	35			2
720	Hassett	Arthur	36	Disease	Gastritis		19-Oct-28	25-Oct-28	7			2
721	Kelly	Patrick	32	GSW	Foot R		19-Oct-28	06-Jun-29	230			2
722	Dunne	John	58	GSW	Leg L		19-Oct-28	27-Mar-29	160			2
723	Cooney	John	63	Disease	Prostate Enlarged		20-Oct-28	12-Dec-28	54			2
724	Lynch	Thomas	29	GSW	Thigh R		22-Oct-28	21-Nov-28	31			2
725	O'Neill	Patrick	32	GSW	Thigh R		22-Oct-28	18-Feb-29	120			2
726	Knowl	Patrick	35	Disease	Tuberculosis Pulmonary		22-Oct-28	17-Nov-28	27			2
727	Kelly	John	35	GSW	Wrist L		22-Oct-28	10-Jan-29	81			2
728	Whittaker	William	35	GSW	Leg R		22-Oct-28	12-Dec-28	52			2
729	Rudd	James	42	GSW	Shoulder R		22-Oct-28	16-Jan-29	87			2
730	Murray	Thomas	29	GSW	Leg R Ampt		23-Oct-28	10-Nov-28	19			2
731	Walsh	John	48	Disease	Bronchitis	DAH	23-Oct-28	31-Oct-28	9			2
732	Carolan	Ceal J	39	Disease	Hip L Injury		23-Oct-28	31-Oct-28	9			2
733	Davis	John	50	Disease	Defective Vision		23-Oct-28	12-Dec-28	51			2
734	Garvey	Thomas	59	Disease	Colitis		23-Oct-28	12-Dec-28	51			2
735	Meehan	Joseph	43	GSW	Chest		24-Oct-28	05-Jan-29	74			2
736	Doyle	Michael	51	Disease	Rheumatism		24-Oct-28	21-Nov-28	29			2
737	Carr	Hugh	32	GSW	Foot L		24-Oct-28	10-Jan-29	79			2
738	Collins	Joseph	37	GSW	Thigh Bayonet Wound		24-Oct-28	06-Mar-29	134			2
739	Brown	James	30	Disease	Bronchitis		25-Oct-28	10-Jan-29	78			2
740	Kilty	Michael	36	GSW	Hand L Bayonet Wound	Injury to Eyes	25-Oct-28	12-Dec-28	49			2
741	Mulcahy	Denis	39	Disease	Eczema		25-Oct-28	19-Dec-28	56			2
742	Scully	William	43	Disease	Varicose Veins		26-Oct-28	18-Apr-29	175			2
743	Lynam	Joseph	44	Disease	Dysentery		26-Oct-28	14-Nov-28	20			2
744	Burke	Edward	55	Disease	Rheumatism		27-Oct-28	14-Feb-29	111			2
745	Stanton	James	58	Disease	Emphysema Cardio ILLEGIBLE		27-Oct-28	14-Dec-28	49			2
746	Connolly	Patrick	38	GSW	Thigh L		29-Oct-28	26-Feb-29	121			2
747	Rooney	James	52	Disease	Stricture of Uretra		29-Oct-28	08-Jan-29	72			2
748	Callaghan	Michael	43	GSW	Lumbar Region		29-Oct-28	08-Dec-28	41			2
749	English	James	58	Disease	VDH		29-Oct-28	29-Nov-28	32			2
750	Poyntz	Patrick	44	Disease	Varix R Leg		29-Oct-28	20-Dec-28	53			2

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
751	McGrath	James	48	Disease	Ulcer V		29-Oct-28	10-Apr-29	164			2
752	Cashin	Nicholas	38	Disease	Asthma	Bronchitis	29-Oct-28	09-Jan-29	73			2
753	Payne	Joseph	39	GSW	Arm L forearm		30-Oct-28	08-Nov-28	10			2
754	Payne	James	33	Both	Legs GSW	Bronchitis	30-Oct-28	20-Dec-28	52			2
755	Heffernan	John	51	Disease	Ulcer V		30-Oct-28	31-Jan-29	94			2
756	Coleman	Con	36	GSW	Multiple		31-Oct-28	14-Feb-29	107			2
757	O'Brien	Patrick	50	Disease	Defective Vision R Eye		31-Oct-28	08-Nov-28	9			2
758	McMahon	James	52	GSW	Thigh R		31-Oct-28	12-Dec-28	43			2
759	Clarke	Matthew	56	Disease	Back Old Injury		01-Nov-28	27-Feb-29	119			2
760	Doyle	Patrick	33	Disease	Malaria	Bronchitis	02-Nov-28	17-Jan-29	77			2
761	Ryan	John	29	Disease	Ing Hernia		02-Nov-28	10-Jan-29	70			2
762	Donoughue	Joseph	48	GSW	Arm L Ampt		02-Nov-28	23-Nov-28	22			2
763	Pim	John	43	Disease	Bronchitis		03-Nov-28	24-Jan-28	83			2
764	McCabe	Peter	35	GSW	Knee R		05-Nov-28	30-Jan-29	87			2
765	Moore	Francis	35	GSW	Arm L forearm		05-Nov-28	17-Jan-29	74			2
766	Gorman	John	45	GSW	Leg R		05-Nov-28	28-Nov-28	24			2
767	Moriarty	Daniel	38	GSW	Legs Both		06-Nov-28	23-Jan-29	79			2
768	O'Brien	Jeremiah	40	GSW	Neck		06-Nov-28	27-Nov-28	22			2
769	Collins	Daniel	44	GSW	Knee R		06-Nov-28	19-Dec-28	44			2
770	Stafford	John	39	GSW	Head		06-Nov-28	12-Dec-28	37			2
771	Quinlan	Daniel	40	Disease	Piles		06-Nov-28	11-Jan-29	67			2
772	Williams	Patrick	57	Disease	Arthritis		06-Nov-28	25-Jan-29	81			2
773	Ray	Michael	28	Disease	DAH	Debility	06-Nov-28	03-Dec-28	28			2
774	Mansfield	James	38	Disease	Gastritis		06-Nov-28	26-Jan-29	82			2
775	Regan	Martin	33	Disease	Leg Ulceration		07-Nov-28	30-Jan-29	85			2
776	Campbell	John	35	GSW	Arm L Ampt		07-Nov-28	30-Jan-29	85			2
777	Dunne	Richard	39	Disease	Dysentery		07-Nov-28	29-Nov-28	23			2
778	Baker	Nathaniel	38	GSW	Leg R		07-Nov-28	05-Apr-29	150			2
779	O'Brien	James	32	GSW	Arm		07-Nov-28	24-Jan-29	79			2
780	Murray	James	0	GSW	Abdomen		07-Nov-28	12-Dec-28	36		6 entered for age?	2
781	Foley	Cornelius	37	Disease	Conjunctivitis		08-Nov-28	21-Nov-28	14			2
782	Gallagher	Stephen	42	GSW	Chest		08-Nov-28	22-Nov-28	15			2
783	Kearney	Patrick	38	Disease	VDH		08-Nov-28	17-Apr-29	161			2
784	Hunt	James	42	GSW	Side R		08-Nov-28	09-Nov-28	2			2
785	Keane	John	57	Disease	Eczema		08-Nov-28	16-Jan-29	70			2
786	Kepple	William	38	Disease	Gastritis		08-Nov-28	19-Dec-28	42			2
787	McCarthy	Patrick	43	Disease	Conjunctivitis		08-Nov-28	05-Dec-28	28			2
788	Farrell	John	41	GSW	Arm L		08-Nov-28	12-Dec-28	35			2
789	Courney	Martin	46	Disease	Knee L Injury		08-Nov-28	07-Feb-29	92			2
790	Cashin	Francis	32	Disease	Otitis Media		12-Nov-28	29-Nov-28	18			2
791	Condon	James	46	GSW	Shoulder R		12-Nov-28	30-Jan-29	80			2
792	Keegan	Timothy	34	GSW	Wrist L		12-Nov-28	17-Jan-29	67			2
793	Hunt	John	32	Disease	Myalgia		12-Nov-28	23-Jan-29	73			2
794	Cronin	John	38	GSW	Head		12-Nov-28	05-Dec-28	24			2
795	McCarthy	Daniel	31	Disease	Bronchitis		12-Nov-28	12-Dec-28	31			2
796	Rice	Patrick	43	Disease	Bronchitis	Malaria	12-Nov-28	24-Jan-29	74			2
797	Carey	James	39	GSW	Limb Fitting		12-Nov-28	28-Nov-28	17			2
798	O'Keefe	Thomas	45	Disease	Arthritis		13-Nov-28	26-Jan-29	75			2
799	Butler	Thomas	47	Disease	Bright's Disease		13-Nov-28	22-Dec-28	40			2
800	Neary	Patrick	42	Disease	HY Disease		13-Nov-28	30-Jan-29	79			2

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
801	Hogan	John	52	Disease	Tuberculosis Kidney		13-Nov-28	03-Dec-28	21			2
802	Adams	Patrick	35	Disease	Tuberculosis Pulmonary		13-Nov-28	10-Dec-28	28			2
803	Reilly	Thomas	46	Disease	Haemorrhoids		13-Nov-28	16-Jan-29	65			2
804	Toole	Timothy	43	Disease	Leg Ulceration		13-Nov-28	30-Jan-29	79			2
805	Symington	George	42	GSW	Shoulder L		13-Nov-28	30-Jan-29	79			2
806	Phillips	William	48	Disease	Rheumatism		13-Nov-28	23-Jan-29	72			2
807	Croke	Thomas	46	Disease	Stricture of Rectum		14-Nov-28	08-Dec-28	25			2
808	Sheridan	Patrick	44	Disease	Conjunctivitis		14-Nov-28	06-Feb-29	85			2
809	McCommack	James	40	GSW	Wrist L		14-Nov-28	30-Jan-29	78			2
810	O'Callaghan	Thomas	55	GSW	Back		15-Nov-28	16-May-29	183			2
811	Corrigan	Robert	33	GSW	Eye L Loss of		15-Nov-28	12-Dec-28	28			2
812	Langton	Murtagh	37	GSW	Thigh L		16-Nov-28	26-Apr-29	162			2
813	Boyle	Richard	49	Disease	Gastric Ulcer		16-Nov-28	13-Mar-29	118			2
814	McCarthy	Patrick	40	Disease	Duodenal Ulcer		16-Nov-28	26-Jan-29	72			2
815	Gillespie	Patrick	30	Disease	Adhesions following Appendicitis		16-Nov-28	23-Nov-28	8			2
816	Griffin	John	46	GSW	Head		16-Nov-28	13-Dec-28	28			2
817	Ryan	Thomas	40	Disease	Duodenal Ulcer		16-Nov-28	30-Mar-29	135		DIED.	2
818	Cullinan	Peter	33	GSW	Leg R		16-Nov-28	16-Jan-29	62			2
819	Haberlin	Patrick	52	Disease	Leg R Injury		16-Nov-28	26-Feb-29	103			2
820	Melly	Michael	33	GSW	Feet		19-Nov-28	24-Jan-29	67			2
821	O'Halloran	James	44	GSW	Arm R		19-Nov-28	20-Dec-28	32			2
822	Farrell	Francis	39	Disease	Conjunctivitis		19-Nov-28	22-Dec-28	34			2
823	Cahill	John	28	Disease	VDH		20-Nov-28	14-Dec-28	25			2
824	Timmons	Thomas	38	Disease	Otitis Media		20-Nov-28	30-Nov-28	11			2
825	Cunningham	Michael	36	Disease	Malaria	Debility	21-Nov-28	14-Dec-28	24			2
826	Roe	William	32	GSW	Ankle R		21-Nov-28	19-Feb-29	91			2
827	O'Hanlon	Thomas	34	GSW	Knee L		21-Nov-28	30-Jan-29	71			2
828	Fitzgerald	John	34	GSW	Arm L forearm		21-Nov-28	28-Nov-28	8			2
829	Thomas	Daniel	31	GSW	Leg L Ampt		21-Nov-28	20-Dec-28	30			2
830	Cummins	Patrick	60	Disease	Myalgia	Malaria	21-Nov-28	14-Dec-28	24			2
831	Flood	James	54	Disease	Bronchitis		21-Nov-28	30-Jan-29	71			2
832	Coleman	Patrick	63	Disease	Myalgia		22-Nov-28	06-Feb-29	77			2
833	Woods	John	41	Disease	Rheumatism		22-Nov-28	06-Feb-29	77			2
834	Lyons	Patrick	34	GSW	Arm R forearm		22-Nov-28	27-Feb-29	98			2
835	Gormley	Robert	52	Disease	Conjunctivitis		22-Nov-28	03-Jan-29	43			2
836	Arnold	James	37	GSW	Arm R		23-Nov-28	13-Mar-29	111			2
837	Reilly	James	43	Disease	Stomach Trouble		23-Nov-28	12-Dec-28	20			2
838	Keely	William	33	Disease	Gastritis		23-Nov-28	15-Dec-28	23			2
839	Bullman	Timothy	40	GSW	Arm R forearm		23-Nov-28	28-Mar-29	126			2
840	Phen	John	47	Disease	Gastritis		24-Nov-28	17-Dec-28	24			2
841	Fonde	John	30	Disease	Gastritis		26-Nov-28	06-Feb-29	73			2
842	Rath	Peter	34	GSW	Elbow L		26-Nov-28	02-Feb-29	69			2
843	Ketterick	Michael	30	Disease	Gastritis		26-Nov-28	07-Mar-29	102			2
844	Ryan	James	32	GSW	Arm - forearm		26-Nov-28	30-Jan-29	66			2
845	Wood	Joseph	36	GSW	Groin		26-Nov-28	31-Jan-29	67			2
846	Browne	Patrick	30	Disease	Bronchitis	Gastritis	26-Nov-28	13-Feb-29	80			2
847	Hassett	Arthur	34	Disease	Gastritis		26-Nov-28	06-Feb-29	73			2
848	McGiff	James	36	Disease	Varicose Veins		26-Nov-28	14-Feb-29	81			2
849	Hunt	Denis	31	Disease	DAH		27-Nov-28	19-Dec-28	23			2
850	O'Donohue	Daniel	49	Disease	Gastritis		27-Nov-28	16-Jan-29	51			2

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
851	Giff	Christopher	35	GSW	Forearm		27-Nov-28	30-Jan-29	65			2
852	Mooney	Daniel	56	Disease	Varicose Veins		27-Nov-28	01-Feb-29	67			2
853	Carroll	John	31	GSW	Hand R		27-Nov-28	27-Mar-29	121			2
854	Connor	James	32	Disease	Laryngitis		27-Nov-28	19-Jan-29	54			2
855	Bannon	Bernard	39	Disease	Leg R Ampt Stump		28-Nov-28	23-Jan-29	57			2
856	Harbridge	Ernest	38	Disease	Ostitus Media		28-Nov-28	21-Mar-29	114			2
857	O'Connor	Daniel	54	Disease	Rheumatism		28-Nov-28	06-Feb-29	71			2
858	Clarke	John	30	GSW	Foot L		28-Nov-28	06-Mar-29	99			2
859	Pennycook	Henry	49	Disease	Foot R Swollen		28-Nov-28	12-Apr-30	501			2
860	Ryan	John	45	Disease	Sciatica	Neurasthenia	28-Nov-28	22-Dec-28	25			2
861	Foley	Patrick	33	Disease	Active Trachoma		28-Nov-28	19-Dec-28	22			2
862	Hendry	William	0	GSW	Leg Ampt		29-Nov-28	06-Feb-29	70			2
863	Wynne	Patrick	0	GSW	Leg R		29-Nov-28	06-Feb-29	70			2
864	Maier	Thomas	0	Disease	Dysentery		29-Nov-28	21-Dec-28	23			2
865	Fahy	Patrick	0	Disease	Ostitus Media		29-Nov-28	21-Dec-28	23			2
866	Monaghan	Thomas	35	GSW	Foot L		29-Nov-28	31-Jan-29	64			2
867	Devine	Robert	36	GSW	Leg Ampt		30-Nov-28	23-Jan-29	55			2
868	Roche	Dominick	32	GSW	Leg L		30-Nov-28	30-Jan-29	62			2
869	Quinn	Patrick	33	Disease	Bronchitis		30-Dec-28	14-Mar-29	105			2
870	White	Thomas	37	Disease	Leg R Ulceration		30-Dec-28	13-Feb-29	76			2
871	Breen	Michael	45	Disease	ODH		02-Dec-28	22-Dec-28	21			2
872	Burchett	Cecil H	48	Disease	Undecined Testicle		01-Dec-28	04-Dec-28	4			2
873	Arbutnot	John	44	Disease	Traumatic Stricture of Urethra		03-Dec-28	13-Feb-29	73			2
874	Hogan	William	33	Disease	Bronchitis		03-Dec-28	06-Feb-29	66			2
875	Doran	Joseph	47	GSW	Foot		03-Dec-28	21-Aug-29	262			2
876	Elliott	Christopher	35	GSW	Leg Ampt		03-Dec-28	09-Jan-29	38			2
877	Granville	Patrick	43	Disease	Arthritis		03-Dec-28	22-Dec-28	20			2
878	Gordan	Edward	30	Disease	Knee L Injury		03-Dec-28	27-Dec-28	25			2
879	McQuaid	Michael	34	GSW	Hand L		04-Dec-28	21-Mar-29	108			2
880	Bond	James	37	GSW	Leg L		04-Dec-28	13-Mar-29	100			2
881	Cully	Andrew	31	Disease	Bronchitis		04-Dec-28	06-Dec-28	3			2
882	Gray	Robert	38	GSW	Leg L		04-Dec-28	18-Mar-29	105			2
883	Naylor	Henry	32	GSW	Leg R		04-Dec-28	24-Apr-29	142			2
884	Thornton	Joseph	44	GSW	Arm R		04-Dec-28	14-Mar-29	101			2
885	Doyle	Daniel	44	GSW	Arm R		06-Dec-28	13-Mar-29	98			2
886	Devers	John	44	Disease	Debility following Gas		06-Dec-28	19-Dec-28	14			2
887	Nunn	William	44	GSW	Leg R		07-Dec-28	20-Feb-29	76			2
888	Dowling	James	42	GSW	Leg R		07-Dec-28	24-Jan-29	49			2
889	McGrew	Patrick	45	Disease	Gastritis		07-Dec-28	09-Jan-29	34			2
890	Loneftgan	H.A.	37	Disease	Sciatica		07-Dec-28	14-Mar-29	98			2
891	McCarthy	Robert	34	Disease	Gastric Ulcer		07-Dec-28	31-Jan-29	56			2
892	Maloney	John	41	GSW	Arm L forearm		07-Dec-28	04-Jan-29	29			2
893	Gaillagher	Thomas	36	Disease	Bronchitis		07-Dec-28	21-Feb-29	77			2
894	Kavanagh	Andrew	40	Disease	Varicose Veins		10-Dec-28	26-Apr-29	138			2
895	Burke	Thomas	46	Disease	Otitis Media		10-Dec-28	13-Feb-29	66			2
896	Donohue	John	62	Disease	Prostate enlarged		10-Dec-28	15-Mar-29	96			2
897	Valerio	Anthony	30	GSW	Elbow		10-Dec-28	13-Mar-29	94			2
898	Herlihy	William	43	GSW	Leg R Ampt		10-Dec-28	10-Jan-29	32			2
899	McCoy	William	55	Disease	Varicose Veins		10-Dec-28	16-Jan-29	38			2
900	Lopeman	Patrick	33	GSW	Thigh R		10-Dec-28	14-Mar-29	95			2

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
901	Carey	Thomas	43	GSW	Limb Fitting		10-Dec-28	28-Mar-29	109			2
902	Gallagher	Peter	58	Disease	Osteo Arthritis		11-Dec-28	14-Mar-29	94			2
903	Breslin	James	29	GSW	Leg L		11-Dec-28	01-Feb-29	53			2
904	Cranry	Thomas	45	Disease	Trachoma		11-Dec-28	06-Feb-29	58			2
905	Fehan	Thomas	44	GSW	Arm L		12-Dec-28	03-Apr-29	113			2
906	Hornbrook	Abraham	36	Disease	Ulceration of Leg		12-Dec-28	23-Feb-29	74			2
907	Eustace	Thomas	38	GSW	Leg L		14-Dec-28	24-Jan-29	42			2
908	Healy	Chris	41	Disease	Tuberculosis Pulmonary		14-Dec-28	08-Jan-29	26			2
909	Smyth	Francis	42	Disease	Bronchitis		14-Dec-28	10-Jan-29	28			2
910	Downes	Bernard	40	Disease	Dysentery		15-Dec-28	31-Jan-29	48			2
911	Norton	Patrick	38	Disease	Hammer Toes		17-Dec-28	21-Dec-28	5			2
912	Costigan	Nicholas	34	GSW	Face		17-Dec-28	09-Jan-29	24			2
913	Hunt	Patrick	31	Disease	Otitis Media Chronic		17-Dec-28	13-Feb-29	59			2
914	Conroy	Henry	48	Disease	Rheumatism		17-Dec-28	10-Jan-29	25			2
915	Flynn	John	33	GSW	Arm R forearm		17-Dec-28	13-Feb-29	59			2
916	Brennan	Joseph	29	Disease	VDH		17-Dec-28	28-Mar-29	102			2
917	Hyland	Patrick	34	Disease	Dysentery		17-Dec-28	31-Jan-29	46			2
918	Baxter	James	46	Disease	Gastritis		17-Dec-28	24-Jan-29	39			2
919	Fitzgerald	John	43	Disease	Varicose Veins		17-Dec-28	14-Feb-29	60			2
920	Quinn	Patrick	31	GSW	Leg L		17-Dec-28	25-Mar-29	99			2
921	Reid	Jeremiah	40	GSW	Abdomen		17-Dec-28	27-Feb-29	73			2
922	O'Leary	Jeremiah	30	Disease	Lupus		17-Dec-28	19-Apr-29	124			2
923	O'Brien	Michael	32	GSW	Thigh L		18-Dec-28	03-Apr-29	107			2
924	Manning	Paul	32	GSW	Foot L		18-Dec-28	13-Feb-29	58			2
925	Smith	George	34	GSW	Pelvis		18-Dec-28	13-Mar-29	86			2
926	Brown	James	40	Disease	Hip Joint Injury		18-Dec-28	13-Mar-29	86			2
927	Downey	Martin	54	Disease	Duodenal Ulcer		18-Dec-28	28-Feb-29	73			2
928	O'Brien	Daniel	39	GSW	Legs Both		18-Dec-28	31-Jan-29	45			2
929	Downey	Daniel	31	GSW	Leg R		18-Dec-28	14-Mar-29	87			2
930	Flanagan	Michael	43	Disease	Gastritis Chronic		19-Dec-28	20-Dec-28	2			2
931	Callinan	Patrick	54	Disease	Rheumatism		19-Dec-28	09-Mar-29	81			2
932	Leahy	James	38	GSW	Leg		19-Dec-28	17-Jan-29	30			2
933	Keane	Patrick	57	Disease	Varix L Leg		19-Dec-28	27-Feb-29	71			2
934	Farrell	William	35	Disease	Dysentery		19-Dec-28	15-Jan-29	28			2
935	Roe	Michael	43	GSW	Knee R		19-Dec-28	01-Feb-29	45			2
936	Dwyer	Ambrose	49	GSW	Knee L		22-Dec-28	06-Mar-29	75			2
937	McEntee	John	40	Disease	Gastritis		24-Dec-28	16-Jan-29	24			2
938	Hayden	Thomas	0	GSW	Leg Ampt		28-Dec-28	23-Jan-29	27		No age entered	2
939	Holmes	John	44	Disease	DAH	Rheumatism	28-Dec-28	14-Mar-29	77			2
940	Moore	William	60	Disease	Gastritis		28-Dec-28	14-Mar-29	77			2
941	Dowdall	Patrick	40	Disease	Rheumatism		28-Dec-28	28-Feb-29	63			2
942	Fields	Michael	30						0		No Other Details	2
943	Donegan		0						0		No Other Details	2
944	Kelly		0						0		No Other Details	2
945	O'Sullivan		0						0		No Other Details	2
946	Dalton		0						0		No Other Details	2
947	McDermott	John	54	Disease	Hernia L Iny		25-Oct-29	09-Jan-30	76			3
948	Conway	James	51	Disease	Bronchitis		25-Oct-29	18-Dec-29	54			3
949	O'Neill	Daniel	37	Disease	Anaemia	DAH	25-Oct-29	06-Jan-30	73			3
950	Foley	Patrick	37	Disease	Defective Vision		25-Oct-29	13-Nov-29	19		Isolation noted in Ward entry	3

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
951	Kelly	John	44	Disease	Bronchitis	Emphysema	25-Oct-29	19-Dec-29	55			3
952	Ward	John	44	Disease	Bronchitis		28-Oct-29	18-Dec-29	52			3
953	Grimes	John	48	Disease	Bronchitis	Varicose Veins	28-Oct-29	08-Jan-30	73			3
954	Murray	Patrick	44	GSW	Thigh L		28-Oct-29	02-Apr-30	157			3
955	Lynch	Daniel	33	Disease	Gastritis		28-Oct-29	18-Dec-29	52			3
956	Goddard	Arthur	29	Disease	ADH		28-Oct-29	12-Feb-30	46			3
957	Campbell	John	37	GSW	Limb Fitting		28-Oct-29	05-Nov-29	9		Absentee on discharge	3
958	Roache	Dominick	34	GSW	Leg L		29-Oct-29	23-Dec-29	56			3
959	Smith	George	35	GSW	Pelvis		30-Oct-29	08-Jan-30	71			3
960	Brady	Terrance	38	Disease	Bronchitis		30-Oct-29	05-Dec-29	37			3
961	Callaghan	James	40	Disease	Bronchitis		30-Oct-29	18-Dec-29	50			3
962	Kelleher	William	41	Disease	Bronchitis		30-Oct-29	09-Jan-30	72			3
963	Keogh	Aidan	31	Disease	Leg R Injury		30-Oct-29	18-Dec-29	50			3
964	Mealy	James	35	Disease	Dyspepsia - Stomach Trouble		31-Oct-29	22-Nov-29	24			3
965	McCormack	John	50	Disease	Bronchitis		01-Nov-29	07-Nov-29	8		DIED.	3
966	Jordan	Peter	62	Disease	Debility	Rheumatism	01-Nov-29	18-Dec-29	48			3
967	O'Loughlin	Patrick	53	Disease	Varicose Veins		01-Nov-29	22-Mar-30	142			3
968	Styles	John	0	GSW	Leg R		01-Nov-29	18-Dec-29	48			3
969	Hughes	John	38	GSW	Abdomen	Rheumatism	01-Nov-29	16-Jan-30	77			3
970	Clinch	Thomas	49	GSW	Face		01-Nov-29	18-Dec-29	48			3
971	Henderson	Patrick	38	Disease	Gastritis		04-Nov-29	20-Nov-29	17			3
972	Brandon	Thomas	31	GSW	Leg R		04-Nov-29	04-Sep-30	305			3
973	Millar	William	34	Disease	DAH		04-Nov-29	09-Jan-30	67			3
974	Kavanagh	Gilbert	38	GSW	Leg R Amppt		04-Nov-29	11-Dec-29	38			3
975	Mooney	Daniel	58	Disease	Varicose Veins		04-Nov-29	06-Dec-30	33			3
976	Casey	Dominick	34	GSW	Leg L		05-Nov-29	10-Apr-30	157			3
977	Goodchild	Patrick	38	Disease	Defective Vision		05-Nov-29	29-Nov-29	25			3
978	Hackett	Patrick	37	GSW	Hip L	Debility	05-Nov-29	18-Dec-29	44		Absentee on Discharge	3
979	Kelly	John	37	GSW	Wrist L		05-Nov-29	20-Dec-29	46			3
980	Bond	James	38	GSW	Leg R		05-Nov-29	09-Jan-30	66			3
981	Murphy	Thomas	34	GSW	Leg R		05-Nov-29	17-May-30	194			3
982	Faulkner	John	32	Disease	Conjunctivitis Granular		05-Nov-29	25-Nov-29	21			3
983	Corrigan	Thos	36	GSW	Side R		06-Nov-29	15-Jan-30	71			3
984	Keegan	Michael	50	Disease	Debility	Foot L	06-Nov-29	02-Dec-29	27			3
985	Proud	Herbert	46	Disease	Fever Intermittent	DAH following Malaria	06-Nov-29	02-Dec-29	27			3
986	McMahon	Joseph	38	Disease	Emphysema		06-Nov-29	18-Dec-29	43			3
987	Hickey	William	36	GSW	Leg R		06-Nov-29	12-Dec-29	37			3
988	Kavanagh	George	30	GSW	Leg L		08-Nov-29	09-Oct-30	336			3
989	Evans	Thomas	36	GSW	Leg L		12-Nov-29	19-Feb-30	100			3
990	Reade	Thomas	36	GSW	Thigh L		12-Nov-29	11-Dec-29	30			3
991	Carroll	William	31	Disease	VDH		12-Nov-29	18-Dec-29	37			3
992	McCabe	James	38	GSW	Leg L		12-Nov-29	05-Mar-30	114			3
993	Smith	John	33	GSW	Foot R		15-Nov-29	08-Jan-30	55			3
994	Flood	James	50	Disease	Compound Fracture Tibis & Fibula		18-Nov-29	08-Jan-30	52			3
995	Pate	Martin	43	Disease	Ulceration R Leg		18-Nov-29	08-Jan-30	52			3
996	Thornhill	Patrick	37	Disease	Tuberculosis Pulmonary		18-Nov-29	20-Mar-30	123			3
997	Gratton	Michael	37	GSW	Arm L forearm		18-Nov-29	29-Jan-30	132			3
998	Fitzmaurice	Thomas	37	Disease	Osteo-Myelitis		18-Nov-29	18-Dec-29	31			3
999	Doyle	Michael	42	Disease	Bronchitis		18-Nov-29	23-Jan-30	67			3
1000	O'Brien	John	55	GSW	Shoulder L	Rheumatism	20-Nov-29	17-Dec-29	28			3

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1001	McKeady	James	33	GSW	Knee R		20-Nov-29	29-Jan-30	71			3
1002	Rourke	John	42	Disease	Bronchitis		20-Nov-29	23-Jan-30	65			3
1003	Aughy	John	32	Disease	Gastritis		20-Nov-29	23-Jan-30	65			3
1004	McGrath	Alexander	42	GSW	Hand L		20-Nov-29	19-Dec-29	30			3
1005	Smithers	Patrick	42	Disease	Bronchitis		20-Nov-29	04-Dec-29	15			3
1006	Bligh	George	38	GSW	Arm L		20-Nov-29	12-Feb-30	85			3
1007	Valerio	Anthony	30	GSW	Arm R		20-Nov-29	06-Dec-29	17			3
1008	O'Rourke	John	40	Disease	Leg L Ulcer		21-Nov-29	14-Jan-30	55			3
1009	O'Brien	James	0	GSW	Arm		21-Nov-29	23-Nov-29	3			3
1010	O'Connor	Patrick	35	GSW	Chest		22-Nov-29	19-Dec-29	28			3
1011	Curtis	Patrick	49	Disease	Duodenal Ulcer		22-Nov-29	14-Apr-30	144			3
1012	Walsh	John	40	GSW	Leg R Ampt		22-Nov-29	23-Jan-30	63			3
1013	Ryan	Patrick	34	Disease	Stricture of Uretra		22-Nov-29	18-Dec-29	27			3
1014	Esherwood	James	60	Disease	Leg R Ulcer		22-Nov-29	26-Mar-30	125			3
1015	White	Thomas	37	Disease	Ulceration of Legs		22-Nov-29	12-Feb-30	83			3
1016	Hoey	John	34	Disease	Thrombo Arqitis		22-Nov-29	11-Dec-29	20			3
1017	Cook	William	45	Disease	Bronchitis		22-Nov-29	22-Jan-30	62			3
1018	McGowan	Simon	37	Disease	Leg L Injury		22-Nov-29	30-Nov-29	9		Noted as Staff	3
1019	Nolan	Patrick	34	GSW	Leg R		25-Nov-29	24-Dec-29	30			3
1020	Connor	James	31	Disease	Laryngitis		25-Nov-29	18-Dec-29	24			3
1021	Davis	Thomas	36	GSW	Leg Ampt		25-Nov-29	09-Jan-30	46			3
1022	Haide	Joseph	54	GSW	Hand R		26-Nov-29	12-Dec-29	17			3
1023	Dalton	Edward	35	GSW	Arm		26-Nov-29	18-Dec-29	23			3
1024	Brown	John	52	GSW	Hand L		26-Nov-29	19-Dec-29	24			3
1025	Heffernan	Peter	36	GSW	Leg L		27-Nov-29	05-Mar-30	99			3
1026	Feehan	Thos	45	GSW	Arm L		27-Nov-29	29-Jan-30	64			3
1027	Bolan	John	37	GSW	Leg L		27-Nov-29	12-Feb-30	78			3
1028	Courney	Martin	46	Disease	Knee L Injury		27-Nov-29	27-Mar-30	121			3
1029	Taylor	James	32	Disease	Defective Vision		28-Nov-29	02-Jan-30	36			3
1030	Carolan	Edward	32	GSW	Leg		28-Nov-29	20-Jun-30	205			3
1031	Soye	Edward	46	Disease	Bronchitis		02-Dec-29	05-Feb-30	66			3
1032	Courtney	Michael	36	GSW	Foot R		03-Dec-29	22-Aug-30	263			3
1033	McCommack	James	40	GSW	Chest		03-Dec-29	15-May-30	164			3
1034	Carroll	John	35	GSW	Hand R		03-Dec-29	20-Dec-29	49			3
1035	Codd	Thomas	48	GSW	Leg R Ampt		03-Dec-29	30-Jan-30	59			3
1036	Breen	Peter	47	GSW	Leg L Ampt		04-Dec-29	07-Jan-30	35			3
1037	Davis	George	43	Disease	Deblity following POW		04-Dec-29	31-Dec-29	28			3
1038	Mullan	Patrick	63	Disease	Trachoma		05-Dec-29	23-Jan-30	50			3
1039	Hogan	Henry	61	Disease	Incontinence of Urine		06-Dec-29	02-Jan-30	28			3
1040	Morgan	Patrick	43	Disease	Gastritis		06-Dec-29	23-Feb-30	80		Absentee on discharge	3
1041	Clifford	Timothy	49	Disease	Bronchitis		06-Dec-29	22-Jan-30	79			3
1042	Walls	John	54	Disease	Rheumatism		06-Dec-29	12-Feb-30	69			3
1043	Norton	John	60	Disease	Rheumatoid Arthritis		06-Dec-29	26-Apr-30	142			3
1044	McCabe	Chris	33	GSW	Multiple		06-Dec-29	12-Feb-30	69			3
1045	Holmes	Alexander	32	GSW	Leg L		10-Dec-29	19-Feb-30	72			3
1046	Kiernan	Thomas	43	Disease	Trench Feet		10-Dec-29	13-Feb-30	66			3
1047	Merriman	Joseph	30	GSW	Leg Ampt		10-Dec-29	07-Mar-30	88			3
1048	Reddington	Thomas	28	GSW	Knee R		11-Dec-29	09-Jan-30	30			3
1049	Moore	Charles	42	GSW	Leg L Tibia		11-Dec-29	27-Mar-30	107			3
1050	Lawless	Laurence	32	Disease	Eczema		11-Dec-29	21-Aug-30	254			3

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1051	Tormay	William	57	Disease	Atony of Bladder		12-Dec-29	26-Jun-30	197			3
1052	Stewart	James	42	Disease	Leg R Old injury		12-Dec-29	20-Mar-30	99			3
1053	Flynn	Peter	33	GSW	Foot R		12-Dec-29	27-Mar-30	106			3
1054	McDonald	Michael	33	GSW	Hand L		12-Dec-29	08-Jan-30	28			3
1055	McNamara	Thomas	29	GSW	Face		12-Dec-29	15-Jan-30	35			3
1056	Arnold	James	57	GSW	Arm R		12-Dec-29	19-Feb-30	60			3
1057	Jordan	Thomas	38	GSW	Hand R		12-Dec-29	08-Jan-30	28			3
1058	Flood	Bernard	44	Disease	Eczema		12-Dec-29	01-Aug-30	233			3
1059	Gallagher	Thomas	38	Disease	Bronchitis		13-Dec-29	19-Feb-30	69			3
1060	Clarke	John	57	Disease	Varicose Veins		13-Dec-29	30-Jan-30	49			3
1061	Dixon	John	47	Disease	Bronchitis		13-Dec-29	08-Jan-30	27			3
1062	Forde	Richard	39	Disease	Back Injury		16-Dec-29	05-Feb-30	52			3
1063	Murray	Joseph	50	Disease	Bronchitis		16-Dec-29	17-Dec-29	2			3
1064	Quinlan	Daniel	40	Disease	Piles		16-Dec-29	06-Mar-30	81			3
1065	Hamilton James	James	37	GSW	Arm L forearm		16-Dec-29	20-Feb-30	67			3
1066	O'Connor	Joseph	43	Disease	Bronchitis		18-Dec-29	19-Feb-30	64			3
1067	Bolton	Michael	50	Disease	Rheumatism		18-Dec-29	12-Feb-30	57			3
1068	Dowling	James	43	GSW	Leg R		18-Dec-29	20-Feb-30	65			3
1069	Neary	Patrick	44	Disease	Hip Disease		18-Dec-29	20-Feb-30	65			3
1070	Canavan	Richard	43	Disease	DAH	Rheumatism	18-Dec-29	19-Feb-30	64			3
1071	Smith	William	42	Disease	Bronchitis		20-Dec-29	05-Mar-30	76			3
1072	Smith	John	42	GSW	Hand R		27-Dec-29	05-Mar-30	69			3
1073	Doherty	John	47	Disease	Bronchitis		28-Dec-29	05-Mar-30	68			3
1074	Boshell	John	56	Disease	Haemorrhoids		30-Dec-29	20-Mar-30	81			3
1075	Kavanagh	Patrick	42	GSW	Multiple		30-Dec-29	12-Mar-30	73			3
1076	Rackley	Michael	45	Disease	Bronchitis		30-Dec-29	05-Mar-30	66			3
1077	Roache	Dominick	34	GSW	Leg L		01-Jan-30	05-Feb-30	36			3
1078	Corrigan	Robert	33	GSW	Face		02-Jan-30	23-Jan-30	22	Wexford		3
1079	Barrett	Robert	38	Disease	Eczema Purigo		03-Jan-30	30-Apr-30	118			3
1080	Kelly	Joseph	30	GSW	Elbow R		03-Jan-30	20-Mar-30	77	Westmeath		3
1081	Farrall	Thomas	34	GSW	Thigh R		06-Jan-30	19-Mar-30	73			3
1082	Rubotham	Henry	33	Disease	Aneurysmal Varix		06-Jan-30	21-Jan-30	16		Absentee on discharge	3
1083	Geary	Stephen	48	GSW	Leg L Ampt Limb Fitting		06-Jan-30	30-Jan-30	25			3
1084	Daly	Timothy	63	Disease	Bronchitis		07-Jan-30	12-Mar-30	65			3
1085	Maloney	Michael	47	GSW	Hand		08-Jan-30	02-May-30	115	Laos		3
1086	McLoughlin	Patrick	46	Disease	VDH		08-Jan-30	20-Feb-30	44			3
1087	Begley	John	35	GSW	Leg L		09-Jan-30	12-Mar-30	63			3
1088	Gallagher	Patrick	65	Disease	Ankle R fracture		10-Jan-30	12-Mar-30	62	Mayo		3
1089	Timmons	Thomas	39	Disease	Otitis Media		10-Jan-30	04-Apr-30	85	Kilkenny		3
1090	Cullen	Edward	30	GSW	Leg L		13-Jan-30	13-Mar-30	60			3
1091	O'Keefe	Thomas	47	Disease	Arthritis		14-Jan-30	16-Apr-30	93	Dublin		3
1092	Foley	John	48	GSW	Thigh L		14-Jan-30	12-Feb-30	30	Dublin		3
1093	Kelly	Peter	52	GSW	Leg L Ampt		14-Jan-30	20-Feb-30	38	Dublin		3
1094	Roche	Thomas	34	GSW	Foot L		15-Jan-30	26-Feb-30	43	Wexford		3
1095	Murray	George	59	Disease	Varicose Veins		15-Jan-30	30-Apr-30	106	Kildare		3
1096	Dowling	William	55	Disease	Bronchitis		15-Jan-30	30-May-30	136	Dublin		3
1097	Hogan	Bernard	43	Disease	Debility		17-Jan-30	14-Feb-30	29	Dublin		3
1098	Egan	Charles	41	Disease	VDH		17-Jan-30	20-Mar-30	63			3
1099	Deegan	Thomas	48	Disease	Varicose Veins		20-Jan-30	19-Mar-30	59	Galway		3
1100	Hoey	John	34	Disease	Trench Feet(Angelitis)	Rheumatism	20-Jan-30	26-Mar-30	66	Westmeath		3

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1101	Mullins	George	37	Disease	Bronchitis effects of Gas		20-Jan-30	20-Mar-30	60			3
1102	Slattery	James	43	GSW	Buttock		20-Jan-30	15-Feb-30	27	Kerry		3
1103	Lonegan	Henry	37	Disease	Sciatica		20-Jan-30	03-Apr-30	74			3
1104	McDonnell	Martin	47	GSW	Thigh L	Neuritis Sciatic Nerve	20-Jan-30	26-Feb-30	38	Galway		3
1105	Corrigan	John	43	Disease	Debility arising from Haemorrhoids		21-Jan-30	10-Apr-30	80	Laois		3
1106	Harberlin	Patrick	53	Disease	Leg R Injury	Ulcer (Heart Stroke)	21-Jan-30	17-Jun-30	148	Waterford		3
1107	Webster	Thomas	37	GSW	Leg R		21-Jan-30	17-Apr-30	87	Kilkenny		3
1108	Sweeney	John	36	GSW	Leg L Ampt		22-Jan-30	12-Mar-30	50	Dublin		3
1109	Lynch	James	36	GSW	Leg L		22-Jan-30	09-Oct-30	261	Dublin		3
1110	Maguire	Thomas	43	Disease	Bronchitis		22-Jan-30	17-Feb-30	27	Momagh		3
1111	Monaghan	Thomas	34	GSW	Foot L		22-Jan-30	27-Mar-30	65	Dublin		3
1112	McDonald	Francis	36	GSW	Leg R Ampt		22-Jan-30	05-Feb-30	15	Dublin		3
1113	Baker	George	50	Disease	Emphysema arising from Gas		23-Jan-30	28-Mar-30	65	Dublin		3
1114	McDonald	Daniel	57	Disease	Rheumatism & Deformed Feet		24-Jan-30	02-Feb-30	10	Dublin		3
1115	Tracey	William	32	Disease	DAH	Varicose Veins	27-Jan-30	22-Feb-30	27	Fermanagh		3
1116	Healy	Michael	40	Disease	Bronchitis & Neurasthenia	Scar of Burn R Thigh	27-Jan-30	19-Mar-30	52	Wicklow		3
1117	O'Hara	Matthew	32	GSW	Knee L		27-Jan-30	30-Apr-30	94	Dublin		3
1118	Wright	Joseph	56	GSW	Leg R		27-Jan-30	26-Mar-30	59	Kildare		3
1119	Reilly	Michael	37	Disease	Bronchitis		28-Jan-30	20-Mar-30	52	Dublin		3
1120	Foran	Chris	59	Disease	Osteo Myelitis		28-Jan-30	15-May-30	108	Dublin		3
1121	Cummins	Patrick	32	GSW	Jaw		28-Jan-30	13-Feb-30	17	Dublin		3
1122	Farrell	Francis	40	Disease	Conjunctivitis Chronic		29-Jan-30	05-Mar-30	36	Meath		3
1123	Devine	Francis	36	GSW	Leg L		29-Jan-30	14-May-30	106	Monaghan		3
1124	Farrell	Bernard	66	Disease	Haemorrhoids		29-Jan-30	13-Feb-30	15	Meath		3
1125	Connors	Chris	39	Disease	Defective Vision	Otitis Media	30-Jan-30	05-Feb-30	7	Tipperary		3
1126	Rock	Edward	38	Disease	Malaria		31-Jan-30	27-Feb-30	28	Louth		3
1127	Giles	John	39	Disease	Deafness		01-Feb-30	23-Apr-30	82	Dublin		3
1128	Giff	Chris	36	GSW	Arm L forearm		03-Feb-30	14-May-30	101	Meath	Absentee on discharge	3
1129	Mahon	Daniel	38	Disease	Duodenitis	Debility	03-Feb-30	10-Mar-30	36	Wexford		3
1130	Dunne	Matthew	49	Disease	Leg R Injury		03-Feb-30	15-May-30	102	Dublin		3
1131	Mooney	Chris	30	Disease	Otitis Media		03-Feb-30	13-Mar-30	39	Offaly		3
1132	Smyth	Thomas	49	Disease	Varicose Veins		04-Feb-30	26-Mar-30	51	Meath		3
1133	Canavan	Patrick	52	GSW	Heel L	Scrotum	04-Feb-30	11-Jul-30	158	Dublin		3
1134	Meany	David	45	GSW	Thigh L		04-Feb-30	19-Mar-30	44	Kilkenny		3
1135	Condrion	Michael	37	Disease	Bronchitis		04-Feb-30	20-May-30	106	Wexford		3
1136	Nolan	Henry	42	GSW	Hand R		05-Feb-30	12-Mar-30	36	Dublin		3
1137	Monaghan	William	40	GSW	Shin L		05-Feb-30	10-Apr-30	65	Mayo		3
1138	O'Brien	Daniel	40	GSW	Legs Both Ampt		05-Feb-30	15-Feb-30	11	Clare		3
1139	Copley	Chris	52	GSW	Legs Both Ampt		05-Feb-30	27-Feb-30	23	Cork		3
1140	Flynn	John	34	GSW	Arm R forearm Ulna		05-Feb-30	02-Apr-30	47	Waterford		3
1141	Wynne	William	39	Disease	Bronchitis		06-Feb-30	20-Mar-30	43	Dublin		3
1142	Emerson	Thomas	64	Disease	Piles		07-Feb-30	15-Mar-30	37	Carlow		3
1143	Ryan	Daniel	39	Disease	Gastritis Chronic		07-Feb-30	10-Apr-30	63	Dublin		3
1144	Durneen	Johnston	37	GSW	Back		07-Feb-30	06-Mar-30	28	Leitrim		3
1145	Conlan	Francis	42	Disease	Bronchitis		08-Feb-30	05-Mar-30	26	Cavan		3
1146	Connolly	Francis	39	Disease	Haemorrhoids		10-Feb-30	08-Mar-30	27	Dublin		3
1147	Quane	Michael	37	GSW	Leg & Arm Ampt Limb fitting		10-Feb-30	22-Feb-30	13			3
1148	March	Patrick	35	GSW	Penis		11-Feb-30	17-Apr-30	66	Wexford		3
1149	Clare	Thomas	56	Disease	Malaria		11-Feb-30	08-Mar-30	26	Wexford		3
1150	Brannigan	John	33	Disease	Malaria	DAH	11-Feb-30	08-Mar-30	26	Dublin		3

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1151	Murray	Thomas	52	Disease	VDH		12-Feb-30	03-Apr-30	51	Dublin		3
1152	Cullen	Henry	31	GSW	Foot L		12-Feb-30	27-Mar-30	44	Clare		3
1153	Croke	Thomas	48	Disease	Fibro Adenoema of Rectum		12-Feb-30	16-Feb-30	5	Dublin		3
1154	Pim	John	44	Disease	Bronchitis		12-Feb-30	24-May-30	102	Dublin		3
1155	Nolan	John	29	Disease	Eye Loss to vision L		13-Feb-30	19-Mar-30	35	Carlow		3
1156	Kinsella	Michael	35	GSW	Knee R		14-Feb-30	06-Jun-30	113	Dublin		3
1157	Murphy	Patrick J	35	Disease	Bronchitis	Malaria	14-Feb-30	25-Feb-30	12	Dublin		3
1158	Smyth	John Jos	43	GSW	Arm R		14-Feb-30	01-May-30	77	Louth		3
1159	McSweeney	Michael	32	Disease	Syosis Barbae	Margenal Blepharitis	14-Feb-30	20-Feb-30	7	Cork		3
1160	McSharry	Malachi	40	GSW	Shoulder R		19-Feb-30	15-Aug-30	178	Leitrim		3
1161	Penrose	Thomas	40	Disease	Hand L Injury		19-Feb-30	02-Apr-30	43	Meath		3
1162	Brennan	Edward	40	GSW	Leg L Ampt		19-Feb-30	09-May-30	80	Dublin		3
1163	Reilly	James	28	GSW	Abdomen		19-Feb-30	11-Sep-30	205	Dublin		3
1164	Fahey	Edward	59	Disease	Rheumatism	Malaria	20-Feb-30	23-Apr-30	63	Tipperary		3
1165	Green	William	34	GSW	Arm L forearm		20-Feb-30	02-Apr-30	42	Wicklow		3
1166	Moran	Cornelius	34	GSW	Leg L		20-Feb-30	10-May-30	80	Kerry		3
1167	McInerney	Cornelius	56	Disease	Bronchitis, ODH	Malaria	20-Feb-30	23-Apr-30	63	Tipperary		3
1168	Chilley	Thomas	41	GSW	Thigh L		22-Feb-30	10-Jul-30	139	Dublin		3
1169	Price	Henry	34	GSW	Leg R		24-Feb-30	26-Mar-30	31	Kildare		3
1170	Kiely	Patrick	36	Disease	Colitis		24-Feb-30	15-Mar-30	20	Dublin		3
1171	Byrne	John	56	Disease	Rheumatism		24-Feb-30	30-Apr-30	66	Dublin		3
1172	McInerney	Cornelius	52	Disease	Bronchitis Chronic		24-Feb-30	30-Apr-30	66	Tipperary		3
1173	Slevin	Thomas	36	GSW	Thigh R		24-Feb-30	20-Jun-30	117	Meath		3
1174	Canavan	Henry	42	Disease	Hydrocele		24-Feb-30	17-Apr-30	53	Cork		3
1175	Creavey	Patrick	43	Disease	Trench Feet		24-Feb-30	15-May-30	81	Meath		3
1176	Kelly	Joseph	34	GSW	Arm R forearm		24-Feb-30	07-May-30	73	Meath		3
1177	Dolan	Patrick	35	GSW	Hand L		24-Feb-30	02-Apr-30	38	Meath		3
1178	Dillon	John	32	GSW	Leg L Ampt		24-Feb-30	03-Mar-30	8	Limerick		3
1179	O'Brien	John	32	Disease	DAH		25-Feb-30	24-Mar-30	28	Tipperary		3
1180	Rudd	John	47	GSW	Shoulder R		26-Feb-30	13-Jun-30	108	Dublin		3
1181	Sheehan	Richard	36	Disease	Hernia R Inf		27-Feb-30	03-Mar-30	5	Cork		3
1182	Clarke	John	30	GSW	Foot L		28-Feb-30	10-Apr-30	42	Meath		3
1183	McEvoy	Joseph	31	Disease	Gastritis		03-Mar-30	29-Mar-30	27	Longford		3
1184	Balfe	James	39	Disease	Bronchitis, Emphysema	Pleurisy	03-Mar-30	09-May-30	68	Dublin		3
1185	Walsh	Michael	31	GSW	Knee R Ampt		03-Mar-30	20-Mar-30	18	Kilkenny		3
1186	Pariker	James	48	Disease	Hernia Ventral		03-Mar-30	08-Mar-30	6	Kildare		3
1187	Long	Edward	49	Disease	Osteo Arthritis		05-Mar-30	09-May-30	66	Offaly		3
1188	Kearey	John	31	Disease	Swollen glands of Neck		05-Mar-30	06-Jun-30	94	Dublin		3
1189	Jones	John	39	GSW	Ankle L		05-Mar-30	23-May-30	80	Dublin		3
1190	Lawlor	James	47	Disease	Great Toe L Inf		07-Mar-30	11-Apr-30	36	Limerick		3
1191	Frawley	Michael	39	GSW	Leg L		07-Mar-30	26-Jun-30	112	Limerick		3
1192	O'Connor	Michael	59	GSW	Shoulder R		07-Mar-30	17-Jul-30	133			3
1193	McGrath	Michael	38	GSW	Arm L forearm		08-Mar-30	30-May-30	84	Roscommon		3
1194	Morris	Myles	44	GSW	Knee Joint L		10-Mar-30	09-May-30	61	Wexford		3
1195	Sullivan	Thomas	42	Disease	Rheumatism		10-Mar-30	20-May-30	72	Wicklow		3
1196	Graham	Thomas	32	Disease	VDH		10-Mar-30	04-Apr-30	26	Cavan		3
1197	Clancy	John	45	Disease	Haemorrhoids		10-Mar-30	16-May-30	68	Waterford		3
1198	Corcoran	Richard	35	GSW	Back		10-Mar-30	03-Oct-30	208	Dublin		3
1199	Elliott	Chris	35	GSW	Leg L Ampt		10-Mar-30	31-Mar-30	22	Limerick		3
1200	Elliott	Henry	40	GSW	Thigh L		12-Mar-30	20-Jan-31	315	Kildare		3

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1201	Mason	Rody	36	Disease	Otitis Media		13-Mar-30	30-Apr-30	49	Tipperary		3
1202	Kelly	Patrick	50	Disease	Big Toe R Foot(=ILLEGIBLE)		13-Mar-30	16-May-30	65	Cork		3
1203	Carrall	John	35	Disease	VDH		14-Mar-30	05-Jun-30	84	Dublin		3
1204	Riordan	James	36	Disease	Orchitis		18-Mar-30	23-May-30	67	Clare		3
1205	McCarthy	Patrick J	41	Disease	Adhesions following Duodenal Ulcer		18-Mar-30	14-Apr-30	28	Cork		3
1206	Hickey	William	36	GSW	Leg R		18-Mar-30	27-Nov-30	255	Kilkenny		3
1207	Hussey	James	31	Disease	Hernia R Iny		18-Mar-30	11-Sep-30	178	Longford		3
1208	Rooney	James	56	Disease	Stricture of Urethra		19-Mar-30	26-Mar-30	8	Westmeath		3
1209	Hanrahan	Michael	51	GSW	Thigh R		20-Mar-30	01-Jul-30	104	Tipperary		3
1210	O'Brien	Martin	52	Disease	Varicose Veins		21-Mar-30	23-May-30	64	Tipperary		3
1211	O'Brien	Patrick	43	Disease	Eye R		21-Mar-30	14-May-30	55	Tipperary		3
1212	Duffy	William	43	Disease	Hip R Periostritis		21-Mar-30	17-Apr-30	28	Dublin		3
1213	McCormack	Peter	53	GSW	Leg L		24-Mar-30	20-Jun-30	89	Offaly		3
1214	Roache	Dominick	36	GSW	Leg Ulcer		25-Mar-30	11-Apr-30	18	Meath		3
1215	Jordan	David	32	Disease	Trench Feet		25-Mar-30	30-May-30	67	Tipperary		3
1216	Donoghue	John	63	Disease	Prostate Enlarged		25-Mar-30	24-May-30	61	Cork		3
1217	Walsh	James	32	GSW	Arm L		26-Mar-30	18-Oct-30	207	Dublin		3
1218	Cuddihy	Luke	56	Disease	Ulceration L Leg		26-Mar-30	08-May-31	409	Kilkenny		3
1219	Jeffers	Patrick	59	Disease	Conjunctivitis		27-Mar-30	01-May-30	36	Cork		3
1220	Morgan	Patrick	43	Disease	Gastritis		31-Mar-30	03-Jul-30	95	Meath		3
1221	Reynolds	Robert	25	Disease	Bronchitis		31-Mar-30	06-Jun-30	68	Dublin		3
1222	McCaul	Bernard	43	Disease	Ulcer R Leg Old Injury		02-Apr-30	01-Aug-30	122	Leitrim		3
1223	Murray	Thomas	36	Disease	Finger R Ring & Little		02-Apr-30	29-Apr-30	28	Westmeath		3
1224	McKeogh	James	30	Disease	Bronchitis	Malaria	04-Apr-30	29-May-30	56	Monaghan		3
1225	King	Augustine	38	Disease	Varix Leg R		04-Apr-30	26-Jul-30	114	Longford		3
1226	Murphy	John J	35	GSW	Thigh L		04-Apr-30	17-Jun-30	75	Kerry		3
1227	Riggs	William	29	GSW	Foot R Stump broken down	Limb Fitting	04-Apr-30	19-May-30	46	Westmeath		3
1228	Fisher	Michael	43	GSW	Arm R forearm		05-Apr-30	11-Sep-30	160	Dublin		3
1229	Smithers	Patrick	43	Disease	Bronchitis		05-Apr-30	23-Apr-30	19	Dublin		3
1230	Power	Joseph	32	Disease	Haematuria		07-Apr-30	08-May-30	32	Dublin		3
1231	Murphy	William	46	GSW	Head		07-Apr-30	03-May-30	27	Kilkenny		3
1232	Roe	Michael	44	GSW	Head		08-Apr-30	02-May-30	25	Dublin		3
1233	Egan	Charles	41	Disease	VDH		08-Apr-30	22-May-30	45	Dublin		3
1234	Darbinson	Patrick	35	GSW	Wrist L		12-Apr-30	20-Jun-30	70	Dublin		3
1235	Dyra	John	53	GSW	Arm R		14-Apr-30	15-May-30	32	Mayo		3
1236	Coyne	William	42	GSW	Back		15-Apr-30	21-Aug-30	129	Dublin		3
1237	Coyne	Chris	57	Disease	VDH	Debility	15-Apr-30	09-Jul-30	86	Dublin		3
1238	Neill	George	39	GSW	Feet Both Ampt		15-Apr-30	17-May-30	33	Laois		3
1239	Drumm	Thomas	45	Disease	Big Toe L Swollen		16-Apr-30	08-Aug-30	115	Cavan		3
1240	Cohen	Arthur	47	Disease	Bronchitis		16-Apr-30	16-May-30	31	Cork		3
1241	Nash	George	46	Disease	Effects of Gas		16-Apr-30	13-Jun-30	59	Mayo		3
1242	Gaughan	James	48	GSW	Leg L		16-Apr-30	13-Jun-30	59	Mayo		3
1243	Meara	Joseph	37	GSW	Thigh L Ampt		17-Apr-30	07-May-30	21	Tipperary		3
1244	Hudson	Thomas	52	Disease	Rheumatism		22-Apr-30	27-Jun-30	67	Dublin		3
1245	Leahy	Martin	28	GSW	Hand L		23-Apr-30	31-Jul-30	100	Carlow		3
1246	Kelly	Patrick	32	GSW	Ankle R		23-Apr-30	30-Oct-30	191	Dublin		3
1247	Reddy	Peter	41	GSW	Back		23-Apr-30	18-Jul-30	87	Cork		3
1248	Brodnick	Hugh	48	Disease	Defective Vision		23-Apr-30	16-May-30	24	Kerry		3
1249	McCague	Patrick	32	Disease	Gastritis		23-Apr-30	04-Jul-30	73	Monaghan		3
1250	Flynn	Patrick	33	Disease	Deafness		23-Apr-30	06-May-30	14	Wexford		3

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1251	Clancy	James	33	GSW	Arm L		24-Apr-30	14-Jul-30	82	Dublin		3
1252	Darby	Charles	44	GSW	Chest R		25-Apr-30	09-Oct-30	168	Dublin		3
1253	Baxter	James	48	Disease	Gastritis		25-Apr-30	16-Jun-30	53	Dublin		3
1254	Reilly	Patrick	31	Disease	Deafness		28-Apr-30	23-May-30	26	Longford		3
1255	Cahill	James	59	Disease	Ulcer R Leg		28-Apr-30	20-Jun-30	54	Clare		3
1256	Carrick	Henry	37	Disease	Defective Vision		28-Apr-30	11-Jul-30	75	Dublin		3
1257	Murphy	James	37	Disease	Osteo Arthritis		29-Apr-30	27-Jun-30	60	Wexford		3
1258	Byrne	Michael	43	Disease	Ankle L lct		29-Apr-30	03-Sep-30	128	Kildare		3
1259	Scanlon	William	41	GSW	Buttock L	Varix	30-Apr-30	14-Nov-30	199	Sligo		3
1260	Garvey	Mi Jos	29	GSW	Arm L forearm		30-Apr-30	29-May-30	30	Mayo		3
1261	Carthy	John	45	Disease	Defective Vision		01-May-30	12-Jul-30	73	Wexford		3
1262	Byrne	John	46	Disease	Bronchitis Chronic		03-May-30	31-Jul-30	90	Dublin		3
1263	Curtis	Patrick	38	Disease	Gastritis		05-May-30	10-May-30	6	Dublin		3
1264	Brannigan	John	32	GSW	Arm L		05-May-30	04-Sep-30	123	Louth		3
1265	Butter	Michael	46	Disease	Bronchitis		05-May-30	16-May-30	12	Dublin		3
1266	Duffy	Thomas	66	Disease	Osteo Arthritis		06-May-30	05-Jun-30	31			3
1267	Donohue	Patrick	45	GSW	Elbow L		07-May-30	04-Sep-30	121	Dublin		3
1268	Breen	Thomas	30	Disease	Neurasthenia	Malaria	08-May-30	07-Jul-30	61	Clare		3
1269	Cox	George	39	GSW	Eye L Loss of		08-May-30	23-May-30	16			3
1270	Russell	William	39	GSW	Leg L	Eczema, Acne	09-May-30	09-Oct-30	154	Offaly		3
1271	McCarthy	Timothy	36	GSW	Leg R Ulcers		09-May-30	19-Dec-30	225	Limerick		3
1272	Long	John	30	Disease	Gastritis		12-May-30	19-Jul-30	69	Dublin		3
1273	Dalton	William	33	GSW	Leg L Ampt		12-May-30	03-Jun-30	23	Wexford		3
1274	Kelly	John	67	Disease	Rheumatism		12-May-30	11-Jul-30	61	Sligo		3
1275	Byrne	James	47	Disease	VDH		12-May-30	11-Jul-30	61	Meath		3
1276	Davis	Thomas	38	GSW	Leg R Ampt		12-May-30	14-Jun-30	34	Cavan		3
1277	O'Brien	Patrick	61	GSW	Eye L Loss of		13-May-30	15-May-30	3			3
1278	Nevin	Michael	30	GSW	Arm R & Chest		13-May-30	03-Sep-30	114			3
1279	Farrell	Thomas	35	GSW	Thigh		13-May-30	28-Aug-30	108	Westmeath		3
1280	McCarthy	Patrick J	42	Disease	Adhesions following Duodenal Ulcer		13-May-30	12-Sep-30	123	Cork		3
1281	Ryan	Cornelius	52	Disease	Debility		13-May-30	11-Jun-30	30	Tipperary		3
1282	Thornton	Ceal E	41	GSW	Foot L		13-May-30	08-Aug-30	88	Cork		3
1283	Meehan	Patrick	48	GSW	Arm L forearm		13-May-30	11-Nov-30	183			3
1284	Baker	Issac	39	Disease	Bronchial Catarrh		17-May-30	17-Jul-30	62	Dublin		3
1285	Collins	Joseph	39	GSW	Thigh L Bayonet wound		19-May-30	11-Sep-30	116	Dublin		3
1286	Hamilton	James	37	GSW	Arm L forearm		19-May-30	28-Aug-30	102	Dublin		3
1287	Soye	Edward	46	Disease	Bronchitis		19-May-30	25-Jul-30	68	Dublin		3
1288	Kavanagh	Michael	48	Disease	Rheumatism	VDH	19-May-30	14-Jun-30	27	Dublin		3
1289	O'Connell	John	47	Disease	Ruptured Pyloric Ulcer		20-May-30	11-Sep-30	115	Dublin		3
1290	Kelly	Peter	53	GSW	Leg L Ampt		20-May-30	06-Jun-30	18	Dublin		3
1291	Keleghan	Edward	37	Disease	Gastritis		20-May-30	24-Jul-30	66	Dublin		3
1292	Downs	Michael	56	Disease	Bronchial Catarrh		20-May-30	24-Jul-30	66	Dublin		3
1293	Kenny	Charles	38	Disease	Bronchitis		20-May-30	09-Oct-30	143	Dublin		3
1294	Heaphy	David	32	GSW	Leg L Ampt		21-May-30	17-Jun-30	28	Cork		3
1295	Clifford	John	39	GSW	Buttock L	Flat Feet	22-May-30	04-Sep-30	106	Cork		3
1296	White	Thomas	37	Disease	Ulceration of Legs		22-May-30	03-Jul-30	43	Offaly		3
1297	Doyle	Denis	34	GSW	Multiple		26-May-30	24-Jun-30	30	Wicklow		3
1298	Rodgers	David	36	Disease	Varicose Veins		27-May-30	02-Aug-30	68	Dublin		3
1299	Evans	John	45	Disease	Sciatica		29-May-30	11-Jul-30	44	Dublin		3
1300	Connolly	Joseph	43	GSW	Back		30-May-30	26-Jun-30	28	Kildare		3

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1301	Martin	John	45	Disease	Big Toe Enlarged		30-May-30	08-Aug-30	71	Dublin		3
1302	Flynn	Francis J	47	Disease	Leg L Fracture		30-May-30	11-Sep-30	105	Westmeath		3
1303	Donovan	James	35	Disease	Rheumatism		02-Jun-30	08-Aug-30	68	Tipperary		3
1304	O'Sullivan	James	50	Disease	Perioditis ICT Thrombosis L Leg		03-Jun-30	09-Aug-30	68	Waterford		3
1305	Hanlon	Michael	47	GSW	Leg R		03-Jun-30	31-Jul-30	59	Dublin		3
1306	Manning	Paul	35	GSW	Foot L		03-Jun-30	23-Jul-30	51	Dublin		3
1307	Curran	Andrew	47	Disease	Leg L Old Injury		04-Jun-30	31-Jul-30	58	Offaly		3
1308	Smith	William	42	Disease	Bronchitis		04-Jun-30	20-Aug-30	78	Dublin		3
1309	McCarthy	Patrick	65	Disease	Defective Vision		11-Jun-30	05-Jul-30	25	Roscommon		3
1310	Dalton	John	51	Disease	Sycosis Impetigo		13-Jun-30	30-Oct-30	140	Dublin		3
1311	Corrigan	John J	43	Disease	Debility arising from Haemorrhage		16-Jun-30	11-Sep-30	88	Laois		3
1312	McDonagh	Michael	32	GSW	Hip L		16-Jun-30	15-Oct-30	122	Dublin		3
1313	Dooran	Andrew	33	Disease	Eye R Enucleation		16-Jun-30	05-Jul-30	20	Roscommon		3
1314	Shortland	Richard	36	Disease	Debility following Gas		17-Jun-30	20-Sep-30	96	Coik		3
1315	McCabe	James	36	GSW	Leg L		18-Jun-30	24-Dec-30	190	Louth		3
1316	Shine	Michael	46	GSW	Ankle L		18-Jun-30	26-Sep-30	101	Westmeath		3
1317	Kennedy	Con J	48	Disease	Bacclura		19-Jun-30	05-Aug-30	48	Tipperary		3
1318	Kelly	William	38	GSW	Knee R		19-Jun-30	11-Sep-30	85	Tipperary		3
1319	Cook	William	47	Disease	Bronchitis, Emphysema		20-Jun-30	29-Aug-30	71	Meath		3
1320	O'Reilly	Edward	43	Disease	Bronchitis	Malaria	25-Jun-30	16-Oct-30	114			3
1321	Meara	Joseph	38	GSW	Thigh L Ampt	ILLEGIBLE Sinutitis	26-Jun-30	21-Jul-30	26	Tipperary		3
1322	O'Brien	Thomas	51	Disease	Malaria, Dysentery	Bronchitis	26-Jun-30	01-Sep-30	68	Dublin		3
1323	Rackley	Michael	45	Disease	Bronchitis		28-Jun-30	11-Jul-30	14	Dublin		3
1324	Byrne	Timothy	46	Both	VDH, Bronchitis		28-Jun-30	07-Aug-30	41	Dublin	DIED.	3
1325	Hurley	Joseph	39	Disease	Debility with Chronic Bronchitis	GSW L Shoulder	28-Jun-30	26-Sep-30	91	Coik		3
1326	O'Rourke	John	43	Disease	Leg L Ulcer		30-Jun-30	07-Oct-30	100	Mayo		3
1327	Hennessey	Patrick	49	Disease	Bilharzia		30-Jun-30	26-Jul-30	27	Clare	Marked as Chelsea Case	3
1328	Pate	Martin	44	Disease	Ulceration L Leg		01-Jul-30	15-Aug-30	46	Westmeath		3
1329	O'Brien	Patrick	61	Disease	Artificial Eye Fitting		02-Jul-30	04-Jul-30	3	Tipperary		3
1330	O'Brien	Timothy	38	Disease	Kick from Horse		02-Jul-30	29-Jul-30	28	Cork		3
1331	McGrath	Peter	37	Disease	Defective Vision		03-Jul-30	07-Aug-30	36	Tipperary		3
1332	Naylor	Henry	33	GSW	Leg R		03-Jul-30	18-Sep-30	78	Offaly		3
1333	Navin	Joseph	45	GSW	Chest		03-Jul-30	18-Jul-30	16	Sligo		3
1334	Keating	Michael	42	GSW	Legs Both		04-Jul-30	11-Sep-30	70	Wexford	Marked as OC Case	3
1335	Googan	John	49	GSW	Face	Defective Hearing	04-Jul-30	18-Oct-30	107	Cork		3
1336	Moore	Francis	38	GSW	Arm L forearm		05-Jul-30	13-Jan-31	193	Dublin		3
1337	Smith	Michael	52	Disease	Lumbago		07-Jul-30	04-Sep-30	60	Longford		3
1338	Slattery	James	43	GSW	Buttock		07-Jul-30	19-Jul-30	13	Kerry		3
1339	Drew	Michael	45	GSW	Leg R		08-Jul-30	29-Oct-30	114	Kilkenny		3
1340	Brangan	Chris	35	GSW	Arm L forearm		09-Jul-30	15-Aug-30	38	Dublin		3
1341	Doherty	William	34	Disease	Gassing		09-Jul-30	01-Aug-30	24	Donegal		3
1342	McGlynn	James	50	Disease	Malaria		09-Jul-30	05-Aug-30	28	Kilkenny		3
1343	Greaney	Michael	37	Disease	Tuberculosis Pulmonary		11-Jul-30	05-Aug-30	26	Limerick		3
1344	Greaney	Michael	45	Disease	Dysentery		11-Jul-30	01-Aug-30	22	Cork		3
1345	Brennan	Edward	40	Disease	Leg L Ampt		11-Jul-30	23-Oct-30	105	Dublin		3
1346	Downs	Joseph	42	Disease	Malaria		14-Jul-30	07-Aug-30	25	Clare		3
1347	Neill	George	39	GSW	Feet Both Ampt - Limb Fitting		14-Jul-30	21-Aug-30	39	Laois		3
1348	Phelan	Peter	41	Disease	Debility		15-Jul-30	12-Aug-30	29	Dublin		3
1349	Toole	Timothy	44	Disease	Ulceration R Leg Chronic		15-Jul-30	27-Sep-30	75	Kildare		3
1350	Finlay	Richard	34	GSW	Neck		16-Jul-30	13-Nov-30	121	Dublin		3

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1351	Norton	William	40	Disease	Otitis Media		18-Jul-30	25-Sep-30	70	Dublin		3
1352	Booth	Joseph	52	GSW	Leg L		21-Jul-30	12-Sep-30	54	Dublin		3
1353	Burns	John	33	GSW	Arm L forearm		23-Jul-30	16-Aug-30	25	Sligo		3
1354	Leonard	John	38	GSW	R Eye Lost (Hasneron?)		24-Jul-30	15-Aug-30	23	Dublin		3
1355	Cahill	William	51	Disease	ODH		24-Jul-30	25-Sep-30	64	Longford		3
1356	Shericon	John	49	Disease	Bronchitis		25-Jul-30	06-Oct-30	74	Dublin		3
1357	Murphy	Thomas	34	GSW	Leg R		28-Jul-30	09-Jan-31	166	Dublin		3
1358	Daly	Michael	52	GSW	Arm L forearm		28-Jul-30	18-Sep-30	53	Mayo		3
1359	Elliot	Chris	35	GSW	Leg R Ampt		30-Jul-30	24-Sep-30	59	Limerick		3
1360	O'Brien	James	34	GSW	Arm R		31-Jul-30	21-Aug-30	23	Mayo		3
1361	Browne	John	53	Disease	DAH		01-Aug-30	27-Aug-30	28	Dublin		3
1362	Barrett	Michael	40	Disease	DAH		01-Aug-30	27-Aug-30	28	Galway		3
1363	McMahon	James	53	GSW	Thigh L	Drop Foot	01-Aug-30	05-Sep-30	36	Cavan		3
1364	Nolan	John	30	GSW	Eye L Loss of Vision		01-Aug-30	08-Oct-30	69	Carlow		3
1365	Moore	Terence	45	GSW	Back Shrapnel Wound		01-Aug-30	27-Oct-30	88	Dublin		3
1366	Curtis	Patrick	49	Disease	Duodenal Ulcer		01-Aug-30	11-Sep-30	42	Kildare		3
1367	Harte	William	30	GSW	Arm L forearm		02-Aug-30	09-Oct-30	69	Dublin		3
1368	Shannon	Patrick	35	GSW	Ear L	Defective Hearing	02-Aug-30	29-Sep-30	59	Dublin		3
1369	Garvey	Michael	28	GSW	Forearm, Part of Thumb Ampt		02-Aug-30	11-Sep-30	41	Mayo		3
1370	Heffernan	Michael	45	Disease	Foot R Injury		06-Aug-30	19-Sep-30	45	Tipperary		3
1371	Creedy	Patrick	42	Disease	Trench Feet		06-Aug-30	08-Oct-30	64	Westmeath		3
1372	Fitzpatrick	James	40	Disease	Bronchitis	Gastritis	07-Aug-30	09-Oct-30	64	Dublin		3
1373	Sullivan	John	39	Disease	Defective Vision		08-Aug-30	04-Sep-30	28	Kerry		3
1374	Smyth	John	44	GSW	Arm R		11-Aug-30	02-Oct-30	53	Louth		3
1375	Geraghty	Chris	40	GSW	Arm R		11-Aug-30	18-Sep-30	39	Dublin		3
1376	Byrne	Edward	44	Disease	Bronchitis		12-Aug-30	17-Oct-30	67	Dublin		3
1377	O'Brien	Michael	34	GSW	Leg L		13-Aug-30	03-Oct-30	52	Coik		3
1378	Flanagan	Patrick	60	Disease	Myalgia		13-Aug-30	05-Sep-30	24	Longford		3
1379	Kelly	Richard	52	Disease	Defective Vision		14-Aug-30	04-Sep-30	22	Kilkenny		3
1380	Byrne	Robert	42	GSW	Thigh R		15-Aug-30	01-Jan-31	140	Dublin		3
1381	Sweeney	John	34	GSW	Leg L Ampt		16-Aug-30	15-Oct-30	61	Dublin		3
1382	Farrrell	Edward	43	Disease	Wasserman Test		18-Aug-30	19-Aug-30	2	Galway		3
1383	Murphy	James	37	Disease	Osteo Arthritis		18-Aug-30	09-Sep-30	23	Wexford		3
1384	Haberlin	Patrick	54	Disease	Leg R Ulcer		18-Aug-30	08-May-31	264	Waterford		3
1385	Mahon	Thomas	38	GSW	Legs Both Ampt - Limb Fitting		18-Aug-30	22-Aug-30	5	Sligo		3
1386	Smyth	Thomas	45	GSW	Leg L		19-Aug-30	17-Nov-30	91	Meath		3
1387	Devereux	Edward	34	GSW	Arm L forearm		19-Aug-30	22-Oct-30	65	Kerry		3
1388	Ryan	Timothy	38	GSW	Abdomen		20-Aug-30	25-Apr-31	249	Dublin		3
1389	Boles	Patrick	66	Disease	Rheumatism		20-Aug-30	09-Oct-30	51	Sligo		3
1390	Mahon	Daniel	36	Disease	Deblity	Piles	20-Aug-30	25-Sep-30	37	Wexford		3
1391	Doherty	Edward	52	Disease	Rheumatism Muscular		21-Aug-30	11-Sep-30	22	Clare		3
1392	Coss	Patrick	52	Disease	Trachoma	Blepharospasm	22-Aug-30	18-Sep-30	28	Laois		3
1393	Canney	Fred Jos	51	Disease	Otitis Media Chronic		22-Aug-30	29-Oct-30	69	Dublin		3
1394	Carrroll	Patrick	51	GSW	Arm - For fitting with Appliance		22-Aug-30	25-Aug-30	4	Clare		3
1395	Casey	Dominick	49	GSW	Leg L		25-Aug-30	14-Nov-30	82	Dublin		3
1396	Coyne	William	44	GSW	Foot L		26-Aug-30	06-Nov-30	73	Dublin		3
1397	Moran	Peter	37	Disease	Bronchitis		27-Aug-30	21-Nov-30	87	Dublin		3
1398	Payne	Joseph	28	GSW	Shoulder L		27-Aug-30	22-Oct-30	57	Laois		3
1399	Creedy	John	34	Disease	Haemorrhoids		01-Sep-30	26-Sep-30	26	Dublin		3
1400	Meehan	Michael	37	GSW	Hand R		01-Sep-30	09-Oct-30	39	Limerick		3

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1401	Doherty	Hugh	45	Disease	Gastritis		02-Sep-30	31-Oct-30	60	Donegal		3
1402	Nash	George	46	Disease	Effects of Gas		02-Sep-30	06-Nov-30	66	Mayo		3
1403	Penrose	Thomas	32	Disease	Hand L Injury		03-Sep-30	01-Oct-30	29	Westmeath		3
1404	Mahon	Chris	43	Disease	Otitis Media Chronic		04-Sep-30	06-Nov-30	64	Dublin		3
1405	Doherty	Patrick	41	Disease	Bronchitis		04-Sep-30	16-Oct-30	43	Donegal		3
1406	Feeney	James	61	Disease	Haemorrhoids		04-Sep-30	11-Sep-30	8	Sligo		3
1407	Flynn	Patrick	34	GSW	Face, Loss of R Eye	Deafness	05-Sep-30	10-Nov-30	67	Wexford		3
1408	Daly	Francis	39	Disease	Arthritis	Synovitis of R Knee	05-Sep-30	26-Sep-30	22	Monaghan		3
1409	Sheehan	James	33	GSW	Head		05-Sep-30	27-Sep-30	23	Carlow		3
1410	Ryan	Robert	46	GSW	Legs Both Ampt		06-Sep-30	07-Oct-30	33	Dublin		3
1411	O'Mara	Thomas	34	Disease	Gastritis		08-Sep-30	14-Nov-30	68	Dublin		3
1412	Byrne	John	55	Disease	Bronchitis Chronic		09-Sep-30	01-Nov-30	54	Dublin		3
1413	Hade	Joseph	36	GSW	Arm R		09-Sep-30	13-Nov-30	66			3
1414	English	Chris	58	Disease	Elbow L Injury	Ampt 3rd & 4th fingers	12-Sep-30	27-Nov-30	77	Dublin		3
1415	Mulcahy	Denis	39	Disease	Eczema		12-Sep-30	10-Oct-30	29	Cork		3
1416	McGrath	Alexander	42	GSW	Hand L		12-Sep-30	19-Nov-30	69	Offaly		3
1417	Cullen	Henry	32	GSW	Foot L		12-Sep-30	10-Feb-31	152	Clare		3
1418	McDonagh	Patrick	57	Disease	Osteo Arthritis		12-Sep-30	25-Nov-30	75	Clare		3
1419	Crowley	Michael	44	GSW	Arm R		12-Sep-30	09-Oct-30	28	Kerry		3
1420	Davis	Thomas	36	GSW	Thigh R Ampt		15-Sep-30	16-Oct-30	32	Cavan		3
1421	Rooney	James	55	Disease	Stricture of Uretra		17-Sep-30	19-Sep-30	3	Dublin		3
1422	McGovern	Thomas	39	GSW	Leg R		17-Sep-30	27-Nov-30	72	Leitrim		3
1423	Kelly	Joseph	35	GSW	Arm R forearm		17-Sep-30	05-Nov-30	50	Westmeath		3
1424	Masterson	James	43	Disease	Bronchitis		18-Sep-30	21-Nov-30	65	Dublin		3
1425	Gorman	John	40	GSW	Arm L forearm		18-Sep-30	10-Oct-30	23	Limerick		3
1426	McGowan	Thomas	61	Disease	Malaria		19-Sep-30	16-Oct-30	28	Mayo		3
1427	Coonan	Patrick	35	Disease	Defective Vision		19-Sep-30	15-Oct-30	27	Laois		3
1428	McMahon	Henry	64	Disease	Pterygium		20-Sep-30	03-Oct-30	14	Clare		3
1429	Irwin	William	33	GSW	Thigh L		22-Sep-30	29-Jun-31	281	Leitrim		3
1430	Walsh	John	42	GSW	Leg R Ampt		22-Sep-30	10-Oct-30	19	Kilkenny		3
1431	McLoughlin	Albert	39	Disease	Bronchitis		23-Sep-30	04-Dec-30	73	Dublin		3
1432	Gaughan	James	48	GSW	Knee L		23-Sep-30	18-Dec-30	87	Mayo		3
1433	Smith	George	36	GSW	Pelvis & L Shoulder		23-Sep-30	16-Jan-31	116	Dublin		3
1434	Kennedy	Michael	41	Disease	Hip R		24-Sep-30	22-Apr-32	577	Laois		3
1435	Mills	William	47	Disease	VDH		24-Sep-30	19-Nov-30	57	Dublin	DIED.	3
1436	Mooney	Daniel	58	Disease	Varicose Veins		25-Sep-30	06-Nov-30	43	Tipperary		3
1437	Corr	Andrew	40	GSW	Leg		25-Sep-30	31-Oct-30	37	Louth		3
1438	Pim	John	46	Disease	Bronchitis		29-Sep-30	12-Dec-30	75	Dublin		3
1439	Wynne	James	38	Disease	Duodenal Ulcer		29-Sep-30	25-Oct-30	27	Dublin	Marked as O.S.Y. Claim	3
1440	Wall	William	44	GSW	Leg R		01-Oct-30	19-Jan-31	111	Wicklow		3
1441	Lynch	Thomas	31	GSW	Thigh R		01-Oct-30	08-Jan-31	100	Dublin		3
1442	Quinlan	Daniel	44	Disease	Haemorrhoids		01-Oct-30	23-Dec-30	84	Kerry		3
1443	Salmon	John	38	GSW	Arm R L forearm	Leg L	07-Oct-30	13-Nov-30	38	Roscommon		3
1444	Baker	Issac	40	Disease	Bronchial Catarrh		08-Oct-30	11-Dec-30	65	Dublin		3
1445	Barry	Patrick	34	Disease	Synovitis Knee R		09-Oct-30	24-Dec-30	77	Cork		3
1446	O'Connor	Joseph	0	Disease	Bronchitis		09-Oct-30	11-Dec-30	64	Dublin		3
1447	Ebbs	John	48	Disease	Bronchial Asthma		10-Oct-30	07-Mar-31	149	Galway		3
1448	Nolan	John	61	Disease	ODH		10-Oct-30	29-Oct-30	20	Dublin		3
1449	Heffernan	Michael	46	Disease	Foot R Old Injury		13-Oct-30	06-Nov-30	25	Tipperary		3
1450	Arbutnot	John	44	Disease	Traumatic Stricture		13-Oct-30	14-May-31	214	Meath		3

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1451	Hoey	John	35	Disease	Thrombo Angiitit Obliterans		14-Oct-30	14-Jan-31	93	Westmeath		3
1452	Purcell	Daniel	44	Disease	Otitis Media		15-Oct-30	06-Dec-30	53	Cork		3
1453	O'Halloran	John	41	GSW	Jaw		17-Oct-30	15-Jan-31	91	Clare		3
1454	Byrne	Joseph	40	Disease	Sigmoidoscope Examination	Medical Examination	18-Oct-30	23-Oct-30	6	Dublin		3
1455	Corcoran	John	41	GSW	Face		20-Oct-30	31-Dec-30	73	Mayo		3
1456	Byrne	Thomas	41	Disease	Gastritis		22-Oct-30	31-Dec-30	71	Dublin		3
1457	Farrell	Francis	41	Disease	Conjunctivitis Chronic	Exotropion	22-Oct-30	13-Nov-30	23	Meath		3
1458	Cullen	Thomas	38	Disease	Knee R Injury		22-Oct-30	07-Feb-31	109	Dublin		3
1459	Lynch	Daniel	35	Disease	Gastritis		22-Oct-30	18-Dec-30	58	Laois		3
1460	Conibear	James	58	GSW	Head	Shoulder R	22-Oct-30	09-Jan-31	80	Cork		3
1461	Furey	John	38	GSW	Foot L		22-Oct-30	05-Jan-31	76	Galway		3
1462	Bresname	James	52	Disease	Sigmoidoscope Examination	Medical Examination	23-Oct-30	28-Oct-30	6			3
1463	McLoughlin	Patrick	45	Disease	VDH	Malaria	23-Oct-30	31-Dec-30	70	Offaly		3
1464	Merrigan	Patrick	39	GSW	Leg R Ampt		24-Oct-30	16-Jan-31	85	Dublin		3
1465	Monaghan	Thomas	37	GSW	Foot L		27-Oct-30	14-Feb-31	111	Dublin		3
1466	Nolan	William	36	Disease	Trench Feet(Frost Bite)		28-Oct-30	03-Nov-30	7	Dublin		3
1467	Shanhan	Patrick	30	Disease	Bronchitis	Emphysema (PTB)	30-Oct-30	26-Nov-30	28	Limerick		3
1468	Quinn	Patrick	33	GSW	Leg L		30-Oct-30	24-Dec-30	56	Cork		3
1469	Kerwick	Thomas	43	Disease	Laryngitis		30-Oct-30	05-Dec-30	37	Waterford		3
1470	Callaghan	Patrick	33	GSW	Hand L		30-Oct-30	10-Jan-31	73	Dublin	Marked as O.S.Y. Case	3
1471	Keady	Patrick	48	Disease	Dysentery		31-Oct-30	27-Nov-30	28	Galway		3
1472	Cahill	James	60	Disease	Leg R Ulcer		31-Oct-30	20-Jan-31	82	Clare		3
1473	Ward	Denis	36	Disease	Gastric Ulcer		31-Oct-30	12-Jan-31	74	Dublin		3
1474	Timmons	Thos J	40	Disease	Otitis Media		31-Oct-30	20-Nov-30	21	Kilkenny		3
1475	Phelan	Thomas	57	Disease	Rheumatism		01-Nov-30	09-Jan-31	70	Dublin		3
1476	Condron	John	37	GSW	Leg R		01-Nov-30	13-Jan-31	74	Kildare		3
1477	Foster	Owen	49	Disease	Stomach Trouble		04-Nov-30	01-Dec-30	28	Louth		3
1478	Hamilton	William	41	Disease	Malaria		04-Nov-30	01-Dec-30	28	Donegal		3
1479	Flynn	John	40	Disease	Bronchitis		05-Nov-30	22-Dec-30	48	Dublin		3
1480	Davis	Thomas	38	GSW	Leg R Ampt Limb Fitting		06-Nov-30	04-Dec-30	29			3
1481	Callaghan	James	42	Disease	Bronchitis		07-Nov-30	16-Jan-31	71	Sligo		3
1482	O'Neill	Patrick	32	GSW	Thigh R (Femur)		07-Nov-30	29-Jan-31	84	Dublin		3
1483	Roache	Dominick	36	GSW	Leg L		07-Nov-30	22-Dec-30	46	Westmeath		3
1484	O'Sullivan	James	50	Disease	Periostis	ICT Thrombosis L Leg	07-Nov-30	13-Mar-30	127	Waterford		3
1485	Fitzgerald	William	32	GSW	Leg L Ampt		10-Nov-30	22-Nov-30	13	Tipperary		3
1486	Foote	William	37	GSW	Buttock L		10-Nov-30	28-Nov-30	19	Kilkenny		3
1487	Stewart	James	43	Disease	Leg R Injury		12-Nov-30	03-Mar-32	478	Louth		3
1488	Casey	John	35	GSW	Chest		12-Nov-30	08-Dec-30	27	Cork		3
1489	Downes	Joseph	42	Disease	Dysentery		12-Nov-30	17-Nov-30	6	Clare		3
1490	Baxter	James	55	Disease	Gastritis		12-Nov-30	19-Jan-31	69	Dublin		3
1491	Coleman	Stephen	36	GSW	Arm R		13-Nov-30	24-Feb-31	104	Cork		3
1492	Foran	Chris	63	Disease	Osteo Myelitis		14-Nov-30	21-Feb-31	100	Dublin		3
1493	Murphy	Patrick	34	Disease	Bronchitis		17-Nov-30	22-Jan-31	67	Dublin		3
1494	Collins	Joseph	38	Disease	Thigh L Bayonet Wound		17-Nov-30	14-Jan-30	59	Dublin		3
1495	Browne	John	53	Disease	DAH		18-Nov-30	09-Dec-30	22	Dublin	DIED.	3
1496	Shericon	John	50	Disease	Bronchitis		18-Nov-30	22-Jan-31	66	Dublin		3
1497	Leonard	John	34	GSW	Neck & Chest	Lung Condition	19-Nov-30	08-Dec-30	20	Cork		3
1498	Evans	Thomas	36	GSW	Leg L		19-Nov-30	07-Feb-31	81	Dublin		3
1499	Egan	Michael	37	GSW	Ankle L		21-Nov-30	06-Feb-31	78	Offaly		3
1500	Carrroll	Michael	37	Disease	Bronchitis		21-Nov-30	30-Jan-31	71	Dublin		3

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1501	Simple	Edward	42	Disease	Deblity		22-Nov-30	11-Dec-30	20	Donegal		3
1502	Delaney	Martin	47	Disease	Bronchitis		24-Nov-30	17-Apr-31	145	Dublin		3
1503	Callinan	Patrick	52	Disease	Rheumatism		24-Nov-30	30-Jan-31	68	Clare		3
1504	Riordan	James	47	Disease	Orchitis		24-Nov-30	13-Mar-31	110	Cork		3
1505	Daly	Francis	38	GSW	Knee R		25-Nov-30	27-Mar-31	123	Monaghan		3
1506	Hamilton	James	38	GSW	Arm L forearm		26-Nov-30	09-Jan-31	45	Dublin		3
1507	McKeady	James	39	GSW	Knee R		27-Nov-30	14-Feb-31	80	Dublin		3
1508	Logan	John	38	Disease	Myalgia		27-Nov-30	17-Dec-30	21	Dublin		3
1509	McCommack	Peter	20	Disease	Varicose Veins		27-Nov-30	20-Dec-30	24	Dublin		3
1510	Walsh	John	48	GSW	Leg L Ampt		02-Dec-30	29-Dec-30	28	Tipperary		3
1511	Cook	William	48	Disease	Bronchitis		02-Dec-30	21-Jan-31	51	Meath		3
1512	White	Thomas	49	Disease	Leg R Ulceration		03-Dec-30	06-Feb-31	66	Offaly		3
1513	Ruddell	Francis	56	Disease	Varicose Veins		04-Dec-30	16-Mar-31	103	Limerick		3
1514	O'Toole	Thomas	44	Disease	Bronchitis Chronic		05-Dec-30	13-Feb-31	71	Dublin		3
1515	Gibney	Edward	42	Disease	Duodenal Ulcer		05-Dec-30	06-Feb-31	64	Dublin		3
1516	Carroll	Timothy	59	Disease	Debility arising from Pneumonia		05-Dec-30	06-Mar-31	92	Dublin		3
1517	Soye	Edward	46	Disease	Bronchitis		05-Dec-30	31-Dec-30	27	Dublin	DIED.	3
1518	Duff	George	38	Disease	Deafness	Vertigo	06-Dec-30	13-Feb-31	70	Dublin		3
1519	Naylor	Henry	34	GSW	Leg L		08-Dec-30	31-Jan-31	55	Offaly		3
1520	Cleary	James	50	Disease	Bronchitis		08-Dec-30	13-Feb-31	68	Dublin		3
1521	Brandon	Thomas J	33	GSW	Leg R		09-Dec-30	12-Feb-31	66	Wexford		3
1522	Herron	Joseph	37	Disease	Bronchitis		10-Dec-30	20-Mar-31	101	Dublin		3
1523	Curran	Michael	45	Disease	Leg L Fracture		10-Dec-30	10-Jan-31	32	Carlow		3
1524	Connell	Michael	48	GSW	Leg L		10-Dec-30	23-Jan-31	45	Laos		3
1525	Kelly	Peter	52	GSW	Leg L Ampt		10-Dec-30	03-Jan-31	25	Dublin		3
1526	Smyth	John J	44	GSW	Forearm		12-Dec-30	24-Jan-31	44	Louth		3
1527	Hughes	Joseph	53	Disease	Bronchitis		12-Dec-30	05-Feb-31	56	Dublin		3
1528	Collins	John	34	GSW	Buttock R		13-Dec-30	19-Feb-31	69	Limerick		3
1529	Conway	Michael	35	GSW	Arm L forearm		15-Dec-30	31-Jan-31	48	Clare		3
1530	Kirwin	Michael	55	Disease	Defective Hearing		17-Dec-30	13-Jan-31	28	Dublin		3
1531	Ward	Michael	52	GSW	Buttock R		17-Dec-30	20-Mar-31	94	Kilkenny		3
1532	Walsh	Stephen	41	Disease	Hallux Valgus		17-Dec-30	27-Feb-31	73	Dublin		3
1533	Burke	William	37	GSW	Thigh L		22-Dec-30	28-Feb-31	69	Dublin		3
1534	Flynn	Peter	33	GSW	Foot R		29-Dec-30	11-Feb-31	45	Dublin		3
1535	McGowan	Simon	38	Disease	Leg L Old Injury		01-Jan-31	06-Feb-31	37	Leitrim		3
1536	Healy	Patrick	55	Disease	Colitis connected to Diarrhoes		01-Jan-31	20-Feb-31	51	Tipperary		3
1537	Hyland	Michael	49	Disease	Bronchitis		02-Jan-31	18-Mar-31	76	Dublin	DIED.	3
1538	Cilly	Thomas	31	GSW	Thigh L		05-Jan-31	07-May-31	123	Dublin		3
1539	Kelly	John	44	Disease	Bronchitis	Emphysema	05-Jan-31	02-Apr-31	88	Dublin		3
1540	Grady	John	37	GSW	Arm L		07-Jan-31	11-Feb-31	36	Dublin		3
1541	Dardis	Thomas	53	Disease	Nephritis		08-Jan-31	20-Feb-31	44	Dublin		3
1542	Fleming	Edward	30	Both	DAH	Eyebrow L	09-Jan-31	05-Feb-31	28	Tyrene		3
1543	McCommack	James	42	GSW	Wrist L	Chest	12-Jan-31	27-Mar-31	75	Dublin		3
1544	Kennedy	Joseph	40	GSW	Leg R		13-Jan-31	24-Jul-31	193	Westmeath		3
1545	Wright	Joseph	57	GSW	Leg R		13-Jan-31	06-Mar-31	53	Kildare		3
1546	Doyle	Michael	43	Disease	Bronchitis		14-Jan-31	13-Mar-31	59	Dublin		3
1547	Gaffney	John	40	Disease	Rheumatism		15-Jan-31	07-Mar-31	52			3
1548	Gaffney	Patrick	47	GSW	Thigh L Ampt		15-Jan-31	09-Feb-31	26	Cavan		3
1549	Brown	George	66	Disease	Rheumatism, Bronchitis	Myocardial Didease	15-Jan-31	27-Feb-31	44	Kildare		3
1550	Sullivan	Denis	54	Disease	Hip L Injury		16-Jan-31	09-Feb-31	25	Cork		3

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1551	Flanagan	Michael	45	Disease	Gastritis Chronic		16-Jan-31	06-Mar-31	50			3
1552	McMahon	Michael	54	Disease	Varicose Veins		16-Jan-31	06-Mar-31	50			3
1553	Eaton	Patrick	34	Both	Bronchitis, Deafness	Knee L	16-Jan-31	27-Mar-31	71			3
1554	Finnagan	Jas Jos	38	Both	Thigh & Arm L	Malaria	16-Jan-31	02-Apr-31	77	Dublin		3
1555	Robinson	William	35	Both	Hand R, Asthma	Albuminuria	16-Jan-31	27-Mar-31	71	Dublin	DIED.	3
1556	Healy	William	58	Disease	Tuberculosis Epididymitis		17-Jan-31	17-Feb-31	32			3
1557	Sullivan	Thos	43	Disease	Rheumatism		19-Jan-31	27-Mar-31	68	Wicklow		3
1558	Bissett	John	37	GSW	Jaw L		19-Jan-31	13-Apr-31	85	Kilkenny		3
1559	Baxter	Edward	49	GSW	Thigh L	Sinusitis Antrium	19-Jan-31	02-Jun-33	866	Roscommon		3
1560	Conlon	Patrick	43	Disease	Eye R Loss of Sight		19-Jan-31	11-Apr-31	83	Dublin		3
1561	Kelly	Peter	25	GSW	Arm R forearm Ampt		21-Jan-31	09-Feb-31	20	Louth	Noted as Chelsea Case	3
1562	Darby	Charles	42	GSW	Chest R		22-Jan-31	15-May-31	114	Dublin		3
1563	Taylor	James	33	Disease	Defective Vision		29-Jan-31	16-Mar-31	47	Wicklow		3
1564	Farrelly	Bernard	36	Disease	Bronchitis Chronic	Paralysis L Arm	29-Jan-31	24-Apr-31	86			3
1565	Moreland	Patrick	36	Disease	Myocarditis	Bronchitis	30-Jan-31	22-May-31	113	Dublin		3
1566	O'Brien	Patrick	42	Disease	Defective Vision		30-Jan-31	26-Feb-31	28	Tipperary		3
1567	Burgess	William	55	GSW	Thigh L		03-Feb-31	20-Feb-31	18	Dublin		3
1568	Banfield	James	50	Disease	ODH	Deblity	03-Feb-31	21-Apr-31	78	Dublin	DIED.	3
1569	Morgan	Robert	51	Disease	Deblity (NPC)		03-Feb-31	02-Mar-31	28	Tipperary		3
1570	Semple	Edward	40	Disease	Deblity		03-Feb-31	02-Mar-31	28	Donegal		3
1571	Furey	John	38	GSW	Foot L		03-Feb-31	08-Aug-31	187	Galway		3
1572	Canavan	Patrick	53	GSW	Heel L		04-Feb-31	22-Aug-31	200	Dublin		3
1573	Lynch	Thomas	45	Disease	Bronchitis		04-Feb-31	09-Apr-31	65	Louth		3
1574	Lonerigan	Henry	40	Disease	Sciatica		04-Feb-31	13-Apr-31	69	Tipperary		3
1575	Doherty	William	35	GSW	Abdomen		09-Feb-31	06-Mar-31	26	Donegal		3
1576	Flynn	Patrick	35	GSW	Face, Loss of R Eye	Deafness	10-Feb-31	07-Apr-31	57	Wexford		3
1577	Shericon	John	50	Disease	Bronchitis		10-Feb-31	06-May-31	86	Dublin		3
1578	Byrne	Michael	49	Disease	Bronchitis		11-Feb-31	18-Apr-31	67	Dublin		3
1579	Ryan	Denis	46	Disease	Bronchitis		12-Feb-31	17-Feb-31	6	Dublin	DIED.	3
1580	Dennehy	Charles	56	Disease	Osteo Arthritis		12-Feb-31	14-Apr-31	62	Kerry		3
1581	Elard	Patrick	40	Disease	Influenza		13-Feb-31	22-Feb-31	10	Dublin		3
1582	Smithers	Patrick	44	Disease	Bronchitis		13-Feb-31	03-Apr-31	50	Dublin	DIED.	3
1583	Power	Joseph	32	Disease	Papilloma of Bladder		13-Feb-31	17-Apr-31	64	Dublin		3
1584	Heaphy	David	31	GSW	Leg L Ampt		14-Feb-31	10-Mar-31	25	Coik		3
1585	Hickey	William	38	GSW	Leg R		16-Feb-31	31-Oct-31	258	Kilkenny		3
1586	Horgan	Denis	37	GSW	Knee L		16-Feb-31	02-Apr-31	46	Coik		3
1587	Nevin	Michael	31	GSW	Arm R & Chest		17-Feb-31	26-Jun-31	130	Tipperary		3
1588	Gormley	Peter	30	Disease	Bronchitis		17-Feb-31	24-Apr-31	67	Dublin		3
1589	O'Connor	Edward L	39	Disease	Bronchitis		19-Feb-31	02-Mar-31	12	Dublin		3
1590	Coonan	Patrick	35	Disease	Defective Vision		19-Feb-31	05-May-31	76	Laois		3
1591	Condon	John	46	Disease	Rheumatism		19-Feb-31	16-Apr-31	57	Tipperary		3
1592	Page	Robert	44	Disease	Dysentery		20-Feb-31	24-Feb-31	5	Dublin		3
1593	Pim	John	44	Disease	Bronchitis		21-Feb-31	01-May-31	70	Dublin		3
1594	McGrath	John	46	Disease	Bronchitis		21-Feb-31	06-May-31	75	Dublin		3
1595	Meany	David	45	GSW	Thigh L		23-Feb-31	01-May-31	68	Kilkenny		3
1596	Coffey	J J	32	GSW	Thigh L		20-May-20	07-Jan-21	233			4
1597	McDonnell	D	35	Disease	Temp Paralysis Neck		09-Jul-20	12-Jul-20	4			4
1598	Quirke	Jos J	30	GSW	Leg L Ampt		18-Feb-21	22-Nov-21	278			4
1599	Coffey	James Jos	30	GSW	Thigh		25-Nov-21	29-Nov-21	5			4
1600	Doherty	Edward	43	Disease	Varicose Veins		22-Aug-21	06-Sep-21	16			4

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1601	Doherty	Edward	43	Disease	Varicose Veins		14-Sep-21	28-Feb-22	168			4
1602	Walsh	Patrick	35	GSW	Arm R Ampt		14-Apr-21	18-Apr-21	5			4
1603	Walsh	Patrick	35	GSW	Arm R Ampt		14-Nov-21	16-Nov-21	3			4
1604	Coleman	John	44	GSW	Arm L		06-Jan-22	18-Jan-24	13			4
1605	Doherty	Edward	44	Disease	Varicose Veins		01-Sep-22	30-Dec-22	121			4
1606	Daly	Patrick	40	GSW	Leg L Ampt below Knee		27-Sep-22	17-Oct-22	21			4
1607	Hammond	George	45	GSW	Arm R Ampt		23-Nov-22	01-Aug-23	252			4
1608	Quirke	Jos Jmo	32	GSW	Leg L Ampt		11-Apr-22	09-May-22	29			4
1609	Daly	Patrick J	42	GSW	Leg L Ampt below Knee - Fitting		08-Jul-24	10-Jul-24	3			4
1610	Carton	Andrew P	49	Disease	Bronchitis	Tuberculosis (? In original)	01-Sep-24	29-Sep-24	29			4
1611	MacDonnell	D F	40	Disease	Junctional Tortocolis		16-Sep-24	06-Dec-24	82			4
1612	Davies	Wm John	32	Disease	Mediastinal ILLEGIBLE		21-Jan-25	24-Jan-25	4			4
1613	Walsh	Michael	47	GSW	Leg L		22-Jun-25	06-Aug-25	46			4
1614	Hallton	Thomas	65	Disease	Angina Pectoris		30-Jun-25	01-Jul-25	2			4
1615	Maguire	Denis	35	GSW	Limb fitting		19-Oct-25	21-Oct-25	3			4
1616	Wallace	Arthur	37	GSW	Thigh R		16-Dec-25	13-Jan-26	29			4
1617	Brennan	James	37	Disease	Flat Feet		18-Jan-26	24-Mar-26	66		Discharged as Absentee	4
1618	Ryan	John	45	GSW	Knee L		19-Apr-26	06-May-27	18			4
1619	Crawley	John	50	Disease	Hallux Valgus		21-Apr-26	22-Sep-26	155			4
1620	Brennan	James	40	Disease	Flat Feet		14-Jun-26	27-Aug-26	75			4
1621	McDonnell	David F	42	Disease	Psycho-Neurosis		14-Jun-26	27-Aug-26	75		Marked ? in original	4
1622	McDonnell	David F	42	Disease	Psycho-Neurosis		08-Jul-26	16-Jul-26	9		Marked ? in original	4
1623	Brennan	Patrick	34	Disease	Periostitis		23-Mar-27	19-May-27	58			4
1624	Brennan	James	41	Disease	Flat Feet		05-May-27	27-Aug-27	115			4
1625	Walsh	Michael	47	GSW	Leg L		01-Jul-27	29-Sep-27	91			4
1626	O'Brien	William	50	GSW	Femur L		26-Sep-27	07-Jun-30	986			4
1627	Gargan	Eugene	53	Disease	Rheumatism	Defective Vision	07-Oct-27	21-Dec-27	76			4
1628	Brennan	James	42	Disease	Flat Feet		30-Nov-27	01-Jun-28	185			4
1629	Hatten	Edward	37	Disease	Otitis Media Chronic		16-Feb-28	17-Feb-28	2			4
1630	Hatten	Edward	37	Disease	Otitis Media Chronic		23-Feb-28	13-Apr-28	51			4
1631	Devitt	Patrick	30	GSW	Thigh R		18-Apr-28	07-Jun-28	51			4
1632	Gilgan	Patrick	41	Disease	Urinary Tract (TB in red ink)		20-Jun-28	29-Aug-28	71			4
1633	Baker	Robert	44	Disease	Prostatis		11-Jul-28	23-Jul-28	13			4
1634	Gargan	Eugene	52	Disease	Rheumatism		08-Aug-28	06-Mar-29	211			4
1635	Gallagher	Patrick	36	Disease	Bronchitis		04-Sep-28	12-Dec-28	101			4
1636	Baker	Robert	44	Disease	Prostatis		03-Sep-28	14-Sep-28	12			4
1637	Walsh	Michael	54	GSW	Leg L		25-Oct-28	02-Dec-28	39			4
1638	Keaven	Edward	50	Disease	Gas Poisoning		07-Nov-28	05-Dec-28	29			4
1639	Baker	Robert	44	Disease	Prostatis		15-Jan-29	24-Jan-29	10			4
1640	Sheehan	Edward	39	GSW	Leg L Ampt		30-Jan-29	16-Mar-29	46			4
1641	Prost	Sydney	42	GSW	Leg		05-Mar-29	16-May-29	73			4
1642	Baker	Robert	45	Disease	Prostatis		13-Apr-29	13-Apr-29	1			4
1643	Gallagher	Patrick	37	Disease	Bronchitis		25-Apr-29	04-Jun-29	41			4
1644	Dunne	Michael	58	Disease	Perostatis Chronic		17-May-29	13-Jun-29	28			4
1645	Walsh	Michael	54	GSW	Leg L		21-Oct-29	18-Dec-29	59			4
1646	Gargan	Eugene	54	Disease	Rheumatism		06-Nov-29	08-Jan-30	64			4
1647	Brennan	Patrick	32	Disease	Periostitis		09-Apr-30	12-Jul-30	95	Dublin		4
1648	Dunne	Michael	58	Disease	Tuberculosis Renal	Prostatis	23-Apr-30	24-Jun-30	63			4
1649	Coffey	James Jos	42	GSW	Thigh L		05-Jun-30	13-Jun-30	9	Tipperary		4
1650	Keaven	Edward	51	Disease	Bronchitis		11-Jun-30	18-Jun-30	8	Dublin		4

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1651	Hannick	Patrick	35	GSW	Multiple		08-Aug-30	29-Aug-30	22	Dublin		4
1652	McCarthy	Theo	36	GSW	Thigh R		09-Sep-30	27-Oct-30	49	Cork		4
1653	Coffey	James Jos	42	GSW	Thigh L		30-Sep-30	27-Jun-31	270	Tipperary		4
1654	Cusack	Thomas	37	Disease	DAH		24-Nov-30	22-Dec-30	29	Limerick		4
1655	Brennan	James	44	Disease	Flat Feet	Hallux Valgus Chronic	30-Mar-30	03-Jul-31	96	Dublin		4
1656	Keaven	Edward	52	Disease	Gas Poisoning	DAH	28-Aug-31	24-Sep-31	28	Dublin		4
1657	Soames	Albert	42	Disease	Trachoma		03-Nov-31	17-Feb-32	107	Cork		4
1658	Sweeney	P	48	Disease	Tuberculosis Kidney		18-Nov-31	16-Jan-32	60	Donegal		4
1659	Sheehan	Edward	43	GSW	Leg R		18-Jan-32	04-Mar-32	47	Cork		4
1660	Sweeney	P	48	Disease	Tuberculosis Kidney		22-Jan-32	26-Feb-32	36	Donegal		4
1661	Devlin	Charles	39	GSW	Thigh		02-Apr-32	18-May-32	47	Dublin	Marked as Absentee	4
1662	Laundrey	Samuel	60	GSW	Bladder		13-May-32	24-May-32	12	Cork		4
1663	Roche	James	44	Both	Fibrosis of Lung, DAH	GSW Arm R	11-Jul-32	23-Jul-32	13	Wexford		4
1664	Dalton	John	23	Disease	Thrombosis veins R Leg		28-Dec-32	28-Mar-33	91	Carlow	Marked as Chelsea Pen.	4
1665	Brennan	Patrick	33	Disease	Periostitis		21-Apr-33	15-Jun-33	56	Dublin		4
1666	Bachelor	Robert	40	Disease	Bronchitis Chronic		01-May-33	18-Aug-33	110	Kildare		4
1667	Coffey	James Jos	43	GSW	Thigh L		09-Jun-33	20-Oct-33	134	Tipperary		4
1668	Devitt	Patrick	37	GSW	Thigh R		06-Sep-33	02-Nov-33	58	Dublin		4
1669	Lawlor	Walter	53	Disease	VDH	Malaria	03-Nov-33	26-Nov-33	24	Dublin	DIED.	4
1670	Fennelly	Philip M	40	GSW	Leg L		04-May-35	31-May-35	28			4
1671	Baker	Robert	51	Disease	Prostatis		15-Nov-35	25-Nov-35	11	Clare		4
1672	Smith	Joseph	36	Disease	Ear Trouble		07-May-37	02-Jul-35	57	Dublin		4
1673	Sheehan	Edward	54	GSW	Leg Both		11-Mar-38	28-Apr-38	49	Cork		4
1674	O'Brien	William	61	GSW	Leg L		15-Jun-38	26-Aug-38	73	Cork		4
1675	Wallace	James	52	Disease	Bronchitis		16-Jun-38	03-Nov-38	141	Dublin		4
1676	Daly	Patrick J	58	GSW	Leg L Ampt		16-Jun-39	04-Nov-38	142	Cork		4
1677	Wallace	James	53	Disease	Bronchitis		02-Dec-39	22-Feb-40	83	Dublin		4
1678	Flood	Michael	47	Disease	Bronchitis		02-Dec-31	26-Feb-32	87	Dublin		5
1679	Phew	John	44	Disease	Gastritis		03-Dec-31	07-Jan-32	36	Sligo		5
1680	Manning	Paul	36	GSW	Foot L		05-Dec-31	17-Feb-32	75	Dublin		5
1681	Farrall	Thomas	35	GSW	Thigh R Shrapnel wound		14-Dec-31	01-Apr-32	110	Meath		5
1682	Callaghan	James	43	Disease	Bronchitis		16-Dec-31	19-Feb-32	66	Sligo		5
1683	Lomorgan	Henry	40	Disease	Sciatica		19-Dec-31	01-Jul-32	196	Tipperary		5
1684	Flynn	Patrick	43	GSW	Face		19-Dec-31	22-Feb-32	66	Wexford		5
1685	Hickey	William	43	GSW	Leg R		30-Dec-31	01-Jul-32	185	Kilkenny		5
1686	Wynne	William	41	Disease	Bronchitis		31-Dec-31	18-Mar-32	79	Dublin		5
1687	Quinlan	Daniel	41	Disease	Piles		31-Dec-31	07-Jan-32	8	Kerry		5
1688	Murphy	William	38	Disease	Bronchitis	Neurasthenia	01-Jan-32	05-May-32	125	Dublin		5
1689	Connally	Henry	41	GSW	Lung & Shoulder R		06-Jan-32	08-Feb-32	34	Westmeath		5
1690	Gorman	Thomas	53	Disease	Rheumatism	Arthritis	08-Jan-32	04-Mar-32	57	Offaly		5
1691	Egan	Charles	42	Disease	VDH		08-Jan-32	04-Mar-32	56	Dublin		5
1692	Reilly	James	42	GSW	Abdomen & ILLEGIBLE		13-Jan-32	14-Jan-32	2			5
1693	Kaye	George	33	Disease	VDH		14-Jan-32	09-Apr-32	87			5
1694	Condon	Michael	39	Disease	Bronchitis		14-Jan-32	27-May-32	135	Wexford		5
1695	Butler	Michael	47	Disease	Bronchitis		15-Jan-32	11-Mar-32	57	Dublin		5
1696	Griffin	Michael	34	GSW	Thigh		15-Jan-32	22-Apr-32	99	Galway		5
1697	O'Connell	John	50	Disease	Ulcer Ruptured ILLEGIBLE		15-Jan-32	30-Mar-32	76			5
1698	Gill	James	45	GSW	Arm L		15-Jan-32	08-Jul-32	176	Leitrim		5
1699	Owens	William	50	Disease	Bronchitis		15-Jan-32	22-Apr-32	99	Dublin		5
1700	Lennon	John	32	GSW	Arm		16-Jan-32	17-Jun-32	154	Dublin		5

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1701	Fitzpatrick	C J	42	Disease	Delusional Psychosis		18-Jan-32	14-Jun-32	149	Dublin		5
1702	Callaghan	P	38	GSW	Hand L		18-Jan-32	01-Apr-32	75	Dublin		5
1703	Kennedy	A	51	Disease	Rheumatism		20-Jan-32	04-Mar-32	45	Dublin		5
1704	Brien	John	33	Disease	Dementia ILLEGIBLE		21-Jan-32	12-Feb-32	23	Waterford		5
1705	McLoughlin	Patrick	46	Disease	VDH	Malaria	20-Jan-32	25-Jan-32	6	Offaly		5
1706	Copley	Christopher	51	GSW	Not Specified		21-Jan-32	11-Feb-32	22	Cork		5
1707	Reilly	Joseph	42	Disease	Nephritis		22-Jan-32	18-Mar-32	57	Meath		5
1708	McCarthy	John	37	GSW	Leg	ILLEGIBLE	26-Jan-32	16-Sep-32	235	Cork		5
1709	Barrett	John	44	Disease	Lupus ILLEGIBLE		26-Jan-32	03-Jun-32	130	ILLEGIBLE		5
1710	McCarthy	ILLEGIBLE	34	GSW	Leg		26-Jan-32	18-Feb-32	24	Dublin		5
1711	Devaney (?)	Edmund	36	GSW	Arm L		27-Jan-32	04-Mar-32	38	ILLEGIBLE		5
1712	Sweeney	Myles (?)	56	Disease	Nephritis	Debility	27-Jan-32	13-May-32	108	ILLEGIBLE		5
1713	Doherty	James	52	Disease	Varicose Veins Leg L		28-Jan-32	09-Sep-32	225	Sligo		5
1714	Sheridan (?)	John	50	Disease	Bronchitis Chronic		29-Jan-32	21-Apr-32	84	Dublin		5
1715	McInerney	Con	52	Disease	Bronchitis Chronic		01-Feb-32	16-Apr-32	76	Tipperary		5
1716	O'Brien	Patrick	45	Disease	Defective Vision		02-Feb-32	19-Feb-32	18	Tipperary		5
1717	O'Connor	John	47	Disease	Gas Gastritis, effects of		05-Feb-32	26-Feb-32	22	Clare		5
1718	McSweeney	Michael	33	Disease	Sycosis Barbai	Mag Blepharitis	08-Feb-32	08-May-32	91	Cork		5
1719	Simcox	Francis J	35	GSW	Arm & Leg L		08-Feb-32	24-Mar-32	46	Kerry		5
1720	Renniks (?)	William	38	Both	Neurasthenia	ILLEGIBLE Head	09-Feb-32	27-May-32	109	Sligo		5
1721	Corrigan	Robert	36	GSW	Face - Loss of L Eye		13-Feb-32	02-Mar-32	19	Wexford		5
1722	Farrington	Frank	44	Disease	Bronchitis		13-Feb-32	11-Mar-32	28	Sligo		5
1723	Donovan	Joseph	34	Disease	Deafness		14-Feb-32	25-Feb-32	12	Cork		5
1724	Sullivan	Daniel	54	GSW	Leg L		18-Feb-32	03-Mar-32	15	Kerry		5
1725	Davis	Mattias	40	Disease	Neurasthenia		18-Feb-32	18-Nov-32	275	Carlow		5
1726	Carrroll	Michael	39	Disease	Bronchitis		19-Feb-32	01-Jul-32	134	Dublin		5
1727	Nevin	Michael	32	GSW	Arm R & Chest		19-Feb-32	24-Mar-32	35	Tipperary		5
1728	Hewitt	Patrick	32	Disease	Trench Feet		20-Feb-32	04-Nov-32	259	Westmeath		5
1729	Caffrey	John	46	Disease	Rheumatoid Arthritis		22-Feb-32	01-Apr-32	40	Wicklow		5
1730	Mullins	George	43	Disease	Bronchitis		22-Feb-32	22-Apr-32	61	Tipperary		5
1731	Bissett	John	46	GSW	Jaw		22-Feb-32	22-Apr-32	61	Kilkenny		5
1732	Rea	Alex	45	Disease	Bronchitis		22-Feb-32	15-Apr-32	54	Cork		5
1733	O'Halloran	John	41	Disease	Neurasthenia		23-Feb-32	19-Mar-32	26	Limerick		5
1734	O'Brien	William	39	Disease	Ulcer Duodenal		23-Feb-32	23-Apr-32	61	Tipperary		5
1735	Cusack	Alphonsus	40	Disease	Dysentery - effects of		25-Feb-32	03-Mar-32	8	Mayo		5
1736	O'Connor	Daniel	60	Disease	Rheumatism (L Back)		26-Feb-32	26-Apr-32	61	Dublin		5
1737	Mealy	Chris	49	Disease	Bronchitis	Malaria	26-Feb-32	22-Apr-32	57	Kildare		5
1738	O'Brien	Michael	35	GSW	Leg L		29-Feb-32	19-Mar-32	20	Cork		5
1739	McCommack	William	42	Disease	Melancholia		29-Feb-32	08-Apr-32	40	Tipperary		5
1740	Ryan	Robert	48	GSW	Ampt Double		03-Mar-32	19-Apr-32	48	Dublin		5
1741	Brady	John	54	Disease	Bronchitis		09-Mar-32	05-Apr-32	28	Dublin		5
1742	Ward	Denis	38	Disease	Ulcer Gastric		09-Mar-32	28-Apr-32	51	Dublin		5
1743	O'Brien	Patrick	46	GSW	Eye R		15-Mar-32	06-Apr-32	23	Tipperary		5
1744	Sullivan	Daniel	50	Disease	Knee R Deformity		16-Mar-32	31-Mar-32	16	Cork		5
1745	Connolly	Henry	41	GSW	Lung R	Shoulder L	17-Mar-32	21-Apr-32	36	Westmeath		5
1746	Meaney	David	46	GSW	Thigh L		18-Mar-32	03-Jun-32	78	Kilkenny		5
1747	Haberlin	Charles	56	Disease	Leg R Injury	Ulcer	18-Mar-32	09-Sep-32	176	Waterford		5
1748	Collins	Charles	50	Disease	Bronchitis	DAH	19-Mar-32	30-Jul-32	134	Dublin		5
1749	O'Connor	Joseph	46	Disease	Bronchitis		19-Mar-32	25-Apr-32	38	Dublin		5
1750	Tighe	James J	32	Disease	Bronchitis		21-Mar-32	22-Jul-32	124	Meath		5

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1751	Monaghan	Thomas	38	GSW	Foot L		21-Mar-32	03-Jun-32	75	Dublin		5
1752	Hughes	Joseph	55	Disease	Bronchitis		21-Mar-32	20-May-32	61	Dublin		5
1753	McCarthy	John	42	GSW	Leg L Ampt		22-Mar-32	09-Sep-32	172	Dublin		5
1754	Hennessy	Patrick	55	Disease	Keratitis		26-Mar-32	12-Aug-32	140	Cork		5
1755	McCormack	William	42	Disease	Melanicholia		26-Mar-32	21-Apr-32	27	Tipperary	Absentee on discharge	5
1756	Duck	Hugh	39	Disease	Nephritis		29-Mar-32	13-May-32	46	Tipperary		5
1757	Robinson	William	35	Disease	Albuminuria	Asfima	29-Mar-32	21-Apr-32	24	Dublin	DIED.	5
1758	Brady	Terrance	46	GSW	Multiple		30-Mar-32	29-Jul-32	122	Meath		5
1759	McGee	Patrick	47	GSW	Head		30-Mar-32	18-May-32	50	Leitrim		5
1760	O'Connor	Michael	35	Disease	Bronchitis		30-Mar-32	29-Jul-32	122	Dublin		5
1761	Mooney	Chris	50	Disease	Bronchitis		31-Mar-32	01-Jul-32	93	Westmeath		5
1762	Dowdall	Patrick	44	Disease	Gastritis		31-Mar-32	29-Jul-32	121	Dublin		5
1763	Timley	Patrick	33	GSW	Leg L Tibia		01-Apr-32	26-Aug-32	148	Dublin		5
1764	O'Toole	Patrick	39	Disease	Bronchitis		02-Apr-32	03-Jun-32	63	Wicklow		5
1765	McCabe	Michael	45	Disease	Neurasthenia		05-Apr-32	15-Oct-32	194	Dublin		5
1766	Quinlan	Daniel	43	Disease	Piles		06-Apr-32		0	Kerry		5
1767	Byrne	Thomas	43	GSW	Thigh R		07-Apr-32	16-Dec-32	254	Dublin		5
1768	McAuliffe	James	34	Disease	Neurasthenia		12-Apr-32	05-May-32	24	Cork		5
1769	Wynne	William	41	Disease	Bronchitis		13-Apr-32	21-Apr-32	9	Dublin	DIED.	5
1770	McLoughlin	William	35	Disease	Neurasthenia		13-Apr-32	17-May-32	35	Meath		5
1771	Lawlor	James	50	Disease	Toe Big L Injury		13-Apr-32	18-May-32	36	Limerick		5
1772	Nihill	Thomas	42	GSW	Arm L Forearm		14-Apr-32	10-Jun-32	58	Limerick		5
1773	Lucey	Thomas	48	GSW	Jaw		18-Apr-32	20-May-32	33	Cork		5
1774	Conlon	Thomas	50	GSW	Leg		20-Apr-32	08-Jul-32	80	Monaghan		5
1775	Dowd	Denis	54	Disease	Bronchitis	Rheumatism	20-Apr-32	05-Aug-32	108	Meath		5
1776	Hannon	James	32	Disease	Debility after Gastritis		20-Apr-32	17-May-32	28	Limerick		5
1777	Darby	Charles	47	GSW	Chest		21-Apr-32	19-May-32	29	Dublin		5
1778	Creedy	Patrick	41	Disease	Trench Feet		22-Apr-32	24-Jun-32	64	Westmeath		5
1779	Baxter	James	50	Disease	Gastritis		23-Apr-32	15-Jul-32	84	Dublin		5
1780	Boyd	John	40	GSW	Knee L		23-Apr-32	20-May-32	28	Silgo		5
1781	Lunn	Charles	61	Disease	Quinine Amblyopia		27-Apr-32	13-May-32	17	Kilkenny		5
1782	Connolly	Henry	41	GSW	Lung R	Shoulder L	28-Apr-32	09-Sep-32	135	Westmeath		5
1783	Shanahan	Thomas	39	Disease	Bronchitis		02-May-32	20-May-32	19	Kerry		5
1784	Lenihan	John	43	Disease	Neurasthenia, Debility	Bronchitis	03-May-32	12-Aug-32	102	Cork		5
1785	Cunningham	Bart	50	Disease	Bronchitis		07-May-32	01-Jul-32	56	Clare		5
1786	Egan	Charles	42	Disease	VDH	Debility	07-May-32	01-Jul-32	56	Dublin		5
1787	Stewart	James	44	Disease	Leg R Injury		09-May-32	03-Sep-32	118	Louth		5
1788	Murphy	John	42	Disease	Bronchitis		09-May-32	29-Jul-32	82	Silgo		5
1789	Barrett	Robert	40	Disease	Purgo Eczema		09-May-32	28-Oct-32	173	Cork		5
1790	O'Reilly	Edward	46	Disease	Bronchitis Pan Sinusitis		11-May-32	04-Jul-32	55	Westmeath		5
1791	McGuirk	John M	38	Disease	Bronchitis		11-May-32	07-Jun-32	28	Dublin		5
1792	McMahon	William	40	Disease	Manic Depressive Psychosis (MDP)	Neurasthenia	12-May-32	11-Jun-32	31	Meath		5
1793	Laundrey	Samuel	62	GSW	Bladder		13-May-32		0	Cork		5
1794	Barrett	Peter	32	Disease	Deafness		17-May-32	03-Jun-32	18	Cork		5
1795	Lamb	Nicholas	49	Disease	Back Injury	Neurasthenia	31-May-32	22-Jul-32	53	Galway		5
1796	McCarthy	John	36	Disease	Neurasthenia		02-Jun-32	07-Apr-33	310	Silgo		5
1797	Allan	John	46	Disease	Bronchitis Chronic		03-Jun-32	02-Dec-32	183	Dublin		5
1798	O'Neill	Patrick	35	GSW	Thigh & Fractured Femur		04-Jun-32	06-Jul-34	763	Dublin		5
1799	Gogarty	Edward	59	Disease	Rheumatism	Osteo Arthritis	06-Jun-32	19-Aug-32	75	Dublin		5
1800	Hynes	Joseph	55	Disease	Cystitis		15-Jun-32	08-Jul-32	24	Kildare	DIED.	5

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1801	Delaney	Jeremiah	43	Disease	Neurasthenia		21-Jun-32	25-Nov-32	158	Cork		5
1802	O'Callaghan	Daniel	39	Disease	Neuritis		22-Jun-32	19-Jul-32	28	Dublin		5
1803	Hoare	Michael	40	Disease	Neurasthenia		27-Jun-32	25-Aug-32	60	Tipperary		5
1804	Hannon	James	32	Disease	Debility from Gas Poisoning		28-Jun-32	19-Aug-32	53	Limerick		5
1805	Barrett	Peter	32	Disease	Deafness		29-Jun-32	09-Jul-32	11	Cork		5
1806	Purcell	Daniel	46	Disease	Otitis Media		29-Jun-32	09-Jul-32	11	Cork		5
1807	Kane	Michael	53	GSW	Head	Deafness	30-Jun-32	09-Aug-32	41	Galway		5
1808	Murray	Christopher	38	Disease	Leg L. Thrombosis		04-Jul-32	02-Sep-32	61	Dublin		5
1809	Homan	Thomas	35	Disease	Deafness		04-Jul-32	20-Jul-32	17	Cork		5
1810	Hunt	Dennis	43	Disease	Rheumatoid Arthritis		05-Jul-32	14-Jul-33	375	Limerick		5
1811	Craven	Thos Sydney	33	GSW	Leg L. Ampt		05-Jul-32	29-Jul-32	25	Longford		5
1812	McLoughlin	Albert	41	Disease	Bronchitis following Gassing		05-Jul-32	16-Sep-32	74	Dublin		5
1813	McLoughlin	Patrick	47	Disease	VDH	Malaria	07-Jul-32	04-Aug-32	29	Offaly		5
1814	Cox	Patrick	38	GSW	Thigh R & ILLEGIBLE of Buttock		07-Jul-32	21-Jul-32	15	Longford		5
1815	Kelly	Thomas	50	Disease	Defective Vision		11-Jul-32	20-Aug-32	41	Dublin		5
1816	Herron	James	38	Disease	Bronchitis		11-Jul-32	16-Dec-32	159	Dublin		5
1817	O'Brien	Michael	38	Disease	Neurasthenia		12-Jul-32	05-Sep-32	56	Kilmainham		5
1818	McCarthy	William	47	Disease	Bronchitis		14-Jul-32	26-Jul-32	13	Clare		5
1819	Watts	Ernest	58	Disease	ODH		14-Jul-32	10-Sep-32	59	Offaly		5
1820	Byrne	Joseph	35	Disease	Manic Depression Psychosis		14-Jul-32	24-Sep-32	73	Dublin		5
1821	Keegan	Timothy	38	Disease	Neurasthenia		14-Jul-32	26-Aug-32	44	Dublin		5
1822	Murray	John	36	GSW	Head		14-Jul-32	18-Apr-35		Dublin		5
1823	Gorham	William	45	Disease	ODH	Nephritis	15-Jul-32	23-Jul-32	9	Wicklow		5
1824	Hickey	William	43	GSW	Leg R		16-Jul-32	13-Oct-33	465	Kilkenny		5
1825	Mofat	Martin	46	Disease	Otorrhoea		16-Jul-32	05-Aug-32	21	Monaghan		5
1826	Lally	John	56	Disease	Sciatica		19-Jul-32	15-Oct-32	89	Tipperary		5
1827	Torbett	Thomas	48	GSW	Head		19-Jul-32	16-Jan-34	547	Dublin		5
1828	Dall	Albert	46	Disease	Neurasthenia		21-Jul-32	10-Sep-32	52	Kilkenny		5
1829	Lynch	Daniel	37	Disease	Gastritis		22-Jul-32	16-Aug-32	26	Laois		5
1830	Bolger	Stephen	37	GSW	Face		23-Jul-32	03-Aug-32	12	Carlow		5
1831	Manning	Paul	36	GSW	Foot L		23-Jul-32	16-Sep-32	56	Dublin		5
1832	Austin	William	37	Disease	VDH		25-Jul-32	07-Jan-33	167	Dublin		5
1833	Doherty	Edward	54	Disease	Rheumatism Muscular	Piles	27-Jul-32	22-Aug-32	27	Clare		5
1834	Scott	Robert	51	Disease	Rheumatism Muscular	Varix	29-Jul-32	18-Nov-32	113	Kildare		5
1835	Kepple	William	39	Disease	Gastritis	Malaria	29-Jul-32	16-Aug-32	50	Cork		5
1836	Kerwick	Thomas	44	Disease	Laryngitis		30-Jul-32	09-Sep-32	42	Waterford		5
1837	Long	Michael	54	Disease	Bronchitis Chronic		02-Aug-32	05-Aug-32	4	Dublin	DIED.	5
1838	Mansfield	John	35	Disease	Bronchitis Chronic		02-Aug-32	08-Aug-32	7	Kerry	DIED.	5
1839	Doherty	William	39	Disease	Gassing		02-Aug-32	15-Aug-32	14	Donegal		5
1840	Barrett	John	32	GSW	Thigh Ampt		04-Aug-32	16-Sep-32	44	Cork		5
1841	Egan	Charles	42	Disease	VDH		06-Aug-32	23-Sep-32	49	Dublin		5
1842	Naylor	Henry	34	GSW	Leg R		06-Aug-32	03-Feb-33	182	Offaly		5
1843	Maher	Thomas	38	Disease	Colitis Chronic		08-Aug-32	04-Nov-32	89	Dublin		5
1844	Curran	Andrew	49	Disease	Leg L. Old Injury		08-Aug-32	02-Sep-32	26	Offaly		5
1845	O'Brien	Michael	52	Disease	Neurasthenia		08-Aug-32	25-Oct-32	79	Dublin		5
1846	McGrath	Michael	35	Disease	Bronchitis		09-Aug-32	05-Sep-32	28	Carlow		5
1847	Burgess	William	56	GSW	Thigh L		12-Aug-32	02-Sep-32	22	Dublin		5
1848	Farrington	Frank	44	Disease	Bronchitis		12-Aug-32	25-Aug-32	14	Silgo		5
1849	Day	David	40	Disease	Debility from Bronchitis		12-Aug-32	09-Sep-32	29	Tipperary		5
1850	McCaffrey	William	33	Disease	Otitis Media		17-Aug-32	09-Sep-32	24	Dublin		5

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1851	Ryan	Thomas	43	GSW	Leg L Ampnt		18-Aug-32	30-Aug-32	13	Dublin		5
1852	Conroy	Thomas	33	Disease	Ulcer Gastric		18-Aug-32	13-Apr-33	238	Dublin		5
1853	Fleming	Edward	39	GSW	Hand		20-Aug-32	10-Nov-32	83	Dublin		5
1854	O'Hare	James	47	Disease	Gastritis		20-Aug-32	07-Oct-32	49	Dublin		5
1855	O'Mahony	Patrick	35	GSW	Hand R Ampnt		23-Aug-32	20-Dec-32	120	Dublin		5
1856	Egan	Thomas	37	Disease	Bronchitis		23-Aug-32	05-Sep-32	14	Limerick		5
1857	O'Toole	Thomas	36	Disease	Bronchitis		24-Aug-32	02-Dec-32	101	Dublin		5
1858	Hannon	Chris	32	GSW	Leg Ampnt		24-Aug-32	18-Nov-32	87	Dublin		5
1859	O'Brien	Michael	41	GSW	Eye L		29-Aug-32	06-Oct-32	36	Clare		5
1860	Fahey	Martin	47	Disease	VDH		31-Aug-32	22-Sep-32	23	Longford		5
1861	O'Keefe	Jeremiah	47	Disease	Neurasthenia		05-Sep-32	06-Jan-33	144	Cork		5
1862	Boyd	John	40	GSW	Knee L		08-Sep-32	21-Oct-32	44	Sligo		5
1863	O'Halloran	John	42	Disease	Neurasthenia		10-Sep-32	30-Sep-32	21	Limerick	To Sir P. Dunns Hosp	5
1864	Hare	Thomas	44	Both	GSW Arm L	Emphysema, Neurasthenia	13-Sep-32	12-Nov-32	61	Cork		5
1865	Kavanagh	Andrew	45	Disease	Varicose Veins		15-Sep-32	25-Nov-32	72	Dublin		5
1866	Delaney	Martin	52	Disease	Bronchitis Chronic		15-Sep-32	02-Dec-32	79	Dublin		5
1867	Ahern	John	42	Disease	Malaria, Debility		16-Sep-32	10-Dec-32	86	Cork		5
1868	Cotter	Joseph	47	Disease	Neurasthenia	Neurasthenia	16-Sep-32	08-Oct-32	23	Cork		5
1869	Pim	John	52	Disease	Bronchitis		19-Sep-32	13-Jan-33	124	Dublin		5
1870	Haslam	Edward	40	GSW	Chest		21-Sep-32	18-Nov-32	59	Limerick		5
1871	Charlton	John	34	GSW	Leg L Ampnt		22-Sep-32	04-Nov-32	44	Sligo		5
1872	Burke	Thomas	51	Disease	Deafness		24-Sep-32	13-Oct-32	20	Kilkenny		5
1873	Geoghan	Peter	38	Disease	Neurasthenia		26-Sep-32	25-Nov-32	61	Dublin		5
1874	Brennan	Patrick	46	GSW	Leg R		26-Sep-32	25-Nov-32	61	Kilkenny		5
1875	Boylan	Patrick	66	Disease	Rheumatism	VDH	26-Sep-32	21-Oct-32	26	Meath		5
1876	Callaghan	James	44	Disease	Bronchitis		26-Sep-32	16-Dec-32	82	Sligo		5
1877	Newman	Patrick	33	GSW	Head		28-Sep-32	09-Jan-33	104	Dublin		5
1878	Westwood	James	65	Disease	Cirrhosis of Liver		30-Sep-32	02-Dec-32	64	Dublin		5
1879	McConnell	James	36	Disease	Deafness		01-Oct-32	04-Nov-32	35	Donegal		5
1880	McGrath	John	53	Disease	Left Inguinal Hernia		06-Oct-32	06-Jan-33	93	Cork		5
1881	Sweeney	Patrick	47	Disease	Neurasthenia		07-Oct-32	07-Apr-33	183	Sligo		5
1882	Baxter	James	51	Disease	Gastritis		10-Oct-32	08-Nov-32	30	Dublin		5
1883	Egan	Michael	37	GSW	Ankle		11-Oct-32	06-Jan-33	88	Offaly		5
1884	Corcoran	John	43	GSW	Face		14-Oct-32	16-Dec-32	64	Mayo		5
1885	Dwyer	Thomas	56	Disease	Sciatica		17-Oct-32	10-Feb-33	117	Mayo		5
1886	Gordon	Edward	34	Disease	Internal Derangement L ???		17-Oct-32	25-Nov-32	40	Sligo		5
1887	O'Halloran	John	42	Disease	Neurasthenia		17-Oct-32	14-Mar-33	149	Limerick		5
1888	Doyle	Chris	37	Disease	Neurasthenia		18-Oct-32	29-Sep-33	347	Dublin		5
1889	Keenan	James	57	GSW	Buttock		08-Oct-32	01-Dec-32	55	Monaghan		5
1890	Russell	William	31	Both	GSW Leg L	Eczema, Acne	20-Oct-32	27-Jan-33	100	Galway		5
1891	Woods	Luke	39	GSW	Heel R		22-Oct-32	10-Feb-33	112	Cork		5
1892	Egan	Charles	42	Disease	VDH		22-Oct-32	02-Dec-32	42	Dublin		5
1893	Crowley	Michael	47	GSW	Arm R		24-Oct-32	02-Dec-32	40	Kerry		5
1894	King	Augustine	39	Disease	Varix		25-Oct-32	24-Feb-32	123	Longford		5
1895	Barrett	James	50	Disease	Bronchitis		25-Oct-32	20-Dec-32	57	Dublin		5
1896	Fallon	James	59	GSW	Leg L Fractured Tibia		26-Oct-32	06-Jan-33	72	Westmeath		5
1897	McCauley	Bernard	47	Disease	Leg R Old Injury		27-Oct-32	20-Jan-33	86	Leitrim		5
1898	Kelly	William	61	Disease	VDH		27-Oct-32	20-Dec-32	55	Dublin		5
1899	Walsh	John	45	GSW	Leg L Ampnt		28-Oct-32	07-Nov-32	11	Kilkenny		5
1900	Gorman	Bertie	35	GSW	Hand L		28-Oct-32	13-Jan-33	78	Longford		5

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1901	Hefferman	Patrick	56	Disease	Nephritis		29-Oct-32	13-Jan-33	77	Limerick		5
1902	McManus	James F	61	Disease	Defective Vision		31-Oct-32	08-Nov-32	9	Cavan		5
1903	Moran	Con	38	GSW	Leg L		02-Nov-32	20-Dec-32	50	Kerry		5
1904	Collins	John	31	GSW	Buttock R		04-Nov-32	09-Dec-32	37	Limerick		5
1905	Sullivan	Denis	56	Disease	Hip L Injury		07-Nov-32	20-Dec-32	44	Coik		5
1906	Quigley	Michael	40	Disease	Varicose Veins		07-Nov-32	13-Jan-33	68	Monaghan		5
1907	Mellarick	Maurice	34	Disease	Otitis Media Chronic		07-Nov-32	16-Dec-32	40	Coik		5
1908	McGrath	Peter	38	Disease	Defective Vision		07-Nov-32	22-Nov-32	16	Tipperary		5
1909	Heaphy	Patrick	36	GSW	Abdomen		08-Nov-32	21-Nov-32	14	Coik		5
1910	Farrell	Thomas	38	GSW	Thigh R		09-Nov-32	24-Feb-33	108	Meath		5
1911	Croke	Thomas	49	Disease	Fibro Adenoma of Rectum		10-Nov-32	02-Dec-32	23	Dublin		5
1912	Purcell	Michael	38	Disease	Otitis Media Chronic		12-Nov-32	20-Dec-32	40	Limerick		5
1913	O'Mara	Thomas	35	Disease	Gastritis		12-Nov-32	08-Sep-33	301	Dublin		5
1914	Fogarty	Michael	38	Disease	Deafness		14-Nov-32	25-Nov-32	12	Westmeath		5
1915	Brennan	Thomas	39	GSW	Tibia R Ampt		14-Nov-32	02-Dec-32	19	Dublin		5
1916	Stewart	James	45	Disease	Leg R Old Injury		14-Nov-32	13-Jan-33	61	Louth		5
1917	Phelan	James	38	Disease	Manic Depressive Psychosis		14-Nov-32	20-Dec-32	37	Dublin		5
1918	Baxter	James	51	Disease	Gastritis		15-Nov-32	05-Jan-33	52	Dublin		5
1919	Shine	Michael	48	GSW	Ankle		17-Nov-32	16-Dec-32	30	Westmeath		5
1920	Cuddihy	Luke	48	Disease	Ulcer V. Leg L		17-Nov-32	16-Jan-33	61	Kilkenny		5
1921	Young	Robert	38	GSW	Elbow L		18-Nov-32	24-Feb-33	99	Dublin		5
1922	Carr	Maynard	34	Disease	Neurasthenia		21-Nov-32	10-Mar-33	110	Dublin		5
1923	Shericon	John	51	Disease	Bronchitis		21-Nov-32	14-Mar-33	114	Dublin		5
1924	Kirwan	Michael	68	Disease	Rheumatoid Arthritis		21-Nov-32	15-Feb-33	87	Dublin	DIED.	5
1925	Ward	Denis	38	Disease	Ulcer Gastric		25-Nov-32	20-Feb-33	88	Dublin		5
1926	Murray	Chris	38	Disease	Leg L Thrombosis		28-Nov-32	08-Feb-33	73	Dublin		5
1927	Collins	Charles	50	Disease	Bronchitis	DAH	30-Nov-32	25-Aug-33	289	Dublin		5
1928	Nolan	Daniel	43	GSW	Chest, Foreign body in Lung		01-Dec-32	13-Dec-32	13	Kildare		5
1929	Murphy	Patrick J	34	Disease	Bronchitis		03-Dec-32	13-Jan-33	42	Dublin		5
1930	Carney	Fred J	53	Disease	Otitis Media Chronic		07-Dec-32	20-Dec-32	14	Dublin		5
1931	Evans	Thomas	37	GSW	Leg L		07-Dec-32	19-Jan-33	44	Dublin		5
1932	Harrington	John	47	Disease	Asthma		08-Dec-32	10-Feb-33	65	Westmeath		5
1933	Bissett	John	46	GSW	Jaw L		08-Dec-32	17-Feb-33	72	Kilkenny		5
1934	Murphy	Thomas	35	GSW	Leg R		13-Dec-32	24-Feb-33	74	Dublin		5
1935	Manning	Paul	37	GSW	Foot L		13-Dec-32	29-Dec-33	17	Dublin		5
1936	Loneragan	Henry	40	Disease	Sciatica		16-Dec-32	05-May-33	141	Tipperary		5
1937	Mooney	Daniel	59	Disease	Varicose Veins		22-Dec-32	10-Feb-33	51	Tipperary		5
1938	Eaton	Patrick	37	Disease	Neurasthenia		23-Dec-32	09-Feb-33	49	Dublin		5
1939	Sullivan	Thomas	44	Disease	Rheumatism		29-Dec-32	13-Apr-33	106	Wicklow		5
1940	McDonogh	Anthony	36	Disease	Asthma		30-Dec-32	16-Jun-33	169	Dublin		5
1941	Fitzsimon	Patrick	46	GSW	Leg L		31-Dec-32	28-Jan-33	29	Dublin		5
1942	Croke	Thomas	49	Disease	Fibro Adenoma of Rectum		03-Jan-33	04-Jan-33	2	Dublin		5
1943	Hoey	John	37	Disease	Thrombo Angiitis Obliterans		06-Jan-33	24-Feb-33	50	Westmeath		5
1944	Flynn	John	40	Disease	Tuberculosis Pulmonary R Lung		06-Jan-33	19-Jan-33	15	Sligo		5
1945	Hare	Michael	41	Disease	Neurasthenia		09-Jan-33	24-Feb-33	47	Tipperary		5
1946	Cowap	Ralph	56	Disease	Trench Foot		10-Jan-33	03-Mar-33	60	Dublin		5
1947	Greaney	David	49	Disease	Defective Vision	VDH, Sciatica	10-Jan-33	14-Mar-33	64	Coik		5
1948	Cullen	Denis	34	GSW	Leg L		12-Jan-33	31-Mar-33	79			5
1949	Carroll	Michael	38	Disease	Bronchitis		12-Jan-33	10-Mar-33	58	Dublin		5
1950	Redmond	Laurence	48	Disease	VDH	Malaria	12-Jan-33	05-May-33	114	Dublin		5

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
1951	Doyle	Michael	45	Disease	Bronchitis		17-Jan-33	04-Aug-33	200	Dublin		5
1952	Flynn	Patrick	39	GSW	Face, Loss of R Eye	Deafness	18-Jan-33	27-Mar-33	69	Wexford		5
1953	Kenny	Michael	39	GSW	ILLEGIBLE		19-Jan-33	24-Mar-33	65	Wexford		5
1954	Heahy	Patrick	38	GSW	Abdomen Back		02-Jan-33	13-Apr-33	102	Dublin		5
1955	Bradley	John	43	Disease	Bronchitis Chronic	ODH	23-Jan-33	31-Mar-33	68	ILLEGIBLE		5
1956	Murphy	Patrick	42	Disease	Neurasthenia	VDH, ODH	24-Jan-33	31-Mar-33	67	Dublin		5
1957	ILLEGIBLE	Matthew	35	GSW	Knee		24-Jan-33	04-Oct-33	254	Dublin		5
1958	Egan	Charles	42	Disease	VDH		24-Jan-33	24-Mar-33	60	Dublin		5
1959	McLoughlin	ILLEGIBLE	41	Disease	Bronchitis		24-Jan-33	31-Mar-33	67	Dublin		5
1960	Dowling	William	52	Disease	Bronchitis		25-Jan-33	07-Feb-33	14	Dublin	DIED.	5
1961	Dowling	James	35	Disease	Bronchitis ILLEGIBLE		28-Jan-33	22-Feb-33	26	Dublin		5
1962	ILLEGIBLE	Denis		GSW	Eye L		30-Jan-33	11-Feb-33	13	Cork		5
1963	Holmes	James	48	Disease	Bronchitis		31-Jan-33	26-May-33	116	Dublin		5
1964	Cleary	James	52	Disease	Bronchitis		31-Jan-33	05-May-33	95	Dublin		5
1965	Byrne	Michael	49	Disease	Bronchitis		31-Jan-33	31-Mar-33	60	Dublin		5
1966	Carney	Fred J	53	Disease	Otitis Media Chronic		01-Feb-33	20-May-33	109	Dublin		5
1967	McInerney	Cornelius	53	Disease	Bronchitis Chronic		04-Feb-33	14-Mar-33	39	Tipperary		5
1968	Kavanagh	Edward	30	GSW	Thigh L	Sciatic Nerve Injury	07-Feb-33	29-Jun-34	508	Dublin		5
1969	Wilson	Mathew	65	Disease	VDH		08-Feb-33	05-Dec-33	301	Dublin		5
1970	McCarthy	Denis	34	GSW	Leg		08-Feb-33	10-Mar-33	31	Dublin		5
1971	Fahey	Martin	47	Disease	VDH		13-Feb-33	09-Mar-33	25	Galway		5
1972	Ryan	John	49	GSW	Leg L Ampt		13-Feb-33	03-Mar-33	19	Dublin		5
1973	Sillet	Charles	40	Disease	DAH		13-Feb-33	26-Feb-33	14	Cork		5
1974	Hanton	Thomas	47	Disease	Emphysema		14-Feb-33	14-Mar-33	29	Dublin		5
1975	Connolly	Henry	42	GSW	Lung R & Shoulder R		16-Feb-33	22-Feb-33	7	Westmeath		5
1976	Farrington	Frank	44	Disease	Bronchitis		16-Feb-33	28-Apr-33	72	Sligo		5
1977	Doran	Andrew	41	GSW	Eye R		17-Feb-33	03-Mar-33	15	Roscommon		5
1978	Lloyd	Wm F B	33	GSW	Leg R		20-Feb-33	18-Aug-33	180	Tipperary		5
1979	Moore	Charles	47	GSW	Leg L		24-Feb-33	01-Dec-33	281	Dublin		5
1980	Judd	James	40	Both	GSW Head	Neurasthenia	24-Feb-33	02-Jun-33	99	Dublin		5
1981	Gannon	John	40	Disease	Exhaustion Psychosis		26-Feb-33	04-Apr-33	38	Mayo		5
1982	Doyle	William	36	Disease	Trachoma		03-Mar-33	22-Apr-33	51	Waterford		5
1983	Condron	Michael	40	Disease	Bronchitis		03-Mar-33	04-Aug-33	155	Wexford		5
1984	Downs	Michael	60	Disease	Bronchitis	ODH	03-Mar-33	14-Jul-33	134	Sligo		5
1985	Green	John	43	Disease	Neurasthenia		03-Mar-33	26-Sep-33	208	Laos		5
1986	Glassor	Max	43	Disease	VDH		08-Mar-33	29-Apr-33	53	Dublin		5
1987	O'Grady	William	43	Disease	VDH		08-Mar-33	23-Jun-33	108	Dublin		5
1988	Creedy	John	36	Disease	Haemorrhoids		08-Mar-33	16-Mar-33	9	Dublin		5
1989	Dennelhy	Charles	61	Disease	Osteo Arthritis		09-Mar-33	05-May-33	58	Kerry		5
1990	Kelly	William	61	Disease	VDH		09-Mar-33	25-Aug-33	170	Dublin		5
1991	McGough	Owen	48	GSW	Legs Both Ampt		11-Mar-33	02-Jun-33	84	Monaghan		5
1992	Heslam	Edward	40	GSW	Chest		14-Mar-33	23-Jun-33	102	Limerick		5
1993	Cousins	William	38	GSW	Thigh L		14-Mar-33	16-Mar-33	3	Dublin		5
1994	Cowap	Ralph	56	Disease	Trench Feet		14-Mar-33	26-Jan-34	319	Dublin		5
1995	Byrne	James	47	Disease	Manic Depressive Psychosis		16-Mar-33	02-Jun-33	79	Dublin		5
1996	Stanley	Charles	57	GSW	Tibia R		16-Mar-33	27-Oct-33	226	Tipperary		5
1997	Gray	Henry	55	Disease	Bronchitis		16-Mar-33	27-Apr-33	43	Dublin		5
1998	Frazier	Henry B	47	Disease	Renal Calculus, Urethral Stricture		20-Mar-33	24-Mar-33	5	Dublin		5
1999	McCarthy	Florence ?	43	Disease	Neurasthenia		21-Mar-33	03-Aug-33	136	Tipperary		5
2000	McGuinness	Abraham	44	Disease	Deafness		22-Mar-33	13-Apr-33	23	Dublin		5

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2001	Giles	John	43	Disease	Deafness R Ear, Vertigo	Bronchitis	27-Mar-33	14-Jul-33	110	Dublin		5
2002	Lannon	John	35	GSW	Arm L		30-Mar-33	05-Aug-33	129	Dublin		5
2003	Ryan	Stephen	36	Disease	Neurasthenia		03-Apr-33	28-May-33	56	Dublin		5
2004	Goodchild	Richard	46	Disease	DAH	Debility	05-Apr-33	19-Apr-33	15	Cork		5
2005	Morrissey	John	52	Disease	Neurasthenia		05-Apr-33	25-Aug-33	143	Tipperary		5
2006	McGowan	John	59	Disease	VDH		06-Apr-33	28-Apr-33	23	Leitrim		5
2007	Manning	Paul	36	GSW	Foot L		07-Apr-33	29-Sep-33	176	Dublin		5
2008	Austin	William	37	Disease	VDH		07-Apr-33	30-Nov-34	606	Dublin		5
2009	Kennedy	John	47	Disease	Deafness		07-Apr-33	29-May-33	53	Carlow		5
2010	Butler	Michael	49	Disease	Bronchitis		10-Apr-33	05-May-33	26	Dublin		5
2011	O'Donnell	James	47	Disease	Epilepsy	Mental Symptoms	10-Apr-33	05-May-33	26	Tipperary		5
2012	Doolan	Michael	63	Disease	Eye R Posterior Synechial		12-Apr-33	25-Apr-33	14	Dublin		5
2013	Brown	Patrick	61	Disease	Defective Vision		13-Apr-33	09-May-33	27	Longford		5
2014	Fletcher	Edward	58	Disease	VDH	Aneurism of Aorta	19-Apr-33	01-May-33	13	Dublin		5
2015	O'Brien	Michael	47	Disease	Neurasthenia		20-Apr-33	03-Apr-34	350	Dublin		5
2016	Donovan	William	48	Disease	VDH		24-Apr-33	09-Jun-33	47	Dublin		5
2017	McLoughlin	Albert	44	Disease	Bronchitis following Gassing		26-Apr-33	05-Aug-33	102	Dublin		5
2018	O'Brien	Michael	43	GSW	Eye L		26-Apr-33	06-Jun-33	42	Clare		5
2019	Wade	Daniel	44	Disease	Neurasthenia	Debility	27-Apr-33	12-Oct-33	169	Waterford		5
2020	Nolan	James	50	Disease	Bronchitis Chronic		29-Apr-33	05-Aug-33	99	Dublin		5
2021	Gormley	Thomas	36	GSW	Legs Both		08-May-33	14-Jul-33	68	Leitrim		5
2022	Ryan	Charlès	44	Disease	Bronchitis following Gassing		10-May-33	08-Sep-33	122			5
2023	McSharry	Malachi	44	GSW	Shoulder R		10-May-33	04-Aug-33	87	Leitrim		5
2024	Byrne	Thomas	43	GSW	Thigh R		09-May-33	12-Jul-35	65	Dublin		5
2025	Kenny	Charles	36	Disease	Bronchitis		12-May-33	15-Sep-33	127	Dublin		5
2026	Egan	Charles	42	Disease	VDH		12-May-33	14-Jul-33	64	Dublin		5
2027	Hyland	Thomas	38	GSW	Hip R		13-May-33	21-Sep-33	132	Dublin		5
2028	McCarthy	John	38	Disease	Lupus		13-May-33	25-Aug-33	105	Cork		5
2029	Hanley	Thomas	39	GSW	Thigh R Ampt		13-May-33	22-May-33	10	Tipperary		5
2030	McCabe	Chris	37	GSW	Multiple		13-May-33	06-Jun-33	25	Dublin		5
2031	Ring	Patrick	52	Disease	Deafness, Rhinitis	Pharyngeal Catarrh	13-May-33	07-Jul-33	56	Cork		5
2032	Smith	John	55	Disease	Bronchitis	DAH	16-May-33	09-Jun-33	25	Silgo		5
2033	Heaphy	Patrick	38	GSW	Abdomen & Back		17-May-33	01-Dec-33	199	Cork		5
2034	Fox	William	45	GSW	Thigh L		18-May-33	11-Jul-33	55	Dublin		5
2035	Walsh	Michael J	37	GSW	Leg L		22-May-33	02-Jun-33	12	Waterford		5
2036	Irwin	Patrick	37	Disease	Epilepsy		24-May-33	20-Jun-33	28	Meath		5
2037	Murphy	Patrick J	34	Disease	Bronchitis		24-May-33	24-Aug-33	93	Dublin		5
2038	Book	William	54	Disease	Bronchitis		25-May-33	25-Aug-33	93	Meath		5
2039	Copley	Chris	52	GSW	Double Ampt(Legs?)		25-May-33	31-May-33	7	Cork		5
2040	Hart	Edmund	65	Disease	Conjunctivitis	Gastritis	26-May-33	04-Jul-33	40	Cork		5
2041	Kelleher	Thomas	49	Disease	ODH		26-May-33	07-Jul-33	43	Meath		5
2042	Doherty	Hugh	45	Disease	Gastritis		30-May-33	12-Jun-33	14	Donegal		5
2043	Creinin	Denis	49	Disease	Stricture of Oesophagus		30-May-33	16-Jun-33	18	Cork		5
2044	McCullagh	Michael	42	Disease	VDH		01-Jun-33	01-Dec-33	184	Dublin		5
2045	Foley	John	49	GSW	Thigh L		01-Jun-33	15-Sep-33	107	Dublin		5
2046	Reilly	James	43	Both	GSW Abdomen	Hemia	06-Jun-33	15-Jun-34	375	Dublin		5
2047	McDonald	Joseph	51	GSW	Leg R Ampt		12-Jun-33	11-Aug-33	61	Dublin		5
2048	Fitzsimons	Joseph	45	Disease	Trachoma	Conjunctivitis	17-Jun-33			Westmeath		5
2049	Murphy	Thomas	49	Disease	Effects of Pyelitis		17-Jun-33	29-Aug-33	74	Limerick		5
2050	Doogan	James	35	Disease	Neurasthenia		19-Jun-33	02-Jul-33	14	Dublin		5

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2051	Bradley	John	43	Disease	Bronchitis Chronic	ODH	19-Jun-33	15-Dec-33	180	Dublin		5
2052	Hurley	Joseph	46	Disease	Leg R Injury Fractured Patella		19-Jun-33	21-Jul-33	33			5
2053	Farrell	Thomas	38	GSW	Thigh R		21-Jun-33	01-Dec-33	164	Meath		5
2054	Milton	Martin	39	GSW	Leg L Ampt		21-Jun-33	31-Jul-33	41	Wexford		5
2055	Palmer	Matthew	37	GSW	Back		22-Jun-33	06-Oct-33	107	Dublin		5
2056	Shericon	John	51	Disease	Bronchitis		22-Jun-33	08-Sep-33	79	Dublin		5
2057	Barrett	Robert	41	Disease	Pruifigo Eczema		24-Jun-33	27-Oct-33	126	Coik		5
2058	Naughton	James	48	GSW	Thigh		26-Jun-33	01-Dec-33	159	Dublin		5
2059	Kelly	John	45	GSW	Thigh L		26-Jun-33	21-Jul-33	26	Dublin		5
2060	Carrroll	Michael	39	Disease	Bronchitis		04-Jul-33	19-Jan-34	200	Dublin		5
2061	Whelan	Edward	50	Disease	Bronchitis		04-Jul-33	20-Oct-33	109	Dublin		5
2062	Lynch	Patrick	40	Disease	Neurasthenia		07-Jul-33	09-Aug-33	34	Dublin		5
2063	Nevin	Michael	33	GSW	Arm R		13-Jul-33	06-Oct-33	86	Tipperary		5
2064	Steele	Thos Fred	53	Disease	Neurasthenia		14-Jul-33	20-Oct-33	99	Clare		5
2065	Hansard	William	44	GSW	Leg L Compound Fracture Tibia		19-Jul-33	08-Sep-33	52	Dublin		5
2066	Byrne	Joseph	36	Disease	Manic Depressive Psychosis		19-Jul-33	23-Feb-34	220	Dublin		5
2067	Cain	Edward	62	Disease	ODH	Aortic Aneurysm	20-Jul-33	18-Oct-33	91	Dublin	DIED.	5
2068	Kearney	John	37	GSW	Neck & Shrapnel wound in Back		22-Jul-33	03-Nov-33	105	Dublin		5
2069	Doyle	Christopher	45	Disease	Bronchitis		22-Jul-33	26-Jan-34	189	Dublin		5
2070	Doherty	William	38	GSW	Abdomen		24-Jul-33	18-Aug-33	26	Donegal		5
2071	Doyle	John	42	GSW	Chest		26-Jul-33	22-Dec-33	150	Dublin		5
2072	Gormley	John	50	Disease	VDH		27-Jul-33	26-Aug-33	31	Wicklow		5
2073	Egan	Charles	42	Disease	VDH		29-Jul-33	23-May-34	299	Dublin	DIED.	5
2074	Prendergast	Michael	48	Disease	Bronchitis		31-Jul-33	17-Nov-33	110	Waterford		5
2075	Devereax	Edmund	38	GSW	Arm L Forearm		31-Jul-33	24-Aug-33	25	Kerry		5
2076	Keenan	Henry	43	GSW	Arm L		03-Aug-33	03-Nov-33	93	Dublin		5
2077	O'Hare	James	47	Disease	Gastritis		04-Aug-33	20-Oct-33	78	Dublin		5
2078	Fogarty	Michael	38	Disease	Deafness		10-Aug-33	16-Sep-33	38	Westmeath		5
2079	Bissett	John	46	GSW	Jaw L		11-Aug-33	23-Sep-33	44	Kilkenny		5
2080	McLoughlin	Jas Jos	42	Disease	Neurasthenia		14-Aug-33	15-Sep-33	33	Dublin		5
2081	Early	John	50	GSW	Leg R Ampt		14-Aug-33	15-Sep-33	32	Mayo		5
2082	Barrett	Peter	33	Disease	Deafness		15-Aug-33	15-Sep-33	32	Coik		5
2083	Kelly	James	40	Disease	Bronchitis following Gas		17-Aug-33	27-Mar-34	223	Limerick		5
2084	O'Sullivan	Denis	52	Disease	Osteo Arthritis		17-Aug-33	19-Oct-33	64	Kerry		5
2085	Hogan	Thomas	62	Disease	Rheumatism		21-Aug-33	17-Nov-33	89	Kilkenny		5
2086	O'Brien	Michael	43	GSW	Eye L		22-Aug-33	07-Dec-33	108	Clare		5
2087	Connor	Alexander	60	Disease	Debility following Gastritis		23-Aug-33	06-Sep-33	15	Dublin		5
2088	Neary	Edward	37	Disease	Neurasthenia		25-Aug-33	01-Dec-33	99	Kildare		5
2089	Lukeman	Timothy	34	Disease	VDH		25-Aug-33	05-Oct-33	42	Tipperary		5
2090	Dixon	Chris	39	GSW	Elbow L		25-Aug-33	08-Dec-33	106	Dublin		5
2091	Boyd	John	42	GSW	Knee L		28-Aug-33	19-Oct-33	53	Silgo		5
2092	Walsh	Michael	41	GSW	Leg L		29-Aug-33	22-Sep-33	25	Waterford		5
2093	Hurley	Jas John	37	Disease	Pylonic Stenosis		29-Aug-33	08-Sep-33	11	Kilkenny		5
2094	Smith	William	44	Disease	Bronchitis		30-Aug-33	03-Nov-33	66	Dublin		5
2095	Everett	Duncan	74	Disease	Frostbite		05-Sep-33	22-Dec-33	109	Dublin		5
2096	Murray	James	38	Disease	Neurasthenia		08-Sep-33	24-Oct-33	47	Coik		5
2097	Sheehan	Patrick	36	GSW	Head		13-Sep-33	26-Oct-33	44	Carlow		5
2098	Moran	Cornelius	39	GSW	Leg L		15-Sep-33	07-Dec-33	84	Kerry		5
2099	O'Grady	Martin	45	Disease	Nephritis		23-Sep-33	02-Feb-34	133	Kilkenny		5
2100	Boylan	Anthony	67	Disease	VDH	Rheumatism	23-Sep-33	20-Oct-33	28	Westmeath		5

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2101	Collins	William	42	GSW	Ankle L		25-Sep-33	15-Dec-33	82	Dublin		5
2102	Hannon	James	37	Disease	Gastric Ulcer		27-Sep-33	26-Oct-33	30	Limerick		5
2103	Shanley	James J	55	Disease	ODH		28-Sep-33	28-Oct-33	31	Dublin		5
2104	McKenna	James	36	GSW	Buttock		29-Sep-33	21-Oct-33	23	Dublin		5
2105	Browning	Francis	42	Disease	VDH		02-Oct-33	20-Dec-33	80	Dublin		5
2106	Henderson	Charles	45	Disease	VDH		02-Oct-33	08-Jan-34	99	Cork		5
2107	Atkinson	Patrick	47	Disease	Manic Depressive Psychosis		02-Oct-33	02-Mar-34	152	Dublin		5
2108	Kingston	George	48	Disease	Fibrositis R Tendo Achilles		03-Oct-33	14-Oct-33	12	Cork		5
2109	Brady	Ernest	43	Disease	Rheumatoid Arthritis		04-Oct-33	20-Jul-34	290	Dublin		5
2110	McCue	John	61	Disease	Hernia		09-Oct-33	22-Dec-33	75	Dublin		5
2111	Kenny	Michael	43	Disease	Nerosis of Illium		09-Oct-33	10-Nov-33	33	Dublin		5
2112	Murphy	Patrick	46	Disease	VDH		11-Oct-33	27-Apr-34	199	Dublin		5
2113	Hoei	John	38	Disease	Trench Feet (Thrombo Agenesis)		11-Oct-33	13-Feb-34	126	Westmeath		5
2114	Donovan	William	51	Disease	VDH		12-Oct-33	22-Dec-33	72	Dublin		5
2115	Hare	Thomas	45	Both	GSW Arm L	Emphysema, Neuritis	16-Oct-33	01-Dec-33	47	Cork		5
2116	Corcoran	John	46	GSW	Face		16-Oct-33	22-Dec-33	68	Mayo		5
2117	Dwyer	James	50	Disease	Deformed Feet		17-Oct-33	15-Dec-33	60	Tipperary		5
2118	Gaghan	James	49	GSW	Thigh L & Knee L		18-Oct-33	22-Dec-33	66	Mayo		5
2119	Nally	Joseph	48	GSW	Abdomen		23-Oct-33	15-Nov-33	24	Westmeath		5
2120	Manning	Paul	36	GSW	Foot L		24-Oct-33	16-Nov-33	24	Dublin		5
2121	Callaghan	James	45	Disease	Bronchitis		25-Oct-33	19-Jan-34	87	Silgo		5
2122	Kinneally	Thomas	62	Disease	Bronchitis		26-Oct-33	13-Nov-33	19	Carlow	DIED.	5
2123	Giles	John	44	Disease	Bronchitis	Deafness	27-Oct-33	02-Feb-34	99	Dublin		5
2124	Wall	William	43	GSW	Leg L Ampt		31-Oct-33	23-Mar-34	144	Wicklow		5
2125	Fitzsimons	Patrick	47	GSW	Leg L		01-Nov-33	01-Dec-33	31	Dublin		5
2126	Delaney	Patrick	35	Disease	Colitis		02-Nov-33	09-Nov-33	8	Tipperary		5
2127	Nash	George	48	Disease	Bronchitis Chronic		03-Nov-33	12-Jan-34	71	Mayo	Crossed out incomplete	5
2128	Lawlor	Walter	53				03-Nov-33					5
2129	McEavey	Patrick	34	Disease	Otitus Media		04-Nov-33	13-Feb-34	102	Dublin		5
2130	O'Rourke	Bernard	61	Disease	Bronchitis		08-Nov-33	24-Nov-33	17	Dublin		5
2131	Corrigan	Robert	36	GSW	Face-Loss of L Eye		09-Nov-33	30-Nov-33	22	Wexford		5
2132	Byrne	Henry	39	GSW	Thigh L-Fractured Femur		10-Nov-33	09-Jun-33	212	Meath		5
2133	Mason	Patrick	46	Disease	Bronchitis		13-Nov-33	15-Dec-33	33	Dublin		5
2134	Fahey	Martin	49	Disease	VDH		14-Nov-33	05-Dec-33	22	Galway		5
2135	Murphy	Patrick J	34	Disease	Bronchitis		15-Nov-33	29-Nov-33	15	Dublin		5
2136	Connolly	Roger	42	GSW	Leg Ampt-Stump broken down		16-Nov-33	15-Dec-33	31	Leitrim		5
2137	Smith	Joseph	45	Disease	Gastritis		17-Nov-33	22-Dec-33	36	Dublin		5
2138	O'Donnell	Joseph	40	Disease	Neurasthenia	Constipation, Dyspepsia	18-Nov-33	04-Dec-33	17	Donegal		5
2139	Melly	Bernard	47	Disease	Neurasthenia		20-Nov-33	12-Apr-34	144	Silgo		5
2140	Coady	John	54	Disease	Bronchitis		20-Nov-33	12-Jan-34	54	Tipperary		5
2141	Mulvaney	Charles	34	Disease	Neurasthenia		22-Nov-33	16-Mar-34	115	Dublin		5
2142	Shericon	John	51	Disease	Bronchitis		23-Nov-33	23-Feb-34	93	Dublin		5
2143	Byrne	James	47	Disease	Bronchitis		23-Nov-33	06-Mar-34	104	Wexford		5
2144	Gilligan	Thomas	46	GSW	Back inc Sprain of Back Muscle		27-Nov-33	07-Dec-33	11	Longford		5
2145	Duggan	William	35	Disease	Manic Depressive Psychosis		27-Nov-33	01-Mar-35	95	Kilkenny		5
2146	Reynolds	Stephen	43	Disease	Neurasthenia		29-Nov-33	19-Mar-34	111	Clare		5
2147	Golden	James	39	GSW	Thigh L		30-Nov-33	01-Jun-34	184	Dublin		5
2148	Lennon	James	41	GSW	Hand L & Forearm L		30-Nov-33	16-Mar-34	107	Dublin		5
2149	Howard	Charles	37	Disease	Enteroptosis		30-Nov-33	14-Dec-33	15	Laois		5
2150	Lukeman	Timothy	34	Disease	VDH		30-Nov-33	30-Dec-33	31	Tipperary		5

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2151	McGrath	John	56	Disease	Gastritis		01-Dec-33	08-Jun-34	190	Silgo		5
2152	Haide	Joseph	39	GSW	Hand R		08-Dec-33	08-Jan-34	32	Kilkenny		5
2153	Fitzgerald	John	43	GSW	Arm L		09-Dec-33	12-Jan-34	35	Cork		5
2154	O'Keefe	Thomas	50	Disease	Arthritis		11-Dec-33	13-Feb-34	85	Dublin		5
2155	Dempsey	Chris	42	Disease	Bronchitis		11-Dec-33	09-Mar-34	89	Dublin		5
2156	Hodgins	Hugh	54	Disease	Epilepsy		12-Dec-33	27-Jul-40	2421	Dublin		5
2157	Kelly	William	62	Disease	VDH		14-Dec-33	27-Apr-34	135	Dublin		5
2158	Cullen	John	43	Disease	VDH		14-Dec-33	09-Feb-34	58	Dublin		5
2159	Collins	Charles	51	Disease	Bronchitis	VDH	14-Dec-33	16-Jan-34	34	Dublin		5
2160	Bissett	John	46	GSW	Jaw L		18-Dec-33	19-Jan-34	33	Kilkenny		5
2161	O'Donnell	James	43	Disease	Epilepsy	Mental Symptoms	19-Dec-33	15-Jun-34	179	Tipperary		5
2162	Lonegan	Henry A	42	Disease	Sciatica		27-Dec-33	13-Apr-34	108	Tipperary		5
2163	Kelly	Gerard	45	Disease	ODH		29-Dec-33	30-Jan-34	33	Dublin		5
2164	Doyle	Michael	45	Disease	Bronchitis		30-Dec-33	09-Mar-34	70	Dublin		5
2165	O'Halloran	Thomas	46	Disease	Bronchitis		01-Jan-34	09-Mar-34	68	Dublin		5
2166	McLoughlin	Albert	42	Disease	Bronchitis following Gas		02-Jan-34	09-Mar-34	67	Dublin		5
2167	Shanley	Jas Joseph	60	Disease	ODH	Bronchitis	11-Jan-34	14-Jan-34	4	Dublin		5
2168	Wylie	Charles	46	GSW	Leg L. Ampt		12-Jan-34	16-Apr-34	95	Galway		5
2169	Keary	John	40	GSW	Buttock		12-Jan-34	16-Mar-34	64	Cork		5
2170	Sheehan	Thomas	35	GSW	Arm R forearm		13-Jan-34	08-Feb-34	27	Cork		5
2171	Mills	Patrick J	32	GSW	Elbow L		16-Jan-34	01-Feb-34	17	Silgo		5
2172	O'Mara	Thomas	36	Disease	Gastritis	Dysentery	19-Jan-34	03-Aug-34	197	ILLEGIBLE		5
2173	Moore	Patrick J	60	Disease	Bronchitis	Debility	20-Jan-34	02-Mar-34	42	Offaly		5
2174	Morris	William	44	Disease	Bronchitis Chronic		20-Jan-34	06-Mar-34	46	Dublin		5
2175	Condon	John	44	Disease	Rheumatism, Colitis	Varicose Veins	22-Jan-34	27-Mar-34	65	Tipperary		5
2176	Hally	Joseph	48	GSW	Abdomen		22-Jan-34	16-Mar-34	54	Westmeath		5
2177	Wamer	Albert	37	GSW	Hip		24-Jan-34	20-Mar-34	56	Dublin		5
2178	O'Brien	Patrick	48	GSW	Eye		25-Jan-34	22-Feb-34	29	Tipperary		5
2179	Phelan	James	40	Both	Manic Depressive Psychosis	Leg GSW	29-Jan-34	29-Jan-34	1	Dublin		5
2180	Payne	Joseph	40	Both	ILLEGIBLE L	Malaria	29-Jan-34	13-Apr-34	75	Laos		5
2181	Coughlin	Thomas	54	GSW	Ankle		29-Jan-34	16-Mar-34	47	Limerick		5
2182	Ahern	John	44	Disease	Neurasthenia, Malaria, DAH	Bronchitis, Rheumatism	29-Jan-34	10-Feb-34	13	ILLEGIBLE		5
2183	Connell	Thomas	39	GSW	Chest		29-Jan-34	20-Apr-34	82	ILLEGIBLE		5
2184	Inquinn	Oliver	42	Both	Neurasthenia	GSW ILLEGIBLE	01-Feb-34	13-Feb-34	13	Dublin		5
2185	Judd	James	40	Both	Neurasthenia	Neurasthenia	02-Feb-34	26-Mar-34	53	Dublin		5
2186	Embelin	Bernard	59	Disease	Bronchitis		03-Feb-34	12-Apr-34	69	Dublin	Marked as STAFF	5
2187	Morgan	Patrick J	35	Disease	Bronchitis		03-Feb-34	27-Apr-34	84	Dublin		5
2188	Ralph	James	32	GSW	Chest & Abdomen		05-Feb-34	20-Mar-34	44	Dublin		5
2189	Tully	John	36	GSW	Leg & Thigh L		05-Feb-34	19-Apr-34	74	Cavan		5
2190	Whitley	William	41	Disease	Bronchitis from effects of Gas		05-Feb-34	18-May-34	103	Dublin		5
2191	Young	James	40	Disease	Rheumatoid Arthritis		06-Feb-34	22-Dec-34	320	Carlow		5
2192	McNiff	Michael	52	Disease	Rheumatism		09-Feb-34	22-Feb-34	14	Leitrim		5
2193	Elliott	Christopher	36	Disease	Osteo Myelitis Chronic		10-Feb-34	20-Apr-34	70	Limerick		5
2194	Brophy	Peter	43	GSW	Head		10-Feb-34	11-May-34	91	Dublin		5
2195	Haslam	Edward	41	GSW	Chest		12-Feb-34	09-Apr-34	57	Limerick		5
2196	Flanagan	Michael	53	Disease	Gastritis Chronic		14-Feb-34	01-Jun-34	108	Clare		5
2197	Dooner	Michael	53	Disease	Gastritis		14-Feb-34	16-Apr-34	62	Dublin		5
2198	Crimmon	Denis	49	Disease	Stricture of Oesophagus		15-Feb-34	27-Mar-34	41	Cork		5
2199	Hickey	William	43	GSW	Leg R		19-Feb-34	08-Jun-34	110	Kilkenny		5
2200	Farrell	Thomas	38	GSW	Thigh R. Shrapnel wound		19-Feb-34	20-Apr-34	61	Meath		5

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2201	Enright	Michael	45	Disease	Deathness		19-Feb-34	31-Mar-34	41	Kerry		5
2202	Keefe	Patrick	39	GSW	Thigh R		21-Feb-34	27-Mar-34	35	Dublin		5
2203	McCarthy	John	39	Disease	Lupus		23-Feb-34	21-Dec-34	302	Cork		5
2204	Heaney	Edward	54	GSW	Chest		22-Feb-34	13-Apr-34	51	Tipperary		5
2205	Condon	Michael	31	Disease	Bronchitis		22-Feb-34	20-Apr-34	58	Wexford		5
2206	McEleavy	Patrick	34	Disease	Otitis Media		24-Feb-34	27-Mar-34	33	Dublin		5
2207	O'Callaghan	Daniel	40	GSW	Thigh L		26-Feb-34	20-Mar-34	23	Cork		5
2208	Kingston	George	49	GSW	Knee L & Leg R		26-Feb-34	10-Mar-34	13	Cork		5
2209	Mills	Patrick J	32	Disease	Elbow L fracture		26-Feb-34	08-Mar-34	11	Sligo		5
2210	Lee	William	50	Disease	Neurasthenia		27-Feb-34	29-Mar-34	31	Offaly		5
2211	Shericon	John	51	Disease	Bronchitis		27-Feb-34	18-May-34	81	Dublin		5
2212	McEntee	Patrick	42	GSW	Arm R forearm		01-Mar-34	15-Mar-34	15	Cavan		5
2213	O'Grady	William	46	Disease	VDH		02-Mar-34	20-Apr-34	50	Dublin		5
2214	Farrrell	Patrick	32	Disease	Neurasthenia		03-Mar-34	16-Mar-34	14	Dublin		5
2215	Fitzgerald	John	47	GSW	Arm L		09-Mar-34	18-May-34	71	Cork		5
2216	O'Toole	Thomas	48	Disease	Bronchitis Chronic		14-Mar-34	07-Sep-34	178	Dublin		5
2217	Carrill	Michael	41	Disease	Bronchitis		15-Mar-34	20-Apr-34	37	Dublin		5
2218	Bohan	Bernard	47	Disease	Rheumatism	DAH	16-Mar-34	06-Apr-34	22	Dublin		5
2219	Monaghan	John	42	Disease	Bronchitis		19-Mar-34	18-May-34	61	Galway		5
2220	Barrett	James	32	Disease	Bronchitis		19-Mar-34	14-Apr-34	27	Dublin		5
2221	Ryan	Andrew	37	Disease	VDH		20-Mar-34	26-Apr-34	38	Clare	DIED.	5
2222	Brady	Terence	49	GSW	Multiple		21-Mar-34	29-Jun-34	101	Meath		5
2223	Downey	Daniel	37	GSW	Leg R		22-Mar-34	24-Aug-34	156	Cork		5
2224	Cowap	Ralph	56	Disease	Trench Feet		22-Mar-34	28-Sep-34	191	Dublin		5
2225	Barron	Frank	36	Disease	Vertigo		24-Mar-34	01-Jun-34	70	Dublin		5
2226	Byrne	James	48	Disease	Manic Depressive Psychosis		03-Apr-34	06-Jul-34	95	Dublin		5
2227	Boyd	John	40	GSW	Knee L		04-Apr-34	19-Apr-34	16	Sligo		5
2228	McDonald	Patrick	41	GSW	Leg R Fractured tibia		07-Apr-34	01-Jun-34	57	Dublin		5
2229	Delaney	Martin	53	Disease	Bronchitis		07-Apr-34	21-Sep-34	168	Dublin		5
2230	Hennessy	Michael	49	GSW	Foot R		09-Apr-34	29-Jun-34	82	Roscommon		5
2231	Kelleher	Patrick	41	GSW	Back & Arm L		09-Apr-34	24-Aug-34	138	Cork		5
2232	Connor	Joseph	45	GSW	Knee L		11-Apr-34	22-Jun-34	73	Dublin		5
2233	Kelly	John	66	Disease	Rheumatism		12-Apr-34	04-May-34	23	Cork		5
2234	Farrington	Frank	45	Disease	Bronchitis		12-Apr-34	14-Apr-34	3	Sligo		5
2235	McLoughlin	Albert	42	Disease	Bronchitis		17-Apr-34	27-Sep-34	164	Dublin		5
2236	Quinlan	Daniel	42	Disease	Piles		19-Apr-34	17-May-34	29	Kerry		5
2237	Murphy	Patrick	44	Disease	Anxiety Neurosis	DAH	20-Apr-34	21-Sep-34	155	Cork		5
2238	Ahern	Timothy	40	GSW	Shoulder		20-Apr-34	22-Jun-34	64	Cork		5
2239	Riordan	William	43	Disease	Gastritis		24-Apr-34	03-Aug-34	102	Dublin		5
2240	O'Brien	James	39	GSW	Arm R		26-Apr-34	04-May-34	9	Tipperary		5
2241	Wall	Patrick	53	GSW	Elbow		02-May-34	13-Jul-34	73	Dublin		5
2242	Hogan	Patrick	41	GSW	Face Loss of R Eye	Deafness	02-May-34	16-Jun-34	46	Clare		5
2243	Cronin	John	40	GSW	Head		07-May-34	19-May-34	13	Meath		5
2244	Tobin	John	42	Disease	VDH		07-May-34	18-May-34	12	Carlow		5
2245	Mooney	Chris	43	Disease	Bronchitis		09-May-34	27-Jul-34	80	Offaly		5
2246	O'Rourke	Patrick	66	Disease	Defective Vision		10-May-34	09-Jun-34	31	Offaly		5
2247	Wall	William	43	GSW	Leg L Ampt		10-May-34	06-Jul-34	58	Wicklow		5
2248	Cusack	Alphonius	38	Disease	Dysentery		11-May-34	08-Jun-34	29	Mayo		5
2249	Flanagan	James	40	Disease	Neurasthenia		11-May-34	06-Jul-34	57	Westmeath		5
2250	McCann	James	44	GSW	Head		12-May-34	19-Jul-34	69	Monaghan		5

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2251	Donnelly	Peter	36	Disease	Bronchitis		14-May-34	31-Aug-34	110	Monaghan		5
2252	Canavan	Richard	44	Disease	ODH	Rheumatism	16-May-34	17-Aug-34	94	Dublin		5
2253	Lord	Henry	47	GSW	Knee R Ampt		16-May-34	22-Jun-34	38	Dublin		5
2254	McEavey	Patrick	34	Disease	Otitis Media		18-May-34	10-Jul-34	54	Dublin		5
2255	Radburn	David	35	Disease	Epilepsy		18-May-34	05-Mar-35	292	Dublin		5
2256	Horgan	Denis	52	Disease	Bronchitis		19-May-34	23-Jun-34	36	Meath		5
2257	Picken	James	58	Disease	Rheumatism		20-May-34	07-Sep-34	111	Dublin		5
2258	Coone	William	43	Both	GSW Groin	Arthritis of Hip Joint	22-May-34	06-Jul-34	46	Offaly		5
2259	McDonagh	Patrick	61	Disease	Osteo Arthritis		22-May-34	10-Aug-34	81	Clare		5
2260	O'Keefe	Frederick	38	Disease	Neurasthenia associated with Debility		24-May-34	20-Jul-34	58	Dublin		5
2261	Conboy	John	56	GSW	Arm L Forearm		26-May-34	21-Sep-34	119	Leitrim		5
2262	Doyle	Chris	45	Disease	Bronchitis due to Gas		26-May-34	14-Sep-34	112	Dublin		5
2263	Sheehan	Matthew	40	GSW	Arm R		26-May-34	09-Jun-34	15	Dublin		5
2264	Walsh	Michael	35	GSW	Leg R Ampt		28-May-34	22-Jun-34	26	Kilkenny		5
2265	Steele	Thomas F	53	Disease	Neurasthenia		28-May-34	20-Jul-34	54	Clare		5
2266	Fallon	John	50	Disease	Varicose Veins		28-May-34	20-Jun-34	24	Galway		5
2267	Hackett	James	74	Disease	Debility	ODH	29-May-34	25-Jul-34	58	Cork		5
2268	Liston	Richard	54	Both	Paraplegia	Malaria	29-May-34	29-Jul-42	2981	Limerick	DIED.	5
2269	Ahern	Patrick	50	Disease	Bronchitis Chronic		29-May-34	30-Jul-34	63	Cork		5
2270	Daly	John	45	GSW	Arm L		29-May-34	10-Jul-34	43	Cork		5
2271	O'Connor	Thomas	54	GSW	Shoulder L		29-May-34	20-Jul-34	53	Dublin		5
2272	Shannon	Daniel	42	GSW	Hand L		01-Jun-34	03-Aug-34	64	Wexford		5
2273	Larkin	Thomas	26	Disease	Bronchitis		01-Jun-34	15-Jun-34	15	Kerry		5
2274	McDonnell	Thomas	44	Disease	Bronchitis	Debility	01-Jun-34	15-Jun-34	15	Dublin		5
2275	Scannell	Lawrence	46	Disease	Neurasthenia		04-Jun-34	27-Jul-34	54	Dublin		5
2276	Rice	Patrick	45	Disease	Neurasthenia		05-Jun-34	13-Jul-34	39	Dublin		5
2277	Foran	Thomas	54	Disease	Myocardial Degeneration		08-Jun-34	19-Jul-34	42	Offaly		5
2278	McCabe	Michael	42	Disease	Neurasthenia		08-Jun-34	13-Jul-34	36	Dublin		5
2279	Carton	Laurence	37	Disease	VDH		08-Jun-34	26-Oct-34	141	Dublin		5
2280	Whelan	Austin	55	Disease	Neurasthenia		08-Jun-34	21-Sep-34	106	Dublin		5
2281	Carney	Patrick	52	Disease	Defective Vision		09-Jun-34	31-Aug-34	84	Mayo		5
2282	Curran	Michael	46	Disease	Neurasthenia		11-Jun-34	16-Nov-34	159	Carlow		5
2283	Coleman	Michael	54	Disease	Debility	Gastritis	12-Jun-34	13-Jul-34	32	Cork		5
2284	Little	John P	49	GSW	Head		14-Jun-34	20-Jun-34	7	Dublin		5
2285	Callaghan	Michael	61	Disease	Rheumatism Articular Chronic		14-Jun-34	10-Aug-34	58	Roscommon		5
2286	Collins	Charles	52	Disease	Bronchitis	DAH	14-Jun-34	05-Oct-34	114	Dublin		5
2287	Lennon	James	40	GSW	Arm L Forearm & Hand		15-Jun-34	05-Oct-34	113	Dublin		5
2288	Farrell	Thomas	39	GSW	Wrist l		15-Jun-34	21-Sep-34	99	Meath		5
2289	Sweeney	John	51	Disease	Bronchitis		16-Jun-34	25-Jan-35	224	Kerry		5
2290	Ahern	Thomas	41	GSW	Face		18-Jun-34	07-Aug-34	51	Tipperary		5
2291	O'Gorman	John	42	Disease	Gastritis		20-Jun-34	05-Jul-34	16	Limerick		5
2292	Moran	John	61	Disease	Bronchitis		21-Jun-34	14-Sep-34	86	Dublin		5
2293	Sullivan	Thomas	49	Disease	Rheumatism		22-Jun-34	23-Aug-34	63	Dublin		5
2294	Woods	Bernard	50	Disease	Epilepsy		22-Jun-34	06-Jul-34	15	Dublin		5
2295	Conlon	Michael	38	GSW	Arm L		22-Jun-34	13-Jul-34	22	Cork		5
2296	Crowe	John	36	GSW	Arm R forearm		25-Jun-34	07-Sep-34	75	Clare		5
2297	Murphy	Patrick	40	Disease	Tuberculosis Pulmonary		28-Jun-34	02-Dec-34	158	Tipperary	DIED.	5
2298	McDonnell	Thomas	44	Disease	Bronchitis	Debility	28-Jun-34	19-Aug-34	53	Dublin		5
2299	Garvin	Joseph	45	Disease	Rheumatism		28-Jun-34	27-Jul-34	30	Cork		5
2300	Beirne	Michael	47	GSW	Arm R forearm		28-Jun-34	07-Sep-34	71	Roscommon		5

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2301	Regan	Patrick	55	Disease	Rheumatism		02-Jul-34	10-Jul-34	9	Mayo		5
2302	Larkin	Thomas	36	Disease	Bronchitis		02-Jul-34	20-Jul-34	19	Kerry		5
2303	Fahey	Thomas	62	Disease	Osteo Arthritis		02-Jul-34	31-Aug-34	61	Tipperary		5
2304	Lanigan	Michael	42	GSW	Lung L		02-Jul-34	21-Sep-34	82	Waterford		5
2305	Carney	Frederick	50	Disease	Otitis Media Chronic		13-Jul-34	15-Sep-34	64	Dublin		5
2306	Connell	James	41	GSW	Thighs		18-Jul-34	10-Aug-34	24	Dublin		5
2307	Hannon	James	34	Disease	Gastric Ulcer		20-Jul-34	05-Oct-34	78	Limerick		5
2308	Curry	Patrick	42	GSW	Arm L		21-Jul-34	04-Sep-34	46	Kerry		5
2309	Neary	Edward	38	Disease	Neurasthenia		23-Jul-34	18-Sep-34	58	Kildare		5
2310	Foran	Thomas	54	Disease	Myocardial Degeneration		24-Jul-34	05-Sep-34	44	Dublin		5
2311	Moreland	Patrick	40	Disease	Mycarditis	Bronchitis	24-Jul-34	14-Sep-34	53	Dublin		5
2312	Coughlin	Thomas	54	GSW	Ankle		25-Jul-34	21-Sep-34	59	Limerick		5
2313	McConnell	William	50	Disease	Gastritis		25-Jul-34	26-Jul-34	2	Dublin		5
2314	Hartnett	Laurence	46	Disease	Gastritis		25-Jul-34	26-Jul-34	2	Dublin		5
2315	Haburton	Patrick	57	Disease	Inguinal Ulcer Leg R		26-Jul-34	07-Sep-34	44	Waterford		5
2316	Walsh	John	46	Disease	Bronchitis Chronic		28-Jul-34	31-Aug-34	35	Cork		5
2317	Rice	Richard	48	GSW	Thigh L		30-Jul-34	05-Oct-34	68	Kilkenny		5
2318	Morrison	James	42	Disease	Neurasthenia		30-Jul-34	17-May-35	292	Dublin		5
2319	Lawton	John	54	Disease	Asthma		30-Jul-34	30-Nov-34	124	Cork		5
2320	McGovern	Thomas	64	Disease	DAH		31-Jul-34	31-Aug-34	32	Mayo		5
2321	Carrill	Michael	41	Disease	Bronchitis		31-Jul-34	24-Sep-34	56	Dublin		5
2322	Hegarty	Thomas	45	GSW	Leg L		31-Jul-34	02-Nov-34	95	Cork		5
2323	O'Neill	Patrick	38	GSW	Thigh R Fractured Femur		02-Aug-34	11-Feb-38	1290	Dublin		5
2324	Callaghan	John	62	Disease	Defective Vision		03-Aug-34	14-Sep-34	43	Cork		5
2325	McCarthy	Charles	50	Disease	Neuritis		07-Aug-34	20-Aug-34	14	Cork		5
2326	Hickey	William	43	GSW	Leg R		07-Aug-34	23-Nov-34	109	Kilkenny		5
2327	Conran	John	51	Disease	Defective Vision		08-Aug-34	14-Sep-34	38	Kilkenny		5
2328	Barron	Frank	36	Disease	Vertigo		11-Aug-34	26-Oct-34	77	Dublin		5
2329	Dolan	John	45	GSW	Arm L Forearm		13-Aug-34	07-Nov-34	87	Donegal		5
2330	Kelly	William	63	Disease	VDH		15-Aug-34	05-Oct-34	52	Dublin		5
2331	Rochford	James	56	Disease	Periostitis Leg R		16-Aug-34	21-Dec-34	126	Wexford		5
2332	Bradley	John	44	Disease	Bronchitis Chronic		16-Aug-34	02-Nov-34	79	Dublin		5
2333	Stewart	Eugene	40	Disease	Neurasthenia		22-Aug-34	07-Dec-34	108	Dublin		5
2334	Owens	Edward	40	Disease	VDH		22-Aug-34	13-Aug-35	357	Roscommon		5
2335	Ford	Laurence	72	GSW	Head		22-Aug-34	11-Jan-35	143	Dublin		5
2336	Pim	John	50	Disease	Bronchitis		23-Aug-34	12-Oct-34	51	Dublin		5
2337	Drew	Joseph	53	Disease	Rheumatism		24-Aug-34	10-Jan-35	140	Dublin		5
2338	Carney	Patrick	50	Disease	Bronchitis following Gas		27-Aug-34	10-Sep-34	15	Tipperary		5
2339	Burke	Thomas	52	Disease	Otitis Media		28-Aug-34	02-Nov-34	67	Kilkenny		5
2340	Conway	Thomas	62	Disease	Nephritis		28-Aug-34	10-Nov-34	75	Dublin		5
2341	Lawlor	James	40	GSW	Knee R Ampt		30-Aug-34	11-Sep-34	13	Dublin		5
2342	Byrne	Joseph	38	Disease	Manic Depressive Psychosis		31-Aug-34	31-May-35	274	Dublin		5
2343	Hanley	William	43	Disease	VDH		31-Aug-34	21-Dec-34	113	Limerick		5
2344	McAuley	Patrick	58	Disease	Bronchitis Chronic		04-Sep-34	18-Sep-34	15	Tipperary		5
2345	Hession	John	53	GSW	Leg		05-Sep-34	23-Nov-34	80	Galway		5
2346	Doyle	John J	43	GSW	Chest		06-Sep-34	05-Jul-35	303	Dublin		5
2347	Rooney	Michael	37	Disease	Neurasthenia		11-Sep-34	25-Sep-34	15	Wexford		5
2348	Halvey	Martin	41	Disease	Manic Depressive Psychosis		14-Sep-34	07-Dec-34	85	Limerick		5
2349	Atkinson	Patrick	47	Disease	Manic Depressive Psychosis		15-Sep-34	15-Feb-35	154	Dublin		5
2350	Delaney	Patrick	36	Disease	Chronic Post Dysenteric Colitis		15-Sep-34	20-Sep-34	6	Tipperary		5

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2351	Moore	Charles	47	GSW	Leg L		13-Sep-34	28-Sep-34	16	Dublin		5
2352	Kenny	Michael	45	Disease	Necrosis of Ilium		17-Sep-34	16-Nov-34	30	Dublin		5
2353	Lenihan	Michael	52	Disease	Confusional Psychosis		17-Sep-34	19-Oct-34	33	Galway		5
2354	O'Mara	Thomas	36	Disease	Gastritis		19-Sep-34	01-Mar-35	164	Dublin		5
2355	Steele	Thomas F	53	Disease	Neurasthenia		22-Sep-34	30-Nov-34	70	Clare		5
2356	Murphy	John	46	Disease	Neurasthenia		25-Sep-34	30-Nov-34	67	Sligo		5
2357	Murray	James	38	Disease	Neurasthenia		24-Sep-34	16-Nov-34	54	Meath		5
2358	Fitzgerald	Thomas	65	Disease	Rheumatism		25-Sep-34	30-Nov-34	67	Limerick		5
2359	Walsh	James	40	Disease	Foot R Fractured		26-Sep-34	07-Dec-34	73	Donegal		5
2360	Giles	John	43	Disease	Bronchitis		28-Sep-34	14-Dec-34	78	Dublin		5
2361	Barrett	John	46	Disease	Lupus	Defective Vision Eye R	01-Oct-34	19-Aug-35	323	Cork		5
2362	McEavey	Patrick	34	Disease	Otitis Media		01-Oct-34	06-Dec-34	67	Dublin		5
2363	Bissett	John	40	GSW	Jaw L		01-Oct-34	23-Nov-34	54	Kilkenny		5
2364	Condron	Thomas	45	GSW	Abdomen		01-Oct-34	09-Nov-34	40	Kilkenny		5
2365	Sharkey	Patrick	43	GSW	Arm R		01-Oct-34	30-Nov-34	61	Louth		5
2366	Maguire	Charles	44	GSW	Knee L		02-Oct-34	23-Nov-34	53	Cavan		5
2367	McElhinny	William	44	Disease	Sciatica		05-Oct-34	11-Oct-34	7	Donegal		5
2368	Torbett	Thomas	50	GSW	Head		08-Oct-34	03-Nov-34	27	Dublin		5
2369	Wilmott	Henry	43	Disease	Bronchitis		08-Oct-34	30-Nov-34	54	Waterford		5
2370	Moran	Con	39	GSW	Leg L		09-Oct-34	21-Dec-34	74	Kerry		5
2371	Donovan	William	52	Disease	Bronchitis		11-Oct-34	29-Jan-35	111	Dublin		5
2372	McMahon	John	42	Disease	Bronchitis		12-Oct-34	25-Jan-35	106	Dublin		5
2373	O'Donnell	James	44	Disease	Epilepsy	Mental Symptoms	13-Oct-34	18-Apr-35	188	Tipperary		5
2374	Duignan	James	45	Disease	Gas Poisoning	Gastritis inc.	13-Oct-34	14-Dec-34	2	Dublin		5
2375	O'Toole	Thomas	48	Disease	Bronchitis Chronic		19-Oct-34	01-Feb-35	75	Dublin		5
2376	Doyle	Chris	45	Disease	Bronchitis due to Gas		20-Oct-34	22-Nov-34	34	Dublin		5
2377	Walls	John	59	Disease	Rheumatism		20-Oct-34	14-Dec-34	56	Sligo		5
2378	Jolly	William	54	GSW	Shoulder L & Chest		20-Oct-34	30-Nov-34	42	Tipperary		5
2379	Byrne	John	45	Disease	Bronchitis		22-Oct-34	01-Mar-35	131	Wicklow		5
2380	Ronaldson	William	50	Disease	Osteo Myelitis	DAH	22-Oct-34	07-Mar-35	137	Galway		5
2381	Croke	James	43	Both	VDH	GSW Back	27-Oct-34			Dublin	Crossed out in red	5
2382	Corcoran	John	45	Both	GSW Face	Conjunctivitis	27-Oct-34	24-Jan-35	90	Mayo		5
2383	Hanrahan	Michael	55	GSW	Thigh R		29-Oct-34	23-Nov-34	26	Tipperary		5
2384	Corrigan	Robert	38	GSW	Face Loss of Eye L		29-Oct-34	16-Nov-34	19	Wexford		5
2385	Mulvaney	Charles	35	Disease	Neurasthenia		29-Oct-34	18-Apr-35	172	Dublin		5
2386	Corrigan	Robert	38	GSW	Face Loss of Eye L		29-Oct-34			Wexford	Crossed out in red	5
2387	Doherty	William	38	GSW	Abdomen		29-Oct-34	07-Dec-34	40	Donegal		5
2388	Hanrahan	Michael	55	GSW	Thigh		29-Oct-34			Tipperary	Crossed out in red	5
2389	Croke	James	36	Both	VDH	GSW Back	30-Oct-34	12-Nov-34	14	Dublin		5
2390	Downey	Daniel	38	GSW	Leg R		01-Nov-34	18-Jan-35	79	Cork		5
2391	Gilligan	Michael	42	GSW	Hip R		02-Nov-34	15-Nov-34	14	Mayo		5
2392	Fitzmaurice	Thomas	45	GSW	Leg L		02-Nov-34	30-Nov-34	29	Longford		5
2393	Flynn	Peter	37	GSW	Foot R Lose Toe		02-Nov-34	01-Jan-35	61	Dublin		5
2394	Hoare	John	38	Disease	DAH		05-Nov-34	17-Nov-34	13	Dublin		5
2395	Kennedy	Albert	53	Disease	Flat Feet		05-Nov-34	18-Jan-35	75	Dublin		5
2396	Embellin	Bernard	60	Disease	Bronchitis		06-Nov-34	01-Feb-35	89	Dublin	Marked as STAFF in red	5
2397	Collins	Jeremiah	42	Disease	Defective Vision		06-Nov-34	23-Nov-34	18	Kerry		5
2398	O'Halloran	Thomas	46	Disease	Bronchitis		07-Nov-34	25-Jan-35	80	Dublin		5
2399	Christie	Frederick	40	GSW	Hip R & Fractured Femur		07-Nov-34	25-Jan-35	80	Dublin		5
2400	Sheehan	James	62	GSW	Chest R Clavicle		09-Nov-34	22-Nov-34	14	Cork		5

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2401	Fallon	James	62	GSW	Leg L & Ankl???? L Knee		12-Nov-34	21-Dec-34	40	Westmeath		5
2402	Maguire	Michael	48	GSW	Knee & Ankle		12-Nov-34	24-Nov-34	13	Cavan		5
2403	McKenna	John	52	Disease	Neurasthenia		14-Nov-34	08-Feb-35	87	Waterford		5
2404	Mason	Patrick	36	Disease	Bronchitis		16-Nov-34	07-Jan-35	43	Limerick		5
2405	Harte	William	36	GSW	Forearm & Hand		16-Nov-34	18-Jan-35	64	Dublin		5
2406	Condon	Michael	41	Disease	Bronchitis		16-Nov-34	25-Jan-35	71	Wexford		5
2407	Carney	Patrick	53	Disease	Defective Vision		16-Nov-34	21-Dec-34	36	Mayo		5
2408	Noone	John	53	Disease	Neurasthenia		19-Nov-34	04-Jan-35	16	Westmeath		5
2409	Cawley	Patrick	58	Disease	Debility following Nephritis		20-Nov-34	04-Dec-34	15	Sligo		5
2410	Conran	John	51	Disease	Defective Vision		20-Nov-34	07-Dec-34	18	Kilkenny		5
2411	Hare	Thomas	46	GSW	Arm L		23-Nov-34	15-Dec-34	24	Cork		5
2412	Fitzsimons	Patrick	48	GSW	Leg L		27-Nov-34	03-Feb-35	69	Dublin		5
2413	Williams	Patrick	64	Disease	Arthritis		28-Nov-34	01-Feb-35	66	Sligo		5
2414	Ryan	Timothy	43	GSW	Abdomen		28-Nov-34	22-Mar-35	115	Tipperary		5
2415	Kavanagh	Edward	36	GSW	Thigh L		03-Dec-34	21-Apr-36	141	Dublin		5
2416	Whehan	Edward	51	Disease	Bronchitis		30-Nov-34	18-Jan-35	50	Dublin		5
2417	Gilgan	Patrick	41	Disease	Gastritis		03-Dec-34	14-Dec-34	12	Sligo		5
2418	Collins	Charles	53	Disease	Bronchitis		05-Dec-34	02-Aug-35	241	Dublin		5
2419	Arnopp	James	55	Disease	Debility following Bronchitis		06-Dec-34	19-Jan-35	46	Cork		5
2420	Caulfield	Edward	58	Disease	Bronchitis		07-Dec-34	18-Jan-35	43	Dublin		5
2421	Maguire	Joseph	52	Disease	Bronchitis		07-Dec-34	08-Feb-35	64	Dublin		5
2422	Loneragan	Henry	43	Disease	Sciatica		08-Dec-34	12-Apr-35	126	Tipperary		5
2423	Conway	Edward	62	Disease	Nephritis		10-Dec-34	22-Mar-35	103	Dublin		5
2424	Scott	Francis	38	GSW	Leg L		15-Dec-34	08-Jan-35	26	Sligo		5
2425	Fahey	Martin	44	Disease	VDH		15-Dec-34	14-Feb-35	62	Galway		5
2426	Elliott	Chris	45	Disease	Osteo Myelitis Chronic		19-Dec-34	01-Feb-35	14	Dublin		5
2427	Lee	Michael	64	Disease	Bronchitis		20-Dec-34	23-Jan-35	35	Sligo		5
2428	Williams	James	58	Disease	Bronchitis	Bronchitis	21-Dec-34	01-Feb-35	43	Sligo		5
2429	Curtin	James	50	Disease	Rheumatism		21-Dec-34	14-May-35	145	Cork		5
2430	Morrissey	John	53	Disease	Neurasthenia		22-Dec-34	07-Mar-35	76	Tipperary		5
2431	Kavanagh	Thomas	39	Disease	VDH		26-Dec-34	21-Jun-35	178	Dublin		5
2432	Crighton	John	38	Disease	Debility of Nervous Origin		28-Dec-34	10-Jan-35	14	Sligo		5
2433	Byrne	William	55	Disease	Bronchitis		28-Dec-34	02-Mar-35	65	Dublin		5
2434	Doherty	Hugh	56	Disease	Deafness		29-Dec-34	22-Jan-35	25	Donegal		5
2435	Cullen	Thomas	42	Disease	Knee R Injury		31-Dec-34	23-Apr-35	114	Dublin		5
2436	McEavey	Patrick	34	Disease	Otitis Media		31-Dec-34	25-Jan-35	26	Dublin		5
2437	Black	Patrick	38	GSW	Abdomen		01-Jan-35	11-Jan-35	11	Meath		5
2438	Doyle	Thomas	58	Disease	Asthma		03-Jan-35	16-Jan-35	14	Dublin		5
2439	Baxter	William G	57	Disease	Neurasthenia		03-Jan-35	25-Jan-35	23	Dublin		5
2440	O'Keefe	Jeremiah	48	Disease	Neurasthenia		03-Jan-35	18-Apr-35	106	Dublin		5
2441	McNamara	Albert	42	Disease	Raynards Disease		04-Jan-35	25-Jan-35	22	Limerick		5
2442	Wilson	Matthew	65	Disease	VDH		04-Jan-35	17-May-35	134	Dublin		5
2443	Bradley	John	42	Disease	Bronchitis Chronic		05-Jan-35	26-Apr-35	112	Dublin		5
2444	Wright	John	48	GSW	Shoulder R		07-Jan-35	02-Aug-35	27	Kilkenny		5
2445	Lawlor	Patrick	60	GSW	Arm R		07-Jan-35	09-Aug-35	215	Dublin		5
2446	Rooney	Chris	51	Disease	Debility	DAH following Bronchitis	08-Jan-35	21-Jan-35	14	Dublin		5
2447	Sunderland	John	46	Disease	Bronchitis		10-Jan-35	18-Apr-35	99	Dublin		5
2448	Doyle	Michael	46	Disease	Bronchitis		10-Jan-35	06-Sep-35	240	Dublin		5
2449	Murphy	Patrick	55	Disease	VDH		11-Jan-35	07-Jun-35	148	Dublin		5
2450	Carolan	???? James	46	Disease	Neurasthenia		11-Jan-35	29-Jan-35	19	Cork		5

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2451	Stafford	John	46	Both	GSW Head	Malaria	11-Jan-35	08-Feb-35	29	Silgo		5
2452	Bolton	John Joseph	37	GSW	Thigh L		14-Jan-35	08-Feb-35	26	Silgo		5
2453	Dalton	James	46	Disease	Bronchitis		17-Jan-35	10-May-35	114	Dublin		5
2454	Gorman	Bertie	37	GSW	Hand L		18-Jan-35	18-Apr-35	91	Longford		5
2455	Coughlin	Thomas	55	GSW	Ankle		18-Jan-35	08-Feb-35	22	Limerick		5
2456	McIlhinney	William	44	Disease	Sciatica		18-Jan-35	18-Mar-35	60	Donegal		5
2457	McInerney	Cornelius	54	Disease	Bronchitis Chronic		19-Jan-35	18-Apr-35	90	Tipperary		5
2458	Barron	Frank	37	Disease	Vertigo		19-Jan-35	22-Feb-35	35	Dublin		5
2459	O'Sullivan	Denis	45	Both	Neurasthenia	Gastritis	21-Jan-35	04-Feb-35	15	Cork		5
2460	McLoughlin	Albert	44	Disease	Bronchitis following Gassing	Nephritis	23-Jan-35	28-Feb-35	37	Dublin		5
2461	Lane	James	40	Both	Wrist		23-Jan-35	06-Feb-35	15	Roscommon		5
2462	Alyward	Walter F	42	Disease	Neurasthenia		24-Jan-35	29-Mar-35	65	Cork		5
2463	Crowley	Michael	50	GSW	Arm		25-Jan-35	03-May-35	99	Kerry		5
2464	McDermott	Matthew	54	Disease	Bronchitis		25-Jan-35	06-Sep-35	225	Dublin		5
2465	Shercon	John	52	Disease	Bronchitis		25-Jan-35	25-Apr-35	91	Dublin	DIED.	5
2466	O'Halloran	John	44	Disease	Neurasthenia		26-Jan-35	29-Mar-35	63	Limerick		5
2467	Murphy	John	39	Disease	DAH		29-Jan-35	05-Feb-35	8	Cork		5
2468	Hayes	Patrick	55	Disease	Bronchitis		30-Jan-35	02-Aug-35	185	Dublin		5
2469	Wall	William	44	GSW	Leg L Ampt		30-Jan-35	01-Mar-35	31	Wicklow		5
2470	McDonogh	Anthony	39	Disease	Asthma		01-Feb-35	14-Mar-35	42	Dublin	DIED.	5
2471	Bates	Henry	51	Disease	Gastritis Chronic		02-Feb-35	18-Apr-35	76	Dublin		5
2472	Cunningham	Joseph	36	GSW	Leg R & Gt Toe Ampt		02-Feb-35	14-Feb-35	13	Dublin		5
2473	Caulfield	Edward	58	Disease	Bronchitis		08-Feb-35	15-Mar-35	36	Dublin		5
2474	Herron	Joseph	40	Disease	Bronchitis		11-Feb-35	05-Jul-35	149	Dublin		5
2475	McGrath	Peter	42	Disease	Defective Vision		12-Feb-35	20-Apr-35	68	Tipperary		5
2476	Whelan	Thomas	41	Disease	Neurasthenia		13-Feb-35	31-May-35	108	Limerick		5
2477	Ledwidge	James	46	Disease	Gas Poisoning		16-Feb-35	30-Jun-35	135	Dublin	DIED.	5
2478	Monaghan	John	42	Disease	Bronchitis		18-Feb-35	21-Aug-35	185	Galway		5
2479	Brady	Peter	44	Disease	Bronchitis		19-Feb-35	11-Jun-35	83	Dublin	DIED.	5
2480	McGrath	Patrick	46	Disease	Gastritis		20-Feb-35	05-Mar-35	14	Carlow		5
2481	O'Donohue	Daniel	45	Disease	Neurasthenia		22-Feb-35	03-May-35	74	Cork		5
2482	Whitley	William	40	Disease	Bronchitis Effects of Gas		22-Feb-35	05-Jul-35	103	Dublin		5
2483	Simcox	Francis J	38	GSW	Leg L		23-Feb-35	21-Jun-35	119	Kerry		5
2484	Phelan	James	49	GSW	Paraplegia		27-Feb-35	14-Mar-35	16	Kilkenny		5
2485	Kelly	William	63	Disease	VDH		28-Feb-35	16-Aug-35	170	Dublin		5
2486	Deaney	James	48	Disease	Debility following Gas Poisoning		28-Feb-35	13-Mar-35	14	Dublin		5
2487	Carrroll	Michael	40	Disease	Bronchitis		01-Mar-35	17-May-35	78	Dublin		5
2488	Lawlor	Michael	46	Disease	Bronchitis		08-Mar-35	10-May-35	34	Kildare		5
2489	Walsh	John	39	Disease	Asthma		08-Mar-35	12-Apr-35	36	Dublin		5
2490	Foley	Peter	48	Disease	Nephritis	Fistula in Anus	11-Mar-35	25-Mar-35	15	Silgo	DIED.	5
2491	McMahon	John	43	Disease	Bronchitis		11-Mar-35	12-Mar-35	2	Dublin		5
2492	Downey	Daniel	38	GSW	Leg R		19-Mar-35	21-Jun-35	95	Cork		5
2493	Burke	William	51	Disease	Bronchitis		19-Mar-35	17-May-35	60	Kilkenny		5
2494	Byrne	James	48	Disease	Manic Depressive Psychosis		19-Mar-35	24-May-35	67	Dublin	Son	5
2495	O'Rourke	Bernard	61	Disease	Bronchitis		19-Mar-35	07-Jun-35	81	Dublin		5
2496	Williams	Michael	43	Disease	Debility	DAH	22-Mar-35	21-Jun-35	92	Cork		5
2497	Chase	John J	49	GSW	Leg L		25-Mar-35	09-Aug-35	138	Dublin		5
2498	Kenna	Patrick	50	Disease	Bronchitis		25-Mar-35	12-Jul-35	110	Dublin		5
2499	O'Toole	Thomas	48	Disease	Bronchitis Chronic		28-Mar-35	11-Oct-35	198	Dublin		5
2500	Condrion	Michael	41	Disease	Bronchitis		01-Apr-35	06-Sep-35	159	Wexford		5

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2501	Early	Thomas	50	Disease	DAH		01-Apr-35	10-Apr-35	10	Dublin		5
2502	Donovan	William	52	Disease	Bronchitis		04-Apr-35	21-Jun-35	79	Dublin	DIED.	5
2503	Simpson	Francis P	47	Disease	Foot L		04-Apr-35	05-Jul-35	93	Dublin		5
2504	McCarthy	John	40	Disease	Lupus		09-Apr-35	19-Jul-35	102	Dublin		5
2505	Canavan	Richard	44	Disease	ODH		18-Apr-35	18-May-35	31	Dublin		5
2506	Radburn	David	36	Disease	Epilepsy		25-Apr-35	22-Jul-38	1185	Dublin		5
2507	Cole	Edward L	37	Disease	Neurasthenia		26-Apr-35	13-Sep-35	141	Wicklow		5
2508	Trainor	Michael	57	Disease	DAH	Debility	27-Apr-35	11-May-35	15	Louth		5
2509	Corrigan	Robert	39	GSW	Face Loss of L Eye		29-Apr-35	24-May-35	26	Wexford		5
2510	Foley	Peter	47	Disease	Fistula in Anus		29-Apr-35	24-May-35	26	Silgo		5
2511	Walsh	Thomas	51	Disease	Bronchitis	Laryngitis	29-Apr-35	30-Jun-35	63	Dublin		5
2512	Flynn	Michael	37	Disease	Bronchitis	Debility	30-Apr-35	14-May-35	15	Leitrim		5
2513	Wilson	Cyril	36	GSW	Arm R Ampt		03-May-35	07-Jun-35	36	Wexford		5
2514	Keary	John	38	GSW	Neck		03-May-35	19-Jul-35	78	Dublin		5
2515	Coughlan	Thomas	55	GSW	Ankle		07-May-35	30-Aug-35	117	Limerick		5
2516	Kennedy	Thomas	45	GSW	Leg R		08-May-35	18-Oct-35	164	Westmeath		5
2517	Wilmott	Herbert	43	Disease	Bronchitis		09-May-35	26-Jul-35	79	Waterford		5
2518	Dempsey	James	49	Disease	Bronchitis		10-May-35	22-May-35	13	Dublin		5
2519	Boles	Patrick	69	Disease	Rheumatism		13-May-35	05-Jul-35	13	Silgo		5
2520	Walsh	Patrick	39	GSW	Wrist L		13-May-35	06-Sep-35	117	Dublin		5
2521	Fletcher	Alexander	47	Disease	Bronchitis		13-May-35	06-Sep-35	117	Westmeath		5
2522	Cawley	Patrick	63	Disease	Osteo Arthritis		13-May-35	22-Nov-35	194	Silgo		5
2523	Melly	Bernard	49	Disease	Neurasthenia		13-May-35	26-Jul-35	74	Silgo		5
2524	Carr	John	40	Disease	Rheumatism	DAH	14-May-35	09-Apr-36	332	Louth		5
2525	Cusack	Alphonsus	38	Disease	Debility following Paratyphoid		14-May-35	22-Jun-35	40	Mayo		5
2526	Downs	Michael	61	Disease	Bronchitis	ODH	14-May-35	05-Jul-35	53	Silgo		5
2527	McGahey	Edward	37	Disease	Bronchitis		17-May-35	27-Jun-35	42	Dublin		5
2528	Pearse	Chris	47	GSW	Thigh L		20-May-35	23-Aug-35	96	Kildare		5
2529	Lysagh	Patrick	38	Disease	Piles		27-May-35	18-Jun-35	23	Kilkenny		5
2530	Nicholson	Robert	38	Disease	Rheumatism		27-May-35	13-Sep-35	110	Dublin		5
2531	Moran	Con	40	GSW	Leg L		28-May-35	11-Jul-35	45	Kerry		5
2532	Doyle	John	56	Disease	Bronchitis		28-May-35	15-Jul-35	48	Dublin	DIED.	5
2533	Daiton	James	53	Disease	Bronchitis		29-May-35	20-Sep-35	115	Dublin		5
2534	Kelleher	Patrick	41	GSW	Back & R Big Toe Ampt		29-May-35	30-Aug-35	94	Coik		5
2535	Atkinson	Patrick	48	Disease	Manic Depressive Psychosis		29-May-35	28-Jan-36	245	Dublin		5
2536	Hickey	William	44	GSW	Leg R		30-May-35	28-Jun-35	30	Kilkenny		5
2537	Hamilton	Joseph	37	GSW	Thigh L		30-May-35	21-Jun-35	23	Donegal		5
2538	Davis	William	54	Disease	Confusional Psychosis		31-May-35	02-Aug-35	64	Dublin		5
2539	Murphy	John	44	Disease	Neurasthenia		01-Jun-35	26-Jul-35	56	Silgo		5
2540	Fitzsimons	Patrick	48	GSW	Leg L		06-Jun-35	05-Jul-35	30	Dublin		5
2541	Murray	James	41	Disease	Neurasthenia		11-Jun-35	26-Jul-35	46	Westmeath		5
2542	Kelly	Patrick	39	GSW	Ankle R		11-Jun-35	19-Jun-35	9	Dublin	DIED.	5
2543	Somerville	William	38	GSW	Shoulder R		13-Jun-35	27-Jun-35	15	Dublin		5
2544	Walsh	Henry	51	Disease	Neurasthenia		17-Jun-35	02-Aug-35	47	Dublin		5
2545	Hession	John	54	GSW	Leg L		17-Jun-35	23-Aug-35	68	Galway		5
2546	O'Byrne	Joseph	49	GSW	Back-Penetrating Bullet Wound		20-Jun-35	26-Jan-38	952	Dublin	DIED.	5
2547	Byrne	James	48	Disease	Bronchitis		22-Jun-35	11-Oct-35	112	Wicklow		5
2548	Johnson	Joseph	39	Disease	Bronchitis		22-Jun-35	05-Jul-35	14	Limerick		5
2549	Delaney	Joseph	37	Disease	Bronchitis		24-Jun-35	06-Jul-35	13	Westmeath		5
2550	Bannon	Stephen	41	GSW	Wrist R		24-Jun-35	17-Jul-35	24	Limerick		5

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2551	Tigh	Jas Jos	44	Disease	Bronchitis		25-Jun-35	11-Oct-35	109	Meath		5
2552	Moran	John	62	Disease	Bronchitis		25-Jun-35	04-Oct-35	102	Dublin		5
2553	Caffrey	John	48	Disease	Rheumatoid Arthritis		27-Jun-35	18-Oct-35	114	Wicklow		5
2554	Doran	Andrew	41	GSW	Eye Loss of R		27-Jun-35	19-Jul-35	23	Roscommon		5
2555	Hall	James	52	Disease	Bronchitis		28-Jun-35	15-Nov-35	141	Dublin		5
2556	Darby	Thomas	40	Disease	Manic Depressive Psychosis		01-Jul-35	13-Sep-35	75	Dublin		5
2557	O'Callaghan	John	39	GSW	Jaw		01-Jul-35	26-Jul-35	26	Cork		5
2558	Moffat	William	39	Disease	Osteitis of Jaw		03-Jul-35	15-Jul-35	13	Cork		5
2559	Cullinane	Timothy	39	Disease	Nervous Debility		03-Jul-35	15-Nov-35	136	Cork		5
2560	Smith	Joseph	58	Disease	Malaria	DAH	04-Jul-35	15-Jul-35	12	Dublin		5
2561	Wilson	Matthew	65	Disease	VDH		05-Jul-35	26-Mar-36	266	Dublin	DIED.	5
2562	McGuirk	Michael	39	Disease	Gastritis		10-Jul-35	08-Nov-35	122	Dublin		5
2563	McAuley	Patrick	55	Disease	Bronchitis Chronic		10-Jul-35	22-May-36	288	Roscommon		5
2564	Lenihan	Michael	39	Disease	Colitis		12-Jul-35	07-Jan-36	180	Cork		5
2565	O'Brien	John	39	Disease	Neurasthenia		12-Jul-35	21-Feb-36	225	Dublin		5
2566	English	Thomas	65	Disease	Osteo Arthritis		15-Jul-35	08-Nov-35	117	Tipperary		5
2567	Kavanagh	Thomas	40	Disease	VDH		16-Jul-35	01-Nov-35	109	Dublin		5
2568	Murphy	Chris	56	Disease	DAH - Effects of Gas		19-Jul-35	03-Jun-36	321	Dublin	DIED.	5
2569	McKenna	John	52	Disease	Neurasthenia		19-Jul-35	15-Nov-35	120	Waterford		5
2570	Lucy	Patrick	53	Disease	Rheumatism		20-Jul-35	02-Aug-35	14	Cork		5
2571	Albert	Geo Walter	50	Disease	Concussion of Spine		25-Jul-35	30-Aug-35	36	Dublin		5
2572	McGovern	Thomas	66	Disease	ODH		02-Aug-35	27-Sep-35	57	Mayo		5
2573	Callanan	Denis	48	Disease	Bronchitis		03-Aug-35	16-Aug-35	14	Cork		5
2574	Fitzgerald	John	45	GSW	Arm L		03-Aug-35	16-Aug-35	14	Cork		5
2575	Ball	John	51	GSW	Leg R Ampt		06-Aug-35	11-Oct-35	67	Dublin		5
2576	Cleary	Patrick	53	GSW	Arm L		06-Aug-35	04-Oct-35	60	Cork		5
2577	Walsh	Michael	58	GSW	Chest		07-Aug-35	15-Nov-35	101	Dublin		5
2578	Baker	Thomas	40	GSW	Eye L Loss of		07-Aug-35	15-Nov-35	101	Waterford		5
2579	McCabe	Michael	44	Disease	Neurasthenia		12-Aug-35	13-Sep-35	33	Dublin		5
2580	McDonald	Francis	59	GSW	Eye R		15-Aug-35	06-Sep-35	23	Louth		5
2581	Dardis	Thomas	61	Disease	Nephritis		15-Aug-35	03-Sep-35	20	Dublin		5
2582	McGrath	John	50	Disease	Bronchitis Chronic		19-Aug-35	11-Oct-35	54	Dublin		5
2583	Wheelan	Patrick J	43	Disease	Bronchitis		19-Aug-35	24-Sep-35	37	Dublin		5
2584	Bartley	John	60	Disease	VDH		19-Aug-35	11-Oct-35	54	Dublin		5
2585	Fox	Edward	41	GSW	Knee R		19-Aug-35	10-Oct-35	53	Laos		5
2586	Daly	Michael	43	Disease	Anxiety Neurosis		23-Aug-35	18-Oct-35	57	Dublin		5
2587	Neary	Edward	41	Disease	Neurasthenia		23-Aug-35	15-Nov-35	85	Kildare		5
2588	Arthur	William	38	GSW	Jaw L		26-Aug-35	06-Sep-35	12	Dublin		5
2589	Ryan	Timothy	43	GSW	Abdomen		28-Aug-35	06-Mar-36	191	Tipperary		5
2590	Keefe	Richard	59	Disease	Aneurysm		30-Aug-35	08-May-36	252	Dublin		5
2591	Ahern	Simon	45	GSW	Shoulder R		04-Sep-35	20-Sep-35	17	Cork		5
2592	Quinlan	John	40	Disease	Neurasthenia		07-Sep-35	03-Oct-35	27	Cork		5
2593	Nolan	Patrick	41	GSW	Knee R		09-Sep-35	11-Oct-35	33	Dublin		5
2594	Russell	Patrick	34	Both	GSW Leg L	Eczema,Acne	09-Sep-35	24-Dec-35	107	Galway		5
2595	O'Maira	Thomas	38	Disease	Gastritis		12-Sep-35	06-Mar-36	176	Dublin		5
2596	Sullivan	Denis	59	Disease	Hip L Injury		13-Sep-35	15-Nov-35	63	Cork		5
2597	Byrne	Joseph	40	Disease	Manic Depressive Psychosis		13-Sep-35	25-Mar-36	194	Dublin		5
2598	O'Regan	Denis	49	Disease	Neurasthenia		13-Sep-35	24-Jan-36	134	Kerry		5
2599	Custis	Alfred	46	GSW	Clavicle R		16-Sep-35	01-Oct-35	16	Dublin		5
2600	Ruboftham	Henry	39	Disease	Aneurysmal Varix L Leg		17-Sep-35	06-Dec-35	81	Dublin		5

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2601	Bransfield	Redmond	39	GSW	Arm & Forearm R		17-Sep-35	01-Nov-35	45	Cork		5
2602	Barrett	Richard	46	Disease	Bronchitis Chronic		18-Sep-35	25-Oct-35	38	Cork		5
2603	Hennessey	Michael	50	GSW	Foot R		18-Sep-35	30-Sep-35	13	Roscommon		5
2604	Young	James	42	Disease	Rheumatoid Arthritis		19-Sep-35	26-Jan-36	130	Carlow	DIED.	5
2605	Owens	Edward	41	Disease	VDH		19-Sep-35	20-Nov-36	63	Leitrim		5
2606	Russell	Michael	48	GSW	Arm L Forearm		24-Sep-35	15-Nov-35	53	Cork		5
2607	Brien	John	39	GSW	Back		26-Sep-35	07-Oct-35	12	Waterford		5
2608	Chase	John	44	GSW	Leg L		01-Oct-35	17-Jan-37	109	Dublin		5
2609	Crowley	Michael	50	GSW	Arm R		01-Oct-35	15-Nov-35	46	Kerry		5
2610	Murphy	Patrick	55	Disease	ODH		01-Oct-35	29-May-36	241	Dublin		5
2611	Kenny	Patrick	40	Disease	Necrosis of Ilium		04-Oct-35	29-May-36	238	Dublin		5
2612	O'Donnell	James	46	Disease	Epilepsy	Mental Symptoms	05-Oct-35	11-Dec-36	68	Tipperary		5
2613	Rooney	James	61	Disease	Stricture of Uethra - Traumatic		07-Oct-35	01-Nov-35	26	Dublin		5
2614	Scanlon	William	44	Disease	ODH		10-Oct-35	22-Oct-35	13	Dublin	DIED.	5
2615	Corcoran	John	46	Disease	Conjunctivitis		11-Oct-35	29-Nov-35	50	Mayo		5
2616	Fahy	Martin	50	Disease	VDH		11-Oct-35	15-Nov-35	36	Galway		5
2617	Hickey	William	40	GSW	Leg R		11-Oct-35	09-Apr-36	181	Kilkenny		5
2618	Duggan	William	36	Disease	Manic Depressive Psychosis		11-Oct-35	28-May-37	230	Kilkenny		5
2619	Mulvaney	Charles	45	Disease	Neurasthenia		11-Oct-35	21-Feb-36	134	Dublin		5
2620	Ward	Nicholas	36	Disease	Bronchitis		12-Oct-35	01-Nov-35	21	Roscommon		5
2621	Murray	John	42	GSW	Head		15-Oct-35	12-Mar-37	149	Dublin		5
2622	Halvey	Martin	40	Disease	Manic Depressive Psychosis		17-Oct-35	21-Dec-35	66	Limerick		5
2623	Giles	John	43	Disease	Bronchitis		17-Oct-35	13-Dec-35	58	Dublin		5
2624	Power	Stephen	43	GSW	Eye R Loss of		21-Oct-35	15-Nov-35	26	Waterford		5
2625	Maher	Thomas	42	Disease	Colitis Chronic		21-Oct-35	13-Dec-35	54	Dublin		5
2626	Holmes	James	50	Disease	Bronchitis		23-Oct-35	04-Mar-36	133	Dublin		5
2627	McCarthy	Timothy	43	GSW	Leg L		24-Oct-35	24-Jan-36	93	Dublin		5
2628	Coiffey	Thomas	52	Disease	Deafness		28-Oct-35	14-Feb-36	110	Westmeath		5
2629	Dalton	James	53	Disease	Bronchitis		29-Oct-35	18-Feb-36	113	Dublin		5
2630	Pilkington	Joseph	66	Disease	Dysentery		30-Oct-35	13-Nov-35	15	Cavan		5
2631	McGrath	John	58	Disease	Gastritis		30-Oct-35	04-Dec-35	36	Sligo		5
2632	Maguire	Charles	41	GSW	Knee L		30-Oct-35	12-Nov-35	14	Cavan		5
2633	McDermott	Matthew	54	Disease	Bronchitis		30-Oct-35	25-Dec-35	57	Dublin		5
2634	Doyle	Christopher	43	Disease	Bronchitis due to Gas		30-Oct-35	17-Jan-36	80	Dublin		5
2635	Reynolds	Stephen	45	Disease	Neurasthenia		31-Oct-35	03-Jan-36	65	Clare		5
2636	McEvoy	Joseph	43	Disease	Asthma		05-Nov-35	06-Nov-35	2	Dublin	DIED.	5
2637	Doyle	Michael	47	Disease	Bronchitis		05-Nov-35	15-Nov-35	11	Dublin		5
2638	Hornibrook	Abraham	43	GSW	Leg R		06-Nov-35	09-Apr-36	156	Cork		5
2639	O'Connor	Daniel	69	Disease	Rheumatism		13-Nov-35	03-Apr-36	142	Dublin		5
2640	Barron	Frank	35	Disease	Vertigo		21-Nov-35	13-Mar-36	144	Dublin		5
2641	Corrigan	Robert	38	GSW	Face Loss of L Eye		22-Nov-35	13-Dec-35	22	Wexford		5
2642	Harrison	Benjamin	54	Disease	Radius R Fracture	Defective Vision R Eye	22-Nov-35	17-Jan-36	58	Dublin		5
2643	Barrett	John	47	Disease	Lupus		25-Nov-35	12-Feb-36	80	Cork		5
2644	Sullivan	Daniel	57	GSW	Thigh R		25-Nov-35	31-Jan-36	68	Kerry		5
2645	Garry	Joseph	39	GSW	Head Fractured Skull		28-Nov-35	27-Dec-35	30	Dublin	Marked as STAFF	5
2646	Caulfield	Edward	61	Disease	Bronchitis		28-Nov-35	06-Mar-36	100	Dublin		5
2647	Hobart	Thomas	42	Disease	Debility from Bronchitis		28-Nov-35	30-Mar-36	123	Cork		5
2648	Picken	James	56	Disease	Rheumatism		28-Nov-35	16-Dec-35	19	Dublin		5
2649	McGrath	John	53	Disease	Bronchitis Chronic		29-Nov-35	08-May-36	161	Dublin		5
2650	White	John J	41	Disease	Epilepsy		29-Nov-35	14-Feb-36	78	Dublin		5

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2651	Murphy	Michael	51	GSW	Shoulder R		02-Dec-35	14-Dec-35	13	Cork		5
2652	Pilkington	Joseph	66	Disease	Dysentery		02-Dec-35	07-Dec-35	6	Cavan		5
2653	Whehan	Edward	50	Disease	Bronchitis		03-Dec-35	03-Mar-36	92	Dublin		5
2654	Lane	Michael	43	GSW	Abdomen		05-Dec-35	10-Jan-36	37	Cork		5
2655	O'Halloran	John	46	GSW	Jaw L		08-Dec-35	17-Jan-36	40	Clare		5
2656	Lonerigan	Henry A	43	Disease	Sciatica		10-Dec-35	03-Apr-36	115	Tipperary		5
2657	Collins	Charles	54	Disease	Bronchitis		12-Dec-35	24-Apr-36	135	Dublin		5
2658	McDonnell	Thomas	45	Disease	Bronchitis		13-Dec-35	17-Jan-36	36	Dublin		5
2659	Whiston	Thomas	55	GSW	Hip R		14-Dec-35	06-Mar-36	84	Wicklow		5
2660	Gairicon	John	58	Disease	DAH		14-Dec-35	23-Dec-35	10	Cork		5
2661	Coyle	Patrick	43	Disease	Neurasthenia		16-Dec-35	28-Jan-36	34	Leitrim		5
2662	Ryan	Charles	45	Disease	Bronchitis following Gas		18-Dec-35	13-Jun-36	178	Dublin	DIED.	5
2663	Stewart	Eugene	40	Disease	Neurasthenia		20-Dec-35	28-Feb-36	71	Dublin		5
2664	Byrne	Thomas	41	Disease	Bronchitis		20-Dec-35	12-Mar-36	83	Dublin		5
2665	Ahern	Simon	46	GSW	Shoulder R		22-Dec-35	10-Jan-36	20	Cork		5
2666	Sexton	John	43	GSW	Thigh L		24-Dec-35	21-Feb-36	60	Wexford		5
2667	Walsh	Thomas	50	Disease	Bronchitis		30-Dec-35	28-Feb-36	61	Dublin		5
2668	O'Toole	Thomas	48	Disease	Bronchitis Chronic		01-Jan-36	21-Aug-36	234	Dublin		5
2669	Byrne	Chris	37	Disease	Defective Vision		01-Jan-36	03-Apr-36	94	Dublin		5
2670	Bradley	John	46	Disease	Bronchitis		02-Jan-36	03-Apr-36	92	Dublin		5
2671	Kelly	John	52	Disease	Bronchitis	Emphysema	02-Jan-36	10-Jul-36	160	Dublin		5
2672	Cowap	Ralph	61	Disease	Trench Feet		06-Jan-36	22-May-36	138	Dublin		5
2673	McDonald	Francis	66	GSW	Eye R		06-Jan-36	07-Feb-36	33	Louth		5
2674	Bissett	John	42	GSW	Jaw L		06-Jan-36	07-Feb-36	33	Kilkenny		5
2675	Doherty	John	61	Disease	Bronchitis	ODH	11-Jan-36	06-Mar-36	56	Dublin		5
2676	McLoughlin	Albert	44	Disease	Bronchitis following Gas		14-Jan-36	09-Apr-36	85	Dublin		5
2677	Butler	Michael	42	GSW	Hand R		20-Jan-36	21-Feb-36	33	Dublin		5
2678	Doyle	John	47	GSW	Chest		22-Jan-36	06-Mar-36	45	Dublin		5
2679	Halvey	Martin	42	Disease	Manic Depressive Psychosis		23-Jan-36	13-Mar-36	51	Limerick		5
2680	Steele	John	40	Both	Hallux Valgus	GSW Leg R	23-Jan-36	09-Apr-36	77	Monaghan		5
2681	McGee	Patrick	59	GSW	Head		23-Jan-36	24-Feb-36	33	Leitrim		5
2682	Devlin	James	42	GSW	Leg R Ampt		24-Jan-36	14-Aug-36	203	Dublin		5
2683	Farrell	Patrick	37	Disease	Neurasthenia	Tachycardia	27-Jan-36	11-Feb-36	16	Dublin		5
2684	Manning	Paul	39	GSW	Foot L		30-Jan-36	06-Mar-36	37	Dublin		5
2685	Delaney	James	47	Disease	Debility		31-Jan-36	24-Apr-36	64	Dublin		5
2686	Nash	George	59	Disease	Bronchitis Chronic		03-Feb-36	05-May-36	93	Mayo		5
2687	O'Brien	Patrick	50	GSW	Eye R		03-Feb-36	13-Mar-36	40	Tipperary		5
2688	Ford	Laurence	74	GSW	Head		04-Feb-36	30-Nov-36	301	Dublin	DIED.	5
2689	Cullen	Edmund	36	GSW	Leg L		07-Feb-36	01-May-36	85	Tipperary		5
2690	Ridge	Sidney	47	Disease	Epilepsy		08-Feb-36	07-Aug-36	181	Dublin		5
2691	Walsh	Michael	61	GSW	Chest		12-Feb-36	22-May-36	101	Dublin		5
2692	Burke	Patrick	56	Disease	Bronchitis		14-Feb-36	19-Mar-36	35	Dublin	DIED.	5
2693	Pollard	Thomas	47	Disease	Neurasthenia		14-Feb-36	28-Feb-36	15	Carlow		5
2694	Smeaton	William	55	Disease	Osteo Arthritis		17-Feb-36	13-Mar-36	26	Laos		5
2695	Cummins	Patrick	39	GSW	Jaw L		21-Feb-36	13-Mar-36	26	Dublin		5
2696	Gerrard	Patrick	41	Disease	Piles		21-Feb-36	26-Jun-36	126	Dublin		5
2697	O'Donnell	Joseph	42	Disease	Ulcer Gastric		24-Feb-36	23-Mar-36	29	Donegal		5
2698	Murphy	Daniel	42	Disease	Neurasthenia	Abuminuria	26-Feb-36	19-Jun-36	115	Cork		5
2699	Byrne	John	57	Disease	Bronchitis Chronic		27-Feb-36	22-May-36	86	Dublin		5
2700	Curran	Andrew	54	Disease	Leg L Old Injury		27-Feb-36	27-Mar-36	30	Offaly		5

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2701	Dalton	James	54	Disease	Bronchitis		29-Feb-36	21-Aug-36	174	Dublin		5
2702	Frazer	Henry	52	Disease	Renal Calculus after Urethral Stricture		03-Mar-36	27-Mar-36	25	Dublin		5
2703	Braham	Hugh	55	Disease	Neurasthenia		04-Mar-36	22-May-36	80	Cork		5
2704	Condron	Michael	42	Disease	Bronchitis		06-Mar-36	17-Jul-36	134	Wexford		5
2705	McInerney	Con	58	Disease	Bronchitis Chronic		09-Mar-36	19-Jun-36	103	Tipperary		5
2706	Giff	Christopher	42	GSW	Arm L Forearm		09-Mar-36	11-Mar-36	3	Westmeath		5
2707	Hannon	James	35	Disease	Ulcer Gastric		11-Mar-36	21-Aug-36	164	Limerick		5
2708	Keary	John	41	GSW	Neck		11-Mar-36	08-May-36	59	Dublin		5
2709	McGregor	William	40	Disease	Neurasthenia		11-Mar-36	29-May-36	80	Dublin		5
2710	McNaghan	John	44	Disease	Bronchitis		13-Mar-36	25-Jan-37	319	Galway		5
2711	Pidgeon	Thomas	42	GSW	Shoulder R		13-Mar-36	24-Apr-36	43	Dublin		5
2712	Morris	William	46	Disease	Bronchitis Chronic		16-Mar-36	04-Sep-36	173	Dublin		5
2713	Brady	Patrick	51	GSW	Chest		18-Mar-36	11-May-36	55	Offaly	DIED.	5
2714	Brassel	Christopher	39	Disease	Neurasthenia		19-Mar-36	28-Mar-36	10	Dublin	Absentee on Discharge	5
2715	Murray	James	40	Disease	Neurasthenia		19-Mar-36	01-May-36	44	Meath		5
2716	McGuinness	James	53	Disease	Otitis Media		19-Mar-36	01-May-36	44	Dublin		5
2717	Beirne	Michael	48	GSW	Arm R Forearm		19-Mar-36	24-Apr-36	37	Roscommon		5
2718	Ryan	John	49	Disease	Bronchitis		20-Mar-36	28-Apr-36	40	Cork		5
2719	Byrne	James	48	Disease	Manic Depressive Psychosis		21-Mar-36	26-Jun-36	99	Dublin		5
2720	Phew	John	50	Disease	Gastritis		23-Mar-36	25-Apr-36	34	Sligo		5
2721	Stafford	John	40	GSW	Head		23-Mar-36	19-Jun-36	89	Sligo		5
2722	Wills	John H	50	Disease	DAH	Rheumatism	23-Mar-36	19-Jun-36	89	Tipperary		5
2723	Callaghan	Michael	64	Disease	Rheumatism Chronic		23-Mar-36	22-May-36	61	Roscommon		5
2724	Tighe	James J	35	Disease	Bronchitis		23-Mar-36	03-Jul-36	103	Meath		5
2725	Sheridan	Michael	62	Disease	Rheumatism		23-Mar-36	15-May-36	54	Cavan		5
2726	Doyle	Michael	49	Disease	Bronchitis		24-Mar-36	10-Jul-36	110	Dublin		5
2727	Kirby	Thomas	54	Disease	Neurasthenia		25-Mar-36	04-Apr-36	11	Kerry		5
2728	Bartley	John	59	Disease	VDH		28-Mar-36	29-May-36	63	Dublin		5
2729	Stanton	Patrick	56	GSW	Knee L		31-Mar-36	08-May-36	39	Dublin		5
2730	Carroll	Michael	43	Disease	Bronchitis		31-Mar-36	26-Jun-36	88	Dublin		5
2731	Riordan	Thomas	61	Disease	Debility from Malaria		02-Apr-36	04-Jun-36	64	Limerick		5
2732	Giff	Chris	42	GSW	Arm L Forearm		02-Apr-36	29-Apr-36	28	Westmeath		5
2733	Feeney	James	46	Disease	Neurasthenia		03-Apr-36	01-May-36	29	Mayo		5
2734	Daly	Thomas	42	Disease	Rheumatism		04-Apr-36	17-Jul-36	101	Tipperary		5
2735	Kane	Thomas	48	GSW	Arm L		06-Apr-36	21-Aug-36	138	Dublin		5
2736	Cusack	James	61	GSW	Chest		07-Apr-36	20-Apr-36	14	Cork		5
2737	Aylward	Walter F	41	Disease	Neurasthenia		07-Apr-36	14-Aug-36	130	Cork		5
2738	Westlake	Luke	42	GSW	Arm R		08-Apr-36	15-May-36	38	Kildare		5
2739	Sheehan	Daniel	41	Disease	Neurasthenia		11-Apr-36	18-May-36	38	Cork		5
2740	Cooney	Herbert	50	Disease	Bronchitis Chronic		21-Apr-36	12-May-36	22	Dublin	DIED.	5
2741	Sherlock	Patrick	37	Disease	VDH	Lung Trouble	21-Apr-36	04-Aug-36	106	Sligo	DIED.	5
2742	Parker	James	53	Disease	Ventral Hernia		21-Apr-36	15-May-36	25	Kildare		5
2743	Fitzgerald	Stephen	37	Disease	DAH		22-Apr-36	05-May-36	14	Dublin		5
2744	O Connor	Daniel	70	Disease	Rheumatism	Back Injury	22-Apr-36	12-Jun-36	52	Dublin		5
2745	Byrne	Michael	52	Disease	Bronchitis		23-Apr-36	14-Aug-36	114	Dublin		5
2746	Whelan	Peter	54	Disease	Rheumatism		24-Apr-36	05-May-36	12	Galway		5
2747	Byrne	Robert	47	GSW	Thigh		24-Apr-36	10-Jul-36	78	Dublin		5
2748	Mahoney	William	57	Disease	DAH		24-Apr-36	26-May-36	33	Kerry		5
2749	O'Brien	James	42	GSW	Arm R		25-Apr-36	12-May-36	18	Mayo		5
2750	McGrath	James	41	GSW	Chest		28-Apr-36	04-Sep-36	130	Dublin		5

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2751	Finnie	Patrick	56	Disease	Bronchitis		03-May-36	12-Jun-36	41	Cork		5
2752	Guerrine	Geoffrey	48	Disease	Bronchitis		01-May-36	08-May-36	8	Dublin		5
2753	Murphy	Denis	43	Disease	Deblity following Appendicitis		04-May-36	29-May-36	26	Cork		5
2754	O'Keefe	Richard	45	Disease	Dysentery		04-May-36	19-Jun-36	47	Carlow		5
2755	Corrigan	Robert	39	GSW	Face Loss of L Eye		05-May-36	28-May-36	24	Wexford		5
2756	Harte	William	35	GSW	Arm L Forearm		06-May-36	12-Jun-36	38	Dublin		5
2757	Collins	Charles	54	Disease	Bronchitis		06-May-36	28-Aug-36	85	Dublin		5
2758	O'Keefe	Thomas	53	Disease	Arthritis		07-May-36	08-Aug-36	64	Dublin	Absentee on Discharge	5
2759	Kenny	Michael	41	Disease	Bronchitis		07-May-36	09-Oct-36	156	Dublin		5
2760	Boyd	John	43	GSW	Knee L		11-May-36	19-Jun-36	40	Sligo		5
2761	McCarthy	Timothy	44	GSW	Leg R & L		11-May-36	24-Sep-36	137	Dublin		5
2762	O'Rourke	Bernard	64	Disease	Bronchitis		11-May-36	28-Aug-36	110	Dublin		5
2763	Holihan	Patrick	66	Disease	Myalgia		12-May-36	29-May-36	18	Roscommon		5
2764	Doherty	John	60	Disease	Bronchitis	ODH	13-May-36	31-Jul-36	80	Dublin		5
2765	Lee	William	48	GSW	Chest		15-May-36	25-May-36	11	Cork		5
2766	Stewart	Eugene	43	Disease	Neurasthenia		16-May-36	14-Aug-36	91	Dublin		5
2767	Moran	John	63	Disease	Bronchitis		19-May-36	28-Aug-36	102	Dublin		5
2768	Palmer	Christopher	58	Disease	Bronchitis		19-May-36	12-Jun-36	25	Dublin		5
2769	O'Connell	Thomas	60	Disease	Deblity		21-May-36	04-Jun-36	15	Meath		5
2770	Doyle	Christopher	46	Disease	Bronchitis due to Gas		25-May-36	17-Sep-36	116	Dublin		5
2771	Ryan	Timothy	44	GSW	Abdomen		26-May-36	19-Feb-37	270	Tipperary		5
2772	Dalton	Edward	42	GSW	Arm R		27-May-36	19-Jun-36	Westmeath		5	
2773	Reilly	James	42	GSW	Abdomen		27-May-36	04-Dec-36	192	Dublin		5
2774	Fitzsimons	Patrick	50	GSW	Leg		27-May-36	14-Aug-36	19	Dublin		5
2775	Ray	Patrick	47	Disease	Bronchitis		29-May-36	16-Sep-36	111	Tipperary	DIED.	5
2776	Seagrave	William	49	Disease	Bronchitis		30-May-36	13-Jun-36	15	Dublin	DIED.	5
2777	Keefe	Richard	59	Disease	Aneurism		08-Jun-36	06-Nov-36	121	Dublin		5
2778	Bradley	John	46	Disease	Bronchitis Chronic		08-Jun-36	18-Dec-36	194	Dublin		5
2779	O'Brien	Patrick	48	GSW	Eye R		08-Jun-36	29-Jun-36	22	Tipperary		5
2780	McNamara	Thos	58	Disease	Bronchitis		09-Jun-36	02-Oct-36	116	Clare		5
2781	Heaney	Edward	56	GSW	Chest		09-Jun-36	04-Sep-36	88	Tipperary		5
2782	Pim	John	57	Disease	Bronchitis		10-Jun-36	02-Oct-36	115	Dublin		5
2783	Boyle	John	50	Disease	Neurasthenis		12-Jun-36	04-Sep-36	85	Wexford		5
2784	Malone	Thomas	61	Disease	Bronchitis		15-Jun-36	20-Aug-36	67	Clare		5
2785	O'Driscoll	Con	38	Disease	Tuberculosis Spine		17-Jun-36	25-Mar-37	280	Cork		5
2786	Hornsby	Patrick	68	Disease	Myalgia	Deblity	19-Jun-36	23-Apr-37	309	Dublin		5
2787	Cawley	Patrick	60	Disease	Osteo Arthritis		23-Jun-36	29-Jan-37	221	Sligo		5
2788	O'Hara	John	44	Disease	DAH		23-Jun-36	07-Aug-36	46	Dublin		5
2789	O'Flaherty	James	50	Disease	Bronchitis Chronic		24-Jun-36	30-Jul-36	38	Galway	DIED.	5
2790	Craven	Thomas	38	GSW	Leg L Ampt		24-Jun-36	14-Aug-36	52	Longford		5
2791	Bolger	Stephen	40	GSW	Face-Loss of R Eye		24-Jun-36	16-Jul-36	23	Carlow		5
2792	Hickey	Daniel	51	Disease	Bronchitis		26-Jun-36	06-Nov-36	133	Dublin		5
2793	Leahy	Daniel	41	Disease	Deblity arising from ILLEGIBLE		29-Jun-36	10-Jul-36	12	Waterford		5
2794	Hamilton	Joseph	38	GSW	Thigh L		30-Jun-36	31-Jul-36	32	Donegal		5
2795	Burke	Patrick	61	Disease	Bronchitis		30-Jun-36	23-Apr-37	298	Dublin		5
2796	Egan	James	41	GSW	Thigh L		01-Jul-36	18-Sep-36	80	Tipperary		5
2797	Donnelly	John	44	Disease	Bronchitis		04-Jul-36	05-Jul-36	2	Dublin	DIED.	5
2798	Murphy	Patrick	47	Disease	ODH		04-Jul-36	25-Jun-37	357	Dublin		5
2799	Buckley	John	56	Disease	Bronchitis Chronic		06-Jul-36	09-Jul-36	4	Cork		5
2800	Branagan	George	57	GSW	Leg L		07-Jul-36	29-Oct-36	115	Dublin		5

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2801	McKeough	James	47	Disease	Bronchitis		08-Jul-36	30-Jul-36	23	Monaghan		5
2802	Murphy	Thomas	64	Disease	DAH		13-Jul-36	04-Sep-36	54	Cork		5
2803	Byrne	John	57	Disease	Bronchitis Chronic		14-Jul-36	22-Oct-36	101	Dublin		5
2804	Walsh	James	42	Disease	Foot R Fractured		15-Jul-36	16-Oct-36	94	Donegal		5
2805	Tarpey	Joseph	55	Disease	Bronchitis		16-Jul-36	14-May-37	303	Roscommon		5
2806	Murphy	John	45	Disease	Neurasthenia embodying Fits		17-Jul-36	26-Aug-36	41	Kilkenny		5
2807	Halvey	Martin	41	Disease	Manic Depressive Psychosis		20-Jul-36	08-Oct-36	80	Limerick	To Grangegorman	5
2808	Byrne	Joseph	41	Disease	Manic Depressive Psychosis		23-Jul-36	11-Dec-36	142	Dublin		5
2809	O'Connell	John	41	Disease	Bronchitis		29-Jul-36	09-Sep-36	43	Cork		5
2810	Judd	James	42	Both	GSW Head	Neurasthenia	30-Jul-36	23-Oct-36	86	Dublin		5
2811	McEntee	John J	48	Disease	Gastritis	Bronchitis	04-Aug-36	17-Aug-36	14	Monaghan		5
2812	McLoughlin	Albert	45	Disease	Bronchitis following Gas		05-Aug-36	19-Nov-36	107	Dublin		5
2813	Colmeiy	William	50	Disease	Bronchitis		07-Aug-36	21-Oct-38	806	Dublin		5
2814	Donohue	Edward	42	GSW	Thigh L		11-Aug-36	04-Dec-36	116	Cavan		5
2815	Hickey	William	42	GSW	Leg L		12-Aug-36	13-Aug-36	2	Kilkenny		5
2816	McCormack	John	43	Disease	Deafness L Ear		12-Aug-36	05-Sep-36	25	Longford		5
2817	O'Brien	Michael	46	GSW	Eye L		14-Aug-36	26-Aug-36	13	Clare		5
2818	O'Brien	John	42	Disease	Neurasthenia		15-Aug-36	03-Jun-43	2484	Dublin		5
2819	McCabe	Michael	49	Disease	Neurasthenia		17-Aug-36	11-Sep-36	26	Dublin		5
2820	Mulvaney	Charles	37	Disease	Neurasthenia		18-Aug-36	08-Jan-37	144	Dublin		5
2821	Conlon	Michael	40	GSW	Arm L		21-Aug-36	11-Sep-36	22	Cork		5
2822	Collins	John	41	GSW	Buttock R		25-Aug-36	28-Jan-37	157	Limerick		5
2823	Sheridan	Michael F	41	Disease	Rheumatism		26-Aug-36	09-Oct-36	45	Cavan		5
2824	Feeney	James	45	Disease	Neurasthenia		27-Aug-36	17-Sep-36	22	Mayo		5
2825	Lawless	Martin	45	Disease	Trachoma		27-Aug-36	23-Oct-36	58	Kilkenny		5
2826	Murphy	John	48	Disease	Neurasthenia		28-Aug-36	10-Sep-36	14	Sligo		5
2827	Ryan	John	63	Disease	Malaria, Haematemesis	Enlarged Spleen	31-Aug-36	04-Dec-36	96	Dublin		5
2828	Ware	Matthew	63	Disease	Neurasthenia	Tuberculosis Testes	01-Sep-36	15-Dec-36	106	Dublin		5
2829	Hyland	Thomas	41	GSW	Leg R		01-Sep-36	16-Oct-36	46	Dublin		5
2830	Murtagh	Patrick	38	GSW	Leg L Ampt		01-Sep-36	22-Oct-36	52	Dublin		5
2831	Kenna	James	51	GSW	Thigh R		01-Sep-36	16-Oct-36	46	Dublin		5
2832	Glynn	John	56	Disease	VDH		01-Sep-36	25-Sep-36	25	Mayo		5
2833	Taggart	John	50	Disease	Trench Feet		02-Sep-36	22-Dec-36	112	Cork		5
2834	Gaffney	Thomas	55	Disease	Bronchitis		02-Sep-36	30-Jan-37	151	Dublin		5
2835	Ingram	John	57	Disease	Ulcer Duodenal		02-Sep-36	05-Sep-36	4	Offaly		5
2836	McGrath	Francis	50	Disease	Neurosis		05-Sep-36	23-Oct-36	49	Dublin		5
2837	Maughan	John	54	Disease	DAH		05-Sep-36	13-Nov-36	70	Dublin		5
2838	Payne	James	41	GSW	Leg L		07-Sep-36	18-Sep-36	12	Dublin		5
2839	Laundrey	Samuel	67	GSW	Bladder		08-Sep-36	21-Sep-36	14	Cork		5
2840	Regan	Martin	42	Disease	Rheumatism L Leg		09-Sep-36	30-Oct-36	52	Galway		5
2841	O'Connor	Daniel	70	Disease	Thrombosis L Leg		13-Sep-36	05-Nov-36	54	Dublin		5
2842	McGrath	James	40	GSW	Chest		14-Sep-36	17-Dec-36	95	Dublin	Absentee on Discharge	5
2843	Farrrell	Patrick	38	Disease	Neurasthenia		14-Sep-36	16-Oct-36	33	Dublin		5
2844	Walsh	Chris	52	Disease	Neurasthenia		14-Sep-36	15-Sep-36	2	Cork		5
2845	Farrrell	James	42	Disease	Trench Feet		17-Sep-36	19-Feb-37	156	Longford		5
2846	Dalton	James	54	Disease	Bronchitis		19-Sep-36	11-Dec-36	84	Dublin		5
2847	Coffey	Peter	40	GSW	Arm L		21-Sep-36	10-Dec-38	811	Dublin		5
2848	Guinan	Francis	43	Disease	Neurasthenia		21-Sep-36	12-Feb-37	145	Waterford		5
2849	O'Connell	John	41	Disease	Bronchitis		26-Sep-36	10-Nov-36	46	cork		5
2850	Stewart	Eugene	43	Disease	Neurasthenia		28-Sep-36	15-Jan-37	110	Dublin		5

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2851	Kenefick	Edward	41	Disease	Bronchitis		28-Sep-36	10-Oct-36	13	Cork		5
2852	Doherty	John	64	Disease	Bronchitis Chronic		29-Sep-36	19-Feb-37	144	Dublin		5
2853	St Ledger	James	53	Disease	Gastritis		30-Sep-36	08-Jan-37	101	Dublin		5
2854	Kavanagh	Edward	42	GSW	Leg L. Ampt		02-Oct-36	30-Apr-37	211	Dublin		5
2855	Hourigan	James	40	Disease	DAH		03-Oct-36	09-Nov-36	38	Cork		5
2856	Barron	Frank	41	Disease	Vertigo		03-Oct-36	14-Jan-37	104	Dublin		5
2857	Dwyer	William	53	Disease	DAH		05-Oct-36	30-Oct-36	26	Tipperary		5
2858	Doyle	Christopher	46	Disease	Bronchitis due to Gas		07-Oct-36	29-Jan-37	115	Dublin		5
2859	O'Hara	John	44	Disease	ODH		12-Oct-36	05-Nov-36	25	Dublin		5
2860	Stafford	John	45	GSW	Head		12-Oct-36	24-Oct-36	13	Sligo		5
2861	Hare	Thomas	48	GSW	Arm L		12-Oct-36	19-Nov-36	39	Cork		5
2862	Maguire	James	60	GSW	Head		13-Oct-36	26-Feb-45	3028	Dublin	DIED.	5
2863	McDonald	Francis	65	Disease	Rodent Ulcer R ?		14-Oct-36	30-Oct-36	17	Louth		6
2864	Nevin	Michael	39	GSW	Arm R		16-Oct-36	19-Feb-37	127	Tipperary		6
2865	Craven	Thomas S	38	GSW	Thigh L. Ampt		16-Oct-36	25-Mar-37	161	Longford		6
2866	Walls	John	60	Disease	Rheumatism		19-Oct-36	04-Dec-36	47	Sligo		6
2867	Shire	Michael	52	GSW	Ankle L		19-Oct-36	04-Dec-36	47	Westmeath		6
2868	Connell	Michael	60	Disease	Debility following Pneumonia		19-Oct-36	31-Oct-36	13	Cork		6
2869	Manning	Paul	41	GSW	Foot L		19-Oct-36	04-Mar-37	137	Dublin		6
2870	Rooney	James	62	Disease	Stricture of Urethra		20-Oct-36	30-Apr-37	193	Dublin		6
2871	Daniels	John	51	Disease	Bronchitis		20-Oct-36	27-Oct-36	8	Dublin	DIED.	6
2872	McEntee	John J	49	Disease	Bronchitis		21-Oct-36	11-Mar-37	142	Monaghan		6
2873	Kane	Thomas	48	GSW	Arm L		22-Oct-36	02-Apr-37	163	Dublin		6
2874	Sharkey	Patrick	43	GSW	Arm R		22-Oct-36	20-Nov-36	30	Louth		6
2875	Gilligan	James	54	Disease	Gastritis		22-Oct-36	17-Dec-36	57	Clare		6
2876	Hamilton	Joseph	39	GSW	Thigh L		22-Oct-36	30-Oct-36	9	Donegal		6
2877	McCarthy	Patrick	48	Disease	Adhesion following Duodenal Ulcer		23-Oct-36	22-Jan-37	92	Cork		6
2878	Hobart	Thomas	42	Disease	Debility, Bronchitis	Haemorrhoids	24-Oct-36	18-Jun-37	238	Cork		6
2879	Doyle	Michael	50	Disease	Bronchitis		26-Oct-36	18-Feb-37	116	Dublin		6
2880	Collins	Charles	54	Disease	Bronchitis		27-Oct-36	25-Jun-37	241	Dublin		6
2881	Reynolds	Stephen	47	Disease	Neurasthenia		27-Oct-36	17-Dec-36	52	Clare		6
2882	Corcoran	John	47	Disease	Conjunctivitis		28-Oct-36	29-Jan-37	94	Mayo		6
2883	Bartley	John	59	Disease	VDH		05-Nov-36	11-Jun-37	219	Dublin		6
2884	Sullivan	Denis	60	Disease	Hip L Injury		06-Nov-36	05-Feb-37	92	Cork		6
2885	Henshaw	James	57	Disease	Bronchitis		07-Nov-36	15-Jan-37	70	Dublin		6
2886	Ryder	Michael	47	GSW	Head		09-Nov-36	21-Nov-36	13	Dublin		6
2887	Mungovan	James	42	Disease	Neurasthenia		09-Nov-36	12-Feb-37	96	Limerick		6
2888	Kaye	James	45	Disease	Paralysis		12-Nov-36	31-Mar-37	140	Laois		6
2889	Coffey	Thomas	53	Disease	Deafness		16-Nov-36	24-Dec-36	39	Westmeath		6
2890	Prew	George	63	Disease	Bronchitis		17-Nov-36	30-Apr-37	165	Dublin		6
2891	Wright	John	50	GSW	Shoulder R		18-Nov-36	19-Feb-37	94	Kilkenny		6
2892	Leavy	William	49	Disease	Asthma		26-Nov-36	04-Jun-37	191	Dublin		6
2893	Kelly	John	53	Disease	Bronchitis	Emphysema	26-Nov-36	03-Dec-36	8	Dublin		6
2894	Melly	Bernard	49	Disease	Neurasthenia		03-Dec-36	07-May-37	156	Sligo		6
2895	O'Connor	Daniel	70	Disease	Rheumatism	Back Injury	04-Dec-36	21-Dec-36	18	Dublin		6
2896	Hilliard	Edward	61	Disease	Bronchitis		04-Dec-36	29-Jan-37	57	Dublin		6
2897	Cullen	Henry	55	GSW	Foot L		30-Nov-36	04-Feb-37	67	Clare		6
2898	Doyle	Thomas	55	Disease	Asthma		10-Dec-36	02-Apr-37	114	Wexford		6
2899	Feeney	James	45	Disease	Neurasthenia		10-Dec-36	11-Dec-36	2	Mayo		6
2900	Condron	Michael	42	Disease	Bronchitis		17-Dec-36	16-Apr-37	121	Wexford		6

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2901	Friel	Robert	44	Disease	Cardiac Condition		28-Dec-36	09-Jan-37	13	Donegal		6
2902	Reilly	James	45	GSW	Abdomen		30-Dec-36	23-Apr-37	115	Dublin		6
2903	Dalton	James	54	Disease	Bronchitis		02-Jan-37	30-Apr-37	119	Dublin		6
2904	Long	Edward	51	Disease	Osteo Arthritis		06-Jan-37	16-Apr-37	101	Offaly		6
2905	Whehan	Edward	51	Disease	Bronchitis		11-Jan-37	08-Mar-37	57	Dublin		6
2906	Kavanagh	Thomas	39	GSW	Hip L		12-Jan-37	10-Sep-37	242	Dublin		6
2907	O'Nara	Thomas	40	Disease	Gastritis		14-Jan-37	09-Apr-37	86	Dublin		6
2908	Heany	Edward	56	GSW	Chest		14-Jan-37	16-Jan-37	3	Tipperary		6
2909	Wills	John	50	Disease	Rheumatism		15-Jan-37	09-Apr-37	85	Tipperary		6
2910	Rosser	Richard	50	GSW	Head		19-Jan-37	19-Feb-37	32	Tipperary		6
2911	Steele	John	41	GSW	Leg R		19-Jan-37	23-Apr-37	95	Monaghan		6
2912	Harkin	William	50	Disease	Otitis Media		19-Jan-37	12-Feb-37	25	Donegal		6
2913	McGrath	James	40	GSW	Chest		20-Jan-37	11-Jun-37	143	Dublin		6
2914	Carroll	Michael	43	Disease	Bronchitis		21-Jan-37	30-Apr-37	100	Dublin		6
2915	Moran	John	63	Disease	Bronchitis		22-Jan-37	10-Feb-37	20	Dublin		6
2916	Williams	Samuel	43	Disease	Neurasthenia		22-Jan-37	11-Feb-37	21	Coik		6
2917	McInerney	Cornelius	60	Disease	Bronchitis Chronic		22-Jan-37	07-May-37	106	Tipperary		6
2918	Ramsay	James	44	Disease	Bronchitis		25-Jan-37	26-Jan-37	2	Dublin		6
2919	Bradley	John	46	Disease	Bronchitis Chronic	ODH	25-Jan-37	14-May-37	110	Dublin		6
2920	Wintern	Michael	66	Disease	Manic Depressive Psychosis		25-Jan-37	21-May-37	117	Coik		6
2921	Doyle	Henry	46	Disease	Effects of Gas		27-Jan-37	09-Apr-37	73	Dublin		6
2922	Walls	John	61	Disease	Rheumatism		27-Jan-37	23-Apr-37	84	Sligo		6
2923	Duffy	Thomas		Disease	Patella L Fractured		28-Jan-37	14-May-37	107	Louth	Age not recorded	6
2924	Behan	John		Disease	Bronchitis		30-Jan-37	08-Apr-37	69	Dublin	Absentee on Discharge	6
2925	Melville	Thomas	40	Disease	Epilepsy		01-Feb-37	09-Apr-37	68	Limerick		6
2926	Culen	Edward	38	GSW	Leg L		01-Feb-37	18-May-37	107	Tipperary	Absentee on Discharge	6
2927	Doyle	Chris	42	Disease	Bronchitis due to Coughing		03-Feb-37	28-May-37	115	Dublin		6
2928	McCarthy	John	42	Disease	Neurasthenia		04-Feb-37	14-Mar-37	39	Sligo		6
2929	Boyle	John	50	Disease	Neurasthenia		04-Feb-37	16-Apr-37	72	Wexford		6
2930	McGrath	John	59	Disease	Gastritis		04-Feb-37	20-Sep-37	229	Sligo	DIED.	6
2931	Walsh	Wm	54	Disease	Cheirpompophylox		05-Feb-37	18-Feb-37	14	Limerick		6
2932	Colgan	Patrick	46	GSW	Leg L		05-Feb-37	13-Aug-37	190	Dublin		6
2933	Coleman	Thomas	48	Disease	Bronchitis		08-Feb-37	16-Apr-37	68	Dublin		6
2934	Purcell	James	40	Disease	VDH (Mitral)		10-Feb-37	16-Apr-37	66	Tipperary		6
2935	Austin	William	41	Disease	VDH		10-Feb-37	02-Mar-37	21	Dublin	DIED.	6
2936	Kelly	Edward	55	Disease	Bronchitis		15-Feb-37	27-Feb-37	13			6
2937	O'Brien	Patrick	48	Disease	Neurasthenia		15-Feb-37	06-May-37	81	Dublin		6
2938	Byrne	John	62	Disease	Bronchitis		19-Feb-37	01-Jul-37	133	Dublin		6
2939	Boyne	Michael	52	Disease	Bronchitis		22-Feb-37	23-Mar-37	30	Dublin		6
2940	McCarthy	Michael	43	Disease	Lupus		24-Feb-37	31-Jul-37	158	Dublin		6
2941	Pidgeon	Thomas	43	GSW	Shoulder R		25-Feb-37	07-May-37	72	Dublin		6
2942	Stanley	Charles	61	GSW	Tibia R		04-Mar-37	13-Aug-37	163	Tipperary		6
2943	McDonald	Michael	41	GSW	Hand L		05-Mar-37	08-Apr-37	35	Carlow		6
2944	Barnwell	James	63	Disease	Neurasthenia		06-Mar-37	31-Mar-37	26	Dublin	DIED.	6
2945	Byrne	James	49	Disease	Manic Depressive Psychosis		06-Mar-37	25-Jun-37	112	Dublin		6
2946	Walsh	Henry	54	Disease	Neurasthenia		08-Mar-37	14-May-37	68	Dublin		6
2947	McCarthy	Thomas	44	GSW	Wrist L		09-Mar-37	09-Apr-37	32	Coik		6
2948	O'Connor	Daniel	71	Disease	Rheumatism after injury to back		09-Mar-37	21-May-37	74	Dublin		6
2949	Murray	James	41	Disease	Neurasthenia		15-Mar-37	30-Apr-37	47	Dublin		6
2950	Nally	Joseph	50	GSW	Abdomen		16-Mar-37	25-Jun-37	102	Longford		6

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
2951	Murphy	Joseph	42	Disease	Neurasthenia		22-Mar-37	28-May-37	68	Cork		6
2952	Kervick	Thomas	49	Disease	Laryngitis Chronic		22-Mar-37	04-Jun-37	75	Waterford		6
2953	Walsh	William	44	GSW	Back		23-Mar-37	11-Jun-37	81	Tipperary		6
2954	Gavillet	Savator	48	GSW	Chest		31-Mar-37	28-Apr-37	29	Dublin	To Crooksing Sanatorium	6
2955	Kelly	William	48	GSW	Knee R		01-Apr-37	04-Jun-37	64	Tipperary		6
2956	Lonerigan	Henry	46	Disease	Sciatica		02-Apr-37	16-Jul-37	106	Tipperary		6
2957	Grayson	Michael	59	GSW	Thigh R		05-Apr-37	13-Aug-37	131	Tipperary		6
2958	O'Brien	Hugh	39	GSW	Back		05-Apr-37	09-Jul-37	96	Tipperary		6
2959	Cawley	Patrick	60	Disease	Osteo Arthritis of Spine		05-Apr-37	29-Oct-37	208	Sligo		6
2960	Kelleher	Patrick	43	GSW	Back		07-Apr-37	04-Aug-37	120	Cork		6
2961	Healy	Michael	48	Disease	Bronchitis		10-Apr-37	14-May-37	35	Wicklow		6
2962	Barron	Frank	40	Disease	Vertigo		12-Apr-37	02-Jul-37	82	Dublin		6
2963	Fitzgibbon	Thomas	39	GSW	Thigh L		12-Apr-37	03-Sep-37	143	Tipperary		6
2964	Cowap	P	44	GSW	Chest		12-Apr-37	29-Jul-37	109	Dublin		6
2965	McGrath	Peter	46	Disease	Defective Vision		12-Apr-37	05-Jun-37	55	Tipperary		6
2966	Gibbons	John	47	GSW	Leg R		13-Apr-37	01-Jul-37	80	Dublin		6
2967	Hannon	James	39	Disease	Ulcer Gastric		14-Apr-37	18-Jun-37	65	Limerick		6
2968	Devine	Patrick	42	Disease	Gastritis		16-Apr-37	02-Jul-37	78	Dublin		6
2969	Breen	Peter	41	GSW	Hands		19-Apr-37	19-Jun-37	62	Tipperary		6
2970	McLoughlin	Albert	41	Disease	Bronchitis following Gas		20-Apr-37	26-Jul-37	98	Dublin		6
2971	Cox	James	48	GSW	Leg L		22-Apr-37	30-Jul-37	100	Roscommon		6
2972	Kenna	Patrick	49	Disease	Debility	Bronchitis	22-Apr-37	11-Jun-37	51	Dublin		6
2973	Hanley	William	43	GSW	Hand R		23-Apr-37	13-May-37	21	Limerick		6
2974	Downs	Michael	60	Disease	Bronchitis	ODH	05-May-37	23-Jul-37	80	Sligo		6
2975	Gibbons	James	70	Disease	Thigh R Injury		06-May-37	16-Jul-37	72	Westmeath		6
2976	Neary	Edward	41	Disease	Neurasthenia		07-May-37	01-Oct-37	148	Kildare		6
2977	Kepple	William	42	Disease	Gastritis		11-May-37	02-Jul-37	53	Dublin		6
2978	Daiton	James	54	Disease	Bronchitis		12-May-37	16-Jul-37	66	Dublin		6
2979	Chase	John	45	GSW	Leg L		13-May-37	21-Jan-37	254	Dublin		6
2980	Brien	John	41	GSW	Back		13-May-37	09-Jul-37	58	Waterford		6
2981	Hamilton	Joseph	39	GSW	Thigh L		13-May-37	23-Jul-37	72	Donegal		6
2982	O'Donnell	Joseph	44	Disease	Dyspepsia	Neurasthenia	13-May-37	23-Jul-37	72	Donegal		6
2983	Ahern	Daniel	47	Disease	Gas Keratitis		18-May-37	25-May-37	8	Cork		6
2984	Doherty	John	61	Disease	Bronchitis	ODH	20-May-37	03-Sep-37	107	Dublin		6
2985	Boyne	Michael	52	Disease	Bronchitis		20-May-37	01-Oct-37	135	Dublin		6
2986	O'Keefe	Jeremiah	50	Disease	Neurasthenia		21-May-37	25-Jun-37	36	Cork		6
2987	O'Sullivan	Mortimer	36	Disease	Pyelitis		24-May-37	27-Aug-37	96	Cork		6
2988	Cusack	Alphonsus	42	Disease	Colitis		24-May-37	19-Jun-37	27	Mayo		6
2989	McEntee	John J	48	Disease	Gastritis	Bronchitis	25-May-37	01-Oct-37	129	Monaghan		6
2990	O'Neill	James	44	Disease	Bronchitis		26-May-37	25-Jun-37	31	Westmeath		6
2991	Cullen	Edward	38	GSW	Leg L		27-May-37	23-Jul-37	58	Tipperary		6
2992	Giles	John	44	Disease	Bronchitis		29-May-37	09-Sep-37	104	Dublin		6
2993	Walsh	Matthew	46	Disease	DAH		31-May-37	12-Jun-37	13	Wexford		6
2994	Reilly	James	45	GSW	Abdomen		31-May-37	09-Aug-37	71	Dublin		6
2995	Holmes	James	53	Disease	Bronchitis		02-Jun-37	23-Jul-37	52	Dublin		6
2996	Morgan	John	53	GSW	Eye L		03-Jun-37	13-Jul-37	41	Dublin		6
2997	Mahon	Daniel	44	Disease	Duodenitis	Malaria	03-Jun-37	22-Jun-37	20	Wexford		6
2998	Foley	Daniel	53	Disease	Osteo Arthritis		04-Jun-37	23-Jul-37	50	Kerry		6
2999	Guinan	Francis	44	Disease	Neurasthenia		04-Jun-37	29-Jul-37	56	Dublin		6
3000	Carey	Edmund	56	Disease	Manic Depressive Psychosis		05-Jun-37	30-Jul-37	56	Dublin		6

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3001	Mulvaney	Charles	38	Disease	Neurasthenia		14-Jun-37	26-Aug-37	74	Dublin		6
3002	Walls	John	61	Disease	Rheumatism		14-Jun-37	01-Oct-37	110	Sligo		6
3003	Doyle	Matthew	49	Disease	Deafness (Otitis Media)		16-Jun-37	28-Jun-37	13	Wicklow		6
3004	Regan	John	45	GSW	Arm R Forearm		16-Jun-37	26-Jul-37	42	Cork		6
3005	Hogan	Michael	57	Disease	Gas Keratitis		18-Jun-37	01-Jul-37	14	Dublin		6
3006	Ahern	Daniel	47	Disease	Gas Keratitis		08-Jun-37	06-Aug-37	60	Cork	Eye & Ear Hospital	6
3007	Byrne	Joseph	41	Disease	Manic Depressive Psychosis		21-Jun-37	30-Jun-37	10	Dublin		6
3008	Treacy	Nicholas	38	GSW	Arm R Upper		21-Jun-37	15-Jul-37	25	Dublin		6
3009	Stoole	Alfred	45	GSW	Calf R		21-Jun-37	17-Sep-37	89	Dublin		6
3010	Manning	Paul	42	GSW	Foot R		22-Jun-37	16-Sep-37	87	Dublin		6
3011	Maughan	John	53	Disease	DAH		22-Jun-37	11-Oct-37	112	Dublin	DIED.	6
3012	Fleming	Edward	35	Both	GSW Eyebrow L	DAH	23-Jun-37	22-Oct-37	122	Tyrone		6
3013	Donohue	Patrick	54	GSW	Elbow L		23-Jun-37	30-Jul-37	38	Dublin		6
3014	Moran	John	63	Disease	Bronchitis		29-Jun-37	20-Aug-37	53	Dublin		6
3015	Sullivan	John	49	GSW	Thigh R & Buttock		30-Jun-37	13-Aug-37	45	Cork		6
3016	Connolly	Henry	46	GSW	Lung R & Shoulder		01-Jul-37	09-Jul-37	9	Meath		6
3017	Curran	William	65	GSW	Face		01-Jul-37	13-Aug-37	44	Laois		6
3018	Shanahan	John	43	Disease	Bronchitis		03-Jul-37	23-Jul-37	21	Cork		6
3019	O'Gorman	William	44	GSW	Leg L Ampt		05-Jul-37	11-Aug-37	38	Cork		6
3020	Mulhall	John	49	Disease	Eye L Injury		06-Jul-37	06-Aug-37	32	Laois		6
3021	Ryan	John	50	Disease	Bronchitis		08-Jul-37	24-Sep-37	79	Cork		6
3022	Bradley	John	47	Disease	Bronchitis Chronic	ODH	08-Jul-37	18-Oct-37	103	Dublin		6
3023	Kennedy	John	44	Disease	Bronchitis Chronic		08-Jul-37	22-Jul-37	15	Waterford		6
3024	Guerine	Geoffrey	48	Disease	Bronchitis		08-Jul-37	07-Sep-37	62	Dublin		6
3025	Hughes	Richard	62	GSW	Chest		08-Jul-37	01-Oct-37	86	Mayo		6
3026	Lanigan	Michael	48	GSW	Lung L		09-Jul-37	01-Oct-37	85	Waterford		6
3027	Neill	John	48	Disease	Bronchitis		09-Jul-37	07-Oct-37	91	Carlow		6
3028	Lenihan	Michael	40	Disease	Colitis		13-Jul-37	22-Oct-37	102	Cork		6
3029	Cummins	Patrick		GSW	Jaw		13-Jul-37	06-Aug-37	25	Dublin	Age not recorded	6
3030	Bolton	John	55	Disease	Dysenteric Arthritis		15-Jul-37	22-Oct-37	100	Dublin	To Crookslin Sanatorium	6
3031	Hogan	Michael	57	Disease	Back Injury		16-Jul-37	24-Jul-37	9	Dublin		6
3032	Tighe	James J		Disease	Bronchitis		16-Jul-37	10-Sep-37	57	Meath	Age not recorded	6
3033	Armstrong	Michael	39	Disease	Bronchitis		16-Jul-37	10-Sep-37	57	Sligo		6
3034	Cusack	Alphonsus	42	Disease	Colitis		17-Jul-37	22-Oct-37	98	Mayo		6
3035	Crimin	Denis	50	Disease	Stricture of Oesophagus		19-Jul-37	17-Sep-37	61	Cork		6
3036	Haven	James	40	Disease	Bronchitis	ODH	19-Jul-37	20-Aug-37	33	Waterford		6
3037	Lenihan	John	52	Disease	Neurasthenia	Debility	20-Jul-37	24-Sep-37	67	Cork		6
3038	Kearns	Thomas	61	Disease	Stomach Trouble		21-Jul-37	27-Aug-37	38	Cork		6
3039	Nolan	John	68	Disease	ODH		22-Jul-37	08-Oct-37	79	Dublin		6
3040	McGrath	James	41	GSW	Chest		23-Jul-37	04-Aug-38	378	Dublin		6
3041	Radley	John	59	Disease	ODH		26-Jul-37	27-Aug-37	33	Cork		6
3042	Crowley	John	42	Disease	Neurasthenia		26-Jul-37	24-Sep-37	60	Waterford		6
3043	Farrelly	Bernard	41	Disease	Bronchitis chronic		27-Jul-37	10-Sep-37	46	Cavan		6
3044	Maguire	Charles	43	GSW	Knee & Thigh L		27-Jul-37	01-Oct-37	67	Cavan		6
3045	Feeney	James	46	Disease	Neurasthenia		29-Jul-37	30-Jul-37	2	Mayo		6
3046	McKenna	Patrick	49	Disease	Bronchitis		10-Aug-37	17-Sep-37	39	Louth		6
3047	Cunningham	Joseph	39	GSW	Leg R Ampt		11-Aug-37	19-Nov-37	101	Dublin		6
3048	Walsh	James	45	Disease	Foot R Fracture		17-Aug-37	04-Nov-37	80	Donegal		6
3049	Owens	Edward	44	Disease	VDH		19-Aug-37	01-Jul-38	317	Leitrim		6
3050	Ahern	Daniel	47	Disease	Gas Keratitis		19-Aug-37	03-Sep-37	16	Cork	From Eye & Ear Hosp	6

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3051	McInerney	Con	58	Disease	Bronchitis Chronic		21-Aug-37	10-Dec-37	112	Tipperary		6
3052	Brown	Robert	48	Disease	DAH	Deblity	23-Aug-37	21-Oct-37	60	Cork		6
3053	Fitzsimons	Patrick	52	GSW	Leg L		30-Aug-37	08-Jan-38	132	Dublin		6
3054	Hession	John	57	GSW	Leg L		30-Aug-37	05-Nov-37	68	Galway	Absentee on Discharge	6
3055	Farnan	Laurence	50	GSW	Hand R		31-Aug-37	31-Aug-37		Meath		6
3056	Sullivan	John	49	GSW	Thigh R		02-Sep-37	01-Oct-37	30	Cork		6
3057	Dalton	James	54	Disease	Bronchitis		03-Sep-37	08-Oct-37	36	Dublin		6
3058	Carey	Edmond	55	Disease	Manic Depressive Psychosis		04-Sep-37	21-Dec-38	474	Dublin	DIED.	6
3059	Tobin	Thomas	58	GSW	Arm R		06-Sep-37	04-Oct-37	29	Limerick		6
3060	Doyle	Chris	46	Disease	Bronchitis due to Gas		06-Sep-37	26-Nov-37	82	Dublin		6
3061	Doherty	John	61	Disease	Bronchitis	ODH	07-Sep-37	11-Feb-38	158	Dublin		6
3062	McCabe	Michael	50	Disease	Neurasthenia		08-Sep-37	25-Feb-38	171	Dublin		6
3063	Hogan	Patrick	45	GSW	Shoulder R		07-Sep-37	22-Oct-37	46	Tipperary		6
3064	McCarthy	Patrick J	49	Disease	Adhesions following Duodenal Ulcer		10-Sep-37	19-Nov-37	71	Cork		6
3065	Murphy	Denis	45	Disease	Deblity following Appendicitis		10-Sep-37	18-Nov-37	70	Cork		6
3066	Duggan	William	39	Disease	Manic Depressive Psychosis		14-Sep-37	28-Jan-38	137	Kilkenny		6
3067	Murray	Edward	72	GSW	Leg L Ampt		14-Sep-37	08-Oct-37	25	Cork		6
3068	Condon	Michael	43	Disease	Bronchitis		16-Sep-37	19-Nov-37	65	Wexford		6
3069	Cullen	Edward	39	GSW	Leg L		16-Sep-37	22-Oct-37	37	Tipperary		6
3070	Whelan	Michael	42	Disease	ODH	Rheumatic Osteo Arthritis	16-Sep-37	08-Oct-37	23	Tipperary		6
3071	Hvland	Thomas	42	GSW	Hip R		16-Sep-37	15-Oct-37	30	Dublin		6
3072	Naylor	Henry	40	GSW	Leg R		20-Sep-37	04-Feb-38	138	Offaly	Entered as Leix	6
3073	Cowap	Peter	45	GSW	Chest		21-Sep-37	14-Jan-38	116	Dublin		6
3074	Sunderland	John	49	Disease	Bronchitis		21-Sep-37	04-Nov-37	45	Dublin		6
3075	Hickey	Thomas	51	GSW	Femur		22-Sep-37	12-Nov-37	52	Dublin		6
3076	McDonald	Joseph	63	Disease	Rheumatism		24-Sep-37	22-Oct-37	29	Meath		6
3077	Neill	George	46	Disease	Feet Both Ampt-Frost Bite		24-Sep-37	19-Nov-37	47	Laois		6
3078	Ralph	James	42	GSW	Abdomen		24-Sep-37	19-Nov-37	47	Dublin		6
3079	Keely	William	40	Disease	Gastritis		27-Sep-37	04-Nov-37	39	Kildare		6
3080	Bannon	Stephen	42	GSW	Wrist R		27-Sep-37	02-Oct-37	6	Limerick		6
3081	O'Keefe	Jeremiah	50	Disease	Neurasthenia		27-Sep-37	07-Jan-38	103	Cork		6
3082	Dowd	Richard	48	Disease	Bronchitis		28-Sep-37	25-Feb-38	151	Dublin		6
3083	Whelan	Edward	52	Disease	Bronchitis		29-Sep-37	26-Nov-37	59	Dublin		6
3084	Kelleher	Thomas	52	Disease	ODH		29-Sep-37	03-Dec-37	66	Meath		6
3085	Barrett	Robert	45	Disease	Purgo Eczema		30-Sep-37	03-May-38	216	Cork		6
3086	Mahoney	John	40	GSW	Hand	Deafness	01-Oct-37	12-Nov-37	43	Tipperary		6
3087	McCarthy	Daniel	40	Disease	Bronchitis		01-Oct-37	29-Oct-37	29	Tipperary		6
3088	Whiston	Thomas	57	GSW	Hip R		01-Oct-37	23-Dec-37	84	Wicklow		6
3089	Donohue	Edward	43	GSW	Thigh L		01-Oct-37	26-Aug-38	330	Cavan		6
3090	O'Connor	Michael	64	GSW	Shoulder & Wrist		04-Oct-37	26-Nov-37	54	Tipperary		6
3091	Doyle	John	48	GSW	Chest		04-Oct-37	01-Apr-38	180	Dublin		6
3092	Ward	Michael	59	GSW	Buttock		05-Oct-37	17-Dec-37	74	Kilkenny		6
3093	Kearns	Chris	52	Disease	Dysentery	Bronchitis	05-Oct-37	10-Dec-37	67	Dublin		6
3094	Farelly	John	38	Both	GSW Head	Epilepsy	06-Oct-37	24-Nov-37	50	Dublin		6
3095	Finnie	Patrick	58	Disease	Bronchitis		06-Oct-37	23-Dec-37	79	Cork		6
3096	Thompson	John	70	Disease	ODH		07-Oct-37	06-Nov-37	31	Dublin	DIED.	6
3097	O'Toole	Michael	48	Disease	Gastritis		07-Oct-37	26-Nov-37	51	Kildare		6
3098	Ryan	John	64	Disease	Haematemesis	Enlarged Spleen	08-Oct-37	25-Oct-37	18	Dublin	DIED.	6
3099	Tyrell	Patrick	46	Disease	Bronchitis		12-Oct-37	12-Nov-37	32	Cork		6
3100	Griffin	John	54	GSW	Head		12-Oct-37	18-Feb-38	130	Cork		6

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3101	Delaney	James	47	Disease	Debility		12-Oct-37	14-Feb-38	126	Dublin	DIED.	6
3102	Ryan	Edmond	66	GSW	Buttock R		13-Oct-37	26-Nov-37	45	Tipperary		6
3103	Plyor	James	55	GSW	Tibia & Fibula Compound Fracture		14-Oct-37	10-Dec-37	48	Leitrim		6
3104	Howley	Michael	57	Disease	Neurasthenia	Concussion	15-Oct-37	26-Nov-37	43	Mayo		6
3105	Casey	John	48	Disease	Gastritis Chronic		15-Oct-37	21-Jan-38	99	Limerick		6
3106	Hearne	Thomas	52	Disease	VDH		19-Oct-37	23-Dec-37	66	Tipperary		6
3107	Boyle	John	51	Disease	Neurasthenia		20-Oct-37	11-Feb-38	115	Wexford		6
3108	O'Mara	Thomas	40	Disease	Gastritis		20-Oct-37	18-Feb-38	122	Dublin		6
3109	McCarthy	Timothy	45	GSW	Leg R & L	Dysentery	21-Oct-37	19-May-38	211	Dublin		6
3110	Beattie	Samuel	59	Disease	Bronchitis		22-Oct-37	10-Dec-37	50	Dublin		6
3111	Duffy	James	48	Disease	Rheumatism		22-Oct-37	25-Mar-38	155	Donegal		6
3112	McDonagh	Patrick	48	GSW	Knee R		23-Oct-37	16-Dec-37	55	Donegal		6
3113	O'Riordan	James	37	GSW	Hand R		25-Oct-37	22-Dec-37	59	Cork		6
3114	Tracey	Patrick	46	Disease	Trench Feet		25-Oct-37	23-Dec-37	60	Dublin		6
3115	Quinn	Patrick	40	GSW	Leg L Ampt		25-Oct-37	30-Oct-37	6	Cork		6
3116	Kiwin	Pierce	41	GSW	Abdomen		25-Oct-37	28-Jan-38	96	Kilkenny		6
3117	Corcoran	John	48	Disease	Conjunctivitis		25-Oct-37	17-Nov-37	24	Mayo	To Eye & Ear Hosp	6
3118	Moore	James	41	GSW	Leg L		26-Oct-37	26-Nov-37	32	Dublin		6
3119	Pim	John	53	Disease	Bronchitis		28-Oct-37	11-Mar-38	136	Dublin		6
3120	Walsh	James	50	Disease	Bronchitis		29-Oct-37	23-Dec-37	56	Cork		6
3121	Clarke	Samuel	46	Disease	Bronchitis		29-Oct-37	15-Nov-37	18	Dublin		6
3122	Gorman	Bertie	40	GSW	Not specified		02-Nov-37	14-Jan-38	74	Longford	Appears to be 82113 RDF	6
3123	McGrath	Francis	51	Disease	Neurosis		05-Nov-37	19-Dec-37	45	Dublin	To Grangegorman Mental Hosp	6
3124	Fletcher	Alex	47	Disease	Bronchitis		05-Nov-37	28-Jan-38	85	Westmeath		6
3125	Bartley	John	60	Disease	VDH		10-Nov-37	29-Nov-37	20	Dublin	DIED.	6
3126	O'Toole	Thomas	49	Disease	Bronchitis chronic		10-Nov-37	11-Mar-38	122	Dublin		6
3127	Farrell	James	42	Disease	Trench Feet		11-Nov-37	27-Jan-39	443	Longford		6
3128	O'Connor	John	56	GSW	Foot L		12-Nov-37	17-Dec-37	36	Cork		6
3129	Whelan	Joseph	38	Disease	Necrosis of Bone R Foot		15-Nov-37	10-Dec-37	26	Tipperary		6
3130	Scanlon	William	50	Disease	Hemoptysis		15-Nov-37	27-Nov-37	13	Silgo		6
3131	Hickey	William	43	GSW	Leg R		15-Nov-37	10-Dec-37	26	Kilkenny		6
3132	Mungovan	James	42	Disease	Neurasthenia		15-Nov-37	18-Feb-38	96	Limerick		6
3133	Hogan	Bernard	42	GSW	Side L & Right F.B.		15-Nov-37	22-Sep-38	312	Dublin		6
3134	McCabe	James	46	GSW	Arm L		18-Nov-37	10-Dec-37	23	Louth		6
3135	Harte	William	40	GSW	Arm L Forearm		19-Nov-37	20-Jan-38	63	Dublin		6
3136	Cullen	Edward	40	GSW	Leg L		19-Nov-37	09-Dec-37	22	Tipperary		6
3137	Sullivan	Denis	60	Disease	Hip L Injury		22-Nov-37	18-Mar-38	117	Cork		6
3138	Corcoran	John	48	Disease	Conjunctivitis		22-Nov-37	26-Nov-37	5	Mayo		6
3139	O'Sullivan	Denis	47	Disease	DAH		24-Nov-37	10-Dec-37	17	Kerry		6
3140	Dalton	James	54	Disease	Bronchitis		26-Nov-37	25-Mar-38	120	Dublin		6
3141	Hamilton	Joseph	40	GSW	Thigh L		26-Nov-37	23-Dec-37	28	Donegal		6
3142	Manning	Paul	43	GSW	Foot L	DAH	26-Nov-37	07-Oct-38	316	Dublin		6
3143	Haven	James	40	Disease	Bronchitis		27-Nov-37	16-Dec-37	20	Waterford		6
3144	Gibbons	James	70	Disease	Thigh R Injury		30-Nov-37	29-Jul-38	242	Westmeath		6
3145	Cummins	James	43	Disease	Bronchitis		30-Nov-37	28-Jan-38	60	Tipperary		6
3146	Curtin	James	54	Disease	Rheumatism		30-Nov-37	17-Dec-37	18	Cork		6
3147	Ryder	Michael	47	GSW	Head		03-Dec-37	21-Jan-38	50	Dublin		6
3148	Quinn	Michael	53	Disease	Neurasthenia		04-Dec-37	27-Apr-38	146	Dublin	DIED.	6
3149	Graham	Francis	47	GSW	Buttock L (Delimitant)?		06-Dec-37	28-Feb-38	85	Tipperary		6
3150	Gilbert	Michael	44	Disease	Neurasthenia		06-Dec-37	23-Dec-37	18	Dublin		6

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3151	Brownlee	Samuel	38	Disease	Bronchitis		07-Dec-37	14-Apr-38	129	Mayo		6
3152	Whelan	Edward	52	Disease	Bronchitis		07-Dec-37	21-Jan-38	46	Dublin		6
3153	Lannon	John	39	GSW	Arm L		07-Dec-37	06-Jan-38	31	Dublin		6
3154	Brien	John	40	GSW	Back		09-Dec-37	20-Dec-37	12	Waterford		6
3155	O Driscoll	Con	41	Disease	Tuberculosis Spine		13-Dec-37	05-May-39	509	Cork		6
3156	Walls	John	62	Disease	Rheumatism		14-Dec-37	10-Feb-38	59	Sligo		6
3157	Sunderland	John	49	Disease	Bronchitis		16-Dec-37	14-Apr-38	120	Dublin		6
3158	Sillitt	Charles	44	Disease	Bronchitis		20-Dec-37	21-Jan-38	33	Cork		6
3159	McKenna	George	46	GSW	Thigh L		21-Dec-37	04-Feb-38	46	Monaghan		6
3160	Madden	Thomas	41	Disease	Bronchitis		21-Dec-37	04-Feb-38	46	Dublin		6
3161	Weldon	Patrick	56	Disease	Bronchitis		24-Dec-37	26-Mar-38	93	Dublin		6
3162	Doyle	Chris	46	Disease	Bronchitis		28-Dec-37	21-Jan-38	25	Dublin		6
3163	Butler	Cornelius	41	Disease	Bronchitis		29-Dec-37	25-Mar-38	87	Tipperary		6
3164	Beattie	Samuel	60	Disease	DAH	Bronchitis	05-Jan-38	11-Mar-38	66	Dublin		6
3165	Bradley	John	47	Disease	Bronchitis Chronic		05-Jan-38	05-Aug-38	213	Dublin		6
3166	Herron	Joseph	46	Disease	Bronchitis		06-Jan-38	12-Aug-38	219	Dublin		6
3167	Cummins	Patrick	39	GSW	Jaw L		07-Jan-38	28-Jan-38	22	Dublin	To Roehampton	6
3168	Kavanagh	Patrick	50	GSW	Leg		08-Jan-38	11-Mar-38	63	Waterford		6
3169	McDonagh	Thomas	40	Disease	Neurasthenia		07-Jan-38	04-Feb-38	29	Roscommon		6
3170	Duff	Edward	45	Disease	ODH		10-Jan-38	07-Oct-38	271	Dublin		6
3171	Malone	Patrick	53	Disease	Neurasthenia		10-Jan-38	25-Jan-38	16	Limerick		6
3172	Roche	Thomas	42	GSW	Foot L		11-Jan-38	18-Feb-38	39	Wexford		6
3173	Byrne	Henry	42	Disease	Bronchitis		11-Jan-38	25-Mar-38	74	Dublin		6
3174	Giles	John	44	Disease	Bronchitis		11-Jan-38	01-Apr-38	81	Dublin		6
3175	Barron	Frank	40	Disease	Vertigo		12-Jan-38	26-May-38	135	Dublin		6
3176	Cullen	David	58	GSW	Chest & Back		13-Jan-38	18-Mar-38	65	Dublin		6
3177	Carrroll	Michael	44	Disease	Bronchitis		13-Jan-38	18-Nov-38	310	Dublin		6
3178	Fortune	Thomas	51	Disease	Bronchitis		13-Jan-38	18-Mar-38	65	Wexford		6
3179	Cudden	John	42	Disease	Malaria	DAH	13-Jan-38	14-Apr-38	92	Dublin		6
3180	Murphy	Daniel	42	Disease	Neurasthenia		14-Jan-38	05-May-38	112	Cork		6
3181	Maguire	Charles	43	GSW	Knee L & Thigh L		14-Jan-38	24-Jan-38	11	Cavan		6
3182	Codd	Richard	43	Disease	Varicose Veins		15-Jan-38	24-Feb-38	41	Wexford		6
3183	Murphy	Denis	45	Disease	Debility following Appendicitis		17-Jan-38	25-Feb-38	40	Cork		6
3184	Keogh	Thomas	58	Disease	Bronchitis		20-Jan-38	17-Jun-38	149	Dublin		6
3185	O'Hara	John	46	Disease	DAH		21-Jan-38	21-Feb-38	31	Dublin		6
3186	Hanley	William	47	Disease	VDH		22-Jan-38	26-May-39	490	Limerick		6
3187	Hickey	William	45	GSW	Leg R		25-Jan-38	24-Jun-38	151	Kilkenny		6
3188	Hennessey	Michael	52	GSW	Foot R		25-Jan-38	29-Jul-38	186	Roscommon		6
3189	Wills	John H	50	Disease	Rheumatism		25-Jan-38	25-Mar-38	60	Tipperary		6
3190	Conlon	Thomas	56	GSW	Foot L		25-Jan-38	12-Aug-38	231	Monaghan		6
3191	Cullen	Edward	40	GSW	Leg L		26-Jan-38	24-Feb-38	30	Tipperary		6
3192	Curry	Patrick	47	GSW	Arm L		26-Jan-38	05-Feb-38	11	Kerry		6
3193	Canavan	Richard	56	Disease	ODH		27-Jan-38	14-Apr-38	78	Dublin		6
3194	Doyle	Michael	52	Disease	Bronchitis		28-Jan-38	11-Mar-38	43	Dublin		6
3195	Mackey	Michael	40	GSW	Shoulder L		28-Jan-38	01-Apr-38	64	Waterford		6
3196	Long	David	62	Disease	Rheumatism		04-Feb-38	19-Feb-38	16	Cork		6
3197	Cryan	James	53	Disease	Neurasthenia		04-Feb-38	19-Aug-38	197	Dublin		6
3198	Brown	James	50	Disease	Hip Joint R Injury		04-Feb-38	19-Feb-38	16	Waterford		6
3199	Hare	Thomas	50	GSW	Arm L		04-Feb-38	25-Feb-38	22	Cork		6
3200	Mullins	George	47	Disease	Bronchitis due to Gas		05-Feb-38	11-Mar-38	35	Tipperary		6

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3201	O'Connor	John	56	GSW	Foot L		07-Feb-38	12-Feb-38	6	Cork		6
3202	Connors	Michael	44	Disease	Bronchitis		07-Feb-38	25-Mar-38	47	Cork		6
3203	Croke	Thomas	56	Disease	Fibro Adenoma of Restum		07-Feb-38	15-Feb-38	9	Dublin		6
3204	Hyland	Edward	57	Disease	VDH		08-Feb-38	14-Apr-38	66	Westmeath		6
3205	Chase	John	45	GSW	Leg L		10-Feb-38	24-Jun-38	135	Dublin		6
3206	Bolger	William	49	Disease	Thrombosis Leg L		11-Feb-38	03-Jun-38	112	Carlow		6
3207	O'Brien	Bernard	48	GSW	Thigh R		11-Feb-38	01-Apr-38	50	ILLEGIBLE		6
3208	Lonegan	Henry	46	Disease	Sciatica		12-Feb-38	26-Aug-38	196	Tipperary		6
3209	McCarthy	Bartolomew	55	Disease	Rheumatism	Sciatica	14-Feb-38	25-Mar-39	406	Cork		6
3210	Monaghan	John	45	Disease	Bronchitis		14-Feb-38	23-Apr-38	69	Galway		6
3211	O'Keefe	John	54	Disease	Bronchitis		15-Feb-38	12-Aug-38	179	Dublin	Entered as O'Keefe	6
3212	Hamilton	Joseph	41	GSW	Thigh L		16-Feb-38	26-Aug-38	192	Donegal		6
3213	Guinan	Terence	50	Disease	Colitis		16-Feb-38	08-Apr-38	52	Offaly		6
3214	McNiff	Michael	46	Disease	Rheumatism		19-Feb-38	22-Apr-38	63	Leitrim		6
3215	Hastings	Edward	56	GSW	Leg R		19-Feb-38	16-Mar-39	391	Limerick		6
3216	Massey	James	52	Disease	Skull Fractured	Mental ILLEGIBLE	19-Feb-38	12-Mar-38	22	ILLEGIBLE		6
3217	Roche	Patrick	42	GSW	Leg		21-Feb-38	14-Apr-38	53	Carlow		6
3218	Crowley	John	53	GSW	Neck & Thigh R		21-Feb-38	03-Jun-38	104	Cork		6
3219	Hobart	Thomas		Disease	Debility	Bronchitis	23-Feb-38	05-Aug-38	164	Cork		6
3220	Dunne	John	42	GSW	Back		25-Feb-38	20-Apr-38	54	Dublin		6
3221	Kelly	James	53	Disease	Bronchitis		25-Feb-38	03-May-38	68	Limerick		6
3222	Doherty	George	58	GSW	Thigh		28-Feb-38	22-Jul-38	145	Donegal		6
3223	Gerrity	Phillip	56	GSW	Shoulder		28-Feb-38	03-Jun-38	96	Meath		6
3224	Connolly	Henry	48	GSW	Lung R & Shoulder		01-Mar-38	11-Mar-38	11	Westmeath		6
3225	Murray	Bernard	60	Disease	Bronchitis		02-Mar-38	12-Mar-38	11	Dublin		6
3226	Condron	Michael	44	Disease	Bronchitis		03-Mar-38	20-Feb-39	355	Wexford		6
3227	Cullen	Gerald	61	Disease	Debility		07-Mar-38	12-Mar-38	6	Carlow		6
3228	Neill	John	44	Disease	Bronchitis		08-Mar-38	14-Apr-38	38	Carlow		6
3229	Haberlin	Patrick	62	Disease	Leg R Injury	Ulcer	10-Mar-38	23-Dec-38	289	Waterford		6
3230	Cawley	Patrick	62	Disease	Osteo Arthritis		11-Mar-38	16-Jun-38	98	Sligo		6
3231	Carroll	Charles	55	Disease	Neurasthenia		16-Mar-38	05-Apr-38	21	Leitrim		6
3232	Holmes	James	54	Disease	Bronchitis		16-Mar-38	02-Aug-38	140	Dublin		6
3233	Kilkenny	James	63	Disease	DAH		18-Mar-38	31-Mar-38	14	Westmeath		6
3234	Ennis	James	52	Disease	Gastritis		18-Mar-38	06-May-38	50	Sligo		6
3235	Bolton	John J	38	GSW	Thigh L Ampt		18-Mar-38	09-Apr-38	23	Sligo		6
3236	Ryder	Michael	47	GSW	Head		19-Mar-38	15-Sep-41	1277	Dublin		6
3237	Ellgott	Edward	37	Disease	Dysentery		22-Mar-38	09-Sep-38	172	Tipperary		6
3238	O'Neill	Patrick	42	GSW	Thigh R		23-Feb-38	06-Aug-38	165	Dublin		6
3239	Doyle	Chris	46	Disease	Bronchitis		24-Mar-38	14-Apr-38	22	Dublin		6
3240	Griffin	John	51	Disease	Rheumatism		25-Mar-38	26-Aug-38	155	Limerick		6
3241	McGuinness	John	63	Disease	Bronchial Asthma		25-Mar-38	16-Jun-38	84	Cork		6
3242	Riordan	William	49	Disease	Gastritis		28-Mar-38	01-Jul-38	66	Dublin		6
3243	Knight	William	56	Disease	Osteo Arthritis		28-Mar-38	31-Jul-39	126	Dublin		6
3244	Timony	John	56	Disease	VDH		28-Mar-38	20-May-38	54	Kerry		6
3245	Hanna	Daniel	48	Disease	Gas Poisoning	Bronchitis	29-Mar-38	25-Apr-38	28	Cork		6
3246	Morrissey	Peter	48	GSW	Knee L		31-Mar-38	06-May-38	37	Clare		6
3247	Henebery	Philip	44	GSW	Hand L		01-Apr-38	06-May-38	36	Waterford		6
3248	Collins	Charles	55	Disease	Bronchitis		01-Apr-38	22-Apr-38	22	Dublin		6
3249	Boyd	John	43	GSW	Knee L		01-Apr-38	06-May-38	36	Sligo		6
3250	McCabe	Michael	51	Disease	Neurasthenia		01-Apr-38	12-May-39	407	Dublin		6

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3251	McDonald	Francis	44	GSW	Thigh R		04-Apr-38	12-Apr-38	9	Dublin		6
3252	Fleeson	John	39	GSW	Leg L Ampt		05-Apr-38	22-Apr-38	18	Westmeath		6
3253	Walls	John	63	Disease	Rheumatism		05-Apr-38	14-Apr-38	10	Silgo		6
3254	Doherty	John	61	Disease	Bronchitis		06-Apr-38	17-Feb-39	318	Dublin		6
3255	McKenna	Patrick	38	Disease	Bronchitis		06-Apr-38	01-Jul-38	87	Louth		6
3256	Bergin	Joseph	43	Disease	Asthma		07-Apr-38	29-Jul-38	114	Offaly		6
3257	Cullen	David	58	GSW	Chest & Back		08-Apr-38	12-Aug-38	127	Dublin		6
3258	Sheerin	John	53	GSW	Thigh R		09-Apr-38	19-May-38	41	Galway		6
3259	Scannell	David	48	Disease	Rheumatism		14-Apr-38	10-Jun-38	58	Cork		6
3260	Smith	Patrick	64	Disease	VDH	Rheumatism	14-Apr-38	29-Apr-38	16	Meath		6
3261	Moran	Con	42	GSW	Leg L		14-Apr-38	27-Apr-38	14	Kerry		6
3262	Chadwick	Thomas	56	GSW	Abdomen & Back		19-Apr-38	29-Jul-38	102	Tipperary		6
3263	Byrne	Michael	54	Disease	Bronchitis		20-Apr-38	14-Oct-38	178	Dublin		6
3264	Callanan	Michael	38	GSW	Arm L Forearm		21-Apr-38	06-Aug-38	108	Cork		6
3265	Moran	John	55	Disease	Bronchitis		22-Apr-38	22-Jul-38	92	Dublin		6
3266	Kelly	William	53	GSW	Knee R		23-Apr-38	05-Aug-38	105	Tipperary		6
3267	Neary	Edward	46	Disease	Neurasthenia		28-Apr-38	30-Jun-38	64	Kildare		6
3268	Wilkinson	Thomas	53	GSW	Leg R Ampt		28-Apr-38	06-May-38	9	Cork		6
3269	Connors	Patrick	64	Disease	Frostbite		29-Apr-38	23-Dec-38	239	Kerry		6
3270	Ingram	John	57	Disease	Duodenal Ulcer		29-Apr-38	18-May-38	20	Offaly		6
3271	Buckley	John	48	Disease	Neurasthenia		30-Apr-38	10-Jun-38	42	Offaly		6
3272	Goulding	John F	52	Disease	Leg R Fractured		04-May-38	18-May-38	15	Galway		6
3273	Boland	Nicholas	57	Disease	Rheumatism	DAH	04-May-38	23-Dec-38	234	Dublin		6
3274	Tighe	Jas J	47	Disease	Bronchitis		05-May-38	29-Jul-38	86	Meath		6
3275	Owens	William	43	GSW	Groin		06-May-38	17-Jun-38	43	Kerry		6
3276	Curry	Patrick	46	GSW	Head		07-May-38	15-Jul-38	70	Kerry		6
3277	Joyce	Wm	40	Disease	Gastritis		09-May-38	24-Jun-38	47	Dublin		6
3278	Gormley	Peter	43	Disease	Bronchitis		10-May-38	24-Jun-38	46	Dublin		6
3279	Sheehan	Joseph	40	Disease	Otitis Media		12-May-38	16-Sep-38	128	Laois		6
3280	Perse	Thomas	66	Disease	Varicose Veins		12-May-38	08-Jun-38	28	Kildare		6
3281	O'Leary	Michael	60	Disease	Rheumatism		12-May-38	15-Jul-38	65	Cork		6
3282	Cudden	John	42	Disease	DAH		13-May-38	08-Jul-38	57	Dublin		6
3283	Ford	William	51	Disease	Varicose Veins		13-May-38	12-Aug-38	92	Dublin		6
3284	O'Callaghan	Andrew	53	Disease	DAH	Debility	16-May-38	24-Jun-38	40	Kerry		6
3285	Robertson	Donald	36	GSW	Arm L		16-May-38	27-May-38	12	Mayo	Marked as SIW	6
3286	Dunciff	Abraham	41	Disease	Bronchitis		17-May-38	05-Aug-38	81	Cork		6
3287	Coleman	Edmund	49	Both	GSW Hand	Contused Back	18-May-38	15-Jun-38	29	Cork		6
3288	Chandley	Patrick	50	Disease	Gastritis		18-May-38	03-Jun-38	16	Cork		6
3289	Hyland	Thomas	41	Both	GSW Hand	Vertigo, Deafness	19-May-38	23-Jun-38	36	Dublin		6
3290	Whelan	Edward	53	Disease	Bronchitis		20-May-38	04-Jul-38	45	Dublin		6
3291	Armstrong	Michael	41	Disease	Bronchitis		23-May-38	29-Jul-38	68	Silgo		6
3292	O'Gorman	William	40	GSW	Leg L Ampt & Arm R		24-May-38	04-Aug-38	72	Cork		6
3293	Russell	William	39	GSW	Leg L		24-May-38	05-Aug-38	74	Galway		6
3294	Murphy	John	47	Disease	Neurasthenia		26-May-38	22-Jul-38	57	Silgo		6
3295	Murphy	Daniel	54	Disease	DAH	Debility	26-May-38	03-Aug-38	69	Cork		6
3296	O'Connor	Michael	43	Disease	Bronchitis	Rheumatism	27-May-38	21-Oct-38	148	Dublin		6
3297	Murray	James	44	Disease	Neurasthenia		03-Jun-38	29-Jul-38	57	Cork		6
3298	Sheridan	David	56	Disease	Gastritis		07-Jun-38	08-Jul-38	32	Cork		6
3299	Dalton	James	55	Disease	Bronchitis		08-Jun-38	26-Aug-38	80	Dublin		6
3300	Doyle	Thomas	60	Disease	Asthma		10-Jun-38	30-Sep-38	112	Wexford		6

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3301	Hornsby	Patrick	73	Disease	Myalgia	Debility	14-Jun-38	14-Oct-38	123	Dublin		6
3302	Coffey	Michael	50	Disease	ODH		14-Jun-38	23-Aug-38	71	Dublin		6
3303	Morrissey	John	57	Disease	Empysema		16-Jun-38	16-Jul-38	31	Kilkenny		6
3304	Fitzgerald	Stephen	44	Disease	Deafness	DAH	16-Jun-38	23-Sep-38	100	Dublin		6
3305	Cowap	Ralph	63	Disease	Trench Feet		17-Jun-38	09-Sep-38	84	Dublin		6
3306	Doogue	Andrew	45	GSW	Chest		18-Jun-38	22-Jul-38	35	Kildare		6
3307	Byrne	Joseph	42	Disease	Manic Depressive Psychosis		27-Jun-38	07-Jul-38	11	Dublin		6
3308	Dowd	Richard	45	Disease	Bronchitis		29-Jun-38	14-Oct-38	108	Dublin		6
3309	Egan	James	43	GSW	Thigh L		28-Jun-38	05-Jul-38	8	Tipperary	To Grangeogorman Mental Hosp	6
3310	McMahon	Thomas	45	Disease	Bronchitis		01-Jul-38	02-Sep-38	64	Tipperary		6
3311	Whelan	John	46	GSW	Thigh R		07-Jul-38	25-Nov-38	142	Clare		6
3312	Bourke	Charles	58	GSW	Hip R		13-Jul-38	20-Sep-38	70	Mayo		6
3313	Kepple	William	45	Disease	Gastritis		13-Jul-38	23-Sep-38	73	Cork		6
3314	Brown	James	47	Disease	Hip Joint R Injury		13-Jul-38	05-Aug-38	24	Waterford		6
3315	McInerney	Con	62	Disease	Bronchitis Chronic		15-Jul-38	16-Sep-38	64	Tipperary		6
3316	Graham	Francis	47	GSW	Buttock		18-Jul-38	02-Sep-38	47	Tipperary		6
3317	O'Neill	Francis	43	Disease	DAH		18-Jul-38	27-Jul-38	10	Dublin		6
3318	Goldrick	Michael	47	GSW	Leg R		20-Jul-38	23-Dec-38	157	Cavan		6
3319	Lanigan	Michael	62	GSW	Lung L		20-Jul-38	21-Oct-38	94	Waterford		6
3320	Power	James	60	Disease	Gas, Effects of		21-Jul-38	12-Aug-38	23	Laois		6
3321	Keating	Michael	52	GSW	Thigh R		22-Jul-38	23-Jul-38	2			6
3322	Judd	James	44	Disease	Neurasthenia		25-Jul-38	07-Oct-38	75	Dublin		6
3323	Byrne	Joseph	43	Disease	Manic Depressive Psychosis		25-Jul-38	12-May-39	292	Dublin		6
3324	Morrison	Thomas	46	GSW	Arm L		26-Jul-38	09-Sep-38	46	Dublin		6
3325	Farrell	Charles	63	Disease	Bronchitis		26-Jul-38	12-Nov-38	110	Dublin		6
3326	Farrelly	Bernard	43	Disease	Bronchitis Chronic		27-Jul-38	12-Nov-38	109	Cavan		6
3327	Crowley	John	43	Disease	Neurasthenia		29-Jul-38	14-Oct-38	78	Waterford		6
3328	Brassill	Chris	40	Disease	Neurasthenia		02-Aug-38	24-Oct-38	84	Dublin		6
3329	Gray	William	36	Disease	Bronchitis	Debility	03-Aug-38	15-Sep-38	44	Sligo		6
3330	Hallahan	Nicholas	36	GSW	Arm L Forearm		06-Aug-38	07-Oct-38	63	Waterford		6
3331	Holmes	James	54	Disease	Bronchitis		08-Aug-38	18-Nov-38	103	Dublin		6
3332	Cummins	Patrick	41	GSW	Jaw		08-Aug-38	16-Aug-38	9	Dublin		6
3333	Real	Michael	39	Disease	Neurasthenia		09-Aug-38	02-Nov-38	86	Tipperary		6
3334	Heaney	Daniel	47	GSW	Leg L Ampt		11-Aug-38	30-Sep-38	51	Tipperary		6
3335	Delaney	Patrick	43	Disease	Colitis Chronic Post Dysenteric		12-Aug-38	20-Aug-38	9	Laois		6
3336	McGrath	John	50	Disease	Bronchitis Chronic		13-Aug-38	02-Sep-38	21	Dublin		6
3337	McDonald	Francis	68	GSW	Eye R		16-Aug-38	03-Sep-38	19	Loufth		6
3338	Mulhall	John	48	GSW	Face		16-Aug-38	09-Sep-38	25	Laois		6
3339	Cosgrove	Joseph	48	GSW	Leg L Ampt		16-Aug-38	30-Sep-38	46	Limerick		6
3340	Kenna	Patrick	53	Disease	Bronchitis		17-Aug-38	28-Jul-39	346	Dublin		6
3341	McCabe	Chris	40	Disease	Neurasthenia		18-Aug-38	12-May-39	268	Dublin		6
3342	Mulligan	George	43	GSW	Hand R		19-Aug-38	23-Dec-38	127	Wicklow		6
3343	Kinsella	William	50	Disease	Duodenal Ulcer	Otorrhoea	19-Aug-38	03-Mar-39	197	Dublin		6
3344	O Connor	Daniel	66	Disease	Rheumatism	Back Injury	19-Aug-38	20-Jan-39	155	Dublin		6
3345	Moffat	Martin	53	Disease	DAH		20-Aug-38	20-Oct-38	62	Sligo		6
3346	Smith	Chris	60	Disease	Bronchitis Chronic		20-Aug-38	04-Nov-38	77	Dublin		6
3347	Dowling	Edward	42	GSW	Abdomen		24-Aug-38	24-Aug-38	1	Dublin		6
3348	McDonnell	Thomas	48	Disease	Bronchitis		25-Aug-38	23-Sep-38	30	Dublin		6
3349	McLoughlin	Bernard	50	Disease	Empysema with SL Scoliosis		25-Aug-38	22-Dec-38	120	Cork		6
3350	Griffin	William	56	Disease	Lumbago		30-Aug-38	03-Mar-39	186	Galway		6

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3351	Allen	Patrick	39	GSW	Leg L Ampt		31-Aug-38	14-Oct-38	45	Dublin		6
3352	Hickey	Thomas	52	GSW	Femur R		31-Aug-38	04-Nov-38	66	Dublin		6
3353	Hyland	Thomas	43	GSW	Hip R		01-Sep-38	16-Sep-38	16	Dublin		6
3354	McKenna	Patrick	38	Disease	Bronchitis		01-Sep-38	12-Dec-38	103	Louth		6
3355	Sherlock	Matthew	43	GSW	Arm L Forearm		02-Sep-38	04-Nov-38	64	Silgo		6
3356	Manning	John	40	GSW	Leg R		03-Sep-38	04-Nov-38	63	Waterford		6
3357	Dirrane	Thomas	39	Disease	Abcess of the Liver		05-Sep-38	24-Feb-39	173	Galway		6
3358	Dixon	Chris	44	GSW	Humerus L		06-Sep-38	01-Dec-38	87	Dublin		6
3359	Brien	John	41	Disease	DAH		06-Sep-38	07-Oct-38	32	Dublin		6
3360	Kavanagh	Patrick	51	GSW	Multiple		06-Sep-38	11-Nov-38	67	Waterford		6
3361	Cullen	David	61	GSW	Chest		07-Sep-38	23-Dec-38	108	Dublin		6
3362	Melly	Bernard	53	Disease	Neurasthenia		07-Sep-38	10-Mar-39	185	Silgo		6
3363	Higgins	James	50	Disease	Neurasthenia		09-Sep-38	03-Feb-39	148	Mayo		6
3364	Giles	John	45	Disease	Bronchitis		09-Sep-38	04-Nov-38	57	Dublin		6
3365	Dunn	James	52	Disease	ODH		10-Sep-38	26-Nov-38	78	Dublin		6
3366	Harte	William	42	GSW	Arm L Forearm		13-Sep-38	04-Nov-38	53	Dublin		6
3367	Hallahan	Daniel	41	GSW	Arm L Forearm Ampt		15-Sep-38	23-Dec-38	100	Dublin		6
3368	Hobart	Thomas	42	Disease	Debility	Bronchitis	15-Sep-38	30-Jul-39	319	Dublin		6
3369	Keaskin	James	42	GSW	Hip L		16-Sep-38	27-Jan-39	134	Louth		6
3370	Bayley	Charles	39	Disease	Bilharziasis		16-Sep-38	01-Dec-38	77	Dublin		6
3371	Lonegan	James	38	GSW	Hand R		20-Sep-38	30-Sep-38	11	Tipperary		6
3372	Ward	Michael	60	GSW	Buttock R		24-Sep-38	10-Mar-39	168	Kilkenny		6
3373	Donohue	Edward	43	GSW	Thigh L		24-Sep-38	27-Jan-39	126	Cavan		6
3374	Woodlock	Charles	55	Disease	Ulceration of Intestines		24-Sep-38	23-Dec-38	91	Dublin		6
3375	Mahoney	John	41	GSW	Hand	Deathness	26-Sep-38	09-Dec-38	75	Tipperary		6
3376	McGuinness	John	68	Disease	Bronchial Asthma		28-Sep-38	05-Nov-38	39	Cork		6
3377	Cox	Joseph	40	Disease	Neurasthenia		30-Sep-38	28-Oct-38	29	Dublin		6
3378	Boyd	John	45	GSW	Knee L		03-Oct-38	02-Dec-38	61	Silgo		6
3379	Barron	Frank	41	Disease	Vertigo		05-Oct-38	03-Feb-39	122	Dublin		6
3380	Dowling	John	56	Disease	Rheumatism		07-Oct-38	06-Feb-39	122	Waterford	DIED.	6
3381	Kelly	John	43	GSW	Hip R		13-Oct-38	06-Apr-39	176	Tipperary		6
3382	Prendergast	Richard	51	GSW	Thigh L Ampt		14-Oct-38	18-Nov-38	36	Offaly		6
3383	Manning	Paul	44	GSW	Foot L		15-Oct-38	25-Jul-40	650	Dublin		6
3384	Muldoon	Thomas	42	GSW	Arm & Shoulder R		15-Oct-38	23-Dec-38	70	Silgo		6
3385	Maguire	Charles	44	GSW	Knee L		18-Oct-38	27-Jan-39	102	Cavan		6
3386	Leech	Garrett	59	Disease	Varicose Veins		20-Oct-38	28-Apr-39	191	Dublin		6
3387	McCarthy	John	44	Disease	Neurasthenis		20-Oct-38	20-Jan-39	93	Silgo		6
3388	Hassett	Arthur	46	Disease	Bronchitis		20-Oct-38	23-Dec-38	65	Limerick		6
3389	Hare	Thomas	48	GSW	Arm L		20-Oct-38	09-Dec-38	51	Cork		6
3390	Lloyd	William	48	GSW	Arm R		20-Oct-38	26-May-39	218	Galway		6
3391	Doyle	John J	47	GSW	Chest		21-Oct-38	06-Apr-39	168	Dublin		6
3392	Linehan	Michael	42	Disease	Colitis		24-Oct-38	01-Jun-39	221	Cork		6
3393	Trenouth	Joseph	60	Disease	DAH		24-Oct-38	23-Jun-41	974	Dublin		6
3394	Hogan	Bernard	42	GSW	Side L & F. B. R		24-Oct-38	30-Dec-38	68	Dublin		6
3395	Coffey	Michael	50	Disease	ODH		26-Oct-38	24-Feb-39	122	Dublin		6
3396	Doody	Peter	49	Disease	Neurasthenia	DAH	26-Oct-38	25-Feb-39	123	Wicklow		6
3397	Getrins	Edward	42	Disease	Malaria	DAH	31-Oct-38	18-Nov-38	19	Silgo		6
3398	Byron	Michael	52	GSW	Thigh R		01-Nov-38	20-Jan-39	81	Cork		6
3399	Connor	John	41	Disease	Skull Fractured		02-Nov-38	23-Dec-38	52	Wicklow		6
3400	Sullivan	Denis	62	Disease	Hip L Injury		04-Nov-38	13-Oct-39	344	Cork		6

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3401	O'Toole	Thomas	51	Disease	Bronchitis Chronic		12-Nov-38	22-Jan-39	72	Dublin		6
3402	Fitzpatrick	Joseph	62	Disease	DAH		14-Nov-38	21-Nov-38	8	Kildare		6
3403	Wolfe	George	40	Disease	DAH		14-Nov-38	26-Jul-39	255	Meath	Retained for Treatment	6
3404	Curran	Andrew	58	Disease	Leg L Old Injury		16-Nov-38	13-Jan-39	59	Offaly		6
3405	Hickey	William	45	GSW	Leg R		19-Nov-38	24-Feb-39	98	Kilkenny		6
3406	Byrne	John	63	Disease	Bronchitis Chronic		19-Nov-38	05-May-39	168	Dublin		6
3407	Carroll	Arthur	52	GSW	Leg R		19-Nov-38	01-Sep-39	287	Tipperary		6
3408	Caffrey	John	52	Disease	Rheumatoid Arthritis		21-Nov-38	31-Mar-39	131	Wicklow		6
3409	O'Mara	Thomas	41	Disease	Gastritis		25-Nov-38	03-Feb-39	71	Dublin		6
3410	Morris	William	48	Disease	Bronchitis Chronic		27-Nov-38	10-Mar-39	104	Dublin		6
3411	Dwyer	William	69	Disease	DAH		30-Nov-38	24-Mar-39	115	Sligo		6
3412	Byrne	Henry	43	Disease	Bronchitis		29-Nov-38	24-Mar-39	116	Dublin		6
3413	Kinsella	Michael	43	GSW	Arm R		01-Dec-38	23-Jun-39	205	Dublin		6
3414	Lewis	Thomas	54	GSW	Knee R		01-Dec-38	02-Feb-39	63	Dublin		6
3415	Brien	Michael	56	GSW	Thigh R		01-Dec-38	24-Feb-39	86	Waterford		6
3416	Butler	Cornelius	43	Disease	Bronchitis		05-Dec-38	28-Apr-39	145	Tipperary		6
3417	Walsh	James	44	Disease	Foot R Fracture		07-Dec-38	17-Feb-39	73	Donegal		6
3418	Dalton	John	58	GSW	Humerus R		19-Dec-38	27-Jan-39	40	Tipperary		6
3419	Boyle	John	51	Disease	Neurasthenia		21-Dec-38	12-May-39	143	Wexford		6
3420	Guirine	Geoffrey	49	Disease	Bronchitis		22-Dec-38	07-Feb-39	48	Dublin	DIED.	6
3421	Kenny	Charles	45	Disease	Bronchitis		31-Dec-38	28-Apr-39	119	Dublin		6
3422	Foley	William	53	GSW	Thigh R Ampt		03-Jan-39	03-Mar-39	60	Dublin		6
3423	Sunderland	John	50	Disease	Bronchitis		04-Jan-39	04-May-39	121	Dublin		6
3424	Cassidy	Edward	46	GSW	Back		12-Jan-39	05-May-39	114	Louth		6
3425	Walsh	Thomas	45	GSW	Back		12-Jan-39	28-Jan-39	17	Mayo		6
3426	Nally	Joseph	52	GSW	Abdomen		12-Jan-39	30-Jun-39	170	Longford		6
3427	Whitaker	Benjamin	46	GSW	Leg R		13-Jan-39	24-Feb-39	43	Sligo		6
3428	Willmott	Herbert	47	Disease	Bronchitis	Asthma	18-Jan-39	03-Mar-39	45	Waterford		6
3429	Walsh	Michael	64	GSW	Chest		18-Jan-39	28-Apr-39	101	Dublin		6
3430	McKeady	James	49	Disease	Bronchitis		18-Jan-39	28-Jan-39	11	Dublin		6
3431	McCarthy	Timothy	47	GSW	Leg R		18-Jan-39	24-Nov-39	311	Dublin		6
3432	Hamilton	Joseph	41	GSW	Thigh L		18-Jan-39	28-Jul-39	192	Donegal		6
3433	Hogan	Patrick	47	GSW	Shoulder R		18-Jan-39	06-Apr-39	79	Tipperary		6
3434	McCafferty	John	51	GSW	Leg L		20-Jan-39	28-Apr-39	99	Laos		6
3435	Corr	John	49	GSW	Femur R		23-Jan-39	31-Mar-39	70	Dublin		6
3436	Behan	Patrick	53	Both	GSW Back	ODH	23-Jan-39	01-Sep-39	222	Dublin		6
3437	Shortal	John	38	Disease	Bronchitis Chronic		26-Jan-39	05-May-39	100	Laos		6
3438	Pim	John	54	Disease	Bronchitis		26-Jan-39	06-Apr-39	71	Dublin		6
3439	Doyle	Thomas	66	Disease	Dysentery		28-Jan-39	28-Apr-39	91	Dublin		6
3440	Lang	William	43	GSW	Thigh R		28-Jan-39	31-Mar-39	63	Dublin		6
3441	McGrath	James	45	GSW	Chest		31-Jan-39			Dublin		6
3442	O'Sullivan	James	55	Disease	Pernosis ICT Thrombosis		31-Jan-39	10-Aug-39	192	Waterford		6
3443	Collins	John	44	GSW	Buttock R		01-Feb-39	25-Feb-39	25	Limerick		6
3444	Redmond	William	50	GSW	Arm L Forearm		01-Feb-39	21-Jul-39	171	Dublin		6
3445	Lannon	John	41	GSW	Arm L		01-Feb-39	09-Mar-39	37	Dublin		6
3446	Murphy	Daniel	45	Disease	Neurasthenia		01-Feb-39	05-May-39	94	Cork		6
3447	O'Shea	Thomas	61	GSW	Leg L		02-Feb-39	06-Apr-39	64	Cork		6
3448	Gibbons	James	72	Disease	Thigh R Injury		06-Feb-39	01-Sep-39	208	Westmeath		6
3449	O'Halloran	James	54	GSW	Arm R		07-Feb-39	06-Apr-39	59	Westmeath		6
3450	Ryan	Edmund	63	GSW	Buttock L		08-Feb-39	28-Apr-39	80	Tipperary		6

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3451	Heelan	David	44	GSW	Wrist L		08-Feb-39	23-Jun-39	136	Tipperary		6
3452	Duff	Edward	47	Disease	ODH		09-Feb-39	01-Sep-39	205	Dublin		6
3453	Pratt	Frank	59	Disease	Rheumatism, Chest Trouble	Kidney Trouble	13-Feb-39	03-Mar-39	19	Dublin		6
3454	Brownlee	Samuel	40	Both	GSW Chest	Bronchitis	13-Feb-39	06-Apr-39	53	Mayo		6
3455	Cummins	Patrick	42	GSW	Jaw		13-Feb-39	02-Mar-39	18	Dublin	To Roehampton	6
3456	Wilkinson	Thomas	55	GSW	Leg L Ampt		15-Feb-39	07-Jul-39	143	Cork		6
3457	Brennan	Patrick	59	GSW	Leg R		21-Feb-39	09-Jun-39	109	Kilkenny		6
3458	McLoughlin	Albert	48	Disease	Bronchitis		22-Feb-39	28-Jul-39	157	Dublin		6
3459	Houlihan	James	56	GSW	Arm R Forearm		24-Feb-39	16-Jun-39	113	Limerick		6
3460	McInerney	Con	59	Disease	Bronchitis Chronic		24-Feb-39	12-May-39	78	Tipperary		6
3461	Hennessey	Michael	54	GSW	Foot R		28-Feb-39	23-Jun-39	116	Roscommon		6
3462	Neary	Edward	47	Both	GSW Skull	Bronchitis	28-Feb-39	30-Jun-39	123	Kildare		6
3463	O'Rourke	Bernard	65	Disease	Bronchitis	VDH	01-Mar-39	08-Sep-39	193	Dublin	Marked as Absentee	6
3464	O'Brien	Michael	41	GSW	Leg L Shrapnel Wound		01-Mar-39	30-May-39	90	Limerick		6
3465	Handyside ?	James	48	Disease	Deblity		01-Mar-39	02-Mar-39	2	Dublin		6
3466	Judd	James	45	Both	GSW Head	Neusasthenia	02-Mar-39	01-Apr-39	31	Dublin	DIED.	6
3467	Kavanagh	Thomas	44	Disease	VDH		03-Mar-39	07-Mar-39	5	Dublin	DIED.	6
3468	Barbour	James	44	Disease	DAH		06-Mar-39	07-Mar-39	2	Donegal		6
3469	Carroll	Michael	48	Disease	Bronchitis		09-Mar-39	25-Aug-39	169	Dublin		6
3470	Russell	Patrick	54	GSW	Arm R		09-Mar-39	28-Jul-39	142	Dublin		6
3471	McMorrow	Patrick	47	GSW	Abdomen		10-Mar-39	18-Mar-39	9	Leitrim		6
3472	Cryan	James	56	Disease	Neurasthenia		10-Mar-39	30-Jun-39	113	Dublin		6
3473	Monks	Edward	48	Disease	Deblity General		13-Mar-39	21-Apr-39	40	Tipperary		6
3474	O'Brien	Thomas	60	Disease	Bronchitis		14-Mar-39	26-May-39	74	Dublin		6
3475	Wills	John H	52	Disease	Rheumatism		14-Mar-39	26-May-39	74	Tipperary		6
3476	Kelly	John	45	Disease	Gastritis		15-Mar-39	16-Mar-39	2	Dublin	Del Case-X Ray & B Meal	6
3477	Malone	Francis	58	GSW	Ankle R		20-Mar-39	12-May-39	54	Dublin		6
3478	Chadwick	Thomas	59	GSW	Abdomen & Back		21-Mar-39	16-Jun-39	88	Tipperary		6
3479	Kelly	William	69	Disease	VDH		22-Mar-39	21-Jul-39	122	Dublin		6
3480	McCormack	Patrick	49	Disease	VDH		24-Mar-39	05-May-39	43	Offaly		6
3481	Ellis	John	44	GSW	Leg L		24-Mar-39	09-Jun-39	78	Dublin		6
3482	Cromwell	Gerald	40	GSW	Back		24-Mar-39	07-Sep-39	168	Dublin		6
3483	Gorman	John	57	GSW	Leg R Ampt		24-Mar-39	19-May-39	57	Sligo		6
3484	Dorrington	John	58	Disease	Bronchitis		29-Mar-39	28-Jul-39	122	Dublin		6
3485	Ledwidge	Simon	66	GSW	Hip L		03-Apr-39	26-May-39	54	Dublin		6
3486	Hurley	Joseph	49	Disease	Knee R Injury		04-Apr-39	22-Sep-39	172	Dublin		6
3487	Murphy	John	52	GSW	Hand L		05-Apr-39	05-May-39	31	Dublin		6
3488	Boyd	John	45	GSW	Knee L	Hernia	06-Apr-39	12-May-39	37	Sligo		6
3489	McGovern	John	59	Both	GSW Chest		11-Apr-39	01-Sep-39	144	Kerry		6
3490	Ryan	Robert	57	GSW	Legs Both Ampt		12-Apr-39	22-Jul-39	102	Dublin		6
3491	Owens	Edward	46	Disease	VDH		12-Apr-39	21-Jul-39	101	Westmeath		6
3492	Tracey	Patrick	46	Disease	Trench Feet		14-Apr-39	30-Jun-39	78	Dublin	DIED.	6
3493	Dodville	Patrick	38	Disease	Bronchitis		17-Apr-39	18-Aug-39	124	Sligo		6
3494	Colmey	William	51	Disease	Bronchitis arising from Gassing		18-Apr-39	08-Sep-39	144	Dublin	DIED.	6
3495	Scannell	David	47	Disease	Rheumatism		19-Apr-39	24-Aug-39	128	Cork		6
3496	Armstrong	Michael	41	Disease	Bronchitis		20-Apr-39	23-Jun-39	65	Sligo		6
3497	O'Keefe	John	53	Disease	Bronchitis		22-Apr-39	15-Jul-39	85	Dublin	DIED.	6
3498	Byrne	Michael	41	GSW	Arm L		24-Apr-39	02-Jun-39	40	Dublin		6
3499	McLoughlin	Martin	43	Disease	Gastritis		26-Apr-39	27-Apr-39	2	Sligo	Detained	6
3500	Carberry	Neil	43	GSW	Ilium L		26-Apr-39	24-Aug-39	121	Donegal		6

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3501	Brewer	Edmund	46	Both	GSW Back	Head Trouble	01-May-39	27-Jul-39	88	Westmeath		6
3502	Ford	William	50	Disease	Varicose Veins		05-May-39	18-Aug-39	106	Dublin		6
3503	Murray	Patrick	46	Disease	Deblity		05-May-39	27-Feb-40	299	Kilkenny	DIED.	6
3504	Crowley	Patrick	47	GSW	Ilium R Fracture		01-May-39	28-Jul-39	89	Leitrim		6
3505	Hamie	James	57	GSW	Leg R		01-May-39	27-Jul-39	88	Mayo		6
3506	McKeown	Thomas	40	GSW	Arm R Forearm	Head	12-May-39	02-Jun-39	22	Cavan		6
3507	Connor	John	58	GSW	Thigh R Ampt		13-May-39	25-May-39	13	Dublin		6
3508	Coleman	Edward	50	GSW	Head		15-May-39	26-May-39	12	Cork		6
3509	Cullen	Edward	61	GSW	Chest		16-May-39	01-Dec-39	200	Dublin		6
3510	Coffey	Michael	53	Disease	ODH		18-May-39	28-Jul-39	72	Dublin		6
3511	Byrne	Henry	50	Disease	Bronchitis		22-May-39	01-Sep-39	103	Dublin		6
3512	Farrrell	Peter	45	Disease	ODH	Malaria	29-May-39	30-Jun-39	33	Dublin		6
3513	Jolly	Robert	56	Disease	Deblity		30-May-39	10-Jul-39	42	Tipperary		6
3514	Cunningham	Edward	49	Disease	DAH		31-May-39	13-Jun-39	14	Dublin		6
3515	Thompson	James	62	Disease	Myalgia		03-Jun-39	13-Oct-39	133	Dublin		6
3516	Fletcher	Alex	48	Disease	Bronchitis		05-Jun-39	30-Jun-39	26	Westmeath		6
3517	Griffin	William	58	Disease	Lumbago		07-Jun-39	08-Jun-39	2	Galway	Detained	6
3518	Wyer	Joseph	69	Disease	Gastritis		07-Jun-39	08-Jun-39	2	Laois	Detained	6
3519	Walsh	William	56	Disease	Cheirpompophylx		07-Jun-39	27-Oct-39	143	Limerick		6
3520	Moran	John	64	Disease	Bronchitis		07-Jun-39	01-Sep-39	87	Dublin		6
3521	Fox	William	51	GSW	Thigh L		09-Jun-39	18-Aug-39	71	Dublin		6
3522	Duffy	Thomas	41	GSW	Foot R	Patella L Fracture	08-Jun-39	06-Jul-39	29	Louth		6
3523	Doyle	John J	48	GSW	Chest		12-Jun-39	28-Jul-39	47	Dublin		6
3524	Keegan	John	61	Disease	VDH		13-Jun-39	04-Jul-39	22	Dublin	DIED.	6
3525	Bradley	John	49	Disease	Bronchitis		14-Jun-39	03-May-40	325	Dublin		6
3526	Flood	Michael	56	Disease	Bronchitis		14-Jun-39	16-Jun-39	3	Dublin	DIED.	6
3527	Luby	Michael	59	Disease	Empysema Chronic		14-Jun-39	12-Sep-39	91	Tipperary		6
3528	Farrrell	James	43	Disease	Leg R Ampt		15-Jun-39	06-Oct-39	114	Longford		6
3529	Walsh	Thomas	52	Disease	Heart Trouble		19-Jun-39	15-Jul-39	27	Sligo		6
3530	Moore	Charles	52	GSW	Leg L		19-Jun-39	15-Sep-39	89	Dublin		6
3531	O'Neill	Daniel	47	Disease	DAH		21-Jun-39	17-Jul-39	27	Cork		6
3532	Doherty	Michael	62	GSW	Groin R		21-Jun-39	15-Jul-39	25	Donegal		6
3533	Webster	Andrew	47	GSW	Arm L		23-Jun-39	18-Aug-39	57	Tipperary		6
3534	O'Shea	John	46	Disease	Bronchitis, Deblity	DAH	26-Jun-39	10-Jul-39	15	Cork		6
3535	Cunningham	William	55	Disease	Gastritis		26-Jun-39	16-Jul-39	21	Kilkenny	DIED.	6
3536	Walsh	William	47	GSW	Back & Leg R		28-Jun-39	18-Aug-39	52	Tipperary		6
3537	Butler	Cornelius	43	Disease	Bronchitis		29-Jun-39	20-Oct-39	114	Tipperary		6
3538	Walsh	James	43	Disease	Foot R Fracture		04-Jul-39	29-Dec-39	179	Donegal		6
3539	Naylor	Henry	42	GSW	Leg R		06-Jul-39	06-Oct-39	93	Offaly		6
3540	Bonnynman	Thos	54	GSW	Chest		11-Jul-39	29-Aug-39	60	Wicklow		6
3541	Murphy	John	52	GSW	Hand L		11-Jul-39	08-Sep-39	50	Dublin		6
3542	Hennessey	James	54	GSW	Arm L Forearm		11-Jul-39	04-Aug-39	28	Dublin		6
3543	Hackett	James	62	Disease	Ulcer Gastro		12-Jul-39	13-Jul-39	2	Dublin	Detained	6
3544	Looney	John	71	Disease	ODH		18-Jul-39	24-Nov-39	130	Meath		6
3545	Fitzpatrick	James	49	Disease	Gastritis		19-Jul-39	21-Dec-39	156	Dublin		6
3546	Kelly	Patrick	53	GSW	Knee L		26-Jul-39	20-Sep-39	57	Dublin		6
3547	Duffy	Thomas	41	Disease	Patella L Fracture		27-Jul-39	01-Sep-39	37	Louth		6
3548	Buckley	Patrick	45	GSW	Leg R Ampt		28-Jul-39	16-May-40	294	Kilkenny		6
3549	Mackey	Michael	41	GSW	Shoulder L		03-Aug-39	22-Sep-39	51	Waterford		6
3550	O'Beirne	Henry	69	GSW	Arm L		08-Aug-39	24-Nov-39	109	Dublin		6

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3551	O'Brien	Michael	42	GSW	Leg L Shrapnel Wound		09-Aug-39	10-Aug-39	2	Cork		6
3552	Byrne	Henry	41	GSW	Thigh L		17-Aug-39	19-Sep-39	34	Meath		6
3553	Regan	Martin	44	Disease	Leg L Thrombosis	Tibia & Fibula R Fracture	17-Aug-39	29-Sep-39	44	Galway		6
3554	Nolan	Michael	48	GSW	Leg R Ampt		19-Aug-39	06-Oct-39	49	Dublin		6
3555	Farrell	James	57	Disease	Dysentery		23-Aug-39	24-Aug-39	2	Dublin	Detained	6
3556	Norton	John	70	Disease	Rheumatoid Arthritis		24-Aug-39	26-Jan-41	522	Dublin		6
3557	Shaw	William	50	Disease	VDH		28-Aug-39	15-Sep-39	19	Cork		6
3558	Kiely	Edward	40	Disease	DAH		30-Aug-39	22-Sep-39	24	Waterford		6
3559	Farrell	James	57	Disease	Gastritis Chronic		11-Sep-39	02-Oct-39	22	Dublin		6
3560	Condon	Michael	41	Disease	Bronchitis		11-Oct-39	29-Feb-40	142	Wexford		6
3561	Gilmartin	Thos	62	Disease	Foot L Crushed		13-Oct-39	24-Nov-39	43	Roscommon		6
3562	Doherty	John	75	Disease	Bronchitis	ODH	16-Oct-39	30-Nov-39	46	Dublin		6
3563	Doyle	Thomas	73	Disease	Dysentery	Rheumatism	18-Oct-39	03-Nov-39	17	Dublin		6
3564	Hobart	Thomas	45	Disease	Debility	Bronchitis	18-Oct-39	21-Dec-39	65	Dublin		6
3565	Coffey	Michael	52	Disease	ODH		19-Oct-39	25-Jan-40	99	Dublin		6
3566	Fay	Thomas	43	Disease	Rheumatism		19-Oct-39	18-Jan-40	92	Cavan		6
3567	McCarthy	Thomas	46	GSW	Wrist L		19-Oct-39	15-Dec-39	58	Cork		6
3568	O'Brien	Martin	61	Disease	Varicose Veins		20-Oct-39	13-Dec-39	55	Tipperary		6
3569	Giles	John	47	Disease	Bronchitis		20-Oct-39	08-Feb-40	112	Dublin		6
3570	Cummins	Patrick	42	GSW	Jaw		21-Oct-39	22-Nov-39	33	Dublin		6
3571	Byrne	Henry	50	Disease	Bronchitis		26-Oct-39	17-Oct-40	358	Dublin		6
3572	Hennessey	Michael	51	GSW	Foot R		26-Oct-39	15-Dec-39	50	Roscommon		6
3573	Holmes	James	64	Disease	Bronchitis		26-Oct-39	21-Dec-39	57	Dublin		6
3574	Sherlock	Matthew	44	GSW	Arm L Forearm		27-Oct-39	01-Jan-40	67	Sligo		6
3575	Beattie	Samuel	61	Disease	DAH	Bronchitis	28-Oct-39	08-Feb-40	104	Dublin		6
3576	Sunderland	John	51	Disease	Bronchitis		31-Oct-39	11-Apr-40	164	Dublin		6
3577	Hamilton	Joseph	41	GSW	Thigh L		01-Nov-39	01-Feb-40	93	Donegal		6
3578	Ryan	Matthew	62	Disease	Bronchitis		01-Nov-39	15-Dec-39	45	Dublin		6
3579	Hession	John	58	GSW	Leg L		02-Nov-39	12-Jan-40	72	Galway		6
3580	Hickey	William	46	GSW	Leg R		02-Nov-39	18-Jan-40	78	Kilkenny		6
3581	Doyle	John J	48	GSW	Chest		06-Nov-39	10-May-40	187	Dublin	DIED.	6
3582	O'Neill	Bernard	43	GSW	Heel		07-Nov-39	15-Feb-40	101	Louth		6
3583	Kelly	Patrick	47	Disease	Bronchitis		09-Nov-39	22-Feb-40	106	Dublin		6
3584	Boyd	John	45	GSW	Knee L		10-Nov-39	08-Dec-39	29	Sligo		6
3585	Stevin	William	64	GSW	Leg L		10-Nov-39	15-Dec-39	36	Dublin		6
3586	Doyle	Thomas	62	Disease	Asthma		14-Nov-39	11-Jan-40	59	Wexford		6
3587	Halloran	James	47	GSW	Chest		14-Nov-39	21-Dec-39	38	Clare		6
3588	Linehan	Michael	43	Disease	Dysentery	Colitis	15-Nov-39	09-May-40	177	Cork		6
3589	Murphy	John	55	GSW	Hand L		15-Nov-39	21-Dec-39	37	Dublin		6
3590	Kenna	Patrick	53	Disease	Bronchitis		18-Nov-39	18-Jan-40	62	Dublin		6
3591	Murray	John	44	GSW	Leg L Ampt		20-Nov-39	12-Dec-39	23	Donegal		6
3592	Barron	Frank	42	Disease	Otitis Media		22-Nov-39	16-Feb-40	87	Dublin		6
3593	O'Mara	Thomas	41	Disease	Gastritis		22-Nov-39	11-Apr-40	142	Dublin		6
3594	Keaskin	James	43	GSW	Hip L		23-Nov-39	01-Feb-40	71	Louth		6
3595	Dowd	Richard	46	Disease	Bronchitis		24-Nov-39	18-Jan-40	56	Dublin		6
3596	O'Rourke	Bernard	65	Disease	Bronchitis	ODH	25-Nov-39	26-Nov-39	2	Dublin	DIED.	6
3597	Farrell	James	43	Disease	Trench Feet-R Foot Ampt		28-Nov-39	14-Mar-40	108	Longford		6
3598	Begley	John	45	GSW	Thigh L		01-Dec-39	18-Jan-40	49	Dublin		6
3599	Golden	James	45	GSW	Thigh L		05-Dec-39	01-Feb-40	59	Dublin		6
3600	Hurley	Joseph	48	Disease	Knee R Injury		05-Dec-39	22-Feb-40	80	Dublin		6

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3601	McCarthy	Timothy	47	GSW	Leg R		06-Dec-39	01-Feb-40	58	Dublin		6
3602	Elliott	Chris	52	GSW	Leg R Ampt		07-Dec-39	01-Feb-40	57	Limerick		6
3603	Hoye	John	43	Disease	Bronchitis		14-Dec-39	18-Apr-40	127	Dublin		6
3604	Looney	John	71	Disease	ODH		15-Dec-39	27-Aug-40	257	Meath		6
3605	Cromwell	Gerald	41	GSW	Back		19-Dec-39	30-May-40	164	Dublin		6
3606	Shortall	John	40	Disease	Bronchitis Chronic	DAH	21-Dec-39	29-Dec-39	9	Laos		6
3607	Moore	John	50	Disease	Bronchitis		20-Dec-39	23-Dec-39	4	Dublin	DIED.	6
3608	Smith	Patrick J	45	Disease	Rheumatoid Arthritis		28-Dec-39	07-Mar-40	71	Cavan		6
3609	Ryan	Matthew	62	Disease	Bronchitis		29-Dec-39	17-Feb-40	51	Dublin		6
3610	McDermott	Bernard	77	Disease	Osteo Arthritis Chronic		09-Apr-40	30-Apr-40	22	Roscommon		4
3611	Devitt	Patrick	42	GSW	Leg R		14-Jun-40	25-Jul-40	42	Dublin		4
3612	Wallace	James	54	Disease	Bronchitis		02-Aug-40	02-Sep-40	33	Dublin		4
3613	Wallace	James	54	Disease	Bronchitis		05-Dec-40	13-Feb-41	71	Dublin		4
3614	Wallace	James	56	Disease	Bronchitis		02-Feb-42	13-Mar-42	40	Dublin		4
3615	Aldridge	Thomas	59	Disease	Bronchitis		28-Mar-42	31-Mar-42	4	Kildare		4
3616	Burns	William	42	Disease	Malaria	Neurasthenia	27-May-42	21-Jun-42	26	Leitrim	Chelsea	4
3617	Lehman	James	37	Disease	Osteo Arthritis		09-Oct-43	03-Dec-43	55	Kildare		4
3618	Alexander(The Revd)	Andrew	58	Disease	Tuberculosis	Stomach Trouble	03-Jan-44	02-Mar-44	60	Monaghan		4
3619	Wallace	James	57	Disease	Bronchitis		02-Feb-42	13-Mar-42	48	Dublin		4
3620	Walsh	Michael	69	GSW	Thigh & Leg L		01-May-44	22-Jun-44	52	Dublin		4
3621	Wallace	James	58	Disease	Bronchitis		24-Oct-45	11-Jan-45	80	Dublin		4
3622	Wallace	James	58	Disease	Bronchitis		30-Jun-45	06-Aug-45	38	Dublin		4
3623	Whelan	Edward	55	Disease	Bronchitis		02-Jan-40	21-Mar-40	79	Dublin		6
3624	Kenny	Charles	45	Disease	Bronchitis		08-Jan-40	18-Apr-40	101	Dublin		6
3625	Brannigan	Joseph	50	Disease	Rhinitis Chronic		09-Jan-40	15-Feb-40	38			6
3626	Byrne	Thomas	54	GSW	Thigh R		09-Jan-40	28-Jan-43	1116			6
3627	Mahoney	John	49	GSW	Head	Deafness	09-Jan-40	14-Mar-40	66	Tipperary		6
3628	Murphy	Daniel	46	Disease	Neurasthenia		10-Jan-40	21-Mar-40	72	Cork	Marked 'N' for new patient	6
3629	Butler	Con	45	Disease	Bronchitis		10-Jan-40	25-Apr-40	106	Tipperary		6
3630	McGowan	Michael	49	GSW	Eye R		11-Jan-40	23-Jan-40	13	Cork		6
3631	Gorman	Bertie	49	GSW	Hand L		16-Jan-40	14-Mar-40	59	Longford		6
3632	Corcoran	Gerald	64	Disease	ODH		20-Jan-40	15-Feb-40	27	Dublin		6
3633	Lanigan	Michael	50	GSW	Lung L		22-Jan-40	03-Feb-40	13	Waterford		6
3634	Moran	John	66	Disease	Bronchitis		22-Jan-40	11-Apr-40	80	Dublin		6
3635	Murphy	John	56	GSW	Hand L		26-Jan-40	15-Feb-40	21	Dublin		6
3636	Connell	Henry	47	Disease	Bronchitis		27-Jan-40	09-May-40	103	Dublin		6
3637	Hall	Matthew	44	GSW	Thigh R		29-Jan-40	21-Mar-40	53	Dublin		6
3638	Byrne	Michael	57	Disease	Bronchitis		31-Jan-40	18-Apr-40	109	Dublin		6
3639	Ellis	John	45	GSW	Leg L		06-Feb-40	14-Mar-40	38	Dublin		6
3640	Reilly	William	62	Disease	Asthma		06-Feb-40	21-Mar-40	45	Cavan		6
3641	Brown	James	52	Disease	Hip R Injury		07-Feb-40	08-Mar-40	30	Waterford		6
3642	Wilkinson	Thomas	55	GSW	Leg R Ampt		08-Feb-40	28-Mar-40	50	Cork		6
3643	Dowd	Richard	47	Disease	Bronchitis		10-Feb-40	11-Apr-40	61	Dublin		6
3644	Sullivan	Denis	64	Disease	Hip L Injury		12-Feb-40	09-May-40	88	Cork		6
3645	Burns	John	56	GSW	Lumbar Region		13-Feb-40	21-Mar-40	38	Cavan		6
3646	Mahon	Edward	70	Disease	Bronchitis Chronic		15-Feb-40	16-Feb-40	2	Dublin	DIED.	6
3647	Flynn	Patrick	49	GSW	Face		15-Feb-40	04-May-40	80	Wexford		6
3648	Beattie	Samuel	61	Disease	DAH		21-Feb-40	09-May-40	79	Dublin		6
3649	Carberry	Neal	44	GSW	Groin L		23-Feb-40	18-Apr-40	56	Donegal		6
3650	Pinkerton	Robert	59	Disease	Bronchitis		27-Feb-40	21-Apr-40	54	Wicklow	DIED.	6

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3651	Smith	James	56	GSW	Leg L Scars		27-Feb-40	04-Apr-40	38	Cavan		6
3652	O'Shea	Thomas	59	GSW	Leg L		05-Mar-40	12-Apr-40	39	Cork		6
3653	Ryan	Matthew	62	Disease	Bronchitis		06-Mar-40	17-Apr-40	43	Dublin	DIED.	6
3654	Dyda	John	59	GSW	Arm R	Chest	08-Mar-40	28-Mar-40	21	Mayo		6
3655	Conlon	Francis	51	Disease	Bronchitis	Emphysema	13-Mar-40	09-May-40	58	Cavan		6
3656	Ryan	Edmund	64	GSW	Buttock L		14-Mar-40	25-Apr-40	43	Tipperary		6
3657	Gorman	John	58	GSW	Leg R Ampt		14-Mar-40	18-Apr-40	36	Sligo		6
3658	McKenna	Patrick	39	Disease	Bronchitis		14-Mar-40	30-May-40	67	Louth		6
3659	Burgess	William	65	GSW	Thigh L		16-Mar-40	13-Mar-41	363	Dublin		6
3660	Farrell	James	57	GSW	Hand R		21-Mar-40	25-Apr-40	36	Cavan		6
3661	O'Brien	John	55	GSW	Thigh L		25-Mar-40	28-Mar-40	4	Dublin		6
3662	Conway	Edward	65	Disease	Nephritis		27-Mar-40	10-Aug-40	137	Dublin	DIED.	6
3663	Farrell	Charlès	61	Disease	Bronchitis		28-Mar-40	04-Apr-40	8	Dublin	DIED.	6
3664	Smyth	Charles G	45	GSW	Neck		29-Mar-40	09-May-40	42	Wicklow		6
3665	O'Neill	Thomas	44	GSW	Thigh L		02-Apr-40	04-Apr-40	3	Wicklow		6
3666	Aherne	Augustine	53	Disease	Neurasthenia + B		04-Apr-40	04-Sep-40	154	Cork	To Grangeogorman	6
3667	Going	James	48	Disease	Pyelitis		04-Apr-40	07-Jan-41	279	Dublin	To Meath Hosp	6
3668	Scanlon	Patrick	65	Disease	Nephritis		06-Apr-40	30-Apr-40	25	Roscommon	DIED.	6
3669	Williams	Patrick	61	Disease	Arthritis		09-Apr-40	13-Jun-40	66	Sligo		6
3670	Hagan	Patrick	52	GSW	Thigh R		11-Apr-40	09-May-40	29	Dublin		6
3671	Fortune	Thomas	53	Disease	Bronchitis		11-Apr-40	02-May-40	22	Wexford		6
3672	Shortis	James	47	GSW	Face		11-Apr-40	13-Jun-40	64	Tipperary		6
3673	McSharry	Bernard	45	GSW	Chest L	Arm L	11-Apr-40	13-Jun-40	64	Leitrim		6
3674	Woods	Charles	54	Disease	Bronchitis		12-Apr-40	13-Feb-41	308	Dublin		6
3675	Kirby	Patrick	50	Disease	Gastric Ulcer		17-Apr-40	18-Apr-40	2		Detained	6
3676	McDermott	Thomas	48	GSW	Thigh R		18-Apr-40	24-Oct-40	190	Dublin		6
3677	Kinsella	Michael	45	GSW	Knee R		18-Apr-40	13-Jun-40	57	Dublin		6
3678	McCarthy	John	56	Disease	Neurasthenia		18-Apr-40	11-Jul-40	85	Sligo		6
3679	Cummins	Patrick	41	GSW	Jaw L		18-Apr-40	14-May-40	27	Dublin		6
3680	Doherty	John	75	Disease	Bronchitis	ODH	22-Apr-40	27-Jun-40	67	Dublin		6
3681	Sheridan	David	56	Disease	Gastritis	Debility	26-Apr-40	23-May-40	28	Cork		6
3682	Kirby	Patrick	50	Disease	Gastritis		29-Apr-40	27-Jun-40	60	Dublin	Retained for Treatment	6
3683	O'Shea	Daniel	54	GSW	Eye L Loss of		30-Apr-40	25-May-40	26	Kerry		6
3684	Chandley	Patrick	50	Disease	Gastritis		30-Apr-40	13-Jun-40	45	Cork		6
3685	Kelher	Patrick	49	Disease	Feet Deformity Ampt both little toes		01-May-40	27-Jun-40	58	Waterford		6
3686	Kelher	John	42	Disease	Knee R Injury		02-May-40	07-Nov-40	190	Cork		6
3687	Fay	Thomas	44	Disease	Rheumatism		02-May-40	04-Jul-40	64	Cavan		6
3688	Mahoney	John	43	GSW	Head with Deafness		03-May-40	04-Jul-40	63	Tipperary		6
3689	Morrissey	Peter	50	GSW	Knee L		08-May-40	13-Jun-40	37	Mayo		6
3690	Mackey	Michael	42	GSW	Shoulder L	Neurasthenia	08-May-40	25-Jul-40	79	Waterford		6
3691	Deasy	John	54	Both	GSW Head	Bronchitis	08-May-40	04-Jul-40	58	Cork		6
3692	Harrison	Chris	49	Disease	DAH		11-May-40	13-Jun-40	34	Dublin		6
3693	Riordan	Patrick	52	Disease	Bronchitis		15-May-40	13-Jun-40	29	Cork		6
3694	Coone	William	48	GSW	Groin R		16-May-40	13-Jun-40	28	Offaly		6
3695	Ryan	Joseph	46	GSW	Femur L		20-May-40	25-Jul-40	67	Limerick		6
3696	Carrroll	Michael	46	Disease	Bronchitis		20-May-40	31-Oct-40	164	Dublin		6
3697	Woods	Luke	47	GSW	Heel R		21-May-40	27-Jun-40	38	Cork		6
3698	Hamilton	Joseph	42	GSW	Thigh L		22-May-40	03-Oct-40	135	Donegal		6
3699	Connor	Joseph	51	GSW	Knee L		23-May-40	03-Oct-40	134	Dublin		6
3700	O'Keefe	Jeremiah	53	Disease	Neurasthenia		27-May-40	29-Aug-40	95	Cork		6

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3701	Grogan	Stephen	49	GSW	Hand R		28-May-40	18-Jul-40	52	Dublin		6
3702	Tracey	Thomas	53	GSW	Leg R Ampt		31-May-40	04-Jul-40	35	Dublin		6
3703	Blyth	William	57	GSW	Arm R		01-Jun-40	18-Jul-40	48	Dublin		6
3704	McDonnell	Edward	47	Disease	Bronchitis		03-Jun-40	24-Jun-40	22	Dublin		6
3705	Shanahan	John	46	Disease	Bronchitis		06-Jun-40	18-Jul-40	43	Coik		6
3706	Culligan	Michael	46	Disease	Feet Deformed		13-Jun-40	05-Jul-40	23	Louth		6
3707	Duncan	James	50	Disease	Bronchitis		13-Jun-40	25-Jul-40	43	Coik		6
3708	Smith	Patrick	46	Disease	Rheumatoid Arthritis		17-Jun-40	29-Aug-40	74	Cavan		6
3709	Kinsella	William	51	Disease	Duodenal Ulcer		18-Jun-40	08-Jul-40	21	Dublin	DIED.	6
3710	O'Kane	Daniel	66	Disease	DAH	Bronchitis	19-Jun-40	17-Oct-40	121	Coik		6
3711	Forde	William	53	Disease	Varicose Veins		21-Jun-40	05-Jul-40	15	Dublin		6
3712	Manley	Patrick	44	GSW	Buttock L		21-Jun-40	08-Aug-40	49	Coik		6
3713	Armstrong	Michael	42	Disease	Bronchitis		27-Jun-40	17-Oct-40	113	Sligo		6
3714	Reilly	Thomas	56	Disease	Bronchitis		27-Jun-40	07-Nov-40	134	Dublin		6
3715	Noonan	Patrick	48	Disease	Bronchitis		05-Jul-40	26-Sep-40	84	Dublin		6
3716	Behan	Patrick	54	Disease	DAH	Bronchitis	11-Jul-40	23-Jan-41	197	Dublin		6
3717	Whiston	Thomas	60	GSW	Hip R		16-Jul-40	05-Dec-40	143	Wicklow		6
3718	Cummins	Patrick	42	GSW	Jaw		16-Jul-40	12-Sep-40	59	Dublin		6
3719	Hickey	William	48	GSW	Leg R		30-Jul-40	26-Aug-40	28	Kilkenny		6
3720	Phelan	Laurence	42	GSW	Knee R		30-Jul-40	20-Feb-41	206	Loais		6
3721	Brown	James	52	Disease	Hip R Injury		31-Jul-40	20-Aug-40	21	Waterford		6
3722	Lynch	Daniel	44	Disease	Gastritis		01-Aug-40	17-Oct-40	78	Loais		6
3723	Leach	Martin	56	GSW	Face		02-Aug-40	02-Nov-40	63	Tipperary		6
3724	Cullen	David	61	GSW	Chest		03-Aug-40	17-Oct-40	76	Dublin		6
3725	Cullinane	James	43	Disease	Varicose Veins		10-Aug-40	27-Aug-40	18	Coik		6
3726	Hope	William	69	GSW	Thigh		15-Aug-40	20-Aug-40	6	Dublin		6
3727	Haberlin	Patrick	64	Disease	Leg R Injury & Ulcer		15-Aug-40	12-Dec-40	120	Waterford		6
3728	Hobart	Thomas	49	Disease	Bronchitis		16-Aug-40	19-Sep-40	35	Limerick		6
3729	Butler	Cornelius	45	Disease	Bronchitis		16-Aug-40	20-Feb-41	189	Tipperary		6
3730	Harrison	Christopher	49	Disease	DAH	Bronchitis	26-Aug-40	21-Nov-40	88	Dublin		6
3731	Cassidy	Thomas	54	Disease	Bronchitis	Nephritis	27-Aug-40	28-Aug-40	2	Dublin	DIED.	6
3732	McCabe	Michael	54	Disease	Neurasthenia		29-Aug-40	12-Dec-40	106	Dublin		6
3733	Long	John	48	GSW	Knee L Scar		06-Sep-40	21-Nov-40	77	Dublin		6
3734	Kelly	William	51	GSW	Knee R		09-Sep-40	28-Nov-40	81	Tipperary		6
3735	Burke	James	41	Disease	Bronchitis Chronic		11-Sep-40	28-Nov-40	79	Tipperary		6
3736	Kepple	William	48	Disease	Gastritis		14-Sep-40	17-Oct-40	34	Coik		6
3737	Williams	Patrick	60	Disease	Arthritis		16-Sep-40	19-Dec-40	95	Sligo		6
3738	Crowley	Jeremiah	57	GSW	Wrist L		20-Sep-40	12-Dec-40	84	Coik		6
3739	Sinclair	James	44	GSW	Leg L		21-Sep-40	12-Dec-40	83	Kerry		6
3740	Hickey	William	49	GSW	Leg R		24-Sep-40	19-Dec-40	87	Kilkenny		6
3741	O'Brien	Martin	62	Disease	Varicose Veins		24-Sep-40	19-Dec-40	87	Tipperary		6
3742	Boyd	John	48	GSW	Knee L		24-Sep-40	07-Nov-40	14	Sligo		6
3743	Kinsella	Michael	46	GSW	Knee L		25-Sep-40	27-Mar-41	184	Dublin		6
3744	Heelan	David	44	GSW	Wrist L		26-Sep-40	09-Oct-40	14	Tipperary		6
3745	Clifford	James	50	Disease	Debility		26-Sep-40	17-Oct-40	22	Kilkenny		6
3746	Flanagan	William	56	Disease	Legs Both Old Burns		02-Oct-40	18-Nov-40	48	Dublin		6
3747	Walsh	James	48	Disease	Foot R Fracture		02-Oct-40	09-Jan-41	100	Donegal		6
3748	McDonnell	Edward	47	Disease	Bronchitis		04-Oct-40	26-Feb-41	145	Dublin	DIED.	6
3749	Flynn	Andrew	53	Disease	Foot R Accident		05-Oct-40	19-Dec-40	76	Sligo		6
3750	O'Connor	Joseph	54	Disease	Bronchitis		10-Oct-40	22-Oct-40	13	Dublin	DIED.	6

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3751	Conlon	James	59	Disease	Rheumatism		15-Oct-40	12-Dec-40	59	Kildare		6
3752	Coffey	Peter	50	GSW	Arm L		17-Oct-40	21-Nov-40	36	Dublin		6
3753	Tobin	James	46	Disease	Bronchitis		17-Oct-40	18-Oct-40	2	Dublin	DIED.	6
3754	Woodlock	Charles	55	Disease	Ulceration of Intestines		18-Oct-40	06-Jan-41	81	Dublin		6
3755	Hare	Thomas	50	Both	GSW Leg L	Emphysema	18-Oct-40	03-Nov-40	16	Cork		6
3756	Kerwick	John	60	Disease	ODH		19-Oct-40	20-Feb-41	125	Kilkenny		6
3757	Dillon	Laurence	51	GSW	Thigh R		19-Oct-40	21-Nov-40	33	Limerick		6
3758	Giles	John	49	Disease	Bronchitis		21-Oct-40	11-Dec-40	52	Dublin		6
3759	Merrigan	John	44	Disease	DAH		23-Oct-40	05-Dec-40	44	Dublin		6
3760	Gorman	John	59	GSW	Leg R Ampt		24-Oct-40	19-Dec-40	57	Sligo		6
3761	Murphy	John	54	GSW	Hand L		31-Oct-40	09-Jan-41	71	Dublin		6
3762	Sunderland	John	52	Disease	Bronchitis		05-Nov-40	08-May-41	185	Dublin		6
3763	Finnle	Patrick	61	Disease	Bronchitis		06-Nov-40	23-Jan-41	79	Cork		6
3764	Condon	Michael	42	Disease	Bronchitis		07-Nov-40	18-Apr-41	163	Wexford		6
3765	Cullinane	James	43	Disease	Varicose Veins		11-Nov-40	06-Feb-41	87	Cork		6
3766	Byrne	Henry	45	Disease	Bronchitis		11-Nov-40	26-Jun-41	228	Dublin		6
3767	Lane	Jeremiah	66	Disease	DAH		16-Nov-40	19-Dec-40	34	Cork		6
3768	O'Toole	Patrick	45	Disease	Bronchitis		16-Nov-40	12-Dec-40	27	Wicklow		6
3769	Clarke	John	71	Disease	Varicose Veins		18-Nov-40	28-Dec-40	41	Westmeath	Absentee	6
3770	Sherlock	Matthew	45	GSW	Forearm L		18-Nov-40	20-Dec-40	33	Sligo		6
3771	Mackey	Michael	42	GSW	Shoulder L		19-Nov-40	30-Jan-41	73	Waterford		6
3772	Murphy	James	43	GSW	Back		20-Nov-40	02-Jan-41	44	Laos		6
3773	Fox	James	53	Disease	Bronchitis		20-Nov-40	25-Sep-41	310	Louth		6
3774	Sullivan	Denis	65	Disease	Hip L Injury		22-Nov-40	13-Feb-41	84	Cork		6
3775	Cromwell	Gerald	42	GSW	Back		26-Nov-40	20-Feb-41	87	Dublin		6
3776	Crowley	Patrick	47	GSW	Hip R Fractured Ilium		28-Nov-40	06-Feb-41	71	Tipperary		6
3777	Doherty	John	66	Disease	Bronchitis	ODH	28-Nov-40	23-Jan-41	57	Dublin		6
3778	Adair	Robert	56	Disease	Hand R Paresis		28-Nov-40	16-Jan-41	50	Tipperary		6
3779	Falles	Henry	51	Disease	DAH		29-Nov-40	25-Apr-41	148	Meath		6
3780	Connor	Joseph	60	GSW	Knee L		29-Nov-40	27-Feb-41	91	Dublin		6
3781	Byron	Michael	54	GSW	Thigh R		02-Dec-40	30-Jan-41	60	Cork		6
3782	Brown	James	42	Disease	Bronchitis		04-Dec-40	12-Jun-41	191	Dublin		6
3783	Hogan	Thomas	68	Disease	Rheumatism		05-Dec-40	08-Mar-41	94	Kilkenny		6
3784	Cullen	David	62	GSW	Chest	DAH	06-Dec-40	30-Jan-41	55	Dublin		6
3785	O'Brien	Bernard	50	GSW	Thigh R		10-Dec-40	09-Jan-41	31	Louth		6
3786	Giles	John	49	Disease	Bronchitis		12-Dec-40	13-Mar-41	92	Dublin		6
3787	Delaney	Martin	60	Disease	Bronchitis		12-Dec-40	17-Jan-41	37	Dublin	DIED.	6
3788	Pennycook	Henry	56	Disease	Thrombocytopenic Purpura		16-Dec-40	20-Feb-41	67	Britain		6
3789	Cunningham	Joseph	41	GSW	Leg R Ampt		20-Dec-40	20-Feb-41	63	Dublin		6
3790	O'Kane	Daniel	66	Disease	DAH	Bronchitis	23-Dec-40	27-Feb-41	67	Cork		6
3791	Collins	Edward	46	Disease	VH		31-Dec-40	18-Jan-41	19	Dublin	DIED.	6
3792	Bryan	James	54	GSW	Buttock		01-Jan-41	27-Feb-41	58	Dublin		6
3793	Bradley	John	50	Disease	Bronchitis Chronic		02-Jan-41	10-Jul-41	190	Dublin		6
3794	Whelan	Edward	55	Disease	Bronchitis		07-Jan-41	05-Jun-41	150	Dublin		6
3795	Beattie	Samuel	63	Disease	DAH		10-Jan-41	12-Jun-41	154	Dublin		6
3796	Sheehan	Matthew	48	GSW	Arm R		10-Jan-41	23-Jan-41	14	Dublin		6
3797	Dalton	James	57	Disease	Bronchitis		11-Jan-41	01-Feb-41	21	Dublin		6
3798	O'Brien	Martin	62	Disease	Varicose Veins		13-Jan-41	08-May-41	116	Tipperary		6
3799	Cummins	Patrick	41	GSW	Jaw		13-Jan-41	27-Feb-41	46	Dublin		6
3800	Thomas	Daniel	45	Disease	Leg L Ampt		14-Jan-41	20-Feb-41	38	Cork		6

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3801	Brown	James	53	Disease	Hip Joint R Injury		17-Jan-41	21-Feb-41	36	Waterford		6
3802	Keakin	James	42	GSW	Hip L		20-Jan-41	06-Mar-41	46	Louth		6
3803	Doyle	Christopher	48	Disease	Bronchitis		22-Jan-41	26-Jun-41	156	Dublin		6
3804	McTeigue	John	49	GSW	Knee R & Forearm R		23-Jan-41	06-Mar-41	43	Cavan		6
3805	Begley	John	46	GSW	Thigh L		24-Jan-41	19-Jun-41	147	Dublin		6
3806	Hobart	Thomas	46	Disease	Deblity		24-Jan-41	25-Jan-41	2	Limerick		6
3807	Fletcher	Alex	50	Disease	Bronchitis		27-Jan-41	27-Mar-41	60	Westmeath		6
3808	Gillespie	Patrick	42	Disease	Adhesions Following Appendicitis		28-Jan-41	13-Mar-41	44	Louth		6
3809	O'Connor	Daniel	67	Disease	Rheumatism	Back Injury	28-Jan-41	21-Mar-41	53	Dublin		6
3810	Malone	Francis	61	GSW	Ankle R		28-Jan-41	05-Feb-41	9	Dublin	DIED.	6
3811	Hamilton	Joseph	43	GSW	Chest & Arm L		29-Jan-41	31-May-41	122	Donegal		6
3812	McSherry	Bernard	45	Disease	Bronchitis		30-Jan-41	27-Feb-41	29	Leitrim		6
3813	Swan	Michael	48	Disease	Pycilits		31-Jan-41	27-Mar-41	56	Wicklow		6
3814	Woodlock	Charles	56	Disease	Ulceration of Intestines		01-Feb-41	20-Feb-41	21	Dublin		6
3815	Going	James	48	Disease	Pycilits		01-Feb-41	14-Aug-41	195	Dublin		6
3816	Ennis	James	56	Disease	Gastritis		03-Feb-41	22-Mar-41	48	Sligo		6
3817	Delahoyde	Patrick	59	Disease	Bronchitis		04-Feb-41	05-Feb-42	367	Dublin		6
3818	Cusack	Alphonsus	45	Disease	Duodenal Ulcer		04-Feb-41	20-Mar-41	45	Dublin		6
3819	Farrell	James	60	GSW	Hand R		06-Feb-41	01-May-41	85	Cavan		6
3820	Naughton	Joseph	73	Disease	Gastritis		06-Feb-41	28-Feb-41	23	Westmeath		6
3821	Bailey	Patrick	65	Disease	Incontinence of faeces		07-Feb-41	22-May-41	105	Dublin		6
3822	Hickey	William	49	GSW	Leg R		07-Feb-41	13-Mar-41	35	Kilkenny		6
3823	Carroll	Michael	42	Disease	Bronchitis		08-Feb-41	27-Feb-41	20	Waterford		6
3824	Leslie	Peter	50	Disease	Deblity following Enteritis	Bronchitis	11-Feb-41	27-Feb-41	17	Westmeath		6
3825	Kavanagh	Patrick	52	Both	GSW Multiple	Bronchitis	14-Feb-41	10-Apr-41	56	Waterford		6
3826	Dowd	Richard	51	Disease	Bronchitis		14-Feb-41	12-Jun-41	119	Dublin		6
3827	Russell	Patrick	56	GSW	Arm R Ampt		20-Feb-41	25-Apr-41	65	Dublin		6
3828	Dwyer	Patrick	72	Disease	DAH		19-Feb-41	10-Apr-41	51	Sligo		6
3829	Bolton	John J	43	GSW	Thigh L Ampt		21-Feb-41	01-May-41	69	Roscommon		6
3830	O'Hara	Mathew	49	GSW	Knee L		25-Feb-41	10-Sep-42	563	Dublin		6
3831	Connell	Henry	46	Disease	Bronchitis		27-Feb-41	05-Jun-41	99	Dublin		6
3832	Holmes	James	56	Disease	Bronchitis	Malaria	27-Feb-41	14-Aug-41	169	Dublin		6
3833	Everett	Duncan	82	Disease	Frostbite both Feet	Leg R Ampt	28-Feb-41	08-Apr-41	40	Dublin	DIED.	6
3834	Thompson	James	63	Disease	Myalgia		03-Mar-41	31-May-41	89	Dublin		6
3835	Behan	Patrick	55	Disease	DAH		07-Mar-41	11-Jul-41	127	Dublin		6
3836	Coffey	Peter	51	GSW	Arm L		08-Mar-41	01-May-41	54	Dublin		6
3837	Murphy	John	55	GSW	Hand L		10-Mar-41	22-May-41	74	Dublin		6
3838	Sullivan	John	54	Disease	Bronchitis		11-Mar-41	25-Mar-41	15	Sligo		6
3839	Cullinane	James	45	Disease	Varicose Veins		11-Mar-41	22-May-41	73	Cork		6
3840	Cromwell	Gerald	43	GSW	Back		11-Mar-41	18-Jul-41	130	Dublin		6
3841	Cunningham	Joseph	41	GSW	Leg R Ampt		20-Mar-41	20-Nov-41	246	Dublin		6
3842	Farrell	James	44	Disease	Trench Feet, Foot R Ampt		18-Mar-41	17-Jul-41	122	Longford		6
3843	Hoey	John	46	Disease	Thromboangitis Obliterans		27-Mar-41	25-Apr-41	30	Westmeath		6
3844	Pennycook	Henry	57	Disease	Both Arms & Legs Ampt		28-Mar-41	14-Aug-42	505	Dublin	DIED.	6
3845	Kenna	Patrick	55	Disease	Deblity	Bronchitis	03-Apr-41	03-Jul-41	91	Dublin		6
3846	Cunningham	Edward	51	Disease	DAH		09-Apr-41	22-May-41	44	Dublin		6
3847	Hunter	James	44	Disease	VDH		12-Apr-41	21-May-41	40	Dublin	DIED.	6
3848	Kelleher	John	43	Disease	Knee R Injury		16-Apr-41	10-Jul-41	90	Cork		6
3849	Dyna	John	65	GSW	Arm R		12-Apr-41	16-May-41	31	Mayo		6
3850	Neary	Edward	45	Disease	Neurasthenia		23-Apr-41	17-Jul-41	86	Kildare		6

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3851	Ryan	Laurence	46	GSW	Arm L		30-Apr-41	19-Jun-41	51	Tipperary		6
3852	Wolfe	George	42	Disease	DAH		30-Apr-41	03-Jul-41	65	Meath		6
3853	Coone	William	49	GSW	Groin		01-May-41	10-May-41	10	Offaly		6
3854	Byrne	Michael	48	Disease	Bronchitis		12-May-41	31-Jul-41	81	Dublin		6
3855	Gillespie	Patrick	42	Disease	Adhesion following Appendicitis		13-May-41	30-Aug-41	110	Louth		6
3856	Gorman	John	59	GSW	Leg R Ampt		20-May-41	12-Jun-41	24	Sligo		6
3857	Day	David	53	Disease	Debility arising from Bronchitis		26-May-41	31-Jul-41	67	Tipperary		6
3858	McKenna	Joseph	59	GSW	Hand L		28-May-41	03-Jul-41	37	Louth		6
3859	Butler	Con	46	Disease	Bronchitis		28-May-41	20-Aug-41	85	Tipperary		6
3860	Reilly	Michael	42	Disease	Bronchitis		30-May-41	10-Jul-41	42	Dublin		6
3861	Mulcahy	William	66	Disease	DAH, Malaria	Debility	07-Jun-41	12-Aug-41	67	Cork		6
3862	Smith	William	52	Disease	Bronchitis		09-Jun-41	14-Aug-41	67	Dublin		6
3863	Leahy	Patrick	66	Disease	Bronchitis		09-Jun-41	10-Jul-41	32	Cork		6
3864	O'Brien	Bernard	51	GSW	Thigh R		10-Jun-41	24-Jul-41	45	Louth		6
3865	Duncan	James	52	Disease	Bronchitis		12-Jun-41	30-Oct-41	141	Cork		6
3866	Martin	John	60	Disease	Bronchitis		13-Jun-41	06-Nov-41	147	Cork		6
3867	Devine	William	52	Disease	Gastric Ulcer		18-Jun-41	19-Jun-41	2	Cork	X-Ray & Barium Meal	6
3868	Halpin	Patrick	43	GSW	Arm R		19-Jun-41	19-Jun-41	1	Dublin		6
3869	Farrell	James	60	GSW	Hand R		19-Jun-41	10-Jul-41	22	Cavan		6
3870	Thompson	James	49	GSW	Leg R		19-Jun-41	25-Sep-41	99	Wicklow		6
3871	Morrissey	Peter	51	GSW	Knee L		19-Jun-41	05-Sep-41	79	Mayo		6
3872	Burnside	John	59	Disease	Rheumatism	Bronchitis	20-Jun-41	18-Sep-41	91	Dublin		6
3873	Behan	John	59	Disease	Bronchitis		20-Jun-41	28-Aug-41	70	Dublin		6
3874	Carrroll	Michael	43	Disease	Bronchitis		21-Jun-41	31-Jul-41	41	Waterford		6
3875	O'Mahony	John	49	Disease	Bronchitis		23-Jun-41	28-Aug-41	67	Cork		6
3876	Hannon	Chris	42	GSW	Leg R Ampt		25-Jun-41	10-Jul-41	16	Dublin		6
3877	Cullinane	James	45	Disease	Varicose Veins		24-Jun-41	17-Jul-41	24	Cork		6
3878	Riordan	Patrick	52	Disease	Bronchitis		25-Jun-41	17-Jul-41	23	Cork		6
3879	Crilly	Thomas	52	GSW	Hip L		27-Jun-41	19-Sep-41	85	Dublin		6
3880	Moran	John	68	Disease	Bronchitis		27-Jun-41	23-Aug-41	58	Dublin		6
3881	Barkie	James	60	Disease	VDH		28-Jun-41	24-Jul-41	26	Dublin		6
3882	Whehan	Edward	60	Disease	Bronchitis		30-Jun-41	17-Jul-41	18	Dublin		6
3883	Conlan	James	59	Disease	Rheumatism		30-Jun-41	31-Jul-41	32	Kildare		6
3884	Kelly	William	52	GSW	Knee R		01-Jul-41	14-Aug-41	45	Tipperary		6
3885	Carrroll	Michael	49	Disease	Bronchitis		02-Jul-41	21-Aug-41	51	Dublin		6
3886	Fehan	Edward	52	GSW	Leg L		04-Jul-41	06-Nov-41	126			6
3887	Coffey	Peter	51	GSW	Arm L		05-Jul-41	21-Aug-41	48	Dublin		6
3888	Riordan	William	53	Disease	Gastritis		05-Jul-41	23-Oct-41	111	Dublin		6
3889	Manning	John	43	GSW	Leg R		08-Jul-41	04-Sep-41	59	Waterford		6
3890	Crowley	John	60	Disease	Bronchitis		08-Jul-41	29-Jan-42	206	Dublin		6
3891	Forde	William	54	Disease	Varicose Veins		09-Jul-41	28-Aug-41	51	Dublin		6
3892	Burgess	William	65	GSW	Thigh L		14-Jul-41	14-Aug-41	32	Dublin		6
3893	Kerwick	John	60	Disease	ODH		14-Jul-41	28-Aug-41	46	Kilkenny		6
3894	McMahon	James	66	GSW	Foot L & Drop Foot		16-Jul-41	04-Sep-41	51	Cavan		6
3895	O'Kane	Daniel	66	Disease	DAH	Bronchitis	16-Jul-41	04-Sep-41	51	Cork		6
3896	Kenna	James	55	GSW	Thigh R		16-Jul-41	11-Sep-41	58	Dublin		6
3897	Cowap	Peter	48	GSW	Chest		18-Jul-41	28-Aug-41	42	Dublin		6
3898	McDonnell	Daniel	53	GSW	Leg R Ampt		18-Jul-41	22-Sep-41	67	Dublin		6
3899	Guerin	Patrick	63	Disease	Rheumatism		18-Jul-41	11-Sep-41	56	Tipperary		6
3900	Sullivan	James	43	Disease	Rheumatism		21-Jul-41	09-Oct-41	81	Cork		6

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3901	Condon	Michael	63	Disease	Bronchitis	Emphysema	23-Jul-41	04-Sep-41	44	Waterford	DIED.	6
3902	Dowd	Richard	51	Disease	Bronchitis	Malaria	24-Jul-41	23-Oct-41	92	Dublin		6
3903	Hession	John	60	GSW	Leg R & L		24-Jul-41	25-Sep-41	64	Galway		6
3904	Bailey	Patrick	65	Disease	Incontinence of faeces		25-Jul-41	14-Aug-41	91	Dublin		6
3905	Young	Thomas	45	Disease	Bronchitis	Gastritis	26-Jul-41	23-Oct-41	90	Waterford		6
3906	Doherty	John	67	Disease	ODH	Bronchitis	28-Jul-41	02-Oct-41	67	Dublin		6
3907	Leech	Martin	56	GSW	Face		25-Jul-41	04-Sep-41	42	Tipperary		6
3908	Cusack	Alphonius	45	Disease	Duodenal & Pyloric Ulcer		29-Jul-41	21-Aug-41	24	Cork		6
3909	O'Shea	Thomas	63	Both	GSW Leg L	General Debility	29-Jul-41	23-Oct-41	87	Dublin		6
3910	Kerwick	Thomas	53	Disease	Bronchitis Chronic	Laryngitis, Gastritis	06-Aug-41	14-Aug-41	9	Waterford		6
3911	O'Toole	Thomas	53	Disease	Bronchitis Chronic		08-Aug-41	16-Oct-41	70	Dublin		6
3912	Hogan	Thomas	71	Disease	Rheumatism	DAH	08-Aug-41	27-Aug-41	20	Kilkenny		6
3913	Barron	Frank	43	Disease	Vertigo		11-Aug-41	23-Oct-41	74	Dublin		6
3914	Hearry	Sylvester	45	GSW	Leg R		12-Aug-41	16-Oct-41	66	Dublin		6
3915	Cromwell	Gerald	43	GSW	Back & Injury R Kidney		12-Aug-41	04-Dec-41	115	Dublin		6
3916	Brown	James	44	Disease	Bronchitis		13-Aug-41	20-Aug-41	8	Dublin		6
3917	Whelan	Richard	68	Disease	ODH	Malaria	14-Aug-41	20-Nov-41	99	Dublin		6
3918	Dunmy	Thomas	60	GSW	Side R		19-Aug-41	17-Feb-44	183	Dublin		6
3919	Casey	William	56	Disease	Mycarditis		19-Aug-41	20-Sep-41	33	Cork		6
3920	Sunderland	John	53	Disease	Bronchitis		19-Aug-41	23-Apr-42	248	Dublin		6
3921	O'Brien	Martin	62	Disease	Varicose Veins		22-Aug-41	12-Nov-42	448	Tipperary		6
3922	Perse	Thomas	66	Disease	Varicose Veins both legs		25-Aug-41	25-Sep-41	32	Kildare		6
3923	Williams	Patrick	62	Disease	Arthritis		28-Aug-41	23-Oct-41	57	Sligo		6
3924	Collins	Joseph	55	GSW	Leg L Ampt		29-Aug-41	11-Sep-41	14	Meath		6
3925	McGiff	James	52	Disease	Varicose Veins		02-Sep-41	15-Sep-41	14	Meath		6
3926	Bradley	John	50	Disease	Bronchitis Chronic		03-Sep-41	27-Nov-41	86	Dublin		6
3927	Murray	Bernard	66	Disease	DAH	Debility	05-Sep-41	18-Sep-41	14	Dublin		6
3928	Butler	Con	46	Disease	Bronchitis		08-Sep-41	09-Sep-41	2	Tipperary	X-Ray & Medical Board	6
3929	Downs	Michael	64	Disease	Bronchitis	ODH	12-Sep-41	27-Nov-41	77	Sligo		6
3930	O'Gorman	William	43	GSW	Leg L Ampt		12-Sep-41	04-Nov-41	54	Cork		6
3931	Jameson	John J	47	Disease	Bronchitis		15-Sep-41	06-Nov-41	53	Tipperary		6
3932	O'Brien	Hugh	44	GSW	Back		15-Sep-41	23-Oct-41	39	Tipperary		6
3933	Murphy	John	53	Disease	Ribs Dislocated, Bronchitis	Neurasthenia	18-Sep-41	06-Nov-41	49	Sligo		6
3934	Larkin	Patrick	52	GSW	Leg L Ampt		19-Sep-41	13-Nov-41	56	Waterford		6
3935	Kirby	Patrick	51	Disease	Bronchitis arising from gassing	Gastritis	22-Sep-41	11-Dec-41	81	Dublin		6
3936	O'Neill	Michael	49	GSW	Leg L		25-Sep-41	17-Apr-42	205	Mayo		6
3937	Hennessey	Michael	56	GSW	Foot R		27-Sep-41	07-May-42	223	Roscommon		6
3938	McDonnell	Daniel	53	GSW	Leg R Ampt		29-Sep-41	20-Oct-41	22	Dublin		6
3939	Hamilton	Joseph	43	GSW	Thigh L		30-Sep-41	22-Jan-42	115	Donegal		6
3940	Mulvihill	William	46	Disease	Pollicular Tonsillitis, Bronchitis,	Pharyngeal Catarrh	30-Sep-41	20-Nov-41	52	Cork		6
3941	O'Keefe	Jeremiah	49	Disease	Neurasthenia		03-Oct-41	18-Dec-41	77	Cork		6
3942	Shanahan	John	47	Disease	Bronchitis		08-Oct-41	29-Jan-42	114	Cork		6
3943	Mahoney	John	44	GSW	Head	Deafness	11-Oct-41	22-Jan-42	104	Tipperary		6
3944	Scott	Francis	47	GSW	Leg L		14-Oct-41	18-Dec-41	66	Sligo		6
3945	Naylor	Henry	47	GSW	Leg R		14-Oct-41	04-Dec-41	52	Offaly		6
3946	Doherty	John	67	Disease	ODH	Bronchitis	16-Oct-41	27-Nov-41	43	Dublin		6
3947	McCarthy	John	43	Disease	Neurasthenia		16-Oct-41	22-Nov-41	38	Sligo		6
3948	Conlon	Thomas	58	GSW	Leg L		21-Oct-41	18-Nov-41	29	Monaghan		6
3949	O'Brien	Patrick	46	GSW	Shoulder R		21-Oct-41	18-Dec-41	59	Waterford		6
3950	Glanville	Edward	53	Disease	DAH		21-Oct-41	11-Dec-41	52	Cork		6

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
3951	Farrall	James	51	Disease	Trench Feet & Syntes Ampt		24-Oct-41	12-Feb-42	112	Longford		6
3952	Ellis	John	48	GSW	Leg L		28-Oct-41	03-Aug-42	280	Dublin	Absentee.	6
3953	Beattie	Samuel	63	Disease	DAH	Bronchitis	28-Oct-41	03-Jun-42	219	Dublin		6
3954	Boyd	John	47	GSW	Knee L		04-Nov-41	11-Nov-41	8	Sligo		6
3955	Murphy	John	55	GSW	Hand L		06-Nov-41	18-Dec-41	43	Dublin		6
3956	Behan	John	62	Disease	Bronchitis		06-Nov-41	27-Jan-42	83	Dublin		6
3957	Dalton	James	58	Disease	Bronchitis		07-Nov-41	04-Dec-41	28	Dublin		6
3958	Behan	Patrick	55	Disease	DAH		10-Nov-41	07-May-42	179	Dublin		6
3959	McCarthy	Thomas	48	GSW	Wrist L		11-Nov-41	22-Jan-42	73	Cork		6
3960	Crowley	Patrick	48	GSW	Ilium R		12-Nov-41	22-Jan-42	72	Tipperary		6
3961	Lonerigan	William	54	Disease	Linear Abscess	Bronchitis following Dysentery	14-Nov-41	05-Mar-42	112	Tipperary		6
3962	Ryder	Michael	48	GSW	Head w bilateral ner???	Deaf, Defective vision R Eye	17-Nov-41	15-May-42	180	Dublin		6
3963	Coffey	Peter	45	GSW	Arm L w Osteo-myelitis		17-Nov-41	05-Feb-42	81	Dublin		6
3964	Bennett	Thomas	52	Disease	ODH	Bronchitis	19-Nov-41	22-Jan-42	65	Dublin		6
3965	McDonnell	Patrick	45	Both	GSW Back	Knee R Injury	21-Nov-41	18-Dec-41	28	Kerry		6
3966	McDonnell	Daniel	53	GSW	Foot R Ampt		24-Nov-41	30-Dec-41	37	Dublin		6
3967	Tebay	William	47	GSW	Leg R Femur Ampt		25-Nov-41	19-Feb-42	87	Waterford		6
3968	Kavanagh	Gilbert	51	GSW	Foot R Ampt		25-Nov-41	29-Dec-41	35	Waterford		6
3969	O'Brien	Bernard	51	GSW	Thigh R		25-Nov-41	29-Jan-42	66	Louth		6
3970	Burke	James	41	Disease	Bronchitis Chronic		27-Nov-41	08-Jan-42	43	Tipperary		6
3971	Hendon	Michael	51	Disease	Bronchitis		04-Dec-41	10-Apr-42	128	Wexford		6
3972	Hallahan	Michael	44	GSW	Arm R Ampt		13-Dec-41	22-Jan-42	41	Dublin		6
3973	Cusack	Alphonsus	45	Disease	Duodenal & Pyloric Ulcer		16-Dec-41	06-Mar-42	81	Dublin		6
3974	O'Kane	Daniel	64	Disease	DAH, Bronchitis	Rheumatism	17-Dec-41	29-Jan-42	44	Cork		6
3975	Coffey	Michael	53	Disease	ODH		18-Dec-41	26-Feb-42	71	Dublin		6
3976	Bradley	John	51	Disease	Bronchitis Chronic	ODH	02-Jan-42	04-Apr-42	93	Dublin		6
3977	Duffy	Joseph	71	Disease	Bronchitis		05-Jan-42	26-Feb-42	53	Dublin		6
3978	Perse	Thomas	69	Disease	Varicose Veins		12-Jan-42	19-Feb-42	39	Kildare		6
3979	Giles	John	51	Disease	Bronchitis		14-Jan-42	07-May-42	114	Dublin		6
3980	Reilly	Michael	43	Disease	Bronchitis		15-Jan-42	12-Mar-42	57	Dublin		6
3981	Connors	Patrick	69	Disease	Frostbite both Feet		16-Jan-42	02-Sep-43	595	Kerry		6
3982	O'Shea	Thomas	60	GSW	Leg L		16-Jan-42	19-Feb-42	35	Cork		6
3983	McDonnell	Daniel	53	GSW	Hip R Ampt		20-Jan-42	16-Mar-42	56	Dublin		6
3984	Sullivan	James	44	Disease	Rheumatism	VDH	20-Jan-42	26-Feb-42	38	Cork		6
3985	Williams	Patrick	63	Disease	Arthritis		21-Jan-42	12-Mar-42	51	Sligo		6
3986	Wall	Patrick	60	GSW	Elbow L		22-Jan-42	05-Mar-42	43	Dublin		6
3987	Jameson	John J	47	Disease	Bronchitis		26-Jan-42	19-Feb-42	25	Tipperary		6
3988	Butler	Con	47	Disease	Bronchitis		27-Jan-42	16-Apr-42	70	Tipperary		6
3989	Murphy	Patrick	52	Disease	VDH	ODH	28-Jan-42	21-May-42	114	Dublin		6
3990	Kelly	John	75	Disease	Rheumatism		28-Jan-42	06-Feb-42	10	Cork		6
3991	Brown	James	54	Disease	Hip Joint Injury	Fibrositis & Hallux Valgus	28-Jan-42	26-Feb-42	30	Waterford		6
3992	Hare	Thomas	54	Both	GSW Arm L	Empysema & Neuritis	29-Jan-42	06-Mar-42	37	Cork		6
3993	Lynch	Daniel	43	Both	Bronchitis from gas poisoning	GSW Leg L, Varicose Veins	30-Jan-42	18-Jun-42	140	Dublin	Noted as Set aside case	6
3994	McKenna	Patrick	44	Disease	Bronchitis		31-Jan-42	12-Mar-42	42	Louth		6
3995	Doherty	John	67	Disease	ODH	Bronchitis	31-Jan-42	05-Mar-42	34	Dublin		6
3996	Carrill	Michael	44	Disease	Bronchitis		31-Jan-42	19-Feb-42	20	Waterford		6
3997	Maloney	John	55	Disease	Bronchitis	Debility	05-Feb-42	12-Mar-42	36	Dublin		6
3998	Day	David	49	Disease	Debility arising from Bronchitis		06-Feb-42	12-Mar-42	35	Tipperary		6
3999	Byrne	Henry	47	Disease	Bronchitis		07-Feb-42	11-Jun-42	125	Dublin		6
4000	Cullinane	James	46	Disease	Varicose Veins		10-Feb-42	19-Mar-42	38	Cork		6

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
4001	Reynolds	Patrick	73	Disease	Bronchitis		11-Feb-42	15-Feb-42	5	Dublin		6
4002	Dalton	James	60	Disease	Bronchitis		12-Feb-42	16-Apr-42	64	Dublin		6
4003	Coffey	Peter	45	Both	GSW Arm L	Osteo Myelitis	14-Feb-42	02-Apr-42	48	Dublin		6
4004	Ravenscroft	George	57	Disease	Bronchitis		19-Feb-42	16-Apr-42	57	Tipperary		6
4005	Fleming	William	55	Disease	Plourisy	Rheumatism	21-Feb-42	23-Apr-42	62	Coik		6
4006	Bardeen	Patrick	57	Disease	Varicose Veins		23-Feb-42	01-Apr-42	38	Dublin		6
4007	Burnside	John	62	Disease	Bronchitis	Bronchitis	25-Feb-42	20-Apr-42	55	Dublin	DIED.	6
4008	Hobart	Thomas	48	Disease	Deblity		27-Feb-42	07-May-42	70	Limerick		6
4009	Fitzgerald	Stephen	48	Disease	DAH		04-Mar-42	02-Jul-42	121	Dublin		6
4010	Noon	Richard	49	Disease	DAH		05-Mar-42	07-May-42	64	Dublin		6
4011	Whelan	Richard	69	Disease	ODH	Malaria	10-Mar-42	30-Jul-42	143	Dublin		6
4012	Barron	Frank	44	Disease	Vertigo		11-Mar-42	14-May-42	65	Dublin		6
4013	Thompson	James	66	GSW	Burtock R		13-Mar-42	18-Jun-42	98	Dublin		6
4014	Mitchell	James	51	Both	GSW Thigh L	Myalgia	18-Mar-42	14-Dec-42	272	Dublin		6
4015	Frawley	Michael	50	GSW	Leg L		19-Mar-42	30-Jul-42	134	Limerick		6
4016	Morrissey	Thomas	51	GSW	Thigh L		20-Mar-42	02-Apr-42	14	Waterford		6
4017	Cusack	Alphonius	46	Disease	Duodenal & Pylonic Ulcer		21-Mar-42	29-May-42	70	Dublin		6
4018	Lynch	William	49	Both	Rheumatism	Bronchitis	25-Mar-42	19-Aug-42	148	Dublin	DIED.	6
4019	Johnson	Edward	65	Disease	Rheumatism		25-Mar-42	01-Oct-42	191	Dublin		6
4020	Holmes	James	66	Disease	Bronchitis	Malaria	26-Mar-42	22-Oct-42	211	Dublin		6
4021	Walsh	William	60	Disease	Cheirpompopholyx		28-Mar-42	17-Nov-42	235	Limerick		6
4022	Bolger	Stephen	48	GSW	Face w. loss of Eye R		30-Mar-42	26-May-42	58	Carlow		6
4023	Hurley	James	46	GSW	Leg L		30-Mar-42	06-Aug-42	130	Dublin		6
4024	O'Brien	Patrick Joseph	54	Disease	Bronchitis Chronic		31-Mar-42	08-Apr-42	9	Cork		6
4025	Hurley	Michael	54	GSW	Thigh L Ampt		02-Apr-42	07-May-42	36	Coik		6
4026	Harding	Andrew	52	GSW	Leg R		02-Apr-42	02-Jul-42	92	Dublin		6
4027	Reade	Thomas	46	GSW	Leg L Ampt		10-Apr-42	18-Apr-42	9	Kilkenny		6
4028	Dennis	William	47	GSW	Multiple GSW		15-Apr-42	21-May-42	37	Cork		6
4029	Willmott	Herbert	47	Disease	Bronchitis	Asthma	17-Apr-42	09-Jul-42	84	Waterford		6
4030	Hennessey	Herbert	57	Both	GSW Arm R Forearm, Malaria	Dysentery	20-Apr-42	01-May-42	12	Dublin		6
4031	Eaton	Patrick	46	Disease	Bronchitis, Deafness	Knee L Wound	21-Apr-42	09-Jul-42	86	Limerick		6
4032	Treacy	William	57	GSW	Arm R & Thigh L		22-Apr-42	16-Jul-42	80	Dublin		6
4033	O'Gorman	William	44	GSW	Leg L Ampt		21-Apr-42	04-Jun-42	45	Dublin		6
4034	Quinn	Bernard	63	Disease	Knee L Synovitis		02-May-42	16-May-42	15	Dublin		6
4035	Conlon	Thomas	58	Disease	Varicose Veins		04-May-42	30-Jul-42	87	Dublin		6
4036	Cullinane	Joseph	45	GSW	Extremities Lower		05-May-42	16-Jul-42	73	Coik		6
4037	Cullinane	James	46	Disease	Varicose Veins		12-May-42	16-Jul-42	66	Coik		6
4038	McDonnell	Daniel	53	GSW	Foot R Ampt		14-May-42	23-May-42	10	Limerick		7
4039	O'Connor	James	47	Disease	Dysentery		21-May-42	10-Sep-42	113	Dublin		7
4040	O'Connor	Michael	44	Disease	Bronchitis	ODH	22-May-42	02-Jul-42	42	Dublin		7
4041	Bradley	John	52	Disease	Bronchitis	Bronchitis	27-May-42	11-Jun-42	16	Dublin		7
4042	Kelly	William	51	Disease	Nebula Cornea		29-May-42	01-Oct-42	126	Dublin		7
4043	Carroll	Michael	49	Disease	Bronchitis		01-Jun-42	25-Jul-42	55	Dublin		7
4044	Halligan	John	48	GSW	Thigh L		02-Jun-42	13-Aug-42	73	Carlow		7
4045	Harte	James	49	Both	Hydrocele	GSW Shoulder R	04-Jun-42	13-Aug-42	71	Tipperary		7
4046	Adair	Robert	58	Disease	Hand R Paresis		05-Jun-42	10-Sep-42	99	Dublin		7
4047	Connor	Joseph	62	GSW	Knee L		11-Jun-42	13-Aug-42	64	Tipperary		7
4048	Ronan	Henry	57	Disease	Bronchitis		12-Jun-42	09-Jul-42	28	Dublin		7
4049	Forde	William	56	Disease	Varicose Veins		15-Jun-42	30-Jul-42	46	Dublin		7
4050	Coffey	Peter	46	Both	GSW Arm L	Osteo Myelitis						7

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
4051	Dolan	James	60	GSW	Leg R Fractured Tibia		23-Jun-42	05-Nov-42	136	Roscommon		7
4052	Kinsella	Michael	45	GSW	Knee R & Arm R Forearm		23-Jun-42	12-Nov-42	143	Dublin		7
4053	Murphy	John	56	GSW	Hand L		30-Jun-42	03-Jul-42	4	Dublin		7
4054	Wilkinson	Thomas	57	GSW	Leg R Ampt		06-Jul-42	27-Aug-42	53	Cork		7
4055	Murphy	Patrick	52	Disease	VDH	ODH	07-Jul-42	17-Dec-42	164	Dublin		7
4056	Ryan	Robert	60	GSW	Leg R&L Ampt		08-Jul-42	28-Jul-42	21	Dublin		7
4057	Ryder	Michael	49	GSW	Head		13-Jul-42	31-Mar-43	262	Dublin		7
4058	Fitzgerald	Stephen	48	Disease	DAH		14-Jul-42	24-Sep-42	73	Dublin		7
4059	Brown	James	55	Disease	Hip Joint R Injury		23-Jul-42	27-Aug-42	36	Waterford		7
4060	Holohan	Thomas	45	GSW	Thigh R		24-Jul-42	05-Nov-42	105	Waterford		7
4061	Walsh	Michael	43	GSW	Leg R Ampt		24-Jul-42	10-Sep-42	49	Kilkenny		7
4062	Kelly	William	53	GSW	Knee R		25-Jul-42	08-Oct-42	76	Tipperary		7
4063	Coffey	Peter	46	Both	GSW Arm L	Osteo Myelitis	01-Aug-42	27-Aug-42	27	Dublin		7
4064	Marsh	John	63	Disease	Debility	DAH	12-Aug-42	29-Oct-42	79	Tipperary		7
4065	Smith	James	59	Disease	DAH	Gastritis	12-Aug-42	08-Oct-42	57	Cork		7
4066	Riordan	William	54	Disease	Gastritis		15-Aug-42	29-Oct-42	75	Dublin		7
4067	Bailey	Thomas	57	GSW	Leg L		17-Aug-42	16-Jan-43	153	Dublin		7
4068	Murphy	Richard	53	GSW	Leg L		18-Aug-42	24-Sep-42	38	Dublin		7
4069	Pryor	James	60	GSW	Tibia & Fibula		20-Aug-42	17-Dec-42	120	Leitrim		7
4070	Leech	Martin	58	GSW	Face		21-Aug-42	24-Sep-42	35	Tipperary		7
4071	Whelan	Richard	69	Disease	ODH	Malaria	24-Aug-42	07-Nov-42	76	Dublin	DIED.	7
4072	Flanagan	Michael	53	Disease	Debility arising from Nephritis		26-Aug-42	14-Sep-42	20	Cork		7
4073	Doyle	Christopher	48	Disease	Bronchitis due to Gassing	Malaria	01-Sep-42	22-Apr-43	234	Dublin		7
4074	Keating	Michael	53	GSW	Leg L & Buttock R		31-Aug-42	11-Feb-43	165	Wexford		7
4075	Harding	Andrew	52	GSW	Leg R		03-Sep-42	12-Nov-42	70	Dublin		7
4076	Dalton	James	61	Disease	Bronchitis		07-Sep-42	29-Oct-42	53	Dublin		7
4077	Ellis	John	48	GSW	Leg L		05-Sep-42	21-Jan-43	139	Dublin		7
4078	Carroll	Patrick	46	GSW	Foot L		15-Sep-42	12-Nov-42	58	Dublin		7
4079	McGarry	Stephen	50	GSW	Knee R		17-Sep-42	12-Nov-42	56	Mayo		7
4080	Coone	William	50	Both	GSW Groin R	Arthritis Hip Joint	22-Sep-42	26-Sep-42	5	Offaly		7
4081	Farrell	James	44	Disease	Trench Feet & Symes Ampt		22-Sep-42	20-Nov-42	60	Longford		7
4082	Hobart	Thomas	59	Disease	Debility, Bronchitis	Haemorrhoids	23-Sep-42	12-Nov-42	51	Limerick		7
4083	Smeaton	William	61	Disease	Osteo Arthritis	Rheumatism	29-Sep-42	03-Dec-42	66	Laois		7
4084	McNally	Patrick	55	Disease	Nephritis	Cardio-Vascular Change	29-Sep-42	19-Nov-42	52	Westmeath		7
4085	Hanbury	Patrick	52	GSW	Leg L		30-Sep-42	04-Feb-43	128	Dublin		7
4086	Martin	James	59	GSW	Chest		01-Oct-42	05-Nov-42	36	Dublin		7
4087	Murphy	John	51	Disease	Neurasthenia emboding Fits		01-Oct-42	26-Feb-43	149	Kilkenny		7
4088	Graham	James	65	Disease	Hip L Contusion		06-Oct-42	26-Nov-42	52	Tipperary		7
4089	Murphy	John	51	Disease	Rib Dislocation, Bronchitis	Neurasthenia	07-Oct-42	03-Dec-42	57	Silgo		7
4090	Flanagan	Michael	53	Disease	Debility arising from Nephritis		13-Oct-42	03-Dec-48	2244	Cork		7
4091	Farrell	Matthew	54	Disease	Asthma		15-Oct-42	05-Nov-42	22	Dublin		7
4092	Smith	Patrick	49	Disease	Rheumatoid Arthritis		16-Oct-42	03-Dec-42	49	Cavan		7
4093	O'Connor	Daniel	76	Disease	Rheumatism	Back Injury	21-Oct-42	14-Jan-43	86	Dublin		7
4094	Owup	Peter	50	GSW	Chest		21-Oct-42	03-Dec-42	44	Dublin		7
4095	Fitzgerald	Stephen	48	Disease	DAH		22-Oct-42	26-Nov-42	36	Dublin		7
4096	Butler	Cornelius	47	Disease	Bronchitis		22-Oct-42	26-Feb-43	128	Tipperary		7
4097	O'Reilly	Henry	49	GSW	Thigh L		26-Oct-42	15-Jan-43	82	Dublin		7
4098	Hickey	William	49	GSW	Leg R		27-Oct-42	12-Jan-43	78	Kilkenny		7
4099	Cullen	Henry	43	GSW	Foot L		27-Oct-42	18-Feb-43	115	Clare		7
4100	Kavanagh	Patrick J	49	Disease	Stomach Trouble		27-Oct-42	28-Oct-42	2	Cork	Marked as Detained Case	7

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
4101	Mahoney	John	45	GSW	Head	Deafness	28-Oct-42	14-Jan-43	79	Tipperary		7
4102	Reade	Thomas	46	GSW	Leg L. Ampt		02-Nov-42	07-Dec-42	36	Kilkenny		7
4103	Daly	James	49	Disease	Exophthalmic Goitre		06-Nov-42	25-Feb-43	112	Dublin		7
4104	Milne	William	54	Disease	Bronchitis	Malaria	09-Nov-42	21-Dec-42	43	Dublin		7
4105	Byrne	Henry	48	Disease	Bronchitis		10-Nov-42	04-Mar-43	115	Dublin		7
4106	Walsh	Michael	44	GSW	Knee R Ampt		11-Nov-42	26-Nov-42	16	Kilkenny		7
4107	McCormack	Peter	69	Both	Varicose Veins	Leg L GSW	12-Nov-42	02-Dec-42	21	Dublin		7
4108	Flanagan	William	58	Disease	Thighs Both Old Burns		16-Nov-42	28-Jan-43	74	Dublin		7
4109	Bannon	Bernard	53	GSW	Leg R Ampt		16-Nov-42	11-Feb-43	88	Louth		7
4110	Byrne	John	67	Disease	Bronchitis Chronic		19-Nov-42	28-Jan-43	71	Dublin		7
4111	Clarke	Bernard C	49	Disease	Bronchial Asthma		19-Nov-42	27-May-43	190	Dublin		7
4112	Kerrigan	Patrick	57	Disease	Bronchitis		20-Nov-42	29-Dec-42	40	Dublin		7
4113	Whelan	Christopher	49	GSW	Hand R		20-Nov-42	28-Jan-43	70	Dublin		7
4114	Williams	Patrick	64	Disease	Arthritis		20-Nov-42	14-Jan-43	56	Sligo		7
4115	Doyle	Michael	48	GSW	Arm R		23-Nov-42	11-Feb-43	81	Dublin		7
4116	McGeehan	Joseph	44	GSW	Hand R		26-Nov-42	03-Feb-43	70	Dublin		7
4117	Lane	Jeremiah	70	Disease	DAH		26-Nov-42	21-Jan-43	57	Cork		7
4118	Kavanagh	John	50	Both	VDH	Chest GSW	27-Nov-42	23-Dec-42	27	Cork		7
4119	O'Kane	Daniel	65	Disease	Rheumatism, DAH	Bronchitis	02-Dec-42	11-Feb-43	72	Cork		7
4120	Wylie	Charles	54	GSW	Leg L. Ampt		03-Dec-42	16-Dec-42	14	Galway		7
4121	Noonan	Maurice	58	Disease	Bronchitis Chronic		04-Dec-42	30-Jan-43	58	Cork		7
4122	Shea	James	50	GSW	Arm L & Chest		09-Dec-42	26-Feb-43	80	Cork	No age entered	7
4123	Punch	Patrick	58	Disease	Bronchitis		16-Dec-42	10-Jun-43	177	Cork		7
4124	McMahon	Patrick	62	Disease	Bronchitis		18-Dec-42	24-Feb-43	69	Carlow		7
4125	Whiston	Thomas	62	GSW	Hip R		21-Dec-42	22-Apr-43	123	Wicklow		7
4126	Falconer	Michael	63	Disease	DAH	Bronchitis	23-Dec-42	01-Jan-43	10	Tipperary		7
4127	Coffey	Peter	46	GSW	Arm L w. Osteo Myelitis		29-Dec-42	10-Jun-43	164	Dublin		7
4128	Russell	William	43	GSW	Leg L		29-Dec-42	11-Feb-43	45	Galway		7
4129	Blyth	William	59	Both	GSW Arm R	Deafness	31-Dec-42	04-Mar-43	64	Dublin		7
4130	Valentine	James	57	Disease	Bronchitis		05-Jan-43	10-Mar-43	68	Dublin		7
4131	Donnelly	Peter	44	Disease	Bronchitis		02-Jan-43	15-Apr-43	101	Leitrim		7
4132	Owens	Edward	50	Disease	VDH		12-Jan-43	10-May-43	118	Roscommon		7
4133	Dalton	James	61	Disease	Bronchitis		12-Jan-43	11-Mar-43	59	Dublin		7
4134	Cullinane	Joseph	47	GSW	Extremities Lower		13-Jan-43	04-Mar-43	51	Cork		7
4135	Lynch	Daniel	46	Disease	Bronchitis following Gas Poisoning		18-Jan-43	08-Apr-43	81	Dublin		7
4136	Stapleton	James	44	GSW	Foot L		19-Jan-43	05-Feb-43	18	Kilkenny		7
4137	Kelly	John	75	Disease	Rheumatism	Hallux Valgus Double	20-Jan-43	04-Feb-43	16	Cork		7
4138	Brown	James	54	Disease	Hip Joint R Injury		21-Jan-43	04-Mar-43	43	Waterford		7
4139	Morrissey	Michael	48	Disease	Varicose Veins		25-Jan-43	11-Mar-43	46	Kilkenny		7
4140	Kearns	Michael	48	GSW	Thigh L Ampt		28-Jan-43	29-Mar-43	61	Sligo		7
4141	Considine	Martin	49	Disease	ODH		28-Jan-43	11-Mar-43	43	Limerick		7
4142	Conlon	Francis	49	Disease	Bronchitis	Emphysema from Gassing	29-Jan-43	18-Mar-43	49	Cavan		7
4143	Grace	John	48	GSW	Thigh R Ampt		29-Jan-43	26-Feb-43	29	Kilkenny		7
4144	Palliser	Frank	51	GSW	Leg R, Compound Fracture Femur		01-Feb-43	08-Apr-43	67	Cork		7
4145	Mahon	Daniel	51	Disease	Duodenitis		05-Feb-43	01-Apr-43	55	Wexford		7
4146	McCarthy	Patrick	55	Disease	Adhesion following Duodenal Ulcer		08-Feb-43	15-Jul-43	158	Cork		7
4147	Donegan	Bernard	45	Disease	Debility w. DAH		10-Feb-43	22-Apr-43	72	Dublin		7
4148	Armstrong	Michael	47	Disease	Bronchitis		12-Feb-43	13-May-43	90	Sligo		7
4149	Andrews	Peter	49	GSW	Thigh		15-Feb-43	27-May-43	102	Dublin		7
4150	Timley	Patrick	48	GSW	Leg Tibia L		16-Feb-43	10-Jun-43	115	Dublin		7

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
4151	Murphy	John	56	GSW	Hand L		19-Feb-43	18-Mar-43	28	Dublin		7
4152	Ellis	John	48	GSW	Leg L		19-Feb-43	11-Jun-43	113	Dublin		7
4153	Deery	Patrick	45	GSW	Leg L		22-Feb-43	13-May-43	81	Londonderry		7
4154	Stapleton	James	44	GSW	Foot L		23-Feb-43	11-Mar-43	17	Kilkenny		7
4155	Hobart	Thomas	49	Disease	Bronchitis		24-Feb-43	15-Apr-43	51	Limerick		7
4156	McKenna	Patrick	45	Disease	Bronchitis		24-Feb-43	22-Jul-43	149	Louth		7
4157	McCarthy	John	47	Disease	Neurasthenia		24-Feb-43	29-Apr-43	65	Sligo		7
4158	Mara	Michael	50	GSW	Chest		24-Feb-43	25-Aug-43	183	Dublin		7
4159	Hurley	Michael	54	GSW	Thigh L Ampt		25-Feb-43	22-Apr-43	57	Cork		7
4160	Flanagan	William	58	Disease	Thighs Both Old Burns		04-Mar-43	16-Jun-43	106	Dublin	DIED.	7
4161	Rogers	John	55	GSW	Chest		04-Mar-43	03-Jun-43	92	Leitrim		7
4162	Fletcher	Alexander	51	Disease	Bronchitis		05-Mar-43	29-Jul-43	147	Westmeath		7
4163	Daly	John	50	GSW	Thigh L		05-Mar-43	10-Jun-43	98	Cork		7
4164	Lannon	John	45	GSW	Arm L&R, Leg L&R		08-Mar-43	06-May-43	60	Dublin		7
4165	Reilly	Thomas	59	Disease	Bronchitis		10-Mar-43	07-Oct-43	212	Dublin		7
4166	McCormack	Peter	69	Both	Varicose Veins	Leg L GSW	10-Mar-43	05-May-43	56	Dublin		7
4167	Morrissey	Peter	60	GSW	Knee L & Thigh		12-Mar-43	20-May-43	70	Mayo		7
4168	Crowley	John	58	Both	Neurasthenia following GSW to Head		12-Mar-43	20-Mar-43	9	Waterford		7
4169	O'Brien	Patrick	46	GSW	Thigh R		13-Mar-43	20-May-43	69	Limerick		7
4170	Hogan	Thomas	56	Disease	Malaria	VDH	16-Mar-43	20-Mar-43	5	Offaly	DIED.	7
4171	Condon	Michael	45	Disease	Bronchitis		19-Mar-43	06-Aug-43	141	Wexford		7
4172	Keary	John	52	Disease	Glands of Neck	Deafness	22-Mar-43	15-Jul-43	116	Dublin		7
4173	Mulcahy	Edward	53	Disease	Bronchitis, Neurasthenia	Malaria Sandfly Fever	25-Mar-43	01-Jul-43	99	Cork		7
4174	Riordan	William	54	Disease	Gastritis		05-Apr-43	22-Jul-43	109	Dublin		7
4175	Carroll	Michael	45	Disease	Bronchitis		12-Apr-43	10-Jun-43	60	Waterford		7
4176	Keams	Michael	48	GSW	Thigh L Ampt		12-Apr-43	06-May-43	25	Sligo		7
4177	Bailey	Thomas	57	GSW	Leg L		14-Apr-43	09-Sep-43	149	Dublin		7
4178	Gilbert	Michael	48	Disease	Neurasthenia		27-Apr-43	05-May-43	9	Dublin		7
4179	Gaynor	Joseph	51	GSW	Thigh L Ampt		28-Apr-43	24-Jun-43	58	Dublin		7
4180	Gallagher	Edward	70	Disease	Bronchitis		28-Apr-43	08-Jul-43	72	Westmeath		7
4181	O'Leary	Michael	65	Disease	Rheumatism	VDH	30-Apr-43	22-Jul-43	84	Cork		7
4182	Moloney	Thomas	51	Disease	VDH	Dysentery	05-May-43	01-Jul-43	58	Tipperary		7
4183	McCormack	William	65	Disease	Arthritis		06-May-43	15-Jul-43	71	Carlow		7
4184	Maier	James	44	GSW	Leg L Ampt		07-May-43	08-Jul-43	63	Tipperary		7
4185	Hannon	James	45	Disease	Gastric Ulcer		03-May-43	04-May-43	2	Limerick	Marked as Detained Case	7
4186	Behan	John	56	Disease	Bronchitis		10-May-43	29-Jul-43	81	Dublin		7
4187	Perse	Thomas	70	Disease	Varicose Veins		11-May-43	15-Jul-43	65	Kildare		7
4188	Lane	Jeremiah	70	Disease	DAH		15-May-43	10-Jun-43	26	Cork		7
4189	Pryor	James	60	GSW	Tibia & Fibula R Compound Fracture		17-May-43	09-Mar-44	297	Leitrim		7
4190	Reade	Thomas	47	GSW	Leg L Ampt		20-May-43	01-Jul-43	43	Kilkenny		7
4191	Thompson	James	67	GSW	Buttock R		24-May-43	10-Sep-43	110	Wicklow		7
4192	Campbell	Bernard	50	GSW	Arm R Forearm		03-Jun-43	24-Jun-43	22	Louth		7
4193	Forde	William	54	Disease	Varicose Veins		08-Jun-43	29-Jul-43	52	Dublin		7
4194	Hannon	James	45	Disease	Gastric Ulcer		11-Jun-43	06-Jan-44	210	Limerick		7
4195	Keating	Edward	41	Disease	VDH		17-Jun-43	14-Jul-43	28	Dublin		7
4196	Brown	James	54	Disease	Hip Joint R Injury		22-Jun-43	29-Jul-43	38	Waterford		7
4197	Corcoran	Edward	64	Disease	DAH	Debility from Dysentery	25-Jun-43	03-Aug-43	40	Cork		7
4198	Goldrick	Michael	49	GSW	Leg R		29-Jun-43	03-Dec-43	158	Cavan		7
4199	Doyle	Michael	49	GSW	Neck		30-Jun-43	16-Sep-43	79	Dublin		7
4200	Kelly	Peter	55	GSW	Spine & Paraplegia		30-Jun-43	02-Sep-43	64	Laois		7

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
4201	O'Neill	Patrick	48	GSW	Leg R		30-Jun-43	11-Nov-43	135	Dublin		7
4202	Williams	Patrick	64	Disease	Arthritis		02-Jul-43	30-Sep-43	91	Sligo		7
4203	Farrall	James	44	Disease	Trench Feet & Symes Ampt R		07-Jul-43	28-Sep-44	450	Dublin		7
4204	O'Brien	Daniel	53	GSW	Leg L & R		08-Jul-43	29-Jul-43	21	Clare		7
4205	Power	Patrick	70	GSW	Leg R		08-Jul-43	19-Aug-43	43	Waterford		7
4206	Dowd	Richard	54	Disease	Bronchitis		08-Jul-43	07-Oct-43	92	Dublin		7
4207	O'Connor	Michael	47	Disease	Bronchitis		08-Jul-43	06-Jan-44	183	Dublin		7
4208	Gorman	William	45	GSW	Leg L Ampt		08-Jul-43	23-Sep-43	78	Dublin		7
4209	Downs	Michael	70	Disease	Bronchitis	ODH	12-Jul-43	11-Aug-43	31	Sligo		7
4210	Sneaton	William	61	Disease	Osteo Arthritis	Rheumatism	13-Jul-43	23-Sep-43	73	Laos		7
4211	Cashin	Nicholas	52	Disease	Bronchitis	Asthma	14-Jul-43	16-Sep-43	65	Wexford		7
4212	Greaney	Thomas	61	Disease	Bronchitis		14-Jul-43	26-Aug-43	44	Cork		7
4213	Brophy	William	52	GSW	Abdomen		15-Jul-43	19-Aug-43	36	Dublin		7
4214	Barron	Frank	47	Disease	Vertigo		23-Jul-43	21-Oct-43	91	Dublin		7
4215	Coffey	Peter	46	Both	GSW Arm L	Osteo Myelitis	26-Jul-43	14-Oct-43	80	Dublin		7
4216	Behan	Patrick	56	Both	VDH	GSW Back	28-Jul-43	11-Nov-43	108	Dublin		7
4217	McGovern	Patrick	53	GSW	Back & Leg L Ampt		30-Jul-43	02-Sep-43	8	Roscommon		7
4218	Carolan	Thomas	55	GSW	Thigh R Ampt		03-Aug-43	06-Aug-43	31	Sligo		7
4219	Ahern	Joseph	67	Disease	Bronchitis	Rheumatism	05-Aug-43	25-Nov-43	113	Cork		7
4220	O'Connell	John	64	Disease	Pyloric Ulcer Ruptured		11-Aug-43	28-Aug-43	18	Dublin		7
4221	Noonan	Daniel	47	GSW	Thigh L		13-Aug-43	10-May-45	637	Cork		7
4222	Stapleton	John	44	GSW	Foot L		13-Aug-43	19-Aug-43	7	Kilkenny		7
4223	Coleman	Thomas	52	Disease	Bronchitis		16-Aug-43	16-Sep-43	32	Dublin		7
4224	Smith	Patrick J	49	Disease	Rheumatoid Arthritis		18-Aug-43	07-Oct-43	51	Cavan		7
4225	Hoey	William	50	Both	GSW Head	Epilepsy	18-Aug-43	07-Oct-43	51	Dublin		7
4226	Murphy	John	52	Disease	Ribs Dislocated	Bronchitis	25-Aug-43	07-Oct-43	44	Sligo		7
4227	McCarthy	Denis	62	Disease	Deafness		25-Aug-43	04-Nov-43	72	Cork		7
4228	Cudden	John	48	Disease	Dysentery	Malaria	26-Aug-43	17-Feb-44	176	Dublin		7
4229	Duffy	Timothy	66	Disease	Debility from Malaria		26-Aug-43	23-Sep-43	30	Dublin		7
4230	Marsh	John	65	Disease	Debility	DAH	28-Aug-43	21-Oct-43	55	Tipperary		7
4231	Mara	Michael	50	GSW	Chest		30-Aug-43	20-Jul-44	325	Dublin		7
4232	McMahon	James	69	GSW	Thigh L & Drop Foot		31-Aug-43	13-Oct-43	44	Cavan		7
4233	O'Reilly	Henry	50	GSW	Thigh L		31-Aug-43	14-Oct-43	44	Dublin		7
4234	Ryan	John	54	GSW	Leg L		04-Sep-43	26-Oct-43	53	Dublin		7
4235	Valentine	James	57	Disease	Bronchitis, DAH		06-Sep-43	07-Oct-43	32	Dublin		7
4236	Langton	Murteagh	52	GSW	Leg L	Debility	07-Sep-43	25-Nov-43	80	Dublin		7
4237	Cummins	Patrick	44	GSW	Jaw		07-Sep-43	04-Nov-43	59	Dublin		7
4238	Donnelly	Peter	45	Disease	Bronchitis		08-Sep-43	28-Oct-43	51	Leitrim		7
4239	Sheehan	John	44	GSW	Hand L Bomb Wound		08-Sep-43	25-Nov-43	79	Cork		7
4240	Seery	Michael		Disease	Rheumatism		09-Sep-43	21-Oct-43	43	Westmeath		7
4241	Scannell	David		Disease	Rheumatism	Malaria	13-Sep-43	21-Oct-43	39	Cork		7
4242	Armstrong	Michael	47	Disease	Bronchitis		13-Sep-43	09-Dec-43	88	Sligo		7
4243	Behan	John	62	Disease	Bronchitis		15-Sep-43	28-Oct-43	44	Dublin		7
4244	Sheehan	Matthew	50	GSW	Arm R		15-Sep-43	24-Feb-44	163	Dublin		7
4245	Seymour	Thomas	55	GSW	Leg L		17-Sep-43	18-Nov-43	63	Cork		7
4246	O'Driscoll	Con	48	Disease	Tuberculosis of Spine		21-Sep-43	14-Oct-43	24	Cork		7
4247	McKenna	Patrick	45	Disease	Bronchitis		21-Sep-43	25-Sep-43	5	Louth		7
4248	Hearns	Timothy	49	GSW	Shoulder L		27-Sep-43	30-Mar-44	185	Kildare		7
4249	Wilkinson	Thomas	58	GSW	Leg R Ampt		27-Sep-43	04-Nov-43	40	Cork		7
4250	Walsh	William	61	Disease	Cheirompophyx		28-Sep-43	08-Jun-44	254	Limerick		7

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
4251	White	Thomas	48	Disease	Leg Ulceration		28-Sep-43	23-Dec-43	87	Offaly		7
4252	Giles	John	52	Disease	Bronchitis		29-Sep-43	09-Dec-43	71	Dublin		7
4253	Clarke	Vincent	47	GSW	Chest		29-Sep-43	12-Oct-43	14	Dublin		7
4254	Hobart	Thomas	49	Disease	Debility	Bronchitis	29-Sep-43	16-Dec-43	79	Limerick		7
4255	Egan	John J	62	Disease	Bronchitis		30-Sep-43	29-Jan-44	122	Dublin		7
4256	Daiton	James	62	Disease	Bronchitis		01-Oct-43	11-Nov-43	42	Dublin		7
4257	Murphy	Denis	57	Disease	Rheumatism		04-Oct-43	04-Nov-43	31	Cork		7
4258	Morris	Martin	57	GSW	Multiple		04-Oct-43	16-Mar-44	164	Donegal		7
4259	Carolan	Thomas	55	GSW	Thigh R Ampt		05-Oct-43	21-Oct-43	17	Sligo		7
4260	Scott	John	48	Disease	VDH		07-Oct-43	16-Dec-43	71	Tipperary		7
4261	McDonnell	Patrick	45	Both	GSW Back	Knee R Injury	12-Oct-43	04-Nov-43	23	Kerry		7
4262	Foley	William	47	GSW	Leg L		14-Oct-43	04-Nov-43	22	Cork		7
4263	Geraghty	Thomas	57	GSW	Chest		13-Oct-43	04-Nov-43	23	Dublin		7
4264	Quinn	Patrick	47	GSW	Leg L Ampt		19-Oct-43	18-Nov-43	31	Cork		7
4265	McNiff	Michael	61	Disease	Albuminuria, Debility	Rheumatism	19-Oct-43	09-Dec-43	52	Leitrim		7
4266	Coffey	Peter	46	Both	GSW Arm L	Osteo Myelitis	19-Oct-43	13-Jan-44	87	Dublin		7
4267	Conlon	Francis	49	Disease	Bronchitis from Gassing	Emphysema from Gassing	19-Oct-43	16-Dec-43	59	Cavan		7
4268	Harte	Thomas	60	Disease	Bronchitis		20-Oct-43	09-Dec-43	51	Dublin		7
4269	Doyle	John	53	Disease	DAH		20-Oct-43	25-Oct-43	6	Dublin		7
4270	Connolly	Roger	51	GSW	Leg L Ampt		21-Oct-43	26-Apr-44	189	Leitrim		7
4271	Melly	Bernard	54	Disease	Neurasthenia		21-Oct-43	03-Feb-44	106	Sligo		7
4272	O'Brien	Martin	64	Disease	Varicose Veins		22-Oct-43	27-Jan-44	98	Tipperary		7
4273	Stanley	Charles	67	GSW	Leg R Tibia		22-Oct-43	19-Oct-44	364	Tipperary		7
4274	McMahon	Andrew	62	Disease	Bronchitis(R.L.) Agg. Trench Feet	Malaria	26-Oct-43	10-Feb-44	108	Carlow		7
4275	McDermott	Thomas	45	Disease	Wrist & Hand R Injury		26-Oct-43	30-Dec-43	66	Sligo		7
4276	Whelan	Edward	61	Disease	Bronchitis	Hemia Double Ing	27-Oct-43	27-Jan-44	93	Dublin		7
4277	Burke	James	44	Disease	Bronchitis Chronic		29-Oct-43	16-Dec-43	49	Tipperary		7
4278	Gorman	John	62	GSW	Leg R Ampt		29-Oct-43	02-Dec-43	34	Sligo		7
4279	Graham	James	68	Disease	Hip L Co		29-Oct-43	09-Dec-43	42	Tipperary		7
4280	Butler	Cornelius		Disease	Bronchitis		29-Oct-43	16-Dec-43	49	Tipperary		7
4281	Palliser	Frank	52	GSW	Leg R Compound Fracture Femur		01-Nov-43	06-Jan-44	67	Cork		7
4282	Tighe	James		Disease	Bronchitis		01-Nov-43	03-Feb-44	95	Meath		7
4283	Neill	George	54	Disease	Feet L&R Ampt Frostbite		03-Nov-43	25-Nov-43	23	Laois		7
4284	Carroll	Michael	51	Disease	Bronchitis		04-Nov-43	30-Dec-43	57	Dublin		7
4285	Muldoon	Thomas	49	GSW	Shoulder & Arm R		11-Nov-43	06-Jan-44	57	Sligo		7
4286	McInerney	Cornelius	65	Disease	Bronchitis Chronic		15-Nov-43	20-Jan-44	67	Tipperary		7
4287	Brown	Timothy	59	Disease	Leg R		18-Nov-43	18-Apr-44	153	Cork		7
4288	Mitchell	James	62	GSW	Thigh L		22-Nov-43	03-Aug-44	255	Dublin		7
4289	Hamilton	Joseph	44	GSW	Thigh L		24-Nov-43	03-Feb-44	72	Donegal		7
4290	Keegan	Michael	64	Both	Knee R & Ankle L GSW	Rheumatism	26-Nov-43	24-Feb-44	91	Dublin		7
4291	Ryan	Laurence	48	GSW	Arm L		26-Nov-43	27-Jan-44	63	Tipperary		7
4292	Gray	Henry	69	Disease	Bronchitis-Effects of Gas		29-Nov-43	20-Jan-44	53	Dublin		7
4293	Foley	Martin	48	Disease	Rheumatism		29-Nov-43	10-Feb-44	74	Leitrim		7
4294	Scorr	Frederick	60	Disease	Gastritis		29-Nov-43	31-Dec-43	33	Cavan		7
4295	O'Brien	John	67	Both	GSW Shoulder L	Rheumatism	30-Nov-43	21-Jan-44	52	Dublin		7
4296	Sunderland	John	55	Disease	Bronchitis		30-Nov-43	10-Feb-44	73	Dublin		7
4297	Cromwell	Patrick	55	Disease	Bronchitis due to Gas		30-Nov-43	10-Feb-44	73	Dublin		7
4298	Daly	James	50	Disease	Exophthalmic Goitre	Malaria	30-Nov-43	03-Feb-44	66	Dublin		7
4299	Behan	John	62	Disease	Bronchitis		02-Dec-43	13-Jan-44	43	Dublin		7
4300	Murphy	Patrick	63	Disease	Neurasthenia, VDH	ODH	07-Dec-43	23-Mar-43	107	Dublin		7

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
4301	O'Toole	Michael	55	Disease	Gastritis		06-Dec-43	07-Dec-43	2	Kildare	Marked as Detained Case	7
4302	Duffy	Joseph	74	Disease	Bronchitis		07-Dec-43	03-Feb-44	59	Dublin		7
4303	McCue	John	71	Disease	Ing Hernia R		09-Nov-43	31-Dec-43	53	Dublin		7
4304	Lukeman	Timothy	47	Disease	VDH		10-Dec-43	03-Feb-44	56	Tipperary		7
4305	McGowan	William	56	Disease	Bronchitis		10-Dec-43	10-Feb-44	63	Dublin		7
4306	Gillen	Patrick	47	Disease	Neurasthenia		10-Dec-43	17-Feb-44	70	Sligo		7
4307	Bennett	Thomas	54	Disease	ODH	Bronchitis	10-Dec-43	13-Jan-44	35	Dublin		7
4308	Dwyer	William	68	Disease	DAH		13-Dec-43	20-Jan-44	39	Tipperary		7
4309	O'Reilly	James	47	Disease	Bronchitis		14-Dec-43	17-Feb-44	66	Dublin		7
4310	Hughes	James	47	Disease	Hernia Double Bubonocoele		15-Dec-43	02-Mar-44	79	Longford		7
4311	Ryan	Robert	65	GSW	Legs L&R Ampt (BK)		15-Dec-43	30-Mar-44	107	Dublin		7
4312	Sheerins	John	58	GSW	Thigh R		17-Dec-43	20-Jul-44	216	Galway		7
4313	Leech	Garrett	65	Disease	Varicose Veins		31-Dec-43	17-Feb-44	49	Dublin		7
4314	Barry	Stephen	65	GSW	Leg L Ampt		31-Dec-43	10-Feb-44	42	Waterford		7
4315	O'Flaherty	William	55	GSW	Jaw Fractured inc Loss of teeth		03-Jan-44	17-Feb-44	46	Laos		7
4316	Cullen	John	54	Disease	DAH		04-Jan-44	24-Feb-44	52	Waterford		7
4317	O'Connor	Daniel	77	Disease	Rheumatism	Back Injury	04-Jan-44	26-Feb-44	54	Dublin		7
4318	Peeners	William	47	GSW	Thigh R Ampt		06-Jan-44	02-Mar-44	57	Dublin		7
4319	O'Leary	Michael	57	Disease	Bronchitis Chronic		07-Jan-44	30-Mar-44	83	Dublin		7
4320	O'Rourke	John	53	Disease	Leg L Ulcer		07-Jan-44	09-Mar-44	62	Mayo		7
4321	Thompson	James	68	Both	GSW Buttock	Myalgia	10-Jan-44	24-Feb-44	46	Wicklow		7
4322	Coffey	Michael J	58	Disease	ODH		10-Jan-44	10-Feb-44	32	Dublin		7
4323	Seery	Michael	62	Disease	Rheumatism		13-Jan-44	24-Feb-44	43	Westmeath		7
4324	Byrne	Peter	61	GSW	Thigh L & Dropped Foot		14-Jan-44	05-Feb-44	23	Dublin		7
4325	Hare	Thomas	55	Both	GSW Arm L	Emphysema, Neuritis	18-Jan-44	18-May-44	122	Coik		7
4326	Carolan	Thomas	55	GSW	Thigh R Ampt		18-Jan-44	10-Feb-44	24	Sligo		7
4327	Caillil	Patrick	49	GSW	Thigh L Ampt		19-Jan-44	16-Mar-44	58	Dublin		7
4328	Culleton	Daniel	71	Disease	Leg L Old Fracture		20-Jan-44	16-Mar-44	57	Carlow		7
4329	O'Mahoney	Jeremiah	60	Disease	Debility w. DAH		21-Jan-44	18-May-44	118	Coik		7
4330	Butler	Cornelius	48	Disease	Bronchitis		21-Jan-44	16-Mar-44	46	Tipperary		7
4331	Murphy	John	72	Disease	Bronchitis		25-Jan-44	18-May-44	115	Dublin		7
4332	Clarke	Bernard	50	Disease	Bronchitis		25-Jan-44	08-Jun-44	135	Dublin		7
4333	Goldrick	Bernard	57	GSW	Leg R Ampt		25-Jan-44	17-Feb-44	24	Cavan		7
4334	Kearns	Christopher	59	Disease	Dysentery	Malaria	27-Jan-44	18-May-44	113	Dublin		7
4335	Morris	William	54	Disease	Bronchitis Chronic		28-Jan-44	27-Apr-44	91	Dublin		7
4336	Walsh	Patrick	66	Disease	Dysentery	Malaria	28-Jan-44	16-Mar-44	49	Mayo		7
4337	O'Brien	John	49	Disease	Neurasthenia		01-Feb-44	22-Aug-45	569	Dublin		7
4338	McCommack	Patrick	53	Disease	VDH		02-Feb-44	20-Apr-44	79	Offaly		7
4339	O'Sullivan	James	64	Disease	Periostitis	TICT Thrombosis	02-Feb-44	23-Mar-44	51	Wexford		7
4340	Coletton	Arthur	64	GSW	Thigh R		02-Feb-44	23-Mar-44	51	Dublin		7
4341	Conroy	Edward	54	Disease	Bronchitis due to Gas		03-Feb-44	01-Jun-44	120	Dublin		7
4342	Frawley	Michael	52	GSW	Leg L		03-Feb-44	27-Apr-44	86	Limerick		7
4343	Brown	James	56	Disease	Hip Joint R Injury		04-Feb-44	30-Mar-44	56	Waterford		7
4344	McInerney	Timothy	63	Disease	Bronchitis, DAH	Defective Teeth	08-Feb-44	06-Apr-44	59	Limerick		7
4345	Hastings	Timothy	63	GSW	Leg R		08-Feb-44	20-Apr-44	73	Limerick		7
4346	Kyne	Maurice	47	GSW	Arm L		09-Feb-44	17-Feb-44	9	Waterford		7
4347	Dowling	Michael	45	Disease	Bronchitis	Debility	14-Feb-44	20-Apr-44	67	Laos		7
4348	Maher	James	49	Disease	Leg L Ampt		14-Feb-44	06-Apr-44	53	Tipperary		7
4349	Coffey	Peter	47	GSW	Arm L		15-Feb-44	21-Sep-44	220	Dublin		7
4350	Wills	John H	57	Both	Rheumatism	Thigh GSW	15-Feb-44	23-Mar-44	38	Tipperary		7

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
4351	McCormack	James	51	GSW	Leg R		16-Feb-44	27-Jul-44	163	Dublin		7
4352	Milne	William	56	Disease	Bronchitis	Malaria	16-Feb-44	13-Jul-44	148	Dublin		7
4353	Cowap	Peter	51	GSW	Chest		18-Feb-44	23-Mar-44	35	Dublin		7
4354	Sheehan	Patrick	61	GSW	Arm Forearm ILLEGIBLE		18-Feb-44	29-Feb-44	12	Limerick		7
4355	McInerney	Cornelius	66	Disease	Stomach Trouble		21-Feb-44	23-Feb-44	3	Limerick		7
4356	Quinn	Patrick	48	GSW	Leg L Ampt		22-Feb-44	04-May-44	73	Cork		7
4357	Walsh	Michael	45	GSW	Knee R Ampt		22-Feb-44	06-Apr-44	45	Kilkenny		7
4358	Shire	Michael	56	GSW	Hand L & Ankle L		22-Feb-44	30-Mar-44	38	Westmeath		7
4359	O'Brien	Con	51	Disease	Bronchitis	DAH	22-Feb-44	20-Apr-44	59	Cork		7
4360	McCarthy	Denis	50	GSW	Leg L		23-Feb-44	24-Mar-44	31	Dublin		7
4361	Burke	Joseph	56	Both	GSW Chest	Debility	23-Feb-44	20-Apr-44	58	Dublin		7
4362	Holmes	James	69	Disease	Bronchitis	Malaria	28-Feb-44	01-Jun-44	95	Dublin		7
4363	Kaye	George	45	Disease	VDH		28-Feb-44	11-May-44	74	Dublin		7
4364	Walsh	Thomas	49	GSW	Back	1st&2nd Toe R Ampt	29-Feb-44	27-Apr-44	59	Mayo		7
4365	Ryan	Thomas	56	Disease	Bronchitis due to Gas	Emphysema	01-Mar-44	15-Jun-44	107	Dublin		7
4366	Sneaton	William	63	Disease	Osteo Arthritis		02-Mar-44	20-Apr-44	50	Wicklow		7
4367	McKenna	Joseph	61	GSW	Thigh L		03-Mar-44	15-Jun-44	105	Louth		7
4368	Moran	John	71	Disease	Bronchitis	Malaria	03-Mar-44	27-Apr-44	56	Dublin		7
4369	Behan	John	62	Disease	Bronchitis		03-Mar-44	06-Apr-44	35	Dublin		7
4370	Halpin	Patrick	62	Both	Neurasthenia	Arm R GSW	06-Mar-44	25-May-44	80	Wicklow		7
4371	Brennan	Edward	49	GSW	Leg R Ampt & Leg L		06-Mar-44	27-Apr-44	53	Sligo		7
4372	McInerney	Con	66	Disease	Gastritis		06-Mar-44	30-Mar-44	25	Limerick		7
4373	Cummins	Patrick	45	GSW	Jaw		06-Mar-44	11-May-44	67	Dublin		7
4374	Moore	James	53	Disease	DAH	Bronchitis	07-Mar-44	27-Apr-44	52	Dublin		7
4375	Hobart	Thomas	50	Disease	Debility	Bronchitis	10-Mar-44	20-Apr-44	42	Limerick		7
4376	Branagan	George	64	GSW	Leg L		13-Mar-44	04-May-44	53	Dublin		7
4377	Williams	Robert	69	Disease	Myocarditis	Rheumatism	14-Mar-44	01-Jun-44	49	Kilkenny		7
4378	Small	Peter	54	Disease	Pnebitis		14-Mar-44	18-May-44	66	Galway		7
4379	Taggart	Edward	49	GSW	Hand L		22-Mar-44	20-Apr-44	30	Sligo		7
4380	Moore	Michael	56	Disease	DAH following Malaria	Leg L GSW	24-Mar-44	07-Sep-44	168	Kilkenny		7
4381	McCormack	Peter	70	Both	Varicose Veins		28-Mar-44	25-May-44	94	Dublin		7
4382	Carpentier	Patrick	66	Disease	Bronchitis		28-Mar-44	29-Jun-44	94	Dublin		7
4383	Cullinane	Joseph	45	GSW	Extrimites L		29-Mar-44	18-May-44	51	Cork		7
4384	O'Brien	Daniel	55	GSW	Legs L&R		30-Mar-44	03-Jun-44	66	Clare		7
4385	Copley	Christopher	69	GSW	Legs L&R Ampt		29-Mar-44	18-May-44	51	Cork		7
4386	Matthews	James	50	GSW	Thigh L		31-Mar-44	22-Jun-44	84	Louth		7
4387	Ryan	Robert	65	GSW	Legs L&R Ampt		04-Apr-44	10-May-44	37	Dublin		7
4388	Ryder	Michael	50	GSW	Head		06-Apr-44	29-Mar-45	358	Meath		7
4389	Daly	James	50	Disease	Exophthalmic Goitre		08-Apr-44	15-Jun-44	69	Dublin		7
4390	Donegan	John	55	Disease	Gastritis	Malaria	11-Apr-44	22-Jun-44	73	Tipperary		7
4391	Sheehan	Patrick	61	GSW	Arm L		13-Apr-44	08-Jun-44	57	Limerick		7
4392	Crilly	Thomas	54	GSW	Thigh L		21-Apr-44	12-Aug-44	114	Dublin		7
4393	Phelan	Thomas	65	Disease	Rheumatism		24-Apr-44	22-Jun-44	59	Dublin		7
4394	Kelly	Thomas	60	GSW	Thigh R		27-Apr-44	18-May-44	22	Galway		7
4395	Hoey	John	48	Disease	Bronchitis		27-Apr-44	07-Sep-44	134	Dublin		7
4396	Condron	Michael	51	Disease	Bronchitis		27-Apr-44	20-Jul-44	84			7
4397	Power	Edward	47	Disease	Bronchitis		02-May-44	29-Jun-44	59	Waterford		7
4398	Devine	Patrick	51	Disease	Gastritis, Debility		02-May-44	10-Aug-44	101	Dublin		7
4399	Molloy	Joseph	57	Disease	Debility following Bronchitis		05-May-44	27-Jul-44	84	Laois		7
4400	Carroll	Michael	51	Disease	Bronchitis		11-May-44	17-Aug-44	99	Dublin		7

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
4401	O'Brien	Martin	65	Disease	Varicose Veins		12-May-44	10-Aug-44	91	Tipperary		7
4402	Reddan	James	53	Disease	Bronchitis		12-May-44	20-Jul-44	70	Tipperary		7
4403	Reade	Thomas	48	GSW	Leg L Ampt		15-May-44	07-Sep-44	116	Kilkenny		7
4404	Cahill	Thomas	57	Disease	Stomach Trouble		15-May-44	17-May-44	3	Clare		7
4405	Murphy	Patrick	63	Disease	Neurasthenia	VDH, ODH	18-May-44	19-Oct-44	155	Dublin	DIED.	7
4406	Grace	John	49	GSW	Thigh R Ampt		19-May-44	08-Jun-44	21	Kilkenny		7
4407	Martin	Thomas	50	GSW	Arm L Forearm		20-May-44	29-Jun-44	41	Louth		7
4408	McElhone	Patrick	67	Disease	Bronchitis following Gas Poisoning		20-May-44	06-Jul-44	48	Dublin		7
4409	Fitzgibbon	Patrick	46	GSW	Thigh L & Foot L Ampt		23-May-44	08-Jun-44	17	Tipperary		7
4410	Keavy	John	53	Disease	Neck Glands		24-May-44	17-Aug-44	86	Dublin		7
4411	Shea	James	55	GSW	Arm L & Chest		25-May-44	06-Jul-44	42	Cork		7
4412	Jenkins	Albert	58	Disease	Bronchitis	Nephritis	26-May-44	21-Sep-44	119	Dublin		7
4413	Hogan	Patrick	52	GSW	Shoulder R		29-May-44	06-Jul-44	39	Tipperary		7
4414	Connolly	Roger	52	GSW	Leg L Ampt		31-May-44	29-Jun-44	30	Leitrim		7
4415	Lukeman	Timothy	48	Disease	VDH		03-Jun-44	06-Jul-44	34	Tipperary		7
4416	Lee	John	48	Disease	Bronchitis Effects of Gas		05-Jun-44	19-Jun-44	15	Westmeath		7
4417	Lane	Michael	52	GSW	Abdomen		05-Jun-44	07-Jul-44	33	Cork		7
4418	Brophy	William	60	Disease	Delusional Psychosis		05-Jun-44	06-Jul-44	32	Tipperary		7
4419	Purcell	Henry	59	Disease	Stomach Trouble		05-Jun-44	07-Jun-44	3	Dublin		7
4420	Tougher	Thomas	46	GSW	Hand L		06-Jun-44	13-Jul-44	38	Cork		7
4421	Meagher	Thomas	53	GSW	Elbow R		07-Jun-44	31-Aug-44	86	Limerick		7
4422	Tierney	John	65	Both	GSW Hand & Wrist R	Sciatica	09-Jun-44	13-Jul-44	35	Tipperary		7
4423	Butler	Cornelius	49	Disease	Bronchitis		09-Jun-44	07-Sep-44	91	Tipperary		7
4424	Pilkington	Joseph	73	Disease	Hernia		13-Jun-44	29-Jun-44	17	Cavan		7
4425	Ryan	Edmond	67	Disease	Buttock R	Sciatic Nerve Injury	15-Jun-44	20-Jul-44	36	Tipperary		7
4426	Foran	Thomas	67	Disease	Myocardial Degeneration		21-Jun-44	28-Sep-44	100	Dublin		7
4427	Ennis	James	58	Disease	Gastric Ulcer		26-Jun-44	12-Oct-44	109	Sligo		7
4428	Daly	James	50	Disease	Endothalamic Gofitre		26-Jun-44	01-Jul-44	6	Dublin		7
4429	Cooney	James	52	Disease	ODH (Myocarditis)		01-Jul-44	09-Aug-44	39	Cavan		7
4430	Bolger	William	55	Disease	Leg L Thrombosis of Veins	Debility after Captivity & Injury to Side	03-Jul-44	14-Sep-44	74	Kilkenny		7
4431	Quinn	Thomas	54	GSW	Foot R		06-Jul-44	03-Aug-44	29	Cork		7
4432	Burke	Joseph	56	Both	GSW Chest	Debility Fistula	07-Jul-44	21-Sep-44	77	Dublin		7
4433	Dalton	James	64	Disease	Bronchitis		08-Jul-44	07-Sep-44	62	Dublin		7
4434	Ward	Michael	64	GSW	Buttock R		10-Jul-44	05-Oct-44	88	Kilkenny		7
4435	Clarke	Thomas	54	Disease	VDH		10-Jul-44	10-Aug-44	32	Sligo		7
4436	Hanley	Michael	56	GSW	Leg R & Wrist L		13-Jul-44	17-Aug-44	36	Kilkenny		7
4437	Pryor	James	63	GSW	Thigh R Ampt		13-Jul-44	17-Aug-44	36	Leitrim		7
4438	Brown	James	56	Disease	Hip Joint R Injury		18-Jul-44	14-Sep-44	59	Waterford		7
4439	Ryan	Robert	65	GSW	Leg L&R Ampt		19-Jul-44	11-Nov-44	116	Dublin		7
4440	Moneyenny	Joseph	61	Disease	Bronchitis	DAH	19-Jul-44	05-Oct-44	79	Dublin		7
4441	Gray	Henry	70	Disease	Bronchitis effects of Gas		20-Jul-44	19-Oct-44	92	Dublin		7
4442	O'Brien	Patrick	46	GSW	Thigh R		26-Jul-44	28-Sep-44	65	Limerick		7
4443	Daly	John	51	GSW	Thigh L		28-Jul-44	14-Sep-44	49	Cork		7
4444	Bull	James	51	GSW	Arm R Forearm		31-Jul-44	07-Sep-44	39	Dublin		7
4445	Ellis	John	49	GSW	Leg L		09-Aug-44	02-Nov-44	86	Dublin		7
4446	Baird	William	78	Disease	Rheumatism		09-Aug-44	31-Aug-44	23	Dublin		7
4447	McComack	Patrick	54	Disease	VDH		10-Aug-44	28-Sep-44	50	Offaly		7
4448	Sherlock	Mathew	49	GSW	Arm L Forearm		12-Aug-44	28-Sep-44	48	Sligo		7
4449	Copley	Christopher	69	GSW	Legs L&R Ampt		16-Aug-44	02-Nov-44	78	Cork		7
4450	Collins	Patrick	48	GSW	Leg L Ampt		21-Aug-44	18-Jan-45	151	Dublin		7

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
4451	Graham	James	69	Disease	Hip L Contusion		23-Aug-44	19-Oct-44	58	Tipperary		7
4452	O'Driscoll	Con	45	Disease	Tuberculosis of Spine		23-Aug-44	21-Sep-44	30	Cork		7
4453	Tebay	William	50	GSW	Leg R Femur Ampt		23-Aug-44	28-Sep-44	37	Waterford		7
4454	Hastings	Timothy	63	GSW	Leg R		23-Aug-44	05-Apr-45	226	Limerick		7
4455	Frawley	Michael	51	GSW	Leg L		25-Aug-44	07-Dec-44	105	Limerick		7
4456	Reddan	James	53	Disease	Bronchitis		25-Aug-44	05-Apr-45	224	Tipperary		7
4457	Moore	James	52	Disease	DAH	Bronchitis	30-Aug-44	26-Oct-44	58	Dublin		7
4458	Beyers	Anthony	53	GSW	Leg L & Side R		01-Sep-44	05-Oct-44	35	Dublin		7
4459	Murphy	John	57	GSW	Hand L		01-Sep-44	05-Oct-44	35	Dublin		7
4460	Williams	Patrick	64	Disease	Arthritis		04-Sep-44	18-Jan-45	137	Sligo		7
4461	Lynch	Daniel	49	Disease	Gastritis		05-Sep-44	06-Sep-44	2	Laois		7
4462	Brennan	Thomas	66	Disease	Dysentery		05-Sep-44	02-Nov-44	59	Cavan		7
4463	McKenna	Edward	48	Disease	Neurasthenia	Colitis	07-Sep-44	08-Nov-44	63	Cavan		7
4464	Dunleavy	John	51	GSW	Hands L&R	Albuminuria	07-Sep-44	26-Oct-44	50	Dublin		7
4465	Thompson	James	68	Both	GSW Buttock R	Myalgia	08-Sep-44	15-Feb-45	161	Wicklow		7
4466	O'Rourke	John	53	Disease	Leg L Ulcer		09-Sep-44	14-Dec-44	97	Mayo		7
4467	O'Brien	Patrick	55	GSW	Leg R		11-Sep-44	21-Sep-44	11	Dublin		7
4468	Condon	John	62	GSW	Leg R		12-Sep-44	02-Nov-44	52	Kildare		7
4469	McKenna	Joseph	52	Disease	Bronchitis		13-Sep-44	24-Sep-44	12	Dublin	DIED.	7
4470	McKenna	Joseph	62	GSW	Hand L		15-Sep-44	26-Oct-44	42	Louth		7
4471	O'Hara	Matthew	51	GSW	Knee L		16-Sep-44	01-Mar-45	167	Dublin		7
4472	Healy	Maurice	52	Disease	Debility	DAH from Malaria	20-Sep-44	25-Jan-45	128	Tipperary		7
4473	Pilkington	Joseph	73	Disease	Hernia		20-Sep-44	21-Dec-44	93	Cavan		7
4474	Wheelan	Edward	62	Disease	Duodenal Ulcer		22-Sep-44	23-Nov-44	63	Dublin		7
4475	Kelly	Patrick	63	Disease	Lumbago		22-Sep-44	23-Nov-44	63	Sligo		7
4476	Foley	William	44	Disease	Leg L Ampt		25-Sep-44	26-Sep-44	2	Cork		7
4477	Horan	Edward	47	GSW	Leg R		25-Sep-44	14-Mar-45	171	Dublin		7
4478	Foley	John	63	GSW	Leg R Ampt		25-Sep-44	21-Dec-44	88	Cork		7
4479	Quinn	Patrick	48	GSW	Leg L Ampt		25-Sep-44	12-Oct-44	79	Cork		7
4480	Sullivan	William	52	GSW	Leg L Femur		25-Sep-44	09-Nov-44	46	Cork		7
4481	O'Mahoney	Jeremiah	60	Disease	Debility w. DAH		25-Sep-44	04-Jan-45	102	Cork		7
4482	Fitzgerald	Robert	49	Disease	VDH		28-Sep-44	11-Jan-45	106	Dublin		7
4483	Conlon	Francis	49	Disease	Bronchitis	Emphysema	28-Sep-44	02-Nov-44	36	Cavan		7
4484	Carolan	Thomas	55	GSW	Thigh R Ampt		28-Sep-44	02-Nov-44	36	Sligo		7
4485	Ryan	Thomas	46	Disease	Gastritis		29-Sep-44	26-Oct-44	28	Waterford		7
4486	Devine	Patrick	51	Disease	Gastritis	Debility	02-Oct-44	04-Jan-45	95	Dublin		7
4487	McMahon	James	70	GSW	Thigh L	Debility	03-Oct-44	21-Dec-44	80	Cavan		7
4488	McMahon	Andrew	62	Disease	Bronchitis		04-Oct-44	29-Mar-45	177	Carlow		7
4489	Brophy	James	48	Disease	Leg L Fractured Fibula		09-Oct-44	25-Jan-45	109	Kilkenny		7
4490	Gillen	Patrick	48	Disease	Neurasthenia		10-Oct-44	07-Dec-44	59	Sligo		7
4491	Burleigh	Cecil G	46	GSW	Legs & Thighs L&R		13-Oct-44	14-Dec-44	62	Wicklow		7
4492	Walsh	Patrick	56	GSW	Neck		14-Oct-44	04-Dec-44	52	Dublin	DIED.	7
4493	Hobart	Thomas	50	Disease	Debility	Bronchitis	17-Oct-44	07-Dec-44	51	Limerick		7
4494	Moran	John	71	Disease	Bronchitis	Malaria	18-Oct-44	04-Jan-45	79	Dublin		7
4495	Kearns	Chris	59	Disease	Dysentery	Bronchitis	18-Oct-44	11-Jan-45	86	Dublin		7
4496	Collins	Joseph	59	GSW	Leg L Ampt		20-Oct-44	11-Jan-45	84	Meath		7
4497	Valentine	James	58	Disease	Bronchitis, DAH	Debility	23-Oct-44	30-Nov-44	39	Dublin		7
4498	Gleeson	James	44	GSW	Thigh L Ampt		24-Oct-44	25-Jan-45	94	Kilkenny		7
4499	Hare	Thomas	56	GSW	Arm L		26-Oct-44	21-Dec-44	57	Cork		7
4500	Furlong	Peter	65	Disease	Dysentery		26-Oct-44	14-Dec-44	50	Dublin		7

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
4501	Brophy	William	60	Disease	Delusional Psychosis		27-Oct-44	01-Mar-45	126	Tipperary		7
4502	Lukeman	Timothy	48	Both	VDH	Hand L GSW	30-Oct-44	07-Dec-44	39	Tipperary		7
4503	Connolly	Joseph	49	Disease	DAH	Anaemia	01-Nov-44	25-Jan-45	86	Dublin		7
4504	McDonald	Patrick	49	Disease	VDH		01-Nov-44	15-Feb-45	107	Waterford		7
4505	Hallahan	Daniel	47	GSW	Arm L Forearm Ampt		06-Nov-44	08-Mar-45	123	Dublin		7
4506	Foran	Thomas	67	Disease	Myocardial Degeneration		07-Nov-44	28-Dec-44	52	Dublin		7
4507	McDermott	Thomas	46	Disease	Hand & Wrist R Injury		13-Nov-44	25-Jan-45	74	Sligo		7
4508	Moore	Charles	59	GSW	Leg		14-Nov-44	01-Mar-45	108	Dublin		7
4509	Butler	Cornelius	50	Disease	Bronchitis		15-Nov-44	22-Feb-45	100	Tipperary		7
4510	Shea	Daniel	55	GSW	Arm L & Chest		16-Nov-44	04-Jan-45	50	Cork		7
4511	O'Brien	Daniel	55	GSW	Legs L&R		17-Nov-44	26-Feb-45	102	Clare		7
4512	Culligan	Michael	51	GSW	Thigh L		17-Nov-44	11-Dec-45	25	Louth		7
4513	McLoughlin	Patrick	58	Disease	VDH	Malaria	23-Nov-44	13-Dec-45	21	Offaly		7
4514	Hurley	Michael	55	GSW	Leg L Ampt		23-Nov-44	18-Jan-45	57	Cork		7
4515	Cromwell	Patrick	56	Disease	Bronchitis due to Gas	Malaria	23-Nov-44	15-Feb-45	85	Dublin		7
4516	Duffy	Joseph	74	Disease	Bronchitis		02-Dec-44	11-May-45	161	Dublin	DIED.	7
4517	Moore	James	52	Disease	Bronchitis	DAH	07-Dec-44	26-Mar-45	110	Dublin	DIED.	7
4518	White	Thomas	49	Disease	Ulceration of Legs		08-Dec-44	07-Feb-45	62	Offaly		7
4519	McKenna	Edward	49	Disease	Neurasthenia	Albuminuria	08-Dec-44	18-Jan-45	42	Cavan		7
4520	Murphy	John	61	GSW	Leg L		11-Dec-44	01-Mar-45	81	Wexford		7
4521	O'Connor	Daniel	76	Disease	Rheumatism	Back Injury	13-Dec-44	01-Feb-45	51	Dublin		7
4522	Barrington	Patrick	58	Disease	Bronchitis		16-Dec-44	02-Jan-45	18	Dublin	DIED.	7
4523	McDonagh	Joachim	52	Disease	Bronchitis		19-Dec-44	22-Feb-45	66	Clare		7
4524	Cudden	John	49	Disease	DAH	Ear Disease	20-Dec-44	15-Mar-45	86	Dublin		7
4525	Brady	John	52	GSW	Leg L&R		20-Dec-44	28-Jun-45	191	Dublin		7
4526	Beyers	Anthony	53	GSW	Leg L		21-Dec-44	18-Jan-45	29	Dublin		7
4527	Behan	John	63	Disease	Bronchitis		27-Dec-44	22-Feb-45	58	Dublin		7
4528	Connolly	Joseph	49	Both	Hand Injury	GSW Ankle L	29-Dec-44	02-Feb-45	36	Cavan		7
4529	Seery	Michael	62	Disease	Rheumatism		29-Dec-44	08-Feb-45	42	Westmeath		7
4530	Harper	Thomas	51	GSW	Neck		02-Jan-45	01-Feb-45	31	Wexford	Marked as Detained Case	7
4531	McGrath	John	62	Disease	Bronchitis		02-Jan-45	15-Feb-45	45	Dublin		7
4532	Dalton	James	64	Disease	Bronchitis		04-Jan-45	22-Mar-45	78	Dublin		7
4533	Doyle	Christopher	54	Disease	Bronchitis due to Gassing		05-Jan-45	05-Apr-45	91	Dublin		7
4534	Kirby	Patrick	57	Disease	Gastritis		08-Jan-45	09-Jan-45	2	Dublin	Marked as Detained Case	7
4535	McCann	William	62	Disease	Bronchitis	Malaria	09-Jan-45	22-Feb-45	45	Dublin		7
4536	Smeaton	William	64	Disease	Osteo Arthritis		10-Jan-45	15-Mar-45	65	Wicklow		7
4537	Guinan	Terence	57	Disease	Dysenteric Colitis		16-Jan-45	15-Mar-45	59	Waterford		7
4538	Brown	James	56	Disease	Hip Joint R Injury		17-Jan-45	05-Apr-45	95	Leitrim		7
4539	Connolly	Michael	62	GSW	Thigh		19-Jan-45	28-Jun-45	161	Dublin		7
4540	Valentine	Peter	76	Disease	DAH		24-Jan-45	25-Apr-45	92	Dublin	DIED.	7
4541	Whelan	Edward	62	Disease	Bronchitis	Osteo Myelitis	25-Jan-45	22-Feb-45	29	Dublin		7
4542	Coffey	Peter	48	Both	GSW Arm L		26-Jan-45	29-Mar-45	63	Dublin		7
4543	Phelan	Thomas	65	Disease	Rheumatism	Arthritis	30-Jan-45	15-Mar-45	45	Donegal		7
4544	Hamilton	Joseph	Both	Disease	GSW Thigh L		30-Jan-45	08-Mar-45	38	Sligo		7
4545	Armstrong	Michael	49	Disease	Bronchitis		30-Jan-45	24-Feb-45	26	Dublin	STAFF	7
4546	O'Mahoney	Patrick	49	Disease	Wrist R Ampt		01-Feb-45	19-Feb-45	19	Kilkenny		7
4547	Stapleton	James	45	GSW	Thigh		01-Feb-45	12-Apr-45	71	Dublin		7
4548	Jenkins	Albert	59	Disease	Bronchitis	Nephritis	03-Feb-45	24-Feb-45	22	Dublin		7
4549	Halpin	John	64	Disease	Frostbite Both Feet		05-Feb-45	15-Feb-45	11	Limerick		7
4550	Frawley	Michael	52	GSW	Leg L Ampt							7

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Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
4551	Burke	Joseph	57	Both	GSW Chest	Debility	06-Feb-45	07-Jun-45	122	Dublin		7
4552	Morris	William	64	Disease	Bronchitis Chronic		06-Feb-45	12-Mar-45	35	Dublin	DIED.	7
4553	Kepple	William	54	Disease	Gastritis	Malaria	07-Feb-45	17-May-45	100	Cork		7
4554	Young	Thomas	49	Disease	Bronchitis	Gastritis	07-Feb-45	19-Apr-45	72	Waterford		7
4555	Marsh	John	65	Disease	Debility	DAH	10-Feb-45	24-May-45	104	Tipperary		7
4556	Reade	Thomas	50	GSW	Leg L Ampt		12-Feb-45	17-May-45	95	Kilkenny		7
4557	Joyce	Joseph	58	Disease	Bronchitis		13-Feb-45	08-Mar-45	24	Dublin	DIED.	7
4558	Reilly	Thomas	60	Disease	Bronchitis		14-Feb-45	07-Jun-45	114	Dublin	DIED.	7
4559	Tougher	Thomas	48	GSW	Hand L		16-Feb-45	22-Mar-45	38	Mayo		7
4560	O'Sullivan	Cornelius	60	Disease	Stomach Inflammation	Bronchitis	20-Feb-45	03-May-45	73	Cork		7
4561	Hayes	John	64	GSW	Leg R Ampt		22-Feb-45	30-Aug-45	190	Cork		7
4562	Fallon	James	72	GSW	Leg L Tibia & Fibula Fractured		22-Feb-45	20-Apr-45	58	Westmeath		7
4563	Sherlock	Patrick	48	Disease	Bronchitis		26-Feb-45	17-May-45	81	Kilkenny		7
4564	Sherlock	Matthew	49	GSW	Arm L Forearm		27-Feb-45	12-Apr-45	45	Sligo		7
4565	Burke	James	45	Disease	Bronchitis Chronic		01-Mar-45	29-Mar-45	29	Tipperary		7
4566	Dowling	Michael	50	Disease	Bronchitis	Piles	02-Mar-45	05-Apr-45	35	Laois		7
4567	Copley	Christopher	69	GSW	Legs L&R Ampt		05-Mar-45	17-May-45	74	Cork		7
4568	Carolan	Thomas	55	GSW	Thigh R Ampt		08-Mar-45	12-Apr-45	36	Sligo		7
4569	Scorr	Frederick	60	Disease	Gastritis		09-Mar-45	23-Mar-45	15	Cavan		7
4570	Gray	Henry	69	Disease	Bronchitis		14-Mar-45	24-May-45	72	Dublin		7
4571	O'Reilly	James	48	Disease	Bronchitis		14-Mar-45	29-Mar-45	16	Dublin		7
4572	Freenev	Leo	45	GSW	Leg L Ampt		15-Mar-45	10-May-45	57	Dublin		7
4573	McMahon	James	70	GSW	Foot L & Drop Foot		15-Mar-45	19-Apr-45	36	Cavan		7
4574	Ryan	Thomas	56	Disease	Bronchitis		15-Mar-45	07-Jun-45	85	Dublin		7
4575	O'Rourke	John	60	Disease	Leg L Ulcer		22-Mar-45	21-Jun-45	92	Mayo		7
4576	O'Brien	Hugh	48	GSW	Back		22-Mar-45	26-Apr-45	36	Tipperary		7
4577	Murphy	John	62	GSW	Leg L		23-Mar-45	28-Jun-45	98	Wexford		7
4578	Morrissey	Michael	50	GSW			26-Mar-45	10-May-45	46	Kilkenny		7
4579	Collins	Joseph	56	GSW	Leg L Ampt		27-Mar-45	31-May-45	67	Meath		7
4580	O'Doyle	Christopher	48	Disease	Neurasthenia		27-Mar-45	24-May-45	60	Dublin		7
4581	Hoey	John	54	Disease	Bronchitis		29-Mar-45	02-Aug-45	128	Dublin		7
4582	O'Brien	David	56	GSW	Legs L&R		04-Apr-45	21-Jun-45	79	Clare		7
4583	Canavan	John	60	GSW	Hand L		05-Apr-45	13-Apr-45	9	Wexford		7
4584	Horan	David	72	Disease	VDH		05-Apr-45	28-Jun-45	85	Dublin		7
4585	Behan	John	63	Disease	Bronchitis		09-Apr-45	07-Jun-45	60	Dublin		7
4586	Jordan	Michael	68	Disease	Gastritis	Debility	09-Apr-45	23-Apr-45	15	Wexford		7
4587	O'Connor	Michael	50	Disease	Bronchitis		11-Apr-45	06-Feb-47	687	Dublin	DIED.	7
4588	Stanley	Charles	70	GSW	Leg R Tibia		11-Apr-45	13-Dec-45	247			7
4589	Frawley	Michael	52	GSW	Leg L Ampt		16-Apr-45	31-May-45	47	Limerick		7
4590	Leslie	Peter	55	GSW	Thigh R Ampt		18-Apr-45	24-May-45	37	Westmeath		7
4591	Carroll	Michael	52	Disease	Bronchitis	DAH	20-Apr-45	30-Aug-45	133	Dublin		7
4592	Moneyenny	Joseph	62	Disease	Bronchitis		24-Apr-45	19-Jul-45	87	Dublin		7
4593	Brennan	Edward	50	GSW	Leg L Ampt, Leg R	Osteo Myelitis	25-Apr-45	28-Jun-45	65	Sligo		7
4594	Coffey	Peter	49	Both	GSW Arm L		27-Apr-45	28-Jun-45	63	Dublin		7
4595	Kennedy	William	68	Disease	Back Injury		30-Apr-45	19-Jul-45	81	Tipperary		7
4596	Gilliard	Charles	63	Disease	Bronchitis		30-Apr-45	04-Nov-45	189	Dublin	DIED.	7
4597	Cullen	John J	50	Disease	Gastric Ulcer		01-May-45	02-May-45	2	Dublin	Marked as Detained Case	7
4598	Brennan	Daniel	44	Disease	Debility		05-May-45	14-Jun-45	41	Limerick		7
4599	O'Brien	Martin	66	Disease	Varicose Veins		16-May-45	30-May-46	380	Tipperary		7
4600	Flitzgibbon	William	58	Disease	Debility following Colitis		16-May-45	28-May-45	13	Cork	Marked as Observation Case	7

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945												
Entry	Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
4601	O'Connor	Daniel	70	Disease	Hernia		23-May-45	31-May-45	9	Cork		7
4602	Dowd	Patrick	65	Disease	Exophthalmic Goitre		25-May-45	19-Jul-45	56	Dublin		7
4603	Gilbert	Michael	51	Disease	Neurasthenia		26-May-45	21-Jun-45	27	Dublin		7
4604	O'Shea	Thomas	64	GSW	Leg L		28-May-45	11-Jul-45	45	Cork		7
4605	Giles	John	54	Disease	Bronchitis		30-May-45	26-Jul-45	58	Dublin		7
4606	Roche	Patrick	50	GSW	Leg R		30-May-45	05-Jun-47	739	Carlow		7
4607	Clarke	Michael	63	Disease	ODH	Debility	30-May-45	27-Jul-45	59	Cavan	DIED.	7
4608	Chadwick	Thomas	67	GSW	Abdomen & Back		31-May-45	05-Jul-45	36	Tipperary		7
4609	Magee	George	55	Disease	Bronchitis Chronic		01-Jun-45	26-Jun-45	26			7
4610	Geraghty	Thomas	58	GSW	Chest		01-Jun-45	05-Jul-45	36	Dublin		7
4611	Keogh	Charles	51	Disease	Debility arising from Malaria		02-Jun-45	15-Nov-45	167	Dublin	Marked as Observation Case	7
4612	Cummins	Laurence	63	GSW	Arm R		09-Jun-45	19-Jul-45	41	Kildare		7
4613	Collins	Patrick	47	GSW	Leg L Ampt		09-Jun-45	02-Aug-45	55	Dublin		7
4614	Foley	William	45	Disease	Leg L Ampt		11-Jun-45	26-Jul-45	46	Cork		7
4615	Lyden	Frank	51	GSW	Thigh R		12-Jun-45	09-Aug-45	59	Mayo		7
4616	Barry	David	67	GSW	Leg L Ampt		12-Jun-45	05-Jul-45	24	Waterford		7
4617	Moran	John	71	Disease	Bronchitis	Malaria	13-Jun-45	16-Aug-45	65	Dublin		7
4618	Holmes	James	64	Disease	Bronchitis	Malaria	14-Jun-45	06-Aug-45	54	Dublin		7
4619	Donnelly	Peter	46	Disease	Bronchitis		15-Jun-45	14-Sep-45	92	Leitrim		7
4620	Wade	Edward	59	Disease	Bronchitis		16-Jun-45	26-Sep-45	103			7
4621	Cromwell	Patrick	57	Disease	Bronchitis due to Gas	Malaria	18-Jun-45	13-Sep-45	88	Dublin		7
4622	Cullen	Edward	48	GSW	Leg L		18-Jun-45	19-Jun-45	2	Tipperary	Marked as Detained Case	7
4623	Noonan	Daniel	49	GSW	Thigh L		20-Jun-45	03-Oct-46	471	Cork		7
4624	Martin	Thomas	61	GSW	Arm L Forearm		20-Jun-45	28-Jul-45	37	Louth		7
4625	Brown	James	58	Disease	Hip Joint R Injury, Fibrositis	Hallus Valgus	21-Jun-45	20-Sep-45	92	Waterford		7
4626	O'Gorman	William	47	GSW	Leg L Ampt		22-Jun-45	20-Feb-46	244	Cork		7
4627	McGuinness	John	69	Disease	Bronchial Asthma		27-Jun-45	30-Aug-45	65	Cork		7
4628	Kelly	William	56	GSW	Knee R		27-Jun-45	19-Jul-45	23	Tipperary		7
4629	Dargan	Patrick	49	Both	Bronchitis	GSW Arm R & Calf R	27-Jun-45	30-Aug-45	65	Kilkenny		7
4630	Harrington	Michael	51	Disease	Bronchitis	Tuberculosis Glands	09-Jul-45	27-Sep-45	81	Cork		7
4631	O'Brien	Cornelius	52	Disease	Bronchitis	DAH	09-Jul-45	10-Oct-45	94	Cork		7
4632	DeLaney	Martin	49	GSW	Leg R		11-Jul-45	27-Sep-45	79	Laos		7
4633	Lukeman	Timothy	49	Disease	VDH		11-Jul-45	30-Aug-45	51	Tipperary		7
4634	Nolan	James	52	GSW	Foot R		12-Jul-45	06-Sep-45	57	Cork		7
4635	Coffey	Peter	50	Both	GSW Arm L	Osteo Myelitis	19-Jul-45	30-Aug-45	43	Dublin		7
4636	Leonard	James	56	Disease	Rheumatism		19-Jul-45	29-Nov-45	134	Dublin		7
4637	Mulcahy	James	35	Disease	Neurasthenia		02-Aug-30	16-Sep-30	46	Kerry	Marked as Own Request	5
4638	Young	James	34	Disease	Neurasthenia		08-Aug-30	31-Jan-31	177	Dublin	Marked as Own Request	5
4639	McNevin	William	45	Disease	Neurasthenia		12-Aug-30	14-Oct-30	64	Dublin	Marked as Own Request	5
4640	Britt	John	49	Disease	Neurasthenia		25-Aug-30	18-Sep-30	25	Tipperary	Marked as Own Request	5
4641	Stephenson	John	38	Disease	Neurasthenia		26-Aug-30	06-Jul-31	315	Limerick	Marked as Own Request	5
4642	McEvoy	Patrick	51	Disease	Neurasthenia		28-Aug-30	14-Oct-30	48	Limerick	Clerk	5
4643	Gilbert	William	34	Disease	Neurasthenia		28-Aug-30	30-Sep-30	34	Cork	Electrician	5
4644	Muhau ?		48	Disease	Neurasthenia		11-Sep-30	30-Dec-30	111	Dublin	Compositor ?	5
4645	Connair	Martin	32	Disease	Neurasthenia		04-Sep-30	29-Dec-30	117	Galway	Clerk	5
4646	Doyle	Christopher	33	Disease	Neurasthenia		05-Sep-30	01-Nov-30	58	Dublin	Labourer	5
4647	Walsh	Thomas	35	Disease	Neurasthenia		10-Sep-30	17-Oct-30	38	Sligo	Labourer	5
4648	McMahon	William	39	Disease	Neurasthenia		10-Sep-30	02-Jan-31	115	Dublin	Gardener	5
4649	Johnston	Albert	64	Disease	Neurasthenia		19-Sep-30	04-Jul-46	289	Belfast	DIED. No family or relatives	5
4650	Ryan	Edward	50	Disease	Neurasthenia		19-Sep-30	07-Oct-30	19	Waterford	ILLEGIBLE	5

Appendix 6.1: Extract of nominal roll of patients in Blackrock and Leopardstown Park Hospitals 1928-1945

Entry	Surname	Name	Age	Disease	Diagnosis 1	Diagnosis 2	In	Out	Days	County	Remarks	Book
4651	Daly	Richard	34	Disease	Neurasthenia		24-Sep-30	29-Sep-30	6	Dublin	Labourer	5
4652	Phelan	James	38	Disease	Neurasthenia		24-Sep-30	01-Dec-30	69	Dublin	Labourer	5
4653	Fitzpatrick	Edward	40	Disease	Neurasthenia		25-Sep-30	06-Jan-31	103	Dublin	Labourer	5
4654	Dennelly	William	39	Disease	Neurasthenia		25-Sep-30	29-Nov-30	67	Tipperary	Tailor	5
4655	Geoghan	Thomas	46	Disease	Neurasthenia		01-Oct-30	05-Dec-30	66	Carlow	Labourer	5
4656	Crowley	John	40	Disease	Neurasthenia		06-Oct-30	29-Nov-30	55	Waterford	Labourer	5
4657	Hayes	John	42	Disease	Neurasthenia		08-Oct-30	30-Oct-30	23	Cork	Labourer	5
4658	Daly	Michael	43	Disease	Neurasthenia		17-Oct-30	02-Jan-31	78	Dublin	Labourer	5
4659	Ryan	Stephen	34	Disease	Neurasthenia		17-Oct-30	06-Feb-31	113	Dublin	Labourer	5
4660	Byrne	Joseph	34	Disease	Neurasthenia		22-Oct-30	11-Nov-31	21	Dublin	Painter	5
4661	McDonogh	Thomas	31	Disease	Neurasthenia		22-Oct-30	12-Dec-30	52	Roscommon	Labourer	5
4662	Dullard ?	Michael	47	Disease	Neurasthenia		27-Oct-30	24-Nov-30	29	Kilkenny	Labourer	5
4663	O'Connell	Geoffrey	46	Disease	Neurasthenia		29-Oct-30	24-Oct-31	361	Dublin	Labourer	5
4664	Gannon	John	38	Disease	Neurasthenia		31-Oct-30	22-Dec-30	53	Mayo	Labourer	5
4665	Foster	James	43	Disease	Neurasthenia		03-Nov-30	04-Nov-30	2	Louth	Labourer	5
4666	Keogh	Michael	37	Disease	Neurasthenia		17-Nov-30	05-Dec-30	19	Carlow	Labourer	5
4667	Gilbert	Michael	37	Disease	Neurasthenia		19-Nov-30	10-Jan-31	53	Dublin	Factory Worker	5
4668	Quinn	Peter	49	Disease	Neurasthenia		24-Nov-30	14-Mar-31	111	Carlow	Labourer	5
4669	McKeown	Peter	51	Disease	Neurasthenia		28-Nov-30	17-Apr-31	124	Dublin	Upholsterer	5
4670	Reynolds	Stephen	42	Disease	Neurasthenia		28-Nov-30	27-Mar-31	120	Clare	Clerk	5
4671	Maier	Thomas	49	Disease	Neurasthenia		05-Dec-30	12-Jan-31	39	Dublin	Boot Repairer ?	5
4672	Rossiter	Richard	40	Disease	Neurasthenia		05-Dec-30	16-Jan-31	43	Tipperary	Labourer	5
4673	Walsh	Martin	30	Disease	Neurasthenia		05-Dec-30	20-Feb-31	78	Kilkenny	Fisherman	5
4674	Keegan	Timothy		Disease	Neurasthenia		10-Dec-30	13-Feb-31	66	Dublin		5
4675	Murray	John	34	Disease	Neurasthenia		12-Dec-30	12-Nov-31	336	Dublin	Labourer	5
4676	Reilly	John	42	Disease	Neurasthenia		20-Dec-30	20-Feb-31	63	Dublin	Factory Worker	5
4677	Farrell	Daniel	44	Disease	Neurasthenia		20-Dec-30	18-Jun-41	3834	Limerick ?	ILLEGIBLE	5
4678	Waldron	Thomas	44	Disease	Neurasthenia		29-Dec-30	07-Mar-31	69	Kildare	Labourer	5
4679	Hoare	Michael	40	Disease	Neurasthenia		02-Jan-31	04-Feb-31	34	Tipperary	Shoemaker	5
4680	Mansfield	John	42	Disease	Neurasthenia		02-Jan-31	24-Feb-31	54	Cork	Labourer	5
4681	Moffat	Robert	37	Disease	Neurasthenia		23-Jan-31	18-Jun-31	147	ILLEGIBLE	Labourer	5
4682	Carolan	Cecil J	42	Disease	Neurasthenia		24-Jan-31	26-Feb-31	34	Cork	Clerk	5
4683	Winters	Philip	41	Disease	Neurasthenia		28-Jan-31	06-Jun-31	130	Dublin	Labourer	5
4684	Condon	Michael	39	Disease	Neurasthenia		30-Jan-31	03-Mar-31	33	Meath	Labourer	5
4685	Kennedy	Frederick	40	Disease	Neurasthenia		04-Feb-31	03-Mar-31	28	Tipperary	Carpenter	5
4686	Crawley	John	54	Disease	Neurasthenia		07-Feb-31	09-May-31	90	Galway	Labourer. Australian Case	5
4687	McCaffrey	James	38	Disease	Neurasthenia		11-Feb-31	27-Feb-31	17	Monaghan	Labourer	5
4688	Duggan	William	32	Disease	Neurasthenia		13-Feb-31	26-Feb-31	14	Kilkenny	Labourer	5
4689	O'Callaghan	Walter	36	Disease	Neurasthenia		20-Feb-31	24-Apr-31	64	Cork	Labourer	5
4690	Mingoue	Daniel	36	Disease	Neurasthenia		28-Feb-31	23-May-31	85	Mayo	ILLEGIBLE	5
4691	McShane	Joseph	59	Disease	Neurasthenia		02-Mar-31	28-Sep-31	211	Dublin	ILLEGIBLE	5
4692	Fitzpatrick	Edward J	40	Disease	Neurasthenia		11-Mar-31	07-Nov-31	242	Dublin	Labourer	5
4693	McCabe	Christopher	30	Disease	Neurasthenia		16-Mar-31	23-May-31	69	Dublin	Labourer	5
4694	Carey	Edmond	54	Disease	Neurasthenia		23-Mar-31	13-Oct-31	205	Dublin	ILLEGIBLE	5
4695	Brennan	Patrick	50	Disease	Neurasthenia		04-Apr-31	10-Jun-31	68	Dublin	Labourer	5
4696	Byrne	Charles	48	Disease	Neurasthenia		08-Apr-31	02-May-31	25	Louth	Barber	5
4697	Gleeson	David	52	Disease	Neurasthenia		13-Apr-31	06-May-31	24	Cork	General Labourer	5
4698	Coleman	Ignatius	32	Disease	Neurasthenia		20-Apr-31	14-Jun-31	25	Cork	DIED.	5
4699	Smith	William	44	Disease	Neurasthenia		28-Apr-31	24-Jun-31	58	Cavan	Labourer	5
4700	Judd	James	38	Disease	Neurasthenia		24-Apr-31	03-Jul-31	72	Dublin	Labourer	5

Appendix 6.2: Comparison of deaths recorded in Ministry of Pensions Hospitals in Dublin against Death Certificates 1921-1945

Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	Death Certificate	Cert	Address 3	Remarks	Book	Entry
Smythe	TH	0	Disease	Nephritis	Neurasthenia	08-Jun-21	23-Jun-21	16	Nephritis at least two years, Cardiac failure two months	23-Jun-21			1	87
Ryan	Thomas	40	Disease	Duodenal Ulcer		16-Nov-28	30-Mar-29	135	Military TB, Cardiac Failure				2	817
McCormack	John	50	Disease	Bronchitis		31-Oct-29	07-Nov-29	8	Chronic Bronchitis, Haemoptysis				3	965
Byrne	Timothy	46	Both	VDH, Bronchitis	GSW L Shoulder	28-Jun-30	07-Aug-30	41	VDH, Bronchitis	07-Aug-30	Dublin		3	1324
Mills	William	47	Disease	VDH		24-Sep-30	19-Nov-30	57	VDH, Cardiac Failure	20-Dec-30	Dublin		3	1435
Browne	John	53	Disease	DAH		18-Nov-30	09-Dec-30	22	VDH, Cellulitis of Neck, Cardiac Failure	10-Dec-30	Dublin		3	1495
Soye	Edward	46	Disease	Bronchitis		05-Dec-30	31-Dec-30	27	Chronic Bronchitis, ODH	31-Dec-30	Dublin		3	1517
Ryan	Denis	46	Disease	Bronchitis		12-Feb-31	17-Feb-31	6	Chronic Bronchitis, Cardiac Degeneration, Exhaustion	18-Mar-31	Dublin		3	1579
Healy	William	58	Disease	Tuberculosis Epididymitis		17-Jan-31	17-Feb-31	32	Genito-Urinary TB, Uraemia, Exhaustion	17-Feb-31	Tipperary		3	1556
Hyland	Michael	49	Disease	Bronchitis		02-Jan-31	18-Mar-31	76	Chronic Bronchitis, Cardiac Degeneration, Exhaustion	18-Mar-31	Dublin		3	1537
Smithers	Patrick	44	Disease	Bronchitis		13-Feb-31	03-Apr-31	50	Chronic Bronchitis, Emphysema, Cardiac Failure	20-Apr-31	Dublin	19 Apr 1931-See Death Cert. Not in Register	3	1582
Banfield	James	50	Disease	ODH	Debility	03-Feb-31	21-Apr-31	78	ODH, Cardiac Failure	22-Apr-31	Dublin		3	1568
Coleman	Ignatius	32	Disease	Neurasthenia		20-Apr-31	14-Jun-31	25	Pulmonary TB, Cardiac Failure As 14 May in book)	15-Jun-31	Cork		5	4698
Murphy	Peter	46	Disease	Neurasthenia		12-Aug-31	03-Oct-31	53	Death not verified by Cert.		Wicklow		5	4723
Wynne	William	41	Disease	Bronchitis		13-Apr-32	21-Apr-32	9	Bronchitis, Cardiac Failure	22-Apr-32	Dublin		5	1769
Robinson	William	35	Disease	Albuminuria	Asthma	29-Mar-32	21-Apr-32	24	Albuminuria, Asthma, Cardiac Failure	22-Apr-32	Dublin		5	1757
Hynes	Joseph	55	Disease	Cystitis		15-Jun-32	08-Jul-32	24	Nephritis, Renal Calculus, Uraemia	11-Jul-32	Kildare		5	1800
Long	Michael	54	Disease	Bronchitis Chronic		02-Aug-32	05-Aug-32	4	Bronchitis, Cardiac Failure	05-Aug-32	Dublin		5	1837
Mansfield	John	35	Disease	Bronchitis Chronic		02-Aug-32	08-Aug-32	7	Bronchitis, Cardiac Failure	10-Aug-32	Kerry		5	1838
Dowling	William	52	Disease	Bronchitis		25-Jan-33	07-Feb-33	14	Bronchitis, Cardiac Failure	22-Feb-33	Dublin		5	1960
Kirwan	Michael	68	Disease	Rheumatoid Arthritis		21-Nov-32	15-Feb-33	87	Thrombosis of Coronary Artery, Rheumatoid Arthritis	17-Feb-33	Dublin		5	1924
Cain	Edward	62	Disease	ODH	Aortic Aneurysm	20-Jul-33	18-Oct-33	91	ODH with Aortic Aneurysm, Cardiac Failure	19-Oct-33	Dublin		5	2067
Kinneally	Thomas	62	Disease	Bronchitis		26-Oct-33	13-Nov-33	19	Bronchitis, Haemoptysis, Cardiac Failure	17-Nov-33	Carlow		5	2122
Lawlor	Walter	53	Disease	VDH	Malaria	03-Nov-33	26-Nov-33	24	VDH, Cardiac Failure	27-Nov-33	Dublin		4	1669

Appendix 6.2: Comparison of deaths recorded in Ministry of Pensions Hospitals in Dublin against Death Certificates 1921-1945

Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	Death Certificate	Cert	Address 3	Remarks	Book	Entry
Ryan	Andrew	37	Disease	VDH		20-Mar-34	26-Apr-34	38	VDH, Subacute Endo carditis	02-May-34	Clare		5	2221
Egan	Charles	42	Disease	VDH		29-Jul-33	23-May-34	299	Ultras Stenosis, Cardiac Failure	24-May-34	Dublin		5	2073
Murphy	Patrick	40	Disease	Tuberculosis Pulmonary		28-Jun-34	02-Dec-34	158	Pulmonary TB, Respiratory Failure	10-Dec-34	Tipperary		5	2297
McMahon	John	43	Disease	Bronchitis		11-Mar-35	12-Mar-35	2	Chronic Bronchitis, Acute Cardiac Failure	14-Mar-35	Dublin		5	2491
McDonagh	Anthony	39	Disease	Asthma		01-Feb-35	14-Mar-35	42	Asthma & Bronchitis, Cardiac & respiratory Failure	14-Mar-35	Dublin		5	2470
Sheroon	John	52	Disease	Bronchitis		25-Jan-35	25-Apr-35	91	Cerebral Abscess Bronchiectasis following Bronchitis	26-Apr-35	Dublin	See Death Cert. Not entered in Register	5	2465
Brady	Peter	44	Disease	Bronchitis		19-Feb-35	11-Jun-35	83	Bronchitis, Cardiac Failure	12-Jun-35	Dublin Co.		5	2479
Kelly	Patrick	39	GSW	Ankle R		11-Jun-35	19-Jun-35	9	ILLIGIBLE Tuberculosis, Cardiac Failure	22-Jun-35	Dublin		5	2542
Donovan	William	52	Disease	Bronchitis		04-Apr-35	21-Jun-35	79	Mitral Stenosis, Cardiac Failure	22-Jun-35	Dublin		5	2502
Leckwidge	James	46	Disease	Gas Poisoning		16-Feb-35	30-Jun-35	135	Bronchitis, Cardiac Failure	02-Jul-35	Dublin		5	2477
Doyle	John	56	Disease	Bronchitis		28-May-35	15-Jul-35	48	Chronic Bronchitis, Cardiac Failure	15-Jul-35	Dublin		5	2532
Scanlon	William	44	Disease	ODH		10-Oct-35	22-Oct-35	13	Cerebral Haemorrhage, Respiratory Failure	22-Oct-35	Dublin Co.		5	2614
McEvoy	Joseph	43	Disease	Asthma		05-Nov-35	06-Nov-35	2	Bronchial Asthma Congestion, Cardiac Failure	07-Nov-35	Dublin		5	2636
Young	James	42	Disease	Rheumatoid Arthritis		19-Sep-35	26-Jan-36	130	Rheumatoid Arthritis, Cardiac Failure, Coronary Thrombosis	30-Jan-36	Carlow		5	2604
Burke	Patrick	56	Disease	Bronchitis		14-Feb-36	19-Mar-36	35	Carcinoma Secondenis, Bronchitis, Respiratory & Cardiac Failure	23-Mar-36	Dublin		5	2692
Wilson	Matthew	65	Disease	VDH		05-Jul-35	26-Mar-36	266	Hypertesis, Cerebral Haemorrhage, Cardiac Failure Pulmonary Neoplasm, Bronchitis, GSW of chest,	26-Mar-36	Dublin		5	2561
Brady	Patrick	51	GSW	Chest		18-Mar-36	11-May-36	55	Respiratory Failure	14-May-36	Offaly		5	2713
Cooney	Herbert	50	Disease	Bronchitis Chronic		21-Apr-36	12-May-36	22	Chronic Bronchitis, Bronchiectasis, Cardiac Failure	14-May-36	Dublin		5	2740
Murphy	Chris	56	Disease	DAH - Effects of Gas		19-Jul-35	03-Jun-36	321	Bronchitis, Cardiac Failure	06-Jun-36	Dublin		5	2568
Ryan	Charles	45	Disease	Bronchitis following Gas		18-Dec-35	13-Jun-36	178	Bronchio-Pneumonia, Cardiac Failure	15-Jun-36	Dublin		5	2662
Seagrave	William	49	Disease	Bronchitis		30-May-36	13-Jun-36	15	Bronchio-Pneumonia, Cardiac Failure	15-Jun-36	Dublin		5	2776
Donnelly	John	44	Disease	Bronchitis		04-Jul-36	05-Jul-36	2	Cardiac Failure	11-Jul-36	Dublin		5	2797
O'Flaherty	James	50	Disease	Bronchitis Chronic		24-Jun-36	30-Jul-36	38	Bronchitis, Bronchiectasis, Lung Abscess, Toxaemia & Cardiac Failure	07-Aug-36	Galway		5	2789
Sherflock	Patrick	37	Disease	VDH	Lung Trouble	21-Apr-36	04-Aug-36	106	VDH, Cardiac Failure, Embolus	07-Aug-36	Sligo		5	2741
Ray	Patrick	47	Disease	Bronchitis		29-May-36	16-Sep-36	111	Chronic Bronchitis, Emphysema, Cardiac Failure	21-Sep-36	Tipperary		5	2775
Daniels	John	51	Disease	Bronchitis		20-Oct-36	27-Oct-36	8	Chronic Bronchitis, Emphysema, Cardiac Failure	30-Oct-36	Dublin		6	2871
Ford	Laurence	74	GSW	Head		04-Feb-36	30-Nov-36	301	Cerebral Haemorrhage, Arterio Sclerosis	05-Dec-36	Dublin		5	2688

Appendix 6.2: Comparison of deaths recorded in Ministry of Pensions Hospitals in Dublin against Death Certificates 1921-1945

Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	Death Certificate	Cert	Address 3	Remarks	Book	Entry
Austin	William	41	Disease	VDH		10-Feb-37	02-Mar-37	21	VDH, Cardiac Failure	04-Mar-37	Dublin		6	2935
Barnwell	James	63	Disease	Neurasthenia		06-Mar-37	31-Mar-37	26	Cerebral Abscess Compression	01-Apr-37	Dublin		6	2944
McGrath	John	59	Disease	Gastritis		04-Feb-37	20-Sep-37	229	Intestinal Carcinoma, Cachexia, Exhaustion	23-Sep-37	Sligo		6	2930
Maughan	John	53	Disease	DAH		22-Jun-37	11-Oct-37	112	Gangrene of Lung, Toxaemia, Cardiac Failure	14-Oct-37	Dublin		6	3011
Ryan	John	64	Disease	Haematemesis	Enlarged Spleen	08-Oct-37	25-Oct-37	18	Splenio Leukaemia (following Splenectomy) Cardiac Failure	28-Oct-37	Dublin		6	3098
Thompson	John	70	GSW	ODH		07-Oct-37	06-Nov-37	31	Mycardial Degeneration, Cardiac Failure	08-Nov-37	Dublin		6	3096
Bartley	John	60	Disease	VDH		10-Nov-37	29-Nov-37	20	VDH, Auricular Fibrillation Embolus	02-Dec-37	Dublin		6	3125
O'Byrne	Joseph	49	GSW	Back-Penetrating Bullet Wound		20-Jun-35	26-Jan-38	952	Not verified by Death Cert		Dublin		5	2546
Delaney	James	47	Disease	Debility		12-Oct-37	14-Feb-38	126	Chronic Bronchitis, Cardiac Failure	17-Feb-38	Dublin		6	3101
Weldon	Patrick	56	Disease	Bronchitis		24-Dec-37	26-Mar-38	93	Not verified by Death Cert		Dublin		6	3161
Quinn	Michael	53	Disease	Neurasthenia		04-Dec-37	27-Apr-38	145	Chronic Nephritis, Uraemia	28-Apr-38	Dublin		6	3148
Carey	Edmond	55	Disease	Manic Depressive Psychosis		04-Sep-37	21-Dec-38	474	Cardiac Failure, VDH	22-Dec-38	Dublin		6	3058
Dowling	John	56	Disease	Rheumatism		07-Oct-38	06-Feb-39	122	Primary Anaemia, Exhaustion, Cardiac Failure	09-Feb-39	Waterford		6	3380
Guirre	Geoffrey	49	Disease	Bronchitis		22-Dec-38	07-Feb-39	48	Bronchitis, Emphysema, Pulmonary Oedema, Cardiac Failure	09-Feb-39	Dublin		6	3420
Kavanagh	Thomas	44	Disease	VDH		03-Mar-39	07-Mar-39	5	VDH, Cardiac Failure	09-Mar-39	Dublin		6	3467
Judd	James	45	Both	GSW Head	Neurosthenia	02-Mar-39	01-Apr-39	31	Suppurative Peritonitis, Malignant Sigmoid Colon	03-Apr-39	Dublin Co.		6	3466
Flood	Michael	56	Disease	Bronchitis		14-Jun-39	16-Jun-39	3	Chronic Bronchitis, Emphysema, Cardiac Failure, Anoxia	19-Jun-39	Dublin		6	3526
Tracey	Patrick	46	Disease	Trench Feet		14-Apr-39	30-Jun-39	78	VDH, Congestive Cardiac Failure	03-Jul-39	Dublin		6	3492
Keegan	John	61	Disease	VDH		13-Jun-39	04-Jul-39	22	VDH, Congestive Failure	06-Jul-39	Dublin		6	3524
O'Keefe	John	53	Disease	Bronchitis		22-Apr-39	15-Jul-39	85	Congestive Cardiac Failure, Hepatic Cirrhosis	20-Jul-39	Dublin		6	3497
Cunningham	William	55	Disease	Gastritis		26-Jun-39	16-Jul-39	21	Cachexia, Carcinoma of Calcium	20-Jul-39	Kilkenny		6	3535
Colney	William	51	Disease	Bronchitis arising from Gassing		18-Apr-39	08-Sep-39	144	Bronchitis Bronchiectasis, Cardiac Failure	11-Sep-39	Dublin		6	3494
O'Rourke	Bernard	65	Disease	Bronchitis	ODH	25-Nov-39	26-Nov-39	2	Bronchitis Bronchiectasis, Congestive Cardiac Failure	27-Nov-39	Dublin		6	3596
Moore	John	50	Disease	Bronchitis		20-Dec-39	23-Dec-39	4	Emphysema, Congestive Cardiac Failure	30-Dec-39	Dublin		6	3607
Mahon	Edward	70	Disease	Bronchitis Chronic		15-Feb-40	16-Feb-40	2	Chronic Bronchitis, Emphysema, Cardiac Failure	19-Feb-40	Dublin		6	3646
Murray	Patrick	46	Disease	Debility		05-May-39	27-Feb-40	299	GSW Chest, Bronchiectasis, Lung Abscess, Toxaemia, Cardiac Failure	29-Feb-40	Kilkenny		6	3503
Farrell	Charles	61	Disease	Bronchitis		28-Mar-40	04-Apr-40	8	Chronic Bronchitis, Congestive Cardiac Failure	05-Apr-40	Dublin		6	3663

Appendix 6.2: Comparison of deaths recorded in Ministry of Pensions Hospitals in Dublin against Death Certificates 1921-1945

Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	Death Certificate	Cert	Address 3	Remarks	Book	Entry
Ryan	Matthew	62	Disease	Bronchitis		06-Mar-40	17-Apr-40	43	Chronic Bronchitis, Myocardial Degeneration Acute Dilatation	19-Apr-40	Dublin		6	3653
Pinkerton	Robert	59	GSW	Bronchitis		27-Feb-40	21-Apr-40	54	Chronic Bronchitis, Broncho-Pneumonia, Lung Abscess, Toxaemia	25-Apr-40	Wicklow		6	3650
Scannon	Patrick	65	Disease	Nephritis		06-Apr-40	30-Apr-40	25	Chronic Nephritis, Uraemia	02-May-40	Roscommon	See Death Cert. Not entered in Register	6	3668
Doyle	John J	48	GSW	Chest		06-Nov-39	10-May-40	187	GSW Chest, Chronic Emphysema, Toxaemia, Cerebral Abscess	10-May-40	Dublin		6	3581
Kinsella	William	51	Disease	Duodenal Ulcer		18-Jun-40	08-Jul-40	21	Angina Pectoris, Fatal attack lasted 25 minutes. History of previous attacks	08-Jul-40	Dublin		6	3709
Conway	Edward	65	Disease	Nephritis		27-Mar-40	10-Aug-40	137	Chronic Nephritis, Uraemia	12-Aug-40	Dublin	See Death Cert. Not entered in Register	6	3662
Cassidy	Thomas	54	Disease	Bronchitis	Nephritis	27-Aug-40	28-Aug-40	2	Subacute Bronchitis, Bronchiectasis	29-Aug-40	Dublin		6	3731
Tobin	James	46	Disease	Bronchitis		17-Oct-40	18-Oct-40	2	Chronic Bronchitis, Broncho-Pneumonia	21-Oct-40	Dublin		6	3753
O'Connor	Joseph	54	Disease	Bronchitis		10-Oct-40	22-Oct-40	13	Chronic Bronchitis, Septic Broncho-Pneumonia	24-Oct-40	Dublin		6	3750
Delaney	Martin	60	Disease	Bronchitis		12-Dec-40	17-Jan-41	37	Chronic Bronchitis, Broncho-Pneumonia	20-Jan-41	Dublin		6	3787
Collins	Edward	46	Disease	VDH		31-Dec-40	18-Jan-41	19	Uraemia due to Subacute Nephritis, VDH	20-Jan-41	Dublin		6	3791
Malone	Francis	61	GSW	Ankle R		28-Jan-41	05-Feb-41	9	Pulmonary Abscess secondary to Pneumonia	06-Feb-41	Dublin		6	3810
McDonnell	Edward	47	Disease	Bronchitis		04-Oct-40	26-Feb-41	145	Chronic Bronchitis, Myocardial Degeneration	03-Mar-41	Dunlin		6	3748
Everett	Duncan	82	Disease	Frostbite both Feet	Leg R Ampt	28-Feb-41	08-Apr-41	40	Arteriosclerosis, Coronary Thrombosis	10-Apr-41	Dublin		6	3833
Hunter	James	44	Disease	VDH		12-Apr-41	21-May-41	40	Organic Valvular Disease of Heart, Adherent Pericarditis, Cerebral Embolism	22-May-41	Dublin		6	3847
Condon	Michael	63	Disease	Bronchitis	Emphysema	23-Jul-41	04-Sep-41	44	Chronic Bronchitis, Bronchiectasis, Massive Collapse of Right Lung	08-Sep-41	Waterford		6	3901
Burnside	John	62	Disease	Bronchitis		25-Feb-42	20-Apr-42	55	Congestive Cardiac Failure, Bronchitis	23-Apr-42	Dublin		6	4007
Liston	Richard	54	Both	Paraplegia	Malaria	29-May-34	29-Jul-42	2881	Renal & Cardiac Failure following Paraplegia	06-Aug-42	Limerick		5	2268
Pennycook	Henry	57	Disease	Both Arms & Legs Ampt		28-Mar-41	14-Aug-42	505	Heart Failure, Thrombo Angiitis Obliterans	20-Aug-42	Dublin		6	3844
Lynch	William	49	Both	Knee L Bomb wound	Bronchitis	25-Mar-42	19-Aug-42	148	Congestive Cardiac Failure, Bronchitis	20-Aug-42	Dublin		6	4018
Whelan	Richard	69	Disease	ODH	Malaria	24-Aug-42	07-Nov-42	76	Congestive Cardiac Failure, ODH	12-Nov-42	Dublin		7	4071
Hogan	Thomas	56	Disease	Malaria	VDH	16-Mar-43	20-Mar-43	5	Cardiac Failure, VDH	25-Mar-43	Offaly		7	4170
Franagan	William	58	Disease	Thighs Both Old Burns		04-Mar-43	16-Jun-43	105	Toxaemia Epithelioma deriving from old burns of many years standing	17-Jun-43	Dublin		7	4160
Cogley	Patrick	52	Disease	Bronchitis		13-Sep-44	24-Sep-44	12	Chronic Bronchitis, Acute Cardiac Failure	28-Sep-44	Dublin		7	4469
Murphy	Patrick	63	Disease	Neurasthenia	VDH, ODH	18-May-44	19-Oct-44	155	Not verified by Death Cert		Dublin		7	4405
Walsh	Patrick	56	GSW	Neck		14-Oct-44	04-Dec-44	52	Not verified by Death Cert		Dublin		7	4492

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Surname	Name	Age	Reason	Diagnosis 1	Diagnosis 2	In	Out	Days	Death Certificate	Cert	Address 3	Remarks	Book	Entry
Barrington	Patrick	58	Disease	Bronchitis		16-Dec-44	02-Jan-45	18	Cardiac Failure, Chronic Bronchitis	04-Jan-45	Dublin		7	4522
Maguire	James	60	GSW	Head		13-Oct-36	26-Feb-45	3028	Cardiac Failure, Parkinsonian following GSW Head	01-Mar-45	Dublin Co.		5	2862
Joyce	Joseph	58	Disease	Bronchitis		13-Feb-45	08-Mar-45	24	Cardiac Failure, Chronic Bronchitis	12-Mar-45	Dublin		7	4557
Morris	William	64	Disease	Bronchitis Chronic		06-Feb-45	12-Mar-45	35	Cardiac Failure, Chronic Bronchitis	15-Mar-45				
Moore	James	52	Disease	Bronchitis	DAH	07-Dec-44	26-Mar-45	110	Chronic Bronchitis, Duodenal Ulcer	29-Mar-45	Dublin		7	4517
Whelan	Edward	62	Disease	Bronchitis		24-Jan-45	25-Apr-45	92	Cardiac Failure, Chronic Bronchitis	26-Apr-45	Dublin		7	4541
Duffy	Joseph	74	Disease	Bronchitis		02-Dec-44	11-May-45	161	Chronic Bronchitis, Colitis of undetermined origin	14-May-45	Dublin		7	4516
Clarke	Michael	63	Disease	ODH	Debility	30-May-45	27-Jul-45	59	Cardiac Failure, Myocardial Degeneration	02-Aug-45	Cavan		7	4607
Gillard	Charles	63	Disease	Bronchitis		30-Apr-45	04-Nov-45	189	Cardiac Failure, Chronic Bronchitis, Neoplasm of Bronchus	05-Nov-45	Dublin		7	4596
Johnston	Albert	64	Disease	Neurasthenia		19-Sep-30	04-Jul-46	289	Myocarditis & Senility, Obstructive Jaundice (cause unknown) 6 weeks	04-Jul-46	Belfast		5	4649
O'Connor	Michael	50	Disease	Bronchitis		11-Apr-45	06-Feb-47	667	Chronic Bronchitis, Emphysema	06-Feb-47	Dublin		7	4587

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