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'It's all a matter of balanced	tensions': Irish	medical	missionarie	s in Nigeria,
	1937-1967			

Ailish Ellen Veale

Thesis submitted for the degree of Doctor of Philosophy

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Summary

Prior to 1936 Catholic nuns were forbidden by canon law from practising medicine or midwifery, as these were deemed a threat to their vows of chastity and obedience. Only after a lengthy campaign of propaganda and action by a number of pioneer women doctors, and male and female religious, was this canon law rule amended. The Medical Missionaries of Mary is an Irish congregation of medical and nursing nuns, founded in 1936 by Mother Mary Martin directly after the reversal of this canon law ban.

Using the Medical Missionaries of Mary as a case study, this thesis provides a critical analysis of the history of Irish female medical missionaries in Africa. It uses missionary records, colonial archives and oral history to explore how the gender, ethnic and religious identity of Irish female missionaries shaped their practice of maternity and child medicine in Southern Nigeria between 1937 and 1967. The investigative and analytical tools employed are multi-disciplinary, borrowing from both history and gender studies. By combining these methods, this study offers a rigorous historical analysis of Irish medical missionary work whilst acknowledging the wider theoretical debates that emerge when researching the interactions and influences of gender, ethnicity, medicine and religion within a specific temporal and spatial context.

In order to uncover how missionary identity was articulated, and to understand how this may have affected experience and practice, this thesis focuses on the intimacies of missionary life. It is concerned with specific people and relationships, the construction of 'self' and 'other,' and the negotiation and articulations of power and agency. By focusing on the details of missionary life, as depicted through previously unexplored letters and written accounts, it sheds new light on the experience of Irish female medical missionaries. A small-scale study such as this offers real scope for examining the agency of female religious, the articulations of difference and power in Ireland and on the missions, and the tensions between missionary experiences and ideals. It offers a new perspective on the professional and spiritual lives of Irish

women in the twentieth century by examining their influence and experience in Ireland and Nigeria.

This study of Irish female Catholic missionaries, with its focus on identity, experience, and medical practice, also makes a significant a contribution to the social history of medicine by examining closely the contribution of women religious nurses and doctors working outside of Ireland. It has highlights the gendered nature of the medical profession in Ireland and demonstrates how much Catholic medical missionaries both challenged and reinforced these gendered constructs. This thesis examines how Catholicism in Ireland was articulated through medicine and how Catholic medical culture shaped the Irish missions in the twentieth century. This is an issue of very considerable interest in light of current public inquires into the Irish Catholic Church and Irish medical practices. These inquiries have uncovered the often unhealthy 'mutual imbrication' of religion and medicine in the course of twentieth-century Ireland. The legacy of that relationship is still being felt. In bringing these strands together, the thesis will argue that the missionary maternity medicine as practiced by Irish female religious in the mid-twentieth century powerfully reflected Irish Catholic gender values.

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This thesis would not have been possible without the support, patience and advice of many people. First and foremost, I wish to to express my deep gratitude and appreciation to my two supervisors, Prof. David Dickson and Dr. Catherine Lawless. Both have provided valuable direction, constructive criticism and support throughout the research and writing process. They have read through multiple drafts and offered important insights. Prof. David Dickson's amazing breadth of knowledge and experience has helped me develop as a historian and a writer. Dr. Catherine Lawless has been a reassuring and positive presence. She has offered much needed guidance and direction in considering the theoretical and gender dimensions of this thesis.

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Ailish Veale, September 2014.

Abbreviations

Religious congregations

MMM: Medical Missionaries of Mary

MMS: Medical Mission Sisters

HHCJ: Handmaids of the Holy Child Jesus

SHCJ: Society of the Holy Child Jesus

FFS: Franciscan Missionaries of Mary

Medical institutions and degrees

IMTH: International Missionary Training Hospital

KQCPI: King and Queen's College of Physicians Ireland

UCD: University College Dublin

F.R.C.S.I.: Fellow of the Royal College of Surgeons

F.R.C.O.G.: Fellowship of the Royal College of Obstetricians and Gynaecologist in

Britain

M.B. B.Ch B.A.O.: Bachelor of medicine and surgery

M.D.: Doctor of medicine

Nursing titles

NRN: Nigerian Registered Nurse

SRN: State Registered Nurse

PTS: Preliminary Training Scheme

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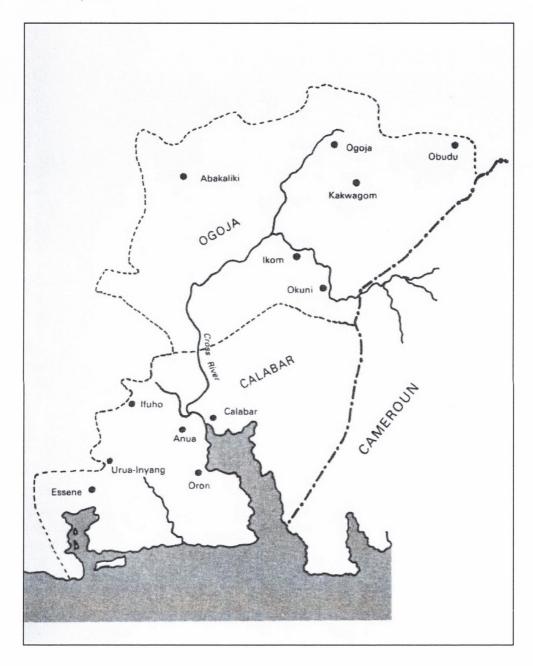
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(Source: Kiggins, Maynooth Mission to Africa)



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Introduction

Our idea has been to start in a central thickly populated district, build up a medical centre there, and have as many outstation clinics as possible visited from it. Then as the work expands and grows, we make this first foundation a training centre for African personnel. As this trained staff becomes available we place them in out-station clinics, so they become resident clinics. Then, in time, with growth and development, these clinics in turn become independent training units, run by Africans, for Africans.¹

The Medical Missionaries of Mary are an Irish Catholic missionary congregation that was founded in 1937 by Mother Mary Martin. This quote outlines their strategic plan outlined in 1962. The language of developmentalism and the focus on African personnel as integral to the development of the mission reflected the political and social changes that were occurring in the 1960s, both in the Catholic Church and across the continent of Africa. To a certain extent this MMM plan represented a shift in missionary culture, a move from a programme devised by women religious to convert the pagan masses, towards to a plan by non-governmental agents seeking to empower the population amongst whom they worked. This shift can be seen more clearly when one compares this 1962 statement with Mary Martin's private aspirations some forty years earlier. In 1923, she wrote to her mother of her experience as a lay missionary in Nigeria after a visit to a convent school run by a congregation of English teaching nuns:²

¹ Margaret Mary Nolan, ed., *The Medical Missionaries of Mary: Covering the First Twenty-Five Years of the Medical Missionaries of Mary, 1937-1962* (Dublin: Three Candles, 1962), 93.

² During the nineteenth century, women religious who entered enclosed religious orders took 'solemn' vows and were called nuns. Those who took public vows and worked outside the convent entered 'congregations' and were known as sisters. As a congregation, the Medical Missionaries of Mary are sisters, however they are also referred to as nuns, and women religious. In this thesis, the terms nun, sister, and women religious are used

I got a good idea of their method of training the girls, which between you me and the wall is rather hopeless, their husbands complain bitterly, as they leave there absolutely too proud to work. To me it seems a great mistake to try and lift them out of their own native ways. Europeanizing them too much. My idea is to Christianize their native ways in their homes.³

Marie Martin's comments reflect common discourses used in the heyday of European colonialism, with an emphasis on Europeanizing the natives, and Christianizing 'pagan homes.' This thesis will explore the time lapse between these two quotes, bridging two distinct visions of what constituted medical missionary work. It will chronicle the different phases in the development of Irish Catholic medical missionary activity between 1900 and 1967 and consider how women religious initiated and responded to these developments. In particular it will consider how female religious identities were created and negotiated during a period of social, political and religious upheaval. This will be one of the broad ambitions of this thesis. The main action, however, takes place on a much smaller scale.

Irish missionaries operated in Asia and Africa from the nineteenth century. Coming mainly under the rule and discipline of continental Catholic missionary societies, Irish female and male missionaries worked in remote mission stations, and often in intense rivalry with their Protestant counterparts. Before 1900 Catholic Irish missionaries operated in a largely ad hoc manner. The opening decades of the twentieth century saw a dramatic increase in the numbers of Irish missionaries working in the so-

interchangeably, as is the norm in scholarship in this field. See, Mary Peckham Magray, *The Transforming Power of the Nuns: Women, Religion and Cultural Change in Ireland, 1750-1900* (New York: Oxford University Press, 1998), 138.

³ Marie Martin, R.C.M., Onitsha to Mrs. Mary Martin, Feast of St. Catherine, 30th April 1923, Archives of the Medical Missionaries of Mary, (MMM Archive hereafter), C/F/1/71.

called 'pagan lands' and an increase in the number of Irish-based congregations that were founded specifically for missionary purposes.⁴

Between 1933 and 1957 the number of Irish missionary priests in Africa doubled, constituting in the latter year 10.3% of all priests, outnumbered only by French and Belgian missionaries. Figures from 1960 show that Irish missionary sisters made up 10.6% of all missionary sisters in Africa, outnumbered only by German, French and Belgian female missionaries.⁵ Of significance here is the fact that in relative terms (per capita of Catholic population), Irish missionaries outstripped all other European countries sending out Catholic missionaries. The rapid increase of Irish missionaries in a relatively short period of time is also noteworthy, as is the fact that Ireland (or at least the Irish Free State) held no colonial claims in Africa, contrary to France, Belgium and (before 1918) Germany. Despite the scale of this involvement, there have been very few academic studies of Irish missionaries, and even less of Irish female missionaries. This thesis is intended to go some small way to address that. Its focus is specifically on medical missionaries, and more precisely, the Medical Missionaries of Mary (MMMs).

The MMMs were founded in 1937, after Propaganda Fide issued an Instruction calling for Catholic female missionaries to train as nurses, midwives and doctors in order to tend to 'the mother and child' in missionary territories. They were the first Irish missionary society to be founded exclusively for medical purposes. Between 1937 and 1967, broadly the period covered in this thesis, their numbers multiplied from the five founding members to over 400 members.⁶ In 2014 the society is made up of 346 members, the majority of whom are Irish and Nigerian.⁷ Using the Medical Missionaries of Mary as a case study, the thesis seeks to critically analyse how the religious, gender and national identity of these Irish

⁴ Edmund Hogan, *The Irish Missionary Movement: A Historical Survey, 1830-1980* (Dublin: Gill and Macmillan, 1990), 2.

⁵ Joseph McGlade, *The Missions: Africa and the Orient* (Dublin, Melbourne: Gill and Macmillan, 1967) 29.

⁶ Numbers of entrants per year, 1937-1965, MMM Archive, uncatalogued.

⁷ Figures provided by the Medical Missionaries of Mary, August 2014.

medical missionaries shaped their experience and the practice of maternity medicine on the missions. In doing so it will highlight the unique contribution of Irish missionaries to global health, Irish-Catholic expansion and the emergence of the Irish state's development politics.

In order to uncover how missionary identity was articulated and to understand how this may have affected experience and practice, this thesis focuses on the intimacies of missionary life. It is concerned with specific people and relationships, the construction of 'self' and 'other,' and the negotiation and articulations of power and agency. By focusing on the details of missionary life, as depicted through previously unexplored letters and written accounts, it sheds new light on the experience of Irish female medical missionaries. A small-scale study such as this offers real scope for examining the agency of women religious, the articulations of difference and power in Ireland and on the missions, and the tensions between missionary experiences and ideals. It offers a new perspective on the professional and spiritual lives of Irish women in the twentieth century by examining their influence and experience in Ireland and Nigeria. A further level of complexity comes from uncovering how these Irish women religious placed themselves as white Europeans in a colonial setting. Irish nuns can be seen as occupying a unique place within this framework due to their gendered position within Irish society and the Catholic Church, as well as their identity as Irish within a colonial and post-colonial framework.

This study of Irish female Catholic missionaries, with its focus on identity, experience, and medical practice, also aims to make a contribution to the social history of medicine by examining closely the contribution of women religious nurses and doctors working outside of Ireland. It will highlight the gendered nature of the medical profession in Ireland and demonstrate how much Catholic medical missionaries both challenged and reinforced these gendered constructs. This thesis examines how Catholicism in Ireland was articulated through medicine and how Catholic medical culture shaped the Irish missions in the twentieth century. This is an issue of very considerable interest in light of current public inquiries into the Irish Catholic Church and Irish medical practices. These inquiries have

uncovered the often unhealthy 'mutual imbrication' of religion and medicine in the course of twentieth-century Ireland. The legacy of that relationship is still being felt. In bringing these strands together, the thesis will argue that the missionary maternity medicine as practiced by Irish women religious in the mid-twentieth century powerfully reflected Irish Catholic gender values.

Finally, the thesis uncovers something of the instability of identity categories, highlighting how these were constructed and performed in different ways at different times. It will argue that Catholic missionary medicine was not static or monolithic, but rather that it responded to local and global forces and adapted to meet changing needs across different cultural and geographical planes. In this sense, this thesis argues that female missionaries - in their experience, identity and work - reinforced but also challenged Catholic, Irish and gendered values.

1. Literature Review

There is now a well-established body of research on the history of missions in the nineteenth and early twentieth century. This literature review will first consider the broad literature on missionary history. It will then examine more closely studies of female missionaries and their role in missionary medicine. The second section will narrow its focus to the Irish context. It will contextualize Irish female missionaries within Irish missionary historiography and the now well-established literature on Irish nuns in the nineteenth century. The final section of this review will bring these different strands together, focusing on female Catholic medical missionary activity in Africa in the twentieth century.

Influential studies by Stanley, Etherington, Porter and Cox have questioned the often-assumed collaboration between missionaries and empire.⁸ Their research called for a more nuanced understanding of

⁸ See, Jeffrey Cox, *Imperial Fault Lines: Christianity and Colonial Power in India, 1818-1940* (Stanford, CA: Stanford University Press, 2002); Brian Stanley, *The Bible and the Flag* (Leicester: Apollos, 1990); Andrew Porter,

missionaries, and their complex entanglement with colonial governments and local populations.⁹ A parallel and equally important strand within recent missionary historiography draws on postcolonial theory. These studies are more concerned with the construction of 'self' and 'other', the racial and gender dynamics of the missionary encounter, and the agency of local people in their response to missionaries. ¹⁰ Whether overtly mentioned or not, these studies are shaped by Said's argument that Western colonialism was as much a cultural exercise as an economic one. ¹¹ More recently studies have emerged that question the nature of modernity within missionaries' 'civilizing mission,' highlighting the dynamic interplay between metropole and periphery. ¹²

Religion Versus Empire? British Protestant Missionaries and Overseas Expansion (Manchester: Manchester University Press, 2004).

⁹ See, T.O Beidelman, *Colonial Evangelism: A Socio-Historical Study of an East African Mission* (Bloomington: Indiana University Press, 1982); Felix K Ekechi, *Missionary Enterprise and Rivalry in Igboland 1857-1914* (London: Frank Cass, 1971); Felix K. Ekechi, "Colonialism and Christianity in West Africa: The Igbo Case, 1900-1915," *Journal of African History* 12, no. 1 (1971): 103-15. Studies by Ekechi on early missionary impulses in Nigeria are of particular relevance to this study. These are important articles coming from a non-European perspective, however they were written shortly after decolonization, and as such tend to equate missionary activity with colonialist interventions. Beidelman's influential anthropological study *Colonial Evangelism* is another early example of the confluence of colonialism with missionary activity. Since then, some post-colonial studies have understood the two to be synonymous, arguing the missionaries sought to 'colonise the mind,' see footnote below.

¹⁰ See, John Comaroff and Jean Comaroff, *Of Revelation and Revolution: The Dialectics of Modernity on a South African Frontier, Vol. 2* (Chicago: The University of Chicago Press, 1991); Megan Vaughan, *Curing their Ills* (Stanford: Stanford University Press, 1991); Esme Cleall, *Missionary Encounters* (London: Palgrave Macmillan, 2012)

¹¹ Edward Said, *Orientalism* (London: Penguin, 2003).

¹² See, Comaroff and Comaroff, *Of Revelation and Revolution;* Ruth Brouwer Compton, "When Missions Became Development: Ironies of 'Ngoization' in Mainstream Canadian Churches in the 1960s," *The Canadian Historical Review* 91, no. 4 (2010): 661-93; Frederick Cooper and Ann Laura Stoler, eds., *Tensions of Empire: Colonial Cultures in a Bourgeois World* (Berkeley: University of California Press, 1997); Ryan Dunch, "Beyond Cultural Imperialism: Cultural Theory, Christian Missions, and Global Modernity," *History & Theory* 41, no. 3 (10// 2002): 301-25; Catherine Hall, *Civilising Subjects: Metropole and Colony in the English Imagination, 1830-1867* (Cambridge: Polity, 2002); Susan Thorne, *Congregational Missions and the*

Early histories of missionaries were largely hagiographical in character and failed to adequately assess the important role and legacy of female missionaries. Even early academic work produced in the 1990s skimmed over the unique contribution of women.¹³ In 1996, Etherington concluded a historiographical assessment of missions to Southern Africa by stating: 'above all, we need more gendered studies. This is not just a matter of writing women into religious history. It requires, as Deborah Gaitskell observes, that we extend our understanding of 'how the spread and appropriation of Christianity has been gender specific."14 This call was answered in the following decades. Early work by Fiona Bowie, Deborah Kirkwood and Shirley Ardener led the way in 'recuperating' and theorizing the role played by female missionaries. 15 Since then, some of the most interesting analyses of missionaries have come from those seeking to understand the gendered nature of missionary activity in the nineteenth and twentieth century. These studies have incorporated postcolonial and gender theory more vigorously, and have generated important studies that have had a wider impact on the history of medicine, women's professionalization and the new imperial history. 16

This thesis is much indebted to this growing field of research, and has been influenced by many of the converging and overlapping issues

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Making of an Imperial Culture in 19th Century England (Stanford: Stanford University Press, 1999); Ellen Fleischmann, Sonya Grypma, Michael Marten, and Inger Marie Okkenhaug, eds., Transnational and Historical Perspectives on Global Health, Welfare and Humanitarianism (Norway: Portal Books, 2013).

¹³ See, Stanley, *The Bible and the Flag*; Andrew Porter, *Religion versus Empire? British Protestant Missionaries and Overseas Expansion* (Manchester: Manchester University Press, 2004).

¹⁴ Norman Etherington, "Recent trends in the historiography of Christianity in Southern Africa," *Journal of Southern African Studies* 22, no. 2 (1996), 218. ¹⁵ See, Fiona Bowie, Deborah Kirkwood, and Shirley Ardener, eds., *Women and Missions: Past and Present, Anthropological and Historical Perceptions* (Oxford: Berg, 1993); Deborah Gaitskell, "Housewives, Maids or Mother? Some Contradictions of Domesticity for Christian Women in Johannesburg, 1903-39," *The Journal of African History* 24, no. 2 (1983): 241-56.

¹⁶ See, Vaughan, *Curing their Ills*; Anne Hardy and Lawrence l. Conrad, eds., *Women and Modern Medicine* (Amsterdam: Rodophi, 2001); Hall, *Civilising Subjects: Metropole And Colony*.

addressed by these scholars. As a whole, studies of female missionaries have highlighted first and foremost the multiplicity of experience, and the variances between different denominations, nationalities, and social classes. Despite these differences certain similarities have also emerged. In particular these histories have brought to light the many ways in which missionary activity was a deeply gendered enterprise. They have considered the professional opportunities offered by the missions, and the negotiation of gender roles within missionary hierarchies and compounds. They have sought to understand how these prescriptive roles were understood and challenged by missionaries and indigenous women. Some have analysed how missionary activity was portrayed in magazines, and how missionary discourse shaped social relationships and subjectivities at home and on the missions.

As this list indicates, another common feature of these recent histories is their feminist framework of analysis. Most seek to emphasize the active role played by Western women in colonial contexts, exploring their ambiguous position as 'the inferior sex within the superior race.' Herein lies the irony at the heart of women's involvement in missionary activity: the difficulty in reconciling emancipatory and charitable ambitions with paternalistic and racialized understandings of those they wished to convert. The following section will take a closer look at the different ways in which missions have been analysed as gendered enterprises. It will then consider in more detail the specific historiography of Irish Catholic missionaries, and Irish medical missionaries.

Histories of female missionaries are closely linked to women's involvement in philanthropy, organized religion or their entry into the professions in the nineteenth century. 18 Many have outlined how

¹⁷ Margaret Strobel, *European Women and the Second British Empire* (Bloomington: Indiana University Press, 1991), 1.

¹⁸ See, Sue Morgan and Jaqueline deVries, eds., *Women, Gender and Religious Cultures in Britain, 1800-1940* (Oxon: Routledge, 2010); Maria Luddy, *Women and Philanthropy in Nineteenth Century Ireland* (Cambridge: Cambridge University Press, 1995); Martha Vicinus, *Work and Community for Single Women, 1850-1920* (London: Virago Press, 1985); Sue Morgan, ed., *Women, Religion and Feminism 1750-1900* (Basingstoke: Palgrave, 2002);

philanthropy, although inspired by religious aspirations, was also a convenient way for women to expand their role beyond the confines of the home. Philanthropy was one of the few outlets through which middle-class women could exercise a public role that was deemed acceptable to their class and gender. This form of work was seen as particularly suited to the female virtues of piety and selflessness, 'woman's work' came to be understood as a moral and social obligation. Philanthropy was perceived as an extension of a woman's caring and devoted role within the family home. Through their participation in these activities women carved out meaningful professional roles and held authority in institutions and committees.¹⁹

Historians have argued that by engaging in social activism, women were increasingly politicized and sought to bring about social change. Indeed, many early philanthropists became involved in social reform movements and feminist campaigns for education and the vote.²⁰ Burton, Chaudhuri and Strobel have sought to place Victorian philanthropy and feminism within the broader context of empire.²¹ They argue that Western

Jane Rendall, *The Origins of Modern Feminism Women in Britain, France and the United States 1780-1860* (London: Macmillan Publishers Ltd, 1985); Barbara Welter, "The Cult of True Womanhood, 1820-1860," *American Quarterly* (1966): 151-74.

¹⁹ See, Luddy, *Women and Philanthropy in nineteenth century Ireland*; Susan Mumm, "Women and Philanthropic Cultures," in *Women, Gender and Religious Cultures in Britain, 1800-1940*, eds. Sue Morgan and Jaqueline deVries (Oxon: Routledge, 2010), 54-74; Frank Prochaska, *Women and Philanthropy in Nineteenth Century England* (Oxford: Oxford University Press, 1980).

²⁰ See, Morgan and deVries, eds., Women, Gender and Religious Cultures in Britain; Morgan, ed., Women, Religion and Feminism in Britain; Vicinus, Independent Women; Rendall, The Origins of Modern Feminism.

²¹ See, Antoinette Burton, "The White Woman's Burden," in *Western Women and Imperialism, Complicity and Resistance*, eds. Nupur Chaudhuri and Margaret Strobel (Bloomington and Indianapolis: Indiana University Press, 1992); Nupur Chaudhuri and Margaret Strobel, eds., *Western Women and Imperialism: Imperialism, Complicity and Resistance* (Bloomington and Indianapolis: Indiana University Press, 1992); Margaret Strobel, *European Women and the Second British Empire*; Clare Midgley, "British Women, Women's Rights and Empire, 1790-1850," in *Women's Rights and Human Rights: International Historical Perspectives*, eds. Patricia Grimshaw, Katie Holmes and Marilyn Lake (London: Palgrave Publishers, 2001), 3-16.

women used colonial discourse, in particular the image of the 'degraded' Indian woman to highlight their own superior, civilized status. It became their special burden to elevate these women from their oppressive beliefs. This discourse of global sisterhood was then used to demand greater freedoms in the form of access to higher education and the professions. Nowhere was this more visible than in the campaign for the admission of women to the medical profession. In order to legitimise their role, early female doctors argued that there was a special need for them in India. For the most part these roles were within missionary societies, where it was felt that the benefits of Western medicine would open the way for Christianization.²²

Until the mid-nineteenth century the colonies were a predominantly male sphere of influence. It was widely believed that the harsh climate was not suitable for the female constitution. Despite this exclusion, many historians of gender and empire have suggested that the language used to describe imperial and missionary exploration was highly gendered and sexualized. Colonized peoples and landscapes were frequently depicted as feminine, whereas colonialists and missionaries were portrayed as hypermasculine. Invariably these discourses permeated reality, as European men engaged in relationships with indigenous women, sometimes forming mixed-race families. Stoler has argued that these relationships led to anxieties over the nature and management of empire. Race, gender, and sexuality intertwined and became highly emotive and politicized issues. ²³ It was this fear - that otherwise respectable European men were engaging in 'deviant' sexual and domestic arrangements with indigenous women - that opened the way for a greater European female presence in the colonies. It

²² See, Antoinette Burton, "'Contesting the Zenana': The Mission to Make "Lady Doctors for India," 1874-1885," *Journal of British Studies* 35, no. 3 (1996): 368-97; Geraldine Forbes, "Medical Careers and Health Care for Indian Women: Patterns of Control," *Women's History Review* 3, no. 4 (1994): 515-30; Anne Witz, "'Colonising Women, Female Medical Practice in Colonial India 1880-1890," in *Women and Modern Medicine*, eds. Anne Hardy and Lawrence l. Conrad (Amsterdam: Rodopi, 2001), 23-52.

²³ Ann Laura Stoler, "Making Empire Respectable, the Politics of Race and Sexual Morality in 20th Century Colonial Cultures," *American Ethnologist* 16, no. 4 (1989): 634-60.

was hoped that these Western women, whether they were missionaries or colonial official wives, would re-establish appropriate racial boundaries, 'bourgeois' respectability and 'sexual normalcy.'24

Missionary wives were to provide companionship and to serve as examples for indigenous women. Patricia Grimshaw's early work on missionary families argued that in the everyday reality of the mission compound, gender divisions of labour were not so easily maintained. Difficult working conditions, understaffing, and their husbands' prolonged absence into more rural and remote areas, meant that missionary wives were often left in charge of the mission compound. In addition to their domestic roles they often took on nursing and teaching duties, sometimeseven evangelization.²⁵ More recent studies by Esme Cleall and Emily Manktelow have further questioned the reality of these neatly constructed missionary families, arguing that these arrangements were more porous than their depiction in magazines and discourse let on.²⁶

There is now a significant body of research exploring in more detail the nature of 'women's work' on the missions.²⁷ As previously outlined, these studies have linked female missionary activity to the growing professionalization of women in the nineteenth century. They have highlighted how the missions, similar to philanthropy, offered women the opportunity to engage in meaningful work. In the early decades of the nineteenth century, single women were not permitted to go to the missions

²⁴ See, Ann Laura Stoler, "Sexual Affront and Racial Frontiers, European Identities and the Cultural Politics of Exclusion in Colonial Southeast Asia," *Comparative Studies in Society and History* 34, no. 3 (1992): 514-51; Helen Callaway, *Gender, Culture and Empire: European Women in Colonial Nigeria* (London: Macmillan Press, 1987); Patricia Grimshaw, "Faith, Missionary Life, and the Family," in *Gender and Empire*, ed. Phillipa Levine (Oxford: Oxford University Press, 2004) 260-80; Strobel, *European Women and the Second British Empire*.

²⁵ Grimshaw, "Faith, Missionary Life, and the Family," 260-80.

²⁶ See, Cleall, *Missionary Discourses of Difference*; Emily Manktelow, *Missionary Families: Race, Gender and Generation on the Spiritual Frontier* (Manchester University Press, 2013).

²⁷ Jane Haggis, "Ironies of Emancipation: Changing Configurations of 'Women's Work' in the 'Mission of Sisterhood' to Indian Women," *Feminist Review*, no. 65 (2000): 108-26.

alone, due to the perils and temptations (imagined or real) of the imperial frontier. By the 1860s and 70s however, this idea of a 'mission for sisterhood' had garnered greater legitimacy, and there was increased scope for professional female missionaries.²⁸ By the end of the nineteenth century, women missionaries in India outnumbered men.²⁹

Through their professional roles as doctors or teachers, these single lady missionaries occupied a more ambiguous position than their married counterparts. Despite their professional qualifications or their evangelizing ambitions, single lady missionaries were also expected to encourage and exemplify appropriate Victorian femininity and domesticity for indigenous women. ³⁰ Lutkehaus has pointed out the irony of this, arguing that in reality, single, professionally trained women more likely offered an example of alternative lifestyles to indigenous women. ³¹ In this sense, although they aimed above all else to promote traditional domestic arrangements, female missionaries often challenged this very construct in their own demeanour and work. This is one of the core tensions explored within the thesis. Missions offered Irish women meaningful work, and authoritative positions within hospitals and institutions, whilst they encouraged orthodox constructs of femininity and domesticity for local women.

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²⁸ Jane Haggis, "'Good Wives and Mothers' or 'Dedicated Workers'? Contradictions of Domesticity in the 'Mission of Sisterhood', Travancore, South India," in *Maternities and Modernities: Colonial and Postcolonial Experiences in Asia and the Pacific*, eds. Kalpana Ram and Margaret Jolly (Cambridge: Cambridge University Press, 1998), 81-113.

²⁹ Haggis, "Ironies of Emancipation," 109.

³⁰ See, Haggis, "'Good Wives and Mothers' or 'Dedicated Workers'?" 81-113; Haggis, "Ironies of Emancipation," 108-26; Elizabeth Provost, "Married to the Missions field: Gender, Christianity, and Professionalization in Britain and Colonial Africa, 1865-1914," *Journal of British Studies* 47, no. 4 (2008): 796-826; Judith Rowbotham, "Hear an Indian Sister's Plea: Reporting the Work of 19th-Century British Female Missionaries," *Women's Studies International Forum* 21, no. 3 (1998): 247-61; Rhonda Semple, *Missionary Women: Gender, Professionalism and the Victorian Idea of Christian Mission* (Suffolk: Boydell & Brewer Ltd., 2003).

³¹ Nancy Lutkehaus, "Missionary Maternalism: Gendered Images of the Holy Spirit Sisters in Colonial New Guinea," in *Gendered Missions: Women and Men in Missionary Discourse and Practice*, eds. Mary T. Huber and Nancy C. Lutkehaus (Ann Arbor: University of Michigan Press, 1999), 207-35.

Central to these feminist analyses of female missionaries is of course a concern with power and agency. How did female missionaries exert power and agency over indigenous women and in relation to male hierarchies? How did indigenous women fit into the power dynamics of missions? How did they 'receive' this gendered missionary message? A growing number of studies have sought to answer these last two questions, by highlighting indigenous women's tenuous engagement with missionaries, emphasizing how they interpreted, misinterpreted and at times deliberately subverted the missionary message.³²

It will be noticed that most of the studies considered above focus on women missionaries in the nineteenth century, more precisely British Protestant missionaries in India. The nineteenth century was a period when debates surrounding women's active roles in the British 'metropole' and the colonial peripheries was being most vigorously discussed, thus making it a compelling historical moment to analyse. It was the 'Indian woman' who was most frequently invoked by European women to legitimize their roles at home and on the imperial stage. Finally, it was during the nineteenth century that female missionary involvement in the colonies accelerated and their numbers increased. Much less is known of female missionaries in the twentieth century, a period no less fraught by

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³² Nancy Rose Hunt, Colonial Lexicon of Birthing Ritual, Medicalization and Mobility in the Congo (N.C.: Duke University Press, 1999); Elizabeth Isichei, "Does Christianity Empower Women?" The Case of the Anaguta of Central Nigeria," in Women and Missions: Past and Present, Anthropological and Historical Perceptions, eds. Fiona Bowie, Shirley Ardener and Deborah Kirkwood (Oxford: Berg, 1993), 209-28; Kalpana Ram and Margaret Jolly, ed., Maternities and Modernities: Colonial and Postcolonial Experiences in Asia and the Pacific (Cambridge: Cambridge University Press, 1998); Rita Smith Kipp, "Emancipating Each Other: Dutch Colonial Missionaries' Encounter with Karo Women in Sumatra, 1900-1942," in Domesticating the Empire: Race, Gender and Family Life in French and Dutch Colonialism, eds. Julia Clancy-Smith and Frances Gouda (Charlottesville and London: University Press of Virginia, 1998), 211-35; Jacinta Chiamaka Nwaka, "The Catholic Church, the Nigerian Civil War, and the Beginning of Organized Lay Apostolate Groups among the Igbos of Southeastern Nigeria," Catholic Historical Review 99, no. 1 (2013): 78-95; Anene Ejikeme, "From Traders to Teachers: A History of Elite Women in Onitsha, Nigeria, 1928—1940," Journal of Asian and African Studies 46 (2011): 221-236.

political, social and cultural upheavals. In particular, very little attention has been paid to Catholic nuns and their role in the missions. Elizabeth Ischei noted in 1995 that 'hundreds of missionary nuns worked in Africa, but, as yet, their history has been little studied, and their records little used, so that the literature emphasizes men's congregations.' Indeed, to this day Catholic female missionaries are more likely to be mentioned in passing, rather than being the main focus of a study. This is despite the diverse work carried out by these women as individuals and communities across various continents.

This near absence from the historical narrative has been a feature of Catholic women religious more generally. In recent years however the lives of Catholic nuns have been investigated in a number of innovative and sophisticated ways. Amidst this growing literature on Catholic nuns, the history of missionary nuns has remained largely unexplored. Lutekhaus and Huber's chapters on German missionary nuns in Papua New Guinea in the nineteenth and twentieth centuries demonstrated the vast scope for more theoretically engaged research on Catholic missionary nuns. Their studies drew many parallels between the gendered experience and aims of

³³ Elizabeth Ischei, *A History of Christianity in Africa, from Antiquity to Present,* (London: Society for Promoting Christian Knowledge, 1995), 87.

³⁴ See, Peckham Magray, *The Transforming Power of Nuns*; Clear, *Nuns in nineteenth century Ireland*; Carmen Mangion, *Contested Identities: Catholic Women Religious in Nineteenth-Century England and Wales* (Manchester: Manchester University Press, 2008); Jo Ann McNamara, *Sisters in Arms: Catholic Nuns through Two Millennia* (Massachusetts: Harvard University Press, 1998); Caroline Bowden and James Kelly, eds., *The English Convent in Exile 1600-1800* (Farnham: Ashgate, 2013); Karly Kehoe, *Creating a Scottish Church: Catholicism, Gender and Ethnicity in Nineteenth-Century Scotland* (Manchester: Manchester University Press, 2010); Susan O'Brien, "French Nuns in Nineteenth-Century England," *Past & Present* 154 (1997): 142-80.

Boundaries German Missionary Nuns in Colonial Togo and New Guinea, 1897–1960 (Göttingen: Vandenhoeck & Ruprecht, 2013); Cindy Yik-yi Chu, The Maryknoll Sisters in Hong Kong 1921-1969: In Love with the Chinese (New York: Palgrave Macmillan, 2004); Mary Huber, "The Dangers of Immorality," in Gendered Missions: Women and Men in Missionary Discourse and Practice, eds. Mary T. Huber and Nancy C Lutkehaus (Michigan: The University of Michigan Press, 1999), 179-206; Lutkehaus, "Missionary Maternalism," 207-35; Dana Robert, American Women in Mission: A Social History of their Thought and Practice (Macon, GA: Mercer University Press, 1997).

Catholic missionary nuns and their Protestant counterparts. In particular Catholic missionaries too held auxiliary roles within missionary compounds, they focused imparting orthodox femininity and patriarchal family structures to indigenous women, and held domestic responsibilities in relation to Catholic priests. However, it has been noted that Catholic sisters' vow of celibacy, their commitment to sex-segregated community lives and adherence to Catholic hierarchies and doctrine influenced their work in unique ways.³⁶

So far this review has focused on the broad historiography of non-Irish female missionaries. These studies provide a theoretical, methodological and comparative framework for this thesis. Of particular relevance is their concern with understanding the different ways in which gender motivated and shaped the experience and work of female missionaries. This thesis has an additional concern. It also seeks to understand how religion and ethnicity were integral to the identity and work of medical missionaries. These different elements, religion, gender and ethnicity, converged, shaping the experience, motivations and work of the Irish medical missionaries. So what, if anything, has been written on Irish Catholic female missionaries? How does this thesis fit into the specifically Irish historiography?

First and foremost, it must be acknowledged that very little research has been produced on Irish missionaries, Protestant and Catholic.³⁷ Most early works were hagiographies written by religious congregations. These studies vary in their critical engagement. Nonetheless, they give useful chronological accounts that detail the development of individual congregations or missionaries.³⁸ An early attempt to survey the history of

³⁶ Huber, "The Dangers of Immorality," 179-206; Lutkehaus, "Missionary Maternalism," 207-35.

³⁷ For notable contributions on Irish Protestant missions, see, Hill, "Gender, Culture and 'the Spiritual Empire,'" 203-26; Oonagh Walsh, "The Dublin University Mission Society, 1890-1905," *History of Education* 24, no. 1 (1995): 61-72; Elaine Doyle, "The Qua Iboe Mission," (Queen's University Belfast, 2010).

³⁸ Hagiographical histories of relevance to this study include, Mary Purcell, *To Africa with Love* (Dublin: Gill and Macmillan, 1987); Thomas Kiggins, *Maynooth Mission to Africa: The Story of St. Patrick's Missionary Society* (Dublin: Gill and Macmillan, 1991); Desmond Forristal, *The Second Burial of*

Irish Catholic missionaries was McGlade's *Irish Missionaries in Africa and the Orient,* published in 1967. In this slim volume, McGlade made a case for a more comprehensive study of Irish missionaries. However, as an ordained priest, his study falls within the realm of hagiographical accounts, and due to its age can almost be considered an archival source in itself. Nonetheless, he made some insightful comments, acknowledging the important contribution of Irish female missionaries to the development of medical missions, despite their exclusion from any official decision-making power.

A number of decades later a more comprehensive and academic study emerged, again produced by an Irish missionary priest. Hogan's *The Irish Missionary Movement*, published in 1990 outlines the different phases and influences of nineteenth and twentieth century Irish Catholic missionary activity.³⁹ He linked the emergence of a more organized and popular Irish Catholicism in the nineteenth century and the influence of continental missionary societies in Ireland, to the early phases of Irish missionary expansion. Hogan argued that in these early phases, Irish missionary activity was focused on sending large numbers of Irish priests and nuns to the New World to tend to the spiritual needs of the growing Irish diaspora. According to Hogan, it was not until the early twentieth century that Irish missionaries began to pay greater attention to the non-Christian world. As European powers in Africa squabbled in the opening decades of the twentieth century, Irish missionaries used their neutrality and cultural similarities to gain influence in British colonial states.⁴⁰

In bringing these different phases together, Hogan made an important contribution to Irish historiography. *The Irish Missionary Movement* remains a key work of reference as no similar synoptic study has since been

Bishop Shanahan, (Dublin: Veritas, 1990); Colman Cooke, Mary Charles Walker: The Nun of Calabar (Dublin: Four Courts Press, 1980); John Jordan, Bishop Shanahan of Southern Nigeria (Dublin: Clonmore & Reynolds, 1949); Bernard Smyth, The Chinese Batch: The Maynooth Mission to China 1911-1920 (Dublin: Four Courts Press, 1994); Cosmos Nwosuh, Cardinal Dominic Ekandem and the Growth of the Catholic Church in Nigeria (Charleston SC: Createspace Publications, 2012).

³⁹ Hogan, The Irish Missionary Movement.

⁴⁰ Hogan, The Irish Missionary Movement, 99.

published. Of particular interest to this thesis are his later chapters that deal with twentieth-century missions. His chapter on the development of medical missions is particularly relevant. It also happens to be the only chapter that offers any real insight into the role played by female missionaries. An equally influential chapter is his analysis of missionary magazines, and the distinct ways in which Irish missionaries communicated 'the message.' As a whole, Hogan's book highlighted the great scope for further research, a plea that is only being somewhat answered in recent years.

A number of recent theses have generated more theoretically aware histories of Irish missionaries in the twentieth century. 41 Most of these have been published as monographs or within edited collections. Yvonne McKenna's oral history of Irish female religious at home and abroad draws from a range of theoretical frameworks and disciplines, including feminist theory, women's history, and sociology. Her analysis of how women religious articulated their sense of self, and exercised power and agency in different ways during the pre- and post-Vatican II eras are of particular relevance to this study. 42 Fiona Bateman has produced similar theoretically informed research on Irish missionary magazines. Her work has drawn attention to Irish missionaries' use of Imperial discourse to promote their work. Using postcolonial theory she has attempted to draw parallels between Ireland's 'spiritual empire' and secular imperialism. 43

Irish missionary activity as forming an 'Irish spiritual empire' is another important strand within the historiography of nineteenth and twentieth century Irish missions. This term was first used to describe Irish priests and nuns engaging in missionary activity in the New World, as they

⁴¹ See, Fiona Bateman, "The Spiritual Empire: Irish Catholic Missionary Discourse in the Twentieth Century," (National University of Ireland, 2003); Doyle, "The Qua Iboe Mission, 1887-1925"; Kate Lynch, ""For a Splendid Cause": Irish Missionary Nuns at Home and on the Mission Field, 1921-1962," (University of Nottingham, 2012); John Manton, "The Roman Catholic Missionary and Leprosy Control," (University of Oxford, 2005).

⁴² McKenna, *Made Holy*.
⁴³ Bateman, "Ireland's Spiritual Empire," 267-87; Bateman, "Defining the Heathen," 73-96; Bateman, "The 'Battlefield of the Schoolroom,'"157-71.

tended to the vast Irish diaspora.⁴⁴ Recent studies have analysed how these early Irish missionaries shaped Irish Catholic identity in Ireland and globally during the nineteenth century.⁴⁵ This term has since been extended to encompass Irish missions directed at non-Christians populations. Most recently it has been used by historians Fiona Bateman, Denis Lenihan and Myrtle Hill to situate Irish missionary activity within imperial contexts.⁴⁶

Understanding how Ireland's colonial and postcolonial history might have impacted on Irish missionaries in unique ways has been an important, if still relatively small, strand in recent research. Drawing from the historiography of Ireland and empire, and debates about Ireland's status as a postcolonial nation, these studies argue that Irish missionaries largely emulated colonial discourses and attitudes. ⁴⁷ They have challenged the idea that Irish missionaries were more sympathetic to the plight of

⁴⁴ Patrick J. Corish, *The Irish Catholic Experience: A Historical Survey* (Dublin: Gill and Macmillan, 1985), 238.

⁴⁵ See, Sheridan Gilley, "Catholicism, Ireland and the Irish diaspora," in Gilley & B. Stanley, eds., *The Cambridge history of Christianity: World Christianities, c.1815-c.1914* (Cambridge: Cambridge University Press, 2006); Sarah Roddy, *Population, providence and empire: the churches and emigration from nineteenth-century Ireland* (Manchester: Manchester University Press, 2014).

See, Denis Lenihan, "Irish Empire Assembling the Geographical Imagination of Irish Missionaries in Africa," Cultural Geographies 21, no. 3 (2014): 429-47; Fiona Bateman, "Ireland's Spiritual Landscape: Territory and Landscape in Irish Catholic Missionary Discourse," in Empires of Religion, ed. H.M. Carey (London: Palgrave Macmillan, 2008) 267-87; Bateman, "The 'Battlefield of the Schoolroom'": Irish Children and Ireland's Spiritual Empire," in Irish Classrooms and British Empire: Imperial Contexts in the Origins of Modern Education, edited by David Dickson, Justyna Pyz and Christopher Shepard (Dublin: Four Courts Press, 2012); Myrtle Hill, "Gender, Culture and 'the Spiritual Empire': The Irish Protestant Female Missionary Experience," Women's History Review 16, no. 2 (2007): 203-26. ⁴⁷ See, Joe Cleary, "Amongst Empires: A Short History of Ireland and Empire." Eire-Ireland 42, no. 1&2 (2007): 11-57; Stephen Howe, Ireland and Empire: Colonial Legacies in Irish History and Culture (Oxford: Oxford University Press, 2000); Kevin Kenny, ed., Ireland and the British Empire (Oxford: Oxford University Press, 2004); Keith Jeffrey, ed., An Irish Empire?: Aspects of Ireland and the British Empire (Manchester: Manchester University Press, 1996); Kevin O'Sullivan, Ireland, Africa and the End of Empire (Manchester: Manchester University Press, 2013).

colonized people due to their own colonial past. These studies can be situated within a broader literature that questions Ireland's complex engagement with imperial networks throughout the early modern, modern and late modern periods. ⁴⁸ Although not explicitly concerned with uncovering colonial attitudes amongst Irish medical missionaries, this thesis *is* concerned with highlighting the how Irish identity shaped the mission. It will consider the ways in which medical missionaries sought to impart this identity through their medico-religious work. This thesis also examines how Irish missionaries engaged with the British colonial government in Nigeria during the mid-twentieth century.

This thesis focuses on Catholic nuns working as medical missionaries, and as such also finds its roots in the extensive work that has been produced on Irish nuns' involvement in the foundation and development of modern welfare services in Ireland over the course of the nineteenth century. Scholars such as Caitriona Clear, Mary Peckham Magray and Maria Luddy challenged Larkin's widely accepted narrative of a nineteenth century devotional revolution led by Cardinal Cullen. Heir research considered how the growth of female religious congregations and their involvement in health and welfare, had a profound effect in changing social and religious mores during the nineteenth-century. Histories of Irish nuns have highlighted how women religious in Ireland exerted agency and authority within welfare institutions despite the restrictions imposed on women in society and through their religious vocation. There is now a

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⁴⁸ See, Barry Crosbie, *Irish Imperial Networks: Migration, Social Communication and Exchange in Nineteenth Century India* (Cambridge: Cambridge University Press, 2012); David Dickson, Justyna Pyz and Christopher Shepard eds., *Irish Classrooms and British Empire: Imperial Contexts in the Origins of Modern Education* (Dublin: Four Courts Press, 2012).

⁴⁹ Emmet Larkin, "The Devotional Revolution in Ireland, 1850-75," *The American Historical Review* 77, no. 3 (1972): 625-52.

⁵⁰ Caitriona Clear, *Nuns in 19th Century Ireland* (Dublin: Gill and Macmillan, 1987); Tony Fahey, "Nuns in the Catholic Church in Ireland in the Nineteenth Century," in *Girls Don't Do Honours: Women and Education in the 19th and 20th Century*, ed. Mary Cullen (Dublin: Argus Press, 1987), 7-30; Maria Luddy, "Angels of Mercy': Nuns as Workhouse Nurses, 1861-1898," in *Medicine, Disease and the State in Ireland, 1650-1940*, eds. Elizabeth Malcolm

substantial body of work exploring the influence of these women religious beyond Ireland, as they tended to the welfare and religious needs of the vast Irish diaspora in the United States, Britain, Canada and Australia in the nineteenth century. ⁵¹ These studies highlight the important role played by Irish nuns in setting up social welfare services for Irish immigrants in 'the New World' and their lasting impact on the development of health, education and welfare throughout the twentieth century.

Only recently has there been an interest in the slightly different experience of Irish female Catholic missionaries and the unique role they played in setting up hospitals, schools and welfare services in Africa and Asia in the late nineteenth and early twentieth centuries. Deirdre Rafferty for example, has recently considered the contribution and experience of Irish nuns in the provision of mission education. John Manton and Barbara Mann Wall have explored the influence of Irish nuns in the area of missionary medicine and research in sub-Saharan Africa.

and Greta Jones (Cork: Cork University Press, 1999). 107-17; Rosemary Raughter, "Pious Occupations: Female Activism and the Catholic Revival in Eighteenth-Century Ireland," in *Religious Women and Their History: Breaking the Silence*, ed. Rosemary Raughter (Dublin: Irish Academic Press, 2005), 25-50; Peckham, *The Transforming Power of the Nuns.*

⁵¹ Maureen Fitzgerald, *Habits of Compassion: Irish Catholic Nuns and the Origins of New York's Welfare System* (United States: University of Illinois, 2006); Gregory, *Expressions of Mercy: Brisbane Mater Hospital* (St. Lucia, Qld.: UQP, 2006); Karly Kehoe, *Creating a Scottish Church* (Manchester: Manchester University Press, 2010); Hoy, "The Journey Out," 64-98; Mangion, *Contested Identities*; Sioban Nelson, *Say Little, Do Much: Nursing, Nuns and Hospitals in the Nineteenth Century* (Philadelphia: University of Pennsylvania Press, 2003); Margaret O hOgartaigh, "Amiens, Brisbane and Crimea: Paul Cullen and the Mercy Mission That Led to the Establishment of the Mater Hospital in Dublin' in *Cardinal Cullen and His World*, eds. Daire Keogh and Albert McDonnell (Dublin: Four Courts Press, 2011), 179-89; Barbara Mann Wall, *Unlikely Entrepreneurs: Catholic Sisters and the Hospital Marketplace, 1865-1925* (Ohio: Ohio State University Press, 2006).

⁵² Deirdre Rafferty, "The 'Mission' of Nuns in Education in Ireland, C.1850-1895," *Paedagogica Historica* 48, no. 2 (2012): 299-313; Deirdre Rafferty, "'Je Suis D'aucune Nation': The Recruitment and Identity of Irish Women Religious in the International Mission Field, C. 1840–1940." *Paedagogica Historica* 49, no. 49 (2013): 513-30.

⁵³ See, Barbara Mann Wall, "Beyond the Imperial Narrative: Catholic Missionary Nursing, Medicine and Knowledge Translation in Sub-Saharan Africa, 1945-1980,"in *Transnational and Historical Perspectives on Global*

Early studies of colonial medicine focused on how governments introduced Western biomedicine in a bid to classify, quantify and further control indigenous populations. Colonial state medicine often focused on curbing epidemics in order to maintain indigenous workforces. These studies offered interesting insights into how Western medicine was not always as objective or beneficial as it claimed to be.⁵⁴ Vaughan's influential study of Western biomedicine in East Africa called for more research on the specific contributions of medical missionaries. She highlighted the differences between colonial state medicine and missionary medicine, arguing that the latter was more concerned with the individual, combining religion and biomedicine in order to create new subjectivities. She also highlighted the missions' greater contribution to rural health provision, particularly in the area of mother and child medicine. She argues that mothers were perceived as central to the conversion of the family, and were thought to be largely responsible for the perpetuation of traditional methods of healing.⁵⁵ Vaughan's work broke new ground in opening up medical missionaries to greater scrutiny. Indeed, since the publication of

Health, Welfare and Humanitarianism, eds. E. Fleischmann, S. Grypma, M. Marten and I.M. Okkenhaug (Norway: Portal Books, 2013), 90-109; John Manton, "Administering Leprosy Control in Ogoja Province Nigeria, 1945-67," in Healing Bodies, Saving Souls, Medical Missionaries in Asia and Africa, ed. David Hardiman (Amsterdam-NY: Rodopi B V, 2006), 307-31; John Manton, "Making Modernity with Medicine: Mission, State, and Community in Leprosy Control, Ogoja, Nigeria, 1945-1950," in Modern Medicine and its Development Beyond the West: Historical Perspectives, ed. Eormoz Ebrahimnejad (London: Routledge, 2009), 164-88.

⁵⁴ See, David Arnold, "Public Health and Public Power: Medicine and Hegemony in Colonial India," in *Contesting Colonial Hegemonies: State and Society in Africa and India*, eds. David Engels and Shula Marks (London, New York: British Academic Press, 1994); Andrew Cunningham and Birdie Andrews, eds., *Western Medicine as Contested Knowledge* (Manchester: Manchester University Press, 1997); Roy MacLeod and Milton Lewis, eds., *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion* (New York: Routledge, 1998); Mark Harrison and Pati Bisamoy, eds., *Health, Medicine and Empire: Perspectives on Colonial India* (New Delhi: Orient Longman Limited, 2001); Steven Frierman and John Janzen, eds., *The Social Basis of Health and Healing in Africa* (Berkeley and Los Angeles: University of California Press, 1992).

Curing their Ills there have been a growing number of innovative contributions to the history of medical missions.⁵⁶

One example is Nancy Rose Hunt's pioneering work on the medicalization of childbirth in the Belgian Congo. Hunt uses ethnographic research to highlight the different medical approaches of British Baptist missionaries and Catholic state sponsored maternities. Using a wide array of sources and methodologies she demonstrates how missionary medicine was both transformative and transformed through encounters with local She highlights the often-coercive and dynamic nature of the medical missions, exploring how meanings and knowledge were being perpetually negotiated, interpreted and reinterpreted in relation to individuals and the state.⁵⁷ The Comaroffs too have highlighted the complexity of the medical missionary encounter, emphasising its intimate and hybridizing effect.⁵⁸ More recently David Hardiman's edited collection, Healing Body, Saving Souls, gives an insight into the diversity of medical missionary experiences, approaches and successes. In his introductory chapter he states: 'As of yet, there are very few studies of Roman Catholic Medical Mission work, and it is an area deserving of far more research.'59

Manton and Mann Wall have made two notable contributions. They consider the work of Irish medical missionaries, and more specifically, the work of the Medical Missionaries of Mary. John Manton has traced the collaborations forged between Irish missionaries, Irish lay doctors and the British colonial government in the development of innovative leprosy

⁵⁶ See, Comaroff and Comaroff, *Of Revelation and Revolution*, 323-65; David Hardiman, ed., *Healing Bodies, Saving Souls Medical Missions in Asia and Africa* (Amsterdam-New York: Rodophi B.V, 2006); Hunt, *A Colonial Lexicon*; Manton, "Administering Leprosy Control in Ogoja Province Nigeria," 307-31; Manton, "Making Modernity with Medicine," 160-83; Terrence Ranger, "Godly Medicine: The Ambiguities of Medical Mission in Southeastern Tanzania, 1900-1945," in *The Social Basis of Health and Healing in Africa*, eds. Steven Frierman and John Janzen (Berkeley: University of California Press, 1992), 256-82.

⁵⁷ Hunt, *Colonial Lexicon*.

⁵⁸ Comaroff and Comaroff, *Of Revelation and Revolution*, 323-65.

⁵⁹ Hardiman, *Healing Bodies, Saving Souls*, 24-5.

control measures in South East Nigeria in the mid-twentieth century.⁶⁰ He focuses on the articulations of local government and how they aligned with or influenced changes in medical missionary interventions during a period of political change in Nigeria. In a number of published chapters derived from his doctoral research, Manton offers an insight into how the Kiltegan Fathers, the MMMs and lay missionaries interacted with colonial and post-colonial governments. Although dealing with many of the same characters and a similar geographical location as this thesis, his study gives a broader overview of how 'increasing bureaucratic complexities' impacted on missionary rhetoric and medical practice. His concern with the similarities and differences between rhetoric and practice over a transformative period of time is also of interest here. This thesis however will pay closer attention to the creation and negotiation of identities and how these influenced the practice of missionary medicine. As such it offers a more personal and intimate portrayal of medical missionary life than Manton's research.

Another key study that engages with similar themes to this thesis is a recent article by Barbara Mann Wall entitled *Beyond the Imperial Narrative: Catholic Missionary Nursing, Medicine and Knowledge Translation in Sub-Saharan Africa, 1945-1985.* This is both new and familiar ground for Mann Wall, as her earlier work concentrated on Catholic female religious in the medical marketplace in nineteenth century America. Using the Medical Missionaries of Mary magazine, interviews with Sisters of the MMM and the Medical Mission Sisters (MMS), and the archives the MMS in Philadelphia, Man Wall seeks to challenge imperial interpretations of missionary medicine. More interesting for this thesis, is her analysis of how Catholic medical missionary practices were flexible and adapted to fit specific circumstances, responding to local needs. ⁶² Her research highlights the great need for a deeper investigation of Catholic missionary medicine, and in particular the contribution of medically trained sister-nurses and doctors. At the core of these studies lies the question of what made these Catholic

⁶⁰ Manton, "Administering Leprosy Control in Ogoja Province Nigeria," 307-31; Manton, "Making Modernity with Medicine," 160-83.

⁶¹ Manton, "Administering Leprosy Control in Ogoja Province Nigeria," 307.

⁶² Wall, "Beyond the Imperial Narrative," 90-109.

medical missionaries unique, and how did their work evolve over time and space in relation to changing social political contexts. This thesis will further consider these questions, using a more gendered focused lens.

2. Methodology and Sources

2.1 - Theoretical Framework

As the literature review above has indicated, there is a significant gap in our knowledge of Irish Catholic female missionaries and their impact on global health. This thesis aims to make a contribution to this growing field by offering a focused study of Ireland's first medical missionary congregation. It will explore the foundation and early development of the Medical Missionaries of Mary in Ireland and Nigeria between 1937 and 1967. First and foremost this thesis contributes to the history of female missionaries, by giving an insight into the slightly different experience of Irish Catholic female missionaries working in colonial and post-colonial Nigeria in the twentieth century. It also makes an important contribution to our knowledge of Irish women religious in the twentieth century, Irish missionary activity and Irish social history of medicine. Finally, it offers a new understanding of how 'Irishness' in its religious, gendered and medical form extended beyond the island of Ireland.

Delaney's recent article on transnational historiography has called for a history of late modern Ireland that moves away from the traditional 'island story.' ⁶³ He notes that one of 'the most complicated' questions for historians of this period is understanding how 'Irishness' shaped 'the political, social, economic and cultural behaviour of the diaspora and those at home.' ⁶⁴ From the outset the Medical Missionaries of Mary embodied a new sense of optimism that was reflected in their modern and international outlook. The constitution, ethos and communication material showed a

 ⁶³ Enda Delaney, "Our Island Story? Towards a Transnational History of Late Modern Ireland," *Irish Historical Studies* xxxvii, no. 148 (2011): 83-105.
 ⁶⁴ Ibid., 87.

distinct concern with transcending national borders and facilitating the flow of medically trained women, promoting the idea of scientific advancement and spreading Catholicism across the globe. In its first decade alone, the congregation established a sophisticated network of hospitals and staff across Africa that was managed by the motherhouse in Ireland.⁶⁵

Despite its global outreach, the Medical Missionaries of Mary remained very much a product of post-independence Catholic Ireland. In order to promote its medical and evangelical work, the congregation drew from discourses of Irish nationalism and religious exceptionalism. In parallel to their aspirations of equality and internationalism, the discourses used to describe their missionary work remained infused with Western imperialist certitudes. In studying the institutional and individual lives of medical women religious as they moved between Ireland and the missions, this thesis uncovers how medical practices and knowledge, and religious and cultural values were negotiated and renegotiated as they travelled back and forth between Ireland and the missions.

'Irishness' is a tricky concept to define, encompassing as it does a myriad of ever changing identities. Most would argue that Catholicism is, or rather came to be, central to Irish identity. Inglis for example has asserted that 'more than anything else'68 what makes the Irish different is that for over 150 years the majority gave their 'hearts, minds and souls'69 to the Catholic Church. By the twentieth century, he argues, being Irish became synonymous with being Catholic. In his seminal work *The Irish Catholic*

⁶⁵ Ruth Carey ed., *The First Decade: Ten Years Work of the Medical Missionaries of Mary 1937-1947* (Dublin: Three Candles Press, 1948), 59.

⁶⁶ Corish has noted that in the aftermath of independence, the Irish Free State was overwhelmingly Catholic, with the percentage of Protestants dropping from 10.4 per cent to 7.4 per cent between 1911 and 1926. See Corish, Patrick J *The Irish Catholic Experience: A Historical Survey* (Dublin: Gill & Macmillan, 1985), 243.

⁶⁷ Tom Inglis has drawn attention to the popular depiction of the Irish population as naturally Catholic, commonly known as 'the simple faith'. See, Tom Inglis *Moral Monopoly: The Rise and Fall of the Catholic Church in Modern Ireland* (Dublin: University College Dublin Press, 1998), 1.

⁶⁸ Tom Inglis, *Global Ireland: Same Difference* (New York: Routledge, 2008), 144.

⁶⁹ Ibid.

Experience, Patrick Corish made similar allegations. He argued that in the aftermath of the Irish civil war in the 1920s, the Catholic Church became a unifying factor for a divided Ireland.⁷⁰ Similar to Inglis he is of the opinion that both the Irish Catholic hierarchy and the newly formed Irish Free State were eager to endorse a particularly 'conservative Catholic ethos.'⁷¹

This thesis relies on these interpretations of Irish identity whilst also challenging them somewhat. Although Irish missionaries strongly adhered to an orthodox form of Catholicism and a strict moral code, this did not preclude them from anticipating and integrating changes occurring in the Catholic Church and civil society during the mid-twentieth century. Furthermore, although the Medical Missionaries of Mary were keen to proclaim the 'Irishness' of their mission, there was also a conscious effort to project their work as international with a global reach.

The terms used here are abstract and difficult to pin down: 'Irishness', 'gender', 'religion' and 'identity.' This thesis understands the first three of these to be constitutive factors of identity, similar to class, race or sexuality. It views identity as multiplicious, fluid, socially constructed and performative. That is, socially constructed in a Foucauldian sense, whereby subjects are formed through discourse and disciplinary regimes. Foucault argues identities are historically constituted and in perpetual transformation. Butler builds on this idea, arguing that identities are also performative. She argues that gender performativity 'is not a single act, but a repetition and a ritual which achieves its effect through its naturalization in the context of a body.' In essence, what we think of as 'internal features of ourselves' are in fact anticipated and produced through the repetition of certain rituals, gestures, acts, or utterances. The anticipation is shaped by larger discursive structures and cultural norms. This thesis combines these different ways of conceptualising identity, exploring how identities were

⁷⁰ Corish, *The Irish Catholic Experience*, 244.

⁷¹ Ibid., 244.

⁷² Michel Foucault, *Discipline and Punish: the birth of the prison* (London: Penguin Books Ltd., 1977).

⁷³ Judith Butler, *Gender Trouble* (London and New York: Routledge, 1990), xv.

formed and performed, and how they shaped medical missionary experience and practice over time and space.

Both Foucault and Butler's theories of discourse, identity and performativity have been widely used by feminists to move away from essentialist interpretations of gender, and to highlight the myriad of ways in which individuals can determine their own identity and exercise agency and power in restrictive environments. Highlight (gender or other) is formed through discourse and reinforced through our own repetitive performance of certain rituals and norms, it becomes possible to subvert these norms, and to challenge fixed identity categories. Post-colonial theorists too are concerned with uncovering the sinews of power in the colonial encounter and how these were constructed and reinforced through discourse. Whilst acknowledging these feminist, postcolonial and post-structuralist understandings of identity, this thesis remains a work of history, based upon primary sources. It therefore also aims to make a factual and historically grounded contribution to our knowledge of Irish medical missionary nuns in the twentieth century.

These were the theoretical concerns of this thesis from the early stages. As the research progressed, a further conceptual tool became necessary. The Medical Missionaries of Mary were a young congregation, founded in 1937 with the instruction *Constans Ac Sedula*. As such they were relatively modern in their appearance and demeanour compared to older nineteenth century congregations. This appearance of modernity was one

⁷⁴ See, Jana Sawicki, *Disciplining Foucault: Feminism, Power and the Body* (New York: Routledge, 1991); Margaret McLaren, *Feminism, Foucault and Embodied Subjectivity* (Albany: State University of New York Press, 2002); Joan Scott, *Gender and the Politics of History, Revised Edition* (New York: Columbia University Press, 1999).

⁷⁵ See, F. Barker, P. Hulme, M. Iversen, eds., *Colonial Discourse/ Postcolonial Theory* (Manchester and New York: Manchester University Press, 1994); Gayatri Chakravorty Spivak, "Can the Subaltern Speak?" in *Marxism and the Interpretation of Culture*, Cary Nelson and Lawrence Grossberg eds. (Basingstoke: Macmillan Education, 1988), 271-313; Edward Said, *Orientalism* (London: Penguin, 2003); Ania Loomba, Kaul Suvir, Matti Bunzl, Antoinette Burton and Jed Esty, eds., *Postcolonial Studies and Beyond* (Durham and London: Duke University Press, 2005); Homi K. Bhabha, *The Location of Culture* (London and New York: Routledge Classics, 2004).

that was carefully crafted by the congregation and keenly promoted within its promotional materials and private correspondence. Modernity is notoriously slippery term that holds multiple meanings for historians. A 2011 edition of the *American Historical Review* dedicated a full issue to exploring 'the question of modernity.'⁷⁶ The variety of ways in which modernity is questioned and framed within this collection further highlights its fluidity. Whilst some argue the term is too restrictive, others view it as too loose and thus lacking in rigour. Despite its limitations, modernity continues to underpin much historical scholarship.

A recent edited collection entitled *Turning Points in Twentieth Century Irish History* has sought to tease out changes in Irish social and political life in the twentieth century.⁷⁷ The Catholic Church looms large, with a number of essays exploring its pervasiveness and subsequent decline over the course of the century.⁷⁸ Of relevance to this thesis is Delaney's chapter, where modernity is defined as a lived experience in addition to a historical process or period.⁷⁹ He examines Ireland's complex engagement with 'modern values' ⁸⁰ during the mid-twentieth century. This 'uneasy' ⁸¹ coexistence of 'traditional conceptions of society' ⁸² and the growing

⁷⁶ "Historians and the Question of "Modernity," *American Historical Review* 116, no. 3 (June 2011): 631-637.

⁷⁷ Thomas E. Hachey, ed., *Turning Points in Twentieth Century Irish History* (Dublin: Irish Academic Press, 2011)

⁷⁸ Tom Garvin, "Turmoil in The Sea of Faith: The Secularization of Irish Social Culture, 1960-2007," in Thomas E. Hachey ed. *Turning Points in Twentieth Century Irish History*, (Dublin: Irish Academic Press, 2011); Diarmaid Ferriter, "Sex and the Archbishop: John Charles McQuaid and Social Change in 1960's Ireland," in Thomas E. Hachey ed. *Turning Points in Twentieth Century Irish History*, (Dublin: Irish Academic Press, 2011); Louise Fuller, "The Irish Catholic Narrative: Reflections on Milestones," in Thomas E. Hachey ed. *Turning Points in Twentieth Century Irish History*, (Dublin: Irish Academic Press, 2011).

⁷⁹ Enda Delaney, "Modernity, the Past, and Politics in Post-War Ireland," in Thomas E. Hachey ed. *Turning Points in Twentieth Century Irish History*, (Dublin: Irish Academic Press, 2011), 104

⁸⁰ Ibid.

⁸¹ Ibid.

⁸² Enda Delaney, "Modernity, the Past, and Politics in Post-War Ireland," in Thomas E. Hachey ed. *Turning Points in Twentieth Century Irish History*, (Dublin: Irish Academic Press, 2011), 104.

strength of modern values and attitudes during this period is one that is explored within this thesis in relation to Irish medical missionary activity.

Recent historiography of mission has questioned how modernity as a conceptual tool fits into the civilizing mission of missionaries. One example of this scholarship is Comaroff and Comaroff's study of the encounter between nonconformist British missionaries and the South Taswana people in the long nineteenth century. They argue that a close examination of the intimacies of this encounter can offer new understandings of the nature of modernity, challenging assumptions about the 'teleos and temporalities, the periodization and motivation of modern European history.'83 Similar to other studies of colonial modernity, they argue that the process of modernisation is less straightforward and simplistic than it has hitherto been envisaged in Western scholarship. Focusing on the colonial context, they see the civilising and modernising ambitions of missionaries as revealing various tensions, continuities and ruptures that call into question accepted uni-linear narratives. In particular they seek to disrupt the simplistic view of the West developing into 'a mature capitalist order [...] both as an economic 'system' and a 'civilization' and then export[ing] it to the pre-capitalist, 'under-developed' world.'84 Others too have argued for a less Euro-centred narrative of modernity, Timothy Mitchell's edited volume entitled Questions of Modernity, for example, offers a number of essays that challenge the prescriptive geography of modernity. By broadening the analysis to include global histories, he hopes historians can engage with more complex and heterogeneous understandings of modernity.85

This thesis will tease out the complex nature of modernity by examining the discourse and experience, and the policy and practice of the Medical Missionaries of Mary. Modernity is referred to in a number of ways in this thesis, ranging from the sisters self-perception as modern, their modernising project as missionaries, and their status as a relatively new and 'modern' congregation. The Medical Missionaries of Mary viewed

⁸³ Comaroff and Comaroff, Of Revelation and Revolution, 10.

 $^{^{84}}$ Comaroff and Comaroff, Of Revelation and Revolution, 10.

⁸⁵ Timothy Mitchell, ed., *Questions of Modernity* (Minneapolis, London: University of Minnesota Press, 2000).

themselves as modern. This was a characteristic that was emphasised throughout their promotional material and within oral history interviews. Furthermore, their mission was in many respects a modernising one, eradicating pagan 'traditional' beliefs in the name of Western medicine and Christian civilization. In this sense the congregation's discourse of modernity reflects the ethnocentric and imperialist connotations inherent in the term, whilst also engaging with the idea of modernity as 'a sense of being.' Finally, this thesis considers the innovative nature of the MMM mission. Their role as doctors and Catholic nuns was a new role that called for a new form of religious life.

2.2 - Archives and Sources

The main sources used for this thesis are private letters, missionary publications, religious rules and constitutions. It also uses hospital, missionary and health reports, all contained in the private archives of the Medical Missionaries of Mary. The correspondence, which goes well into the thousands, is mainly from the superiors on the missions to the Mother General, Mother Mary, in Ireland. In the early years these were very personal accounts, but as time goes on they became more business-like, reporting on specific incidents, policies and the individual sisters. There are also letters from the other sisters on the mission working in various professional capacities. These letters tend to be more personal, giving detailed anecdotes of missionary life. Mother Mary's letters from Ireland to the mission offered spiritual and policy guidance. She advised on matters to do with the development of the hospital, missionary strategies and religious sermons on the spirit of the congregation. The archive also contains letters from colonial officials, bishops, priests and local people who interacted with the MMMs on the mission. These offer an alternative perspective on the sisters' work.

⁸⁶ Dipesh Chakrabarty, "The Muddle of Modernity," *American Historical Review* 116, no. 3 (June 2011), 671.

Some may argue that this focus on letters is myopic and too anecdotal. However, women's historians have made a strong case for using such sources, not least because this is where historically women's voices can most easily be heard. Stoler's work has proven the value of using the intimate and the domestic as a framework for uncovering the more 'untidy' and insidious articulations of imperial rule. She argues that it is precisely in these microsites of rule that tensions of race and gender were played out.⁸⁷ Huber and Lutkehaus have noted that a focus on the experiences of women missionaries as recorded in their letters, diaries and other written accounts, offers a unique insight into 'the practical and spiritual worlds of these women as well as the gendered dimensions of their lives as missionaries.'88 These intimate accounts have been broadened out through the use of mission reports and publications. Official reports held in the archive are varied, from minutes of the mission hospital board, government health boards, medical mission boards or Catholic mission boards. These offered a more practical insight into the negotiation and development of policies and practice on the missions.

The MMM archive is an incredibly rich source for those interested in women's spiritual lives, and their experience of nursing, medicine, science and missionary work. The congregational archives are held in the motherhouse of the congregation in Drogheda, Ireland and are managed by the MMM sisters. At the time of writing this thesis the congregation was in the process of creating an electronic catalogue. However this was not available for this project, therefore it was necessary to first comb through an extensive printed catalogue, and request items from the archivist. This was a time-consuming process, complicated further by the fact that the archivist sometimes wished to read through items before allowing me access. This of course has an impact on the version of truth presented in this thesis. Archives deemed too personal or controversial may have been strategically removed prior to my visit. Nonetheless, it must also be

⁸⁷ Ann Laura Stoler, Carole McGranahan, and Peter C. Perdue, eds., *Imperial Formations* (Santa Fe, NM: SAR Press, 2009), 34.

⁸⁸ Huber and Lutkehaus, eds., Gendered Missions, 7.

acknowledged that at times I was given unrestricted access. Piles of documents were left at my desk for me to work through at my ease with the understanding that I would be respectful of the content. As a researcher I was conscious that these were private archives that dealt with the not so recent past. The ethical dimension of analysing and interpreting private thoughts was considered throughout the writing of this thesis.

Working in convent archives has had a great impact on this thesis, in terms of access as well as in shaping my views as a researcher. When I started this thesis I researched the various female missionary congregations in Ireland that had practiced medicine on the missions and were open to researchers. Out of the eight congregations contacted, only three would allow me access, the Medical Missionaries of Mary, the Sisters of Mercy and the Our Lady the Apostles. Shortly thereafter it was decided to focus on the MMMs, as they were an Irish congregation, founded specifically for medical missionary purposes. As the project evolved this made further logistical and methodological sense, due to the sheer size of the archive, and the possibility such focus offered in terms of gaining a better insight into the articulations of identity and power within the medical missionary compound.

Over the course of the next four years I built up a friendly relationship with the sister-archivist. I dined with the sisters in their communal canteen on each visit, looking out on the Our Lady of Lourdes Hospital. On occasion I went to Mass with them in their convent chapel. These informal experiences had an impact on how I viewed the sisters. At the dinner table they would give anecdotes of their time on the missions in between discussing current affairs or the most recent GAA matches. The sisterarchivist had initially appeared slightly wary of the research; about what I wanted to examine and how I would interpret what I came across. In dealing with a young woman and a non-practicing Catholic, undertaking a gender-focused thesis on women religious' involvement in maternal health, she was perhaps right to question my motives.

This was at a time when there were numerous Catholic Church abuse scandals being aired in the media in Ireland. Some of these scandals

involved women religious, such as the Magdalene Laundry inquiry, and the investigation into mother and baby homes. ⁸⁹ Others directly implicated the Medical Missionaries of Mary, such as the government reports on involuntary hysterectomy, and symphysiotomy. ⁹⁰ These last two questioned the medical practices of lay doctors employed by the congregation between 1940 and 1980, when the Our Lady of Lourdes Hospital was still owned by the congregation. These inquiries shed an unflattering light on the MMMs. It depicted their attitude towards medicine as insular, patriarchal, unquestioning and out of date with current medical policies and practice. This contrasts sharply with what was uncovered in this thesis, in particular the great pride the sisters had in being what seemed up-to-date and modern.

In addition to the private archives of the MMMs, this thesis also uses their printed publications, in particular the MMM magazine, commemorative booklets, conference papers, and articles produced by individual sisters of the congregation. These sources, held in the National Library of Ireland, were of course produced to publicise the work of the congregation. As such had a specific purpose in mind, namely attracting more vocations and money. Nonetheless they have value in giving an insight into how the congregation wished to portray their work. Johnston's important work on British missionary discourse has argued that missionary texts are crucial to understanding cross-cultural encounters, as they illustrate 'the formation of a mode of mutual imbrication.'91 She sees this 'mutual imbrication' as most visible in philosophies and practices relative to

⁸⁹ Ronan McGreevy, "Tuam case 'reminder of a darker past," *Irish Times,* 4th June 2014; Inter-Departmental Committee, "Report of the Inter-Departmental Group on Mother and Baby Homes," (Dublin: Department of Youth and Child Affairs, 2014); Martin McAleese, "Report of the Inter-Departmental Committee to establish the facts of state involvement with the Magdalen Laundries", (Dublin: Department of Justice and Equality, 2014).
90 Oonagh Walsh, "Report on Symphysiotomy in Ireland, 1944-1984" (Dublin: Department of Health, 2014); Maureen Harding Clark, "The Lourdes Hospital Inquiry: An Inquiry into Peripartum Hysterectomy at Our Lady of Lourdes Hospital, Drogheda," (Dublin: The Stationary Office, 2006).
91 Anna Johnston, *Missionary Writing and Empire, 1800-1860* (Cambridge: Cambridge University Press, 2003), 3.

gender, where representations of femininity, masculinity and domesticity were used to justify imperial moral imperatives whilst challenging gendered assumptions inherent in British culture. Similar tensions are noted throughout this thesis, in relation to gendered representations of missionary life depicted within Irish missionary publications. Chapter Two gives more detail on the production and content of the magazine.

Other missionary magazines, held either in the Catholic Library in Dublin or the National Library of Ireland, were also consulted. These were useful in the initial stages to contextualise the material produced by the MMMs. In the later stages, *Africa*, the magazine of the Kiltegan Fathers was used as a complementary source. The Kiltegan Fathers, also known as St. Patrick's Missionary Society, are an Irish male society founded in 1932. The Kiltegans worked closely with the sisters in Nigeria. Some of the first members played a significant role in the early development of the MMMs. Over the years, these were the priests and bishops that the sisters interacted with on a regular basis in the diocese of Calabar. Unfortunately their archive in Wicklow is currently closed to researchers.

Research was conducted in the Dublin Diocesan Archives, in particular the Byrne and McQuaid collections. Specific material relating to missionary congregations was consulted, with a particular focus on the Medical Missionaries of Mary and their interactions with Archbishop McQuaid. This was useful in considering how Mother Mary dealt with such a divisive figure as McQuaid, and the diocesan controls imposed on the sisters residing in the congregation's House of Studies in Dublin. The Dublin Diocesan Archives were also useful for gaining an insight into the Catholic influence over nursing and medical training in mid-twentieth century Ireland. The majority of the missionary sisters trained in Dublin, papers contained in the archive offer an insight into the Catholic character of this training.

The National Archives of Britain in Kew, the British Library, and the Rhodes House Archives in Oxford University were also consulted. These provided a greater insight into the colonial frameworks within which the sisters were working in Nigeria. The Colonial Office archives in Kew contain sessional papers from all former British colonies. These detail the returns,

expenses and statistics of the various administrations. Of particular relevance to this thesis were the medical reports for Nigeria. These outlined the medical policies within which the sisters were working, and gave statistics and details of surrounding state and missionary facilities and health programs. In the British Library I was able to access Nigerian newspapers; these gave me an understanding of the socio-political context within which the sisters were working. Although I had hoped to find specific reports on Catholic missions, there was in fact very little concerning them in the newspapers consulted, the *Nigerian Tribune*, and the *Daily Times*. In the Rhodes House Library in Oxford, two collections were consulted: the 'Medicine and Public Health in British Tropical Africa' Collection, and the Manuscript Collections of Africana. These provided miscellaneous reports concerning medical policy in Nigeria, archival accounts of British colonial nurses, doctors, and other colonial officials.

Archival research in the National Archives of Nigeria, Enugu was also considered. After careful reflection it was decided that this was not essential to this project. This thesis focuses on the experience of the sisters, and how their identities were formed in Ireland and then transformed in the context of the missionary compound. As I have outlined above, this is not a thesis concerned with the intricacies of how the sisters dealt with local government in the colony. Another factor influencing the decision not to travel to Nigeria was the consistent recommendation by the Department of Foreign Affairs that non-essential travel to Nigeria be avoided due to political unrest.

The archives of the Medical Mission Sisters (MMS) in Acton, London were also consulted. These house the personal documents of Agnes McLaren and Anna Dengel, and also the MMS records. The archive is in the congregation's European headquarters and is managed by a professional archivist who is not a member of the community. These were important sources for gaining an insight into the early attempts to establish Catholic medical missionary work. The papers of Agnes McLaren give a unique insight into the obstacles that existed in trying to develop Catholic medical missions in India, and indicate how this experience motivated her to lobby

the Vatican for a change in canon law. This archive also offered an overview of a comparable society. The Medical Missionary Sisters, founded by Anna Dengel in 1926, held many resemblances and some differences to the MMMs, which I will explore in Chapter One.

In addition to these archival sources, a number of semi-structured oral history interviews were created. These interviews were approved by the Ethics Committee of the Health Sciences Faculty in Trinity College Dublin. Participants were recruited through a gatekeeper in each congregation. Although a letter outlining the project was sent to eight different missionary congregations, and a number of individual sisters, none specifically agreed to participate on the basis of this leaflet alone. All participants signed a consent form, and were given the option to review transcripts of the interview. Their names have been anonymised in order to protect their privacy. Due to the difficulty in finding participants who were willing to be interviewed and had been on the missions before the 1960s, only eleven interviews were conducted. All participants were Irish and were aged between 72 and 92. All interviews lasted between an hour and two hours and were recorded on digital recording device. These were later stored and password protected on my own personal computer. The interviews were conducted in a location chosen by the participants; for the majority this was in the parlour area of their respective homes. Most sisters resided in a convent setting. Four of the participants lived in smaller, unassuming suburban houses owned by the congregation. I met one participant in a hotel café, chosen by her. Of these eleven, four were Holy Rosary Sisters, six from the Medical Missionaries of Mary. One had left the MMMs two years after entering, in 1963.

All those who participated were eager to share their stories. Some had already participated in other oral history projects or had written autobiographical memoirs of their lives. This undoubtedly influenced the stories they chose to share, and the manner in which they narrated them. My position as a young woman working on a gender focused thesis may

have also had an effect on the outcome of these interviews. 92 The participant who left the MMMs after two years was most reluctant, and required some reassurance that all was anonymous and confidential. In Chapter Two I reflect more thoroughly on the methodological implications of these sisters' narratives, but suffice to say here that although there were a number of overlapping themes and narratives between the different interviews, twelve does not constitute a representative sample. Nonetheless these interviews offered an insight into how medical missionaries now view their lives' work, and give reflections on how their attitudes and experiences changed over time. These interviews were also important in gaining a better understanding of the socio-economic profile and family history of individual sisters, something that is not readily available in the archives.

2.3 - Scope

After researching the history of the congregation and its development, and getting a grasp of the volume and organisation of the archive, it was decided to focus on the one mission station between 1937 and 1967. St. Luke's Hospital in Anua was the congregation's first mission station, located in Calabar Province, in South Eastern Nigeria. Chapter Three will give a more detailed cultural and geographical description of Anua and Calabar Province. This region was chosen for a number of reasons, first and foremost due to its significance in the history of the Medical Missionaries of Mary. It was here that Mother Mary first worked as a lay missionary in the 1920s. She returned here in 1937 and made her first profession whilst in hospital in Port Harcourt. Significantly, the congregation was initially founded in Calabar Province, under the direction of Bishop Moynagh, a member of St. Patrick's Missionary Society. When the first two Irish sisters arrived to staff the hospital in 1937, it was a mere concrete shell with 12

⁹² Kathryn Anderson and Dana Jack, "Learning to Listen: Interview Techniques and Analyses," in *Women's Words, the Feminist Practice of Oral History*, eds. Gluck Berger and D. Patai (London: Routledge, 1991), 11-26.

beds. After a shaky beginning, the hospital expanded year on year. By the end of this study in 1967, the hospital was described as one of the best in the region.

The timeframe chosen for this thesis represents the congregation's 'first chapter.' It begins with the foundation of the MMMs and concludes just before the onset of civil war in Nigeria. The Nigerian civil war, sometimes called the Biafra war began on 30th May 1967. Civil tensions had been simmering for almost a decade prior and were exacerbated by political unrest, corruption, ethnic and regional frictions from the late 1950s. In 1967, the predominantly Igbo populated Eastern States of Nigeria broke away from Federal Nigeria, forming an independent state. The Federal Military Government responded by imposing economic sanctions and blockading the coast. Violence of course ensued. The war represented a tragic new chapter in post-colonial Nigerian history. It was also a pivotal moment for the MMM missionaries in Nigeria. Calabar province was at the heart of the war, and was claimed as part of the new republic of Biafra. The war lasted for two and a half years, during which the forces of the Federal Military Government slowly reclaimed parts of Biafra as a part of the Federal Republic. Over the course of the war, the state of Biafra was increasingly isolated. Food and supplies had to be airlifted in under the cover of night by humanitarian organisations. 93

Missionaries were caught in the middle. As the war progressed, all those involved in the conflict became suspicious of the missionary presence. Some of the MMMs were evacuated in the early stages of the war. However for the most part the sisters remained on site providing humanitarian aid in any way they could. At the end of the war, all Western missionaries were directed to leave. The sisters' left with heavy hearts, for the hospital they had spent thirty years building up lay in ruin. The humanitarian efforts of

⁹³ See, Toyin Falola and Matthew Heaton, *A History of Nigeria* (Cambridge: Cambridge University Press, 2008), 158-80. For more on Irish involvements in Biafra, see, Tony Farmar, *Believing in Action: The First Thirty Years of Concern, 1968-1998* (Dublin: A. & A. Farmar, 2002); Kevin O'Sullivan, *Ireland, Africa and the end of empire* (Manchester: Manchester University Press, 2013).

female Catholic missionaries during the Biafra war demands more attention, but this thesis focuses on the development of medical missionary work rather than humanitarian aid. The Nigerian civil war led to exceptional circumstances, and demanded a shift in missionary strategy and methods, hence the conclusion of this thesis before the beginning of the war.

Another reason for ending this thesis in 1967 was Mother Mary Martin's diagnosis of Parkinson's disease in 1968. Although this thesis is not about Mother Mary per se, her presence looms large. As the foundress, it was her vision that shaped the development and direction taken by the congregation from 1937. The main archival source used in this thesis is correspondence. These letters were written by the sisters on the missions to Mother Mary in Ireland. She encouraged them to write 'frequently and fully' so that she could incorporate their experience into the congregation's policy and constitutions. During the period covered in this thesis, Mother Mary was intimately involved in directing and shaping the development of each mission. She advised the sisters in charge on all aspects of the daily running and long-term planning of a medical mission hospital and convent. It was she who interviewed young women before they were admitted to the congregation, and she determined how they were to be spiritually and religiously formed. In this sense she had a long-term impact on the character and growth of the congregation.

This is not to overstate her influence. Individual sisters became increasingly involved in the management and direction of the congregation from the 1940s. Nonetheless, for the period studied in this thesis, Mother Mary was the Mother General, and as such had the most authority. By the 1960s she had also become a celebrated public figure. In 1963 she was awarded a Nightingale award by the International Red Cross, in 1966 she was the first woman to be awarded an honorary fellowship from the Royal College of Surgeons Ireland. At this time she was also the first woman to be given a Freedom of Drogheda by the Mayor and corporation. Due to the onset of Parkinson's in the late 1960s, Mother Mary was granted permission

by the Pope to resign from her position as Mother General of the MMMs, thus marking the end of the congregation's first chapter.⁹⁴

3. Structure of Thesis

The structure of this thesis is largely chronological, although each chapter has a specific thematic focus. The decision to proceed with a chronological structure was determined by the historical period covered. After careful reflection, it was felt that the conditions in the 1930s and World War II (Chapter Three), were significantly different from the postwar period (Chapter Four), and it in turn from the 1960s (Chapter Five).

The first chapter is a contextualising chapter. It outlines the arguments that were put forward in favour of permitting women religious to practice medicine on the missions. It establishes the feminist origins of Catholic Medical Missions, by introducing the Scottish convert to Catholicism, Dr. Agnes McLaren. It highlights the pivotal role McLaren played in popularising the idea of women religious practicing medicine. It also introduces her role in the formation of the first Catholic medical missionary society, founded by Anna Dengel in 1926. Anna Dengel's early experience of missionary activity and her attempts to establish a medical missionary society are also considered in this chapter. Her specific experience is used as a comparative to Marie Martin, who was plotting a similar congregation during the same period. Both women came to very similar visions and outcomes within a close period of time. The similarities and differences in their approach will be considered in this chapter.

Chapter Two moves to the foundation and development of the Medical Missionaries of Mary in Ireland. It explores the importance of 'Irishness' to the initial foundation and subsequent development of the congregation. Using the constitutions, interviews and personal memoirs, this chapter explores how a specifically MMM missionary identity was formed through the congregation's novitiate and hospital in Drogheda. Chapter Three, Four and Five take place on the mission. Chapter Three

⁹⁴ Purcell, To Africa with Love, 188-93.

examines the early experience of the pioneer sisters during their Novitiate in Nigeria, and their subsequent work in St. Luke's Hospital. This was a period of isolation due to World War II. There were considerable difficulties in sending sisters to the missions, and the hospital had difficulties conserving its medical staff. This chapter considers how different professional, religious, and gender identities were negotiated in the early days of the mission. It explores how different understandings of maternity medicine and childbirth came into contact in the medical missionary hospital.

Chapter Four moves to the post-war period, until 1960. This was a distinct period in Nigerian colonial history, as a series of constitutional changes gradually led to full independence in October 1960. This was also a period when successive Labour governments in Britain implemented more progressive colonial policies, with a greater focus on health and welfare provision. These broad developments had an impact on the medical mission, in terms of greater regional intervention in medical policies, and more funds available from government sources. During this period the mission hospital expanded rapidly, causing friction and tension both in the hospital and the convent. This chapter will consider medical policy and practice within St. Luke's Hospital in order to determine to what extent their Irish origins shaped the mission. It also explores the nature of the nursing training provided by the sisters for Nigerian women, again highlighting how theirs was a distinctly Irish Catholic training school.

Chapter Five moves to the post-independence period. It considers how the sisters adapted to new external forces. In particular the growing civil rights movements, Vatican II, political tensions, and emerging development and health trends. It refers back to earlier chapters in order to determine whether, or how much, the medical mission had developed over time.

I - Catholic Medical Missions - 1900-1937

A new and important phase of Catholic missionary activity has developed in this century – the medical mission apostolate. [...] Not that medical care of the sick in pagan lands is something entirely new; [...] But organized, systematic medical care by people who are missionaries and who have been trained in the medical field as doctors, nurses, or technicians is new.

Anna Dengel, 1945¹

Catholic women religious were successfully engaged in missionary activity across the English-speaking New World and among the non-Christian populations of India, Africa and Asia from the nineteenth century. Despite female missionary work in welfare institutions such as hospitals, orphanages, refuges and schools, their work remained somewhat invisible and auxiliary to that of missionary priests.²

The twentieth century saw the emergence of a new movement, where women religious held a more visible and active role. From the early decades of the century there was a proliferation of Catholic missionary societies, both male and female. One of the greatest advances for women religious, as this opening quote suggests, was the 'organized, systematic medical care by people who are missionaries and who have *trained* in the medical field as doctors, nurses, or technicians.' This advance was not made overnight: between 1900 and 1936 Catholic lay and religious organisations and individuals sought to highlight the role medicine could play in missionary work through propaganda and action. This campaign led to the Papal Instruction *Constans Ac Sedula*

¹ Anna Dengel, Missions for Samaritans: A Survey of Achievements and Opportunities in the Field of Catholic Medical Missions (Milwaukee: The Bruce Publishing Company, 1945), 1.

² Hogan, *The Irish Missionary Movement*, 49.

³ Ibid.

issued in 1936, which reversed the canon law ban on the practice of surgery and midwifery by religious.⁴ From the twelfth century, canon law had prohibited the practice of surgery by religious as it was deemed a threat to the purity of religious life.⁵ In 1901 the Holy See issued the *Norms for the Approbation of New Institutes*, which further prohibited the practice of midwifery by religious, and this was reiterated in 1921. Finally, the Code of Canon Law issued in 1917 repeated these previous edicts, enshrining the prohibition into canon law.⁶

This chapter will examine the years preceding the 1936 Papal Instruction *Constans Ac Sedula*. In particular it will highlight the context from which the need for medically qualified religious for the missions emerged and the contemporary arguments used to publicise this new missionary venture. It will consider the role played by female lay missionaries in bringing about the reversal of this ban, through mobilization and action. Using archival and contemporary printed sources, this chapter will establish the links that existed between the first wave feminist movement and the campaign for permission for women religious to train as midwives and doctors on the missions. The second part of this chapter will focus on the motivations and aspirations of Anna Dengel, foundress of the Catholic Medical Mission Society, established in 1926. It will highlight some of the arguments used in Catholic publications to legitimise Catholic medical missionaries and some of the similarities and differences between Dengel's society and Marie Martin's beginnings.

I.1 – First wave feminism and the pioneers of the Catholic Medical Missions

A number of factors converged in the closing decades of the nineteenth century that led to an increased interest in medical missionary activity.

⁴ Sacred Congregation Propaganda Fide, "Canon 489, Maternity Training for Missionary Sisters," February 11, 1936, *Acta Apostolicae Sedis*, xxviii, 208, in Hogan, *The Irish Missionary Movement*, 195-96.

⁵ Dengel, *Missions for Samaritans*, 13.

⁶ Hogan, The Irish Missionary Movement, 106.

Advances in communication technologies, transportation and biomedicine gave European powers in Africa, China and India a chance to expand their influence beyond the scope of the purely commercial. Explorers and missionaries were able to access remote inland territories that were previously impenetrable due to the devastating effect of disease and poor transportation. During this period missionaries of all denominations became more prolific.⁷

From the nineteenth century, Catholic missionaries gained expertise and influence in the field of education.⁸ Protestant missionary societies also provided education; however their reluctance to adapt teaching methods to suit colonial government grants-in-aid schemes, meant they lagged behind Catholic missions in this particular field.⁹ By contrast, dispensary, bush and hospital-based healthcare were areas in which Protestant missionaries quickly surpassed their Catholic counterparts. The *Catholic Missions*, a journal produced by the Society for the Propagation of Faith, reported to readers that

In 1923, the number of Catholic doctors attached to missionary hospitals was less than thirty, of whom several were lady doctors. In the same year there were 1,778 Protestant doctors attached to their missions of whom 1,564 were in Asia. In 1924, there were thirty Protestant doctors in the Belgian Congo. The Catholic missions had none.¹⁰

Protestants' greater success in missionary medicine at the turn of the century stemmed from the opening up of the medical profession to women, the

⁷ Stanley, *The Bible and the Flag.*

⁸ P.B. Clarke, "The Methods and Ideology of the Holy Ghost Fathers in Eastern Nigeria 1885-1905," in *The History of Christianity in West Africa*, ed. O.U. Kalu (London and New York: Longman Group Ltd, 1980), 81-108.

⁹ Ibid.

 $^{^{\}rm 10}$ "Doctors and Nurses on the Missions," $\it Catholic \, Missions, \, 1932, \, 139.$

emergence of the first wave feminist movement, and the continuing ban on Catholic women religious studying medicine.¹¹

Women were admitted to university medical courses in Britain, Ireland and Scotland from the 1880s. 12 From 1877, the King and Queen's College of Physicians Ireland (KQCPI) was the first examining body in the United Kingdom to permit female medical graduates to sit the medical licensing examination. However, restrictions remained on the admission of women to degree courses to Irish or British universities. British and Irish women therefore completed medical courses in European universities and subsequently took the KQCPI licensing examination in order to practice in the United Kingdom. From the mid-1880s the Queen's Colleges 13 and Royal Colleges of Surgeons in Dublin began admitting women to their medical degree courses. The University of London allowed women to sit examinations from 1878, although no woman sat the exam until 1882. British universities such as Bristol, Durham and Glasgow finally opened their doors to women in the late 1890s.

The first women graduates of the KQCPI are considered pioneering first wave feminists due to their links to social reform movements and women's

¹¹ See, Antoinette Burton, *Burdens of History: British Feminists, Indian Women, and Imperial Culture, 1865-1915* (United States of America: The University of North Carolina Press, 1994); Anne Digby, *The Evolution of British General Practice 1850-1948* (Oxford: Oxford University Press, 1999); Carol Dyhouse, "Driving Ambitions: Women in the Pursuit of a Medical Education, 1890-1939," *Women's History Review* 7, no. 3 (1998): 321-43.; Myrtle Hill, "'Women's Work for Women': The Irish Presbyterian Zenana Mission, 1874-1914," in *Religious Women and Their History, Breaking the Silence*, ed. Rosemary Raughter (Dublin: Irish Academic Press, 2005), 82-97.

¹² Sophia Jex-Blake famously campaigned for the right to sit licensing examinations from the 1860s. In 1876 the 'Enabling Act' was passed by the British parliament allowing the nineteen recognized British medical examining bodies to accept women candidates, this was optional however and very few actually opened exams to women. See, Shirley Roberts, *Sophia Jex-Blake: A Woman Pioneer in Nineteenth Century Medical Reform* (London, New York: Routledge, 1993).

¹³ The Queen's Colleges, established in 1845, were made up of Queen's College Belfast, Queen's College Cork and Queen's College Galway.

campaigns. Many of those involved in these first-wave feminist campaigns had strong religious motivations. 14 One of the first ten graduates of the KQCPI, Agnes McLaren, was one of the more prominent women doctors to actively lobby the Vatican to allow Catholic women to train as doctors in the missions. McLaren, born in Edinburgh, Scotland in 1837, embodied many of the converging influences behind the movement. Her father, Duncan McLaren, was a Presbyterian businessman and Member of Parliament. He was a liberal politician interested in issues of free trade and social reform. The McLaren household was a meeting space for many Scottish politicians and activists. Agnes and her brothers and sisters were given a liberal education, informed by the political and social movements of the day. This enthusiasm for social justice was it seems underpinned by the family's Presbyterian values. 15

As McLaren grew older she became engaged in political and philanthropic activity. Her name connects to a number of prominent British first-wave feminists who campaigned for female suffrage, access to higher education and the abolition of the state regulation of vice. From the mid-1860s, for example, she was secretary of the National Society of Women's Suffrage. Her stepmother was president and the society held committee meetings in the McLaren household, where they organised propaganda and lecturing tours. Agnes McLaren's circle of friends included the prominent activist and devout Christian Josephine Butler, also a member of the National Society of Women's Suffrage. Butler's interest in suffrage stemmed from her earlier campaigning for the abolition of prostitution. She was a lead activist for the repeal of the Contagious Diseases Acts in Britain from the 1860s and

¹⁴ Jaqueline deVries, "More Than Paradoxes to Offer: Feminism, History and Religious Cultures," in *Women, Gender and Religious Cultures in Britain, 1800-1940*, eds. Jaqueline deVries and Sue Morgan, (Oxon: Routledge, 2010), 188-210.

¹⁵ For more on Agnes McLaren see, Ann Ball, *Faces of Holiness: Modern Saints in Photos and Words, Vol. 1* (Indiana: Our Sunday Visitor Publications, 1998), 1:13-19; Katherine Burton, *According to the Pattern: The Story of Dr. Agnes McLaren and the Society of Catholic Medical Missionaries* (New York and Toronto: Longmans, Green and Co. Inc., 1946).

later shifted her attention to repeal in India.¹⁶ Her work opposing the state regulation of vice was also of interest to McLaren who spent many years working for the abolition of slavery in India and in charitable organisations and reformatories for women prostitutes.¹⁷

During this period McLaren was also acquainted with Sophia Jex-Blake, another important figure of the British Victorian feminist movement. Jex-Blake moved to Edinburgh in her early twenties in order to pursue a medical degree at the University of Edinburgh. It was here that she met with the McLarens and their circle of politically engaged friends. Jex-Blake supported the suffrage cause, as well as the repeal movement. Her main concern however was the admission of women to medical degrees and examinations. The many reasons for excluding women from medical degrees and the lengthy campaign for their admission have been well documented. Briefly, in Britain, Elizabeth Blackwell and Elizabeth Garrett Anderson exploited certain technicalities and registered as medical practitioners in the mid-1800s. They were the first two women admitted to the British medical registry; however the loopholes they exploited were quickly closed, and women were completely excluded from medical degree courses and from registering as doctors from 1865.

In 1867, Jex-Blake convinced the University of Edinburgh to give a number of female students a special dispensation to attend undergraduate lectures in medicine. However, in keeping with attitudes of the time, the female students were subject to ridicule and discrimination from students and lecturers, culminating in a riot in 1870. This caused the university to reverse

¹⁶ Jane Jordan, *Josephine Butler* (London: Hambledon Continuum, 2001); Antoinette Burton, "The White Woman's Burden," in *Western Women and Imperialism, Complicity and Resistance*, eds. Nupur Chaudhuri and Margaret Strobel (Bloomington and Indianapolis: Indiana University Press, 1992), 139 47

¹⁷ Burton, *According to the Pattern*, 78.

¹⁸ See, Thomas N. Bonner, *To the Ends of the Earth: Women's Search for Education in Medicine* (Harvard: Harvard University Press, 1992); Anne Digby, *The Evolution of British General Practice 1850-1948* (Oxford: Oxford University Press, 1999), 162.

the dispensation, and British female students had to continue their degrees in foreign universities. This proved problematic, as the 1858 Medical Act prohibited graduates of foreign universities from registering in the United Kingdom. It was 1877 before Jex-Blake and other British female doctors could finally pass their licensing examination in the KQCPI and thus practice in the United Kingdom and British colonies.¹⁹

Campaigners for the admission of women to medical courses reappropriated normative discourses of femininity that were used against them. They argued that it was precisely their feminine virtues that would help them tend to both the physical and moral sufferings of women patients. Jex-Blake for example, argued that 'few unprejudiced persons who know anything of the facts can fail to see the immense boon that might be conferred, both physically and morally on suffering women, by the almost exclusive employment of physicians of their own sex.' ²⁰ This was a discourse used by feminist reformers more generally. Antoinette Burton has argued that nineteenth-century feminist movements were 'structured around the idea of moral responsibility.' ²¹ Victorian feminists in their various campaigns were motivated by a sense of responsibility towards their fellow women, this responsibility was 'custodial, classist, ageist, and hierarchical.' ²²

This ideology was also at the core of Agnes McLaren's interest in suffrage and repeal, indeed it informed her interest in medicine.²³ At the age of thirty-eight she went to study medicine in the University of Montpellier. During her time there she lodged in the convent of the Franciscan Hospital Sisters where she found she was attracted to certain aspects of Catholicism. In

¹⁹ Sophia Jex-Blake, "Medical Women," *The Nineteenth Century,* (November, 1887).

²⁰ Laura Kelly, "'The Turning Point in the Whole Struggle': The Admission of Women to the King and Queen's College of Physicians Ireland," *Women's History Review* 22, no. 1 (2012): 97-125; Jex-Blake, "Medical Women," *The Nineteenth Century*, 1887.

²¹ Burton, "The White Woman's Burden," 139.

²² Burton, *According to the Pattern*, 78.

²³ Ibid., 33.

1878 she presented her thesis *Etude sur les fléxions de l'utérus* and was awarded a degree in medicine. She passed her licensing examination in Dublin at the KQCPI the same year. According to her biography it was at this time she adopted 'an interior Catholicism'²⁴ and received Abbe Perra from Lyon as a confessor. In 1898, after twenty years of yearly retreats to Lyon, McLaren converted to Catholicism and joined the Dominican Third Order.²⁵

McLaren moved permanently to France in 1886, where she set up a medical practice in Antibes. There she continued her philanthropic and reform work, actively lobbying French politicians, bishops and the Vatican for the abolition of prostitution. She also volunteered in Magdalene reform institutions or Bethany homes for the rehabilitation of women prostitutes and criminals.²⁶ McLaren's interest in the missions came through her involvement in these feminist campaigns. As Burton, Ramusack and Strobel have argued, British feminists of the nineteenth century promoted their emancipatory ambitions within the context of Empire.²⁷ Burton in particular has argued that campaigners used imperial discourses of race to realise their own feminist objectives, and to carve out a more public and active role on the imperial stage. The plight of the 'Indian woman' was a recurrent image within feminist periodicals.²⁸ For the medical education campaign, this image was used to legitimise the role of women doctors, and to highlight the positive impact they would have on the health and morals of Indian women. ²⁹

²⁴ Burton, *According to the Pattern*, 56.

²⁵ Ihid

²⁶ Burton, "The White Woman's Burden," 78-79.

²⁷ Antoinette Burton, *Burdens of History: British Feminists, Indian Women, and Imperial Culture, 1865-1915* (United States of America: The University of North Carolina Press, 1994); Barbara N. Ramusack, "Cultural Missionaries, Maternal Imperialists, Feminist Allies: British Women Activists in India, 1865-1945," in *Western Women and Imperialism: Complicity and Resistance*, eds. Nupur Chaudhuri and Margaret Strobel (Indiana: Indiana University Press, 1992), 119-37; Margaret Strobel, *European Women and the Second British Empire* (Bloomington: Indiana University Press, 1991).

²⁸ Burton, "The White Woman's Burden,"145-51.

²⁹ See, Antoinette Burton, "Contesting the Zenana: The Mission to Make "Lady Doctors for India," 1874-1885," *Journal of British Studies* 35, no. 3 (1996):

Burton has argued that the Indian zenana (sex-segregated space) was a 'symbolic and material site [...] for those seeking medical education for women in Victorian Britain.'³⁰ The alleged inferior status of Indian women, their seclusion from male practitioners and the apparently primitive nature of traditional medicine, were frequently alluded to by female campaigners seeking admission and registration. Jex-Blake for example wrote in 1877: 'It is of course, in India and other parts of the East that the necessity for medical women is most apparent, and their usefulness most undisputed.'³¹ The zenana argument also appealed to male medical practitioners, who, fearing competition in the medical marketplace, used it to highlight the special duty of women doctors in India.³²

As a feminist, close friend of Jex-Blake and one of the first female graduates of the KQCPI, Agnes moved in circles where the plight of Indian women, medical mission work and 'lady-doctors' in India were common conversation. Indeed, for many of these early graduates, medical work in India became a common career trajectory.³³ As a recent convert to Catholicism, McLaren only began considering the role of Catholic medical missionaries in India in the early twentieth century. According to an early biography, it was an article by a Mill Hill Missionary, Monsignor Dominic Wagner, published in *The English Review* that sparked her interest. In this article Monsignor Wagner, who had worked for many years in Rawalpindi, appealed for Catholic lady-doctors to assist in the zenana. He argued that Catholic missionaries

^{368-97;} Irene Finn, "Women in the Medical Profession in Ireland, 1876-1919," in *Women and Paid Work in Ireland, 1500-1930*, ed. Bernadette Whelan (Dublin: Four Courts Press, 2003), 112-119; Geraldine Forbes, "Medical Careers and Health Care for Indian Women: Patterns of Control," *Women's History Review* 3, no. 4 (1994): 515-30.

³⁰ Burton, "Contesting the Zenana," 372.

³¹ Jex-Blake, "Medical Women," *The Nineteenth Century,* 1887.

³² Anne Digby, *The Evolution of British General Practice 1850-1948* (Oxford: Oxford University Press, 1999), 162.

³³ See, Finn, "Women in the Medical Profession in Ireland, 1876-1919," 112; Anne Witz, "'Colonising Women': Female Medical Practice in Colonial India 1880-1890," in *Women and Modern Medicine*, eds. Anne Hardy and Lawrence l. Conrad (Amsterdam: Rodopi, 2001), 25-28.

were losing out to Protestant societies due to the lack of medically qualified female missionaries.³⁴

Wagner and McLaren became close allies and together they began publicising the need for Catholic women doctors for the missions. This campaign took a number of forms and was undoubtedly aided by McLaren's previous experience working for various feminist reform movements. She contacted her influential and wealthy Catholic friends in Britain and set up a Catholic Medical Mission Committee to raise funds for the construction and development of a Catholic hospital in Rawalpindi. Their plan for a Hospital got a special blessing from Pope X in 1905, and by 1909 a hospital in Rawalpindi, named St. Catherine's, was ready to be opened.

From the onset McLaren was convinced of the need to train Catholic women religious in medicine. As a recent convert she was surprised to learn of the canon law ban, and the reluctance to reverse it. In the first instance it was therefore decided to recruit a Catholic lay doctor from England. Elizabeth Bielby fitted the profile of the nineteenth-century woman doctor working in India. Similar to McLaren, she was a recent convert to Catholicism. She was originally from Berne and had completed her medical degree and licensing examination in Dublin in 1885 before setting out to work in a hospital in Lahore in the Punjab region. McLaren also enlisted the help of a Catholic congregation, the Franciscan Missionaries of Mary (FMM). The FMMs were to assist Bielby in the hospital in so far as they were permitted by canon law.

Agnes McLaren and Monsignor Wagner's correspondence during this period highlights the difficulties they encountered due to the restrictions placed on women religious practicing medicine. The FMMs could not and would not attend maternity cases. The hospital committee in Britain worried that the local population would get the idea that nursing maternity was somehow inferior, which contradicted their aim 'to raise the position of

³⁴ Monsignor Wagner quoted in Burton, *According to the Pattern*, 86-7.

maternity.'35 McLaren argued that 'we as Christians ought to get them to consider the dignity of parents and mothers especially as cooperating with God in creation.'36 Added to this they had considerable troubles with the lay doctor. Although on paper Dr. Bielby appeared highly qualified and enthusiastic, the reality of the fledgling hospital quickly took its toll on her. She was unable to deal with the isolation and physically difficult work of establishing a new hospital in a remote area. She complained that her first month was 'nothing but drudgery, no medical woman would have endured what I had to endure. It has been most cruel and with my professional experience wanting in respect and consideration.'37

In private McLaren and Wagner were keen to replace Bielby, as her unease was reportedly alienating the locals and the staff. They had hoped the hospital would serve as an example for Rome of the positive impact of Catholic medical missionaries. They also wished to encourage local women to avail of their maternity services, as their missionary ambitions could only be served through contact with the people. McLaren was concerned that Dr. Bielby's negative attitude was having a detrimental effect. On Bielby she confided: 'in my long life I have never had any trouble approaching to this, it is not for myself that I care but for the effect in discrediting medical missions.' In a series of draft notes, Monsignor Wagner expressed his own anxieties, writing: 'Have we to fear similar difficulties with most lay doctors in the future? And will not their personal interests militate against our efficiency throughout and apart from financial difficulties? Our hospital and staff of sisters at the mercy of the whims of the lay doctor and lay staff?' 39

³⁵ Agnes McLaren to Monsignor Wagner, 1913, Archives of the Catholic Medical Missions, London (MMS Archive hereafter), SC III/7/1/66.
³⁶ Ibid.

 $^{^{37}}$ Dr. Bielby, Rawalpindi to Monsignor Wagner, $7^{\rm th}$ January 1910, MMS Archive, SC III/7/1/27ii.

³⁸ Agnes McLaren to Monsignor Wagner, 22 January 1910, MMS Archive, SC III/7/1/33.

³⁹ Draft notes by Msgr. Wagner on lay personnel and the missions, 1910, MMS Archive, SC III/7/1/38Aiii.

These early days were a learning curve for both McLaren and Wagner as there were very few examples of Catholic mission hospitals for them to use as a template. Their early experience led them to conclude that 'the doctor problem will ever be our stumbling block - until we shall have religious qualified as such.'40 These difficulties reinforced their conviction that canon law needed to be changed. McLaren set about gathering signatures and petitions of support from various bishops and priests working in India. Official letters were written and signed by Wagner, Prefecture Apostolic of Kashmir and Kafiristan, the Bishop of Lahore, the Archbishops of Agra and Simla, the Co-adjurer Bishop of Madras and the Prefect Apostolic of Rajputane Ajmer in 1910. These letters reflected some of the core arguments in favour of Catholic medical missionary nuns. Some argued that 'the sects have a great advantage in that their best elements are ever available for medical missionary work, at a minimum salary, whereas with us, the religious orders naturally absorb the women who by their devotion and self-sacrifice would be eminently fitted for this work.'41 Others expressed concern over the 'stability and continuity of the work'42 due to the lack of Catholic doctors and their short commitment to mission work. The Prefect Apostolic of Rajputane Ajmer, Father Portunatus, appealed on religious grounds. He hoped that by permitting nuns to train in medical schools, 'the high caste women who live under the 'Purdah' system might more easily come in touch with our Holy Religion.'43

Between 1908 and 1912, Agnes McLaren made frequent visits to Rome to lobby in favour of allowing women religious to be professionally trained as midwives and doctors.⁴⁴ In 1912, she made a research trip to Lyon after

⁴⁰ Monsignor Wagner to Agnes McLaren, 24 January 1910, MMS Archive, SC III/7/1/33.

⁴¹ Petition by Wagner, Prefecture Apostolic of Kashmir and Kafiristan, to Holy Congregation, 26th February 1910, MMS Archive, SC III/7/1/43.

⁴² Ibid.

⁴³ Petition by Prefect Apostolic of Rajputane, Ajmer, F. Portunatus to Holy Congregation, 10th March 1910, MMS Archive, SC III/7/ 1/43.

⁴⁴ Burton, *According to the Pattern*, 118.

being informed that the city had an efficient network of hospitals operated by religious congregations. She visited a number of these congregations and reported her findings back to Rome. Her report highlights the various means through which women religious were already circumventing canon law, assisting in both surgery and midwifery cases. The content of her letter to Rome reflects the crux of the argument against their practice of midwifery, surgery and obstetrics. She selected a number of focused quotes, specifically outlining the congregations' work in the field of obstetrics, venereal diseases and midwifery. The religious orders she visited admitted to attending to 'sexual diseases as well as other illnesses, treating delicate and internal wounds,'45 and that they assisted 'in all operations and give the most intimate of treatments.'46 She deliberately questioned the superiors as to whether they thought the sisters' chastity was in any way affected by their work. Unsurprisingly given the motivations for the letter, all responded that their chastity remained intact. The Mother of the Sisters of St Joseph stated: 'we do not find that these tasks harm the religious character of the sisters, as everything is done by obedience and chastity. It goes without saying that we choose carefully to whom these tasks are assigned.'47 The Bon Secours Sisters gave a similar response, explaining that the sisters charged with these tasks 'do them by love of God and their fellow man.'48

Her final visit was to the Soeurs Hospitalières de Lyon, a community of women who had found a way of combining their religious and professional lives in a way that did not openly challenge canon law. These sisters staffed various hospitals in Lyon, and out of 800 sisters, 250 were midwives. ⁴⁹ They were not a formally established religious congregation despite the fact that they wore a habit, were addressed as 'sister' and lived in community. In order

⁴⁵ Agnes McLaren to Bishop Sbaretti, Sacred Congregation of Religious Affairs, 1912 MMS Archive, SC III/7/1/48.

⁴⁶ Ibid.

⁴⁷ Ibid.

⁴⁸ Ibid.

⁴⁹ Ibid.

to be able to practice midwifery, they took only temporary, private vows, which meant they were free to leave the community at any time without consequence. One of the religious superiors in charge of midwifery stated: 'those of us in charge of deliveries have the chance to do a great good. It is at that moment that women are easily given advice and we have the consolation of hearing many confess. All is done by charity and we do not suffer on the religious side.' ⁵⁰

McLaren died shortly thereafter in 1915, with some hope that her appeals would one day be successful. Pope X had begun to encourage sisters to train as nurses and take state examinations. It would be another twenty-two years however, before women religious were permitted to train as doctors, obstetricians and midwives. Before her death, McLaren set up a small scholarship scheme for Catholic women wishing to study medicine for the missions. She sponsored a young Austrian woman from the Tyrol region, named Anna Dengel to undertake a degree in medicine in University College Cork.⁵¹ In return, she was expected to complete five years' service in the Rawalpindi hospital upon graduation.

I.2 – Anna Dengel and the Catholic Medical Missionary Society

Upon graduating from Cork, Anna Dengel completed her intern year in Nottingham. In October 1920 she set out to India on the steamer Kaiser-i-Hind. After a long-distance train ride north, she reached St Catherine's Hospital in Rawalpindi. The hospital was a small brick building surrounded by a compound, there were sixteen beds, a large outpatient department and no doctor. Close to the hospital stood the convent of the Franciscan Missionaries

⁵⁰ Agnes McLaren to Bishop Sbaretti, Sacred Congregation of Religious Affairs, 1912 MMS Archive, SC III/7/1/48.

⁵¹ Agnes McLaren became a friend of the President of Queen's College Cork, Sir Birtram Windle in 1912. As an eminent academic, doctor and a convert to Catholicism he was sympathetic to McLaren's cause and sought to help her by offering assistance in providing training for Anna Dengel.

of Mary who assisted in the hospital despite their lack of training. Similar to McLaren, Dengel found that the nuns had 'endless good will'⁵² but were of no help in the hospital. In a statement on her early experience in India, Dengel explained:

On one occasion, while on a village tour in Kashmir with the sisters [...] I saw a sister being called to a patient who expected to be confined soon. When the sister realized the condition of the woman, she left her abruptly as if there were something wrong. This made a deep impression on me, because it was a striking example of a woman in need of help, and we as Catholic women not being able to help.⁵³

This was a recurring scenario within the hospital, which Dengel later emphasised in her petitions, letters, and promotional materials. She considered the FMMs to be good religious, but their inability to assist in the hospital meant that Dengel often had to get help from 'the ignorant sweeper woman' ⁵⁴ for 'difficult confinement cases which required the use of anesthesia and instruments.' ⁵⁵ Indeed, whereas McLaren and Wagner's perceptions of Catholic missionary medicine came via their experience working with lay doctors such as Bielby, Dengel was motivated by her own experience working as a doctor in a remote missionary hospital.

Without the company of another doctor or trained midwives, she found the work in Rawalpindi isolating and difficult. This experience convinced her that what was required was a community of medical missionaries who were professionally and spiritually trained. She later wrote that when she was working in St. Catherine's she 'would have found work for

⁵² Statement II (re the Canonical Novitiate) by Anna Dengel, addressed to Cardinal Doherty, Washington D.C., c. 1939, MMS Archive, AC /1 /16 /2.

⁵³ Ibid.

⁵⁴ Ibid..

⁵⁵ Ibid.

three, if I could have multiplied myself,'56 and that another trained nurse or doctor was necessary to tackle major surgery. She felt that there was a need for a more permanent and guaranteed supply of doctors and nurses if Catholic mission hospitals were to operate efficiently. She was adamant that Catholics needed to open well-equipped, efficient and modern hospitals. Even more important than facilities, she felt medical missionary staff needed to be professionally trained, with the ability to treat all diseases.⁵⁷ After four years of service in Rawalpindi, Dengel had gained a new understanding of the state of Catholic medical missionary work in India and of what was required if they were to successfully compete with Protestant missionary societies.

Upon her return to Europe in 1924 she decided to raise funds and publicise the cause in the United States. Although she felt that nuns should be permitted to train as midwives and doctors, her initial focus was not on reversing the canon law ban. Instead she sought to establish a canonically approved society of professionally trained nurses and doctors who would be spiritually motivated and willing to commit to medical missionary work for at least five years. In 1925, she wrote to her friend and advisor Archbishop Winkley, Prefect Apostolic of Kashmir and Kafiristan:

I would be grateful for your opinion – as to the advantages of a medical mission society – whose only aim would be to bring more workers and more means to the mission field for the good of bodies and souls of the people in the East, pagans, native Christians and even Anglo-Indians and Europeans. [...] Amateur work and good will go a long way but real hospitals cannot be run by people who have no real professional training at all.⁵⁸

⁵⁶ Statement II (re the Canonical Novitiate) by Anna Dengel, addressed to Cardinal Doherty, Washington D.C., c. 1939, MMS Archive, AC /1 /16 /2. ⁵⁷ Anna Dengel to Monsignor Winkley, 13th January 1925, MMS Archive, AC 2/2/2.

⁵⁸ Anna Dengel, New York, to Monsignor Winkley, 12th June 1925, MMS Archive, AC 2/2/2.

This was written as Dengel travelled the east coast of America, giving lectures and meeting with various Catholic lay groups, religious congregations and ecclesiastical authorities. These appeals were successful and she received generous donations and widespread support. It was during this period that she was introduced to Father Mathias, superior of the Holy Cross Foreign Mission Seminary in Washington D.C. He had a history of involvement and interest in the missions and was the editor of *The Bengalese*, a magazine that reported news from the congregation's Bengali Mission. The previous autumn he had recruited four Catholic lay nurses to staff a Catholic Mission hospital in India and was disappointed to hear that they all wished to return home less than a year later. This experience made Mathias aware of the need for a religious congregation that would be professionally trained and committed. When he met Dengel in 1924, he became a close ally and was instrumental to the foundation of the Society of Catholic Medical Missionaries in 1925.

Dengel's idea was to set up a Catholic society that could provide medical missionaries for India. She did not concern herself with petitioning Propaganda Fide, rather she decided to set up the society as a pious union and to organise departure for India as soon as possible. She described her vision for the society as a 'vocation,'59 and although the members only took private vows they lived as a religious congregation with a constitution.⁶⁰ This was in contrast to Marie Martin, foundress of the Irish congregation, the Medical Missionaries of Mary. She focused on the foundation of a female missionary congregation first and foremost. Although Marie Martin set up a pious union for the purpose of medical missionary work in 1932, she was reluctant to take any formal steps towards establishing a missionary society until she was certain the society would be approved by Propaganda Fide.

⁵⁹ Anna Dengel, New York, to Monsignor Winkley, 12th June 1925, MMS Archive, AC 2/2/2.

⁶⁰ Ibid.

Dengel declared her society to be for 'people who are willing to put their professional services at the disposal of the missions, with the only object of doing it for God and the good of the people.'61 Although it was not a formally approved religious society, those who joined the society were to complete a year's spiritual training. With the help of Father Mathias, Father McBride of Holy Cross, and Monsignor Cornelius Thomas, the Archbishop of Washington's representative for religious congregations of women, Anna Dengel drafted a constitution that suited the specific aims of the congregation. Once the society was granted approval by Archbishop Curley of Washington D.C. in 1925, more concrete plans were set in motion. The society's rule stated that it aimed to 'promote the honour and glory of God and the sanctification of its members.'62 Their special object was 'the exercise of the medical mission apostolate by rendering medical aid and care to the sick, with no disease or condition exempted, to Christians and non-Christians in mission countries, as a work of charity and to spread the kingdom of Christ.'63 The five pioneer members were qualified nurses and doctors who lived as a community in Philadelphia, relying on donations and charity.

With the continued support of the English Catholic Medical Mission Committee set up by McLaren, Dengel's society was established in 1925. Her companions, two women doctors and two nurses were quickly dispatched to assist in St. Catherine's in Rawalpindi. Dengel remained in the United States in order to recruit members and gather funds. Although in its inception Dengel's society met with widespread support and approval, difficulties arose in the first decade of their work. Similar to other religious congregations, differences of vision and ownership caused conflict and disagreement between Dengel and Father Mathias, as well as between Dengel and the

 $^{^{61}\,}$ Anna Dengel, New York, to Monsignor Winkley, 12^{th} June 1925, MMS Archive, AC 2/2/2.

⁶² Burton, *According to the Pattern*, 180.

⁶³ Ibid..

British Committee, and Dengel and the pioneer Catholic medical missionary doctor, Margaret Lamont.⁶⁴

Margaret Lamont, an 1885 graduate of the London School of Medicine for women, 65 worked as a missionary doctor in China after graduation. She was an acquaintance of McLaren and dedicated her life to promoting the medical missions and working as a missionary doctor in various locations. Similar to many other pioneers of Catholic medical missions she was a convert to Catholicism. Lamont was born to a well-connected Anglican family before converting in 1907. During her time in China and India she reportedly became impressed with the work of Catholic missionaries, and later wrote that 'it was what I saw of the devoted Catholic missioners' life and death that gave me the best example of Catholicism.' 66 Upon her conversion to Catholicism she turned her attention to publicising Catholic Medical missions.

Dr. Lamont used her experience as a Protestant mission doctor to bring the benefits of medical missions to the attention of the Catholic laity. In her obituary she was described as 'impatient of the art of diplomacy,' 67 'blunt,' 68 and opinionated, traits that come across in her correspondence and publications. 69 In 1914, she won a national essay competition organised by the *San Francisco Monitor* on the theme of 'The Time is now ripe for the Catholic Medical Missioner in the Far East.' Her prolific writing brought her to the attention of Dr. Flagg, anaesthesiologist and founder of the Catholic Medical Mission Committee. This New York based organisation sponsored

⁶⁴ See, Leslie L. Liedel, "Indomitable Nuns and an Unruly Bishop: Property Rights and the Grey Nuns' Defense against the Arbitrary Use of Diocesan Power in Nineteenth Century Cleveland," *The Catholic Historical Review* 86, no. 3 (2000): 459-79; Peckham Magray, *The Transforming Power of the Nuns*, 16-17.

⁶⁵ The London School of Medicine for women was founded in 1874 by a group of pioneering women physicians, including Sophia Jex-Blake. It was the first medical school in Britain to train women.

⁶⁶ Dengel, *Missions for Samaritans*, 22.

⁶⁷ Pauluel Flagg, "Doctor Margaret Lamont," *The Commonweal*, 23rd March 1932. 577.

⁶⁸ Ibid.

⁶⁹ Ibid.

Lamont, and her children and husband, to return to China in order to practice Catholic medical mission work. Lamont found it difficult to adapt to the constraints of Catholicism in relation to medical missionary work. She was critical of certain aspects of the Catholic missionary approach, in particular the limited opportunities for women doctors and what she considered the narrow-minded attitude of nuns. These views would eventually lead her to clash with Dengel, whose own interest was increasingly the foundation of a missionary congregation composed of professed nuns.

Lamont found that as a convert to Catholicism she no longer fitted in with Protestant societies. Although Protestant missionaries admired her work, they felt they could not employ a Roman Catholic missionary, as this would not please their Protestant subscribers in Britain. With regards to Catholic missionaries she found them reluctant to accept female doctors, and even more so a married female doctor with children. She was particularly vocal about this last point and complained that 'spinsters' such as Agnes McLaren did a great good, but expected female doctors who married to retire from their work once they had children.⁷¹ Lamont disagreed; she felt that there was a special need for Catholic married doctors. She explained to Dengel in 1929: 'it is true as a rule that ladies houses on Protestant missions are full of spinsters, but there are always married folk about, and even at Ludhiana on one occasion they waked [sic] me during the night to see to a medico-legal case which they said it would be well for the Hindu doctors concerned to feel they had an experienced and married woman to deal with.'⁷²

Ultimately, Lamont felt that Dengel's pursuit of a religious congregation clashed with her own vision for a lay Catholic medical mission society. Dengel's advisor wrote to Lamont's confider explaining 'this good

⁷⁰ For more on Margaret Lamont and the Catholic Medical Mission Committee, see, Floyd Keeler, ed., *Catholic Medical Missionaries* (New York: The Macmillan Company, 1925), 42-44; Dana Robert, *American Women in Mission: A Social History of Their Thought and Practice* (Macon, GA: Mercer University Press, 1997), 372-75.

⁷¹ Margaret Lamont to Anna Dengel, 30th July 1929, MMS Archive, SC-VI/I/73. ⁷² Ibid.

and zealous woman seems to be on the wrong track in her attitude towards Dengel and the new society of Catholic Medical Missionaries.'⁷³ He argued that there was no way that they could reconcile Dengel's society with Lamont's views, as the former were to be a society of women living a community life under regular superiors 'after the manner of religious without public vows.'⁷⁴ He further explained that in view of them operating under ecclesiastical power and canon law they could not change the constitutions 'to accommodate them to the views of Lamont.'⁷⁵

Similar frictions occurred between Anna Dengel and Pauline Willis, one of the committee members of the London Medical Missionary Committee in Britain. This committee, set up by McLaren for the promotion of Catholic medical missions, continued to support Dengel's fundraising activity and the maintenance of the Rawalpindi hospital into the 1930s. Pauline Willis accompanied Dengel on her first fundraising tour of the United States in the early 1920s. As Dengel gravitated towards the foundation of a missionary congregation, Willis felt that this was not the intended direction of the society. In 1935 she wrote to Dengel stating the society had 'absolutely and entirely changed from its first character and plan [...] the society has now been turned into nuns.'76 In particular she took issue with the fact that as a religious congregation, the society would be hampered in its initial aims of promotion and fundraising. As she viewed it, nuns were 'seriously handicapped by rules and regulations and by canon law, to carry out Medical Mission work in a complete and adequate manner.'77 She argued that nuns could not speak at congresses, attend events nor even eat in male and female company. An added injury was the fact that the congregation was to be founded in the

⁷³ Dr. P. W. O'Gorman to Rev. Father Day, 25th March 1925, MMS Archive, SC 2/2/3.

⁷⁴ Ibid.

⁷⁵ Ibid.

 $^{^{76}}$ Pauline Willis, London to Anna Dengel, $3^{\rm rd}$ October 1935, MMS Archive, AC 2/16/1.

⁷⁷ Ibid.

United States, thus taking away from their initial intention to operate as an international society.

Dengel largely agreed with Willis' assessment. Indeed, she had witnessed first-hand the restrictive nature of religious congregations when she worked alongside the FMMs in Rawalpindi. Her vision for the congregation was to be more relaxed. She explained to one of her early companions 'the purpose for which we were founded is to be medical missionaries [original emphasis]. Therefore that should be our goal. That includes that we have all the virtues and many of the rules and regulations of religious, but not all.'78 Indeed, similar to Marie Martin, Dengel felt that medical missionaries needed to be free from certain aspects of religious life, in particular strict timetables, restrictions on their whereabouts and the constraints of a cumbersome habit. Although Dengel's society was increasingly at odds with its initial aim and supporters, she remained on good terms with both Lamont and Willis. Her disagreements with Father Mathias however, took a more sinister turn.

In a statement on the early years of the congregation, written in the 1930s, Dengel wrote that these different claims to authority and ownership caused her physical illness and anxiety. In a statement, addressed to Archbishop Doherty, she explained that after spending some time in a sanatorium, she was apparently tricked by members of the society into being admitted to a mental health institution against her will. After a number of months and with the help of a Catholic nurse, she managed to get word to a local priest who was able to get her released from the institution. She later wrote that her ill health was due to 'a clash of ideas about the society and of authority,' ⁷⁹ and according to her doctor she did not require such severe measures. She explained:

 78 Anna Dengel to Sr. Agnes Marie Ulbrich, $10^{\rm th}$ October 1935, MMS Archive, AC 2/16/3.

⁷⁹ Statement by Anna Dengel addressed to Cardinal Doherty, undated (1930s) MMS Archive, AC/1/16/1.

A little later I heard from three sources, that Father Mathias was taking definite steps to take over the supreme authority of the society as he had wished to do ever since he came to us in 1933, by asking the Archbishop to appoint him Ecclesiastical superior. [...] The reason I had been opposed is that Father Mathias never had a real understanding of our society, he wanted to introduce all kinds of things foreign to the purpose of the society (such as a girls' college etc.).⁸⁰

Thus, although in its inception the society did not meet with the same diocesan resistance as the Medical Missionaries of Mary, Dengel was still subject to similar tensions with ecclesiastical authorities.81 Indeed, Marie Martin had initially considered founding a congregation under the spiritual guidance and authority of the legendary Irish Bishop, Monsignor Shanahan. Here too clashes over the specific purpose of the congregation arose, as Shanahan wished for a society that focused on both education and health, versus Marie Martin whose vision was for a society exclusively dedicated to health. This led to disagreement between Shanahan and Marie Martin, who later decided to form her own congregation rather than compromise her convictions.82 In the case of Anna Dengel and Mathias, the situation was dispelled through an appeal to the superior of Mathias' congregation, who took steps to remove him from his position as spiritual advisor and guide for the society. Unhappy with this decision, Mathias ordered a canonical investigation into the circumstances of his removal, an investigation that ultimately favoured Dengel.

⁸⁰ Statement by Anna Dengel addressed to Cardinal Doherty, undated (1930s) MMS Archive, AC/1/16/1.

⁸¹ Mother Mary's difficulties in establishing a medical missionary congregation in Ireland in the 1930s will be explored in more detail in the following chapter.

⁸² Purcell, *To Africa with Love*, 45-7.

Despite these difficulties, Dengel's society quickly gained international recognition and got considerable coverage in a number of religious magazines and newspapers from the 1930s. In the Irish religious press, her connection with Queen's College Cork was often emphasised. An article appearing in the Irish edition of the Catholic Missions, entitled 'A Distinguished Graduate of the National University,' featured an interview with Anna Dengel. The author explained how he 'had imagined a tall, gaunt, commanding woman, brusque, somewhat terrifying; but she is slight and unobtrusive.'83 This physical description gives some indication as to the public's perception of medically qualified nuns as contravening the traditional traits associated with a religious vocation: discretion, femininity. The author further described how 'it is only when you are conversing with her and catch the gleam of light in the steady eyes behind the spectacles and notice how essentially solid are her views on every topic that you begin to understand how Dr Dengel can have founded a great missionary society.'84 The article concluded with the statement: "What nationality are you doctor?" I asked and then I saw why, in spite of her slightly broken English, she seems Irish, for she is of a people Catholic, poor and persecuted, like ourselves. She is from the Tyrol.'85

As this passage indicates, in addition to religious rivalry with Protestant missionary societies, there was also an element of national competitiveness in reports on Catholic missionary activity during the 1920s and 30s. The Irish edition of the *Catholic Missions*, as well as individual Irish missionary magazines were keen to emphasise the generosity of the Irish public in funding their work, as well as Ireland's historic missionary legacy. Ireland was increasingly referred to as a powerhouse for the missions, where heroic Irish missionaries followed their ancestral destiny, bringing a unique Irish faith to the 'pagan' countries of the world. It was felt that the Irish, through their association with early Christian missionaries such as St. Patrick

⁸³ "A Distinguished Graduate of the National University," *Catholic Missions*, 1932, 117.

⁸⁴ Ibid.

⁸⁵ Ibid.

and Columcille were eminently suited for such work. Their long history of colonial and religious persecution had elevated Irish priests and nuns to be purer more perfect missionaries. This rather simplistic and patriotic discourse emerged in the late nineteenth century, and remained popular until the mid-twentieth century. From the 1920s, a new form of medical missionary discourse was grafted onto it, equally simplistic and equally patriotic.⁸⁶

As the topic of medical missions became more widely discussed the pioneering efforts of Agnes MacLaren, Father Wagner, Margaret Lamont and Paluel Flagg began to bear fruit. The idea of women religious practicing midwifery and obstetrics was gaining in legitimacy. The discourses used to legitimise Catholic medical missionary work were borrowed from Protestant missionaries and feminist reformers of the nineteenth century. Arguments encouraging female participation on the Catholic medical missions further emphasised the eminent good that could be achieved by women medical missionaries by virtue of their sex. Cardinal Lavigerie, founder of the White Fathers argued for example, that 'only a woman can associate freely with pagan women. She alone can make them sensible to the depths of pagan degradation by showing them the moral heights to which Christian womanhood has attained.'87 Western Catholic womanhood too was seen as an example for indigenous women. Through their contact with missionaries and, hopefully, their conversion, it was expected that indigenous women would let go of their unhygienic and oppressive beliefs. The status of women was seen as an index of civilization, and the language used to contrast Western Christian women to their Indian, African or Chinese counterparts was infused with imperialistic binaries.

As early as 1917, Father Blowick of the Catholic Truth Society and founding member of the Maynooth Mission to China held a public meeting in

⁸⁶ Hogan, The Irish Missionary Movement, 145-58.

⁸⁷ N. Russell, *Heroines for Christ* (Dublin: Irish Messenger Office, 1946), 3.

the Mansion House Dublin on 'the reasons for founding a Medical Mission.'88 It was here that many of the key figures of the Irish missionary movement first met and became aware of the potential of medical missionary work.⁸⁹ Marie Martin, a young Dublin woman from a wealthy merchant family, began frequenting those in attendance. After working as a VAD during World War I, she had returned to Ireland intent on joining this new Irish missionary venture destined for China. It was partially in this pursuit that she had enrolled in a midwifery course in Holles Street hospital in Dublin. During her time in Holles Street, she met two pioneering Irish missionaries working in Africa, Mother Kevin and Bishop Shanahan. She socialised with many of the key figures involved in the renewed interest in Irish missionary activity during the early twentieth century, Lady Moloney, Father Blowick, Father Ronayne and Agnes Ryan to name but a few.

Over the course of the next decade, Marie Martin joined a variety of different religious and missionary congregations and societies. These diverse experiences would later influence the foundation, direction and development of the MMMs. After spending two years in Southern Nigeria as a lay missionary teacher under the authority of Bishop Shanahan, she returned to Ireland with the intention of being the Mother General of a new Irish missionary society she had devised with Shanahan. This new society was the Holy Rosary Sisters. However, she left the congregation before making her first profession in 1925. The aim of the society was to provide education and medical assistance for the women of Southern Nigeria. This dual vocation did not reflect Martin's exclusive interest in medical missions. Furthermore, the spirit of the congregation did not match her strong identification with the contemplative spirit. Similar to Dengel this led to tensions with Bishop Shanahan.

⁸⁸ Speech by Father John Blowick at the Catholic Truth Conference and presented to the Archbishop Walsh by Dr. Andrew Horne, Master of Holles St., Dublin Diocesan Archive, Walsh Papers, DDA/Walsh Papers/1919/386/8.

⁸⁹ Hogan, *The Irish Missionary Movement*, 106-26; Purcell, *To Africa with Love*, 28-9.

After leaving Shanahan's congregation, she briefly entered the Carmelites, a contemplative order, before joining a new medical missionary society in Scotland, founded by Father Agius. Again, this group was not a right fit for Martin who felt that the absence of a novitiate meant the society lacked focus. When she returned to Ireland in 1929, she suffered ill health for a number of years before finally deciding to form her own medical missionary society in 1933. The society was first formed as a pious union living under the Benedictine Fathers in Glenstal priory, and later as a religious congregation in Drogheda and Nigeria. Marie Martin's false starts during the 1920s happened in tandem with the development of Anna Dengel's society, and the growing interest in Catholic Medical Missions. A key similarity between Marie Martin and Anna Dengel was their strong belief in the legitimacy and necessity of sisters being professionally trained as doctors and nurses.

This increased interest in Catholic medical missions across Europe and the United States was enthusiastically reported in the pages of the *Catholic Missions: Annals of the Propagation of Faith*, as well as through the various missionary magazines produced by individual missionary congregations, societies and institutes themselves. A number of basic medical missionary courses emerged in various universities across Europe, including University College Dublin. Thus, in many respects, when Propaganda Fide issued the Decree *Constans Ac Sedula* in 1936, it was in fact legitimising what was already happening. The Decree admitted as much when it stated 'it has been the constant and sedulous practice of the S. Congregation to adapt the character of the apostolate to the varying necessities of times and places. At the present time many ordinaries of missions have of their own accord represented to the Holy See the necessity of providing more suitable assistance for the welfare of mothers and infants.'90

⁹⁰ Sacred Congregation Propaganda Fide, "Canon 489, Maternity Training for Missionary Sisters," February 11, 1936, *Acta Apostolicae Sedis*, xxviii, 208, in Hogan, *The Irish Missionary Movement*, 195-96.

Marie Martin was of course aware of these favourable developments leading up to the decree. She held an interest in such work from her time as a lay missionary in Nigeria in the 1920s. As she began laying the foundation for her own medical missionary congregation, she monitored Anna Dengel's progress closely. Unlike the 'American nuns,' 91 however, Martin was unwilling to take any definite steps towards sending sisters on the missions without the formal approval of Rome, and the security of being an officially recognised religious congregation. Her advisor Father Kelly wrote he was glad that she 'appreciates the danger'92 of sending medical missionaries to work without 'a most thorough religious formation.'93 This difference of approach could be taken as a sign that Marie Martin and her advisors held a more reverent attitude towards papal instructions, perhaps reflecting a more deferential form of Catholicism particular to Ireland during this period. Despite these differences of approach and a certain amount of healthy rivalry, the formal steps being taken by Anna Dengel and the widespread support for her work, were viewed by Martin and her advisors as a positive indication that such a congregation would soon have the approval of the Vatican.

Indeed as medical missions were being more widely discussed in the Catholic press and through lectures and seminars, Propaganda Fide was conducting its own investigation into the feasibility of nuns being permitted to assist as midwives. In 1930, Propaganda Fide contacted Anna Dengel to get her views on the issue. She was asked to give her views on the question: 'is it convenient that mission sisters do midwife work on the missions?' He admitted to being a practical minded missionary, and stated he was in support of such an idea 'with some restrictions,' however he was aware that

⁹¹ Father Hugh Kelly to Marie Martin, 29th November 1933, MMM Archive, I/Cong/1(f)/40.

 $^{^{92}}$ Father Hugh Kelly to Marie Martin, 29^{th} November 1933, MMM Archive, I/Cong/1(f)/40.

⁹³ Ibid.

 $^{^{94}}$ Father Callistus, Rome to Anna Dengel, 26th October 1930, MMS Archive, AD/4/2/8/1.

⁹⁵ Ibid.

many other people were 'of another opinion.' ⁹⁶ Thus it was felt that he would need 'strong arguments to prove [his] thesis.' ⁹⁷ Dengel was happy to oblige and sent detailed evidence under the title 'Should sisters do obstetrical work in the missions?' ⁹⁸ She gave some general considerations on the need and scope of the work, and outlined 'our attempt at bringing medical aid, including obstetrics to the missions.' ⁹⁹

Her evidence highlighted many of the arguments that had already been used by McLaren some decades earlier, with the added evidence of her own experience. She mentioned the high mortality rate of mothers and infants due to the lack of adequate medical care and the detrimental effect of the traditional birth attendants. She wrote that even worse than the great mortality of mothers and children was 'the enormous amount of chronic suffering caused by lack of proper care at the time of confinement,'100 explaining that 'life-long suffering results in subsequent abortions and stillbirths as a result of chronic pathological conditions.'101 She stated that this chronic suffering of the mother had an impact on the family and the community at large. Of course she was keen to highlight the missionary benefits of such work. She explained that Protestant missionaries had grasped the value of medical mission work, arguing that 'by coming in such close, welcome and prolonged contact with the people and helping the women in this need, one gains their love and confidence and a great influence over them.'102

She gave her honest account of the nature of midwifery and obstetrics training and the effect they would have on religious life. She explained that

 $^{^{96}}$ Father Callistus, Rome to Anna Dengel, 26^{th} October 1930, MMS Archive, AD/4/2/8/1.

⁹⁷ Ibid.

⁹⁸Anna Dengel, 'Should Sisters do obstetrical work in the Missions?' 1930, MMS Archive, AD/4/2/8/2.

⁹⁹ Ibid.

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

¹⁰² Ibid.

those who decided to pursue this work usually did so of their own accord and therefore did not find the work 'repugnant or a source of temptation.' She described the unpredictable nature of medical missionary work, explaining that missionary doctors and nurses often had to go into people's homes and stay there for hours, she wrote: 'relatives – men and women – ask all kinds of questions. On the whole they speak in a very simple, crude way of sexual matters. [...] The midwife must have independence of action for she has the responsibility and nobody can share it with her.' Dengel emphasised that these midwives, nurses and doctors could not be bound by 'long hours of common prayers and strict regularity.' She also stressed the fact that all medical missionaries should have proper professional training and should keep up with developments in their profession.

Indeed, many of the requirements she identified as essential components of a medical missionary vocation were also at the forefront of Marie Martin's vision. The most obvious difference between these two pioneering congregations was the strategy used in their formation and their spiritual ethos. As previously outlined, these two matters were closely linked. For Anna Dengel, an Austrian doctor working in the United States, the priority was the professional formation of the sisters. She considered it a necessity to begin this work immediately and did not find the need to wait for Rome's approval. By publicising the work of the society she caught the attention of the Sacred Congregation of Propaganda Fide, who consulted with her on the question of medical missionaries. Her detailed and measured response in 1930 undoubtedly played a part in the subsequent publication of the Instruction Constans Ac Sedula in 1936. By contrast, Marie Martin decided to focus on building a strong interior spirituality for herself and the congregation. She worked closely with her spiritual advisor Father Hugh Kelly on this task before making a move to form a pious union in advance of

¹⁰³ Anna Dengel, 'Should Sisters do obstetrical work in the Missions?' 1930, MMS Archive, AD/4/2/8/2.

¹⁰⁴ Ibid.

¹⁰⁵ Ibid.

the Papal Instruction. She desired to first remain 'hidden,' preparing a solid case to present to the Catholic hierarchy in Rome and Ireland. The foundation and development of the Medical Missionaries of Mary in the aftermath of *Constans Ac Sedula* will be considered in more detail in the following chapter.

This chapter has contextualised the development of Catholic medical missionary activity in the early twentieth century. It examined the arguments and rationale for permitting Catholic nuns to train as midwives and doctors for this particular form of missionary endeavour. Many of those pioneering the cause of female Catholic medical missionaries were recent converts to Catholicism and held links to first wave feminist movements of the nineteenth century. By the 1920s, the need for women religious to be professionally trained as doctors and midwives for the missions was gaining in legitimacy. Catholic missionary publications echoed feminist philanthropic and Protestant missionary discourses in order to assert the special need for medically trained nuns in mission lands. It was during this period that two similar Catholic medical missionary congregations emerged. In America, Anna Dengel set the foundations for a Catholic medical missionary congregation for India. She found ways of circumventing canon law restrictions and navigating the power struggles inherent in setting up a new religious congregation. In Ireland, Marie Martin became increasingly convinced of the need for a religious congregation that would dedicate itself fully to the medical apostolate. She too had to negotiate with a predominantly male hierarchy over the vision and ownership of her future congregation. Both women had similar objectives and acknowledged that certain aspects of religious life needed to be amended in order to facilitate their new ventures. Despite their similarities, the two societies remained distinct in their first steps and their subsequent development, reflecting their different charism and governance.

II - Building a Strong Foundation

We first visited the [mission] Oratory and I'm afraid I stole a glance around the walls to see if the Donegal Gaeltacht Stations of the Cross were there – we had removed them from Drogheda for this very Oratory. And sure enough there they were.¹

This quote, extract from a missionary publication, established a direct spiritual and material link between the Medical Missionary of Mary motherhouse in Drogheda and the African mission station. It demonstrates how the congregation was eager to promote its Irish Catholic roots as integral to its missionary experience and practice. This chapter will explore how these Irish roots were cultivated and developed through the congregation's foundation and development in Ireland from 1936. It aims to tease out the tensions that emerged between Marie Martin's vision of an international and modern congregation, and the realities of being founded within a specific national context. It will argue that these tensions between the international and the national, the spiritual and the medical played an important role in the construction of the congregation's corporate identity in Ireland and in the formation of the religious identity of the sisters as individuals and as a community.

First it will give an overview of how Marie Martin envisioned her congregation, and the obstacles she needed to overcome in order to be able to fully realise her goal of being formally established within an Irish diocese. The second part of this chapter will further consider how her initial vision was channelled into the foundation of the congregation in Ireland.

¹ Ruth Carey, *The diary of a Medical Missionary of Mary* (Dublin: Brown and Nolan Ltd., The Richview Press, 1948), 30-1.

II.1 – Finding a home.

After working as a lay missionary in Nigeria for two years from 1921, Marie Martin became convinced of the need for a congregation of nuns who would dedicate themselves fully to the medical apostolate.² On her return to Ireland in 1924 she set about achieving this goal. Aware of the increased pressure being put on the Vatican to reverse the ban, she began setting the foundation for the Medical Missionaries of Mary before they were even allowed - by *The Norms for the Approbation of New Institutes* 1901 and 1921, and the *Code of Canon Law* 1917 - to exist.³ She gathered a small number of like-minded women and, similar to Anna Dengel, they formed a union, living together and following a regular life according to a religious rule.⁴ They took private vows and undertook spiritual guidance from the Benedictine fathers in Glenstal Abbey, in Co. Limerick.

In her petition sent to Propaganda Fide in 1936, Mother Mary stated: 'I have the desire to imitate the example of the Mother of God, the Blessed Virgin, in her visitation of St Elizabeth.' The Gospel of St. Luke described how Mary visited her cousin Elizabeth to tend to her during her pregnancy. This episode, named the Visitation, shaped the spiritual ethos, name, iconography and work of the Medical Missionaries of Mary. In some respects, the centrality of Mary reflected the national context within which the

² A brief note on names and titles. Marie Martin made her first profession in 1936, taking the religious name of Sister Mary of the Incarnation. As the superior of the congregation, she soon came to be known as Mother Mary. For ease of reading, Marie Martin will hereafter be referred to as Mother Mary, bypassing her first religious name, Sr. Mary.

³ Hogan, The Irish Missionary Movement, 106.

⁴ A 'regular' life refers to lay women living in a community, according to a religious rule, similar to professed religious.

⁵ Third Draft of Petition for Propaganda Fide, written by Marie Martin, February 1936, MMM Archive, I/Cong/1(e)/2g.

⁶ Ruth Carey, ed., *The First Decade, Ten Years Work of the Medical Missionaries of Mary 1937-1947* (Dublin: Three Candles Press, 1948), 7-9.

congregation was founded. Heightened Marian devotion was a defining feature of Irish Catholicism from the nineteenth century. This devotion was manifested through Marian shrines, rosary circles, sodalities and pilgrimages throughout Ireland, reaching a peak in 1954 when Pope Pius XII declared a Marian year. Donnelly has argued that this devotion reflected anxieties within Irish society in the 1930s, referring to 'the ideological impact of the Spanish civil war, the perceived threat of communism and the fear of changing social and sexual mores. Marianism, as it was coined, was also closely linked to the cult of domesticity and the pedestal given to female chastity and family life. This concern with the sanctity of the family, as a primary unit of society was embedded in the work of the congregation in Africa.

In a 1937 petition to Propaganda Fide, the congregation declared its dedication to 'the spiritual and bodily secour [sic] of the Mother and Child in Pagan lands,'11 and through its medical work it sought to promote a Catholic version of womanhood and family life. This petition outlined their work, their spirituality and their aims. It summarised what had already been accomplished explaining how the group had been living as seculars, following a regular life according to a religious rule. Mother Mary outlined how their spiritual director had instructed them 'in the obligations of the religious life, and more particularly in the spirit and works of the future society, directing them in the practices of religious virtue, so that they have in effect secured the benefits of a

⁷ See, James S. Donnelly "The Peak of Marianism in Ireland, 1930-1960," in *Piety and Power in Ireland 1760-1960: Essays in Honour of Emmet Larkin*, eds. Stewart J. Brown and David W. Miller (Belfast and Indiana: The Institute of Irish Studies: Queen's University Belfast and University of Notre Dame Press, 2000), 278; Tom Inglis, *Moral Monopoly: The Rise and Fall of the Catholic Church in Modern Ireland* (Dublin: University College Dublin Press, 1998), 207-08.

⁸ Donnelly, "The Peak of Marianism in Ireland, 1930-1960," 278.

⁹ Inglis, *Moral Monopoly*, pp. 207-8.

¹⁰ Third Draft of Petition for Propaganda Fide, written by Marie Martin, February 1936, MMM Archive, I/Cong/1(e)/2g.

¹¹ Ibid.

regular novitiate.'¹² The petition gave further details of the professional formation being undertaken by the women and the arrangements they had made with Monsignor Moynagh, a sympathetic Irish Bishop, to staff a hospital in his Vicariate, in Southern Nigeria. Mother Mary outlined how to date they had been financing themselves, but in the future they intended to be funded from government grants, dowries and fundraising. In Nigeria, she wrote, they 'have the support of the Vicar Apostolic,¹³' in future they would get 'salaries from the government for our qualified doctors and nurses and government grants for the hospitals.'¹⁴

The Prefect of Propaganda Fide approved the petition in 1936, declaring: 'the contemplated work is absolutely within the views of the Holy See.' ¹⁵ However he wrote that the new society could not begin as a pontifical institute. He explained that 'it must first be formed as a diocesan institution under the authority and supervision of a bishop.' ¹⁶ This proved problematic for Mother Mary due to her lack of status within the Church and the reluctance of Irish bishops to accept this new form of congregation. The stipulation that the congregation would have to be first and foremost founded within a diocese was an issue she had sought to side-step from early on. Although the intention was to have the novitiate and motherhouse in Ireland, she also expressed a desire to operate in a more international manner, equating this with greater freedom. In 1934 she confided to one of her advisors, the Papal Nuncio to Ireland, Dr. Paschal Robinson: 'I may be wrong, but I think it would be a fatal mistake to start as a diocesan congregation. Is it possible to start such a work directly under the congregation De Fide which would give us greater freedom to

¹² Third Draft of Petition for Propaganda Fide, written by Marie Martin, February 1936, MMM Archive, I/Cong/1(e)/2g.

¹³ Ibid.

¹⁴ Ibid.

 $^{^{15}}$ Cardinal Biondi Pref. Secretary, Sacred Congregation de Propaganda Fide, Rome to Father Bede Lebbe, Prior of Glenstal, 5th May 1936, MMM Archive, I/Cong/1(e)/14.

¹⁶ Ibid.

ourselves to suit the need of our work on the missions?'¹⁷ This was not a unique desire for a foundress. Female religious congregations had a long history of seeking to operate as pontifical institutes in order to circumvent diocesan control. This typically took time and skillful negotiation.¹⁸ Mother Mary's interest in being founded directly as a papal institute, some two years before the congregation was even permitted by canon law to exist, was naïve in its realisation. Nonetheless, it clearly demonstrates how despite her desire to remain attached to Ireland in a physical and spiritual sense; she also wished to operate on a more international level, free of the controls the Irish Catholic hierarchy.

She confided her anxieties regarding this fraught position to Robinson, explaining that she was having difficulties starting the work in accordance with Propaganda Fide, and 'in such a way as to cause no clash with or embarrassment to the hierarchy.' ¹⁹ This gives some indication as to the contentious nature of Catholic medical missionary work. She elaborated: 'the crux of our problem has been that we have always to bear in mind two things which for so long have seemed incompatible.' ²⁰ The long-held belief in the incompatibility of women religious practicing midwifery and obstetrics meant that many of the Irish bishops were not comfortable with the sisters being founded within their diocese. In searching for a home in Ireland, Marie Martin found that despite the growing international call for medically trained nuns for the missions, the Irish Catholic hierarchy had not quite grasped the relevance of such work. This was a sentiment echoed by her advisors. Robinson, for example, felt that without a firm letter of support from

¹⁷ Marie Martin to Dr. Paschal Robinson, Papal Nuncio, 29th December 1934, MMM Archive, I/Cong/1(a)/7(b).

¹⁸ Liedel, "Indomitable Nuns and an Unruly Bishop," 459-79; Wall, *Unlikely Entrepreneurs*, 163-5; Carmen M. Mangion, "Women, Religious Ministry and Female Institution Building," in *Women, Gender and Religious Cultures in Britain*, 1800-1940, eds. Sue Morgan and Jaqueline deVries (Oxon: Routledge, 2010), 85-6.

¹⁹ Marie Martin to Dr. Paschal Robinson, Papal Nuncio, 13th October 1936, MMM Archive, I/Cong/1(a)/59.
²⁰ Ibid.

Propaganda Fide and from other high-ranking Church officials there would be 'no hope of a novitiate house or any kind of house in Dublin diocese or even in another.'21

These proved to be accurate assessments, as she encountered a number of barriers before finding an Irish diocese willing to accept the congregation. In her initial search, she first assessed the possibility of being founded in Dublin. Here she heard through various channels that due to an overrepresentation of female orders in Dublin, no further congregations were being accepted. This was a major setback as she felt that above anywhere else, Dublin was the ideal place for the congregation's motherhouse and novitiate. With a motherhouse in Dublin, postulants and novices could continue their spiritual formation in parallel to completing their medical or nurses' training in the Dublin training hospitals and UCD. Furthermore, Mother Mary had religious and secular contacts in Dublin, and felt she would allow her to better promote the congregation in order to gain funds and vocations.

The Dom Bebe of the Benedictine Fathers in Glenstal approached the Archbishop of Cashel on her behalf. He replied that it had never been his intention to accept a medical missionary society into his diocese. The Archbishop of Cork, Dr. Cohalan refused on the grounds that he felt the people of Cork would not like nuns doing maternity work.²² As highlighted in the previous chapter, both the public and the Catholic hierarchy felt uneasy at the idea of nuns actively working as midwives and obstetricians. This stemmed from Catholic imaginings of the female maternal body. In Ireland, for example, new mothers were cleansed after birth through the ceremony of 'churching' a ritual that was carried out on legitimate mothers until the 1960s. ²³ Contact with this impure body was seen as particularly threatening

 $^{^{21}}$ Undated draft letter from Marie Martin to Monsignor Riberi, MMM Archive, I/Cong/1(f)/7.

²² Purcell, *To Africa with Love*, 73.

²³ See, Caitriona Beaumont, "Women, Citizenship and Catholicism in the Irish Free State,

^{1922-1948,&}quot; Women's History Review 6, no. 4 (1997): 563-85; Caitriona Clear,

for women religious, their purity and chastity was sacred, but fragile.²⁴ Giving a further indication as to the problematic nature of midwifery and obstetrics in particular, Father Kelly advised Marie Martin to omit the mention of 'maternity' in her letters, in favour a more general term such as 'medicine.'²⁵

The Irish bishops' unwillingness to accommodate the medical missionary congregation points to the orthodox mind-set that prevailed in the Irish Catholic Church during this period. As noted in the previous chapter, Anna Dengel encountered no similar resistance in her interactions with American bishops. Marie Martin's difficulty in finding a diocese, and in particular the necessity of her securing the support of high-ranking male officials, further highlights the subordinate position of women within Catholic power structures. In their foundation and their subsequent development, female religious congregations had to negotiate with multiple levels of authority. Due to their subordinate status, women religious had to find inventive ways to manipulate and circumvent the authority of local priests and bishops in a way that did not overtly challenge Church law. 26

Peckham Magray argues that Irish foundress' of the nineteenth century conventual movement were predominantly drawn from the middle classes. This, she argues, enabled them to exert authority and negotiate with the Catholic elite. However, this became more difficult as the superiors and rank-and-file members of religious communities were increasingly drawn from the lower classes in the latter part of the century.²⁷ For Mother Mary, the

[&]quot;Women in De Valera's Ireland 1932-1948: A Reappraisal," in *De Valera's Ireland*, eds. Gabriel Doherty and Dermot Keogh (Cork: Mercier Press, 2003); Inglis, *Moral Monopoly*, 187-214; Maryann Gianlanella Valiulis, "Power, Gender, and Identity in the Irish Free State," *Journal of Women's History* 6/7, no. 4/1 (1995): 117-36.

²⁴ Patricia Kennedy, *Maternity in Ireland, a Woman-Centered Perspective* (Dublin: Liffey Press, 2002), 50.

 $^{^{25}}$ Father Kelly to Marie Mary, $29^{\rm th}$ November 1933, MMM Archive, I/Cong/1(f)/15/40.

²⁶ Peckham Magray, *The Transforming Power of the Nuns*; Liedel, "Indomitable Nuns and an Unruly Bishop," 459-79.

²⁷ Peckham Magray, *The Transforming Power of the Nuns*, 108.

difficulty stemmed from the fact that a medical missionary society remained a controversial endeavour in the eyes of the Irish bishops. Nonetheless, through her various networks and connection, she had the support of the Papal Nuncio to Ireland, and the Apostolic Delegate to West Africa. Due to her privileged upbringing she was confident in using the support of these high-ranking officials in order to negotiate with the Catholic hierarchy.

After channelling her efforts towards the foundation of a medical missionary society for over twenty years, she was impatient to begin her work in the missions. Despite her frustration at finding a base in an Irish diocese, she sought ways of circumventing these restrictions using her contacts to her advantage. Her advisors, the Apostolic Delegate for West Africa, Archbishop Riberi, and the Apostolic Nuncio to Ireland, Dr. Paschal Robinson suggested that she look beyond Ireland, and found the congregation directly in the missions. This was something she had previously expressed doubts about in considering the experience of Anna Dengel's society however her continued difficulties in Ireland made the idea more appealing. She wrote to Monsignor Moynagh asking if he would allow her to establish the congregation directly in Nigeria whilst she continued to search for a more permanent home in Ireland. Moynagh too had reservations about accepting the fledgling congregation directly in Nigeria, unless its very existence was at risk. He was surprised that the Catholic hierarchy had supported such a plan, stating that the idea of sending untrained, unprofessed Irish girls out to Nigeria to begin their religious life was a 'wild' one.²⁸

Mother Mary wrote back explaining that the society was indeed at risk and that it needed to be founded as soon as possible if they were to retain the momentum. As she saw it, if they were not founded within a diocese and therefore did not have a definite status in the Church, women would be unwilling to join and the laity would be reluctant to donate funds.²⁹

 $^{^{28}}$ Monsignor Moynagh to Mother Mary, 9^{th} November 1936, MMM Archive, I/Cong/1(c)/17.

 $^{^{29}}$ Mother Mary to Monsignor Moynagh, $20^{\rm th}$ November 1936, MMM Archive, I/Cong/1 (c)/18.

Furthermore, if the congregation had a definite status in a diocese in Nigeria it would legitimise her work in the eyes of the Irish bishops. Catholic officials in Ireland and Africa supported her claims. The Superior General of Moynagh's own society, Father Whitney, as well as Archbishop Riberi and Dr Paschal Robinson, pressed Moynagh to accept, which he eventually did in 1936.³⁰

Mother Mary and two of her lay companions set out to Nigeria immediately, where they were professed soon after.³¹ The congregation was formally erected in 1937 in the Prefecture of Calabar, under the authority of Monsignor Moynagh. Despite supporting the congregation in its formative years, Moynagh remained anxious to find a diocese in Ireland where the sisters could be suitably formed, could rest when on furlough and promote their work on the missions.³² Upon her return to Ireland in 1936, Mother Mary remained focused on finding an Irish bishop who would accept the community. Her desire to have Irish roots had a strong practical and spiritual rationale. By having a motherhouse in Ireland she hoped to attract further vocations from young Irish girls, and donations from a traditionally generous Irish laity.

According to her stated aims and her correspondence during this formative period, Ireland was of little importance to her overall vision or to the corporate identity of the congregation. Her principal concern was the foundation of an international congregation that transcended national borders operating on a broader spiritual plane. In an un-dated draft letter to Riberi, Mother Mary wrote: 'both your Excellences, as I am, are of the same opinion as to where our home should be, I feel it is superfluous!'³³ Thus, in private at least, the location of 'home' was vested with little spiritual or historical symbolism. 'Home' was where the money and the vocations were.

 $^{^{30}}$ Monsignor Riberi, Apostolic Delegate to Monsignor Moynagh, 30^{th} June 1937, MMM Archive, I/Cong/1 (c) /27.

³¹ See Chapter Three.

 $^{^{32}}$ Monsignor Moynagh to Dr. Paschal Robinson, Papal Nuncio, 17^{th} June 1936, MMM Archive, I/Cong/1(c)/26 (a).

 $^{^{33}}$ Undated draft letter from Marie Martin to Monsigor Riberi, MMM Archive, I/Cong/1(f)/7.

This was in contradiction to public representations of the congregation. In the congregation's publications, pamphlets and films 'Ireland' and the Irish roots of MMM were portrayed as an integral part of the congregation's identity.

In a letter of support addressed to Mother Mary but intended for the Irish Catholic hierarchy, Riberi emphasised the unique qualities of the Irish, and their contribution to the Catholic missions in Nigeria. He wrote that 'twenty million [Nigerian] people almost exclusively confided to the Irish,'35 explaining that this was a great chance to 'renew the Glory of the Irish Race in the Middle Ages.'36 He stated: 'Nigeria will no doubt be a Catholic country, and an Irish Catholic country, viz. composed of the best Catholics,'37 also emphasising the role that Catholic medical missionaries could play in this pursuit. This letter was a calculated attempt to flatter the Irish hierarchy into accepting the congregation into a diocese. It is also an example of how discourses of Irish religious exceptionalism and references to a sanitized mythical past were not only used to loosen the purse strings of Irish readers, but were also used to promote medical missionary work among the reluctant Irish Catholic hierarchy.³⁸

 $^{^{34}}$ Monsignor Riberi to Mother Mary, $3^{\rm rd}$ April 1937, MMM Archive, I/Cong/1(b)/6.

³⁵ Ibid.

³⁶ Ibid.

 $^{^{37}}$ Monsignor Riberi to Mother Mary, $3^{\rm rd}$ April 1937, MMM Archive, I/Cong/1(b)/6.

³⁸ Tom Inglis has drawn attention to the popular depiction of the Irish population as naturally Catholic, commonly known as 'the simple faith'. See Inglis, *Moral Monopoly*, 1. Fiona Bateman and Edmund Hogan have argued that Irish missionaries used nationalist sentiments and discourses to promote their work as an extension of that of the saints and missionary figures of Early Christian Ireland. See, Hogan, *The Irish Missionary Movement*, 145-59; Bateman, *Ireland's Spiritual Empire*. This idea of the Irish people as naturally pious and Ireland as spiritually superior due to triumphant historical claims to missionary activity was also emphasized in political discourse, in order to construct a unified Irish national identity in the aftermath of the war of independence. See, Terence Brown, *Ireland: A Social and Cultural History*, 1922 to the Present (Ithica: Cornell University Press, 1981), 27.

Whilst Riberi and Robinson continued to pressure Irish hierarchy, Moynagh was increasingly anxious for the congregation to find a diocese in Ireland. He had very practical concerns on the matter, his main one being that he could not afford full financial responsibility for the congregation in his Vicariate. Despite these anxieties, he continued to be supportive of the work, writing regularly to Mother Mary on her return to Ireland and keeping a protective eye over the two sisters undertaking their novitiate in Nigeria. He reminded Riberi and Robinson that he 'never intended that the novitiate house here [in Nigeria] should be the regular way of entering the Institute.'39 This he considered too much of a risk for the novices, the distance and the climate making it unsuitable. Furthermore, he highlighted the fact that the congregation should be founded in Ireland and near a hospital where they could be professionally formed before setting out on the missions. He was also concerned that the sisters would need to engage in some form of remunerative work in order to support their work in the missions.

Moynagh's attachment to Ireland was therefore also a mix of practical and symbolic considerations. He reassured Mother Mary: 'If you have trials at home before you get a 'home', I know you will leave it all in God's hands.'40 Cultural geographers have sought to theorise the nature of 'home' and its link to identity and place. In particular they understand home as not just a 'single stable place where identity is grounded,'41 focusing instead on the 'complex and politicized interplay of home and identity over space and time.'42 Moynagh's statement highlights how religious and national identities meshed and were opportunistically performed across multiple physical and imagined spaces. Religious congregations by their very nature were international, operating through local and global spaces. Most had practical and spiritual links to local, regional and national contexts, whether through their personal

⁴² Ibid.

 $^{^{39}}$ Monsignor Moynagh to Archbishop Riberi, 17th June 1937, MMM Archive, I/Cong/1 (c)/26(a).

 $^{^{40}}$ Monsignor Moynagh to Mother Mary, $4^{\rm th}$ September 1937, MMM Archive, I/Cong/1 (c)/32.

⁴¹ Alison Blunt and Robyn Dowling, *Home* (London: Routledge, 2006), 21.

or congregational histories, their connections to dioceses, motherhouses, or institutions. They were subject to the law of the land, and had to conform to secular politics and social norms. Beyond this they also operated under the auspices of the 'universal' Catholic Church and adhered to canon law. They were spiritually and administratively linked to the Church's centralised power structure based in the Vatican in Rome. In addition to navigating these religious and secular channels, religious congregations also identified with a spiritual world accessible through prayer, confession and mastery over the self.

Missionaries had the added ambition of setting up mission stations, schools and hospitals where they perceived a need. Congregations founded for this purpose had from the beginning held affiliations to national and international networks. Indeed, as missionaries, they were instructed to operate separate from national sensibilities. In his missionary encyclical issued in 1919, Benedict XV wrote: 'since he is not the missionary of his country but the missionary of Christ, the Catholic missionary must behave himself in such a way that the first person he meets has no hesitation in seeing him as the minister of a religion which is not foreign in any nation.'43 In reality however, missionaries could not escape national connections. As demonstrated through the foundation of the Medical Missionaries of Mary, new congregations had to be first and foremost founded within a specific diocese. This location, whether chosen or determined, was to be their main grounds for propaganda and recruitment. In order for this propaganda and recruitment to succeed they had to appeal to the local population. Invariably, missionary societies, Catholic or other, relied on national pride and a shared history to facilitate this.

In despair at the lack of progress in Ireland, Moynagh suggested that Mother Mary consider founding the motherhouse in Archbishop Hinsley of London's diocese, as he was widely known to be supportive of the missionary cause. There were many practical reasons for considering England, the main

⁴³ Benedict XV, *Maximum Illud*, 1919.

ones being proximity to the schools of tropical medicine. At this time Nigeria was still an expanding British colony; as such it was also considered an advantage for the congregation to have contact with the English prior to Nigeria. Mother Mary agreed that, although they all preferred that the motherhouse be in Ireland, there were some advantages to it being in England. She wrote: 'I think it will be helpful for the sisters to have had contact with the English people, they will be better able to understand the officials and what the government is aiming at as many of the difficulties that we meet in Africa are also the difficulties that arise for Catholics in England.'44 This statement highlights how for Mother Mary, religious identity came first, before any identification with Irish national identity. She admits that the Irish sisters would benefit from a better understanding of the English 'ways' and British government policies prior to working as Catholic missionaries in British colonial Nigeria. This was an acknowledgement of the cultural gulf that existed between the two neighbouring countries, despite their longshared and complex history. However, on closer analysis she associates this difference to a distinct religious identity and the historical persecution of Catholics in Britain.

Sr. Magdalen O'Rourke, one of the first women to join the congregation, explained in an unpublished biography of Mother Mary: 'to know Mother Mary, is to know something of our Charism, especially in some phases of the early history.' As previously mentioned, Mother Mary was from a wealthy Dublin family. She had volunteered as a VAD during the First World War and the rest of her family were also involved in the war efforts. Her mother, Mary Martin, volunteered at the Work Depot in Kingstown, and two of her sisters joined the VAD and St John's Ambulance Brigade. Her two older brothers, Tommy and Charlie also volunteered to fight during World War I. Tommy was called to serve as a member of the Connaught Rangers, whilst Charlie

 $^{^{44}}$ Mother Mary to Monsignor Moynagh, 24^{th} February 1938, MMM Archive, I/Cong/ 1 (c)/39.

⁴⁵ Mary Magdalen O'Rourke, *A Profile of Mother Mary in the Foundation Days of Medical Missionaries of Mary up to 1940* (Drogheda: Medical Missionaries of Mary, 1996), 1.

served in the Gallipoli campaign as a soldier with the sixth battalion of the Royal Dublin Fusiliers. 46 In subsequent years, sisters of the congregation remembered Mother Mary as being 'very empire minded, a fact which caused resentment – carefully repressed! – in novices from 'rebel' homes. 47 They explained, I think she never understood Irish patriotism - it was completely alien to her. 48 This certainly appeared to be the case in observing her quest to find a diocese for the congregation. Ireland was accorded little symbolic favouritism, save for practicalities. Nonetheless, Mother Mary was also a devout Catholic, and as the quote above indicates, she equated Irishness with Catholicism. The communications strategy employed by the congregation in subsequent years promoted their Irish roots as a source of pride and destiny.

II.2 - Recruitment, Postulancy and Novitiate

The first novices of the congregation were formed and professed in Nigeria, in Monsignor Moynagh's Vicariate. They completed a six-month novitiate in a Holy Child convent in Ifuho, under the direction of an English nun, named Mother Bernard. Chapter Three will explore the religious formation of these first sisters, exploring how theirs was an unorthodox experience. The rest of this chapter will use oral history interviews, printed material and the congregation's first constitutions, approved in 1940, to explore how the sisters' religious identities were cultivated and negotiated through the Irish novitiate and motherhouse.⁴⁹ Although the early sisters'

⁴⁶ Purcell, *To Africa with Love*, 18-25.

⁴⁷ Purcell, *To Africa with Love*, 116.

⁴⁸ Ibid.

⁴⁹ The 1940 constitutions were approved by the Archbishop of Armagh, Monsginor MacRory and Propaganda de Fide. These were valid until 1962 when the congregation became a Pontifical Institute, approved by the Holy See.

experience of the novitiate in Nigeria was significant, the motherhouse and novitiate in Ireland were the spiritual, administrative and professional nucleus of the congregation from 1940 until the present day.

After much negotiation and disappointment, the congregation finally found a diocese willing to accept the novitiate and motherhouse in 1938. In 1937 Mother Mary had gained permission to open a House of Studies in the diocese of Dublin, in Rosemount, Booterstown. However the house could not operate as a novitiate and had to adhere to a number of stringent rules imposed by Archbishop. Under strict supervision and instruction, sisters who were attending lectures and training in Dublin were permitted to reside in the House of Studies for the duration of their studies only. The Medical Missionaries of Mary were forbidden from conducting any fundraising activities in the Dublin diocese. Similar to other religious congregations operating in Dublin at this time, they were not permitted to wear their habit to lectures and needed the express permission of the Archbishop to leave the house after 8pm.⁵⁰

In 1938, the Archbishop of Armagh, Cardinal MacRory, accepted the congregation into his diocese. This was a positive development for the congregation. The Archbishop of Armagh was also Primate of All Ireland, meaning Archbishop MacRory had a pre-eminence over all other bishops in Ireland. His support conferred status on the congregation, a fact noted upon by Moynagh.⁵¹ They first rented an old Georgian house in the village of Collon, Co. Louth, where the congregation's novitiate was canonically erected on the 11th December 1939. The village was later described in the MMM commemorative and promotional literature as 'a pretty old-world village, teeming with sacred and patriotic history.'⁵² This gives an indication as to how the congregation came to construct its identity through symbolic identifications with nationalist discourse and a mythical spiritual history.

⁵⁰ John Waters, Secretary of Dublin Archbishop, to Mother Mary, 21st December 1937, MMM Archive, I/Cong/1(e)/20a.

 $^{^{51}}$ Monsignor Moynagh to Mother Mary, 11^{th} April 1940, MMM Archives, I/Cong/1(c)/50.

⁵² De Blacam, "We Saw the Beginning," in Carey ed. *The First Decade*, 18.

These claims were often made in tandem to their promotion of the congregation's modern and international outlook.

The use of these different discourses was strategic, and through repetition they became fact. Indeed, as previously explored, Mother Mary was not motivated by sentimental nationalism in her desire to erect the congregation in Ireland. Rather she felt that it was here that the congregation's interests would be best served. Within the congregation's promotional materials, however, their Irish roots became integral to the story of their foundation. In this sense the congregation's identity was forged in and through discourse. Following chapters will explore how these discourses would later infiltrate the work of the MMMs on the missions. Collon was a temporary solution, not suitable for the long-term development of the congregation. Thus in the summer of 1939, the Drogheda Parish priest, Fr. Eugene O'Callaghan, invited the sisters to staff a newly opened Catholic maternity hospital in the town. The first novices moved from Collon to the newly founded novitiate in Drogheda in 1940, where Sr. Magdalen O'Rourke acted as Novice Mistress.

Similar to Collon, their presence in Drogheda became a fundamental part of the congregation's identity. Throughout the decades, their magazines, books and pamphlets regularly invoked Drogheda's rich history and its translation 'Bridge to the Ford' to reinforce their missionary message – that of building a bridge to the remotest Africa. By weaving their own history into that of the town, and invoking the surrounding landscape in an idyllic manner, the congregation once again echoed nationalist and Catholic rhetoric. Irish rural landscapes were frequently invoked in nationalist discourse throughout the nineteenth and twentieth century to characterise an essence of 'Irishness' as rooted in tradition and mysticism, immune to the corruption of modernity and the legacy of conquest.⁵³ Similar to other missionary

⁵³ See, David Cairns and Shaun Richards, *Writing Ireland: Colonialism, Nationalism and Culture* (Manchester: Manchester University Press, 1988); Nuala C. Johnson, "Making Space: Gaeltacht Policy and the Politics of Identity," in *In Search of Ireland: A Cultural Geography*, ed. Brian Graham (London:

societies, the congregation borrowed this discourse, using it for their own fundraising purposes.⁵⁴ Emphasising the national roots of the congregation was an important tool for recruitment, fundraising and branding. In doing so it promoted the role played by Ireland on the international stage, and their natural faith. An added benefit of linking the congregation's history to Ireland's spiritual and nationalist past was the manner in which it further legitimised the work of the young congregation, giving the illusion that they too had a long-established history.

Recruitment

Mother Mary had an astute understanding of the value of publicity and public relations. She used this to her advantage, and from its very foundation, the Medical Missionaries of Mary produced a vast quantity of printed, visual and film material that was aimed at gaining further funds and vocations. Her personal background and socio-economic status meant that she had experience in fundraising for philanthropic purposes. The congregation also modelled its public relations strategy on other Catholic missionary societies, in particular Irish male missionary orders, who in turn adopted their successful approach from Protestant and continental missionaries.⁵⁵

The Irish Columban Fathers, and the SMA Fathers, for example, had been successfully promoting their work through popular magazines such as *The Far East* and the *African Missionary* since the first decades of the twentieth century. Fiona Bateman has argued that these magazines drew inspiration from British travel and adventure novels, using imperialist discourse and depicting missionary priests as masculine figures exploring and civilizing the darkest corners of Africa.⁵⁶ The Medical Missionaries of Mary adopted a similar model, with slight amendments to suit their own needs and

Routledge, 1997), 151-73.

⁵⁴ Hogan, *The Irish Missionary Movement*, 145-58.

⁵⁵ Hogan, *The Irish Missionary Movement*, 145-58.

⁵⁶ Bateman, "The Spiritual Empire."

motivations. From 1940 the congregation began producing a magazine entitled *The Medical Missionaries of Mary*. In 1946 Mother Mary commissioned renowned British director Andrew Buchanan to direct a promotional film on the work of the congregation in Nigeria. The magazine and the film played a significant role in publicising the work of the MMMs to the greater public in Ireland and internationally.

The magazine was issued every two months and cost two pence. Records of the circulation numbers are not available in the archive until a survey was conducted in 1984. As a newly established congregation, however, it is safe to assume that the initial numbers would have been quite small, growing with the congregation throughout the 1940s and 1950s. Other missionary magazines enjoyed widespread success and were popular amongst Irish families. The cumulative circulation for three of the big male Catholic missionary magazines during the 1930s, for example, was similar to that of *The Irish Press*, approximately 130,000 copies per issue. ⁵⁷ According to the internal survey commissioned by the MMMs in 1984, The Medical Missionaries of Mary circulation was approximately 30,000 copies per issue.⁵⁸ The 1980s however were a period of declining interest in religious congregations in Ireland.⁵⁹ This figure is therefore likely to have been lower than that some decades earlier. In terms of readership, again going by a survey carried out on the magazine in the 1980s, the magazine was mainly read by Irish and English women or by other religious congregations. The congregation also gave free subscriptions to schools and solicitor's offices.

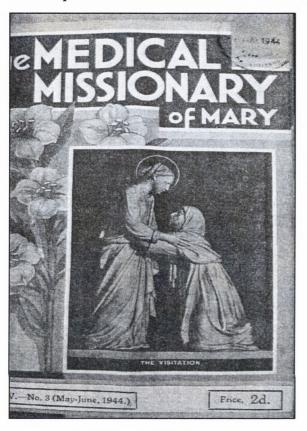
Until 1955 the cover depicted 'The Visitation' [See Figure II.1], from 1955 to 1970 it showed an image of the newly built International Missionary Training Hospital [See Figure II.2].

⁵⁷ Hogan, *The Irish Missionary Movement*, 146.

⁵⁸ Denise Lynch, Report on Medical Missionaries of Mary Magazine, 1984.

⁵⁹ According to CSO occupation statistics, in 1951 there were 11,663 professed female religious in Ireland, in 1961 there were 13,259 female religious. These figures subsequently decline. In 1971 there were 13,065 nuns and in 1981 they reported 8,105 professed female religious. "Historical Reports," Central Statistics Office, accessed 25th September 2014, http://www.cso.ie/en/census/historicalreports/.

Figure II.1 – 1944 cover of *The Medical Missionary of Mary* with depiction of The Visitation.



(Source: The Medical Missionary of Mary, May-June 1944)

Emanating from the hospital was an illustration of the Virgin Mary and child standing in the shape of a cross, with a Bowl of Hygieia, symbolizing their dual mission.

Figure II.2. 1951 cover of *The Medical Missionary of Mary*



(Source: *The Medical Missionary of Mary*, October 1951.)

The content was a mix of community updates, homepages for housewives, game-pages for children, religious sermons, morality tales and, most importantly, reports from the missions. The back page of the magazine listed the financial donations made to the community from specific individuals and organisations, as well as through their sales of work and other fundraising activities. Its aim was to recruit young girls to join the congregation, as well as to gain funds. As such, the discourses used within the magazine were often contradictory, simultaneously promoting gendered constructions of femininity as linked to family life whilst also celebrating the independence and adventure offered by a medical missionary vocation. Subsequent chapters will explore in more detail how these contradictory discourses were integrated into the sisters' identity. This next section will analyse the techniques and discourses used in the MMM communication material to foster vocations. Using MMM necrologies, it will explore the profile of those women who joined.

The Medical Missionaries of Mary protect the identity of their entrants and therefore do not allow access to the personal files of the sisters. In order to gain a better insight into the profile of the individual sisters it is necessary to extract information from the congregation's obituaries. Religious congregations have a long tradition of writing detailed obituaries of their deceased sisters. Historians of religious communities have used these as a source for prosopographical research.⁶⁰ Obituaries are systematically posted on the MMM website, and give details of the deceased sisters' date of birth, death, their date of joining, and the date of their first profession.⁶¹ The obituaries also detail the sisters' place of origin, their professional training prior to and after entering, the various professional and religious roles they may have held within the congregation, and the missions to which they were stationed. Additionally, these obituaries sometimes give personal anecdotes on the character, personality or significant achievements of individual sisters. It has been possible to extract information from a total of 194 obituaries in order to create a database. The sample is therefore limited, and relates principally to the earlier generation of entrants.

The earliest date of birth in the sample is 1889, the latest 1947. According to this sample the average age of entrants into the congregation was nineteen. In terms of geographical origins, most of the sisters came from counties Cork (13) and Dublin (20). The rest of the sample is evenly distributed across Ireland, indicating that the majority came from rural backgrounds. There is a slight cluster in the northern counties, surrounding Dublin and Drogheda, demonstrating that the higher visibility of the sisters may have motivated women to join. In terms of province, 33% came from Leinster, 18% from Munster, 17.5% from Connacht, and 13.33% from Ulster. The majority came from Ireland (83%). Twelve sisters came from Britain (excluding Northern Ireland), eight from Scotland and sixteen from the United

⁶⁰ Raftery, "'Je Suis D'aucune Nation," 513-30.

 $^{^{61}}$ "Medical Missionaries of Mary Obituaries," Medical Missionaries of Mary, accessed $25^{\rm th}$ September 2014,

http://mmmworldwide.org/index.php/obituaries.

States. Other nationalities include Ugandan (2), Nigerian (2), Czech (1), Canadian (1) and Italian (1). The congregation accepted its first African sister in 1956, and began actively recruiting in the United States and in Italy during the 1950s and early 1960s. In 1950 a novitiate was opened in Boston, and in 1952 the sisters staffed a hospital in Naples, hoping to gain Italian vocations.

It is not possible to glean an accurate socio-economic profile of this group of women as such information is difficult to access without census records. According to the data available, the majority came from rural farming families. Furthermore, the majority of entrants had completed some form of professional training before they entered. They would continue to acquire further qualifications after entering, either linked to their initial training, or in nursing or midwifery. According to the sample, the sisterdoctors were more likely to have trained prior to entering, reflecting the longer and more challenging nature of medical studies and the expense of training doctors. In the early years, due to these pressures, a conscious effort was made by Mother Mary to give talks in medical schools in order to encourage vocations from women doctors. The majority of sisters in the sample had completed nursing training (44%) and midwifery (29%). The third most common qualification was secretarial/bookkeeping (19%) and the fourth was medicine (8%). Those trained in secretarial/bookkeeping and medicine were most likely to have completed their training prior to entering.

Obituaries alone do not allow for a concrete understanding of what motivated women to join the congregation. Oral history interviews and published personal accounts are valuable in this respect, giving an insight into the myriad of factors influencing such a choice. It is commonly held that young Irish women in the nineteenth and twentieth century were attracted to the religious life in order to escape the socio-cultural restrictions that shaped women's lives during this period, as well as the high status conferred on women religious.⁶² Peckham Magray and Mumm, however, have called for a

⁶² McKenna, "Entering Religious Life, Claiming Subjectivity," 189-211; Pauline Jackson, "Women in 19th Century Irish Emigration," *International Migration Review* 18, no. 4 (1984): 1004-20; Rafferty, "The 'Mission' of Nuns in

more nuanced understanding, stating that such an attitude removes individual agency and the more personal motivations that led to such a life choice. Deirdre Rafferty has commented on the difficulty in uncovering such elusive concepts as motivation, choice and emotion, and argues that many internal and external factors informed women's decisions to enter a religious congregation. Oral history interviews and personal accounts indicate that this was also the case of the MMM sisters.

According to the sisters interviewed, the majority were motivated by a desire to help. All the sisters interviewed explained that they had been brought up in a normal Irish household, stating that they went to Mass weekly and said the Rosary regularly. Most had early memories of reading missionary magazines, such as the Far East and remembered being inspired by the exoticism portrayed therein. However, none qualified their upbringing as particularly religious. Instead they viewed religion as being lived naturally it was woven into the fabric of their daily lives at school and at home. All respondents were educated in convent schools. When asked why they chose the MMMs over other missionary societies, the interviewees referred to the congregation's films and magazines, their simple habit and relaxed demeanour. In particular, the pitiful depiction of leprosy sufferers and needy children had a lasting impact on them as young women. Similarly, many remembered being inspired by the meaningful dual purpose of medical This reflected representations contained in the missionary work. congregation's promotional material, which frequently promoted the dramatic results achieved by combining religious and healing missions. The magazine gave young girls the impression that they too could help, and could do something definite with their lives. Thus, a religious upbringing combined with popular representations of missionaries and their work were of vital importance to recruitment.

Education in Ireland, C.1850-1950," 299-313.

⁶³ See, Peckham Magray, *The Transforming Power of the Nuns*, 33; Susan Mumm, *Stolen Daughters, Virgin Mothers: Anglican Sisterhoods in Victorian Britain* (London and New York: Leicester University Press, 1999).

⁶⁴ Rafferty, "The 'Mission' of Nuns in Education in Ireland," 732.

Of course, there are caveats in taking oral history interviews at face value. These are the narratives of sisters who were largely retired and who have been members of the congregation from their teenage years. The memories of their teenage selves must be viewed in light of this present position. Foucault's hermeneutics of the self, describes how the process of self-decipherment (examination of desires, thoughts and actions) and confession can lead to subjects being both 'producer of and produced through discourse.'65 The sisters' memories reflect the dominant discourses contained in the congregation's communications materials over the years. In particular the congregation's modern outlook, the sisters' gentle and simple demeanour and their special mission to help Africans were widely reported as a source of inspiration amongst interviewees. It is also important to note that the sisters talk from the position of retirement and old age. Through their self-narrative they are justifying their life's work. In this sense, their uniformity of response undoubtedly indicates an allegiance to their religious community and the meaning they attach to their missionary careers. Nonetheless, the shared memory of the congregation's film and magazine confirms the power of these sources and the message portrayed therein. Ultimately it was these, combined with a physical encounter with other missionaries that sparked their interest as young women and prompted them to take action.

An interview conducted with a woman who joined the MMMs in 1960, and left at the end of her novitiate in 1963, gives an alternative perspective. She explained that in retrospect 'I think I was having an emotional difficulty, I was finding it hard. Maybe I was just running away to the nuns.'66 Peckham Magray has highlighted that those who entered religious congregations hoping solely for an escape from the secular world or to improve their status, were not guaranteed a happy outcome.⁶⁷ The novitiate was a time for both

⁶⁵ See, McLaren, Feminism, Foucault and Embodied Subjectivity, 149; Michel Foucault, "Technologies of the Self," in Technologies of the Self: A Seminar with Michel Foucault, eds. Luther H. Martin, Huck Gutman and Patrick H. Hutton (London: Tavistock, 1988), 16-49.

⁶⁶ Interview conducted with Participant 10, 8th July 2013.

⁶⁷ Peckham Magray, *The Transforming Power of the Nuns*, 38.

the novice and the congregation to ensure that they were suited to each other. Indeed, this interviewee who subsequently left the MMMs remembered the Novice Mistress bringing her and another novice to visit a psychiatrist in Dublin. Her emotional difficulties were not resolved by entering a religious congregation, and had not gone unnoticed by her superiors. Ultimately she opted to not make her first profession, and returned to the secular world, where she continued to struggle emotionally.

Although the interviewees remembered being captivated by the meaningful and exotic work portrayed in the films and magazines, none of them explicitly referred to a lack of alternative opportunities as a motivating factor. Many had hesitated between their professional and religious ambitions, and felt that the MMMs offered the possibility of combining both. Again, this was something that was emphasised in magazines. However, it also points to the fact that they had choices. The majority had some form of further education or a professional career prior to entering the congregation. Thus, all respondents actively chose the MMMs due to the opportunity it offered in terms of combining religious and professional roles. Again, representations of the congregation in magazine and film were of vital importance in this respect. A number of the sisters commented that they felt attracted to the MMMs due to a specific encounter with an MMM sister. All commented that the MMMs were different from the nuns they were used to, their habit was simple, they seemed fun-loving, free and modern.

Those women who chose the MMMs over other congregations were therefore attracted to a new, more liberal application of the religious life. The decision to pursue their desire and to make a decisive step in contacting the congregation was not taken lightly. Many of the respondents vividly remembered building up the courage to tell their parents. Contrary to the common belief that Irish families in the 1950s groomed children for religious orders in order to acquire social capital, the majority of interviewees remembered hiding their application from their families.⁶⁸ Two of the

⁶⁸ McKenna, "Entering Religious Life, Claiming Subjectivity," 189-211.

respondents remember their decision being a source of distress for their parents, who although respectful of their decision were upset by it.⁶⁹ Deirdre Rafferty's article on rebellion in religious congregations has argued that for some women religious, entering the convent was the most transgressive act of all.⁷⁰ Although women religious were held in high regard in the 1940s and 50s, the sample interviewed did not appear to be motivated by this, nor did their families push them towards this life, in fact quite the contrary.

Postulancy

Once an interest had been expressed in joining the congregation, there were a number of criteria candidates had to fulfil. According to the 1940 constitutions of the Medical Missionaries of Mary, girls of fifteen years or more could be admitted as postulants.⁷¹ In reality however, according to the obituaries, the average age of entrance was nineteen indicating that most girls entered just after they had finished secondary school. Those interested wrote a letter to the Superior in Drogheda, arranging a face-to-face meeting with Mother Mary. The object of this interview was to assess: 'her supernatural vocation, ability to acquire the necessary knowledge, suitability for the common life, and sufficient health,'⁷² they also sought to understand what had motivated her to 'abandon the world'⁷³ and to choose the MMMs above another congregation.

For the young women it was an occasion to tour the novitiate and hospital in order to gain an insight into the daily life of a medical missionary.

 $^{^{69}}$ Interviews conducted with Participant 7, 13th March 2014 and Participant 8 on 11th February 2013.

⁷⁰ Rafferty, "Rebels with a Cause: Obedience, Resistance and Convent Life," 729-44.

⁷¹ Constitutions are a book of rules and regulations specific to each congregation. They outline the unique charism of the congregation, the hierarchical structure, their vows, as well as the practical rules relating to their religious and professional formation and work.

⁷² Art. 23, Constitutions of the Medical Missionaries of Mary (1940), 14.

⁷³ Ibid.

Most of the MMM sisters interviewed remembered in detail their first meeting with Mother Mary. Their first impressions were that she was lovely, gentle, natural, and they commented that she was practical minded unlike the pious nuns they were used to interacting with.⁷⁴ One sister commented on her 'auburn hair'⁷⁵ and her small stature.⁷⁶ Already Mother Mary was viewed as an almost saintly figure, a celebrity of sorts for these young women. One sister explained:

Well, I'd seen a good lot of her, you know. At that time she was really very much in the news because she had so many sisters on the missions and she was different in the sense that she was very good to the poor as well. And here in Drogheda she was making a big impact bringing all people in and being very, very good to people – the marginalised...⁷⁷

For those struggling between professional and religious ambitions, Mother Mary explained the difference between being a missionary doctor or nurse as opposed to a secular one. One sister later wrote: 'she impressed on me the importance of obedience and explained that though obedience would direct me to my work, it would never interfere with the practice of my profession in so far as there was nothing contrary to the laws of the Church.'78 In explaining the nature of missionary work Mother Mary emphasised obedience as the cornerstone of religious life, whilst also acknowledging the need for a certain amount of independence in medical work. Reconciling these seemingly contradictory claims to power and authority would later prove difficult for the sister-doctors, and this will be explored in more detail in Chapters Four and Five.

⁷⁴ Interview conducted with Participant 9, 9th April 2013.

⁷⁵ Interview conducted with Participant 7, 13th March 2013.

⁷⁶ Interview conducted with Participant 7, 13th March 2013.

⁷⁷ Interview conducted with Participant 6, 9th April 2014.

⁷⁸ Carey, *The First Decade*, 89.

Once both parties were suitably convinced that they wished to proceed, postulants were subject to further examination by the congregation. Potential candidates were thoroughly vetted prior to being admitted as postulants. A background check was conducted, so as to ensure that the postulant was not an 'illegitimate child'⁷⁹, and was of suitable character and health. More ambiguously, the congregation sought to ascertain that the candidate was 'of a docile, patient and respectful disposition.'⁸⁰ In particular the congregation sought to establish that they were from a respectable family, that they had at least a basic education, and the capacity to pursue further studies and training. They were also to possess a suitable temperament for a religious vocation, in particular the ability to submit to their vows of obedience and the challenges of community life.

Once admitted, the postulants began to live as a community. This was a trial period lasting six months where the postulants were neither fully admitted to the congregation, nor a part of the secular world. A number of symbolic and physical controls were placed upon the postulants, signifying their liminal state. Their clothes for example were 'a simple dress, different from that of the novices.' Their lay clothes, money and any other possessions brought with them were carefully kept by the Postulant Mistress, so as to be returned if the postulant left before the novitiate. A further reminder of their in-between status was that they were housed separately from the novitiate and the motherhouse. From 1950 MMM postulants resided at Clonmel, Co. Tipperary, 140 miles from Drogheda, where they assisted in a nursing home owned and operated by the congregation. One of the interviewees described the Clonmel postulancy as a big old house in a rural and leafy setting. She characterised it as 'a stepping-stone', stating it was 'less nunny [sic]' than the novitiate. Though her memories were vague, she

⁷⁹ Art. 25, Constitutions of the Medical Missionaries of Mary (1940), 15.

⁸⁰ Art. 25, Constitutions of the Medical Missionaries of Mary (1940), 15

 $^{^{81}}$ Art. 33, Constitutions of the Medical Missionaries of Mary (1940), 18.

remembered being mainly confined indoors, with limited contact with the outside world. 82

The constitutions stated that during their time as postulants they were forbidden from having any contact with the outside world, explaining 'as the postulants have abandoned the world to give themselves to God, they should seriously apply themselves to the acquisition of the virtues of their state. They shall avoid all unnecessary communications with their friends and relations and shall not write to them without permission.'83 This was in keeping with pre-Vatican II regulations of religious lives, where women religious' communication with the outside world was limited and surveilled. According to the MMM constitutions, only as postulants were they completely cut off in this manner, thus highlighting that this was a unique period of isolation from the secular world.

The postulancy was an occasion for both parties to further test their compatibility. Postulants gained a more accurate insight into what exactly they were renouncing and to a lesser extent what they were gaining by becoming professed religious. For the congregation this was the chance to assess whether the postulant had the required character for a religious vocation. The Postulant Mistress closely observed the postulants, in order to 'obtain as far as possible an exact knowledge of their character, their capabilities, their defects and their general fitness for the religious life.'84 After six months, the Mistress was to fully disclose all her observations to the Superior General. The Superior would then consult with the Council, and a secret vote determined whether or not to admit the postulant. The postulant, if she decided to proceed, had to make an eight-day retreat: 'to draw upon themselves the grace of the Holy Ghost, and the special protection of Mary, the Mother of God, Mediatrix in the holy disposition required by so important an act.'85 Postulants were to give a full confession of their past lives, thus

⁸² Interview conducted with Participant 10, 8th July 2013.

⁸³ Art. 34, Constitutions of the Medical Missionaries of Mary (1940), 19.

⁸⁴ Art. 23, Constitutions of the Medical Missionaries of Mary (1940), 14.

 $^{^{85}}$ Art. 38, Constitutions of the Medical Missionaries of Mary (1940), 20.

confirming their willingness to renounce this past life in favour of a new, religious one.

Novitiate

This new stage was marked by the 'clothing ceremony' a ritualized performance during which the postulants adopted the religious habit, along with a novice's white veil, and a choir coatee. This was an important symbolic ceremony marking their formal entrance into the religious life. The veil signified their status as brides of Christ, and their renouncement of any secular family. The habit symbolised the suppression of their individuality in favour of the community identity of the congregation. For the MMMs the habit represented their modern outlook and active apostolate. A matter of great distinction was the fact that the MMMs did not wear a cumbersome habit like so many other female congregations. Theirs was a modest grey dress and veil, practical enough to allow them to effectively carry out their professional roles. The constitution stipulated that the habit was to be 'a modest professional nurse's dress, in accordance with the accepted style of the times.'86 It was to be worn at all times, inside and outside the convent. The sisters were instructed not to complain of the colour or coarseness of the material. The habit was therefore also a physical indicator of the novices' observance of the vows of obedience, modesty and poverty. Chapter Three will explore the symbiosis between the spirit and work of the congregation, and the creation and design of the habit in the early days of its foundation.

The clothing ceremony was therefore a symbolic act signifying the postulant's more permanent commitment towards becoming a professed religious. Whereas the postulancy was a testing ground and transitional state, the novitiate was a fixed period of religious formation. Through a series of symbolic rituals to be performed and perfected, as well as mental, spiritual and physical tasks, novices were expected to discard their secular selves and

⁸⁶ Art. 43, Constitutions of the Medical Missionaries of Mary (1940), 22.

adopt a new religious identity. A unique feature of the MMMs was the emphasis on the sisters maintaining a certain degree of individuality, as was deemed necessary for the best practice of their professional roles.⁸⁷

The novitiate house had to be canonically erected, meaning it needed to be approved by the diocese and the Holy See. Similar to the postulancy, the novitiate was a distinct space, access and communication with externs was strictly limited. In particular the constitutions highlighted that the novices were to be 'separated from that part of the house inhabited by the professed religious.' This first year was called a canonical year and novices were expected to dedicate themselves exclusively to their interior selves. By focusing on their 'soul', the novices were to gain mastery over the self. This was of vital importance to their future adherence to their religious vows of poverty, chastity and obedience. It was also of particular significance to their work as missionaries. From the very foundation of the congregation, Mother Mary and her advisors were adamant that as an apostolic congregation they would need a strong spiritual foundation, in order to be flexible in their approach to the religious life. Father Kelly, for example advised in 1933:

The main difficulty will be to strike the balance between doctor and the religious, between professional efficiency and interior life, between work and prayer. A very thorough training will be necessary to give the interior formation and distinctive system of spiritual duties to maintain that spirit.⁸⁹

This was emphasised in the novices' training, the constitutions stated that novices 'should remember that it is from the interior that true efficiency is to proceed to exterior, enabling them to attain the end proposed.'90 By

⁸⁷ Mary Anastasia, 'The Medical Missionaries of Mary: Foundation and Growth," *Capuchin Annual* (1955), 355.

⁸⁸ Art. 66, Constitutions of the Medical Missionaries of Mary (1940), 30.

 $^{^{89}}$ Father Hugh Kelly to Marie Mary, 12^{th} June 1933, MMM Archive, I/Cong/1(f)/23.

⁹⁰ Art. 63, Constitutions of the Medical Missionaries of Mary (1940), 30.

submitting themselves to strict rituals and prohibitions and dedicating themselves to assiduous prayer, the novices learnt to regulate their interior thoughts and actions. Furthermore, by studying their constitutions, Catholic doctrine and Church history, they were to familiarise themselves the particular identity of the congregation as well as the future rules and regulations by which there were to live their lives.

The sisters interviewed had different memories of this period. Some found it a deeply enriching and positive experience, whilst others found it difficult and testing. For many the strict regulation of time was new, as every hour of their day was scheduled from rising at 5am to their bedtime at 9pm. One sister remembered: 'it was time, everything was time. And you had to come in the time, and be there on time, be at meals on time, oh!'91 However, she found this regulation of time purifying, stating: 'regimental all the time is purifying you know. It's formation.'92 Indeed, although most of the sisters commented on how difficult the novice years were, in particular the first year, they experienced this as positive. The sister quoted above found religious life to be a source of freedom, she stated: 'We had a freedom all our life, you didn't feel that you were, if you like, being taxed in anyway, being supervised. You know it was a freedom, you were trusted, that was the most marvelous thing of the all, that freedom and trust.'93 Many of the sisters interviewed sought to put the restrictive nature of the religious life into the context of the period. As they saw it, the religious life was not always such a departure from secular life. They commented on the difficult lives their mothers had led, rearing large families and managing a household through difficult times. One sister mentioned how their lives as teenagers in the 1940s and 50s were a lot more restricted than today's teenagers.94

The constitutions opened with a chapter on the special character and aims of the congregation. It stated that sisters of the MMMs 'will go to any

⁹¹ Interview conducted with Participant 2, 19th March 2013.

⁹² Interview conducted with Participant 2, 19th March 2013.

⁹³ Ihid

⁹⁴ Interview conducted with Participant 9, 9th April 2013.

mission and be ready to undertake any branch of medical science to ease bodily misery and open the way for the grace of redemption.'95 The following article detailed: 'while all branches of medical work are within the scope of the congregation, its special work will be to attend to the health of mothers and infants, the formation of Christian women, and to the ultimate formation of a native sisterhood especially in Pagan countries.'96 All subsequent chapters were adapted to suit these aims. The novices were expected to study the constitutions intently, so as to understand the particular charism of the congregation. Every day they were given religious instruction by the Novice Mistress, designed to 'root out the germs of vice, to regulate motions of the soul, and assist in acquiring virtues.'97 After spending a full year focusing the interior and learning to regulate their souls, novices were permitted to 'proceed to the exterior.'98

The constitutions outlined that the second year was designed to test 'the aptness of the novices for the external works of the congregation.'99 Whereas during their spiritual year the novices were largely confined to the novitiate, by the second year, they were expected to take a more active part in the domestic chores of the convent, novitiate and hospital. This was to impart humility and obedience through repetitive tasks. These tasks formed a lasting memory for the interviewees, as they remembered spending their days washing, cooking and cleaning. One interviewee remembered peeling, steaming and roasting enough potatoes to feed the 200 patients, the sisters and the novices, commenting that it was 'awful.' 100 Another commented that the novices were 'the working force in the convent, we were about 80-100 sisters here, the sisters did everything and it was mostly the first and second year novices that did it all.'101 Those who had completed their professional

⁹⁵ Art. 3, Constitutions of the Medical Missionaries of Mary (1940), 6.

⁹⁶ Art. 4, Constitutions of the Medical Missionaries of Mary, (1940), 6.

⁹⁷ Art. 62, Constitutions of the Medical Missionaries of Mary (1940),29.

 $^{^{98}}$ Art. 62, Constitutions of the Medical Missionaries of Mary (1940), 29.

⁹⁹ Art. 60, Constitutions of the Medical Missionaries of Mary (1940), 29.

¹⁰⁰ Interview conducted with Participant 10, 8th July 2014.

 $^{^{101}}$ Interview conducted with Participant 2, 19^{th} March 2014.

training prior to entering, or who had already commenced their training were permitted to work in the hospital in lieu of these domestic chores. Furthermore, special dispensations were sometimes sought by Mother Mary to excuse a sister from this second year if their skills were seen as particularly indispensable in the missions. Thus the rigidities of the religious life, and the novitiate were at times relaxed to make allowances for the active work of the congregation.

Again memories of this second active year varied. Most of the sisters simply viewed this as a necessary part of their religious formation. One interviewee, who subsequently left the congregation, commented that they were 'free labour,' 103 before adding that it was necessary for young people to be active. 104 Two of the interviewees viewed this as a form of preparation for the missions. One of them commented that by being left to their own devices to carry out these arduous domestic tasks, they were being prepared to make the most of unforeseen circumstances, as would be the case in the missions. 105 The other stated that it was preparing them to be flexible in their approach to the religious life, so that if there came a time when they were unable to fully dedicate themselves to their spiritual duties, they could continue with their practical work and take care of their interior lives later. 106 The performance of domestic chores in the hospital and the convent was therefore a form of disciplinary control through which the novices learned to access freedom and autonomy through regulatory techniques and selfcontrol. It was a practical test of what they had learnt during their spiritual year, they were learning to self-discipline.

Once the novices had successfully completed their two years in the novitiate, they made an eight-day retreat, in preparation for the first

¹⁰² "Obituary, Sister Monica Clarke," Medical Missionaries of Mary, accessed 23rd June 2014. http://mmmworldwide.org/index.php/obituaries/183-sr-m-monica-clarke.

¹⁰³ Interview conducted with Participant 9, 9th April 2013.

¹⁰⁴ Interview conducted with Participant 9, 9th April 2013.

¹⁰⁵ Interview with Participant 10, 8th July 2013.

 $^{^{106}}$ Interview conducted with Participant 2, 19th March 2013.

profession of their vows. Similar to the postulancy, their further admittance into the congregation was subject to a vote by the Council. If the majority ruled in favour, then the bishop was contacted in order to 'make a canonical examination of the novice.'107 On a more practical note, prior to making their first profession, novices were required to pay a dowry and to relinquish all current and future claims to property. These were to become the property of the congregation. The Council and the Superior General, with the consent of the local ordinary, would then 'place the dowry in a safe, lawful and productive investment.'108 The congregation decided whether or not they wished to take ownership of any other property or material goods possessed by the novice, who was expected to 'dispose by will of all property she actually possesses or may subsequently possess.'109 Certain safeguards were put in place, in case the sister decided to leave. The congregation was to invest the sisters' funds or goods but not dispose of them. If a sister decided to leave, all material goods, including her dowry, were returned to her. However the congregation was permitted to keep the interest accrued over the years. If a sister died then all property and material goods were legally transferred to the congregation.

Peckham Magray and Clear have commented on the class distinctions that existed within Irish religious orders during the nineteenth century. Peckham Magray noted that the price of dowries declined during the nineteenth century, and that in some cases novices were exempt from paying it altogether. She argues that as congregations became more established and had more members, they accrued more property and wealth through inheritances. With healthy finances, superiors were generally willing to accepting women of lower social status, who could earn their keep by managing the domestic duties of the congregation. Clear argues that the distinct status of 'choir' and 'lay' nuns was a class division between

¹⁰⁷ Art. 72, Constitutions of the Medical Missionaries of Mary (1940), 34.

 $^{^{108}}$ Art. 12, Constitutions of the Medical Missionaries of Mary (1940), 11.

¹⁰⁹ Art. 100, Constitutions of the Medical Missionaries of Mary (1940), 46.

 $^{^{110}}$ Peckham Magray, *The Transforming Power of the Nuns*, 32-45.

'professional' and 'manual' workers, a distinction that existed in some communities until the 1960s. 111

The MMMs from their very foundation took a more egalitarian approach, providing safeguards and rules to avoid class-based distinctions. According to the 1940 constitutions, if the Superior and her Council deemed that a novice had sufficient 'diplomas or such accomplishments as will give solid ground for expecting that the congregation will derive a more than ordinary utility from their future labours,' ¹¹² the novice was exempt from paying all or part of the dowry. Unlike their nineteenth century counterparts, sisters were not of a different status if they couldn't pay this dowry. The constitutions stated: 'There is no distinction of class, of Choir and of Lay Sisters.' ¹¹³ From early on Mother Mary's advisors had warned her that hierarchies could arise due to different professional roles, in particular the status of the sister-doctors versus other professionals. Her spiritual advisor Father Kelly expressed concern in 1935 that the 'unqualified' may come to regard that state as making them like lay sisters. ¹¹⁴

In order to prevent this distinction, the constitutions stated that when acting professionally, 'the qualified doctor will be called 'Doctor', the sisters in charge will be called 'Matron' while all other members will be called 'Sister' as also the doctor and matron when in community.' The next article explained that the congregation was made up of 'fully qualified women doctors, nurses, midwives, dentists, chemists and sisters not medically qualified who will help generally in the auxiliary works of the congregation.' The 1962 constitutions stated more explicitly: 'every sister shall consider herself as participating in the medical missionary apostolate,

¹¹¹ Clear, Nuns in 19th Century Ireland, 85.

¹¹² Art. 9, Constitutions of the Medical Missionaries of Mary (1940),10.

¹¹³ Art. 20, Constitutions of the Medical Missionaries of Mary (1940), 13.

 $^{^{114}\}mbox{Father}$ Hugh Kelly to Marie Mary, 22^{nd} May 1935, MMM Archive, I/Cong/1(f)/12.

¹¹⁵ Art. 20, Constitutions of the Medical Missionaries of Mary (1940), 13.

¹¹⁶ Art. 21, Constitutions of the Medical Missionaries of Mary (1940), 13-4.

whatever the work assigned to her by her superior.'117 Again, this points to the congregation's modern interpretation of religious life, and their aspirations of equality, in terms of class, race or nationality. However in reality, the different claims to authority yielded by some sisters by virtue of their professional role and status proved a challenge for the congregation. The following chapters will explore this particular tension in more detail.

The first profession ceremony was a cause for great celebration. Similar to the clothing ceremony this was a highly gendered performance through which the novices became wedded to Christ. The ceremony was presided by the local priest, sometimes bishop, and it was common for friends, family and local dignitaries to attend. The ceremony was later covered in detail in the magazine. The priest's sermon was quoted at length, usually beneath a photograph of the young novices in their white veils. The sermon celebrated the momentous occasion by highlighting the value and responsibility of their commitment. Drawing on Catholic missionary discourse, the priest would highlight the great work they would undertake amongst the sick and poor in 'pagan lands.'118 He acknowledged the sacrifice they were making, by renouncing the secular work, but reminded them that 'renunciation for God's sake [...] always ensures the highest returns.'119 One priest, for example, highlighted how 'if you surrender an earthly career, He guarantees you success in a higher sphere; if you give up the wealth of the work, He offers you the riches and treasures of heaven; if you turn your back on domestic happiness, He welcomes you into the home of your Heavenly bridegroom.'120

During the ceremony, the novices would proceed down the aisle of the chapel, and kneel at 'their bridal prie-dieux.' 121 They then pronounced for the

¹¹⁷ Art. 16, Constitutions of the Medical Missionaries of Mary (1962), 15.

¹¹⁸ "Sermon by His Lordship Most Rev. Dr. Mageean, Bishop of Down and Conor, quoted in 'Professions and Reception Ceremonies,'" *The Medical Missionary of Mary*, May-June 1948, 4.

¹¹⁹ Ibid.

¹²⁰ "Sermon by His Lordship Most Rev. Dr. Mageean, Bishop of Down and Conor, quoted in 'Professions and Reception Ceremonies,'" *The Medical Missionary of Mary*, May-June 1948, 4.
¹²¹ Ibid.

first time their vows of chastity, poverty and obedience and signed a document entitled 'Formulae of Temporary Profession.' Of particular significance was the vow of obedience; the constitutions explained that 'by their religious profession, the sisters put themselves entirely at the disposal of their Superiors, to go wherever obedience may send them and to be employed in any good works of the congregation, according to the spirit of their vocation and of these present constitutions.' After pronouncing a number of symbolic prayers, the newly professed were 'invested with the grey veil and the cross.' This signified their new status and their formal acceptance into the congregation.

During this first profession, the novices pronounced temporary vows, which they renewed yearly. After working on the missions for five years they were then permitted to make their final profession, signalling their permanent commitment to the congregation. The length of time between first and final profession was a unique feature of the MMMs. It was designed to further test their suitability for the special work of the congregation by giving sisters the chance to put into practice their dual vocation either at home or on the missions. Through these further six years, the sister was to learn to 'teach herself,' 124 to really test whether she was able to properly combine her interior training with the independence and freedom required for her work on the missions. In this sense, this new form of medical missionary vocation was considered a delicate balancing act, to which not all were suited. The missionary sisters' training in Ireland was to prepare them to properly manage their dual vocation.

II.3 - Dual Training

The novitiate, the motherhouse and the hospital were the powerhouse of the congregation. Together they formed the administrative, spiritual and

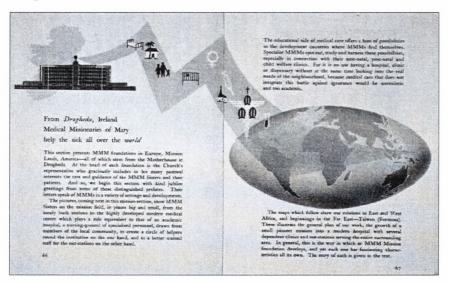
¹²² Art. 87, Constitutions of the Medical Missionaries of Mary, (1940) 39.

¹²³ Ibid.

¹²⁴ "Final Profession," *The Medical Missionary of Mary*, July-August 1953.

professional core. The MMMs keenly proclaimed the necessity of developing both the home and the missions, declaring 'they are like two sides of the same penny, you cannot have one without the other.'125 From the very first issue of the magazine the continuous development of buildings in Drogheda was extensively covered. Appeals for funds and details of debts being paid off were made in every issue. The back page often illustrated the architectural plans and progress of this ever-expanding project. It was from here that the medical missionaries were dispatched across the globe. Through their communication material the Drogheda novitiate and hospital were portrayed as the epicentre of the congregation, with vocations, personnel, and scientific knowledge flowing to the missions. A recurrent image was one that emphasised the local roots of the congregation being projected on a global scale. One article entitled From Drogheda, Ireland, the Medical Missionaries of Mary help the sick all over the world was accompanied by an illustration that shows an arrow coming from Ireland, and spreading around the globe [See Figure II.3].

Figure II.3: 'From Drogheda Ireland Medical Missionaries of Mary help the sick all over the world.'



(Source: Margaret Mary Nolan, ed., *The Medical Missionaries of Mary, Covering the First Twenty-Five Years* (Dublin: Three Candles, 1962), 66-7.)

¹²⁵ "Editorial," *The Medical Missionary of Mary*, September 1960.

This image of an Irish powerhouse was carefully constructed, materially and symbolically, to suit the professional, spiritual and propaganda needs of the congregation. Just as the novitiate was to provide a strong spiritual foundation for the sisters, the hospital was to prepare them for their professional roles. Within their communication materials, the novitiate was depicted as the nucleus of the congregation, where the novices' religious identities were cultivated and perfected. In a more tangible sense, as the numbers joining grew it became necessary to expand the novitiate, thus it also came to represent the congregation's vitality and success. In an editorial from 1945, Mother Mary wrote: 'the novitiate has to be completed; we must give God His proper home, among the young novices - a Chapel worthy of Him, and we must also aim at having our own General Nursing Training School for the Sisters.'126 She emphasised that without these 'the powerhouse at home is not complete, the batteries will run down, '127 explaining that the professional and spiritual formation 'go hand in hand.'128 An article from the 1960s made a similar assertion, displaying a photo of novices reading in the shadow of the hospital and the novitiate. The caption read 'MMM novices pray and relax in the shadow of their novitiate and training hospital. When professed, MMMs follow a profession connected with the apostolate of medicine.'129

The architecture and planning of the motherhouse, hospital and novitiate further displayed this unique blend of medical and religious aspirations. A long corridor physically linked the buildings in order to facilitate the sisters' professional and spiritual vocations [See Figure II.4]. This was a common feature of active congregations. Evans and Srigley have highlighted how the Sisters of St. Joseph, a teaching congregation in Canada,

¹²⁶ "Mother Mary Editorial," *The Medical Missionary of Mary*, March-April 1945, 19.

¹²⁷ Ibid.

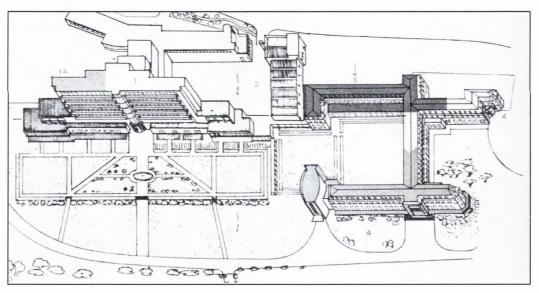
¹²⁸ "Mother Mary Editorial," *The Medical Missionary of Mary*, March-April 1945, 19.

¹²⁹ *The Medical Missionary of Mary*, April 1965, 18.

also used space to reflect their dual vocation, physically linking their schools with their motherhouse and novitiate. ¹³⁰ For the MMMs, the central chapel represented their strong interior formation, and quite literally the heart of the congregation. A booklet produced in 1959 described the plan and location of the chapel [See Figure II.5]. Explaining its centrality the author wrote:

When the hospital is completed, both within and without, it will be seen that the centre of the whole building and the focus point of the converging paths is the Altar and the Church. Thus Our Lord in the Blessed Sacrament is actually, as well as symbolically the Very Centre of it all – the beating Heart that gives life to the whole.¹³¹

Figure II.4: Plans for the International Missionary Training Hospital in 1958 anniversary booklet.

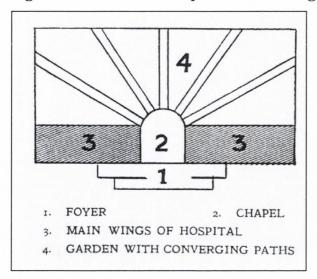


(Source: *Medical Missionaries of Mary, Twenty-First Anniversary* Drogheda,1958), 32-3.)

¹³⁰ Jennifer Hough Evans and Katrina Srigley, ""Women of the North, Ministering in the North": Understanding the Sisters of St. Joseph through Memory and Space, 1940-1980," *Histoire Sociale/Social History* 47, no. 93 (2014): 37-61.

¹³¹ Standing, "A New Religious Order Comes of Age," *Medical Missionaries of Mary, Twenty-First Anniversary,* 24

Figure II.5: Plans for chapel in MMM Drogheda motherhouse, 1959.



(Source: Medical Missionaries of Mary, Twenty-First Anniversary, 24.)

The form of the hospital reflected the practical application of their vocations. Mother Mary was keen for the hospital in Drogheda to be recognised as a training school for midwives and nurses, where the MMM sisters, as well as religious from other congregations could be formed specifically for Catholic missionary work. Figure II.6 shows a scene from the International Missionary Training Hospital (IMTH) lecture room, where MMMs and sisters from another congregation attended lectures given by the IMTH matron and tutor. From 1942, Our Lady of Lourdes was recognised as a Grade II Training School for Midwives. In 1957 the Our Lady of Lourdes hospital was extended and rechristened the International Missionary Training Hospital. Through this expansion, the hospital had enough beds to be recognised as a general training hospital for nurses also.

Figure II.6 – Lecture given by the IMTH matron to MMM pupils and nuns from another religious congregation in the IMTH lecture room, 1956.

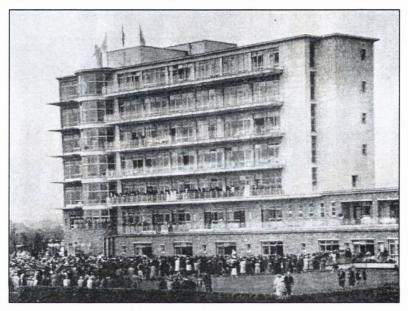


(Source: MMM Archive, WTD 22.)

Work on the hospital had begun in 1952 and the first three floors and basic services were opened in 1956. The hospital was Ireland's first missionary training hospital and students came from across Ireland and beyond to learn about tropical diseases and techniques that would serve on the missions. The Irish government, Irish and American Catholic hierarchies, and Pope Pius XXI funded the construction of the hospital. Irish Catholics were also invited to contribute by buying individual bricks. The hospital was designed in a modernist style by Mother Mary's brother, the architect Desmond L. Martin. It dominated the Drogheda landscape, and was crowned with a 5.5 foot statue of Mary gifted to the congregation by the Italian sculptor, Professor Carmine Cecola [See Figure II.7]. The statue was a physical reminder of the Visitation, showing Mary with outreached hands, going

forward to meet patients.¹³² The foundation stone was a relic gifted to the community, a stone from the infirmary where St. Therese of Lisieux died, representing the contemplative spirit developed through the sisters' intense interior spirituality.

Figure II.7: The Inauguration of the International Missionary Training Hospital as a full training school in general nursing, September 1957.



(Source: The Medical Missionaries of Mary, Twenty-First Anniversary, 13.)

On the occasion of the turning of the 'first sod' ¹³³ in 1953, the Drogheda priest, Monsignor Stokes reminded the Drogheda churchgoers that the hospital was a voluntary hospital, a commendable fact 'in these days when so many unethical practices are advocated in the medical world.' ¹³⁴ He appealed to the people of Ireland to continue making their generous donations to the hospital 'so that they may retain their essential character.' ¹³⁵ Indeed, the building of this thoroughly Catholic hospital during the 1950s came to

 $^{^{132}}$ Information provided by Sr. Catherine Dwyer, archivist of the Medical Missionaries of Mary.

¹³³ Stoke, "Address by Rt. Rev. Monsignor J. F. Stokes, P.P., V.G., St. Peter's Drogheda," *The Medical Missionary of Mary*, December 1953.

 $^{^{\}rm 134}$ Stoke, "Address by Rt. Rev. Monsignor J. F. Stokes."

¹³⁵ Ibid.

represent a broader political and social shift in Irish society. The congregation frequently appealed to local priests and bishops to officiate celebrations for even the smallest development in the hospital. These were then diligently reported in the magazine, through articles, transcribed speeches and photo-documentaries. This served to inform the readership of the progress being made, and to appeal to them for more funds. The priests and bishops used the occasion to impress their own religious agenda by emphasising the degenerative effect a socialised, state-controlled system of health would have on the morality of the population.

During the 1950s there was increased debate in Ireland as to the role of the state in the provision of healthcare for mothers and children. This debate culminated with the well-documented controversy surrounding the Mother and Child scheme, to be introduced through the 1947 Health Act. scheme was to provide free medical services for mothers and children, with the aim of addressing the poor state of maternal and infant health. scheme however proved unpopular for both the medical and the religious hierarchy. Medical doctors, represented by the Irish Medical Organisation, believed that the introduction of such a scheme was the first step towards a socialized medical system similar to the National Health Service in the Britain. They feared this would have a negative impact on their practices and income and would leave matters of public health within the hands of an unqualified political elite. Similarly, the Catholic Church feared that state intervention in maternal welfare would constitute a threat to Catholic ethics and state interference in matters to do with the family. ¹³⁶ The International Missionary Training Hospital came to represent this conflict between state and religious ownership of mother and child health. These Irish debates filtered through to the congregation's engagements with colonial governments in the missions, as will be explored in more detail in Chapter Four.

Despite this rejection of innovative government approaches to health policy, the congregation was keen to highlight the modernity of their hospital,

¹³⁶ Barrington, Ruth. *Health, Medicine and Politics in Ireland 1900-1970* (Dublin: Institute of Public Administration, 2000), 206-211.

their vocation and their mission. On the occasion of its inauguration by Cardinal D'Alton, *The Irish Times* described the hospital as 'one of the most modern and well-equipped in the country.' Giving some indication as to the growing status of the congregation, the Taoiseach of Ireland, Eamon De Valera was present for the ceremony, along with a number of other high-profile Church and State dignitaries. In keeping with the design of hospitals built in Ireland during this period, the architecture of the International Missionary Training Hospital reflected the international trend for well-ventilated, well-lit, clean and functional environments. The congregation proudly promoted the fact that they had 'an electric pageing system,' television equipment that filmed operations and transmitted them to the nurses' lecture room and the latest 'Dunlopillo beds.' 140

The interior of the hospital was simple and functional, with wide spaces, minimal and simplistic furniture, and a strategic use of glass panes. A Norwegian visitor, who later entered the congregation, described the entrance as a 'spacious front hall [...] next to a huge glass wall.' Through this glass wall the hospital chapel was in full display [See Figure II.8]. If patients were too ill to attend daily Mass in the chapel, they could simply be wheeled down to the glass, and follow Mass from there. The Norwegian visitor described the chapel as 'a blessing in simplicity, entirely devoid of those sweetish horrors of Christian 'art' you find everywhere else in this country.' In this sense the hospital, like the sisters' habit, reflected their modern and minimalist outlook.

¹³⁷ Irish Times, September 23, 1957.

¹³⁸ Hugh Campbell, "Modern Architecture and National Identity in Ireland," in *The Cambridge Companion to Modern Irish Culture*, eds. Joe Cleary and Claire Connolly (Cambridge: Cambridge University Press, 2005), 295.

¹³⁹ Standing, "A new religious order comes of age," 22.

¹⁴⁰ Ibid.

¹⁴¹ Bergljot, "'Nuns in Development Aid,'" *The Medical Missionary of Mary*, Jan-Feb 1964, 5-6.

¹⁴² Bergljot, "'Nuns in Development Aid,'" *The Medical Missionary of Mary*, Jan-Feb 1964, 5-6.

Figure II.8: Interior of the International Missionary Training Hospital, see chapel in the background, 1953.



(Source: The Medical Missionary of Mary, December 1953.)

The congregation proudly received students from Europe and Africa to train in Drogheda. There they imparted their distinct brand of medicine, a blend of missionary expertise and Catholic ethics. The sisters were the owners and administrators of the hospital, and their senior doctors were considered a part of the family. Their religious ethos was carefully integrated into the medical care, or as Berglot Nygard witnessed: 'when a patient is brought in after an accident, they ring for the priest while they are waiting for the blood transfusion.' This integration of religion into the hospital space was not unusual for an Irish Catholic hospital in the twentieth century. Until the 1970s, the Nursing Board, An Bord Altranais, liaised closely with

 $^{^{143}}$ Bergljot, "'Nuns in Development Aid,'" The Medical Missionary of Mary, Jan-Feb 1964, 5-6.

Archbishop McQuaid of the Dublin diocese on the curriculum for nurses' training. In particular, nurses were required to undertake specific courses in psychology and ethics. These were generally given by a priest who has been approved by Archbishop McQuaid. 144

Subsequent chapters will explore how the hospital in Drogheda served as a prototype for the hospitals set up by the congregation in mission lands. Scientific techniques, new administrative methods and training, were instilled in the sisters prior to their departure. Letters from Ireland to the missions reminded those on the ground to model their hospitals on what they had witnessed and learnt in Drogheda. In this sense, the Drogheda hospital in its form and function reflected the congregation's distinct blend of traditional Irish Catholicism with internationalism and modernity, a blend that was to be successfully transported by the sisters to the missionary field.

This chapter has sought to demonstrate how religious, gender and national identities were negotiated in the congregations' foundation and development in Ireland. The patriarchal and hierarchical nature of the Catholic Church was a major hindrance to the early foundation of the MMMs. The core aim of the congregation - medical missionary work - was forbidden under canon law. Mother Mary found ways around this, and began setting the foundations for a medical missionary congregation before they were even permitted to by canon law to exist. Once Propaganda Fide issued a decree reversing this ban, Mother Mary's quiet beginnings came to fruition and she was able to send a petition for the recognition of the Medical Missionaries of Mary almost immediately.

Next she had to deal with obstacles at a national level, as her vision of a medical missionary congregation met with widespread resistance by the Irish bishops. In order to continue her work, Mother Mary garnered the support of a number of Vatican and non-Irish Church officials. She used these contacts to legitimise her work in Ireland, and to pressure the Irish hierarchy to accept

¹⁴⁴ Nurses Training – Ethics and Psychology, Archbishop McQuaid Files, Dublin Diocesan Archives: I/86/1-5.

the foundation of the novitiate and motherhouse. With the help of advisors and friends she pressured her close ally Monsignor Moynagh to accept the congregation directly in his Vicariate in Nigeria. In this sense, the foundation of the MMMs was a typical tale of a female religious order overcoming obstacles set in place by a patriarchal Catholic hierarchy.

Once these hurdles were overcome, the real work could begin. The second part of this chapter demonstrated how the corporate identity of the congregation was fostered and instilled through their recruitment strategies, and the religious and professional formation of the sisters. It highlighted how this identity was carefully represented physically and symbolically through the congregation's promotional material and architecture. By the end of the 1950s, the Catholic hierarchy in Ireland had not only accepted the work of the congregation, they used it to further their own political agendas, viewing the MMMs as a perfect blend of traditional and modern Catholicism. Following chapters will consider how this formation and development was negotiated in the missionary field.

III – St. Luke's Hospital, Anua – 1937-1945

The hospital is very fine with a magnificent dispensary. I can say it is as good if not better than the one in Calabar run by the government. The doctor and nurses have everything very well organised and have a good number in the dispensary each morning. The people have not taken to coming into the hospital much yet, this will come in time when we have the maternity ward going.¹

Thus Mother Mary described St. Luke's Hospital when she arrived with her two companions, Mary Moynagh and Bridie O'Rourke, in 1937. The three women had sailed from Liverpool on the MV Abosso a few weeks earlier. They arrived in the port of Calabar on the 19th January 1937 where they were met by a number of Irish missionaries. After a few days rest they set off to Anua, a small rural area some 63 miles inland north. Calabar Province was just over 6,000 square miles, with a population of around 899,503, at a density of 142 people per square mile.² It was described as 'a hot, damp, airless place'³ in the heart of the palm oil belt and forest. Catholics had first arrived in West Africa in the fifteenth century with early Portuguese explorers. During the nineteenth century a number of male and female French missionary orders had expanded throughout Southern Nigeria. The Anua mission was established in 1916 by the French Holy Ghost Fathers.4

The Holy Ghost Fathers were permitted to open schools in Anua by the powerful Essien family, who offered them part of their land and let their sons

¹ Marie Martin, Anua to Dr. Paschal Robinson, 20th February 1937, MMM Archive, I/Cong/1(a)/79.

² Annual Report on the Social and Economic Progress of the People of Nigeria for 1938, National Archives of Britain, Colonial Office (CO hereafter) 657/46.

³ Margaret Mary Nolan, ed., *The Medical Missionaries of Mary, Covering the First Twenty-Five Years* (Dublin: Three Candles Press, 1962),109.

⁴ Thomas Kiggins, *Maynooth Mission to Africa* (Dublin: Gill and Macmillan, 1991), 79.

and daughters be educated by the missionaries.⁵ From there they proceeded to open a vast network of schools and outstations, gaining converts through superficial means.⁶ In 1926 the Vicariate of Southern Nigeria comprised of 58,428 baptised Catholics, 89,334 catechumens and 1,386 mission stations. Shortly thereafter, the Vicariate was divided into two. The more rural half was allocated to the newly arrived Kiltegan priests.⁷

Calabar Province, the area inherited by the Kiltegans in 1930, comprised of two mission areas: Uyo, the territory where Anua was situated, and Calabar. Prior to the arrival of the MMMs, the young Irish priests were already collaborating with a number of female congregations. Monsignor Moynagh accepted the foundation of a Nigerian congregation, the Handmaids of Holy Child Jesus (HHCJ) in 1934. From 1931 the Society of the Holy Child Jesus (SHCJ) from England operated a number of girls' schools in the region, and managed the newly built Anua hospital. According to Kiggins, the circumstances of the SHCJ departure from the hospital were somewhat contentious. The hospital was staffed with lay European doctors and pharmacists. One of the pharmacists made accusations against one of the Holy Child nuns, stating she had acted indecently with children and the convent driver. Rumours ran wild and the bishop sent the sister in question back to England. The matter was referred to Rome, and it was ultimately decided that all the hospital staff should be removed and replaced by new staff, leaving the hospital idle from 1934. The chiefs in Anua began to put pressure on the Kiltegan Fathers to either re-staff the hospital, or withdraw from Anua.8

When the sisters arrived in 1937, a German doctor and his wife had begun working in the hospital, which consisted of two adapted school

⁵ Nolan, ed., *The Medical Missionaries of Mary, Covering the First Twenty-Five Years*, 109.

⁶ P.B. Clarke, "The Methods and Ideology of the Holy Ghost Fathers in Eastern Nigeria 1885-1905," in *The History of Christianity in West Africa*, ed. O.U. Kalu (London and New York: Longman Group Ltd, 1980), 81-108.

⁷ Kiggins, *Maynooth Mission to Africa*, 43.

⁸ Ibid., 106-7.

buildings. One building was described as a 'mud block female ward'9 operated by Ma Agnes, a Catholic from the village of Anua. The second building was a male block of fifty beds. 10 Between these two buildings lay 'a cement building consisting of theatre and sterilizing room, drug store and pharmacy and out-patient department with a wide verandah running all around [Figure III.1].' Dominating the compound was a cross with a white Christus. 12 Adjacent was the doctor's house, which would later become the mission convent where the sisters resided [Figure III.2].

Figure III.1 - St. Luke's Dispensary, 1937.



(Source: MMM Archive, CAL/ANUA/3b.)

⁹ Nolan, ed., *The Medical Missionaries of Mary, Covering the First Twenty-Five Years*, 109.

¹⁰ Ibid...

¹¹ Ibid.

¹² Ibid.

Figure III.2 - Doctor's House Anua (later sisters' house), 1937.



(Source: MMM Archive, CAL/AN/4.)

The people of the Anua area were principally Ibibio, one of the largest ethnic groups in the South East of Nigeria, and the largest of Calabar Province. The Ibibio were mainly rural people, working in agriculture, fishing or trading. Villages were generally composed of a number of quarters, sometimes miles apart, divided into scattered compounds or households (*ufok*). These were generally composed of a male head of the family, his wife or wives, children and married sons and wives. The richer the husband, the greater the number of wives, each with their own living quarters within the compound. The first wife held a position of honour that was enhanced the greater the number of wives. Different villages and towns were independent of each other and ruled by a chief (*Obbong*) and his sub-chiefs (*Ndiana Obbong*). Power was patrilineal, in that the position of chief and sub-chief was generally passed down from father to son. 15

¹³ Percy Amaury Talbot, *The Peoples of Southern Nigeria: A Sketch of Their History, Ethnology and Languages, with an Abstract of the 1921 Census* (London: Oxford University Press, 1926), 22.

¹⁴ David Pratten, *The Man-Leopard Murders: History and Society in Colonial Nigeria* (Edinburgh: Edinburgh University Press for the International African Institute, 2007), 42-3.

¹⁵ See, Percy Amaury Talbot, *Life in Southern Nigeria: The Magic, Beliefs and Customs of the Ibibio Tribe* (London: Macmillan and Co., Ltd., 1923), 215;

European missionaries described the Ibibio belief system as pagan. They condemned secret societies, juju shrines and sacrifices, hoping to supplant these with their own Christian beliefs. The Ibibio belief system was divided between two worlds, the visible (human experience) and the invisible (God, gods, spirits). Human life passed through both worlds, forming a life cycle. Ukpong explains that the Ibibio believe in the existence of a high God (*Abasi*), who created all things, including the gods (*ndem*) who he charges with various aspects of human experience, such as fertility, markets, death for example. Below the gods there exists spirits, these may be good (ancestors for example) or bad. A number of different sacrifices could be made towards one or other of these invisible beings, generally in dwellings, or open spaces. ¹⁶

Pratten has argued that on the surface the 1930s were a unique period of stability in British colonial Nigeria. The civil service expanded, becoming gradually bureaucratized. Schools, clinics and courts proliferated, promoting British norms and procedures. However, as colonial rule filtered into daily life, tensions too began to emerge. In the South East, European-type institutions and the system of native administration increasingly disturbed indigenous social structures. Additionally, the 1920s and 30s were a period of prolonged economic depression in Nigeria. Symptomatic of these frictions was the 1929 Women's War in Aba, South Eastern Nigeria. This series of riots by the market women of Aba indicated the power held by Nigerian women, and their dissatisfaction with colonial interventions in their customs, trade and traditions. When the sisters arrived in 1937, the women of Eastern Nigeria were becoming increasingly emancipated, rebelling against the power of older men and certain elements of colonial rule. According to Patten, this

Ukpong, Justin S. "Sacrificial Worship in Ibibio Traditional Religion," *Journal of Religion in Africa* 13, no. 3 (1982): 161-2.

¹⁶ Ukpong, "Sacrificial Worship in Ibibio Traditional Religion," 161-2.

¹⁷ The 1929 Women's War, also known as the Aba Riots, was a number of riots initiated by Igbo women in Aba in protest against the Warrant Chief system of administration, and increased taxation. See, Falola and Heaton, *A History of Nigeria*, 133; Pratten, *The Man Leopard Murders*, 130-31; Margery Perham, *Native Administration in Nigeria* (London: Oxford University Press, 1937), 206-21.

new freedom was generational, and often expressed through religious conversion. In this sense the 1930s in South Eastern Nigeria was a period of changing class and gender dynamics, emerging nationalism and increased bureaucratization. These circumstances undoubtedly affected the sisters' initial success in Anua, and the local people's interaction with missionary services.

This chapter will examine the creation and negotiation of identity in the mission field through the prism of the sisters' early experience in St. Luke's Hospital, Anua. It will seek to understand the pioneer sisters' construction of self by examining how they narrated their experience of becoming professed religious in the mission. This chapter will also consider how the sisters constructed the 'other', their patients and the women they sought to convert. In particular it will highlight the sisters' understanding, and misunderstanding of the local people, and their success in achieving their missionary goals. Using gender as a lens, this chapter will highlight how power and authority were conceived and mediated in the missionary space.

Starting at the very beginning of the MMM mission to Anua, in Calabar Province in 1937, this chapter will focus on the early development of St. Luke's Hospital against the backdrop of World War II, and the emergence of a colonial government more involved in the development of welfare. The first section focuses on the initial impressions of the pioneer sisters, the religious zeal that infused their every action and the manner in which they narrated their experience of becoming professed religious in their regular letters to Mother Mary in Ireland. The second part of this essay will further explore the idea of the mission space as 'contact zone,' 20 examining how different identities were negotiated within the mission hospital.

¹⁸ Pratten, *The Man Leopard Murders*, 130-31.

¹⁹ Pratten, *The Man Leopard Murders*,131.

²⁰ Mary Louise Pratt, *Imperial Eyes: Travel Writing and Transculturation* (London: Routledge, 2008), 7.

In 1937 Marie Martin, then the newly professed Sister Mary of the Incarnation, sailed back to Ireland. Her precarious health meant those who saw her off in Port Harcourt were sceptical as to whether she would ever return. This concern for her life meant there were also questions over what the future held for her newly founded congregation. By the time she arrived back to Ireland, however, she had made an unexpected recovery, and was strong enough to begin the task of building the congregation in Ireland. Meanwhile, her two early companions, Mary Moynagh, and Bridie O'Rourke, remained in Anua. Their mission was to lay the foundation of the congregation in Calabar Province and to begin work in the Anua mission hospital alongside a German doctor, Dr. Dufey, and his wife. They were to seek guidance from Father McGettrick and Monsignor Moynagh of the Kiltegan Fathers. During this period they wrote frequently to Ireland, detailing their everyday lives on the mission.

As outlined in the previous chapter, Monsignor Moynagh, Mary Moynagh's brother played an integral part in the initial foundation of the congregation. Due to the obstacles encountered in finding an Irish diocese, Moynagh accepted the establishment of the novitiate in his Vicariate in Calabar Province in 1936. He sent three petitions to Propaganda Fide in 1937, the first concerned Mother Mary's profession, and the second the foundation of the congregation. The third petition requested that Mary Moynagh and Bridget O'Rourke be permitted to undertake a shortened novitiate of six months under the Society of the Holy Child Jesus (SHCJ), in Calabar. The reasons outlined in the petition were that Miss O'Rourke and Miss Moynagh had already spent over a year at Glenstal Priory during which they had made an eight-day retreat and followed a regular life under the guidance of Dom David. Monsignor Moynagh, the author of the petitions, argued that 'both these girls have shown their good intentions by coming to

the Foreign Missions.'²¹ His main reason, however, was more personal. As he had previously confided to Marie Martin, he needed the sisters to be able to commence active work in the mission hospital as soon as possible. Nurses Powell and D'Arcy, two lay nurses recruited in St Vincent's Hospital Dublin by Marie Martin, were due to return back to Ireland in the coming months, leaving the hospital without nurses. Moynagh was concerned at the cost of founding the new institute in his Vicariate, and reiterated that he did not have the finances to employ further lay help for the hospital and thus needed the sisters to be ready for active work as soon as possible. This petition was granted in 1937 and, as Marie Martin made her first profession in her hospital bed in Port Harcourt, her two companions commenced their official novitiate in a Holy Child Jesus convent in Ifuho, Calabar Province.

As previously explored, the Catholic novitiate was a ritualized process of transformation through which the novices learned the rules and spirit of the congregation, as well as the basics of Catholic doctrine, theology and Church history. For the two pioneer sisters of the MMM the process was slightly different due to the fledgling nature of the congregation, and the distance between the foundress and the sisters. The letter from Propaganda Fide stated that sisters would have to be 'timely trained by some good nun of another institute, already approved by the Holy See.'22 The SHCJ worked alongside the Kiltegan Fathers in Calabar Province, providing education for Nigerian girls. Their knowledge of the region, their proximity to Anua and their experience of combining religious life with active service, meant they were the designated congregation to form the sisters and transition them into religious life.

Once Moynagh had gained approval from the SHCJ motherhouse in Rome, it became a question of finding a suitable nun to undertake the role of novice mistress. It was agreed by all concerned that the nun picked for the

²¹ Draft Petition by Monsignor Moynagh, Calabar to Propaganda Fide, 2nd March 1937, MMM Archive, I/Cong/1(e)/7(b).

 $^{^{22}}$ Cardinal Biondi, Sacred Congregation of Propaganda Fide, to Right Reverend Father Bebe Lebbe, Prior of Glenstal, 5th May 1936, MMM Archive, I/Con/1(a)/4.

role would have to be of a certain caliber. The Reverend Mother in Calabar stated that 'it would need to be a very fine nun, who would be big enough to allow the new society to grow, and form it according to its own spirit which was very different to an order established for teaching.'23 In the end, an English nun, Mother M. Bernard, was chosen to act as the Novice Mistress and it was decided that the novitiate would primarily focus on a general spiritual training rather than specific rules. The sisters were to reside in one of the Holy Child convents in Ifuho, approximately thirty kilometers north of Anua.

During this period, Mother M. Bernard was also acting Novice Mistress for the Handmaids of the Holy Child Jesus. An Irish Sister of Charity, Mother Magdalen Walker, had founded the Handmaids in 1934. The HHCJ sisters in Ifuho came from various parts of Western Nigeria and were the founding postulants of their congregation.²⁴ Although the novitiate required that the two congregations be kept separate, the sisters were nonetheless allowed to recreate together. Sr. M. Joseph wrote to Mother Mary that 'they are surely four great ones for a foundation. It is nice for us to have them at recreation, they tell us all the strange things of the country.'25 It can be inferred from this that there was some cultural exchange between the Irish and Nigerian women. Although the novitiate was to act as a testing ground for religious life, for the pioneer MMM sisters it was also the occasion to learn more about their new surroundings. The SHCJ nuns and the Kiltegan Fathers brought them on tours of the surrounding area, telling them of their triumphs and difficulties in the early days of mission life. By contrast, as MMM became more established and the novitiate was transferred to Drogheda, the later sisters were given no introduction to the culture or language of their various missionary destinations.²⁶

 $^{^{23}}$ Marie Martin to Dr. Paschal Robinson, 20 February 1937, MMM Archive, I/Cong/1(a)/75.

²⁴ Colman Cooke, *Mary Charles Walker: The Nun of Calabar* (Dublin: Four Courts Press, 1980).

 $^{^{25}}$ Sr. M. Joseph, Ifuho to Mother Mary, 15^{th} August 1937, MMM Archive, I/Fou/4(e)/19.

²⁶ Interview conducted with Participant 10, 7th July 2013.

In 1937 however, there was no formalised novitiate, nor was there even an established rule or constitution for the congregation. Mother Mary had begun drafting these from the early 1930s. However, her spiritual advisor, Father Hugh Kelly, urged her to wait for the society to develop further, and then base the constitutions on their experience of combining religious life and medical work in the missions. As a temporary measure Mother Mary and Monsignor Moynagh decided to loosely adapt the rules of the Little Company of Mary, an active congregation with houses in Ireland. The importance of lived experience in the development of the congregation's corporate identity resonates throughout the correspondence of this period. Mother Mary instructed the sisters on the mission to 'write very openly and fully to me about all your experience and difficulties, as this is what must eventually make our book of rules, customs etc. It will also be much easier to direct the sisters and prepare them here at home.'27

Joan Scott has theorized the link between experience and identity in historical research, arguing that 'it is not individuals who have experience, but subjects who are constituted through experience.'28 The sisters used their experience in the novitiate, and later in the mission, to create their own identity as medical missionaries. This experience came to inform the identity of the congregation as a whole. How these early sisters narrated their experience of the novitiate and the mission in their letters home to Mother Mary can help us understand how the sisters combined their new identity as religious, with their professional, gender and national identity. Their experience can also give us a broader understanding of how, despite later emphasising their Irish origins, the MMM corporate identity was in fact an international one at its inception.

The sisters' early formation was a fusion of the practices of the Benedictine Fathers, the sisters of the Little Company of Mary, the SHCJ

²⁷ Mother Mary, Ireland to Sr. M. Joseph, 11th January 1939, MMM Archive, I/Fou/4(e)/37.

²⁸ Joan Scott, "The Evidence of Experience," *Critical Inquiry* 17, no. 4 (1991): 779.

sisters, and Mother Mary's own vision of the congregation. In this sense their experience as novices was slightly removed from that of more established and traditional congregations. Despite this unorthodox spiritual foundation, the sisters still underwent the traditional transformations and learning process inherent in adopting a new religious identity. Becoming a professed religious and completing a novitiate was a challenging process that demanded novices discard their old identity as a lay person, and with it their familial ties, civilian dress and to a certain extent independence and autonomy. In her early letters to the sisters, Mother Mary described the nature of religious life as 'a complete holocaust of self,'29 explaining that 'the true spirit of MMM is charity in great self-abnegation and self-sacrifice.'30 Throughout the novitiate in Nigeria the sisters were to perform a certain number of rituals and transformations, which if completed successfully, would lead to the transcendence of the old self and the creation of a new identity.

Upon entering the novitiate women religious were expected to replace their names, and to don the habit. The two pioneer sisters had already adopted the religious dress, having worn a religious habit on their trip to Nigeria. They now took a further step in their transformation and adopted new names. Mary Moynagh became Sr. M. Joseph, and Bridie O'Rourke became Sr. M. Magdalen. By adopting these names they discarded their old identity, and the marker of that identity, their family names. Sr. M. Joseph, Monsignor Moynagh's sister, wrote to Mother Mary asking whether she should call her brother 'Monsignor', as everyone else. She admitted 'it will mean an effort for a bit, but it will be acting as everyone else does.'31 The process of entering religious life not only demanded the rejection of the secular self. It also meant the sacrifice of individuality in favour of uniformity and the corporate identity of the specific congregation.

²⁹ Mother Mary, Drogheda to Sr. M. Joseph, Passion Week 1939, MMM Archive, I/Fou/4(e)/39(a).

³⁰ Ibid.

 $^{^{31}}$ Sr. M. Joseph, Anua, to Mother Mary, April 1937, MMM Archive, I/Fou/4(e)/5.

Within this context, the congregation and the broader Catholic Church took on the role of the family. Sr. M. Joseph may have given up her sibling relationship with Monsignor Moynagh; however, he now became a father figure. Mother Mary reminded the sisters 'you all have a Father in Monsignor Moynagh, [...] you will always consult him before taking any action. Let your spirit be to follow his counsel and wishes as God's voice for you.'32 In this sense, the sisters exchanged one patriarchal family structure for another. MacNamara has argued that many sisters 'felt themselves privileged in their freedom from marital authority, but they did not question the authority itself.'33 This was true to a certain extent. Although sisters may certainly have felt privileged in their freedom from marital authority, there are many examples of women religious challenging religious and secular powers in different ways.³⁴ By entering religious life, the sisters were no longer subject to the authority of a father, a brother or a husband; however their new life as women religious did not mean an absence of authority, whether questioned or not.

The nature of the Catholic Church, as a patriarchal and hierarchical institution meant that even those who rejected blind obedience and authoritarianism still adhered to the power structures inherent to religious life. Monsignor Moynagh advised Mother Mary on her role as Mother of the congregation. He explained that a religious society should be 'a very happy family, with a head and true obedience, but in which each member is perfectly free to express themselves and tell the head of their feelings and wishes. It would be a queer family in which the father would refuse to listen to the little plans his children had in their head.'35 He further confided: 'I have no time at all for the notion of religious life which makes it (under the pretence of

³² Mother Mary, Drogheda to Sr. M. Joseph, 11th January 1939, MMM Archive, I/Fou/4(e)/37.

³³ Jo Ann Kay McNamara, *Sisters in Arms: Catholic Nuns through Two Millennia* (Massachusetts: Harvard University Press, 1996), 612.

³⁴ Peckham Magray, *The Transforming Power of the Nuns*; Liedel, "Indomitable Nuns and an Unruly Bishop," 459-79.

 $^{^{35}}$ Monsignor Moynagh, Calabar to Mother Mary, $20^{\rm th}$ October 1937, MMM Archive, I/Cong/1(e)/33.

obedience) like a modern army where the soldiers are more or less autonomous and have nothing in common with the officers except that they must obey them.'36 His understanding of religious life retained the traditional structures of the patriarchal family model, with its hierarchy and obedience. However he distanced himself from the authoritarian interpretation of this model adopted by some congregations.

Moynagh ended this letter stating: 'I hope you don't misunderstand me, and that all this is not unorthodox? I am not referring to anything except my own experiences and this is all in confidence.' His admission to this being 'in confidence' and 'unorthodox' indicates that Moynagh thought himself quite a forward-looking man, who did not confine himself to a strict interpretation of religious life. Again, his use of the word 'experience' echoes Mother Mary's instruction to the sisters, and Father Kelly's advice to Mother Mary. Shaping the identity of individual religious, and the congregation through experience, especially experience that involved more freedoms and cultural exchanges, can give some indication of how the MMMs developed an unorthodox and modern outlook. However, as this thesis will demonstrate, experience was not easily detached from preconceived ideas derived from what Foucault would call 'regimes of truth.' In other words, the forward-looking nature of the congregation remained rooted in a deeply conservative Catholic Church.

Despite Moynagh's unorthodox ideas regarding authority in religious congregations, obedience remained the cornerstone of female religious life. For the sisters completing their novitiate in Ifuho, obedience permeated their every thought and action. Their obedience was applied through their adherence to the rules and regulations of religious life, as well as through their trust in God to rationalize their own decisions. The sisters silenced questions or concerns by reverting to God's will. For example, referring to Mother Mary's profession, Sr. M. Joseph pondered: 'Is it possible after twenty years, that you will now be professed in a bed at an un-Catholic Hospital, and

 $^{^{36}\,\}text{Monsignor}$ Moynagh, Calabar to Mother Mary, 20^{th} October 1937, MMM Archive, I/Cong/1(e)/33.

³⁷ Ibid.

no one at the ceremony. If it is God's will, what does it matter.'³⁸ A few months later, in reflecting on her own vocation, and her first profession, Sr. M. Joseph wrote: 'As regards my desire to be a religious, it was always my one desire and my one thought and I trust I am doing what God wants and I believe it is His Will.'³⁹ This quote exemplifies the primacy of obedience in religious life and its contentious relationship with individual agency. Sr. M. Joseph professed to have always desired to become a religious, it was her one thought, and although she associated this decision to God's Will, it was in fact her choice.

Foucault has argued that the important thing in 'Christianity is that one does not obey to reach a certain result, one does not obey, for example, simply to acquire the habit, an aptitude or even an honour. In Christianity, the absolute honour is precisely to be obedient. Obedience must lead to a state of obedience. To remain obedient is the fundamental condition of all the other virtues.'40 Indeed, a magazine from the period described nuns as being 'bound by the vows of poverty, chastity and obedience, those holy bands that do not depress but elevate – that do not shackle but set free.'41 Thus, for the sisters, obedience was a positive state that permitted them to transcend their secular selves and achieve a higher spiritual calling. They were to practice this obedience in relation to others, in particular their religious superiors and God, but also in relation to themselves. Sr. M. Joseph confided to Mother Mary that 'the only difference I find in this country is that I get more temptations, but T.G. [sic] we have a lovely confessor which is a great help to me.'42 Through regular confession the sisters were expected to overcome

³⁸ Sr. M. Joseph, Anua to Mother Mary, 2nd April 1937, MMM Archive, I/Fou/4(e)/3.

 $^{^{39}}$ Sr. M. Joseph, Ifuho to Mother Mary, 2^{nd} September 1937 MMM Archive, I/Fou/4(e)/15.

⁴⁰ Michel Foucault, "'Sexuality and Solitude," in *The Essential Works of Foucault, Vol I: Ethics, Subjectivity and Truth*, eds. Paul Rainbow (New York: New Press, 1997).

⁴¹ Anon, *Africa*, 1939.

⁴² Sr. M. Joseph, Ifuho to Mother Mary, 2nd December 1937, MMM Archive, I/Fou/4(e)/19.

temptations and gain control over the self. In this sense, their obedience was a form of agency, or 'active passivity.' 43

Nonetheless, as novices, the sisters were expected to conform to a new set of rules that regulated their lives physically and psychologically. Physically, the sisters' time was strictly controlled with every minute accounted for. They spent their days praying and reflecting on religious life, as well as performing domestic duties in the convent. The space they inhabited was strictly defined. Novices were separate from professed sisters and needed permission to deviate in any way from their designated space or timetable. As examined in the previous chapter, the novitiate in Drogheda was also a restrictive environment, where novices were tested spiritually and physically. McKenna's qualitative study of Irish missionaries' experience of becoming nuns in Irish convents has highlighted the restrictive nature of the novitiate. Her interviews with a number of Irish sisters who completed their novitiate in the pre-Vatican II period, depicts a challenging environment of physical and psychological denial and sacrifice.⁴⁴ Carmen Mangion has also highlighted the challenging and transformative nature of the novitiate in her study of Catholic women religious in nineteenth century England. 45

To a certain extent this was the experience of the sisters in Ifuho. Sr. M. Joseph described how she 'felt prayer very hard for the first few months.'46 And that 'some days things seem dark and often when you are striving hard. It is often temptations of various kind and after a day I get clear of them.'47 However these were rare admissions of difficulty; as a whole the sisters enjoyed their novitiate and found it a positive and fulfilling experience. Most letters from Ifuho are effusive over community life, the convent, Mother

⁴³ McKenna, Made Holy, 89.

⁴⁴ McKenna, Made Holy.

⁴⁵ Mangion, *Contested Identities*.

 $^{^{46}\,\}mathrm{Sr.}$ M. Joseph, Ifuho to Mother Mary, 21^{st} October 1937, MMM Archive, I/Fou/4(e)/18.

 $^{^{47}}$ Sr. M. Joseph, Ifuho to Mother Mary, 2^{nd} July 1937, MMM Archive, I/Fou/4(e)/12.

Bernard and the experience as a whole. Sr. M. Joseph mentioned repeatedly how happy they were in the novitiate.

The sisters in Ifuho provide anecdotes in their letters that suggest that the distance of the mission was an excuse for bending rules. Despite the restrictive nature of the novitiate, they were afforded certain freedoms that they would not have been privy to had they been in Ireland. One such anecdote occurred on the Medical Missionary of Mary Feast day. Sr. M. Joseph wrote with surprise that they received 'a box from the cold store in Calabar, [...] a sensible dash,⁴⁸ meat, veg and apples,^{'49} from Monsignor Moynagh. Their room was 'beautifully' decorated by the other sisters, and they were given a free day by Mother Bernard during which 'they went for a walk, gathered flowers, investigated jewjew [sic] shrines. Etc.'50 The SHCJ gave them a box of sweets, and they had 'beautiful book' at mealtime and 'as many Irish papers as was necessary,'51 sent from the Kiltegan Fathers at the Mission. They ended their day with Benediction, 'to finish the feast with our Lord.'52 She concluded: 'the nuns did everything in their reach to make things pleasant. They tell us it is not usual for novices to have a feast, but here the climate is an excuse for everything.'53

The climate and the distance of the mission gave nuns the space to exercise greater agency and to depart slightly from the constraints of canon law. This was not to say that all Catholic missionaries embraced this greater freedom, and for the most part deviations from the rules were minor. In fact, some adaptations were necessary, by virtue of the climate. The sisters' habit for example was a source of much correspondence during the period of Sr. M. Joseph, and Sr. M. Magdalen's novitiate. The religious habit marked the individual sisters out as religious. It was also the distinguishing feature of the

⁴⁸ A dash is pidgin for gift.

 $^{^{49}\, \}rm Sr.$ M. Joseph, Ifuho to Mother Mary, 2^{nd} July 1937, MMM Archive, I/Fou/4(e)/12.

 $^{^{50}}$ Sr. M. Joseph, Ifuho to Mother Mary, $2^{\rm nd}$ July 1937, MMM Archive, I/Fou/4(e)/12.

⁵¹ Ibid.

⁵² Ibid.

⁵³ Ibid.

congregation. The choice of the design and colour of the habit was not a decision that was taken lightly, and Mother Mary had been considering her options for some time before the congregation was formally erected. Her desire was to have a blue habit for the sisters, and a grey one for travel. It was to be a practical dress that could be worn in the hot climate of the tropics, and in the hospital.

Both Mother Bernard of the SHCJ and Monsignor Moynagh advised Mother Mary to forgo the blue habit in favour of a white habit for everyday wear, and a grey habit for travelling. Mother Bernard gave practical reasons, explaining that 'it is much easier to wash and if badly stained it can be boiled with other colours [...]. It is less conspicuous, all the government officials use it. It is more economical – out here sleeves wear out very quickly and if the habit is white one can put new sleeves in and patches without them being noticed.'54 Moynagh feared that the blue habit would fade in the sun and was 'a little loud for nuns.'55 Instead he advised they should adopt a practical white habit explaining: 'the different style will be a sufficient distinguishing mark from other nuns, and the fact that you closely resemble the dress of lay nurses would be all the better for you.'56

The habit of the congregation was to reflect their active work, whilst also being practical, cheap and suitable to the climate. Moynagh further stated: 'you wish to do everything that lay nurses do (and much more of course) and the fact that you adopt the simple white of the nurses will have an appeal (to non-Catholics especially).'57 In this sense, the sisters' habit was to bridge the gap between the secular uniform of nurses and the religious habit of the congregation, thus reflecting their dual role. Furthermore, Moynagh and Mother Bernard were concerned with the sisters being discreet and

 $^{^{54}}$ Mother Bernard, Society Holy Child Jesus, S. Nigeria to Mother Mary, 7^{th} October 1937 MMM Archive, I/Con/1(a)/97.

⁵⁵ Monsignor Moynagh, Catholic Mission Calabar to Mother Mary from, 4th September 1937, MMM Archive, I/Cong/1(e)/32.

⁵⁶ Monsignor Moynagh, Catholic Mission Calabar to Mother Mary, 4th September 1937, MMM Archive I/Cong/1(e)/32.

blending into their environment. He comments that blue was too loud, attracting too much attention, an unattractive feature for nuns. By contrast, all government officials wore white. In addition to being discreet, a white habit would give their work greater legitimacy and professional status.

As the six-month novitiate drew to a close the sisters prepared for their return to the mission hospital in Anua. First, however, they celebrated their first profession ceremony, the final stage in their ritualized transformation. The ceremony came after the sisters had completed an eight-day retreat under the spiritual direction of one of the Kiltegan Fathers, Father Duffy. Sr. M. Joseph wrote: 'I don't think I was ever as happy as during those days.'58 Father Duffy was described as being 'absolutely crazy about Our Lady,'59 and gave them practical and spiritual advice on mission life. After the retreat, came the first profession ceremony marking their transition to a higher state of being and their new status as spouses of Christ.

As discussed in Chapter Two, the first profession celebrated what they had learnt as novices, the intersection of Catholic doctrine, community life and the spirit of their congregation with what they had learnt of themselves. In this sense the novitiate served as an example of Foucault's technology of self, in that it offered the sisters various 'techniques that permit individuals to effect, by their own means, a certain number of operations on their own bodies, their own souls, their own thoughts, their own conduct, and this in a manner so as to transform themselves, and to attain a certain state of perfection, happiness, purity, supernatural power.'60 Throughout the letters from the sisters in the Nigerian novitiate to Mother Mary, the most striking feature is the prominence of obedience as a positive and productive force, and the rejection, the 'holocaust' of the old self in favour of a new purer, more perfect self, epitomized in their new religious identity.

⁵⁸ Sr. M. Joseph, Anua to Mother Mary, 17 Dec 1937, MMM Archive, I/Fou/4(e)/20.

⁵⁹ Sr. M. Joseph, Anua to Mother Mary, 17 Dec 1937, MMM Archive, I/Fou/4(e)/20.

⁶⁰ Foucault, "Sexuality and Solitude," 177.

Despite this control over, and knowledge of the self, acquired through the regular performance of prayer, introspection and confession, the sisters were still subject to the external authority and power structure of the Catholic Church. Their lives were regulated by a set of rules that they did not define, and the vows they adopted at the end of their novitiate, of poverty, chastity, obedience, did not always give them much room for individuality or agency. However, for Sr. M. Joseph and Sr. M. Magdalen, the distance of the mission and the climate gave them certain freedoms compared to their Irish counterparts. The sisters were expected to narrate their experience to Mother Mary in order for her to draft the spirit, rules and constitutions of the congregation. The following sub-chapter will further explore how the sisters combined their newly formed religious identity with their professional identity in the context of the mission hospital.

III.2 – Domesticity and Feminine Ideals

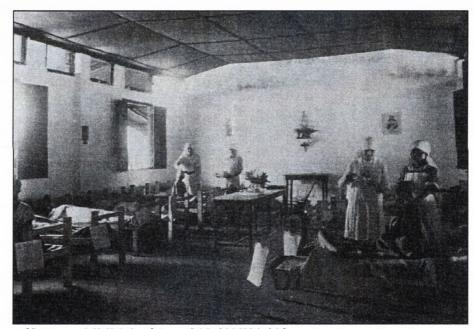
Once the sisters made their first profession, it was expected that they would be able to balance their new religious identity with their professional duties. In the beginning the sisters were given very little authority in the daily running of the hospital. In the convent they were allowed to order their life according to their rule. However, in the hospital they had 'no responsibility'⁶¹ and were to do as the doctor directed. Only Sr. M. Magdalen was a qualified nurse in 1937, as Sr. M. Joseph had interrupted her training in order to go to Nigeria. Monsignor Moynagh advised on the sisters' roles within the mission; he wrote to Mother Mary that Sr. M. Joseph should be 'engaged most of the times in directing household activities, watching the native girls – nurses, cooking, laundry, sacristy, etc.,'⁶² in effect assigning to her the role of convent superior, or matron. He thought Sr. M. Magdalen

⁶¹ Monsignor Moynagh, Calabar to Mother Mary, 20th October 1937, MMM Archive, I/Cong/1(e)/33.

⁶² Monsignor Moynagh, Calabar to Mother Mary, 1st November 1937, MMM Archive, I/Cong/1(e)/34.

should work in the hospital, using her nursing skills to assist the German doctor. This division of tasks would continue, albeit not always seamlessly, as the hospital developed, upholding a separation of the professional and religious spheres. This separation can also be conceived as a separation between the public and the private sphere, the professional and the domestic [See Figure III.3].

Figure III.3 – Sr. M. Joseph (left) and Sr. M. Magdalen (right) working in the women's ward in St. Luke's Hospital, Anua, 1937.



(Source: MMM Archive, CAL/ANUA/6.)

Much of the literature on female missionaries has focused on the experience of Protestant missionaries in the nineteenth century. Within this existing research, there has been considerable discussion of the role of missionary wives as examples of femininity, and missionary families, as models of 'proper' Christian family dynamics. 63 Irish Catholic sisters occupied

 $^{^{63}}$ See, Patricia Grimshaw, "Faith, Missionary Life, and the Family," in Gender

a similar fraught position in the mission space. Their role in the field was primarily the care of mothers and children. They were to educate girls towards Christian marriage and motherhood and to teach them Christian methods of childrearing. Through this work, they would ensure that mothers form their own children according to the Christian model. Similar to their Protestant counterparts, they too were to give 'the sermon by example.'64

Nancy Lutkehaus' research on German missionary nuns has explored the maternalist nature of Catholic missionary sisters' work. She has identified how 'maternal' held multiple meanings for Catholic female missionaries, defining their gendered role in the mission compound, their 'formal goals and stated ideology' 65 and their actual behaviour. 66 The archives of Irish missionaries in the twentieth century largely support this argument.

As previously explored, the Virgin Mary was central to the name, aims and iconography of the Medical Missionaries of Mary. In her petition to Rome in 1936, Mother Mary stated: 'I have the desire to imitate the example of the Mother of God, the Blessed Virgin, in her visitation of St Elizabeth,' ⁶⁷ referring to the Visitation, and the congregation's aim to promote Catholic family values through tending to African women in pregnancy and birth. In 1937 the congregation declared itself dedicated to 'the spiritual and bodily secour [sic]

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and Empire, ed. Phillipa Levine (Oxford: Oxford University Press, 2004); Jane Haggis, "'Good Wives and Mothers' or 'Dedicated Workers'? Contradictions of Domesticity in the 'Mission of Sisterhood', Travancore, South India," in *Maternities and Modernities: Colonial and Postcolonial Experiences in Asia and the Pacific*, eds. Kalpana Ram and Margaret Jolly, (Cambridge: Cambridge University Press, 1998); Johnston, *Missionary Writing and Empire, 1800-1860*.

64 Anon., "The Sermon by Example: The Medical Missionaries of Mary," *Africa*, July-August 1940.

⁶⁵ Nancy C. Lutkehaus, "Missionary Maternalism: Gendered Images of the Holy Spirit Sisters in Colonial New Guinea," in *Gendered Missions: Women and Men in Missionary Discourse and Practice*, eds. Mary T. Huber and Nancy C. Lutkehaus (Ann Arbor: University of Michigan Press, 1999), 207.
66 Ibid.

⁶⁷ Third Draft of Petition for Propaganda Fide, written by Marie Martin, February 1936, MMM Archive, I/Cong/1(e)/2g.

of the Mother and Child in Pagan lands' 68 and through their medical work they sought to promote a Catholic version of womanhood and family life.

Explaining the centrality of 'the mother', the magazine of the Kiltegan Fathers wrote in 1939: 'she has the closest contact with the child, she will form the child after the Christian model, open his mind to the knowledge of God. The Mother will show him God's goodness, God's love, and make her child ambitious of doing great work for God. She will shew [sic] him how to avoid temptation, how to master self.'69 The last two characteristics echo the sisters' narratives of the novitiate and their struggle to avoid temptations and master the self through their religious vocation. Indeed, the latter part of the article states: 'to be a good mother is an achievement in itself. It requires the training in virtue and self-sacrifice that is necessary for such a great vocation. In pagan lands nuns do that work of training and education. [...] For it is by example above all that the nuns influence these girls.' 70 Christian motherhood was a vocation in itself, one that was similar to a religious vocation in that it demanded self-sacrifice and self-denial to achieve a higher calling. The use of the term 'girl' infantilized the local women, placing them in the role of daughter to the metaphorical missionary mother. Through the sisters' motherly influence, it was hoped these women would, in turn, become ideal Catholic mothers.

In the early days of the sisters' work in St Luke's Hospital, there were few occasions to actually put into practice their maternalist ambitions. Although the priests, doctor and the sisters were anxious to attract more maternity cases, women were in fact slow to avail of the hospital. Letters to Mother Mary gave regular updates on the number of women in for maternity. Successes gave hopes that expecting mothers would come in ever greater numbers, whereas failures and deaths were described as 'a big blow'71 to the

⁶⁸ Third Draft of Petition for Propaganda Fide, written by Marie Martin, February 1936, MMM Archive, I/Cong/1(e)/2g.

⁶⁹ Anon., *Africa Magazine*, August 1939.

⁷⁰ Anon., *Africa Magazine*, August 1939.

 $^{^{71}\,\}mathrm{Sr.}$ M. Joseph, Anua to Mother Mary, 4th September 1939, MMM Archive, I/Fou/4(e)/45.

reputation of the hospital. By the end of their first year working in the hospital, the sisters wrote they needed more space, a maternity wing, in order to separate the mothers from the infectious diseases in the wards, and to accommodate the growing numbers of women attending.

If numbers were an indicator of success, it would therefore seem that the hospital was slowly integrating itself into the lives of the local people. Annual medical reports for Nigeria issued by the Colonial Office indicate that there was a similar surge in the numbers of women attending maternity wards in government hospitals during this period. The Statistical evidence however does not help us understand how the local people experienced the presence of the sisters and the hospital in their region. Furthermore, it gives no indication as to whether women accepted the religious message that was embedded within the medical encounter. In spite of the inevitable limitation of sources, the following paragraphs will attempt to tease out how Western medicine and Catholic values might have been interpreted by the local population.

Missionary magazines and pamphlets invariably demonised indigenous medicine, depicting it as unhygienic and superstitious. Just as the mother was seen as the key to transmitting Christian family values to her husband and children, she was also seen as central to the perpetuation of traditional methods of birthing. It was precisely this idea of women as repositories 'for all that was dark and evil'⁷³ that made their conversion all the more important. Although problematic as a source, European anthropological observations of marriage and birth customs in southeastern Nigeria from the 1930s largely support the idea that female relatives, and female midwives were highly involved in the birth process.⁷⁴ A British anthropologist, Sylvia Leith-Ross, wrote extensively on this topic in 1937.

⁷² See, *Annual Medical Reports for Nigeria*, 1939, 1940, 1941, 1942, British National Archives Kew: Sessional Reports for Nigeria, CO 657.

⁷³ Vaughan, *Curing Their Ills*, 23.

⁷⁴ See, Sylvia Leith-Ross, *African Women: A Study of the Ibo of Nigeria* (London: Faber and Faber Ltd., 1939); Margaret M. Green, *Ibo Village Affairs: Chiefly with Reference to the Village of Umueke Agbaja* (London: Sidwick and

At the time of the study she was a widow in her fifties. She had previously spent a number of years in Nigeria, first as a colonial official's wife, and later as the first lady superintendent for education. Southern Nigerian women were traditionally involved in trade and agriculture, and through this they held a certain amount of independence and financial autonomy.⁷⁵ Between 1925 and 1929 the market women of Aba engaged in a number of protests against taxation and the warrant chief system imposed by the colonial government in the south. As the protests escalated into riots, the movement was named 'the Women's War' and highlighted the colonial government's misunderstanding of southern Nigerian women. It was this concern with 'understanding' the women involved in the riots that led Sylvia Leith-Ross and Margaret Green to be awarded a Leverhulme research fellowship to conduct an anthropological survey of the Igbo women in the region surrounding Aba, South-East Nigeria. This was coincidentally the same region where the Medical Missionaries of Mary and the Kiltegan Fathers sought to spread their Catholic faith.⁷⁶

These anthropological studies offer an ethnocentric and imperialist interpretation of Igbo women's lives. It is clear that Leith-Ross had affection for the people and lived amongst them for a lengthy period. However her moments of compassion and lucidity were quickly shadowed by imperialist stereotypes of the 'African other' as child-like, irrational and incapable of deep thoughts. Leith-Ross herself pondered on the possibility of objective anthropological studies, and admitted to her bias. Watson's recent literary analysis of Leith-Ross has argued that her concern with these methodological dilemmas, combined with her position as a female anthropologist in a still male dominated profession, made her work potentially progressive and

Jackson, 1947); Talbot, Life in Southern Nigeria.

⁷⁵ See, Catherine Coquery-Vidrovitch, *African Women: A Modern History* (Colorado: Westview Press, 1997); Green, *Ibo Village Affairs.*

⁷⁶ Although the MMMs were in the same region, the area surrounding St. Luke's hospital was mainly composed of Ibibios and Efiks, with a minority of Igbos. Nonetheless, some parallels may be drawn between the experience of the sisters and that of Sylvia Leith-Ross. Talbot's *Life in Southern Nigeria* offers a similar, but less detailed view of Ibibio birth customs.

experimental.⁷⁷ These tensions between the regressive and progressive were a feature of British female travel writing more generally during this period. Sara Mills for example has highlighted the contradictory nature of these texts, arguing that they were 'a mixture of the thoroughly enjoyable (adventure narratives depicting strong, resourceful, women characters in situations rarely found in literature of the period) and the almost impossible (the racism, the concern to present the narrator as feminine, and the lengthy descriptions of the domestic).'⁷⁸

Nonetheless, Leith-Ross' detailed description of an encounter she had with a 'medicine woman' named Lolo, offers some insightful observations that call into question the missionary's understandings of local birth customs. According to Leith-Ross, amongst the Igbo people, there were male and female medics, both called 'dibia'. The medicine man practiced curative medicine and 'medicine in the form of spells and divination,'⁷⁹ whereas the medicine woman only practiced curative medicine and midwifery.⁸⁰ She described Lolo as 'striking,[...] exhilarating figure.'⁸¹ Around her ankles she wore 'narrow strips of leather bound in several places with brass wire which showed she had 'made *ozo* title' which raised her in the medical world to that of fully qualified physician.'⁸² In her opinion, Lolo was well respected by her patients and good at her job, she had: 'unlimited consciousness, and distinct professional pride.'⁸³ Indeed, Leith-Ross was delighted to 'recognize so many

⁷⁷ Lucy Watson, ""True Fictions": Subjectivity and Intertextuality in the Writings of Sylvia Leith-Ross," *Journal of Commonwealth Literature* 48, no. 3 (2014): 331-47.

⁷⁸ Sara Mills, Discourses of Difference: An Analysis of Women's Travel Writing and Colonialism (London: Routledge, 1993), 4.

⁷⁹ Leith-Ross, *African Women*, 162.

⁸⁰ This is supported by contemporary accounts, see, Ifi Amadiume, *Male Daughters, Female Husbands: Gender and Sex in African Society* (London; Atlantic Highlands, N.J. Zed Books, 1987); Coquery-Vidrovitch, *African Women*.

⁸¹ Leith-Ross, African Women, 162.

⁸² Ibid.

⁸³ Ibid.

of one's own medical friends beneath that black skin and velour hat.'84 Lord Hailey expressed a similar view of indigenous medicine in his *African Survey* when he stated: 'not all those who practice native medicine in African can be dismissed as witch-doctors: many are much respected, and it is indeed possible that a study of the herbs used by some of them might add to the list of remedies, such as quinine, which the pharmacopoeia owes to primitive medical practices.'85

In trying to convince women to attend their hospital, the sisters were therefore not dealing with 'black quacks,'86 or mercenary 'witch-doctors'87 as they were commonly depicted in medical missionary magazines. Rather they were competing with health professionals who took their job seriously and were well respected in the community. Jolly and Hunt have demonstrated how women in various colonial and post-colonial contexts variously rejected, embraced, or adapted Western methods of maternity.88 This was the experience of the Irish sisters in Anua. Their initial impression was that 'the women don't want to come to hospital, or I should say, their mothers don't want to let them,'89 echoing Vaughan's assessment that women were (in rhetoric and/or reality) the gatekeepers of tradition.90 As St. Luke's Hospital developed and became better attended, the sisters wrote that 'maternity cases are very numerous, and I think will be from this on. Of course they never come in time, but so far no mother has died, that is a consolation, and

⁸⁴ Leith-Ross, African Women, 161-62.

⁸⁵ William Malcolm Hailey, *An African Survey: A Study of Problems Arising in Africa South of the Sahara* (London: Oxford University Press, 1938), 1198.

⁸⁶ Bennett, "Great War over Africa", *Medical Missionary of Mary*, May-June 1941, 81.

⁸⁷ Ibid.

⁸⁸ Hunt, *A Colonial Lexicon*; Margaret Jolly "Introduction," in *Maternities and Modernities: Colonial and Postcolonial Experiences in Asia and the Pacific*, edited by Ram Kalpana and Margaret Jolly (Cambridge: Cambridge University Press, 1998), 26.

⁸⁹ Sr. M. Joseph, Anua to Mother Mary, 21st July 1944, MMM Archive, I/Fou/4(e)/55.

⁹⁰ Vaughan, Curing Their Ills, 23.

the condition they come in all sorts of native medicine giving them [sic].'91 This illustrates the contested nature of the mission hospital and Western maternity, and the agency of expectant mothers. Women found themselves caught between two distinct systems of maternity. Both methods had positive and negative attributes; however at this time, these two methods occupied separate spheres. Expectant mothers often chose to combine the two, opting for a traditional birth first, and using the mission hospital as a backup in the case of complications. Hunt's study of colonial and missionary maternities in the Belgian Congo suggests a similar use of biomedical care by Congolese women, who used the maternity services for emergency cases.⁹²

In 1949, a British educated Nigerian scientist, Sanya Dojo Onabamiro, 93 wrote a pioneering book on 'the causes and suggestions for prevention of infant mortality in West Africa.' 94 In this book, entitled *Why Our Children Die* he takes a critical stance on the traditional methods of the medicine man. His description of the birth process is more ritualized and lengthy than that described by Leith-Ross in her book. His focus is on Urban Yorubas, and the main protagonist is the medicine man rather than woman, thus highlighting the regional and ethnic differences that existed within Nigeria. He concludes that the high rate of new-born infant mortality is caused by 'the food the pregnant women are obliged to eat to keep alive, the water they drink, the work they do, the houses they live in, the diseases that surround them, the general lack of antenatal care, the crude methods of native midwifery, the mode of handling and nursing the new-born baby and so on.'95

⁹¹ Sr. M. Joseph, Anua to Mother Mary, Feast of the Sacred Heart, June 1938, MMM Archive, I/Fou/4(e)/28.

⁹² Hunt, A Colonial Lexicon, 250.

⁹³ Sanya Dojo Onabamiro later became the Minister for Education and then Minister for Agriculture for the Federal Republic of Nigeria in 1960, and 1963. His wife, Chief Mabel Onabamiro was a midwife and Matron at the State Hospital, Adeoyo, Ibadan.

⁹⁴ Sanya Dojo Onabamiro, *Why Our Children Die: The Causes and Suggestions for Prevention, of Infant Mortality in West Africa* (London: Methuen and Co. Ltd., 1949).

⁹⁵ Onabamiro, Why Our Children Die, 152.

Despite condemning the conditions in which expectant mothers lived and the methods of the traditional midwife, he also highlighted some of the positive aspects of these traditions notably, time-tested methods for activating women's muscles during birth, or the positive psychological effects of having the medicine man present, as well as family and friends. He also highlights the low instances of puerperal sepsis in traditional methods, due to certain taboos. The disadvantages he lists mainly pertain to complications that can occur during labour, which the midwife was not suitably equipped to deal with. This supports the impression given by the sisters' letters that women arrived in the hospital in crisis after they had begun labour under the supervision of the local midwife. In his conclusion he stated: 'There is no reason why a happy synthesis should not be made of both the native and Western techniques of midwifery.'96 The medical missionaries, however, would not share this view, until a later time.

For the sisters, increasing the number of women attending their maternity clinic was primarily about accessing women. Through this encounter they hoped to convert women and educate mothers as to the 'proper' methods of caring for a child. Sr. M. Magdalen proposed: 'we were thinking that cases we find in hospitals who are not attending the sacraments or not living good lives we could pass them on to them [the Legion of Mary].'97 More broadly however this was a modernizing project; similar to other Christian and Catholic missionaries they sought to quash traditional methods and replace them with modern, scientific methods in the name of Christian civilization. Ram and Jolly have demonstrated how in many Asia Pacific countries, choices for maternity arrangements were linked not only to gender difference but also to ethnicity and class.98

⁹⁶ Onabamiro, *Why Our Children Die,* 163-4.

⁹⁷ Sr. M. Magdalen, Anua to Mother Mary, April 1938, MMM Archive, uncatalogued.

⁹⁸ Kalpana Ram and Margaret Jolly, ed., *Maternities and Modernities: Colonial and Postcolonial Experiences in Asia and the Pacific* (Cambridge: Cambridge University Press, 1998), 1.

Onabamiro's assessment of infant mortality is just one example of a Nigerian opinion on the medicalization of childbirth; what is more it was a profoundly class-based appraisal. Similar to Leith-Ross' assessment of Nigerian women occupying different positions along a spectrum of modernity and civilization, Onabamiro was aware of the growing divide between Western-educated, urban Nigerians, and rural, illiterate people. His own background being of former, he clearly leaned towards promoting a greater absorption of modern scientific thought into Nigerian maternal health. He asked: 'what should our attitude, as a new generation of West Africans, gifted with a spirit of enquiry and trained in modern ways of scientific thought be to these matters? [...] Is it not time that we of this generation should staunchly refuse to compromise in this matter and make all efforts to secure modern scientific maternity facilities for our wives and sisters.'99

Thus in trying to uncover the views of the local women, and understanding to what extent the sisters' presence affected their experience of maternity, we are faced with a classic Spivak conundrum, 'can the subaltern speak?' 100 The views of the women concerned are mediated through those that were allowed or able to speak. However, through piecing together different sources of the period and reading them against the grain it is possible to get some indication that this period was one of transition. It is possible to uncover Nigerian women's tenuous engagement with maternity services in a way that reflects Jolly's argument that 'the embodied maternal subject is pervaded by a profound tension, perhaps even a split, as the mother is sundered in contests between 'tradition' and 'modernity.' 101 Within the context of colonial Nigeria, this split may have been experienced internally, but was also the result of external pressures.

Missionaries were keen to highlight the subjugated position of women in African societies. Polygamy, female genital mutilation, bride-wealth, these

⁹⁹ Ram and Jolly, ed., Maternities and Modernities:, 42.

¹⁰⁰ Gayatri Chakravorty Spivak, "Can the Subaltern Speak?" in *Marxism and the Interpretation of Culture*, ed. Cary Nelson and Lawrence Grossberg, (Basingstoke: Macmillan Education, 1988), 271-313.

¹⁰¹ Ram and Jolly, eds., *Maternities and Modernities*, 1.

traditions were used as evidence of the primitive nature of Africans and the secondary status of African women. It was believed that by converting them to Christianity and building proper Christian families, missionaries were liberating women. The sisters believed this also. They viewed Christian marriage as 'the only hope for the girls out here.' 102 Unsurprisingly, the reality was more nuanced than the ethnocentric views of Western missionaries.

Margaret Strobel has warned against 'an attitude of cultural relativism, that values whatever exists in "traditional' indigenous culture' and 'ignores the fact that many indigenous societies were divided and stratified by gender, age, or wealth.' Not unlike Irish society, Nigeria was a patriarchal society, where the male elders held considerable sway in daily life. A woman's decision on where to give birth was heavily influenced by family and friends, as well as traditional beliefs. Onabamiro stated that:

The majority of women in West Africa are attended at childbirth by Native Medicine-men. Even where the husbands are educated, such as those working in highly specialized jobs in the big towns, there is still a great disinclination to go against their parents' wishes. [...] Instances are known in such civilized centres as Lagos, Accra, Freetown and Bathurst where teachers, clerks and technicians habitually send their wives up-country to their parents to be cared for 'in the native way.¹⁰⁵

In this quote the expectant mother is silenced, the choice of maternity rests with the husband and the parents.

Historical and anthropological research¹⁰⁶ has argued that missionaries and colonial authorities 'destroyed the fragile balance between autonomy and

 $^{^{102}}$ Sr. M. Joseph, Anua to Sr. M. Magdalen, 12^{th} December 1938, MMM Archive, I/Fou/4(e)/36.

¹⁰³ Strobel, European Women and the Second British Empire, 50-51.

¹⁰⁴ Green, *Ibo Village Affairs*, 162-63.

¹⁰⁵ Onabamiro, Why Our Children Die, 21.

¹⁰⁶ See, Barbara Bush, Imperialism, Race and Resistance - Africa and Britain,

dependence in African gender roles.'107 In particular the emphasis on monogamous marriages disturbed traditional family structures often to the detriment of the Christian wife. Indeed, Leith-Ross gives a pessimistic assessment of the long-term success of Christian marriages. She observed cases of infertility in Christian marriages, where cultural stigmas resulted in the husband taking a second wife in order to conceive a child. She further highlighted the restrictive nature of the Catholic ban on divorce and the negative impact this had on one woman that she encountered who was in an abusive marriage. Indeed, an elderly Christian woman she interviewed went so far as to call Christian marriage 'a prison.'108

Despite admitting to a pro-missionary bias, Leith-Ross' assessment of Christian missionaries' success was rather pessimistic. She wondered at their naivety, their ignorance of indigenous customs, and their uncompromising nature. In her experience 'the missionaries came bringing salvation in one hand and education in another. The people had no hunger for salvation, but were hungry for education.'109 In order to gain an education that would help them secure jobs, the people were willing to be baptised.¹¹⁰ Similarly, she related an anecdote of the Irish Holy Rosary Sisters in Emekuku located 72 miles from Anua, who 'affirmed there was a marked difference in the homes of the young wives who had been under them as school girls.'¹¹¹ Her own impression of the few Christian homes she visited did not confirm this.¹¹² This led her to ponder whether the missionaries realized the extent to which Christian converts were living what she considered double lives, embracing

^{1919-1945 (}London and New York: Routledge, 1999); Coquery-Vidrovitch, African Women: A Modern History; Amadiume, Male Daughters, Female Husbands; Adrian Hastings, African Catholicism: Essays in Discovery (London: SCM Press, 1989).

¹⁰⁷ Bush, *Imperialism, Race and Resistance*, 92.

¹⁰⁸ Leith-Ross, African Women, 307.

¹⁰⁹ Ibid., 297.

¹¹⁰This version of events is confirmed in: Felix K. Ekechi, "Colonialism and Christianity in West Africa: The Igbo Case, 1900-1915," *Journal of African History* 12, no. 1 (1971): 103-15; Hastings, *African Catholicism*.

¹¹¹ Leith-Ross, *African Women*, 174.

¹¹² Ibid.

both their own cultural and religious customs, with those of the missionaries - or indeed, using the missionaries for their own material and social advancement.

At the beginning of each year the Kiltegan Fathers would update their readers in Ireland as to their spiritual progress in Nigeria. In 1939 they stated 'the total number of Catholics in our prefecture now is 48,128. Over 5,000 were baptized last year, and nearly 700 received the last sacraments and died happy in the hope of salvation.'113 For 1940, they reported '4,069 people were baptised, 1,800 in danger of death.'114 By 1944 they reported that for their two diocese, Calabar and Ogoja, there were 62,000 Catholics out of a total population of '1,600,000 souls.'115 The sense of urgency and zeal that comes across in these figures is further reflected in the missionary letters and memoirs of the period. The sisters frequently reported deathbed conversions, or the baptism of orphaned twins. These instances often brought a sense of purpose to an unexplained or tragic death. Sr. M. Joseph wrote in 1938: 'Since we came to Anua we have had very few deaths until last week, things seemed to change, four of the babies died, twins of course, four delivery cases and the babies died, three operated cases died on the ninth day. I hope we don't have such a week for a long time again. One consolation, all of them were baptised just before death.'116

Hence the figures reported by the fathers hide the fact that many conversions were more often the choice of the missionaries than the people themselves. This blanket approach to baptisms was also used in the pursuit of Christian marriages. In 1938 there were only two MMM sisters working in Anua, Sr. M. Magdalen and Sr. M. Joseph. Soon thereafter, Miss Kean, an unprofessed, qualified nurse arrived from Ireland to assist in the hospital and to complete her novitiate under Mother M. Bernard. Sr. M. Magdalen returned

¹¹³ Costelloe, 'And the year that is gone, chronicle of 1938,' *Africa,* February 1939.

¹¹⁴ Costelloe, 'And the year that is gone,' *Africa*, February 1941.

¹¹⁵ Ibid.

 $^{^{116}}$ Sr. M. Joseph, Anua to Mother Mary, Feast of the Sacred Heart, June 1938, MMM Archive, I/Fou/4(e)/28.

to Ireland in 1939 due to ill health, and she was replaced by a further two sisters from Ireland, bringing the total to four. Throughout this period, the sisters report on there being on average around 100 patients in the hospital; this volume of work, combined with their spiritual duties, left them with little time to engage in marriage training work. However, despite their busy schedule, the sisters were keen to be involved in this work, and arranged with Fr. McGettrick that twice a week they would 'go over to the Penance and Marriage quarters to give talks to the women on hygiene and child welfare etc.' 117 Sr. M. Magdalen commented: 'I am especially interested in this work and the twin mothers.' 118

The Marriage Training Centre was the first of its kind in the Eastern Province [See Figure III.4]. It was set up by the Kiltegan Father, Father McGettrick, in response to what he considered was the local women's desire to be baptised. He later wrote that 'those [women] living immorally were very anxious that the priest get their husbands to marry properly by receiving the sacrament of matrimony.'119 In addition to the sisters' classes on child welfare and hygiene, the women were given classes in domestic science and Catholic doctrine. Those that were not baptised upon entering the marriage-training centre stayed in the central mission where they were given 'daily instructions and a visit to the Blessed Sacrament. They were taught the meaning of the Blessed Eucharist and how to say the rosary¹²⁰

¹¹⁷Sr. M. Magdalen, Anua to Mother Mary, April 1938, MMM Archive, uncatalogued.

¹¹⁸ Ibid.

¹¹⁹Thomas McGettrick, *Memoirs of Bishop T. McGettrick* (Enugu: CECTA (Nigeria) Ltd.,1988), 103.

¹²⁰ Ibid.

Figure III.4 – Photo of Bishop Moynagh and Bishop Rogan with the Christian Women of Anua, undated (c. 1940). Note at the back reads: 'Do you recognise any of your 'pets' here? Thank God some of them are really fine Christians, J.M."



(Source: MMM Archive, CAL/AN/1)

In his memoirs, written in 1988, Father McGettrick admitted to going too far in his effort to get women to attend the centre. He remembered how 'on the first Sunday of every month, after mass, I used a Kit-Car, the only one in the diocese, to go out to some of the stations and bring in the women. I instructed, or rather ordered their husbands to come in that evening with their wives' belongings and some food.'121 Unsurprisingly his methods did not go down too well with the local people. A Protestant Union in Ibibio, not too far from the Central Mission, began reporting his actions to the District Officers and filed reports with the Lieutenant Governor in Enugu that he was 'incarcerating and arresting their women.'122 The story ends with the

¹²¹ Thomas McGettrick, *Memoirs of Bishop T. McGettrick* (Enugu: CECTA (Nigeria) Ltd.,1988), 103.

Lieutenant visiting the training centre and, according to McGettrick, not finding anything out of the ordinary, the women were reportedly happy to be there. This anecdote gives a rare insight into the lengths to which Irish missionaries went in order to fulfil their missionary aims. It also illustrates the miscommunications that occurred between local people and overzealous priests.

In addition to the marriage training centre and the hospital, the mission also operated as an unofficial orphanage. Most often the babies were abandoned due to beliefs regarding the birth of twins. This tradition of twin sacrifice was particularly shocking to the sisters, and they frequently made trips to the surrounding bush to save abandoned twins. Sr. M. Magdalen wrote of one such incident to Mother Mary: 'we have just been out for another set of twins only two miles away. There were some angry scowling faces around the compound and poor Ma was crying. [...] We baptised them Anthony and Mary and they are both lovely.'123 The sisters enjoyed this mothering role, joking that the babies were getting too much attention in the mission. They would baptise and name them, dress them up and, when they were 'strong enough for native chop,' 124 they would give them to 'Christian people who have no children of their own, and who promise to send them to school.'125 The cost of feeding the children was too much for the mission to adopt them on a long-term basis. The sisters frequently worried about the expense, calculating that the milk for the babies was costing them up to £5 a month, sometimes more. In later years there were concerns over the legitimacy of this unofficial adoption service, and the procedures to be adopted if and when parents returned.

 $^{^{123}}$ Sr. M. Magdalen, Anua to Mother Mary, July 1938, MMM Archive, I/Cong/1(n)/50.

¹²⁴ Chop is pidgin English for food.

 $^{^{125}}$ Sr. M. Joseph, Anua to Mother Mary, St. Patrick's Day, 1939, MMM Archive, I/Fou/4(e)/38.

III.3 - Negotiating Identities

The fledgling mission hospital was not immune to the global economic depression and the onset of World War II in the late 1930s and early 1940s.¹²⁶ From the beginning the hospital charged its patients a small sum, especially for popular procedures such as operations and injections. The doctor charged £1 for each operation or, 10/hospital fee. Sr. M. Magdalen reported that the hospital was 'a great success financially and he [Dr Dufey] never takes less than £1 in the dispensary, to-day he got 50/.'127 However, as time progressed they found that the people of their district could not always afford the fees. Writing to Mother Mary they explained: 'at present the people here have no money, and it is very hard in hospital work as you can't be so harsh as to not treat them, we hope it will only be for a short time.'128 The numbers attending the hospital were low in the 1930s as 'money is scarce as the price of oil is very low and now the people go to the plantations for farming.'129 At this time the hospital was not receiving any financial aid from the Colonial government. In fact, the Colonial government featured very rarely in the day-to-day narrative of the mission compared to the post-World War II period when the Colonial Office took a more interventionist approach to welfare. The sisters reported a rare visit from the Resident from Calabar and his wife in 1938. Despite his being 'struck by everything, especially how much things had developed in a few months,'130 he confessed that there was only £1,000 given to Southern Nigeria, and their chances of receiving any financial aid were slim.

¹²⁶ Bush, *Imperialism, Race and Resistance,* 104-14.

¹²⁷ Sr. M. Joseph, Anua to Mother Mary, January 1938, MMM Archive, uncatalogued.

¹²⁸ Sr. M. Joseph, Anua to Mother Mary, St Patrick's Day 1939, MMM Archive, I/Fou/4(e)/38.

¹²⁹ Sr. M. Joseph, Anua to Mother Mary, February 1938, MMM Archive, uncatalogued.

 $^{^{130}}$ Sr. M. Joseph, Anua, to Mother Mary, $12^{\rm th}$ September 1938, MMM Archive, I/Fou/4(e)/30.

Medical supplies were another great expense, and as World War II progressed it got more expensive and difficult to get their usual medical supplies from Germany. The sisters began looking for other ways to guarantee their stock, asking Mother Mary to investigate prices with medical suppliers in Liverpool and Dublin to see if they were less expensive. They appealed to lay organisations and to the Apostolic Delegate in Belfast, who sent them religious supplies such as christening gowns, books, and altar cloths. Mother Mary also sent the sisters supplies from Ireland, on the understanding that they would be reimbursed by the doctor who was in charge of the financial side of the hospital.

As was arranged from the beginning, the sisters had very little involvement in these financial arrangements. They kept their own accounts and each month they would hand them over to the doctor, who would then hand them on to Moynagh, who managed the overall finances of the mission. The sisters seem to have been satisfied with this arrangement, and admired the bookkeeping skills of the doctor and his wife, whom they stated 'would certainly teach you how to keep your vows of poverty.'131 Nonetheless the sisters were concerned and careful about the money being spent in the hospital. Although they described the doctor and his wife as methodical in their accounts, it seemed that they were not always aware of the lengths to which the sisters and Mother Mary in Ireland went in order to secure medicines and supplies for the hospital. In 1938, when the sisters expected a visit from the Health Officer, Sr. M. Joseph wrote to Mother Mary that 'the nurses are working very hard to keep things clean and in order. The doctor told me yesterday not to do so much on account of getting a grant, but I feel it is our duty and we are not spending any money, except what some whitewash cost. We now pray and hope for the best, even a little would help to buy medicine.'132 Thus the sisters may not have had any financial responsibilities,

¹³¹ Sr. M. Magdalen, Anua to Mother Mary, January 1938, MMM Archive, uncatalogued.

 $^{^{132}}$ Sr. M. Joseph, Anua to Mother Mary, 12^{th} September 1938, MMM Archive, I/Fou/4(e)/30.

but they were aware of the costs and expenses of the hospital, and took it upon themselves to find ways of supplementing their income and cutting costs.

In her assessment of the colonial encounter, Mary Louise Pratt coined the term 'contact zone.' By this she understood 'the social spaces where disparate cultures meet, clash, and grapple with each other, often in highly asymmetrical relations of domination and subordination.' The mission hospital is an example of such a 'zone', where encounters occurred between the local people and the medical missions, and also between the sisters, the German doctor, the priests and the colonial government. These asymmetrical relations of domination and subordination were experienced on a number of different levels forming a complex web of gender, race, professional and religious hierarchies.

Although maternity work was the chief interest of the missionaries, St. Luke's was in fact a general hospital and dispensary that catered to all types of diseases and emergencies. Similar to other accounts of missionary medicine in Africa, injections, operations and pills were particularly popular with the local people due to their seemingly instant curative properties. Research has highlighted the contradictory nature of missionary medicine, where missionaries hoped their patients would adhere to the scientific side of their medicine, as well as the supernatural message they hoped to convey through this medicine. Paradoxically, although the sisters sought to promote scientific medicine and techniques over the superstitious beliefs of the locals, they too held onto certain supernatural beliefs regarding healing. Sr. M. Joseph, for example, wrote to Mother Mary: 'I have a little relic that you

¹³³ Pratt, *Imperial Eyes*, 7.

¹³⁴ Vaughan, Curing Their Ills, 57-9

¹³⁵ Rita Kipp Smith, "Emancipating Each Other: Dutch Colonial Missionaries encounter with Karo Women in Sumatra, 1900-1942," in *Domesticating the Empire*, ed. Julie Clancy-Smith and Frances Gouda (Virginia: University of Virginia Press, 1998), 211-35; Vaughan, *Curing Their Ills*.

gave me, and I slip it under their pillow, it is nice to have such.' ¹³⁶ In this sense what they were trying to impart to their patients was not exactly radical as Nigerians also believed in a medicine that combined curative practices with the supernatural. ¹³⁷

Vaughan has argued that early mission doctors and nurses spent considerable time explaining how their medicine differed, and were regularly confronted with patients who incorporated what they had observed of Western medicine, with their own spiritual beliefs. Reports from Anua support this argument, the sisters related amusing anecdotes of their patients' misunderstandings as for example, 'when it comes to recreation in the evening, some sister always has a funny story of something, which happened during the day. A man lost a tooth the other day, and came to the doctor to put it back for him. Another old man came for medicine to make him a young man again. Some of us could soon do with a bit of that.' Thus, the local population appears to have appreciated the scientific practices of the mission hospital, and perhaps even understood that there was a religious element to the missionaries' work. However their understandings were mediated and shaped through their own cultural beliefs and traditions.

Interestingly, this was not the only encounter between different medical approaches, the sisters themselves had to come to terms with the methods of the German doctor, and the work itself. Although Sr. M. Joseph was not fully qualified when she arrived in Anua, she was still allowed to assist the doctor in operations, and other nursing duties. The qualified sisters frequently told her how her lack of training was an advantage, as everything was so different in the mission hospital compared to what they learnt in Ireland. The sisters were impressed with Dr. Dufey when they first arrived in the Hospital. He was a graduate of the Wurzburg Missionary Institute in Germany, and had

¹³⁶ Sr. M. Joseph, Anua to Mother Mary, February 1938, MMM Archive, I/Fou/4(e)/23.

¹³⁷ Talbot, *Southern Nigeria*, 945-6.

¹³⁸ Vaughan, Curing their Ills, 60.

¹³⁹Sr. M. Magdalen, Anua, to Mother Mary, Trinity Sunday 1938, MMM Archive, uncatalogued.

been recruited by the Kiltegan Fathers. The sisters described him as a 'real missionary' ¹⁴⁰ and were impressed by his methodical nature and qualifications. Sr. M. Magdalen wrote to Mother Mary: 'judging from how these people come prepared for the Missions, you would certainly see the need for the members of MMM having every qualification.' ¹⁴¹ The doctor's wife was only twenty-three years of age. She was a qualified nurse and dentist and frequently assisted in operations and the dispensary.

The difficult nature of the missionary work meant that even the most even-tempered person was susceptible to 'temptation.' The doctor was sometimes described as 'contrary' and asked the sisters to perform unreasonable tasks. Other times, it was simply a clash in medical teachings, Sr. M. Magdalen explained to Mother Mary:

There is one point in which trained nurses especially will find a little difficulty when working with foreign doctors and that is when they are told to do something which is quite the contrary to what would be done at home. I have seen it here in maternity cases, for instance at home it was supposed to be the most fatal mistake that anyone could make was to give ergot¹⁴² before the placenta came away, but here the doctor will always tell you to do so.¹⁴³

¹⁴⁰Sr. M. Magdalen, Anua to Mother Mary, January 1938, MMM Archive, uncatalogued.

¹⁴¹Ibid.

¹⁴² Ergot is a fungus that grows on rye and less commonly on other grasses such as wheat. Despite serious safety concerns, ergot has been used as medicine. Women use it to treat excessive bleeding during menstrual periods, at the start of menopause, and before and after miscarriage. They also use ergot after childbirth to expel the placenta and contract the uterus. Historically, ergot was used to speed up labour, but its use was abandoned when people made a connection between the use of ergot and an increased number of stillbirths. "Ergot", WebMD, accessed 25th September 2014, http://www.webmd.com/vitamins-supplements/ingredientName=ERGOT.

¹⁴³ Sr. M. Magdalen, Anua to Mother Mary, January 1938, MMM Archive, uncatalogued.

Similar situations arose later with other doctors. In fact, the Irish doctors that were employed in the early 1940s appear to have been less trained and experienced than their German counterparts, meaning the sisters took on a more managerial role in the hospital.

The challenging nature of the work appealed to the sisters. Their letters convey a sense of professional achievement and satisfaction with their work in the hospital. Sr. M. Magdalen described their first operation in the hospital as giving the sisters opportunities to do work that they would not have been trusted with in Ireland until they were more senior:

Today we assisted at our first operation. Sister Mary Joseph did theatre Sister, threading the suturing needles and having all instruments ready to hand the doctor and I assisted at the actual operation. I have to laugh when I think of it. You would be years in a hospital at home before you would be let do that, but you feel the Lord is with you all the time and you don't mind what you are asked to do. They are very good in showing and teaching us everything. 144

Both expressed a deep interest with their work, giving details of the various tropical diseases, and medical cases that arose. In this respect the missions offered these Irish medical missionaries an opportunity to develop their skills and interests in a manner that provided them with professional satisfaction.

Nursing had developed as a respectable profession for middle- and upper-class women during the nineteenth century. In parallel to being suitably trained and educated, nurses were expected to possess certain feminine virtues (such as humility, gentleness, patience, obedience) that would complement, rather than challenge, the medical work of the doctor. Feminist historians have emphasised the detrimental and lasting impact that this emphasis on the caring aspect of nursing has had on its development as a profession. Similar allegations have been made against Catholic sisters and

¹⁴⁴ Sr. M. Magdalen, Anua to Mother Mary, January 1938, MMM Archive, uncatalogued.

their influence over the development of nursing in Ireland. 145 On the gendered nature of the medical professions, Gamarnikow's feminist analysis argued that the doctor-nurse-patient relation mirrored patriarchal family structures. She emphasised the relation of complementarity and subordination between the doctor and the nurse. In this structure, Gamarnikow equates the doctor to the role of father, the nurse as mother, and the patient as child. In her analysis the father (doctor) is the head of the family, with greater authority, status and professional skill, whereas the mother (nurse) occupies a subordinate role and is preoccupied with the domestic and moral care of the family.¹⁴⁶ Within this framework, she argues that nurses came to be more valued for their domestic skills, morality and obedience rather than their scientific or professional skills. Science and medicine continued to be the preserve of the predominantly male medical elite. The position of female doctors was unseemly, and disturbed this harmonious gender division of labour. This ambiguous position of the sisterdoctor in the mission hospital will be explored in more detail in the following chapter.

By the 1930s the admission of women to the medical profession was no longer a contentious issue; however there were still debates as to what fields of expertise were appropriate for women doctors. Nursing however continued to be viewed as a female profession where obedience and cleanliness were valued above medical knowledge and technical skill. In St. Luke's, these gender divisions of labour were simultaneously reinforced and challenged. Due to their vows, the sisters embodied the ideal qualities to be possessed by nurses. Their uniforms were to resemble those of the

¹⁴⁵ See, Clear, *Nuns in Nineteenth-Century Ireland*, 100; Finn, "Women in the Medical Profession in Ireland," 102-119; Margaret O hOgartaigh, "Flower Power and 'Mental Grooviness': Nurses and Midwives in Ireland in the Early Twentieth Century," in *Women and Paid Work in Ireland*, 1500-1930, ed. Bernadette Whelan (Dublin: Four Courts Press, 2003), 133-47.

¹⁴⁶ Eva Gamarnikow, "Sexual Division of Labour: The Case of Nursing," in *Feminism and Materialism: Women and Modes of Production*, eds. Annette Kuhn and Ann Marie Wolpe (London, Henley, Boston: Routledge & Kegan Paul, 1978), 102-119.

government nurses, and Mother Mary reminded them 'be sure to be beautiful, clean and tidy. I would wear your blue sandals and have your helmets nicely cleaned [...] always remember we are a body of nursing sisters and have to be very neat and tidy at all times.' The sisters were keen to follow the doctor's orders and to provide him with the necessary support. Their work was a supportive one, bandaging wounds and dispensing medicines, ensuring the wards were properly cleaned and in order, and taking care of the patients in the wards. However the lack of staff meant that they also had more responsible and diverse roles, assisting in surgery, giving injections and doing pharmacy work.

The sisters' vows of obedience and active charity meant they possessed the ideal qualities of a successful nurse whilst their religious identity complicated the straightforward relation of subordination between doctor and nurse. In addition to following the doctor's orders, the sisters answered to the higher authority of their religious superiors, Mother Mary and the Kiltegan fathers, and above all else to their vows to God. Mother Mary advised the sisters on how to deal with disagreements with the doctor, stating that 'unless there is a principle at stake we should be the ones to give. Then should there be a difference of opinion, which is unavoidable, let it never dampen charity.'148 Indeed, the isolated and difficult living and working conditions meant that differences of opinion did occur. They occurred between the doctor and the sisters, as well as between the doctor and the priests, and the sisters and the priests. It can be inferred from Mother Mary's statement quoted above that the sisters were to object if they felt that the doctor was going against the Catholic ethos of the hospital. However at times it was necessary to intervene on more mundane issues, such as working conditions, or staffing. In private the sisters wrote of their personal opinions on the direction taken by the doctor. Sr. M. Joseph, who

¹⁴⁷Mother Mary, European Hospital, Port Harcourt to Sisters in Anua, 14th April 1937, MMM Archive, I/Cong/1(n)/29.

 $^{^{148}}$ Sr. M. Joseph, Anua to Mother Mary, Drogheda, $11^{\rm th}$ January 1939, MMM Archive, I/Fou/4(e)/37.

took on the role of convent superior/hospital matron, wrote to Mother Mary that 'the doctor piled on too much work to Sister Murphy, and I had to object as I considered it was too much work for one who had only arrived two days.'149

Thus religious life was an asset to medical work, but also a source of tension. In particular secular and religious hierarchies sometimes clashed or contradicted each other. The sisters themselves viewed their vows as complementing their nursing skills. Sr. M. Joseph wrote that 'Miss Kean cannot know how I have such patience, that is her difficulty, but she is trained [as a nurse] and I am not. Her religious training will improve that, and then she will have both.'150 At times there were confusions as to how the sisters could properly reconcile their duties in the hospital, and to the doctor, with their religious duties and obedience of their religious superiors. These tensions between the medical and religious spheres would continue over the course of the sisters' time in Anua, and it was an issue that Mother Mary had been warned of prior to founding the congregation. Sr. M. Magdalen anticipated this during her first few months in Anua. She wrote to Mother Mary: 'There is just one question, which I would like to ask about, which I see will crop up in our work. In placing the sisters in the different offices, how far would the doctor have the say in it, or would it be dictated by the Superior. [...] If the doctor has the deciding in most things there is a little danger that he might like to run the convent too.'151 As the hospital and MMM convent in Anua grew, these tensions would become more real. As will be examined in more detail in the next chapter, this was not only an issue between lay staff and religious, it was also an issue between doctor and matron/convent superior.

Although St. Luke's Hospital was administered by the sisters from 1936, the priests continued to have the final deciding power in matters of

¹⁴⁹ Sr. M. Joseph, Anua to Mother Mary, 1939, MMM Archive, I/Fou/4(e)/31.

 $^{^{150}} Sr.$ M. Joseph, Anua to Mother Mary, 25th Mary 1938, MMM Archive, I/Fou/4(e)/35.

 $^{^{151}\,} Sr.$ M. Magdalen, Anua to Mother Mary, July 1938, MMM Archive, I/Cong/1(n)/50.

policy and expansion. In this sense, both the sisters and the lay doctor were subordinate to the fathers who operated as a board of directors. Monsignor Moynagh in particular had his own views of how the hospital should be developed, often resulting in tensions with the lay doctor who had his own agenda. Dr. Dufey wished to open a Bush station almost as soon as the sisters began working in the hospital. He was steadfast in this endeavour, trying to secure permission, supplies and transport from the fathers. However Moynagh was of a different opinion: he thought they didn't have enough staff yet and should consolidate St. Luke's, building a new maternity ward, and 'get good girls and train them.' 152

The two men had different views as to what the long-term development of the mission should look like. Moynagh was focused on getting educated women as trainees in the hospital, anticipating that student nurses would need to have a certain level of secondary education in order to pass state examinations. He viewed the Nigerian staff as 'the real privates in this army'153 and hoped that once the hospital was adequately staffed with Nigerian nurses and MMM sisters, they could then successfully expand into the bush. The doctor on the other hand wished to see more immediate results to his medical missionary work, bringing medical attention to those living in remote rural areas. Moynagh wrote to Mother Mary that the doctor 'never pulled with me on the matter of training native nurses, or in the matter of the maternity wing. [...] He does not agree with 'educated' natives. He has the typical German view that education is wasted on them. Again as soon as we can get the girls I shall put them in and have them trained and just tell him to do it.'154 Thus, as far as Moynagh was concerned, it was clear who was in charge of the development of the mission.

Ultimately this difference of opinion, combined with other factors, led the doctor to leave Anua abruptly in 1940. Giving only one day's notice and

¹⁵² Sr. M. Joseph, Anua to Mother Mary, MMM Archive, I/Fou/4(e)/31.

 $^{^{153}}$ "Mission Hospitals and their Staff," report drafted from a meeting held in Emekuku in early December 1944, MMM Archive, I/Fou/4(e)/87.

 $^{^{154}\}mbox{Monsignor Moynagh, Calabar to Mother Mary, 27th March 1938, MMM Archive, I/Cong/4(e)/47.$

no explanation, he sailed back to Germany with his wife, leaving the hospital without a doctor once again. 155 The sisters speculated that he may have left due to his wife's pregnancy, or the outbreak of war in Europe, Sr. M. Joseph told Mother Mary that he 'thought his work was not being appreciated. He had asked Monsignor Moynagh for a car and Monsignor had not given him a decided answer. The doctor at once asked Monsignor to book his passage that he would leave at once.'156 Without the doctor, the hospital could not function properly. Even dispensary work was hampered, as the government would not allow nurses to give injections without the supervision of a doctor. His abrupt departure further highlighted the need for medically qualified sister-doctors who would be more likely to dedicate themselves for longer periods of time. Recruiting sister-doctors however was a lengthy process. If they were untrained they would have to undergo their extensive medical training, as well as their postulancy and noviceship, which could take years. During this period Mother Mary asked the sisters to pray that they would receive vocations from women already qualified as doctors, and she gave a number of lectures to lady medicals in Dublin. In the meantime, another German doctor from the Wurzburg Institute temporarily replaced Dr. Dufey in 1940. Dr. Streararth only lasted a few months, however, before the Colonial government interned him. This run of bad luck with German doctors meant the fathers reassessed their recruitment methods, focusing instead on attracting recent male medical graduates in Ireland. 157 After a year's lull during which there was no doctor in the hospital, in 1942 an Irish doctor was sent from Drogheda.

As previously noted, there remained certain prejudices at this time as to the proper medical fields for women doctors. It has been argued that the missions offered women doctors more opportunities and responsibilities, in a

¹⁵⁵Sr. M. Joseph, Anua to Mother Mary, 19 January 1940, MMM Archive, I/Fou/4(e)/47.

¹⁵⁶Sr. M. Joseph, Anua to Mother Mary, 19 January 1940, MMM Archive, I/Fou/4(e)/47.

¹⁵⁷"Mission Hospitals and their Staff," report drafted from a meeting held in Emekuku in early December 1944, MMM Archive, I/Fou/4(e)/87.

way that did not pose a threat to their male colleagues.¹⁵⁸ In the 1930s and 40s, this was not the case in Anua. The lay doctors were invariably male. Dr. Dufey told the sisters that he did not think 'a lady doctor would ever be of any use here. They would never be able for the operations. They would do alright in places like India.'¹⁵⁹ Within the context of the Catholic Medical Mission in Nigeria, the lay doctor was described in terms reminiscent of the imperial hero of British schoolboy novels, an adventurous and masculine gentleman doctor.¹⁶⁰ An article in a MMM booklet described the lay missionary doctor as such: 'apart from his intrinsic value as a medical practitioner, the social influence of the lay doctor as exemplifying the life of a Catholic gentleman is so potent in the missions as to be almost inestimable!"¹⁶¹

This attitude was also reflected in the mission policy. A document on the recruitment of lay staff for the Catholic mission in Nigeria drafted in 1944 stated first and foremost: 'The qualifications of doctors for this type of work are obvious. He (not she by the way, excepting of course the sister-doctors who are in a class by themselves) should be a Catholic, a qualified practitioner of medicine and of good health.' ¹⁶² Interestingly, here the sisters are said to occupy a 'class' in themselves, illustrating the ambiguity of their gender identity. They were to exemplify feminine and maternal virtues to their female patient. On the other hand they were celibate women who were allowed develop their professional skills outside the constraints of the Christian patriarchal family structure.

¹⁵⁸See, Finn, "Women in the Medical Profession in Ireland," 102-19; Hill, "'Women's Work for Women,'" 82-97.

¹⁵⁹Sr. M. Magdalen, Anua to Mother Mary, January 1938, MMM Archive, uncatalogued.

¹⁶⁰Graham Dawson, 'The Imperial Adventure Hero and British Masculinity: the Imagining of Sir Henry Havelock," *Gender and Colonialism*, ed. Timothy P. Foley, Lionel Pilkington et al. (Galway, Ireland: Galway University Press, 1995), 45-56.

¹⁶¹ J. Foley, "The Lay Doctor on the Missions," in *The First Decade, Ten Years Work of the Medical Missionaries of Mary*, ed. Ruth Carey (Dublin: Three Candles Press, 1948), 70.

¹⁶²"Mission Hospitals and their Staff," report drafted from a meeting held in Emekuku, Nigeria in early December 1944, MMM Archive, I/Fou/4(e)/87.

The document further elaborated on the different roles occupied by the lay doctor and the sister-doctor: 'the reliable permanent staff will be supplied by the sister-doctors and [the] free-lance volunteers [will] supply that male strengthening element which is so beneficial especially in surgery. Such a combination in one hospital would allow that division and specialisation of labour which is necessary in modern medicine.' ¹⁶³ This idea of there being separate spheres of medical expertise for women and men was not new or uncommon. Research on the admission of women to British medical schools at the turn of the twentieth century has highlighted the prejudices towards women medical students. Female medical students' physical, mental and emotional nature was seen as a barrier to their ability to practice medicine. ¹⁶⁴

Within the field of medicine, surgery was a particularly contentious area for women doctors. For those women being admitted to co-educated medical courses, dissection was a source of anxiety. In medical schools in Ireland and beyond, anatomy dissection was seen as having a potentially detrimental effect on the morality and sexuality of the female dissector. In the early days of female medical students' participation in Irish universities, anatomy dissection was one of the only subjects where male and female students were taught separately. Separate dissection rooms were purposely built for female medical students, and they were tutored by female demonstrators. Surgery was also a controversial practice for professed religious in the Catholic

¹⁶³"Mission Hospitals and their Staff," report drafted from a meeting held in Emekuku, Nigeria in early December 1944, MMM Archive, I/Fou/4(e)/87.

¹⁶⁴See, Carol Dyhouse, "Women Students and the London Medical School, 1914-1939: The Anatomy of a Masculine Culture," *Gender and History* 10, no. 1 (1998): 110-32; Laura Kelly, *Irish Women in Medicine, C.1880s-1920s: Origins, Education and Careers* (Manchester: Manchester University Press, 2012), 23-4; Robert A. Nye, "The Legacy of Masculine Codes of Honor and Admission of Women to the Medical Profession in the Nineteenth Century," in *Women Physicians and the Cultures of Medicine*, ed. Ellen S. More, Elizabeth Fee and Manon Parry (Baltimore: The John Hopkins University Press, 2009), 141-59.

¹⁶⁵ Kelly, Irish Women in Medicine, 93.

Church. Along with midwifery, it was banned until 1936, due to the potential threat it posed to female religious' vows of chastity. 166

Within the context of the Anua mission, the emphasis on employing a male lay doctor to act as surgeon reflected these fearful imaginings surrounding women surgeons. However rather than the focus being on preserving chastity, the emphasis was on the physical and emotional strength the male doctor would exert through surgery. It was thought that a male doctor would balance the gender division of labour in the mission hospital. He would be able to take on certain medical procedures that were seen as The document further considered that it was more suitable to men. preferable for the doctors employed by the mission to be married. In this sense, the lay doctor was also to serve as an example Catholic masculinity. This document on the mission and its staff was drafted in 1944, before there were any qualified and professed MMM sister-doctors on the mission. The first MMM sister-doctor, Sister Doctor Margaret Mary Nolan, would arrive in Anua the following year. The following chapter will examine in more detail how her presence challenged this gender division of labour in the mission hospital.

This concern with the appropriate gender division of labour in the mission hospital extended to the African nurses and attendants. Due to the low standard of female education in Nigeria during this period, it was difficult to find suitably educated girls to work as nurses. Furthermore, according to Colonial Office reports on the issue 'the position of a young nurse living alone is misunderstood, and her travelling about nursing looked on as menial and degrading, midwifery can only be done by older married women.' In 1943 a committee was set up by the Colonial Office to discuss the training of nurses for the colonies. The various sub-committees discussed a wide range of issues such as the training and recruitment of European nurses for the

¹⁶⁶ Dengel, *Missions for Samaritans*, 13.

¹⁶⁷Committee on Training of Nurses for the Colonies: 'Nursing Problems in the Colonies, and methods adopted to deal with them.' Memorandum by Dr Mary Blacklock, 1943. British National Archives, Kew, CO 998.

colonies, as well as the future plans for the recruitment of indigenous nurses, the question of state examinations, and reciprocity with the metropole. A particular focus was given to the case of West Africa.

The reports from the various enquiries and testimonies illustrate the beginnings of a shift in colonial welfare policy towards the greater provision of public health. There was considerable discussion of expanding government medical services, dispensaries and native administration hospitals to reach a broader range of people. Furthermore there were discussions on how best to promote preventative and rural health measures, with a particular focus on improving infant and maternal health. Giving some indication of the future policy of collaboration between the voluntary and government health sectors, the report stated 'the work done by the missionary societies is very similar to that of the Government Medical Services, and we hope that our recommendations may be of use to the Missionary bodies and other employees as well as to Colonial government.'168 The Committee enquiries echoed the attitudes and opinions held by the Catholic mission with regards to their Nigerian staff. In particular, both the Colonial Government and the mission were concerned with encouraging what they saw as a more appropriate gender division of labour in the health sector.

The sisters frequently reported back to Mother Mary their disappointments with their female staff, whom they considered lazy and dishonest. They had a number of skilled and experienced male nurses; however the sisters were keen to replace these with female nurses, especially for maternity work. Similarly, the Committee reported that 'the general opinion in hospitals in Nigeria was, she believed, that the male nurse did better work than the females. The women were more liable to sulk and resent correction. The women were more punctual in 'clocking in' and

¹⁶⁸Committee on the Training of Nurses in the Colonies, Chairman: Lord Rushcliffe, 1943. British National Archives, Kew, CO 998.

expected to be equally punctual in clocking out.'169 Of course these attitudes reflected wider racial stereotypes, however what is more relevant here is the concerted effort to replicate in the colonial and missionary context a gendered professional identity that had been created some decades earlier in Europe.

The Catholic mission hospital in Anua relied on the Holy Child Jesus sisters in Calabar to provide suitably educated girls to fill vacancies in the hospital and to work as domestics in the convent. Somewhat ironically however, the Catholic educated girls they employed tended to leave their employment rapidly in order to get married, often at the insistence of the Catholic priests. Hence there were difficulties in sustaining what they considered an educated and dedicated work force of female nurses. The male nurses on the other hand were described as doing a good job in the male wards, where they were stationed. The Colonial Office committee reported that 'the African male nurses were the foundation of the whole nursing system in Nigeria.'170 A large number of these trained male nurses were sent to serve in the army during World War II, where 'they won very high praise.'171 However, despite countless reports praising the skill of the male nurses, the Committee considered that 'they did not run a hospital in the same way in which it would be run by female nurses in this country [Britain]. The long term tendency therefore, even in West Africa, was to regard nursing as a profession for women.'172

This attempt to phase out male nurses had a detrimental effect on the professional development of men. After large numbers of male nurses returned from World War II they found themselves pushed into the ambiguous position of 'attendant'. Attendants were not nurses, and they were

¹⁶⁹Committee on the Training of Nurses for the Colonies, Sub-committee (A) on the training of nurses in UK and Dominions, Oral Evidence given by Miss B. Skeritt, 1943. British National Archives, Kew, CO 998.

¹⁷⁰Committee on the Training of Nurses for the Colonies, 1943. British National Archives, Kew, CO 998.

¹⁷¹ Ibid.

¹⁷² Sub-committee on the Training of Nurses for the Colonies, June 1944. British National Archives, Kew, CO 998.

not doctors either. The Colonial Office committee on the training of nurses emphasised that the male attendants should not be trained in medical schools, as this would result in them considering themselves 'near doctors.' 173

The early days of the Medical Missionaries of Mary mission in South East Nigeria were a testing ground for the future development of the congregation. The pioneer sisters' religious training was unorthodox, taking place as it did in the foreign mission field under the guidance of a nun from a different congregation. Through their novitiate the sisters shed their old identity as laywomen in favour of a new missionary identity. This new identity was supposed to harmoniously combine their religious, professional, gender and national identities. The sisters' feminine nature was essential to their missionary cause. They believed that the formation of Catholic families in Nigeria was the key to conversion. By exemplifying these virtues and transmitting them to local women they hoped to achieve their missionary goals. Missionary propaganda of the period went to great lengths to explain how Catholic nuns shared many of the characteristics of the 'good' Catholic mother. Somewhat ironically then, the sisters' lives in the mission often challenged this very construct. Their professional and religious responsibilities gave the sisters a sense of personal satisfaction beyond the confines of the family. In the mission they were afforded professional opportunities they would not have had in Ireland. Their involvement in the launch of a new medical missionary venture was challenging and rewarding. Despite their subordination to the doctor in the hospital and the priests in the mission, they were able to exert their authority and were not afraid to give their opinions and to challenge decisions.

Missionary histories have struggled, and indeed still struggle, to uncover the indigenous voice in the missionary process. Most would agree that many of the sources that are available, such as missionary letters and publications, contemporaneous anthropological accounts, and even

¹⁷³Committee on the Training of Nurses for the Colonies, 1943. British National Archives. Kew. CO 998.

indigenous publications, pose methodological challenges. The problematic nature of these sources must be acknowledged, however it does not mean that they cannot help us piece together a certain version of the truth. In this chapter a number of sources were analysed in order to understand how the sisters' work might have been conceived by the people they sought to cure and convert. Just as the sisters simultaneously reinforced, and challenged, Catholic gender ideology in the mission, the local people had a nuanced and complex response to the medical missionaries. Missionary magazines portrayed simplistic dualisms between native medicine and Western medicine, pagan practices and Catholic practices. In reality, however, the people had their own system of health and healing that was also closely bound with their spiritual beliefs, gender ideology and ethnicity. As the Catholic medical mission developed, they incorporated elements of the missionaries' medicine and beliefs, with their own traditions in a way that suited their specific needs.

Chapter IV - Towards Internationalism and Modernity: St. Luke's Hospital, 1945 – 1960.

In the aftermath of World War II, members of the Nigerian civil service initiated a thirty-seven day strike in protest at the increased cost of living and stagnant wages. The 1945 strike ended when the colonial government capitulated to the workers' demands. This incident highlighted the weakness of the colonial government and demonstrated Nigerians' ability to shape policy and legislation. From this point on, Nigerian nationalism accelerated prompting the colonial government to initiate a series of constitutional and administrative reforms that would lead to full Nigerian independence in 1960. Over the course of the 1950s there were three rounds of constitutional reforms, each giving greater power and authority to Nigerians. constitutions also promoted greater regional divisions within Nigeria, politically and culturally. In 1951 the MacPherson Constitution created a council of ministers, made up of twelve Nigerian ministers, four from each region. Regional assemblies were expanded and given greater legislative and financial powers. This constitution also led to the first general election in Nigerian history.

The results of the election further reinforced regional and ethnic fractions. It became increasingly clear that the Eastern and Western regions wished to move more quickly towards self-governance than the conservative Northern region. Compared to the Eastern and Western regions that were then predominantly Christian, the North was Muslim and had been largely shielded from colonial development. These distinct political entities were galvanised through the 1954 Lyttleton Constitution, which established a Nigerian Federation composed of three regions, Northern, Western, and Eastern. Lagos became a federal territory administered by the central government. In 1957 the Eastern and Western region of Nigeria opted for self-government, the Northern Region in 1959. The Federal Republic of

Nigeria achieved full independence in October 1960.¹ This was the backdrop within which the Irish medical missionary sisters were operating during the timeframe covered in this chapter.²

This chapter will explore how identities were formed and challenged in the Anua mission in the period after World War II, and leading up to Nigerian independence. Barbara Bush has argued that the 1950s were a turning point in British imperial Africa, characterized by an attitude of 'adapt or die' where colonial authorities sought to maintain the status quo whilst managing growing nationalism.³ Missionaries had to cope with a similar dilemma. Faced with growing Nigerian nationalism, changing colonial policies and shifts in Catholic thinking, they had to move faster than they had perhaps anticipated towards more inclusive policies. This chapter will first assess how the MMMs sought to combine religious and professional ambitions in the Nigerian mission in the aftermath of the war. The second part of this chapter will take a closer look at the shifting nature of medical missionary policy and practice.

IV.1 - Striking a balance: religious and medical ambitions in Anua, 1945-1960

From the original three pioneer sisters who joined in 1937, the congregation had multiplied to 47 professed sisters by the end of 1946. In December 1947, Mother Mary wrote to Anua stating there was a community of 86 in Drogheda, and 20 in their house of studies in Dublin.⁴ From then on, numbers increased year on year, with the total numbers of newly professed sisters peaking in 1957 at 27.⁵ The records of staff on mission are inconsistent. From those available it is possible to deduce that there were an

¹ Falola and Heaton, *A History of Nigeria*, 136-54.

² Ibid.

³ Bush, *Imperialism, Race and Resistance*, 262.

 $^{^4}$ Mother Mary to Sisters in Anua, 15th December 1947, MMM Archive, I/Fou/4(e)/139.

⁵ Total number of professed sisters per year, 1937-1965, MMM Archive, uncatalogued.

average of twenty sisters in Calabar and Ogoja Province between 1946 and 1959. There were generally around nine sisters stationed to St Luke's, which was the congregation's biggest mission hospital. A staff list from 1947, indicates that the missionaries oversaw twenty-nine Nigerian nurses, seventeen male and twenty-two female, the majority with less than a year's training. In addition to the nine sisters, there were a number of lay doctors, generally two in St Luke's Hospital, and one or less in each of the other stations, of which there were three in Calabar Province.

Despite the increase in vocations and numbers being sent to the missions, the rapid expansion of the congregation's ventures meant they could scarcely keep up with demand. As early as 1946 Monsignor Moynagh warned Mother Mary

They were founded by you, and our intention was that they do medical work. But medical work itself was only a moat to the bigger missionary work, i.e. get in touch with the people. Now at Anua because we never have sufficient staff, because the sisters have always too much hospital and dispensary work to do, too much worry perhaps about finances, because of all this they have never got down yet to their primary task of getting to know the people well, getting to know the women, getting to speak the language, going out to the villages, etc. etc. – all this is quite beyond them.⁶

His apprehension about the necessity of striking a balance between the sisters' medical and religious roles, and his emphasis on their primary role being a religious one, was an issue that shadowed the sisters' work from the very beginning. Finding this equilibrium became even more problematic in the decades leading up to Nigerian independence in 1960 due to the rapid development of the hospital and the changing socio-political context. The following section will examine in more detail the tensions that arose for the

⁶ Monsignor Moynagh, Nigeria to Mother Mary, 25th August 1946, MMM Archive, I/Cong/1(c)/76.

MMM sisters in their attempt to align their professional ambitions with their religious vocations in an increasingly secularised world.

During the war period, missionary expansion was limited, due to travel and communication restrictions between Europe and the Nigerian mission. Between 1937 and 1945 the mission hospital was staffed by a series of lay doctors, first from the Wurzburg Institute in Germany, and later from Ireland. However none stayed for a long period, leaving the hospital intermittently without a doctor. Encouraged by the Papal Instruction of 1936, the MMMs intended from the very beginning to staff their hospitals with medically trained sister-doctors as well as lay personnel and sister-nurses. It was hoped that the sister-doctors would work harmoniously with the male lay doctor, thus promoting: 'that division and specialisation of labour, which is necessary in modern medicine.' As previously examined, it was believed that a lay male surgeon would supply the 'male strengthening element which is so beneficial especially in surgery.'8 The sister-doctor on the other hand was said to occupy 'a class of her own,'9 a statement which highlighted her ambivalent gender and professional identity, as well as broader debates about the androgynous nature of female doctors.

Rosemary Pringle has argued that, historically and in the present-day medical profession, female consultants must strike a balance between being feminine but not too feminine, and masculine but not too masculine in order to advance in their respective fields. Robert Nye's research on masculine codes of behaviour in the medical profession in the late nineteenth century makes similar assertions. He highlights the informal barriers that hindered womendoctors' advancement in certain fields of medicine after they were admitted to

⁷ "Mission Hospitals and their Staff," report drafted from a meeting held in Emekuku, Nigeria in early December 1944 MMM Archive, I/Fou/4(e)/87.

⁸ Ibid.

⁹ Ibid.

¹⁰ Rosemary Pringle, *Sex and Medicine: Gender, Power and Authority in the Medical Profession* (Cambridge: Cambridge University Press, 1998), 74.

medical schools in that era. 11 Within this restrictive context, it has been argued that the missions offered pioneer women doctors of the late nineteenth and early twentieth century opportunities for greater professional autonomy and advancement.¹² In respect to Ireland, Laura Kelly's research on the career paths of Irish women physicians in the late nineteenth and early twentieth centuries has countered this claim. Her research demonstrated that missionary medicine was by no means the most popular path for Irish women doctors between the 1880s and the 1920s.¹³ Further research is necessary, however, on the careers of Irish women doctors in the twentieth century. In particular, research starting in the 1930s could elucidate whether the 1936 Papal Instruction permitting women religious to practice medicine had any effect on the number of women medical graduates choosing a career in missionary medicine. Post-war articles on medically qualified nuns and their own correspondence can give us a glimpse into some of the difficulties that arose for those women who did choose to combine a religious vocation with a medical career in the mid-twentieth century.

For the MMMs, the first difficulty lay in finding trained women doctors who were willing to join a newly formed religious congregation, and to dedicate their lives to missionary work. The priority had to be the recruitment of women doctors who were already trained, due to the combined length of both religious and medical training. In addition to the recruitment of sister-doctors, the congregation continued to search for qualified Catholic male doctors who were willing to gain experience in the missions. To this end a number of male ecclesiastics and Catholic doctors wrote a series of articles in 1943 for the Jesuit magazine *Studies*, under the title 'Nigeria calling – for Irish Doctors.' In it they further elaborated on the differences between a lay male doctor, and a trained sister-doctor. Edward

¹¹ Nye, "The Legacy of Masculine Codes of Honor and Admission of Women to the Medical Profession in the Nineteenth Century," 141-59.

¹² See, Burton, "Contesting the Zenana," 368-97; Anne Digby, *The Evolution of British General Practice 1850-1948* (Oxford: Oxford University Press, 1999); Finn, "Women in the Medical Profession in Ireland, 1876-1919," 102-19.

¹³ Kelly, Irish Women in Medicine, 112.

Leen, a Spiritan father linked to the Irish missionary cause, explained that 'since the nun does not undertake medical studies either for the purpose of gaining a livelihood or out of pure scientific interest in medicine, her approach to her work must be of a radically different kind from that of her fellow-students.'¹⁴ He further elaborated: 'the sisters are chosen for the medical course, not simply because they have any taste or inclination for such studies, but simply because they are judged sufficiently talented to be able to pursue them successfully. [...] The years of initiation into religious life exclude, of their nature, all methodical cultivation of secular knowledge.'¹⁵ This attitude reflected wider anxieties surrounding the admission of religious sisters to medical degrees. In addition to the supposed threat it posed to their vows of chastity, it was feared that a medical career was too all consuming for it to be successfully balanced with a religious vocation. Thus, any professional ambitions had to be downplayed.

As previously argued, motherhood and religious vocations were seen as requiring similar virtues and sacrifices. A similar attitude was directed towards women doctors during this period. In a 1948, John F. Cunningham, a devout Catholic and professor of obstetrics at UCD, 16 explained in an MMM anniversary booklet that 'men have the great advantage that they can combine parenthood with such a career [obstetrics]. Women cannot. If a woman doctor marries, she must make up her mind that motherhood is a more important calling. She cannot be a successful obstetrician and a successful mother at the same time.' These articles tended to dismiss medicine as a viable career in and of itself for secular and religious women. In the case of women religious, medicine was merely a tool to be used for greater religious purposes. For lay women-doctors, medicine could not be

¹⁴ Edward Leen, "Nigeria Calling for Irish Doctors [with Comments], *Studies: An Irish Quarterly Review* 32, no. 125 (1943), 2.

¹⁵ Edward Leen, "Nigeria Calling for Irish Doctors", 2.

¹⁶ Dr. John F. Cunningham was also Master of Dublin's National Maternity Hospital between 1931-1942.

¹⁷ John Cunningham, "Women Doctors in Obstetrics," in *The First Decade, Ten Years Work of the Medical Missionaries of Mary 1937-1947*, ed. Ruth Carey (Dublin: Three Candles Press, 1948), 76-77.

successfully balanced with their primary role as mothers. Pringle has argued that in Britain in the 1950s 'no one imagined that large numbers of married woman would want to work full time, or that women would take anything other than a minority role in medicine.' This attitude was a particular deterrent for women who wanted to specialise, foregoing the traditional route of general practice in favour a career as a surgeon or obstetrician.

Thus, although many of the formal barriers preventing women from accessing medical careers had been lifted by the mid-twentieth century, prejudices continued to curb women-doctors' career opportunities. As evident in the quotes above, the discourse used to describe female doctors undermined their professional drive by promoting their other, more appropriate, vocation. With regards to missionary doctors, Leen's characterization was both accurate and inaccurate. Becoming a professed religious or a missionary was not a decision to be taken lightly. Being a religious required sacrifice as well as a regimented and hierarchical lifestyle. Even if women doctors felt that missionary medicine offered them professional opportunities, which married life could not, it also required them to forego the independence of secular life.

According to the MMM necrologies, the majority of sister-doctors who joined between 1937 and 1964 completed their medical training prior to entering the congregation. This reflects the lengthy nature of medical training, and the urgent need for qualified sister-doctors in the early days of the congregation. The first sister to train as a doctor *after* joining the congregation was named Sr. M. Chambers. She entered in 1937 and qualified as a doctor from UCD in 1947. Upon her graduation she was immediately sent on mission to Nigeria where she had a long and fruitful career in the field of leprosy control. ¹⁹

¹⁸ Pringle, *Sex and Medicine*, 32.

¹⁹ "Obituary Sr. Mairead Chambers," Medical Missionaries of Mary, accessed on January 17, 2014, http://mmmworldwide.org/index.php/obituaries/89-sr-mairead-chambers.

An article written by Sr. M. Chambers for an anniversary booklet, published the year after her graduation, opened with the statement: 'from the earliest years, medicine has captivated me.'20 She further confessed 'the thought of being a religious had never entered my mind but like all schoolgirls I was interested in everything new. This was to me an adventure - medicine on the missions.'21 For her therefore, these two worlds were far from incompatible, and in combination they offered adventure and opportunity that sparked the interest of an eighteen-year-old schoolgirl. She further elaborated on her time as a medical student, an account that largely supports Leen's description of the peculiar position of the student-sister: 'the life of a student is gay and carefree. [...]. For the religious student the mental outlook is different. She uses college both as a means of acquiring the necessary knowledge to become a doctor, and also as a training for the missions. The medical missionary is a secular in all that relates to medicine: there are no exceptions or privileges. Therefore during her years of medical training she is forming herself to be a true missionary, and to combine 'the Martha and the Mary."22

Sr. M. Chambers' description acknowledged the different outlook of the religious student; however contrary to Leen's description, she declared an equal interest in medicine and religion. In her feminist interpretation of Foucauldian theory, McLaren has examined processes of self-transformation and social transformation through autobiographical and confessional writing. She argues that 'autobiographical narratives usually construct identity as multifaceted and complex, and as dynamic, not static. Because of this, autobiography can challenge fixed identity categories. Yet autobiographical production of the self draws upon identity and social group categories. Multiple aspects of identity can be articulated, come into conflict and co-exist

²⁰ Mairead Chambers, "I was a medical student," in *The First Decade, Ten Years Work of the Medical Missionaries of Mary 1937-1947*, ed. Ruth Carey (Dublin: Three Candles Press, 1948).

²¹ Chambers, "I was a medical student," 76-77.

²² Chambers, "I was a medical student," 76-77.

in the same narrative.'23 In the case of Sr. M. Chambers' autobiographical account of her student days, she used conventional religious discourse (such as the biblical metaphor of 'Martha and Mary' and acknowledging the unique status of religious students) to disturb fixed identity categories. She challenged the notion that women religious were not interested in scientific knowledge and that their experience and achievements were completely removed from their fellow secular students. Her narrative combined the seemingly irreconcilable identities of 'secular medical student' and 'religious medical student', favouring instead a missionary identity that successfully married the two, 'the Martha and the Mary.'

Of course, only a decade prior to Sr. M. Chambers' graduation, these two identities were completely separate and irreconcilable due to the canon law ban on women religious qualifying as doctors. Those qualified doctors who chose to join the congregation in the 1940s and 1950s may well have always desired to combine their professional and religious lives, but had been prohibited from doing so by canon law. An example of this dilemma between two distinct vocations can be seen in the choices and career path of the first qualified doctor to join the congregation. Dr. Margaret Mary Nolan joined the congregation in 1939, and was professed in 1942. She was born in 1896 to a farming family from Co. Kildare, and was educated at St Mary's Secondary School in Cabra, Dublin. After secondary school she attended UCD where she graduated with a B.A. in 1918. She was an accomplished musician and gained a Licentiate from Trinity College of Music, London (LTCL). After completing her B.A., Nolan remained a student of UCD, this time in the Medical Faculty. In 1925, she graduated with a M.B., B.Ch, B.A.O and departed immediately for India where she was employed as a lay missionary doctor in St Catherine's Hospital, Rawalpindi. As we have seen, St. Catherine's was established by Agnes McLaren in 1909, and at the time of Nolan's employment in 1928, it was administered by Dr. Anna Dengel. Nolan left this position shortly after commencing; she confided that she 'could not work with the nuns at St.

²³ McLaren, Feminism, Foucault and Embodied Subjectivity, 152.

Catherine's. The nuns I have been always working with at home are so different in outlook, I could not understand the Rawalpindi methods so I thought it best to leave.'24

The nuns in question were the Franciscan Missionaries of Mary. At that time they were assisting in the hospital despite not being qualified as nurses. It is not clear however how this particular congregation of nuns were so different from those that Dr. Nolan worked with in Ireland. Her own approach to religious life, after she joined MMM, was the source of much friction in the mission hospital. She struggled to combine her religious vows with her high professional standards and skill. Indeed, many of her fellow sisters did not warm to her methods.²⁵ Even her superiors found her a difficult character to work with. Sr. M. Kevin, the Anua Matron, wrote in 1952: 'she certainly does a tremendous amount of good, and her unselfishness is an example to all of us.'²⁶ However, her redeeming qualities were hidden behind a controlling exterior. Correspondence from her time in Anua depicted her as favouring a patriarchal and hierarchical approach to religious life. She was reverential to Mother Mary and the priests, often choosing to disregard the local superior or matron in favour of the former.

After her time in St. Catherine's Rawalpindi, Dr. Nolan worked in the Dufferin Fund Eden Hospital in Calcutta for a number of years, ²⁷ and later in Bangalore. Although she was a lay doctor, Nolan already held Catholic missionary aspirations. She wrote of the Dufferin Fund Hospital: 'there is no Catholic mission work here of any kind, I see one native family at Mass occasionally. [...] I have to tell my staff to go to Church occasionally so I don't

²⁴ Dr. Margaret Mary Nolan to Dr. Anna Dengel, 29th November 1928, MMS Archive, SC-v/3/70.

 $^{^{25}\,\}mathrm{Sr.}$ M. Olivier, Anua to Mother Mary, 18th August 1947, MMM Archive, I/Fou/4(e)/125.

²⁶Sr. M. Kevin, Anua to Mother Mary, 28th September 1952, MMM Archive, I/Fou/4(e)/196.

²⁷ The Countess Dufferin Fund was established by Lady Dufferin in 1885 in order to improve women's healthcare in India. The fund provided scholarships for women and financed the construction of female medical facilities. See, Forbes, "Medical Careers and Health Care for Indian Women: Patterns of Control," 515-30; Witz, "'Colonising Women,'" 23-52.

think the teaching goes very deep with many of the girls.'²⁸ These aspirations were held in tandem with her interest in gaining more medical expertise, as she commented: 'the surgical experience is good here as I do all the abdominal work and patients come into the hospital easily.'²⁹

Thus, from as early as 1928, Nolan was evidently interested in combining her strong religious beliefs with her passion for obstetrics. In addition to her initial medical degree, between 1927 and 1949 she amassed an impressive amount of titles and qualifications. She gained a diploma in Tropical Medicine and Health and a diploma in Public Health from the London School of Tropical Medicine in 1932-33. She also completed post-graduate work in the University of Berlin in 1931, and a Master's degree in obstetrics from the National University of Ireland in 1933. She then gained a similar qualification from the British College of Obstetricians and Gynaecologists, and finally in 1949, she was awarded a Fellowship of the Royal College of Obstetricians and Gynaecologist in Britain (F.R.C.O.G.).

At 45 years of age and after eleven years of medical work in India, she made the decision to enter the MMMs in 1939. According to her congregational biography, she wrote in her application that she had desired to enter religion for 'about 25 years.' She completed her novice years in Drogheda where she worked in Our Lady of Lourdes Maternity Hospital and was required to perform similar domestic chores to other sisters. Finally, after her first profession in 1942, she was assigned to Anua, Nigeria for her first mission. Throughout her time in Anua, Sr. Dr. Margaret Mary Nolan [hereafter Sr. Dr. Nolan] was a source of constant conflict and tension. Despite her desire to combine her religious identity with her medical one, in practice she embodied the very contradictions that had been expressed about merging these two all-consuming vocations. This was perhaps unsurprising,

 $^{^{28}}$ Dr. Margaret Mary Nolan to Dr. Anna Dengel, $29^{\rm th}$ November 1928, MMS Archive, SC-v/3/70.

²⁹ Ibid.

³⁰ "Questions to be answered by candidate, Margaret Mary Nolan," 1939, MMM Archive, uncatalogued.

as the ideal qualities of the religious sister and those of the successful doctor were in many ways antithetical.

Another qualified sister-doctor commented on her vocation in 1948: 'I wanted to be a doctor, yet I wanted to work more fully for God. But I found it difficult to reconcile the two apparently irreconcilable ambitions, to be a nun and at the same time to exercise my profession and to keep up to date with modern advances in medicine.'31 In this narrative, the author uses the term 'ambition' to qualify her professional and religious vocation. 'ambition' denotes certain qualities that can be viewed as contrary to the ideals of a religious vocation, in particular the vows of humility and selfdenial. This was a common narrative within the congregation's publications and oral history interviews. By defining their work within a framework of professional advancement (ambition), we can infer that the medical missionary sisters viewed their vocation as one that would provide them with a sense of personal and professional satisfaction, as well as pleasing to God. The following paragraphs will examine in more detail the tensions and conflicts that arose in the mission when trying to reconcile these seemingly contradictory aspirations.

Anua was a medico-religious space that operated within a broader transnational context. The previous chapter examined how the mission was from the beginning a complex site of competing hierarchies and practices, where different professional, gender and ethnic identities 'clashed and grappled with each other.' In the post-war period, Anua continued to be a site of competing networks of power. These networks were pervasive, operating on a number of levels. The rapid expansion of the hospital and the arrival of the first MMM sister-doctors further complicated the different power dynamics in the mission hospital.

³¹ Anon, "A Doctor and Her Vocation," in *The First Decade, Ten Years Work of the Medical Missionaries of Mary, 1937-1947*, ed. Ruth Carey (Dublin: Three Candles Press, 1948), 87.

³² Pratt, *Imperial Eyes*, 7.

Barbara Mann Wall has argued that in American Catholic hospitals of the late nineteenth century, tensions frequently occurred between the male doctor and the female religious matron. She has noted how 'each group expected to have power, and conflict between the two groups inevitably flared from time to time. Gender and religion often were determining factors.'33 Others have commented on the tense power-dynamics between female matrons and male doctors arguing that from the nineteenth century into the mid-twentieth century, the distinction between the supervisory role of the matron and the directive role of the doctor was unclear.³⁴

Gamarnikcow has teased out the development of the nurse-doctor relationship in the aftermath of the Nightingale nursing reforms of the nineteenth century. She argues that as nursing became increasingly professionalized, gender became a contested terrain in the hospital setting. Nurses strategically used a rhetoric of femininity (she calls this 'active femininity') in order to gain professional status and recognition beyond the domestic sphere. Doctors also used a discourse of femininity, however; fearing competition in the workforce, they used it to undermine the role of nurses and restrict the advancement of women in the medical sphere. In this sense, nursing reform blurred the lines of the nurse-doctor division of labour, with both nurses and doctors using similar discourses for different ends. She argues that 'although both occupations operated within the ideology of femininity, each profession drew on different strands and meanings. Thus, even patriarchally constructed femininity proved to be more complex than a simple subordination-domination model would permit: a site of struggle rather than a determined category.'35

1860-1923," 110-129; Pringle, Sex and Medicine, 129.

³³ Wall, *Unlikely Entrepreneurs*, 150.

³⁴ See, Callaway, *Gender, Culture and Empire*; Eva Gamarnikow, "Nurse or Woman: Gender and Professionalism in Nursing 1860-1923," in *Anthropology and Nursing*, eds. Pat Holden and Jenny Littlewood (London: Routledge, 1991), 110-129; Pringle, *Sex and Medicine*; Vicinus, *Independent Women*, 19. ³⁵ Gamarnikow, "Nurse or Woman: Gender and Professionalism in Nursing

The nurse-doctor-matron dynamic is an interesting one that remains prevalent in many hospitals to this day. In the above discussion, the conflict invariably falls along gender lines. This was of course an important aspect of the struggle; however, it leaves the woman-doctor and the male-nurse in an ambiguous position. Much of the literature on the history of female doctors focuses on the initial push for their admission to medical education in the late nineteenth century. It then explores the careers of these pioneer female medical graduates in the first decades of the twentieth century. The literature is curiously absent, however, on the careers and status of woman doctors later in the twentieth century. There is little exploration of how this gendered power dynamic in hospitals evolved to incorporate the position of the woman doctor.

In Anua, this dynamic was embedded in a complex range of gender, professional, religious and ethnic hierarchies, causing friction and tension in the hospital and the convent. On a personal level, this tension was experienced by many of the sisters in their interior lives, as they sought to align their professional ambitions with their religious vows. With regards to Sr. Dr. Nolan, it is clear that her personality was an underlying factor in many of her fractious relationships. What her superiors described as 'charity' and 'selflessness' was also an inability to delegate, or to work in a team. Over the course of her time in Anua, numerous lay doctors resigned or asked to be transferred to a different mission as a result of her demanding behaviour. However, these lay doctors were invariably male, and one has to wonder whether the novelty of being subordinate to a female head consultant exacerbated other tensions.

Tony Farmar has described the Irish consultant of the 1950s as follows: 'these men were at the pinnacle of their profession, their success was envied and their attitudes were emulated by generations of students. Some reveled in their reputation as 'characters'.'³⁶ He follows: 'supporting the consultants

³⁶ Tony Farmar, *Patients, Potions and Physicians: A Social History of Medicine in Ireland, 1654-2004 (*Dublin: A. & A. Farmar, In association with the Royal College of Physicians of Ireland, 2004), 162-163.

was the stern Sisterhood from matron to ward sisters who could intimidate a junior surgeon as decisively as a student, and perhaps restrained themselves with difficulty at the eccentricities of senior consultants.'³⁷ Thus, in her exigencies, Sr. Dr. Nolan was in many respects merely emulating the expected professional behaviour of a senior consultant. One of her superiors commented that the 'trouble' with Sr. Dr. Nolan was 'when sister dons the white coat, she is 'Medical Officer in charge' she takes everything as her responsibility.' ³⁸ That this behaviour was deemed troubling further highlights the fact that in the early 1950s donning the 'white coat' and appropriating the traditionally masculine role of medical officer in charge was in itself a subversive act for a woman religious. By simply performing her professional role in line with the norms of the time, Sr. Dr Nolan was challenging the gender, religious and professional power structures inherent in the hospital and convent space.

Indeed, the lay doctors would not have been used to taking orders or having their work supervised by a senior female doctor, much less a sister-obstetrician in charge.³⁹ The matron reported to Mother Mary that one of the secular doctors complained that

No matter how good Sr. Margaret Mary [sic] is to him, he just feels antagonistic as soon as she approaches, she never gives suggestions, she demands, and very imperatively and brings down the place if her requests are not carried out immediately, never giving anybody time really to try to do so. Her suggestions and advice are very

³⁷ Farmar, *Patients, Potions and Physicians*, 162-163.

³⁸ Sr. M. Reparatrice, Anua to Mother Mary, 5th March 1953, MMM Archive, I/Fou/4(e)/216.

³⁹ Laura Kelly's research on the career paths of Irish women medical graduates who matriculated post-1918 (working between 1923-1949) found that out of 62% traceable doctors, only 3.1% were working as specialists 35 years after graduating. See, Kelly, *Irish Women in Medicine*, 125.

good, [...] [but] I realise how trying it must be for a secular doctor, when his treatments are changed etc.⁴⁰

Indeed, the matron of the hospital often found herself in the uneasy role of mediator, caught between the different doctors, as well as between the nurses and the doctors. She had to negotiate and contend with demanding medical staff, unruly nurses and hospital advisory boards.

As Farmar argues, the religious sisters who administered hospitals in Ireland in the early to mid-twentieth century held considerable authority, ensuring the efficient running of the hospital.41 Vicinus, Mann Wall and Nelson have highlighted how in other countries this authority was also contested, and had to be perpetually defended and redefined both inside and outside the hospital.⁴² In the Anua mission the matron's authority was complicated by the fact that in the late 1940s and early 1950s, she also acted as the superior of the convent. This dual role made it difficult for the matron/superior to retain professional legitimacy in the hospital and spiritual authority in the convent. Indeed, part of the conflict in Anua came from a lack of clarity on different professional roles and responsibilities. Sr. M. Kevin, the matron/superior wrote in 1952: 'I was just thinking a lot [of the difficulty] is due to a not sufficient understanding as to the extent of each one's responsibility. Sr. Margaret Mary says the Medical Officer in charge had complete control of all hospital matters. She told me that while in the convent, I am superior, in the hospital I am matron and responsible for cleaning and linen.'43

This description of the matron's responsibilities as simply consisting of laundry and linen was reductive; nonetheless it does highlight doctors'

⁴⁰ Sr. M. Reparatrice, Anua to Mother Mary, 6th November 1954, MMM Archive, I/Fou/4(e)/265.

⁴¹ Farmar, *Patients, Potions and Physicians*, 162-163.

⁴² See, Nelson, *Say Little, Do Much*, 87; Wall Mann, *Unlikely Entrepreneurs*, 9; Vicinus, *Independent Women*, 94.

 $^{^{43}}$ Sr. M. Kevin, Anua to Mother Mary, 23^{rd} November 1952, MMM Archive, I/Fou/4(e)/204.

perceptions of the nursing profession irrespective of their gender. As previously discussed, Gamarnikow has argued that the Nightingale nursing reforms were a source of conflict and tension in the hospital space. She further argued that in the aftermath of these reforms, nurses increasingly saw their role as a healing one rather than solely domestic. Within this context, nurses began to theorise their role as one of 'carrying out orders.' For doctors, nurses were to be first and foremost obedient, to accept the diagnosis and carry out the instructions. Although these two concepts may seem similar, Gamarnikow argues that in 'carrying out orders' nurses allowed themselves agency to depart from blind obedience, adding 'their autonomous translation of medical instructions into nursing tasks.' In addition to this interpretative role, the matron held a broader managerial and disciplinary role that sometimes clashed with the authority of the physician.

In response to the conflict and confusion in Anua, Mother Mary sought to clarify the role of the matron and of the doctor. As the mission expanded, she also instructed that the role of convent superior and matron should be divided between two different sisters: 'we think it would be well to let Sr. M. Reparatrice take charge of the house and that you are matron of the hospital. Which means you have all the official work of the hospital, with His Lordship and Government officials, in consultation with Sister Margaret Mary as doctor, having first spoken about all things with Sr. M. Reparatrice.' She further elaborated:

It will keep her in contact with what is going on in the hospital and after a very short time she will be well versed on what is necessary for a superior to know as regards the hospital. In practice it works as here in Drogheda where Mother Columbanus at present administers

⁴⁴ Gamarnikow, "Nurse or Woman: Gender and Professionalism in Nursing 1860-1923," 116.

⁴⁵ Ibid., 116.

 $^{^{46}}$ Mother Mary, Drogheda to Sr. M. Kevin, $7^{\rm th}$ January 1953, MMM Archive, I/Fou/4(e)/214.

the hospital. Our spirit and rule are known by her and she with matron runs the hospital on these lines.⁴⁷

However even with this clear outline of duties, tensions remained. A few months later, Mother Mary was compelled to write again, this time clarifying the role of the sister-doctor, she explained: 'we must remember that a Doctor in her sphere as Doctor is on her own, and she must have the last word in anything to do with the treatment of patients, admission to hospital and so on. If this is not carried out by the sister-nurse there will always be difficulty in our hospitals.' She further elaborated:

We must give our sister-doctors the same position in a hospital as we do our male doctors at home in Drogheda. This is, they must have the last say in the way the patients are treated. In everything they ask for or wish done for the patients, this should be done without the slightest criticism from any of the nursing sisters or even the Superior.⁴⁹

This advice was somewhat contradictory. Mother Mary and her council fully endorsed the authority of the matron, defining her role as a collaborative and managerial one. The matron was to consult with the different parties involved in the running and funding of the hospital, instilling discipline and making sure that all was conducted according to the religious ethos and rules of the congregation. However she also invested considerable authority and power in the role of the consultant. Here she counselled that the authority of the sister-doctor should be similar to that held by the male doctors in Drogheda, thus implying that the sister-doctors' gender should not undermine her professional authority. In this respect, Mother Mary believed

⁴⁷ Mother Mary, Drogheda to Sr. M. Kevin, 7th January 1953, MMM Archive, I/Fou/4(e)/214.

⁴⁸ Mother Mary, Drogheda, to Sr. M. Reparatrice, 23rd April 1953, MMM Archive, I/Fou/4(e)/221.

⁴⁹ Ibid.

in adapting the patriarchal/hierarchical doctor-matron-nurse model to accommodate the sister-doctors, without challenging the fundamental dynamics of that structure.

The previous two chapters examined how obedience was the cornerstone of the sisters' religious identity. Obedience was a positive and productive force through which the sisters could channel their religious devotion. For the nursing sisters, obedience aligned neatly with their professional role as nurses. For those sisters in positions of authority, however, obedience became more problematic. For the sister-doctors in particular, there were often contradictions between their role in the hospital and their role in the convent. These contradictory claims to authority resulted in tensions between staff, affecting the sisters' emotional and physical well-being.

Life on the mission was a strictly regulated affair. The horarium by which the sisters lived was initially set by Mother Mary and her council in Ireland, and was diligently implemented by the matron/superior in Anua. A typical day would commence at 5.20 am, by 5.35am they were to be saying their morning prayers and meditation. By 6.00 am the sisters were at Mass, at 7.15 they had breakfast, and their duties (hospital work) would begin at 7.45. At 10.00 they would have lunch, then examen at 1.15, dinner at 1.30 and siesta at 2.15. Tea was to be taken at 3.45, spiritual reading at 4.00, and they would then go back to their duties until 6.00pm when they were allowed 40 minutes of recreation before the evening rosary and night prayers at 6.40pm, and meditation at 7.00pm. The evening ended with supper at 7.30, night rounds at 8.30, compline and examen at 9pm, and lights out at 10pm. 50 Slight amendments were sometimes made in order to make allowances for hospital work, always with the approval of Mother Mary. However, in essence, this timetable was lived by the sisters as a community, irrespective of religious rank or professional role. The sisters' 40 minutes of recreation was a crucial time where they could relax, exchange anecdotes from their day and generally

⁵⁰ Horarium with notes, 1951, MMM Archive, I/Fou/4(e)/238.

live as a community of sisters.

Public access to the sisters' house in the mission compound was strictly controlled. The parlour was the only space where 'externs' were permitted. Even the sisters' access to, and behaviour in, the parlour was firmly defined and monitored, least their discipline be relaxed from contact with externs.⁵¹ In their dealings with the male doctors the sisters were instructed to always converse where others could see them, never behind closed doors.⁵² Instructions were given as to where, when and in what company the sisters could eat, drink and socialize. A list instructing what the sisters' should bring with them on the missions gives a further insight into how the sisters' appearances were regulated. The list details the exact number and colour of each garment to be brought on the mission, down to undergarments. It further emphasizes how the garments should be worn: '2 pairs of brown shoes to wear with white, 2 pairs of black shoes to wear with grey.'⁵³

Thus, in a Foucauldian sense, the sisters' lives were subject to 'microphysics of power' that operated insidiously, disciplining and regulating every aspect of their daily lives. Foucault argued that these 'micro-physics of power' operated on bodies through institutions as well as through rituals and practices, and were eventually internalized. Although some feminist critic argue that Foucault's theories are androcentric, others have found his framework of analysis useful to develop their own understanding of how power operates in and through the gendered body.⁵⁴ In particular, these theorists are concerned with illuminating ways in which the body can be both a site of discipline and resistance.

Despite religious life fitting comfortably within this framework of disciplinary control, it is important to highlight that Foucault regarded

⁵¹ Art. 152, Constitutions of the Medical Missionaries of Mary, 67.

⁵² Art. 111, Constitutions of the Medical Missionaries of Mary, 51.

⁵³ Equipment necessary for sisters going to Africa, undated (c. 1950s), MMM Archive, uncatalogued.

⁵⁴ Judith Butler, *Bodies That Matter: On the Discursive Limits of "Sex"* (London: Routledge, 1993); Moira Gatens, *Imaginary Bodies: Ethics, Power and Corporeality* (Oxon: Routledge, 1996); Stoler, "Making Empire Respectable," 634-60.

institutional religion as deviating from this model. He argued in *Discipline and Punish* that in a religious setting, these controls were experienced positively rather than repressively, as a means of ascetic control and ultimately mastery over the self. ⁵⁵ Indeed, for the sisters, discipline, obedience and uniformity of purpose were to be experienced as challenging, but ultimately liberating, features of religious life. Mother Mary reminded the sisters again in 1955 of the primacy of obedience for religious life, stating: 'our greatest holocaust is our love for God through obedience as religious.' ⁵⁶ She would later concede that:

Some [sisters] may exceed in generosity and find obedience particularly hard and difficult, yet as missionary sisters we need the <u>perfection</u> of <u>obedience</u> [original emphasis] almost more than religious of other institutes. Strange things are asked of us, we as individuals have to carry great responsibility yet we have the same duty of conforming our will to the will of our superiors, the same obligation to ask permissions, to act with the knowledge and approval of authority.⁵⁷

Here Mother Mary acknowledges the challenges faced by the sisters in taking on roles of responsibility and making decisions as individuals in their professional lives, whilst also submitting to obedience, discipline and community life. In reality, any deviations from these foundational aspects of religious subjectivity were often symptomatic of a deeper malaise or resistance to the regulations of religious life. Feminist critics of Foucault have argued that his theory of power, as inscribed on the body through normalized

⁵⁵ Michel Foucault, *Discipline and Punish: The Birth of the Prison*. Translated by Alan Sheridan (London: Penguin Books Ltd., 1977), 137.

⁵⁶ Draft letter by Mother Mary to Sr. M. M. Nolan, 12th March 1955, MMM Archive, I/Fou/4(e)/289.

⁵⁷ Notes on missionary life, written by Mother Mary whilst in hospital in the Salvator Mundi International Hospital in Rome, undated (c. 1950s), MMM Archive, uncatalogued.

and pervasive disciplinary practices, leaves little room for resistance. However, McLaren has argued that 'resistance comes from the struggle and contestation of competing claims of power rather than the ability to get outside of power.'58 At this juncture I will take a closer look at how the sisters experienced resistance physically through this 'struggle and contestation of competing claims of power.'59

Sr. Dr. M. St. Luke temporarily took over as Medical Officer in Charge from Sr. Dr. Nolan in 1953. By this time the hospital had expanded considerably; it was therefore necessary for there to be two sister-doctors, and two lay doctors. Sr. Dr. M. St. Luke worked alongside Sr. Dr. M. Stella, and three male lay doctors, Dr. Twomey, Dr. Griffin and Dr. Burdett-Smith. Mother Kevin McDonagh, the 'Superior of the house, temporary superior of Province of Calabar, and Matron' 60 between 1948 and 1952, was called back to Ireland, and replaced by Sr. M. Reparatrice. In addition there were five MMM qualified nurses, who supervised 12 qualified Nigerian nurses and 33 probationary nurses, 61 and three additional MMM sisters working in various administrative positions. 62 Sr. Dr. M. St. Luke was due to make her final profession during this period, a process that demanded deep introspection and examination before committing to perpetual vows. During her time as Medical Officer in Charge, her religious superior wrote extensively to Mother Mary of Sr. Dr. M. St. Luke's increasingly fragile state of mind.

Sr. Dr. M. St. Luke joined the MMMs as a medical student in 1943, eventually graduating with a bachelor of medicine in 1945. She spent a number of years working in Drogheda before being sent on mission to Nigeria in 1953. She was well liked in the mission hospital by patients and colleagues. Her superior in Anua, Sr. M. Reparatrice (Superior 1952-1959) and Mother Mary were convinced she was an ideal sister-doctor with a strong religious

⁵⁸ McLaren, Feminism, Foucault and Embodied Subjectivity, 116.

⁵⁹ Ihid

⁶⁰ *Sisters in Anua*, 1952, MMM Archive, I/Fou/4(e)/196.

⁶¹African Staff employed in St Luke's Hospital Anua, 1952, MMM Archive, I/Fou/4(e)/196.

⁶² Sisters in Anua, 1952, MMM Archive, I/Fou/4(e)/196.

vocation. However after a year in Anua, Sr. Dr. M. St. Luke began to question her ability to combine her medical and religious vocations, declaring more than once: 'what a complete vocation medicine was in itself.' In 1954, the superior, Sr. M. Reparatrice reported to Mother Mary:

I was a little bit worried about Sr. St Luke for a while, Mother. [...] Within the last two months she has been very distracted. She never comes to recreation, and if she is late for dinner she takes the opportunity not to come in until the sisters are finished. But last time I told her straight that the sisters constantly asked where she was as there was nothing to delay her in the hospital when they were coming up (in a small community even one is always missed). [...] But she got all worked up about religion and medicine etc.⁶⁴

In addition to distancing herself from community life, Sr. Dr. M. St. Luke began to confide in the secular doctors rather than her religious superior. When questioned about this grave fault, she said 'she felt she had more in common with them and she was also making friends with them "for our sake." Finally this pull between two worlds began to affect Sr. Dr. M. St Luke emotionally. She wrote to Mother Mary that 'it was not natural the way she was carrying on, explaining: 'she sleeps little and when and where she does, any night I have been awake, she was just moaning and groaning in her sleep.' Finally, after struggling in this way for months, Sr. Dr. M. St Luke decided against making her final profession. Her superior wrote that:

⁶³ Sr. M. Reparatrice, Anua to Mother Mary, 8th September 1954, MMM Archive, I/Fou/4(e)/251.

⁶⁴ Sr. M Reparatrice, Anua to Mother Mary, 3rd May 1954, MMM Archive, I/Fou/4(e)/244.

⁶⁵ Sr. M. Reparatrice, Anua to Mother Mary, 28th August 1954, MMM Archive I/Fou/4(e)/256.

 $^{^{66}}$ Sr. M Reparatrice, Anua to Mother Mary, 3^{rd} May 1954, MMM Archive, I/Fou/4(e)/244.

⁶⁷ Ibid.

⁶⁸ Ibid.

She has asked me to write to Ibadan for her to see if there would be a post in the Obstetrics department there - she wishes to work in Africa but cannot do so with the missions very well, and feels to work in a Government post like this would help the Catholic Church better. [...] I had hoped she would stay on, she says she is happy in Anua and likes it well, but does not want to continue as a religious.⁶⁹

Ultimately Sr. Dr. M St Luke opted to remain in Nigeria as a member of the congregation, she made her final profession, and confessed that it had been pride that was preventing her from fully embracing her vocation. She told her superior that she had not liked working in the hospital in Drogheda, and even before leaving for the missions she was hesitating with her vocation. After praying to Our Lady and talking to her superior she decided to remain in Anua. However her turmoil was not all behind her and she continued to struggle with her vocation, Sr. M. Reparatrice wrote that 'obedience is her great difficulty – she has her own way of adapting her obedience to suit what she wants first – at least that is as far as I can see. She obeys alright, but with the adaptation.'70

Unsurprisingly this idea of adaptation or individual interpretation of obedience was not a popular one. Mother Mary quickly wrote back to Sr. M. Reparatrice stating:

As a religious you must be perfectly satisfied that she [Sr. Dr. M. St. Luke] gives herself completely to God by her vows of obedience, poverty and chastity. She must be prepared to sacrifice all in obedience and if obedience calls of her either through her superior or God's will, direct her to sacrifice her own will and judgement. She

⁶⁹ Sr. M. Reparatrice, Anua to Mother Columbanus, 19th June 1954, MMM Archive, I/Fou/4(e)/246.

 $^{^{70}}$ Sr. M. Reparatrice, Anua to Mother Mary, 28^{th} August 1954, MMM Archive, I/Fou/4(e)/256.

has, as you know, been a great danger to all my sister-doctors with her wrong outlook in the religious life. It was God's grace alone that kept them firm in their religious vocation.⁷¹

This statement by Mother Mary highlights the root of Sr. Dr. M. St. Luke's dilemma: her hesitation as to whether the medical profession could really be combined with a religious vocation, especially with regards to strict obedience. Indeed Sr. Dr. Nolan had expressed similar apprehensions some months earlier stating 'She [Sr. M. Kevin] does not understand a doctor's responsibility for life both directly and indirectly in the care of patients and the bad hygiene conditions existing here, as things are a sister-doctor is constantly going against her conscience either as a doctor or a religious.'⁷²

Sr. Dr. M. St. Luke's desire to remain in Africa and work for a government hospital rather than the missions indicates that had medical humanitarian work been a more viable option for Catholic Irish womendoctors at this time, women who chose to join missionary organisations might have joined a lay organisation. In this sense, it is possible to interpret Sr. Dr. M. St Luke's malaise as a form of resistance against having to combine these two worlds that she felt were incompatible. Sr. Dr. M. St. Luke remained in Africa for many more years; in 1975 at the age of 55 she left the congregation.

The matrons and superiors in Anua were also susceptible to similar bouts of frustration, again seemingly linked to difficulties in fully embracing their managerial roles, or as they described it, becoming too 'scrupulous.' ⁷³ Upon being appointed superior of Anua, Sr. M. Kevin wrote to Mother Mary: 'I may as well be candid and tell you Mother I consider it a real cross to have to

⁷¹Mother Mary, Drogheda to Mother Reparatrice, 21st August 1954, MMM Archive, I/Fou/4(e)/254.

 $^{^{72}}$ Sr. Dr. M. M. Nolan, Anua to Mother Mary, $19^{\rm th}$ October 1952, MMM Archive, I/Sis/8(f)/27.

 $^{^{73}}$ Mother M. Joseph, Anua to Mother Mary, $10^{\rm th}$ March 1955, MMM Archive, I/Fou/4(e)/288.

take charge of Anua.'⁷⁴ A few years later Sr. M. Kevin developed a mysterious illness that no one, even Sr. Dr. Nolan, could diagnose: 'she had no temperature and her blood tests showed nothing, but her manner became very strange and eventually she lay in bed all day, ate nothing for three days, though Sr. Margaret Mary told her to, and just stared into space. Once or twice we found her sitting on the floor again, gazing blankly.'⁷⁵ Sr. Dr. Nolan could see no other cause than the menopause, whereas Sr. M. Joseph thought 'she was becoming very scrupulous, forever worrying about everyone's faults.'⁷⁶

These personal stories of the sisters' emotional difficulties were usually narrated by the superior of the convent reporting back to Mother Mary in Ireland. It is therefore rare to gain a firsthand account of how the sisters themselves experienced these periods of unease. Sr. M. Olivier, superior of Anua between 1945 and 1947, wrote to Mother Mary complaining that: 'Sister M. Immaculata was laid up again with her eyes lately, she complains again of her head being confused and nearly going off her head. I am very tired of all this Mother.'⁷⁷ Sr. M. Immaculata was one of the first women to join the MMMs. Before the congregation was formerly founded she had lived with the then Marie Martin in Glenstal. She was sent to Nigeria after the war. At the time of Sr. M. Reparatrice's letter, Sr. M. Immaculata was matron. She wrote to Mother Mary giving a different insight into what was causing her distress. She wrote that she was mentally, physically and materially sick, she was frustrated with the hospital work and was disillusioned with missionary work in general:

 $^{^{74}}$ Sr. M. Kevin, Anua to Mother Mary, 10^{th} February 1952, MMM Archive, I/Fou/4(e)/179.

⁷⁵ Mother M. Joseph, Anua to Mother Mary, 10th March 1955, MMM Archive, I/Fou/4(e)/288.

⁷⁶ Ibid.

⁷⁷ Sr. M. Olivier, Anua to Mother Mary, November 1947, MMM Archive, I/Fou/4(e)/13.

I think there are very few sisters that would have worked with Sister [Margaret Mary] for 18 months under the circumstances, trying to run a maternity and general hospital with only about 4 nurses and having spiritual difficulties as well and nobody to talk them over with. [...] Twice I came off duty and said I couldn't go back. I wanted to love God and work for Him but I felt I was working against Him. All the fine ideas I had about Africa had faded, going to the bush to rescue twins, helping women in their homes, and instead I found this awful money palaver. How I hated it – it took the purity of intention out of our work.⁷⁸

She then complained that she was not ready for the responsibility of Anua: 'my self-assertion is due to the fact that I'm not used to responsibility – I've never had any even in the hospital at home. I've no confidence in myself as anything I've ever done at home has been a failure. I'm full of pride and self-love but I'm trying to root it out.'⁷⁹ Although much of this self-depreciation was required of religious sisters as a part of their vows of humility, these comments nonetheless suggest that there was a schism between what the sisters expected of the missions - what they might have read in magazines and promotional material - and the reality of managing or working in a mission hospital under trying conditions.

The sisters' progress in the mission during the post-war period was subject to the usual power struggles inherent in hospitals during this period. An added layer of conflict and complexity came from the difficulties in managing competing gender and professional roles, as well as successfully merging religious and medical professional identities. For the most part the sisters were successful in overcoming these obstacles, as can be attested by the rapid expansion of the mission hospital. Nonetheless, these competing claims to power sometimes had negative outcomes, whether it was in the

 $^{^{78}}$ Sr. M. Immaculata, Anua to Mother Mary, $31^{\rm st}$ January 1947, MMM Archive, I/Sis/8(f)/18.

⁷⁹ Ibid.

smooth and efficient running of the hospital, or the sisters' own physical and emotional wellbeing. The following section will take a broader perspective on the expansion and management of the hospital in an increasingly secular world.

IV.2 – Missionary business: collaboration and development

During the 1950s, the MMMs still operated as a highly centralized organization. Fundamental decisions about the ethos, expansion and administration of the mission hospitals were made by Mother Mary and her council in Ireland. Even petty 'palavers', as they were called, were described in great detail through lengthy letters back to Drogheda. The Council would discuss these, and decisions and advice were then sent back to the mission matron or superior. There was undoubtedly a concerted effort to replicate in the missions the religious and medical institutions of home, along with the values and power structures that defined them. However, communication was slow, government regulations differed and, most importantly, conditions in the missions were often extreme. In practice, therefore, distant perspectives and orders had to be reworked and adapted to meet immediate conditions. This section will examine how the sisters used their entrepreneurial spirit and business acumen to adapt and expand their distinctly Irish, Catholic enterprise.

In the post-war period, colonial policies began to have greater effect on the daily running and management of the hospital. The political mood in Nigeria was shifting, as nationalists demanded greater independence and autonomy. Those spearheading the movement were predominantly European-educated Nigerians, influenced by growing pan-African and socialist movements.⁸⁰ Through mobilization, propaganda and action they pressured the colonial government for more progressive development planning and more inclusive governance structures. The sisters' letters from

⁸⁰ James S. Coleman, *Nigeria: Background to Nationalism* (Los Angeles, London: University of California Press, 1971).

this period make reference to this growing political unrest, mainly out of concern over the impact it might have on the continuation of their work.

Nigerian independence was slowly becoming a looming prospect from the late 1940s. However, despite the changing national and international contexts after World War II, self-governance was still perceived as being a long way off by the British colonial elite.⁸¹ As late as 1946, renowned imperial historian Margery Perham wrote in the foreword to Premier Awolowo's nationalist manifesto: 'the day when Nigeria, from being a name written on a map by Sir George Goldie and an administrative framework put together by Lord Lugard, becomes a true federation, still more a nation, is still far away.'⁸² Despite this skepticism, the push from different nationalist groups in the post-war period, combined with a period when there were Labour Colonial Secretaries more amenable to African demands, meant that in the period 1945-1959 a rapid succession of constitutional changes and development initiatives were carried out. These initiatives had a direct impact on the daily running and long-term development of the MMM mission in Anua.

The first of these initiatives was the Ten-Year Plan for Nigerian Development and Welfare, instituted in 1946. Using allocated funds from the Colonial Development and Welfare Act of 1940, this was one of the first major efforts to provide better social services for the general Nigerian population. Despite its ambitious budget and policy, in practice the plan had many shortcomings that prevented it from being successfully carried out. It allocated significant funds to the improvement of communications infrastructure, research and development, indigenous industries, as well as broader social services. Out of a total of £55 million, £7.7 million was to be invested in education, and £10.4 million was allocated to medical and health services.⁸³ The health plan opened with the assertion that the medical and

⁸¹ See, Bush, *Imperialism, Race and Resistance*; Coleman, *Nigeria: Background to Nationalism*.

⁸² Perham, "Foreword," 16.

⁸³ Falola and Heaton, A History of Nigeria, 136-154.

health services in Nigeria were 'far below average in the Colonial Empire and in some respects, as bad as anywhere in the world.'84 In response to this state of affairs it was decided to allocate the majority of the funds for health and medical services to the construction of more hospitals and dispensaries, as well as improving equipment and training. The plan also made provisions for treatment facilities for leprosy and malaria, as well as public health campaigns against endemic and epidemic diseases.

Historians have since highlighted the various shortcomings of this plan. With regards to health, it has been argued that the Ten-Year Plan focused too much on curative and hospital-based health whilst only paying lip service to preventative and rural services. Some have accused the plan of entrenching regional and class disparities in health care provision, whilst prioritising a 'Western conception of health and illness in which the planning of health services was taken to be synonymous with building of hospitals, dispensaries or medical schools.'⁸⁵ Others have highlighted how the plan simply lacked coherent oversight and failed to specify how the large sums of money allocated should be spent.⁸⁶

In 1949, Sir Sydney Phillipson, the country's financial secretary, was commissioned to review a policy of grants-in-aid for voluntary health services. He observed that the Ten-Year Plan had so far failed to create the infrastructure for an integrated and streamlined health service, where voluntary health organisations could operate more efficiently alongside government policies and facilities. This was in part a deliberate omission; Phillipson explained that 'the previous Medical Plan made no provision for assistance to missions and other voluntary bodies for the development of medical facilities, because the improvement and developments as planned by

⁸⁴ Sessional Papers, *Ten-Year Plan for Development and Welfare for Nigeria*, 1946, 15. British National Archives Kew, CO 657/53.

⁸⁵ Dennis A. Ityavyar, "Background to the Development of Health Services in Nigeria," *Social Sci. Med.* 24, no. 6 (1987): 487-99.

⁸⁶ See, Coleman, *Nigeria: Background to Nationalism*; Falola and Heaton, *A History of Nigeria*; PNC. Okigbo, *National Development Planning in Nigeria*, 1900-1992 (London: James Currey London, 1989).

the government in respect of medical services were expected to absorb all the money likely to be available from the Colonial Development and Welfare Act and from Nigerian revenues.'⁸⁷ However, by the late 1940s, Nigeria was experiencing a period of economic prosperity; thus Phillipson commented that 'under present conditions, such improvements and developments are limited less by purely financial considerations than by the shortage of materials, equipment and qualified staff.'⁸⁸ In order to meet these shortages, a number of different proposals were made as to how voluntary hospitals could make up the shortfall.

These proposals ranged from having voluntary organisations staff government facilities to combined mission-government hospitals and training facilities. There was considerable discussion of the necessity of assisting missions financially through a number of grants-in-aid. These grants would meet the higher salary scales for local staff, additional building costs, medical supplies and equipment, and what Phillipson identified as 'an increasing dissatisfaction among missionary doctors and nursing sisters with the practice of making do.'89 Phillipson noted that missions would also require additional funds if they were to keep up with new legislation imposed by the government. In particular he recommended that funds should be given to missions for the training of midwives and nurses, and bed-occupancy levels. In return, the hospital would have to be approved by the director of medical service, buildings would have to meet government standards, and patients were to be treated irrespective of their religion.

In addition to proposing greater collaboration with missions, Phillipson also recommended decentralising medical administration by setting up regional medical advisory boards composed of representatives from government medical services, missions, and private practitioners. He hoped that these would encourage a 'process of constant mutual consultation

⁸⁷ Phillipson, "Grants in Aid of the Medical and Health Services."

⁸⁸ Ibid.

⁸⁹ Ibid.

and co-operation.'90 This was in line with constitutional changes taking effect throughout the post-war period and leading up to independence, where regional governments held more and more political and legislative powers.⁹¹ Phillipson advised that mission hospitals would have to be registered with the government and should also have advisory boards where they could further discuss and implement decisions made by the regional board. For combined mission-government hospitals, the hospital advisory board would have to include official medical, administrative and financial representatives.

From the 1950s the MMM had to deal with the practical implementation of the Phillipson report, which they discussed at length at various mission meetings. Some of the recommendations had previously been initiated by the missionaries, such as hospital advisory boards, or the admittance of patients regardless of religious belief. Indeed, from its early days the MMM mission hospital held regular meetings regarding the day-to-day running of the hospital. Initially the Kiltegan Fathers led these meetings, with Monsignor Moynagh acting as chair. The sisters were also present but had little control over the finances and development of the mission. As the mission expanded in the 1950s however, the day-to-day running of the hospital and the convent were increasingly managed by the MMM sisters, albeit in line with government rules and regulations and under the watchful eye of the fathers. From the late 1940s these meetings were recorded more systematically through minutes. Sr. M. Reparatrice, the matron/superior, wrote to Mother Mary explaining: 'there are a whole lot of new regulations being laid down. Board of Governors for each hospital, constitutions for each hospital to be drawn up etc.'92 Thus, the more organized and bureaucratic nature of the MMM mission in Anua in the 1950s was partly the natural outcome of a decade of hard work; however it was also the result of external government pressures.

⁹⁰ Ibid., 33.

⁹¹ Falola and Heaton, A History of Nigeria, 148-154.

 $^{^{92}}$ Sr. M Columbanus, Anua to Sr. M. Reparatrice, 28^{th} November 1952, MMM Archive, I/Fou/4(e)/206.

Recent histories of missionaries and women religious have sought to highlight the entrepreneurial nature of religious congregations. Barbara Mann Wall's monograph, *Unlikely Entrepreneurs* analyses how American women religious used their entrepreneurial spirit to develop a network of Catholic hospitals across nineteenth-century North America. She argued that when European immigrant sisters arrived in the United States they encountered a market economy that shaped their spiritual and medical expansion. Their business model was based upon spreading Catholic spirituality rather than accumulating capital. Sioban Nelson's research, also on nineteenth-century North America, has asserted that 'the success of the sisters' nursing work, far more than their work with schools or orphanages, is the story of the sisters coming to understand the peculiarities of the American political and economic climate to run the best business in the market.'94

In the 1970s T.O. Biedleman pioneered the use of social theory to analyse the bureaucratic nature of missionary organizations. Using a Weberian framework of analysis he argued that missionary societies followed a pyramid model, a minority at the apex controlled the masses at the base. He argued that in order to control the masses 'a rationalized, centralized, hierarchical structure' was required. He further emphasised the cultural gulf between the top administrator, and the administered masses. A recent reworking of Beidelman's argument has used theories of bureaucracy to analyse the work of the Dutch Missionary Society in the Dutch West Indies. Kipp's chapter entitled 'Why can't a Woman be more like a Man?' is concerned with understanding how female missionaries fitted into this bureaucratic framework. Similar to Mann Wall, Nelson and Beidelman, Kipp notes that missionaries were by their very nature bureaucratic. She argues: 'challenged to stretch their small funds and personnel to reach the non-Christian masses

⁹³ Wall, Unlikely Entrepreneurs.

⁹⁴ Nelson, Say Little, Do Much, 33.

⁹⁵ T.O. Beidelman, "Social Theory and the Study of Christian Missions in Africa." *Africa: Journal of the International African Institute* 44, no. 3 (1974): 247.

and to deal with colonial bureaucracies such as the government, businesses, they were under continual pressure to operate efficiently.'96

In many respects the work of the MMM sisters in Anua in the post-war period confirms these accounts. During this period they remained a highly centralized organization that was managed from the top down, or in their case, from the top-down and across, as orders and plans came from the council in Ireland to the mission superiors. Furthermore the sisters had to manage their hospitals in line with rationalized colonial bureaucracies and an increasingly well-organized Catholic church. The MMMs had to strike a balance of working with government, other missions and the priests, whilst retaining their independence and particular charism. Mann Wall and Nelson have argued that the hierarchical nature of religious congregations, as well the rigidities of religious life, meant women religious were particularly well equipped to successfully navigate the hospital marketplace. This was also true of the MMMs, who adopted an increasingly business-like approach, overseeing all aspects of the running, management and expansion of the hospital, from liaising with politicians and medical professionals to negotiating cement quantities with engineers and labourers. From 1950 they had a detailed five-year development plan for the hospital that was commended by Phillipson in his report. In parallel to expanding the hospital's facilities, the sisters continued to train their nurses to the highest standard possible, striving to gain recognition as a Grade I maternity training hospital with reciprocity with the Nursing Council of England and Wales.

This entrepreneurial spirit was embedded in the congregation from its very foundation, mostly due to the social background of their foundress. Mother Mary came from a family of wealthy Catholic merchants who had been running businesses in Ireland and beyond for many decades. This business expertise was translated into the successful management and rapid growth of

⁹⁶ Rita Smith Kipp, "Why Can't a Woman Be More Like a Man? Bureaucratic Contradictions in the Dutch Missionary Society," in *Gendered Missions: Women and Men in Missionary Discourse and Practice*, eds. Mary T. Huber and Nancy Lutkehaus (Ann Arbor: The University of Michigan Press, 1999), 147.

the congregation. Mother Mary's upper-class background meant she was aware of the benefits of networking, and of holding seats on committees and boards. Thus, as the colonial government became more bureaucratic, the sisters took a more visible and proactive role in matters of local politics and medical policy. However, their status as a religious congregation meant that the sisters were also wary of collaborating too closely with government.

In 1955 Mother Mary advised that 'Bishop Moynagh and Bishop Ekandem are the people who will have the most influence with the African authorities I imagine, and I am sure that with prayer things will work out for us. It would be well, if Bishop Moynagh thinks well of it, for Sr. Margaret Mary to go up and see the Health Minister in Enugu. I imagine now time is pressing so I think no time should be lost now in the proper approach if we are not too late.'97 Indeed from the 1950s the mission was being pressured to develop from a number of different sources. The Colonial government sought to implement a more regulated health system, with greater oversight, better training and facilities and more preventative and public health initiatives. Simultaneously, Nigerian independence was clearly a looming reality, in 1951 the first general elections were held, and in 1957 the Eastern and Western regions became self-governed. Although the sisters did not know what effect these political changes would have on their work in Nigeria, they were aware that there would be shifts in political leadership, and they would need to have the right allegiances when the time came. The added obstacle of the patriarchal structure of the Catholic Church meant the sisters had to exercise their managerial and entrepreneurial spirit without challenging the authority of the male ecclesiastical authorities. The following paragraphs will explore to what extent the rapid development of the mission hospital was the result of external pressures. In particular it will seek to highlight how the sisters were able to adapt, and successfully navigate these changing demands whilst remaining independent and true to their traditional Catholic values.

 $^{^{97}}$ Mother Mary, Drogheda to Mother Reparatrice, $23^{\rm rd}$ September 1954, MMM Archive, I/Fou/4(e)/262.

The official Catholic Church stance on religious congregations in general and missionaries in particular was that they were to maintain prudent distance from national contexts. The papal encyclical *Ad Gentes Divinitus* promulgated in 1965 as a part of Vatican II council reforms stated: 'in this activity the faithful should be eager to offer prudent aid to projects sponsored by public and private organizations, by governments, by various Christian communities, and even non Christian religions. However the Church has no desire at all to intrude itself into government of the earthly city.'98 This was a reiteration of previous papal instructions on missionary activity. Missionaries were to collaborate with local governments without being fully bound to them. 99 For the sisters this was a difficult line to tread: in order to advance their work they needed government grants, however they also wished to maintain distance and control over their hospitals. Of particular importance was maintaining the religious character and values of the hospital.

In 1952, explaining the conflict between Sr. Dr. Nolan and the lay doctor, Dr. Burdett Smith, Sr. M. Reparatrice stated: '[Sr. Dr. Nolan] doesn't want Dr. Burdett Smith going to the maternity as he would change the teachings etc.' 100 This desire to remain in control of the religious character of the hospital was also an issue when dealing with the government. In 1954 the Gorsuch report, commissioned by the Colonial government, proposed increases in salaries for civil servants based on the cost of living index. This directly impacted on missionary hospitals, as they were now registered hospitals employing nurses with government grants. The different medical missionary societies of the Eastern Province tried to come to a consensus as to how their hospitals should respond to the report. At this time there were a number of different missions operating across the Eastern region. According to the Nigerian Medical Services report for 1954, the missions were the main provider of

⁹⁸ Paul VI, Ad Gentes Divinitus.

⁹⁹ See, Pius XI, Rerum Ecclesiae; Benedict XV, Maximum Illud.

 $^{^{100}}$ Sr. M. Reparatrice, Anua, to Mother M. Columbanus, 30th March 1952, MMM Archive, I/Fou/4(e)/183.

health services in the East.¹⁰¹ There were also more missionary health services in the Eastern region that in the Northern and the Western regions.¹⁰² Sr. M. Reparatrice explained to Mother Mary: 'since the Gorsuch report here a big move has been made to obtain the same scale salary for missionary trained nurses as for government. Naturally we are very anxious they should get it – they have to do the same course and examinations and are far more conscientious in their work, but it is the general opinion that the Medical Department would not give it.'¹⁰³ There was also a question of supplementing the salaries of the expatriate nursing staff, in this case the sister-nurses.

These changes affected all medical missionaries operating within the region. In 1955, Mr. Haigh, the Eastern Province representative for the Protestant United Christian Missions (Methodist, Lutheran, CMA, Qua Iboe), sought to discuss the Gorsuch report with the Catholic missionaries in advance of the Eastern Regional Medical Advisory Board meeting. He hoped that the United Christian Missions and the Catholic missions would have a unified voice on the question of accepting salaries for expatriate staff. ¹⁰⁴ This collaborative approach may come as some surprise; however in view of a more developed health system and increasingly bureaucratic government, it had become necessary for missionary societies to put their denominational rivalries to one side. From the 1950s there was a greater effort by medical missionaries to have a unified voice on medical missionary interests. The MMMs actively participated in this ecumenical effort, however drew the line when it came to joining with the other Christian missions in a joint missionary hospital venture. This was considered too much of a threat to the Catholic values the congregation wished to instill through the hospital. This highlights

¹⁰¹ Policy for Medical and Health Services, Eastern Region of Nigeria, 1953, 48.

¹⁰² This was followed the historical development of missionary societies in Nigeria, whereby Missionaries had been largely discouraged from operating in the Muslim North, and Yoruba West.

 $^{^{103}}$ Sr. M Reparatrice, Anua to Mother Mary, 15th Sept 1955, MMM Archive, I/Fou/4(e)/316.

 $^{^{104}\,\}mathrm{Sr.}$ M Reparatrice, Anua to Mother Mary, 15th Sept 1955, MMM Archive, I/Fou/4(e)/316.

how the MMMs accepted that it was in its interest to collaborate with other missions, however similar to government collaboration, the line was drawn when it came to the direct governance of their hospitals.

In regards to the Nigerian nurses' salaries the general opinion in Anua was that these ought to be increased to meet the government nurses' salaries through the maintenance of the bed-occupancy grant. However, more problematic was the question of accepting grants for expatriate staff, in particular the sisters. Sr. M. Reparatrice observed:

What I am writing about Mother, is to know your wishes as regards accepting salaries for the nursing sisters, if given. They would of course, be a wonderful help, there are so many things we need in the hospital, and cannot get, because the finance is not there, but then, how would we stand with the government, would we still be an independent mission hospital, or would we just be considered civil servants, and would this be your wish?' 105

Mother Mary was quick to write back that she wished for the congregation to maintain a certain distance from the government. 106 Anticipating such difficulties she had previously advised:

It is wonderful of course to get the grants and I can quite realise how much you look forward to them but I hope that you will all be very zealous and careful that you will never accept a grant that will in anyway have a binding effect on us or take our liberty in running our hospital. This would be against the principals of the congregation. If we are to do God's work and be free, it is essential that we in no way are either civil servants or in any way bound to the government as to

 $^{^{105}}$ Sr. M Reparatrice, Anua to Mother Mary, 15th Sept 1955, MMM Archive, I/Fou/4(e)/316.

 $^{^{106}\,\}text{Mother}$ Mary, Drogheda to Sr. M Reparatrice, 3^{rd} October 1955, MMM Archive, I/Fou/4(e)/318.

the running of our hospitals or our appointments or anything of that kind.¹⁰⁷

By contrast, the United Christian missions were eager to receive government funding for the salaries for both their Nigerian and expatriate There were therefore certain differences between the Catholic staff. missions and the United Christian missions. The latter were generally more willing to collaborate with the secular authorities. The sisters too were grateful to receive financial aid, and eager to participate in the development of government medical policy. However as a Catholic congregation, they were not to be bound by any civil government. Unlike the Protestant missions, Catholics were part of a wider, universal Church, with its own governance structure that steered their core missionary policy. Furthermore, as a specifically Irish Catholic congregation, the sisters had very specific ideas regarding the appropriate character of a Catholic hospital. These concerns over state-controlled medicine reflected Churchstate tensions in Ireland during this period. As noted in Chapter Two, priests and bishops affiliated with the MMMs frequently condemned the state intervention in medicine in relation to the Mother and Child controversy. In this sense, directions from Ireland to the missions reflected the medical policies and debates of home.

In addition to contending with government regulations, and defending their interests against those of other Protestant and Catholic missions, the sisters also had to manage the input of the Irish priests and bishops. For the most part they collaborated effectively with the male Catholic hierarchy. However there were instances where the sisters had to find diplomatic ways of challenging this authority in order to represent their own best interests. Causing particular conflict was the fact that the missionary priests had intimate knowledge of the sisters' finances, as all grants were issued through the diocese. In some cases this resulted in the fathers putting pressure on the

 $^{^{107}\,\}text{Mother}$ Mary, Drogheda to Sr. M. Reparatrice, 23^{rd} April 1953, MMM Archive, I/Fou/4(e)/221.

sisters for loans. Such a situation arose in 1952 when Father Brady from the Kiltegans asked the sisters for a loan of £1,500. Explaining the situation to Mother Mary, Sr. Kevin wrote: 'Last Sunday Fr. Brady came and asked if we could give him a loan of £1,500 as he has no money to carry on with. I immediately agreed and so we gave him the cheque. I know that it is quite safe, and will be returned in a few months but I have acted too independently without first writing to you.' 108

Mother Mary's response is missing from the archive; however a subsequent letter from Sr. Kevin implies that Mother Mary was none too pleased about this arrangement. In particular it would seem she was upset that the fathers had knowledge of their financial situation in the first place, Sr. Kevin answered: 'Unfortunately all the grants given to St Luke's Hospital are sent direct from Medical Headquarters, Enugu, to his Lordship, and his secretary notifies us. Otherwise the fathers would never know of our financial affairs as even the sisters don't know.' 109

A similar situation arose a few months later; this time Monsignor Moynagh pressured the sisters to use their hospital grant money for the construction of a Church in the Anua mission. The sisters had been saving money for some time in order to extend buildings and to get water installed. Sr. M. Reparatrice wrote to Mother Mary:

His Lordship spoke to Sr. M Kevin about this a few mornings ago and asked her to give £600 or £700 to the building of Anua's Church which would face the maternity department and which he hoped the nurses and patients would use frequently. He said it would have to be done before the end of the year. Sister said she would ask your permission.

¹⁰⁸ Sr. M. Kevin, Anua, to Mother Mary, 7th May 1952, MMM Archive, I/Fou/4(e)/185.

 $^{^{109}\,\}mathrm{Sr.}$ M. Kevin, Anua to Mother Mary, 2^{nd} June 1952, MMM Archive, I/Fou/4(e)/187.

You can see from this, Mother, how much all we have is observed. Our yearly grant comes to His Lordship, so that cannot be avoided.'110

She further commented: 'there are many improvements waiting to be made and it does not seem right for us not to use the money for them, when the country has provided it.'111

In addition to these financial pressures, Bishop Moynagh was also in disagreement with the sisters over changes in management that he had not been officially informed of. Although Mother Mary's advice on these matters was not explicitly defiant she gave no indication that the sisters should in anyway give into such pressures. She simply advised that the superior and matron in Anua should carry out instructions given from Ireland (in management for example), and revert back to Mother Mary with their views on how this was working out. She, in turn, would inform the Bishop. In this sense, she allowed the sisters on the ground the freedom to adapt instructions in the manner they thought best. The bishop was to be informed of the decision later through the proper hierarchical channels.

From the late 1940s through the 1950s the records for Anua include a great number of official letters, and government and religious board minutes where one or more MMM sister was in attendance. Sr. Dr. Nolan in particular was a board member on the Catholic Medical Mission Board, the Eastern Regional Medical Mission Board, and the Eastern Regional Health Board, in addition to meeting with various politicians and policy-makers. She was also a regional secretary for the Nigerian Branch of the Guild of St Luke, SS. Cosmas and Damien, a British organisation for Catholic doctors where medico-ethical matters were discussed. Giving some indication of her involvement in Nigerian politics and her broader reputation outside of the hospital, Sr. Dr. Nolan was awarded an O.B.E. from Queen Elizabeth in 1954, and in 1966 she received the Order of the Niger from the Premier of Nigeria.

 $^{^{110}}$ Sr. M Reparatrice, Anua to Mother Mary, 12th December 1952, MMM Archive, I/Fou/4(e)/207. 111 Ibid.

The people gave her the title 'Anwa Idiong' ('daughter of the Idiong cult') showing their own appreciation for her work. Other sisters too were involved in high-profile meetings with the nursing council of Nigeria and medical policy makers, always working to expand and improve the health care and training provided in MMM hospitals, dispensaries and bush clinics. Throughout the 1950s the sisters increasingly had to adapt their medical missionary policy to suit various external forces. They sought to manage religious and administrative control of their hospitals, whilst availing of government grants and collaborating effectively with other missionary societies and influencing government medical policies.

IV.3 - Forming 'Irish Catholic' nurses in Nigeria

The sisters' increased involvement in these meetings was in part strategic, as they had to keep up-to-date with the rapidly changing political and social landscape in order for their mission to survive. Holding a seat at board meetings and liaising with influential policy makers during this transformative period in Nigerian history meant that the MMMs had influence in shaping pre- and post-independence Nigerian health policy and practice. Of main concern to the MMMs from the late 1940s was gaining recognition for St. Luke's as a Grade I training school for midwives and nurses. Training, which had always been the congregation's long-term goal in Nigeria, was finally achieved in 1949 when they were awarded Grade I status. Eventually, in 1962, the hospital attained recognition of its certificates from the General Nursing Council of England and Wales for state registration (SRN).

As highlighted in the previous chapter, Monsignor Moynagh hoped from the early 1940s that St. Luke's would 'get good girls and train them.' A booklet produced by the MMMs in 1962 later confirmed: 'our idea has been to

¹¹² Anastasia Taggart, *Appreciation of Sr. Dr. Margaret Mary Nolan, MMM,* undated.

 $^{^{113}}$ Sr. M. Joseph, Anua to Mother Mary, $3^{\rm rd}$ October 1938, MMM Archive, I/Fou/4(e)/31.

start in a central thickly populated district, build up a medical centre there, and have as many outstation clinics as possible visited from it. Then as the work expands and grows, we make this first foundation a training centre for African personnel.' As health policy became more streamlined, the hospital, staff and trainees had to be of a certain standard in order to register as a training hospital. From the outset, there were a number of obstacles in realising this goal. An early concern was finding suitably educated women to train, whilst meeting increased costs for building expansion and of qualified nurses' salaries. Furthermore, throughout the 1950s, government hospitals were better funded and staffed, making it hard for mission hospitals to keep up, even with the increases in grants.

The previous chapter has explored the parallels between mission and colonial nursing policy, in particular the concerted effort to feminise and regulate the nursing profession. This continued into the 1950s, as the mission became involved in developing the curriculum for nursing and midwifery training in collaboration with the newly formed Nursing Council of Nigeria, and with other missions and government medical practitioners. The Nursing Council of Nigeria was established in 1946 under the nurses' registration ordinance. The aim of the council, as in England and Ireland during this period, was to regulate the training and registration of nurses, provide minimum age and educational requirements, set a standard syllabus and ensure minimum standards were being met. In government and missionary training schools, nurses were to be trained professionally *and* morally. This concern with moral and domestic training was part and parcel of the broader missionary and colonial civilising mission.

In 1950, Sr. John Bosco Macnamara, the only MMM nursing tutor in Anua at the time, wrote to Mother Mary reporting her impressions after attending a number of meetings with the Nursing Council. The purpose of the conferences was primarily 'to simplify the Nigerian syllabus, which is even more difficult than the present English one. The conduct of examinations was

¹¹⁴ Nolan, The Medical Missionaries of Mary, Covering the First Twenty-Five Years, 93.

also up for discussion.'115 After a number of regional and national meetings, it was decided to omit: 'advanced nursing procedures such as radium and deep x-ray therapy, which the nurses could be questioned on, yet they have no experience of them. Quite a few words on the syllabus were so difficult and the diseases so rare that none of the tutors had ever come across them.'116 Sr. Macnamara commented on the disparity between the government and mission facilities, and their difficulties in keeping up with the council's requirements: 'as you know we have Standard VI students, competing against Middle IV¹¹⁷ in the government hospitals. As we expected the government, having now plenty of qualified tutors (3 in Aba Hospital alone) are laying down conditions difficult for mission hospitals to fulfil.'118

This was echoed in the St. Luke's advisory board meetings. Sr. Dr. Nolan told the board that by 1951 it would be government policy that only girls educated to Middle IV would be tolerated: 'this makes it desirable that only girls with Standard VI should be taken [into preliminary training school].'119 Educated Catholic girls were recruited from the Holy Child Jesus girls' secondary school in Ifuho, in addition to girls who attended the local Catholic boys' school. In order to sustain the numbers and quality of entrants, the advisory board thought it a good idea to set up their own preliminary training school where they could get girls of Standard VI and bring them up to the required level. In 1952 it was proposed that

Since we find that the Standard VI candidates seeking admission to our training school for general nursing and Grade I midwifery have not reached the required standard of education, which will enable them to follow the nursing courses satisfactorily we propose to provide a course

¹¹⁵ Sr. John Bosco Macnamara, Anua to Mother Mary, 10th March 1950, MMM Archive, I/Fou/4(e)/287.

¹¹⁶ Ibid.

¹¹⁷ Middle IV is equivalent to secondary leaving certificate.

 $^{^{118}} Sr.$ John Bosco Macnamara, Anua, to Mother Mary, 10^{th} March 1950, MMM Archive, I/Fou/4(e)/287.

¹¹⁹ Minutes, Advisory Council on Medical Work, St. Luke's Mission Hospital, Anua, Nigeria, 19th December 1948, MMM Archive, I/Fou/4(e)/89.

which will raise them to Middle IV standard. We propose to admit Standard IV girls who have had no opportunity of attending an all-girls school and who show promise of being suitable as nurses.¹²⁰

The issue of education became less critical as the years wore on due to general improvement in Nigerian girls' education throughout the 1950s and the rapid expansion of Holy Child Jesus girls schools in the region. Thus, a few years later, this plan for a preliminary training school for Standard IV girls was abandoned as the conditions that existed when the scheme was first proposed in 1947 no longer applied. 121 The sisters felt that the quality of candidates applying for nursing had improved year on year and all agreed that their current PTS students were 'very reasonably good.' 122 In this sense the sisters adapted their policy and plans to suit their needs, if these were being met elsewhere they were flexible and reassessed accordingly. Although plans for a separate school were abandoned, the sisters continued to provide a year's PTS as part of their general nursing course. Similar to PTS training in Ireland and Britain, probationary nurses were given preliminary nursing lectures and an hour on the wards daily. They were to reside in hostel accommodation attached to the hospital and had an hour's English class every day. After successfully completing the PTS year, trainee nurses had to complete a further three years of lectures and practical ward work in order to qualify as a NRN (Nigerian Registered Nurse).

General nursing students were lectured in groups of nine pupils per class, with lectures in general nursing, anatomy and physiology, hygiene and dietetics, child welfare and first aid. Examinations and hospital work were conducted through English. It was therefore necessary for the training school to continue to provide supplementary tuition in English for the duration of the training. The student nurses were required to take classes in

 $^{^{120}}$ Application for the opening of a new school, Anua 1952, MMM Archive, I/Fou/4(e)/205.

¹²¹Sr. M Reparatrice, Anua to Mother Mary, 9th May 1954, MMM Archive, I/Fou/4(e)/243.

conversation, word work and making simple sentences, composition, report and letter writing, nursing terms, methods of study and of answering examination questions.

Pat Holden's research on Ugandan nurses in the colonial period has found that 'some of the early preoccupations found in the development of nursing in Britain, such as concern with class, with the selection of the 'right type of women', emphasis on uniform as a symbol of morality, were further emphasised and developed during the later colonial period by European nursing sisters working in Uganda.'123 Shula Marks too has commented on how gender, class and race intersected in the creation of the nursing profession in South Africa throughout the twentieth century. 124 Retrospective accounts by British colonial matrons and tutors working in Nigeria in the 1950s confirm that this was also the case in Nigeria. Nurses were expected to live in nurses' accommodation during their training, where their lives were strictly regulated so as to mould them into the Victorian ideal of what a good nurse should be. A memoir by an Irish doctor working in the colonial medical services in Nigeria from the 1940s described how Miss Louise Bell, the principal of the government preliminary training school in Ibadan, 'managed to win the loyalty of this strange mixture of young Nigerian girls, to educate them not only in the intricacies of nursing, but also to give their natural African good manners and friendliness a direction, so that they have grace as well as intelligence.'125

The MMM training schools were no different. One British midwifery tutor employed by the University College Hospital Ibadan singled out the Catholic missions in this respect, stating: 'I was most impressed by the RC hospitals. Their buildings, equipment, staffing and training was everywhere of a very high standard. They usually had a qualified nun to each ward, mostly Irish, and their pupils were taught off-duty occupations, reading,

¹²³ Pat Holden, "Colonial Sisters: Nurses in Uganda," in *Anthropology and Nurses*, eds. Pat Holden and Jenny Littlewood (London: Routledge, 1991), 67.

¹²⁴ Shula Marks, *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession* (New York: St. Martin's Press, 1994).

¹²⁵ Robert Collis, *A Doctor's Nigeria* (London: Secker and Warburg, 1960), 124.

sewing, knitting, and singing and were resident under strict supervision.'126 For the MMMs the selection process began with admittance, where a conscious effort was made to admit 'a better class of girls.'127 What was implied by this was girls of good education, preferably Catholic (although other religions were accepted) and of 'sound moral character.'128 Their time in the training school, which ranged from four to six years, aimed 'to form them (in every way) in that period.'129 Thus, in addition to their practical nursing work and English classes, the probationary nurses were also lectured in 'deportment and professional conduct'130 where they were given posture training, taught hospital, professional and social etiquette which aimed to impart 'conventional rules of manners inside and outside the hospital.'131

Photographs taken for promotional purposes give a more detailed insight into the daily lives of student nurses in St. Luke's Hospital Anua during the 1950s. A series of photos show Nigerian student nurses in neat white uniforms with starched hats undertaking a broad range of activities. In one photo [Figure IV.1] the nursing students are seen descending the mission staircase in a graceful and orderly manner.

¹²⁶ "Unpublished memoir of Miss Phyllis Dietl, Principal Midwifery Tutor in University College Hospital Ibadan, 1956-1963", 1983, Rhodes House Archives Oxford: Ms.24.

 $^{^{127}\,\}mathrm{Sr.}$ M. Reparatrice, Anua to Mother Mary, 9th May 1954, MMM Archive, I/Fou/4(e)/243.

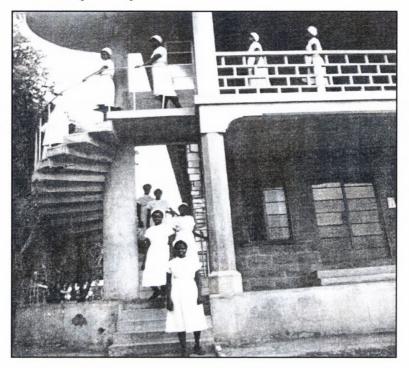
¹²⁸ Ibid.

¹²⁹ Ibid.

¹³⁰ Ibid.

¹³¹ Supplementary Tuition for Student Nurses at St. Luke's Hospital Anua, date unknown, MMM Archive, I/Fou/4(e).

Figure IV.1 - Student nurses descend the stairs, Anua, undated (1950s).



(Source: MMM Archive, Anua Photo Collection, Cal 243.)

Figures IV.2 and IV.3 shows the nurses in domestic training, learning to set the table and serve tea in delicate china. Other photos show the student nurses in their lectures learning anatomy [Figure IV.4] and taking notes against the stark backdrop of the mission classroom [Figure IV.5].

Figure IV.2 - Student nurses in domestic training, Anua, 1950.



(Source: MMM Archive, Anua Photo Collection, CAL/AN/91.)

Figure IV.3 - Student nurses serving tea, Anua, 1950.



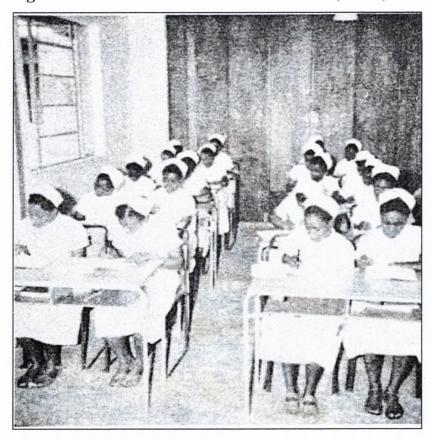
(Source: MMM Archive, Anua Photo Collection, CAL/ 427.)

Figure IV.4 - Learning anatomy, Anua, c. 1950s



(Source: Nolan, ed., The Medical Missionaries of Mary, 62.

Figure IV.5. Student nurses in the classroom, Anua, c. 1950s.



(Source: Nolan, ed., The Medical Missionaries of Mary, 62.)

Nurses are pictured in the well-stocked pharmacy [Figure IV.6], learning to use a microscope [Figure IV.7] and teaching local women child welfare [Figure IV.8]. Other photos show the nurses involved in the religious life of the mission, attending the mission oratory [Figure IV.9], praying prior to an operation [Figure IV.10] and attending a Legion of Mary meeting [Figure IV.11]. These photos, although clearly posed, highlight the broad training provided by the sisters. Nurses were taught modern scientific medicine and nursing techniques, as well as discipline, domesticity and religion.

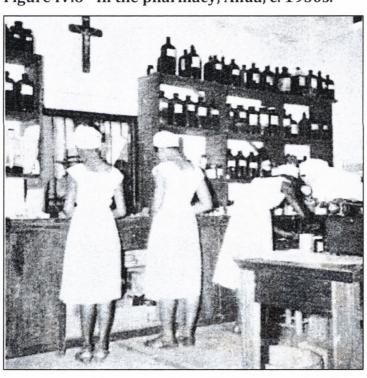


Figure IV.6 - In the pharmacy, Anua, c. 1950s.

(Source: Nolan, ed., *The Medical Missionaries of Mary*, 62.)

Figure IV.7 - Using the microscope, Anua, c. 1950s.



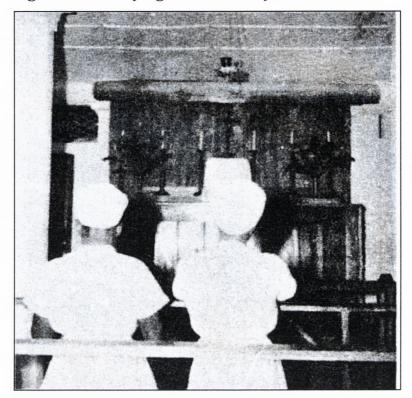
(Source: Nolan, ed., The Medical Missionaries of Mary, 62.)

Figure IV.8 - Child welfare clinic, Anua, 1950s



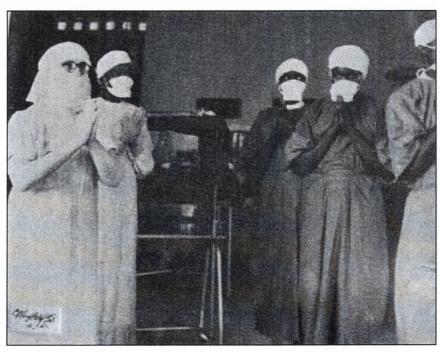
(Source: Nolan, ed., The Medical Missionaries of Mary, 62.)

Figure IV.9 - Praying in the Oratory, Anua, c. 1950s



(Source: Nolan, ed., The Medical Missionaries of Mary, 62.)

Figure IV.10 - Praying before an operation, Anua, 1950.



(Source: MMM Archive, Anua Photograph collection, CAL/AN/53.)

Figure IV.11 - Student nurses attend Legion of Mary meeting, Anua, c. 1950s.



(Source: MMM Archive, Anua Photograph collection, CAL/431.)

As these photos demonstrate, a strong Catholic ethos permeated the everyday life of the missionary training hospital. Student and qualified nurses alike were required to attend Mass and say the Rosary daily prior to starting their work. Student nurses were expected to reside in the nurses hostel, situated on the mission compound and adjacent to the hospital, convent and oratory. Their residence on the mission compound meant they were involved in the variety of religious and leisure activities that defined mission life. In addition to their work, they were invited to participate in physical activity, playing tennis on the mission tennis court, or teaming up for netball tournaments. They were also involved in cultural activities such as putting on religious themed plays and singing performances. Invariably these activities were centered on a religious celebration. At Christmas for example, it was reported back to Drogheda: 'the Nurses did the Nativity tableau with Carol Singing for the patients in each ward on Christmas Eve and gave a lovely

explanation of the story of Christmas in English, Ibibio, and Ibo beforehand, it brought Christmas home to them.' Similarly on a religious feast day the sisters, mission staff and Kiltegan Fathers celebrated together. Describing the event, one sister wrote to Mother Mary:

After light refreshments the guests were all invited to a netball match – general nurses v. midwives. We had the nurses in white dresses all the same patterns with a coloured waistband, blue for the midwives and red for general nurses. They looked very smart and marched out to play to the tune of O'Donnell O'Bu, to which Sister Stella had put special words relating to the game and the Anua nurses team.¹³³

Figure IV.11 shows the nurses attending a Legion of Mary Presidium meeting held in the mission. Monsignor Moynagh set up the Legion in Calabar Province in 1933. Originally founded in Dublin in 1921, the Legion promoted conservative Catholic values and Marian devotion in parishes across Ireland. In Africa, Irish missionaries used the Legion as a tool for conversion. For the MMMs the Legion's veneration of Mary reflected their charism and spirituality. In 1954, the Marian year, the Anua superior wrote: 'the Legion Presidium Monsignor started is progressing. Sr. Mary Cecelia cares for that.' A few months later she wrote: 'The Catholics of the Eastern Province held their Marian year rally at Onitsha [diocese ministered by the Kiltegan Monsignor McGettrick] on the 31st October to 1st November. Four sisters travelled up from here, [...] a representative from each house. It seems

 $^{^{132}}$ Sr. M Reparatrice, Anua to Mother Mary, 1^{st} January 1954, MMM Archive, I/Fou/4(e)/240.

¹³³ Sr. M Cecilia, Anua to Mother Mary, September 1954, MMM Archive, I/Sis/8(f)/45.

¹³⁴ Donnelly, "The Peak of Marianism in Ireland, 1930-1960," 252-83.

¹³⁵ Hallack, The Legion of Mary, 126.

 $^{^{136}}$ Sr. M Reparatrice, Anua to Mother Mary, $1^{\rm st}$ January 1954, MMM Archive, I/Fou/4(e)/240.

to have been an outstanding success, thank God, over 70,000 people were present and it is said it would have been an achievement for any country.' 137

Thus, in many respects, the Anua nurses held a dual role, their primary role was to qualify as nurses and/or work in the hospital. Their training reflected the training and image of 'Irish Catholic nurses' during this period, ¹³⁸ forming them to fit the mould of the ideal Catholic woman, disciplined, neat and discreet. In 1956, Sr. Monica Clarke, on the occasion of her inspection of mission hospitals, reminded the sisters that: 'Communism is going to sweep the world. We cannot expect the Africans to have the tradition of nurses. We are here for souls, and training them to be nurses is only a very minor thing compared with making them good Christian mothers.' 139 Therefore, in addition to nursing they undertook formal and informal religious training. The appropriate application of this training was either marriage or a religious vocation. Indeed, through their nursing work and their participation in religious celebrations the nurses became informal catechists. Unsurprisingly, a great many of the nurses eventually converted to Catholicism, and the first Nigerian women to join the MMMs were nurses in the hospital. Adding another layer to their formation, the sisters also imparted a distinctly Irish approach to religion and leisure. As the quotes above illustrate, the songs taught were Irish nationalist songs, and one of the ways that Catholicism was imparted was through the Legion of Mary, an Irish Catholic sodality.

IV.4 – The Formation of Nigerian MMM postulants

During the 1950s letters from Mother Mary to the sisters on the mission continued to exhort the virtues of religious life, giving spiritual and

¹³⁷Sr. M Reparatrice, Anua to Mother Mary, 6th November 1954, MMM Archive, I/Fou/4(e)/265.

¹³⁸ Gerard M. Fealy, "'The Good Nurse': Visions and Values in Images of the Nurse," *Journal of Advanced Nursing* 46, no. 6 (2004): 649-56..

 $^{^{139}}$ Medical Meeting of the MMM hospitals, Anua, Nigeria, June 14th 1956, MMM Archive, 1/Cong/5(c) /28.

professional advice. However there was a noticeable shift in tone that reflected changing socio-political moods in Ireland and Nigeria during this period. Barbara Bush has argued that 'in scrutinising colonial discourse, it is also important to ask why discourses changed and how 'new' discourses were translated into changes in policy.' Here she identifies shifts in official colonial discourse in the 1930s, 'from 'native' to 'African', 'negro' to 'coloured', 'trusteeship' to 'partnership" he argues through this shift emerged a new discourse, that of 'race relations'.' 142

Similarly in the 1950s, the MMMs began to embrace more explicitly a discourse of collaboration, with other missions, with the government and with Nigerians. Mother Mary's letters encouraged the sisters to think of the congregation as international and to recruit Nigerian postulants. In 1953 she stated for example: 'it is very important that we build up our sisters not only with Irish and English but with all nationalities. We must become international like the Church both in mind and in heart.' A year later, upon receiving a grant from the Holy See to build the International Missionary Training Hospital in Drogheda, she stated: 'this gift while it is magnificent in itself and very generous, it is not so much the value of the money, but what it signifies and who it is from. It signifies this very important point, which I fear sometimes we may lose sight of, that our work as Medical Missionaries of Mary is not just a mere local or national movement, but it is a worldwide movement.' and the properties of the money is a worldwide movement.'

Despite this grand discourse of international unity, the congregation remained spiritually, administratively and professionally linked to Ireland. During the 1950s an increasing number of the Anua nurses sought to join the congregation. Undoubtedly these women felt drawn to the religious spiritual

¹⁴⁰ Bush, *Imperialism, Race and Resistance*, 10.

¹⁴¹ Ibid.

¹⁴² Ibid.

¹⁴³ Mother Mary, Drogheda to Sr. M Reparatrice, 23rd April 1953, MMM Archive, I/Fou/4(e)/221.

 $^{^{144}}$ Mother Mary, Drogheda to Sr. M. Reparatrice, $17^{\rm th}$ November 1954, MMM Archive, I/Fou/4(e)/266.

life. Letters from Nigerian nurses to Mother Mary from this period illustrate their deep religiosity and strong sense of attachment to Mother Mary and Drogheda. One Nigerian nurse wrote to Mother Mary in 1952, after a fire had destroyed the convent in Drogheda: 'I am just wondering how the sisters will be going about the town looking for a house to sleep in. Anyhow God is so kind that no sister was in the house when this happened, through our prayers everything will soon be alright.' The religious nature of the nurses' training combined with the sisters' active recruitment also played a part in encouraging vocations amongst the nursing staff.

The first Nigerian woman to join the congregation was Veronica Akpan in 1953. Veronica Akpan was born in 1926 in Eniong Offol, Uyo, close to Anua. She first trained as a teacher, before going to St. Luke's to train as a nurse and midwife. In 1953, as a qualified Grade I midwife, she chose to join the congregation. Later that year she was sent to Drogheda to train as a novice. As with many of the other early Nigerian postulants, her family was initially reluctant for her to join, she later recalled: 'there was much trouble before I entered, when word got round that I was going, many people tried to persuade my people that I would be harmed, and that something drastic should be done to me, to prevent me.'146 The congregation was unwilling to admit women without the consent of their families. Thus they would often send Nigerian allies, such as the first Nigerian Kiltegan, Bishop Ekandem and the Anua senior staff nurse, Mr. Leo Essien, to convince them. According to correspondence from the period, it would seem that for the most part this was a successful approach and the families would eventually come around to the idea.

Occasionally postulants were lost due to familial reticence. One such occasion occurred in 1958, a promising postulant and nurse, Joan Sylvie Paul went home to her family and never returned. One of the sisters reported: 'we have had a big disappointment in Joan Sylvia Paul, who wrote to you for

¹⁴⁵ Catherine Onyeugo, Anua to Mother Mary, 24th February 1952, MMM Archive, I/Sis/8(f)/17.

¹⁴⁶ Anon., "A Great Tree has Fallen," *Healing and Development*, 2002, 32.

permission to start her postulancy on 25th March. She sent a typed letter from Lagos to say her family would not allow her back to us at all, not even as a nurse. They are not Catholics so I am a little worried about her on that account, but everyone feels she will come back herself yet in time, as she was very sincere and really wanted to become an MMM.'¹⁴⁷ A few weeks later the sisters received another letter from Joan explaining what had happened: 'I had a letter for Joan Sylvie Paul explaining all that happened at home. She said it was a hundred people against one, so there was no use her trying to defend her case, she feels if she is respectful to her Father and brothers for a while that maybe in time they will allow her to do as she wishes. So we must continue to pray for her.'¹⁴⁸

For Mother Mary, admitting Nigerian women into the congregation was a means of carrying out the Church's universal ambitions as well as ensuring the future of MMM in Nigeria. By training these first Nigerian sisters in the motherhouse, Mother Mary hoped they would be formed in the true spirit of the congregation, a spirit they would then impart to other Nigerian novices. In the very early days of MMM there had been brief mention of setting up an African congregation, along the lines of the Handmaids of the Holy Child Jesus. However by the 1950s this was no longer the direction Mother Mary and her council wished to take. She advised the Anua superior in 1954: 'we do not want to start an African congregation they have already the Handmaids. If you tell them [African postulants] of the advantages of going to Ireland for their novitiate and training, we do not mind how many you send so long as they have been tested and know what religious life means.' 149

The sisters in Anua wrote to Mother Mary asking for permission to set up an African novitiate. The superior in Anua queried: 'is there any reason why we should not have a novitiate for African novices here as they have in

¹⁴⁷ Sr. M Reparatrice, Anua to Mother Mary, 4th March 1958, MMM Archive, I/Fou/4(e)/390.

 $^{^{148}}$ Sr. M. Reparatrice, Anua to Mother Mary, 1^{st} April 1958, MMM Archive, I/Fou/4(e)/393.

 $^{^{149}}$ Mother Mary, Drogheda to Sr. M. Reparatrice, $27^{\rm th}$ August 1954, MMM Archive, I/Fou/4(e)/249.

Winchester? It is something I have been longing for, for a long time, the fulfilment and consolidation of our work here. We do not know what will happen after 1956 when self-government is granted, already most of the government officials are arranging not to come back after this leave. Thus the sisters on the ground were keen to set up a MMM novitiate in Nigeria as a means of strengthening their work against future political uncertainties. They were also concerned that many of their promising Postulants were deciding to join other congregations that had novitiates in Nigeria. Sr. M. Reparatrice commented: 'it is hard to see them go even if they are all working for the One Cause, but it would not be possible to send them all over to Drogheda, even if they would go, and we have nothing else to offer them, we dare not encourage them.' ¹⁵¹

Mother Mary however was adamant that the first Nigerian postulants should be trained in the motherhouse. In addition to her desire to impart the core spirituality of the congregation, she was concerned that the sisters in Anua were already overworked. She warned: 'you all have more than you can do at present. This is your great danger of taking on more than you can manage. At present we have no one suited to spare as a Novice Mistress; also it is very important that first African sisters are formed in the motherhouse in Ireland.' Thus with regards to the religious training of Nigerian postulants, there was a slight difference of opinion between those on the ground and higher authority in Ireland. Ultimately the two sides had the same goal: to form Nigerian women in the spirit of MMM so as to ensure the long-term presence of the congregation in Africa. Despite promoting the universal nature of the congregation, Mother Mary remained attached to the idea of the motherhouse in Ireland as the root of the congregation's spirituality.

 $^{^{150}}$ Sr. M. Reparatrice, Anua to Mother Mary, 9^{th} May 1954, MMM Archive, I/Fou/4(e)/243.

¹⁵¹ Ibid.

 $^{^{152}\}mbox{Mother Mary, Drogheda to Sr. M. Reparatrice, 27$^{th}}$ August 1954, MMM Archive, I/Fou/4(e)/249.

In addition to propounding greater collaboration and inclusivity, the sisters were also keen to highlight the progressive nature of their missionary work. As previously highlighted, throughout the 1950s the sisters were being pressured to modernise their hospitals, curricula and staffing policies by government officials. However there was also a push from within the congregation to keep up-to-date with modern medical techniques, facilities and thinking. Sr. Dr. Nolan in particular consistently demanded that MMM sisters and staff be trained and specialised in the most up-to-date techniques. In a 1962 promotional booklet, she wrote: 'some, of course don't trust us, they think nuns are old-fashioned. That is a mistaken idea. Under the instruction Constans Ac Sedula, we must do our work according to the accepted scientific norms of our time and have the best scientific training we can afford.'153 In 1956 she asked Mother Mary: 'may I please suggest to you that Sister Therese Immaculata is a very good trained nurse who knows up to date work and is needed here in the wards for training the nurses.'154 In the same letter she advised that another sister should be sent to UCD to specialise in ophthalmology.

Her emphasis on the quality of medical training and technique was sometimes in contradiction to religious priorities. As noted in IV.1, her high standards in the hospital were often a source of conflict. Her fastidiousness extended to Nigerian student nurses, whom she complained were being unfairly dismissed for being insolent. She wrote: 'our sisters should not dismiss a pupil because of 'Back Answers' we have lost four people who would have been trained now through wanting girls to be too respectful. If the girl has brains and minds her patients and is nursing good she should not

¹⁵³ Nolan, The Medical Missionaries of Mary, The First Twenty-Five Years of the Congregation, 124.

 $^{^{154}}$ Sr. Dr. Nolan, Anua to Mother Mary, 26^{th} February 1956, MMM Archive, I/Fou/4(e)/333.

be over reprimanded. All Africans will be giving 'Back Answers' soon.' ¹⁵⁵ In this sense she was clearly advocating the somewhat enlightened idea that a good nurse is one whose work is of a high standard, rather than merely one who is submissive to authority.

During the 1950s subtle changes in medical and religious discourse and practice emanated from within the congregation. Such subtle shifts rarely indicate dramatic changes and despite having aspirations of modernity, inclusivity and internationalism, the congregation remained deeply connected to the Irish religious environment. Mother Mary was keen to promote the IMTH, and the novitiate in Drogheda as a 'powerhouse' where people from around the globe would flock to be formed religiously and medically for the missions. She explained: 'the training hospital which we are building [which] will be the centre of missionary training, not only for Africans but for the Indians, Chinese and all nations who will flock for their training to this sanctified town of our Holy Martyred Primate, Oliver Plunkett. This success I hope will be a spiritual success because it took root in the ground that was saturated with the blood of martyrs.' 156 This clearly indicates how even within private correspondence Drogheda and Ireland came to hold a special spiritual position within the corporate identity of the congregation. A special identity that was to be imparted to 'all nations' through the congregation's International Missionary Training Hospital. 157

Similarly, Sr. Dr. Nolan was keen to have the congregation's medical work showcased at conferences and in various medical and religious journals. Her articles and papers further illustrate this attempt to marry internationalism and modern science with national pride and Catholic ethics. In 1949 she attended the Fourth International Congress of Catholic Doctors, where she gave a paper entitled *Modern Trends in Social Medicine and their*

 $^{^{155}} Sr.$ Dr. Nolan, Anua to Mother Mary, 8^{th} December 1952, MMM Archive, I/Sis/8(f)/52.

 $^{^{156}}$ Mother Mary, Drogheda to Sr. M. Reparatrice, $17^{\rm th}$ November 1954, MMM Archive, I/Fou/4(e)/266.

¹⁵⁷ Nolan, ed., *The Medical Missionaries of Mary, Covering the First Twenty-Five Years*, 66-67.

influence on the Catholic Missions in Pagan lands. Unsurprisingly, given the audience, this paper largely condemns 'modern trends in social medicine,' associating them with birth control, 'criminal abortion' and the decline of the family. She concluded her paper by stating that: 'in Africa, Western medicine is new, Catholics must see that it is the virile Christianised type that reaches the vast Continent, not the decadent type of the totalitarian state schools.' 159

A few years later, Sr. Dr. Nolan wrote two articles for Irish medical journals discussing the obstetrical work undertaken at St. Luke's Hospital. 160 She opened the second of these articles, written in 1954, stating that over 50 per cent of doctors in Nigeria were trained in Ireland, and that: 'Dublin and Belfast doctors will continue for a long time to have a say in the direction of Nigerian obstetrical and gynaecological practice.' 161 In keeping with attitudes of the period she then illustrates the unhygienic methods of the traditional midwife, explaining the detrimental effects these methods have on the mother and her family. Despite this, she admitted adapting her methods to suit Nigerian cultural norms, and using unorthodox methods to repair tears in the uterus caused by the traditional midwife.

Sr Dr. Nolan also advocated the use of symphysiotomy despite her own initial reluctance, stating that: 'no young woman wants a caesarean section; for the 'bride price' to be paid in full, the women must produce a live child per via naturales. A dead child per vaginam would be better than a live one per section.' Symphysiotomy, was a somewhat outdated surgical procedure

¹⁵⁸ Margaret Mary Nolan, "Modern Trends in Social Medicine and Their Influence on the Catholic Missions in Pagan Lands," in *Fourth International Congress of Catholic Doctors* (Rome, 1949).

¹⁵⁹ Margaret Mary Nolan, "Modern Trends in Social Medicine and Their Influence on the Catholic Missions in Pagan Lands," in *Fourth International Congress of Catholic Doctors* (Rome, 1949).

¹⁶⁰ See, Margaret Mary Nolan, "Some Obstetrical Problems of Tropical Africa," *The Irish Journal of Medical Science*, (1950), 43-45; Margaret Mary Nolan, "Obstetrical Problems in Nigeria," *The Irish Journal of Medical Science*, (1954), 205-11.

¹⁶¹ Nolan, "Obstetrical Problems in Nigeria."

¹⁶² Nolan, "Obstetrical Problems in Nigeria."

even at this time. 163 It was first performed in the eighteenth century and revived in Ireland in the 1940s after it had mostly fallen out of vogue in other European countries. 164 Opinions differ as to whether the use of this procedure in Irish hospitals during the mid-twentieth century had direct religious implications. The Catholic association was that during this period it was common practice for sterilization to be recommended after three caesarean sections. It has been argued that symphysiotomy was used as a means of avoiding sertilization, as this went against Catholic ethics in medicine. 165 In a recent government report on symphysiotomy in Ireland, Oonagh Walsh has argued that whilst the procedure did not appear to have been performed directly due to Catholic ethics in medicine, the prevailing religious atmosphere in Ireland at this time, which prevented any form of artificial contraception or sterilization, contributed to symphysiotomy being performed more frequently than other European countries. 166

The use of this procedure in the mission hospital and its description by Sr. Dr. Nolan as a 'Dublin method' highlights how medical technique and knowledge flowed between Ireland and the mission field. The procedure was later demonstrated to visiting British doctors who complimented the sisters on their use of this unusual technique. One London doctor, for example, wrote to the sister-doctors in Nigeria, stating: 'I was most interested in the symphysiotomy, which you demonstrated to me. I have talked of it to many

¹⁶³ See, Jeffcoate, Spain, Cunningham et al., Transactions of the Royal Academy of Medicine in Ireland – Section of Obstetrics (Meeting held on October 20th 1950), *Irish Journal of Medical Science*, (1950), 859-70.

¹⁶⁴ See, Marie O'Connor, *Bodily Harm: Symphysiotomy and Pubiotomy in Ireland, 1944-1992* (Mhaigh Eo: Evertype, 2011); Oonagh Walsh, "Report on Symphysiotomy in Ireland, 1944-1984," (Dublin: Department of Health, 2014).

¹⁶⁵ See, O'Connor, *Bodily Harm: Symphysiotomy and Pubiotomy in Ireland,* 1944-1992; Walsh, "Report on Symphysiotomy in Ireland, 1944-1984,"; Jaqueline Morrissey (2004) *An Examination of the Relationship between the Catholic Church and the Medical Profession in Ireland in the Period 1922-1992* (PhD, University College Dublin); Jaqueline Morrissey 'The Murder of Infants'? *History Ireland,* 20(5), (2012), 44-47.

¹⁶⁶ Walsh, "Report on Symphysiotomy in Ireland, 1944-1984," 72.

obstetricians since.' ¹⁶⁷ This medical knowledge and technique was therefore being adapted and transformed across different national contexts and by different medical professionals. Sr. Dr. Nolan's promotion of their methods as distinctly Irish highlights how missionaries wished to promote Ireland as an outward-looking nation that could offer the world new science and medical practitioners with a strong Catholic tradition. This was a feature of Irish doctors in the colonies more generally during this period. Dr Robert Collis' medical memoir highlights the quality of Irish medical education in the midtwentieth century, and the influence held by Irish trained doctors in the Nigerian health services. ¹⁶⁸

Sr. Dr. Nolan's admission that British and government doctors were reluctant to use symphysiotomy in Nigeria supports the argument that this was an unusual method associated with specifically Irish medical practice at this time. However she also stated that, for the Medical Missionaries of Mary in Nigeria, this technique was a means of adapting to local customs and ideas regarding maternity and childbirth. In the early days of the congregation's medical missionary activity there was a separation between traditional Nigerian methods of childbirth and the Western methods advocated by sisters. The use of symphysiotomy in Nigeria can therefore be taken as a sign that the sisters were listening to the needs of the local population, and responded to those needs using contemporary Irish medical thinking. 169

According to the mission records the procedure was indeed popular with local women. One sister wrote to Mother Martin in 1960:

People are coming from Calabar area and Port Harcourt, in great numbers because they say 'there is not the nursing care in government

¹⁶⁷ S.R. Winterton, London, to Dr. Eunan Ward, 19th April 1963, Archives of the Medical Missionaries of Mary, Drogheda (MMM Archives), II/Fou/6(g)/46. ¹⁶⁸ Robert Collis, *A Doctor's Nigeria*, (London: Secker and Warburg, 1960), 15. ¹⁶⁹ For contemporary debates on the use of symphysiotomy in Irish maternity

hospitals in the mid-twentieth century see, Jeffcoate, Spain, Cunningham et al., Transactions of the Royal Academy of Medicine in Ireland – Section of Obstetrics (Meeting held on October 20th 1950), *Irish Journal of Medical Science* (1950), 859-70.

hospitals that they get in Anua.' Also very many women who have had caesarean sections in other hospitals are coming to Anua, begging for symphysiotomy and trial labour. We have at least six or seven cases waiting at the moment.¹⁷⁰

A printed hospital report from St. Luke's dating from 1964 confirmed:

Without doubt the patient's effort to avoid the stigma of delivery by caesarean section results in considerable maternal and foetal mortality. [...] In an effort to overcome this socio-cultural handicap to obstetrical care, symphysiotomy has been used rather frequently at our hospital and it has proved a valuable procedure.¹⁷¹

The sisters viewed their pioneering use of symphysiotomy in the missions as a means of preventing women who wanted to avoid the stigma of caesarean section from having recourse to what they considered more dangerous alternatives. In her articles and correspondence, Sr. Dr. Nolan made no mention of any religious reasons for performing this operation. The emphasis was firmly on using symphysiotomy as a means of adapting to local customs and beliefs. In this respect the use of this procedure by the Catholic sisters in their mission hospital further exemplifies this complex tension between the local and the global, the modern and the traditional. Symphysiotomy was an old-fashioned procedure, revived in Ireland in the mid-twentieth century and transported to Nigeria as a pioneering technique. It was a procedure of interest to British colonial medics who sought to adapt Western obstetric thought to suit local traditions in maternity and the difficult conditions in rural medical facilities.¹⁷²

¹⁷⁰ Sr. M. Cecelia Therese, Anua to Mother Mary, 12th September 1960, Archives of the Medical Missionary of Mary, Drogheda, Archives of the Medical Missionaries of Mary, I/Sis/8(f)/82.

¹⁷¹ St. Luke's Hospital Anua, Eastern Region, Medical Report, Calabar, 1964.

¹⁷² See, Kenneth Bjorklund, "Minimally Invasive Surgery for Obstructed Labour: A Review of Symphysiotomy During the Twentieth Century

In conclusion, the years 1945 to 1960 was a period of transition in Anua, characterised by new internal and external pressures. Internally, the sisters had to deal with the consequences of the rapid expansion of the hospital and the arrival of the first MMM sister-doctors. Tensions arose due to competing claims to power in the mission hospital. Advice from Ireland as to how to deal with these tensions invariably recommended replicating in the missions the patriarchal, hierarchical values and power structures that defined Irish Catholic hospitals and religious congregations during this period. These conflicts over power and authority in the hospital were further exacerbated by difficulties in successfully aligning gender, religious and professional identities. In line with their professional roles, the sister-doctors had to adopt masculine codes of behaviour often to the detriment of their religious vows. Similarly, the matrons and convent superiors had the difficult task of asserting their authority whilst retaining the traditionally feminine virtues associated with their religious vocation. This chapter has demonstrated how these internal tensions sometimes had a negative effect on the sisters' wellbeing.

During the 1950s the MMM mission in Anua also had to contend with the rapidly changing social and political landscape of Nigeria. The sisters found that they were pressured to modernise and adapt their medical mission by a number of external sources. In order to avail of grants and meet changes in government health regulations, the mission had to become more strategic and business-like in its approach. Ultimately its policies were successful, as it managed to effectively navigate the changing political scene whilst retaining independence and control over the hospital's religious ethos.

In parallel to pressures from the colonial government, the sisters were also increasingly conscious of Nigeria's looming independence. The following

⁽Including 5000 Cases)," *BJOG: An International Journal of Obstetrics and Gynaecology* 109, (2004), 236-48; Sunday Adeoye, P. Okonta, and D. Twomey, "Symphysiotomy at the Mater Misericordiae Hospital Afikpo, Ebonyi State of Nigeria (1982 – 1999)," *Journal of Obstetrics and Gynaecology*, 24(5), (2004), 525-29.

chapter will examine in more detail how the sisters' work evolved in the 1960s after independence. This chapter highlighted how the uncertain outcome of Nigerian self-governance pushed the sisters to pursue policies of inclusivity more openly. Thus, in addition to these external pressures, the push towards internationalism and modernity also came from within the congregation, as the sisters sought to promote their religious work as universal and their medical work as innovative. Despite these grand aspirations, the congregation remained administratively, spiritually and medically linked to Ireland. The values that infused their work, and the discourses used to describe it, were representative of the Irish national In the early decades their work reflected the religious context. exceptionalism and Catholic values of post-independence Ireland. As years progressed, the congregation reflected attempts to assert the small, neutral island of Ireland on the global stage. Through their work the sisters promoted Ireland as an outward looking nation that could offer the world science and medics with a strong Catholic tradition. The following chapter will consider how Irish missionaries adapted their mission to fit into the age of decolonization, NGOs and foreign aid.

V – Continuity and Change: 1960-1967

If the 1950s was a period of transition for the Irish medical missionaries working in Nigeria, the 1960s marked a distinct shift, or at least appeared to. Changes that had been quietly bubbling under the surface finally came to the fore. Nigeria officially gained independence in 1960 along with many other African nations. The sisters could no longer rely on the sympathetic and sustained support of the British Colonial Office to fund and maintain their hospitals. As pointed out in the previous chapter, this was already in prospect from the early 1950s when the uncertain outcome of independence pushed the sisters to adopt more progressive and inclusive policies. Independence and decolonization forced these quiet concerns into the open.

In parallel to changes occurring in secular world politics, the Catholic Church also faced revolutionary changes in the form of the Vatican II council reforms. Adrian Hastings has commented that 'a natural harmony'¹ occurred between decolonization movements, emerging African cultural and political interests, and the Second Vatican Council, which officially opened in 1962.² To a certain extent Mother Mary, the MMM sisters and the Kiltegan priests had been championing a discourse of modernity, tolerance and inclusivity some years prior to Vatican II. The Council however, crystallized these changing values in a number of radical reforms.

In 1961 the numbers of newly professed MMM sisters peaked at thirty-one, bringing the total number of professed sisters to 341, working mainly in Ireland and Africa.³ In Calabar province,⁴ the original twelve bed ward at Anua, had developed into a 300 bed training hospital, with a staff of nine

¹ Adrian Hastings, "The Council Came to Africa," in *Vatican II by Those Who Were*

There, ed. Alberic Stacpoole (London: Chapman, 1986), 215.

² Ibid.

³ Table of new entrants, 1937-1965, MMM Archive, uncatalogued.

⁴ Provinces as administrative divisions were a colonial creation in Nigeria. They ceased to exist in 1967.

sister-doctors, two sister-tutors, one sister-chemist, one sister-radiographer, one sister with Bachelor of Science, ten sister-nurses, thirty-five Nigerian trained nurses, 120 student nurses and seventy student midwives.⁵ Spurred perhaps by the Vatican II reforms, and a worldwide interest in social justice, the first years of the 1960s witnessed a 'renaissance' in numbers joining religious congregations and seminaries in Ireland.⁶ Despite this apparent vitality, the congregation's promotional material and correspondence hints at new difficulties in attracting young women. Internationally, the 1960s marked the decade of civil rights movements. State funded and nongovernmental humanitarian organisations appeared, engaging in similar work to missionaries but rebranded in secularist terms. Ireland emerged from the stagnant and introspective 1950s, into a new era of television and relaxed censorship laws. Opportunities for Irish women remained restrictive; however the possibility of choice, in terms of employment and lifestyle began to emerge.⁷ Irish missionaries were aware of the changes occurring around them; indeed they were a part of them. The MMM promotional material reflected the changed outlook of their intended readership, as they sought to promote their work according to the norms and discourses of the day.

This chapter will consider the convergence of these new external forces on the sisters' mission in Anua during the 1960s. It represents the conclusion of the MMM's 'first chapter' in Nigeria, concluding just before the onset of the Nigerian civil war that began on 30th May 1967. Civil tensions had been simmering for almost a decade prior and were exacerbated by political unrest, corruption, and ethnic and regional frictions from the late 1950s. In 1967, the predominantly Igbo populated Eastern States of Nigeria broke away

⁵ Mother Mary, "Editorial," *The Medical Missionary of Mary*, July-August 1960, 1.

⁶ Keogh, Dermot. "The Catholic Church in Ireland since the 1950s," in *The Church Confronts Modernity: Catholicism since 1950 in the United States, Ireland, and Quebec*, ed. Leslie Woodcock (Tentler. Washington DC: CUA Press, 2007), 112.

⁷ Diarmaid Ferriter, *The Transformation of Ireland* (New York: The Overlook Press, 2005), 575-6.

from Federal Nigeria, forming an independent state.⁸ Irish missionaries were caught in the middle of the conflict. As the war progressed, all sides became suspicious of their presence. Some of the MMMs were evacuated during the early stages of the war, however for the most part the sisters remained on site providing humanitarian aid in any way they could. At the end of the war, all Western missionaries were directed to leave. The sisters left with heavy hearts as the hospital they had spent thirty years building lay in ruin. In 1968 Mother Mary formally stepped down from her position as Mother General, due to her diagnosis of Parkinson's disease. Upon her death in 1975, she was given a large state funeral. This chapter, and indeed this thesis concludes just before these events as they marked a significant departure from the previous decades. They had a profound effect on the future development of the congregation, and Irish missionary activity in Nigeria.

This chapter will tease out the complex nature of modernity by examining the discourse and experience, and the policy and practice of the Medical Missionaries of Mary during the 1960s. Based upon recent understandings of the global nature of modernity, it seeks to highlight how within the context of the Anua mission 'modernization' was uneven, occurring on a number of different levels, affecting the identity and experience of all those involved. Using printed material, medical reports and private correspondence this chapter will focus on the continuities and changes that defined the sisters work during this transformative decade. It begins by analysing the sisters' engagement with the Vatican II reforms, and will reflect on how these reforms affected the sisters' sense of self and their work as medical missionaries. It will then further consider how the various sociopolitical changes of the 1960s impacted on the sisters' work in the missions.

⁸ Falola and Heaton. *A History of Nigeria*, 158-80.

⁹ See, Comaroff and Comaroff, *Of Revelation and Revolution*, 10; Mitchell Timothy, ed. *Questions of Modernity* (Minneapolis, London: University of Minnesota Press, 2000); James Ferguson, "Decomposing Modernity," in *Postcolonial Studies and Beyond*, eds. Ania Loomba, Kaul Suvir, Matti Bunzl, Antoinette Burton and Jed Esty (Durham and London: Duke University Press, 2005), 166-81.

V.1. - Vatican II

From the mid-1950s the sisters sought to promote their work in the African missions as relevant amid changing political and social contexts. They continued to straddle, sometimes uneasily, their aspirations of modernity and inclusivity, with their continued attachment to traditional Catholic values. These contradictory claims were a part of their work from the very beginning, as the previous chapters have demonstrated. Catholic values and the constraints of religious life shaped the sisters' gender and professional identities. These also shaped their approach to missionary work. It was the essence of Catholicism, as lived through the nuclear family that they sought to impart to the local people, whether in Ireland, Africa or elsewhere. As previously argued, the sisters had to navigate tenuous claims on their own subjectivity. They were religious women, bound by vows of obedience, chastity and poverty. They were medical professionals who had to act decisively and scientifically. They were women, who were to serve as examples of femininity for the local population. They exemplified the role of mother and wife without the being either.

From early on there was an attempt to project the work of the congregation as modern and international. This was more than a mere projection, as their work as medical professionals, especially as qualified midwives, obstetricians and surgeons was indeed a new departure for women religious in in the early twentieth century. In parallel, the values that infused their work, and the discourses used to describe it, celebrated a romanticized past rooted in Catholic Irish traditions. The previous chapters highlighted how the sisters sometimes struggled to align their flexible approach to religious life with the restrictions that continued to define it. These earlier chapters also considered how restrictions could be experienced as positive and liberating forces. As the sisters entered the 1960s, they had to adapt once again their medico-religious vocation to fit changing medical, religious and social trends. From the beginning the sisters strategically navigated dynamic

narratives of progress and change, and static narratives of tradition and an idealized past. They sought to 'modernise' the local people, ridding them of their 'pagan' beliefs and superstitious rituals of healing, replacing them with their own Catholic traditions and western bio-medical practices. These narrative tensions converged in the 1960s in the form of new discourses where the older 'civilizing' mission was replaced by with a new 'developmental' one. The essence of these approaches, however, remained the same. Both were constructed upon a linear and hierarchical understanding of modernization, where Western societies were seen as a model of progress for 'developing' countries. ¹⁰

Recent social histories of Ireland in the 1960s have sought to tease out to the changes that occurred in Irish society during this decade. Unsurprisingly, the Catholic Church features heavily in these studies, acting as a benchmark for Irish modernization and progress. Historians of this period are concerned with understanding how Ireland's engagement with modernity may have differed from other European countries and how the Catholic Church fitted into this modernization process. Indeed, the conservative influence of the Catholic Church loomed large over Irish society from the latter years of the nineteenth century. Moving forward, it has been argued that the Catholic Church retained a unique status in Irish social and political life long after other European countries had moved towards a process of secularisation. 11 Despite continuing to exert an authoritarian and conservative influence during the 1960s and 70s, Ireland was slowly moving away from the introspective policies of the 1950s, opening up to outside cultural influences and relaxing protectionist trade policies. 12

¹⁰ James Ferguson, "Decomposing Modernity," in *Postcolonial Studies and Beyond*, eds. Ania Loomba, Kaul Suvir, Matti Bunzl, Antoinette Burton and Jed Esty (Durham and London: Duke University Press, 2005), 166-81.

¹¹Bruce Francis Biever, *Religion, Culture, and Values: A Cross-Cultural Analysis of Motivational Factors in Irish and American Irish Catholicism* (New York: Arno Press, 1976).

¹² See, Brian Girvin, "Church, State, and Society in Ireland since 1960," *Eireleland* 43, no. 1/2 (2008): 74-97; Brian Girvin, "Before the Celtic Tiger: Change without Modernisation in Ireland 1959-1989," *The Economic and*

It was this concern with adapting the church to fit a changing world that motivated the forward thinking Pope John XXIII to call a second ecumenical council. Angelo Roncalli was consecrated Pope John XXIII in November 1958, from the outset he expressed a desire to modernize the church, making Catholicism more relevant to modern society. The Council was based upon the idea of 'aggiornamento,' loosely translated as 'updating'. The aim was to update Church law and practices in order to better engage with the contemporary world. By the time Pope John XXIII died in 1963, the first of the Second Vatican Council meetings had been held. His more conservative successor, Pope Paul VI led the remaining sessions, which ended in December 1965.

The Vatican Council was composed of over 2,540 Bishops as well as a few male heads of religious orders with voting rights. 450 priests were allowed to participate as experts, as well as a number of Protestant observers, and representatives from non-Christian religions. In 1965 when it came to discussing the role of women and the laity within the Church, it was decided to include a number of women in the meetings. They were, however, denied speaking rights.¹³ In this respect although Vatican II constituted a new departure for the Catholic Church, its underlying patriarchal, hierarchical nature remained intact.¹⁴ At the time of the Council, and in subsequent years, some religious and laymen and women expressed dissatisfaction at the extent of the reforms. Some considered the hierarchy did not go far enough in its efforts to change. The failure to give women voting and speaking powers, or to grant them an active role in ministering was seen as a missed opportunity.

Social Review 41, no. 3 (2010): 349-65; Inglis, Moral Monopoly; Ferriter, The Transformation of Ireland; Dermot Keogh, Twentieth-Century Ireland: Nation and State (Dublin: Gill & Macmillan, 1994); Keogh, "The Catholic Church in Ireland since the 1950s," 93-149; Paul Ryan, "Asking Angela: Discourses About Sexuality in an Irish Problem Page, 1963-1980," Journal of the History of Sexuality 19, no. 2 (2010), 317-39.

¹³ Ruth A. Wallace, *They Call Her Pastor: A New Role for Catholic Women* (Albany: State University of New York Press, 1992), 2-3.

¹⁴ Rosemary Radford Reuther, "The Place of Women in the Church," in *Modern Catholicism: Vatican II and After*, edited by Adrian Hastings (London & New York: Spck & Oxford University Press), 262.

Many were also disappointed with the encyclical *Humanae Vitae* promulgated in 1968, which reiterated the Church's complete ban on contraception. ¹⁵ On the opposite side of the spectrum, traditionalists rejected the council reforms for being too progressive, and in contradiction with previous doctrines of faith and morality.

For missionary sisters, two documents were of particular significance, decree 47 issued in October 1965 on the renewal of religious life, and decree 61 issued in December 1965 on the Church's missionary activity of the church. Whether it was fully accepted or not, Vatican II undeniably transformed the Catholic Church and shook the foundations of religious life. In reality, however, changes were more or less subtle depending on the religious congregation. Speaking at Mother Mary's funeral in 1975, Cardinal Conway, the Archbishop of Armagh, and Primate of All Ireland said: 'decades before the Second Vatican Council she had insights into the Apostolate of Religious, which were later to be fully justified and confirmed. Without delving into theological debates on the architecture of Vatican II, the following section will consider more broadly how the sisters were affected by these changes in the Catholic Church.

Cardinal Conway's claim that Mother Mary had founded a congregation that embodied the spirit of Vatican II long before the Council was set in motion can be sustained. Some of the most significant amendments made to the religious life were a part of the sisters' corporate identity from the very beginning. The MMMs wore a habit that was adaptable and practical so as to better facilitate their work. Similarly, their horarium was strict and regimented, but also open to slight adaptations so as to allow for the unpredictability of hospital work. Although not a priority, most of the sisters made attempts to learn the language and culture of the people they encountered. For a variety of reasons, they sought to accept African women

¹⁵ Radford Reuther, "The Place of Women in the Church," 262.

¹⁶ Austin Flannery ed. *Vatican Council II: The Conciliar and Post Conciliar Documents* (Dublin: Dominican Publications, 1981).

¹⁷ "Mother Mary Martin, 'A great Irishwoman' – Tributes from Church and State," *The Irish Press,* January 28th 1975, 7.

into the congregation as soon as the occasion presented itself. Most importantly, the sisters were permitted to live their religious vocation and life of prayer through their active apostolate, medical work. Mother Mary emphasised that MMMs should have a strong spiritual foundation, cultivated in their novice years, so as to prepare them for the testing nature of medical missionary work. In parallel to these adaptations, the sisters also lived their lives along more traditional 'pre-Vatican II' lines. Religious rituals punctuated their days; their autonomy was limited and their appearance and actions strictly controlled. They were to live their vow of obedience in the strictest sense. By necessity, the congregation was built upon a modern interpretation of religious life that allowed sisters to practice medicine to the highest standard possible. These more liberal interpretations of religious life were permitted, so long as the sisters lived in obedience of the rules and ethos of the congregation.

Despite the congregation's progressive approach, Vatican II still prompted the sisters to reflect on their approach to religious life and missionary work. The changing outlook of the Church was exacerbated by changes occurring in world politics and in medical practices. As these differing forces converged, the various members of the community experienced change in different ways. Giving some insight into how the Council was received on the missions in 1963, one sister wrote a letter to Mother Mary describing a number of meetings and conferences held in Lagos to discuss Vatican II. Unlike the situation at the Council itself, the sisters were permitted to participate in Lagos, with Sr. Dr. Nolan giving a talk on changes in 'the medical side.' 18 Another sister, newly qualified as a social worker, was assumed to be a secretary by the fathers. An amused Sr. O'Connor related how thankfully the sister in question had her typewriter with her, as she was made sit up top and take the minutes of all the talks. This anecdote gives some insight into the ambivalent attitude the fathers held towards the sisters' missionary role. Despite the sisters being highly qualified professionals, they

 $^{^{18}}$ Sr. Margaret O'Connor, Anua to Mother Mary, $17^{\rm th}$ January 1963, MMM Archive, II/Sis/8(b)/154.

remained auxiliaries to the missionary priests. Vatican II in its attempt to elevate the nature of the apostolate sought to mitigate this attitude; however the value of 'women's work', whether lay or religious, remained lesser and attached to their femininity.

Rosemary Radford Reuther has commented that despite making allowances for secular women's civil rights, Vatican II made less of an effort to adapt the role of women in the Church.¹⁹ In Nigeria, Monsignor Moynagh primarily worked with the sisters on an equal and collaborative basis. However it also happened that the sisters were reprimanded for not adequately consulting with the Kiltegans on staffing and financial matters. As was the tradition in Ireland, the sisters helped the fathers with their cooking and cleaning. Amongst other things, they managed the catering for diocesan events, and cleaned and maintained the chapel and sacraments. For the most part the sisters were happy to oblige, as this was simply how it was, an integral part of their religious life. Those in charge, however, had to be more diplomatic and strategic in their reverence. Mother Mary, for example, sought first and foremost to follow what was best for her congregation. She aimed to keep the fathers content whilst also serving the best interests of the sisters and their work. This was also her attitude in relation to the Irish hierarchy. Over the years she frequently overstepped etiquette imposed by the Archbishop of Dublin, in particular with regards to adhering to the rules and regulations governing their House of Studies in Booterstown.

Moynagh, as we have seen, considered himself rather forward-thinking, embracing an unorthodox approach to religious life. And indeed, his decisions, and interactions with the sisters over the years supported this view. However, no matter how progressive the Irish missionaries aspired to be, they could not escape the fact that they were formed under the auspices of a particularly conservative national Church. In discussing the Vatican II council reforms in Lagos, Sr. O'Connor reported: 'One evening, Bishop

¹⁹ Radford Reuther, "The Place of Women in the Church," 262.

Whelan²⁰ gave a very fine talk on the Council at Rome and described the difference between the conservative and progressive elements in the Church and where the different nations stood on this matter.'²¹ Sr. Margaret O'Connor further elaborated: 'you could nearly see the different sides in the ones who spoke at this conference – those who were in English-speaking Africa tending to be more conservative, and the others tending to be progressive.'²²

Given that the majority of Catholic priests and nuns in Nigeria during this period were Irish, Sr. Margaret O'Connor's comment was essentially an admission that their particular brand of Catholicism was a conservative one.²³ Acknowledging these different outlooks in such an explicit manner was a departure from earlier decades, and a marker of the changing times. The following paragraphs explore in more detail this tension between these progressive and conservative forces. Using gender as a lens we will consider the question of women's emancipation in the 1960s by unpacking the changed depiction of womanhood in the MMM magazine, and the extent to which emerging discourses of female emancipation were incorporated into the sisters' religious lives, and their missionary work.

Working conditions on the missions were difficult from the beginning. The sisters had to deal with very real challenges to their physical and mental health. They worked long hours in close quarters and under a harsh climate. These difficult conditions, as well as the exploratory nature of their work meant that clashes invariably arose between the different lay and religious staff, as well as amongst the sisters themselves. Although the sisters aspired

²⁰ Bishop Joseph Brendan Whelan, C.S.Sp. was born in Limerick in 1909. He was ordained a priest in the Congregation of Holy Spirit in 1937, and was appointed Vicar Apostolic of Owerri, Nigeria in 1948. Between 1950 and 1970 he served as Bishop of Owerri, Nigeria. "Bishop J. Whelan," Catholic Hierarchy, accessed on 11th April 2014, http://www.catholic-hierarchy.org/bishop/bwhelanjb.html.

²¹ Sr. Margaret O'Connor, Anua to Mother Mary, 17th January 1963, MMM Archive, I/Sis/8(b)/154.

²²Ibid.

²³ McGlade, *The Missions: Africa and the Orient*, 46.

to live in harmony and union this was not always an easy task, Mother Mary acknowledged as much in her letters of advice to the mission superiors. Difficult conditions meant annoyances and clashes of personality were not so easily quashed by religious obedience. In the 1960s, these difficulties continued to be a feature of daily life on the mission. The changing political situation in Nigeria, as well as the shift in the nature of religious life brought new tensions to the fore.

Again, these clashes occurred on a number of levels, between the priests and the sisters, the sisters and the lay staff, the missionaries and locals, and amongst the sisters themselves. Tensions continued to arise over competing gender, ethnic, religious and professional identities. More broadly, pressures to modernise and adapt to structural changes in Catholic missionary work also caused friction. Advising on how to dissipate these tensions, Mother Mary recommended that Mother de Montfort remind the sisters of the changing role of nuns by reading out loud from a newly published book entitled *The Nun in the World*.²⁴

Leon Joseph Cardinal Suenens, Archbishop of Malines-Brussels, wrote this seminal text in 1962. Suenens was a progressive Cardinal who played a significant role in the overall direction of Vatican II.²⁵ Upon receiving an initial draft of the proposed Vatican II texts, he advised Pope John XXIII to take a different approach. He suggested an alternative agenda that would address a number of core questions, coming under two distinct rubrics: internal church reform, and the church's relations with the outside world. His input proved invaluable, and he remained a close adviser of Pope John XXIII and Pope Paul VI for the remainder of the Council.²⁶ Suenens wished for

²⁴ Mother Mary, Drogheda to Mother M. De Montfort, 17th May 1967, MMM Archive, II/Fou/6(g)/51.

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²⁶ Hastings, *Modern Catholicism: Vatican II and after*; Alberic Stacpoole ed.

female religious life to be modernised and for the laity to be allowed a more active role. More controversially, he was an advocate for the ordination of married men as deacons, closer cooperation with other Christian religions and the mandatory retirement of bishops. In the latter years he believed that the Catholic stance on contraception needed to be relaxed in order to be more relevant to modern relationships. These were difficult issues for the Catholic Church that would prove divisive for the remainder of the decade, and indeed into the 1970s and 80s.²⁷

Mother Mary was initially uneasy with Suenens' book, deciding it was best to consult a number of priests about it before forming a definite opinion.²⁸ Indeed, for most religious, the book was in equal measures ground-breaking and controversial. Anna Dengel's congregation engaged in a lengthy process of consultation over the content of this book. She commissioned an internal survey in order to assess the views of her congregation.²⁹ By recommending this book to the congregation Mother Mary was displaying a firm willingness to implement the changes sweeping through religious life. This is noteworthy in itself, as not all religious congregations welcomed 'aggiorimento'.

In response to Sr. Margaret O'Connor's summary of the Lagos meeting, Mother Mary, advised: 'never forget that we were founded for the spirit they talked about at the Lagos Conference, [and instead] I fear some of my superiors are bringing in an old type of Order.'30 This tension between 'old' and 'new' was common. In the *Nun in the World* Suenens warned how different generational outlooks could lead to new conflict within religious communities. He outlined how younger religious might feel that 'certain

Vatican II by Those Who Were There (London: Chapman, 1986).

²⁷ Peter Steinfels, "Leo Joseph Cardinal Suenens, a Vatican II Leader, Dies at 91." *The New York Times*, 9th May 1991.

²⁸ Purcell, *To Africa with Love*, 177.

²⁹ 'Nun in the World Survey', 1963-1964, MMS Archive, AD/4/15.

³⁰ Mother Mary, Drogheda to Mother M. De Montfort, 14th February 1963, MMM Archive, II/Fou/6(g).

customs of the religious life no longer fit in.'31 In particular, he argued, these younger sisters were seeking a religious life that was: 'enriched and animated by the scriptures and communal liturgy.'32 He conceded that many older sisters were also conscious of the need for change, but were inhibited from doing so by their long held adherence to the virtue of obedience. He explained

A certain conception of obedience urges them to adhere to the established order of things, to abide by the status quo in which accepted uses and customs are not questioned. [...] Authority easily becomes a sort of gentle maternal authoritarianism, and obedience becomes no more than a passivity which solves problems by ignoring them.³³

This interpretation of obedience would have been provocative for the many women religious who had built their identity and justified their very existence around the vow of obedience. Suenens further highlighted how different attitudes towards modernization could occur between the motherhouse in Europe, and the overseas missions.

The Medical Missionary of Mary magazine published during the 1960s certainly did not hint at any conflicting attitudes towards these changes. Rather it displayed a united acceptance of Vatican II, analysing the various decrees and explaining how they were relevant to the sisters' work. Individual interpretations and discussion of the conciliar reforms, however, were not always as seamless, and discrepancies appear between the different sisters' understandings. Contradictions within the congregation's communication material were nothing new, as it sought to be all things to all people. In the 1960s, the editor-in-chief continued to be Mother Mary, who

³¹ Leon Joseph Suenens, *The Nun in the World - Religious and Apostolate*, Transl. Geoffrey Stevens (London: Burns & Oates, 1963. 1962), 33.

³² Ihid

³³ Suenens, *The Nun in the World*, 34.

frequently updated readers on the progress of the congregation through her editorials. The bulk of the work however was done by a number of sisters in the motherhouse who had non-medical degrees. Many of the columns from the 1960s were a continuation from earlier decades. The emphasis continued to highlight the fulfilment offered by a medical missionary vocation, and the progress being made through the generous donations of the Irish people. This was the strategy of the magazine. Nonetheless this source cannot be dismissed as purely mercenary, as many of the congregation's sisters wrote of their experience on the missions or their decision to enter the religious life. These narratives have merit and give an insight into the views of sisters who were not so visible within the private archives of the congregation.

From time to time there were contributions by external agents; again these were strategic and never give a negative assessment of the congregation's work, but nonetheless they give us an insight into their allies and friends and their take on the congregation's work in Ireland and the missions. A glaring omission in the magazine during the 1960s is the voice of the Nigerian sisters or nurses. A series of two articles written by two of the first Nigerian sister-nurses on the occasion of their visit to Rome and Drogheda in the 1950s gives a rare glimpse into the views of non-Western sisters. These two articles however appear to lack authenticity. The discourse used echoes that of Irish missionaries, referring to the green fields of Ireland, for example, of the deep faith of the Irish.³⁴

This fractured discourse of modernity contained in the magazine throughout the 1960s gives an insight into how the MMMs incorporated changes into their policies and practices. Their engagement with social and religious change in the magazine was often over-shadowed by the more familiar discourses of earlier decades. In this sense, the magazine reflected the pull experienced by the sisters in their identity and work, between pressures to modernise and desires to hold onto traditional values. Nowhere was this more visible than in the magazine's attempt to grapple with the

³⁴ Akpan and Onyeugo, "Guests in Drogheda," *The Medical Missionary of Mary*, December 1950.

changing role of women in society. The magazine, which had always aimed to promote religious vocations amongst young women, displayed an awareness of current debates surrounding women's emancipation. In the 1960s it became necessary to re-articulate just exactly what a religious life could offer a new generation of teenage girls who had more opportunities than their predecessors. In doing this, the magazine linked secular female emancipation in Europe, and to a lesser extent Africa, with the changing role of women religious.

Similar to the earlier decades, the magazine continued to promote the religious life as exciting, adventurous and fulfilling. One article, written by Sr. Dr. Nolan questioned: 'what will encourage young women to prepare for such a [religious] life, when all that may be got is assault by a drunken mob, which may have been worked up for political reasons. Can she have the courage to be a possible martyr? [...] The modern nun may expect death from the blow of a hostile rifle-butt, or in a jet crash, or in an upturned jeep.'³⁵ Earlier depictions of missionary life also emphasized danger; however instead of the threat of political unrest and drunken mobs, it was the danger of disease infested jungles and mysterious secret societies. In this sense, the congregation refashioned older narratives to fit an atmosphere of global political instability, technological advancements and the proliferation of subcultures. The underlying dualism of dangerous Africa versus heroic and martyred missionaries remained the same.

As explored in the previous chapter, Sr. Dr. Nolan played an active role in promoting the congregation's medical missionary work. Born in 1896 (d. 1977), she was in her seventies during the 1960s. According to reports written by her religious superiors, her eyesight declined and her expert surgeon's hands began to shake.³⁶ Though her superiors were eager for her to accept a less demanding role than that of medical officer in charge of Anua,

³⁵ Sr. Dr. M. M. Nolan, "Current Comments," *The Medical Missionary of Mary*, May 1965, 26-7.

 $^{^{36}\,\}mathrm{Sr.}$ M. Reparatrice, Anua to Mother Mary, 6^{th} August 1959, MMM Archive, I/Cong/4(e)/437.

she was by no means ready to retire. Thus she spent the 1960s working in a number of different positions, first promoting the congregation in the United States, then as medical secretary for the Catholic Secretariat in Nigeria and finally as a physician in a number of remote mission clinics across Africa.³⁷ Contrary to Suenens' apprehension over possible generational divides within religious congregations, Sr. Dr. Nolan, one of the most senior MMMs, wrote a number of enlightened articles for their magazine, entitled "Current Comments."

Based upon her interpretation of the Vatican II decrees, these articles sought to analyse current religious trends. Her depiction of the congregation was one fully of its time, attune to shifts in missionary thinking, as well as the civil movements of the day. Rather than being apprehensive about modernization, she was enthusiastic and optimistic. She saw the religious sister of the 1960s as 'a modern woman, [and] trained in modern technicalities, she moves about easily, and readily adapts to the change of circumstances.'38 As modern women religious they were to get 'diplomas that show their technical abilities,³⁹ they were to teach Christianity using 'the kerygmatic approach,'40 and they were to wear a habit and follow a horarium adaptable to time and place. These were values that reflected the Council reforms; however these were also values that had been intrinsic to the sisters' work from the very beginning. Nonetheless the explicit endorsement of these shifts constituted a departure and illustrates the congregation's desire to engage with the process of renewal in missionary culture.

Sr. Dr. Nolan commented in 1965 that 'convents, to make sense to the modern proletariat must have an obvious ascetic culture and have the hardships of a poor home. For the schools and hospitals run by sisters, there should be an ever increasing efficiency in service and always a gracious

³⁷ Biography of Sister Doctor Margaret Mary Nolan, MMM Archive, uncatalogued.

³⁸ Sr. Dr M. M. Nolan, "Current Comments," *The Medical Missionary of Mary*, April 1965.

³⁹ Ibid.

⁴⁰ Ibid.

charity to all irrespective of their social status.'⁴¹ The vow of poverty was of course one of the foundations of religious vocations and missionary work was built upon the idea of tending to the poorest and most destitute. Nonetheless, Sr. Dr. Nolan's use of Marxist terminology was a radical departure from the congregation's earlier condemnations of communism. Even if this discourse reflected a personal appreciation of the Marxism espoused in Liberation Theology, this too was a daring stance.⁴²

In this same article, Sr. Dr. Nolan calls for a kerygmatic approach to the instruction of catechism. This displays her awareness of changing trends in teachings and evangelizing. The kerygmatic approach re-emerged in the late 1950s through Bultmann's theology of the New Testament and amid growing dissatisfaction amongst students with the didactic methods being used to teach catechism. This new approach was more student centred, allowing them to act as participants in the learning process rather than simply memorizing facts they did not understand.⁴³ Giving some insight into the rather provocative nature of such an approach in the 1960s, two decades later, in 1985, the Archbishop of Dublin, Kevin Macnamara was still insisting that Irish religion teachers should not be afraid to have students learn catechism they did not fully understand.⁴⁴ In this sense the congregation was ahead of its time, having embraced flexibility, ecumenism and the active

⁴¹ Sr. Dr M. M. Nolan, "Current Comments," *The Medical Missionary of Mary*, April 1965.

Liberation Theology was a movement in the Catholic Church that originated in South America in the 1950s and 60s in reaction of social inequalities. A Peruvian Dominican Priest, Gustavo Guitierrez coined the term in his seminal book *A Theology of Liberation*, published in 1971. Vatican II and the mood for social justice undoubtedly inspired the movement, however the Holy See refused to endorse it due to its Marxist leanings.

⁴³ See, Encyclopædia Britannica Online, s. v. "kerygma and catechesis," accessed

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^{2014,} http://www.britannica.com/EBchecked/topic/315576/kerygma.;

Thomas E. Woods, *The Church Confronts Modernity: Catholic Intellectuals and the Progressive Era* (New York: Columbia University Press, 2004), 105-118; B. Scott Lewis, "Kerygmatic Theology," in *The Encyclopedia of Christian Civilization* (Blackwell Publishing Ltd, 2012).

⁴⁴ Ferriter, *The Transformation of Ireland*, 734.

apostolate from the very beginning. However they were also *of* their time, embracing the more radical ideas being discussed during the 1960s.

So how did these more progressive views in the magazine translate into the reality of the Anua mission? The previous chapter gave some insight into the religious and professional training of the Nigerian nurses during the 1950s. It highlighted how these nurses were viewed as potential 'vocations', with their training encouraging and reflecting this. This strategy appears to have been successful as by the early 1960s twelve Anua nurses decided to become aspirants. Aspirants, similar to postulants, were young women who expressed an interest in joining the MMMs. Mother Mary remained adamant that the first cohort of Nigerian sisters should be formed in the motherhouse in Drogheda. Thus, after successfully completing their time as aspirants and a three-month postulancy in Anua, 45 the young women were sent to Drogheda where they completed the remainder three months of their postulancy, and their two-year novitiate. 46

As the numbers in Anua interested in joining the congregation increased, it became necessary to draft a coherent framework for their formation so as to properly test their interest and suitability for the religious life. With this in mind, a sister was appointed to Anua in 1960 to fulfil a new role of Aspirant Mistress. This sister was in charge of their religious formation, as well as the running of a newly opened aspirants' residency located on the mission compound. Sr. Marie Queen of Peace was a qualified secondary school teacher from England. In addition to her role as Aspirant Mistress, she also taught the nurses English and Religion, and led the choir. In 1960, when she was assigned to the position in Anua, she was 46 years of age. This was her second tour in Nigeria, meaning she was quickly at ease with the climate and the people. Her notes and letters from the period give a unique insight into how the community formed their first Nigerian sisters. Although

⁴⁵ In 1960 the Nigerian aspirants completed three months as postulants in Anua. In 1962 they completed the whole of their postulancy (6 months) in Anua, and went to Drogheda for their two-year noviceship.

⁴⁶Aspirants in Anua – Considerations by Sr. Mary Queen of Faith, July 18th 1960 [with notes from 1962], MMM Archive, I/Fou/4(e)/577.

Vatican II had not yet opened in 1960, Pope John XXIII had given an indication of what was to come in his Encyclical *Princeps Pastorum* issued in November 1958. This encyclical encouraged missionaries to support vocations in mission lands, to allow the existing 'native clergy' to hold positions of influence and authority within dioceses and congregations, and to train 'native clergy' according to their own culture and traditions.⁴⁷

The training of the aspirants in Anua reflected the directions given by Pope John XXIII in this encyclical. Sr. Marie Queen of Peace was approachable and open-minded. From as early as 1960, she adopted a progressive attitude towards religious instruction. She tailored her classes to fit the students' interests and skills, revising her methods as she went along. She encouraged the aspirants to live as a family, explaining: 'with regards to the internal organization of Visitation House – I am trying to establish a family spirit, so that control of noise, cleanliness etc., will come from their training and not just imposed from above so to speak.' In order to further foster this familial and community spirit, she decided not to dine with the aspirants, as she 'wanted them to be without restraint and to get to love the house with the very minimum of supervision. Any necessary self-control should come from themselves either from their love of God, or consideration for their neighbour.'49

Religious life demanded self-control. Adherence to the vows of obedience came as much from the sisters' interior mastery over the self as it did from external disciplinary controls imposed by the congregation and Church doctrine. Sr. Marie Queen of Peace emphasized the former, evidently attaching greater value to self-discipline than blind obedience to external hierarchies ('imposed from above'). Despite this more relaxed approach, the young Nigerian aspirants were still expected to cultivate a spirit of obedience and submission. One of the aspirants, nurse Agnes Essien, daughter of a local

⁴⁷ Pope John XXIII, *Princeps Pastorum*.

 $^{^{48}}$ Sr. Marie Queen of Peace, Anua to Mother Mary, July 16th 1960, MMM Archive, I/Fou/4(e)/577.

 $^{^{49}\,} Sr.$ Marie Queen of Peace, Anua to Mother Mary, 29^{th} May 1961, MMM Archive, I/Fou/4(e)/577.

Catholic Chief, was repeatedly referred to as 'independent.' Her independence was viewed as problematic, something that would have to be rooted out before she could be fully accepted into the congregation. Agnes was one of the first Nigerian nurses to express an interest in joining the congregation, and rather unusually she was sent to Ireland to complete her nursing qualification prior to her being accepted as an aspirant. An example of her independence, given by Sr. Marie Queen of Peace, was her failure to visit Bishop Moynagh on her return from Ireland. This had disappointed the Bishop, as he 'felt that she needed a test of her submission to authority.' Sr. Marie Queen of Peace later stated that Agnes' obedience had improved during her time as aspirant, not an easy task as 'she has been independent for so long, that she does not see the inclination of the religious should be to acquiesce and submit.' S1

Sr. Marie Queen of Peace's more flexible and open-minded approach to the aspirants' formation was likely due to shifts in the Catholic Church as well as impending Nigerian independence. It was no longer possible for the European missionaries to undermine the culture and beliefs of those they sought to convert. Earlier attitudes held by missionaries towards indigenous culture were ambiguous. From early on the Church had condemned the outright elimination of indigenous culture, preferring instead for missionaries to 'elevate' and Christianize existing customs and beliefs. In 1951, Pope Pius XII stated: 'the Catholic Church has neither scorned nor rejected the pagan philosophies. Instead, after freeing them from error and all contamination she has perfected and completed them by Christian revelation.' This stance was somewhat contradictory in that missionaries were to respect 'native' culture, but also improve it. This was later reiterated in 1958 in Pope Paul's *Princeps Pastorium*. In Anua during the 1960s, there

⁵⁰ Sr. Marie Queen of Peace, Anua to Mother Mary, 16th July 1960, MMM Archive, I/Fou/4(e)/577.

 $^{^{51}}$ Sr. Marie Queen of Peace, Anua to Mother Mary, 4^{th} September 1960, MMM Archive, I/Fou/4(e)/577.

⁵² Pope Pius XII, *Evangelii Praecones*.

⁵³ Pope Pius XII, *Evangelii Praecones*, 44.

was a growing effort to integrate Nigerian customs and beliefs into the nurses training, the Aspirants' formation and the congregation's medical missionary work. In March 1960 Sr. Marie Queen of Peace commented that their Nigerian bishop, Bishop Ekandem, gave the sisters a talk on 'the characteristics of his people, and the methods of talking to them, and correcting them if the situation arose.'54

Despite these attempts to establish a more tolerant missionary approach, there was also a strategic aspect to Sr. Marie Queen of Peace's leniency. She was aware that many of the other nurses interested in a religious life were observing these first aspirants closely, seeing how they were absorbed into the congregation. She wrote: 'very much depends on these six⁵⁵ as they are known to the others to be girls or character, some of them capable leaders and attractive. That is why I am going gently with them, trying to show the way of love, basing very simple instructions on the gospel.'56 Thus, Sr. Marie Queen of Peace sought to form these aspirants in a manner that rang true to them. She justified her pared back approach explaining that 'while they are aspirants more cannot be asked of them, because every available moment is used for study of their nursing. They live their religion more naturally than Europeans, and pray more easily.'57 Indeed, unlike their postulant counterparts in Ireland, the aspirants were allowed to attend Catholic nurses' guild dances, and to have their own choice of food. Mother Mary encouraged this approach, reiterating her earlier (rather imperialistic) stance on the matter: 'we must remember you cannot expect European standards of them, and you don't want to make them

⁵⁴ Sr. Marie Queen of Peace, Anua to Mother Mary, 7th March 1960, MMM Archive, I/Fou/4(e)/577.

⁵⁵ Only six of the original twelve managed to gain permission from their parents.

⁵⁶ Sr. Marie Queen of Peace, Anua to Mother Mary, 5th April 1961 MMM Archive, I/Fou/4(e)/577.

⁵⁷Aspirants in Anua – Considerations by Sr. Marie Queen of Faith, July 18th 1960 [with notes from 1962] MMM Archive, I/Fou/4(e)/577.

European, Irish or English, you want to develop the best in the African to suit their needs.'58

One of the principal aims of their time as aspirants was to test their sincerity, and to make sure that they were not just interested in going overseas. However, there were a number of other reasons for having these Nigerian girls formed first in familiar surroundings. Sr. Marie Queen of Peace explained to Mother Mary that Nigerian girls often had financial obligations towards their brothers and sisters, and parents would not consent to them entering a religious congregation until these obligations had been fulfilled. Indeed, once the aspirants were official members of the community, their nurses' salary was no longer their own, but that of the congregation. The congregation was adamant about having the full consent of parents or family before admitting the women to be aspirants. This resulted in the sisters adopting a more flexible approach, accommodating the parents as far as possible.

Taking into account the financial situation of the parents, Sr. Marie Queen of Peace commented that they could not reasonably expect a dowry from their Nigerian aspirants. Instead it was decided that their nurses' salaries could be docked to pay for their uniforms. Despite these allowances, it remained difficult to gain the consent of Nigerian parents, whether they were Catholic or not. Mother Mary pondered why they were having such difficulties in this respect in Nigeria, versus other African countries. It would seem that it was partly due to the financial and status loss incurred by the family if the woman in question was a nurse (as the majority were). Agnes' father, for example, refused to let his daughter join until he 'was assured of having another daughter in the family to replace' 60 her as a nurse. A further

⁵⁸ Sr. Marie Queen of Peace, Anua to Mother Mary, 12th August 1960, MMM Archive, I/Fou/4(e)/577.

⁵⁹ Aspirants in Anua – Considerations by Sr. Marie Queen of Faith, July 18th 1960 [with notes from 1962], MMM Archive, I/Fou/4(e)/577.

 $^{^{60}}$ Sr. Mary Queen of Peace, Anua to Mother Mary from, March $7^{\rm th}$ 1960, MMM Archive, I/Fou/4(e)/577.

issue was the stigma attached to not having children, this was noted a number of times by the sisters. 61

Still - least it is thought that these Nigerian aspirants had a uniquely lenient experience compared to their postulant counterparts in Ireland - their lives were regimented along similar lines. They continued to work in the hospital, and to follow the very thorough religious training they already undertook as nurses. In addition to these duties, aspirants had to visit the Blessed Sacrament daily, do fifteen minutes daily spiritual reading, two hours of adoration on the first two Sundays of the month, fortnightly confession instead of monthly, and had classes in Christian doctrine 5 days a week. They had to follow similar hygiene routines as in Ireland, making allowances for the climate. 62

Sr. Marie Queen of Peace regularly wrote to Mother Mary updating her on the progress of the aspirants. The majority were described as 'excellent subjects,'63 the main issue that arose was the reluctance of their parents. If a parent refused to give permission, the aspirant would continue to reside in the nurses' home, and attend classes and duties in the aspirant house. In some cases, the very firm opposition of the parents meant an aspirant had to drop out of her religious training for fear of being reprimanded. A further obstacle to an aspirant's full engagement with their religious formation was their age or education.

The sisters sometimes decided it best for the girl in question to be allowed back to school to complete her education, or for her to wait a few years until she was mature enough to join. In one case, a potential aspirant was turned away after the sisters received a negative reference from the Our Lady the Apostles in Lagos. It was reported that '[Andria] failed the House examination previously and became hysterical as a result. She is not strong physically and is very immature in character. Andria was inclined to

⁶¹ Sr. Marie Queen of Peace, Anua to Mother Mary, 22nd March 1966, MMM Archive, II/Sis/8(b)/252a.

⁶² Aspirants in Anua – Considerations by Sr. Mary Queen of Faith, July 18th 1960 [with notes from 1962], MMM Archive, I/Fou/4(e)/577.

'ecstasies'. Eventually she left the [OLA] convent of her own accord, but the sisters had no intention of keeping her as they considered her an unsuitable subject for the religious life.'64 This missionary network worked on an informal basis, the sisters sought references from other missionary schools and hospitals for their nurses and hospital staff. They also availed of them to gain an insight into the personal history of the aspirants.

The magazine may have been concerned with attracting young women into the congregation by promoting the adventurous and fulfilling nature of a religious vocation, however this was primarily aimed at a European and American readership. For Nigerian aspirants, they recruited from their own nursing students and staff by promoting the religious life in their leisure and work activities. For European women, the magazine emphasised the various technical diplomas sisters could undertake, and the discourse used reflected the concerns of a new generation of teenagers. Sr. Dr. Nolan for example wrote: 'Looking at teenagers' hairstyles one gasps as one realizes how idealistic these young people can be. They want to help the suffering and the lonely in their own modern way. [...] No doubt these young people will make excellent missionaries when they hear Christ telling them about the need to spread his good news. [...] They are the stuff that missionaries are made of.'65 Accompanying images show fashionable young women in short skirts and shearling jackets. Another article emphasized the congregation's modern outlook by invoking the biblical episode upon which it was founded. The author stated: "and Mary, raising up went into the hill country with haste into a city of Judea.' [...] There is something modern, up to the minute about the "...raising up, going in haste...": but it is too, womanly, dignified." This article re-appropriated a key element of the congregation's corporate identity, the biblical episode of Mary visiting her cousin Elizabeth, in order to highlight

⁶⁴ Sr. Marie Queen of Peace to Mother Mary, 5th April 1961, MMM Archive, I/Fou/4(e)/577.

⁶⁵ Sr. Dr. Margaret Mary Nolan, "Current Comments," *The Medical Missionary of Mary*, March 1965.

⁶⁶ Sr. M. Margaret O'Connor, "Woman and the Modern Apostolate," *The Medical Missionary of Mary*, 1964.

their modern and 'to the minute' outlook. In doing so it sought to bring together seemingly opposite characteristics, the 'modern' and the 'womanly.'

Tensions arose between this desire to portray the sisters' work as current and professional, whilst also encouraging traditional gender roles for lay women and women religious. By highlighting the active role played by Mary, Sr. Margaret O'Connor sought to emphasise the congregation's acceptance of women's changing role in society. However in this same article she questions how this active role could be reconciled with women's femininity, asking 'whether professional life hardens women.'67 Quoting an American bishop, she wrote: 'a woman becomes hard only when she loses or surrenders an opportunity to manifest those specially feminine qualities of sympathy, kindness and tenderness.'68 Despite highlighting the importance of women's active role and the need for apostolic sisters, she nonetheless reminded the reader that: 'what we are is more important that what we do.'69 Similar to their earlier discourses of femininity, she saw a woman's power as coming primarily from her feminine virtues. She finished the article by undermining women religious' professional and active roles and valorising instead their passivity and self-sacrifice. She wrote: 'it matters little whether she be learned or even efficient, but she must be a woman, as mature, unpretentious, work-a-day, self-forgetful as the mother of many children, if she is to be worthy of the privilege of caring for souls in Christ's name.'70 Similar to earlier depictions, she highlighted the similarities between a religious vocation and motherhood.

This depiction of women exercising agency and power through passive and restrictive roles is reminiscent of the sisters' experiences of religious life. By internalizing feminine virtues of submission, discretion, and denial, women religious were able to transcend their selves and become closer to God. They could do this whilst also being professional women with fulfilling

⁶⁷ Sr. M. Margaret O'Connor, "Woman and the Modern Apostolate," *The Medical Missionary of Mary*, June-July 1964.

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ Ibid.

careers. However encouraging these ideals for lay women, many of whom felt increasingly frustrated by this restrictive role, was more problematic.⁷¹ Furthermore, whilst the sisters continued to encourage women to be empowered through their primary role as mothers and wives, they themselves were acquiring an increasingly diverse range of qualifications and shaping their professional roles to fit contemporary global trends. Their attitude displayed a reluctance to fully acknowledge the growing discontent amongst women, favouring instead the Church's traditional stance on the all-important role of the family unit in society.

A 1965 article written by Sr. M. Lucy Staines, a sister-social worker with a degree from UCD in politics and economics, discussed the question of Nigerian women's emancipation. In this article entitled 'Women of Nigeria', Sr. M. Lucy Staines' key argument was that 'Christianity and education opened the gates to women's emancipation in Nigeria.'72 She further elaborated: 'every young girl who has been to school aspires to complete liberation from the shackles of her ancestral condition.'73 This echoed earlier depictions of African and Indian women as requiring external intervention in order for them to be liberated from their oppressive traditions. Missionaries and Western women were seen as the liberators, exemplifying more progressive and civilized gender dynamics. Sr. M. Lucy Staines commended the fact that Nigerian women had the right to vote, they were educated and had taken up appropriate professions such as nursing, teaching or social work, as well as their more traditional roles as traders and farmers. Despite celebrating the emancipation of Nigerian women, the priority was once again placed upon their primary role as mother and wife. Sr. M. Lucy Staines argued that 'the first duty of women in this new society is her role as wife and mother.'74 She

⁷¹ See, Betty Friedan, *The Feminine Mystique* (London: Penguin, 2010); June Levine, *Sisters: The Personal Story of an Irish Feminist* (Cork: Attic Press, 2009).

⁷² Sr. M. Lucy Staines, "Women of Nigeria," *The Medical Missionary of Mary*, June-July 1965.

⁷³ Ibid.

⁷⁴ Ibid.

called for priority to be given to their domestic training, so that they will be better equipped for 'their domestic responsibilities of looking after home and children.' 75

The sisters were keen to be perceived as modern, aware of emerging trends, and up-to-date with the civil movements of the day. Their attitude was in keeping with the more forward-thinking interpretations of religious life. Cardinal Suenens, for example, also sought to understand the changing role of women in Western society. Similar to the sisters he held ambivalent views of the feminist movement, torn between a desire to embrace female emancipation, whilst also remaining loyal to Church teachings. His discussion of Christianity and feminism in The Nun in the World employed similar discourses and views as the sisters did in their magazine. He saw the modern woman as being 'freed from her former shackles,'76 making increasing use of her 'natural gifts'.⁷⁷ He argued that with greater life expectancy, women for the first time had the possibilities of a 'second life' 78 after her children had grown up. He noted however that women have the 'awe-ful [sic] choice of being Eve or Mary: she is rarely neutral. Either she ennobles and raises man up by her presence, by creating a climate of beauty and human nobility, or she drags him down with her own fall.' 79 Despite Suenens' apparently enlightened and unorthodox ideas, his construction of woman as solely existing in relation to man further promoted orthodox gender ideologies.

V.2 – Changing Medical and Development Trends

The sisters sought to project their medical work as current and modern; however not all modern medico-social trends were deemed appropriate. In 1962 Sr. Dr. Nolan remarked that 'we have to teach a positive Catholic

⁷⁵ Sr. M. Lucy Staines, "Women of Nigeria," *The Medical Missionary of Mary*, June-July 1965.

⁷⁶ Suenens, *The Nun in the World*, 15.

⁷⁷ Ibid.

⁷⁸ Ibid.

⁷⁹ Ibid.

approach to legitimate birth control and to the management of a home on Christian principles. We have to advise husband and wife on the sacramental side of matrimony, and to show the beauty of monogamy and the united family life.'80 This concern with Catholic ethics in obstetrics and gynaecology was nothing new. Time and again this particular field was seen as the exclusive domain of the sister-doctors, often to the frustration of the Catholic lay-doctors. This protectionist approach continued throughout the 1960s, clashing with more liberal attitudes and the growing trend of population control.

The nurses continued to be trained in a manner that reflected the Catholic ethos of the hospital, in their medical duties, and in their expected demeanour and beliefs. Bishop Ekandem gave the nurses regular conferences and was keen for the nurses to 'emerge as well trained Catholic women after their time in St. Luke's.'81 Mother Mary reiterated her earlier advice that all doctors should be in charge of all matters relating to patients, however she clarified that the lay doctors should not have a say in the 'teachings.'82 Indeed, due to the congregation's lack of available sister-doctors, it was sometimes necessary for a lay-doctor to be permitted to take charge in the maternity. Furthermore, throughout the 1960s they found it increasingly difficult to exclusively employ Catholic doctors, meaning they had to employ a Christian doctor, and a Jewish dentist. With regards to the Christian doctor, the head consultant, Sr. Dr Eunan (Maura) Ward [Sr. Dr. Ward hereon] wrote to Mother Mary: 'We were also anxious about his religion as he states he is a Christian. We would have to be sure he had a Catholic mind in obstetrics and gynaecology.'83

⁸⁰ Nolan, The Medical Missionaries of Mary, 125.

⁸¹ Sr. Marie Queen of Peace, Anua to Mother Mary, 16th July 1960, MMM Archive, I/Fou/4(e)/577.

⁸² Mother Mary, Drogheda to Mother M. De Montfort, 17th May 1963, MMM Archive, II/Fou/6(g)/51.

 $^{^{83}}$ Sr. Eunan Ward, Holy Child Convent Calabar to Mother Mary, 1^{st} April 1963, MMM Archive, II/Fou/6(g)/41.

This desire to maintain control over teachings was heightened by the belief that government and Christian hospitals were increasingly promoting sterilization and birth control. In 1963 this fear resulted in tensions with the Ibadan University Hospital, with whom the congregation had an otherwise amicable relation. Mother de Montfort reported the unfortunate incident to Mother Mary. She explained that one of the sisters, in a conversation with the University Hospital Ibadan nursing tutor, had claimed that the sisters 'were very much against [their] nurses going to Ibadan to do midwifery because of sterilization etc. etc. that went on there.'84 The tutor reported this back to the English university doctors in Ibadan, who were insulted by the allegations. Mother de Montfort explained that the doctors in question 'have since written to [Sr.] Dr M. Dominica blaming her for saying this and are actually getting statistics ready to send us just to prove their innocence especially in sterilizing unnecessarily. Dr Edwards seemed very annoyed.'85 This unfounded claim made by one of the nursing sisters gives some insight into the force of Catholic fears surrounding these issues. Mother de Montfort was embarrassed by the whole ordeal, stating: 'It is most unfortunate that [Sister] should have been so tactless as to pass that remark, and again it's their own affair what procedures they carry out, these doctors are not all Catholic.'86

This incident highlights how individual sisters held more or less extreme views on these highly emotive issues. That these practices had no place in a Catholic hospital was not up for debate. However, Mother de Montfort's relaxed attitude gives some indication of her more progressive outlook in these matters. The sister in question, on the other hand, appeared to be influenced by a more conservative and binary mind-set that pitched the moral/good/Catholic methods against the immoral/evil/secular ones. On the grander scale, Mother de Montfort was in charge, and had been for many years. Her views can thus be interpreted as being more representative of the

 $^{^{84}}$ Mother de Montfort, Anua to Mother Mary, $20^{\rm th}$ June 1963, MMM Archive, II/Fou/6(g)/58.

⁸⁵ Ibid.

⁸⁶ Ibid.

congregation's overall policy of collaboration with non-Catholic doctors and hospitals.

These conservative views may have been expressed in a rather tactless manner; however they were hardly surprising given that this was the exact discourse reinforced year after year by the Catholic hierarchy, whether in Ireland, Rome or Africa. In a speech to the St. Luke's Hospital Advisory committee in 1966, Bishop Moynagh reiterated the need for a Catholic mission hospital in Nigeria, explaining that 'things like immoral practice in birth control, sterilisation etc. [sic], are openly accepted today in secularized hospitals.'⁸⁷ He further worried the effect these practices were having on a population of young Catholics such as the Nigerians. He warned of the 'horrors'⁸⁸ of new medical technologies and trends, stating 'abortion, secretly practiced even now, euthanasia or murder of the incurably sick, or very old; artificial insemination from others, not the married partner.'⁸⁹ He concluded with the usual refrain: 'all these horrors are being advocated and some practiced in secular or even state sponsored hospitals.'⁹⁰

During the 1960s there was increased concern over over-population. Birth control, sterilization and abortion were some of the solutions proposed by various policy theorists, demographers and economists. Some have argued that this emerging concern was simply an extension of earlier eugenics and Malthusian theories. ⁹¹ However, debates over population control were also a part of emerging discourses of development. ⁹² Within this school of thought, it was argued that some form of population control was necessary for developing countries if they were to achieve similar economic growth (modernization) as Western 'developed' nations. One researcher,

⁸⁷ Address to Members of Advisory Council, St Luke's Hospital Anua by Most. Rev. J. Moynagh, 24th April 1966, MMM Archive, uncatalogued.

⁸⁸ Ibid.

⁸⁹ Ibid.

⁹⁰ Ibid.

⁹¹ Clare Hanson, *Eugenics, Literature and Culture in Post-War Britain* (London: Routledge, 2013).

⁹² Maria Rosa Cutrufelli, *Women of Africa: Roots of Oppression* (London: Zed Press, 1983).

demographer and medical doctor, Maurice King argued that 'though massive aid from the developed to the undeveloped nations is one of the keys towards progress, it is, however, only one of them, and it must be combined with a reduced rate of population growth in the countries receiving this aid.'93 King's book was in fact recommended by one of the sister-doctors, to Mother Mary in 1967, a year after its publication. The sister in question, Sr. Dr. Dominica Dean, had worked in St. Luke's in the early 1960s before returning to complete her postgraduate training in Paediatrics at the Children's Hospital in Columbus, Ohio in 1965. Her recommendation of King's book was not with regards to population control, but rather over the cost of medical treatment in the mission hospital. She wrote: 'there is a lot of basic philosophy of running medical services in developing countries so that the greater number may have some benefit rather than a few have great benefit. And this also affects the apostolate.'94

It is unclear what Mother Mary's views were on the issue of population control in developing countries. Anna Dengel certainly researched the matter thoroughly and her archive contains a significant number of articles on the different opinions, Catholic and lay on this issue. This, combined with the appearance of the first contraceptive pill in 1960 prompted Pope John XXIII to set up a commission to investigate matters relating to birth control in 1963. The Pontifical Commission on Birth Control, as it was called, ultimately led to the encyclical *Humanae Vitae* in 1968. The Catholic Church did not consider population control an ethical solution to poverty. However, the Pontifical Commission recommended that as couples were already permitted to use their conscience to decide whether or not they wanted to use the rhythm method, artificial contraception should also be allowed. This finding was not

⁹³ Maurice King, *Medical Care in Developing Countries: A Primer on the Medicine of Poverty and a Symposium from Makerere* (Oxford: Oxford University Press, 1966), 18.

⁹⁴ Sr. Dr. Dominica (Pauline) Dean, Anua to Mother Mary, 9th July 1967, MMM Archives, II/Sis/8(b)/299.

 $^{^{95}}$ Articles, pamphlets, leaflets, cuttings, 1915, 1943-1965, MMS Archive, AD/4/12/8.

unanimous however, and Pope John's successor, Pope Paul VI decided to disregard the Commission's findings. Thus, the more progressive members of the Catholic Church were willing to relax the total ban on artificial contraception, leaving it up to the 'conscience' of the couple.96 There is no evidence in the archives consulted that this was ever the view of the Medical Missionaries of Mary. Letters, reports and printed materials from this period appear more concerned with promoting a 'positive Catholic approach'97 to birth control in the congregation's hospitals, condemning the practices of secular hospitals. Indeed, evidence from later decades, the 1970s and 80s, point to the congregation's continued adherence to the Catholic Church's teachings on these matters, in Africa and Ireland.98

That they would adopt this more conservative line of thought on matters relating to birth control was not surprising. This had been at the core of their medical missionary work from the beginning, built as it was on promoting Catholic family values and structures. However, this did not mean that the congregation shied away from modern developments in other areas. As Sr. Dr. Dean's recommendation of Maurice King demonstrates, the sisters were up-to-date with the current literature and research of the period. Indeed, throughout the 1960s, many of the sisters were sent to top up their existing qualifications by undertaking a new range of specialized courses, in public health, social work, paediatrics, occupational therapy and community development, to name but a few. This was partly due to the growing requirement for specialists in training hospitals in Nigeria; however it also

⁹⁶ See, Hastings, *Modern Catholicism: Vatican II and After*; Radford Reuther, "The Place of Women in the Church."

⁹⁷ Nolan, The Medical Missionaries of Mary, 124.

⁹⁸ See, for example, the Sr. Dr. Leonie McSweeney's memories of teaching the billings method in Nigeria in the 1980s in Irene Christina Lynch, ed. *Beyond Faith and Adventure: Irish Missionaries in Nigeria Tell Their Extraordinary Story* (Dublin: IDCL (author), 2006). For more on the Catholic Culture in the congregation's Irish hospitals see: Maureen Harding Clark, "The Lourdes Hospital Inquiry: An Inquiry into Peripartum Hysterectomy at Our Lady of Lourdes Hospital, Drogheda," (Dublin: The Stationary Office, 2006).

reflected the congregation's policy of responding to the needs as they saw them, and keeping up to date with scientific and medical developments.

Recent histories of NGOs and development aid have highlighted the continuity between missionary and voluntary organizations of the colonial era, and development organisations of the 1960s. In particular, it has been argued that the discourse of development offered a convenient framework for charitable organisations to re-brand their work in a manner more suited to the contemporary mood for social justice and equality. Despite shifts in policy and language, there continued to be an underlying paternalism and dichotomous understanding of the so-called 'underdeveloped' countries and their needs. ⁹⁹ The MMMs were very much a part of this shift. Their letters and communication materials display an acute awareness of these changing trends. The following paragraphs will explore in more detail the sisters' complex engagement with emerging philosophies of development.

The congregation's integration and identification with development was more nuanced than a simple rebranding exercise in a bid to remain relevant, a word and philosophy that emerged in their printed materials during the 1960s. Although the sisters were willing to collaborate with the leading development charities of the 1960s, they remained suspicious of their methods and motivations. The congregation gratefully received funding from Oxfam, the Rockefeller Foundation and WHO for various projects and hospitals; however they favoured the German Catholic agency Misereor. There are indications in their private and printed materials that they were wary of non-Catholic organisations. Their main concern was their stance on birth control; however they were also sceptical of their methods. Sr. Dr Nolan

⁹⁹ See, Ruth Brouwer Compton, "When Missions Became Development: Ironies of 'Ngoization' in Mainstream Canadian Churches in the 1960s," *The Canadian Historical Review* 91, no. 4 (2010): 661-93; E. Fleischmann, S. Grypma, M. Marten, and I.M. Okkenhaug, eds. *Transnational and Historical Perspectives on Global Health, Welfare and Humanitarianism* (Norway: Portal Books, 2013); Firoze Manji and Carl O'Coill, "The Missionary Position: NGOs and Development in Africa," *International Affairs* 78, no. 2 (2002): 567-83; Bush, *Imperialism, Race and Resistance*; Homi K Bhabha, *The Location of Culture* (London and New York: Routledge Classics, 2004), 358-9.

argued in one of her 'Current Comments' articles: 'at present it is possible to arrive in a missionary territory by jet plane at night, travel by road by a fast car and be at work in the morning in a college or hospital in the hinterland. People of university status often do this. When it comes to our Christian apostolate among the masses it is the cause of failure.' She then argued that shiny brochures and catchy slogans may impress idealistic undergraduates, but what was more important was 'knowledge of local history and conditions.' She explained that 'coloured races see the white's ignorance as arrogance, and they dislike the white superiority complex.' 102

Having explored in detail the sisters' work in the earlier decades, such a condemnation seems surprising. Nonetheless it also suggests the missionaries perceived their work as being crucially different. And to a certain extent, rightly so, by the 1960s the congregation had been working in Nigeria for over twenty years. They lived in remote locations, employed many Nigerian staff in their hospitals and welcomed Nigerian women to join their congregation. From early on they had adopted a policy that primarily focused on curative and hospital-based health; however they also opened satellite bush clinics and operated a domiciliary midwifery service. Their child welfare clinics and marriage training classes were a useful tool for Catholic evangelization, but they also had a practical application. In these clinics mothers were taught nutrition and basic hygiene in order to prevent disease.

An article in a 1964 edition of the magazine gives an outsiders view of how the sisters fitted into contemporary development philosophies. The article, entitled 'Nuns in Development Aid' was written by a Norwegian author after a visit to the International Missionary Training Hospital in Drogheda. Such an article was an unusual feature in the magazine, showcasing as it did a non-Irish view of the congregation and their Irish

¹⁰⁰ Sr. Dr. M. M. Nolan, "Current Comments," *The Medical Missionary of Mary*, November 1965.

¹⁰¹ Ibid.

¹⁰² Sr. Dr. M. M. Nolan, "Current Comments," *The Medical Missionary of Mary*, November 1965.

facilities. Indeed, despite her stated prejudices towards Catholic nuns, the author was pleasantly surprised at the sisters' modern and efficiently run hospital. She highlighted how the congregation was 'gradually moving out of Africa, because the hospitals there will be very efficiently run by the African staff that had been trained during the past generation.'103 Her overall impression was 'that we are not dealing with 'benevolence', but with realistic and carefully planned development aid.'104 She further considered that 'active compassion and hope created this: an aid to development, which was a reality a generation before the expression was coined.'105 The letters to and from the missions support this view. Mother Mary reminded the sisters of the need to employ more senior Nigerian staff. In 1960 she wrote: 'I cannot stress too much for our work and the future of the Africans that you use the Africans in everyway and give them greater responsibility.' 106 This reflected government policies to Nigerianise the civil service from the 1950s. However it was also in advance of more explicit efforts to appoint Nigerian staff to senior posts. By Nigerianising their hospitals, the congregation hoped missionary staff could be relocated elsewhere, where they saw a need.

Mother Mary further advised Mother de Montfort: 'what you have all done in both Calabar and Ogoja Provinces has been outstanding, and I am very grateful, but I feel now before we embark on any new project in Nigeria, all must be reviewed, all must be consolidated and then a five year plan considered.' In this sense, Bergljot Nygard's assessment was on point. The congregation was not simply dispensing charitable benevolence; theirs was a carefully planned operation and had been from the beginning. However this is not to say that the sisters were completely ahead of their time, using

 $^{^{103}}$ Bergljot Nygard, "Nuns in Development Aid," *The Medical Missionary of Mary*, Jan-Feb 1964.

¹⁰⁴ Ibid.

Bergljot Nygard, "Nuns in Development Aid," *The Medical Missionary of Mary*, Jan-Feb 1964.

¹⁰⁶ Mother Mary, Drogheda to Mother de Montfort, 21st January 1960, MMM Archive, I/Fou/4(e)/452.

 $^{^{107}\,\}text{Mother}$ Mary, Drogheda to Mother de Montfort, 21^{st} January 1960, MMM Archive, I/Fou/4(e)/452.

revolutionary methods that would later come to be more widely adopted. Rather it highlights the ambiguities of 'modernity' and the uneven nature of processes of change. The policies and practices adopted by the sisters throughout the 1960s were both in continuity with earlier decades, but also reflected the social, political and technical changes around them.

V.3 – *Changing Attitudes in the Mission Compound*

Adapting to change was not a smooth and easy process, whether for individual sisters, or for their medical missionary and social work. As previously discussed, this tenuous engagement with 'modernity' was evident in the congregation's views of feminism. It was also visible in their attempts to be more inclusive of Nigerians, and more understanding of local customs. In 1962, two years after Nigeria had officially gained independence, Sr. Dr. Ward wrote to Mother Mary asking that the sisters' 'mental attitude' be better vetted before they were sent on mission. In the previous chapter it was argued that the difficult climate and tense working conditions led to ill health amongst the mission staff. In the 1960s, this continued to be the case; however, additionally, there was a feeling amongst the missionaries that they were being 'observed' and judged by the people. During the 1960s there was a series of violent riots and coups that ultimately led to civil war in 1967.¹⁰⁸ Sr. Dr. Ward wrote that 'the people have become very demanding and sensitive and will tolerate no criticism or ill treatment. Yesterday's headlines were 'White Priests must Go.' [...] With changing Nigeria and the increasing stress and strains of life out here, could I suggest Mother, that you consult Dr. Costelloe on the suitability, temperamentally and mentally, etc., of the proposed sisters for the missions.'109 She further explained how if a sister was

¹⁰⁸ See, Falola and Heaton, *A History of Nigeria*; Jacinta Chiamaka Nwaka, "The Catholic Church, the Nigerian Civil War, and the Beginning of Organized Lay Apostolate Groups among the Igbos of Southeastern Nigeria," *Catholic Historical Review* 99, no. 1 (2013): 78-95.

 $^{^{109}}$ Sr. Dr. Eunan Ward, Anua to Mother Mary, 4-5th September 1962, MMM Archive, II/Fou/6(g)/4.

a 'misfit' ¹¹⁰ at home, she would most certainly not fit into mission life in post-independence Nigeria.

This concern was not unfounded, as some of the sisters evidently found it harder to shirk off earlier attitudes towards Nigerians than others. A rare letter from the Anua locals offers an insight into their relationship with the sisters. The letter explained that although they were happy to have the missionaries spread Christianity in their country, they were 'highly annoyed how some of the sisters are behaving.'111 They advised: 'you will do well, if you could take away some of the sisters who are causing down fall of our widely known hospital which has been well and kept in a smooth running by the sisters there before. [...] They [sisters] are not to condemn but to correct [sic].'112 The letter finished rather ominously with a threat of violence if the sisters in question were not removed expediently. A similar situation arose between one of the senior Nigerian nurses and one of the nursing sisters. Mother de Montfort reported that this was the third bad clash between the two and that the nurse in question had warned that 'if there is a fourth he will be unable to restrain himself.'113 She further explained: 'they're I think very dangerous words from Mr Utuk, he is most tolerant, and I have never heard him speak of a sister like I did last Saturday. I am sorry to have to admit that sister was wrong, and that she publicly insulted Mr Utuk, in front of all the other PTS in the ward. A thing none of them can forgive.'114

The sisters had employed a number of Nigerian nurses from the opening of St. Luke's, promoting some of them - such as Mr Utuk who was assistant nursing superintendent - to more senior positions. During the 1960s however, this issue became more pressing, and the Federal government of

¹¹⁰ Sr. Dr. Eunan Ward, Anua to Mother Mary, 4-5th September 1962, MMM Archive, II/Fou/6(g)/4.

¹¹¹ Organising house, Eastern Nigeria to Mother General, 12th November 1962, MMM Archive, II/Fou/6(g)/5/ii.

¹¹² Organising house, Eastern Nigeria to Mother General, 12th November 1962, MMM Archive, II/Fou/6(g)/5/ii.

¹¹³ Mother de Montfort, Anua to Mother Mary, 1st January 1964, MMM Archive, II/Fou/6(g)/88.

¹¹⁴ Ibid.

Nigeria became more resolute in their push to Nigerianise all departments. ¹¹⁵ A speech given by the Governor of Eastern Nigeria on the occasion of a civil reception at Uyo stadium in 1961 highlighted the issue. A policy was being put in place whereby if the voluntary agencies did not have 'sufficient trained personnel' ¹¹⁶ the government would recruit for them. This had already been applied to schools. The sisters reported that one of the Holy Child secondary schools had been asked to employ a science teacher recruited by the Nigerian government. The sisters feared that this 'will probably come soon in the department of medicine and we may be asked to employ African doctors and trained SRN¹¹⁷ nurses on the recommendation of the government, and not necessarily Catholic.' ¹¹⁸ This statement implies that the sisters did not necessarily have an issue with employing Nigerian staff; rather they were more concerned with the religious persuasions of their recruits.

The Nigerianisation of St. Luke's Hospital was a slow process that continued throughout the decade, finally coming to some sort of forced completion in 1968-9 with the end of the Biafra war. According to the missionary archives, the hold-up stemmed more from the difficulty in finding suitably trained Nigerians for senior and specialist roles. It was also evidently a question of trust and confidence. Mother Mary advised Mother de Montfort in 1962 to 'train the Africans more and more to take responsibility in every branch of the work. Secretarial, cooking, wards, dispensary - there must be some one of them good in each of these departments, and if the sister in charge has to be away they should be able to carry on at least temporarily.

¹¹⁵ From 1953 it had been the general policy of the Medical and Health Services to increase numbers of Nigerian women in senior nursing positions. See, *Medical and Health Services*, Eastern Region of Nigeria, 1953.

 $^{^{116}}$ Extracts from Speech by His Excellency Sir Francis Ebium, Government of Eastern Nigeria on the occasion of a civil reception at Uyo stadium on Wednesday 13^{th} April 1961 [with notes by the Sisters], MMM Archive, I/Fou/4(e)/580.

¹¹⁷ State Registered Nurse.

 $^{^{118}}$ Extracts from Speech by His Excellency Sir Francis Ebium, Government of Eastern Nigeria on the occasion of a civil reception at Uyo stadium on Wednesday $13^{\rm th}$ April 1961 [with notes by the Sisters], MMM Archive, I/Fou/4(e)/580.

Then there will be less of a strain on the sisters, as well as doing what the church wants us to do.'119 The focus here is senior positions, certainly, but also in the less specialist departments of the hospital. The Nigerianisation of some of the 'lower' posts in the hospital was seen as an advantage for the sisters, who would be able to better apply themselves elsewhere. An added bonus was that both the Church and the government increasingly expected this.

Giving an example of the reluctance to promote Nigerians in the more specialist posts, two SRN nurses from England were recruited in 1963 to fill posts in Anua. This was despite the fact that they had been training their own nurses since the 1940s, and there would have been Nigerian registered nurses available to take on the role. Mother de Montfort felt uneasy over this appointment, she wrote: 'we will have to have all expatriate SRNs or all Nigerian SRNs, and it only stands to reason, very soon it will be impossible to have both on the compound unless we can supply all equally, i.e. House, Car etc.' She informed Mother Mary that they had two applications from Nigerian SRNs, one trained in Glasgow and one trained in Ibadan, and they were 'seriously thinking of accepting them and making them ward sisters.' 121

Similar difficulties arose over the appointment of Nigerian doctors. One of the Irish lay doctors, Dr. Hickey, wrote to Mother Mary in 1965 urging her to consider filling the vacant posts of pathologist and radiologist with trained Nigerians 'who could do the work for several hospitals and would give an excellent service.' He further advised: 'questions also arise with regards to Physicians, Surgeons, Paediatricians, etc, etc. To get the right person is not easy, but we should not keep this matter in the background too long as there

¹¹⁹ Mother Mary, Drogheda to Mother de Montfort, 15th June 1963, MMM Archive, II/Fou/6(g)/25.

¹²⁰ Mother de Montfort, Anua to Mother Mary, 1st January 1964, MMM Archive, II/Fou/6(g)/88.

¹²¹ Ibid.

 $^{^{122}\,\}mathrm{Dr}.$ Hickey to Mother Mary, 15th February 1965, MMM Archive, II/Fou/6(g)/128.

is no doubt we will be confronted with the problem only too soon.'123 His assertion that it was difficult to attract Nigerian doctors to fill positions in lowly paid mission posts was not unfounded. Schram has commented that while by the 1950s a large proportion of Asian and South American medical missionary hospitals were staffed by national doctors, the process was a lot slower in Africa. He identified a number of reasons for this in Nigeria, the first being the absence of a medical missionary training school.¹24 This had been a desire of the sisters for some years; Sr. Dr Nolan in particular had made an application for recognition by the Royal College of Obstetricians and Gynaecology. Ultimately the inspection was unsuccessful, and Anua was deemed unsuitable for training doctors; however this continued to be under consideration throughout the 1960s.¹25

Schram also points out that Nigerian doctors were often financially indebted towards their families after completing their medical training, and therefore could not afford to take on the low-paid missionary positions. Furthermore, due to shortages in government health services, new medical graduates were often contracted to work in government hospitals for a number of years after graduation. ¹²⁶ In order to manage these difficulties, Dr. Hickey proposed that Nigerian doctors working for the mission should be paid a basic salary, but could also charge fees for 'attendance on private patients.' A Nigerian doctor was finally appointed to St. Luke's hospital in 1966. ¹²⁸

¹²³Ibid.

¹²⁴ Schram, A History of the Nigerian Health Services, 297-8.

¹²⁵ Sr. M. Reparatrice, Anua to Mother Mary, 6th August 1959, MMM Archive, I/Fou/4(e)/437.

 $^{^{126}}$ Sr. M. Reparatrice, Anua to Mother Mary, 6^{th} August 1959, MMM Archive, I/Fou/4(e)/437.

 $^{^{127}\,\}mathrm{Dr.}$ Hickey to Mother Mary, 15th February 1965, MMM Archive, II/Fou/6(g)/128.

¹²⁸ Monsignor Moynagh, Nigeria to Mother Mary, 3rd June 1966, MMM Archive, II/Fou/6(g)/157.

Preventative medicine and rural health services were identified as priorities in Nigerian health policy from the 1950s. However, as Schram and Ityavyar have argued, this did not necessarily translate into reality as the focus (and money) remained on curative and hospital-based health. 129 From the very beginning the sisters operated these services in various guises. Their marriage training centres and child welfare clinics were important vehicles for imparting basic knowledge of nutrition and hygiene. Similarly, the bush clinics operated as a means of reaching the more remote, rural populations with the hope of getting the women to attend the sisters' maternity clinics or St. Luke's hospital. These clinics also had an educational side, where the sisters would explain bacteriology for example, or the necessity of sterilizing baby bottles and utensils. This was continued and reinforced throughout the 1960s. However similar to earlier decades there continued to be a lack of manpower to operate a truly sustainable community health service. The sisters involved in 'bush work' often had to fall back into more hospital-based work to make up for the shortfall.

Staff deficiencies consistently affected the sisters' work over their first decades. In the latter years of the 1960s the situation was becoming unsustainable due to the congregation's rapid expansion into a number of other African countries. From 1947 the MMMs expanded their work to Tanganyika (Tanzania). By 1962 they had additional networks of dispensaries, clinics and hospitals in Angola, Uganda, Ethiopia, Nyasaland (Malawi), Taiwan and Kenya. This was in addition to their hospitals in Ireland and Italy, and their novitiate in Boston [See Figure V.1]. Despite this expansion, in the latter years of the 1960s numbers joining religious congregations in Ireland began to drop. Mother Mary also wished to have more sister-doctors in Ireland to train the younger generation. As a result of these pressures, the sister-doctors in Anua were exhausted. Mother de

¹²⁹ See, Ityavyar, "Background to the Development of Health Services in Nigeria," 487-99; Schram, *A History of the Nigerian Health Services*.

Montfort wrote: 'Mother, I don't like saying this but to be quite frank the doctors are getting very, very tired of all this slogging day after day. [...] It is very sad to see such wonderful doctors so overtaxed, very soon they will be too tired to care.' In addition to working in the ever-expanding St. Luke's, the sister-doctors were also 'being constantly taken from their own work to fill in gaps, [besides] the weekly visit to Ikot Ene, Use Abat and Akpa Utong leaves them one doctor short three days a week.' Is Ikot Ene, Use Abat and Ikot Ene, Use Abat Akpa Utong Ikot Ene, Use Ab



Figure V.1 - 'General Summary' map of MMM mission stations, 1962.

(Source: Nolan, ed., *The Medical Missionaries of Mary*, 1962.)

 $^{^{130}}$ Mother de Montfort to Mother Mary, 11^{th} April 1964, MMM Archive, II/Fou/6(g)/103.

 $^{^{131}\,\}text{Mother}$ de Montfort to Mother Mary, 11th April 1964, MMM Archive, II/Fou/6(g)/103.

The overstretched staff began to affect the quality of care provided. Moynagh was compelled to appoint a consultative group in the Anua diocese to discuss the medical mission and the lack of adequate community and rural health provision. The group was made up of the mission lay doctor, Dr. Hickey, a few prominent Catholics from the community and the Nigerian doctor and playwright Dr. Henshaw. Moynagh set up the consultative group in response to a number of complaints he had received from the local community. He had always been keen for the sisters to practice more bush work. In 1966 he explained to Mother Mary that by focusing their energies on maintaining St. Luke's to meet increasingly high government standards the sisters had 'moved away from close contact with the local people.' 132 A further concern was that in order to maintain these high standards they had to charge patients higher fees. The result was that 'a high percentage of the patient quota come from the salaried classes, civil service, teachers etc., or from the better off traders (many come form Aba, Port Harcourt, Onitsha, Calabar). This enhances the hospital nation-wide, but militates against the poorer rural dwellers.' 133 Moynagh explained how the 'more intimate contact with local people and the most effective work for the poor as well as social work is done at Akpa Utong, and Use Abat, where there is a more concentration on poorer bush types of women and neglected children.' ¹³⁴ He reminded Mother Mary that this was the essence of medical missionary work, and what the MMMs were founded to do.

Moynagh's interest in these matters was, and always had been, linked to evangelization rather than a concern with keeping up-to-date with the latest medical trends. For the sister-doctors, it was more complex. Records from the 1960s make less reference to tensions experienced by the sister-doctors between their religious and their medical vocations. This had been a real

 $^{^{132}}$ Monsignor Moynagh, Nigeria to Mother Mary, $3^{\rm rd}$ June 1966, MMM Archive, II/Fou/6(g)/157.

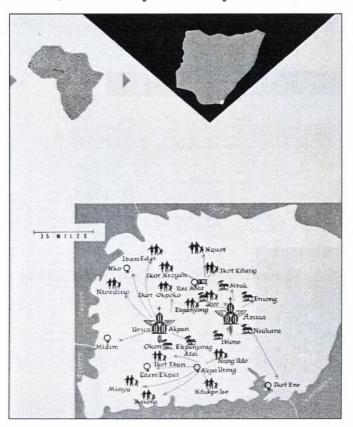
¹³³ Ibid.

¹³⁴ Ibid.

problem in the 1950s, featuring heavily in the sisters' letters. In the 1960s, the archives deal less with personal difficulties, and more with the issue of running and sustaining the hospital and clinics. The sister-doctors viewed preventative health as an integral part of medicine, and pushed for these services to be provided to a high standard. One sister-doctor, for example, complained to Mother Mary that the satellite clinics were being badly run [See Figure V.2]. The problem stemmed, once again, from the lack of permanent medical staff, leaving much of the work up to the nurses. She wrote that in one case, the sister-nurse 'had <u>not</u> [original emphasis] put any emphasis on the preventative side of medical care e.g. there is still only one clinic a week in Akpa Utong for preventative care – there is therefore no advance in the field since the clinic was set up twelve years ago.' 135

 $^{^{135}\,}Sr.$ Dr. Marius Powell to Mother Mary, $11^{th}\,April$ 1967, MMM Archive, II/Sis/8(b)/294.

Figure V.2 - 1962 map of Calabar Province MMM hospitals, satellite clinics, domiciliary midwifery services, and treatment centres.



(Source: Nolan, ed., The Medical Missionaries of Mary, 95)

Her frustration was understandable, as without adequate preventative care, their services were essentially useless. In St. Luke's hospital and some of the satellite maternity clinics, child welfare classes were offered to mothers when they attended the hospital. In addition to lectures given by the Nigerian community nurse, the mothers were given 'practical demonstrations in cookery and dietetics.' ¹³⁶ A hospital report from 1964 reported: 'the education of the mother at the child welfare clinic, during her stay in the maternity hospitals and during her stay in the children's ward with the child, is definitely having effect as seen by the numbers of healthy children now attending the child welfare clinics.' ¹³⁷

Although the sisters' work had always focused on the 'mother and child,' during the 1940s and 1950s the emphasis was primarily on the mother. The

¹³⁶"St. Luke's Hospital, Anua, Eastern Region, Medical Report." Calabar, 1964.

¹³⁷ "St. Luke's Hospital, Anua, Eastern Region, Medical Report." Calabar, 1964.

missionaries sought to attract young women to attend their marriage training courses, and hopefully then the ante- and postnatal classes. The ideal qualification to be held by the lay and sister-doctors was gynaecology and obstetrics. This continued to be the case in the 1960s, marriage-training classes were renamed social work, but their content remained the same. Despite their growing interest in understanding local customs, the sisters still encouraged the mothers to deliver their babies in the hospital rather than with the traditional birth attendant. St. Luke's however was increasingly operating as a specialist hospital, where only the more unusual cases came for delivery. 'Normal' cases were encouraged to deliver with a domiciliary midwife, or in the outstation maternity clinics. In light of this, and in order to make room for a new children's department, the sisters discussed moving the maternity department away from St. Luke's to another station some 12 miles away.

Moynagh instructed Mother de Montfort to discuss the idea with the local community before making any decision on the matter. Two days after she had met with the 'chiefs and important folk,' ¹³⁸ there was a demonstration: 'hundreds of women came and protested, they insisted I should follow them and so I did, and there they gave a big plot of land – it is up beyond Hickey's House overlooking the valley and is a really lovely site, there they want 'their maternity' and that was final.' ¹³⁹ Moved by the whole situation, Mother de Montfort wrote: 'I was very pleased that the Anua and six surrounding villages were so definite they wanted us to stay, and that they were prepared to forfeit their palm fruits and little farms to retain the maternity.' ¹⁴⁰ According to this anecdote it would therefore seem that not only were the missionaries consulting with the local population in order to ascertain what they required of their services, but the local people

140 Ibid.

 $^{^{138}}$ Mother de Montfort, Anua to Mother Mary, 11^{th} April 1964, MMM Archive, II/Fou/6(g)/103.

 $^{^{139}}$ Mother de Montfort, Anua to Mother Mary, $11^{\rm th}$ April 1964, MMM Archive, II/Fou/6(G)/103.

reciprocated and integrated the sisters and their vision of medicine into their community.

A hospital report from St. Luke's from the same year gives a different insight. Contrary to the unity implied in the anecdote above, the hospital report gives the impression that the hospital and the local community were still occupying separate spheres, albeit with some small overlap. The report highlights how despite the sisters' best efforts, only fifty per cent of their antenatal patients returned for delivery, 'and many of these have already been examined vaginally at home.'141 It further described how in 1963 they had trialled an antenatal clinic for local villagers: 'they were given a special evening for clinic. A doctor examined each case at each visit. Free treatment and food supplies were distributed. Delivery fee was waivered.'142 Despite this, less than fifty per cent of those who attended these clinics delivered in the hospital, the remainder delivered with the local birth attendant. The report further elaborated, that two of these subsequently returned 'moribund with half delivered breeches. Many came with their infants suffering from tetanus and neonatal sepsis.'143 When the sisters asked the mothers why they preferred to deliver with the local 'bush' midwife, they explained that it was because 'she gave them many purges and medicine to reduce the size of the baby, or 'medicine to pass urine' so they would feel light.' Understandably the sisters had a negative impression of local medicine: the cases that they saw were primarily those that had gone wrong. In subsequent decades the sisters would revise their views, focusing instead on imparting basic medical and nursing knowledge to the traditional birth attendants. 145

The sisters had more success in getting mothers to attend the hospital with their children and babies. One sister commented that the people were

¹⁴¹ "St. Luke's Hospital Anua, Eastern Region, Medical Report," Calabar, 1964.

¹⁴² Ibid.

¹⁴³ Ibid.

¹⁴⁴ St. Luke's Hospital Anua, Eastern Region, Medical Report," Calabar, 1964.

¹⁴⁵ Interview conducted with Participant 5, 13th March 2013.

'much more hospital minded about their sick children now.' ¹⁴⁶ This is a claim supported in a Una Maclean's study of lower and upper class Yoruba mothers in 1960s Ibadan. ¹⁴⁷ In turn, the sisters also seemed more amenable to adapting hospital policies to suit the mother's desires regarding her child. The question of whether or not the mother should be allowed to sleep with the babies in the wards was an issue that had caused disagreements during the 1950s. In 1955, Sr. Dr. Nolan for example refused to let the mothers sleep on the floor alongside their babies. The matron at the time, Mother de Montfort disagreed, she felt that by not allowing this they were alienating the mothers. She stated: 'it is impossible to expect an African mother to be separate from her child.' ¹⁴⁸

It would seem that this problem persisted into the mid-1960s, when a hospital report dedicated a full section to the question of 'should mothers stay?' ¹⁴⁹ Again there were different opinions on the matter. Those who disagreed thought that some of the mothers from the poorer areas did not have the best hygiene, and that by sleeping on the floor next to the cot they made it difficult for the nurses to attend to the babies and give them treatment through the night. Although they had some private rooms available for the mothers, they mostly did not want to leave their babies' side and thus lay on the floor next to the cot. Despite their reservations, it would seem that the sisters leaned towards a policy of integration. They argued that 'the care of the patient supersedes nurses' training and research. Of course one depends on the other and you will not have good patient care without well trained nurses.' ¹⁵⁰ They concluded that it was best for the nurses to be trained to deal with both the mother and child as a unit: 'bringing the thought of prevention to the fore rather than the narrower idea of curing the present

¹⁴⁶ Mother de Montfort, Anua to Mother Mary, 18th August 1960, MMM Archive, I/Fou/4(e)/481.

¹⁴⁷ Una. Maclean, *Magical Medicine: A Nigerian Case-Study* (London: Allen Lane The Penguin Press, 1971), 134.

 $^{^{148}}$ Mother de Montfort, Anua to Mother Mary, March 1955, MMM Archive, I/Fou/4(e)/298.

¹⁴⁹ "St. Luke's Hospital Anua, Eastern Region, Medical Report," Calabar, 1964. ¹⁵⁰ Ibid.

condition only.'151 Thus it was generally permitted that the mothers sleep alongside their babies. The mothers were also permitted to bring their own food, as they had previously refused to allow their children to stay if they had to eat the hospital diet.

Despite integrating certain customs and practices into the hospital, the sisters remained suspicious and reluctant to embrace traditional remedies and treatments. They hoped that by educating mothers, they would at least apply some of the sisters' practices. Indeed, the sisters still found that 'native treatments and home remedies¹⁵²' impinged on children's health. They described the barbarity of certain treatments, such as enema purges, which they stated 'had to be seen to be believed.' ¹⁵³ Indeed, they reported that even though people were supposedly more willing to bring their babies to the hospital, they still only used the hospital as a last resort. Of course, the sisters' hospital report is one-sided. It reflects the views of the sisters and the situation as they understood it. What went on behind the scenes in the patients' homes before and after they arrived in the hospital, is harder to grasp.

Una Maclean's study of the Yoruba population of Ibadan in the mid-1960s offers such an insight. Her study highlights the complex interplay between 'traditional' and 'modern' medicine, and the variety of options available to the patients. In relation to child welfare, she found that in poorer households the father usually determined whether or not members of the family could attend a hospital instead of, or in conjunction with, the herbalist or traditional healer. She found that fifty per cent of the women she interviewed and forty-three per cent of the men stated that it was not necessary to seek the approval of the male head of the family before taking a child to hospital. She further found that 'more than half of all the respondents still considered that it should be obligatory to obtain permission.' 154

¹⁵¹ "St. Luke's Hospital Anua, Eastern Region, Medical Report," Calabar, 1964

¹⁵² Ibid.

¹⁵³ Ibid.

¹⁵⁴ Maclean, Magical Medicine: A Nigerian Case-Study, 122.

Maclean's findings reflect the practices of urban Yorubas, which of course cannot be uniformly applied to the situation in Anua, where the patients were predominantly rural Ibibios and Efiks; however the sisters also commented that this was 'a man's society.' They reported that the father of a sick infant could arrive at any time, 'demand his discharge, sign the chart and carry away the child.' They wrote: 'he often arrives the next day, after a night spent by the doctors and nurses in battling to save the child's life, states that he sees no improvement and is going.' 157

Again, the sisters were combatting this by educating the mothers and found that this had a positive effect on the health of the children. Maclean's study supports this argument; she found that the more literate and educated the mother, the less likely she was to consult with a male family member. She also found that educated mothers were more prone to adopting Western attitudes towards health, and to consult with a doctor on their child's health. She highlighted that women in the professions of nursing and teaching were most in favour of Western style hospitals and welfare practices. As the sisters report, this was not always beneficial. They wrote that many teachers in the Anua area had begun bottle-feeding their babies, in conjunction with breastfeeding. For the most part this was successful; however problems arose when the teachers left their babies with their 'baby nurse [...] (average age 10-12 years) who could not be expected to keep up this technique day after day, and so sooner or later the teat or milk was infected and dysentery followed.'159

Not all health issues could be successfully countered through education; vaccination and other sanitary measures were also necessary. Luckily there was an increased interest in children's health in Nigeria from international charities and the Nigerian government. The government outlined their key policies to the sisters, hoping that voluntary agencies would be a part of these

¹⁵⁵ "St. Luke's Hospital Anua, Eastern Region, Medical Report," Calabar, 1964.

¹⁵⁶ Ibid.

¹⁵⁷ Ibid.

¹⁵⁸ Maclean, Magical Medicine: A Nigerian Case-Study, 135.

¹⁵⁹ "St. Luke's Hospital Anua, Eastern Region, Medical Report." Calabar, 1964.

objectives. The priorities identified by the health minister in 1965 for voluntary agencies were: '1. Leprosy Service. 2. Rural Health. 3. Tuberculosis. 4. Mental Health. 5. Motherless Baby service. 6. Preventative Health Centres, e.g. Measles Campaign etc.' 160 The sisters were already involved in all of these services, with the exception of mental health. They were working alongside the Ibadan university professors, and a number of other doctors on a Rockefeller funded campaign for child health. One of the sister-doctors, a paediatrician, coordinated a large-scale measles vaccination drive in St. Luke's with some assistance from Ibadan. She wrote that they were asked to conduct the measles vaccination campaign by the department of paediatrics in Ibadan and reported that the project went off well. In Anua they gave a total of 4,621 children free vaccines against measles over the course of 4 days. Although exhausted, she wrote: 'I feel this is a good thing for us to get involved in and I did my best to see the profs were satisfied.' 161

This form of children's health campaign was in the making for several years. In 1959 a large conference was held in Enugu to discuss child and maternal welfare in Nigeria. Many of the sisters attended and participated, notably Sr. Dr Powell, and Sr. Dr Fitzgerald. Schram has noted that this conference played a significant role in attracting funding and support for research projects as well as elevating the profile of children's health. Subsequently a number of organisations such UNICEF, the WHO, Rockefeller and the West African Medical Research Council sponsored various research projects and campaigns focusing on the issue child health. One of the main developments was the campaign to eradicate measles. Although measles was no longer a serious disease in Europe, it remained one of the leading causes of death for Nigerian children. The first trial of the vaccine was undertaken by Dr. Morley at the Wesley Guild Hospital in Illesha, South Western Nigeria in

 $^{^{160}}$ Minutes from meeting with Minister for Health and his staff held on November 15th 1965, MMM Archive, II/Fou/6(g)/142.

 $^{^{161}}$ Sr. Dr. Marius Powell to Mother Mary, 29^{th} November 1965, MMM Archive, II/Fou/6(g)/143.

¹⁶² Schram, A History of the Nigerian Health Services, 308-09.

¹⁶³ Ibid.

1963. The Dublin doctor, Professor Collis was also involved, encouraging medical students to take two-week postings in the hospital in Ilesha. 164

The sisters' involvement in the measles vaccine campaign indicates that they played a vital role in Nigerian health initiatives. Indeed, St. Luke's was considered to have its own particular area of expertise, namely abnormal gynaecological cases. Doctors and researchers travelled from the university hospital in Ibadan and the England to tour St. Luke's hospital in order to learn more about their cases and techniques. One doctor from London wrote to Sr. Dr. Ward thanking her for a tour the hospital. The doctor wrote: 'I was very interested in your case of inversion of the uterus and I think it would be well worth writing up. It is most instructive and I congratulate you on the result. Far from having seen many such cases I have only seen one case of acute inversion. They are very rare here.'165 Dr. Winterston further expressed an interest in the sisters' use of symphysiotomy, stating: 'I was most interested in the symphysiotomy, which you demonstrated to me. I have talked of it to many obstetricians since.'166 The use of symphysiotomy remained a matter of distinction, the sisters considered it their technique, and were encouraged that many of the Ibadan professors had expressed an interest in 'turning over to symphysitomy.'167 For the sisters this legitimized their role as medical professionals. Mother de Montfort wrote that it was good for the sisters to collaborate with the other hospitals and doctors as 'most [...] are from other denominations and have rather unusual ideas about the RCM, 168 and especially about sisters.'169

The congregation was therefore both following trends and leading them.

The trend for child welfare, for example, was fully acknowledged and

¹⁶⁴ Schram, *A History of the Nigerian Health Services*, 308-09.

 $^{^{165}} S.R.$ Winterton, 19 Harley St, London to Dr.. Eunan Ward, 19th April 1963, MMM Archive, II/Fou/6(g)/46.

¹⁶⁶ Ibid.

 $^{^{167}}$ Mother De Montfort, Anua to Mother Mary, 22^{nd} April 1963, MMM Archive, II/Fou/6(g)/48.

¹⁶⁸ Roman Catholic Mission.

 $^{^{169}}$ Mother De Montfort, Anua to Mother Mary, 22^{nd} April 1963, MMM Archive, II/Fou/6(g)/48.

integrated into the hospital from the early 1960s. In 1960 Mother de Montfort wrote to Mother Mary asking for permission to build a children's ward in Anua instead of a new maternity. She wrote: 'we all agree it [children's ward] is much more essential and urgent than a maternity, an elaborate maternity building would be a bit of a white elephant for us, Anua is considered to be a maternity of abnormal midwifery only, and they all come for that.' Mother Mary and Monsignor Moynagh duly granted permission to build a new children's ward. During this period there was also an increase in the number of MMM sister-doctors gaining qualifications in paediatrics. They in turn called for more of the sister-nurses to be trained in children's nursing, arguing 'it is as different from adult nursing as midwifery is.' 171

Two things are noteworthy here: firstly, the evolving power dynamics of the mission, and secondly the sisters' interest in the emerging child welfare movement. The congregation's power structure remained hierarchical and centralized until their General Chapter of 1962, which created the role of regional superior. Even with these appointments, the sisters continued to write directly to Drogheda for advice and permissions much to the dismay of Mother Mary. The sisters in Nigeria continued to obtain permission first from Mother Mary in Ireland, and then Monsignor Moynagh in the diocese. Despite this hierarchical structure, the sisters on the ground identified the needs as they saw them. They increasingly held diplomas and postgraduate qualifications from universities such as Harvard and Ohio, and were therefore aware of best practice and the latest health and development trends. Mother de Montfort wrote 'we all agree' 172 indicating that there was a degree of consultation amongst the sister-doctors, matron, sister-nurses and the religious superiors on these matters.

 $^{^{170}\,\}text{Mother}$ de Montfort, Anua to Mother Mary, 18th August 1960, MMM Archive, I/Fou/4(e)/481.

 $^{^{171}\,}Sr.$ Dr. Dean, Anua to Mother Mary, 9th July 1967, MMM Archive, II/Sis/8(b)/299.

¹⁷² Mother de Montfort, Anua to Mother Mary, 18th August 1960, MMM Archive, I/Fou/4(e)/481.

Sr. Dr. Dean who requested that sister-nurses be trained in child medicine evidently was not used to making such demands directly to Mother Mary. The tone of her letter was hesitant and apologetic; however she was also confident in her demands, quoting current development philosophies, and explaining the necessity of her request. In this sense her letter reflects the evolving power dynamics in religious congregations during the 1960s, and the difficulties in shaking off earlier rules and etiquette. Sr. Dr. Dean would later become one of the leading sister-doctors involved in integrating Primary Health Care philosophies into the congregation's medical missionary Using a range of medical, sociological and anthropological literature, she drafted a series of newsletters entitled "Primary Health Care links", which were circulated to all the members of the community throughout the 1980s. These newsletters reflect the evolution of the sisters' missionary work, emphasizing the necessity of understanding local conceptions of health and healing, and tending to the community as a whole, rather than just providing health care.

This chapter has uncovered the continuities and changes in the sisters' experience and work during the 1960s. In particular it highlighted the overlaps and contradictions that constituted their engagement with modernisation. It first considered how they had to reformulate and revise their identity and work to fit the social, religious and political changes of the 1960s. They also had to reconfigure their communications strategy, and the manner in which they represented their work to the greater public, both 'at home' and on the missions. From the 1960s there was a clear shift in the discourses used in the MMM magazine and other promotional material, indicating that the sisters were responsive of the changes occurring in religious life and civil society. Despite these changing discourses the core message conveyed by the sisters remained the same.

The 1960s marked the beginning of the second wave feminist movement, however the missionaries continued to divide women into the binary categories of wife and mother, or nun. This was in keeping with the

traditional Catholic vision of appropriate gender roles. They acknowledged the changing role of women, but were reluctant to fully endorse it. In their religious lives they continued to grow professionally, gaining more and more specialised qualifications and keeping up-to-date with current trends and developments in their respective fields. Despite this advance there was no overt indication that they desired to challenge the hierarchical and patriarchal culture that continued to be a defining feature of the Catholic Church even after Vatican II. They continued to view religious and lay women's empowerment as coming primarily from submission and self-denial. This view may have continued to be relevant to their religious vocation, however it was increasingly out of step with the lives of secular women.

Despite their continued adherence to traditional gender ideology, the sisters' kept abreast with the changes occurring in the religious life. Many of the changes being conceived in Vatican II were a part of the sisters' corporate identity from the 1930s. The magazine and their medical missionary policy indicate that they were comfortable integrating some of the more progressive doctrinal changes introduced through Vatican II into their everyday lives. As they began to admit more and more African women into their congregation, they revised their religious training and recruitment to best suit the lifestyle and culture of these women and their families. Despite these slight adaptations, the defining features of a religious vocation - obedience, submission and self-control - remained central.

In their medical missionary work the sisters were also somewhat ahead of their time, operating a sophisticated network of clinics and rural health services, with a specialised hospital at the centre. Their child welfare and marriage training centres were effective means of evangelizing the local women, however they also served as primary health care units, dispensing basic knowledge of health and hygiene. With decolonization in the 1960s, new philosophies and discourses emerged to fit the changing world dynamics. For the missionaries this meant reformulating their work to fit into the new discourse of development and ridding their congregation of any vestiges of imperialism. This led to tensions in the congregation and in their hospitals, as

some sisters found it easier than others to make the necessary adaptations. These ambiguities in the sisters' experiences and understandings of modernity underpin its multiplicious and non-linear nature, pointing instead to continuities, ruptures and contradictions.

Conclusion

In considering a title for this thesis, a number of quotes and expressions were considered that would encapsulate the core issues and argument. During the early phases of research, 'spiritual medicine' was given as a provisional title for the project. This reflected the medical missionaries' dual aim of saving souls by healing bodies. However, after mentioning this title to the sister-archivist of the Medical Missionaries of Mary, she felt that this particular expression did not accurately represent the congregation's approach to medicine. It removed their scientific and professional expertise. As this thesis has demonstrated, this was something the congregation worked hard to assert over the decades.

The next title considered was 'stethoscopes and rosary beads.' This title too was aimed at presenting the sisters' dual vocation, the combination of clinical medicine and Irish Catholicism. This title echoed the well-known idiom 'the Bible and the Flag,' an expression commonly used to highlight the historical collusion between missionaries and empire. Appropriately, this was one of the early concerns of the thesis: how did Irish women, with their own history of colonial dominance, fit into the framework of empire. However, it soon became clear that Ireland's position within this 'imperial framework' was more complex than it is commonly held. Furthermore, as many have convincingly argued, the relationship between missionaries and colonial governments was also more nuanced than this simplistic dualism implies.

An amusing expression mentioned by one of the sisters in a letter home to Ireland then stood out: 'Mary with her sleeves rolled up.' This expression was used by one of the Kiltegan Fathers to describe the sisters' missionary role. It reflected the centrality of Mary to the MMMs spirituality. As demonstrated, Mary was integral to the construction and development of the sisters' identity as individuals and as a group. Mary was constantly invoked within the sisters' private and public materials, as a source of inspiration, motivation and justification. 'With her sleeves rolled up' – emphasised the active role of the sisters. Their role as medical missionaries

challenged religious constraints and orthodox understandings of femininity. Although this title adequately represented the sisters' aims and ambitions, using an external (male ecclesiastical) assessment of their work felt somewhat inauthentic. Finally, the sub-title of an article published in an issue of the MMM magazine, entitled: 'It's all a matter of balanced tensions' was settled upon. This title reflects the difficult balancing act required by the sisters in aligning their religious and medical ambitions and roles.

By bringing together a wide range of sources, this thesis has demonstrated how the religious, gender and national identity of Irish missionaries shaped their experience and practice of maternity medicine on the missions. They also challenged, reinforced and refashioned certain aspects of these identities. The sisters adopted both feminine and masculine modes of behaviour in accordance with their different roles and responsibilities in the medical missionary space. Combining a religious vocation with a medical profession was not always an easy task. For some sisters the two aligned neatly, whilst others felt a pull between two distinct vocations, the medical and the religious. From their foundation, the MMMs projected their work as international and modern. They sought to balance this sense of being modern with their continued adherence to traditional conceptions of society and gender roles. Similarly whilst they promoted their work within an international context and with a global reach, their medical and religious work continued to be shaped and directed from Ireland. These different ambitions did not always fall together seamlessly and resulted in contradictory discourses and tensions within the self and with others.

Chapter One explored how medical missionary work had to be legitimised to the Catholic hierarchy before women religious were permitted to work in such intimate contact with the female maternal body. It highlighted the techniques used by a number of lay Catholic women to reverse the canon law ban on nuns practicing surgery and midwifery. In emphasising Agnes McLaren's feminist ambitions, this first chapter sought to introduce (and quickly disturb) the idea that medical missionaries were

¹ The Medical Missionary of Mary, March 1959, 22.

proto-feminists. Instead it highlighted Catholic religious women's complex engagement with feminism, as they embraced orthodox, liberal and ethnocentric interpretations of women's roles.

Chapter Two introduced the principal focus of this thesis, Ireland's first medical missionary congregation founded in 1937 by Mother Mary Martin. It explored the foundation of the Medical Missionaries Mary, paying particular attention its early development in Ireland. Coming back to the central research question of how identity shaped the practice of medicine, this chapter argued that the corporate identity of the congregation was formed through Mother Mary's personal history and the obstacles she had to overcome in order to successfully establish the MMMs in Ireland. This identity was then developed, refined and transmitted through the MMM constitutions, novitiate, motherhouse and hospital, as well as through their public discourse.

Whereas the national identity of the congregation was developed over time, gender played a more central role from the beginning. Firstly, gender was a major obstacle to the foundation of the congregation due to the canon law ban on women religious practicing medicine, and the patriarchal culture that controlled and monitored the progress of women within the Church. However, as Chapters One and Two demonstrated lay and religious women managed to navigate these restrictions, using different methods to exert agency and fulfil their religious and institutional ambitions. The MMMs embraced orthodox roles for women, asserting their special place as mothers and wives. In their own lives the sisters challenged this construct through their spiritual, religious and professional ambitions.

Subsequent chapters were developed in relation to Chapter Two, analysing the impact of this formation on their experience and work on the missions. Once the sisters were assigned to the missions, they were to successfully apply the religious formation they had acquired as novices. They were to replicate in the missions the administrative structures and medical practices of home. However, coming back to this idea of 'balanced tensions,' Chapters Three, Four and Five highlighted the tensions that emerged in the mission field. Focusing on the sisters' work in their first

Nigerian mission hospital, St. Luke's Hospital Anua, these chapters explored the pressures experienced by the sisters in their religious and professional roles.

These core chapters also highlighted the evolution of the medical mission over the course of three decades. From the very beginning the missionaries wished to train Nigerian women to work in their hospitals. This training was very much informed by the Irish origins of the congregation. Through their mission training schools they focused on promoting nursing as a female profession, prioritising the obedient, caring and domestic aspects of the role. This was in spite of nursing being a traditionally male profession in Nigeria during this period. In addition to this formal training, student nurses were also given religious instruction and encouraged to join the congregation. Many of the first Nigerian MMMs had previously worked as nurses in the mission hospital. The emphasis was on forming these pioneer Nigerian sisters in the Irish motherhouse further highlighting how Ireland came to represent the nucleus of the congregation, a place where vocations were cultivated and perfected before being dispatched around the world. Similar to their Irish counterparts, these first Nigerian sisters appear to have been motivated by strong religious beliefs and professional ambition. Many sought to join despite the reluctance of their families and social stigma.

The primary focus of this thesis was the experience of the sisters and their sense of self. It sought to understand how their identity as Irish women religious shaped their medical missionary work. However, as Said has argued, modern Western identities were constructed in relation to an oriental 'Other.' Implicit in Said's framework of 'them vs. us' are valueladen assumptions about non-Europeans, perpetuated and reinforced through discourse. This fraught dichotomy between the 'European metropole' and the 'colonial periphery' is also of relevance to this thesis. Undeniably, the sisters constructed their identity and understood their mission in relation to the 'pagan other'.

² Said, *Orientalism*.

During the early twentieth century, the missionaries' views of Nigerian people were simplistic, simply put, they needed saving. Initially the Irish medical missionaries sought to discourage Nigerian traditions in birth, as well as the cultural and religious values they attached to gender relations. These views, held by the sisters of their patients, staff and locals are clearly discernable through the congregation's printed and private material. What was more difficult to uncover was the alternative perspective: how did the Nigerian patients, staff and locals view the sisters? Moreover, did they accept this religiously charged Western medicine that the sisters promoted in their mission hospitals?

For the most part, the local people accepted the sisters and their medicine. The hospital quickly became popular amongst the local population and expanded continuously over the decades. However, their engagement with Western medicine and maternity was more complex that a simple case of adopting one over the other. Rather, patients attached their own meanings to the missionary medicine. Women incorporated missionary maternity services in a way that suited them, favouring the traditional birth attendant first and the mission maternity in the case of emergency.

The religious message embedded in the medical missionary encounter was also accepted, again in a manner that suited the needs and ambitions of the local population. When the sisters arrived in Nigeria in 1937, the number of Catholics in the Southern Vicariate was approximately 46,604.³ When they left there were approximately 200,000 in the diocese of Calabar.⁴ This was largely down to the concerted effort of Irish missionaries, in the areas of education, health and social services. In 1953 the MMMs, accepted their first Nigerian novice, by the end of this study, there were six Nigerian sisters. Today, in 2014, there are 93 professed Nigerian sisters, 8 Nigerian novices and 4 Nigerian postulants. Although the

³ Cooke, "Irish Diocesan Priests in Southern Nigeria 1920-1942," 165-66.

⁴ "Bishop Moynagh Resigns," *Africa*, October 1970.

majority of sisters remain Irish, Nigerian sisters make up the second largest and up-and-coming group.⁵

The missionaries were keen to employ Nigerian staff, with some eventually being promoted to senior positions within the hospital. Letters of complaint from the 1960s give some indication as to the relationship between the sisters and their staff. As the staff became more assertive in the post-colonial era, their desire to be treated with more respect hints at the racial tensions that must have formed a part of mission life. However speeches made by certain Nigerian staff about members of the congregation also points to the respect that existed between the two groups.

What of the Irish sisters, were they transformed by their experience in the missions? Did their aims and ambitions change over the years? These questions were also considered throughout the thesis. Individual sisters were transformed through their prolonged contact with another culture, some more than others. Over the years they developed a deeper understanding of the local people, their culture, language and traditions. They slowly adapted their medical and religious mission to reflect these changed perceptions. By the 1960s the sisters had moved towards more preventative, community-based programs. They set up a number of specialised hospitals with a network of satellite health centres. missionaries became increasingly receptive to local demands and adapted their services to meet the needs of local women. More broadly, from early on the sisters were involved in various government boards and thus played an integral part in shaping the development of health services in Nigeria. Despite this flexibility, their core values remained unchanged. emphasis remained firmly on transmitting Catholic faith, albeit in a less dogmatic form. The medicine practiced continued to be shaped by Catholic ethics and morality.

In concluding it is also necessary to reflect on why this thesis ends where it ends and what the legacy of these Irish medical missionaries is today. This second question is a difficult one that can only partially be answered in this conclusion. The final chapter ends just before the Nigerian

⁵ Figures provided by the Medical Missionaries of Mary.

civil war in 1967 and Mother Mary's diagnosis of Parkinson's in 1968. In many ways this is an apt ending as it neatly closes the first chapter of the MMMs. The damage done to St. Luke's Hospital, the temporary eviction of all foreign missionaries in the aftermath of the Nigerian civil war and Mother Mary's decision to step down as Mother General of the congregation, were undoubtedly important landmarks in the history of the MMMs. These setbacks were largely temporary. Soon after their eviction, missionaries were able to return to Nigeria and commence rebuilding their work. The context, however, had changed. In the absence of foreign missionaries the Nigerian lay community and religious hierarchy had taken the reigns.⁶

As Kevin O'Sullivan has noted, the Nigerian civil war marked a 'global upheaval in the aid sector,' and in its aftermath the whole landscape of secular and denominational aid shifted. Specialized, non-denominational and inter-denominational agencies began integrating emergency relief with long-term development projects. The image of networks of rural missionary stations became outdated, and was replaced by new media campaigns and secular agencies. For the most part, Ireland's historical missionary commitment was successfully integrated into these new philosophies. O'Sullivan has gone so far as to argue that these Irish missionaries, through their legacy and continued involvement in Irish foreign aid, contributed to the emergence of a new Irish national identity during the cold war and decolonization era. The 'caring nation', as Ireland came to be named, continued to feel a strong sense of responsibility towards famine and war-stricken nations in the global south.'9

This thesis sought to offer a balanced analysis of the role played by Irish Catholic missionary nuns in the area of health and development Nigeria in the twentieth century. It has highlighted the courage, determination and faith of these Irish women and has put their experience

⁶ Nwaka, "The Catholic Church, the Nigerian Civil War, and the Beginning of Organized Lay Apostolate Groups among the Igbos of Southeastern Nigeria,"78-95.

⁷ O'Sullivan, *Ireland, Africa and the end of Empire*, 126.

⁸ O'Sullivan, Kevin. "'Ah, Ireland, the Caring Nation,'" 476-91.

⁹ O'Sullivan, *Ireland, Africa and the end of Empire*, 126.

centre-stage for the first time. It underlines the great scope for further research on Irish missionaries. This thesis, bound by time and sources, reflects a small version of the story, an intimate portrayal of a group of Irish women working in a strange environment. Through this 'micro-study' it was possible to gain a deeper insight into how power, authority and identity are articulated and performed in specific medico-religious environments. However there is a need for a much broader study, one that would focus on the wider ramifications of Irish medical missionary work and the profound effect these missionaries had in Ireland, Nigeria and elsewhere. Similarly, there is a definite need for a more general study of Irish female missionaries in the twentieth century, one that brings together different congregational experiences, different receiving countries, detailing the numbers involved and the long term effects of this religious enterprise. At present such a study would be severely hampered by the difficulty in gaining access to religious archives and the inconsistency of the records across different congregations.

This thesis considered the Irish character of the medical services and the nurses' training provided by the medical missionaries in Nigeria. It concluded that theirs was a distinctly *Irish* medical missionary practice, and that in the short term this affected Nigerian and Irish women. John Manton too has pointed to the contribution of Irish missionaries and lay doctors to the development of innovative leprosy services in Colonial Nigeria. A study that would assess the long-term impact of Irish Catholic medical practitioners on the present-day Nigerian health services, and current Nigerian perceptions of maternal health would greatly complement this thesis and Manton's research.

Finally, this thesis touched upon a parallel congregation, the Catholic Medical Mission society, founded by Anna Dengel. This archive too is extensive and offers infinite scope for further research. Agnes McLaren, Anna Dengel, and the Catholic Medical Mission deserve to be the exclusive

¹⁰ Manton, "Administering Leprosy Control in Ogoja Province Nigeria, 1945-67," 307-333.

focus of a study. The fact that this does not exist further points to the research yet to be done on Catholic female missionaries more generally.

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