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## Church-state relations and the development of Irish health policy: the mother-and-child scheme, 1944-53

### I

The singularity of the apparent clash of church and state in 1951 and its easy resolution in 1953 should alert us to the dangers of accepting the perception of events as the reality. This paper attempts to explain the complexity of factors that gave rise to the *appearance* of conflict. The evolution of health policy, the relationship of de Valera and Archbishop McQuaid, the intricate politicking of the first inter-party government, the role of the Knights of St Columbanus, the lobbying of the Private Practitioners' Group of the Irish Medical Association and the medical profession's influence with the catholic church and the Irish government — these are some of the factors entangled in the controversy. The crisis of 1951, however, provides the touchstone by which one can judge the relevance of any record, and the reader should bear in mind that the confusion of influences covered here relates ultimately to the illusion of conflict. We must go back to the seminal period, the Emergency — the period of the Second World War — to begin to unravel perception from reality.

If the legislation incorporating the mother-and-child scheme had a complex history, the reason for its inception was clear. 'The recent reports of Dr McCormack', wrote James Hurson, secretary of the Department of Local Government and Public Health, in August 1944, 'in connection with the issue of health embarkation certificates show louse infestation in an amazing proportion of persons of both sexes ... This indicates an appalling lack of personal cleanliness in the general population and grave insanitary conditions in the homes of the working classes.'<sup>1</sup> Medical inspections, a necessary prerequisite for those wishing to emigrate to Britain during the war, had revealed facts which came as a 'great shock to all engaged in health administration'.<sup>2</sup> Poor standards of hygiene lay at the root of Ireland's high incidence of gastro-enteritis among infants, contributing to a mortality rate of 98 per 1,000 for the city of Dublin, or three times the figure for the larger cities of Sweden.<sup>3</sup> Sean MacEntee,

<sup>1</sup>James Hurson to secretary of Department of Finance, 22 Aug. 1944 (Department of Finance, Government Buildings, Merrion Street, Dublin, S 72/5/49).

<sup>2</sup>James Hurson to J. J. McElligott, 13 Sept. 1944 (*ibid.*).

<sup>3</sup>Minister for local government and public health memorandum, 'Urgent problems relating to public health which must be dealt with', Proposed delegation order, app. II, no. 7 (S.P.O., S13 444A).

minister for local government and public health, reported to the cabinet in March 1944 that an investigation, undertaken at the instance of his parliamentary secretary, Dr Conn Ward, into the cause and influence of this disease had 'manifested the urgent need not only for the provision of additional institutional accommodation for the treatment of the disease but also for a great expansion in and more vigorous administration of our local maternity and child welfare services, together with a widespread campaign to educate mothers in the care of themselves and their babies'.<sup>4</sup>

During the Emergency de Valera had shown a persistent interest in social policy, particularly where it appeared to have a bearing on the vexed question of population. Thus in pushing through a proposal to institute children's allowances against intense opposition from Sean MacEntee and Sean T. O'Kelly, he had been concerned lest monetary factors inhibit the birth rate at a time when Ireland seemed to be facing severe demographic decline through emigration; what more natural corollary than to investigate ways of lowering child mortality? Given his close relationship with the catholic archbishop of Dublin, John Charles McQuaid, and the latter's work in setting up the Catholic Social Services Conference and the maternity welfare centres, it may well have been that the archbishop had some influence in shaping the legislation.<sup>5</sup> De Valera's concern about the social implications of the population's health and growth rate was also reflected in a Department of Local Government and Public Health memorandum of March 1946 which, in arguing for a separate Department of Health, pointed out that 'the elements of the population which are being depleted by preventable disease and death are those elements upon which our present and future production of wealth depends, and it is these sections of the population which in the future will have to support our already top-heavy superstructure of old age and infirmity'.<sup>6</sup>

The attitudes of two groups to health legislation were central to the events of 1950-51. The conflicting priorities of the Department of Local Government and Public Health (later the Department of Health) and the Medical Association of Éire (later the Irish Medical Association or I.M.A.) lay at the heart of the *real* clash of interests — between a department's view of its responsibilities to the public and the role in society which the powerful medical trade union envisaged for its members. Events in Britain provided the catalyst: namely, the impact of the development of the welfare state on public health administration as it had been set out in the Goodenough report. Of immediate importance was the question of reciprocity between Irish and British medical colleges. A departmental memorandum of November 1945 noted that the governing body of University College, Galway, had 'already voiced concern as to the future of their medical school, and views are at present being exchanged between the dean of the medical faculty, U[niversity] C[ollege], D[ublin], and the Department of Local Government and Public Health with a view to evolving a scheme of co-operation in the provision of the necessary clinical facilities

<sup>4</sup>Ibid.

<sup>5</sup>As Moynihan puts it, 'each influenced the other' (interview with Maurice Moynihan, 14 July 1986).

<sup>6</sup>Department of Local Government and Public Health (hereafter D.L.G. & P.H.), 'Proposal for the reform of the health services', paras 9, 14 (S.P.O., S13 444C).

for teaching and post-graduate study'.<sup>7</sup> Since de Valera was 'particularly interested' in the university aspect of the situation, J.P. Walshe, secretary of the Department of External Affairs, sent him a copy of Dr James Deeny's report of his visit to the British medical authorities.<sup>8</sup>

Deeny, chief medical adviser at the department, had first gone to see his counterpart, Sir Wilson Jameson, at the Ministry of Health in London in 1945. Their discussion was a reassuring clarification of the developments in health policy in Britain and the task facing Ireland, with both men agreeing that the time had come for a 'big move forward'.<sup>9</sup> For Deeny the old way of unco-ordinated efforts was no longer possible; indeed the country could not afford it and the aim was 'an integration of all our services'. He drew attention to Conn Ward's efforts in the campaign, describing his work to establish infant welfare services in Dublin. The fact that Irish officials could 'easily and informally, without lowering our prestige, simply ask personally an official of the Ministry for Health whether they have had a similar problem and if so what did they do', would prove undoubtedly helpful, noted Deeny. Yet if much of the impetus came from Britain, the application of departmental minds was very much geared toward the indigenous nature of Irish public health problems, and the availability of advice from London, Deeny thought, should not be frequently utilised. He remained convinced that the British were still 'very woolly and vague about what they are going to have and much more so in respect of how they will achieve it'. In this respect, he thought, Ireland had 'an infinitely smaller problem' and 'thanks to the gradual development of suitable peripheral administration and control this department is in a better position to bring about medical reorganisation'.<sup>10</sup>

Deeny's report is a significant expression of the departmental outlook in 1945. While he had found the similarity of problems 'most interesting', his overall impression was that developments in Britain were important but not relevant to Ireland and that the apparatus for a sound organisation of public health already existed in Ireland but was too fragmented to deal effectively with the major issues such as tuberculosis and infant mortality. Of crucial significance here was the role of the Irish general practitioner and the effect his training had on his approach to his job. Deeny's visit to Britain had been mainly prompted by the need to assess the implications of the Goodenough report on Irish medical education. With Britain spending such large amounts on education through the University Grants Committee, there was, Deeny told Jameson, a fear at ministerial level that Ireland, being 'financially handicapped', needed time, together with agreement with Britain on reciprocal education standards. For Deeny, postgraduate medical education in Ireland had suffered from the proximity of postgraduate training facilities in Britain. This had resulted in an over-development of undergraduate training and meant that Irish local authorities were largely dependent on personnel returning from Britain.

Jameson appreciated the position but he may not have grasped how seriously the department viewed this structural imbalance. As Deeny put it in a memoran-

<sup>7</sup>D.L.G. & P.H. memo 'Health services', 28 Nov. 1945, para. 7 (ibid.).

<sup>8</sup>J. P. Walshe to Miss O'Connell, 2 Nov. 1945 (ibid., S13 444B).

<sup>9</sup>James Deeny to secretary, 23 Oct. 1945, reporting on interview (ibid.).

<sup>10</sup>'Comment' (ibid.).

dum, the lack of the constant stimulus such graduate instruction provided had 'been responsible for much of the spiritless mediocrity in quality of a proportion of the medical work in Ireland'. The general practitioner did not have the facilities to update his approach or maintain his enthusiasm. Furthermore, the training in Britain was acquired in conditions not prevailing at home. This disparity between the reality of public health and medical training was reinforced by the bias toward regularity rather than development in a health service subordinated to the poor-law system.<sup>11</sup>

The Beveridge and Goodenough reports had given an urgency to the need to dispel the traditional lethargy. The medical profession itself was aware of the impending changes. Deeny found that the British experience mirrored obstacles to change in Ireland which existed within the health services. Jameson had 'freely expressed his views in refreshingly strong language on the action of the consultants and the Voluntary Hospitals Group in retarding every attempt at improvement which might affect their interests'.<sup>12</sup> When Deeny spoke of his efforts to maintain good relations with the profession, Jameson 'broke in to say that this was an absolutely essential part of my job, at least he had found it so'. Even at this early stage, Deeny and his colleagues were aware that their task was likely to be a delicate one, open to obstruction from within the health services.

The Medical Association of Éire, aware of the inevitable influence of major developments in Britain, had set up a committee to consider the reorganisation of the medical services. The committee's report was published in 1944 and, as a doctor writing for the *Irish Times* put it, the plan was of 'very definite pre-Beveridge vintage'. However, he went on, 'its lack of originality should not detract from its popularity among the medical practitioners, since it implies that more pay and less patients will enable doctors to provide a higher standard of medicine. In addition it tends to aim at the control of all health matters by the medical profession.'<sup>13</sup>

Criticism of the plan by the Department of Local Government and Public Health was nothing if not comprehensive. The plan was 'carelessly thrown together' with 'far too much emphasis on the working conditions of the general practitioner'. It was not clear where such crucial schemes as those of child welfare and school tuberculosis fitted in; the proffered insurance scheme would only work, if at all, with inordinate expenditure; there was no attempt to integrate the health services; it was vague, unsatisfactory and paid little attention to institutional and specialist care. Significantly, as the department noted, the association's plan involved the passing of executive control of national health services and insurance into the hands of the medical profession, something which went beyond any claim that it was conceived in the vocationalist mould.<sup>14</sup>

The Medical Association's plan was not unique; indeed it was predictable.

<sup>11</sup>Memo by Deeny, C.M.A., D.L.G.& P.H., on the effects of the Goodenough committee's recommendations on Irish medical education', pp 5-6 (ibid.).

<sup>12</sup>As above, n. 9.

<sup>13</sup>*Irish Times*, 6 Nov. 1944.

<sup>14</sup>D.L.G.& P.H., Report of the departmental committee on health services, Sept. 1945 (S.P.O., S13 444B).

Changes in health policy in countries like Australia, Belgium, Britain, Canada, France and America, had all elicited much the same response from the private practitioners. A departmental committee reported,

the medical profession as a whole has not taken kindly to these sweeping plans, and its advice and influence had been fairly consistently on the side of paring down their comprehensiveness, in the sense of their availability without direct charge to 100% of the population. The profession had its own attitude, and it is essentially a conservative one. Briefly it wants free medical relief for the poor, a contributory service for wage earners, and the preservation of the upper income field as a battleground for the more enterprising practitioners. This point of view is reflected precisely in the plan submitted to the department by the Medical Association ...<sup>15</sup>

Besides the obvious pre-Beveridge and conservative framework of the plan, its reception was detrimentally affected by another factor: John Dignan, bishop of Clonfert, had come up with a plan of his own. Both Dignan's and the Medical Association's ideas invoked the spirit of vocationalism, that vogue of Christian social teaching which often allowed vested interests to present themselves as a defence against 'bureaucratic totalitarianism'. Like the doctors' proposal, Dignan's plan was subjected to detailed scrutiny by the department and was found wanting. The plan, it found, was an unworkable paper exercise which provided 'no grounds for the assumption that a central social insurance board claiming autonomous status could provide health services on any higher standard than at present, unless highly subsidised by the state and local funds'. Indeed Dignan's plan would require public funding, contrary to the bishop's view that it was merely an insurance scheme writ large. While Dignan attacked the poor-law system as a basis for health care, some remnant of it would have had to remain to cater for those ineligible for the insurance scheme. Furthermore, determining eligibility would have involved some means testing. Again the department jibbed at the plan's vocationalist guise: with membership drawn from all ranks, 'vocationalism' was, it thought, hardly appropriate. Its claim to state monies gave the plan more status than that of an insurance scheme, especially since it envisaged the compulsory insurance of half the population; a tax, in effect, collected by an association independent of the state. In common with the Medical Association's plan, Dignan's meant the 'removal of health administration from out of the political sphere ... Our constitution gives no countenance to such a radical departure from the principles of democratic control.' Neither plan, the committee concluded, was what it purported to be.<sup>16</sup>

While vocationalism, as expressed by these two plans, aimed to defend the individual against what was perceived to be the threat of over-weening bureaucracy, in reality it was liable to lose the existing defence against arbitrary social administration — accountability. Social policy remains under the control of the Oireachtas only insofar as it is seen to be the responsibility of a minister who, in accordance with the tenet of collective responsibility, must execute the will of a government that is ultimately dependent on the Dáil. As a philosophy of government vocationalism was ill-conceived in that it did not address itself to the problem of amending or supplanting the existing derivation of power. Both plans foundered on their inability to fit into the local administrative

<sup>15</sup>Ibid., para. 46.

<sup>16</sup>Ibid.



structure (or to replace it comprehensively) and on their failure to deal with the changes their adoption required under Ireland's form of government. In essence, this was the price for looking to vocationalism as an expression of self-interest rather than as a philosophy of government.

The one major study of the mother-and-child controversy has erroneously ascribed the origins of the crisis of 1951 to an emerging conflict between a vocationalist and a 'bureaucratic' form of government, with the catholic church championing the 'vocationalist' cause. J. H. Whyte, in his *Church and state in modern Ireland*, writes:

by the mid-nineteen forties a rift had emerged in Ireland between two philosophies of government. One could be labelled 'vocationalist' and called for the diffusion of responsibility among vocational groups. The other could be called 'bureaucratic' and defended the centralisation of authority in government departments ... Despite the varied nature of 'vocationalist' support, however, the situation had in it the elements of a clash of church and state.<sup>17</sup>

He goes on to cite MacEntee and J. J. McElligott, the secretary of the Department of Finance, as examples of the 'most determined defenders of the "bureaucratic" viewpoint'. Yet one could hardly see MacEntee in that role, for he remained a vehement opponent of any expansion of state power and control, the manifestation of which the vocationalists were wont to see in proliferating bureaucracy. MacEntee, rather, defended the idea of personal and familial autonomy, stridently opposing de Valera's children's allowance proposal, believing it to be part of that process where 'we shall have traversed the whole ground between the initiation of a state system of family assistance and the servile state'.<sup>18</sup> McElligott's opposition to the extension of the civil service is already well documented.<sup>19</sup>

To equate a belief in the efficacy of bureaucracy with a belief in the efficacy of ministerial responsibility, as Whyte does, is to misinterpret the political outlook of men like MacEntee, McElligott and O'Kelly. Their defence of ministerial control was in the name of that tradition of government which espoused restraint in the regulation of society, economy and family. For them government intervention was based on the exigencies of running the country, not some self-interested perpetuation of bureaucratic control. Any initiative, at the end of the day, had to be passed by the Oireachtas.

Similarly Whyte describes the Department of Local Government and Public Health as one which 'exhibited more purely than any other department the "bureaucratic" attitude ... It showed a readiness to concentrate authority, a lack of interest in the maintenance of autonomous groups, a reluctance even to consult outside groups that made a sharp contrast with the "vocational" principles.'<sup>20</sup> This does not do the department justice. It was very much alive to the disparate nature of the health services and the inability of the system to address itself to the major public problems all too evident in the Ireland

<sup>17</sup>J. H. Whyte, *Church and state in modern Ireland* (Dublin, 1971), pp 117-18.

<sup>18</sup>'Notes of minister for finance on the proposal to institute a state system of family allowances', 28 Oct. 1939, para. 15 (S.P.O., S11 265A).

<sup>19</sup>E.g. Ronan Fanning, *The Irish Department of Finance, 1922-58* (Dublin, 1978), pp 319-21, 323-5, 490-92.

<sup>20</sup>Whyte, *Church & state*, p. 130.

of the 1940s. There was an obvious need to give coherence to the multifaceted structure which included voluntary hospitals, local authority dispensaries, charitable institutions, insurance societies, and myriad private practitioners. It was a system which had displayed inertia in the face of oppressively high rates of tuberculosis and infant mortality. Little wonder that the department, which remained penultimately responsible for the nation's health, resisted any ill-conceived attempts to diminish what organisational power it possessed. 'Vocationalism' had not been endorsed by any government and neither Dignan nor the Medical Association (nor any other interest group) had rights to claim health policy without a commensurate burden of responsibility. It was not a question of bureaucracy but of power and responsibility.

Against this background the department submitted its own proposals in September 1945. Its plan for the development of the health services necessitated 'not only a combination of the contributory with existing services but the building up of the unit thus formed into a service which will include, or be capable of including all classes of the population. This ideal comprehensiveness is, however, a long-term objective.'<sup>21</sup> Wary of upsetting vested interests with an announcement of this ideal the department envisaged a three-part evolution of its plan: the formation of a service to deal with the farming community, insured persons and those eligible for medical relief; the extension of this service to include specifically designated classes; and finally the throwing open of the service to the whole population. 'The ideal to be aimed at', the departmental committee emphatically stated, 'is a national health service embracing all classes within its scope, recognising no limitation of effectiveness on mere economic grounds, and treating the people from the health point of view as a unit'.<sup>22</sup> The committee reckoned that it would take from seven to ten years to bring the plan into full operation.

It was precisely this prospect which had motivated the Medical Association to draw up its counter-proposals. Equally, the very existence of Dignan's scheme required some response from the department.<sup>23</sup> MacEntee, as minister for local government and public health, conscious of the need (as he saw it) to come to some policy decisions in the light of developments in Britain, recommended that the committee's report, including criticisms of the two other plans, be accepted by the cabinet and that it should serve as the basis for a white paper. This would, he believed, 'stifle any public criticism which might arise if the Medical Association's plans and Bishop Dignan's public health proposals were simply rejected without grounds', and would also 'help to focus public discussion on the alternative plans propounded in the departmental report'.<sup>24</sup>

With the Medical Association of Éire pressing for consultation with Ward (the parliamentary secretary delegated by MacEntee to see the proposals through), it was thought 'certain that a discussion as to health policy cannot be much longer evaded'.<sup>25</sup> Yet de Valera remained cautious, expressing doubt about the

<sup>21</sup>As above, n. 14, para. 134.

<sup>22</sup>*Ibid.*, para. 189.

<sup>23</sup>D.L.G. & P.H. memo 'Health services', 28 Nov. 1945, paras 9 and 10 (S.P.O., S13 444C).

<sup>24</sup>*Ibid.*, para. 13.

<sup>25</sup>*Ibid.*, para. 9.



wisdom of publicising a departmental report as a white paper. At any rate, he allowed the paper to be circulated but deferred a decision pending the observations of the departments concerned.<sup>26</sup>

The only reservations expressed by a government department were those of the Department of Finance. Its secretary, McElligott, had previously asked Hurson whether, if 'this excellent work is done gratis, you may be creating spiritual weaknesses at the same time that you are remedying physical ones'. He explained the idea in a letter to Hurson in September 1944, on behalf of his minister, O'Kelly, who had some apprehensions on the subject, though he agreed with the recommendations in principle:

there was at one time in the country the belief — perhaps it still persists — that to take a 'red ticket' involved a certain loss of caste and that the doctor should be paid if the money could be found at all. That very proper pride will surely be steadily diminished if the farmers' sons and daughters can get this medical benefit without any transfer of cash. That spirit of independence was very valuable, and I am not actuated by financial considerations when I say that it is a pity that it should be helped to disappear.<sup>27</sup>

When it came to considering the departmental report, however, the Department of Finance expressed concern about the financial implications of so extensive an initiative in health policy. While not wishing to be seen to disregard the desirability of improving the public health services, it believed that the objective of the scheme indicated a 'lack of balance in financial administration which should not appear in a government publication'.<sup>28</sup> Neither, the department adjudged, was the public prepared 'for the virtual elimination of the private practitioner and the right of choice by the individual'.<sup>29</sup> Furthermore, it believed that the proposal for a comprehensive medical service 'no matter how disguised, would amount in effect to the socialisation of medicine and would entail an extension of benefit at the expense of individual liberty'.<sup>30</sup> The minister for finance, wrote McElligott, thought that it left the government open to the charge of perpetuating bureaucracy; he doubted the efficacy of a separate Department of Health on both financial and administrative grounds.<sup>31</sup>

References by the Department of Finance to 'socialisation' were part of the usual array of arguments deployed when confronted by a major initiative involving increased outlay by the Exchequer and further recruitment to the ranks of the civil service. This was due more to Finance's traditional function of opposing such increases, a duty given all the more urgency after the inflated role the public service had assumed during the Emergency, accompanied by similar rises in cost and staffing. Nonetheless the proposal was not in this instance to be defeated because of financial exigencies and in December 1945 the cabinet approved them in principle. Dr Ward was authorised to see them through the Dáil.

<sup>26</sup>Note of Maurice Moynihan, 29/6 [sic] (ibid.).

<sup>27</sup>J. J. McElligott to James Hurson, 7 Sept. 1944 (Department of Finance, S72/5/49).

<sup>28</sup>D.L.G. & P.H. memo 'Health services', n.d. para. 3 (S.P.O., S13 444B).

<sup>29</sup>J. J. McElligott to secretary of D.L.G. & P.H., 14 Feb. 1946, para. 3 (ibid.).

<sup>30</sup>Ibid., para. 4.

<sup>31</sup>Ibid., paras 5, 11.

## II

It is at this stage that complexities in the legislation's history begin. The public health bill of 1945 was not proceeded with, owing to the resignation of Ward on 26 May 1946. A prominent Dublin specialist, Dr Patrick MacCarvill, had accused him of corruption over the dismissal of his (MacCarvill's) brother from the management of a factory owned by Ward.<sup>32</sup> Opposition to the bill had been largely confined to Fine Gael. The catholic hierarchy apparently raised no objections to it, despite the fact that it contained the same proposals as the health act that was passed in 1947. The intervening months saw the setting up of the departments of health and social welfare.<sup>33</sup> There was little opposition either to the 1947 act when it was still a bill before the Oireachtas. It was only *after* the legislation had become law that the hierarchy protested, privately, in October 1947. 'The confrontation had come', writes Whyte. 'For the first time since the foundation of the state, so far as is known, an Irish government had received a formal protest from the hierarchy against a specific item of legislation.'<sup>34</sup>

Why should the bishops protest in 1947 when they had not protested in a similar vein in 1945-6? Whyte qualifies his own explanation of the clash (i.e. the emerging vocationalist-bureaucratic conflict) to rectify this behavioural discrepancy, suggesting that the scattered members of the hierarchy took time to come to decisions, that developments in Northern Ireland had alerted them to some hitherto unnoticed implications, that the bishops had been lobbied by Dr MacPolin of the Medical Association. Whyte emphasises the latter but stops short of asserting it as the main factor because MacPolin was widely considered an eccentric. He also suggests that Dr James Ryan, Fianna Fáil's minister for health at the time, had failed to cover his ecclesiastical flank as well as Ward had done.<sup>35</sup> It is here that new information has emerged.

For Whyte, the 'most interesting fresh fact discovered in the course of research' was that Ward, faced with criticism in the Dáil, had gone to see McQuaid, who assured him that the bill was 'substantially good'. From this Whyte concludes that the bishops at this point 'were not prepared to make an issue of the health services'.<sup>36</sup>

In fact McQuaid, as chairman of the hierarchy's standing committee, had described the legislation 'as an excellent bill in many respects' when Ward had gone to see him. According to a departmental report, 'his grace expressed himself as being fully satisfied on all aspects of the measure and stated that he would do anything he could to help'. The hierarchy, far from making an issue of the bill, did not see, in terms of vocationalism, any issue there, which indicates that it had little or no effect on its outlook. Vocationalism aside, McQuaid's enthusiasm had been clearly conveyed to Ward. Importantly, either

<sup>32</sup>Whyte, *Church & state*, pp 138-9. As Whyte records, the charges were investigated by a tribunal established by de Valera and Ward was cleared of them insofar as they related to MacCarvill's brother. Discrepancies were, however, found in his tax returns.

<sup>33</sup>Cabinet minutes, 29 Oct. 1946 (S.P.O., G.C. 4/202).

<sup>34</sup>Whyte, *Church & state*, p. 143.

<sup>35</sup>*Ibid.*, pp 137, 138.

<sup>36</sup>*Ibid.*, p. 137.

Ward's memory was at fault or Whyte has misinterpreted him — Ward had not gone to see McQuaid of his own volition. The archbishop had in fact protested to de Valera about certain provisions of the 1945 bill. As chairman of the standing committee he had contacted the taoiseach on 24 January 1946 and as a result de Valera had dispatched Ward on 7 February 'to discuss certain provisions of the public health bill'.<sup>37</sup> This does not simply predate the confrontation. It was in the way the protest originated and how it was resolved by Fianna Fáil that necessitates a revision.

The origin of the bishops' communication of concern over certain provisions of the 1945 bill began on 22 January 1946, at a meeting of the standing committee of the Confederation of Convent Schools. The members of the committee, 'representing eighteen religious orders conducting the large majority of the secondary schools of Éire', agreed that the provisions in the bill for the compulsory medical inspection of schools, for parents to have to submit their children to such inspection and for the schools to provide the necessary facilities, represented 'a serious infringement of the natural rights of parents and to the liberty both of the family and school'. The committee's secretary wrote to de Valera the following day, 23 January, 'confidently' appealing to him to ensure that the provisions be deleted or substantially modified. The very next day McQuaid wrote to de Valera expressing his concern over these very same provisions; he was at pains, however, to balance his protest by enthusing over the bill in general.<sup>38</sup>

The ecclesiastical protest of 1947 was not, then, the first of its kind. There is no evidence to suggest that the archbishop was motivated by any vocationalist considerations. In accordance with the church's traditional predisposition, the hierarchy was not about to unsettle the comfortable equanimity of its relations with the state, and particularly the Irish state, in the name of a recent development in social teaching. The fact that McQuaid contacted de Valera the day after the standing committee of the Confederation of Convent Secondary Schools had mooted its concern to the government and that he referred to the same provisions strongly suggests that the hierarchy was motivated by the interests conveyed to it by the convent schools. Rather than the bishops actually coming to question provisions in the bill on their own account, it appears likely that they had only addressed themselves to the issues when alerted to implications for particular sections of the flock; the initiative did not lie with them.

How then did the government handle this protest, one involving the autonomy of the family and of the schools run by religious orders? On the face of it, it would seem that the cabinet simply yielded to the hierarchy.

The parliamentary secretary informed his grace that in order to allay any genuine fears, and to fully preserve the right of a parent to select his own medical adviser, it was proposed to submit ministerial amendments providing, *inter alia*, for exemption from schools medical inspection of a child in respect of whom a certificate in a prescribed form from a registered medical practitioner was submitted to the appropriate medical officer, and also providing for the exemption of secondary schools from medical inspection.

<sup>37</sup>D. Ó Súilleabháin, secretary of parliamentary secretary, to secretary of Department of the Taoiseach, 27 Feb. 1946 (S.P.O., S13 444C).

<sup>38</sup>Sister Edna Purcell to taoiseach, 23 Jan. 1946; Eamon de Valera to Archbishop McQuaid, 6 Mar. 1946 (*ibid.*).

tion if and so long as the minister is satisfied that adequate provision in regard to medical supervision and treatment is made by the school authorities.<sup>39</sup>

Ward went on to explain to McQuaid that there was little new in the bill with regard to the control of infectious diseases, pointing out that 'the far reaching statutory powers in relation to this problem had escaped the notice of the general public mainly for the reason that ... they are so rarely availed of that few know of their existence'. McQuaid made it clear that 'he himself was quite satisfied as to the terms of the bill', but that he had protested because of 'uneasiness abroad'. De Valera was careful to follow up Ward's visit with a letter to McQuaid expressing the hope that the amendments were enough to assuage the hierarchy's anxieties.<sup>40</sup> Ward introduced 127 ministerial amendments to the legislation in the Dáil in March, occasioning a hostile article in the *Irish Times*, thus facilitating his defence that he could please no one no matter what he did.<sup>41</sup>

There are, however, important qualifications to this apparent kow-towing by the government. On the one hand, if the cabinet had not addressed itself to the bishops' qualms it would have risked open conflict with the nuns who controlled much of Ireland's secondary education. Secondly, exemption for children was contingent upon an official medical report thus preserving the effect of the legislation. Thirdly, any exemption of particular schools was left in the hands of the minister, thus maintaining the principle of ministerial responsibility — as opposed to the perpetuation of 'bureaucracy'. By meeting the privately expressed concerns of the hierarchy the government avoided conceding directly to a pressure group, while the bishops' communication stood as an articulation of the issues by the highest ecclesiastical authority in the land and, once met, was unlikely to be challenged successfully by a flock prone to act more zealously than the shepherds.

It must be remembered that when the bishops came to protest again in 1947, they did so only after the legislation had been enacted and James Dillon had challenged in the high court the constitutionality of the act insofar as it affected the autonomy of the family.<sup>42</sup> De Valera, a shrewd and capable handler of church-state relations, was not quick to respond; and when he did so it was to the effect that the matter, thanks to Dillon's court action, had become *sub judice*.<sup>43</sup> And in February 1948 the first inter-party government — a motley coalition of Fine Gael, Labour, Clann na Poblachta and others, headed by John A. Costello of Fine Gael — assumed office and inherited the unfinished business of the public health legislation.

In this new, unwieldy government Dr Noel Browne became minister for health. Browne had been introduced to Sean MacBride, the leader of Clann na Poblachta, by Noel Hartnett, a former member of Fianna Fáil who became director of elections of Clann na Poblachta, then a new party. Browne had treated a friend of Hartnett's for tuberculosis and Hartnett was keen to have someone with

<sup>39</sup>Department of Local Government and Public Health to Department of the Taoiseach, 27 Feb. 1946 (ibid.).

<sup>40</sup>Eamon de Valera to Archbishop McQuaid, 6 Mar. 1946 (ibid.).

<sup>41</sup>Dáil Éireann deb., c. 166-7.

<sup>42</sup>Whyte, *Church & state*, pp 153-5.

<sup>43</sup>Ronan Fanning, 'Fianna Fáil and the bishops' in *Irish Times*, 14 Feb. 1985.

his expertise as a member. He foisted the idea upon MacBride, who was interested in getting new blood because he was anxious to move away from the 'old-timers' (former colleagues in the I.R.A.) who had joined the party. He met Browne when, together with Hartnett, they travelled to London to deal with the post-production stage of a film for the 1948 election campaign (which was to become controversial because of its graphic depiction of social and economic deprivation in Ireland). MacBride recalls forming a high opinion of Browne on the journey. He thought him dedicated and capable: though Browne had few administrative qualifications and little or no political experience, he was medically trained, young and apparently dedicated to the eradication of tuberculosis, of which several members of his family had died. When MacBride, having considered the health portfolio for himself, chose to take external affairs, he thought of Browne for the Department of Health.<sup>44</sup>

Browne recalls his appointment as minister in a cynical vein, scoffing at the notion that MacBride wanted to get away from the 'old-timers'. MacBride, he says, had a 'chequered history' before the formation of Clann na Poblachta. A 'crucial question' about MacBride, he stresses, is why he gave neither Hartnett nor other Clann na Poblachta stalwarts a cabinet post. Browne rejects the suggestion that Hartnett was a political mentor to him: he was 'nobody's puppet'. Rather, Hartnett was a close colleague of MacBride and MacBride simply 'discarded Hartnett when he had no further use for him'.<sup>45</sup>

Browne's task as minister for health was to implement the provisions of Part III of the 1947 act, i.e. to establish the mother-and-child scheme.<sup>46</sup> Significantly, the scheme's implementation was delayed somewhat by the government's endeavours to effect all possible economies in expenditure. 'In view of the essential nature of our mother-and-child proposals', wrote Browne to Costello in February 1950, 'it is with some misgiving that I reconcile myself to a postponement of any of its provisions'. He nonetheless accepted that some slowing down of the schedule was inevitable.<sup>47</sup>

By October 1950 the bishops had had time to consider the mother-and-child health service and, while recognising that 'these proposals are motivated by a desire to improve public health', they expressed concern as to 'whether the proposals are in accordance with catholic moral teaching'.<sup>48</sup> The proposals, they believed, were 'in direct opposition to the rights of the family and of the individual' and, if adopted, 'would constitute a ready-made instrument of totalitarian aggression'. It is vitally important if one is to understand the nature, indeed the origin, of the bishops' concern, to look at what they were inclined to see as the defence against such developments — namely the preservation of those sections of the health services which were independent of the Depart-

<sup>44</sup>Interview with Sean MacBride, 4 Mar. 1986.

<sup>45</sup>Interview with Noel Browne, 12 Mar. 1986.

<sup>46</sup>Memo of the observations of the minister for health on various matters relating to the mother-and-child scheme referred to in a letter, dated 10th October 1950, addressed to the taoiseach by the Most Rev. J. Staunton, D.D., bishop of Ferns, secretary to the hierarchy' (S.P.O., S14 997A).

<sup>47</sup>Noel Browne, to J. A. Costello, 13 Feb. 1950 (*ibid.*).

<sup>48</sup>Bishop Staunton to J. A. Costello, 10 Oct. 1950 (*ibid.*).

ment of Health. Hierarchical concern came down to four points. The right to provide for the health of the children belonged to the parents, not the state. Secondly, the state could help 'indigent or neglectful parents; it may not deprive 90% of parents of their rights because of 10% necessitous or negligent parents'. Thirdly, there was no guarantee 'that state officials will respect catholic principles' in regard to gynaecological care; it was noted that such care in some countries was interpreted as including birth control and abortion. Lastly, the proposed service destroyed the confidentiality between doctor and patient.

The fact that the conflict between the Department of Health and the I.M.A. revolved around the question of a means test began to look germane to the church-state issue when the bishops expressed their opinion that it was 'not sound social policy to impose a state medical service on the whole community on the pretext of relieving the necessitous 10% from the so-called indignity of the means test'. Further, they argued that the 'elimination of the private practitioners from a state-paid service has not been shown to be necessary or even advantageous to the patient, the public in general or the medical profession'.<sup>49</sup> Since the medical profession occupies the front rank in moral questions concerning gynaecological and general medical care, what views it expresses or expressed, as part of the zealous flock, acquire an authority that the shepherds can hardly ignore. Both protests by the hierarchy to the government, in 1946 and in 1950, began to show similarities in origin and function, if not in outcome.

Noel Browne's reponse to the bishops' concern was not only comprehensive but accommodating to the point of obsequiousness. Having met Archbishop McQuaid and Bishops Browne of Galway and Staunton of Ferns on 11 October 1950, he summed up his reply in a detailed memorandum. He took it that the bishops' 'fundamental objection' was based on the misapprehension of compulsion on mothers and their children to avail of the service. He assured them there was to be no compulsion.<sup>50</sup> As he pointed out, the only difference between the existing and the proposed system was the absence of a means test and he presumed that 'the elimination of the means test could not be a factor which weighed with the hierarchy'. Noel Browne failed, it appears, to have seen the pivotal role the means test played in the bishops' October protest. He went on to assure them that in the matter of health education he would provide whatever safeguards they felt were required. Not only was he prepared to submit to them the relevant draft of the regulations but would be prepared 'to consider any other course in regard to them which the hierarchy might suggest'.<sup>51</sup> Browne, assuming the irrelevance of the means test, went as far as possible in facilitating ecclesiastical influence on the principle legislation. In the absence of any further communication from the hierarchy, he could confidently assume that the reassurances in regard to education and compulsion had been accepted and there the matter rested.

Or rather it might have but for the fact that the bishops did not receive Browne's assurances until March 1951. Costello had actually redrafted parts of Browne's memorandum apparently with the intention of sending it as the

<sup>49</sup>Ibid.

<sup>50</sup>As above, n. 46.

<sup>51</sup>Ibid., pp 3, 4.



government's official response to the hierarchy. He subsequently explained his failure to send it by pointing out that, having kept in touch with McQuaid, they both came to believe 'it to be much more advantageous in the special circumstances of the case to await developments'.<sup>52</sup> Before turning to these 'special circumstances' and the ensuing developments, it is necessary to note one further turn in the labyrinth. Though the bishops' letter was dated 10 October 1950, it was not officially received until 7 November 1950, that is *after* Browne's interview with them, held as it was on 11 October. Browne took it that the letter was a formality and not to be interpreted as a reiteration of the hierarchical qualms he had heard. Costello, on the other hand, was able in March 1951 to claim that the protest retained a validity despite Browne's assurances, until, as he said, 'a contrary expression had been received from the hierarchy'. But since Costello had not forwarded the written reassurances and since he and McQuaid were awaiting developments, such a response was hardly likely.

Browne in the meantime addressed himself to the I.M.A.'s hostility to the health proposals as expressed to his department in 1949.<sup>53</sup> The doctor's association was opposed, in the public interest, to any service which resulted directly or indirectly in 'the profession as a whole becoming salaried officers of the state or local authorities'. It disapproved 'of the principle of providing free medical services to all persons irrespective of income'. The patient, it considered, should be free at any time to choose his or her doctor and, where practicable, hospital. Further, it believed there should be adequate representation of the medical profession 'on all administrative and controlling bodies associated with all medical services' and that medical education and research 'should be vested in the medical profession'.<sup>54</sup>

While the I.M.A.'s hostility to the trends evident in the Department of Health's policy set the context for understanding the nature of the controversy over the mother-and-child scheme, it is an insufficient explanation of the causes, for its protests were not immediate and were only expressed to the department in 1949, two years after the proposals had been enacted. One has to look at the internal dynamics of an association like the I.M.A. to see something of the forces that motivated and prescribed the association's approach. It was an internal pressure group of private practitioners that had first mobilised its organisation to campaign against the health act. As early as 16 January 1946, the Private Practitioners' Group of the Medical Association of Éire,

in discussing the possible influence of the proposed new public health bill on the trend of private practice ... felt that the present proposals would not appear perceptibly to alter its course, although it is clear that the present bill is only the commencement of certain measures that might revolutionise the whole of medicine in Éire ... The provision ... of free ante-natal and maternal services as well as free attendance on school children, all apparently irrespective of social class, might easily prove a serious source of concern to practitioners ... For this reason it was proposed that the central council

<sup>52</sup>J. A. Costello to Bishop Staunton, 27 Mar. 1951 (S.P.O., S14 997A).

<sup>53</sup>Extract from "Scheme for a national medical service" submitted by the Medical Association to the D.H. in 1949' (ibid.).

<sup>54</sup>Ibid.

[of the Medical Association of Éire] in dealing with the minister designate, should ask that a means test be applied before any free medical attendance is made available.<sup>55</sup>

Thus it was with this group and this meeting that the opposition from the medical profession to the mother-and-child scheme began. By April 1946 it had secured the agreement of the central council 'that a means test should be applied before any free medical attendance is made available'.<sup>56</sup> When, in May 1947, the group listened to details of part III of the health bill of 1947, the effect of the measure 'on certain types of family practice was immediately recognised by the meeting'.<sup>57</sup> Two months later, in July, the group had a lengthy discussion on the likely effect of the bill on private practitioners, passing resolutions that there should be free choice of doctor and objecting 'in principle to free treatment being provided for persons well able to pay ...'.<sup>58</sup> The Ward débâcle and Dillon's court action intervened but in the opening months of 1948 the group clarified its opposition and called for a general meeting of the medical profession 'to consider ways and means of annulling those provisions in the white paper that are detrimental to the interests of the profession and the people'.<sup>59</sup> The group's aims were quite explicit: mutual choice of doctor; no free medical attention except for the 'destitute'; any new medical services to be administered and advised by the medical profession and not by the state; no 'usurpation' by the state of the duties and rights of the parent; and 'specifically that section of the health act relating to free medical attendance on non-necessitous mothers and children should be deleted'.<sup>60</sup> Its members 'were exhorted to give these matters careful consideration as their future might depend on the decisions arrived at'.<sup>61</sup>

Though the members who attended the group's meetings might have been convinced of the importance of defeating the proposals, it was only with some difficulty that it had its views endorsed by the mother organisation, the Irish Medical Association. In February 1949, its representatives on the committee examining the various proposals of representative opinion within the association reported that they had 'failed to receive a sympathetic hearing' even though they had stressed that to ignore the views of the second largest group within the association — namely themselves — would invalidate any plan that might emerge.<sup>62</sup> In September 1949 they could more positively relate that

eventually after tremendous conflict, and by dint of perseverance and considerable hard work on the parts of Dr Carty and Dr O'Byrne, the former succeeded in having included as a minority report a succinct and ably presented statement of what the group considered would be best for Irish medicine ... Ultimately these principles were incorporated in the draft submitted to the central council which approved their adoption by a very large majority. The annual general meeting set the association's seal of approval

<sup>55</sup>Minutes of meeting of Private Practitioners' Group, 16 Jan. 1946 (Irish Medical Organisation, 10 Fitzwilliam Square, Dublin).

<sup>56</sup>*Ibid.*, 10 Apr. 1946.

<sup>57</sup>*Ibid.*, 6 May 1947.

<sup>58</sup>*Ibid.*, 23 July 1947.

<sup>59</sup>*Ibid.*, 7 Jan. 1948.

<sup>60</sup>*Ibid.*, 4 Feb. 1948.

<sup>61</sup>*Ibid.*, 25 Feb. 1948.

<sup>62</sup>*Ibid.*, 24 Feb. 1949.

on their inclusion when it decreed that these proposals be embodied in the scheme as representing part of the organisation's policy toward improving the standard of health services.<sup>63</sup>

This was a considerable endorsement for the Private Practitioners' Group. Nevertheless, the effort needed was indicative of three related problems which arose when the group sought to lobby and assert its views. While it was numerically one of the largest interests in the association, it never secured a commensurate presence on the central council or on any of the council's committees which dealt with the department's proposals. Secondly, it was beset with a degree of apathy on the part of private practitioners generally; at one crucial meeting in September 1950, of 332 members circularised only two dozen attended.<sup>64</sup> Only when the crisis was coming to its height in March 1951 did attendance at one meeting extend to a hundred. Finally, the Irish Medical Association's views diverged considerably from the implacable opinions of the leading members of the group, most notably Dr J. J. McCann who was wont to stress 'that acceptance of the minister for health's mother-and-child scheme would mean the virtual disappearance of the independent practitioner'.<sup>65</sup>

The Private Practitioners' Group represented a hard-line vanguard operating largely beyond the consensus of the apathetic mass of general practitioners but whose success rested on the mobilisation of its more influential mother organisation. The I.M.A. in turn could seek endorsement and leverage with the bishops and key figures such as Dr Tom O'Higgins, minister for defence. The association, then, was as badgered by lobbyists as was the government and the hierarchy. Yet subsuming its case within a larger body of opinion involved a price — that its principles were liable to a compromise which the group, on its own, would not accept. This facet of the complicated process of political lobbying ultimately allowed the government to find some accommodation with the I.M.A. and forced the implacable group into a hostile acquiescence.

Such was the association's position when sixteen of its representatives, including Dr J. J. McCann and Dr O'Byrne, the group's representatives, met Dr Noel Browne, himself accompanied by Pádraig Ó Cinnéide, the department's secretary, Murray, the assistant secretary, and Darby, Fanning and O'Sullivan, all departmental officials. They met in the Custom House at 11.00 a.m. on 24 October 1950 and it proved to be a long interview, evidenced by its fourteen-page record. Many issues were raised, such as the working of the consultative service and the role of the specialists, the extent of the medical profession's influence on health policy and the function of the National Health Council and the voluntary hospitals group. The most pressing issue remained the role of the general medical practitioner in the mother-and-child scheme. Not surprisingly, it was McCann who summarised the association's view. Firstly, any scheme had to include the private practitioner already established, since the doctor 'who gets the mother and children almost invariably gets the remainder of the family practice. If the proposals in their present form went through it would mean that private practitioners as such would be faced

<sup>63</sup>*Ibid.*, 7 Sept. 1949.

<sup>64</sup>*Ibid.*, 27 Sept. 1950.

<sup>65</sup>*Ibid.*, 18 Mar. 1951.

with the almost total abolition of their practice.' Secondly, the goodwill of all doctors was required to run the scheme successfully. Lastly, freedom of choice of doctor, though included as one of the principles of the scheme, was limited to perhaps two or three general practitioners and that 'would hardly be a free choice of doctor'.<sup>66</sup>

For Browne there were obvious limits to the admissibility of private practitioners since to dilute the pool of children per dispensary doctor would accordingly reduce his salary. When Dr O'Farrell asked why a contributory or grants-in-aid scheme was not viable, Browne's reply was blunt: the association 'should face up to the realities of the position'. Part III of the 1947 act provided for a scheme without a means test. 'The lower income groups at present', he told the phalanx of sixteen doctors, 'were not getting the standard of medical service that should be at their disposal'. He proposed to change this, even if the better-off did not fully avail of the scheme. With the meeting coming close to the heart of the matter, Dr Moran wondered 'whether the scheme was sociologically sound ..., whether further incursions into the realm of private practice were really necessary or wise ...'. This drew from Browne a dangerously maladroit, if honest, personal view of the development of the health services to present to the representatives of an anxious generation of private practitioners:

Speaking in a purely personal capacity, the minister said that his own view was that the country should have a whole-time salaried service for doctors. He felt, however, that the country was not ready for it yet. In fact he doubted if in his own lifetime he would see it in vogue ... In later years it was possible that young doctors would come along who would be prepared to work under a full-time salaried service ... He thought it was rather unfortunate that the state had to intrude so much into such services as medical services. The facts were, however, that our high infant mortality rate and our health statistics generally were bad.<sup>67</sup>

Here Browne was expressing much the same view as that which had animated the Department of Local Government and Public Health in the 1940s and had been articulated by Deeny when the legislation was first mooted in 1944-5. For the Irish Medical Association it was a confirmation of the fears of its members. The mother-and-child scheme not only threatened to hand over all gynaecological care to dispensary doctors but it represented the thin end of the wedge of the department's future plans. A means test was for the private practitioner an assurance that his role in the health services and his income would be preserved. The introduction of a means test for access to public health services would be a check to the ambitions of a department ready to limit the role of the private practitioners.

Replying to the ideas set out by the minister for health, Dr O'Farrell said that the private practitioners simply wanted to be included in the scheme. Dr MacPolin and Dr McCann went further, emphasising that the private practitioners 'disapproved of the idea of granting free medical services for the well-to-do'. Browne told them that he remained ideologically and philosophically opposed to a means test and he then asked the crucial question: 'if the private practitioners came into the service would the Medical Association still object to the proposals?'. McCann replied that without a means test the association

<sup>66</sup>Note of I.M.A. deputation to M/H., pp 3-6, 24 Oct. 1950 (S.P.O., S14 997A).

<sup>67</sup>*Ibid.*, p. 12.

would still object to the scheme. O'Farrell was quick to deflect the issue, suggesting that 'it was fruitless to go into ideological considerations at this stage'. As the meeting wound up, Browne reminded the sixteen that whatever amendments they might put forward, no means test would be introduced. The association's representatives withdrew to think the matter over, both sides having agreed to eschew publicising the issue.<sup>68</sup>

One month later, on 23 November 1950, the results of an I.M.A. referendum were announced at an extraordinary general meeting. The ensuing resolutions were a call to arms, an organising of all means to oppose the scheme including all the instruments of propaganda, the invocation of aid from the hierarchy and the heads of all the churches, instructions to dispensary doctors to refuse any order to implement the scheme and even the consideration of registering as a trade union. The subtlety of its situation was not lost amidst the belligerent self-defence. In any statement issued by the association the words 'means test' were to be avoided in favour of 'treatment of the rich at the expense of the tax-payer' or 'free treatment irrespective of income'.<sup>69</sup>

### III

One more factor has yet to be examined so that one can fully delineate the process by which this long-run conflict of interests managed so precipitously to entangle the church and state. Some thread has to be found connecting the I.M.A., the Irish hierarchy's standing committee and the inter-party government. It was from Ely House in Dublin that such a thread emanated: the headquarters of the Knights of St Columbanus. This was a 'confidential' society of lay catholics zealously devoted to promoting 'practical Christianity in all phases of life', drawing its membership, in the main, from the professional strata of Irish life. It was the knights who, through their official organ the *Standard*,<sup>70</sup> had consistently opposed the health proposals since 1945, as part of their aim to ensure that catholic social principles were adhered to in Ireland.<sup>71</sup> The supreme knight from 1942 to 1948, Stafford Johnston, was a strident opponent of Beveridgism, seeing it as 'a means through which an unacceptable solution would be foisted on the country by England and America ... An integrally catholic state is the one and only solution to existing social problems.'<sup>72</sup> Secondly, the knights had their organisational link with the medical profession through their guild of SS Luke, Cosmos and Damien, set up in 1932, like the other guilds, to 'provide some sort of forum for members belonging to particular professions or vocations'.<sup>73</sup> Thirdly, they had received 'hierarchical approval in 1934 when the order was recognised as a catholic

<sup>68</sup>Ibid., pp 13-14.

<sup>69</sup>I.M.A. to 'Dear Doctor', circular of 12 Dec. 1950, enclosing 'The following are resolutions which were agreed to at the extraordinary general meeting held on 23rd November' (ibid.).

<sup>70</sup>Evelyn Bolster, *The Knights of Saint Columbanus* (Dublin, 1979), p. 110.

<sup>71</sup>Ibid., pp 20-21, 34-5.

<sup>72</sup>Ibid., p. 84.

<sup>73</sup>Ibid., p. 46.

action group of the lay apostolate'.<sup>74</sup> While hierarchial support for the order was never enthusiastic, one key ecclesiastical figure in the controversy was a dedicated knight for over twenty years — James Staunton, bishop of Ferns and secretary to the hierarchy's standing committee.<sup>75</sup> Staunton, who had been present at the crucial interview between McQuaid and Noel Browne on 11 October 1950, saw the order as 'a dynamic group, full of initiative', and he approved of their quiet methods, wishing others were like its members, 'a hard core of men, sound and unflinching where Christian principles were concerned'.<sup>76</sup> Furthermore, under the supreme knights, Johnston and Stephen McKenzie, the order had improved its relationship with the hierarchy and by 1951 boasted as members sixteen bishops, with clerical enrolments growing.<sup>77</sup> Fourthly, and lastly, the knights had important political contacts. As Evelyn Bolster notes, McKenzie's tenure as supreme knight from 1948 to 1951 'was to coincide with the short period of the first inter-party government and it was under this government that the Knights of Saint Columbanus had strong representation in the cabinet in the person of Richard Mulcahy, Sean MacEoin, William Norton and Joseph Blowick'.<sup>78</sup> Costello too had been a member in the 1920s.<sup>79</sup>

That the knights had such a powerful network did not imply a commensurate influence on national policy. Norton, despite the knights' views, carried on with his social welfare legislation, though it was never actually implemented.<sup>80</sup> MacEoin, similarly, failed to tackle the question of adoption, notwithstanding the attitude of the knights and in this he was 'supported' by McQuaid.<sup>81</sup> What was important, though, was the contact the knights facilitated between members of the various parties opposing the legislation, and the link it provided between I.M.A., hierarchy and cabinet. Unlike Browne for example, a highly placed knight like Staunton, McKenzie or Norton would have had a much clearer view of the alignments against the legislation. Until further substantive information emerges about the possible sequence of influence, all that can be said is that the knights' organisation provides too neat and potent a series of contacts to be ignored. Suffice it for present purposes to state that the guild of SS Luke, Cosmos and Damien had contacted the hierarchy in October 1950 about its opposition to the 1947 act.<sup>82</sup>

At this stage Costello intervened, intimating to the I.M.A. (through O'Higgins) the day after its extraordinary general meeting on 24 November that he would be pleased to meet its representatives to discuss the impasse.<sup>83</sup> According to the association, the meeting on 29 November with Costello, who was accompanied by Norton (labour leader, *tánaiste*, minister for social welfare

<sup>74</sup>*Ibid.*, p. 33.

<sup>75</sup>*Ibid.*, pp 43, 86.

<sup>76</sup>*Ibid.*, p. 108.

<sup>77</sup>*Ibid.*, p. 96.

<sup>78</sup>*Ibid.*, p. 95.

<sup>79</sup>*Ibid.*, pp 14-15.

<sup>80</sup>*Ibid.*, p. 98.

<sup>81</sup>*Ibid.*, pp 98-9.

<sup>82</sup>Department of the Taoiseach to J. P. Brennan, T.D., master general of the guild, 20 Oct. 1950 (S.P.O., S14 997A).

<sup>83</sup>P. J. Delaney, secretary of I.M.A., to taoiseach, 25 Nov. 1950 (*ibid.*).



and knight of St Columbanus), revealed the taoiseach to be 'firmly opposed to the socialisation of the medical profession' but 'compelled to implement the mother-and-child scheme in some fashion so as to satisfy the people ... He gave an assurance that if this difficulty of a free-for-all service could be overcome by some kind of formula agreeable to both sides then other matters could be settled without difficulty.'<sup>84</sup> Norton seemed taken with the idea of a voluntary contributory scheme. At any rate, at an ensuing special meeting of the central council on 30 November, the I.M.A. postponed implementing some of its resolutions passed at the extraordinary general meeting. Instead it set up a special committee to review and report on the scheme.<sup>85</sup>

For the I.M.A. this meeting with the taoiseach and tánaiste could only have been reassuring: its representatives had left with the unmistakable impression that the cabinet was seriously ambivalent about its commitment to the scheme, that Browne's stance on the means test was singular. Faced with Browne's intransigence, the I.M.A. would naturally incline to deal with Costello. Indeed when Browne became aware that the I.M.A.'s resolutions and the record of the meeting with Costello and Norton had been circulated to its members he realised that this was, as he told the taoiseach,

calculated to convey the impression ... that future negotiations ... will be conducted by them with you and the tánaiste and not with the minister for health. I realise from what you have said to me personally that this is not the intention, but it was to avoid the spread of any such impression amongst the profession as a whole that I wrote to the association recently ... asking them to communicate with me about the draft scheme which I transmitted to them in June last. The association's circular makes no reference to the fact that I am expecting them to get in touch with me.<sup>86</sup>

As far as the voluntary contributory scheme was concerned, it was, Browne thought, 'quite incompatible' with the basis of the scheme and liable to mislead the whole profession into believing that some compromise on the means test was feasible.<sup>87</sup>

Browne's intransigence on the issue of the means test was not because of any ideological bias, at least not initially. As early as June 1948 he had wished to leave his options open because of the I.M.A.'s likely opposition.<sup>88</sup> Yet on 28 June the cabinet went ahead and authorised the drafting of the general scheme 'subject to the omission of the proposal to enable the minister to make regulations providing for the payment of a charge for services under part III of the act of 1947'.<sup>89</sup> Browne's hands were thus tied when he came to negotiate with the I.M.A. It is clear that the decision was not at the time seen as significant, and neither MacBride, Lynch nor Browne remembers any ideological discussion — 'not a syllable', comments Browne.<sup>90</sup> Indeed Browne, in retrospect,

<sup>84</sup>As above, n. 69.

<sup>85</sup>*Ibid.*, pp 2-3.

<sup>86</sup>Noel Browne to J. A. Costello, 16 Dec. 1950 (S.P.O., S14 997A).

<sup>87</sup>*Ibid.*

<sup>88</sup>S.P.O., S14 997D Department of the Taoiseach, 'Memorandum, mother-and-child service' 2 Apr. 1951, para 4.

<sup>89</sup>*Ibid.*, para. 5.

<sup>90</sup>Interviews with Sean MacBride (4 Mar. 1986), Patrick Lynch (21 Feb. 1986), and Noel Browne (12 Mar. 1986).

considers that the Fine Gael element in the cabinet — led as it was by Costello whom Browne considers was ‘a simple fellow’, a ‘peasant catholic’ of ‘limited intelligence’ — did not understand the issue of the means test and had not given it much thought. Only when the I.M.A. began exerting its influence, particularly through O’Higgins, did the cabinet become alerted to its importance. Though Browne warned the cabinet of the I.M.A.’s likely opposition at the time, Norton had said ‘if you won’t give in, neither will I.’<sup>91</sup> With the inter-party government barely in office at that time, there were compelling reasons to avoid suggesting some compromise over the health proposals of the previous administration. As Browne points out it would have been politically impossible to amend the Fianna Fáil act and introduce a means test. Quite obviously Norton and his labour party could not have supported such a move.<sup>92</sup>

When the I.M.A. finally responded in February 1951 to Browne’s correspondence of December 1950 (which was a request for a reply to his draft scheme of June) it was merely to restate its objections.<sup>93</sup> Despite this recalcitrance, Browne persisted in his willingness to meet the association to see whether its plan could be incorporated ‘in accordance with intentions and provisions of the Health Act, 1947’, but his patience was wearing thin and he asked whether the I.M.A. could restart and continue negotiations to finality with a minimum of interruption.<sup>94</sup> After a further misunderstanding, arising from an informal meeting between Browne and representatives of the association in Leinster House,<sup>95</sup> Browne evidently thought that he had waited long enough and that it was time to make his move. Though until March 1951 he remained willing to negotiate, he believed the I.M.A. would not reach agreement ‘except on its own terms’ and so he ‘decided to proceed without further delay with measures for the introduction of a mother-and-child service’.<sup>96</sup>

The situation thus far was quite clear to Browne. He could assume that his ecclesiastical flank had been adequately covered because the bishops had not replied to or queried any part of his memorandum, which he had no reason to suspect had not reached them. He had, for instance, confidently told the I.M.A. in October 1950 that the moral aspects could be catered for by the responsible authorities, drawing attention to the fact that ‘no objections had been raised by the catholic or protestant churches to the scheme in England, which was much more comprehensive than the scheme proposed in this country’.<sup>97</sup> However obstinate the I.M.A. might prove, he was merely implementing a scheme already provided for in law and which had received general cabinet approval in June 1948. Browne had this formidable array of arguments should the I.M.A. try to challenge him in public over the implementation of the mother-and-child scheme. If the association was encouraged by Fine Gael’s

<sup>91</sup>Interview with Noel Browne, 12 Mar. 1986.

<sup>92</sup>*Ibid.*

<sup>93</sup>P. J. Delaney to secretary of the Department of Health, 3 Feb. 1951 (S.P.O., S14 997A).

<sup>94</sup>Pádraig Ó Cinnéide to P. J. Delaney, 19 Feb. 1951 (*ibid.*).

<sup>95</sup>P. J. Delaney to secretary of Department of Health, 20 Feb. 1951 (*ibid.*).

<sup>96</sup>Pádraig Ó Cinnéide to P. J. Delaney, 23 Feb. 1951 (*ibid.*).

<sup>97</sup>As above, n. 66.

obvious aversion to the proposals, the government itself was tied to the scheme. Failure to implement it could not only threaten the government but, given the public support for it, could damage Fine Gael electorally — unless of course the scheme could be abandoned in a way which exonerated the government from responsibility. Part of the explanation as to how and why Browne was ultimately to detonate the church-state controversy by publishing the correspondence lies in the complex arena of inter-party cabinet politics.

#### IV

Sometime during 1950 MacBride came to believe that relations between himself and the minister for health had become strained.<sup>98</sup> Up to this he had had a good working relationship with Browne and had found him an energetic and dedicated minister who seemed to 'be enjoying it no end'.<sup>99</sup> In retrospect, MacBride can only speculate that Browne had come under the influence of Noel Hartnett and that Hartnett was disappointed at not being nominated by MacBride for a seat in the Senate, a blow compounded by the fact that Fianna Fáil had also failed to nominate him. MacBride's choice had been determined by the opportunity of fulfilling an election promise to have a representative of Northern Ireland in the Oireachtas and Hartnett was a southerner.<sup>100</sup> At the time MacBride was unsure as to why Browne should be antagonistic but, as he subsequently explained to Clann na Poblachta's national executive, he thought that perhaps Browne was not well and that it was a passing phase of irritability.<sup>101</sup> As things got worse he had the impression that 'this line of conduct was carefully planned and was prompted in no small measure by Noel Hartnett'.<sup>102</sup> Hartnett was to resign in February 1951 because of his dissatisfaction with the Clann's position in the coalition which, he believed, had led to a compromise of 'those principles of political honesty and clean administration' which the party's supporters believed to be fundamental to Clann policy.<sup>103</sup>

In November 1950 MacBride had tea with Browne in the Russell Hotel and was severely criticised for his conduct as leader of Clann na Poblachta. Browne, he reported, had charged him with being out of touch with 'us' and under the influence of sycophantic 'other people' and that as a result the party was breaking up. Its demise was all MacBride's fault for becoming 'isolated' from Hartnett who, despite his 'impossible prejudices, ulcers and laziness', was the most useful friend MacBride had.<sup>104</sup> MacBride then asked whether he had been trying to pick a fight. According to MacBride's account, Browne

<sup>98</sup>Note of report to the national executive of Clann by Sean MacBride on the 10th February 1951' (University College, Dublin, Department of Archives, McGilligan papers, P35 C/175).

<sup>99</sup>*Ibid.*; interview with Sean MacBride, 4 Mar. 1986.

<sup>100</sup>Interview with Sean MacBride, 4 Mar. 1986.

<sup>101</sup>As above, n. 99.

<sup>102</sup>Interview with Sean MacBride, 4 Mar. 1986.

<sup>103</sup>*Irish Independent*, 16 Apr. 1951, reprinting Hartnett's letter of resignation, 8 Feb. 1951.

<sup>104</sup>MacBride to Donal O'Donoghue, 11 Nov. 1950, enclosing 'Minute of conversation between Sean MacBride and Noel Browne held at the Russell Hotel and Leinster House

said that I was perfectly right and that for over a year he had set himself deliberately to pick a row with me. That he had done so on every occasion we met privately and that, having failed in that way, he had decided to do it openly at meetings and force an issue with me. (He did not specify what the issue was.) If he did not succeed he would resign and force the issue in that way. That he would have done this before now but he wanted to get his mother-and-child scheme first or resign on that issue.<sup>105</sup>

Browne went on to lament his involvement in politics, saying that he really wanted to go back to medicine but 'he knew he would regret it and want to be in things again'. He told MacBride that he would continue in his endeavours 'to seek any issue he could in order to bring down the government'.

A further meeting between them was arranged for Iveagh House on 4 January 1951. The one available account is also by MacBride. Lasting about three hours, the meeting had been instigated by another person present, Donal O'Donoghue, chairman of Clann na Poblachta's ard-comhairle (national executive) and of its standing committee, 'to reduce the disagreement or antagonism which seemed to have arisen' between the two ministers.<sup>106</sup> Browne listed his grievances, chiefly his feeling of isolation within the cabinet, spicing his monologue with insults, saying that MacBride was making a fool of himself by writing memorandums 'on every conceivable topic from economics down to pearl fishing. He just appears ridiculous in the eyes of the government.' Browne intemperately accused MacBride of being a liar and of being no help to him in the matter of the mother-and-child scheme. Small wonder that all three agreed that further discussion was useless. Browne then confirmed that he had tried to pick a quarrel with MacBride because his leadership was, as he put it, 'hopeless'. The meeting ended with O'Donoghue appealing to Browne to consider the situation he was creating. Browne agreed to think it over.<sup>107</sup>

Recalling MacBride's accounts, Browne rejects their veracity, denying that he made any such statements and saying they were 'not true, not at all'. Would anyone, he reasons, who intended to do such things come out and say it? He was 'not an imbecile, not a stupid person'. Neither was he hysterical, as MacBride had made out, for he is 'a fatalist, a philosopher', who viewed the whole matter with a calm detachment. He does confirm that from November 1950 onward he was 'isolated from the cabinet' but stresses that he did not intend to bring down the government.<sup>108</sup> For Browne, the coalition had been a 'marriage of convenience', as indeed it had been for MacBride 'but he got fond of it'. As Clann na Poblachta became in Browne's eyes the tail end of Fine Gael, he was 'surprised that Sean would accept that role' but he himself had not minded until it affected his own department.<sup>109</sup>

Whatever the truth of the matter, it is clear from Browne's own recollection that he was dissatisfied with Clann na Poblachta's diminished influence in cabinet, something which came on top of the tendency for decision-making to remain

on 9 November 1950, prepared by Sean MacBride on the same night' (private papers of Mr Sean MacBride). Copy also in McGilligan papers.

<sup>105</sup>Ibid., p. 5.

<sup>106</sup>'Brief minute of discussion' (MacBride papers).

<sup>107</sup>Ibid.

<sup>108</sup>Interview with Noel Browne, 12 Mar. 1986.

<sup>109</sup>Ibid.

in the hands of Costello, Norton, Patrick McGilligan and, initially, MacBride. He was dissatisfied too with MacBride's apparent quiescence in the Fine Gael lead, and with what he saw as his discarding of Hartnett. It added up to a bleak picture of MacBride's leadership. On the other hand, believing there would be a row with the I.M.A. on the issue of the implementation of the scheme, he had 'deliberately mobilised the public' on his behalf and he 'felt it was an excellent issue to go to the country; he spent a year making it one'.<sup>110</sup> Ó Cinnéide had written to McElligott in Finance that the purpose of a brochure explaining the mother-and-child scheme was to convince the public of its necessity and 'partly also to counteract the propaganda which the minister anticipates may be directed against the service by a section of the medical profession who will be probably be critical of it'.<sup>111</sup>

MacBride was convinced enough of Browne's intention to resign to inform the taoiseach. Costello told his private secretary, Patrick Lynch, on 23 November 1950 that Browne wanted to bring down the government on the issue of the mother-and-child scheme, but Costello was unaware of the internal Clann na Poblachta squabbling, notes Lynch, until the end of March or early April 1951.<sup>112</sup>

The minister for health apparently came close to forcing the issue in the first week of February when the cabinet estimates sub-committee suggested that only a supplementary estimate be sanctioned in the event of funding being required by Browne for the scheme — there could be no inference of cabinet approval if there was no accommodation for it in the budget. According to a note by MacBride, Browne had made up his mind, believing it to be a 'splendid issue' on which to resign.<sup>113</sup> As for Clann na Poblachta, MacBride pointed out that 'it was the view of the executive and the standing committees that a general election should not be forced at the moment' and that the standing committee should be given a chance to consider the matter.<sup>114</sup> Browne, it seems, was prevailed upon by the standing committee not to take precipitous action, but on 8 February he resigned from the committee, ostensibly for 'purely personal reasons'.<sup>115</sup>

Whatever about Browne's self-appointment as the political conscience of Clann na Poblachta, his attitude to the government had the effect of bestowing on him both a reckless freedom of action and a degree of political isolation. His belief in the inevitability of a clash with the I.M.A. added to an inclination, partly personal and partly political, to eschew the wariness needed to steer the sensitive scheme through to implementation. This inclination was strengthened by his belief that he had covered his ecclesiastical flank, that the less enthusiastic members of the cabinet had only a choice between acceptance of the scheme or the collapse of the government, that he had been more than patient with the I.M.A. and that he could anyway defeat it politically on the issue of the

<sup>110</sup>*Ibid.*

<sup>111</sup>Pádraig Ó Cinnéide to J. J. McElligott, 25 Mar. 1950 (Department of Finance, S 46/7/50).

<sup>112</sup>Interview with Patrick Lynch, 21 Feb. 1986.

<sup>113</sup>Note of interview with Browne on the 5th February 1951' (McGilligan papers).

<sup>114</sup>*Ibid.*

<sup>115</sup>*Irish Press*, 16 Feb. 1951.

mother-and-child scheme. His groomed volatility within the cabinet further reinforced his isolation from his own party colleagues. By the time of the bishops' protest of October 1950, the Browne-MacBride split was well under way, which could partly explain why Costello and McQuaid were willing to await developments and not forward Browne's assurances to the hierarchy. Little wonder too was it that Costello, so wary of Browne in his belligerent state, felt it necessary to communicate with the I.M.A. on 24 November 1950, the day after Lynch was told of Browne's intention to resign.

At this time the broader conflict between the Department of Health and the medical profession was particularised in the charged atmosphere of the coalition cabinet. The stage was set, the political characters primed, the ecclesiastical chorus waiting in the wings, with Browne, so far as his colleagues were concerned, the protagonist flaunting his metaphorical sword of resignation. The confusion of elements woven since the 1940s was about to unfurl before a public which thus far had only been given glimpses of the drama. On 21 February 1951 the *Irish Times* reported rumours of a clash between Browne and his colleagues over the well-publicised conflict with the I.M.A. The rumours were accompanied by reports on 8 March of a lengthy conference of coalition party leaders in the taoiseach's room on the previous Tuesday night, a conference 'concerned with the serious disagreement which exists between the Fine Gael section of the ministers and Dr Browne'.<sup>116</sup>

It was Browne's publication of his correspondence with the I.M.A. on 8 March, followed by a radio broadcast in which he indicated that he was going ahead with the scheme, that precipitated the crisis. With Browne and the I.M.A. thrashing it out in the media, McQuaid contacted Costello, saying he was 'surprised to read in the daily press of the sudden determination of the minister for health to implement the mother-and-child health service in the manner in which he conceives the service'.<sup>117</sup> He had just received the Department of Health pamphlet setting out the benefits of the scheme and he was to waste no time in reiterating to Browne 'each and every objection' which had remained unresolved. Like the I.M.A., McQuaid welcomed any 'legitimate' improvement of medical services 'for those whose basic family or income does not readily assure the necessary facilities'.<sup>118</sup> In other words, one that included a means test.

Browne, confident that he had given the hierarchy sufficient reassurance in October-November 1950, supposed that McQuaid's objections were not those of the bishops as a whole, for none of the acknowledgements he had received from members of the hierarchy had mooted any concern. In fact he had been in touch with one bishop who assured him 'that so far as he is aware the hierarchy as such have expressed no objections to the mother-and-child scheme whatsoever on the grounds of faith and morals'.<sup>119</sup> In the absence of any response by Browne to McQuaid's letter of 8 March, Costello wrote to Browne saying he feared Browne did not realise the implications. 'As you are aware', wrote Costello of the hierarchy's October protest, 'I have so far refrained from

<sup>116</sup>*Irish Press*, 8 Mar. 1951.

<sup>117</sup>Archbishop McQuaid to J. A. Costello, 8 Mar. 1951 (S.P.O., S14 997A).

<sup>118</sup>Archbishop McQuaid to Noel Browne, 8 Mar. 1951 (ibid.).

<sup>119</sup>Noel Browne to J. A. Costello, 19 Mar. 1951 (ibid.).



replying to that letter. I have postponed sending a formal reply in the hope that you would have been able to achieve a satisfactory adjustment of the matters in controversy.' Browne's actions in forwarding a copy of the scheme to the bishops, followed by McQuaid's objections, made it difficult, the taoiseach continued, to postpone such a reply and he felt it was now up to Browne to consult the bishops.<sup>120</sup>

In reply Browne informed Costello that he had already dealt with their misapprehensions and that they

were satisfactorily disposed of by myself with the exception of the one outstanding point concerning health education, on which point I gave unequivocal guarantees to his grace and their lordships that everything possible which could be done to allay their fears in this regard I would most willingly carry out ... You will recall that you personally assured me, following a meeting which you had with his grace on the 12th October last, that you were in a position to corroborate his grace's and their lordships' satisfaction with the explanation which I gave in relation to their misapprehensions concerning the scheme.<sup>121</sup>

Costello denied any such corroboration and asserted that McQuaid was still dissatisfied the day after Browne had gone to see him in October 1950. He recalled that the hierarchy's letter of 10 October was received 'only some time after your interview ... The letter delivered to the government emanated from the whole hierarchy and must be regarded as still expressing the hierarchy's views until a contrary expression has been received.'<sup>122</sup> Browne saw no reason to presume anything other than that the hierarchy was satisfied with the scheme:

I took it that this letter, which had already been discussed, and in my view satisfactorily discussed, was given to you as a matter of record. I intended the reply which I gave to you and which substantially represented the case I made to his grace and their lordships to be likewise for record. I was under the impression that you had sent it as a reply to the letter of his lordship the bishop of Ferns [Staunton] and I was horrified to learn for the first time only a few days ago that you had in fact never sent it.<sup>123</sup>

The fact that Costello had not raised the matter of supposed ecclesiastical opposition until 14 March 1951 supported Browne's conviction that Costello had corroborated his successful reassurance of the bishops. Considering the strained political atmosphere which Browne had largely created, and the fact that Fine Gael was both apprehensive about the scheme in the first place and sensitive to the I.M.A.'s interests, it was not surprising that Browne's suspicions were aroused by his last-minute hitch. He thought it strange that, when discussions with the I.M.A. had reached such a crucial stage, Costello should advance as the only remaining obstacle 'one which of all possible objections ... should first have been satisfactorily disposed of'.<sup>124</sup>

Things were evidently coming to a head and Maurice Moynihan, secretary to the government, diligently noted much of the frenetic activity. Browne believed that the situation called for decisiveness and he chose to throw down the gauntlet with a letter to the I.M.A. rejecting its 'attempts to repudiate the policy of

<sup>120</sup>J. A. Costello to Noel Browne, 15 Mar. 1951 (ibid.).

<sup>121</sup>Noel Browne to J. A. Costello, 19 Mar. 1951 (ibid.).

<sup>122</sup>J. A. Costello to Noel Browne, 21 Mar. 1951 (ibid.).

<sup>123</sup>Noel Browne to J. A. Costello, 21 Mar. 1951 (ibid.).

<sup>124</sup>Ibid.

the government in this matter. Neither the minister nor the government, however, proposes to allow obstruction of national policy by any group of persons, however influential they may be and it is proposed accordingly to proceed with the introduction of the scheme as already outlined.<sup>125</sup> When Costello got wind of the letter, he directed that it be not sent and that if Radio Éireann should obtain the text of it he was to be informed before it was broadcast.<sup>126</sup> It was important for Costello to know how far Browne was acting outside the pale of cabinet — had he, for instance, drafted the letter to the I.M.A. before he had received his (Costello's) letter of the same day? When Moynihan spoke to Ó Cinnéide at about 6.30 p.m., Ó Cinnéide believed Browne had received the taoiseach's letter. Without a direct question to Ó Cinnéide, Moynihan could only tell Costello that he inferred that Browne had indeed written to the I.M.A. after reading Costello's message.<sup>127</sup> Costello then took it that Browne's move was leading to some decisive resolution of his position in the cabinet. Sometime after 7.00 p.m. he telegraphed MacBride, who was in the United States, that he would be glad if he returned at once. Dillon, Norton, and Lynch were present at some or all of the conversations Moynihan had with Costello. Moynihan was then dispatched to the Custom House with a second letter to Browne, handing it to Ó Cinnéide at about 8.40 p.m.<sup>128</sup>

In this letter Costello informed Browne that 'your scheme in the form outlined by you was not acceptable to the government unless and until the express reservations made by the hierarchy' was resolved. The following day, 22 March, he wrote again to Browne lamenting that his efforts to help a colleague had been misconstrued. He had refrained from replying to the bishops' letter of 10 October 1950 in the hope that the objections expressed therein could be satisfactorily disposed of and he had explained his reasons to McQuaid. In other words, had Browne resolved his conflict with the I.M.A., the objections of the hierarchy would have been met, or alternatively the scheme would not have come to fruition had Browne's endeavours to create a political crisis succeeded. But since Browne felt absolved from having to compromise on the issue of a means test because of the provisions in the existing legislation and the decision of June 1948, a resolution of the I.M.A.'s anxieties was not likely.

In showing that the clash of church and state was more apparent than real, it is important to note that simply putting the I.M.A. between the hierarchy and the government did not merely move the church one step back. The bishops' desire for a means test was based on a need to ensure the prevalence of catholic ethics within medicine. On this point Browne had given unqualified assurances and freedom to the bishops to suggest any changes in the scheme they might deem necessary. For the I.M.A. the means test was a key procedure to ensure the survival of the private practitioner as a species in the face of the Department of Health's vision of a free comprehensive health service for all. What brought the hierarchy into the conflict was the successful demonstration of the innate connexion between the survival of private practitioners in public health and the safeguarding of catholic morality and social teaching.

<sup>125</sup>Pádraig Ó Cinnéide to P. J. Delaney, 21 Mar. 1951 (ibid.).

<sup>126</sup>Note of Maurice Moynihan, 21 Mar. 1951 (ibid.).

<sup>127</sup>Ibid.

<sup>128</sup>Ibid.

The mechanism was the same as that which had existed in 1946 when the Conference of Convent Secondary Schools had mobilised the catholic church's influence. Just as hierarchical concern had been removed without surrendering the purpose of the legislation, so too in 1951 it was possible to resolve its concern without sacrificing the efficacy of the scheme. As Browne had pointed out in his memorandum dealing with the bishops' reservations, freedom of choice was retained in the scheme. Participation was not compulsory and in an overwhelmingly catholic country the medical profession was similarly predominantly catholic. Indeed there was greater freedom of choice with this scheme, for under the public assistance system the one third receiving care were 'tied to one doctor because of their poverty'.<sup>129</sup> In a catholic country, with a government resolutely committed to its catholicism, the perspectives of church and state are similar. To characterise the issue as one of church versus state is to ignore this and to fail to see the logic not only of the lack of protest before the health legislation was enacted but also its easy resolution in 1953. The issue, far from demonstrating any clash, shows the hand-in-hand relationship between the temporal government and the spiritual, a relationship in which Browne himself expressly indulged.

Costello and McQuaid's decision to await developments was crucial to the confusion of events. It produced a replay of the activities of October 1950 when Browne went to the archbishop. On 22 March 1951, five complicated months later, Browne telephoned Costello at 4.25 p.m. to tell him that he had been to see McQuaid. They had agreed that the matter was to be adjudicated and that Browne's 'case' be transmitted by Costello to Staunton, the 'case' being the memorandum written by Browne and modified slightly by Costello in November 1950. Browne understood that he would have to accept the decision of the hierarchy and he requested McQuaid to deal with the matter expeditiously 'as it might mean his leaving the cabinet'.<sup>130</sup>

Costello was at this time trying to assess how far his government had committed itself to the scheme and Moynihan was sent to investigate any decisions which implied cabinet approval.<sup>131</sup> Apart from the decision of 28 June 1948, there was 'no record of any government decision regarding the mother-and-child scheme since the Health Act, 1947. Neither is there any record of the submission to the government of proposals for the institution of such a service', reported Moynihan.<sup>132</sup> Despite the fact that the scheme had received Oireachtas approval under Fianna Fáil and had been implicitly sanctioned and publicly endorsed by the inter-party government, Costello's suggestion of questionable legitimacy was used by him to reject the notion of cabinet sanction. When the bishops replied to Browne's case, they were 'pleased to note that no evidence had been supplied in the letter of the taoiseach that the proposed mother-and-child health scheme advocated by the minister for health enjoys the support of the government'.<sup>133</sup>

McQuaid's reply, on behalf of the bishops, dealt neither with Browne's

<sup>129</sup>As above, n. 46.

<sup>130</sup>Note by J. A. Costello, 22 Mar. 1951 (S.P.O., S14 997A).

<sup>131</sup>Maurice Moynihan to J. A. Costello, 27 Mar. 1951 (ibid.).

<sup>132</sup>Ibid.

<sup>133</sup>Archbishop McQuaid to J. A. Costello, 5 Apr. 1951 (S.P.O., S14 997B).

assurances nor with the details of the scheme. While it was not condemned morally, it was indicted for not complying, in the bishops' eyes, with catholic *social* teaching. Seven points were made. Only on the first, that of education, did the bishops accept Browne's assurances. On the second, the abrogation of excessive control by the Department of Health, they set the context for their case for the inclusion of a means test. The third, the undue interference of the state in the private affairs of patients and doctors, was hardly a model of social justice. The hierarchy had not seen fit to consider those forced through poverty to suffer the same intrusion under the existing dispensary system. That the scheme was to offer a choice hitherto denied was not mentioned. The next three points clumsily advocated the need for a means test. The bishops argued that financing the scheme through general taxation would not result in a correlation between the cost and the necessity to use it; that paying the tax implied a compulsion to use the facilities; that the scheme would gravely damage the self-reliance of those who could afford to pay. But the question of the damage to the self-reliance of those who could not afford gynaecological care was not touched upon. Finally, the bishops objected to the use of ministerial regulation. Yet it was ministerial regulation which had been resorted to in order to meet the reservations of the convent secondary schools over compulsory medical inspection.

To take the ecclesiastical protest as simply the uninfluenced opinion of the hierarchy does not explain its inherent contradictions. The idea that paying the increased taxation amounted to moral compulsion was tenuous. Because the bishops failed to give a detailed analysis of the scheme, they did not specify how it perpetuated state interference or how it could be amended to remove their qualms. There was an obvious lack of logic in presuming that, because doctors were employed by the state, medical treatment contrary to catholic morality would be foisted upon patients. To equate self-reliance with an ability to pay could hardly have been construed as part of catholic morality or of catholic social teaching. The injustice, illogicality and ineptness of the protest arose, quite simply, because it was an articulation of the demand for a means test that mendaciously presented itself as hierarchical concern for the flock's welfare. The bishops' address to the government was not a protest against the mother-and-child scheme; it was an articulation of the private practitioners' case. The private practitioners had found an alternative source of legitimation in what they saw as the defence of their role in the public medical service, to say nothing of the income connected with the steady business in gynaecological care in catholic Ireland.

For McQuaid, the inclusion of a means test meant for the government 'a guarantee of the blessing of God on your deliberations and a presage of practical and peaceful achievement'. It was the hierarchy's urgent desire, he continued, to provide for the health of mothers and children 'whose insufficient means would not allow them to avail of the best modern facilities'.<sup>134</sup>

The fact remained that the protest had been made and the cabinet considered it on 6 April 1951. Costello, at Browne's request, asked each member to express his views on the matter.<sup>135</sup> MacBride regretted the position whereby a

<sup>134</sup>Archbishop McQuaid to J. A. Costello, 10 Apr. 1951 (ibid.).

<sup>135</sup>Note of statement by the minister for external affairs at the cabinet meeting'; J. A. Costello to Sean MacBride, 9 Apr. 1951 (ibid.).

government or one of its ministers was subject to ecclesiastical criticism. It was, he said, politically impossible to ignore the hierarchy. He was, however, shrewd enough to see the 'clash' of church and state as more a product of events than a genuine confrontation.

Every possible effort should be made to avoid the creation of a situation where there is a real or apparent clash between church and state ... It is, therefore, always unfortunate that a situation should arise in which the impression may be created that a conflict exists between the government and the church. I am afraid that such a position has been created.<sup>136</sup>

He shared the view of Costello, Fine Gael, the I.M.A., the bishops and others that there should be some form of means test. Browne, having pushed for a decision, got it — the scheme was not to be proceeded with and an alternative one was to be formulated which would provide for those whose incomes precluded access to the best modern facilities.<sup>137</sup>

Browne asked for time to consider his position. 'I was careful never to say I would resign', Browne adamantly insists. He recalls telling MacBride that if the bishops' views were accepted by the government he intended to make it public, assuring his colleagues he would not break the law as it stood under part III of the 1947 act, and giving them his opinion that the government should introduce the legislation for a means test if the impasse was to be removed. According to Browne, he was pressed by Norton and Dillon, among others, to introduce a means test as a concession to the I.M.A. The cabinet, he recalls, tried 'to bully me into doing their dirty work and I wouldn't ... They assumed they could walk on me and that was the mistake they made ... I wasn't going to make it easy for them.'<sup>138</sup>

Even in the time between the ending of the cabinet meeting and the approval of the minutes there occurred a telling incident. Moynihan, conscientious guru of proper procedure that he was, disputed the wisdom of Costello's intention to record in the cabinet minutes the bishops' protest as the sole reason for the government's decision. Despite his objection, Costello remained satisfied with the reference and Moynihan got no further when he broached the matter with Norton.<sup>139</sup> For if Browne were to resign, the minutes had to place him in the position of errant layman unwilling to show the same deference as his colleagues to the views of the catholic church — an unfair position considering his profuse assurances to the hierarchy throughout the affair. When MacBride requested that his own statement to the cabinet be circulated, Moynihan clarified his concern over these unprecedented elaborations of cabinet decisions.

Once a decision has been taken, the only record should be that of the decision itself. If, following a decision, this department accepted for record statements of the views expressed by individual ministers on the discussion leading up to the decision, such statements might include records of dissent from the decision taken. Such a practice would be incompatible with the principle of collective responsibility.<sup>140</sup>

<sup>136</sup>Ibid.

<sup>137</sup>Cabinet minutes, 6 Apr. 1951 (S.P.O., G.C. 5/207); Department of the Taoiseach to minister for health, 7 Apr. 1951 (ibid., S14 997B).

<sup>138</sup>Interview with Noel Browne, 12 Mar. 1986.

<sup>139</sup>Note by Maurice Moynihan, 9 Apr. 1951 (S.P.O., S14 997B).

<sup>140</sup>Maurice Moynihan to taoiseach, 13 Apr. 1951 (S.P.O., S14 997C).

Browne, now almost the irredeemable pariah within the cabinet, reconsidered his position in lengthy discussions with the Clann na Poblachta executive, which he then made known publicly;<sup>141</sup> a move not surprising given his intention to orchestrate a political crisis.

For Costello, this discussion beyond cabinet sanction was an impropriety which could cause his colleagues 'grave embarrassment'. As far as he was concerned, Browne had made a commitment to abide by the hierarchy's views and he was not about to let Browne avoid resignation on that issue. Costello was unwilling to allow Browne to consider an alternative course, and he drafted a request for the minister's resignation.

Your attitude generally in regard to the views of the [Irish Medical] Association — who represent the profession on whose goodwill and active co-operation the success of any health scheme must depend — has been such that, if you were to continue in office, the government could feel no confidence that effect would be given to their desire for the early introduction of an acceptable mother and child service. In all the circumstances, I am obliged with great regret to request that you will now place your resignation from office as a member of the government in my hands for submission to the president in accordance with the constitution.<sup>142</sup>

As a measure of Costello's sense of the need to pre-empt further manoeuvring by Browne, this unissued draft was composed within three or four days of the cabinet decision of 6 April. Indeed MacBride, at the last two Clann na Poblachta executive meetings before Browne's resignation, had stated that, in the words of one Clann deputy, 'he might be faced within a short period of time by a demand from the taoiseach for the dismissal of Dr Browne'.<sup>143</sup> MacBride recalls that he preferred to temporise and allow the government to run its course. Equally, he believed it was up to him to ask for Browne's resignation. He had wanted to put that off as long as possible and had to gauge how far he could go with Costello. Evidently he felt he could not go any further. On 10 April Costello's request for his minister's resignation was superseded by MacBride's. 'You will no doubt realise', he wrote, 'that, in the light of the events that have happened, it would not now be possible for you to implement successfully the mother and child services which are so urgently required'. The difficulties, MacBride believed, could easily be resolved by the inclusion of a means test. He assured Browne that, in calling for his resignation, he had not done so because of the deteriorating relations between them.<sup>144</sup> On the following day, 11 April 1951, Browne sent his resignation to Costello.

Browne, having developed the issue with the I.M.A. as one with which to face the people, now found himself outflanked by the hierarchy's protest. He

<sup>141</sup>*Irish Times*, 8, 9 Apr. 1951.

<sup>142</sup>Unsigned 'Draft letter to minister for health, not issued', n.d. (S.P.O., S14 997B). There are four reasons for assuming this draft to be the work of Costello: (1) seven amendments are made in Costello's hand-writing; (2) it constantly refers to offers of help as in Costello's letter to Browne of 21 Mar. 1951; (3) it is written expressing the authority of government, as in the request to put the resignation in 'my hands' for transmission to the president; (4) it bears no similarity to the letter demanding Browne's resignation sent by MacBride.

<sup>143</sup>*Irish Times*, 14 Apr. 1951.

<sup>144</sup>Sean MacBride to Noel Browne, 10 Apr. 1951 (S.P.O., S14 997B).



had expected a row with the doctors 'but not with the bishops'.<sup>145</sup> At some stage after the episcopal protest of 8 March he changed targets and decided to expose church-state relations, 'convinced', as he recalls, 'that it had to be done'. It was, Browne now asserts, a 'very conscious decision' and he 'set out deliberately to collect the information'. He wrote some of the correspondence so as to elicit replies and have it on paper because he 'knew they would get together and tell lies about me'. To avoid an embargo, he secured the agreement of R.M. Smyllie, the editor of the *Irish Times*, to publish the letters, with Smyllie saying 'I'll go to jail and publish'.<sup>146</sup> It must be said that Browne did not set himself beyond the realm of episcopal sanction. He reiterated that 'as a catholic I accept the rulings of their lordships the hierarchy without question'.<sup>147</sup>

By 11 April, then, the mechanics of public controversy were primed and the significant actions of the characters involved had all been completed except for Browne's one remaining effort to undermine the government and explain his position — the publication of the church-state correspondence, accompanied by a reply to MacBride.

Those at the centre of the crisis did not think that Browne had composed the letter alone. Lynch remarks that many of those with whom he was in touch at that time thought that Hartnett had a hand in drafting it. He points out that Hartnett and Browne spent considerable time together, particularly at the height of the crisis.<sup>148</sup> Moynihan recalls that 'it seemed to be known that Hartnett was in close conference with Browne in those final critical days before the resignation ... It would not be surprising if Hartnett had played a significant part in drafting the letters.' It was, he reckons, 'a reasonable guess that Hartnett had a hand in the preparation of the letter'.<sup>149</sup> At any rate, Browne explained in the reply that he had deferred his resignation because of the Trades Union Congress negotiations to resolve the hierarchy's worries without including a means test. For him MacBride's letter was a model of hypocrisy and humbug. He was not willing to disengage the mother-and-child scheme from the year-long antagonism. 'Again', he wrote, 'may I comment on your reference to that high standard of conduct which is required in government. Inside and outside, in conversation with you I have protested against the making of appointments on a corrupt basis and other irregularities'.<sup>150</sup>

But as the *Irish Times* put it, Browne's resignation, as the climax of nine months of controversy with the I.M.A., 'was suddenly overshadowed by the disclosures of opposition to his proposals by the Roman Catholic Church and the cabinet'.<sup>151</sup> As press comment developed, the disclosures of internal cabinet opposition diminished in importance under the more readily assimilable equation of church versus state. In fact the *Irish Times* editorial unwittingly encapsulated how potent was the cliché, the view of the catholic church as the ineluc-

<sup>145</sup>Interview with Noel Browne, 12 Mar. 1986.

<sup>146</sup>*Ibid.*

<sup>147</sup>*Irish Times*, 12 Apr. 1951.

<sup>148</sup>Interview with Patrick Lynch, 21 Feb. 1986.

<sup>149</sup>Interview with Maurice Moynihan, 14 July 1986.

<sup>150</sup>*Irish Press*, 12 Apr. 1951.

<sup>151</sup>*Irish Times*, 12 Apr. 1951.

table manipulator of national policy. While it took a dim view of Costello's withholding of Browne's reply to the bishops of the previous October, lamented Browne's isolation within the cabinet, and noted the hostility of sections of the medical profession, it failed to connect these factors. It was puzzled as to how a means test could make the scheme accord with catholic social teaching and failed to connect the political aspects with the I.M.A. controversy. Without sufficient detail or a precedent by which it could construct a coherent view of the relationship between church, state and vested interests, the editorial concluded that the 'most serious revelation' was 'that the Roman Catholic Church would seem to be the effective government of this country'.<sup>152</sup>

When Browne sought to reveal the process by which he had come to resign thus denuding church-state relations of their usual privacy, he left the impression that it was the hierarchy alone which had been the recalcitrant opposition to the scheme and that it was this opposition which had dictated the course of events. All other factors became peripheral. Yet Browne himself, speaking in 1953, remained adamant that it 'is the Medical Association that we are fighting here on behalf of the people'.<sup>153</sup>

That it was the Irish Medical Association that had played the more significant part would have been confirmed in Browne's mind by Costello's action when, having taken the health portfolio himself after Browne's resignation, he set up a joint medical committee of departmental officers and association members.<sup>154</sup> In so doing Costello bestowed on the association that access to policy it had sought since 1944.

## V

It was a temporary victory. The I.M.A.'s few halcyon months in the Custom House came to an end when Dr James Ryan became minister for health under Fianna Fáil in June 1951. Browne was 'glad to see that he had the courage to remove these people from the Custom House where they were enthroned by the previous taoiseach'.<sup>155</sup> Nonetheless, the proposals Ryan made in 1952 represented a major retreat from those already approved by the government and set out in the white paper. They differed most fundamentally from the 1947 act in setting an income level of £600 for eligibility to a mother-and-child scheme which now applied only to children up to six weeks instead of sixteen years of age. Furthermore, all private practitioners would be entitled to participate. It must be said that Browne too, just before the bishops protested in March 1951, agreed to this largely because without this concession there was 'no possibility of settling his present difficulties with the I.M.A. and the profession generally'.<sup>156</sup> Ryan believed 'that the restriction of general practitioner services now proposed (although it will undoubtedly be criticised as

<sup>152</sup>Ibid.

<sup>153</sup>*Dáil Éireann deb.*, cxxvi, 1253.

<sup>154</sup>Ibid., cols 1223, 1224-5.

<sup>155</sup>Ibid., col. 1249.

<sup>156</sup>Pádraig Ó Cinnéide to secretary of Department of Finance, 6 Mar. 1951, and Noel Browne to minister for finance, 6 Mar. 1951 (Department of Finance, S72/5/49).

a retreat from the intentions of the 1947 act and the white paper) should go a long way towards meeting the objections advanced against the previous proposals'.<sup>157</sup> He was satisfied that they represented 'the minimum extension of the health services which the government can reasonably offer to the country'.<sup>158</sup> The Department of Health's satisfaction with a minimal approach contrasted sharply with the visionary ideal formulated during the Emergency and was indicative of the major rethink in health policy effected by the 1950-51 débâcle. That the restrictions were decided upon with a view to assuaging the I.M.A. before Fianna Fáil had any contact with the hierarchy's committee demonstrated who the government considered to be central to the controversy.

Even as they stood, the proposals met with opposition from the Private Practitioners' Group, which resolved in March 1953 not to co-operate should they be enacted.<sup>159</sup> In the end, however, the weight of the Irish Medical Association, the parent-body, was lent to Ryan. With the group in a quandary about the sacrifice of its 'principles', the fees considered appropriate under the mother-and-child scheme were hammered out at a meeting at the Royal College of Surgeons later in 1953.<sup>160</sup> Group members protested against the 'undue haste with which the council of the association dealt with the matter'<sup>161</sup> and stressed that it had only been accepted in the teeth of the group's opposition.<sup>162</sup> The limits to its victory were set by the need to work from within the I.M.A. and its chairman had to remind the group in October 1954 that the act 'was law and our association has agreed to work it providing regulations are satisfactory'.<sup>163</sup> As Dr McCann said, 'in co-operating to try and make the best of a bad job we were influenced by the minister's promise to consult with the association about the regulations and also his promise that he would seek an introduction at an early date of a voluntary insurance scheme'.<sup>164</sup> Not only did the medical profession secure the restrictions it wanted to the mother-and-child scheme, but it was able to determine the nature of the whole Irish health service on the lines of the proposals put forward by the Medical Association of Éire in the mid-1940s. In place of the Department of Health's ideal in 1945 of a free medical service for all, the government offered in 1956 what the I.M.A. had long considered to be a far more suitable alternative — the voluntary health insurance scheme, which accorded with Ryan's promise given in 1953 as part of the settlement. It was only in 1972 that the dispensary system was finally replaced by the 'choice of doctor' panel scheme.<sup>165</sup> The development of the Irish health services stands as a testament to the strength and influence of the medical profession.

<sup>157</sup>Department of Health memo 'Health services', Mar. 1953, para. 18 (Department of Finance, S46/7/50).

<sup>158</sup>*Ibid.*, para. 19.

<sup>159</sup>Private Practitioners' Group, Minutes of meeting, 11 Mar. 1953 (Irish Medical Organisation).

<sup>160</sup>*Ibid.*, 30 Oct. 1953.

<sup>161</sup>*Ibid.*, 28 Apr. 1954.

<sup>162</sup>*Ibid.*, 30 Oct. 1953.

<sup>163</sup>*Ibid.*

<sup>164</sup>*Ibid.*

<sup>165</sup>Brendan Hennessy, 'The health services' in Frank Litton (ed.), *Unequal achievement: the Irish experience, 1957-1982* (Dublin, 1982).

The bishops entered the fray once again in much the same manner as they had done before. McQuaid now felt compelled to contact the tánaiste when he read that, according to an I.M.A. statement of November 1952, the government was to go ahead with the white paper which, he noted, the association had considered and rejected. He was 'concerned not with the truth of such a paragraph, but with the effect produced by the I.M.A.'s statement'. The bishops' silence, maintained because the government was considering the scheme, was 'open to grave misunderstanding', and, he explained, the question was being continually asked, 'what is the attitude of the hierarchy?'.<sup>166</sup>

McQuaid's anxiety provides an insight into many of the hierarchy's actions. It had become involved in political lobbying once it was demonstrated that catholic interests were affected. Not to do so would imply negligence in its guardianship. The hierarchy had to make representations to the government in order to prevent such an implication occurring to the laity. This became all the more compelling once an issue was exposed to public attention. It was this vulnerability to a possible charge of negligence which was the key factor motivating the hierarchy and fuelling its anxieties. It caused it to become involved in the realities of Irish political life where lobbyists sought leverage against a government in a defence of their vested interests. Though the bishops might consider a means test a touchstone of episcopal control,<sup>167</sup> the issue had arisen only because it had been raised by the I.M.A. and not because of any conflict of interest between church and state. And when they referred, somewhat crudely, to 'totalitarian aggression' in October 1950, it was in endorsement of the broad argument used by the I.M.A. The means test had not been an issue requiring an independent episcopal protest, and the issue had not come to the attention of the hierarchy with regard to the 1947 act until the medical profession was galvanised by the Private Practitioners' Group. McQuaid's reference in 1954 to the deep and widespread uneasiness concerning 'the Ministry of Health' (*sic*) demonstrated the persistence of this sensitivity to the interests of the medical profession. It was because the bishops were presenting a case on behalf of a section of the laity and not one formulated by themselves that their involvement was clumsy, politically mishandled and contradictory in many crucial instances.

No clearer example of this emerged than when Fianna Fáil undertook to deal with bishops' objections in 1953. Having informed them of the new restrictions on the services, Ryan came away, like Browne before him, convinced he had satisfied them. Incautiously, feeling themselves to be vulnerable, they went ahead with a letter to the 'faithful' that was ill-conceived, contradictory and factually erroneous and were only saved from provoking further controversy by the intervention of de Valera, who with great speed and great prescience stopped the missive reaching the public.<sup>168</sup> De Valera understood the complexity and subtleties of the bishops' position and his interception of the letter was soundly based on the knowledge that the best interests of church-state relations were served in private. The easy resolution of the issues at the meetings held in 1953 belied the notion of a conflict of interest and testified as much

<sup>166</sup>Archbishop McQuaid to tánaiste, 6 Nov. 1952 (S.P.O., S13 444H).

<sup>167</sup>Phrase used by Browne in interview.

<sup>168</sup>Whyte, *Church & state*, pp 284-90.

to de Valera's astuteness as to the political gaucheness of the bishops. On 25 June 1953 the hierarchy agreed to withdraw its protest. The catholic church's involvement in the controversy was over.

The mother-and-child controversy provided a rare though misleading glimpse of the conflicts born of social change. Noel Browne's publication of the church-state correspondence pointed to the catholic church as the obstacle to government-sponsored social change and not the vested interests of sections of the medical profession or of any other group that felt threatened by new socio-economic policies. The 'clash' of church and state is an illusion that is still hard to dispel, one which fails to take account of the innate coincidence of views between the church and state at that time. The conduct of church-state relations in 1946 provides a more accurate picture, in which church and state strove, for the most part successfully, to remain in harmony and could, in fact, do so because the population itself was a docile flock containing only a few scattered black sheep.

It was Browne's commitment to taking on the doctors in the name of a free-for-all service which set him against the Irish Medical Association and thus against a large section of the cabinet and the hierarchy. Church, cabinet and the I.M.A. reached a degree of sympathy between late in 1950 and early 1951 that was disrupted by the exigencies of coalition. To ensure the continuance of government, a large section of the cabinet had to sublimate its opposition to the legislation, with postponement as a surrogate for rejection. After Browne's resignation, Costello and Fine Gael felt free to hand over health policy to the I.M.A. This is the real arena of 1950-51, the struggle between vested interests and attempts at social change by the public service. The legacy of March-April 1951 has left us an illusion that belies the historical reality. The reality contains a subtlety of truth that the public can rarely perceive for long, especially when it is inclined to think of clichés such as that of church and state. To regain that subtlety one must distinguish between what the public sees, or expects to see, and the actuality, to free interpretation from the illusion of perception.<sup>169</sup>

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<sup>169</sup>A version of this paper was read to the Irish Historical Society in Feb. 1986.