



**ROYAL ACADEMY OF
MEDICINE IN IRELAND**

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History of Medicine Section

Living Medical History Project 2012-3

Interview with Dr Livinia Meenan



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Dr Livinia Meenan

Interview recorded by Ida Milne, December 2012

IM: Lavinia, could you please tell us first of all where you were born and then perhaps talk a little bit about your family background.

LM: I was born in Limerick in 1927.

IM: Did you come from a medical family?

LM: Well, I don't quite know what a medical family is, but certainly no, well, I had cousins.... but my father was an engineer, and my mother was not allowed to do anything when she left school. Maybe it was the pattern at the time. No, not that I know of.

IM: How did you become interested in doing medicine?

LM: I think the first time I really became interested was, we had a wonderful GP, Dr Sean McCann, and I remember he was very, very good. The first time I really realized how good he was, was in the autumn after the Inter Cert. I caught a sore throat, and my mother knew there was something different, called him in, and I had caught diphtheria. Though I had been immunized years before, obviously my immunity must have gone down. From there I became kind of curious about infectious diseases, I had no choice as I spent months in hospital.

That really was the beginning of my interest in doing medicine. Dr McCann's family, all but one were doing medicine. His daughter, Dr Fionnuala McCann Byrne, she was senior to me, but she was always so nice and helpful.

I was encouraged by them to do medicine, so I thought it was a good idea and planned that I'd do my matric the following summer and planned to leave school, without my parents knowing of course. I got my matric, and announced I was not going back to school, and that I wanted to do medicine.

My parents were very understanding. My mother always wished – I had two sisters, younger sisters – she always wished we had a profession or a training, as she was never allowed to do anything after school....Her father considered it was not the thing for his daughter to do. My parents did not stand in my way. I don't think they were very pleased about me leaving before doing the Leaving Certificate year, but I had got my matric and that was the requirement of the day.

I commenced college then in the autumn of 1945. The second world war had just finished, and I went into Pre-med. The classes were all held in the College of Science which is now the Taoiseach's



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office in Merrion Street Upper. The College of Science was part of UCD. The building, actually, where we attended all our lectures bar the lectures in physics which we attended in Earlsfort Terrace, we attended down in Upper Merrion Street, it is now the Taoiseach's office. In fact the floor where he has his office was where the Zoology Department was. The Chemistry was on the ground floor. It was where the department was.

We had a very large class because we had medical students, dental students, and to the best of my knowledge agricultural students....

As the war had finished by then, we had quite a number of overseas students, We had Polish students, who probably had done service in the second world, one certainly had had...and I think students from South America, I'm not quite sure [where]....Africa...and then we had many English students as well.

[Pause]

I'm not sure what you want me to say.

IM: That's fine. How many years training did you do and where did you work?

LM: Six years in college and we completed our studies, my studies, in June 1951, then went into – well, I was a student in St Vincent's during the pre-qualification.

And attended Holles St and Temple St for lectures. We also had to go to St Brendan's, which was then known as Grangegorman, for lectures. Out to Cappagh for orthopaedic lectures and maybe we could visit other hospitals, or move around the hospitals, but I did my main training in St Vincent's. As a student then, during or after you do your third medical, to the best of my knowledge, one did residence, which of course was not always residence as the women did not live in at that time.

I was with Mr Morrin [sp?] who was a surgeon, a very good surgeon, and with a Dr Murphy, a neurologist. And I qualified then. Funnily enough I was again with Mr Morrin and Dr Murphy, but he obviously was out on leave, I don't know why, and I was with Professor Oliver Fitzgerald who would have been a senior.

Having completed my first six months you then could move on to another hospital. I went to TempleSt where I did six months paediatrics.

I wanted to do the DCH after that, but was told to wait a while longer as I was told I was not qualified enough. The Diploma in Child Health.

So I decided I would like to work in the fever hospitals. The fever hospitals were under, as far as I know... well there was Cork St fever hospital and Clonskeagh fever hospital. I applied, but did not succeed, I was told that there was not room for a woman there. I wanted to stay in Dublin but I did want to do fevers.

So I got a post in St Kevin's, which is now St James's, and I worked on the medical side there. One moved through one department to another, one moved from the acute medical to the chronic medical and then to admissions. It was interesting work. In the acute medical one had visiting physicians from other hospitals there. In chronic hospital one also had one of the physicians, I can't remember his name at the moment. There was also in that hospital there was a special TB ward, with Dr Bryan,



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from the Richmond Hospital, as the chest physician there. The admissions was very, very busy. Any GP in Dublin, to the best of my knowledge, had the right to have any of their patients admitted to St Kevin's. Also St Kevin's had male wards and female wards, the male chronic hospital and the female chronic hospital, the acute hospital which did surgical and medical cases.

There was a paediatric department there but strictly speaking we had nothing to do with it. Dr Victoria Coffey was the paediatrician there. Actually, as a matter of interest, I had heard a child with query meningitis had come in and I dashed over there to see if I could see the paediatrician. It was Dr Coffey.

And she was most welcoming, but the child actually was so far gone that they did not survive. She was extremely kind to me, she lent me text books on paediatrics as I was studying for my DCH and she was really so helpful.

I still wanted to do fevers so when I had completed my six months there and I had got my DCH I applied to a fever hospital in London and I went to London to do my fevers.

It was a very busy hospital and some of the beds had been given over to what I would call chronic medical cases. But it was a very, very busy hospital. It had a very big population, the catchment area was quite wide. It was part of the St Helier group in London.

Well, before I left St Kevin's I had got engaged, but at any rate it did not stop me going to London. I came back from London then, to get married, basically. That very well put a stop to my career. When I got married first I did do locums for, actually some of them for our GP, who happened to be what they called a certified surgeon. In those days and maybe still young people had to be examined before they took up employment. They had to the best of my knowledge to be over 16 years of age before they could be employed, and they used to have to be examined. Someone had to visit the various places, whether they were laundries, bakeries or whatever. I did some locums for him on that.

After that, I had started my family, and that really put a stop to my career.

[End of recording one]

[Second recording]

IM: This is the second recording with Lavinia Meehan. Lavinia, when we switched off the tape, we were talking, there is a small gap there, that you took time off to rear your family. Maybe you could talk about that.

We both made a conscious decision that I would stay at home once I had a family. Well, he was working full time as a consultant dermatologist. Well, he certainly could not give all the time, although he did put in quite a bit with the children, but somebody had to mind and supervise them. I did have help, but eh, it was quite interesting, really, looking after the children because one could follow their progress through school. This was when they were quite small. Then I thought perhaps in the 1960s I could pick up my career again, but then we had another child, and he was looked after also. Then, finally, well, Charlie got ill, actually, with a very bad duodenal ulcer, and was



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hospitalized, so at that point I decided that I had to do something. Because if anything happened him... Well, no matter what you tried to put aside you still have to finish the children's education.

I was very fortunate in that a Dr O'Callaghan Lehane, who was on the committee of the IMO at the time, organized that they would have a course for women doctors going back to work. I was fortunate enough to get in on that and attended a few months in St Vincent's Hospital, basically, attached to some of the medical departments there. I found it quite rewarding. I was also fortunate enough to be allowed to sit in on the DCH lectures and clinics in Temple St, by Professor Denis Gill. Even though I had my DCH I thought that it would improve my knowledge better. Having completed that year, sitting in on lectures and ward rounds, I then decided that the best thing to do would be to do the DPH, the Diploma in Public Health, so that I would have some bargaining power if I wanted to take up a post anywhere. I completed a year in UCD doing the DPH. It was a most interesting year. We had to visit admittedly fever hospitals. We also had to do as I say public health, therefore we had classes in legislation. Also we had visited the waterworks at Leixlip, which was very interesting, and saw how fresh water or clean water was produced for the population. We also went on a visit to what was then Hughes' Dairy up in Rathfarnham, and saw the practical points in the pasteurisation of milk, which was of course most important.

[makes signals]

IM: Actually, if you want, what I can do, is just [stops recording].

[Third recording]

IM: This is interview three, the third part of Lavinia's interview. We have been talking off tape for a few minutes about Lavinia's interest in TB.

LM: Well I was interested again and am still interested in infectious diseases, but of course by this stage many of them had been eradicated or were being eradicated.

My recollection of people I knew who got TB and passed away when we were students or even before that certainly influenced my interest again in infectious diseases.

I completed the DPH and for a while attended immunisation clinics in Dublin. there were locums, until I succeeded in getting a post with the Eastern Health Board as an area medical officer full time. Of course, all these posts were temporary, or most of them were temporary. The policy was they were renewed every six months, which was rather unsatisfactory from the point of view of the doctors or dentists or whoever they were, because one could not even pay one's superannuation, when one was temporary. At least, that was the rule then.

IM: So that meant you had no pension entitlements?

LM: Exactly. Exactly. I mean there were permanencies but they were a very limited number. You had the directors and the senior EMOs and a certain amount of AMOS, but they used freeze the appointments, you know, which has happened time and again since. At any rate, it finally came through, quite a number of us got our permanencies.



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IM: How long did it take you to get a permanency?

LM [laughs] I wrote to the IMO about it and got a very rewarding [humorous emphasis] reply. The secretary of the IMO at the time said he had passed on my letter to the Minister for Health. There were others besides myself. We did get our permanencies, of course by the time it took almost a year or two before it finally came through. Because it had to be signed by. As far as I know, it was down in the Custom House, I forget what Department it was at the time.

IM: Perhaps local government?

LM: The Minister for Health, Dr Rory O'Hanlon... I had been working since January 1982, and in fact in Jan 1982 I went down there, and a few months later, we used to have to go to schools to do schools medicals and things like that, I worked in area nine, Co Kildare, which was a most interesting pleasant area, we had basically an urban rural mix there, it was quite a large area, it took in quite a number of large places, it took in the Curragh camp, the barracks there. What was I going to say. Yes, the permanencies finally came through.

IM: How many years had you been out of work for, to raise your family?

LM: Basically I was out of work until our youngest, finally, in fact I went back to college the year he left school. It's the way things worked out.

IM: Maybe 20 years?

LM: I'd say oh at least, but I had kept up contact though, I had kept up a lot of reading. I attended lectures. Now admittedly Charlie did a lot of writing, and I used, I certainly didn't write his papers for him, but I had an interest therefore in his work. I usually got the job of reading the papers and that sort of thing before they went to publication. He was a very ardent, his work was his, he was very happy working at it. He was committed to his career and to his specialty. And he went away to meetings in the UK regularly.

IM: So really it would have been quite difficult for you to keep up with your work when you were married to someone with so pressurized a job?

LM: Well, yes, and sometimes I would go away with him. Once year I used to go away to a meeting on mycology, I had an interest in mycology; usually they were in the UK. People were accommodated in a university.

They were usually held out of term. I actually, I do remember at the time, I used sometimes, if he wanted a slide done, they used to call them scrapings, mycology, he might get me to do it, if he wanted something in a hurry, he would get me to do it. We had a rather low powered microscope, which was quite adequate for it. I used to look at them sometimes for him. I went to Glasgow actually and trained up for it with Professor Gentles in the Department of Mycology in Glasgow University. Well, it saved him that much work.

IM: And it was an interest for you.



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LM: It was quite [emphasis] interesting. He was very friendly with them there, and friendly with the mycologist in St Mary's in London. And then of course, the veterinary people were involved in that as well. I remember visiting the veterinary college in Glasgow, and went into the car park and saw 'Car Park for Patients'. Of course [chuckles] one realised there were all four footed friends. There was a Professor O'Sullivan, I think, there. That was an interesting side. Then he used to go to international meetings as well, read papers and again it was all very interesting. Again, I think he was committed to his work, he was devoted to it.

IM: So it was really more than one job, there was a job there for a medical wife as well?

LM: Certainly I was interested in. But I never... If I went to meetings, if I was allowed in, I would sit in on papers, otherwise I would be a spouse, so to speak, there was no such as my considering that I was an equal and that was rightly so. It was very interesting, I saw quite a number of clinics.

Sometimes, we were in Munich, on one occasion, I was able to visit one of their hospitals, purely out of curiosity. I also was able to visit a hospital in Bucharest, it was arranged, it was quite an experience for us. Because of one of his English colleagues, from Liverpool, was actually going this, it was again a mycology meeting, he organised it, because I think we had some strike, a postal strike or something, at the time. It was very interesting to see what life behind the Iron Curtain was like at the time. We were all accommodated in the Intercontinental Hotel there.

There were some, funnily enough, there was a doctor, a very senior doctor and his wife who had obviously lived there and worked there before the Russians walked in. They had connections, and worked in London and that. Again, it was quite interesting, as one night we were asked to dinner there. They had sturgeon roe, I never liked it. It was quite amazing.

We meet one or two widows of some of the senior dermatologists before the Second World War. It was quite interesting, but it was all rather sad really, when you realize. Oddly enough, and I wasn't really all that interested in religion, people practiced their religion there. We turned up, we went to the wrong one really, there was nothing wrong with it, at the Anglican Church, we had intended going to mass I think in the Roman Catholic one. But as I say to see to it, was the most peculiar set up there, one got the feeling that people seemed to work day and night, the trams ran all night, you heard them all night, people seemed to work around the 24 hours.

IM: Can I bring you back and talk about how your interest in TB grew.

LM: It grew because number one my father was always fussing, 'if you don't get to bed early, if you don't eat, if you don't do this and that.' My parents had a horror of TB, not that any of them had had it. But, so many younger and older people were getting it, during the war years. I don't really remember much before that. People, neighbours, a son of one neighbour, a daughter of another friend died, and some went off to Switzerland.

I always remember somebody, who lived on Temple Road, just off Dartry Road, we lived in St Kevin's Park. She was lying on a window at the window on a bed, a day bed or whatever, the open



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window in summertime, when I was passing. She had TB, and must have passed on, because I never saw her again.

So it really was quite a problem. When we were students, I remember they had the mobile screening unit for TB, and one or two of our class in college were picked up. Certainly two of the girls at any rate. One of them was hospitalized up in the Mater, the other girl slipped back a year, in fact both of them slipped back a year as a result of that.

So it still was quite a problem. Then in Temple Street you had the big worry, now BCG had been introduced by the time we were working as students and that. Most of us would have had our primary infections without getting BCG. Funny enough, the result was that when I was moving on from Temple St for some reason I had to have a Mantoux test, I presume it was for a medical. One of my colleagues said she would do the Mantoux for me.

IM: The Mantoux is a TB test?

LM: Did you get the injection which is the Mantoux or the heaf test, which is given with a punch?

IM: I got the punch.

LM That's the heaf test. My colleague, she must have worn glasses, at any rate, we gave me a rather strong strip and my arm blew up from above the wrist to below the elbow, and at that stage, I was going out with Charlie, and he nearly had a fit.

At any rate I was x-rayed, and it was discovered that I had gotten a far too high solution put in. But my x-rays were obviously okay, but there was a sign that I had picked up, as any of us of that generation might have, an infection somewhere along the line.

IM: So by the time you began to work the TB levels had dropped off?

LM: Oh they had, I mean Noel Browne, had by that stage, generally the sanatoria, he had opened a number of places. But the thing was waning, because new medications were coming on, that sort of thing. Quite a number of people would be sent to Switzerland. One schoolmate of mine, her uncle was out in someplace like Arizona, one of those very dry places in the States. I presume there was no damp or anything. It was quite a problem, it hit everybody, but more so those who came from crowded housing.

IM: So therefore it hit the poorer people worse?

LM: Of course. In fact when housing was improved. Well it does with every infectious condition when you have crowding. Oh very definitely the people were....
And then there were people who got TB hips and joints. A few got renal TB, you'd hear about it. And I think worst of all was when the infants getting miliary TB. I think I remember one case of TB meningitis in Temple St. We had quite a lot of cases of meningitis but most of them were meningococcal. We had pneumococcal and we had haemophilus. But a lot of these should not be very well eradicated.



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IM: You mention Noel Brown there. You would have been training but the time when the Mother and Child Scheme was going through? Would that be right?

LM: It was in around around, I can't remember, I might have been a pre-med, I can't remember what year it was.

IM: He resigned in 1951.

LM: Ah he resigned the year I qualified, I must have been a student. I do remember that there were meetings. There was one meeting up in Crumlin or Drimnagh, it was up in that direction, I think it must have been something to do with the Mother and Child Scheme. It was never discussed at home, nobody was particularly interested, not that there were not interested in the care of mothers and children, but... Anyhow the story went that this well known obstetrician or gynaecologist drove up in his Bentley or one of these cars, fully formally dressed with his driving gloves and everything, and turned up at the protest. I only heard it years later. Could you just imagine anything like it? I don't know how true it was. That was one of the stories, a kind of apocryphal tale, no doubt.

Yes, he possibly and probably irritated a lot of people, but he did a lot too.

As I say, none of us were interested in politics.

I presume that's why nowadays a lot of young people don't bother, you have too many other things to think of.

IM: So it was not really a big topic of discussion?

LM: Oh it was a topic, but...you see we were never allowed to discuss politics at home. My father was a civil servant, and apart from that, I think their generation had lived through the civil war, and various other things and the first world war, and certainly the civil war must have been, nothing was never discussed at home. Ever. There was no politics, you could think what you liked, but you never discussed it.

IM: What was the most distressing thing you saw in your medical career, what upset you most?

LM: It was the deprivation, definitely the deprivation [with some emphasis]. Because I had been coming from a comfortable home. You saw a certain amount of it working at St Vincent's. But when I went to Temple Street. You saw mothers coming in there with babies and... It was just so sad. They really.. [with emotion] Granny would probably come along with them. I don't want to be anti-granny. A child would fall, or fall down the stairs or something, and Granny would have ordered a dose of whatever. The kids were always purged. Now I know that's nothing to do with deprivation. It was probably ignorance. But certainly there was deprivation. Well we didn't have.. I know there were voluntary bodies who did a lot. For a fact [emphasis] I know the amount of work done in the community by the nuns in Temple St. You'd come downstairs and there would be somebody, and they would be looking for Sister X, maybe at half five in the evening. and they would say, "Oh, she's down doing the bread" or something. They used give out food. They used to go out visiting in the community. But of course nothing was ever said. They did a lot, all these people. Also, you had the milk....wasn't there something during the 30s, I know during the 30s, there was



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something. My mother, I think, used to subscribe to charity for giving out milk or something. It was one of many neighbours used to collect for..

IM: You think there was some kind of a scheme to improve health.

LM: There was, there was, it was a voluntary scheme as far as I know. But it was the deprivation. And also, people didn't, couldn't...

Some were lucky if they finished their primary school, from the educational point of view. Certainly many didn't even finish secondary education. Then again you had third level education, and many parents actually sacrificed a lot to send their children to college, no matter who they were, to give them the opportunity. So there were not opportunities across the board. I think there was some sort of grants people got, but they were all means tested. So that really, things were fairly difficult.

IM: You see education as the chance to move out of poverty?

LM: Yes. I mean, In Temple St, you were more aware of it there, children being brought in with injuries to their heels, where the fathers or maybe mothers would be giving them a lift on the back of a bicycle. I mean, cars were trickling in again as we came out of the war, but they were not across the board.

Many a child we had to repair, there was a flap usually that was caught in such a way that there was a flap raised from the heel over the back of the Achilles there. Again it was just a sign of the times. I think it was unemployment. I may be wrong. Then, when I went to St Kevin's, we really saw it there. Because they had, at that stage, it was nothing to do with us, but there was accommodation there, there was still accommodation for mothers and children, where they used evidently come in in the evening, and they had to leave by eight o'clock in the morning. So far as I know, the men were accommodated somewhere else in the garden, in the grounds. I'm not sure, there was a place called the garden infirmary. It sounds awful. It was across from the main ward, there were these beds for the homeless, it certainly was quite a revelation to me to see them, you know. Again there are lots of things you don't see. People come around collecting for charity, there was the usual list of them at home, but until you see it face to face you don't realize what it is like.

IM: Do you think that the poverty changed during your working life?

LM: It did. Things improved. I know there were wonderful voluntary bodies and people who did help, but generally people became more prosperous, and rightly so.

IM: Do you think it was an improvement in welfare payments and so on?

LM: I presume so. I don't know what they were, but there must have been something. Then, in 19... the hospitals, most of them were voluntary, until was it 1972, the Health Act came in, and again, there was a lot of support for people behind the scenes, I may be wrong. But it [deprivation] was the one thing, that em, and of course as children growing up you saw children going around in bare feet. Especially the newsboys, and it was not done for show, I think it was just....



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IM: Not just for the pictures?

LM: Certainly when we were students, we had a, I don't know if it was called Vincent de Paul. A group of us used meet. I remember we used to visit some of the people in the area, we were in Earlsfort Terrace. I remember one old lady in Charlemont St, myself and another, we were sent around to visit her, and she wanted bed clothes. We went home to our mothers and said we would make nighties and things for her. We set to, and our mothers more than we did, but we were able to tog her out, well I suppose our mothers supplied everything.

IM: [Checking a reference against a text] You were referring there to the Health Act, which provided for the establishment of the eight health boards, and the hospitals board, Comhairle na nOispideal, the act was actually passed in 1970.

LM: There were so many things happened in 72. It could have been '70, in '72 you had the centenary of Temple St, and had something else, the opening of Vincent's. There was a whole lot going on around that time. There were so many things that came in then, huge changes.

IM: Huge changes?

LM Yes, there were huge changes.

IM: What was the most positive development during your career?

LM : Well, I think...You mean medically?

IM: Yes, medically, in terms of public health.

LM: The eradication no doubt. I presume there was constant... Well, I suppose eventually immunization schemes showed. BCG I imagine would have been a very important factor. I think it was Dr Dorothy Price was responsible for that. You had St Ultan's hospital there. As far as I know, I know I took two of my own around there for their BCGs. In fact I took the third one around there too. But they had to be done in public clinics because they were run by... We took our lectures and that up in Lord Edward St. I think it was I think it was Dr Carey Reddan. And there was a Dr O'Brien there. She must have been a director or something in public health. I remember her. TB, I think, was one of them, definitely. And then people were, I think, beginning to... I'd say their diets improved. Now some of them have disimproved considerably, but their diet, their feeding, their food improved. I mean, there was one instance during the second world war, now even as children we could see, there was gastroenteritis, there were babies dying around the place. In fact they opened a hospital for babies or children with gastro up in St Clare's, near Glasnevin, it may be used for some other purpose now. Even when we went to Temple St, St Clare's was there. It was certainly quite a problem, you know, gastroenteritis was a problem. That was not, I presume it was purely....Antibiotics and things came in after the War. There was M and B 693 which was May and Baker preparation. It was one of these sulphonamides, I think. My own father was treated with, he got pneumonia, and fortunately he pulled through. So that really during the war, penicillin I have an idea may have been available somewhere during the war, but not here. We had the suphonamides



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then. That's why I think too I think that's why a lot of conditions were eradicated, and again I presume education... you know...public health...

IM: Public health information?

LM: Public health information. And the most important thing was prevention. It's no use waiting for the fire to start, you must prevent it. Prevention is so important rather than dealing with the final infection when it does occur. So really, I think the schemes even abroad in Africa and places immunizing children. If you pick up Fairy Liquid or Fairy Non Bio they give something towards these schemes. I may be wrong, but there are quite a few of these schemes. It's the only way to eradicate disease, and again [emphasis] education of the public. I think there has been a lot done, but more to do.

IM: Things like hand washing and food hygiene?

LM: Oh yes, hand washing. In Temple St you spent your time washing your hands. In those days you didn't have the lovely creams we have now. In fact, there were some preparations we used to use. There were some preparations, actually there were barrier creams you could get, not the ones that were used in industry, basically that was the only way. My hands used to be almost raw, as usually in the casualty there, well, your hands, you were washing them around the clock.

IM: So if you consider the main debate in public health up until BCG would have been TB, what replaced it as the main health concern?

LM: Oh well, you also had the ordinary immunisations for diphtheria, tetanus, whooping cough. Well you had the three in one and the two in one. Again, they also did a lot. Then of course you had vaccination for small pox, small pox was eradicated, I think it has been officially eradicated, but in fact I don't think that we were told.

IM: Do you remember when the last outbreak [of small pox] was in Britain, in the 60s?

LM: There was there was, as in fact I do, I think Charlie was going over to a meeting in Leeds. And I think it was in Yorkshire somewhere it must have happened. But there have been cases of diphtheria too.

Now of course the great problem is, you have air travel, you have no idea where the next mosquito bit will come from. Now I'm no expert in tropical diseases.

IM: By the time you were coming to the end of your career, what had the public health predominant problem moved to, after TB?

LM: TB yes, but The other thing was diet, diet was very important. We had to go around the schools, giving lectures. Bedlam, not all schools. You see people were being educated. There is no question of doubt about it. The public health nurses, they were very important. We all worked as a team. The public health nurses, the work they do, they were all highly qualified. They see the



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mothers when they come back... You have a nurse in the maternity hospital who liaises with the people in the districts. Also birth notifications are very important. They come in from the director of Public Health. They were vetted. They had to be vetted, they came in in the post every day, and had to be vetted. I did many a one myself if the director was not there, we used all have to do it. You'd spot low weight for birth babies. Any of the more serious ones would be passed in to the public health nurses' office. The public health nurse would probably be out like a shot to them. They would be out to the others in due course. It's a very important thing that the mothers have support. I've left there since 1995. But certainly that is important. Also school medicals. I gather school medicals have discontinued, I may be wrong. School medical were a great way of picking up infections, or things... It isn't that the mothers used to be careless or anything but sometimes you could spot something. Their eyes used to be screened, their hearing used to be screened, quite a few children used to be picked up that way. We picked up a few, especially boys, who had colour vision problems, because it had a marked effect on their later career if someone wanted to be a pilot or whatever. They still reviewed TB cases, there was a TB clinic. Now I didn't do it. It was usually the senior, it was her bailiwick, Then the public health nurses used always see these babies, a continual assessment, they were available there every morning between nine and ten. Or they were on the phone, they could be back in the office then. They also provided nursing around the district. Certainly where we were, there would be somebody whose bad various ulcer had to be dressed.

IM: This was in Kildare?

It was, I presume they had it in Dublin. It was a very, they had a very high uptake of immunizations. Then eventually they were passed on to the GPs. It was the public health nurses who used to go out and get the mothers to come in and make sure they got their immunizations. So they were the lynch pin, really, the public health nurses. Then we had the occupation therapists, speech therapists, yes, but unfortunately, during the 80s, there was always a shortage of them. Very important. There were a couple of others, at any rate, physiotherapists, speech therapists....

IM: The audiologist maybe?

LM: Well, the audiologist, we used to send them up to Sr Lydia in Cabra. The babies' hearing was checked. I think at this stage I think they may have introduced a hearing test even of the neonates. I presume they have it in now, if they don't they should. The babies are checked before they leave hospitals, and then again they are checked at six weeks. Of course it all depends on how much co-operation you get. Some people have to be chased and chased and chased. But again, it's a free country and that is that.

IM: There is one other issue I'd like to raise and that is the issue of Thalidomide.

LM: Well yes, Thalidomide. Basically it was at the end of the 50s beginning of the 60s. It was, you heard people talking about it and saying how wonderful it was. I do know some who had it and who had children who were disabled as a result.

IM: Were you having your own children at that stage?



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LM My last one, I don't know about the previous one. I was very fortunate, I don't think I would have taken anything or needed anything, apart from antacids. I was lucky, as I had been told about it. Even the medical profession, I remember one very good GP and he was a super doctor, talking about it and saying how wonderful it was. I certainly remember the advertisement for it and it showed the baby in his hammock. It was certainly a very appealing, having a quiet snooze in his hammock. It was a tragedy. Admittedly you could always get congenital defects, or defects at any rate, which might be due to mother getting chicken pox or whatever. But this was appalling, absolutely appalling, and they are still living with it. I also remember polio, that last big outbreak was in '47, one of my school mates died, she got it.

IM: 47 or 57?

LM: 47, there was a big outbreak. We were all horrified, her father was a doctor, and she got it, and that was that. And we had quite a few people who got polio in London in 1947, I remember one man in particular, he was in an iron lung. So it really was a problem. And it was a big worry for parents. I remember at one stage, a certain one seaside town in north County Dublin, Skerries, my mother, we were always warned not to go out there, I presume there was an outbreak in the town. It was not the fault of Skerries. There was quite a bad outbreak of polio at that time. You had occasional ones after that, but that was certainly one I remember well. It was like the time I got diphtheria a whole load of people in the neighborhood got it. It was only eventually, when I was a medical student, someone came to work with my mother, told me about... It was a shop we used to all go to, and I actually went there because my father used to take Procea bread and it was the only place you could get it. I must have picked it up there, as evidently a child in that house died from it, diphtheria. They didn't believe, whatever religion they were, they did not believe in taking it. There was one elderly lady, who must have been in her seventies, she got it. In fact, there was hardly a bed available. Our own doctor could not get me a bed in Cork St and I was taken to Clonskeagh. It was absolutely incredible. I again remember there was a neighbour down the ...

IM: Remind me of what age you would have been then?

LM: I was about 15. My parents were flabbergasted. My mother, it was thanks to her. She was observant. I remember what it looked like as I could see the throat, it was amazing. I've never seen a case of it. It was amazing.

IM: What does it look like?

LM: It was a film over the throat, which could not be removed

IM: Did you feel like you were choking?

LM: Well thank God, it never got to that stage. I remember one person got what they called a bull neck. I was taken into hospital. But I am fully convinced, being war time, that the needles were all blunt. It was dreadful. I am sure they were the same needles being used in veterinary work. You were lying down. I certainly will never forget those injections. We were all in cubicles, there were separate little cubicles, with curtains that they pulled. I remember there was one person in the room



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that I could see from my bed, that disappeared during the night, I don't know whether they died or what. There was a baby brought in, that baby as gone in a few hours. Now what the child had I don't know, we were all isolation cases.

There was one family who came in there were several children. One of the nurses was furious. They came in, with scarlet fever and ended up with diphtheria, I don't know how that happened, whether some member of their families gave it to them. The place was packed with cases.

I remember one of the lectures we went to as medical students at Cork St, Dr Chris MCSweeney was the RMS there,, and he was always giving out about the grandmothers. He said " Oh, yes, they tell you this, they tell you that, they are experts, but what they don't tell you is that of their eleven children only two survived." It's amazing the stupid things that stick in one's memory.[laughs]

IM: Back to Thalidomide, do you ever remember if being used to treat babies. We've been told it was used like Calpol to calm down irritable children.

LM: Well, I thought that is what it was advertised for.

IM: It was prescribed for morning sickness. Had it a dual function?

LM: As far as I know, why was the baby slumbering in the hammock. I don't know, and maybe if I went through the house I could find some old reference to it. Oh very definitely. I remember one person, lived near us, and she told me, have you ever tried Thalidomide, and I kind of said no, I was never one for taking any medications, unless I had to, it was prescribed for me and I had to. She said to me, oh, you should try thalidomide, it is wonderful for headaches. I said is that so. Nobody knew at the time, it was appalling. The most appalling thing was that it was common knowledge and the public had not been told about it. I've an idea

IM: Was it a big scandal when it came out

LMI presume when children were being born with limb defects or whatever. And they are all very bright, very very bright. It was an awful tragedy for the parents. I don't know what grants were available or might be now.

IM: Do you remember any warnings about it?

LM: That's the point, that's the point. Was it common knowledge in the UK or somewhere else? I'd better be careful what I say. Were the people here warned. I thought the Department of Health should have been on the ball. I'm not criticizing them at the moment, but there must have been some gap.

IM: but you would not have had any professional experience of it, as by that time you were out of it?



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LM: No, because I was out of it, at that stage. Those babies were born in the very late 50s, 60, 61. We had one in 1962. I only know of one or two. One I knew someone I knew, she'd been in school, she was a nurse, and she may have taken it. I don't know.

IM: What was the biggest social change during your working career?

LM Well, frankly, free education I think. Quite honestly, it encouraged people. I do remember... We were on holidays, I won't say in what part of the country, and I remember now one person, who should have known better said, what are they educating these people for. Well, if people get a chance, I think they should take it. And after all, we could have lost a lot of very able people over the years. The only thing is now, one wonders about third level education. I'm talking about secondary education, which was very important, it gave people a chance. People were leaving school, what were they leaving school with. Or else they left secondary school at fourteen years of age Primary school, to work in a sewing factory. I certainly remember going for interviews and I went over to take up my post, and I also remember for a short break and going back, and noting the number of people going over there. I remember one young girl came to the fever hospital. They evidently took on what they called state enrolled assistant nurses. She had come to London thinking she was coming to do general training. I met her one day going down to mass. By the way, I was not that religious but it was a Sunday, and if I was on duty I did not go, that was that. I met her and told her what to do. I don't know if she went to one of the London hospitals, I gave her a name. I was not going to tell her to go up to the parent hospital or it wouldn't be fair to her, or word would get around. She had been basically hoodwinked. I never saw her again. At least she left there. She was going to end up almost an orderly. Not that there is anything wrong with orderlies. So from that point of view, I think... And of course a lot was done in London for the Irish, there was no doubt about that. I noticed there that the standard of education was much higher here, than the people I was seeing in London.

IM: So that would have been people that were even coming through the national school level here, leaving school at fourteen. .

LM: Yes, yes. At a later stage one could spot if the mother was illiterate, the child would do all the talking. I remember saying to one or two of them, would you go around, there was a reading class being done under the auspices of the church, maybe both or all churches. But quite a number of them, missed out so much. But sure tons of people are illiterate. You always knew when they came in to an immunisation clinic. You'd spot it and say would you like me to read it out to you, I know you're rushing with the baby. You had to be sure you knew they knew what they were getting, and what they were signing for, it was so important.

IM: Who was the best and worst Minister for Health?

LM: Ho ho. The Minister for Health could be very, very good, but no matter what goes on down the line, the buck ends at his desk. Is he responsible, or is he the victim of mismanagement somewhere else. I'm not saying that civil servants or not good. But no matter what you are minister for, the buck ends with you, responsible for the mess.

Commented [s1]: Possibly child



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IM: Who do you think was maybe innovative, or introduced something that was really useful for public health in particular.

LM: I had no real interest in politics, partly because of my upbringing. I remember being told to go out to vote. Franking I am not au fait, and I could not tell you what was available before.

IM: Well, maybe talk in terms of public health legislation.

LM: Who was responsible for the last TB screening?

IM: Was it Noel Brown as well?

LM: Yes, he had an input, as he arranged quite a number of TB beds, sanatoria, that sort of thing, and the mass screening of TB. I don't know who the minister was. Also the BCG was brought in, was there a doctor, the chief medical officer, Dr Deeney.

IM: James Deeney?

LM: And there was one man, who was not chief medical officer, was he James Walsh?

IM: James Walsh?

LM: Yes, James Walsh, I thought he was super.

James was the deputy chief medical officer, he was very good. We had lectures from him, in the DPH. You could count on him to call a spade a spade. He was Dean of Public Health in Physicians. He was very, very good.

He had a very interesting career working in England

He was in London. He told us of some experiences he had had.

IM: Was it London or in Merseyside?

He had dealt with small pox and with anthrax.

LM: Anthrax, that was a problem. . I still remember what we were told about the shaving brushes, where people got anthrax from them. certainly when we were students.

IM: Because of the kind of animals the bristles came from?

LM: Yes, the bristles were infected. Anthrax, was one, brucellosis was another one.

IM: I think James told me it was something to do with astrakhan coats, unsterilized, unloaded at the docks in Liverpool.

LM: Of course, Liverpool was a big port, it must have been a big job dealing with IDs in Liverpool. Merseyside was a huge port.



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IM: What about the question of religion, did it ever impose on you in your career?

LM: No funnily enough. Well, I suppose, we had neighbours, some went down to Highfield Road, others went to St Philips [Church of Ireland], we went to Haddington Road, others went to the synagogue. But nobody ever discussed religion. I remember one man who lived across from us he looked like, he was some sort of an anarchist. But the rest, nobody ever discussed it.

IM: It was never a problem within your career.

LM: Never, I never had that problem. The only time was, when I was working in England, we had our RMS there, she was Glaswegian, and she was very practical, she put me in the picture about the way things were in Glasgow, you could compare Glasgow to the way things were in Belfast. You had factions, that would be a nice way to put it. Charlie did not like flying, so we took the boat. It was a Sunday so, we thought we could go to mass in Liverpool. We could see the big red building of the C of E cathedral and then you had the RC one. You could see it, but we could not find out way to it. There was a march going on, just as you get them on the 12th. We saw a police station, and asked them, and they burst out laughing. That's that, you live and let live. The one thing I do remember, was in St Vincent's the fuss the nuns used to make to make sure they had the right minister of religion in to a non RC, I think there was more a fuss made of them than anyone else, I may be wrong. But it was never discussed, no.

IM: Were you aware that certain doctors were in certain societies, like the Masons, the Knights of Columbanus, and so on?

LM: Well if they were they were.

IM: And then as a woman it might not have been such an issue?

LM: Probably not. The only thing annoyed me was a highly educated doctor came to do locum in London. She was always very nice, but on one occasion her nephew came to visit her, and I met her, and I don't know whether we were having afternoon tea. He said to me, 'oh you are Irish are you'. He said, 'oh do you keep pigs in the parlour or something'. And I said, 'no why do you', I was horrified.

IM: I think maybe we have come to the end of the time in the room. Lavinia I just want to thank you very much, we'll stop the tape now.