

The death of Veronica L.: intellectual disability and statutory welfare in mid twentieth-century Ireland

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ABSTRACT. *Veronica L., a woman with an intellectual disability, died of starvation in 1961 while the recipient of a Disabled Person's Maintenance Allowance (D.P.M.A.) from the Dublin Health Authority. Her death occurred after a prolonged period of deficient care, a neglect that was exacerbated by flaws in statutory welfare. During the preceding decade the state intervened in disability provision to an unprecedented degree through the expansion of institutional care and social welfare reform. Yet, these services remained characterised by a chronic pressure on resources and a reluctance to intervene in potentially neglectful family situations, which allowed cases of failing care to go unaddressed. Drawing on contemporary documents, in particular the depositions collected for the coroner's court inquest into Veronica's death, this article offers an insight into the exigencies underlying the later life of one woman with an intellectual disability. In doing so, it explores the way in which this singular case provides a distinctive avenue for better understanding the experiences of the intellectually disabled more broadly, including the nature of community care and the operation of statutory welfare during the mid twentieth century.*

Veronica L. was thirty-two-years-old when she died on 21 June 1961, hours after her admission to Jervis Street Hospital in inner-city Dublin.¹ A post-mortem concluded that her death arose from a 'prolonged slow starvation'. The state pathologist, Professor Maurice Hickey, detailed the 'severe neglect and malnutrition' visible on her four foot ten and a half inch frame (147 cm) that weighed approximately four stone at the time of her death.² Following her inquest, the *Irish Press* discussed the exceptional nature of the death, as well as the fact that Veronica 'had been certified as Mentally deficient and was drawing a disability allowance of 22s/6d a week from the Dublin Health Authority since 1954'.³ In light of her intellectual disability, Veronica L.'s death was a shocking example of the profound

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¹ Deposition of Dr Cyril Comer, Meath Hospital, 20 July 1961 (National Archives of Ireland (hereafter N.A.I.), Coroner's Court (hereafter C.C.), Dublin/1961/118). Given the controversial circumstances surrounding this case study, the first names of key figures (excluding Veronica) have been fictionalised, while their initials have been maintained and surnames have been reduced to a letter. Addresses have been retained, while identifying features (such as apartment numbers) have been removed. This affords some confidentiality to those involved, while allowing others to trace the use of these records. Where the individual was a public figure, such as the state pathologist, their full name is presented.

² Deposition of Prof. Maurice Hickey, Department of Forensic Science, University College Dublin, 20 July 1961 (N.A.I., C.C., Dublin/1961/118).

³ *Irish Press*, 21 July 1961.

neglect of a vulnerable adult. It is all the more notable given that it occurred in 1961, after more than a decade of efforts by the voluntary sector and successive Irish governments to improve the provision of institutional and in-community services for those with an intellectual disability.⁴

This article uses the case of Veronica L. to explore the operation of community care and the administration of statutory social welfare payments for the long-term disabled in mid twentieth-century Ireland. By its nature, her case was an unusual and extreme example of the neglect of a person with an intellectual disability.⁵ Nevertheless, the material assembled for, and produced in response to, her coroner's court inquest can serve as a rich resource for the historian. The inquest prompted the collection of a range of testimonies from witnesses who described Veronica's later years, including depositions of family members and officials from the Dublin Health Authority. The tragic circumstances of the case also induced a broader public discussion around intellectual disability services, including newspaper editorials and debates in Dáil Éireann. Hence, it offers a substantial range of sources for investigating popular ideas around intellectual disability in 1960s Ireland, as well as a detailed account of the specific circumstances surrounding Veronica's last years as a 'mentally handicapped' adult in inner-city Dublin. The testimonies provided by health officials, for instance, can facilitate the reconstruction of a disabled person's 'lived experiences' when interacting with the state's social welfare system.⁶ Thus, through the provision of 'carefully contextualised analyses' of the experiences of the marginalised, we can begin to understand a narrative that has been hitherto underrepresented.⁷

Indeed, the experiences of those with an intellectual disability have not received significant attention within Irish historiography.⁸ The scant published work on the subject has been produced either by activists involved in lobbying for services or by those addressing it within disciplines other than history.⁹ Examinations of the welfare allowance system for the long-term disabled reveal a similar

⁴ Department of Health, *The problem of the mentally handicapped* (Dublin, 1960), p. 4.

⁵ The discussion of a death as a result of starvation was, in itself, quite distinctive during this period. Contemporary newspaper discussions placed the event in various contexts, including the Eichmann trial (*Irish Independent*, 8 June 1961); the Great Famine (*Meath Chronicle*, 1 July 1961) and international food shortages (*Evening Herald*, 16 June 1961).

⁶ Jim Sharpe, 'History from below' in Peter Burke (ed.), *New perspectives on historical writing* (Cambridge, 1991), p. 25.

⁷ Flurin Condrau, 'The patient's view meets the clinical gaze' in *Social History of Medicine*, xx, no. 3 (Dec. 2007), p. 536; Dorothy Atkinson and Jan Walmsley, 'History from the inside: towards an inclusive history of intellectual disability' in *Scandinavian Journal of Disability Research*, xii, no. 4 (2010), p. 282; Tim Hitchcock, 'A new history from below' in *History Workshop Journal*, no. 57 (spring 2004), p. 295; Roy Porter, 'The patient's view: doing medical history from below' in *Theory and Society*, xiv, no. 2 (Mar. 1985), p. 194.

⁸ A notable exception is Mary Daly's work on the parental organisation, the Association of Parents and Friends of Mentally Backward Children. See Mary E. Daly "'The primary and natural educator'?: The role of parents in the education of their children in independent Ireland' in *Éire-Ireland*, xlv, nos 1–2 (spring/summer 2009), pp 194–217.

⁹ See the work of the parental activist Annie Ryan (*Walls of silence: Ireland's policy towards people with a mental disability* (Kilkenny, 1999)), the geographer Andrew Power (*Landscapes of care: comparative perspectives on family caregiving* (Abingdon, 2016)) or the social worker Caroline Skehill-McGregor (*History of the present of child protection and welfare social work in Ireland* (New York, 2004)).

deficiency.¹⁰ Notwithstanding the lack of engagement with intellectual disability in Irish historiography, the coronial records produced in the course of the investigation into Veronica's death pose a number of interpretative challenges. As legal documents, they were shaped by the discourse of the court's proceedings and the desire of deponents to distance themselves from any potential culpability. Lynn Abrams demonstrated this dynamic in a nineteenth-century infanticide inquest, underlining how the court's legal context fundamentally altered the testimony of its witnesses, so that their distinctive voices were 'rendered in a legalese (legal language) that had lost much of its link to the speaker's original words'.¹¹ Blame and evasion are additional challenges when examining coronial testimony, as witnesses commonly sought to distance themselves from potential culpability.¹²

Yet, the qualitative orientation of the Veronica L. file, which describes in detail the specific circumstances of one woman's later life, presents an opportunity to better understand the lives of those with an intellectual disability in the early 1960s. Indeed, analyses of the disenfranchised note the value of a micro-approach. In her study of Irish charity letters, Lindsey Earner-Byrne recommended addressing issues relating to the poor and marginalised on the personal level, suggesting that the historian should examine their subjects' poverty as it 'was perceived and negotiated by those who struggled permanently in its embrace'.¹³ Given this, a contextualised presentation of the circumstances of Veronica's life, as revealed in her coroner's court inquest file, can be used to gain an insight into what it meant to be an intellectually disabled woman during the mid twentieth century. The following section positions the personal testimonies from this case within the broader dialogue around services for the disabled in this period, highlighting the specific insights and challenges associated with an examination of these coronial records. The second half of the article then examines the broader structural flaws in statutory welfare as revealed by the Veronica L. inquest, arguing that a persistent predilection for limited state engagement in the 'family sphere' was conducive to the neglect of the intellectually disabled in the wider community.

I

In advance of the inquest on 20 July 1961, the coroner's court collected depositions from individuals who had interacted with Veronica towards the end of her life. This included accounts by officials, like the Garda who found her body, the attending physician in Jervis Street Hospital, and staff from the Dublin Health Authority, as well as testimonies provided by her relatives and neighbours. Ian Burney has

¹⁰ Mel Cousins, *The Irish social welfare system: law and social policy* (Dublin, 1995) is a central text on this topic. However, Cousins did not examine the long-term disability allowance scheme, as this was administered through the Department of Health rather than the Department of Social Welfare (*ibid.*, p. 20).

¹¹ Lynn Abrams, *Oral history theory* (Abingdon, 2016), p. 20.

¹² See Jill E. Korbin, 'Incarcerated mothers' perceptions and interpretations of their fatally maltreated children' in *Child Abuse and Neglect*, xi, no. 3 (1987), pp 397–407; Siobhan Weare, 'Bad, mad or sad? Legal languages, narratives and identity construction of women who kill their children in England and Wales' in *International Journal for the Semiotics of Law*, xxx (2016), pp 1–22; Ania Wilczynski, 'Mad or bad? Child killers, gender and the courts' in *British Journal of Criminology*, xxxvii, no. 3 (summer 1997), pp 419–36.

¹³ Lindsey Earner-Byrne, *Letters of the Catholic poor: poverty in independent Ireland, 1920–1940* (Cambridge, 2017), p. 1.

illustrated how the English coronial system operated through a mixture of ‘instinct, curiosity and suspicion’, which produced a variety of records that are particularly useful for investigating the attitudes of the general public.¹⁴ Building on this approach, Elizabeth Hurren and Steve King have shown how coronial cases provide a wealth of contextual details, which they used to illuminate ideas around courtship among nineteenth-century working-class communities in England.¹⁵ Depositions collected for coronial courts have also been noted for their immediacy and personal subjectivity. Irish infanticide inquests offer vivid examples of this, as the court instigated the collection of often gruesome personal testimonies relating to the deaths of children.¹⁶

The potential of coronial records as historical sources is also evident in the material assembled for Veronica’s inquest, which included discussions of intellectual disability in Ireland and supplied often-detailed accounts of Veronica’s later life in inner-city Dublin. The personal orientation of these accounts stands in stark contrast to the broader public discussion of intellectual disability in government policy papers, newspaper feature articles or speeches by members of Dáil Éireann.¹⁷ A word of caution is warranted, however: inquest records must be approached with care as they are mediated texts, formed both through the formal legal structures of the court system and by the deponents’ need to absolve themselves from any potential criminal liability.¹⁸ Despite this structural challenge, the accounts assembled for Veronica’s inquest offer valuable insights that help to illuminate the broader landscape of intellectual disability services in this period.

The 1960 White Paper, *The problem of the mentally handicapped*, praised the Department of Health’s expansion of residential services for the intellectually disabled during the preceding decade.¹⁹ Specifically, it noted how there were now 2,620 beds for the ‘mentally handicapped’ across fourteen institutions in the state, an increase of 1,571 since 1950.²⁰ This aligned with the broader drive to develop institutional services in the mid twentieth century, an effort that produced significant results. Indeed, during the 1956 International Hospital Federation study tour of Ireland, one observer noted how the state’s new health care infrastructure

¹⁴ Ian Burney, *Bodies of evidence: medicine and the politics of the English inquest, 1830–1926* (Baltimore, MD, 2000), p. 172.

¹⁵ Elizabeth Hurren and Steve King, ‘Courtship at the coroner’s court’ in *Social History*, xl, no. 2 (Apr. 2015), pp 185–207.

¹⁶ See, for example, the case of Minnie R. as detailed in Ciara Breathnach and Eunan O’Halpin, ‘Scripting blame: Irish coroners’ courts and unnamed infant dead, 1916–32’ in *Social History*, xxix, no. 2 (Apr. 2014), p. 210; or accounts of the dead child found on a Galway beach in Elaine Farrell, *A most diabolical deed: infanticide and Irish society, 1850–1900* (Manchester, 2015), pp 48–9; or the mental illness endured by Mary C. in Clíona Rattigan, ‘“Dark spots” in Irish society: unmarried motherhood, crime and prosecution in Ireland, 1900–1950’ (Ph.D. thesis, Trinity College Dublin, 2008), pp 129–30.

¹⁷ Department of Health, *The problem of the mentally handicapped*, p. 2; *Irish Times*, 26 Apr. 1960, 24 Nov. 1964; *Dáil Éireann deb.*, clxxxiii, 812 (30 June 1960); clxxxvi, 104 (8 Feb. 1961); ccxxi, 837 (2 Mar. 1966).

¹⁸ Breathnach & O’Halpin, ‘Scripting blame’, p. 214; Rattigan, ‘“Dark spots” in Irish society: unmarried mothers & infanticide in Ireland from 1926–38’ in María Cinta Ramblado-Minero and Auxiliadora Pérez-Vides (eds), *Single motherhood in twentieth-century Ireland* (New York, 2006), p. 100.

¹⁹ Department of Health, *The problem of the mentally handicapped*, p. 4.

²⁰ John O’Sheehan and Éamonn De Barra, *Ireland’s hospitals, 1930–1955* (Dublin, 1956), p. 27; Department of Health, *The problem of the mentally handicapped*, p. 4.

was so ‘amazing that Americans in the party said that America could not afford to build so ample accommodation’.²¹ This broader effort also included the development of a range of institutional services for ‘outlier’ groups in society, including unmarried mothers and ‘truant’ children, housed in new facilities ‘established to regulate human conduct’.²² The growing number of ‘mental handicap’ institutions can therefore be understood as an element of the wider drive to establish institutional services during the post-war period. Yet, while the capacity of disability-specific facilities had expanded significantly, by 1960 the vast majority of those with an intellectual disability continued to live within the wider community. The White Paper estimated that at least 24,000 people with a ‘mental handicap’ lived outside of a residential setting, 7,000 of whom were considered to require some form of permanent institutional care.²³ Veronica was therefore among the majority of those with an intellectual disability, as she lived in the community and shared an apartment with her mother Agnes in Upper Sean McDermott Street in inner-city Dublin.²⁴ The lives of the ‘mentally handicapped’ within the wider community remain underexamined in the Anglophone historiography of intellectual disability, within which most research has focused on residential institutional care.²⁵ The depositions collected for Veronica’s inquest, by contrast, present an opportunity to gain a fuller understanding of the ‘lived experiences’ of an intellectually disabled woman in the wider community.

As her mother and sole caregiver, Agnes’s testimony to the court included a detailed account of Veronica’s daily life in the community, alongside a general background to her daughter’s medical history. She began with an account of an accident that occurred in the early 1930s, when Veronica was four-years-old. Agnes described how she was playing with other children in the street when ‘she was struck by a passing car’; Veronica was then taken to Temple Street Children’s Hospital where her head was bandaged, but ‘she was sent home the same day’. This incident, Agnes suggested, was the beginning of Veronica’s disability. The remainder of her testimony to the court detailed the unusual features in her daughter’s behaviour, which ranged from distinctive mannerisms to an acute desire to remain indoors. Veronica’s form of agoraphobia became progressively worse over time, so that from the age of eleven ‘she took to the house’ and it became challenging to persuade her to ever leave the apartment. Over the

²¹ John Dodd, *Éire hospitals and health services: notes and impressions* (Bristol, 1957), p. 6.

²² Eoin O’Sullivan and Ian O’Donnell, ‘Coercive confinement in the Republic of Ireland: the waning of a culture of control’ in *Punishment & Society*, ix, no. 1 (2007), p. 29.

²³ *Ibid.*, p. 4. In 1965, the Commission of Inquiry on Mental Handicap acknowledged the lack of information on the number of those with an intellectual disability living outside of institutional accommodation in Ireland. The report instead applied the prevalence rates used in the *Report of the Mental Deficiency Committee* (London, 1929) (better known as the Wood Report) to the population of 1960s Ireland. See: *Report of the Commission of Inquiry on Mental Handicap* (Dublin, 1965), pp 23–5.

²⁴ *Irish Press*, 21 July 1961.

²⁵ Janice A. Brockley, ‘History of mental retardation: an essay review’ in *History of Psychology*, ii, no. 1 (Feb. 1999), p. 25; Atkinson & Walmsley, ‘History from the inside’, pp 274–5; James W. Trent, *Inventing the feeble mind: a history of intellectual disability in the United States* (Oxford, 2016), pp 222–8; Lee-Ann Monk and Corinne Manning, ‘Exploring patient experience in an Australian institution for children with learning disabilities, 1887–1933’ in Anne Borsay and Pamela Dale (eds), *Disabled children: contested caring, 1850–1979* (Abingdon, 2016), p. 82.

last nine years of Veronica's life, Agnes informed the court, her daughter 'never went out'.²⁶

There are obstacles to 'reading' Veronica's disability from her mother's testimony, as Agnes was frequently vague and refrained from using medical terminology in her descriptions.²⁷ The deposition's value lies, rather, in its remarkable detailing of the (often daily) challenges associated with the role of a home carer for an intellectually disabled person in the mid twentieth century. Agnes's testimony described the varied efforts she undertook to ameliorate her daughter's condition within their domestic setting, from nursing care in the aftermath of Veronica's accident ('I kept her in bed until she recovered') to attempts at overcoming her daughter's desire for isolation from the wider world ('I found it very hard to get her to go out'). The cumulative image presented is of a caring mother who struggled to manage her 'mentally deficient' offspring within the family home. Such efforts, the deposition implicitly underlined, were conducted in the absence of support from statutory authorities or voluntary services, beyond Veronica's disability allowance (discussed below in section II). Agnes repeatedly highlighted how, beyond this allowance of 22s. 6d. from the Dublin Health Authority, she was alone in ensuring that Veronica's needs were met. Her account then went on to describe some of the key challenges that she faced as a home carer, including how she frequently resorted to sleeping in a neighbour's apartment because Veronica 'often locked me out'.²⁸

Of course, Agnes's account of her isolated experience as a family carer cannot be generalised across those caring for the estimated 24,000 'mentally handicapped' who lived in the wider community during the early 1960s.²⁹ Nevertheless, the detailed image presented, of a parental carer struggling to manage the (often challenging) behaviour of her intellectually disabled child in the family home, remains instructive for understanding the possible experiences of some of the thousands of parental carers across the state. Indeed, from the mid 1950s onwards, T.D.s highlighted their growing concern around the retention of large numbers of the 'mentally defective' outside of institutional care. Deputies detailed a range of poor 'home care' arrangements in constituencies across the country, which implied that the challenges faced by Agnes were far from exceptional.³⁰ In 1958, the independent deputy George Edward Russell argued that the large number of 'mental defectives' in the community arose due to a chronic underfunding of specialist institutional accommodation and he emphasised how struggling parental carers could be found across the state, as 'every Deputy could tell a truthful and harrowing story of some mental defective child in its home and the pain and grief it causes parents'.³¹ Yet, the concerns articulated by deputies provide little contextual detail on the lives of these home carers who were rarely discussed in specific terms, with

²⁶ Deposition of Mrs Agnes L., Upper Sean McDermott Street, 23 July 1961 (N.A.I., C.C., Dublin/1961/118).

²⁷ This contrasts to the clear appropriation of medical terminology evident in the 'charity letters' sent to the Catholic archbishop of Dublin, Edward Byrne (1921–40). See Lindsey Earner-Byrne, "'Dear Father my health has broken down": writing health in Irish charity letters, 1922–1940' in *Social History of Medicine*, xxviii, no. 4 (Nov. 2015), p. 868.

²⁸ Deposition of Mrs Agnes L., Upper Sean McDermott Street, 23 July 1961 (N.A.I., C.C., Dublin/1961/118).

²⁹ Department of Health, *The problem of the mentally handicapped*, p. 4.

³⁰ See *Dáil Éireann deb.*, cli, 1565 (21 June 1955); *ibid.*, clii, 183 (11 Apr. 1956); *ibid.*, clxvii, 527 (22 Apr. 1958).

³¹ *Ibid.*, clxvii, 977–8 (29 Apr. 1958).

the ‘lived experiences’ of this constituency instead amassed into an amorphous collection of the ‘many and forceful representations’ received by parliamentarians.³²

The challenges associated with home care are similarly neglected in contemporaneous policy documents, like the White Paper *The problem of the mentally handicapped* (Dublin, 1960) or the *Report of the Commission of Inquiry on Mental Handicap* (Dublin, 1965). The commission’s report noted how the vast majority of those with an intellectual disability in the state lived outside an institutional setting. It also acknowledged that this reliance on families to care for their disabled relatives brought with it ‘considerable strain, frustration, pain and misery’.³³ The commission’s recommendations, however, failed to detail any supports to assist home carers, despite the concession that the pressures associated with this caring often resulted in ‘stress, maladjustment and mental illness’ within families. Instead, the recommendations covered measures for expanding the existing institutional care network, which could only ever cater for a small fraction of those with an intellectual disability in the state.³⁴ *The problem of the mentally handicapped* also highlighted residential provision, and only briefly discussed family care in the context of the development of voluntary day centres, which were ‘a welcome and valuable development ... they relieve parents of the burden of looking after the children for a portion of the day’.³⁵ This neglect of family carers remained a problem in Irish public policy for an extended period, as the dominant role played by family care in disability provision was not fully acknowledged until the *Needs and abilities* position paper in 1990.³⁶ Legislative recognition of the role played by carers was similarly limited throughout the mid twentieth century as carer specific allowances, like the Constant Attendance Allowance (1967) and Prescribed Relative’s Allowance (1969), operated under a stringent set of criteria that curbed the number of recipients.³⁷

This broader failure to engage with the challenges associated with home caring underscores the contextual value of Agnes’s deposition to the coroner’s court. From the mid 1950s onwards, voluntary initiatives around intellectual disability became increasingly common, as organisations like the Parents and Friends of Mentally Backward Children and the Waterford Friends of the Mentally Handicapped established new specialist facilities.³⁸ Yet, these voluntary services were founded to address the needs of a specific subset of the ‘mentally handicapped’, that is young ‘educable’ children.³⁹ Katherine Castle identified a similar partiality within American post-1945 parents’ organisations, as groups focused their efforts on ‘turning appealing young boys and girls into national poster children’, with few services aimed at severe cases of ‘mental retardation’ or towards intellectually disabled adults.⁴⁰ Similarly, when the Irish press discussed intellectual disability

³² *Ibid.*, clxxxiv, 184 (10 Nov. 1960).

³³ *Report of the Commission of Inquiry on Mental Handicap*, p. xiii.

³⁴ *Ibid.*, pp xiii–xxv.

³⁵ Department of Health, *The problem of the mentally handicapped*, p. 7.

³⁶ Report of the Review Group on Mental Handicap Services, *Needs and abilities: a policy for the intellectually disabled* (Dublin, 1990), pp 38–9.

³⁷ Cousins, *The Irish social welfare system*, p. 75.

³⁸ Daly, “‘The primary and natural educator’?”, p. 212; *Cork Examiner*, 24 May 1958.

³⁹ *Cork Examiner*, 11 Apr. 1957; *Munster Express*, 19 Sept. 1958.

⁴⁰ Katherine Castle, “‘Nice, average Americans’: postwar parents’ groups and the defence of the normal family’ in Steven Noll and James Trent (eds), *Mental retardation in America: a historical reader* (New York, 2004), pp 359–60.

their reports tended to focus on children, as in the 1960 *Irish Times* editorial on Down's Syndrome that described the 'devoted and protective mother and her clinging mongol child'.⁴¹ The issues that faced Agnes, as the struggling seventy-four-year-old parent to an adult with often challenging behaviour, were simply not heard within public discourse on intellectual disability.

These insights must be considered alongside some of the particular challenges associated with coronial records. Collected after Veronica's death, the depositions were shaped by their emergence from a legal environment. This is most obvious in Agnes's (repeated) emphasis on her lack of culpability in her daughter's death. Her account was notably clear, for example, in underlining that there was always sufficient food available for Veronica. She described how 'Every day I used to buy a small Boland's panloaf. Every second day I bought a ¼ lb of butter, 1 lb of sugar and a tin of condensed milk'.⁴² Agnes's effort to assert this is understandable given the cause of her daughter's death. However, her claims must be regarded with scepticism on several grounds, including: the extreme nature of her daughter's weight loss, deemed a sign of 'severe neglect and malnutrition' by the physician who admitted her to hospital; the post-mortem finding that Veronica had eaten little in the hours before her death except a small undigested portion of food that 'appeared to consist almost entirely of potato'; and the evidence of the garda who found Veronica that he saw no evidence of any food stocks in the apartment beyond a 'small table with some stale food [on it]'.⁴³ This disparity, between Agnes's assurance about the consistent supply of food in the apartment and Veronica's death from starvation, was never reconciled in the deposition or during the subsequent inquest proceedings, which returned a verdict of death due to malnutrition.⁴⁴ Indeed, in her deposition, Agnes never admitted to *any* failings in her care of Veronica, despite detailing a range of challenging circumstances arising from her daughter's behaviour. In her own account, she always provided the most exemplary and selfless care, describing herself in archetypally maternal terms, as the caring nurse who 'kept her in bed until she recovered'.⁴⁵

Agnes's biases are underscored by the deposition of her daughter, Caroline H., who outlined several problems during Veronica's later years in the family home. She began by noting the family's long-standing lack of paternal support. Her father had enlisted in the British Army in 1942 and 'came home once before the war ended and [then] he deserted us. I have no idea where he is now.' Caroline then discussed how her mother's advancing age had negatively impacted her ability to care for Veronica, emphasised how Agnes was 'over 70 ... and is not very capable' before expressing concerns about her mother's mental competency. Caroline also noted an attempt to have her sister placed in a specialist institution ('put away to a home') but did not explain why Veronica was never transferred to permanent institutional care.⁴⁶ The attempt to secure a residential place for her sister, due to Agnes's advanced age, conforms with admissions trends in the U.K. during the same period,

⁴¹ *Irish Times*, 16 Aug. 1960.

⁴² Deposition of Mrs Agnes L., Upper Sean McDermott Street, 23 July 1961.

⁴³ Depositions of Dr Cyril Comer, Meath Hospital, 20 July 1961; Professor Maurice Hickey, Department of Forensic Science, University College Dublin, 20 July 1961; Sergeant Luke M., Store Street Garda Station, 13 July 1961 (N.A.I., C.C., Dublin/1961/118).

⁴⁴ *Irish Press*, 21 July 1961.

⁴⁵ Deposition of Mrs Agnes L., Upper Sean McDermott Street, 23 July 1961.

⁴⁶ Deposition of Mrs Caroline H., Mountjoy Street, 13 July 1961 (N.A.I., C.C., Dublin/1961/118).

which reflected how ‘the ageing, retirement, or death of parents’ often played a key role in instigating requests for institutional care.⁴⁷

Yet, even if Caroline had succeeded in placing her sister on a waiting list for residential accommodation, the chance of securing a bed (particularly for an adult with challenging behaviour) remained low. This situation arose because ‘mental handicap’ residential institutions, despite considerable expansion throughout the 1950s, could still cater for only a fraction of those seeking care. During a Dáil debate about public demand for ‘handicap beds’ in 1958, Deputy Michael Kennedy of Fianna Fáil noted aggregate waiting lists of 1,242 patients seeking admission to a ‘mental handicap’ institution, which represented nearly 50 per cent of the system’s total capacity.⁴⁸ In reality, the numbers awaiting an institutional placement were probably significantly larger. Speaking in 1959, Brother Vincent, the provincial of the Hospitaller Order of the Brothers of St John of God, a religious congregation that ran an institution for the intellectually disabled at Drumcar, County Louth, noted how it was a customary practice among residential institutions to remove any name that had been on their waiting lists for more than two years, a measure which ensured that the list remained as short as possible.⁴⁹ The existing institutional network also struggled because, while the majority of beds were designated for the medium-term training of children, a significant proportion of residents remained for the rest of their lives.⁵⁰ Additionally, religious orders, who in all but one case managed these centres, operated their own assessment services, which led to frequent complaints that they admitted a select group of the ‘higher grade mentally defective children’.⁵¹ Combined, this meant that there was a low likelihood of Veronica’s placement within any residential institution in the early 1960s.

Alongside the accounts of Agnes and Caroline, the court collected depositions from a variety of other individuals who had personal interactions with Veronica, with each contributing further insights into the nature of her later years in Upper Sean McDermott Street. Depositions from neighbours, for example, emphasised her increasingly hermitic existence in the apartment building. Multiple residents affirmed that they had not seen ‘Vera’ in years.⁵² The testimonies of her aunts, Margaret and Katherine F., instead dwelt on their niece’s unusual behavioural traits, describing incidents where she refused to open the apartment door to speak with them.⁵³ Considered together, each of these personal accounts furthers a more complete understanding of the ‘lived experiences’ of Veronica.⁵⁴ Indeed, for those curious, the assembled coronial records contain a variety of ephemeral details about her

⁴⁷ Matthew Thomson, *The problem of mental deficiency: eugenics, democracy and social policy in Britain, 1870–1959* (Oxford, 1998), pp 261–4.

⁴⁸ *Dáil Éireann deb.*, clxxi, 1429 (3 Dec. 1958).

⁴⁹ National Health Council, ‘Meeting minutes, 13 November 1959’, p. 6 (<http://lenus.ie/hse/handle/10147/238936>) (24 July 2017).

⁵⁰ Mary Purcell, *A time for sowing: the history of St John of God Brothers in Ireland, 1879–1979* (Dublin, 1980), p. 128.

⁵¹ Annie Ryan, *Walls of silence: Ireland’s policy towards people with a mental disability* (Kilkenny, 1999), p. 53.

⁵² Veronica is also called ‘Vera’ in many depositions. See, for example, deposition of Mrs Rosanna H., Mrs Sarah P. and Mrs Teresa O., Upper Sean McDermott Street, 13 July 1961 (N.A.I., C.C., Dublin/1961/118).

⁵³ Deposition of Miss Margaret F. & Katherine F., Summerhill, 13 July 1961 (N.A.I., C.C., Dublin/1961/118).

⁵⁴ Atkinson & Walmsley, ‘History from the inside’, pp 274–5.

life, from how Veronica always wore a scarf in her hair, to the fact that her apartment floor 'was covered with paper' and how her clothes were 'in shreds' when she arrived at the hospital.⁵⁵ Depositions made by neighbours, for instance, reveal how Veronica's agoraphobia and atypical behaviour had contributed towards a progressively isolated existence within the apartment building, while relatives highlighted how Agnes's age had increasingly impacted on her ability to care for her daughter. Given this context, Veronica's death from starvation just hours after her admission to hospital becomes an explicable, if no less tragic, event.

Her death was, however, unusual in the broader context of 1960s Ireland, as evinced by the range of media coverage concerning Veronica's inquest. An argument can be made that this case is innately atypical, and that this biographical sketching of her later life (and tragic death) has little relevance for understanding the experiences of the estimated population of 24,000 with an intellectual disability in the wider community during the early 1960s.⁵⁶ The severity of this case is an inevitable feature of a coronial record. As Hurren and King remind us, the court has an inbuilt proclivity towards the 'spectacular and unhappy ending'.⁵⁷ Yet, this orientation towards unusual deaths does not negate the rich body of insights that can be found within the depositions produced for the court. In the case of Veronica L., the clear value of the testimonies provided by her family and neighbours lies in their detailed contextual insight into the daily life of an intellectually disabled adult in the community, and that of her home carer, in 1960s Ireland, a constituency which was chronically neglected within both contemporaneous press coverage and public policy. Home care dwarfed the development of specialist facilities, which could (at best) cater for a third of those living in the community.⁵⁸ Yet, the challenges faced by home carers remained peripheral throughout this period.⁵⁹ Whether this arose from the stigma associated with having an intellectually disabled relative, or from an inherent bias towards institutional care, represents an avenue for further enquiry. What remains undeniable, however, is the manner in which these depositions can start to contribute towards an understanding of the 'lived experiences' of the disabled in the community.

Agnes's deposition was obviously shaped by its legal context, as she repeatedly emphasised her exemplary behaviour in the face of challenging circumstances. Other accounts, such as those of neighbours, highlight a lack of interaction with Veronica and thus also attempt to limit their culpability in her death. Such obfuscations are to be expected. The depositions are court documents, coloured by the aims of witnesses and created in a particular context for a specific purpose, like all other sources. Once this context is incorporated into our analysis of these testimonies, however, the structure of these accounts presents no greater challenge than assessing newspaper reports or parliamentary debates. Agnes's testimony presents the experiences of an elderly carer who was increasingly unfit to manage her daughter's specific needs within the family home but was left with little choice due to lack of availability of residential care, a weak network of family support, and a deficiency

⁵⁵ Depositions of Miss Maureen M., The Coombe Hospital, 13 July 1961; Sergeant Luke M., Store Street Garda Station, 13 July 1961; Dr Cyril Comer, Meath Hospital, 20 July 1961 (N.A.I., C.C., Dublin/1961/118).

⁵⁶ Department of Health, *The problem of the mentally handicapped*, p. 4.

⁵⁷ Hurren & King, 'Courtship at the coroner's court', p. 206.

⁵⁸ O'Sheehan & De Barra, *Ireland's hospitals, 1930–1955*, p. 27; Department of Health, *The problem of the mentally handicapped*, p. 4.

⁵⁹ Power, *Landscapes of care*, p. 132.

in voluntary services for ‘handicapped’ adults. Indeed, she acknowledged only a single form of support for her caring role: Veronica’s disability allowance. This allowance was discussed by multiple deponents at Veronica’s inquest and formed a central component of the subsequent public debate around intellectual disability services. The second half of this paper explores this issue, examining the gaps within statutory provision that allowed an intellectually disabled woman to die from starvation while known to her local health authority.

II

The depositions sworn by Veronica’s family and neighbours offer accounts of their personal interactions with her, as well as outlining the challenges associated with her daily life in the family home. By contrast, the depositions conducted with officials, such as with staff from the Dublin Health Authority, reflected the role played by the Irish state in ensuring the welfare of a vulnerable adult. These accounts, alongside the subsequent coverage of Veronica’s coroner’s court inquest in the press and the Oireachtas, spotlight the fragmentary and insufficient nature of welfare provision during the mid twentieth century.⁶⁰ This section contends that established administrative practices, alongside prevailing trends in social policy, produced a social welfare system with a limited sense of responsibility towards the state’s vulnerable citizens and an acute aversion to intervention in matters deemed within the ‘family sphere’, a combination that produced tragic consequences in this case.

The press response to Veronica’s inquest was notable for its uniformity. Newspaper coverage presented a triumvirate of facts: that Veronica was disabled; that she was known to her local health authority; and that she was the recipient of a maximum rate Disabled Person’s Maintenance Allowance (D.P.M.A.).⁶¹ The *Irish Times* headline on the case, for instance, read ‘Woman of 32 died of slow starvation: Had disability allowance’, with the implicit assumption that Veronica’s visibility to the state’s health and social welfare authorities should have afforded her some protection.⁶² The premise that her welfare was an issue of concern to the Dublin Health Authority was also reflected in the inquest proceedings through the depositions of the Inquiry Officer from the Dublin Health Authority, who supervised her D.P.M.A. payment, and that officer’s manager at the Coombe Hospital. The officer’s testimony detailed her extensive interactions with Veronica over a number of years, but her account was notable for its lack of awareness around any issues relating to Veronica’s welfare. She had managed Veronica’s disability allowance since 1956 and had visited Sean McDermott Street on a quarterly basis, yet her descriptions of these meetings highlighted the artificial nature of her semi-regular interactions with Veronica. The authority did not conduct spontaneous ‘spot’ visits to the recipient’s home, for instance; instead the officer ‘had to write and make an appointment ... before calling’. These encounters also exhibited

⁶⁰ The challenges involved in navigating a ‘mixed economy of welfare’ with a disability are discussed within a U.K. context by Anne Borsay and Geoffrey Finlayson. See Anne Borsay, *Disability and social policy in Britain since 1750* (Basingstoke, 2005), pp 3–4; Geoffrey Finlayson, ‘A moving frontier: voluntarism and the state in British social welfare, 1911–1949’ in *Twentieth Century British History*, i, no. 2 (1990), pp 183–206.

⁶¹ See *Irish Press*, 21 July 1961; *Evening Herald*, 25 July 1961; *Irish Times*, 21 July 1961.

⁶² *Irish Times*, 21 July 1961.

signs of prior preparation by Agnes, as the officer noted that Veronica was always clean, a description that contradicts others who emphasised Veronica's poor physical condition.⁶³ Additionally, the health official was never allowed to enter the apartment itself; instead, the meetings with Agnes and Veronica were conducted on the landing outside the apartment door. This approach, she clarified, was in line with the statutory provisions of the 1954 Disabled Person's Maintenance Allowance Regulations.⁶⁴ She was concerned specifically with the financial position of the recipient and those in the household (i.e. Veronica's mother), as well as their continued residence at Upper Sean McDermott Street. The officer never attempted to enter the apartment and emphasised that 'It is not our job to find out the conditions under which our beneficiaries are living'.⁶⁵ This limited range of enquiry was reiterated by her manager at the Dublin Health Authority. He discussed how Veronica's case had originally been certified by a doctor in the Summerhill dispensary in the north inner-city in 1954, and that she was re-certified as 'mentally deficient' by another doctor in 1959. Aside from these two medical inspections, 'it is sufficient for my department to ensure that she was still alive to continue receiving benefit'. He stated that her living conditions were simply beyond the authority's remit, as 'we are only interested in these people financially'.⁶⁶ This lack of interaction contrasted with cases of family intervention during the early decades of the century. Indeed, Moira Maguire has argued that Irish social policy was implicitly oriented towards active intervention, with 'the effect of destroying family life when it did not conform to middle class norms'.⁶⁷ Veronica's life clearly diverged from these standards, raising the question: how can we account for the lack of intervention in her case?

At a basic level, this limited engagement with the intellectually disabled in the community occurred due to the legislative framework in place. Both the health official and her manager argued that their inspections were conducted under the constraints imposed by the 1954 Disabled Person's Maintenance Allowance Regulations. Indeed, these regulations stipulated only three obligations on local health authorities when administering the allowance: to assess the means of potential recipients; to ensure that their disability was certified by a medical practitioner; and to verify that they remained resident at the same address.⁶⁸ Nevertheless, the payment's broader legislative history shows that it had been expected to assume a much wider role in safeguarding the welfare of those with a disability, who were resident in the community. The first political discussion of a specialised payment for a (temporary) disability occurred in 1947.⁶⁹ That same year, the Health

⁶³ Her poor physical appearance was strongly emphasised in the depositions of Dr Comer, Sergeant M. and Therese O. See: N.A.I., C.C., Dublin/1961/118.

⁶⁴ Disabled Persons (Maintenance Allowances) Regulations, 1954 (207/1954) (30 Sept. 1954).

⁶⁵ Deposition of Maureen M., The Coombe, Dublin, 13 July 1961 (N.A.I., C.C., Dublin/1961/118).

⁶⁶ Deposition of Kieran C., The Coombe, Dublin, 13 July 1961 (N.A.I., C.C., Dublin/1961/118).

⁶⁷ Moira Maguire, *Precarious childhood in post-independence Ireland* (Manchester, 2013), p. 4.

⁶⁸ Disabled Persons (Maintenance Allowances) Regulations, 1954 (207/1954) (30 Sept. 1954).

⁶⁹ Ruth Barrington, *Health, medicine and politics in Ireland, 1900–1970* (Dublin, 1987), p. 182.

Act included a provision for the payment of an allowance to a person who was ‘prevented from making reasonable and proper provision for his own maintenance’.⁷⁰ This measure had been introduced in response to pressure from a tuberculosis advocacy group, the Post Sanatorium League, which emphasised the need to supplement the incomes of sanatoria patients who were undergoing tuberculosis treatment.⁷¹ By the early 1950s other lobby groups called for an extension to these payments to those suffering from diseases that caused permanent physical incapacity, such as poliomyelitis. Groups like the Infantile Paralysis Fellowship began to argue for ‘allowances for those permanently disabled,’ a case that was echoed by members of the Dáil.⁷² In 1951, social welfare issues formed ‘a major element of the [general] election campaign’.⁷³ Following this, the Fianna Fáil-led government introduced the 1952 Social Welfare Act, which ‘integrated and improved the existing social insurance scheme and provided a national Social Welfare system under the Department of Social Welfare’.⁷⁴ In the debates that preceded the bill’s enactment, T.D.s repeatedly advocated for the extension of the proposed social welfare system to address the needs of the congenitally disabled, who were unable to work, and to make the contributory payments required under the bill’s schema. Committee discussions saw deputies acknowledge the primary responsibility of family members to care for their disabled relatives, but also emphasised that ‘it is the duty of the state under the constitution to give some assistance to the citizen who needs’.⁷⁵ Deputies’ concerns were frequently framed in terms of Christian charity. The future minister of health, Sean Flanagan of Fianna Fáil, discussed the ‘unfortunate people ... who are deformed from birth’ and noted the need to provide for those who ‘are unemployed by the force of God’s providence’.⁷⁶

The Department of Health’s 1952 *Proposals for improved and extended health services* included an allowance for the congenitally disabled. The document noted the desire to address ‘cases of persons over 16 years of age who are without means and unable by reason of chronic illness or disability to provide for their own maintenance’.⁷⁷ This was legislated for within the wide-ranging provisions of the 1953 Health Act, which provided for the payment of the D.P.M.A.⁷⁸ The D.P.M.A. regulations, introduced the following year, defined ‘disabled’ in an expansive way: as someone who was unable to work ‘by reason of injury, disease, congenital deformity, or physical or mental illness or defect, which had continued to may reasonably be expected to continue for at least one year from its outset’.⁷⁹ The initial

⁷⁰ Health Act, 1947/28 (13 Aug. 1947).

⁷¹ Greta Jones, *‘Captain of all these men of death’: the history of tuberculosis in nineteenth- and twentieth-century Ireland* (Amsterdam, 2001), pp 201–02.

⁷² *Irish Independent*, 20 Mar. 1950; *Dáil Éireann deb.*, cxxx, 1735 (8 Apr. 1952).

⁷³ Adrian Kelly, ‘Social security in independent Ireland, 1922–1952’ (Ph.D. thesis, St Patrick’s College Maynooth, 1995), p. 247.

⁷⁴ Cousins, *The Irish social welfare system*, p. 20.

⁷⁵ *Dáil Éireann deb.*, cxxxi, 1258 (7 May 1952).

⁷⁶ *Ibid.*, cxxx, 760 (27 Mar. 1952).

⁷⁷ Department of Health, *Proposals for improved and extended health services* (Dublin, 1952), p. 16.

⁷⁸ J. J. Lee, *Ireland, 1912–1985: politics and society* (Cambridge, 1989), p. 321. This allowance was to be paid to ‘persons over 16 years of age who are unable to provide for their own maintenance’ (Health Act, 1953/26 (29 Oct. 1953), s. 50, subsec. 6).

⁷⁹ Disabled Persons (Maintenance Allowances) Regulations, 1954 (207/1954) (30 Sept. 1954).

rate was set at a maximum of £1 per week, to be administered by the local health authority.⁸⁰ The reaction to this payment in media and political circles provides a good sense of how it was interpreted. Journalists and Dáil deputies described the allowance as a crucial element in safeguarding the welfare of the disabled in the community, presented the payment as a ‘magnificent contribution to [national] health and social welfare’, and argued that it would allow those with a congenital disability to remain outside of long-term institutional care.⁸¹ Indeed, the allowance remained popular throughout the 1950s for its support of a wide range of necessitous groups, from ‘the blind, deaf or mental defective youth to the tuberculous, the diabetic, the maimed and the arthritic’.⁸² This cursory history of the D.P.M.A. scheme underlines how the allowance was created to address a broad constituency and had been intended to play a role in ensuring the welfare of those with a disability who remained outside of an institutional care setting but were unable to gain remunerative employment. Yet, the regulations underlying the allowance’s operation were constructed narrowly, necessitating that local health authorities examine three elements: continued residence at the same address, medical certification of disability and an income threshold.⁸³ In the case of Veronica, as we have seen, the officials stated that all three criteria had been monitored by the Dublin Health Authority. Her living conditions, as well as her death from starvation, were simply beyond their remit.⁸⁴

The state’s limited role in regulating this allowance reflected broader patterns in the period’s social welfare services. Writing in 1964, Professor Peter Kaim-Caudle of Durham University emphasised the distinctive character of Irish welfare provision, where payments were limited and regarded as ‘at best a necessary evil’ among the general public.⁸⁵ Kaim-Caudle accounted for this by arguing that the broader cultural context, which included the ‘extensive work of the religious orders, the long tradition of almsgiving and the great and apparent need of some sections of the population’, had combined to prevent the emergence of a statutory network of services comparable to the British welfare state.⁸⁶ Indeed, the limited role of the state can be traced to a broad range of factors in the mid century, including economic challenges, as well as the state’s limited industrialisation and largely rural population.⁸⁷ Exploring the development of welfare services in the 1930s, Adrian Kelly foregrounded a social and fiscal conservatism among politicians, arguing that an orientation towards limited statutory intervention helps to account for the ‘failure to innovate’ in welfare services into the mid century.⁸⁸ This political conservatism was visible in the lack of reform to ailing social services, as

⁸⁰ Ibid.

⁸¹ *Irish Times*, 15 July 1953; *Dáil Éireann deb.*, clvi, 208, 236 (11 Apr. 1956).

⁸² *Sligo Champion*, 22 Feb. 1957.

⁸³ Disabled Persons (Maintenance Allowances) Regulations, 1954 (207/1954) (30 Sept. 1954).

⁸⁴ Deposition of Maureen M., The Coombe, Dublin, 13 July 1961 (N.A.I., C.C., Dublin/1961/118).

⁸⁵ This public hostility to welfare provision contrasted with the positive political response to the D.P.M.A. See: Peter Kaim-Caudle, *Social security in Ireland and western Europe* (Dublin, 1964), pp 10, 25.

⁸⁶ Ibid., p. 10.

⁸⁷ Cormac Ó Gráda, *A rocky road: the Irish economy since the 1920s* (Manchester, 1997), p. 27.

⁸⁸ Adrian Kelly, ‘Social security in independent Ireland’, p. 115.

maligned facilities like poor law workhouses continued in use after political independence, albeit renamed as ‘county homes’.⁸⁹ Even considering the efforts by Fianna Fáil, which included the creation of a widow’s pension and the expansion of unemployment assistance, Lindsey Earner-Byrne cautions that there ‘was little radicalism in the face of social equality’ into the 1950s.⁹⁰ This complacency continued due to the complex mixture of voluntary and statutory welfare services that operated in the state. Carole Holohan has charted this landscape in 1960s Dublin, highlighting how a range of supports, including an established voluntary sector, ‘made it difficult to reframe the role of the state’ in addressing issues like poverty.⁹¹

This ‘mixed economy of welfare’, which included a role for the voluntary sector alongside the state, was supported by Catholic social policy on the family in the mid twentieth century.⁹² J. H. Whyte characterised these decades as a period of consolidation for Catholic thinking in Ireland, and argued that the state became ‘more totally committed to Catholic concepts of moral law and more explicit in the recognition of the special position of the Catholic Church’.⁹³ Examining the same period, Finola Kennedy concluded that Catholic social teaching had become so prevalent as to ‘be part of the air breathed by legislators’.⁹⁴ Indeed, there is some evidence of this thinking becoming part of political discourse. The sitting taoiseach, Seán Lemass, drew upon Catholic social teaching for a broad range of public policy issues. He quoted papal encyclicals during trade union negotiations in 1961, for instance, while a 1966 *Irish Times* profile detailed how he had instructed his ministers to retain copies of the papal encyclical *Mater et magistra* (1961) on their desks ‘for guidance’.⁹⁵

This adherence to Catholic social teaching had implications when it came to policies that affected the ‘mentally handicapped’. The 1937 constitution, for instance, demarcated an expansive territory for the rights of the family, unlike its 1922 predecessor.⁹⁶ The family unit was described as the ‘natural, primary and fundamental unit group of society’, and deemed the ‘necessary basis of social order ... indispensable to the welfare of the nation’.⁹⁷ This overt emphasis on the primacy of the family unit within the Irish state aligned with the Catholic social doctrine of ‘subsidiarity’, which was discussed in Pope Pius XI’s encyclical *Quadragesimo*

⁸⁹ Joseph Robins, *Fools and mad: a history of the insane in Ireland* (Dublin, 1986), p. 202; Mairéad Considine and Fiona Dukelow, *Irish social policy: a critical introduction* (Dublin, 2009), p. 209.

⁹⁰ Earner-Byrne, *Letters of the Catholic poor*, p. 57.

⁹¹ Helen Burke (née Binchy) cited in Carole Holohan, ‘Conceptualizing and responding to poverty in the Republic of Ireland in the 1960s: a case study of Dublin’ in *Social History*, xli, no. 1 (2016), p. 53.

⁹² Bryan Fanning, ‘The mixed economy of welfare’ in Gabriel Kiely (ed.), *Irish social policy in context* (Dublin, 1999), p. 51.

⁹³ J. H. Whyte, *Church and state in modern Ireland, 1923–70* (Dublin, 1984), p. 158.

⁹⁴ Finola Kennedy, *Cottage to crèche: family change in Ireland* (Dublin, 2004), p. 179.

⁹⁵ Mary Daly, *Sixties Ireland: reshaping the economy, state and society, 1957–1973* (Cambridge, 2016), p. 48; John Horgan, *Seán Lemass: the enigmatic patriot* (Dublin, 1997), p. 322.

⁹⁶ Linda Connolly, ‘Locating the Irish family: towards a plurality of family forms’ in eadem (ed.), *The ‘Irish’ family* (Abingdon, 2015), p. 21; Thomas Mohr, ‘Embedding the family in the Irish constitution’ in Niamh Howlin and Kevin Costello (eds), *Law and the family in Ireland, 1800–1950* (London, 2017), p. 214.

⁹⁷ Article 41, *Bunreacht na hÉireann* (Dublin, 2015), pp 162–4.

anno ('In the fortieth year') in 1931.⁹⁸ Produced during a period of immense political upheaval across Europe, *Quadragesimo anno* sought to describe the correct ordering of society within a Catholic paradigm. This model emphasised a weak state, alongside a strong voluntary sector and an emphasis on individual rights, while it also held that 'it is an injustice and at the same time a grave evil and disturbance of right order to assign to a greater and higher association what lesser and subordinate organisations can do'.⁹⁹ In basic terms, applying subsidiarity within public policy meant consistently favouring smaller voluntary services over wider state provision.¹⁰⁰ The state's adherence to this paradigm was significant for Ireland's intellectually disabled. In practice, it meant limiting intervention in the lives of the disabled. The family's authority remained paramount and centralised support services only arose when they could not manage their relatives in the family home.

Indeed, following the coroner's court inquest into Veronica's death, discussions in the Dáil demonstrated the tenacious roots of an intervention-averse approach in public policy. A week after the inquest Patrick Byrne, a Fine Gael T.D. whose constituency encompassed north inner-city Dublin, raised multiple questions with the Fianna Fáil minister for health, Sean MacEntee. In essence, Byrne sought a range of reforms to disability policy in light of Veronica's case, and asked the minister whether he would increase the D.P.M.A. rate and amend the oversight powers of local health officials.¹⁰¹ MacEntee's response reflected a subsidiarist approach. He emphasised repeatedly the dominant role occupied by Veronica's family in ensuring her welfare. During the debate, he also made a number of questionable assertions about the state's disability policy. When discussing the D.P.M.A., for instance, MacEntee argued that the function of the payment was misunderstood by opposition deputies because the allowance was designed to 'assist relatives in maintaining a disabled person at home' rather than supporting the disabled themselves, a characterisation of the payment that runs counter to both the allowance's regulations and its legislative history.¹⁰² Indeed, despite the shocking circumstances of Veronica's death, MacEntee saw no role for the Irish state in the incident and instead presented an archetypally subsidiarist argument when he described Veronica's death as a failure by her family to seek additional support. He explained how:

The person to whom this question refers did not live in isolation. She had her parent, her sisters and other relatives, and surely the obligation was on them to look after her ... this unfortunate person had a mother, sisters and other relatives. I think that the responsibility lay on them to look after her, the

⁹⁸ John Pollard, *The papacy in the age of totalitarianism, 1914–58* (Oxford, 2016), p. 244; Ciara Meehan, *A just society for Ireland? 1964–87* (Basingstoke, 2013), p. 8; Louise Fuller, *Irish Catholicism since 1950: the undoing of a culture* (Dublin, 2003), p. 69; Peter Murray and Maria Feeny, *Church, state and social science in Ireland: knowledge institutions and the rebalancing of power, 1937–73* (Oxford, 2016), p. 18.

⁹⁹ Pope Pius XI, *Quadragesimo anno*, 15 May 1931 (http://w2.vatican.va/content/pius-xi/en/encyclicals/documents/hf_p-xi_enc_19310515_quadragesimo-anno.html) (18 Dec. 2020).

¹⁰⁰ Andrew Power, Janet E. Lord and Allison DeFranco, *Active citizenship and disability: implementing the personalisation of support* (Cambridge, 2013), p. 365.

¹⁰¹ *Dáil Éireann deb.*, cxci, 1867 (26 Jul 1961).

¹⁰² *Ibid.*

community having come to her assistance to the extent of the disability allowance paid to her.¹⁰³

Thus, for MacEntee, the payment of an allowance demarcated the boundary of the state's intervention in the lives of the vast majority of the disabled. Following this statement, only Fine Gael's James Dillon continued to debate the minister.¹⁰⁴ Dillon questioned MacEntee's position and asked: 'quite apart from the proper discharge of responsibility by members of the family, is there not a clear obligation on the community to insist that no one need die of hunger and in our midst?' For MacEntee, this ignored the primary failure of Veronica's family to 'fulfil their responsibility' in either caring for Veronica or surrendering her care to the wider community. For MacEntee, the state could only accept the mantle of this woman's welfare if her family had relinquished their role and placed her in institutional care, which 'unfortunately, they did not'.¹⁰⁵ Given the well-publicised and shocking circumstances surrounding this case, MacEntee's comments represented a strikingly clear adherence to Catholic social thought more generally and the specific idea of subsidiarity in particular. Taken to its logical conclusion, MacEntee's point was that Veronica's death was nothing to do with the Department of Health.

The only additional form of state support that was suggested during the Dáil debate was the home assistance scheme. This payment, which was itself a reconstituted remnant of the 1847 Poor Relief Act, operated on a discretionary case-by-case basis within each local authority area. For the majority of applicants, home assistance was intended to provide short-term emergency relief, but this could be extended beyond a month to become a long-term income supplement in 'cases of permanent infirmity of mind or body'.¹⁰⁶ The payment of the allowance was contentious due to ambiguity around its administration, the lack of training for local authority officials managing the scheme, and the fact that 'rates of assistance and administrative practice varied greatly from one area to another'.¹⁰⁷ These challenges were encoded in the Public Assistance Act 1939, which vaguely tasked each public assistance authority to provide 'such public assistance as shall appear to them to be necessary or proper in each particular case'.¹⁰⁸ Concerns around this ambiguity had led to calls for the implementation of 'a certain code for the application of home assistance ... [that] certain amounts [be] granted for certain cases' in the Dáil, as the varying approaches of different public assistance authorities produced widely different results across the country.¹⁰⁹ A further problem with the home assistance scheme lay in its stigmatised association with the nineteenth-

¹⁰³ *Ibid.*

¹⁰⁴ This was typical of Dillon's candour. See his criticisms of industrial schools in: Lindsey Eamer-Byrne, 'Child sexual abuse: history and the pursuit of blame in modern Ireland' in Katie Holmes and Stuart Ward (eds), *Exhuming passions: the pressure of the past in Ireland and Australia* (Dublin, 2011), pp 51–70.

¹⁰⁵ *Dáil Éireann deb.*, xcxi, 1867 (26 July 1961).

¹⁰⁶ Cousins, *The Irish social welfare system*, p. 16. This involved an inspection by local authority officers every three months: Department of Local Government, *Rules and regulations for the administration of home assistance* (Dublin, 1924), p. 3.

¹⁰⁷ Dick Doyle, 'Home assistance and poverty' in *Social Studies: The Irish Journal of Sociology*, i, no. 4 (Aug. 1972), p. 440; Cousins, *The Irish social welfare system*, p. 16.

¹⁰⁸ Public Assistance Act, 1939/27 (8 Aug. 1939).

¹⁰⁹ *Dáil Éireann deb.*, cxxiii, 309 (26 Oct. 1950).

century poor law system. Speaking during a debate on the 1953 Health Act, for instance, Fianna Fáil's Liam Cunningham argued that most of those eligible for home assistance refused to avail of the scheme, as it was 'very distasteful to Irish people as it smacked too much of the British régime'.¹¹⁰ Indeed, in his study of home assistance in 1970 the sociologist Séamus Ó Cinnéide highlighted the many features that linked the payment directly to its poor law predecessors, including the lack of an appeals mechanism and its degrading administration.¹¹¹ A proportion of those receiving home assistance were also in receipt of D.P.M.A. On 31 March 1966, for instance, 17 per cent of home assistance recipients received both payments.¹¹² Yet, MacEntee's suggestion that Veronica, or her family, could have easily availed of the scheme disingenuously elides the bureaucratic hurdles associated with the process. For a start, home assistance required a new means assessment, which was separate to the existing D.P.M.A. inspections.¹¹³ Additionally, most claimants had to queue publicly for the payment, which discouraged all but the most necessitous of applicants.¹¹⁴ These factors combined to make home assistance the 'provider of last resort' among the general public.¹¹⁵ Considering this within the context of Veronica's life, the unsuitable nature of the payment is made abundantly clear. Requiring both an active appeal for support, alongside a willingness to bear the payment's associated stigma, home assistance was not a viable avenue for Agnes or her daughter.

William Beveridge declared in *Social insurance and allied services* (1942) that 'a revolutionary moment in the world's history is a time for revolution, not for patching'.¹¹⁶ Exploring Veronica's position within the broader social welfare landscape in 1961 highlights how the lack of a substantial post-war revolution in social services, comparable to the policy developments in the classic welfare state period in the U.K., had led to a patchwork system of provision that was characterised by a limited level of state intervention. Despite the characterisation of D.P.M.A. as a tool for protecting the welfare of those with a long-term disability, the administration of Veronica's allowance highlights the deficiencies that were embedded within its day-to-day operation. These features, combined with a reluctance to usurp the role of the family, and a fragmented welfare services landscape, created a potentially lethal cultural context in which the neglect of vulnerable individuals like Veronica could very easily occur. Newspaper coverage of her inquest revealed some of the flaws in the operation of D.P.M.A., while MacEntee's willingness to defend the operation of the existing system highlights the established nature of this intervention-averse approach within the period's welfare services.

¹¹⁰ *Ibid.*, cxxxviii, 250 (16 Apr. 1953).

¹¹¹ Séamus Ó Cinnéide, *A law for the poor: a study of home assistance in Ireland* (Dublin, 1970), p. 106.

¹¹² *Ibid.*, p. 36.

¹¹³ *Ibid.*

¹¹⁴ Theodore Dillon, 'The social services in Eire' in *Studies*, xxxiv, no. 135 (Sept. 1945), p. 330.

¹¹⁵ Kaim-Caudle, *Social security in Ireland and western Europe*, p. 18.

¹¹⁶ William Beveridge cited in Margaret Jones and Rodney Lowe, *From Beveridge to Blair: the first fifty years of Britain's welfare state, 1948–98* (Manchester, 2002), p. 4.

III

Veronica L.'s 'slow starvation' was a shocking event, as well as a clear failure by the Irish state to protect a vulnerable citizen. Despite the exceptional nature of Veronica's death, this article has explored how the material collected for her coroner's court inquest presents a valuable avenue for better understanding the experiences of those with an intellectual disability during the mid twentieth century. Although rooted in the atypical circumstances surrounding her later life and death, the inquest depositions can help to contextualise the experience of a constituency that was neglected within contemporary policy. The 1950s were marked by a range of efforts to reform disability services, from unprecedented statutory investment in 'mental handicap' institutions to a new welfare allowance that addressed the disabled in the community.¹¹⁷ However, this case study demonstrates how broader public policy developments could still fall prey to persistent problems, like the chronic lack of institutional accommodation or the reluctance of caregivers to seek additional support.

The article also illustrates the manner in which the D.P.M.A. could fail the neediest of recipients through its limited oversight system, which meant that cases of neglect could go unnoticed for an extended period. The Dublin Health Authority official was working within the limits of the allowance's regulations when she met with Veronica and her mother on the landing outside their apartment, having arranged the appointment in advance. This narrow construction of the authority's role meant that the welfare of the intellectually disabled remained the responsibility of individual families. The parliamentary reaction to the case further outlines the limits of the state throughout this period. Indeed, when presented with Veronica's death, Minister MacEntee offered a vigorous defence of existing provision, demonstrating how Catholic social thinking on the primacy of the family remained potent as a reason for curbing the state's role in matters deemed within the 'family sphere'. Veronica's family was therefore central in caring for their intellectually disabled relative, while the state acted as a (limited) safety net that financed institutional accommodation for a minority of Ireland's 'mentally handicapped'. Yet, the shock and disbelief articulated in response to the coroner's court inquest suggests that this intervention-averse social policy was becoming increasingly anachronistic at the cusp of the 1960s. Indeed, it is telling that some T.D.s questioned whether, in light of this case, the state should now assume a larger role in caring for the vulnerable.¹¹⁸

Veronica's death was brought about by the failure of her immediate family to address the cause of her weight loss. Yet, the prolongation of this neglect, to its tragic conclusion, stemmed from the overarching scepticism of the state around intervening extensively in the lives of those with an intellectual disability. The Department of Health, and the Dublin Health Authority, were unwilling to become a substitute parents to Veronica while her mother was alive and (putatively) supporting her daughter, regardless of the standard of care in the family home. The assembled depositions, therefore, offer a window into broader debates around both the nature of statutory responsibility and the operation of social welfare services in the mid twentieth century. However, when considered in the context of

¹¹⁷ Department of Health, *The problem of the mentally handicapped*, p. 4.

¹¹⁸ *Evening Herald*, 25 July 1961; Ó Gráda, *A rocky road*, p. 29.

intellectual disability in Ireland, Veronica's story presents a depressingly familiar image of policy failure and personal distress. The case of Veronica L., although exceptional for its tragic conclusion, represents just one of many within Ireland's still nascent 'disability history'.¹¹⁹

¹¹⁹ Catherine J. Kudlick, 'Disability history: why we need another "other"' in *American Historical Review*, cviii, no. 3 (June 2003), pp 763–93.