Insanity and the Insane

in post-Famine Ireland

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This thesis is my own original work.

Mark Frimane.

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M.F.
Abstract

Between 1817 and 1870 the British government in Ireland, through the chief secretary's office in Dublin, directed the establishment of twenty-two district lunatic asylums in Ireland. Founded at a time when the government was attempting to bring order to Ireland through the establishment of a police force and a system of poor relief, primarily institutional, the asylums were initially welcomed by local gentry, clergy and judicial authorities. But the unceasing growth of asylum admissions after the Famine, together with the failure of the asylum to restore more than a small proportion of inmates to society, provoked increasing local discontent with the institutions. Central government sought to maintain local responsibility for standards while ratepayers' representatives pressed for the government to take over the financial responsibility for the insane. In this situation, the democratisation of Irish local government in 1898 further 'politicised' the management of asylums, with questions of finance and local control dominating their administration to the war.

Institutionalisation of a growing proportion of the Irish population proceeded particularly through judicial committal. Magistrates, police and doctors used the provisions of the law to confine men and women who were brought to them by their relatives and friends. A law which had been intended only for the detention of the 'dangerous lunatic' became the routine mode of dealing with a variety of ills from alcoholism to family violence. Within the asylums, the uncertainty as to
the basis of an individual inmate's condition was reflected in the variety of largely unsuccessful therapies, 'moral' and physical. Even the possibility of organising an ordered environment, subject to the direction of the medical superintendent, the object of the asylum's structure, failed in the face of over-crowding and institutional inertia.

Over the lives of the insane presided doctors who gradually established themselves professionally as psychiatrists. By the end of the century, in spite of their formal dominance in treatment and control, the psychiatrists had failed to establish a practice which could cope with the increasing institutional pressures on them. Their pessimism concerning the seemingly intractable problem of insanity was matched in Ireland and Britain by an alarm among lay observers at the growth in numbers of the insane. An examination of the statistical evidence for Ireland suggests that institutionalisation proceeded apace with rural decline characterised by high emigration, falling marriage rates and an ageing population. The 'increase of lunacy' had become a symbol as well as a reflection of the social condition of Ireland after the Famine.
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### Abbreviations

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<tr>
<td>DJMS</td>
<td>Dublin Journal of Medical Science.</td>
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<tr>
<td>H.C.</td>
<td>House of Commons, Papers.</td>
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<td>HOS</td>
<td>Hospital archives, Public Record Office of Northern Ireland, Belfast.</td>
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<td>Irish Poor</td>
<td>Report of the Select Committee on the State of the Poor in Ireland, H.C. 1830, 7.</td>
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<td>JMS</td>
<td>Journal of Mental Science.</td>
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<td>Lunatic Poor</td>
<td>Select Committee on the Lunatic Poor in Ireland, H.C. 1817, 8.</td>
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<td>Mitchell Committee</td>
<td>First and second reports of the Committee appointed by the Lord Lieutenant of Ireland on Lunacy Administration (Ireland) H.C. 1890-1, 36.</td>
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<td>M.P.A.</td>
<td>Medico-Psychological Association.</td>
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<tr>
<td>MPC</td>
<td>Medical Press and Circular.</td>
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<td>MPC, IS</td>
<td>Irish Supplement to the Medical Press and Circular.</td>
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<td>NLI</td>
<td>National Library of Ireland.</td>
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<td>P.R.O.N.I.</td>
<td>Public Record Office of Northern Ireland, Belfast.</td>
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Sources: All statistics in the text, unless otherwise specified are derived from the annual reports of the inspectors of lunatics and the decennial census reports for Ireland, as detailed in the bibliography.
**Introduction**

The framework of the following study is the history of lunatic asylums in Ireland in the nineteenth century. Without the lunatic asylum it is difficult to conceive of the presence of the insane in Irish society after the Famine. But it has not primarily been my intention to provide a history of lunatic asylums *per se*. Rather I have sought to establish the conditions under which those deemed insane were identified by their communities, processed by the law, and institutionalised for shorter or longer periods of time. In this context the asylum loomed large - it was a field on which relationships of power were worked out, determining who would pay for the maintenance of the insane, who would be responsible for their care, who would decide how they were to be treated, restrained or discharged. Frequently the resolution of these questions, indeed even the asking of them, had more to do with contemporaneous political struggles than with the condition of the lunatics themselves. For this reason the 'politics of asylums' are a necessary prelude to any consideration of the insane themselves.

One side of the history of mental institutions has been dominated by 'Whig' tendencies. In particular the major work on English developments, that of Kathleen Jones, is characterised by its measurement of 'progress' in terms of the advance or retardation of a post-Second World War standard of 'mental health care'. Similarly, though rather more

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critically, the work of Gerald Grob on the United States treats the nineteenth century asylum as a progenitor of the twentieth century mental hospital. In Grob's view, the criterion of evaluation of the lunatic asylum is its therapeutic method and success, implicitly measured against contemporary therapies and medical management.

There have, however, been some powerful arguments against these views, mainly in works which tend to distance themselves from too close an examination of the asylum itself. Michel Foucault's ideologically influential *Madness and Civilization* is only one part of an elaborate discourse about power, rationality, objectification and inspection in Western culture since the eighteenth century. But his analysis is so heavily rooted in the history of ideas rather than in an examination of social structures and institutions that it says little about the social context of the insane, or the politics of asylums, both internally and in their relation to the exterior world. The latter, on the other hand, is dealt with impressively in David Rothman's *The Discovery of the Asylum*. For Rothman, the asylum is the paradigm of the nineteenth century institution. He argues forcefully that the

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burgeoning of institutions for the control of criminals, lunatics, delinquents and paupers in Jacksonian America was intimately related to the social insecurities of that time, and determined by the dominance of an environmentalist interpretation of social problems. Rothman goes outwards from the asylum to look at the character of the society which produced it. It is a convincing statement of the need to go beyond that isolated view of the asylum which sees in it only the germination of mental hospitals, taken to be a symbol of our progress.

In any of these histories, however, the insane are very much objectified and homogenised. With the exception of an essay by Grob which has examined the differential care accorded to members of different classes and ethnic or racial groups, the identity of the insane themselves is left a mystery. 'Society', relatively undifferentiated, is the actor; the lunatic person is acted against. The confinement of the insane is pursued in the service of a paternal care, or else in the interest of maintaining social order. The histories are organised around abstract categories - the opposition of sane and insane, the dangerous lunatic and public safety, the humanitarian philanthropist or doctor devoting his or her life to the care of the suffering - which in some ways are leftovers from the nineteenth century. Such abstracted concepts are useful, even necessary, in explaining the frameworks of social policy or the ideology of asylum managements. But they do not bring us any closer to appreciating why the asylum became such an important social
institution in the last century.

For this reason a study of 'insanity and the insane' must go beyond the politics of asylums. It must also examine the role of the law in defining the asylum's inmates. Indeed, an examination of the law of certification, as in this study, would suggest that the tremendous growth in asylums and their populations in the later nineteenth century was as much the product of badly formulated and poorly administered statutes as of political decisions to provide extra accommodation. The laws of confinement deprived those charged under them of any defence, by themselves or through an advocate. They proved readily manipulable by magistrates, doctors and workhouse officials as well as by relatives, friends and neighbours of those charged with being a 'dangerous lunatic'. It is in the operation of the law that we discover the constitution of those abstract entities, 'society' and the 'insane'. And it is there that we also discover the function of the asylum in removing those whose presence was no longer tolerable in the 'sane' world. This is not to say that the meaning of the asylum is only to be found in the social control of the deviant. The question is certainly more complex than that, as the evidence of Chapter 4 suggests. But the significance of the asylum as an agent of control similar to that of a prison, was clear enough even to those who were most intimately associated with asylum management in the nineteenth century. Thus Irish doctors pressed for state maintenance of lunatics because they were aware of the part played by the asylum in
maintaining public order. Lord O'Hagan, a one-time Irish attorney-general and himself a lunacy reformer, remarked in Parliament that the

lunatic class is looked after because it
is dangerous and consequently feared, while
the harmless idiot and imbecile are despised
and left to perish.\(^5\)

Even the *Journal of Mental Science*, which promoted the view that asylums were hospitals not prisons, could not disguise from its readers the role of the asylum in the 1850s. With 'advancing civilisation', society insisted upon

separating from itself [the maniac and the idiot], partly from motives of true
humanity, and partly from selfish motives
of fear or of outraged sensibility.\(^6\)

What the law and the asylums provided was an instrument by which families, small communities or local poor law and judicial authorities could remove troubled or troubling members from their midst, to be 'treated' and returned, or confined and forgotten.

It will be clear from this view of the subject that the insane, for the purposes of this study, were simply those committed to asylums. From this aspect, insanity is to be understood socially and culturally, rather than biologically or medically. Whatever might have been the

\(^5\) As cited by the President (John Lentaigne) of the Statistical and Social Inquiry Society of Ireland in 1878, SSISI, 7, (Appendix, Part LII, p.7).

\(^6\) JMS, 2, 1856, p.10.
psychological/biological makeup of individuals who were committed it is clear enough from the evidence of M.H. Brenner, that those committed to mental institutions were and are frequently the victims of socio-economic changes over which they have no control.\textsuperscript{7} The study of the role of the law and the social context of the institutionalised thereby becomes crucial in understanding the function of the asylum in the nineteenth century or of the mental hospital in this.

The study, I have pointed out, is centred on the 'insane'. It is also centred on Ireland. It was a country where a state-founded system of asylums developed particularly early. Equally, Ireland and its people endured a momentous and traumatic degree of social and economic change throughout the nineteenth century. Overseas, in America or the British colonies, Irish migrants appeared to contribute disproportionately to the growth of asylum populations. But what happened to those left behind? At home too, ratepayers complained of what seemed an unending growth of admissions to asylums. It is the conditions and the context of this growth which form the focus of the following pages. I have not gone into the epidemiological question of whether the Irish were particularly susceptible to mental illness. Nineteenth century statistics are rarely conducive to such an analysis. But in the conjunction of a relatively well advanced institutional

\textsuperscript{7}M. Harvey Brenner, \textit{Mental Illness and the Economy}, 1974, a study of the admissions to New York mental institutions over a period of 127 years which establishes high inverse correlations between the admission rates and fluctuations in the economy.
provision and the profoundly disturbing social changes of post-Famine Ireland we appear to have the pre-conditions for the increasing importance of the asylum by the turn of the century. Thus, one result of the decline of a peasant society in the west of Ireland appears to have been a resort to the use of the asylum at a rate which approached that of the eastern countries, whose social and economic structures had been transformed much earlier. In the lunatic asylum we have an institution which is a symbol of the unequal and conflict-ridden consequences of social change.
DISTRICT LUNATIC ASYLUMS IN IRELAND
1870-1898

COUNTY BOUNDARIES FALLING WITHIN ASYLUM DISTRICTS
Chapter 1

Asylums for the Lunatic Poor, 1817-1867

The sanguine belief of the nineteenth century in the efficacy of institutional solutions to problems of crime, delinquency, insanity or poverty affected Ireland no less than elsewhere. Facing what was commonly seen as a society on the verge of breakdown, reforming politicians, political economists and social observers, rising professionals, philanthropists and humanitarians of various persuasions and motivations, all sought to bring order to Ireland. In the decades following the Union and preceding the Famine, the country, if not the condition of the people, was reconstructed - there was a poor law where none had been before, a centrally-directed police force and a reformed magistracy to replace the old local systems of maintaining order, a prison system which sought means of moral rehabilitation and a system of lunatic asylums which was considered by many at the time to be the best anywhere.  

To English visitors, though there was much to fault in Ireland, the institutions were a reassuring sign of the good that was being done in the country. William Thackeray was especially impressed, when he visited Ireland in 1842, by the Derry Lunatic Asylum, 'a model of neatness and comfort' and he bemoaned the fact that the middle classes could not send their 'afflicted relatives to public institutions of this excellent kind'. The condition of entering

this admirable asylum is that the patient must be a pauper, and on this account he is supplied with every comfort and the best curative means, and his relatives are in perfect security.²

No doubt travellers brought their own interests and prejudices to the country they were visiting. Nevertheless we can judge the import of some of the changes we are discussing from the contrast between the Ireland of Arthur Young's travels in the late 1770s and that visited, rather quickly, by Sir Francis Bond Head in 1851. What interested Young was the state of agriculture (the presence or absence of 'turneps') and its social reflection in the magnificent houses of the ascendancy or the condition of the cottiers and labourers. Head, on the other hand, dashed from one constabulary barracks to another occasionally calling to

look at the inmates of the still crowded workhouses, assembled for his inspection.³

Whether or not these institutions would have developed in the absence of the Union may be a matter of argument. Certainly in the late eighteenth century, there had been signs of things to come - the provision of houses of industry by some countries, a metropolitan police in Dublin, an argument for a penitentiary in 1790, lunatic wards in houses of industry or country infirmaries. But the ease with which the Irish government, in London and Dublin after the Union, introduced these institutions for the better order of the country was facilitated by the 'colonial' colour of that government, as Akenson has argued with respect to the foundation of the Irish education system in the 1830s.⁴ The colonial model is strikingly apparent when one notes that the Irish police establishment became the model for colonial police forces elsewhere in the British Empire - or that colonies like New South Wales and Victoria adopted the Irish scheme of an inspectorate to control their

³ Arthur Young, A Tour in Ireland 1776-1779 (1780), Shannon, I.U.P., 1970; Sir Francis B. Head, A Fortnight in Ireland, 1852, p.179, for his visit to the workhouse at Clifden - 'as I only wanted to see its inmates, I requested the master to assemble them, at once, in their respective yards'.

lunatic establishments, rather than the English-styled Commission in Lunacy. What we are looking at in the following pages is but one product of a highly interventionist style of government in nineteenth century Ireland. The context of the establishment of the Irish lunatic asylums was not merely an emerging perception of madness as a malady to be classified, segregated and treated. It was equally an evaluation of what was wrong with Ireland and what government should do to right it. Indeed there was, almost inevitably, a conflict between these two drives - between a moral attitude which stressed a social responsibility to the insane and a political one which saw a provision for the insane as but one part of an economical and rational ordering of the society's resources and keeping of the peace. This conflict expressed itself continuously after the Famine as local authorities resisted central direction of the system and protested at its financial burden.

Prior to the Union there had been little separate provision, public or private, for lunatics and idiots in Ireland. Although Dean Swift had bequeathed an endowment for the first lunatic asylum, it remained an isolated endeavour. Originally planned for fifty inmates, St. Patrick's, or Swift's, Hospital was opened in 1757 and by 1815 had about 150 inmates. In a mode typical of eighteenth century Dublin hospitals it was sustained by voluntary donations
and parliamentary grants. By 1817 there was a mixed population of 53 fee-paying boarders and 96 paupers. Whether the hospital was of 'crucial importance' for the later development of the care of the insane, as Williamson claims, is questionable. Certainly it signified a new perception of insanity, as something requiring special care, or at least segregation. But it did not prompt the founding of other such institutions - and the establishment of later public lunatic asylums was prompted equally by questions of public order and institutional rationality (the proper arrangements of prisons and workhouses). Moreover, following the foundation of Swift's there appeared to be little interest in private asylums on the part of private entrepreneurs or philanthropists. Thus in 1807, when there were forty-five private houses for the insane in England, there appears to have been only one such institution in Ireland, the Knockrea house in Cork. Those in Ireland able to afford it may well have preferred to send their insane relatives or friends to English or Continental madhouses. The weakness of the private and 'charitable' sector meant

5 Select Committee on the Lunatic Poor in Ireland, p.46, H.C. 1817, 8, hereafter Lunatic Poor.


that there was not that 'trade in lunacy' which so agitated reformers in England. Rather, the question in Ireland in the first two decades of the nineteenth century was what to do with the lunatic poor.

If Ireland was distinguished by the weakness of its 'private sector' it was equally notable in the context of the Union by the absence of a poor law. A poor law on the English model was hardly imaginable under the weakly administered, socially and politically divided, and economically impoverished conditions of pre-Union Ireland. The country did not have, explained George Nicholls (one of the architects of the Irish poor law) 'that orderly gradation of classes and that sympathy between one class and another which exist in every well-conditioned community, and of which a poor-law is a natural development'.

Ireland's non-confirmity to this idealised English model was also evident in the absence of a law of vagrancy. It was under such a law that lunatics and idiots had first been embraced in the English statutes of 1714 and 1774. In Ireland there was not the comprehensive local structure of justices of the peace, constables, churchwardens and overseers of the poor on whom the considerable powers of

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8 Nicholls, op.cit., p.13.

9 Nicholls cites a penal act of 1635 for vagrants; it was probably inoperable. Ibid., pp.27-31.

10 12 Anne (2) C.23 and 17 Geo.2, C.5; see K. Jones, A History of the Mental Health Services, 1972, pp.25-28.
the vagrancy laws were bestowed in England.

However, pre-Union Ireland was not completely devoid of institutions for the poor. Fitful starts were made in the major cities, with Workhouse Acts for Dublin (1703) and Cork (1735). Later in the century more decisive action was attempted in an effort to deal with 'strolling beggars' and relief of the infirm and aged poor. Under 11 and 12 Geo. 3 (Ire.) cap. 11 (1772) corporations for the relief of the poor and for punishing vagabonds and beggars, were to be established by counties or cities and towns. These corporations were empowered to establish workhouses, or 'houses of industry', for vagrants and the destitute poor, and to issue begging licenses ('badges') to the 'deserving poor'. While this Act constituted something of a poor law, it lacked, as Nicholls put it, a 'certain and sufficient provision', in the form of a compulsory rate for the establishments of the workhouses. Nevertheless, in many of the larger towns houses of industry were founded. In some of these lunatics were kept but their presence there was not recognised officially before 1787. Under the Prisons Act of that year, grand juries (the county administrative and judicial body) were empowered to present the sums necessary for establishing lunatic wards in the houses of industry.\footnote{Nicholls, op.cit., pp.35-42.}

\footnote{27 Geo. 3(Ire.) C.39, s.8. A later Act, 46 Geo. 3, C.95 increased the amounts grand juries could raise for this purpose.}
As this also was a permissive and not a compulsory provision it achieved only minimal response. In Cork alone were the new powers adopted with enthusiasm. In 1788 an asylum was erected by the house of industry management. Subsequently it was enlarged to accommodate 250 persons. Elsewhere there were substantial wards for lunatics in Dublin, Limerick, Clonmel and Waterford. The Dublin House of Industry in particular was burdened with admissions from all over the country. Of 1179 admissions to the lunatic wards in Dublin from 1811 to 1815, 754 were from places outside the city and its immediate vicinity.\(^{13}\) This phenomenon reflected not only the absence of a law of settlement in Ireland but also the impending establishment of the first public lunatic asylum in Ireland, as we shall see below.

The lunatic wards were not the only separate accommodation for the insane. A survey by the Irish government in December 1816 showed that while the majority of countries made no special provision, there were lunatic cells in gaols or bridewells in Tyrone, Mayo, Kilkenny and Donegal, while in Derry the infirmary had twelve lunatic cells. In Clare and Wexford there were small local asylums. In all these cases (except Wexford, where voluntary subscriptions had established the asylum) maintenance of the lunatics was dependent on the grant jury. No doubt lunatics elsewhere

\(^{13}\)For details of lunatic wards in Ireland in 1817, see *Lunatic Poor*, pp.33-34.
were confined mainly in the gaols or bridewells on conviction for petty offences. The Treasurer of the County of Tyrone, reporting that lunatic wards had been set aside in the new gaol buildings, lamented 'that the pauper Lunatics who have been committed to the gaol as nuisances are so miserably neglected, and ill provided with every common necessary as makes it shocking to human nature to witness'. Some too, as the case of Derry indicates, must have found their way to the wards of the county infirmaries. Yet, considering the later monopoly of medicine in the lunatic asylums, the striking aspect of early provision for lunatics is the link with prisons and workhouses, rather than with infirmaries. So, from 1787 to 1845 the responsibility for the inspection of lunatic wards and asylums lay with the prisons' inspectors.

Before looking further at institutional developments, the fate of lunatics and idiots outside the prisons and workhouses is worthy of consideration. Later in the century the most popular image of lunacy in the pre-asylum age was that evoked by a Mayo M.P., Denis Browne, before the Select Committee on the Lunatic Poor in Ireland in 1817. Describing 'madness in the cabin of the peasant' Browne alleged that when a strong man or woman gets the complaint the only way they have to manage is by making a hole in the floor of the cabin not high enough for the person to stand up in, with a

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14Ibid., p.66.
a crib over it to prevent his getting up,
the hole is about five feet deep, and they
give this wretched being his food there and
there he generally dies.\textsuperscript{15}

Browne's observation was useful ammunition for humanitarian
reformers who looked to the asylum as a cure for such evils.
It was cited for instance by the 1830 Select Committee on
the Irish Poor and again by Lord Monteagle (formerly
Thomas Spring Rice, a member of the 1817 Committee) in the
Lords in 1843.\textsuperscript{16} Such treatment may have been common in
some cases of violence or unmanageable incontinence. But
whether makeshift confinement on this pattern was typical
of the popular reaction to lunatics and idiots must be
questioned. The insane were but part of a large population
of beggars and vagrants in pre-Famine Ireland, a class which
lived on the generosity of the cottiers and labourers. The
Irish Poor Law Inquiry Commission revealed the widespread
existence of this sub-culture. And Nicholls regarded the
prevalence of mendicancy in the 1830s as one of the most
arresting features of the country and considered the
practice to have widespread social acceptance.

\textsuperscript{15} Ibid., p.55.

\textsuperscript{16} Report of the Select Committee on the State of the Poor
in Ireland, p.28, H.C. 1830, 7, hereafter Irish Poor;
Hansard, 3rd series, Vol.68, 885-887. The image has been
adopted by the historiography, cf. Williamson, 'Beginnings',
pp.283-284 and K.H. Connell, The Population of Ireland,
1750-1845, 1950, p.202
(The mendicants) enter the cottages of the peasantry as supplicants, it is true, but still with a certain sense of right; and the cottager would be a bold, if not bad man, who resisted their appeal. In fact, the appeal never is resisted - if there is only a handful of potatoes they are divided with the beggar.¹⁷

Lunatics shared this world of popular charity. After the Famine some observers looked back, even with nostalgia, on the period when 'Poor Tom' always found 'a hearty welcome and a ready seat by the turf fire in the country cabin as in the comfortable farm-house'. The Famine, this writer in the Dublin Nation claimed, had 'destroyed the generous hospitality of the South and West'.¹⁸ The inspectors of lunatics noticed more than once the impact made by the Famine on the wandering lunatics and idiots. In those years, they remarked in 1864, the poor cottiers 'on whose charity their previous scanty sustenance depended' could no longer afford the insane relief.¹⁹ But this world of popular charity produced spectacles which visitors and observers before the Famine found distasteful. Having cited Browne's evidence of 1817, the report of the 1830 Select Committee on the

¹⁷Nicholls, op.cit., p.182 (quoting his own report of 1836). See the evidence relating to 'Vagrancy' in the First Report Royal Commission into the Condition of the Poorer Classes in Ireland, Appendix (A), pp.475-793, H.C. 1835, 32.

¹⁸Nation, 1.10.1859, press cutting in Larcom Papers, Ms.7776, NLI.

¹⁹14 Report, p.18, H.C. 1830, 8.
Irish Poor also alleged that in the pre-asylum period 'wandering lunatics were dispersed over the country in the most disgusting and wretched state'.

Perhaps the committee members had also read Croker's account of Ireland, published in 1824, which included a digression on the annoying presence of the insane on the public roads: 'On most of the public roads in the South of Ireland', Croker complained, 'fools and idiots (melancholy spectacles of humanity!) are permitted to wander at large, and in consequence of this freedom have acquired vicious habits, to the annoyance of every passenger', throwing stones and so on.

Croker pointed up the instructive moral that one such idiot annoyed passers-by in a Cork street, yet was allowed by the 'civil power to remain the terror of every female, and that too within view of a public asylum for the reception of such'.

Edward Wakefield, on the other hand, gave evidence of the harsh treatment meted out to these lunatics at large - during his two years in Ireland after 1810 he 'frequently saw pauper Maniacs in vellages, who were the sport of the common people'. This is not to say, of course, that they were denied support by others in these same villages.

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20 Irish Poor, p.28, H.C. 1830, 7.


Without more detailed knowledge of popular life in Ireland before the Famine we cannot arrive at a judicious estimate of the value of these various pieces of evidence. Later in the century, surveys by the police or government medical officers suggested that lunatics outside asylums were, in the majority, 'well treated'. The position may well have been the same much earlier. What the evidence above does suggest is that vagrant lunatics and idiots, whatever was quite meant by those terms, were visible enough in the Irish countryside and towns. At a time when Irish poverty was attracting an inordinate amount of interest from those who wished to improve Ireland and the condition of its people, or those who wished to tidy it up, the wandering insane were not going to escape the attention of politicians and philanthropists. For Croker and Wakefield the solution was the same - an asylum for the insane - while their motives were different - for the former, to save society from the insane; for the latter, to protect the lunatic from society.

While the principle of public responsibility for the insane had been acknowledged in the Prisons Act of 1787 the results had hardly been striking. For those who wanted something more comprehensive in the way of institutional care the provisions for lunatics were as loosely defined and carried out as the inadequate poor relief in houses of industry. One such person (and the motivation in this case is unclear) was Sir John Newport, who had secured the seat
of Waterford in 1803. His interests in Irish affairs ranged wide in the commons and in 1804 he sat on a committee concerning the Irish poor. It found that the Act empowering grand juries to present sums for the support of the insane had not been complied with; that the demand for admissions of lunatics to the workhouses of Dublin, Cork, Waterford and Limerick greatly exceeded the accommodation or funds available; and that the attention and care necessary for the 'effectual relief' of the insane could not be extended to them while they were connected with institutions designed for the destitute poor. While concluding that more discussion and investigation were needed the committee thought that four asylums for lunatics and idiots might be established, one for each province in Ireland, to be maintained by grand jury rates.  

Newport adopted these suggestions and in March 1805 brought in a bill for the establishment of four provincial lunatic asylums. He criticised the confinement of lunatics and the poor in the same institutions in an argument that was to become common in the proposal for public asylums. Another member commended this notion of separating the lunatics recalling that he had once visited the goal at Clonmel where 'from the bellowing and hideous noises of the lunatics there the ordinary sick

23 Report from the Select Committee...for the care of Lunatics and Idiots..., H.C. 1803-4, 4.
were prevented from taking their natural rest. The bill itself faced some opposition in the parliament from those who regarded the present provisions as adequate, or felt that the proposals would end local responsibility. The bill required that the lord lieutenant would direct the establishment of the asylums leaving the inspection to the judges at assizes, much like Irish prison organisation of the eighteenth century. In the midst of other parliamentary concerns the bill lapsed. Two years later the idea of provincial asylums received consideration in the Select Committee on Criminal and Pauper Lunatics which dealt with the English position. The recommendations of this committee were embodied in an Act the following year which established the principle of the county asylum system, namely, neighbouring countries uniting to fund a lunatic asylum.

The efforts of Newport were followed, more successfully, by an appeal to the lord lieutenant and to the parliament by the governors of the Dublin house of industry in 1809-10. They had perhaps been prompted by the physician to that institution, Alexander Jackson, who favoured a separate and therapeutic institution for the insane inmates of the house.

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Doubtless, parliament's attitude was also likely to be more favourable in the light of the English County Asylums Act passed in 1808. In any case the governors were voted a parliamentary grant in 1810 to establish an asylum in Dublin, evidently intended for the insane poor of the whole country. The decision to fund such an institution in this way was not particularly remarkable, since the government had been supporting many Dublin charity hospitals in a similar way since the eighteenth century. The rationality, the careful consideration of likely demand for lunatic asylums which characterised later government intervention, was absent from the decision to establish the Richmond Lunatic Asylum, as it was to be. Inevitably, the existence of a national institution in Dublin would encourage other counties to send lunatics from their gaols or workhouses to Dublin. Even before the Richmond opened for two hundred patients in 1815 this was happening. From Mayo, lunatics, after being confined in the bridewell for twelve months, were sent to the Dublin House of Industry. A similar traffic developed from Derry, Waterford and elsewhere. According to later evidence of Sir John Newport the government's decision to fund the asylum had played an important role in making Dublin the centre of activity for the care of lunatics. Since there was no law of settlement in

27 *Lunatic Poor*, pp.7, 9, 11, 34.

28 Ibid., p.11. He recalls that the chief secretary, about 1811, had removed a number of lunatics from the Waterford House of Industry to that in Dublin, since they did not belong to the county of Waterford.
Ireland there were few barriers to foisting the poor of any county or description onto Dublin. With the opening of the Richmond ('where', one of its governors claimed, 'patients are likely to receive a superior degree of attention') the demands for admission from all over the country were considered likely to increase.29

Nevertheless the ad hoc nature of the government's aid for the establishment of the Dublin asylum did not overshadow the significance of central involvement in the process. The Richmond Lunatic Asylum Act of 1815 empowered the lord lieutenant to appoint governors of the institution, separate from those for the House of Industry. The governors appointed the housekeepers and the medical officers, but the consent of the lord lieutenant was required for each appointment. His warrant was also necessary for any further additions to the building.30 By providing the finance for the building the government had also created an expectation that it was assuming responsibility for the lunatic poor of Ireland. In 1816 some government medical officers informed the chief secretary, Robert Peel, that

a rumour has gone abroad, and is very generally believed that buildings have been lately erected in Dublin for the reception of persons on so extensive a scale as to be able to accommodate the whole of these unhappy persons wandering

29Ibid., p.10.

3055 Geo. 3, C.107, ss. 1, 4, 10.
over the face of the country, and
inmates of in gaols and hospitals. 31
If the government did not speedily adopt 'some humane and
well-considered measures... these miserable objects will
accumulate in the capital, so as to disturb and disorganise
every arrangement that has heretofore been made in this
department of charity'. 32

Since his arrival in Ireland in 1812, Peel had been
taking some interest in the provision for lunatics. Perhaps
it was the prompting of Sir John Newport which led him in
1814 to ask for a report on the status of lunatic care in
the country. 33 In 1816 he directed an investigation into the
lunatic wards of the Dublin House of Industry. It was this
inquiry, conducted by three Army medical officers, which
produced the conclusions cited above. Their report endorsed
the proposal of the Richmond asylum governors, made nearly
a year previously in a letter to Peel, that facilities
should be made in Cork and Belfast for 'relief of the...
disease' outside the capital. 34 These moves in Ireland took
place against the dramatic background of the Select Committee
on Madhouses in England. On the basis of two paragraphs of

31 Lunatic Poor, p.28.
32 Idem.
33 See Williamson, 'Origins', pp.53-54. In evidence given
to the 1816 Committee on the State of Madhouses, Newport
tabled a resolution of the Board of Governors of the
Waterford House of Industry, of which he was chairman,
calling for legislative provision for the care of the
insane poor in Ireland. The resolution is dated 14
October 1813 and was presumably forwarded to Dublin Castle
at that time. First Report. Minutes of Evidence taken
before the Select Committee... for the better Regulation

34 Lunatic Poor, pp.28-30.
evidence (that of Wakefield and Newport urging public provision for Ireland on the lines proposed by Newport a decade earlier) the committee stressed the urgency of the situation in Ireland. The need for public asylums there was declared to be even more pressing than in England.  

With asylum reform being urged in England, and a critical accommodation situation in Ireland, Peel moved early in 1817 for a committee to inquire into the relief of the lunatic poor in Ireland. Like Wakefield, who thought that lunacy reform was primarily a 'police matter', Peel considered it not right that 'these unhappy beings should go abroad free from restraint'. Yet this was the case, he alleged, wherever they could not be sent to the Dublin asylum. Peel's motion in the commons was seconded by Charles William Wynn, the English lunacy reformer who had been primarily responsible for the 1808 English statute. Wynn felt that, 'beyond any feeling of humanity',

it was an economical proceeding to erect lunatic asylums as they might be the means of curing, and thus preserving to the community many persons who would otherwise lead a life burthensome to themselves and injurious to society.  

Considering the importance of the Select Committee on the Lunatic Poor in providing the consensus for a national asylum

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Almost exclusively the committee directed its attention to the question of where and how to provide extra accommodation for lunatics. The 'misery of madness', the 'calamity' of the insane were taken to be self-evident. The inadequacy of present arrangements was attested to by every member of the committee. So the members considered three possibilities for the future - a central 'Lunatic Establishment' in Dublin to which the lunatic poor from all over Ireland would be sent; special lunatic wards attached to each county infirmary; or a system of district or provincial asylums, for the insane alone. The last was the option most favoured by contemporary opinion. It had already been advocated for Ireland and then adopted in England. The governors of Ireland's most reputable asylum, the Richmond, had proposed such a course to Peel in 1815. The idea of a single, central institution was inconceivable in view of the already enormous pressure on the Dublin facilities. The second possibility, lunatic cells attached to county infirmaries, may have had some support on the committee, but was vigorously opposed by two of the most vocal members, John Leslie Foster and Thomas Spring Rice (later Lord Monteagle). Foster, himself a governor of the Richmond asylum, thought it much more likely that a 'proper mode of treatment would be adopted and well administered in a few larger institutions dedicated exclusively to that purpose', than in any additions to

37 *Lunatic Poor*, pp.29-30.
county infirmaries. Rice, on the other hand, adduced reasons of economy and institutional order. The noise of lunatics would destroy the repose and quiet necessary for the recuperation of infirmary cases. Besides, he alleged, without producing estimates to justify his case, attaching small asylums to county hospitals would be more expensive than a general establishment of district asylums.\(^9\)

The more convincing argument for the segregation of the insane in special institutions was that of Foster. Medical treatment had been thrown into some disrepute by the committee on English madhouses\(^4^0\) and Foster was impressed by a 'new and improved treatment of Lunacy', that of Pinel and Tuke. The moral management of the insane had been adopted by the governors of the Richmond asylum with the result that

the disorder is treated not so much as a subject of medical care, as of the superintendence of a person, who is termed the moral governor, and whose particular business it is to attend to the comforts of the patients, to remove from them the causes of irritation, to regulate the degrees of restraint, and to provide occupation for the convalescent.\(^4^1\)

\(^{39}\)Ibid., p.21.

\(^{40}\)See below, pp.384-385.

\(^{41}\)Lunatic Poor, pp.10-11.
This was a case for the isolation of the insane from the ordinary sick. If moral government was sufficient, indeed even necessary, for the recovery of the insane, the role of medicine and of a hospital would be that much less important.

From this followed the committee's recommendations. The 'only mode of effectual relief', the report confidently stated, would be found in the formation of district asylums exclusively appropriated to the reception of the insane'. In addition to the already successful asylums in Dublin and Cork, there should be four or five asylums of 120 to 150 beds each in other parts of the country. The government (i.e. the lord lieutenant and privy council) should be empowered to divide the country into suitable districts and the asylums should be supported by county rates. Starting from the premise that it was 'the duty of the State' to provide for the 'relief and care' of lunatics, the committee recommended a substantial degree of central control. The lord lieutenant was to fix the amount of the contribution of each county to the asylum and nominate the governors and establish a board of control to oversee the system.42

Within a few months Rice had drafted a bill on these lines and it became law before the end of the 1817 session.43 Although the first asylum was begun under the auspices of this statute (57 Geo.3, C.106) the major development of the system was undertaken after the passing of an amending act in

42 Ibid., p.4.

1821 (1&2 Geo. 4, C. 33). Under these acts asylums for the 'Lunatic Poor' were to be erected at the direction of the lord lieutenant. Who the poor were was undefined by law and, in the absence of an Irish poor law, remained uncertain. 'Destitution' was not a test applied to the 'lunatic poor' and this, potentially at least, gave lunatic asylums a different character from that of workhouses. Some of the early asylums required certificates of 'poverty' from a magistrate or clergyman. But the arguments of the political economists over the dangers of a too generous system of poor or medical relief were not extended to cover the insane. Thus, Nassau Senior saw no danger in the relief of calamities, such as lunacy, in Ireland. No public fund devoted to such relief had any tendency to diminish 'industry or providence'. Lunacy, blindness and so on were 'evils too great to allow individuals to make any sufficient provision against them, and too rare to be...provided against by them at all'.

Senior wanted to see an ample compulsory provision for the relief of these people. So too did Frederick Page, a Berkshire magistrate who gave the 1830 Select Committee on the Irish Poor the benefit of his thoughts on a visit to Ireland the previous summer. He wanted adequate relief for incurable lunatics, regardless of whether it had a 'tendency to lead to more misery or not'. These people were 'the

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greatest objects of humane provisions'. Such arguments for a generous relief of the lunatic poor underlay both the foundation of lunatic asylums and the later attempts, successful and otherwise, to make the state responsible for their maintenance. Lunacy was an affliction for which neither the individual affected nor his family or immediate society was responsible. Exceptional measures for its care and control were therefore justifiable.

Beyond these benevolent intentions however, there were other concerns involved in the establishment of public lunatic asylums. We have already touched on these - the concern about public order occasioned by the presence of vagrant lunatics and idiots on the streets; the argument for institutional order, put by Thomas Spring Rice to the 1817 committee. As it happened, the Irish lunacy statutes had none of the coercive overtones of the English county asylum acts. The latter had given extensive powers to local justices and parish overseers to identify and confine all lunatics and idiots in the parish. Such provisions would have made little sense in Ireland which did not have the parish structures of England or Scotland. Nor did it yet have a criminal lunatics act, on the lines of that passed in the wake of Hadfield's attempt on the life of George III, an act which also directed its attention to lunatics considered 'dangerous to be at large'. The discussions of

the 1817 committee had, in fact, centred little on questions of public order, however, much this may have been the context of the drive for public asylums. But the committee had been vocally concerned with institutional order. The preamble to the 1808 English act had declared that the practice of confining the insane in gaols and poorhouses was 'highly dangerous and inconvenient'. This was precisely the argument of Irish observers and managers of gaols and workhouses. The presence of lunatics hindered the classification principle in gaols, was disruptive in workhouses and disrupted the treatment of the physically ill in infirmaries. This motivation for the isolation of the insane was to attain new force in the 1840s. By then the problem of public order, the protection of the community from the violence of the insane, was creating new demands on institutions. With the more efficient policing of Ireland after 1836 and the Dangerous Lunatics Act from 1838, the asylum's role was to extend quite beyond the relief and care of the insane.

The original construction of the asylum system was directed by the lord lieutenant through a board of eight commissioners. By 1835 this board of control had concluded its operations, having built nine asylums at a cost of £209,000. In distribution the system was somewhat unbalanced - the Waterford asylum of one hundred beds served a population of 177,000 (the city and county of Waterford) while the one
at Ballinasloe was known as the Connacht asylum, serving the 1,340,000 people of that province.\textsuperscript{48} For the rest, there were institutions at Armagh, Belfast and Derry in the north, at Carlow and Maryborough in the midlands, and Clonmel and Limerick in the south. The large local asylum at Cork was not yet part of the network, but the Richmond in Dublin was declared a district asylum in 1830.\textsuperscript{49} With the completion of the first asylums from 1825, financial arrangements for their maintenance were made on the lines established in their construction. The lord lieutenant ordered payments to be made to each asylum out of the exchequer (not more than £10,000 per quarter for each asylum), to be repaid by the grand jury at the next assizes.\textsuperscript{50} From the beginning there was a notable degree of central involvement in the financing, as well as the overseeing of lunatic care.

In Newport's bill of 1805 the inspection of asylums had been delegated to the judges at assizes. The local system of control was similarly instituted in England. The inspection of county asylums was first carried out by the committees of visiting justices who were also ultimately responsible for the asylum. The degree of central direction involved in the establishment of the Irish system made it unlikely that local inspection would be adopted there. The question of inspection was ignored by the 1817 committee and

\begin{itemize}
\item\textsuperscript{48} Returns relating to District Lunatic Asylums in Ireland, p.3, H.C. 1839, 44.
\item\textsuperscript{49} 11 Geo. 4, C.22.
\item\textsuperscript{50} 6 Geo. 4, C.54.
\end{itemize}
the founding statutes of 1817-21. But an inspectorate was already provided in the shape of that which monitored the Irish prisons. As inspector of prisons had been appointed as early as 1786 and in the following year had been given responsibility for investigating the condition of lunatics as well. Foster Archer, the inspector of prisons, had been asked by Peel to look at the provision for lunatics in 1814. When the new asylums began to open their inspection was given to the inspectors of prisons (there were now two). Under the Prisons Act of 1826 they were to visit every public or private 'Madhouse' and to lay their reports on each before the grand juries. The conjunction of gaol and asylum in the one inspectorate was only temporary, as it turned out. But it reminds us that moral rehabilitation dominated the theory, if not always the practice, of both gaols and asylums at this stage. Both institutions were managed by lay persons and the role of medicine was subsidiary. In the context of the sceptical attitude of English lunacy reformers to the efficacy of medicine in asylums, Edward Wakefield had also opposed medical inspection of asylums because medical men were too 'interested' financially. The establishment of public

51 27 Geo.3 (Ire.) C.39, s.12.
53 37 Geo.4, C.74, s.55.
54 Select Committee on the State of Madhouses in England, First Report of Minutes of Evidence, p.10, H.C. 1814-15, 4. For Wakefield, the extension of Wynn's 1808 Act to all countries in England would 'at once have a great effect upon all the labouring classes of society', a statement which exemplifies the contemporary conjunction of lunacy reform with the state of social order.
asylums seemed to make this objection redundant, but it was only a shift away from lay control of these asylums which led to medical inspection in the 1840s. By 1843 the conjunction of asylums and gaols in the one inspectorate was unacceptable to lunacy reformers. The reports of the prisons' inspectors on Irish asylums were considered by a parliamentary committee to be less satisfactory than if lunacy inspection had been a matter of distinct Investigation connected with an Examination into the Medical Charities supported...at the Public Cost, and not considered as merely supplementary to Prisons and Prison Discipline with which the Treatment of the Insane ought not to have any connexion.  

The occasion of this criticism was the first review of lunatic care since 1817. It was to provide the basis not only for the transition to medical control of the asylum system, but also for a massive expansion of the system itself.

The review was embodied in the evidence and report of the Lord's Committee on the Irish Lunatic Poor, formed on the motion of Lord Monteagle. Although Monteagle considered that the Irish asylums were better managed than any others in Europe, the system was proving inadequate to the demands

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55 Report by the Lords' Select Committee appointed to consider the state of the Lunatic Poor in Ireland, p.xxiv, H.C. 1843, 10, hereafter Select Committee.
made on it. Many lunatics were in gaols, Monteagle had told the lords, and he wanted them sent to places where the 'moral treatment of the insane was properly understood'.

He himself was not committed to the notion that medical men should control the treatment of lunatics but the committee's major witnesses were Francis White, a recently appointed inspector of prisons who was also a Fellow of the Irish College of Surgeons, and John Conolly, the English alienist, physician and ardent advocate of non-restraint and moral management. The committee proceeded on the premise that asylum management was best conducted by medical men.

The committee found that the asylums which had been intended for 1,220 inmates now contained 2,028. The number of so-called incurables was rapidly increasing, diminishing the efficacy of these 'Hospitals for the Cure of Insanity'. The Dangerous Lunatics Act of 1838 (which will be examined in Chapter 3) had produced the ill effect of confining lunatics in gaols - unable to be transferred to the over-crowded asylums, they were alleged to be seriously disrupting the prisons. The expense of lunatic asylum care had led some people to suggest the accommodation of the harmless insane in workhouses, but the committee argued at length the 'inexpediency' of accommodating the insane anywhere but in asylums. In summary the committee urged that the government legislate to discontinue committal of lunatics


57See below, Chapter 6, pp.380-6, for the significance of this.
to prisons and amend the lunatics act (1 Vic. C.27) which appeared to have encouraged the committal of harmless persons; that the government establish a central establishment for criminal lunatics; and, most important of all, that the number of asylums be increased, the present ones enlarged, or that specialised institutions (e.g. for incurables or idiots) be established. Following the committee's report, Monteagle pressed the government to implement the recommendations. Told by the government that the grand juries were considering a bill which the chief secretary proposed to bring in, he complained that local authorities were the barrier to action in Ireland. In fact, however, they were rather favourable to the committee's proposals.

The 1843 committee was a useful catalyst for the government's own activity. The Lord Chancellor since 1841, Sir Edward Sugden, had taken a particular interest in the lunatic asylums and the results were evident before the lords conducted its own investigation. Since the Lord Chancellor was especially responsible for Chancery lunatics, many of whom were housed in private asylums, Sugden legislated for the control of these in Ireland. The 1842 Private Lunatic Asylums Act was essentially the assimilation of Irish to English practice. Private asylums were to be

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58 Select Committee, p.xxv.


60 5&6 Vic. C.123. It followed the amendment of the English lunacy laws earlier in the same session, 5&6 Vic. C.87.
licensed by justices of the peace, patients were to be received only on the order of a relative accompanied by a medical certificate, and a system of inspection was formulated. The inspectors-general of prisons were appointed inspectors of lunatic asylums for the purpose of the act. This was first step in the separation of asylums from prisons administration.

In the re-organisation and expansion of the asylum system in the 1840s the founding of a separate lunacy inspectorate was of special significance. The criticism of the inspection of asylums by prisons' inspectors had been prompted by Francis White. As surgeon to the Richmond asylum, White had written to the Commission on Grand Jury Laws in 1841, claiming that the inspection of asylums was without any 'beneficial result'. The period of inspection was known beforehand and was, in any case, limited to minor matters when it did take place. He argued that it was a duty totally unconnected with the inspectorship of prisons and would remain deficient until it be made by persons who will be able to afford more time towards the performance of such important duties, and who should possess that species of knowledge which is necessary, and which cannot be possessed by those whose education and previous habits have not
qualified them for the peculiar duty in question. 61

As we have seen the commission's report used White's evidence to criticise the efficiency of the prisons' inspectors. But in line with its proposal to transfer the support of lunatics to the poor rates it suggested instead that the asylums be visited by the poor law commissioners. 62 However, White's barely disguised plea for inspectors with medical qualifications found sympathetic ears within the government (presumably Sugden, whom he was soon advising on lunacy regulation and legislation). Within a few months of writing this letter he was appointed inspector-general of prisons. In the following year the new legislation made him an inspector of lunatic asylums. At Sugden's instigation, White drew up the first regulations for public asylums. Included was the requirement that the asylum physician, at that time usually a non-resident officer, have complete control of the treatment of inmates, thus removing this responsibility from the lay manager. 63

61 Report of the Commissioners appointed to revise the Laws... Grand Jury Presentments, Appendix, pp.98-99, H.C. 1842, 24, hereafter Grand Jury Commission. White (1787-1859) had operated an eye hospital in Dublin together with a small anatomical school. He had served as secretary to the Board of Health during the cholera epidemic in 1832. He had been surgeon to the Richmond asylum since 1835 (a consulting position). For more on his promotion of medical control of the treatment of lunatics, see below, pp.380-383.

62 Ibid., pp.xxxix-xi.

63 See below, P.381.
The changes signified by White's appointment were followed in 1843 by the government's referral of the Lords' Committee proposals to the Irish asylum boards and the county grand juries. In general, they supported the recommendations, particularly those dealing with the establishment of a central asylum for criminal lunatics (which would be supported out of the consolidated fund) and the abolition of committal to prisons. (Later evidence suggests that the local authorities expected dangerous lunatics committed under the 1 Vic. C.27 to be sent to the central criminal asylum, rather than the district asylums). They were less enthusiastic about the fifth proposal of the committee, for expansion of the asylums. This, after all, might involve local expenditure. The Belfast governors warned that the county tax-payers were already hard pressed; it would be better if the expansion was financed in some other way.\(^{64}\)

An alternative had been recommended by the Commission on Grand Jury Laws. It had proposed that the financing of the lunatic asylums and county infirmaries be transferred to the poor-rate (shared by the landlord and tenant), thus relieving the county cess (which was paid only by the occupier).\(^{65}\) This apparently more equitable financial arrangement was not considered by the government, perhaps

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\(^{64}\) Correspondence between the Irish Government and the Managers of District Lunatic Asylums..., p.265, H.C. 1844, 43.

\(^{65}\) Grand Jury Commission, pp.xxxix-xi.
because of opposition from the poor law authorities on the grounds that lunatics in asylums were maintained not because of their destitution but because of their lunacy.

In spite of some local reluctance to undertake further financial liabilities, the government had found a good degree of consensus in favour of amending the current arrangements. In 1845 a bill which had been foreshadowed the year before was passed without debate. Principally the act provided for a central asylum in the Dublin area 'for the Custody and Care of Criminal Lunatics'. Under the 1821 act criminal lunatics (i.e. those found insane at the time of indictment, or acquitted on the grounds of insanity) were put under the administration of the lord lieutenant, to be kept wherever possible in the district asylums. In future they would be transferred to the central asylum, a new concept later imitated at Broadmoor in England. The impetus for the new institution came from two directions. Like the 'dangerous lunatics' committed under the 1 Vic. C.27, criminal lunatics were allegedly disruptive of prison discipline. In addition their maintenance, where they were transferred to a district asylum, fell on the county rate. Under the new statute they would be maintained out of the exchequer in a government-financed and controlled asylum. The lord lieutenant would appoint its officers and servants

668&9 Vic. C.107, s.1.
and prescribe the rules and regulations.

But of more significance to the system as a whole was the act's creation of a separate inspectorate for lunatic asylums. The functions of the prisons' inspectors relating to lunatics were to be assumed by inspectors of lunatics appointed by the lord lieutenan. White, who had probably drafted much of the act, was appointed as the first inspector in January 1846. The powers of the inspectors under the act were not extensive, authority for the system being vested in the lord lieutenant. He was empowered to establish special asylums for the exclusive reception of particular classes of pauper lunatics, i.e. the harmless, idiots or those otherwise distinguished by the 'Nature and Character of the Disease'. The act confirmed his already extensive powers to define or adjust districts, to appropriate buildings or direct new ones to be built, even to establish asylums for provinces, a region without any administrative basis. Yet the significance of the separation of the asylums' inspectorate from that of prisons lies not in the powers given the new inspectors by statute but in the place they would assume in the bureaucracy at Dublin Castle. Within the chief secretary's office, they were to establish a lunatic asylums office. In practice the powers of the lord lieutenant were delegated through the chief secretary to the inspectors who quickly became responsible for the day

678&9 Vic. C.107, ss.23,24.
to day administration and planning of a system which
doubled in size over the next twenty-five years. The
inspectors were not commissioners, but their power in
matters touching their own domain was equivalent to that
of the poor law commissioners in their's, and in some ways
even greater.68

So, at the time of White's appointment, the groundwork
was laid for a comprehensive and centralised administration
of the insane and the institutions which housed them through­
out Ireland. Eleven district asylums (the Cork asylum had
been declared one in the 1845 act) were managed by a board
of governors appointed by the lord lieutenant from the
gentry, clergy (Catholic and Established) and justices
of the counties comprising each district. The asylums were
financed by advances from the Treasury, repaid at each
assizes by grand jury presentment, the burden of support
thus falling on occupiers rather than landlords. The
asylums were subject to at least a theoretical uniformity
by privy council rules. They were also under the central
scrutiny of inspectors whose duties were not confined to
the inspection of asylums, but extended to being an
instrumentality of the chief secretary's office. As well
the inspectors were to inspect other places where lunatics

68 Cf. a memorandum (August 1855) by Richard Griffith,
chairman of the board of works, claiming that the
inspectors of lunatics interfere much more with asylum
boards than do the poor law commissioners with the boards
of guardians. Larcom Papers, Ms.7775/24, NLI.
were housed, namely, the few private asylums and the workhouses and prisons. Finally, what was beginning to characterise the public asylum system was its involvement with the future of a profession. A medical man had been appointed inspector and the 1843 regulations established the unqualified authority of the doctor in the treatment of inmates and therefore, potentially, over the asylum itself. An important side-effect of this was to be the withdrawal of the asylum from public scrutiny. This was a process aided and abetted by public indifference to the long term fate of those confined, if not to the financial costs of the institutions.

In institutional terms, the years 1846 to 1869 were quite as momentous as the decade of 1825 to 1835. The eleven district asylums accommodating about 3,000 inmates in the late 1840s had become twenty-two with room for some 8,000 by 1870. Twelve new asylums were constructed (one at Cork replacing the old eighteenth century building), and the existing ones were expanded in capacity. The expense of this operation was considerable. From 1825 to 1872 the capital cost of asylums and land amounted to some £1,140,000, all of which had been advanced interest-free by the Treasury and was repayable by grand juries over a fourteen year period. This sum did not include the £74,000 voted by parliament for the establishment of the Richmond asylum which was handed over gratis to the Dublin district (Dublin, Louth
and Wicklow) in 1830. The expansion as it continued into the 1860s was in striking contrast to the workhouse system. The latter was largely complete by 1850 and was in apparent decline by the 1870s. The 130 workhouses built between 1839 and 1847 to accommodate 93,000 people were financed by Treasury loans totalling £1,145,000. Of course, asylums and workhouses were the focus of different demands, although there was some overlap in their functions which could call into question the high cost of asylums. Thus, where possible, asylum authorities were anxious to transfer their long-stay inmates to the workhouse. Conversely, late in the nineteenth century one function of asylums was the care of those whose social disability was chiefly their age or isolation rather than their 'lunacy'.

The level of expenditure on asylums was striking not only in comparison with workhouses, but also with other areas of public expenditure. Lunatic asylums were one of the earliest recipients of public finance so the cumulative figures we have relate to different periods of time. But, of the £19,668,000 advanced in open loans by the commissioners of public works down to 1894, asylum construction took up £1,592,000. Other applications of the local loans fund were, for instance, public health (under the Sanitary Acts of the

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70 Return of the several Unions in Ireland...Number of Workhouses..., H.C. 1847, 49; An Account of the Loans advanced...For the building of Workhouses..., H.C. 1847, 55.
1870s) with £2,078,000 and housing (under the Labourers Acts of the 1880s) with £1,236,000. In the early 1890s loans for lunatic asylum buildings were one of the six most important loan services administered by the commissioners of public works in Ireland. The expenditure on lunatic asylums is equally impressive if we compare it to the institutional expenditure of the Catholic Church in the first two-thirds of the nineteenth century. Between 1800 and 1868 almost £5,700,000 was reportedly spent on the construction of some 5,800 churches, convents, schools and other institutions. By any of these standards the construction of 22 lunatic asylums was a substantial financial burden throughout the century.\(^7\)

The expansion of the system was directed by a high expectation of future demand and a conviction that only lunatic asylums would meet that demand. In the first place, the establishment of a lunatic asylums' office created a vested interest in the form of the inspectors. Towards the end of forty-two years service, one of them defended the role and competence of the inspectorate purely in terms of its institutional achievements. During his time with the lunacy department he had 'devoted his unceasing endeavours to extend the sphere of its operations'. He believed that

he had succeeded as the 'facts would appear to indicate'.
The facts he cited were that, on his appointment to the
office in 1847, the inmates of district asylums were
'limited' to 2,600 at an annual cost of £40,680. By January
1888 the number housed in public asylums had reached 10,499
at a cost of £217,217 4s. 4d., but 'with additional comforts'
he added, to explain the increase of £5 per head. The
Treasury had advanced £1,184,000 in these forty-one years
for new asylums and additions. The inspector was less forth-
coming about the object of this accretion of institutions
and inmates. He concluded vaguely that, by the 'genuine
tests', the number of cures, the mortality rates and so on,
Irish asylums were equal to those of any other country.72

By 1889 there were taxpayers and doctors less ready to
equate success with money expended and numbers institutional-
ised. Yet it was largely in these terms that planning was
undertaken by the inspectors from the 1840s to the 1860s.
Their conception of future demands was crucial to the
expansion, as the report of a royal commission observed in
1858 -

It appears that under the Act 8 & 9 Vic. cap. 107
the Inspectors, Drs White and Nugent, have
practically undertaken most, if not all the
duties, connected with the superintendence
and direction of asylums... in fact all matters
relating to them are now submitted to their
consideration by the Executive, which relies

72 R.P. 1889/8232.
upon them in regard to the formation of new districts, the localities where new asylums should be erected, and the extent of their accommodation. 73

Here we want to explore not so much the detail of the inspectors' activities, as the rationale for them.

Following the 1843 committee's report, Francis White had been asked by Dublin Castle to report on the possible expansion of the system in each of the four provinces. 74 Initially White's response was to follow the committee and establish asylums for the so-called 'incurable' classes in an effort to relieve the district asylums. Thus, he recommended to the chief secretary a system comprising on the one hand, 'Asylums for the chronic insane classes' and on the other, 'Hospitals for the treatment of Insanity'. 75 A year later he had revised his thinking on the matter. He now opposed the idea of separation - it was difficult to decide who was curable and who incurable and (here he cited the opinion of John Conolly as it had been given to the 1843 committee) it was likely that an 'incurables asylum' would have a bad effect on the inmates, only confirming their hoplessness. 76

73 Report of the Commissioners of Inquiry into the... Treatment of the Insane in Ireland, p. 5, H.C. 1857-8, 27, hereafter R.C.
74 Report, pp. 6-7, H.C. 1846, 22.
75 R.P. 1845/G8338.
Hand-in-hand with the problem of what type of system should be developed went that of its future capacity. Thus, the attraction of asylums for 'incurables' was that they would be more economical, being 'custodial' rather than 'curative'. But whether these people were to be housed in special or ordinary asylums it was difficult to know how many of them there might be, putting pressure on the available facilities. Surgeon Wilde had cautioned that his count of the insane in the 1841 census was deficient in not having recorded those at large - it covered only those in asylums and prisons. At a time when more asylums were being planned this knowledge of the insane at large was considered important enough for the chief secretary's office to order a return to be made by the constabulary. In 1844 the police estimated that there were 6,217 'harmless Idiots and Simpletons' not in institutions. In White's report on future asylums this was translated into 6,217 wandering lunatics and idiots 'amongst whom instances frequently occur of violence and recurrent mania, which demand immediate attention, as they become both dangerous to themselves and the community'. He believed that from 'such a mass of afflicted beings many will be found hereafter fit claimants for the humane and charitable bounty of the public, and... will add considerably to the numbers already in the Asylums'. For White asylum statistics were not the best data on which to estimate 'the relative proportion of insanity in each

78 R.P. 1845/G1914.
Hence statistics at large, which indicated a much greater problem than originally conceived, were considered a much better source. For the next fifteen years the necessity for gathering statistics of unconfined lunatics was unquestioned. In 1849 the poor law commissioners were asked by the chief secretary to prepare a return of the number of insane in the various unions. The survey was repeated in 1851 although in both years it did not go beyond those receiving outdoor relief. In 1851 the deficiency of the previous census was amended and an inquiry about lunatics, idiots and epileptics at large was included at this and every census to 1911. In 1855 and 1856 further returns were made by the police who recorded details of the name, age, address, and religion of all the insane not in institutions.

However, by the late 1850s the usefulness and accuracy of these statistics was being questioned. The royal commission on the treatment of the insane in Ireland ordered its own constabulary return in 1856. This produced an estimate some 1,500 persons below that of the inspectors. Hence, the commissioners were sceptical of the inspectors' use of their higher figures as a guide to future accommodation needs. By 1861 the inspectors agreed that the statistics...
were less than perfect -

They merely show - or profess to show -
the total number of persons reputed to be
more or less mentally affected, or in
other words the stock from which lunacy may
be engendered.83

Yet they still considered that it was important to get this
information respecting the 'personal Condition, and treat­
ment of Lunatics'.84 Indeed it was the lack of detail
about individual cases which led the inspectors to venture
a further survey. In 1857 they proposed forwarding the
7,600 names and addresses of unconfined lunatics to the
dispensary physicians for their opinions on each case.85
This ambitious project was not undertaken - doubtless the
work involved would not have been welcomed by the doctors
concerned. But the possibility of a global picture of
insanity in Ireland was still attractive to Inspector Nugent
in the 1880s. By this time he thought that the constabulary
count had been unreliable and he proposed to obtain a better
one 'through the medical men attached to public Institutions
in the poor law unions'.86 Again he argued that this
information would be necessary to prevent overcrowding of

84R.P. 1861/2246.
86R.P. 1887/13281.
asylums by expanding accommodation in anticipation of future demand.

Whatever the accuracy or otherwise of the constabulary census, its significance was that it created an expectation of a relatively large lunatic population which might require institutional care in the future. The grounds for institutional expansion were therefore obvious. Inevitably, however, there was a gap between an estimate of the insane at large and the population which was actually institutionalised by relatives or the law. The inspectors thought that the potential inmates of asylums were readily identifiable in the community. But in reality the census of the insane included mainly those who were most obviously idiotic, in physical appearance or mental capacity. A distinction between lunacy and idiocy was well established by the 1840s and lunatic asylums, in Ireland at least, were intended for lunatics. Idiocy was treated as a problem of destitution, therefore to be consigned to the workhouse. So the count was quite inappropriate as a guide to future admission of lunatics. What tenuous validity it did possess was its estimate of the insane who conformed to a social stereotype of insanity or idiocy. The result was that from 1851 to 1911 it seemed that lunatic asylums were attaining some success in institutionalising the insane. The table below shows that, according to the Irish census, there was a decreasing proportion of insane at large with the passing of each decade.
Table 1

<table>
<thead>
<tr>
<th>Year</th>
<th>Institutions</th>
<th>At Large</th>
<th>Total insane</th>
</tr>
</thead>
<tbody>
<tr>
<td>1851</td>
<td>73.5%</td>
<td>21.1%</td>
<td>5074</td>
</tr>
<tr>
<td>1861</td>
<td>73.5%</td>
<td>22.7%</td>
<td>7064</td>
</tr>
<tr>
<td>1871</td>
<td>86.2%</td>
<td>13.8%</td>
<td>9763</td>
</tr>
<tr>
<td>1881</td>
<td>90.4%</td>
<td>9.6%</td>
<td>9774</td>
</tr>
<tr>
<td>1891</td>
<td>93.7%</td>
<td>6.3%</td>
<td>14995</td>
</tr>
<tr>
<td>1901</td>
<td>97.0%</td>
<td>3.0%</td>
<td>19834</td>
</tr>
<tr>
<td>1911</td>
<td>95.0%</td>
<td>5.0%</td>
<td>23994</td>
</tr>
</tbody>
</table>

What the census did not show in 1911 was that the rates of admission to lunatic asylums in the previous decade had been higher than in any year of the nineteenth century. 87

This statistic was not the only one to be considered in planning the new asylums. But estimates of the incidence of insanity in the community were similarly primitive. They were usually guesses, or else referred to quite varied populations, and were based on current asylum populations as a proportion of the community. The poverty of the measures of insanity was exemplified in the estimation of the needs of the Dublin district. Thus the commissioners of public works had arrived at an estimate of extra accommodation for 460 pauper lunatics by taking the 'pauper population' of the Dublin district for 1841 (some 460,542 people on their calculation) and assuming from English figures a lunacy rate of 1 in 1,000. They also expected (this was January 1848) that there would be some improvement in the condition of the poor, with a consequent easing of future demand. The inspectors, on the other hand, regarded the commissioners' calculations as far too low and pointed

87 See Appendix, Table F.
out that the English commissioners in lunacy had reported that their own estimate was well short of the real rate of lunacy. The public works' commissioners had not noticed that

in large Metropolitan Districts where the exciting causes to madness are brought more into action and whither there is a constant influx of strangers, the proportion of lunatics must necessarily be increased.

In London, for instance, the reported 'proportion' (in fact just the number of people in asylums per thousand population) was about 1.25, while in Cornwall it was well under 1 in 1,000.88 In the absence of any better statistics these crude measures formed the basis of future planning of asylums.

Almost as important as how many beds should be provided for a particular district was where the new asylums should be built. For the most part this was a pragmatic and easily resolved question. In 1844, for example, Francis White outlined the factors suggesting Limerick as a site for a provincial asylum - it was central to the district; it was an area in which there were numerous gentry to act as governors of such an asylum; it had one of the best supplied markets in the south of Ireland; fuel was cheap and a good supply of building materials could be obtained.89

88 R.P. 1845/G8338.

89 R.P. 1849/G3702.
These criteria of economy, access and promise of good management by the local gentry were similarly made the grounds of appeal by other towns to have the asylum located in their area. Thus the grand jury of the North Riding of Tipperary wanted the lord lieutenant to consider locating an asylum for incurable lunatics for the province of Munster in Nenagh. It was, they argued, a sufficient distance from Clonmel, Limerick and Cork (where there were asylums already); it was in a beautiful situation; in reasonable vicinity of the new railway; and provisions and fuel might be more easily obtained than in such populous cities as Limerick and Cork. Being the assize town, it could provide an efficient and active board of governors. No doubt a lunatic asylum also presented local economic advantages in the form of contracts for provisions and fuel, as well as the labour opportunities offered at the time of construction.

The last was of some importance during the Famine. The promise of work for the labouring population encouraged more than one town to urge the government to finance asylum works immediately. In May 1846 the board of governors of the Limerick asylum agreed to the separation of Kerry from the district and called for the speedy commencement of work on a new asylum at Killarney to extend 'employment to the destitute poor at this pressing emergency'. In December

90Ibid.

91Report, p.59, H.C. 1847, 17: Cf. R.P. 1847/G9236 for the support of the Killarney poor law guardians for these works.
1847 the Mayor of Sligo forwarded a memorial from a meeting in the town calling for the early commencement of works on the promised asylum. There were over 1,500 'able-bodied' unemployed in the town, many with families, and 'acts of plunder and violence' were feared if relief was not given.\textsuperscript{92} The Mayor of Kilkenny requested the construction of the asylum in that town to provide work for the labouring population; some had attacked the baker's shop the day before and had even invaded his own office asking for work or food.\textsuperscript{93}

Beyond the particular economic advantages which the construction of an asylum might bring to a town there was also, in the view of some grand jurors, a question of justice to taxpayers. Large districts inevitably provoked conflicts beyond the component countries as to which one the asylum served best and at whose financial cost. Thus Lord Westmeath complained in 1844 that the county of Westmeath derived little benefit from the asylum in Maryborough. The placing of the asylum in that town had been a 'great job in favour of the Queen's County'.\textsuperscript{94} This followed an incident in which a person who had later attempted to murder a child had been refused admission to the Maryborough asylum. In 1845 the Fremanagh grand jury complained that a fair proportion of the lunatics of its county was not being

\textsuperscript{92}R.P. 1848/G226.
\textsuperscript{93}R.P. 1848/G5898.
\textsuperscript{94}R.P. 1844/G2392.
admitted to the Armagh asylum. Three years later it protested against the decision to build an asylum in Omagh (Co. Tyrone), since this would be out of the direct control of Fermanagh.  

Thus, by the late 1840s, local authorities favoured more asylums in Ireland. But the arguments for these were less in terms of the improved care of the insane than of the advantages to the area in which such asylums would be built. Given the factors determining expansion as we have examined them what was the shape of the system by 1869, the year of completion of the last district asylum?

Already in 1844 the government had called on the inspectors of prisons to advise it on suitable land for the central criminal asylum. By the time of his appointment in 1846 White had presented his plan for new asylums and adjusted districts in the south and east. Within a few months he added proposals for Ulster and Connacht. Immediate accommodation was wanted for nearly 3,000 lunatics who were housed in local asylums, gaols and workhouses as well as those who had been refused admission to district asylums in the last year. This number did not include the 6,000 or more lunatics at large who would place further demands on the asylums. White therefore proposed new asylums for

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95 R.P. 1845/G8338, R.P. 1848/G6758. Cf. R.P. 1845/G8338 for a similar dispute over the access of lunatics from Donegal to the Derry asylum.

96 Correspondence between the Irish Government and the Grand Juries..., pp.3-7, H.C. 1844, 43.

97 Report, pp.50-51, H.C. 1846, 22.
Mullingar, Sligo, Omagh, Castlebar and either Millstreet or Killarney, with existing districts adjusted accordingly. As well, the old eighteenth century asylum at Cork should be replaced. The new asylums were to be district asylums: there was to be no rationalisation of the system along the lines suggested by the 1845 act. The one survival of the vision of 'provincial' asylums was the proposed 'Omagh Central Asylum' to accommodate 500 inmates. This would serve Tyrone and Fermanagh, as well as taking the 'surplus' unaccommodated elsewhere in Ulster. Even this plan was ultimately abandoned, perhaps because of the administrative difficulties involved in one institution serving two different populations.

White followed these plans with another letter in October 1846 urging an immediate review of the whole subject of lunatic accommodation in Ireland. By this time the Famine had intervened, putting pressure on all public institutions and provoking local agitation for public works. Nevertheless little was done in the first two years of the Famine. The exception was the Dundrum criminal asylum which was completed by 1850, being completely financed by parliamentary vote. It was not before January 1848 that architects were issued with instructions for the design of

98 Ibid., pp.46-51, and R.P. 1851/G3190.
99 R.P. 1851/G3190.
asylums by the board of works. In 1849 orders were given for the first of six new asylums at Kilkenny (where the old public asylum had long been condemned), Killarney, Omagh, Sligo, Mullingar and Cork, as well as for additions to existing institutions. These decisions conformed almost completely to the plans of Inspector White, although not all the inspectors' recommendations were taken up. In 1848 they agreed with the commissioners of public works that the Richmond asylum should be abolished altogether. A new one should be built 'specially for the object', thus combining 'public utility with National credit'. The Richmond governors were not impressed and the old building remained, to be supplemented by a new one a few years later. The reasons for the break in building between 1855 and the 1860s will be examined below, but a further six asylums were completed between 1866 and 1869, at Letterkenny, Castlebar, Enniscorthy, Ennis, Downpatrick and Monaghan. By this stage fourteen asylums served one county each, six served two, while the Richmond (Dublin, Louth and Wicklow) and the Mullingar (Longford, Meath and Westmeath) each served three. The 2,802 places offered by district asylums had grown to 4,623 in 1861 and 7,831 in 1871. Yet the inspectors were now doubting whether they would ever get all the insane behind walls. In 1868 the apparent increase

100 For the instructions, see R.C., p.533.
101 R.P. 1849/G3702.
in the numbers of insane (largely as the result of a new law, examined in Chapter 3) looked likely to extend district asylums to the limit by 1872. The inspectors noted that 'the same, or a very similar state of things exists in England, and is now coming to be very seriously regarded'. It was now less probable that the overcrowding of the insane would be solved by more buildings. Consequently a utilitarian note was injected into the 1868 report. Connected with making

a legitimate provision for those labouring under mental diseases in its various forms, is the adaption of means to an efficient end, and in the most economical manner possible.\(^{102}\)

But this was not the first sign of unease with the lunatic asylum system as it had developed.

Local discontent had arisen early in the 1850s as the first of the new asylums was completed and the loan repayments became due. It continued throughout that decade with attention focused on the question of central versus local control of asylums and their finances. When Harriet Martineau visited Killarney in 1852 the new asylum was still under construction. But already this 'palace', as she described it, was a focus of criticism. She questioned some local people about it: 'we found that the affairs is English altogether - a parliamentary enterprise, at which the Irish

\(^{102}\) Report, p.28, H.C. 1868-9, 27.
are as much surprised as anybody. She must have summed up the feelings of more than one group of Irish grand jurors. In 1854 the chancellor of the exchequer received deputations from various countries, charging that the outlay on asylums had been extravagant in some cases and that work was imperfectly done. The occasion for the protests was the beginning of repayments of the Treasury advances for construction. The advances themselves had been issued by the board of works without the proper authority. Consequently the government had been forced to bring in a bill to regulate the situation. This was not the only breakdown in administration. The under-secretary at the time, Thomas Larcom, pointed out later that before 1856 communications between the inspectors of lunatics and the board of works was defective. The outward manifestation of this was an apparent failure to consult with local authorities before proceeding with construction. This was the burden of the message being given to the government in 1855 by Irish M.P.s. Before a select committee on the bill to regulate the repayments, the Irish members pressed Inspector Nugent on whether local authorities had been made fully aware of the likely expenses of erecting lunatic asylums. And they were able to point out that

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103 H. Martineau, Letters from Ireland, 1853, p.170.
104 See Larcom's preamble (describing the administrative arrangements) to the volume of correspondence, Larcom Papers, Ms.7775, NLI, hereafter Ms.7775.
105 Select Committee on the Lunatic Asylums (Ireland) (Advances) Bill, ev.219-241, H.C. 1854-5, 8.
in the previous round of asylum construction, from 1821 to 1835, the estimates had been laid before the grand juries by the lord lieutenant prior to construction. In the earlier period, it is worth remarking, construction had been dealt with by a specially appointed board of control; in the late 1840s and early 1850s, on the other hand, the asylum expansion was directed by the bureaucracy in Dublin, in the shape of the inspectors of lunatics and the board of works.

In spite of the show of opposition to the government's proceedings, the Advances Bill was passed in 1855, ratifying the irregular procedures of the previous few years and ensuring the repayments by countries for work completed. However it also included a provision for the remission of part of the payments whenever an asylum was shown to have been badly constructed or extravagantly decorated. Commissioners appointed by the Treasury (T.L. Donaldson, a London architect, and James Wilkes, the medical officer of the Stafford County Asylum) found that there had been some poor work in the construction of the asylums, particularly those at Cork and Killarney which suffered badly from damp. Remissions of £3,000 at Sligo, £1,145 at Killarney, £6,013 at Cork and £1,715 at Mullingar were recommended, as well as various works of improvement to other asylums at no cost to the counties. On the other hand, they found that the

106 Horsman (the chief secretary) to Larcom, 16.3.1855, Ms.7775.

107 18 & 19 Vic. C.109, s.6.
furnishing of the asylums was of a very scanty nature and the governors were criticised for their 'too severe economy' in this matter.108

This clash with local authorities was but one of two issues in the 1850s which provoked a government reassessment of local versus central responsibility for the asylum system. The second, rather more dramatic, confrontation was over the matter of appointments to the asylums. By default rather than by law, many appointments had been made by the asylum governors. From 1843 they were required to be made in conformity with the Privy Council rules which required that chaplains be appointed. Where they did not already have them, most asylums had then appointed chaplains of various denominations, according to the religious composition of each asylum's population. Those at Belfast and Armagh did not. The reasons, as they emerged in an extraordinary sixteen year-long struggle between the Belfast governors and Dublin Castle appear to have been, firstly, that the presence of a chaplain would undermine the authority of the medical superintendent of the asylum; secondly, that as seven denominations were represented at the asylum it would be impractical and moreover, given the religious animosities of the city, potentially divisive to appoint chaplains; and, lastly, that the presence of three competing branches of the Presbyterian church in Belfast

108 Treasury Minutes... relating to District Lunatic Asylums (Ireland), H.C. 1856, 53. The remissions were subsequently ordered by the Treasury.
made it impossible to appoint one Presbyterian chaplain.  
In 1853 the lord lieutenant attempted to force the Belfast board's hand by appointing chaplains of his own choosing. The government then made an order for the payment of the chaplains' salaries which the board refused. In subsequent legal action the High Court found that the appointments made by the lord lieutenant were illegal since he had 'personally' appointed them without statutory authority. The hitherto unchallenged authority of the lord lieutenant in respect of lunatic asylums was shaken by the decision. The government was forced to review the rights of appointment (or 'patronage' as it was almost invariably referred to in the correspondence) and in fact the whole question of its direction of public asylums.

In the face of this dilemma, Thomas Larcom, formerly a commissioner of public works and now under-secretary, recommended devolution of control. In the light of the 'unpleasant collisions' over repayments and appointments he asked whether the government should not now surrender the direction of these institutions. He believed that the 'necessity for these Hospitals (was now) universally admitted.'

109 For the controversy and its history, see especially the evidence of Rev. Henry Montgomery, R.C. ev. 8034-8071 and Francis White, R.C. ev. 366-402; Belfast District Lunatic Asylum Minute Books, HOS 28/1/1/2-3, P.R.O.N.I.

110 See the judgement of the Queen's Bench, in re Rev. John Carroll vs. Governors and Directors of the Belfast District Lunatic Asylum, (1856), in R.C., pp.554-556.
so that the grand juries could safely be given responsibil-
ity for them. To ensure proper care and management of
the patients, parliament could appoint commissioners in
lunacy under the chancellor, to which local inspectors
could report on each asylum. Such a course of action would
be 'most consistent with the temper of the day'. Others
in the bureaucracy, such as Radcliff, the chairman of the
board of works, agreed with the substance of Larcom's
argument that the management of Irish institutions should
be assimilated to English practice. Later in 1855 the
chief secretary, Edward Horsman, was warming to the idea
of local control. However, he regarded it as an 'experiment'
and was fearful of the consequences if the inspectoral
system, under Larcom's plan, failed to maintain standards
of care.

In spite of this show of support from within government
for local responsibility in Irish local affairs, in 1856
the administration set about quite the opposite course.
One thing which may have changed its mind was criticism of
the condition and management of Irish asylums. The Treasury
commissioners who had uncovered the faulty construction of
the new asylums had also criticised local parsimony. As
well they hinted privately that standards of care and

111 Memorandum by Larcom, with note appended 'Copy to
Mr Horsman, 30 April 55', Ms.7775/15.

112 Ms.7775/14 for Radcliff's view.

113 Horsman to Larcom, undated. It is bound between letters
of 3.4.1856 and 7.4.1856 but almost certainly dates from
late 1855. By April 1856 the government was preparing
a bill which was almost exactly the opposite of Larcom's
proposals.
management were not what they should be. Consequently the government began to consider a further commission of inquiry, one which Larcom thought would probably 'be only medical'.

In the meantime it was necessary to regularise a system which had largely broken down. Early in 1856 the government began to prepare a bill to validate all appointments hitherto made by the lord lieutenant. But the bill as introduced to the commons in May not only validated all previous appointments but vested the power of future appointments in the Irish executive. Having wrongly assumed that all appointments in the past had been made by the lord lieutenant, the government was now forced to retreat from this 'wholesale invasion of patronage rights'. In spite of amendments to the original bill it was defeated in June 1856. Some of the opposition came from Irish members who had already clashed with the government over the Belfast chaplaincy issue or the repayments question. More generally, Isaac Butt declared that the issue was one of self-government for Ireland: the 'real question was whether a system of central or local government was to be established in Ireland'.

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114 Shelley to Larcom, 21.9.1855, Ms. 7775/26. Shelley was secretary to the Treasury commissioners, Wilkes and Donaldson.

115 Larcom to Lord Chancellor, undated (? Jan. 1856), Ms. 7775/34.

116 Horsman to Carlisle (Lord Lieutenant), May 1856, Ms. 7775/53.

Sir George Grey supported the opposition to the bill and, with the numbers on his side, 'insisted on [the Executive] giving up the right to make any appts. & leaving the establishment & all the appts. to the Governors'.\textsuperscript{118} Although apparently willing to do this, the government felt that such changes could not be drafted hastily. Instead it decided to go ahead with the commission of inquiry into the state of Irish asylums, an inquiry which could test local opinion as well as evaluate standards and practices of treatment.

Appointed in October 1856 this commission took two years taking evidence and preparing its report. Its principal administrative recommendation was for a central board of commissioners for lunacy, a board which would stand in much the same relation to boards of governors of asylums as the poor law commissioners stood in relation to the guardians. For the rest, the report criticised asylum managers for not keeping the necessary records; the boards of governors which were frequently too large, often poorly attended, and failed to inspect the asylums under their control; and the inspectors for not producing annual reports and not reporting on individual institutions. The extraordinary arrangement whereby the inspectors were also appointed ex-officio governors of the asylums they were to inspect was also criticised. In relation to the asylums

\textsuperscript{118} Fitzgerald (Irish attorney-general) to Larcom, 21.6.1856, Ms.7775/57.
themselves, the commission largely welcomed the tendency to appoint medical officers as managers and recommended that they should have the appointment of the subordinate officers and servants. But it was the local government principle which predominated - the governors should appoint the physician and the other senior officers. And the governors themselves should be appointed two-thirds by the grand juries and only one-third by the government. Thus the import of the recommendations was the reconstruction of Irish asylum administration on the English model, providing a board of control but leaving responsibility primarily in local hands.

The government having changed hands long before the commission released its report, the new chief secretary, Lord Naas, attempted to legislate on the lines recommended. Naas himself had opposed the 1856 bill on the grounds of its interference with local authority. But his bill went even further in the way of copying English practice than the royal commission had done. It abolished the commissioners of control under the 1821 legislation and gave their

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119 Report of the Commissioners of Inquiry into the State of the Lunatic Asylums...in Ireland..., pp.1-39, H.C. 1857-8, 27 (hereafter R.C.). The commissioners were Sir Thomas N. Redington, formerly under-secretary, 1846-52; Robert Andrews, an Irish barrister and Q.C.; R.W.S. Lutwidge, an English commissioner in lunacy; James Wilkes, also an English commissioner in lunacy and Dominic Corrigan (later Sir Dominic, 1866), a leading Irish physician and, from 1870-4, M.P. for Dublin City.
responsibilities to committees of visitors appointed by the grand juries in whom the asylums were to be vested. The central authority of the lord lieutenant was retained and would be exercised through the inspectors of lunatics. As well the English system of admission would be adopted, i.e. relieving officers were given power to bring the lunatic poor before a justice and have them committed directly to an asylum, committals to gaol being abolished. Introducing the bill, Naas claimed that it respected the contemporary desire for local autonomy. But while it may have been based on the 'principle of local self government', to use Naas' words, the bill would institute local government by the largely Protestant grand juries. This fact provoked much opposition on the grounds that authority was being transferred from boards of governors (which had some Catholics appointed by 'liberal' governments, as well as local M.P.s sitting ex-officio) to the grand juries which were not representative of taxpayers. The opposition was not only Catholic. The Belfast board of governors claimed that asylum boards appointed by grand juries would not be stable enough since the latter were constantly changing anyway. Hence the confidence of the public and inmates in the administration of asylums would not be maintained.

Local representation was not the only interest at stake in the bill. Naas complained to Larcom that he sus-

121 Naas to Larcom, 16.2.1859, Ms.7775/93.
122 See the press cuttings in Larcom Papers, Ms.7776, NLI.
123 R.P. 1859/1782.
pected Inspector Nugent had informed the opposition of
details of the bill before it was introduced to parliament.
Nugent's opposition, he claimed, was because he (Naas) would
not make him a commissioner in which rank he might claim a
higher salary.\textsuperscript{124} Certainly Nugent was probably disappointed
in the bill. It effectively reduced the inspectors' role
by strengthening local control and did not compensate by
establishing a commission in lunacy on the English or
Scottish model. This latter point was deeply felt within
the inspectorate. White had complained in 1855 of their
anomalous position, being the effective commission of con­
trol but not having the title or sufficient authority to
administer asylums adequately.\textsuperscript{125} Opposition to the bill
was effectively organised and it was sent to a select
committee before being lost on the change of government later
in the year. To all intents and purposes nothing had changed
in spite of five years of committees, a royal commission,
three lapsed bills and some minor amending legislation.
The boards of governors, appointed wholly by the government,
remained responsible for the district asylums; the inspect­
dors exercised substantial, if not very visible, control from
within the chief secretary's office. The only change in
administration came in 1860 and was an accretion to the

\textsuperscript{124} Naas to Larcom, 16.2.1859, Ms.7775/93. Larcom replies,
8.3.1859, Ms.7775/94, that he suspects Naas is right
about Nugent but nothing can be done about such matters.

\textsuperscript{125} Memorandum from White, 16.5.1855, Ms.7775/22.
inspector's authority. The board of control (solely for construction of asylums) prescribed under the 1855 Advances Act had not been appointed, no doubt because of the state of flux during the considerations of the royal commission. In March 1860 the government rectified the situation by appointing four members, two from the board of works plus the two inspectors of lunatics. At this stage then the inspectors were in the curious and powerful position of occupying every office in the administration of asylums since they were also ex-officio members of each asylum board and had responsibility for the Dundrum criminal asylum.

We have considered two stages of the relationship between local government (or at least the principle of it) and Dublin Castle in the establishment of asylums. In the 1840s, when asylums seemed a useful, even necessary, part of public expenditure there was a local demand for asylums.

126 See MP, 24.3.1858, which claims that there is an informal triumvirate in Dublin Castle, controlling asylum affairs, composed of Nugent, Larcom and the Crown Solicitor.

127 The Commissioners were Richard Griffith and John McKerlie, both of the board of works, John Nugent and George Hatchell, the inspectors of lunatics. Nugent (1806-1899), M.B., Trinity Coll. Dublin, 1830, at one time travelling physician to Daniel O'Connell, was appointed inspector of lunatics in 1846, knighted on his retirement in 1890; Hatchell (?-1890) M.D., Glasgow, 1834, Fellow of the College of Surgeons, 1844, was household physician to the lord lieutenant before his appointment as inspector of lunatics in 1857. See T.P.C. Kirkpatrick, A note on the History of the Care of the Insane..., 1931, pp.326; JMS, 4, 1858, pp.127-8; Frederic Boase, Modern English Biography (1921), 1964, Vol. 6, p.311.
which coincided neatly with the plans of government. By the mid-1850s the financial burden of asylum construction and what was seen as arbitrary decision-making by Dublin Castle, provoked local resistance to further expansion. This resistance continued into the following decade when two planned district asylums were successfully opposed by the counties involved. On the other hand, a counter-thrust in the same period asserted that Irish asylums were of an inferior standard and seriously over-crowded. Reasserting the importance of moral treatment, the Waterford M.P. J.A. Blake argued that Ireland needed more and better asylums to provide adequate care for the lunatic poor.

Significantly, Blake's first parliamentary speech on the question was in August 1861, just two weeks before the annual meeting in Dublin of the youthful Association of Medical Officers of Hospitals for the Insane in Great Britain and Ireland (hereafter the M.P.A. from its later title the Medico-Psychological Association).\(^{128}\) Drawing on evidence from the royal commission, Blake argued that Irish asylums lacked sufficient 'appliances' for the treatment of insanity. English asylums he had visited provided adequate occupation and amusements to distract the patients and promote their happiness and recovery. This was the familiar rhetoric of 'moral treatment' and he repeated it in the commons in the following three years in speeches addressed to 'defects in the moral treatment of the insane in Ireland'. In the recess

\(^{128}\)See below, p. 389.
following his speech he toured English and Irish asylums
and then published a sizeable pamphlet to support his case. 129

Blake's strictures were not confined to a rather amorph­
ous statement of the defects of Irish asylums. His solution
was a more active intervention on the part of the Irish
executive to improve them. This would in part be achieved
by appointing inspectors with previous experience of the
treatment of insanity. 130 Since the three inspectors so far
appointed had been doctors (and White had been surgeon to
the Richmond asylum) this was in reality a plea for the
appointment of asylum doctors to the inspectorate. His
advocacy of the interests of aspiring asylum doctors extended
to handing over the total management of asylums to resident
physicians. 131 While most Irish asylums now had resident
physicians, the Waterford asylum, of which Blake was a
governor, was the last in Ireland to have a lay manager. 132

The Waterford member's demand for government intervention
was a sensitive issue. The new chief secretary, Sir Robert
Peel, told him that responsibility for recreation and
amusement rested with the local boards, not with the govern­
ment. He also defended Irish asylums with the claim that
they had better recovery rates than those in England and

129 Hansard, 3rd series, Vol. 164, 1845-1850; John A. Blake,
Defects in the Moral Treatment of Insanity in the Public
Lunatic Asylums of Ireland, with Suggestions for their
Remedy, and some observations on the English Asylums, 1862.


France. At the same time he confirmed that provisions in the 1859 bill were to be included in the new privy council rules, then in preparation.\(^{133}\) When they appeared, the new rules in fact met many of Blake's demands. Besides giving total responsibility for the internal affairs of the asylum to the resident physician, the privy council rules of 1862 required that all resolutions of the asylum board affecting the discipline or management of the institution would have to be submitted to Dublin for approval. The inspectors were given increased powers of intervention in what had been local matters, such as asylum diet, or tenders for asylum stores. All round, the government seemed to have strengthened its own hand at the expense of that of the local boards. Ineffectual protests from Belfast and Limerick contended that the governors' role had been diminished. Apart from the inspectors the winners in the new situation were the asylum superintendents whose ardent advocacy of their claims to authority in the asylum had been rewarded.\(^{134}\) They had succeeded not only in removing lay managers but had also ensured that the visiting (consultant) physicians appointed under the old system would not be able to interfere with their authority. Their role was now clearly defined and to them the usefulness of the asylum was unquestionable. Giving the presidential address at the M.P.A.'s annual meeting in Dublin in 1861 the medical superintendent of the Richmond asylum had advocated the maintenance of the insane

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\(^{133}\) Hansard, 3rd series, Vol. 164, 1851-1854.

\(^{134}\) In particular through their Association's journal, the Journal of Mental Science and the Dublin Journal of Medical Science, see below, pp. 387-394.
poor out of state funds:

a very large proportion of the insane
inmates of public asylums in this country
are detained in those institutions not for
their own advantage, but for the protect­
ion of society; and the same principle
which throws the burden of support of con­
victs on the state applies equally in both
cases.135

Governments were not yet ready to go this far. But the
weight of 'expert' opinion, that of the alienists and of
the government's advisors in Dublin, was clearly in favour
of more rather than less government in the 1860s.

In spite of Blake's agitation for improved conditions,
in spite even of a chief secretary(Peel) who took an un­
usual degree of interest in the asylum system, the govern­
ment found that Castle intervention at the highest level
would not necessarily move local authorities in the 1860s.
A conflict developed early in the decade between Dublin and
the grand juries of five counties over plans to re-organise
the Richmond and Mullingar districts. Overcrowding at the
Richmond and the presence of large numbers of 'dangerous
lunatics' in the gaols of the district brought questions in

135Journal of Mental Science (hereafter JMS), 7, 1861, p.324.
In his unsuccessful first budget of 1851, the chancellor
of the exchequer, Sir Charles Wood, had proposed to re­
lieve the taxation on land by making a payment from the
consolidated fund for the relief of lunatics and idiots
in the United Kingdom. The move was lost in a subsequent
ministerial crisis over the taxation proposals of the
budget. Hansard, 3rd series, Vol. 114; Journal of
Psychological Medicine, 4, 1851, pp.257-259.
parliament about government plans to increase accommodation. But inquiries were already showing that the grand juries were not eager to undertake additional capital expenses. In 1862 the Louth and Wicklow grand juries opposed government proposals for extensions to the Richmond asylum, on the grounds that they had many less patients there than they were entitled to.\(^{136}\) The government was caught between this refusal and the objections of the Dublin city council to any further burden on the city - for years Dublin representatives had complained that the city was charged with the support of lunatics who belonged elsewhere in Ireland. In 1864 the inspectors proposed to separate Louth and Wicklow from the Richmond district and construct new asylums in each\(^{137}\). But before Peel put this to the lord lieutenant, Larcom informed the local authorities of the proposals. The recommendations for a new asylum for Wicklow, one for Louth and Meath, and the Mullingar to serve only Westmeath and Longford, were rejected by all the grand juries and the governors of the Mullingar asylum. By December 1864 T.H. Burke at the Irish Office in London was advocating that the government use its powers under the 1821 act to intervene:

> It is very natural for Grand Juries to object to any expenditure - their disgraceful neglect of the Lunatic Poor in former years induced

\(^{136}\)Hatchell to Larcom, 11.8.1862, R.P. 1867/14019.  
\(^{137}\)Inspectors to Peel, 21.1.1864, R.P. 1867/14019.
Parliament to invest the Privy Council with extensive powers, the exercise of which is now rendered necessary to remedy the evils caused by the detention of Dangerous Lunatics in Gaols. 138

Burke asked Larcom to try to arrange matters amicably with the Wicklow representatives. 139 But in spite of the vigorous advocacy of a Wicklow asylum by Sir George Hodson, a Richmond governor and Wicklow grand juror, the Wicklow people held out. According to Hodson the opponents thought the financial burden would be appressive. 140 Early in 1866 Inspector Nugent again proposed (as he frequently did) the use of the lord lieutenant's powers to impose new asylums in Louth and Wicklow. He recalled that there had been similar opposition in Donegal, before he had told those people the 'law's powers' in such cases. 141 Nevertheless the government did not press ahead with an enforced separation of the counties from the Dublin district.

Almost certainly no one in the government wanted a repeat of the agitation of 1854-5, when several counties had even threatened to repudiate the debts incurred in the construction of asylums. The government may have been given extensive powers to impose lunatic asylums on Ireland. But

138 Burke to Peel, 8.12.1864, R.P. 1867/14019.
140 Hodson to Nugent, 28.11.1865, R.P. 1867/14019.
141 Nugent memorandum, 16.2.1866, R.P. 1867/14019.
the country was difficult enough to govern without a provocative use of those powers. Even if Peel might have been prepared to act on the advice of his interventionist advisers, by June 1866 the conservatives were in power and Naas was again chief secretary. Since he had championed the authority of grand juries in 1856 and 1859, he was not likely to impose unwanted asylums in 1866.

With Naas the asylum system as it existed in the nineteenth century was completed. In July 1867 he sought leave to introduce a bill amending the lunatic asylum laws in Ireland. It was a watered-down version of his 1859 bill. Its major provision, as we shall see elsewhere, was the abolition of the 'barbarous practice' of confining lunatics in gaols. But magisterial certification was retained and became the most important mode of admission to Irish asylums.\textsuperscript{142}

The other object of the 1859 bill was merely shadowed in 1867 by giving the governors the right of appointing all but the two chief officers of the asylum. In this uncontroversial form the bill passed without trouble in August 1867.\textsuperscript{143}

Over fifty years in which the Irish asylums had been founded the politics of their existence had changed drastically. Public debate had turned from the problem of the insane poor - with its orientation towards their

\textsuperscript{142}See below, pp. 177-179.

\textsuperscript{143}30 & 31 Vic. C.118.
'relief and care', the maintenance of institutional order in prisons, workhouses and infirmaries, and the protection of 'society' from the violence of the insane - to the struggle over the control and financing of institutions. By 1867 consideration of the asylums' purpose was lost in the inertia which stemmed from the acceptability of their presence and function. By handing over asylums to doctors, governments had to a great extent removed the institutions and their inmates from the public arena. The only bone of contention, and it was to remain so, was who paid the bills.\footnote{Thus the superintendent of the Limerick asylum, E.M. Courtenay, in an article on asylum dietary in 1886: 'In these few remarks I have not made any attempt to discuss the subject of feeding the pauper insane from the standpoint of expense - perhaps under this view of the question we may find it come most prominently before us. Living as we do in a very poor country, we generally find that all suggestions for improvement are considered under the head of "cost", in the first instance'. JMS, 32, 1886, p.22.}
Chapter 2

The Politics of Lunatic Asylums, 1867 - 1914

In 1867, the last year under the old Dangerous Lunatics Act, nearly £120,000 was spent on the maintenance of more than 5,000 lunatics in district asylums. By the eve of the first world war the number of inmates and the cost of their maintenance had increased more than four-fold in a country which had experienced a continuous decline in population. During the financial year 1913-14 almost £601,000 was spent on an average daily asylum population of 21,290. The system remained substantially unaltered throughout this period. The asylum in itself, in spite of its failure to stem the 'growth' of insanity, had become an acceptable institution in Irish society: its necessity was unquestioned and alternatives were given, at least by Irish officialdom, short shift. But the enormous financial burden imposed on the community, (in 1914 approaching half the amount spent on poor relief) made the question of the ultimate control and management of the system a controversial matter. Throughout the half century from Gladstone's first government (when the possibility of the state assuming financial responsibility for asylums in Ireland was first mooted) to the outbreak of war, the politics of the asylums centred on who paid the bill. This problem presented itself variously - sometimes through the question of representation of the taxpayers on local asylum boards; on
other occasions in demands for the state to assume total financial responsibility (as it had done for prisons in 1877) for institutions which housed those committed by laws of the state. Throughout all this, of course, lurked the spectre of home rule. If the politics of lunatic asylums has little to add to the story of home rule, it is also true that it cannot be understood in this period without remembering the more momentous history of Irish nationalism (and Irish unionism). Precisely where lunacy and the care of lunatics lay in the struggle for Irish self-determination may be illustrated by one of its rare surfacings in the House of Commons. For John Redmond, in the debate in reply to the King's Speech in 1906, the increase of lunacy was 'an awful condemnation of [Britain's] rule in Ireland'. The increase in lunacy was neatly turned into a condemnation of the Union. The language of social Darwinism, rarely heared in the Irish context, could serve purposes other than those of imperialism - 'under your rule' he charged, 'it has been the survival of the unfittest in Ireland'.

In 1869 the civil servant John Lambert was engaged on two projects with respect to major Irish legislation. His work for the later of these, the Land Act of 1870, is better known than that on the first. On becoming prime minister,

1Hansard, 4th series, Vol. 152, 183.

2On Lambert see particularly R. Lambert, Sir John Simon 1816-1904, 1963, pp.524-6; for his report on Irish land, E.D.Steele, Irish Land and British Politics, 1974, pp.137-8; in 1867 Lambert had reported (very favourably) on the Irish medical service, Report...on the System of Medical Relief to the Out-door Poor in Ireland...,H.C.1867, 60.
Gladstone's first commitment was the disestablishment of the Irish Church. Associated with his plans to disestablish, and to disendow, the Church was an intention to apply the surplus of revenue from the sale of Church properties to the 'benefit of Ireland'. ¹ By the time he introduced the bill to the Commons on 1 March 1869, Gladstone had arrived at a far more specific plan for the application of the surplus in Ireland. In the course of preparing that plan Lambert was requested to report on what provisions might be made for 'certain Classes of the Poor in Ireland...if Funds were forthcoming'. ²

The memorandum prepared by Lambert went some way beyond this task. His attention had been directed to the provisions for the aged and sick poor; sufferers from accidents; the blind, the deaf and the dumb; and lunatics and idiots. Lambert's inquiries concluded that further provision should be made for the lunatic poor in workhouses (there were over 2,700 of these) and for some lunatics at large; for the education of the deaf and dumb, the blind and the idiotic; for improving the nursing in workhouses and supplying nurses for the outdoor poor. This was to be the scheme if the funds were directed to supplementing the poor rates. But the most far-reaching proposal was that country infirmaries and lunatic asylums should be maintained out of the 'national

¹Hansard, 3rd series, Vol. 192, 1472.

²A copy of his Memorandum is in T.H. Burke Papers, Bundle No. 3, State Paper Office, Dublin (hereafter Burke Papers).
fund to be made available for disendowment. He estimated the cost of this at nearly £275,000 per annum, though he made no provision for future increases in these expenditures. The report did not stop there. If such changes were to be implemented, it was highly expedient that the opportunity should not be lost for correcting anomalies in local taxation and remedying grievances which have long been the subject of complaint.\(^5\)

In particular he referred to the anachronistic administrative and financial arrangements for county hospitals and asylums. These had been established long before the Irish poor law. They were maintained out of the county cess, a tax which was paid by occupiers (and by them alone) of land of any value; the poor rate on the other hand was not assessed on occupiers of land under the value of £4, and 'all occupiers above £4 can deduct half of the Poor Rate from the landlords'. In spite of paying most of the cost of hospitals and asylums the contributors to the county cess were not represented on the boards of either institution. Instead lunatic asylums were governed, formally at any rate, by nominees of the lord lieutenant, most of them gentry; and the county infirmaries by subscribers who contributed only a fraction of their cost. Lambert therefore proposed the absorption of these institutions into the poor law, and their manage-

\(^5\)Ibid., p.22.
ment by partly representative bodies. The poor law commissioners were to be primarily responsible for both hospitals and asylums and for the administration of the 'National Fund' for their maintenance.6

Lambert's report epitomised the concerns of the next fifty years in lunacy administration - the system itself was essentially adequate, provided a little more money was spent on it. What mattered was who controlled the system (Lambert, like others after him, wanted the poor law commissioners to do so) and who paid for it. The primary handicap of the present arrangements was its pre-poor law character which had been criticised as early as 1842.7 By placing asylums and county hospitals on the poor rates and giving representation in their management to the ratepayers much would be done towards 'remedying grievances' about the burden of the system.

Introducing the Church Disestablishment Bill, Gladstone proposed just this application of the Church surplus to the 'relief of unavoidable calamity and suffering' as the preamble put it. There was, he said,

a class of want and suffering which ought undoubtedly to be met, and which in every great community ought to be liberally met, but which can only be met by the expenditure of large and considerable funds in comparison

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6Ibid., pp. 23-5.

with those which avail for the support
of the pauperised population. 8

The provision to be made for the lunatic, idiot and sick
poor (£10,000 was also to be put towards the expenses of
reformatories and industrial schools) would amount to
£311,000 a year. The use of this money would allow the
application of 'strict principles of economy and good
administration to all these departments' evidently by virtue
of the centralised control that would come with the transfer
from local financial responsibility. As well, by thus ena­
abling the transfer of the financing of lunatic asylums and
county hospitals from the county cess to the poor rate, Irish
landlords might be made more amenable to a reform of the
county cess, to be assessed on the same basis as the poor
rate.

However, this part of the bill proved in the end to be
expendable. The point of Gladstone's scheme (the sine qua
non of disestablishment) was not so much the application of
large amounts of money to the relief of suffering in Ireland
as the avoidance of any application of the Church surplus
to religious purposes. The clause got safely through the
commons but in the lords, as is well known, a deadlock
eventuated over just this issue. Lord Cairns moved an amend­
ment retaining the control of the surplus in parliament's
hands, on the grounds that parliament, and not the poor law
commissioners, should control the very large sums of money
involved (over £7,000,000). But the debate on the Church

8 Hansard, 3rd series, Vol. 194, 459.
surplus chiefly turned round the exclusion of religious purposes (in essence, concurrent endowment) from the application of the money. When a compromise was reached it effectively put an end to Gladstone's scheme - instead the application of the surplus was left to parliament's discretion. Gladstone regretted this, but in comparison with the primary object of disestablishment and disendowment it was of secondary importance.

One can sympathise with the arguments, if not the motives, of the lords' attack on the mode of dealing with the surplus. The application of these large sums of money was to be undertaken without any proper consideration of the implications of the change. The financing of lunatic asylums, county hospitals and so on from a 'National Fund' would have implied a substantial accretion of central control; even if the formality was to be otherwise. This might well have been a good thing - it was what many local authorities in Ireland asked for from the 1880s. But it would certainly have been a significant departure from the principle of local financial responsibility for such institutions. From this aspect the scheme seems to have been rather hastily concocted. There was also the question of whether this was the best use of

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the money anyway. There had been various suggestions in Ireland as to the disposal of the surplus. During the course of the election campaign in 1868, Thornley notes, these had ranged from its application to the relief of the poor rate to its expenditure upon arterial drainage, and reclamation of wastes and bogs, and even the establishment of a tenant proprietary.¹¹

Thus, when Gladstone came to parliament with his proposal there was some Irish opposition to it. John Martin, for instance, 'considered the devotion of £200,000 a year to the 'keeping of poor lunatics' the height of extravagance'.¹²

Gladstone's plan may have been admirable in intention but it must be admitted that it had about it some of that 'English habit of treating Ireland as a society whose good was to be pursued by English statesmen acting on their own initiative and by their own light' - a judgement of Hammond with respect to the Irish land legislation of the following year.¹³ In hindsight the loss of this clause of the Church bill does not appear as unfortunate as the chance missed to reform the local government structures. It was another thirty years before the administration of asylums was to be


¹²Ibid., p.64.

placed in the hands of the taxpayers' representatives. This proved to be a potent point of friction in the meantime.

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Had Gladstone's plan succeeded the institutional and financial history of the asylum system after 1869 would have been significantly different from that of the previous half-century. In spite of the failure, however, stasis did not prevail. In fact, within five years the Gladstonian scheme was to be cited by a conservative chancellor of the exchequer as a precedent for a major change in the financing of the care of lunatics. This change owed nothing to a consideration of the status and condition of lunatics in the United Kingdom, and everything to the questioning of local taxation for 'Imperial purposes' in the latter years of Gladstone's first government.

The change was anticipated in the commons in April 1872. Sir Massey Lopes moved a resolution to the effect that local taxation should be relieved out of the consolidated fund for charges for justice, police and lunatics. The expenditure for these was almost entirely independent of local control and was therefore unfairly charged to the county rates.

Why should the support of lunatics be thrown wholly upon the county rates? Lunacy was a dispensation of Providence, limited to no particular class... Lunacy was a national calamity, and should be a national charge and responsibility.
Lopes also reminded the commons that the prime minister himself had recommended lunatics as 'the most fitting object for the application of the [Church] surplus funds'. Lopes' resolution was supported in the house by a majority of 100 against the government. In the period up to the election the relief of local taxation continued to be a popular issue promoted by the conservatives. So when Sir Stafford Northcote, the new chancellor of the exchequer presented his first budget in 1874, he proposed that the best method of redistributing the sizeable financial surplus of that year would be a grant in aid of local taxation for lunatics in public asylums. To encourage 'motives of economy' the grant would be a fixed rate of four shillings per head per week, rather than a fixed proportion of the total charge for each lunatic. The grant, of course, was to apply in the three parts of the Union.

In Ireland, naturally enough, such relief to the county rates was welcome. It can hardly be said, on the other hand, that it was a consequence of Irish demands or pressures. While local taxation had been an important issue in England in the election of 1874, other concerns occupied the stage at the first 'home rule' election in Ireland - home rule, denominational education, amnesty for the Fenian prisoners and land reform were the major issues there. The issue,

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14 Hansard, 3rd series, Vol. 210, 1331-1348. Lopes was M.P. for South Devon.
apparently a peripheral one, which went closest to local taxation in Ireland was the reform of the grand jury system which was completely unrepresentative of the Catholic, tenant majority.\(^\text{16}\) As far as it affected local taxation the grand jury system had in fact been the object of some reform in 1870. The Landlord and Tenant (Ireland) Act of that year (Gladstone's measure) set the county cess for all new agricultural lettings on the same basis as the Irish poor rate had been since 1838.\(^\text{17}\) Yet, on the whole, Irish attention was focused as much on the problem of popular representation on local authorities as on taxation and its objects. It seems then that Northcote's grant in aid of maintenance of lunatics was not a response to any specifically Irish demands, although landlords who might after 1870 be subject to their share of the county tax burden would surely have welcomed it. What effect did this grant-in-aid have on the lunatic asylums?

To the inspectors of lunatics the grant-in-aid was not so much a relief to local taxation as a contribution to the improvement of asylums. Such an intention had not been mooted in Northcote's announcement of the grant - although some such construction might be argued from his references, to the 'condition of the people' and 'our social policy'.\(^\text{18}\)

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\(^\text{16}\) Cf. Thornley, op.cit., p.176.


\(^\text{18}\) Hansard, 3rd series, Vol.218, 653.
The principal argument for the grant in both Lopes' resolution of 1872 and Northcote's announcement of 1874 was that lunatics were an 'Imperial charge', and that the administration of asylums was largely out of local hands. Taking the burden of lunatics off the local rates would allow, so Northcote argued, local authorities to pursue properly local objects: town improvements, housing of the working classes and so on. Nevertheless the inspectors of lunatics saw the grant-in-aid as in part their property, an instrument of government which could be used to expand asylum accommodation and improve facilities. Deploring the delays in asylum works at Derry and Armagh in 1876 they suggested the government could resort to its mandatory powers under the 1821 act to meet the 'needs of lunatics'. Such government intervention could now be especially justified by the fact that the government 'pays fully two-fifths of their maintenance'. They were clearly alarmed that the grant-in-aid was not inducing a more liberal administration as a result of the grant to reduce total expenditure. The subsequent history of the grant showed that their alarm was justified. Yet given the grant's purpose of reducing local taxation it was hardly surprising that local authorities did what they could to throw as much of the burden as possible onto the Treasury.

Northcote had given the impression in the commons that the grant was to be fixed at four shillings per week regardless of the total average cost in each asylum (this could


2025 Report, p.9, H.C. 1876, 33.
vary, in 1871 from £17.8.8 in Sligo to £30.15.0 in Dublin per head per annum). Certainly preparations in Dublin Castle for the allocation of the grant assumed in 1874 that the four shillings was a fixed, not just a maximum, grant. The subsequent presentation of the estimate in parliament also made no stipulation that it was a maximum figure. But some time late in 1874 the Treasury decided that the grant should be more stringently administered. In a letter to the Irish government

their Lordships presume that in no case will the vote be charged with more than one half the actual net cost of the lunatic to Local - as distinguished from private funds.

Yet in practice the full amount of four shillings, in some asylums more than half the average cost, was usually granted. As the conditions had not been laid down by parliament (this at least was the argument of a senior official in the chief secretary's office in 1890) the Treasury's presumption was not always acted on. The consequence was obvious. From constituting about forty per cent of asylum costs in the first three years of the grant (1876-8) the Treasury contributions climbed to over fifty per cent ten years later.\(^\text{24}\)

\(^{21}\)\text{21 Report, p.12, H.C. 1872, 27.}\n
\(^{22}\)\text{R.P. 187\text{l}/10160; R.P. 187\text{l}/10506; R.P. 187\text{l}/11333.}\n
\(^{23}\)\text{R.P. 189\text{9}/13720 and 1890/12151.}\n
\(^{24}\)\text{See Appendix, Table D, for financial details.}\n
This was only the average of all asylums. In some the Treasury contribution was much greater. On the calculations of the new inspectors of lunatics in 1890 the Omagh governors had received in the previous five years about £6,000 more than they were entitled to by the Treasury conditions. In those five years the Treasury had contributed over sixty-five per cent of the costs of maintenance of the lunatics in the Omagh asylum. The inspectors made a similar point about Cork and suggested that other asylums might also be cited.  

The point the inspectors were making was not so much that the Treasury had been cheated: no doubt the Treasury was quite able to look after its own interests. Rather they were arguing that the faulty administration (or auditing) of the grant meant that in some District Asylums the Governors try to cover as far as possible, their outlay by the amount of the Capitation Grant, the comforts of the inmates are necessarily curtailed and the beneficent intention of the Government grant to improve the condition of the insane is entirely frustrated.  

This charge was made at a time when the new inspectors were keen to see a rapid expansion of asylum accommodation and facilities, which they considered run-down. Hence they were eager to put the best case for exerting pressure on local authorities to engage in new works. Around their

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25 R.P. 1899/13720 and 1890/7756.

26 Ibid.
argument, however, we must draw some qualifications. It is clear from what we said earlier that the 'beneficent intention' of the government (in 1874) was not to improve the condition of the insane but rather to relieve local taxation. Secondly it was by no means clear that the governors had tried to take advantage of the grant, to reduce their own contribution. No doubt some boards may have been glad of the opportunity to reduce the county rates even further. But there were other equally valid explanations for the cutback in local finance. One is obviously the incompetent administration of the grant by the Treasury and the local government auditors: from the correspondence on the subject in 1890 it is clear that the conditions of the grant (imposed by the Treasury and not implicit in the original announcement) were not made explicit or at least widely known in 1874 and 1875. But the main reason for the apparent reduction in the local share of maintenance in the 1880s was the agricultural depression. Agricultural prices dropped by the order of twenty to thirty per cent between the early and mid 1870s and the late 1880s.\(^{27}\) Since 'provisions' were the major component (over forty per cent) of the maintenance costs of asylums, a dramatic decline in agricultural prices reduced the average cost of keeping a lunatic in an asylum.\(^{28}\) With this reduction, asylums which had a tradition

\(^{27}\text{Cf. R.D. Crotty, Irish Agricultural Production: Its Volume and Structure, 1966, Appendix Table V, p.356.}\)

\(^{28}\text{See Appendix, Table C.}\)
of cheap maintenance costs (i.e. before 1874) dropped below the eight shillings a week minimum which formally entitled them to the maximum Treasury aid. The conditions under which the grant was administered in the 1870s and 1880s meant that neither asylum administrators nor local government board auditors correspondingly reduced the normal four shillings grant-in-aid.29

So, between 1875 and 1890 the Treasury grant probably did not alter for the better or worse, the living conditions of lunatics in asylums. It was not made with the intention, wrongly imputed to it by the inspectors for their own purposes, of improving those conditions; neither, certainly, was it supposed to reduce standards of care. It was to relieve local taxation and this it did admirably. Nevertheless the little campaign waged against its past administration by the inspectors had the desired effect. Higher officials at first disputed the inspectors' interpretation of the grant, arguing that parliament had not specified that the grant should be anything less than four shillings, but correspondence with the Treasury soon amended that view.30 Thereafter the Treasury share of the public cost of lunatics dropped back to the original level of forty per cent in 1898, the eve of local government reform.

29 Under the Lunatic Asylums (Ireland) Accounts Audit Act, 31 & 32 Vic. C.97, the Poor Law Auditors were to audit asylum accounts.

30 R.P. 1899/13720.
The history of the grant-in-aid suggests that it was not primarily responsible for a reduction in local contributions to the cost of lunatics; that this reduction stemmed more from a real decline in the cost of maintenance in the 1880s; and that the inspectors' complaints about the parsimony of local authorities were directed to some end other than the closing of a loophole in the administration of the grant. The concern of 1890, the first year in office of the new inspectors of lunatics was a rejuvenation of the asylum system which was severely overcrowded in the 1880s. This rejuvenation necessarily required a re-establishment of central (i.e. Dublin Castle) control and powers of direction over local authorities. Central control had been attenuated in the course of the previous decade. In part this was the result of the breakdown of the arm of central control itself, the inspectorate, and we will examine that process here.

The powers of lunacy administration, in the hands of the lord lieutenant since 1821, had effectively been at the disposal of the inspectors after 1845. The inspectorate had largely been responsible for ensuring the rapid and substantial expansion of asylum accommodation throughout the 1850s and 1860s. Inspector Nugent in particular was a vigorous, if not always cautious, advocate of his department's interests. In 1869 for instance he wrote at least four private letters to Chichester Fortescue, the chief secretary, arguing for the allocation of the Church surplus funds to public asylums. Such a use of the money would have meant not only the relief
of the county cess but also an accretion of power to the
government, in particular to his own department (or, more
properly, office). In the event of this innovation he argued,
as the government bestows the money let the
government have all the appointments ... thus
a more effective class of officers and attendants
will be furnished with an increased patronage to
the executive.\(^{31}\)

It is no surprise that this was the very official whom Lord
Nass had suspected of working behind the scenes against his
lunatic asylums bill of 1859, which tended to remove patronage
from the executive.\(^{32}\) When Gladstone's Church bill was
introduced, Nugent welcomed the provision for lunatics but
strongly attacked the proposed administration of the surplus
by the poor law commissioners, a move by which 'the lunatic
department in Ireland should be placed subordinate to the
poor law Board'.\(^{33}\) For over forty years he defended his
territory (it was always 'my department') jealously, though
not always effectively. But in the course of his long term
of office, his obsession with defending what he saw as the
interests and reputation of lunatic asylums in Ireland
frequently interfered with the regulatory function of the
inspectorate. He was not the only inspector. George Hatchell

\(^{31}\)Burke Papers, Nugent to Fortescue, 19.1.1869.

\(^{32}\)See above, pp.62-63.

\(^{33}\)Burke Papers, Nugent to Fortescue, 7.4.1869.
however, was clearly subordinate in rank and initiative, and for much of the time in the 1880s was evidently ill.\(^{34}\) Hence, on Nugent devolved the greater part of the responsibility for the asylum system and therefore the greater blame for its troubles before 1890. But those troubles were also in many ways the result of a confused division of responsibilities between the various parties responsible for the asylums; and of the indecisiveness of the Irish government when faced with the question, who should control the asylum.

The division of responsibilities for the care of lunatics was the crux of many a dispute between the three groups concerned - namely the inspectors of lunatics, the boards of governors and the medical superintendents. As Nugent pointed out on the eve of his retirement, the title of 'Inspectors' was somewhat misleading since it implied that their duties were 'essentially inspectorial'.\(^{35}\) Yet their duties were also administrative, and to a very large degree this latter role became the more important one. Being administratively responsible for the institutions they were supposed to inspect imposed a conflict of interest. As we have seen, the Inspectors were members of the board of control from 1860, the body whose duty was the planning and construction of district asylums.\(^{36}\)

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\(^{34}\) R.P. 1889/8232.

\(^{35}\) Ibid.

\(^{36}\) See above, p. 64.
As well they had been ex-officio members of all asylum boards from 1853 until 1861. Criticism of the Irish asylum system, of the buildings themselves, of the conditions of those confined in them, could thus implicitly become criticisms of the efficiency and competence of the 'inspector-rial administration'. But this was not the limit of the inspectors' conflicts of interests. Both Nugent and Hatchell (and indeed the other five inspectors between 1845 and 1921) were medical men. Moreover Nugent was a member, though not an active one, of the Medico-Psychological Association, the professional organisation of asylum doctors. His sympathies were thus very much with that side of the medical profession - a fact which explains the animus of some of the attacks on him by the Medical Press and Circular, a journal which was much attached to private practice and the consultancy system.

Finally, the multilateral commitments existed even at a personal level - the inspector George Hatchell was father of two of the twenty-two district asylum superintendents in the later 1880s.

Clearly the possibilities of impartial inquiry into the conditions of asylums generally and into cases of ill-treatment more specifically must have been limited by the inspectors!

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37 R.P. 1861/9629. The Mitchell Committee, p. 16, reports that they were ex-officio governors until 1878 but the Privy Council revoked their appointments in 1861. Nugent himself was certainly attending meetings of the Richmond board until 1882.

38 See below, pp. 399-400.

39 Joseph Hatchell was at Maryborough, George Hatchell at Letterkenny.
ubiquitous presence in the various levels of asylum administration. This situation not only led to cover-ups and apologetics but also to acrimonious, lengthy and distracting disputes between inspectors and boards of governors; between governors and superintendents and even between inspectors and superintendents. If only because of its implications for the standards of treatment and conditions in asylums, this disintegration of the inspectorate in the 1870s and 1880s bears looking at.

The nature of these conflicts was evident in the aftermath of the Danford case at Limerick asylum. On 2 December 1871, James Danford died after being given a plunge bath by an attendant whom he had struck. The bath had been authorised by the superintendent Dr Fitzgerald - after Danford's death Fitzgerald had entered it in the daily statement book, but later partly obliterated the circumstances from the book, and did not report the death to the coroner (unlike English practice, or at least prescription, the reporting of asylum deaths to a coroner was not mandatory at the time in Ireland).\(^{40}\) In four inspections of the asylum after this date Nugent appeared to absolve the superintendent from responsibility and suggested the prosecution of the attendant. But in addition he criticised the governors for failing to draw his attention to the manner of Danford's death, and their failure to make regular inspections of the asylum. This was too much for the board of governors which in the following months agitated for an inquiry into

\(^{40}\text{Cf. 24 Report, p.217, H.C. 1875, 33.}\)
Nugent's conduct of the case, his own alleged failings in the matter of inspection and his whitewashing of the superintendent. When the attendant was subsequently prosecuted but acquitted Dr Fitzgerald resigned, though evidently to Nugent's regret. This was not the end of the dispute which raged on into the early months of 1874. The board charged that everything in the administration of asylums went to increase the authority of the inspectors; in particular amendments to the privy council rules and regulations in recent years had subverted the governors' authority, transferring it to the inspectors and the medical superintendent. The battle was as much one of personalities as of structures. The Irish government acknowledged the former dimension in implying in a letter to the board that Nugent would not attend the asylum in future. 41 A case such as this revealed the fissures in the confusing administrative structure. The governors could hide their own failings in the management of the asylum in claiming that proper inspection was the inspectors' responsibility; the superintendent whose actions, notably in concealing the circumstances of Danford's death, 42 were

41 R.P. 1873/12945; the Medical Press and Circular from November 1872 to April 1874 carries extensive coverage of the Danford case.

42 The attorney-general regretted that Fitzgerald could not be brought to trial, cf. letter from C.P. (Pallas, the attorney-general) 6.12.1872, Burke Papers.
inexcusable was protected (at least initially) by the inspector's professional sympathy; the inspectorate itself was compromised by the provocative Nugent who one moment was an administrator, the next an inspector, though hardly a good one. Perhaps it was the trouble caused the government in this case which prompted the rumour about this time that the Irish lunacy service would be placed under the local government board. The *Medical Press* welcomed the likely fall of 'Nugent's dictatorship'. It was not to be gratified for another fifteen years.

At this time the inspectors faced attacks not only from below but from above them. T.H. Burke, the under-secretary who had to defend Nugent against the Limerick board in 1873, was clearly dissatisfied himself with the competence of the lunatic asylums' office. The inspectors' parliamentary reports were frequently presented very late in the parliamentary session and after an extended delay in the 1874 report Burke asked Herbert Murray, a treasury official, to inquire into the office. While a previous such inquiry had evidently been favourable, Murray's report in early 1876 criticised the efficiency of the office, recommended the abolition of the chief clerkship (vacated the previous year by W. Corbet, later a Parnellite M.P. for Wicklow) and advocated in effect a truncation of the annual report. Murray found that the report of 1873 had been written by the chief clerk and not by the inspectors. The inspectors replied in defence that Mr Murray seemed to 'favour a

43 MPC, 27.5.1874.
restricted Estimate of the requirements of a Lunacy Department for Ireland' (i.e. no chief clerkship in the office). But Burke directed them to change the style of the annual reports and to prepare them personally. Throughout the decade Burke was led to question the inspectors' efficiency and mode of carrying out their duties. In the wake of the Danford case, Burke inquired (on behalf of the lord lientenant, Spencer) under what system the inspection of lunatics in poorhouses was regulated. This duty was clearly required of the inspectors by statute but they could only lamely reply that it would be impossible to visit every workhouse which kept lunatics. Later this apology became a defence of their failure to notice abuses in asylums. It was obviously an impossible task to examine all the inmates of the asylum so attention tended to wander in the direction of administration.

If Nugent erred in one way in not doing what he was supposed to do, he equally was inclined to provoke by intervening arbitrarily ultra vires. The College of Physicians was incensed by his behaviour on one such occasion when he used his position to overrule the refusal by a private asylum doctor to allow a visitor to see a patient in his asylum. Burke, having communicated with the solicitor-general and the English commissioners in lunacy, rebuked Nugent for this interference beyond his statutory powers. One might sympathise with this action in

\[^{44}\text{R.P. 1906/990 and 1877/1083.}\]
\[^{45}\text{R.P. 1906/990 and 1873/5231.}\]
\[^{46}\text{R.P. 1889/8232.}\]
\[^{47}\text{R.P. 1879/19809.}\]
favour of the patient (or it might have been the visitor) but for Nugent's disregard on other occasions for the rights of the patient. Although the government law adviser thought it a 'very reasonable thing to show a man, when he is sane, the documents by virtue of which he has been detained in a lunatic asylum' the inspectors refused in 1878 to release committal documents to a discharged inmate of the Richmond asylum.\textsuperscript{48}

If dissatisfaction with the inspectorate was evident both outside and within the bureaucracy in the 1870s, the following decade saw a wholesale lack of confidence in the personnel and the system. Late in 1882 the Richmond board asked the government to inquire into the bad feeling between Nugent and Dr Lalor (the superintendent) as it was said to be interfering with the 'proper management and discipline of the Establishment'.\textsuperscript{49} The assistant under-secretary was sent to the asylum to investigate the trouble. The report revealed an extraordinary and deepseated antagonism between the two men, involving the board of governors as well. Since 1871 Dr Lalor had been excluded from the meetings of the asylum board while Nugent regularly attended. Nugent may well have had something to do with the exclusion - it was he who explained to Kaye (the

\textsuperscript{48}R.P. 1878/10404; cf. R.P. 1860/12232 for a similar case.

\textsuperscript{49}R.P. 1882/47295.
assistant under-secretary) that Lalor's exclusion was 'in consequence of a "self-sufficiency of manner" and "dictatorial sort of interference" on the part of Dr Lalor which "obstructed the proceedings of the Board". The details of the dispute, which centred on Nugent's interference with Lalor's responsibilities, need not detain us here. But Kaye, besides recommending the retirement of Lalor who 'is deaf and becoming infirm', criticised the practice of inspection and recommended changes - Hatchell as well as Nugent should inspect the asylum annually; a report should be entered in the inspectors' report book 'which does not appear to have been used since 1872'; and Nugent should stop attending the board meetings. The under-secretary, forwarding the file to Spencer, the lord lieutenant, was inclined to leave the matter there; but he questioned whether these garrulous old gentlemen are respectively competent for the efficient discharge of their very important duties, both having long passed the age at which active service usually terminates.

Lalor was soon retired but the 78 year-old Nugent who had survived numerous under-secretaries, stayed another six years.

50 R.P. 1883/6130 and 1882/30859.
51 R.P. 1906/999 and 1883/10243.
52 R.P. 1883/6130 and 1883/3273.
The reason was less Nugent’s staying power than government indecision and, no doubt, distraction in the face of the nationalist challenge of the 1880s. Certainly, after this episode the chief secretary’s office had no confidence in the lunacy inspectorate. The quality of the inspectors’ reports deteriorated and their memoranda for the under-secretary of the Irish Office were scarcely noticed - 'the Inspectors' remarks are of no value whatever for the purpose in view', commented a frustrated Irish Office clerk trying to prepare an answer to a parliamentary question in 1887.53 The uselessness of the inspectorate was shown more than anything by Dublin Castle’s use of a Scottish lunacy commissioner for reports on Irish lunacy questions. When Arthur Mitchell, the commissioner concerned, was appointed to head a committee of inquiry into lunacy administration late in 1889 he had already conducted at least three inquiries into various aspects of the Irish asylum service in 1885. The Irish party’s dominance in the commons at the time threw up more than the usual number of questions regarding the Irish asylums and the government was pressed hard on issues such as overcrowding of asylums and the condition of the insane in workhouses.54 About the beginning of 1885 the Irish government called in Mitchell

53R.P. 1887/13281.

54R.P. 1887/13281.
to report on the need for a new asylum in the Cavan and Monaghan district. Twenty years earlier such a report would certainly have been in the hands of the Irish inspectors. Mitchell's report for the lord lieutenant, Spencer, was presented on 14 February 1885. In the meantime problems had arisen over the lunatic wards in the South Dublin workhouse. The chief secretary (Campbell-Bannerman) suggested to Spencer that Mitchell 'who went over this very union with me' should give his opinion on this matter also. Before that opinion was finally sought in June, Mitchell was again requested to report on the reasons for the large number of escapes from the Dundrum criminal asylum in 1885. Here again he (and, on this occasion, R.W.A. Holmes, the Treasury Remembrancer for Ireland) was invading the domain of the inspectors of lunatics who had always been responsible for Dundrum. So it was with some satisfaction that Nugent pointed out in his memorandum on this report that a Scottish lunacy commissioner was the most competent to inquire into escapes from asylums - there had been 2,770 from Scottish asylums in the previous decade compared with 56 for Ireland. Nugent (and Hatchell too) weathered these storms of 1885 and drifted on through another two changes of government before the end came.

55 R.P. 1906/990.
57 R.P. 1885/12294.
58 R.P. 1906/990.
59 See ibid., for Nugent's memorandum on the Dundrum escapes.
Even the decisive Arthur Balfour, stalled by other problems including a struggle with the Dublin Corporation over representation on the Richmond asylum board, hesitated before resolving the increasingly farcical situation. In April 1888 he was reconsidering 'the position of the inspectors'. In the next few months the under-secretary and officials at the Irish office also reconsidered the position, wondering whether Dundrum could be given to the prisons board and the number of inspectors thereby reduced to one. Alternatively, a common suggestion in the 1880s, the lunatic asylums would be brought under the medical inspectors of the local government board - this had been the object of a government bill in 1883. Yet the government dithered until it was presented with its opportunity. In October 1888 the Donegal asylum board forwarded a resolution to the effect that 'the present system of Inspection of District Lunatic Asylums is wholly inadequate to the requirements of these Institutions'. The lord lieutenant should re-organise the inspectors' office 'to secure greater efficiency in this most important work'. When the government responded by asking for their detailed suggestions, the Donegal governors proposed that the lunatic asylums' office be abolished and

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60 R.P. 1889/8232.

61 The Donegal resolution was supported by the Downpatrick board; but the governors at Ennis and Enniscorthy dissented from it, declaring their satisfaction with the system and its functionaries.
its function taken over by the local government board. The under-secretary had already considered this but before any further action was taken the government decided to appoint the Mitchell committee in January 1889. Hatchell retired in February leaving Nugent to defend as best he could the evident failure of the inspectorate. The Donegal board continued to point out to the under-secretary the shortcomings of the asylums' office - their request of 8 January 1889 to the inspector to investigate three cases of solitary confinement, one of which had resulted in a death, was not followed up by Nugent until early April. For Ridgeway, the under-secretary, this epitomised the incompetence of the inspectors: he referred the correspondence with the Donegal board to the committee of inquiry. By the end of the year Nugent too had retired.

The committee appointed by the lord lieutenant comprised three officials who had experience of inquiring into the lunatic system in Ireland. Arthur Mitchell was again called on; he was joined by R.W.A. Holmes who had assisted at the 1885 Dundrum inquiry. The other member was Dr F.X.F. MacCabe, a medical inspector with the local government board - as such he had some knowledge of the condition of the lunatic wards in workhouses; but he had also prepared a report

63 Ibid., and 1889/1404.
64 i.e. the file R.P. 1889/8232.
in 1883 on the condition of 'lunatics at large' in the South Dublin and Carlow unions. Considering the circumstances under which the committee had been appointed and the strong pressures within the bureaucracy to transfer the inspectorate to the local government board the committee's recommendations were a surprise. In fact their main recommendation was exactly what Nugent had argued for over so many years - the committee thought that it would be best to establish a lunacy board, as in England and Scotland. Lunacy administration, as the report argued, was too large and important a business to be added to a board already burdened with other responsibilities. In default of this change, which would require legislation, the board of control was to be revived with full powers to regulate asylums (previously it had largely been concerned with land acquisition and asylum construction); it might also include a number of persons 'of good business habits, who are not officials but have leisure' and an interest in the 'amelioration of the insane'. No doubt this would conciliate the ratepayers by controlling bureaucratic extravagance. Asked whether it was necessary to have more than one inspector the committee reported that at least two were required. The report was strongly stamped with the model of Scottish lunacy administration (the essentials of which

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66 Mitchell Committee, pp. 11, 33, H.C. 1890-1, 36. MacCabe found that over half of the 'unregistered lunatics at large' in these two unions were kept in a satisfactory condition by their relatives and friends.
were forty years younger than the Irish system), so much so that a glossary of terms explaining the Scottish system was included. But however admirable the flexibility and efficiency of the Scottish model it was not to be for Ireland. The reasons for this lie largely in the delayed and controversial reform of local government in Ireland.

The emergence of the home rule movement in the early 1870s inevitably had its impact at the level of local politics. We have already seen that in the 1850s there was a strong demand for local rather than central control of the financing and management of asylums. But local control in the fifties meant control by the asylum boards, appointed by the government, and by the unrepresentative grand jurys. By the 1870s grievances about local government focused on the lack of representation of taxpayers on these bodies. In January 1873 a deputation to the lord lieutenant (Spencer) and the chief secretary (Hartington) urged the amendment of this system by which people were taxed for institutions in the management of which they had no influence whatever. The deputation, which chiefly represented urban interests (city corporations such as those of Dublin and Limerick did not have the representation on asylum boards which the county grand jurys usually had), came away with a very favourable impression of the government's intentions. Sir Dominic Corrigan, the Dublin M.P. and physician who was one of the lunacy royal commissioners from 1856 to 1858, strongly
attacked the administration of asylums, the escalating costs and the lack of any means by which ratepayers could exert control over these costs. Most of the energy of the deputation went into the financial question, although Spencer pointed out that lunatics necessarily cost more to care for than the sane paupers in workhouses. The costs of lunatic asylums were indeed a major concern and representation was seen as a way of controlling them - an illusion which only the achievement of representation would dispel. The 1868 select committee on Irish grand jury presentments had heard a number of witnesses advocate representation of the cesspayers on asylum boards; in its report it noted that no charge on the county cess had increased as enormously in the last twenty years as that for lunatics. The maintenance costs alone then amounted to 3d. in the pound on the valuation of all Ireland. Yet in spite of Spencer's encouraging words in January, Hartington had to tell his questioner Corrigan in July that the government had run out of time to do anything that session. Consequently the liberals went out of office without having addressed the problem of grand jury reform at all. When, in the following year, the conservative government established the grant-in-aid, the cause of the ratepayers was simultaneously advanced and weakened - the


68 Report of the Select Committee...on Grand Jury Presentments, p.59, H.C. 1867-8, 10.
rates were relieved but, as it later turned out, the sizeable government contribution limited the case for locally elected asylum boards. Nevertheless there were those such as Alderman Redmond of Waterford who in 1874 strongly urged the establishment of the representative principle in the election of asylum governors so that more regard would be paid to the rates. The Waterford poor law guardians in June wanted to assimilate the boards of governors to those of guardians. In the wake of the Danford case the Limerick asylum board continued a campaign for local autonomy in the face of Castle dominance into 1874. But the board was itself subjected to the demands of ratepayers for a voice in the asylum's affairs and it agreed to allow a committee of Limerick Corporation to examine the accounts and inspect the asylum.

Yet the 1870s did not see a settlement of the question of taxpayers' representation. In spite of a select committee which sat through three sessions (1876-8) and a vice-regal commission of inquiry (1877) local government and taxation reform for Ireland received only scanty legislative attention. In February 1878 the chief secretary, James Lowther, introduced an unexciting bill amending the grand jury laws. The home rulers found it rather too limited in scope. Included was a proposal to allow reconstituted county boards (half to be elected by the cesspayers) to

69 MPC, 20.8.1874.
70 MPC, 24.6.1874.
71 MPC, IS, 8.7.1874.
nominate two-thirds of the governors of lunatic asylums. The government would retain the nomination of one-third of the governors, because it had its own interest in the shape of the Imperial grant-in-aid. However the bill lapsed later in the session and another decade passed without anything being achieved.

What governments could not achieve by legislation they had some control over by nomination. Concessions could be made by filling vacancies with appropriate nominees where it was thought that local interests were not well enough represented on the asylum board. This was the case early in the eighties when the chief secretary allowed the Cork Corporation to suggest three of its members for appointment to the board; but a request by the Limerick Council for similar treatment was turned down by Forster because, he claimed, the city already had adequate representation among the governors. Of course the nomination of governors was still primarily a political matter - when eleven new members of the Derry asylum board were appointed in 1882 the Irish solicitor-general (who had just won a by-election for the seat of Derry) agreed with a questioner in the commons that the nominees were all liberal; there had previously been, he said, much dissatisfaction with the constitution of the board which had been composed of 24 conservatives and 5 liberals in a mainly liberal county; now the balance was 24 to 16. On this reasoning many Irish members must have

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73 Hansard, 3rd series, vol. 267, 123.
wondered why the asylum boards in the south were not packed
with Parnellites. While this was hardly likely under
either liberal or conservative governments in the 1880s,
nationalist dominated councils in Dublin and Cork moved in
that direction later in the decade.

Thus, from at least the mid-seventies, the Irish
government (whether liberal or conservative) was in a
dilemma over the structure of the asylum system. There
was a rampant dissatisfaction with the inspectorate; equally,
we have just seen that there was a degree of local (mainly
city-based) opposition to the status quo on asylum boards.
Under Gladstone's ministry one brief legislative attempt
was made to resolve the former problem. In 1883 Lord
Carlingford unsuccessfully introduced a bill in the lords
which facilitated arrangements for the care of the lunatic
poor outside asylums (mainly in workhouses) and at the same
time transferred the lunacy inspectorate to the local
government board. At no time, however, did this government
attempt to deal with the question of the asylum boards.
This was left to the conservative administration, with its
penchant for local reforms to take the steam out of home rule.
Dublin Castle had already begun to clear the dead wood from
the lists of governors, the majority of whom, gentry, bishops
and magistrates, never attended board meetings. A circular
issued in January 1887 enquired of non-attending governors
whether they wished to be on the list. From the replies
the government revised the lists expunging over one hundred

74R.P. 1883/17018, R.P. 1887/13281.
governors who had not attended one board meeting over the previous three years.\textsuperscript{75} Such an action was merely symbolic and did nothing to touch the principle of representation.

What drove the government to action was an agitation begun by Dublin Corporation late in 1887 for increased representation on the Richmond asylum board. To force the government's hand the Corporation decided to postpone the presentment of the asylum maintenance charges for the current year until they received a satisfactory response to their demands.\textsuperscript{76} This tactic had been threatened by the Cork Corporation in 1884; but its use in 1887 and 1888 corresponded with the government's own desire to move in the direction of local government reforms. In November 1888 the government told the Dublin town clerk that the Richmond asylum board, and all others in Ireland, would be reconstituted. Half the board would be appointed by the government; the remainder would be selected by the lord lieutenant from nominations of the county grand jurys and town councils, in proportion to their respective contributions to the maintenance of the asylum.\textsuperscript{77} The last was the point the Dublin people had been fighting for; they had argued that the city of Dublin contributed far more to the asylum (in inmates and therefore costs) than the counties comprising

\textsuperscript{75}R.P. 1887/10943.

\textsuperscript{76}Freeman's Journal, 17.11.1887.

\textsuperscript{77}R.P. 1889/20780.
the Richmond district. They had got some measure of proportionate representation.\textsuperscript{78}

Clearly the government had made a concession but it was hardly radical. Some city councils remained antagonistic, naturally enough, to the idea of the viceroy 'selecting' from among their nominations suitable governors. But only one body made a show of resistance. The Cork Council, invited to send a list of nominations sent in only four names, i.e. the number to be appointed as the city's representation. The government asked the resident magistrate in Cork to send his confidential report on these; the four (so the R.M. reported) were 'advanced Nationalists', 'very advanced Nationalists' or 'Fenians'. The lord lieutenant refused to appoint them. The council in turn would not nominate others so the government selected its own representatives from among the compliant members of the council. Consequently the council refused to present for

\textsuperscript{78}The Dublin councillors argued in fact that the incidence of taxation for the insane poor in Dublin was exception-\textsuperscript{ally inequitable. Citing the report of the Municipal Boundaries Commission of 1881 in support of their case they pointed out that the artisan and labouring classes were housed within the boundary of the municipal borough which had been fixed in 1840 - 'the burdens which these classes entail on every civilised community in respect of such asylums and of industrial schools, hospitals etc., are, in the case of the city of Dublin, borne altogether by the ratepayers within the municipal borough, so that the wealthy townships adjoining it escape their share of the burden, although they have the advantage of the services of an unlimited supply of artisans and labourers housed within the city'. As well the council could once again raise a grievance which went back to the eighteenth century, viz., that a large metropolis like Dublin attracted a large number of immigrant workers and the poor who became a burden on the city's institutions when they became indigent. R.P. 1889/20780.
the maintenance of the asylum in September 1889 and the
government was forced to undertake protracted legal action
to obtain the money. It was hardly an auspicious beginning
for the reconstructed asylum boards. As the Cork example
demonstrates the struggle was not only over taxation and
representation but was at bottom centred on the distribution
of power at the local level. The poor law boards had already
been the focus of nationalist infiltration. The nationalist
assault on the asylum boards was just beginning.

It was aided from on high by John Morley's installation
of Catholic governors in 1892-3. Prepared to leave the
future reform of local government to the Irish themselves
under home rule, the liberal government undertook in the
meantime to 'democratise' some Irish institutions by re­
dressing the Protestant dominance of the magistracy and of
asylum boards. The autocratic removal of protestant
governors and their replacement by Catholics horrified some
unionists one of whom thought some of the new 'untried men'
were of 'the lowest character'. But Morley was on safe
ground, being able to refer to the conservative government's
unsuccessful local government bill of 1892. This would have
made the asylum boards dependent on popular election.

79 R.P. 1890/16262.
80 Cf. J. Morley, [The Works] Recollections, Vol. 1, 1921,
p.308.

81 Hansard, 4th series, vol. 8, 311 (J.A. Rentoul, Down East); For a similar view of the 'Morley magistrates' see
C.P. Crane, Memories of a Resident Magistrate 1880-1920,
1938, p.191.

82 Hansard, 4th series, vol. 8, 337-338; for unionist
opposition to the new boards see ibid., 230, 301, 401,
523, 876.
The breach which Balfour and Morley had made in the old order was soon to be widened by legislation. Home rule had failed. So had the first attempt by the conservatives to reform local government - the bill of 1892 which was so half-hearted and hedged with qualifications to protect the interests of the unionists in local politics. But after the unionists returned to office in 1895 a more honest and conciliatory measure was prepared. Local government reform was, of course, part of the 'constructive' unionist platform; it had been in the offing since 1886 and was in essence the unionist substitute for home rule. The general story has been told elsewhere so it will be more useful here to examine how exactly it affected one institution of local politics, the asylum board. 83

The major effect of the reform was the transfer of the non-judicial duties of the grand juries to popularly-elected county councils. 84 The councils were required, under section 9, to provide and maintain sufficient accommodation for the insane poor, as set out in the various lunacy acts. Some vestiges of the old order were left - the lord lieutenant might order the council to remedy any deficiencies in the council's provision for the lunatic poor. But otherwise central powers were truncated - the board of control


84 61 and 62 Vic. C.37, sec.4; secs.9, 58 dealt with lunatic asylums.
which had been responsible for the planning and construction of the asylums since the 1820s was abolished; asylum rules were now to be drafted by each asylum individually, although the approval of the lord lieutenant was required. Most important of all, the county councils might appoint and remove all officers of the asylum (including the medical superintendent) and regulate the expenditure; the powers of the lord lieutenant and the inspectors of lunatics in these matters were to cease. Hence the inspectors' role was considerably modified, away from administration and control towards an affirmation of truly inspectorial duties. The boards of governors were to be replaced by committees appointed by the council, mostly from its own members; where two or more councils comprised one district the finances and the representation on the committee were to be in proportion to the number of inmates from each county. In line with this large-scale transfer of responsibility to local authorities the government also strictly delimited its own financial commitment for the future. The various grants-in-aid of the rates were to cease. Instead the Treasury would pay a sum equal to the proceeds of the previous year's local taxation licences (i.e. mainly liquor licence) together with a fixed grant of £79,000, into a local taxation (Ireland) account. From this the lord lieutenant would order payments to local authorities on account of the lunatic poor at the rate of four shillings per week or half the average cost of maintenance, whichever was the less.
While section 9 had clearly devolved power from Dublin to the local authorities section 58 meant that the lord lieutenant (and thereby the inspectors of lunatics) retained some control - the payments would be made on condition that the county councils had fulfilled their duties to the lunatic poor. The extent to which a government might be prepared to use this condition was, of course, a subtle matter. It was probably of very limited use in the context of Irish politics after 1898. Nationalist-dominated councils were to become ever more resistant to Dublin Castle directives until in the end there was a wholesale subversion of British administration. Arthur Balfour had reason to fear that the nationalists would use local government reform as 'a ladder by which to climb to Home Rule, and possibly through Home Rule to separation'.

This was the bill in its original and final shape as it concerned lunatic asylums. It was, on the whole, well received by the Irish members. T.M. Healy produced ritualistic amendments substituting the local government board for lord lieutenant at every opportunity and indulged in some extravagant and ill-informed attacks on the bureaucracy. John Dillon was unhappy, wisely enough, about the bill's financial proposals generally, and thought that the care of lunatics should be an imperial charge; in the end however he thought the bill 'a great and liberal measure'. There was no doubt that as far as the advance

of democracy and Irish self-government went, it was so. Financially, however, Dillon was right. On 28 April 1898, before the consideration of the lunacy clauses in committee, a conference of governors of asylums in Ireland had been held in Dublin. The conference had before it a letter from the solicitor of the Richmond asylum (a Mr Dillon, probably Valentine Dillon, a Dublin solicitor and cousin of John) which warned that in a situation where the number of lunatics under care was increasing annually the relatively fixed fund out of which payments for lunatics would be made might soon be exhausted. There was no provision in the bill, nor was there in the end to increase the government grant. Rather, where the fund proved insufficient, the lord lieutenant could proportionately abate the payments made out of it to the various local authorities. The conference urged the protection of the fund to avoid any future abatement of the lunatic grant. 88 Although this case was supported by the Cork and Letterkenny asylum boards it received little attention from the government or the Irish members, Dillon excepted. Later in the year, in the supply debate, he again protested against the financial arrangements in the bill - the amount of the Treasury grant had increased by over £5,000 in the previous year, yet the fund to replace the grant in future was fixed. 89 His warning that it would soon be

88 R.P. 1898/11428 and 1898/8005; see also similar criticisms by the asylum board, 19.4.1898, in R.P. 1898/7180.

89 Hansard, 4th series, vol.64, 123.
exhausted proved true within ten years. What the
government did in 1898 (and had done in England and
Scotland ten years before) was to set a limit on its own
contribution to the care of lunatics and hand back the
burden as well as the responsibility to the local
authorities.

Before we look at the effect of the 1898 act on the
asylum system it is timely to remember that the lunacy
inspectorate had made a hasty, if rather late, recovery in
the 1890s following its disintegration in the previous
decade. On the retirement of Nugent and Hatchell in 1889
the government chose two energetic and well qualified
medical men to succeed them. Both had distinguished student
careers at Trinity College. After some years private
practice in Boyle, Co. Roscommon, George Plunkett O'Farrell
had been appointed a medical inspector to the local govern-
ment board in 1885; in 1888 he was appointed medical member
of the general prisons board and inspector of reformatory
and industrial schools. Although he had not worked in an
asylum he had experience of investigating the condition of
lunatics in workhouses. E. Maziere Courtenay had taken
first place in the Trinity M.B. in 1871. He was then
assistant medical officer in the Derby county asylum before
succeeding Dr Fitzgerald (of Danford case notoriety) as
superintendent of the Limerick asylum in 1874. He was an
active member of the Medico-Psychological Association,
having been primarily responsible for establishing its
Irish branch. His appointment ('entirely due to his name
and reputation as an authority in lunacy', according to an official minute) was therefore particularly welcome to the aspiring professionals of that association and to the Irish asylum medical officers in particular. The Journal of Mental Science hoped these appointments would redeem the character of Irish asylums and raise the level of the specialty, previously neglected in Ireland. Certainly, by making two appointments, the government seemed to be committing itself to an independent lunacy inspectorate, and a strong one; the speculation of previous years about the possibility of swallowing up the lunacy administration in the local government board, and reducing the number of inspectors to one was dismissed. The Mitchell committee's recommendations against this course had no doubt played their part.

Given the circumstances of their appointment alone, it was hardly surprising that the new inspectors threw themselves into their work with a sense of mission, discovering abuses, negligence and degeneration of the system wherever they went. In July 1890 they reported to the under-secretary on the steps taken in connection with lunacy administration since the appointment of the Mitchell committee. They had adopted the procedure of the English lunacy commissioners,

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90 Biographical details from the Kirkpatrick biographical files, R.C.P.I. Library, Dublin and JMS, 36, 1890, pp. 309-10; see also Lyons, John Dillon, 1968, pp.98-9, for O'Farrell's report on the condition of Dillon in Kilmainhamgaol in 1888.

91 JMS, 36, 1890, pp.309-10.
visiting each asylum together and then forwarding inspection reports to the asylum board, to the government and to the board of control; they pursued the same routine in inspecting private asylums and had recommended the revocation of one licence (that of the Citadella asylum in Cork). They proposed appointing a small committee into the administration of the Dundrum asylum. And they were proposing that the revived and strengthened board of control (now with four non-official members, in addition to the chairman of the board of works and themselves) should concern itself with the regulation and management of the asylums as well as asylum construction and land purchase.  

This view of the future, in essence an attempt to create a lunacy board on the English and Scottish model, was rather too ambitious: the new chairman of the board of control, Justice Holmes, argued that the statutory powers (under the 1821 act) did not enable the board to interfere in the regulation and management of asylums. In their first couple of years the new inspectors found much to occupy them in disclosing the deteriorated state of asylum care. In July 1890 the Medical Press welcomed their energy - they had just recently thrown 'bombshells' among the Armagh and Omagh guardians by their reports on the state of the lunatic wards in workhouses. The new inspectors evidently would not be content with 'the stereotyped eulogistic report which

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92 R.P. 1890/10738.

93 R.P. 1906/2070 for a report by the inspectors for the chief secretary on the defects in lunacy administration in Ireland, 31.10.1893.
has been the unchanging fashion of past years'. Apart from the endemic overcrowding (the consequence of increasing admission rates in the previous decade) the first annual report by O'Farrell and Courtenay criticised the inadequate facilities for employment of the inmates and the lack of space in Irish asylums.

It is this want of room and of proper employment which explains the not infrequent use of mechanical restraint still found in some of our public asylums; while in several the so-called refractory classes are overcrowded in dreary and cheerless airing-yards, which the experience of other countries proves to be not alone unnecessary but unjurious, and which...are much more likely to engender than to cure insanity.

Their most vigorous attack, however, was on the state of workhouse accommodation for lunatics - in the workhouses, there was little control of the quality of care; pauper inmates were sometimes in charge of the lunatics and able to use mechanical restraint to control them. In the South Dublin union workhouse the shower-bath, 'a relic of the barbarous treatment of the insane', had been introduced and was evidently used as punishment by the resident physician.

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94 MPC, 9.7.1890.
96 Ibid., pp.22-4.
By sending a report on each inspection to the asylum board, the inspectors in effect made public the state of each institution and thereby encouraged improvements - the Cork asylum board was so stung by one report that it refused to release it to the press; yet before long new buildings for over four hundred patients were being planned. In their following report the inspectors dwelt at length on the need for expanded facilities. They were doubtful of the long-term effectiveness of auxiliary asylums or converted workhouses, the economical alternatives. Instead, they argued, a greater 'liberality' of expenditure was part of a real economy in the care of the insane and they went on to cite the 1875 Lancet Commission on asylums to reinforce their case. To encourage the governors they supported the move for an extension of the period of repayment of Treasury loans from fourteen to twenty years. They were soon arguing for a further easing of loan conditions to enable repayments over thirty-five or even fifty years as in loans for labourers' dwellings. By the middle of the decade these long-term loans were being granted for asylum construction; thus the inspectors were able to use the

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99R.P. 1906/2070. Capital costs of asylums had originally been financed by interest-free Treasury loans, repayable over a period of 14 years; from 1877 (under the Public Works Loans (Ireland) Act, 40 & 41 Vic. C.27) interest was charged on these loans.
promise of cheaper finance to persuade local authorities to engage in some massive new works.\textsuperscript{101} Protests by Derry ratepayers against the new county asylum, voiced in the commons by Sir Thomas Lea in 1896, were met by the inspectors with the reply that the repayments for the £100,000 asylum would be extended over fifty years.\textsuperscript{102}

The rate of asylum expansion during these years was astonishing. Every annual report during the 1890s including an impressive list of asylums being built anew, expanded or substantially renovated. In 1894, for instance, new asylums were being planned for Holywell (to serve Co. Antrim), Belfast, Derry and Portrane (as a second asylum for the Richmond district); detached hospital blocks were being constructed at Armagh (150 beds) and Ballinasloe (200 beds); and substantial new blocks were being planned or built at Clonmel, Carlow, Maryborough and Waterford. At Cork, in spite of the recent completion of extra accommodation for 400 inmates, the inspectors warned that further building would be required or alternative accommodation sought.\textsuperscript{103} Nevertheless, this expansion was not without its problems and its opposition. While asylum boards in some places (for example Belfast and Dublin) undertook the business of re-building with relative enthusiasm there was growing concern at the seemingly endless process of housing an ever

\textsuperscript{101}Report, pp.13-14, H.C. 1894, 43; Public Works Loans (3) Act of 1893, (56 & 57 Vic. C.85, sec.1).

\textsuperscript{102}R.P. 1896/11927; Hansard, 4th series, vol. 42, 1108.

\textsuperscript{103}Report, pp.11-14, H.C. 1895, 54.
growing number of insane. The reaction to Dublin Castle's demand for more asylum beds was expressed in two proposals thrown up again and again by local opinion. One was that the state should assume responsibility for the financing of asylums. The second was the substitution of auxiliary asylum care (usually in converted workhouses) for the expensive district asylum care of chronic and harmless inmates. A third option, the boarding out of the insane, was advocated by Conolly Norman, superintendent of the Richmond asylum after 1884, but did not receive much local support. None of these proposals for the alleviation of the institutional and financial crisis of the turn of the century asylum system was successful. Yet they deserve brief consideration for what they show of the constraints on the system at this time.

From at least 1880 local bodies had urged the government to take over the asylums. In 1877 local responsibility for prisons had been curtailed and financial responsibility for them ended - the prisons of Ireland were to be maintained out of the imperial exchequer. In a memorial to the Treasury in 1880 the grand jury of County Derry (which had been hard pressed by the government for a number of years to improve the local asylum or build a new one) proposed a similar state takeover of lunatic asylums. It cited government measures of the previous decade in support of its case - the transfer of the prisons to the exchequer; the

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grant-in-aid which had supposedly established the 'principle' of the liability of all property to maintain the insane poor; even the Irish Church Act, the spirit of which suggested that lunatics should be supported out of the disendowment fund. Several legislative measures were attempted during the liberal administration of the 1880s. None of these, however, had gone as far as questioning the status quo in respect of the public asylums. One private bill did promise a substantial intervention of the state in the care of lunatics. The Parnellite M.P. for Wicklow, William Corbet, who had served twenty-eight years in the lunatic asylums' office, introduced a bill in 1883 for the appropriation by the state of all private asylums. This bill probably owed not a little to the agitation against private asylums in England. Symptomatic of the movement was the fierce attack brought against the whole principle of private asylums by Sir John Bucknill, a leading figure in the English asylum world and founder of the Journal of Mental Science. In a book published in 1880 Bucknill had criticised the system because of its potential for illegal detention: he proposed the abolition of private asylums and their replacement by state institutions. Corbet's bill reflected this opinion and he brought it in

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105 MPC, 8.9.1880.

each session from 1883 to 1888. The Medical Press, as always a defender of private practice, thought the bill ill-considered but admitted that there was some feeling in favour of it.

So far as we have been able to gauge it, the feeling in Ireland is that the State should have charge of all lunatics, and, therefore, without implying any want of confidence in private asylums that they ought to be abolished. Concerning only about 220 inmates (i.e. those in private asylums kept for profit) the issue was hardly likely to arouse much enthusiasm in Ireland. The government gave it only cursory examination and opposed it - in spite of the general feeling in favour of state care of all lunatics noted by the Medical Press, the under-secretary could tell the lord lieutenant that there were no public complaints regarding private asylums in Ireland. What little energy there was for lunacy matters in Ireland in the 1880s was directed, as we have seen, towards greater taxpayers' representation. With some progress in this direction by the

107 Although the (liberal) government does not appear to have been opposed to the 'nationalisation' of private asylums in Ireland in principle, the question of compensation for the proprietors and the uncomfortable precedent that such legislation would create for similar action in England and Scotland seem to have weighed against Corbet's bill cf. R.P. 1885/8283.

108 MPC, 7.5.1884.

109 R.P. 1885/8283.
middle of the next decade and the inspectors urging more improvements, asylum boards again saw state takeover as the panacea for the heavy burdens on county taxation.

The particular occasion for the renewed call was the release of the report of the Royal Commission on the Financial Relations between Great Britain and Ireland. This had concluded that Ireland was over-taxed, a result which naturally delighted the nationalists and there were calls to redress the balance. In the months succeeding the release of the report the government received memorials from the grand juries of Fermanagh, South Tipperary and Galway and the asylum boards of the Richmond, Ennis, Monaghan, Cork and Omagh districts - all requested that the entire cost of the insane poor be paid out of imperial funds. The Waterford governors were less demanding; they merely requested an increase in the grant-in-aid.110 In 1897 and again in 1898 more asylum boards (Cork, Mullingar and others) urged the government to take over the maintenance of the insane poor.111 The impending reform of local government was a suitable opportunity for suggesting such substantial changes in the asylum system. However, as we have seen, the government had no intention of committing itself financially to the extent of maintaining all lunatics in Ireland. It did not accept the legitimacy of the appeal

110 R.P. 1896/19217.

111 R.P. 1897/18677; R.P. 1898/8992. In 1895, the Longford grand jury had asked the government to increase the grant-in-aid and reduce the interest charged on loans to asylums, R.P. 1896/4908.
to precedent (in the takeover of prisons). The costs of lunatic care were increasing and the numbers admitted showed no sign of abating - the prison population was declining in the later nineteenth century, no doubt a pertinent distinction between the two cases. Rather than increasing the liabilities of the state the reform of 1898 limited the government's financial commitment so that the local burden seemed likely to increase as a proportion of asylum funds. After this date the local pressure for state control became more insistent, if not any more successful. It will be examined in its own context below.

If the state was not to be induced to assume financial responsibility for lunatics some asylum boards sought to reduce their expenses by proposing the maintenance of the so-called chronic and incurable class in the workhouses or in disused workhouses converted into auxiliary asylums. The Mitchell committee had given its support to the latter proposal in 1891. In previous decades government legislation had sought to provide for these more economical modes of institutionalisation. The Lunatic Asylums (Ireland) Act of 1875 (sec.9) provided that poor law guardians could receive patients from asylums on contract.\textsuperscript{112} However most asylum boards preferred to discharge the harmless, leaving the workhouse to care for these as destitute.\textsuperscript{113} A government

\textsuperscript{112} 38 & 39 Vic. C.67, s.9.

\textsuperscript{113} Cf. R.P. 1887/13281 for the Richmond asylum's practice of discharging inmates to the South Dublin workhouse under sec.11 of the same act, freeing the asylum of financial liability. The only significant use of sec.9 was by the Belfast asylum which maintained over one hundred inmates on contract at the Ballymena workhouse. Cf. 44 Report, p.18, H.C. 1895, 54.
bill of 1883 which failed to reach the statute book aimed at accommodating 'chronic and incurable insane and imbecile... at a smaller cost than opening new asylums', i.e. by legalising the detention of lunatics in workhouses. The Mitchell committee's support was for the more respectable programme of auxiliary asylum rather than workhouse accommodation. Yet when specific proposals were made (such as the conversion of the disused Gortin workhouse and fever hospital) the inspectors were always hostile, pointing out that the buildings were usually unsuitable and the land surrounding them insufficient for the 'treatment and employment of the Insane'.

Their opposition did not quash the hopes of asylum boards that expensive asylum additions could be avoided. Thus when in 1896 the chief secretary, Gerald Balfour, introduced the Poor Relief (Ireland) Bill, providing for the amalgamation of unions, the Cork and Monaghan governors refused to proceed with new asylum works. They hoped to make other arrangements, using empty workhouses resulting

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114 R.P. 1883/24608 (unsigned minute for the under-secretary, 11.11.1883). The lunatics and idiots of workhouses were maintained on the basis of destitution alone, though special wards were maintained for them in the more popular workhouses. This bill was opposed by some local authorities on the grounds that it transferred the cost of lunatics from the country to the poor rates as, in effect, it did. R.P. 1883/17018 (memorials from Mayo Guard jury, Carlow asylum board, Sligo asylum board and the Castlebar board of guardians).

115 R.P. 1891/17162. The Mitchell committee had also expressed this reservation.
from the amalgamation of unions. The inspectors vigorously opposed this postponement of new works - the bill was not aimed at relieving asylums but at providing auxiliary asylums for all the workhouse insane of particular districts. When, under the local government reform of 1898, legislative provision was in fact made for asylum authorities to establish auxiliary asylums for the more economical care of the chronic the inspectors proved themselves adept in arguing against them, as we shall see below in the only instance where an asylum board did establish one. The new asylum committees found that they were unlikely to achieve economies if they were to meet the inspectors' standards for an auxiliary asylum. As well, the government offered only half the asylum grant-in-aid (i.e. two shillings per week) for the maintenance of inmates in auxiliary asylums. Between government parsimony and the inspector's determination that the care of lunatics be at a level which was considerably above that offered by the workhouse the local authorities found that an 'economical' asylum was not possible.

The crisis of finance was also a rationale for the only proposal which looked beyond institutions, viz. the boarding-out system. The model for this was Scotland and its enthusiastic advocate in Ireland was Conolly Norman, superintendent of the Richmond asylum and one-time president of the Medico-Psychological Association. In various articles

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\(^{116}\) R.P. 1896/18607. The Monaghan governors again postponed works in 1898 pending local government reform but was prevailed on to undertake them, R.P. 1898/19518.
and addresses from about 1890 Norman outlined the scheme whereby some asylum inmates were individually boarded out with families. Although he stressed the economic advantages of the system, Norman considered the 'philanthropic argument' more important and emphasised the 'vast blessings' bestowed by 'relative freedom of movement, interesting labour, and the sympathies of family life' on those boarded out.\textsuperscript{117} He appears to have persuaded at least his own asylum board and occasionally some others of the worth of the plan. The conference of Irish governors of asylums in 1898, held at the Richmond asylum to consider the local government bill, resolved that facilities for boarding-out, available in England and Scotland, should be extended to Ireland.\textsuperscript{118} Three years later a deputation from the Richmond asylum to the Lord Chancellor presented their proposals for a system of 'family care' - they believed it to be 'the most humane method' of dealing with cases not requiring the continuous supervision and restraint of an asylum; as well, of course, it would relieve the taxpayers of the burden of providing even more buildings. The latter was a pertinent consideration in the Richmond district: the asylum committee pointed out that even after the new 1600 bed asylum at Portrane was completed it appeared that the district would still be faced

\textsuperscript{117}C. Norman, 'Family Care of the Insane', paper presented to the Conference of Irish Asylum Committees, 1904, p.48.

\textsuperscript{118}R.P. 1898/11420, encl. 1898/8005.
with an accommodation problem. Conolly Norman subsequently sent the committee statement on family care to the chief secretary, Wyndham. A cautious minute from the inspectors of lunatics was less than enthusiastic. They cited the difficulty of finding suitable, cleanly homes; the public outcry which would follow any abuses of the system in Ireland; the threat to property values; the danger of some people being committed to an asylum with the intention of having them sent home again with a state contribution to their maintenance; the lack of recognition of 'the jurisdiction of the lawfully constituted authorities' in Ireland which might lead to 'difficulties in securing the observance of the necessary regulations'. The air of suspicion in their minute probably reflected the increasingly difficult duty of persuading asylum committees to conform to the inspectors' standards. In any case, although they conceded that a limited scheme of boarding-out (administered not by the asylum committee but by the 'central authority') might be introduced, the inspectors cast doubt over the whole idea. Wyndham was favourable but the bureaucracy and the Lord Chancellor were not. Consequently, halting attempts to draw up a bill in 1901 and 1904 failed. The proposal was revived by various asylum committees in 1911 but by then Irish social reforms were quite subordinate to the battle for home rule.

\[119\] R.P. 1912/4077.

\[120\] Ibid.
From 1898 Irish nationalism began to constitute itself anew. While the years before the war were full of social reform or the talk of it in Britain, in Ireland the politics of nationalism dominated all. In Britain the new visibility of the 'degenerate' poor, magnified by the setbacks of the Boer War, was the signal for an obsession with the rejuvenation of British society - this led to a requestioning, if not a restructuring, of the institutions created by the nineteenth century state. In Ireland on the other hand, the condition of the people signified by high emigration, declining marriage, even increasing lunacy - was a symptom of the decay of the nation. As we saw at the beginning of this chapter Irish nationalist rhetoric could blame this on British rule in Ireland rather than on the internal structures and institutions of Irish society. For this reason, and by this logic, the Irish priority was self-determination and not social reform if by that term we mean the multitude of issues which concerned Edwardian Britain - poor law reform, health insurance and care, unemployment and the level of wages. (On this last question, of course, we need to exclude the rather special cases of Dublin and Belfast from the generalisation about Ireland).

Hence it is not surprising that the lunatic asylum system and its administration stagnated in Ireland during these years. A major change in the balance of power in the system had been made in 1898 - the politics of nationalism
in all its ramifications also dominated the public asylums. The local government act of 1898, comments F.S.L. Lyons, had provided an outlet for the initiative and energies of a great number of nationalists, an outlet all the more highly prized since self-government on the national scale was still denied. 121

What this meant when applied to an asylum committee was an unwillingness to spend more money on buildings, nationalist patronage in the appointment of staff, the politicisation of committee meetings, in short, the beginnings of that process of subversion which culminated in the breakdown of British administration in Ireland after the war. In this concluding section we will briefly examine the reasons for the stagnation of the lunacy question in Ireland after 1898.

The immediate effect of the reform of local government was to 'nationalise' the asylum management. Protestant-dominated asylum boards overnight became Catholic-dominated committees of management. Not all was smooth going in this transition: the Belfast Catholic Association protested in June 1899 that the Belfast City Council had nominated only three Catholics, as opposed to eighteen Protestants, to the Belfast asylum committee. But in most areas of Ireland the new arrangements made Catholic and nationalist domination

of the asylum committees a foregone conclusion. The implications of this fact no doubt varied from area to area. But some committees were intent on leaving their imprint on the asylum staff. In 1904, the junior assistant medical officer at Ballinasloe, Dr Kirwan, was appointed superintendent over the head of his senior, Dr Mills, a protestant. Since the lord lieutenant's concurrence in the appointment was necessary, the government inquired why Mills had been passed over. But the new limits on the government's power was evident in its ineffectual protest. The committee denied the right of anyone to demand a reason for its vote. The government lamely replied that it did have the right, that the appointment of a junior officer was 'of doubtful expediency' but not prohibited by the act, so the lord lieutenant would not withhold his agreement. Conservative newspapers in Belfast and Dublin were agitated about the appointment - the Belfast Newsletter claimed that Dr Kirwan was described as the 'mainstay, the support and the cornerstone of the St. Grella's Branch' of the Gaelic League. In a later interview with an Irish Times reporter Kirwan discussed his nationalist sympathies and some changes he had made in the asylum since his appointment. He and the committee had decided to replace the buttons on the attendants' uniforms, which bore an insignia of the crown, with one of the harp and shamrock. He had also ordered new stationery embossed 'On the People's Service', although he only used these locally and still used the old 'OHMS'
envelopes in correspondence with Dublin Castle.\textsuperscript{122} After this episode the nationalist sympathies of the Ballinasloe committee can have been in no doubt; perhaps it was useful for Mr P. Carey, applying for a position as asylum attendant, to have the Aughrim Hurling Club recommend him to the committee in 1907.\textsuperscript{123} Other committees, particularly in the west, were subject to similar pressures. Early in 1901 the Calry branch of the United Irish League wrote to the Sligo asylum committee protesting against the appointment of Miss Boylan as an attendant as she was the daughter of 'an enemy to the people's organisation', a man who was a 'bum-bailiff' and a 'land-grabber'. The letter was supported by a couple of members of the committee, evidently also members of the United Irish League.\textsuperscript{124}

The new order in Irish asylum management was signified equally by the innovations in Cork district after 1900. A dominating figure on the Cork asylum committee was Bishop Kelly of Ross. It was he who drafted a plan for the conversion of the disused industrial school at Youghal into an auxiliary asylum for the Cork district. From 1900 to 1905 a battle raged between the articulate and determined Bishop Kelly, backed by his committee, and the inspectors of lunatics, with some support from the medical profession.

\textsuperscript{122} R.P. 1904/8809.
\textsuperscript{123} MPC, IS, 6.3.1907.
\textsuperscript{124} R.P. 1901/6531.
The inspectors' attitude to the plan, suspicious in the first place, was hostile in the extreme when the committee decided to appoint a lay manager and give the running of the institution to a community of nuns. The inspectors saw the committee going back on the legislation and practice of the last half century which...placed over the certified insane in all Institutions, medical men to be responsible for the patients' treatment, both as regards their bodily health and mental condition.  

But the inspectors' attachment to the wisdom of medical supervision proved less compelling than Bishop Kelly's arguments for a 'wider' view of the matter. The Youghal asylum, he told Sir Antony MacDonnell, the under-secretary, was only an 'incident' in his policy:

I wanted to relieve the congestion in the main asylums by transferring the harmless patients to Auxiliary Asylums - to lighten the burden on the Local Taxation [Account] and thus keep it solvent...and at the same time to lighten the burden on the local rates.

If the government did not concede to the Cork Committee the right to establish a non-medical asylum on the grounds of economy, he believed there would be much resentment of

125 R.P. 1909/22928 encl. 1901/4302.
Dublin Castle in Cork. This, a persuasive point for the under-secretary, would be a bad thing for the government as 'the evil reputation of the Castle was beginning to subside'. The question, Kelly was arguing, was not one which related only to the care of lunatics and idiots.

The Inspectors in Lunacy have no idea of, or concern with, anything but the responsibility towards the idiots; and indeed the Inspectors never struck me as having statesmanlike breadth of view. But His Excellency, Mr Wyndham and yourself must take a higher and wider, and a more far-reaching view of the matter.\(^{126}\)

In the end 'higher' considerations won out against the vehement opposition of the inspectors and the Youghal asylum was established with a non-medical manager, but under the control of the Cork superintendent 'in the last instance'.

This episode is highly instructive. In a new political context the balance of power within asylums could be shifted away from medical control. But the failure of other asylum committees to adopt this solution to the problem of overcrowding (a statutory solution under section 76 of the Local Government Act) shows us that this course was not an easy one. It was Kelly's energy and commitment to what was in fact a social policy for Ireland which provided the drive

\(^{126}\) R.P. 1909/22928 (Kelly to MacDonnell, 11.10.1903).
in the Cork situation. As he told MacDonnell, the 'greater part of my life has been spent in the care and management of Institutions - colleges, schools, infirmaries, hospitals and Asylums - as chaplain, teacher, manager, governor and chairman of Boards'. While there were plenty like him eager to steer Irish education in a certain direction and others keen to see land reforms, there were few individuals on asylum committees before or after 1898 prepared to commit much time to a consideration of how Ireland could best provide for its insane. As his letter implied however, this consideration was in the context of the wider sphere of politics and self-determination. For Kelly, the important point was respect from Dublin Castle for local authorities' ability to solve their own problems. Elsewhere, for instance, Bishop Kelly argued against an increase in the Treasury grant on account of lunatics; the money required should be raised out of Irish resources, by increasing the local taxation licences. 

For the most part the promotion of alternative policies was foreign to the reformed asylum committees. Passive resistance and symbolic gestures to demonstrate that something was being done to lessen the rates were more characteristic. After 1900 nothing less than half a million pounds was being

127 Ibid.

128 See his evidence before the Vice-Regal Commission on Poor Law Reform in Ireland ev. 28537 pp., H.C. 1906, 52; also Conference of Irish Asylum Committees, 1904, pp.102-7.
spent annually on the maintenance and repayments for Irish district asylums. What committees could not do in the way of reducing the cost of provisions, they might attempt by refusing to build extensions or cutting doctors' salaries. The latter became a common enough action in the early years of the century. Just as dispensary doctors increasingly had to be satisfied with a lunacy (committal) fee of one pound instead of two, so asylum superintendents saw their salaries dwindle and the government ineffective in resisting this. Applications by superintendents at Cork, Letterkenny and Enniscorthy for increased salaries in view of their increased administrative duties under the Local Government Act were refused; the Mullingar committee opposed the appointment of a second assistant medical officer on the grounds of expense.\textsuperscript{129} When superintendents died or retired the committees took the opportunity to reduce the salaries for new appointees - at Maryborough from £450 to £300, though restored to £350 after a protest from the Castle; at Cork, Monaghan and Carlow the committees followed the Maryborough example when new appointments came up.\textsuperscript{130} The Monaghan governors consented to raise the salary after intervention from the inspectors who cited the opinion of the 'Lords Justices' that the amount they had fixed was inadequate.\textsuperscript{131} Of course such measures had little effect

\textsuperscript{129} MPC, IS, 4.12.1901, 8.1.1902, 21.1.1902 and 1.11.1905.

\textsuperscript{130} MPC, IS, 19.7.1905, 26.9.1906, 6.2.1907 and 29.5.1907.

\textsuperscript{131} MPC, IS, 6.2.1901.
on asylum budgets and some committees (or the county councils behind them) grew resistant to embarking on any new capital works. The Sligo asylum in particular was chronically overcrowded yet neither Sligo nor Leitrim council would vote money for its improvement; no doubt part of the reason was that the district was already paying the highest rates in Ireland for the support of lunatics (9.3d. in the pound, as against the national average of 5.6d. in 1903-4). Although the committee had wanted to spend £45,000 on new buildings in 1900, the request was rebuffed by both councils. By the time the Monaghan committee agreed to carry out additions in 1904 the sleeping rooms had almost doubled their quota of beds and nearly all had patients sleeping on the floors. Yet the inspectors had trouble convincing not only asylum committees, the taxpayers' representatives, but even commissioners of inquiry about the urgency of the situation. The vice-regal commission appointed to inquire into the administrative changes necessary for a more economical system of relief of the sick, insane and destitute poor, remarked on the superiority of asylums to workhouses and hospitals; the commissioners implied that the important thing was to raise the standards of care of the sane sick to those of the insane.

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134 vice-regal Commission, para. 159-162, H.C. 1906, 51.
In this atmosphere the resistance of asylum authorities to increased expenditure must have had considerable public support.

Apart from such resistance, the characteristic response to increasing problems with asylums was a revival of the call for a state takeover. In 1902 the councils of County Cavan, Belfast Borough and County Dublin all urged the government to bear the total cost of lunatics. In 1903 and again in 1906 the Ballinasloe asylum committee urged the same and in the latter year were supported by the Letterkenny, Mullingar and Castlebar committees. There was a fair degree of ritual involved in the passing of these resolutions, but there was also a lot of support for the idea and not just from taxpayers. The inspectors of lunatics themselves had already advocated a transfer to state administration. They cited the precedent of some of the United States and the English colonies. Their opinion, given to the Royal Commission on Local Taxation in 1899, differed substantially from that of the English and Scottish commissioners in lunacy who considered that public opinion was against centralisation. This interesting divergence between Irish and British opinion on the question of nationalisation was repeated in 1907 when the Irish branch

135 R.P. 1906/8307.

136 R.P. 1907/12449; Royal Commission on Local Taxation, Appendix, pp. 185-187, 193-197, 204-205, H.C. 1900, 36.
of the Medico-Psychological Association forwarded a number of resolutions to government advocating a strong lunacy department and various amendments to the lunacy law and administration. The memorial concluded that a strong case could be made out for converting the asylum service, like the poor law medical system, into a national service. The central body of the association, meeting in London a month later, approved of the resolutions with 'the slight exception of the last paragraph', i.e. the one dealing with the nationalisation of the asylum service. But if there was any pressure building up from the joint forces of asylum committees and superintendents it abated quickly enough. There was no indication that the government was going to increase the Treasury grant or deal with Irish asylums especially. On one side, the future of Irish government was in the balance with the liberals promising home rule. On the other, the royal commissions on the poor law, and on the feeble-minded (neither of which dealt seriously with the Irish situation) necessarily meant the

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R.P. 1907/12449. Irish medicine was historically more amenable to concepts of 'public' or 'state' medicine and probably, as in this case, less alarmed by the spectre of 'nationalisation'. For one thing the majority of the Irish profession was engaged in public service through the dispensary system. The state could be seen as potentially liberating the doctors from the control of the poor law guardians or, in the case of the asylum doctors, from the committees of management. On the tradition of 'State medicine' in Ireland see R.M. MacLeod, 'The Anatomy of State Medicine: Concept and Application', pp.210-1, in F.N.L. Poynter (ed.), Medicine and Science in the 1860s, 1968, citing K. Dewhurst, 'The Genesis of State Medicine in Ireland', Irish Journal of Medical Science, 6th series, 1956, pp.365-384.
delay of any comprehensive re-arrangement of the asylum question in any part of the United Kingdom. So the nationalisation of the asylum service was left to another day.

The failure of these relatively ad-hoc alternative policies - auxiliary asylums, increased government finance, nationalisation - left in the end only passive resistance. The increase in admission and residence rates led by 1911 to the exhaustion of the Local Taxation Account - from then the local rates had to take a greater share of the burden.\textsuperscript{138} This provided an even stronger motivation for resisting central direction. It was not surprising that the Irish insubordination to the 'jurisdiction of the lawfully constituted authorities', noted by Inspector Courtenay in 1901, was widespread among asylum committees by 1911. Hence, when the government attempted to legislate for the control of asylum staff working conditions in 1911 the inspector of lunatics (T.I. Considine) questioned whether there was sufficient authority in Ireland to compel the committee to observe the regulations.

Experience has shown that there is under the present condition of affairs, the greatest difficult in compelling the local

\textsuperscript{138}Cf. R.P. 1911/442. As a result of increasing payments out of the Local Taxation (Ireland) Account, principally for lunatic asylums, the Irish Government had to reduce the capitation grant to each asylum by 32\% in 1910. As John Dillon had warned in 1898 the relatively static amount of revenue from licence duties was thus shown to be quite inadequate to meet local needs. See above, pp.114-115.
authorities to carry out their existing duties as regards making provision for the insane, and in point of fact, if they take up a determined attitude, they can practically set the law at defiance.\textsuperscript{139}

A number of asylum committees opposed the bill and put pressure on local members to oppose it, on grounds of the increased expense involved in reducing working hours.\textsuperscript{140}

So also, we might add, did the asylum medical officers oppose the bill: it was 'the first occasion in the history of medicine that there has been an attempt made, by legislation, to limit the time...that a person may devote to the interests of their patients'.\textsuperscript{141} Whether the eighty or more hours a week worked by asylum attendants was, or could be, devoted to the 'interests' of the patients was a moot point.

The stalemate which had developed in the years after local government reform was characterised finally by the failure of the mental deficiency legislation for Ireland. As we have implied throughout this chapter, the question of a policy and practice for the care of lunatics and idiots was in Ireland subordinate to the broader concerns of Irish self-determination and the problems of local taxation. So

\textsuperscript{139} R.P. 1911/18919.

\textsuperscript{140} Ibid.

\textsuperscript{141} Ibid., resolution of the Irish Division of the M.P.A., 20.6.1911.
when the Royal Commission on Feeble-mindedness was appointed in 1904 it was not to be expected that its concerns would be equally shared in Ireland as in England or Scotland. The 'feeble-mindedness' question owed its prominence to the broader context of eugenics, national efficiency and social reform. But eugenics was not an important or contentious issue in Ireland; its ideology and its sometimes drastic solutions to the social evils it identified were irrelevant to the problems of Ireland. Doubtless the religious culture of the majority of Ireland was also a stumbling block to the consideration of the eugenic programme to control the fertility of certain classes by sterilisation. Clearly it is of some significance that the only branch of the Eugenics Education Society in Ireland was located in Belfast.

Thus the royal commission was only minimally concerned with Ireland - its witnesses there, all of whom stressed the urgency of special institutions and education for idiot children, were the inspectors of lunatics, and some asylum medical men. There was little doubt in the minds of the commissioners that the care of idiots, or mental defectives as the new terminology had it, was more desperately required in Ireland than in Britain. But there was no public demand evident for it; there was little concern with the implications, as the eugenists painted them, of a failure to deal with the problem of feeble-mindedness; and there

142 Cf. John T. Noonan, Contraception A History of its Treatment by the Catholic Theologians and Canonists, 1965, pp.430-1, for opposition of Catholic teaching to sterilisation (e.g. in the encyclical Casti Connubii of 1930).

143 See The Eugenics Review, 3, 1911-12, p.373 for the formation of the Belfast branch.
was the problem of the asylum committees and the county councils which were opposed to any further expenditure. Consequently, when the liberal government brought in a mental deficiency bill in 1912, some four years after the commissioners' report, Ireland was not included in its provisions.

The matter was not left there. Naturally enough, there was support from some quarters in Ireland for this bill which would encourage the establishment of special institutions for defectives. The Irish division of the Medico-Psychological Association protested to the government at Ireland's exclusion; several M.P.s (three unionist, two nationalist) in the commons in June and July supported Ireland's inclusion.\textsuperscript{144} Birrell, the chief secretary, told the house on the 15th July that the bill would apply to Ireland. But there were troubles within the Irish party and opposition within Ireland to it. Birrell wrote to John Redmond on 30 July stressing the urgency of getting agreement to the bill from the Irish representatives so that Ireland could be included in the financial provisions of the bill.\textsuperscript{145} But agreement was not forthcoming in 1912, nor in 1913 when the bill was enacted and the government was reluctant to push the matter. The reasons for the failure to enact the bill in Ireland are virtually a summary of what had happened to the asylum system

\textsuperscript{144}R.P. 1919/25489; Hansard, 5th series, vol. 39, 1314; vol. 40, 52, 1157.

\textsuperscript{145}R.P. 1919/25489.
in Ireland after 1898.

Undoubtedly the most important reason for opposition was financial. By enjoining local authorities to provide appropriate accommodation for certified pauper defectives, even with the aid of a government grant, the bill was hardly appealing to local authorities which had suffered an abatement in the grant from the exhausted Local Taxation Account in the previous two years. The inspectors of lunatics, though very much in favour of the bill, were from the start sceptical of its potential in Ireland where, they noted, 'great difficulty is experienced in inducing local authorities to fulfil their existing obligations'. Some local bodies did send in memorials supporting the bill - the asylum committees at Down, Cork and Waterford; and there was predictable support from Irish branches of the National Society for the Prevention of Cruelty to Children and the Belfast branch of the Eugenics Education Society. But probably more typical of public opinion was the Dublin Corporation's support for the extension of the measure to Ireland 'provided that the cost of administering it be borne by the Treasury'. The Treasury would be contributing to the costs but certainly not paying all. A meeting of the Monaghan and Cavan asylum committee in July 1913

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146 Ibid. (Considine to Dowdall, 17.6.1912).
147 Ibid.
decided to seek the opinion of the local M.P.s. One favoured the bill; the other two said the financial arrangements were inadequate and that it would impose a serious burden on the rates. The committee endorsed the latter opinion. With lack of agreement from the Irish members, Birrell decided not to introduce the Irish clauses.

Finally, there was another consideration which was at play in determining whether this was a suitable measure for Ireland. The introduction of the mental deficiency bill was preceded in England by widespread public lobbying. In fact, two private bills were already before the house when the government brought its own bill in - one had been sponsored by the National Association for the Care of the Feeble-minded and the Eugenics Education Society; the other by the Charity Organisation Society. This wave of public opinion, we have already suggested, was absent from Ireland. In fact, there was some feeling within the bureaucracy that the ascertainment and certification of defectives by magistrates would not be warmly received. The inspectors warned of this in their observations on the bill and a memorandum by the registrar in lunacy for Ireland (J. Colles) agreed with them.

It must be remembered that although in England eugenics have for years been the subject of discussion and legislation, such topics have been little ventilated in Ireland; and while specialists are agreed as to the

\[^{148}\text{MPC, IS, 16.7.1913.}\]
gravity of the situation, the present proposals are not unlikely to startle and alarm unprepared public opinion in Ireland, if the administration of the Act is not handled with the utmost prudence and sympathy. To attempt administration on the lines of police regulation is to court failure.¹⁴⁹

If the bill was to be extended to Ireland, both the inspectors and the registrar wanted to see justices specially appointed for the purpose of the act, not the resident magistrates against whom there was 'prejudice in some districts'.

By 1912 it was evident that the context of Irish public opinion had to be carefully assessed in the formation of social policies for Ireland. The asylums which nearly a century before had been established as part of an English plan for the amelioration of Ireland were not now seen as an enviable legacy of the Union. The existence of the insane, when noted, was resented as a heavy burden on limited local and national resources. Certainly the emphasis of the politics of the system had turned from the obsession of middle of the century with providing accommodation for all the insane; now the only concern was to limit their

numbers where possible, and certainly to reduce costs. The country had been left with a monumental and stagnant asylum system confining a population which for some symbolised the decline of Ireland since the famine.
Chapter 3

The Law and the Insane

When legal observers wrote in the nineteenth century on the subject of the law and the insane, they dwelt almost exclusively on the problem of the criminal responsibility of the lunatic. This, no doubt, was and is a fascinating question from a legal and philosophical point of view. However, it will be clear from what we have seen in Chapters 1 and 2 that of far more significance socially and economically was the process whereby thousands of people were confined in public asylums as lunatics in Ireland, Great Britain and elsewhere. In this process the law (its statutes and its instrumentalities) had a crucial role to play in Ireland. But it was one which was relatively unnoticed when compared to the lengthy debates over the 'criminal lunatic' and his actions in the pages of the medical, legal and social inquiry journals. Occasionally, (in England and Scotland more often than in Ireland) the adequacy of the law would be called into question in relation to committals to private asylums, but hardly ever in relation to public asylums. The poor had few enough defenders, and the lunatic poor even fewer. A Charles Reade might discover an abuse in a private asylum, encourage legal action by the victim, then appropriate the case for a popular novel; but he was tapping deep-seated fears about the convenient committal to a private asylum for reasons of pecuniary gain. It was an
appeal to the middle-class in defence of the middle-class.\footnote{McCandless, 'Liberty and Lunacy: The Victorians and Wrongful Confinement', 
Journal of Social History, Vol.11, 3, pp.366-386 (1978).} But what was said about the practice of certification of 'private' lunatics might just as well have been applied to the much greater number of 'public' lunatics. In England there was, after 1853, one good legal reason why the committals of the poor attracted little attention: most committals after that date were outside the judicial system, were in fact part of the poor law administration. The same can be said of Scotland. In both cases, the role of the law was therefore obscured. But in Ireland certification at petty sessions was the most important mode of admission to district asylums. In Ireland, therefore, the law was not only central to the provision of asylums (in the sense that they were statutory institutions); it was also the primary determinant of the population of asylums. The instruments of the law, the magistrates, the police and in this case the doctors, defined what madness was and appeal against their decision was rare.

In the following account we will consider three aspects of the law in its relation to insanity and the insane.

\footnote{McCandless raises the question of the relationship between the scandals of popular novels and lunacy committal in the real world but fails to notice that Reade's novel Hard Cash was partly based on his own knowledge and involvement in the case Fletcher v. Fletcher (1859). See W. Burns, Charles Reade A Study in Victorian Authorship, 1961, pp.202-4. In a letter to the Daily Telegraph Reade praised the actions of a woman who had helped the alleged lunatic, Fletcher 'She had the poker ready, as I hope we shall have it when our castles are broken into without a magistrate's warrant, and our liberties invaded'. (Burns, p.204).}
Firstly, we will look at the history of the law of judicial committal in Ireland in the nineteenth century, as well as the companion modes of admission to public and private asylums. Secondly, I will analyse the administration and practice of the law, its use in the hands of magistrates, police and doctors. Finally, we will consider the constraints the lunacy laws placed on individual liberty and what protection, if any, the law gave to the rights of those who had been certified.

1.

Some aspects of the English background are pertinent in considering the history of judicial committal in Ireland. Outside the special case of chancery, which dated back to Edward II, the law did not recognise lunacy prior to the eighteenth century. It is well known that lunatics were restrained, if at all, along with petty criminals, vagrants, the destitute poor, in poorhouses and houses of correction. Indeed it was under the vagrancy laws that the statutes first particularised the lunatic. The vagrancy acts of 1714 and 1744 distinguished a class of 'furiously mad' or 'dangerous' persons who might be committed by two or more justices of the peace to a 'secure Place'.2 Section 20 of the 17 Geo. 2 C.5 of 1744 demonstrated the uncertainty with which this new class was defined, and that the innovation

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was a matter of public order; thus the justices were empowered to order the apprehension of Persons who by Lunacy or otherwise are furiously mad or are so far disturbed in their senses that they may be dangerous.

Interestingly, and perhaps surprisingly for such an early statute, the clause also implied that the lunatic should be maintained and treated though what this meant, beyond restraint, is unclear. The 1744 act empowered local authorities to board out the detained lunatics in private 'madhouses' and it is likely that it thus contributed substantially to the expansion of these houses in the later eighteenth century.

While these acts of the eighteenth century specified measures for the control of the insane, their context was the control of the vagrant poor. It was not really until 1800 that the statute law was directed to the control of lunacy itself, separately from the problem of the lunatic poor. The critical event of that year was, of course, the attempt of Hadfield on the life of George III. When his lawyer successfully argued Hadfield's defence on the grounds of insanity the government responded with legislation for the 'safe custody of insane persons charged with offences' and for the judicial arrangements in future cases

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\(^3\) Cf. 17 Geo. 2 c.5, s. 20 - 'the reasonable Charges of removing, and of keeping, maintaining and curing such Person during such Restraint'.

of insanity pleas. If, as Walker has suggested,\textsuperscript{5} the courts had been faced with an increasing number of insanity pleas since the 1760s, and treating them more sympathetically, then the Hadfield case was merely the catalyst for the legislative change. However that may be, the greater significance of the act as far as the insane generally (not just those who had committed crimes) were concerned was its 'preventive' clauses. For 'the better Prevention of Crimes being committed by Persons insane', section 3 enacted that a justice might commit any person discovered and apprehended under

\begin{quote}
Circumstances that denote a Derangement of Mind and a Purpose of committing some [indictable] Crime as a dangerous Person suspected to be insane.\textsuperscript{6}
\end{quote}

In such a case, bail could be set only by two justices or a higher judge. There was no mention in this act of criteria of insanity, nor was there provision for medical evidence; indeed the only requirement was a suspicion of insanity.

In the absence of public asylums for the insane, a provision of the future, the persons committed under this section were sent to gaols. Considering the arbitrary powers given to magistrates under the act, it is somewhat surprising that more extensive use was not made of it. In


\textsuperscript{6}39 & 40 Geo. 3 c.94 s. 3.
1807 in the county of Middlesex there were only seven lunatics in gaols and twenty-seven in the houses of correction.\(^7\) Even so, their alleged disruption of prison discipline provoked some discussion of their future confinement. Indeed the presence of lunatics in gaols offended the principles of separation and classification which were the backbone of the prison reform programme. And it was the Gloucestershire prison reformer, Sir George Onesiphorous Paul, who wrote a detailed and sophisticated submission advocating special provision for lunatics in public asylums for the 1807 Select Committee on Criminal and Pauper lunatics.\(^8\)

In spite of the hesitant start on the provision of public asylums in the following years, it was not until 1838 that Parliament made it possible to send 'dangerous lunatics' to asylums, indeed to prevent them being committed to gaols.\(^9\)

In the same session of Parliament, the first act dealing with the confinement of 'dangerous' lunatics in Ireland was passed. Strangely, although Ireland already had a system of public lunatic asylums, this act instituted the now anachronistic English practice of sending the insane to gaols.

Prior to 1838 there had been, as we have already seen,

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\(^7\) Select Committee on Criminal and Pauper Lunatics, p.11, H. C. 1807, 2. The report of the Committee (p.4) says that only 37 lunatics had been proceeded against under the 40 Geo. 3 but this refers probably to criminal lunatics only (i.e. under section 1).


\(^9\) 1 & 2 Vic. C.14 s. 2
a number of statutes dealing with the accommodation of lunatics in Ireland and with the detention of criminal lunatics. The former matter, involving as it did extensive state intervention for the construction of asylums, has been examined in Chapter 1. But we should note that the important act of 1821, which established the public system, provided that criminal lunatics - those acquitted on grounds of insanity at the time of the crime, or found insane at the time of indictment - would be detained in the lunatic asylums at the pleasure of the lord lieutenant. This was just the opposite of the English practice before 1838, which confined them in gaols. As for the mode of admission of non-criminal lunatics, the act of 1821 made no provision, leaving it to regulations at a later date. The early practice was admission by order of the board of governors on application to them by a relative or friend of the alleged lunatic (or another 'interested person').

The Dangerous Lunatics Act, passed in the first year of Victoria's reign, was retained in its essentials well into this century. The details of the passage of the act are obscure, since no debate was reported on it. However, the circumstances were in large part similar to those of the 1800 English act. Thus it appears that it was

10 & 2 Geo. 4 C. 33, ss. 16-18.
introduced following the homicide of a 'most respectable gentleman' (the words of the inspector of lunatics) in Dublin by a man who had been refused admission into the Richmond asylum a short time before.\textsuperscript{11} Like its English predecessor in 1800 (and indeed its companion of 1838) the Irish act made 'Provision for the better prevention of Crime being committed by Persons insane'. By 1838, however, the assistance of medical evidence was considered important. So, any two justices of the peace were empowered 'to call to their Assistance any legally qualified Physician, Surgeon or Apothecary' in the case of any person 'apprehended' under Circumstances denoting a Derangement of Mind, and a Purpose of committing some [indictable] Crime'; if, on examination of the person 'or from other proof', they were satisfied that he or she was a dangerous lunatic or idiot, the justices could commit the person to gaol. There the person would remain until discharged by order of two justices (including one who had signed the committal warrant) or until removed to a proper lunatic asylum by order of the lord lieutenant.\textsuperscript{12} There are two features of this act which bear notice at this stage. One is that while medical evidence could be called for, the justices were free not to do so and to make the committal on their own judgement or even 'from other proof', i.e. the statement,


\textsuperscript{12} Vic. C.27 s.1; the remainder of the act dealt with criminals who became lunatic in gaol and could be transferred to asylums.
not even sworn, of some person who sought the committal.
Secondly, there is the curious fact of the committal
being made to gaol in the first instance, with perhaps a
transfer to an asylum at a later stage. Why a practice
which Parliament had legislated against for England was
instituted for Ireland in the same session is not at all
clear. Two factors may have been considered in the
drafting of the bill. Although there was a national system
of public asylums, there were at this stage only ten
asylum districts. Many of these covered very large areas—
the Ballinasloe asylum served the whole of Connaught, the
Limerick asylum all of counties Clare, Kerry and Limerick.
Thus it may have been considered that a preliminary and
readily available detention in a local prison was
preferable to a journey of some days to the district asylum.
Secondly, by requiring the lord lieutenant's warrant, the
act instituted some central control over asylum admission,
a control which might be needed in case of overcrowding or
too many committals under the new act. In the absence of
evidence we should probably conclude that the former of
these reasons was the more likely to be in the minds of
whoever drafted the bill.

Besides this form of judicial committal, which became
the most important mode of admission in Ireland, there were
other ways of being confined as a lunatic. For public
asylums, the most important of these was an application to
the manager by a relative or friend of the person involved.
This had to be endorsed by a magistrate or clergyman to the
effect that the person was poor enough to be entitled to public care, together with a medical certificate as to the person's insanity. This application would be considered by the manager and the physician of the asylum before being put to the asylum board for acceptance. As well the rules for the 'Government' of public asylums, approved by the Privy Council in 1843, also provided for admission by the physician, in cases of emergency. This provision was only one of a number of innovations in 1843 which gave medical men a pre-eminent role in Irish asylums. It was also to prove a loop-hole in the system of control of admissions by the asylum board - by the 1870s the asylum superintendent, rather than the board, was authorising the great majority of the 'ordinary' admissions.

For private asylums, relatively insignificant in Ireland, an act of 1842 provided that all admissions should be at the instance of an order made out by a relative or friend. In this case, however, the admission required certificates from two doctors who had separately examined the 'Patient'. This requirement had its origins in the English agitation over private madhouses. The distinction in the practice of certification between private and pauper lunatics (i.e. two doctors versus one) reflected the fundamentally different histories of the two classes.

Public asylums ('district' in Ireland, 'county' in England)

13 See below, pp. 380-382.
14 5 & 6 Vic. C. 123, ss. 14, 15.
were founded with the paternal object of care of the insane poor; thus only one certificate was required, it being assumed that no advantage, other than a social one, would accrue to the partners in the committal of a poor person. Private asylums on the other hand had an infamous reputation as places where profit was made out of madness and where wealthy people might be shut up to the pecuniary advantage of their relatives: two medical certificates were thus deemed to be necessary protection against abuse. However as far as the law was concerned, both public ('ordinary') and private admissions were of similar status - they were admission orders only and were not in fact legal for detention of the person confined as some doctors later found out to their loss.

During its thirty years' existence the Dangerous Lunatics Act created a series of crises for both the asylum system and the prisons to which the 'dangerous lunatics' were committed in the first place. From the beginning it appeared that committal under the act could be obtained quite easily. Indeed, as we have seen, the law left it open for a person to be committed on an information which was not taken on oath or recorded. There were no safeguards for the liberty of the individual nor against the law's own misuse. It was the strength of criticism on these grounds by an 1843 House of Lords' committee and by asylum boards in response to the report of that committee which led to an amendment in
the law in 1845. Section 10 of the 8 & 9 Vic. C.107 (the statute which created a separate lunacy inspectorate) required that a person not be committed as a 'dangerous lunatic' without an information on oath of one or more credible witnesses given before the committing justices. Under the amendment this information was to be forwarded to the clerk of the Crown or of the peace, a provision which was mandatory but not always carried out. In August 1847, two years after the passing of the act, the inspectors of lunatics drew the attention of the under-secretary to irregularities in the committal procedure, including the failure to forward copies of the sworn depositions to the clerk. Consequently large numbers of cases were committed to gaol for indefinite periods without an opportunity for reviewing their condition: the inspectors evidently considered that it was at least their business, if nobody else's, to undertake such a review. It was not even clear from their enquiries how many people had been committed to gaols under the 1 Vic. C.27, but of the 368 they could locate, 40% had been in prison longer than one year.

Failure to call for a medical opinion during the judicial examination (this was not mandatory) was also widespread - 173 of the 368 committals did not have a medical certificate. Following the inspectors' report, the under-secretary circularised magistrates urging their caution in the use of

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15 Report from the Select Committee...to consider the state of the Lunatic Poor in Ireland, pp. viii, xxv, H.C. 1843, 10; Correspondence between the Irish Government and the Managers of District Lunatic Asylums..., H.C. 1844, 43.
the act. A year later the government, at the inspectors' prompting, issued a standardised warrant of committal, hoping that this would promote a greater compliance with the legal forms. From another angle, the inspectors sought to ensure that all committals of lunatics to prison came under their notice by proposing the establishment of a 'Central Registry of Criminal and Dangerous Lunatics'. This innovation was also adopted - from November 1847 gaol governors were asked to forward the details of all committals to the lunatic asylums' office. Thus, through these bureaucratic devices, the inspectors managed to bring the fairly indiscriminate detention of lunatics in prisons under some control. Ten years later when the Royal Commission obtained a return of the dangerous lunatics in gaol less than 20% had been there longer than twelve months, a considerable change from 1847.

However, these attempts to exert control over magisterial behaviour and to refine government knowledge of the committals were not, in the long term, adequate to resolve the problems caused by the act. For relatives or friends, there were considerable advantages in the use of judicial procedure rather than the ordinary mode of admission. For example, the usual form of admission to an asylum required an engagement on the part of a responsible

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16 For the inspectors' report of 1847 and subsequent correspondence dealing with these administrative changes, see Report, Appendix, pp.19-23, H.C. 1849, 23.
17 R.C. Appendix, p.89, H.C. 1857-8, 27.
person to take back the lunatic when called on to do so by the asylum board. The Dangerous Lunatics Act obviated the need for this.\textsuperscript{18} By making the person in essence a 'criminal' lunatic the judicial procedure entailed a public responsibility for his maintenance. This opened the door, so some believed, to the not so poor, and even to the well-off, to commit lunatic relatives to the gaol, from where they would be transferred to the district asylum; normally this was open only to the poor, i.e., according to the Cork admission form, those unable to afford a private lunatic house. The Kilkenny asylum board complained in 1861 that by such a practice an injustice was done to the poor, for whom the institution was intended.\textsuperscript{19} Doubtless, they also thought an injustice was being perpetrated on the ratepayers. Yet the weight of this objection was probably exaggerated. The inspector of lunatics, George Hatchell, agreed with the Kilkenny board and claimed that there were at least 66 patients in Irish district asylums who were capable of paying maintenance but had been committed as dangerous lunatics. But these 66 were only a fraction of the 5,000 resident in asylums in 1861. This was the sort of objection which sounded plausible enough but in reality was not a reflection of widespread practice.

The true picture of the use of the act was in fact very hard to obtain. Besides claiming that some relatives used the law to avoid maintenance charges in private asylums, the inspectors attached blame to the families who allegedly


\textsuperscript{19} R.P. 1861/6868.
instituted committals to 'get rid of the care and support of their insane relatives' or even of those merely troublesome 'from old age, bad temper, physical infirmities and the like.' While this sort of change formed the consensus of opinion on the part of the inspectors and asylum governors, we do have the contrary evidence of one who was rather closer to everyday practice. A Dublin magistrate who dealt with immense numbers of these committals denied that relatives wanted to commit lunatics to avoid future financial liability for them or that they wanted to get rid of them in any way possible. In the first place, he pointed out, he could not 'recollect a lunatic being brought before [him] whose friends or relatives appeared to be in a state even of respectability'. Most committals were obviously of the very poor who would be quite incapable of contributing maintenance anyway. Yet he had often found that persons charge lunatics in the expectation that they would be sent to an asylum, and that when they found that our first committal was to a common gaol, they have over and over declared that out of their earnings they would try to pay something if the person could be sent to an asylum at once. They did not wish them to be subjected to the degradation of a prison. As we shall see in the following chapter,

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the relatives of lunatics were not always as benign in intention as this account suggests. But it does qualify the position taken up by the inspectors that the families of the insane poor were ever-ready to deposit their relatives elsewhere.

Besides these 'social' reasons cited as an explanation for over-use of the act and therefore grounds for reforming it, there were criticisms of the legal system and its irregularities, and questions of the statute's institutional impact on prisons. The root of the problem, according to the inspectors, was the carelessness of magistrates in the practice of committal. The magistrates not only neglected to make proper inquiries into the cases brought before them (which allegedly made it difficult for doctors to treat the insane) but 'not infrequently sign committals without ever having seen the lunatic at all'.\(^{22}\) In nine out of ten cases the inspectors claimed in 1864, one justice alone saw the lunatic, the second signing the committal as a matter of course.\(^{23}\) They estimated that one in every five or six committals was irregular.\(^{24}\) In some cases justices who were also guardians were said to be committing the troublesome inmates of workhouses to asylums, people who might have 'smashed a window' or 'torn a pillowcase'.\(^{25}\)


\(^{23}\) Report, p.52, H.C. 1864, 23.

\(^{24}\) Report, p.25, H.C. 1862, 23.

\(^{25}\) Report, p.50, H.C. 1864, 23.
The feeling against the act among those other than the inspectors related more to the alleged harm done to lunatics in gaols, and the indiscipline occasioned by their presence, than to the faults of magistrates. In 1843 Lord Monteagle thought the ill-effects of imprisoning lunatics in gaols self-evident. There were other considerations besides those of humanity, he told the lords - how could gaols be 'properly governed' when they had fourteen or fifteen lunatics in them? Twenty years later an Irish M.P. urged the assimilation of Irish lunacy law to English, to allow magistrates to commit dangerous lunatics to county asylums - lunatics were not efficiently looked after in gaols, and the discipline of the gaols was much interfered with by having lunatics there, and the difficulty of management was increased.

The confinement of lunatics in gaols had long been criticised and condemned. It was an easy point to bring against an anachronistic act in the 1860s.

It is evident from all this that there was hardly a word to be said in favour of the first Dangerous Lunatics Act. Why, then, was it not amended earlier? Only five years after its enactment, the committal of lunatics to prisons was condemned by the Lords' Committee on the State of the Lunatic Poor in Ireland. Similarly the Royal


28 *Select Committee*, pp.xii-xiv, H.C. 1843, 10.
Commission into Lunatic Asylums in Ireland recommended a change in the law. And with the constant criticisms by the inspectors in their annual reports an earlier amendment might have been expected. Two reasons for the failure to amend the act until 1867 seem relevant. One was the question of the asylum system's capacity to take all the committals which could be made by magistrates. In the forties it was already clear that considerable numbers were being refused admission to the district asylums for want of room. During the fifties and sixties the government directed a very substantial expansion of the system, to accommodate the potential lunatic population. While this expansion was going on Dublin Castle was reluctant to change the law and thereby put pressure on the existing asylums: Sir Robert Peel (the chief secretary in the early sixties) defended the status quo by arguing that the government was doing all it could to expand the asylum system; when six new asylums were completed all the 'criminal lunatics' in gaols would be committed to them. As well, while the inspectors were the strongest critics of the current practice they did not want to see justices (of whom there were some 3,600 in Ireland) given power to send lunatics direct to asylums. Since magistrates already sent so many to prison (the inspectors cited an extravagant estimate of 800 to 1,000

29 R.C. p.21, H.C. 1857-8, 27.

30 Hansard, 3rd series, vol.179, 591; and Hansard, 3rd series, vol.170, 989, when Peel said that the law would be attended to when the new asylums were completed.
168 per annum, whereas the average was about 700) 'they could set about clearing the localities in which they reside of any person who could be at all considered as affected with mental disease'. While the inspectors exaggerated the case it was at least true that committing to asylums rather than gaols would double the number of dangerous lunatics eventually sent to asylums - already in the early 1860s over 25% of all admissions to public asylums were by judicial committal and a change in the law could be expected to raise this to over 40%.

The second reason for the failure of an earlier amendment was a political one. In fact, Lord Naas had attempted in 1859 to legislate some of the recommendations of the Royal Commission, including the assimilation of the English practice by which relieving officers of the unions were responsible for arranging lunacy committals. But this bill failed hopelessly, not because of this innovation but because of the more contentious and absorbing issue of local control over asylums. The fact was that what political energies went into the Irish 'lunacy question' in the fifties and sixties were centred on the problems of taxation, local control and the placement and construction of new asylums, issues we examined previously.

31 Report, p.20, H.C., 1865, 21; also 9 Report, p.17, H.C. 1859, Sess II, 10 for similar objections.

32 In the two years and nine months to 31 December 1862, 31.8% of male and 22.7% of female admissions to district asylums were 'dangerous lunatics' committed on the vice-regal warrant; had all those committed to gaol been sent direct to asylums the proportion of male and female 'dangerous lunatics' to total admissions would have been 49.8% and 34.7%.
Nevertheless, it was Lord Naas himself who was responsible for the bill amending the old act, brought in on 9 July 1867. It stopped the 'barbarous practice', as he put it, of confining lunatics in gaols, empowering justices to send them to district asylums instead. The previous system had not proved 'beneficial or desirable' and 'the presence of a number of these prisoners rendered it impossible to carry out the proper discipline of the prisoners'.

There was little debate reported on the bill, and none at all on the adequacy or otherwise of the judicial committal procedure. Yet it was this, rather than the English practice, which the new act enshrined. For one reason or another the English procedure, using the poor law system, was not adopted, as it had been in the 1859 bill. The most likely explanation for this is that the system of care of the lunatic poor was quite distinct from and preceded the Irish poor law system. The two were much closer in England and the prime consideration - the taxation base - was different in the two countries. To have the confinement of the lunatic poor (who were maintained on the county rates in Ireland) administered by the relieving officer was considered inconsistent. The use of dispensary medical officers as the certifying doctors in the committal procedure was not inconsistent since the intention of the dispensary system

33Hansard, 3rd series, vol.188, 1314-1316.
was relief of the poor who were sick, not just the destitute.

Hence the new Dangerous Lunatics Act treated the lunatic in substantially the same way as the old. Two justices, as before, were empowered to commit 'Dangerous Lunatics' or 'Dangerous Idiots' to district asylums - but it was now incumbent on them to obtain a medical certificate from the medical officer of the dispensary district in which they were sitting.34

Dublin Castle was well aware at the end of 1867 that the new act might bear excessively on the asylum system. In an attempt to pre-empt a rush of committals to asylums, the chief secretary issued a circular to magistrates on 30 December. They were advised of the changes in the law and urged to observe the importance of obtaining evidence of a purpose of committing an indictable offence. The experience of the previous thirty years suggested the need for a more insistent caution -

It is possible that the application to Magistrates for Warrants may be numerous, but as each institution is constructed for only a limited number of patients, care should be taken that the power of committal to a District Lunatic Asylum should only be exercised in respect of persons who, in the opinion of the Magistrate, would be likely, if left at large, to commit acts of violence and crime.35

34 30 & 31 Vic, C.118, s.10.
35 R.P. 1876/19445.
This warning was not enough to allay the fears of the inspectors of lunatics who advised asylum superintendents the following day to arrange for the transfer of 'quiet and harmless lunatics' to workhouses. In this way, they hoped, there might be room in overcrowded asylums for the new committals. Yet, as one would expect, this particular gambit was not welcomed by the poor law guardians; the poor law commissioner, Alfred Power, attacked Nugent's attempts to influence the management of workhouses in this area; and the government legal officers thought it was probably illegal to solve the asylums' problems in this way. 36

Before long it was clear that the inspectors' worst fears about increasing committals would be confirmed. One of them reported to the under-secretary on 3 February that there had been seven committals to Armagh asylum in January 1868 - there had been only one in the same month the year before. 37 A week later the board of governors at the same asylum complained about the overcrowding caused by the reception of dangerous lunatics since the beginning of January. Moreover, these committals were made with such vague and unsatisfactory information about the lunatic that the board requested a new warrant - the government

36 R.P. 1868/13814. As in England, workhouses in Ireland were used for the maintenance of some pauper lunatics but not so much as a matter of policy as through default of asylum capacity.

37 R.P. 1868/13814.
prepared and issued this later in February. Early in March it took further action to secure, in the words of T.H. Burke the under-secretary, 'a proper administration of the Law'. Asylum superintendents were asked to inform the inspectors of committals made under the old form (i.e. the 1838 act), or failure to give all the information required; the poor law commissioners were asked to draw the attention of dispensary doctors, who were responsible for medical certification, to the necessity of special personal inquiry in each case; and the inspectors of lunatics were to report improper committals to the lord lieutenant.38

No doubt the official attempts to control, or at least to regularise, the judicial process on the magister­ial bench met with varied response. Some magistrates evidently acted, if grudgingly, on the advice from Dublin Castle. In 1869, two justices at Listowel considered the evidence insufficient to commit a workhouse inmate to the asylum. They -

would willingly have sent the case to the Asylum but that they have been sent Circulars directing them to be more cautious in sending to the Asylum only such cases as they shall be satisfied are dangerous lunatics.39

38R.P. 1876/19445.

39R.P. 1869/14589.
But such caution was not exercised in the same degree elsewhere. At least, so it was felt by some asylum administrators. The Omagh governors wrote of the great inconvenience of patients being sent to the asylum under the new Act. They wanted the Government to send a circular to magistrates and police officers in Fermanagh and Tyrone directing them not to send lunatics without previous communication with the superintendent of the asylum. This was rather more than the government felt it could do. The Omagh board was told that they should provide extra accommodation; their suggestion, a government official commented, was 'contrary to law and common sense'. At another stage in the first year of the Act the Armagh governors attempted to control the crisis of overcrowding by directing the resident physician to write to magistrates asking them to inform him before committing lunatics. Again the government took a dim view of local interference with the legal process and informed the governors that warrants under the Act were mandatory and immediate.

In spite of the attempts by central and local authorities to minimise the impact of the act, it was quite evident by the end of 1868 that it had been widely, and probably loosely, used. The experience of 1868 led the

40 R.P. 1868/7733.

inspectors to believe that magistrates 'appear to consider every lunatic brought before them as "dangerously insane", and to issue a warrant accordingly'. Unfortunately we do not have judicial statistics available to tell us how weighty such a charge was. There may well have been many more alleged lunatics brought up at sessions and not committed - the committal rate of the magistrates may have been just a reflection of a much greater use of the procedure by the public at large. However that may be, while 634 persons had been committed as dangerous lunatics under the old acts in 1867, 979 had been committed to asylums in 1868. When committing to asylums, the magistrates were not exercising that caution in discovering the details of the case which they had supposedly applied in the past. The result was 'indiscriminate committals of reputed "dangerous lunatics"'. Many exhibited no symptoms whatever to justify their committal - some were described as blind, crippled, helplessly paralysed, 'deaf and blind with great

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42 Ibid., p.5.
43 Ibid., p.6.
44 This was a rosy view of previous magisterial practice and contradicted the inspectors' own judgement of only a year before that under the old acts (1 Vic. C.27 and 8&9 Vic. C.107):

parties bringing lunatics before Justices have found no difficulty in deposing to facts sufficient to give a colour to the case even though the individuals might be perfectly harmless, and thus secure their committal as dangerous.

debility' and could hardly be considered dangerous.\textsuperscript{45}

In the following years the inspectors continued to watch over the use of the act and criticise its widespread application. Cases were frequently referred to them from the asylums; from the lunatic asylums' office some went to the government's legal officers for an opinion as to their legality. For some years one common failing was the use of the old warrant for committals to gaol. In spite of instructions to the contrary in 1869 and 1874, these warrants were still being used in parts of Wexford and Galway in 1883.\textsuperscript{46} While this was only a matter of form where the person was sent to the asylum, in some cases magistrates still used the gaol, at least as an avenue to the asylum. In 1877 an attempted suicide was ordered to be kept in a bridewell before admission to the Richmond asylum, without any charge being laid. In the second year of the act 149 lunatics were placed in bridewells from one petty sessions to another (perhaps eight to ten days claimed the inspectors) while the justices made a decision about their sanity.\textsuperscript{47} Even in Dublin where the frequency of cases should have made justices aware of the legal formalities, a warrant for committal to gaol was made out as late as 1899.\textsuperscript{48} Irregularities in the form of committal were so frequent that an amendment (in the 1875 Lunacy Act) provided for the correction of a defective form within 14 days

\textsuperscript{45} Report, p.8, H.C. 1868-9, 27.
\textsuperscript{46} R.P. 1872/16659; R.P. 1883/19710; cf. R.P. 1879/19520, for a similar case in Mayo.
\textsuperscript{47} Report, p.6, H.C. 1870, 31.
\textsuperscript{48} R.P. 1899/20609.
The defects in the warrants ranged from the examples above to failure to state the required details of jurisdiction and the occasional case where medical certificates were given separately from the magistrates' hearing. From the 1870s to the 1890s the government frequently circularised magistrates and petty sessions' clerks in order to regularise magisterial practice. But by 1897 Dublin Castle intervention was evidently less acceptable. An inspector of lunatics agreed to a request by the local government board in that year for magistrates to be informed that committal of dangerous lunatics to workhouses (they referred to a case in Castlerea union) was illegal. But he was over-ruled by the assistant under-secretary who told the board that it was not the practice to advise magistrates as to the discharge of their duties - specific cases would be dealt with as they came up.

Whatever the inspectors were able to achieve with individual magistrates the administration of the whole of Ireland was obviously beyond them and the statistics demonstrate the increasing use of judicial committal over time. The table below demonstrates that there was a greater

49 38 & 39 Vic. C. 67, s. 5.

50 R.P. 1894/12452, 1888/3327, 1904/4269.

51 R.P. 1876/17934 (for 1875 circular); R.P. 1894/12452 (1883); MPC, IS, 22.6.1892 (1892); R.P. 1895/11256 (1895).

52 R.P. 1897/16840.
use of the procedure from the first available figures (which are of course gaol committals) to the turn of the century. During the fifties and sixties less than half of 'public' lunatic admissions were constituted by dangerous lunatics. By 1890 the authority of the Dangerous Lunatics Act was behind three out of four male admissions and nearly seven out of ten female admissions. Thus it had become the routine mode of entering the asylum.

**Table 2**

Committals of dangerous lunatics as percentage of admissions to district lunatic asylums

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1854-6</td>
<td>41.8</td>
<td>31.8</td>
</tr>
<tr>
<td>1860-2</td>
<td>49.8</td>
<td>34.7</td>
</tr>
<tr>
<td>1870-2</td>
<td>56.9</td>
<td>43.3</td>
</tr>
<tr>
<td>1880-2</td>
<td>62.5</td>
<td>48.0</td>
</tr>
<tr>
<td>1890-2</td>
<td>75.7</td>
<td>67.3</td>
</tr>
<tr>
<td>1900-2</td>
<td>72.3</td>
<td>60.2</td>
</tr>
<tr>
<td>1910-2</td>
<td>76.2</td>
<td>58.8</td>
</tr>
</tbody>
</table>

Note: The 1854-6 and 1860-2 figures are for comparison only and have been calculated as though all committals to gaol under 1 Vic. C.27 were instead sent to asylums.

In general it was applied more often to men than to women, a fact which probably reflects the greater difficulty in controlling males outside the asylum. When we look at the regional figures however there are some obvious qualifications to the general pattern. As Table E(Appendix) shows, there
were some areas where the act was much less commonly used than the national figures suggest and there are also significant differences in its relative use against males and females. Local variation was most obvious in the first year of the act, 1868, when one asylum (Sligo) recorded no admissions under judicial warrant while another (Armagh) received nearly 90% of its inmates that way. The Sligo case was unique and probably the result of an arrangement between the asylum superintendent and local magistrates, or merely of a very flexible admission policy. All but two of the 70 admissions to Sligo asylum in 1868 were 'cases admitted by the Resident Medical Superintendent as "urgent"'. During the previous year the practice was similar - only one lunatic had been committed to Sligo gaol in 1867, certainly the lowest incidence of such committals in the country. Within a couple of years, however, Sligo had become typical of the rest of the country in using judicial committals. The relative importance of the act as it applied to men and women also showed important regional variations. In some areas, Monaghan and Letterkenny, for example there was little distinction made in applying the act to men or women; in Belfast and Down, however, it was used mainly against males. Without detailed study of a number of particular areas it would be impossible to determine the weight of factors responsible for these local variations within the national trend. Obviously admission policy at the asylum was probably important - as asylums became overcrowded superintendents probably resisted
'ordinary' admissions; Monaghan, for instance, was extremely overcrowded from the 1880s and the Dangerous Lunatics Act became almost the exclusive mode of admission in that area. Beyond this institutional factor, however, the use of the act is buried in the unquantifiable depths of magisterial, police and medical attitudes and practices and not least in the complex area of the social context and behaviour of lunatics (Chapter 4).

But before we go on to consider those problems we need to conclude our political history of the act, to account for the survival of this anachronism well into the twentieth century. The Union was to dissolve before the Dangerous Lunatics Act was the subject of reform. This was certainly not through a desire on the part of policy-makers and bureaucratic guardians of the insane to perpetuate it. Hardly a year went by when the inspectors did not complain publicly (in their annual reports) of the anomalies of the act and the great burdens it imposed on the district asylums. And their opinion of course was not the only source of opposition to the act. Asylum doctors, though not unified in their attitude, were frequently critical. Dr Oscar Woods of the Killarney asylum regarded the Act as inflicting an injury on the lunatic by branding him a criminal, an injury which also affected his friends. On the public, he said, it also had the undesirable effect of 'breaking down those strong barriers which ought always to separate visitations of Providence from vicious acts.\textsuperscript{53}

\textsuperscript{53}MPC, 16.3.1881 and 14.9.1881.
Similar in sympathy though concerned with quite another issue, was the attack on the mode of admission of the poor insane by Dr Garner of Clonmel asylum in 1878. He regarded both the dangerous lunatic's warrant and the 'ordinary' form of admission as defective since the certificate of only one physician was required in each case. For private (i.e. paying) patients, whether admitted to public or private asylums, two certificates were required. He considered it just as important to guard against improper detention of a pauper as of an individual 'in a higher social grade'. The same objection was raised by the Mitchell Committee of 1891. Recommending a system of reception orders for all patients, this Committee criticised the Irish system - 'Class lunacy legislation should so far as possible be avoided'. However not all asylum managers were convinced of its disadvantages. Questioned by the Trench Commission in 1878 Dr Robertson of the Monaghan asylum considered it had not been frequently abused and that it encouraged the admission of patients in a 'more recent stage of insanity' (when, the orthodoxy held, it was more curable). Dr Lalor of the Richmond asylum in Dublin also denied that there was much abuse of


\[55\] Mitchell Committee, 2nd Report, p.34, H.C. 1890-1, 36.

\[56\] Trench Commission, ev. 1609-1619.
the act and thought it was well administered by the Dublin magistrates. But he did think that it was sometimes used in 'spite or spleen'. As well, because it was left to private initiative (a relative or friend in most instances) it was occasionally not used when it ought to be.\textsuperscript{57}

The last objection brings us to the most commonly proposed alternative to the Dangerous Lunatics Act. This was that the Irish should be assimilated to the English act of 1853 (16 & 17 Vic. C 97) which provided for the local inspection and committal of lunatics at large through the poor law machinery. This had been recommended by the Royal Commission in 1858, was part of Naas' unsuccessful bill of 1859 and urged again by Sir Dominic Corrigan (physician, M.P. and one of the 1858 Commissioners) before the Trench Commission.\textsuperscript{58} The various advocates of this proposal talked of it as a matter of the 'protection' of lunatics at large, of 'neglected' lunatics. In fact, it would have done more than this and replaced the Dangerous Lunatics Act as the principal mode of admission to Irish asylums. Assimilationists, such as William Neilson Hancock,\textsuperscript{59} strongly advocated this amendment in Irish lunacy law at

\textsuperscript{57}Ibid., ev. 1897-1904.

\textsuperscript{58}Ibid., ev. 2295-2306.

\textsuperscript{59}William Neilson Hancock (1820-1888) had, among his many other posts, acted as Clerk of the Custody of Papers in matters of Idiots and Lunatics in the Irish Court of Chancery from 1855 to 1858 and from 1859 to 1866. For a brief profile see R.D. Collison Black, The Statistical and Social Inquiry Society of Ireland Centenary Volume 1847-1947, 1947, pp.57-61.
meetings of the Statistical and Social Inquiry Society of Ireland. Indeed, it was there that the only parliamentary attempt to change the 1867 act began. In 1875, the Society appointed a Charity Organisation Committee to investigate the working of charities in Dublin and the causes of pauperism. One report of this Committee dealt with the legal provision in Ireland for idiots, imbeciles and harmless lunatics. It remarked on the absence in Ireland of a law along the lines of the 1853 English Act empowering justices to commit harmless idiots and lunatics to asylums. It went on to recommend the adoption of the principles of this Act 'so as to place the obligation of the state in respect to harmless imbeciles [and lunatics] in the same position in both countries'.60 The Society was asked to send delegates to co-operate with the Charity Organisation Society in London in pressing these and other amendments to pauper legislation. Lord O'Hagan, one of these delegates and formerly Irish Attorney-General in Gladstone's first government, subsequently introduced a bill extending the English legislation to Ireland. He was asked to postpone the bill to allow a government inquiry, the inconsequential Trench Commission.61 Again faced with governmental indifference, O'Hagan introduced his bill in the 1879 and 1880 sessions but quite unsuccessfully.62

61 Ibid., p.454.
62 MPC, 27.8.1879.
It would appear from his own evidence that he had little support where it mattered. In the Presidential Address to the Social Science Congress in Dublin in October 1881 he deplored the 'scandalous indifference' of the legislature and the country in failing to provide for imbeciles and idiots, most of whom were outside institutional care. No doubt he was referring to the failure once again of amendments attempted in 1881. In April, E.F. Litton (M.P., Co. Tyrone) had introduced O'Hagan's bill in the commons. While it appears that Dublin Castle supported the essence of the bill, in Parliament the government opposed it on the grounds that the English system of lunatic care was based on the poor law, which was quite different from the poor law in Ireland.

This objection was one of convenience rather than substance, for the government introduced a measure of its own in 1883 which incorporated some of the English practice. Under the Lunatic Poor (Ireland) Bill of 1883, introduced in the lords, the police, relieving officers and dispensary doctors were empowered to commit imbeciles and lunatics to workhouses. The expenses of this amended system of lunatic care and control were to be charged to the poor rates and not the county cess. This change in the incidence of taxation was enough to agitate local authorities in Ireland.

63 SSISI, Vol. 8, pp.316 ff.

64 Hansard, 3rd series, Vol. 260, 822-824; R.P. 1883/24608.
who vigorously opposed the bill and it was later withdrawn. Some, like the Mayo grand jurors, saw this attempt to introduce the English model as excessive interference with a harmless class:

We think it wrong and impolitic to give Police and relieving officers a pecuniary interest in the arrest and detention of a poor, harmless and unprotected class of people; and we cannot doubt that the effect of such a measure would be to cause much misery and unhappiness to people whose life, on the whole, may be as enjoyable to themselves as that of others more intellectually gifted.\(^6^5\)

The failure of these private and government bills in the 1880s perhaps made future governments reluctant to undertake a major reform of the lunacy laws in spite of the weight of expert opinion against the current procedure. As we have seen in Chapter 2, the administration of asylums drifted into stagnation after the 1860s and the Dangerous Lunatics Act survived for much the same reasons. If the procedure made 'criminals' out of lunatics there was little evidence that most people were disinclined to use it on that ground. And in spite of the frequent cases of irregular committals being referred to Dublin Castle, the attitude of the bureaucracy could be resigned. The solution advocated by a government law officer in 1876 was to call the attention

\(^6^5\) R.F. 1883/17018; in the commons the government claimed the state of Irish business prevented the bill being dealt with. Hansard, 3rd series, Vol. 277, 940-1; Vol. 280, 780; Vol. 281, 178.
of individual magistrates to particularly bad cases and 'to discharge a few for the sake of example'. He doubted whether any system not liable to abuse could be devised. 66 This was not the opinion of the inspectors, the medical profession or the Mitchell Committee members, all of whom continued to advocate the amendment of the law. 67 But what we have already said about the failure of the mental deficiency legislation for Ireland in 1912-13 applies equally to the failure to amend the Dangerous Lunatics Act. The dominance of the taxation question ensured Irish opposition to any attempt to increase the burdens on the poor rates by encouraging the comprehensive committal of lunatics on the English model. And the fragility of social 'reform' in Ireland as compared with the national question meant that there were very limited grounds for an appeal against the act in the name of humanitarianism or rationality.

In the most substantial nineteenth century account of

66 R.P. 1876/19445 (encl. 1876/15913).

67 For the inspectors' advocacy of amendment in the 1890s and 1900s see R.P. 1906/2070 (for their report of 1893 on defects in lunacy administration) and R.P. 1907/12449; for the medical profession, see MPC, 16.5.88 (criticism of the Irish admissions system at the British Medical Association Congress in 1888) and R.P. 1907/12449 (the amendments proposed by the Medico-Psychological Association); see also Mitchell Committee, pp.33-42, H.C. 1890-1, 36, which criticised the Irish lunacy law on the grounds that it was an order of indefinite detention, making no provision for review of the detainee's status (unlike the recently revised English lunacy law).
Irish lunacy law, G.W. Abraham, a former registrar in lunacy, claimed that most of the patients in district asylums were 'largely, even principally' from the 'class of dangerous lunatics'. But the 'dangerous lunatics' in Irish asylums were usually not dangerous to themselves or society. It was the peculiar survival of a law which had its origins in an attempted assassination of George III which constituted them dangerous. In the following section we will consider in more detail the practice of the law with a view to understanding the phenomenon of its increasing use in Ireland. In doing so we are looking at a particular instance of the more general problem of the confinement of lunatics in nineteenth century society.

2.

The lunacy laws required instruments of enforcement and in Ireland these consisted of the justices, the police and the doctors. We have already seen that magisterial practice was commonly criticised; that their administration of the law was frequently less than satisfactory and sometimes bordered on the illegal. That was the view from Dublin Castle. But their position was an ambiguous one - while finally responsible for a lunacy committal the actual role of the magistrates was probably subsidiary to that of the police, who had the job of arresting, conveying and restraining the person, and the doctors, whose certificates, based on careful or cursory examination, were the formal declaration of insanity. Let us look first at the role of the police.
It is, of course, impossible to imagine such a large-scale use of the Dangerous Lunatics Act in Ireland without the creation, just prior to the 1838 act, of the Royal Irish Constabulary. The establishment of this force, and of its predecessors going back to the late eighteenth century, took place in the context of widespread rural agitation, disorder and sectional conflict. But once established the force took on a wide range of responsibilities which extended its influence into many areas of Irish life. Thus, by 1859 a 'Constabulary Officer' could complain of the manifold duties imposed on the police. Among these he enumerated

- Revenue Police Duties;
- Enforcement of Fishery Laws;
- Suppression of Smuggling;
- Comparing Standard Weights and Measures;
- Billeting of Troops on March;
- Revision of Bridewell Books;
- Supervision of Petty Session Clerks' Accounts;
- Surveillance of Ticket-of-leave Convicts;
- Distribution and Collection of Poor Law Voting Papers ... Agricultural Statistics ... with many other minor duties, too numerous to mention.

The multifarious duties of the Irish police constable included a certain responsibility for the care and control of lunatics. They carried out the obvious peace-keeping

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role entailed by the Dangerous Lunatics Act of 1838. While this could be seen as a passive role - merely acting on the information of civilians - there were at least two ways in which their attention was directed towards active investigation of the lunatic population and its condition in society at large. Occasionally police were directed by Dublin Castle to carry out benign investigations which might today be undertaken by a social worker. This might involve an inquiry as to whether a family would receive or maintain a lunatic or agree to a transfer to some other institution; or an investigation of allegations of neglect or ill-treatment of an insane person in family care. Secondly, one of the other duties 'too numerous to mention' was an Irish census of lunatics at large. From 1845 to 1877 the constabulary was requested from time to time to take such a census of 'lunatics, idiots, imbeciles and epileptics' not in institutions. The returns were prepared in each sub-district and from 1856 specified the name, religion, residence and class of life ('Lower, Middle and Upper') of each insane person known in the area. While the accuracy and utility of the survey was questionable by the mid-seventies, of greater importance was the fact that over a period of thirty years some 6,000

70 R.P. 1844/A17206; R.P. 1888/5486; R.P. 1893/8613; R.P. 1902/16946; R.P. 1903/10397.

to 7,000 potential inmates of asylums were known by name and residence to the police. This knowledge signified the dramatic changes which had taken place since the turn of the century in the place of lunatics in the community. The state, the British government in Ireland, had intervened to establish institutions for the confinement and care of the insane poor. From relatively small beginnings with modest aims, the asylum system had expanded munificently. In the course of this process the instruments of the law, the police in particular, had their attention directed not just to the 'prevention of offences by insane persons', (the object of the 1838 act) but to the comprehensive knowledge of all insane persons in the community. When the Metropolitan Police superintendent could report in 1854 that the writer of an illegible letter sent to the lord lieutenant was a 'lunatic named Philip Geoghegan who resides at Kingstown [and] is well known to the men of the G. & F. Divisions as such', he was demonstrating the arrival of the centralised and relatively efficient surveillance which the foundation of the Irish police had made possible. The constable was instructed in his police manual to 'know if possible every person in [his] sub-district'; doubtless, it was the constable before the doctor, and certainly

72 R.P. 1854/19057.

before the magistrate, who would know the insane at large in his area.

In relation more particularly to the confinement of lunatics the constabulary was indispensable. The constable could himself be the agent in the committal, in the course of maintaining public order. It was hardly an enviable task at the best of times; the police were no better equipped to understand or control a violent or agitated lunatic or drunk than the rest of the community and their intervention could itself be provocative. Thus, when Dr Norman of the Richmond asylum reported that a recent male admission had a fractured nose, allegedly after being beaten by a policeman, the constable claimed he had been defending himself. He was not to know that Francis Dunne had just been prevented from cutting his throat by his brother; when he stopped him running down the North Circular Road at 1 a.m. with only shirt and trousers on, carrying his shoes tied together and his coat on his shoulder, he claimed that Dunne hit him in the face; in any case, a struggle ensued during which Dunne, according to the constable, fell on the footway. He took him to the police court next morning; after hearing the evidence, the magistrate called in a doctor who certified the man.74

In the same way that they were responsible for controlling

74R.P. 1907/28750.
vagrants and drunks, police undertook the control of lunatics on the streets.\textsuperscript{75} An infraction of public order or a minor offence might be the cause of arrest but in subsequent investigations the police might call in the doctor, and then arrange a lunacy committal.\textsuperscript{76} There were other ways police could be actively involved in the control of the insane as defenders of the public safety. Thus numerous constables were directed to follow and watch 27 people discharged from Dublin gaols in 1845 after they were found to be illegally detained (on medical advice) as dangerous lunatics. Within a few days all had been retaken and newly committed.\textsuperscript{77} Naturally enough, the surveillance of released lunatics was more commonly called for in the case of those who had committed criminal offences.\textsuperscript{78} Akin to this duty was the role of the police in pursuing and retaking escaped inmates of asylums. The Lunatic Asylums (Ireland) Act of 1875 empowered asylum managers to retake an escaped lunatic without new certificates within fourteen days.\textsuperscript{79} Sometimes asylum attendants were sent in pursuit of the fugitive but police were called in to follow any suspected dangerous person. Following an escapee's flight to America from Ballinasloe asylum in 1875 the inspectors undertook to prepare a standardised form for the description

\textsuperscript{75} Cf. R.P. 1897/18168; R.P. 1898/10170.
\textsuperscript{76} R.P. 1893/5767.
\textsuperscript{77} R.P. 1845/G8338 (and G 2338); Cf. R.P. 1877/827.
\textsuperscript{78} R.P. 1894/12913; R.P. 1909/22281.
\textsuperscript{79} 38 & 39 Vic. C. 67, ss. 3, 4.
of escaped lunatics which superintendents would circulate to local police stations. They also suggested the insertion of notices in the *Hue and Cry* but the under-secretary queried this as the publication was 'intended for the arrest of criminals'. Evidently sceptical of the enthusiasm of his men for the pursuit of escaped lunatics, the inspector-general of constabulary suggested that a reward of one pound be paid to police for the arrest of each lunatic 'to encourage the constabulary to read notices and make these arrests'. But the under-secretary also over-ruled this, doubting whether such payments from asylum funds would be regarded by the auditors as having been made for the 'care and maintenance of patients'. In any case the reward was probably not needed; most escapees went back to their homes and were easily located by police or attendants. Of 32 escapees from Irish asylums in the three years to December 1888 only one had not been recaptured.

Finally, quite apart from their own initiative, police were an indispensable part of the practical business of confining lunatics. It was usually they, though sometimes the doctors, whom the relatives contacted to arrange the committal; and once the person was taken to the police

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80 R.P. 1879/6412.

81 R.P. 1890/764.
barracks, it was the constable's job to get the justices and a doctor to attend and commit. When the committal had been made it was the policeman, perhaps even two, who conveyed the lunatic to the asylum. This could be a trying journey over long distances, perhaps taking 24 hours or more, and in many cases involved restraint and violence against the lunatic. Unsurprisingly, police were not very well equipped in temperament or training for these tasks and there were common allegations of ill-treatment, even with fatal consequences, involving police handling of lunatics. The Irish Constable's Guide of 1880 spent some time instructing its readers in the proper mode of conveying lunatics to asylums, the expenses of which were supposed to be charged to grand juries. But the responsibility for ill-treatment lay not only with the police. Indeed the wording of the instructions referred to above derived from a circular to magistrates of 1875 - this (from the under-secretary) asked the magistrates to afford the police 'suitable facilities...to take the most humane care of the afflicted under their charge!' and

82 It was not only a tiresome but a frustrating business. Margaret P. was committed at Nenagh at 3.40 p.m. on 24 October 1872. The Bridewell keeper refused to keep her overnight so the police took her direct to Clonmel, arriving at 4 a.m. the following morning after a journey of over 50 miles. The gate-keeper told them no cases were admitted until after 9 a.m. and went away, leaving them in heavy rain and a strong wind until 6.15 a.m. when he returned and received the patient - the final ignominy for the police was being handed a receipt for the woman, marked '4 a.m.' R.P. 1876/17934 (encl. 1872/17956).

suggested consultation with the certifying physician as to 'the care and custody of difficult patients'. What 'suitable facilities' were provided after 1875 is not clear but there appear to be fewer complaints after this date. Still, only a few months later the Castlebar asylum superintendent complained to Dublin Castle about two constables escorting a lunatic to the asylum with a three feet ash sapling 'to threaten' him. And asylum doctors continued to be unhappy about the condition of some of their admissions - Christopher K., who was received in 'a very battered condition had been tied with a rope which left contusions in arm & back', complained 'with justice of treatment he received at the hands of police', a Richmond doctor noted. It was the policeman's role in the committal of lunatics which was one part of the asylum doctors' opposition to the 'dangerous lunatics' procedure. But the constable's attitude and treatment was certainly no different from that of the layman and compared with some relatives may have been more restrained. Without chemical restraint the control of the violent insane involved a substantial degree of physical force, tying with ropes, sitting on them and so on - all measures which no doubt provoked more violence.

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84 R.P. 1876/17934.
85 R.P. 1876/5756.
86 RMCB, 1905-6, p.145.
87 For the violence involved prior to committal, see below Ch. 4, pp.267-274; also R.P. 1875/16179, R.P. 1876/17934.
Before 1868 it was not incumbent on magistrates, though it was generally the practice, to obtain a medical certificate for committal of a dangerous lunatic. From that date however the doctor's certificate was essential, whatever the evidence of informants, were they relative, police or otherwise. Although the law stipulated otherwise, the customary course was for

the police to call on the dispensary medical officer to examine an alleged lunatic prior to bringing him or her before two justices, so that they may produce before the justices, when sitting, both the alleged lunatic and the medical officer's certificate, or to have the medical officer present to prove his certificate, and that he examined the alleged lunatic. 88

It was the dispensary doctor alone who was empowered to certify a dangerous lunatic from 1868. Since the creation of the poor law medical system in 1853 it had been one of their duties as salaried officers. 89 The reason for the exclusion of private practitioners by the 1867 act is unclear but was probably intended to economise local expenditure. Previously medical men had sometimes been


89 14 & 15 Vic. C.68, s. 15; cf. MPC, IS, 10.1.1877.
paid by a magisterial order out of grand jury funds. At the same time such an exclusion of private practitioners could be seen as protecting the insane (or sane) from being certified for a fee: feeling ran deep in the nineteenth century against doctors making money out of madness. But whatever the reason for requiring dispensary doctors to certify 'without fee or reward' the policy was soon reversed under pressure from the profession. Section 14 of the Lunatic Asylums (Ireland) Act empowered justices to make an order on the guardians for expenses associated with the examination, including the medical evidence, up to a maximum of two pounds. The Irish Medical Association, which later claimed credit for the amendment, encouraged doctors to press justices for the fee by gratuitously providing forms to be filled in by the magistrates.

Two things are worthy of note in considering the dispensary doctor's role in judicial committals. The first and most important is that most doctors were no better

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90 MPC, 19.9.1849. In Dublin, the police magistrates paid out of a trial fund. The law did not specify that a doctor should be paid and it is evident from this reference that there was pressure on him to attend gratuitously.

91 38 & 39 Vic. 0.67, s.14. An attempt had been made to introduce a lunacy fee in 1871, R.P. 1871/14191.

92 Kinkead, op cit., p.156; MPC, IS, 12.6.1878 and 25.6.1884 where the granting of fees is listed as one of the major achievements of the I.M.A. amounting to about £1,600 per annum to the profession in Ireland.
educated in the complex world of 'mental disease' than anybody else. There was little interaction between the asylum medical staff and the profession at large (i.e. including dispensary doctors) and no education in psychological medicine before the 1870s at the earliest. Even after this such courses were rarely compulsory. So when most doctors signed lunacy certificates they were not doing so on the basis of their possession of a specialised knowledge of insanity but rather on the basis of their rising professional status and the successful assumption by a fraction of the profession of the care of the insane. Even so, signing lunacy certificates could be a troublesome and dangerous business, particularly in the late seventies and early eighties when doctors in England were losing court actions brought by certified patients. Indeed, in 1878 the Medical Press and Circular believed that 'the majority of medical men have a great objection to signing lunacy certificates'. And more advanced parts of the profession suggested in the early 1880s that state-appointed 'examiners in lunacy' should alone be empowered to certify. Thus Dr Thomas More Madden, a prominent Irish gynaecologist, advocated such a reform in 1884, believing that a question of such importance should not be left to the arbitrary and practically

93MPC, 6.11.1878; cf. MPC, 12.8.1885.
irresponsible judgement of any two
gentlemen who happen to be on the Medical
Register.\textsuperscript{94}

These criticisms were concerned principally with the
certification of private patients. But the reservations
expressed about the competence of private practitioners
could be applied twice over to the certification of the
poor insane. The dangerous lunatic committal did not
require that magistrates examine the medical evidence and
in consequence the certification was little more than
routine. Given the incapacity of the average doctor of
the time to assess the mental condition of the alleged
lunatic the medical certificate tended to rely on the
evidence of the informant and others rather than on the
adequate personal examination which the statute implied.
Some doctors were clearly not sure about what they were
supposed to be doing in a lunacy examination and acted
against their better judgement. A Maryborough surgeon-
apothecary who 'had the greatest difficulty in signing the
certificate' said that the man committed had no delusions
'but a man might have them and I not discover them'. The
chief reason for signing the certificate

arose from the fact that Mr Sullivan

was once a lunatic, and from the

circumstances of the certificate which

I saw was signed by a Kilkenny Doctor,

\textsuperscript{94}Irish Law Times and Solicitor's Journal, 4.10.1884.
who must have known him personally - coupled with the history Mr Mulhallen gave, but which Mr S - contradicted.\textsuperscript{95}

This was an ordinary committal not requiring evidence of the lunatic being dangerous. But when the latter was required it could be quite cursory. A 17 year old labourer was a 'dangerous lunatic' because 'he can't be kept at home - but wanders about'.\textsuperscript{96} The medical certificate of Patrick Britt, committed to Clonmel asylum on the information of a policeman, described the case as 'mania', the symptoms as 'maniacal' and was otherwise devoid of evidence - the Clonmel staff could find no symptoms of insanity while he was in the asylum.\textsuperscript{97} The 'facts indicating that the Patient is a Dangerous Lunatic' in another Omagh committal were that she 'had been in Asylum for years'.\textsuperscript{98} While the law had attempted to inject some expertise into the committal process, the personnel who were supposed to possess that specialised knowledge which could tell sane from insane commonly showed themselves to be incapable or merely indifferent to the task. On the other hand the one piece of quantitative evidence we possess on medical certification practice suggests a considerable discretion

\textsuperscript{95}R.P. 1860/12232.

\textsuperscript{96}HOS 29/1/5/5231. P.R.O.N.I.

\textsuperscript{97}R.P. 1872/3654.

\textsuperscript{98}HOS 29/1/5/5248.
exercised on the part of the doctor. Unfortunately we cannot tell with certainty what criteria Dr R.S. Ireland (the medical attendant to the Dublin Metropolitan Police) was applying in concluding that over one-third of the 2,300 people brought before the Dublin Police Court on the charge of dangerous lunacy between 1845 and 1856 were not insane. His practice may have been determined by institutional pressure (e.g. from the local gaols and asylums wishing to restrict as far as possible admissions of lunatics). But any doctor who saw as many alleged lunatics as this had probably also developed an intuitive, even idiosyncratic, understanding of the borderline between sanity and insanity. To Dr Ireland, insanity apparently implied dangerous behaviour. Asked whether a large proportion of those brought before him had any appearance of insanity he considered that they had not. But his evidence confused insanity and dangerous lunacy.

When a husband, or a wife, or a child becomes imbecile or soft in intellect without being a dangerous lunatic the wife has attempted to get the husband committed, or the husband the wife... it was an attempt to get rid of the party affected, which I resisted as much as I could.99

99R.C. ev. 3746-3784, H.C. 1857-8, 27; see above p.164.
We should recall that the Dublin magistrate examined after Dr Ireland disagreed that relatives were over-anxious to get rid of their lunatic charges. In any case the doctor's evidence suggests that when he said 'not insane' he meant merely 'not dangerous', a social as much as medical judgement.

The second aspect of the doctors' role was the contribution of medical practice to greater use of the legal committal rather than the ordinary admission procedure. In an article on 'The Insane and the General Practitioner' in 1905 the superintendent of the Enniscorthy asylum, Dr Thomas Drapes, stressed the serious nature of a lunacy committal in view of the stigma which attached to admission to the asylum. He was particularly critical of the lack of detail in medical certificates. But he also drew attention to the popularity of the magistrate's warrant over the house form. It was popular

with the public...because it saves relatives all expense in getting the patient into the asylum; they simply 'press the button', the police do the rest: with medical men, because a fee is allowed for certification in warrant cases, whereas none is given in the case of the House Form.\(^{100}\)

In the year ended 31 March 1906, 807 medical officers

\(^{100}\) MPC, 20.12.1905.
received £3,266 in lunacy fees; this was not a great amount, but some doctors received considerably more than the £4 average implied by this figure. In fact there was quite a disparity in the extent to which dispensary doctors were favoured in lunacy business. Many dispensary districts recorded no lunacy committals while others returned a dozen or more annually, on the part of one doctor. Some doctors were apparently unlucky enough to have districts in which no magistrates sat, and therefore no lunacy business could be had. This was mostly accounted for by the lack of identity of judicial, police and poor law boundaries. But allegations were commonly made that magistrates directed lunacy business to particular doctors by choosing to sit in particular dispensary districts. The granting of lunacy fees demonstrated again the routinization of the lunacy law. Although the law stated clearly that the maximum fee of £2 was to cover all expenses (i.e. including transport, police costs etc.) it was common practice from 1875 for justices to sign an order for the whole amount to be paid to the doctor, and

101 Royal Commission on the Poor Laws, Appendix to the tenth volume of evidence, p.110, H.C. 1910, 50.

102 Thus in the year ended 30.9.1890, one medical officer in the Monaghan dispensary district certified 19 people; in a similarly sized district (Clonakilty, Co. Cork) none were certified. Nineteenth Annual Report of the Local Government Board (Ireland), Appendix E, H.C. 1890-1, 35.

103 R.P. 1906/12636; MPC, IS, 4.9.1895 - 'The examination of lunatics is, according to the law, entrusted not to the doctor who is conversant with the case, but to a practitioner who happens to reside in the petty sessions town, who has no knowledge of the circumstances'.

104 R.P. 1898/10170; R.P. 1909/3902; MPC, IS, 11.6.1879.
even in some cases two guineas. Although such large amounts may have been justified in some cases where the doctor had to make two or three journeys to the home of the lunatic or the police barracks, the frequency of the claims upset the guardians who were forced to pay. In several court actions they resisted payment, unsuccessfully, and later tried to influence the justices to reduce the fees. But it was not until the 1900s that the courts agreed with the guardians' case; meanwhile many doctors found it preferable to arrange a lunacy committal for their poor patients and receive a sizeable fee for it than to sign a 'house form' for a patient they had visited on a red ticket and receive nothing at all. The struggle for fees for committal of the insane poor completely overshadowed the more serious aspects of the doctor's role in the process - the fact that medical men continued to certify

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105 Cf. MPC, IS, 20.11.1878, ibid., 6.6.1883. The Irish supplement to the Medical Press and Circular includes numerous examples of two pounds and two guineas being charged for lunacy committals. The Mountmellick Guardians regarded a 'reasonable fee' for this as the usual doctor's fee of one guinea, MPC, IS, 25.11.1879.

106 MPC, IS, 13.6.1877, ibid., 10.4.1878; ibid, 17.2.1909.

107 MPC, IS, 9.7.1879 and 25.9.1879 for one such case and the guardians reaction. Cf. Kinkead, op. cit., p.157. For later attempts to control the level of fees see MPC, IS, 6.1.1892 (Tullamore), 5.6.1895 (Granard) and 23.9.1903 (Kilrush).

108 MPC, IS, 28.11.1906 for decision in Dr King v. Delvin Guardians. After this High Court judgement against the doctors, the courts sometimes reduced the level of fees ordered by justices, MPC, IS, 28.7.1909 and 17.1.1912.
the insane without any special training or qualifications to do so. We find the evidence of what certification meant in the government and hospital archives, not in the Medical Press and Circular.

If first police, then doctors played the crucial roles in the committal procedure as we have suggested, the magistracy, which received most of the blame for loose administration of the law was merely presiding over a pre-determined and routinized process. However the justices were not uniformly passive, nor always regardless of the letter of the law as the inspectors and others frequently charged. In response to Castle circulars we have already seen that two justices in Listowel refused to commit a man who was evidently not dangerous. At Naas petty sessions in 1875 the doctor declared a woman insane, but not violent - the magistrates declared they needed proof of an overt act before committing an insane person (in fact the statutory requirement was only a purpose of committing an indictable offence). A police magistrate refused to commit an invalid pensioner because 'there was insufficient evidence of an intention on the part of the patient to commit any overt act of violence'.

But to adequately assess the extent to which a lunacy committal was anything more than a formality one would like to have figures showing the proportion of persons brought up as 'dangerous lunatics' at petty sessions and not

109 See above p. 172.
110 MPC, IS, 24.11.1875.
111 R.P. 1901/21073.
certified. Unfortunately the judicial statistics do not provide this information. Instead we are left with the impressionistic evidence that magistrates understood the law imperfectly to the extent that over some thirty years after the 1867 act they were repeatedly advised by Dublin Castle to observe the requirements of the law. Irish magistrates were more likely to be challenged by doctors over lunacy fees than by the people they confined over the legitimacy of their procedures. In spite of the warnings from Dublin, the magistrates knew they were acting 'for the safety of the Prisoner and the Public'\textsuperscript{112} and the Dangerous Lunatics Act was there to be used towards that end.

3.

We have seen how lunatics were defined and processed by the law for admission to asylums. How they were discharged from those asylums and what individual rights they retained under committal are the subjects of our concluding comments on the law and the insane. It must be noted at the outset that there were powerful forces at work constraining the rights of the insane in the paternalist defence of their welfare. Doctors were particularly inclined to wish away the legal obstacles in the path of

\textsuperscript{112} R.P. 1894/8199 - the words used by a magistrate to explain why two private practitioners had been called in to certify a man whom a dispensary doctor had refused to certify.
treatment. Philanthropists and reformers in this area were also inclined to dismiss the queries which stood over certification and confinement. Lord Shaftesbury, anxious that his work for the insane should be safeguarded, hoped in 1880 that

nothing will be done which will throw unnecessary impediments in the way of early treatment by a mistaken delicacy in regard to the 'liberty of the subject'.

The Director of the National Society for the Prevention of Cruelty to Children castigated the 'drivel' of one M.P. (probably Josiah Wedgwood) who had opposed the Mental Deficiency Bill in 1912 on the grounds of its invasion of freedom. With supreme conviction that they knew what was right for the lunatic, reformers and doctors rarely conceded the necessity for questioning the process of committal and detention. When doctors, in particular, were forced to consider the problem it was usually in the context of a spate of legal actions for false imprisonment against themselves - not surprisingly, their response was to look to legislative amendment to protect them in the future.

\[^{113}\text{JMS, 26, p.459, in his reply to the toast at the annual general meeting of the Medico-Psychological Association, July, 1880; see also MPC, 11.8.1880 for same.}\]

\[^{114}\text{See his pamphlet on mentally defective children, enclosed by the Irish division of the N.S.P.C.C. in a letter urging the government to extend mental deficiency legislation to Ireland, R.F. 1919/254, 89;}\]
In examining this issue, there are two points to consider. One concerns the laws and regulations governing the discharge of asylum inmates, the other the status of lunacy certification at law, the prevention of false imprisonment and the actions open to individuals who considered they were wrongfully certified or detained. While it seems that it was only in England (if we are considering just the United Kingdom) that public opinion could be stirred to any great extent over these questions, the matter was not dormant in Ireland. A number of court actions highlighted the unique nature of lunacy committals and the peculiar extent of social control over the lunatic. There is little doubt about just how unique lunacy certification was and is. A recent review of the law of habeas corpus notes the qualifications which have evolved to limit the rights of habeas corpus of a certified person. This was a development in common law and statutes have not modified it. Thus:

The source of the power to refuse to discharge a person illegally committed simply because the court suspects he may be dangerous, is not at all clear. It seems to be assumed that there is an inherent sort of _pares patriae_ jurisdiction which is exercisable to protect the interests of the public and of the patient. It is worth noting that, in balancing individual rights against the public interest, this kind of reasoning has never been openly applied in
criminal cases where, very often, there is little doubt about the prisoner being dangerous.

As Sharpe goes on to note, there is the 'added consideration of the patient's interest which may not always be seen to allow for release'. 115 What we will consider below has an important part to play in the delicate business of judging whose interests, the public's or the individual's, the lunacy laws and the asylums have served.

The manner of discharging a person from an asylum in Ireland initially depended on the mode of admission. The major distinction was between those committed as dangerous lunatics and those admitted otherwise. Under the 1838 Dangerous Lunatics Act those transferred from gaols to asylums by the lord lieutenant's warrant (up to half of all asylum admissions before 1868) could be discharged only by order of the lord lieutenant. 116 The criteria for discharge in the 1838 statute was that the person had become 'of sound Mind' and this was to be certified by two doctors. In 1845 an alternative criterion, that the person had ceased to be dangerous, was added. 117 In the following year the necessity of vice-regal consent to the discharge of a 'dangerous lunatic' committed under the

116 8 & 2 Vic. C. 27, s.2.
117 8 & 9 Vic. C.107, s.11.
Consequently, after 1846 the discharge of dangerous lunatics and 'other Lunatic Poor' was managed on the same basis. The formality was that the board of governors would discharge any inmate on the recommendation, by certificate, of the resident or visiting physician. This was the procedure ratified by the 30 and 31 Vic. C.118 in 1867.

Unquestionably such a system depended to a great extent on the initiative of the resident medical superintendent. Where the asylum was overcrowded there was some incentive in terms of health and management to keep reviewing the status of inmates. As well, a board conscious of the high costs of maintaining inmates in asylums, might well be anxious to discharge harmless patients to the workhouse. After 1867 however, discharge was not entirely dependent on the institution and its managers - section 10 of the 30 and 31 Vic. C.118 empowered a relative or friend to take out an inmate, on entering into a bond 'for his or her peaceable Behaviour or safe Custody', before two justices. We should note here that there were no statutory provisions for reviewing judicially the status of an inmate, for giving him or her a right to investigation with a view

118 & 10 Vic. C.115, s.3.

30 & 31 Vic. C.118, s.11. But the Privy Council Rules and Regulations of 1862 (Rule 16) required certificates from both asylum medical officers, while the above Act required only one of them to certify recovery or improvement. 111 Report, p.56, H.C. 1862, 23.
to discharge. Beyond the medical officer, a relative, or a board member taking note of an inmate the only course open was a letter to Dublin Castle - responsibility for investigation would then rest with the inspectors of lunatics, both of whom were of course doctors. As well there was the possibility of legal action at the instance of the inmate or an interested friend or relative. We will consider this course below. But first let us look at the question of a relative's application for an inmate's discharge.

Although the discharge 'on bail' provision of the Dangerous Lunatics Act of 1867 appeared to be unqualified, asylum doctors were already acquiring at the time substantial powers which would finally qualify that section. Thus in 1862 the Irish attorney-general advised Dr Lalor of the Richmond asylum that the board could detain a patient admitted on the ordinary form, even after friends or relatives had requested his release, if the medical officer considered he was not fit to be discharged. The basis for this decision was a Privy Council regulation of 1862 that no patient should be discharged without a board order and the medical certificates of both medical officers. The opinion was substantiated in 1870 when the law adviser noted that a man who had in fact been released from Castlebar asylum on the request of his father might have been legally

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120 R.P. 1862/13259.
detained if the superintendent did not consider him sufficiently recovered. Following this case the inspectors of lunatics issued a circular drawing the attention of asylum superintendents to their power to detain a patient, admitted on an ordinary form, whose release had been requested. ¹²¹

In spite of this practice with regard to ordinary inmates (who thereby seemed in a worse position than 'dangerous' admissions) no attempt was made to test the right of release on bail of 'dangerous lunatics' until 1894. Between 1868 and 1894 it was the practice to hand them over to their friends upon the production of the recognisance obtained before two justices. Thus, even though Dr Carre of Omagh considered Eliza Stinson should not be released from Omagh in 1891, the inspectors and the law adviser warned him that section 10 was mandatory if adequate recognisance was produced; the justices, the law adviser noted, were the judges of how adequate the bond should be. ¹²² But in November 1894 the Court of Appeal in Dublin held that the asylum superintendent had a discretion at common law to decide whether a lunatic on whose behalf a recognisance had been entered into should be discharged or not. ¹²³ Thus it seemed that a lunatic had

¹²¹R.P. 1870/15398.
¹²²R.P. 1899/23778.
¹²³Re O'Reilly, 1894, 29 Irish Law Times Reports 33.
only a limited right of habeas corpus, a point we will examine later.

This was the position with regard to the release or discharge of those not regarded as recovered or harmless. With respect to the latter there was also a large amount of discretion in the hands of the asylum board and superintendent. Regarding those who had recovered the law adviser in 1874 held that they could not lawfully be detained in an asylum, even where they were not removed by their friends. Yet, in fact, discharge was probably dependent very much on the prospects for the recovered inmate outside the asylum, for instance for those who were useful workers in the asylum and without friends outside. As for those many inmates who were considered harmless, and for whom the asylum was chiefly a place of residence, the likelihood of their being discharged unless they had someone to take them, was initially remote. Before 1874, indeed, the government law adviser could not see that the board had any power to discharge an incurable or harmless lunatic admitted on an 'ordinary' form. But an amendment to the Privy Council rules gave the governors the power to discharge a lunatic to his place of origin (this could be the home of those who had undertaken to remove him when recovered, or the workhouse) and recover the expense of sending him there.\textsuperscript{124} As these examples imply, the practice of discharge, quite as much as that of admission,

\textsuperscript{124}R.P. 1874/6284.
was dependent on a complex of laws, regulations and local (both institutional and popular) opinion. The amendment we have just noted was in fact the product of a situation where asylum boards wanted to discharge inmates and could not because friends or the workhouse would not take them.

Finally, we should remember that although the board's consent to a discharge was, in the main, a formality it did have the power to over-rule the doctor's recommendation. In one sensational case the resident physician at Monaghan asylum certified an inmate, Father Mooney, as sane, and ordered his discharge. But on the intervention of Bishop Donnelly the board of governors decided to defer the discharge 'on the understanding that the Bishop should have an interview with him'. The two asylum doctors were present at the interview and concluded that Mooney was still 'labouring under delusions' (which concerned the bishop himself) and was unfit for discharge. After some months during which the government received various demands for an investigation into the case the medical officers again found him 'much improved' and recommended his discharge to his relatives. In the absence of other evidence, one must conclude that such intervention by a governor of an asylum, against the recommendation of the doctor, must have been rare.

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125 R.P. 1879/19839.
Such was the law and the practice of discharge of asylum inmates. But what course was open to people detained in asylums, or their friends, to seek their discharge or discover the causes of their detention? We have seen already that there was no statutory judicial process of review or appeal against a detention. But the inspectors of lunatics did themselves have fairly extensive powers of investigation and the Lord Chancellor could direct them to investigate the case of any person confined as a lunatic. However, these investigations were dominated by medical criteria and the patient's liberties were usually qualified by these criteria. At one of the earliest of these inspectorial inquiries, Francis White, the first inspector (himself a medical man) used his powers under section 28 of the Private Lunatic Asylums (Ireland) Act to investigate the detention of William Cuthbert, a patient in a Cork private asylum. White considered some of Cuthbert's complaints, in particular his eight-year confinement in asylums, as justified and urged some measure of parole for him. But his fellow 'commissioners', three doctors, disagreed with his lenient view and Cuthbert was not released. In attempting to use the inspectorial channels, inmates or ex-inmates or their friends could find themselves in a classic double-bind situation. It was, of course, the condition of admission to an asylum that somebody else

126 5 & 6 Vic. C.123, ss.27, 28, 29, 38; 8 & 9 Vic. C.107 ss.23, 24.

127 R.P. 1847/G6223.
signed the order or committal - an attempt to discover why this had been done, or who had done it, could render an inmate suspect of having delusions about continuing conspiracies. Thus, a request by Denis Linehan to see the documents relating to his previous committal in the Richmond asylum was opposed by the inspectors in 1878 in spite of the law adviser's sympathy with the request. Linehan, the inspectors explained evidently feels him [sic] aggrieved for being placed in a Lunatic Asylum as if he were unjustly treated by the kindly intervention of his friends - This non-recognition of his past state of mind rather induces an apprehension with the Inspectors that he is not fully restored to reason.128

Once Dublin Castle, in the medium of the inspectors, had decided that a person's complaint was without foundation, it was considered better to ignore the letters - 'as the man is lunatic', concluded Thomas Larcom, the under-secretary, in 1853, 'it is better not to enter into correspondence with him'.129 Some inmates at least were aware of the routine: in response to the persistent questions from one patient as to why he was sent in and

128 R.P. 1878/10404.

129 R.P. 1853/7870.
why he could not be let out Dr Petit of the Sligo asylum advised him to write to the Inspector but he smiled at the idea, as he said, of writing a letter to the Inspectors which wd. be referred to me so that I might sit in judgement on my own action.\textsuperscript{130} 

The inspectors' attitude to the release of documents and the conduct of inquiries was dependent on their judgement of the mental state of the complainant; but their action was usually determined by the need to defend institutional and medical interests. Thus, after Nugent had uncovered a suspect certification in the confinement of a former Mayor of Kilkenny, the inspectors seemed inclined to give details of their investigation to the man's solicitors but stopped at 'officially contributing information which may lead to litigation'.\textsuperscript{131} 

In the end, litigation was the only course if the inspectors refused to investigate or reported unfavourably on a case they had investigated. On occasion the government advised this course to dissatisfied inmates or their representatives, e.g. in the Cuthbert case, above, where the government told his solicitor to try habeas corpus. Under section 47 of the Private Lunatic Asylums (Ireland) Act, a writ of habeas corpus or other action against any

\textsuperscript{130} R.P. 1892/16168. 

\textsuperscript{131} R.P. 1860/12232.
person for confining an alleged lunatic obliged the former to justify the confinement according to common law. But legal action, whether habeas corpus or a suit against others for conspiracy, was expensive and was hardly open to most of the poor and even destitute inmates of asylums. Hence it was little used in Ireland and even, relative to the enormous number of committals, in England. However there were a number of cases of interest in establishing the limits of the alleged lunatic's liberty.

As we have previously remarked, the right of habeas corpus was considerably qualified in the case of lunacy committals. The Irish courts took much the same position as the English in the determination of this position. The following case, for instance, exemplifies the 'paternalist attitude' described by Sharpe132 as determining the court's refusal to discharge a dangerous lunatic illegally committed. An action by the father of John Fetherstone, an inmate of the Clonmel district asylum, failed to obtain his release in 1860. The justices of the Queen's Bench in Dublin found that the magistrates who had committed Fetherstone as a dangerous lunatic had exercised their jurisdiction

'defectively and carelessly' to the extent that the committal was invalid. But with respect to the habeas corpus the court decided to appoint medical examiners to determine whether Fetherstone was dangerous. Their report was that he was often violent and dangerous in the asylum; consequently the court discharged the conditional order for habeas corpus. Perhaps it was this judgement which encouraged the practice, noted earlier, that even where a person had been admitted on an 'ordinary' form, the resident physician might refuse his discharge at a later date if he was then dangerous. The condition on the right of habeas corpus was affirmed in 1894 when the Court of Appeal ruled that there was no absolute right of a relative or friend to remove a lunatic from an asylum on recognisance. In their judgement the judges cited two English cases, one of 1846, the other of 1855, to establish that the court should consider whether the discharge of a person would be dangerous to the public or himself. The courts considered that the detention of a person, while dangerous, was justified whatever the legal basis for the action - thus in 1868 the Medical Press reported a case where the jury decided that relatives who had restrained a man who had

134 Re O'Reilly (note 123 above); the English cases were Re Shuttleworth (1846) 9 Q.B. 651 and R. v. Pinder, re Greenwood (1855), 24 L.J. Q.B. 148, cf. Sharpe, op. cit., p.152.
committed acts of 'outrageous folly' and 'clear insanity' (evidently from the effects of drink) were justified in doing so; the judge had directed that a person should be restrained if dangerous to himself or others, but not if harmless.\footnote{135} Clearly this was the practice in the nineteenth century - the balance has tipped somewhat in favour of the alleged lunatic more recently and Sharpe cites a number of cases from the 1950s where the court discharged a person illegally committed \textbf{without} inquiry into his actual mental state.\footnote{136}

Nevertheless the law was ambiguous about lunacy detentions and the threat of legal action could hurry along a discharge. This was the reason behind Dr Courtenay's request to the inspectors to sanction the discharge of a 19 year old girl in the Limberick asylum in 1879 -

The Father believes that his daughter was wrongly sent to the Asylum [she was committed from a convent] - cannot be made understand that this is the proper place for her & is going about stating that his daughter is imprisoned against his wish.\footnote{137}

\footnote{135}MPG, 30.12.1868. I have not been able to locate the source of this case, which was probably heard in England.

\footnote{136}Sharpe, op. cit., p.153. Following one such case in England in 1956, some 3,000 other patients who had been improperly committed were discharged.

\footnote{137}R.P. 1879/6200.
Where the person had not been committed as dangerous the certifying doctors and the person receiving the alleged lunatic (the superintendent or private asylum manager) could be quite vulnerable. A successful habeas corpus action at the Irish Queen's Bench in 1870 brought to notice that there was no defence for the superintendent of a private or public asylum against an action for unlawful imprisonment of a lunatic, unless certified as dangerous.

Section 99 of the English act, 8 & 9 Vic. C.100, allowed superintendents to plea the ordinary lunacy certificates as justification for the confinement. Subsequent to the 1870 case, the man discharged, Crooke, obtained damages of £100 against Dr Lalor, the Richmond asylum superintendent. It was as a result of this that the inspectors of lunatics urged the amendment of the Irish lunacy acts to make the committal order and certificates a justification for confinement.\(^{138}\) The Lunatic Asylums (Ireland) Act of 1875 provided this amendment for both public and private asylums and also enacted that incorrect or defective certificates could be corrected within fourteen days of the committal.\(^{139}\)

This amendment to the law effectively placed the ordinary lunatic on the same plane as the dangerous. An action after this date would rest on lack of jurisdiction,\(^{138}\) R.P. 1874/7951 and 1875/13\textsuperscript{4}62 (encl. 1875/1566) for details of the case and subsequent correspondence on the state of the law in Ireland; cf. also MPG, 21.6.1871.\(^{139}\) 38 & 39 Vic. C.67, ss.3-5.
conspiracy, or perhaps the legitimacy of the medical certificate (I am not aware of an Irish case involving this). In 1882 James Coghlan (or Coughlin) sued two magistrates, for committing him, and Dr Hatchell (the Maryborough superintendent) for receiving him in the asylum. Following allegations by his solicitor that his committal had been obtained illegally, the inspector and the government legal officers had investigated the case, agreed the committal was irregular and Coghlan was discharged. The warrant of committal had not shown the circumstances of his removal to another petty sessions district and the court ruled that the magistrates in committing and the superintendent in receiving him were culpable. Allegations of conspiracy were harder to prove and less successful.

Outside an action by or on behalf of a confined person we may note that the Lord Chancellor could initiate inquiries and set a person at liberty if he thought fit. In such a case in 1892, Lord Ashbourne explained that both he and the registrar in lunacy (an officer responsible to the Lord Chancellor) often went through asylums to see ordinary as well as Chancery, lunatics; on a visit to the Retreat Asylum in Armagh the registrar had talked to Mrs Martha Godfrey and subsequently referred her case to the

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141 Hutchinson v. Walsh and another, (1904), 38 Irish Law Times Reports, 133; also R.P. 1907/10247 for another case.
Lord Chancellor for investigation. She was found sane and
Lord Ashbourne directed that she be allowed to choose where
she wanted to go, as there was some friction between her-
self (a Catholic convert) and her family (who were
Protestant).\textsuperscript{142}

The 'paternal character' of lunacy law and its practice
may be seen as deriving from the medieval prerogative
jurisdiction over lunatics and idiots. But what had
happened in the nineteenth century had substantially altered
the relation between the lunatic and society. Where the
Royal prerogative had been exercised (and was of course
still exercised in the nineteenth century) for the protection
of lunatics, or more particularly their estates, the new
jurisdiction over lunatics in the shape of 'dangerous
lunatic' and lunatic asylum statutes was exercised as much
for the protection of society as for that of the lunatic.
While, for example, the position of the Lord Chancellor in
relation to chancery lunatics was virtually to speak on
behalf of the person confined, the law did nothing to pro-
vide a spokesman for the lunatic in 'ordinary' or 'dangerous'
committals. An institutional protection, in the shape of
the inspectorate, was established; but, as the Chief
Justice in the Dublin case Re Crooke (1870) noted, the
inspector of lunatics Dr Nugent had informed him that he

\textsuperscript{142}Re Godfrey (1892), 29 Irish Law Reports, 278.
had 8,000 lunatics under his charge and it was impossible to give personal attention to each case. And even where money, an interested friend or the initiative of the confined person brought a case to court, past illegalities could be excused by the present condition of the alleged lunatic. In this way the institutional solution to a problem of social order, even where it exceeded the bounds of law in the first place could be rationalised as legitimate by the courts at a later date. The social necessity of restraining the dangerous was seen to over-rule questions of individual liberty long before turn of the century reformers began to put forward their collectivist programmes for the improvement of society.

In terms of their impact on society at large, the nineteenth-century laws for the confinement of lunatics were of much greater significance than the innovations in the law regarding criminal responsibility of the insane, on which so much has been and is written. The former registrar in lunacy in Ireland, whose chief business was the administration of the law regarding Chancery lunatics considered the law relating to lunatic asylums needed little commentary. It was, he said

one of the great merits of the code that it works in a smooth routine, and is generally so well administered and well understood as to leave comparatively small room for the emerging of legal difficulties.  

See report of case in Daily Express, 11.5.1870, press cutting in R.P. 1874/7951 (see above p.220).

Certainly, as we have seen, few legal difficulties did emerge, at least in Ireland. The questions thrown up by the laws of certification and confinement were primarily social and ethical. They concerned the administration and control of the lives of those deemed insane under legal process by the sane, magistrates, police, doctors and not least, relatives or friends. The last group were probably the most important in determining who the insane were and their importance will be examined in the next chapter. By making possible the relatively speedy confinement of an offending family member, the law played a major role in recasting relationships of violence or incompatibility into an opposition of sane and insane individuals.
In a chapter of his autobiography, Sean O'Casey describes the long and violent history of his brother-in-law, ending with his committal to the 'House of the Dead', the Grangegorman (Richmond) asylum in Dublin. Sean becomes involved when called in by a young nephew to stop Benson, the brother-in-law, beating his wife. He recalls that he has often warned Ella of her husband's odd behaviour, trying to go through walls where there was no door; leaving bed to put on his red-banded cap in the middle of the night to hurry off to work in his shirt.

He takes Benson to the Eye Hospital, with little success, then to a family doctor who tells Sean that "he's quietly going mad; but when he reaches a certain stage, he won't be quiet any longer. Your man is developing a disease known as general paralysis of the insane. There is but one thing to do now, other than to leave him in God's hands. Has he a wife? Well then, she must certify him so that he may be brought where he can do no harm; for any time he may become dangerous; dangerous, mind you, dangerous!"
But Ella had dumbly refused to sign the form, content that her husband's creeping madness should go on bringing her in a few shillings a week for they put a brush in his hand to keep the front step of the railway station clean, where he'd stand for hours leaning on his brush and gazing ahead at all he couldn't see.

In a violent confrontation with Benson, who has battered Ella, he subdues him with the aid of a chair-leg and takes him away to wait for 'the clutchers to come with the plain black cab in the morning.' Sean accompanies them to Grangegorman where Benson will dress in the rough grey tweed of the loony pauper, and wear the red woollen neckerchief so tied that when one became restless, a keeper could seize it, pull, and choke all movement, quench all fire out of the gurgling, foam-lipped madman.¹

This is the archetype of lunacy committals. The scene which follows in the madhouse with a doctor as bizarre as some of his patients does little to disabuse us of images of the violence of the asylum committal and its consequences. Yet the violence of the lunatic and the fear of the asylum which come across in O'Casey's account was not the only

image in the popular mentality.

In an essay published about the same time as O'Casey was taking his relative to Grangegorman, J.M. Synge referred to the three shadowy countries that are never forgotten in Wicklow - America (their El Dorado), the Union and the Madhouse'. In Wicklow, he observed, 'as in the rest of Ireland, the union, though it is a home of refuge for the tramps and tinkers, is looked on with supreme horror by the peasants. The madhouse, which they know better, is less dreaded'. He recalled a conversation with a woman whose brother had spent seven years in the Richmond Asylum, and was now back on his farm, having had 'a fine time in the asylum'. At Synge's show of surprise at this she went on to say that her son was a keeper in a private asylum and went to see her brother in the Richmond - 'After the first three years he was free in the place, and he walking about like a gentleman, doing any light work he'd find agreeable'. Unfortunately Synge does not elaborate on this tolerant image of the asylum. Elsewhere he identifies life in the hills of Wicklow with a tendency to 'nervous depression' springing variously from the climate and the atmosphere of the mountains to the isolation springing from the breakdown of traditional society.

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3 Ibid., pp.209-11,220.
Whatever the status of the asylum in a putative 'popular mind', we know merely from the statistical evidence that committing the lunatic to the madhouse had become a common enough feature of Irish life by 1900. The practice was encouraged by the extensive system of public asylums, always overcrowded, but incapable of resisting the swelling invasion of more 'dangerous lunatics'. In this chapter we will be giving some depth to the images of O’Casey and Synge through an examination of the process of committal and of the lunatic’s social context. As a background to this, it will be useful to remember some details of the insane in the mass.

In 1851 about 950 people were admitted to the eleven district asylums. At this time admissions were equally male and female. But of the 3,685 admitted to the twenty-three public asylums in 1911, some fifty-four per cent were male continuing a pattern established in the 1870s. This reflected the slight preponderance of males in the community generally, but also the greater likelihood of males being committed as dangerous lunatics.\footnote{Cf. 43 Report p.2, H.C. 1894, 43, where the phenomenon is explained in terms of the unwillingness of relatives to use the 'dangerous lunatic' procedure in the case of females.} And the age-specific rates of admission (Table 3) show that the male/female disparity was not just a numerical matter. Except in 1861 (when the admission of women over forty was more likely than men of the same age) the rate of male admissions was
always greater, considerably greater, than that of females. The other striking feature of this table is the relative youth of a large proportion of the admissions. For males, the highest rates were always among those in their thirties, followed by those in their twenties. For women the pattern was slightly different. While the rate among those in their thirties was also the highest, the next important group was among those in their forties. The age-structure of admissions also demonstrates that there were real grounds for concern at the turn of the century about the growth in asylum populations. The most spectacular increases in admission rates were among men - thus, the rate of admission of those in their thirties increased four-fold between 1861 and 1901, of those over seventy, twelve times. However this increase exhibits a very substantial institutional effect (the construction of six new hospitals between 1864 and 1869) and a better starting date for this kind of analysis is 1871. From then the increase is still substantial if less dramatic. Its implications will be considered in the Conclusion.

The insane were characterised not only by their relative youth and the preponderance of males but also by their marital status which was more generally single. Again this is not surprising when one considers the declining marriage rate after the famine - but it was a matter of some note to English observers who found in this detail a contrast with the English situation where the married were predominant. As Table 4 shows there were important consequences for the
Table 3

Age-specific rates of admission to district lunatic asylums per 100,000

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<tr>
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<td>109.4</td>
</tr>
<tr>
<td>30-39</td>
<td>45.5</td>
<td>79.9</td>
<td>97.3</td>
<td>125.4</td>
<td>146.6</td>
</tr>
<tr>
<td>40-49</td>
<td>35.4</td>
<td>60.7</td>
<td>81.1</td>
<td>113.5</td>
<td>129.6</td>
</tr>
<tr>
<td>50-59</td>
<td>36.1</td>
<td>51.7</td>
<td>59.4</td>
<td>87.6</td>
<td>110.3</td>
</tr>
<tr>
<td>60-69</td>
<td>18.5</td>
<td>36.2</td>
<td>41.6</td>
<td>63.0</td>
<td>82.6</td>
</tr>
<tr>
<td>70+</td>
<td>12.0</td>
<td>18.0</td>
<td>21.2</td>
<td>30.9</td>
<td>59.7</td>
</tr>
</tbody>
</table>

The permanence of asylum populations arising from the relative numbers of single and married admitted. As compared with the general population the proportion of male admissions who were single in 1901 was some seven per cent greater; in the case of women, some nine per cent. The percentage
### Table 4

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Male</th>
<th>1871</th>
<th>1881</th>
<th>1891</th>
<th>1901</th>
<th>1911</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Married</td>
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<td>25.5</td>
</tr>
<tr>
<td></td>
<td>Single</td>
<td>74.6</td>
<td>71.8</td>
<td>64.6</td>
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<td>67.0</td>
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<td>4.0</td>
<td>3.1</td>
<td>4.0</td>
<td>4.7</td>
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<td>3.8</td>
<td>3.8</td>
<td>3.1</td>
<td>2.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Female</th>
<th>1871</th>
<th>1881</th>
<th>1891</th>
<th>1901</th>
<th>1911</th>
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<tbody>
<tr>
<td></td>
<td>Married</td>
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<td>26.1</td>
<td>33.7</td>
<td>29.5</td>
<td>30.3</td>
</tr>
<tr>
<td></td>
<td>Single</td>
<td>63.8</td>
<td>61.0</td>
<td>53.9</td>
<td>58.7</td>
<td>58.7</td>
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<td>Widowed</td>
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<td>4.3</td>
<td>2.4</td>
<td>1.7</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Married in the general population in 1901 was thirty-seven per cent - the percentage of asylum admissions married was less than thirty. Once in the asylum it seems it was less likely that a person would be taken out or released again if he or she was single - for this reason the percentage of single persons resident (as seen in the figures for 1871 and 1881) was somewhat greater than those admitted. Once in the asylum the single had of course no chance of marrying; if they got out they might bear the stigma of having been committed. And if insanity was predominantly a characteristic of youth (particularly among males) then it is hardly surprising to find such a high proportion of single people in the asylum population when the tendency in Irish society at the time was to delay or even avoid marriage. However...
this is not to say that the single were socially isolated before committal. In rural communities particularly it was probably more often the case that a person sent to an asylum, even when single, was living with an immediate relative. Of the 160 admissions to the Omagh asylum in 1871 admission warrants survive for 130. From these we can learn that 108 had a relative living in the same locality - the evidence given is rarely sufficient to establish whether they were living in the same house, but this appears to have been the case in most instances. As will become evident in the course of this chapter insanity presented itself most commonly in a family context.

The occupational origins of the institutionalised insane are frequently more obscure than their demographic characteristics. Insanity, John Conolly commented in 1858, was a 'great leveller' and one found in the public asylums, of Ireland at least, professional people, clerics, shopkeepers, independent farmers, in other words people who did

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5 The following gives the results for other years (by relation I mean in this case a wife, husband, father, mother, sister or brother; a number of others in each year's admissions had an aunt, uncle or cousin at the same locality address):

<table>
<thead>
<tr>
<th>Year</th>
<th>1861</th>
<th>1871</th>
<th>1881</th>
<th>1891</th>
<th>1901</th>
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<tbody>
<tr>
<td>Relation</td>
<td>83%</td>
<td>81%</td>
<td>82%</td>
<td>83%</td>
<td>74%</td>
</tr>
<tr>
<td>at same address</td>
<td>N=</td>
<td>N=</td>
<td>N=</td>
<td>N=</td>
<td>N=</td>
</tr>
<tr>
<td></td>
<td>86</td>
<td>133</td>
<td>129</td>
<td>153</td>
<td>175</td>
</tr>
</tbody>
</table>

Source: HOS 29/1/5/601-7200. P.R.O.N.I.

6 Transactions of the National Association for the Promotion of Social Science, 1858, p.517.
not inhabit the poor houses. While the asylums were intended for the 'lunatic poor' there was no accepted definition of this category - consequently there were frequent complaints that asylums were admitting those quite capable of contributing to their support. In most cases such admissions were through the medium of the Dangerous Lunatics Act, but as the asylum became more respectable paying patients were more common. Consequently any assessment of the asylum's social character must recognise a rather broader spectrum than the phrase 'asylums for the lunatic poor' implies. However information on occupation is too inadequate to allow more than an impressionistic survey. Occupation tables are not available in the later official reports. And the earlier evidence is ambiguous with all-encompassing classifications such as 'labouring class', and 'farming class' covering the bulk of admissions. Confidence in these tables is not increased when one is aware of the slipshod information on which they are sometimes based. The wife of an Antrim 'labourer' on a committal warrant in 1891 becomes the wife of a 'respectable farmer' in a police report on the same file. A young man committed to the Richmond from his home near the centre of Dublin is described as a 'farmer's apprentice', but later

7R.P. 1891/23052.
as a 'farmer'. In some asylums the largest category is merely 'various employments' (Belfast and Carlow in 1861). Even were more accurate information available about the insane its significance might be obscured when compared with the census occupation tables which are themselves so amorphous. However, given these qualifications, the following is the general picture of the social origins of the insane.

Of those resident in district asylums in 1871 nearly nineteen per cent were listed as having an unknown or no previous occupation. This status could vary greatly throughout the country, being double that figure in the Richmond (Dublin District) asylum. However since the latter asylum listed sixty per cent of its female inmates as having no occupation, the variations in this category may be due to different principles of classification adopted by the medical superintendents than a reflection of regional variations. In particular there seems to be some confusion in the statistics as to whether married women should be included under their husband's employment when they have no separate employment. For this reason it will be more instructive to separate male and female occupations.

The inhabitants of the asylums were variously described by the inspectors as from the 'agricultural classes', the 'peasant class', the 'lower classes', the 'humbler classes'.

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8 RMCB, 1852-80, p.9.
Yet 'as a general rule', they said, 'mental affections present no variation in the different grades of life'.

In fact given the social structure of Irish society there is little to surprise us in the social background of the insane. The greatest contribution came from the 'labouring class' in this case usually signifying agricultural labourers. In 1871 nearly thirty-eight per cent of the men and eighteen per cent of the women were from this background and in 1881, over forty per cent and eighteen per cent respectively. Overlapping this category in many cases were those of 'farming' occupation who comprised nearly fifteen per cent of the men and eleven per cent of the women in 1871 (16.5% and 10.9% in 1881). Aside from these two groups which accounted for over half the asylum population (as indeed they accounted for over half the male working population of Ireland) a number of other occupations stood out. Among women, there were domestic servants (about twenty per cent in both 1871 and 1881) and seamstresses (about six per cent in both years) - but these proportions were similar to those in the general community. Thus over twenty-eight per cent of women whose occupations were returned at the 1881 census were in domestic service. The catch-all of 'various employments' accounted for about seven per cent of both sexes. And of the minor categories we should notice 'clerks',

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'carpenters', 'shoemakers' and 'students and teachers', with about two per cent (males) each; 'soldiers and military pensions', four per cent; various groups of artisans and tradesmen, as well as police, with about one per cent each; with a handful of lawyers, medical men and members of religious communities. Most of these groups did not include women, and the large proportion of women returned with no occupation reflects this. And to remind us of the previous condition of many of the asylum's inhabitants, the tables refer to 'mendicants', 1.5 per cent of the males in 1871 and 1881, and 2.7 and 3.5 per cent of the females respectively. These figures, inadequate as they are, serve to show the variety of background of the asylum population. However, as institutions, the asylums were largely moulded by the presence of so many agricultural labourers, in some cases comprising half the asylum population. Thus the inspectors responded to the charge that Irish asylums were excessively spartan in comparison with the English institutions with the defence that the large proportion of Irish lunatics were agricultural labourers and from 'the humblest walks of life'. Their domestic habits and surroundings did not prepare them to expect any better. The important role given to physical labour as a part of moral treatment was considered especially appropriate in Ireland - at Mullingar the inspectors hoped there would be 50 to 100 acres of land attached to the asylum 'particularly as four-fifths of the
insane will consist of the agricultural classes.  

Designed for the poor they were - but precisely because of the Dangerous Lunatics Acts their population was one which reflected a broader spectrum of Irish society than did the workhouse.

With this outline of the social origins of the asylum population in mind the following pages investigate the process of confining these people - their behaviour and condition, their social contexts and the behaviour of others towards them.

In the first place we should consider the poor physical health of many of those admitted to the asylums. From the earliest inspectorial reports there was evidence of this. It was the more obvious in the poorer areas of Ireland, and during the Famine. Dr Heise of the Ballinasloe asylum reported in 1846 that the patients have been all of a most wretched class, and chiefly affected with chronic disease... The destitution and neglect in which they are found to be on their being first brought to the asylum, is frightful in the extreme.  

10 Report, p.6, H.C. 1861, 27; 15 Report, p.9, H.C. 1866, 32; Report, p.47, H.C. 1846, 22. For the criticism see R.C. p.22, H.C. 1857-8, 27. A corollary of the inspectors' understanding of the social composition of the insane was their emphasis on the asylum's role of social improvement; e.g. for many of the inmates, the asylum provides for the first time an education in 'habits of order and cleanliness', an improved diet and 'servants at all hours to administer to their personal wants'. 8 Report, p. 15, H.C. 1857 Sess. II, 17.

Little had changed in 1914 when the superintendent of Killarney asylum reported that, on medical examination after admission, a small number of the patients were in average health and condition. But by far the largest number were found to be in a low state of bodily health. This... was more marked in the case of females, a number of whom looked prematurely aged, and gave a history of having suffered from loss of appetite, constipation, insomnia, and other nervous phenomena for many months before the complete mental breakdown supervened.  

The bad health of asylum admissions is difficult to quantify. Some mortality figures for asylums are available from later in the period we are considering. From these it appears that about one in fifty males died within a month of admission and more than this among women. In 1901 and 1911 over three per cent of females died within three months. In the five years 1889 to 1893 while the majority of asylum deaths occurred among those aged over forty-five, nearly thirty per cent were among those under thirty-five, i.e. effectively for the age-group fifteen to thirty-five, there being few admissions of children. The major cause of death in the asylum, and the reason for the high mortality of the younger age-groups, was phthisis, or tuberculosis of the lungs. Over twenty-five per cent of all asylum deaths in 1901 and 1911 were attributed to it, the average age at

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12MPC, IS, 26.8.1914
death being thirty-seven and thirty-nine in those two years. However, while the proportion of deaths in the asylum from tuberculosis probably exceeded the national rate (which was twelve per cent in the decade 1911-1920) there was nothing unusual about its impact on the insane; it was also the most important single cause of death outside the asylum. In spite of this, for many years doctors and other observers postulated a nexus between insanity and 'consumption'. No doubt, in the cities, particularly in Dublin, the evidence for this must have appeared overwhelming. The behavioural peculiarities which could accompany advanced tuberculosis were thought by some to constitute a particular type of insanity. With more knowledge of the disease and a close examination of asylum statistics, superintendents discovered about 1900 that their institutions were in fact propagating the disease.\(^\text{13}\)

There were other cases in which physical illness and its symptoms were the occasion for admission to the asylum. The most obvious example in hindsight was general paralysis of the insane, usually the long term result of virulent secondary syphilis. But in addition the asylum could be used as an institution for marginal cases - physically ill people whose mental symptoms and annoying behaviour were grounds for committal, often with fatal consequences; the aged, whose senility, incontinence or mere outbursts of temper frequently became an excuse for workhouse officials

\(^{13}\text{Cf. F.G. Crookshank, 'The Frequency of Phthisis Pulmonalis in Asylums...', JMS, 45, 1899, pp.657-683. See below, p.327.}\)
to send them to an asylum; the 'idiotic'. These examples illustrate not so much the 'typical' case as the inadequacy of legal and institutional structures and the consequences of ignorance or incompetence on the part of medical men, magistrates and police.

Whether a person's behaviour was the result of an insanity or a fever was considered problematical. A Local Government Board Inspector was sent to Cork in 1892 to investigate allegations by a parish priest that a dispensary doctor had admitted a lunatic member of a 'fever-stricken family' to a fever hospital, with her mother and sister. Asked why he had done so, the doctor replied -

because she was a lunatic and because it was an act of charity to do it; besides, it occurred to him that she might have a touch of fever. In assisting to get her removed she became violent and bit him in both hands. At the police barracks he reported his belief that she was a lunatic and gave sworn information to that effect.

The Medical Press saw this as an example of the 'difficulties of diagnosis between lunacy and fever delirium well known in general practice and asylums', and drew attention to the 'perplexities of the medical practitioner among the poor and destitute in such cases.' Similarly a 'Practitioner of 40 years' argued that poor diagnosis was leading to the

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1MPC, 7.12.1892.
confinement and death in asylums of people who were actually suffering from various diseases such as meningitis and 'brain fever'.\textsuperscript{15} Certainly, in cases of puerperal fever, frequently taken to be puerperal mania and thus reason for committal to an asylum, the state of a woman's health might be completely ignored. In 1891 a woman from Larne, near Belfast, was committed on the information of her husband that she had been astray in her mind for three weeks, threatening to kill herself and assaulting him. Although the dispensary doctor certified that she had puerperal fever and 'phlegmasia dolens' (milk-leg or thrombosis) the police were instructed by the magistrates to take her by 'car' to Belfast. On the way she became ill and died while the police were carrying her into a public house. An inspector of lunatics criticised the police for moving her without a medical opinion as to her fitness to travel. In such a case as this, every agent involved was able to rationalise the action - the doctor claimed that there was no place other than the asylum for her; the police that there was no indication from the doctor that she should not travel; the magistrates that she was too violent to be taken by train. In the inspector's opinion she should not have been moved at all.\textsuperscript{16} The criterion for committal was the difficulty of management of the woman rather than her mental state - in the doctor's mind the 'mania' obscured the more serious aspect of her condition, the blood-clot, 

\textsuperscript{15}MPC, IS, 22.2.1882.

\textsuperscript{16}R.P. 1891/23052.
which the inspector claimed would have been moved by the twenty mile journey to the asylum.

A memorial to the lord lieutenant of 1885 requested an inquiry into the detention in the Down asylum of a woman with puerperal fever and (in the words of the memorialist) 'the mania that often accompanies it'. The doctor explained the committal - she was prematurely confined in early February 1885 (he does not mention that the child died a day later); he visited her three days later and found that she had not been sleeping and had been very nervous before and since her confinement; on the fifth day she became delirious and was constantly talking and singing, she could only sleep under powerful narcotics and would eat only under pressure. The memorialist, brother of the woman concerned, cited another medical opinion that 'it is a grievous wrong to commit as a lunatic one affected as my sister'. Puerperal fever and mania were well known to the profession and their judgement was 'against subjecting the patient to the treatment provided for Lunatics in the ordinary acceptation of the term'. In this, and no doubt in many cases, there was no consensus of medical opinion - the decision for committal was taken after the superintendent of the Down asylum was called in as 'an expert' and agreed that she could be committed.¹⁷

But such admissions might take place as much through the default of other institutions as through medical

¹⁷R.P. 1895/8093.
judgement that they were cases suitable only for an asylum. Thus a twenty-one year old woman was sent in a delirious state to the Adelaide Hospital in Dublin one week after the birth of her first child. After a week there the matron discharged her as they had 'no convenience for keeping her there.' She was taken to the Chancery-lane police station where her husband, having been told that she had to go to an asylum for any hope of a cure, swore that she was a dangerous lunatic. This being 1862 (i.e. before the abolition of committal of lunatics to prison) she had first to be sent to Grangegorman penitentiary where she died soon after - the inquest jury found that her death was from 'puerperal mania' accelerated by her removal from the Adelaide Hospital four days earlier. In 1900 another woman 'became insane' after child-birth and was taken to the Coombe Lying-in Hospital (Dublin) by her husband; being considered an unsuitable case, she was refused admission and taken back home; the next day, having 'severely injured herself' she was taken to the workhouse which also refused to admit her and gave her to the police for committal to the Richmond asylum. Admitted there, she died soon after from 'exhaustion and loss of blood'. It is difficult to establish the frequency of such cases - as a proportion of

18 *Freeman's Journal*, 6.1.1862; for another similar case see *Irish Times*, 23.5.1862 (both in Larcom Papers, Ms.7776, NLI).

19 *MPC*, 14.11.1900.
admissions they were of minor significance. Rather they
demonstrate the importance of the asylum as a receptacle
for those whom workhouse, hospital or prison would not
house. In these situations the law was conveniently at
hand to absolve certain authorities of their responsibilities
and to force the hand of others.

A young inmate of the Carrick-on-Suir workhouse was
committed as a dangerous lunatic to Clonmel Gaol in 1864
where she died six days later from 'mental and bodily
exhaustion'. According to the prison medical officer she
had 'appeared in a dying state when committed to gaol on
6th [October]'. The master and doctor of the workhouse
claimed that they committed her to gaol as the 'readiest
means of getting her into the Lunatic Asylums.' Defensively
the doctor continued that he was not aware of anything
that warrants the conclusion arrived at
by the Medical Officer of the gaol that
this woman was in a dying state when ad-
mitted under his care - she lived for six
days.\textsuperscript{20}

In 1872 the ire of the Inspectors was raised by 'an instance
of the thoughtless committal of persons as \textit{dangerous} lunatics
under a recent statute - sent to Asylums on the eve of death,
and utterly prostrate from debility'. But the case they
cited was possibly less a 'thoughtless committal' than a
belated attempt to obtain adequate medical treatment in the

\textsuperscript{20}R.P. 1864/21068.
face of the refusal by a workhouse hospital to treat a patient. The Fermoy dispensary medical officer explained that he had visited Bridget Morgan, eighteen years old, six weeks before her death. At first she was not confined in bed, but her mother said she had an 'airy fit', was quite silly and talked foolishly. He found her morose and unco-operative. However her mother told him that she had called him in because the neighbours said she had been seduced and was pregnant - she wanted him to disprove this. With the exception of suppression of menstruation, he found no evidence of pregnancy - he prescribed for her, saw her again a couple of days later, when she was still much the same. Called again about five weeks later he found

[s]he was violent, her hands were tied across her chest and she shouted, cursed, whistled and used the most obscene language.

She had extensive bed sores from lying on a hard, uneven bed. The father wanted her removed to the asylum as he was 'up all night with her and that if she were not removed he would be dead himself'. The doctor agreed. But before signing the certificate two days later, he tried to have her admitted to the workhouse hospital as he feared she would suffer from the bed sores on a long journey to Cork. The workhouse refused, on the ground that she was 'insane'. So he signed the certificate for her committal, not seeing any reason why she should not be removed. The magistrates 'examined' her, by looking at her in the police car, and
she was taken to Cork asylum, a journey of over four hours. There she died thirty hours later. A poor law inspector sent to investigate the case was diffident about whether she should have been removed but regarded the doctor's actions as partly due to his lack of experience in 'mental disease'.

The flushed face and powerful voice indicated not bodily strength but an unnatural excitement of the nervous system, certain (on its subsidence) to be followed by an equivalent depression, which in Bridget Morgan's case assisted by a low form of bodily disease was sufficient to extinguish life.  

Here the asylum was functioning as a hospital, though not, we may be sure, the sort of hospital that asylum superintendents wanted to see.

Not all such cases ended for the worse. A young woman admitted to the Castlebar asylum in 1870 was described as physically very debilitated though her intellect was 'clear and unclouded'. She had no previous signs of insanity but her husband said she had caught fever three weeks before and eventually he had to restrain her with ropes. Consequently her wrists were injured, one being cut in three places by the ropes and covered with ulcers. She was committed under the Dangerous Lunatics Act but

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21 R.P. 1872/12214.
discharged six weeks later. In all these examples (we should note that they were all women) the criteria of insanity were ambiguous, even obscure. Popular and medical opinion equally saw fever or delirium or indeed any behaviour accompanied by sudden alterations in mental states as an 'attack of insanity' and made use of the asylum for its treatment. This was a matter both of institutional convenience and of contemporary perceptions of what insanity might be; occasionally, as in these cases of serious physical illness, some would question the diagnosis and the use of the asylum in this way. Two other pathways to the asylum, common enough but disputed as to their appropriateness, were old age and idiocy. In both cases the absence of other institutions in a society where traditional forms of support for the dependent were declining determined that the old or the idiotic belonged with the insane in asylums.

The admissions of those over seventy increased at a rate greater than that of any other age-group throughout the period we are examining. So it is hardly surprising to find asylum doctors complaining early this century of the increasing committal of old people to the asylum. This tendency reflected both the growth in relative size of the aged population (the proportion over sixty-five was 3.6% in 1851; 6% in 1871; 10% in 1911) and the inadequacy

\[\text{22 Report, p.7, H.C. 1871, 26.}\]
of institutional provisions for the aged. The workhouses of course took many but in turn they attempted to transfer this burden to the asylums. While the South Dublin Union agreed with the Richmond asylum committee's position in 1912 that the workhouse should provide for old people and not send them in to the asylum, the North Dublin Union said they only sent in the 'dangerous lunatics'. But Dr Donelan of Richmond countered that the North Dublin workhouse had sent in nineteen feeble aged people in 1911 and that the majority of them died within short periods. Others commented on the 'tendency of children of today to transfer their parents to asylums for senile troubles, which formerly were tended in the homes'. The evidence for the latter assertion is difficult to find - the basis for it was the more obvious presence of the aged in the asylum. But as we have seen this was merely a reflection (slightly amplified) of Ireland's aging population. Blame could be more personally and concretely laid on the workhouse authorities. Not insanity, not even senility in some cases, but difficulty of management was frequently the criterion of committal from a workhouse. At the Carlow asylum in 1903 Dr O'Meara refused to admit five of the six cases sent to him by the local workhouse, because they were not insane.

23 MPC, IS, 1.11.1911 and 3.1.1912.


25 MPC, IS, 18.12.1903.
Faced with such a refusal the workhouse officials could make use of the Dangerous Lunatics Act. An eighty-four year old woman in the Bawnboy workhouse (Co. Cavan) was committed to Monaghan asylum in 1893 for having 'attempted' to kick another inmate. Here the law was being manipulated for institutional convenience - the warrant was illegal in any case since the medical certificate was made out by the workhouse and not a dispensary doctor. Required to state the 'species of insanity', the medical officer first wrote 'idiotic', deleted this and replaced it with a genus of his own - 'dementia hereditas'. The only evidence of insanity offered was that 'she gets into violent passions without any apparent cause'. The last phrase suggests the ambiguity of 'insanity'. It was not just difficulty of management and control of behaviour which might constitute the disease - it was equally the absence of causes which were accessible to popular, even medical, understanding. It was precisely the ambiguity of the term which made it so useful for disposing of the troublesome, not least when they were old.

Bridget Glennan was arrested at Kinnatty after committing some minor (unspecified) assault and committed as a dangerous lunatic to the Maryborough asylum. An

26 R.P. 1893/11888.
irregularity in the committal brought the case to government notice. On investigation, Inspector Nugent recommended her discharge - she was

a garrulous, inoffensive old woman - labouring under senile weakness of intellect - probably a person of a hasty or irritable disposition if contradicted - further this female never had been deemed insane...

One of the committing justices defended his action by describing his encounter with her after she was sent back from the asylum for re-examination.

I put some questions to this Woman, for instance I asked her, 'Where she had been for the past few weeks', her reply, 'I was in my own house & had my two little boys & my little girl with me', this though she had been in the Asylum at Maryboro during that time, in reply to another question of mine, 'as to how she came into Town today', she said, 'I walked in with my daughter from Kinnatty,' though she had a few hours before come by train from Maryboro & in charge of two Policemen.27

Having obtained all this apparently conclusive evidence he wanted to commit her. In this case, however, the dispensary

27R.P. 1883/21861.
doctor (replacing the workhouse doctor in the first examination) considered that she was not a lunatic and she was not committed a second time. Yet numerous committals of old people were made in this fashion not because they were dangerous, but because their social dependence in a society faced with an increasing burden of aged left them only the expedient solution of the asylum. Asylum superintendents, for the most part ineffectually, resisted the incursion of the aged - but not always on the ground that they were not insane. Rather the objection was that such people were incurable and therefore unsuitable to the asylum. Thus the superintendent of the Ennis asylum described a case sent in from Killadysert workhouse -

she appears a most unsuitable case for the Asylum being 78 years of age and labouring under senile dementia and I need scarcely remark incurable.29

28 Keith Thomas has pointed to the particular vulnerability to charges of witchcraft of the socially dependent, particularly old women, in sixteenth and seventeenth-century English villages. There too the phenomenon must be seen against the 'breakdown of the tradition of mutual help upon which many English village communities were based'. Keith Thomas, 'The Relevance of Social Anthropology to the Historical Study of English Witchcraft', pp.63-4, in Mary Douglas (ed.), Witchcraft Confessions and Accusations, 1970 (ASA Monographs, 9) and Religion and the Decline of Magic, 1973, pp.673-7.

29 R.P. 1876/19445, encl. 1876/15913.
This objection was clearly stated in 1911: the number of aged in asylums swelled the return of incurable cases and 'statistics which included them give a subverted idea of the curative value of asylums.'

The asylum authorities had more success in preventing the admission of the idiotic or mentally retarded. Throughout the century there was a clear distinction between insanity and idiocy and asylums were intended only for the insane (or lunatic). Nevertheless, among those groups whose presence discomforted the asylum were those described as idiotic or imbecile. Usually the superintendent tried to remove them to the workhouse. Sarah Hogan, described as demented and idiotic as a result of some cerebral disease, was committed to Limerick asylum in 1888. She had been violent for four weeks, assaulting her mother (no details are given) and breaking crockery in the house. The superintendent considered she was a 'wretched imbecile', utterly helpless and not a dangerous lunatic. Her mother was asked if she would send her to the workhouse if she was discharged from the asylum. She agreed to this. In 1872 a Tyrone clergyman wrote to the Chief Secretary asking for an order to admit an idiot boy of seventeen to the asylum. He had already been refused by the Dungannon workhouse because the boy would be a 'troublesome inmate', and by the Omagh asylum because they had no room. The boy was a

30 MFC, IS, 1.11.1911.

31 R.P. 1888/5486.
'harmless idiot', and one of five children of a labourer, 'but is now become very troublesome & opposes his Mother's authority when his Father is absent'. But on advice from an inspector of lunatics, Dublin Castle replied that he should be admitted to the workhouse. Such cases were not for the asylum, the inspector wrote.

The occupation of beds in asylums by those who with care could be fairly treated in poorhouses when quiet is not only doubly expenses [sic] on rate payers but interferes with the reception of curable or truly dangerous cases. 32

The governors at Castlebar refused to admit an imbecile child of nine years in 1898 because they did not 'consider the Asylum the proper institution for the care and treatment of such a case'. 33 Nevertheless if action was taken under the Dangerous Lunatics Act there was little the asylums could do. An 'idiotic' child of ten was committed in 1869 to the Cork asylum - how such a child could be considered as dangerous was beyond the inspectors' comprehension but it was not uncommon. 34 In some cases however the asylum superintendent and the inspectors in Dublin challenged such

32 R.P. 1872/11461.
33 R.P. 1898/6177.
34 19 Report, p.27 H.C. 1870, 34.
actions. Thus a thirteen year old girl in Sligo asylum was discharged after the government law adviser found the warrant did not show her intention of committing a crime.35 The almost complete absence of facilities for the care and education of 'idiotic' children (there was one Irish institution, in Dublin, and this only for Protestant children) made it inevitable that some would end up in the asylum. But through the sort of resistance just described asylum administrators managed to limit their share of this burden. In 1891 there were only thirty-four children under fifteen in the public asylums; in 1901, twenty-nine; in 1911, sixty-one.

We have seen how the asylum might be used to house persons whose insanity was questionable to medical administrators who had a certain vision of the asylum as a 'curative' institution. But to others, in some cases families, in others police or workhouse masters, the asylum was the obvious or only place where irritating, noisy, disturbing people could be sent. Rarely in the examples we presented above was the matter one of containing dangerous behaviour. It could be quite the other case where drink was involved. The contribution of drink to the asylum population was usually exaggerated by contemporaries - with heredity it shared the blame for the majority of asylum admissions. But it was doubtless 'associated' with a sizeable proportion of admissions. Lists of 'probable causes' of insanity in the annual reports attribute nearly nine per cent of admission

in 1891 and over ten per cent in 1901 to 'intemperance in drink'. Some ended in the asylum after a bout of drinking which led to serious violence; others went in and out with a frequency which illustrates the relatively benign attitude of the asylum authorities. Perhaps it also illustrates the unreliability of 'recovery' statistics as any serious indicator of what the asylum was about.

Daniel Clancy, a publican of Dublin, was first committed as a dangerous lunatic to the Richmond asylum in 1869. By late 1876 he had been admitted no less than sixteen times. On all these occasions his state of mind was attributed to drink and after a short time in the asylum he would recover and be released. During these years his wife applied to the asylum a number of times for his discharge on recovery in spite of his violence to her. By late 1876 however she was clearly glad to be rid of him. In a petition she complained that he had been released too soon from the asylum. This petition made no mention whatever of his drinking and concentrated instead on his violence - he had tried to cut her throat with a razor whilst she was in bed (the first committal); stabbed himself with a bread knife; and done other unstated violence to herself and their five children. What had happened to change her mind was not clear but a letter written over a year earlier exhibited quite a different tone - there she admits his drinking ('the smallest quantity affects him dreadfully'); the children fret for him; she is afraid that the effect of not being released will permanently impair 'his bodily health'; and although
[h]is most determined attempts were always at myself...no matter what affliction he might heap on me I would not wish him to be detained one hour longer than was necessary to restore him to health.

Finally she adds that if he ever be admitted again she will not apply for his discharge. Perhaps her petition of 1876 was merely fulfilling this promise. There is no record of the sequel to these events. However the law adviser recommended that since there was little else left to the asylum than to discharge him each time he recovered, a detective should be detailed to watch him closely. Perhaps he would obtain evidence of a crime to which Clancy could plead insanity and so be detained at the pleasure of the lord lieutenant. The success of this ploy would in part depend on medical evidence - Dr Lalor of the Richmond asylum asserted that Clancy was not insane but merely suffered the 'delirium of intoxicating liquors' and was therefore responsible for his actions.36

No doubt this was a story familiar enough to police and asylum staff. In 1904 Dr Drapes of the Enniscorthy asylum blamed excessive drunkenness in Wexford for the increase in insanity and referred particularly to the problem of habitual drunkards returning to the asylum again and again.37 But since the insanity of a drunkard was questionable, his or her state when not drunk rarely

36 R.P. 1877/827.
37 MPC, IS, 17.8.1904.
justified long detention, even where families or others wanted it. The consequences of drink were indubitably destructive but the protectors of the public health felt limited in what they could do. The failure of Inebriate Reformatories and Retreats when they were established early this century was symptomatic of the constraints on compulsory detention of drunkards. In such a situation the asylum was an easy way out.


As in England there was little response in Ireland to the Inebriates Act of 1898 (61 & 62 Vic. C. 60). Not before 1905 was an Inspector of Retreats and Certified Inebriate Reformatories appointed for Ireland (O.P. O'Farrell, the Inspector of Lunatics). The only facilities provided under the Act were 'The Lodge Inebriate Retreat, Belfast' founded by the Irish Women's Temperance Union in 1902 and brought under the Act in 1903 so that inmates could be detained; a State Inebriate Reformatory at Ennis which was actually under the General Prisons Board; and Certified Inebriate Reformatories at Waterford (1906) and Wexford (1909) founded by Catholic religious orders. By the time of the last report of the Irish Inspector (H.C. 1920, 18) both the Waterford and Wexford reformatories had closed. R.P. 1907/10901, R.P. 1901/7589, R.P. 1910/15946 and R.P. 1918/5058. Teetotalers may have, as Brian Harrison suggests (Drink and the Victorians, 1971, p.365) 'helped to substitute compassion for condemnation' in social attitudes to the drunkard but such a change failed to make itself felt in the area of treatment of alcoholism. Doubtless the problems were partly financial, partly the failure of the advocates of treatment to prove that successful treatment was possible. Further there was the problem of detaining people who had not committed a crime and, when sober at least, were as 'sane' as anybody else. And there was also the widespread survival of an attitude which found the drunkard largely responsible for his own condition and therefore liable to punishment rather than treatment.
On his wife's information Michael Lynch, a solicitor's clerk, was committed to Waterford asylum in December 1900. Prior to this he had been writing letters to the Constabulary alleging that a police officer had been inducing his wife to commit perjury and have him committed. He had written, he said, several times to Mr Smith (the police officer) 'in connection with boycotting and intimidation to which I am subjected and a murderous assault that was committed on me'. A police report records that he was subject to 'hallucinations' (delusions may be meant) which got worse when he started drinking. He was discharged from the asylum three months later on the application of his wife who said they were moving to Crok. However, a week later he was re-employed by a solicitor. The latter described him to police as a very hard working clerk who is subject to delusions, and when he takes drink is not accountable for his actions. He has not been drinking to excess since his discharge from the Asylum.

Yet his grievances continued - he wrote to his local M.P. about the conspiracy against him and asking for an enquiry (this was the origin of the file on the matter). By this stage his fears could feed on the reality that he had been committed by his wife and the police. On the other hand his re-employment, and indeed his wife's request for his release, tells us something about the traffic in and out of the asylum and the degree of tolerance shown towards at least some ex-inmates.39

39 R.P. 1901/7825.
Elsewhere drunkenness was not treated so leniently. In 1897 a police constable was dismissed from the service without pension following his continuing drunkenness. A Sergeant reported that he was showing signs of his mind being deceased [sic]. He was speaking last night of soon getting married to the Hon. Lady Mary Cadogan and that he was going to write a love letter to her.

The police medical attendant at Kildare considered that 'a very little liquor would have the effect of upsetting the Constable'. On his dismissal he was sent to the Enniscorthy asylum. Similarly, in 1871 a police constable was dismissed without pension after twenty-six years' service. He had become insane, so the Medical Officer considered, by drinking. Detained in the barracks for four months after his discharge, he was eventually removed to Ballinasloe asylum. Despite appeals from his local M.P. the inspector-general of constabulary refused to alter the pension decision. In both these cases the committal to an asylum seems only to have taken place after some history of incidents involving drink. In fact the asylum was not used so much for drunkenness per se (for which the law in any case had its own penal provisions) as for cases where

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40 R.P. 1897/19870.
41 R.P. 1872/15831.
it substantially disrupted the life of the individual or his relatives. Another man admitted to the Enniscorthy asylum in 1896 had a history of six years intemperance and had been allegedly insane for the last three years. The superintendent reported that he suffered from insanity as a result of 'drink and heredity' (two of his brothers had been in the asylum and one had died there) and was dangerous when the 'brain is excited by alcohol'. He had twice been imprisoned for threatening or assaulting his wife and had so mismanaged his business that he was obliged to sign it over to his brother and his wife. Some governors wanted to discharge him - he was a talented and intelligent man, said the superintendent, who could probably convince a judge and jury that he is not insane. But his wife and three witnesses testified before the board of governors that he had been addicted to drink and had threatened her. While the doctor was sympathetic to a discharge he warned of the violent consequences of the man drinking.\(^{42}\)

At other times drink presented itself less as the origin of personal troubles than as its consequence. It was said of Daniel Bergin, an inmate of the Richmond asylum that he had been 'unfortunate in business' and consequently became addicted to drink.\(^{43}\) Perhaps other things besides drink had troubled the mind of James Howard,

\(^{42}\)R.P. 1897/3629.

\(^{43}\)R.P. 1873/11736.
an old inmate of the Richmond who recalled his history for a doctor in the 1890s. In September 1868 he had been received in the asylum from Harold's Cross Prison. Some time before this he had been drinking all night at the wake of a friend. He went to work the following day and attended the burial the day after that.

On the way home he took a bottle of claret in Marlborough Street. When he reached the Quays he suddenly burst away from his friends and running with great rapidity jumped across the wall and into the Liffey. He knew he was doing wrong, he told the doctor, but he 'could not resist the temptation. He supposes it was the Devil that tempted him'. A boat hauled him out and he was taken to the police, where he was probably charged with attempted suicide. From there he went to the prison and then to the asylum - presumably, since this account was taken down thirty years later, he ended his life there.\textsuperscript{44}

A solicitor's clerk, two policemen, a man in business, a publican whose occupation was a source of never-ending temptation - these few histories no doubt only touch the surface of a much greater problem. Late Victorian reformers wanted to provide special institutions, inebriate asylums, for such people but the law was not so ready to enforce compulsory treatment of alcoholics as of insanity. In the meantime drink made its own contribution to the lunatic

\textsuperscript{44}\textit{RMCB, 1852-80, p.85.}
population since it would not be tolerated elsewhere. In 1896 a police medical officer sent a 'harmless lunatic' suffering from delirium tremens to the lunacy ward of the workhouse. The workhouse doctor objected to receiving such a patient but Dr Speedy argued that nothing else could be done - a case of delirium tremens would not be received in a Dublin hospital and the guardians were responsible for such a person in the lunacy wards.45

Of the many admissions to the asylum the most common were those known in the nineteenth century as 'maniacs' and 'melancholics'. Imprecise as these categories were, one could, from the many texts available, draw up a picture of the typical features of these insanities. However our concern here is with the social context of insane behaviour and the way it presented itself to contemporaries. We shall examine these confinements for what they reveal about social tolerance and definitions of the insane and, implicitly, about contemporary limits of behaviour. Whether the occasion for committal was an attempted suicide, a vicious or perhaps trivial assault on a relative, or wandering aimlessly about the countryside, the histories we have frequently illuminate the complex and troubled pattern of these lives and their interaction with their immediate society. Drink, old age or fever could not explain the insanity of those whom the doctors described as maniac or melancholic. For this reason the insane we deal with below were the typical cases, the ones whose behaviour and mentality most bewildered

45MPC, IS, 12.2.1896.
and disturbed the sane. The nature of insanity, despite the attempts of a putatively scientific medicine to explain it, remained inexplicable throughout the nineteenth century. While the increase of insanity at large was ascribed to 'civilisation' or more commonly, 'heredity', a recurring explanation of its individual manifestation was that it had pleased God or Providence to afflict a person with insanity. For many there seemed no other explanation for the sudden outbursts of temper and violence, or the breakdown and inability to carry on one's life, two of the typical preludes to asylum admission.

An attempted suicide was irrefutable evidence of a person's insanity. The suicide rate itself increased in Ireland in the late nineteenth century and peaked in the first decade of this. Although it is not possible to quantify from the official statistics, attempted suicide was a common event among those factors leading to confinement in the asylum. An attempt in itself was not necessary -

46 Thus the Limerick governors - 'the affliction to which it has pleased Providence to afflict [the insane]'; R.P. 1845/G8338, encl. 1844/G3732. 'Through God's inscrutable providence', a petitioner writes to the lord lieutenant, his friend has been 'deprived of Reason'; R.P. 1848/G5433. Not long since, according to the Dublin Evening Post in 1856, 'Insanity was regarded as a terrible and mysterious visitation of Providence for which there was no cure - no relief'. MPC, 8.10.1856. But the agents of medical treatment themselves did not surrender this attribution of insanity to Providence. Dr Woods of Cork wishes in 1881 to 'separate visitations of Providence [i.e. insanity] from vicious acts [i.e. crime]; MPC, 6.4.1881. An inspector of lunatics describes a patient's restlessness in 1901 as 'the direct result of the particular form of mental disturbance with which it has pleased Providence to afflict him'; R.P. 1901/9795. A mother writes of her daughter that 'it pleased God to Afflict [her] with Insanity'; R.P. 1877/9423.

threats to do away with oneself were commonly cited as indicating the need for asylum care. In Dublin, suicide attempts and threats were frequently associated with the River Liffey and the two canals. We have already met the case of James Howard, who threw himself into the Liffey after drinking a bottle of wine. A 23 year old unemployed youth admitted to the Richmond asylum in 1888 had 'tried to end his miserable life by throwing himself into the Liffey'. Questioned by the doctor after admission he said he was 'lost...damned...can't be forgiven'. 48 A pensioned soldier, who had previously been in the Washington asylum, threw himself in the Liffey to escape his persecutors. 49 An epileptic patient had attempted to jump in 'because he had no work'. 50 A 28 year old mother of one child was admitted in an hysterical state after threatening to throw herself into the Liffey. 51 With many of these people we know little of what preceded their various threats and attempts. But a 49 year old woman living in Middle Abbey St., just one block from the river, recalled the major details. Her daughter had died in the Rotunda Hospital while in childbirth eight days before. At the wake she did not drink but a week later she had some whiskey and porter. When she asked for more the people in her house would not let her have it so she ran out of the house. The

48 RMCB, 1888-9, p. 145.
50 RMCB, 1852-80, p.381.
51 RFCB, 1889-91, p.517.
next thing she remembers was finding herself on the Quay near Grattan Bridge looking into the Liffey & thinking about her son in America. From this account it is not clear whether she then jumped in, although she denies having had any suicidal intent. In any case perhaps it was enough to be behaving strangely about the walls of the quays or on the banks of a canal to attract the interest of a policeman or a passer-by.

A young woman admitted to the Richmond asylum in 1892 had been arrested on the banks of the Grand Canal by a policeman who asked her where she was going; she said she did not know and he then arrested her saying that she wanted to drown herself, 'which I never thought of'. On her own evidence however she was in a distracted state of mind. To the doctor she appeared sad and melancholic, but she gave a 'very coherent' account of herself. A few weeks before she had gone out of the house to get milk, leaving two small children in front of the fire. When she came back she found the older one on fire; the child died some days later in Dun's Hospital. She could not sleep or eat after this but took a 'few classes of porter'.

One night about 11 o'clock I awoke from my sleep as if out of a dream and went along the Canal on the way to the hospital -

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52 Ibid., p.597. Cf. ibid., p.329 for a woman who went down to the Liffey one night 'after taking too much drink, was going to throw herself in, on the prompting of the Devil, when some people passing by asked what she was doing and told her to go home'. 
forgetting that the child was dead and buried some days. It was while in this state that the policeman came across her. She was discharged from the asylum nine days later.\textsuperscript{53}

Drowning oneself was of course only one of the considerable array of methods attempted or threatened by those who became asylum inmates. Jumping from windows, cutting one's throat, hanging, poisoning, shooting - all these were common threats and modes of occasional attempts. Accompanying the attempts went depression, occasionally religious worries and fears. In one case combining both, the person was not even considered a 'lunatic', though the asylum was deemed the appropriate place to send her. Ellen Reilly, a 28 year old woman who kept house for her two brothers was committed to Mullingar asylum on the information of one of them that she threatened to take her own life and 'actually crossed the fields with a view of carrying out the threat' - presumably to drown herself. A medical report from the asylum said she was depressed generally, and states that her soul is lost, and that the Priest is endeavouring in vain to recover her salvation.\textsuperscript{54}

Here the committal to the asylum was largely preventive. In fact very many of the committals of the 'suicidal' were preventive, a response to an outbreak of violent

\textsuperscript{53} Ibid., p.341.
\textsuperscript{54} R.P. 1901/3092.
language, threats, attempts - usually foiled by watchful relatives - to get to a window, or a knife. Francis Prichard, a Fermanagh farmer, committed his 25 year old son to the Omagh asylum in 1876 following an attack of 'religious insanity' shortly before. He had attempted to drown himself and, as his father put it, 'wanted a knife threatening to put an end to himself'. The committal was evidently made reluctantly. His father wrote to Dublin Castle six months after the admission requesting his son's discharge, after it had been refused by the superintendent.

If I thought it would be so difficult to get him out of the Asylum as it is I would not have sent him to it.

The doctor who had signed the medical certificate also reported that the removal to the asylum was made under the belief that Prichard could at any time take his son out under his own charge again.55

Attempted suicide, or the threat of it, shared with violent assault (and, more commonly, the threat of this) the ultimate justification for confinement in the asylum. Sometimes the two were not separated. An adolescent girl

55 R.P. 1876/3167. The relative of another Omagh inmate makes the same complaint. The writer says that the doctors hold out no hope for improvement and therefore she wants the woman released - 'Had I known when she was admitted, that there would be any difficulty in obtaining her discharge, if she showed no signs of improvement, I should never have given her up'. HOS 29/1/5/3665.
from Drumgana in Co. Monaghan was committed by her mother following a trying four weeks of conflict. The girl was reported to be restless and insomniac; a month before she had struck her mother a violent blow on the face injuring the sight of her eye; the previous day she had kicked her mother, struck her with a broomstick and threatened to cut her throat while asleep (they shared the bed); as well she had threatened suicide - 'By Jesus I'll do away with myself' her mother reported her as saying. She believed her daughter was 'out of her mind'.

When a question of assault charges came up (all the above having been sworn before a justice) the police reported that the mother did not want to press a charge of assault, but only to have her committed to the asylum. Sending one's own child to the prison was clearly more odious than recourse to the asylum. A similar motivation was evident in the case of a 35 year old farmer who was detained as a dangerous lunatic in the asylum in 1882 while awaiting appeal against a sentence for assault on his mother. The latter wrote to the lord lieutenant asking for his conviction to be quashed; if he recovered while in the asylum and was sent to prison for the rest of his sentence 'he would never come out alive'. According to medical evidence this farmer had been a heavy drinker, had attempted to kill his mother and several times assaulted his wife.

56 R.P. 1911/10264.

57 R.P. 1882/45212.
While an assault on a stranger would no doubt receive less indulgent treatment the case was clearly different where a family was concerned. Catherine Dempsey, wife of a small farmer (also a dealer in flax who was reported to have lost money in his trade) from near Coleraine (Co. Derry) swore an information against her husband on 8 February 1862 - he had assaulted her several times, sometimes with a hatchet or tongs; beat his children with a chain and other weapons; and that day he had severely wounded his daughter with a shovel saying he would 'have a life'. But she must have had second thoughts about proceeding with her action at this stage. He became quieter, although he was reported to have become ill and deranged on 17 March. But it was only on 30 May that she proceeded with her action to commit him as a dangerous lunatic. For a family, perhaps wife and children or a dependent parent, the removal of a breadwinner was the price which had to be considered before committing to the asylum. A 76 year old man, living with a son and daughter on about three quarters of an acre of land at Pallaskenry, Co. Limerick, had committed his son to the asylum. He had worked for some years in the Inland Revenue before 'his mind became defective and he was ultimately discharged on pension of £33 per annum'. For the last sixteen years he had lived with his father but Latterly his mind appears to have gone altogether wrong. He had been threatening

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58 R.P. 1862/18258.
to shoot Priests and he purchased a
Revolver and 50 or 60 rounds of ammunition
which the Police took from him, fearing he
might do harm. I swore an information.

In a letter to the lord lieutenant he complains that he has
thus been deprived of his son's support and asks for a
proportion of it to 'keep me out of the Workhouse'.
There are similar records of others writing to the government
requesting the discharge of relatives they believed recovered,
claiming that they were their only or principal support.

But memories of violence meant that in other cases
there would be little desire to have the breadwinner of the
family back. Hearing of the pending release of Patrick Gill
from Galway Gaol in 1845, his wife swore before a magistrate
that his presence would be a danger to his family. She had
given information of his verbal and physical violence
against her and his daughter five months before - she was not
now convinced that his alleged recovery was enough. Fears
of further violence were occasionally justified by experience.
We can point to cases where appalling murders took place
after the discharge of a lunatic - James Heslop who ran

59 R.P. 1908/19623.

60 Cf. R.P. 1899/8170 - a widow deprived of her only support,
a son who is in Castlebar asylum; R.P. 1873/4139 - a
mother for her son, her principal support; RMCB, 1905-6,
p.49 - a wife for her husband because she and her child
are dependent on him.

61 R.P. 1846/G8680.
'amuck' in Co. Armagh in 1887 killing three people with a bill hook or Thomas Dykes who stabbed his brother to death shortly after discharge from Cork asylum in 1873. Such events usually encouraged the rigidity of discharge practice. But even less dramatic happenings demonstrate the fear of violence which could provoke the use of the asylum. George McClean, admitted to the Omagh asylum with 'simple mania' in 1858 was taken out on trial by his wife some months later because McClean's brother had been 'attributing improper motives to her keeping him in the asylum'. After only eight days out he was readmitted after continual threats to her culminating in him stabbing her in the breast. In the asylum he was again violent but improved so much that his wife took him out again. Still, the resident physician reported, 'she was apprehensive of his doing her some harm'.

The violence which characterised the histories of some of the insane did not come from them alone. In the domestic management of the 'lunatic' we sometimes see that restraint - tying with ropes, locking in rooms - could precipitate as much as control violence. The Medical Press deplored one such case in 1873 arguing from it for the superiority of asylum care. At Ennyvale near Coleraine (Co. Derry) a 35 year old insane woman had lived with her father, mother and sister for nearly six years. Although

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62 MPC, 20.7.1887; R.P. 1873/4734.
63 R.P. 1859/2468.
reported as usually quiet and harmless the father always took the precaution, when leaving the house, of tying her to a stake and 'otherwise securing her' in one of the rooms. On one occasion he went out with the other daughter. They returned to find the mother murdered by the daughter who had broken loose, 'enraged at being confined', in the words of the Medical Press. A woman admitted to the Richmond asylum in 1894 had a fractured rib and bruises. She spoke with bitterness of her brother and others at home having beaten and sat upon her. Dr Conolly Norman, the superintendent, interviewed her brother who said she had been very violent and troublesome for a long time, trying to get out of windows and escape from home.

She was particularly resistive at night & she required to be held down in bed. He said the marks on her arms and chest were caused by her being held down in bed with her hands being pressed against her chest & also that when held in this position she drummed her elbows against her chest & marked herself sometimes in that way.

Women in particular may have suffered more from the practice of domestic restraint - their 'dangerousness' may have been less evident or less threatening than that of men who were certainly more likely to be committed to an asylum as

64 MFC, 23.4.1873.

65 R.P. 1894/15224.
dangerous' lunatics. In any case, the examples we have are usually of women. In one case in which the government considered prosecution the police were asked to enquire into the alleged ill-treatment of a Leitrim woman by her husband and father-in-law. The district inspector reported that several people had testified to her having bruises about her face and body, cuts and black eyes. However there was only one witness to an assault on her: a carman who drove the woman, her husband, brother and cousin from the station to home one night. He claimed that the brother, a Dublin constable, had struck her several times with his fists and subsequently with his umbrella which he broke on her. They had acted with 'such brutality' to her that he threatened not to drive on. However there were always difficulties about the legal acceptability of the evidence of an asylum inmate, in this case the victim, and the government decided not to prosecute. Yet the evidence of gross ill-treatment is unarguable in many cases. A 41 year old woman with three children was admitted to the Richmond asylum with 'domestic troubles'. On examination her whole body, arms and legs were blackened and swollen with dark lines as if struck with a stick. She told the

66 See above, p.177, Table 2.

doctor that one of her sons had beaten her with a cane because she was noisy. She had to be kept in bed after admission to recover. Who was persecutor and who victim was problematical indeed in many admissions preceded by violence. Mary M-, 31 year old mother of eight children was admitted to the Richmond for allegedly assaulting her husband and child. She herself had a black eye caused by a blow from her husband. A 60 year old woman who had been in the asylum several times had several large bruises on her legs caused, she said, by her husband hitting her with a stick. In understanding such histories we need to look beyond the asylum and its inmates to family relationships and behaviour, and perhaps not least to the impact of drink. More than one woman arriving in the asylum had reason to complain of a drinking husband.

From this evidence, merely the patina of deeply troubled family relationships, we can see the escalation of violence and restraint leading so often to committal. But violence in itself was not the necessary precursor of asylum admission. In fact the legal process, as we have seen in Chapter 3, encouraged the presentation of evidence for it in cases where it was of minimal significance. Thus a 62 year old Fermanagh farmer was committed to Omagh asylum after 'he made a violent assault upon his brother...by

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68 RFCB, 1891-2, p.205.
69 Ibid., p.277.
70 Ibid., p.581.
71 Cf. Ibid., p.277.
kicking him on the leg...while being held by two other men'. But the more substantial reason for his admission was his reported depression, sleeplessness, fears that he was losing all his means of supporting his wife and family, his 'talking foolishly' about matters with no foundation. While violence, whether to self or others, seemed to hold out the most obvious justification for confinement, an equally important function of the asylum was the disposal of those who, in slightly later terms, had 'broken down'. The pre-histories of these breakdowns commonly involve recent or prolonged stress, sometimes the loss of children, at other times failed personal relationships or 'disappointments' as the asylum terminology had it.

Substantial changes in a person's behaviour were frequently remarked as a result of personal loss. Thus Adam Carson, remanded in Belfast Prison on a charge of assaulting his wife, was committed from there to the asylum in April 1891. The medical report recorded that they had lost two children from scarlet fever a few weeks before. A few days after this Carson 'began to talk strange & say he intended killing himself & family as he was tired of this world'. While this man was still in the asylum twelve years later, others who were admitted subsequent to a loss frequently were discharged quickly - these cases suggest more the inadequacy (or even the absence) of relatives or friends to cope with the grief and shock of

\[72\text{HOS 29/1/5/5221.}\]

\[73\text{R.P. 1903/10397.}\]
those who had lost children and spouses. A 32 year old widow admitted to the Richmond asylum on 30 December 1891 was perhaps such a case. She had borne six children, all delivered by forceps under chloroform - five of them had died at birth. It was probably after one of these deaths that she had spent some time in the Mater Hospital the March before, 'suffering from melancholy'. Seven days before admission her husband died. On admission she had various fears about salvation and delusions about voices, but six weeks later she had 'lost' these and she was discharged at the end of March. The woman arrested on the banks of the canal as a suspected suicide case was in the asylum only nine days. Some had been left isolated by loss and their resulting condition was symptomatic of this. A 50 year old domestic servant admitted from the South Dublin Union workhouse could give a 'very good account of herself'. Although described as single on admission, she was in fact widowed. Her husband had died fifteen years before and their two children had also died very young. She dissipated her problems in drinking and after a heavy bout would go into the Union. 'She looks depressed', the doctor recorded, '& talks in a sad tone

74 RFCB, 1891-2, p.185.
75 See above, p.265.
but is very coherent, intelligent & orderly'. She was discharged after three and a half months. Loss of one's family was not the only source of isolation and mourning. Another 50 year old domestic servant, admitted for attempting to choke herself, gave an intelligent account of her history - she had been nursing her master, for whom she had worked for twenty years, and to whom she was greatly attached; After his death she 'fretted a good deal' and she admitted her mind was astray. Her great fear now was that she would be kept in the asylum for the rest of her life. More fortunate than most who were admitted at her age, she was discharged after eight months. Another domestic servant, admitted in October 1892, was 'very upset since her old missus died' - her well-planned retirement, for which she had saved to get her own lodgings, fell apart

76 RFCB, 1891-2, p.357. The awareness of isolation and loss is graphically amalgamated with acute despair at her own worth in another Richmond case: a single woman, 'frightfully depressed', almost blind and describing herself as 'hunch-back' - her mother died in the Mullingar asylum, her father 'of decline', as also a sister, another sister went to America, her third sister is alive and she appeared to have kept house for her and her husband. One day in the last few months of her life somebody records her words - 'My poor body and soul is dead, tis indeed, tis indeed, tis indeed, Jane is in heaven, my mother, father - Pat and all are in Heaven, they had masses for their souls, but my soul is in Hell. I must be buried body & bones alive I must be put in a hole & buried at the back of a ditch...Oh would'n't I give thousands and thousands of pounds to get forgiveness but no, I am a devil, a devil, a devil & there is no hope - no hope'. Ibid, p.753.

77 Ibid, p.449.
in suspicions of her friends 'making designs' on her. 78

Breakdown might also come inexplicably, unattached to any obvious change in the person's environment. Thus a schoolmaster was admitted to Sligo asylum in May 1892:

For several months before admission he had been behaving in very strange ways, dressing in an eccentric fashion, smoking immoderately & drinking, going away to Dublin, Glasgow etc. & squandering his money - His school was going to the bad.

But in this case resort could be had to an explanation in terms of family history - his father was said to have died in Swift's asylum in Dublin; a brother had been confined three or four times - and the teacher's own bad history: he had himself been in Swift's in 1879 and in 1882 had been admitted to Sligo after 'entering the bedroom of his Asst. Master with a loaded revolver & threatening to shoot him. 79

His wife this time came to see the superintendent for advice, obtained a committal form and arranged for his admission.

For others the breakdown had none of these forewarnings. For instance a National School Teacher at a small town in Co. Mayo who had been teaching there for nineteen years - he was married with nine children (from 11 months to 11 years); on 23 January 1906 he 'exhibited what might be

78 Ibid., p.853.

79 R.P. 1892/16168.
termed mild symptoms of insanity'; he was kept at home in hope of recovery but only became worse and was admitted to Castlebar asylum two months later. The preciseness with which the wife could recall the 'breakdown' was unusual. If the breakdown of a domestic servant - who arrived in Oslo, Norway, in February 1903 'mentally deranged' - occurred on some particular day there may well have been no person to notice it. She was an orphan who, with her sister had been brought up by a doctor's wife in Kilrush, Co. Clare. Her sister had died after marriage, their one brother had emigrated to America. She had been in service to the doctor and his wife for seventeen years till 1891. For seven years from then the police could discover nothing more of her history. From 1898 to May 1902 she was in service at Derry; from May to December she worked in a hotel in Carndonagh. She then returned to Derry and lived in a lodging house for three months until February 1903. During this time she was employed for only one week. She then left for Glasgow and was next heard of by the British consul in Oslo. A 'mentally deranged' woman (or man) was not a welcome addition to any country - from Norway she was sent back to Hull, whence she would be transferred to Derry or any Irish port, there to be sent to an asylum. Doubtless this was, in essence, a common enough story - servants or labourers, socially isolated by the twin effects of family

80 R.P. 1908/16045.
81 R.P. 1903/7111.
death and emigration, gradually worn down by the difficulty of finding or holding work, a marginal existence leading in the end to the asylum. Unfortunately in this case we have only a chronology of events and not a description of the woman herself as she moved from one workplace to another. In the following example on the other hand we have an unusually detailed account of a young woman's breakdown as it appeared to those around her.

Ann Garvan, an illiterate woman, sought help for her sister Eliza in 1864. She gave information before a magistrate that Eliza was a lunatic but that the family was unwilling to have her committed to prison as a dangerous lunatic - 'although extremely poor [they] were quite willing to keep her', and believed she was only a danger to herself. Both women and another sister lived with their mother on a little Park of about a quarter of an acre of land on the mountain of Forth [near Wexford] and support ourselves by our labour...

[Eliza] was at service in Waterford and came home about two months ago and she said she was sent home - she went to Waterford a twelvemonth of last May for a year before she went she wore a veil, which no other poor working girl about the Country did and she used to say she would be a rich lady yet. Otherwise there was nothing 'remarkable' in her conduct before she went or for a month after she came back. Yet she (the informant) did hear the neighbours say that ever since she returned
she used to go into the neighbours houses talking very foolish talk and that her young Master in Waterford Mr Samuel Kent was to marry her and got letters wrote to him and that he was to turn Catholic with her and I heard that some of the neighbours for their amusement gave her a likeness of the Prince and Princess of Wales and told her it was the likeness of her and Mr Kent. When she told Eliza to give up the foolish thoughts of Mr Kent she took up the iron poker and threatened her with it. She went off to Waterford saying she was going to be married but of course returned a few days later. Her 'foolish thoughts' continued, so a friend named Paddy Tobin told her in my presence that young Mr Kent was dead and that a memory was to be held over him and he pretended to read it for her from the newspaper for the purpose of trying to put the notion...out of her head, but instead of that she became quite frantic and ran out of the door and I heard her say she would put an end to herself.82

The amateur attempt by Paddy Tobin to remove her 'foolish thoughts' by removing the source of them has some interesting parallels in one conception of the role of the asylum: to remove the inmate from disturbing features of his or her

82 R.P. 1864/14770.
social environment. Eliza Garvan was not considered out of her mind in wearing a veil, though nobody else did - but when she persisted with her fantasies of marrying her master she was clearly 'foolish'. But perhaps they were not fantasies. Perhaps she had been deceived by the master. A notorious example from 1869 illustrates the possibility.

On June 19 in that year Marian Slater, a 24 year old Protestant (the religion here is relevant) servant was committed to Carlow asylum for hysteria - a condition 'to which almost any female is liable', commented an inspector of lunatics. From the time of her committal the resident and visiting physicians and the Protestant chaplain considered her free of delusions, collected and rational. In fact, thought the superintendent Dr Howlett, she should not have been admitted to the asylum at all. In subsequent investigations it emerged that she had been engaged to a policeman she met while working in Athy; when she had to move to a new situation in Co. Cork she had corresponded with him and sent him money. While she was away he 'transferred his affections to another'; later he wrote a letter saying he was in hospital seriously ill (the motivation for this letter was not clear; perhaps to get more money, or a prelude to breaking their engagement). She left her employment in Cork as a result of receiving this letter and returned to Athy. There she found that he had deceived her - he was not ill at all, he was with another woman, and was a Catholic, not a Protestant as he had told her. In a confrontation with the policeman and the new
woman she became very excited and said that he made her mad enough to commit suicide. At this he took her to the police station where the head constable kept her in custody for the night (the latter explained later that he considered her 'too respectable to send to jail'). Released the next morning, she stayed with the family of a friend. But when she continued to be excited and threatened suicide the friend (also a servant) swore an information to have her committed. She was discharged from the asylum within a month following a report on the case by Inspector Nugent. Subsequently the constable was dismissed from the service for deceiving his superiors in the course of their investigation of his treatment of her.\(^3\) The ill-treatment this woman received, the 'manufacture' of her madness, the manipulation of the law by a policeman who was personally interested - all this was not typical. Rather it was one of those confinements of convenience which always worried the defenders of personal liberty in campaigns against madhouses. The certification of this domestic servant was certainly unwarranted in contemporary eyes. Yet there is but a fine distinction between her case - excited, hysterical, verbally threatening suicide, perhaps threatening the policeman and his new associate (her friend thought she might do 'bodily harm' to them) - between this catalogue of behaviours and similar ones in so many other committals to the asylum.

\(^3\)R.P. 1869/15878; 19 Report, p.12, H.C. 1870, 34.
Underlying the cases we have cited have been not just varying manifestations of behaviour, violent and otherwise; or incapacity to support oneself (equally the inadequacy of social supports) in old age, idiocy or through the process of temporary or permanent breakdown - we have also touched tangentially on the family context of most of these examples. The family might be merely the setting for an unaccountable change in a person's life, a change which other members of the family could only describe as going 'out of his/her mind'. But we have also seen instances in which the insanity of the person committed was symptomatic of the conflict within the family. The elements of this conflict were varied. To a large extent, given the inadequacies of the evidence, they are undiscoverable. But what stands out in this evidence is the centrality of the family as the context of madness - where the 'derangement' is expressed and where it is defined as such. We need to remember the exceptions to this - the workhouse in particular, a prolific source of asylum inmates, and a place where one sees the most blatant examples of institutional expedience in certifying troublesome people. There is also the case of those whose aggression was directed indiscriminately against the outside world - Peter Smith who hit a farmer who did not know him, splitting his forehead with a shovel; Alexander McArthur, who assaulted several children in a public school in Co. Antrim and who five years previously had assaulted a man in Kilrea (Derry) while 'wandering about

84 R.P. 1865/3022.
or Patrick Hanrahan, a Limerick labourer, who was certified after smashing 'fifty-two panes of glass in the window of the Parish Church at Kilfinane' in 1857. There were a certain number of these cases every year. But the greater number of committals originated in the family home - one relative, a parent, child, sister or brother, perhaps an uncle or aunt, swore an information before the justice and sought the help of the police in taking one of the family to the asylum. In concluding this account of the social context of insane behaviour we will explore the dimensions of the family's place in the process of 'going mad'. What we are interested in is the way in which, in Roger Bastide's terms, predisposition (from whatever cause) is acted out in a social context which furthers the tendency of the predisposition.

The possibility of going out of one's mind existed almost as a threat in some families; equally there was the threat of making a member of the family mad, i.e. by sending him or her to the asylum. A young woman, discharged a few days before, was brought back to the Richmond asylum in August 1892 - 'she states herself that her mother sent her back here as she refused to work at home, she did not do

85 R.P. 1877/2936.
86 R.P. 1857/5578.
work as she was 'not inclined'. A house painter admitted on a charge of threatening to kill his wife and to cut his own throat did not appear at any time during his two months stay in the asylum 'to be insane'. His story remained consistent throughout this time - in consequence of the dirty and neglected way his wife kept his children, he often went out at night; whenever he remonstrated with his wife she 'threatened' to put him in the asylum; on the 27th September he sought to 'reason cases' with her; he got excited and may have used wild threats without meaning to do harm. His wife then had him committed. Thus the threat of violence could be met by the threat of certification. The use of the asylum, or the threat of it, as an instrument of control in the family could be quite blatant. A young slater's assistant, apparently living with his parents, was committed for threatening to cut his father's throat, having a razor, and 'delusions'. On admission he smelled of whiskey, seemed to be recovering from a drunken bout, but was quite rational and coherent. A few days before, he said, he tried to separate his father and mother in a family quarrel; both were drunk. They subsequently swore informations against him and, in his words, 'had him sent here to teach him a lesson'. A week after admission his father came to take him out on bail; questioned by the doctor, he corroborated the son's story and

88 RFCB, 1891-2, p.741
89 RMCB, 1888-9, p.297
moreover assured me that at no time did he consider his son insane, but that he thought it would do him [the son] good to get a few days here.  

In the statements of the insane we frequently see their consciousness of this sort of thing—unfortunately we do not usually have the evidence (as in the above case) from the other side. Thus a young woman admitted to the Richmond in 1892—six years ago, she says, she was sent to a private asylum for refusing to go to school. Sophia T-, a 42 year old single woman who died just over a month after admission, said she was sent in because 'her people were anxious to get shut of her', a phrase which vividly evokes her exclusion. She also had been in an asylum before. To send a discharged lunatic back to the asylum was no doubt a threat which could be used to control them when at home.

Other cases demonstrated the use of madness as a means by which one member of a family could account for and then attempt to control the unacceptable behaviour of another. Let us consider three such cases. In 1859 the owner of a whiskey shop complained in a memorial to the lord lieutenant that the proprietor of a private lunatic asylum in Limerick had allowed his wife to escape in order to reap the benefit from the remaining quarter's maintenance which was already

90 Ibid., p.309.
91 RFCB, 1891-2, p.789.
92 Ibid, p.845.
paid. He wanted her to be re-committed. When she was admitted, the proprietor reported, Mrs Cooney was perfectly rational, though having been certified by two medical men; she was suffering from the effects of delirium tremens and he had to wean her off porter while she was there; she had several 'contusions' on her body and a severe mark on her wrist which she said was caused by her husband - 'when he got drunk she mentioned he was most violent'. The female attendant who went to the house the day after the escape found Mrs Cooney going 'about her household duties quietly and rationally'; and her daughter expressed her own embarrassment at the course of events and the element of public shame which attached to the committal of a relative to an asylum - she did not want her to be taken back to the asylum as 'it would make a show of the family to press on her to go back'. On the other hand the husband's brother who had assisted in putting her in the asylum claimed that she was 'ten times worse in every respect than before [her committal]'. Perhaps she was; but this, given her mild state with the attendant and her daughter only indicated her antagonism to those who had confined her.93 The evidence suggested the alcoholism of both husband and wife; but within this family it was the former, with his brother, who defined the madness of the latter.

A clerk in the Grand Canal Company asked the lord lieutenant that his wife be placed under 'proper control by

93R.P. 1859/610.
the authorities' until her 'mental condition' improved. His account unveils very neatly a set of popular presumptions about behaviour and normality and their relation to 'mental condition'. As he tells the story she left home some months before after 14 years marriage, 'her mind having become unsound'; she went from Dublin to stay in Belfast where he got two medical men to see her (one of them was her brother); they declared she was mentally deranged, but they would not put her under restraint as 'they thought moral suasion might help to restore her balance'. She came back to Dublin but refused to live with her husband, stayed in an apartment for two weeks then went to Arklow, where she had been for a couple of months. We are then told that when she sees him she becomes worse. Her insanity he says is due to her indulgence in drink. A police report from Arklow later throws another light on her behaviour. While agreeing that drink is probably the cause of 'the peculiarity in her manner' the head constable concludes that she is apparently well able to take care of herself. Beyond a certain reserve in her manner, a silence in disposition and a disinclination to be interviewed by the police there was no indication of mental derangement in her demeanour.

Thus at each remove from this woman a different perception of her behaviour was held - to her husband she was insane and became worse when she saw him; to the doctors she was
mentally deranged but not certifiable, indeed even amenable to 'moral suasion'; to the police she merely had a peculiarity in her manner.\textsuperscript{94}

The husband's role was again the focus of attention in a court case in 1897 in which a woman sued her stepfather for maintenance for her mother - she had supported the latter for three years previously. Her case was that he had cruelly ill-treated her mother and committed her to Armagh asylum in 1893, when she was 'perfectly in her senses'. She had taken the mother out of the asylum after six weeks and thereafter supported her in Belfast. While the asylum doctors considered her admission justified - 'she used very filthy and abominable language and conducted herself in an insane manner'; she had been drinking heavily and this, they considered, may have produced her behaviour - the judge described the committal as a farce. Only one doctor had certified her (two were required for 'private' patients) and, the judge held, there was no evidence of mental disorder on the certificate which stated -

\begin{quote}
Violent & using most threatening language
and swearing at her husband and having
broken several panes of glass in various rooms.\textsuperscript{95}
\end{quote}

It avoided mentioning her two black eyes, noted by the asylum staff on her admission, thus disguising the husband's role in the domestic conflict.

\textsuperscript{94}R.P. 1907/6563.

\textsuperscript{95}R.P. 1897/3824; \textit{Freeman's Journal}, 27.1.1897.
As these three cases suggest madness was madness to the extent that some other person than the lunatic defined it as such. Thus it could be the expression of violent or conflict-ridden social relations in which the dominance of one over the other was the origin of committal. The reasons brought to justify the committal suggested the cultural values and expectations which defined normal behaviour. A 25 year old woman who was violent to her parents was committed to the Omagh asylum in 1871; her condition was described as having an 'aversion to her mother'. The 'form of mental disorder' in a 19 year old male inmate was 'desire to leave home'. The only grounds given by the father of a 17 year old labourer were that 'he had repeatedly wandered away from home and was away from the 18th July 1891 till the 29th July 1891'. Charlotte, a 26 year old single woman re-admitted to the Richmond asylum for violently assaulting her mother expressed her frustration at her mother's dominance:

the only thing she has against her mother is that after buying her new things, the mother brags and boasts of it, saying that she is too indulgent to [her].

Thus the everyday conflicts of 'children' (in their late adolescence and twenties) were translated into forms of madness.

96 HOS 29/1/5/3619.
97 HOS 29/1/5/1044.
98 HOS 29/1/5/5231.
99 RFCE, 1891-2, p.125.
The history of family conflict was revealed further in instances where one relative intervened to defend the insane member from another. This was usually a brother or a sister. We have earlier in the chapter considered some of these interventions - a brother contesting the insanity of his sister whom he argued should not be in an asylum as she was only suffering from a puerperal fever; or the brother of George McClean, who tried to take him out of the Omagh asylum, against the wishes of McClean's wife. In the latter case, after McClean was discharged, he went to live with his brother. In 1897, Arthur Warner of Scilly (near Kinsale, Co. Cork) was found unfit to plead to a charge of assault against his wife and was sent to Cork asylum. Subsequently there were two appeals by his sister, who lived about a mile away from their home at Scilly, for his discharge. The superintendent considered he would be dangerous to his wife if he lived with her again, but thought he might be able to live with his sister. In a curious sequel to this recommendation, the police inspector at Bandon (where the wife was staying) reported that Mrs Warner did not oppose his discharge as long as she had security that he would not interfere with her; she refused to live with him. But the police inspector at Kinsale thought that the superintendent's suggestion would be dangerous:

Warner's sister lives about a mile from where Mrs Warner lives & is suspected of being in a good measure the cause of the

100 See above p. 271.
quarrels between Warner & his wife. She apparently wanted to get her sister-in-law out of the house because 'it belongs to her brother [she says] that Mrs Warner has no claim for it'. If Warner is released I believe the family disputes will be as bad as ever & no one can know with what result. The news of Warner's impending release had meanwhile been 'leaked' and the residents of this little community prepared a petition against his discharge - he was, in their opinion, a 'dangerous homicidal maniac' and his sister was an old and feeble woman who would be unable to control him. Warner was not released.¹⁰¹

Particularly in small rural communities the state of family relations could be quite well known and, as the above case illustrates, could be the concern of neighbours as well as relatives. Similarly, an 'escaped lunatic' became the object of community contentions in 1905. This man's wife wrote to the Ballinasloe superintendent asking for him to be retaken:

he is still hovering from here to Drum and Moore [sic] I see no sign of getting him back. It is now time to prepare to sow something to eat for the Children no man no matter who he is will work one day on the land while he is hovering about they dread him.

¹⁰¹R.P. 1900/7786.
She claimed that the police were taking his side, as he had been seen a couple of times in the area but not recaptured. Whether or not the police were tardy in pursuing him was difficult to say, but a police report indicates that he had many friends who were ready to help him. As well, the asylum superintendent reported that people in the area gave contradictory opinions about the cause of his committal; some supported his wife, others the man's denial that he had threatened her and the children. His state of temper with her was not improved when she attempted to have their farm transferred to her name.¹⁰²

One last example of this extension of family conflicts: a Belfast tradesman was admitted with 'acute melancholia' after a suicide attempt. He was discharged to the care of his father on his brother's application but re-admitted a few months later after moving back with his wife. Within some weeks she was writing to the Belfast asylum opposing her brother-in-law's attempts to have him discharged again:

I am in downright terror of him so I hope you will not allow him to be taken out again he may work a little while but then he stops and then he comes to bother me. He attempted his own life twice before, and his brother and father are nearly as bad as himself. I am in a good situation and well thought of but no one would have him coming about, I had to leave my last place on account of him.

¹⁰²R.P. 1905/5935.
The brother persisted (from Glasgow) with his efforts to have him discharged. He claimed that the wife had got 'up a false charge'; that he was a good tradesman and had got a good position in Glasgow last time he was discharged.

I think it is a great shame that a man of his ability should be confined in an asylum because his wife refused to live with him.

(Or, he could have added, because her employers would not put up with him.) Although he had not 'recovered' the superintendent agreed that he could be discharged to his brother. In such a way could detention or discharge be determined - life outside the asylum was possible for an 'unrecovered' lunatic; it depended on the social context in which that life would be carried on.

The details of these few histories show us some of the complexities behind those brief statements we find in case books and inspectors' reports - a soldier admitted to the Richmond who described the cause of his depression, 'various family troubles'; a young domestic servant whose 'anxiety' centred on her failure to get on with her sisters; Foley, a Kerry tailor, previously in the Killarney asylum, who hanged himself from a rafter in his kitchen after his wife

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103 R.P. 1908/3528.
104 RMCB, 1888-9, p.377.
105 RFCB, 1891-2, p.721.
had gone to Killorglin Petty Sessions to prosecute him for assault - from April to October 1875 he was fit for discharge but his wife refused to have him back. The asylum superintendent had no doubt he was sane on leaving the asylum but considered that... 'unhappy differences with his family which appear to have been of long duration quickly brought on a relapse'.\(^{106}\) It is evident that the insane, i.e. those committed to the asylum, could as equally be victim as dangers within family structures. Some threatened violence, some even used it. But it was also the case that the insane could be the objects of violence, particularly if they were women. And the lunacy committal was in many hands as instrument of domination, to reinforce a position of power in the family or an expectation of certain behaviour. Where its use was not so blatant as this, it was bound up with a set of cultural expectations that the asylum was now, by the end of the nineteenth century, the appropriate place for those who were 'out of their mind' - and they might even recover there. This value could be internalized even by one who was 'out of his senses' - we are told by the informant that John Little, a Tyrone labourer 'threatened... that he would do injury if he was not taken to the Asylum where he said he would get better'.\(^{107}\)

\(^{106}\) R.P. 1875/19963.

\(^{107}\) HOS 29/1/5/3675; cf. RMCB, 1905–6, p. 9 for a man who 'entreated to be at once admitted to the asylum as he would commit suicide if he were not'.

From the statistics of asylum admissions we can draw the most general conclusions about the common social characteristics of the insane - the tendency to such high admissions among those in their thirties, the slightly greater number of males committed, the much higher propensity of the single to be admitted and so on. But it is evident from the substance of this chapter that there was an immense variety of behaviour and contexts within which madness was perceived. When some early nineteenth century asylum reformers (indeed founders) talked of the lunatics they were going to house, they were for the most part ignorant of the material they were acting on. The historiography of the asylum has usually followed them - there has been little attempt to explore the social meanings and determinants of madness in the nineteenth century. The epithet, 'the insane', does not sufficiently characterise the quality of the interaction of these people with a 'sane society' in which they had frequently lived and worked in ways no different from those who never saw the inside of an asylum. Some of them, it is obvious from their histories, had the strength or good fortune to survive their exclusion from society and to return to it again. Others were the worst casualties of hard lives, subject to repeated blows of economic, social and personal misfortune: many of these finished their lives in the asylum. In the following chapter we will examine the experience of both these groups in the asylum.
Chapter 5
Treatment and Control in the Asylum

'The uniform tendency of all asylums', the inspectors of lunatics warned in 1851, 'is to degenerate from their original object, that of being hospitals for the treatment of insanity, into domiciles for incurable lunatics'.¹ When a Dublin coachman was admitted to the asylum after an attempted suicide in 1888 the doctor recorded that he 'fancies people are telling him that he is going to be put into a dead house and buried alive'.² His fancies rudely described a reality of confinement in the late years of the century. By 1901 nearly as many people were dying each year in the asylums of Ireland as were discharged from them. Over half of the 1,257 who died in the asylums in 1901 had been inmates for longer than two years, one in three for more than five years.³ For many, an asylum was not just the place where they went to die but probably the immediate cause of their death. The lunatic asylums had become agents of disease. 'Asylum dysentery', various fevers, tuberculosis of the lungs (the greatest killer, frequently contracted within an over-crowded asylum by patients) were common causes of death. The Richmond asylum had four epidemics

¹Report, p.6, H.C. 1851, 24.
²RMGB, 1888-9, p.85.
³51 Report, Appendix, p.8, H.C. 1902, 40.
of beri-beri between 1894 and 1898. The extravagant optimism of the 1840s and 1850s vanished in the face of the onslaught of 'incurables' who filled the asylums and made nonsense of the title, 'hospital for the insane', which some of them had adopted. However, in this respect the asylum merely shared in the general failure of hospitals in the nineteenth century. And death at the end of a long or short stay in the asylum was not the only experience of those who were committed.

The other experience - that of a minority of admissions, but a significant one - was discharge from the asylum following a stay of some months. Thus in 1901 when over 3,700 people were admitted to public asylums in Ireland, 1,303 were discharged. Over half those discharged had been confined less than six months; over 80 per cent less than one year. However the history of those who were discharged was an ambiguous one. Re-admission ('relapse' in the official statistics) was common and hundreds of admissions each year were of those who had been in two, three or more times before. The criteria for discharge were not identical with those for 'recovery'. Institutional convenience or the wishes of relatives also played their part. Nevertheless

4 Conolly Norman, 'A Brief Note on Beri-Beri in Asylums', JMS, 45, 1899, 503-512 and R.P. 1897/4876, enclosing an article in Truth, 11.3.1897, on the 'plague-stricken asylum'.

5 See note 3 above.

6 Cf. Conference of Irish Asylum Committees, Dublin, 1904, p.56 for the evidence of Dr Mills of Ballinasloe - 'it is a very common thing to have people removing their insane relatives from the asylum to work for them during the summer months'. Dr Carre of Omagh reported that this was not a practice in his district (Ibid., p.57).
there were two quite distinct patterns of experience here; in deterministic fashion the medical men saw them as the experiences of the 'curable' and the 'incurable'. The 'curable' were those who demonstrated good potential for early discharge. The 'incurable' on the other hand were condemned by their constitution or by the 'advanced' state of their disease to a long, usually permanent, residence in the asylum. Such an interpretation was in itself an admission from the start of the asylum's limitations. It was an acceptance and a warning of the institution's custodial function for the majority of its inmates. But it also implied a particular relationship between the doctors and their patients, one in which it was the former who were the ultimate arbiters of the latter's fitness to re-enter society 'at large'.

It is that relationship which we wish to explore. Within the asylum what sort of relationships existed between doctors, staff (first 'attendants', later 'mental nurses') and the lunatic inmates? What was the aim of asylum treatment and by what means was it put into effect? What effect did institutional life have on the inmates and what can be said of their responses to the asylum? We will examine these questions by first looking at the structure of authority in the asylum and its ideological foundation; and secondly, at the inmates' experiences of the asylum, of treatment, management and punishment.
Although the public asylums of Ireland were originally managed by laymen, 'moral governors', we have seen that the medical men took over from the 1840s. The takeover was the result of a calculated and skilfully managed agitation by an aspiring profession. Ideology in the guise of science underlay the successful maintenance of medical authority in asylums; we shall examine the nature of the science in the next chapter. But, at every stage using 'medical' arguments, the asylum doctors gradually established their control over the physical and moral treatment of their patients, a control which extended over all aspects of asylum life. In particular the medical superintendent was possessed of autocratic authority over his staff, keepers, attendants, nurses, and the whole range of institutional employees, cooks, cleaners, carpenters, plumbers and so on, who made up the world of the asylum. 'The whole house', said John Conolly, 'every great and every trifling argument, the disposition of every officer and servant should be in perpetual conformity to his [the superintendent's] views; so that one uniform idea may animate all to whom his orders are entrusted, and the result be one uniform plan... The manners and language of all who are employed in the asylum should but reflect his.' In Ireland a long and sometimes

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bitter battle was fought between the superintendents, claiming expertise in 'alienism', and the visiting physicians, whose duties had ceased to exist by the 1850s in Britain. Although the latter retained their position in Ireland until the 1890s, their influence was minimal after the 1860s. The 'alienists' had got rid of the managers by taking over their function; they also made sure in the fifties and sixties that the matrons would be subordinated to their authority. This latter campaign involved an attack on the sex of matrons as well as on their relative independence from resident physicians. Thus an anonymous correspondent to the Dublin Journal of Medical Science (which promoted the asylum doctors' cause) wrote in 1857 of the evils of having 'lady-matrons' exercising powers in their divisions independent of the authority of the physician. A few pages later, commenting on the state of Irish private asylums, he was 'happy to add [that] none are conducted by females, as is the case in similar establishments in England and Scotland'. Commenting on the 1858 royal commission's report the same journal suggested that the office of matron should cease and be replaced by that of 'housekeeper'. The matron's office remained but privy council rules in the 1860s ensured that its incumbent would not have the

8 DJMS, 24, 1857, pp.336-8, 342. Cf. DJMS, 5, 1845, p.151—an anonymous reviewer agrees with John Conolly that asylum matrons have too much power and are thus led to consider themselves independent of the physicians.

9 Ibid., 27, 1859, p.195.
independence she had possessed under the old lay management system.

If the superintendent felt threatened in the early days by the position of other 'officers' in his asylum, there was never any question of his authority over the attendants. He could summarily suspend an attendant without having to give a reason and generally the board (although not always the committees of management after 1898) would support his action by dismissing or fining the attendant concerned. When a National Union of Asylum Attendants in Ireland was formed in April 1896, with members at the Richmond asylum, it was swiftly dealt with by the superintendent (Conolly Norman) and the board of governors. Dr Norman warned of the dangers and disasters that would follow from an organised combination of this character; he was subsequently empowered to dismiss two of the seven members of the union who did not resign from the union following the governors' refusal to recognise it. At a meeting of the Irish branch of the Medico-Psychological Association (M.P.A.) which discussed the union, most of the asylum doctors expressed confidence in their ability to prevent such an organisation getting into their asylums.  

10 R.P. 1896/9626. The honorary secretary of the union wrote to the Daily Independent, 15.5.1896, pointing out 'that the very head of the asylum, their medical superintendent, is a member of one of the closest trade unions that could be found in the country'. See JMS, 42, 1896, pp.656-8 for the meeting of doctors about the union, and MPC, 17.6.1896 for support of suppression of the union. Two years later an Association of Asylum Workers was formed by doctors of the Medico-Psychological Association; its annual meetings were regularly reported in the JMS and seem to indicate that no attendants were ever present. Cf. A. Walk, 'The History of Mental Nursing', JMS, 107, 1961, p.16.
Direct challenges to their authority were rare. What was more difficult for the conscientious superintendent was actually knowing what his staff were doing, a problem which grew in magnitude as some asylums approached or passed a population of one thousand inmates.

The attendants were in daily intensive contact with the inmates to a degree approached by few asylum doctors. It was important therefore that their behaviour towards the lunatics be consistent with the aims of the institution. Ideally the superintendent would direct as much as possible the life of the asylum, the interactions between attendants and patients and between patients themselves. The analogy used by the asylum doctors to highlight the need for regulation was - not a factory (this might have proved embarrassing in the aftermath of the attempted unionisation of attendants in 1896!) or a school, not in fact any social institution - but a 'machine'. The governing principles of asylum care were outlined for attendants by the 1908 edition of the Handbook for Attendants on the Insane:

An asylum is a complicated machine of many parts... It is intended both by its structure and through its routine to be, in the first place, a house for the protection of the insane.  

注释：

This was a common metaphor for the asylum. A poor law medical officer in 1863 warned that from time to time suicides occurred even in the best regulated Asylums, with all their machinery of a large staff and separate system of wards.\(^\text{12}\)

John Nugent, the inspector of lunatics, referred to the 'costly machinery of an asylum' in correspondence with the under-secretary in 1874.\(^\text{13}\) Thus, as the doctors with their science assumed control, a mechanicism emerged to order the life of attendants and their charges.

It was, of course one thing to expect that the asylum would function with the routine and order of a machine and quite another to ensure that the structure of the machine was efficient to its task. Could a medical superintendent be confident that his attendants possessed the degree of tolerance, patience and self-control which the system of non-restraint adopted after the 1840s demanded? Would the asylum staff be capable of imparting those virtues which moral treatment implied, or of distracting the insane from their morbid pre-occupations by engaging them in work, recreation, education and so on? These were major problems

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\(^{12}\)R.P. 1864/3034.

\(^{13}\)R.P. 1874/8532, Cf. JMS, 50, 1904, pp.195-6 - the recent acquisition of land at Lucan had provided St. Patrick's Hospital 'with a more efficient and economically curative machinery'.
for asylum superintendents committed to creating 'hospitals for the insane'. And when they looked at the material they had to work with they were generally none too happy. For one thing there were still limits on the doctors' authority as far as appointments of staff went. Oscar Woods, medical superintendent of the Cork asylum, still found it necessary in 1887 to object to the appointment of staff by governors, claiming that it was the responsibility of the superintendent. It was a situation which forty years before John Conolly had described as 'extremely absurd'. For Woods the competence of asylum staffs in Ireland was seriously compromised by their coming from the same 'rank' as the patients.

How much more control would they have over them if they were selected from a rank in life better educated, with feelings more refined, hearts more sympathetic?¹¹⁴

The class origins of attendants had not always been considered disadvantageous. Inspectors Nugent and Hatchell were struck 'with the kindly and familiar relationship existing in Irish asylums between their inmates, lunatics and servants alike' - this was attributed by them to the similar social origins of the lunatics and attendants (significantly equated in this passage as 'inmates').¹⁵ Of course the two views are not necessarily inconsistent - kindly relationships alone

¹¹⁴Oscar Woods, 'Our Laws and Our Staff', (address to the Psychological Section, B.M.A. Congress, August 1887), JMS, 33, 1887, 382-4; J. Conolly, op.cit., p.84.

would not inevitably conform with the principles and ends of moral treatment. And the inspectors themselves frequently expressed their concern at the rapid turnover of staff which disrupted the good order of the asylum. In 1863 they claimed that attendants frequently took employment with the sole object of earning a few pounds with which to emigrate.\(^\text{16}\) Whether for this or other reasons there were constant changes in the staff most closely connected with the inmates. Reporting in 1883 that this was also a common problem in England and Scotland, the inspectors noted that there had been 128 changes in the average staff of 960 in Irish asylums in the previous year.\(^\text{17}\)

The reasons for the high turnover of attendants were readily at hand in their wages and the conditions of work. Apart from security of employment there was little that was ostensibly attractive about a job that was sometimes dangerous and many times unpleasant. Wages were low, though reported as more liberal in some asylums such as Ballinasloe, Belfast, Clonmel and Richmond in 1865; at the bottom level in that year assistant male attendants were paid from £7 to £10 per annum (females £4 to £6).\(^\text{18}\) In 1883 the attendants, lobbying for an improvement in conditions to the English level, claimed that the average wage of the 413 male

\(^{16}\) 13 Report, p.49, H.C. 1864, 23.

\(^{17}\) 32 Report, p.10, H.C. 1883, 30.

\(^{18}\) 15 Report, p.9, H.C. 1866, 32.
attendants was 6s.9d. per week, of the 443 females, 3s.9d. These wages should be compared with those for agricultural labourers reported by the poor law inspectors in 1870 - £8 to £12 per annum (£5 to £6 in Donegal and Derry) or 5s. to 10s. per week, depending on provision of food and lodging. A compensating factor in asylum workers' wage rates was that they received full board and clothing, in itself a reflection of their institutionalised status, since they also lived on the asylum premises; it is not surprising then that the inspectors of lunatics had once referred to the 'inmates, lunatics and servants alike'. Working hours were excessively long although, Inspector Courtenay claimed in 1910, the duties involved little actual labour but were sometimes dangerous and 'frequently call for the exercise of great forebearance'. He admitted that five asylums had average working days of thirteen hours or more and considered that the average weekly rates in Ireland were 82 ½ hours for day attendants and 75 hours for night attendants. The Waterford attendants who worked among the longest hours claimed in a petition that a long day's duty could run to sixteen hours; they were allowed 2½ hours off duty every second evening and every third Sunday off. In any struggle for better conditions the asylum attendants were faced not only with the opposition of the asylum management which resisted higher wages and restricted work-

19 Freeman's Journal, 18.6.1873, press cutting in Larcom Papers, Ms7776, NLI.

ing hours but also with that of the doctors. The latter regarded restrictions on working hours as an attempt to limit the time 'that a person may devote to the interests of their patients'. Although it seems there was little trouble in filling vacancies on the asylum staff the conditions of work were not likely to encourage stability in the establishment.

In maintaining the routine of the asylum medical superintendents were constrained not only by the high turnover of staff and the poor character of the recruits. A major problem as they saw it was the lack of training for the task. Sporadic attempts to instruct attendants were evident from the late 1840s and no doubt an informal training in the control and management of the inmates was inevitable. At the Richmond asylum arrangements were made in 1845 'to allow a certain number of candidates [for positions of keeper or nurse]... to attend at the asylum to receive the necessary instructions, in order to qualify them for the duties'. In 1846 Francis White, the inspector of lunatics, recommended for the position of matron one of several women who had been attending at the Richmond asylum to qualify themselves for this office. He preferred these women over the several applications from matrons of gaols because 'much kindness as well as firmness of temper' are required in an asylum, implying 'a special

21 R.P. 1911/18919, a file dealing with the Asylum Officers (Employment, Pensions and Superannuation) Bill, 1911 which attempted to limit hours of work in asylums.

22 MPC, IS, 25.9.1910, alleged that there was no trouble in filling vacancies but considered there was a need to guard the health of attendants by improving their conditions if necessary.

training for itself alone'. Yet it appears that sustained and comprehensive attempts to train attendants especially for asylum work were not introduced until the 1880s, when the alienists decided they wanted better staff. In an address to the M.P.A. which persuaded the association to institute special training for attendants, the Glasgow (Bothwell) asylum superintendent Dr Campbell Clark referred to the two great aims suggested by Dr Clouston seven years before -

To get the best raw material possible, and to manufacture out of it the best attendant possible. 25

The association decided to prepare an attendants' handbook and later instituted a certificate of proficiency in 'mental nursing'. In the 1890s Irish superintendents encouraged their attendants to undertake the study of the Handbook, and themselves gave instruction in the elements of their 'profession'. Conolly Norman at the Richmond asylum gave some impetus to the training movement by making attendants pass an examination given by a member of the M.P.A. as a test of promotion. 26 By promoting the training of these attendants the doctors served notice of their intention to 'hospitalise' the asylums, as Walk has noted.

24 R.P. 1848/G4508; see also R.P. 1847/G9207, 1849/3986, 1849/G7692, 1850/G7408 and 1851/G4439 for applications and petitions for such training.


26 MPC, 4.12.1895.
The move was not unchallenged nor always respected outside the asylums and there was considerable difficulty in establishing equality of status between general nursing and mental nursing. Only some consistent lobbying on the part of the M.P.A. (rather than the asylum nurses) ensured that the nurses were included in the provisions of the Nurses Registration Act in 1919 - in the meantime they were excluded, for instance, from the College of Nursing founded in Britain in 1916.27

With the training movement came the first sustained effort to routinize the management of the insane under a medical model. The doctors implicitly recognised the inadequacy of their own contact with the insane in the now monumental, public asylums. By professionalising their staffs they strengthened their own authority within the asylum. The Handbook, the first editors noted, was designed to 'aid attendants to carry out the orders of the physicians'. But just how far this training should go and what it was intended to accomplish were difficult questions. Thus a reviewer (in the Journal of Mental Science) of the first Handbook questioned whether some of the details of physiology were necessary to attendants.28 Perhaps it was the same reviewer who, in the following year, commended an Australian


28 JMS, 31, 1885, p.149.
doctor's lectures for attendants for omitting 'all description of the anatomy and physiology of the brain in a book intended for the use of attendants and nurses'. Yet, other members of the M.P.A. did not agree with this criticism and the later Handbooks expanded the sections on physiology and anatomy, giving the practical aspects of the attendant's work very minor consideration. The emphasis in the training and examination for the nursing certificate took the same path leading, in the view of a later writer, to 'the deviation or heresy which led to the mental nursing qualifications being so largely divorced from the nurse's real work'. What the training implied, then, was not any essential change in the relationship between doctor, attendant and inmate but rather a new conception of that relationship and its context. By turning attendants into nurses doctors were doing their best to check that tendency to a 'lack of medical spirit in asylums' which Conolly Norman warned of in 1894.

Given these qualifications about what the training movement meant we can now consider what these Handbooks told attendants about their relationship to inmates. From this perspective we will then be able to consider the inmate's experience of this relationship. With all the certainty of

29 JMS, 32, 1886, p.122.
30 Walk, loc.cit., p.12.
31 JMS, 40, 1894, p.491 (in his Presidential Address to the annual general meeting of the M.P.A., held that year in Dublin).
nineteenth century psychological thought the attendants were told that the brain is the organ of mind - 'all disordered mental manifestations have their origin in derangements of the brain'.\textsuperscript{32} The certitude gave way to relativity when an attempt was made to define the special characteristics of the insane. Deranged brains could only be made known through the person's conversation and conduct as compared with the 'generality of his fellow-men' and with himself as he was previous to becoming insane. The mental condition of every person varied from time to time but when the variations are such as to render the person unable to take proper care of himself, or to behave rationally towards his fellow-creatures, they are regarded as morbid and the mental condition is considered unsound.\textsuperscript{33}

From this perspective insanity was in fact characterised chiefly by social disabilities and consequently the emphasis of treatment was on the correction of behaviour. 'Delusions' were not to be ridiculed but ignored, 'misapprehensions which so commonly exist in the minds of the insane' were to be explained, 'rationally' we must presume since the Handbook left this to the attendant's intuition. The staff would try 'to lead the mind into a more healthy groove of action,

\textsuperscript{32}\textit{Handbook}, 4th ed., 1898, p.65

\textsuperscript{33}\textit{Ibid.}, p.67.
to repress morbid acts or habits'.

All those acts and habits which spring
from the diseased mental condition, and
which are therefore morbid and unnatural,
should be repressed as far as possible and
correct habits inculcated in their place.

Thus the attendants were instructed to correct the insane
habits of the patients - their destructiveness, uncleanliness,
slovenliness in dress, disorderliness in eating, bad
sexual habits.\textsuperscript{34} All the persons in the charge of attend-

'Bad sexual habits' usually meant masturbation. For much
of the nineteenth century masturbation was considered to
be at the very least a symptom and, to many doctors, even
a cause of insanity. For a recent account of this belief,
see R.P. Neuman, 'Masturbation, Madness, and the Modern
Concepts of Childhood and Adolescence', Journal of Social
History, [Vol. 8], Spring, 1975, pp.1-27. We cannot doubt
the persuasiveness of these theories when we see them in
practice in the asylum. 'Masturbation' was frequently
cited as a cause of the insanity in individual cases, not
only, we should add, because of the doctor's judgement on
the case but frequently because the inmate himself (women
are rarely implicated) professed an extraordinary amount
of guilt about the practice. Physical methods of treat­
ment were still in use at the Richmond asylum around 1890.
A young divinity student, committed by his father, is
daily enjoined by the doctor to 'refrain from the habit'
which is the 'supposed cause' of his illness. However,
the 'utmost vigilance of the attendants' is insufficient
to prevent him masturbatng so his prepuce is blistered.
RMGB, 1888-9, p.253. An adolescent boy admitted in 1889
has a history of masturbation and vain attempts by doctors
to prevent it. His prepuce has also been blistered fre­
quently; for the six months previous to his committal to
the Richmond he has been under the constant watch of a
nurse (perhaps in a private asylum) - he 'was kept tied
upright, his arms tied over his head, and his thighs kept
apart'. In the asylum they resume the blistering treat­
ment. He developed consumption in the asylum in 1892 and
died the following year. RMGB, 1888-9, p.717. While
masturbation is rarely cited as a cause of female insanity,
there is the occasional woman who is 'slightly' or 'markedly
erotic' or 'indecently suggestive in her behaviour'.
e.g. RFCG, 1891-2, pp.777, 897.
ants were 'patients', requiring special care and management. Therefore, in the ordinary wards, just as in the sick-room, efforts should be made to secure tranquillity, due quietude, and cheerfulness'. Although the title of the Handbook was unchanged until the seventh edition of 1923, the fifth edition of 1908 medicalised the attendant's relationship to the patient by using the terms 'nurse' and 'attendant' as 'equivalent and interchangeable'. To emphasise the point the new Handbook laid down its second general principle of asylum care (the first was that the asylum was a complicated machine) -

an inmate is now called a patient instead of a madman or a lunatic, as of old, because it is recognised that he is ill and needs treatment. That idea of him must always be preserved.

The advantages of this phraseology were stressed - the idea that a patient is ill is a far better reason to give him for his detention than that he is too troublesome, dangerous, or foolish to be abroad.

But if the inmates were ill and the attendants nurses, then was the asylum a hospital? The doctors who prepared the 1908 edition admitted that some might find the label inappropriate.


37 Ibid., pp.314-315.
Nevertheless, in addition to the ordinary remedies for disordered health, true medicine of a moral nature is given in plenty in the shape of advice and control, though it is difficult to weigh up or measure.

What was special about the asylum was its 'discipline and routine' which might well be compared to the hygiene of an ordinary hospital. They tend to keep in subjection excitement and disorder, which are as harmful to the mental invalid as microbes are to a patient with a wound or sores. 38

This concern to establish the legitimacy of their medical practice betrayed the early psychiatrists' own insecurity on the matter. The instruction given to attendants about their duties in relation to patients reflected the determination of the M.P.A. to upgrade the profession by translating the language of asylums into that of hospitals and the most advanced sections of the profession. There was no guarantee that practice would thereby be altered — indeed the prescriptions of the Handbook in its various editions differ little from those of John Conolly writing in the 1840s. How they were put into practice and how they

38 Ibid., p.315.
were experienced by the inmates was another matter. But we should conclude this consideration of the ideology of attendance on the insane by noting the conflicts within it. One part of this ideology stressed the attendant's careful attention to the behaviour and thought of individual inmates with a view to the creation of an environment specially adapted to individual cases. Yet the attendants were also to conform to the dictates of the institution - they were to study and obey the elaborate rules of the asylum, that smoothly running machine characterised by discipline and routine. Insanity was a relative matter, they were told, and each person's state of mind had to be judged in relation to the 'generality' of his fellow-men and to his own past. Yet the morality of moral treatment was not relative, but absolute - cleanliness, order, right habits, the expulsion of bad thoughts and the inculcation of right ones. Nevertheless, it was one thing for the medical men to construct the ideological framework on an absolutist state, another for that world to be constructed. What did the ideology and the worlds through which it was to be imparted mean to the confined?

In 1894 Conolly Norman warned his colleagues of the dangers of their own institutionalisation through what he described as the wearing, depressing and monotonous existence of asylum life. It was advice which starkly demonstrated
the pessimism with which he and some like him were facing the future of the asylum. What he said about the effect of institutional life on the doctors could equally apply to its effects on the inmates. In particular there were tendencies in asylum life that made 'for narrowness, gloominess and sullen self-asserting isolation'. Asylum officers were counselled to 'individually struggle to maintain clearness and width of view, detachment of mind, the dry light of the intellect'. Asylums, Norman began to think, were not conducive to recovery, nor even to a tolerable existence for many of their inmates. It would be better for many of them to be outside, boarded out with sympathetic families. Among the disadvantages of asylums he noted in 1896 that in

the huge asylums which have sprung up or are now springing up everywhere, individual treatment - the one think likely to benefit our patients - becomes almost impossible.

Norman, as superintendent of the country's largest asylum, was speaking with a good deal of authority though his advocacy of 'boarding out' was unsuccessful in Ireland. The effects of institutional life were clear enough every day in his own asylum. The omniscient and omnipotent super-

\[39\text{JMS, 40, 1894, p.492.}\]

\[40\text{Conolly Norman, 'The Domestic Treatment of the Insane', Dublin, 1896, p.3.}\]

intendant of asylum theory quite obviously found it impossible to know the circumstances of more than a thousand inmates. But even the institution, when it had reached this size, lost control of its charges. When a Richmond doctor reviewed the long-stay female inmates in 1898 she had to rely on the information of a nurse who had been there thirty years to confirm the identity of many of them. Even so she was forced to conclude that some patients still on the hospital register were probably dead because they 'could not be found'; and thirty-two years after the event, it was discovered that it was really Anne M- who had died on 1 March 1866, not Mary M-, who appeared still to be alive.\textsuperscript{41} We can understand therefore the special poignancy of the 'memorial to the unknown pauper lunatic' erected in 1883 at the Colney Hatch Asylum in London at the spot where nearly 2,700 inmates had been buried in forma pauperis from 1851 to 1873.\textsuperscript{42} Institutionalisation could reach the stage where those whom the asylum was established to treat and protect were lost sight of. It was this which Conolly Norman protested against. But not all his colleagues were as sensitive to the ill-effects of the asylum on inmates. Thus another doctor reviewing the long-stay male inmates in 1898 found a 56 year-old former labourer who had been admitted in 1880 'quite rational'. But his account of their

\textsuperscript{41} RPCB, 1852-1887, p.217, p.2.

\textsuperscript{42} R. Hunter and I. Macalpine, Psychiatry for the Poor, 1974, p.69. The authors note that the inscription on this memorial was removed following the Mental Health Act of 1959 to 'unburden the hospital of its past'.
brief interchange expressed surprise at the man's attitude -

He is discontented for being kept here so long and becomes a little irritable and cynical if one suggests that he ought to like being here as he is treated so well.\textsuperscript{43}

In these few remaining records of the interaction of doctors and their long-stay patients, the 'chronic', the 'incurable', we find glimpses of the numbing effects of the total institution.\textsuperscript{44} In their ward rounds, reviewing the status of inmates, doctors would repeat time after time the same series of questions designed to test memory, elicit delusions or hallucinations, discover whether the patient had recognised his or her 'mental illness'. Occasionally such a routine would meet with resistance as inmates expressed their irritation with the interrogation. When, after eight years in the asylum, an old woman was asked why she came here she replied that she had told 'the doctor before and [did] not see the necessity for telling [her] again'.\textsuperscript{45}

Asking why the inmate was confined was part of a strategy designed to uncover the continuing presence of delusions or 'unfounded' dislikes of or accusations against people in the outside world. The object of the strategy is well expressed in the tense of Conolly Norman's observation on a

\textsuperscript{43}RMCB, 1852-1880, p.413.

\textsuperscript{44}Erving Goffman, \textit{Asylums}, 1968, analyses the characteristics of 'total institutions' and the life of the staff and inmates.

\textsuperscript{45}RFCB, 1891-2, p.665.
patient in 1897 - he is 'quiet and depressed but will not express any delusions'. As well as 'why' the inmate came to the asylum, the doctor wanted to know 'when' as well as what day and year it was 'now'. A former labourer, readmitted in 1891, says he has been there about ten years in 1902 but answers the same when seen again in 1904 and 1906. He 'has no idea of time'. By 1914, at the age of 52, he is described as 'this old man'. His memory the doctor describes as defective as he cannot tell the date or the days of the week. But what did time mean in the asylum which was structured to eliminate it? Every day was the same as any other - even the superintendent of the asylum felt threatened by the institution's 'monotony'. A rare case recalls the date of commitment nine years before, but for most the asylum has killed time. Asked how long she has been in the Richmond, an old woman who 'was' a twenty-year old servant when admitted makes one of her few replies to the doctor's interrogation - 'I am always here, I live here'. She has been 'here...her lifetime', answers another. After so many years in the asylum time had disappeared; ten, twenty or thirty years were much the same in 'such a place as this hell on earth' as one

\[46\] RMCB, 1888-9, p.825 (my italics, M.F.); cf. RFCB, 1852-1887, p.45, 'I can't elicit any delusions or hallucinations', reports the doctor.

\[47\] RMCB, 1888-9, p.253

\[48\] Ibid., p.817.

\[49\] RFCB, 1852-87, p.17.

\[50\] Ibid., p.57; cf. Ibid., p.41, 53, 221, and RMCB, 1852-80, p.21, 241 for other comments on time.
woman described it. For these people the world stopped when they entered the asylum. Their memories were usually of relatives, often of those who had put them in. Harriet F- recalls that her mother 'sent her here [thirty years before] because she was contrary and ran about wild'. For some time after committal her friends visited her but she had not seen any relatives for twenty-five years. Cut off from time and the outside world, how were the remaining years of life in the asylum experienced by these inmates?

While some looked forward to their death to the extent of already claiming to have experienced it, it was possible to find one or two who displayed some desire to go outside once again. After thirty-eight years, one man tells the doctor he has been in too long, and that a couple of years is long enough for anyone - he wants to go out to work but when the doctor says he is too old he accepts the inevitability with 'I suppose so'. Four years later 'he is still very melancholic looking and sits in his chair with his arms folded and head bent down and eyes shut'. The logic of the inmate's dependence on the institution was also brought to bear on Mary B-; asked, like the others, whether she is 'happy here' she says she is not 'because she will never get out'. But, adds the doctor's

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51 RFCB, 1852-87, p.13.
52 Ibid., p.101.
53 RMCB, 1852-80, p.9.
report, she 'has not the slightest idea what she would do if she did get out'. The report observes that she 'keeps her head bent down and hunches up her knees'.\textsuperscript{54} John Blake, the 1860s campaigner for 'moral treatment' in Irish asylums, considered that one of the admirable features of a good asylum, such as the Leicester institution which he had visited, was that there was little desire on the part of the inmates to get out. In nearly every Irish asylum he had visited he received numerous appeals to procure the liberty of an inmate.\textsuperscript{55} Yet, whether or not an asylum was 'bad' or 'good' those who stayed more than two or three years were probably less likely to be in a position to demand their liberty, or even to take it when offered. A long-stay inmate told the Richmond staff in 1899 that he liked being there and would not like to leave - after nine years in the asylum, he had been discharged in 1876 but for some reason 'never went'.\textsuperscript{56} Outside there might be only the less attractive resort of the workhouse - inside was a familiar environment, sustenance and, for many of these 'incurables', employment in the gardens or one of the asylum workshops. One ground of opposition to the establish

\textsuperscript{54}RFCB, 1852-87, p.109.

\textsuperscript{55}J. Blake, Defects in the Moral Treatment of Insanity in Ireland..., London, 1862, p.67.

\textsuperscript{56}RMCB, 1852-80, p.29.
ment of auxiliary asylums for 'chronics' and 'incurables' was that these people frequently formed a substantial part of the asylum's workforce. Thus a symbiotic relationship of inmate and institution developed, sustaining the life of both. Even where relatives might be expected to accept a discharged inmate the asylum could encounter considerable resistance. The inmates had to experience not only their own institutionalisation but their uselessness to those outside. Having received a request from the Omagh superintendent to take back an inmate the relative concerned replies that there is no one willing to take Noble into their home he is a great bother to the neighbours for he always gets worse when he comes home and would run about from place to place. It is better to let him die in the Asylum. Please send us word if he dies and we will pay expenses and bring him home. I was down about a week or two ago to see him.

57 See the evidence of Dr J. Robertson of the Monaghan asylum and Dr J. Lalor of the Richmond, before the 1878 Trench Commission. Both made it clear that the 'incurables' were essential to the efficient and economical running of their asylums. On Robertson's calculation over one-quarter of the inmates were performing functions indispensable to the maintenance of the asylum - even if a special asylum for incurables was founded, he would need to keep most of these. Trench Commission, ev. 1520-1529, 1837-1842, H.C. 1878-79, 31.

58 HOS 29/1/6/2, p.86 (P.R.O.N.I.).
Those who died in the asylum had frequently spent a substantial part of their life there. Their lives had become identified with it. But there were also those whose only experience of the asylum was as a place for the dying; or those whose probable future outside the asylum was cut short by disease contracted in it. This was a depressing reality for asylum authorities for whom the institution existed to promote the health of those who entered it. Doubtless it was behind the little-disguised antagonism of superintendents like Conolly Norman for the large institutions they were forced to work in. There was nothing the asylum could do for those who were admitted to the asylum in advanced stages of fatal illness. By the turn of the century, for instance, general paralysis was becoming a common cause of death among the male admissions to the Richmond asylum (and the asylums of other cities in Ireland). Doctors usually identified the disease quickly and death could come within a couple of months and certainly within a few years.\(^59\) Another common cause of death among recent admissions was tuberculosis of the lungs. This was the case, for example, of Mary F-, a nineteen year old servant who died of phthisis, just ten weeks after admission, or of Fanny B-, who survived only twelve days after her committal from the South Dublin workhouse.\(^60\) In such cases

\(^{59}\text{Cf. RMCB, 1905-6, pp.1, 37, 89 and elsewhere.}\)

\(^{60}\text{RFCB, 1891-2, pp.5, 153.}\)
the asylum existed to manage the allegedly intractable rather than to treat in any sense - thus the latter of these women had been admitted from the workhouse which had its own infirmary but found it more convenient to pass the troublesome sick onto the asylum. For yet another group of patients conditions in the asylum were directly responsible for their deaths. Every year the inspectors found it necessary to list asylums in which epidemics of typhus or dysentery had occurred during the year. Inevitably these took a toll of those who were already weak and debilitated on entering the asylum - thus James R-, of 'low bodily health' on admission, died within nine weeks from dysentery; Mary G-, 58, suffering from 'debility', and Mary R-, 18, recently discharged from the Hardwicke Hospital following an attack of pneumonia, were among the number who died during a dysentery epidemic in the Richmond asylum in November 1891.\footnote{RMCB, 1888-9, p.157, RFCB, 1891-2, pp.21, 29.}

By the turn of the century asylum authorities were being forced to look critically at the health standards of their institutions - tuberculosis and dysentery had become a serious threat to the lives of the inmates and even staff. Thus institutionalisation had two aspects - the dull, inertia-like surroundings of the asylum ('unhealthy' as Conolly Norman described them) would almost certainly
foster 'dementia' where it was not already present; and the physically insanitary conditions nurtured disease and sometimes caused death.  

The lunatic asylums which had promised so much in the 1840s and fifties were clearly less benign by the nineties. But even at their worst moments they were hosts to another population besides the dying and the institutionalised. Always there were those whose stay in the asylum was relatively short, ranging from a few days to some months. They emerged in the asylum statistics as those discharged 'recovered' or sometimes only 'relieved'. Some of them, of course, would return to the asylum sooner or later but there

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62 Cf. F.G. Crookshank, 'The Frequency...of Phthisis Pulmonalis...in Asylums...', JMS, 45, 1899, 657-683. He gives the following comparative statistics of phthisis mortality in UK asylums, suggesting that the problem was probably greatest in Ireland.

<table>
<thead>
<tr>
<th>Population</th>
<th>1893</th>
<th>1894</th>
<th>1895</th>
<th>1896</th>
<th>1897</th>
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</thead>
<tbody>
<tr>
<td>England and Wales</td>
<td>-</td>
<td>14.1</td>
<td>15.7</td>
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<tr>
<td>Ireland</td>
<td>24.8</td>
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<td>19.6</td>
<td>18.5</td>
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<td>Scotland</td>
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<td>10.5</td>
<td>11.2</td>
<td>11.6</td>
<td>10.4</td>
</tr>
<tr>
<td>London C.C.</td>
<td>12.6</td>
<td>9.6</td>
<td>12.1</td>
<td>8.5</td>
<td>9.8</td>
</tr>
</tbody>
</table>

Cf. JMS, 48, 1902, pp.393-434 for the report of the Tuberculosis Committee of the M.P.A. which includes an analysis of the statistics by Eric France (pp.411-430) suggesting that most cases contracted tuberculosis in the asylums.

On dysentery, see DJMS, 112, 1901, p.429 for a report on the prevalence of dysentery in the Downpatrick asylum and measures taken to prevent it.
were others who only once saw the inside of an asylum. For both groups the asylum had a different meaning, or at least was the context of a different experience, from that of those whose lives had become inseparable from the institution.

It was by no means clear that the lunatic asylum had an active role to play in the treatment of those whom it considered curable. Rather it was to be the context of a readjustment of the patient's social and mental world which might lead him or her back to good thoughts and correct actions. The emphasis was on the construction of a favourable environment within which a remission could take place - thus the importance, as we have seen, of the omnipotent superintendent and a disciplined, well-trained staff.

What exactly was effective in the asylum's armoury was never made too explicit. But just as children could only be brought up in a favourable domestic environment so lunatics could only be mended in one. 'A lunatic asylum is a large home' proclaimed the Journal of Mental Science in 1858. By providing an ideal home in place of the one which presumably had failed, doctors might encourage a regeneration of their patients' mental states. Thus an Irish essayist who had won the Lord Chancellor's Prize for a paper on insanity in 1847 insisted on the early and absolute separation of the lunatic from friends and relatives and their removal to an asylum 'where a new train of ideas will arise,

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63 JMS, 4, 1858, pp.304-7.
and all former associations be removed from his mind as much as possible'. The psychological school remained persuasive, though not necessarily always dominant. An English psychiatrist in 1909 stressed the importance of what he called 'psychic treatment' - the staff should ignore the patient's faulty ideas and attempt to build up in his 'reasoning mind' a self-reliance and a moral conscience. The 'mental atmosphere' of the ward was important - to suggest to the patients that something was being done to cure them inspired their confidence in both the physician and the nurses and suggested to them that this was a time of rest and relief from care and worry. With the advent of 'psychotherapy' the psychiatrists discovered that they had all along been practising its principles or, rather, what they thought were its principles. Dr Nolan of the Downpatrick asylum insisted that 'psychotherapy' was just a new phraseology encasing the old methods which most alienists had adopted - at the Limerick asylum, he recalled, Dr Courtenay had spent his whole morning walking the wards 'interviewing patients and ascertaining everything he could in connection with them. Next morning he went back to them, speaking to them in the manner which he found helpful in each case'.

64 MPC, 10.11.47 (review of Hamilton Labatt, An Essay...on Restraint..., Dublin, 1847); cf. JPM, 2, 1849, pp.240-262 for review of same.


66 JMS, 57, 1911, p.627 (from a discussion of the Belfast superintendent, William Graham's paper 'Psychotherapy in Mental Disorders').
This 'moral treatment' was empirical and intuitive. It was also, as Conolly Norman had pointed out, quite impossible in the large asylums.

For others the effective agent in asylum treatment was physical, the nourishment of the body and the elimination of any evident physical disease. Even for the psychological and moral treatment school, this was of course the *sine qua non* of recovery from insanity. But there were those, particularly in the seventies and eighties when the physical basis of mental illness was considered incontrovertible, who held a sanitorium view of the asylum. The President of the M.P.A. in 1872 (Sir James Côme, also a Scottish lunacy commissioner) claimed that there was nothing special about the treatment of insanity beyond adherence to the broad rules of hygiene. For him, insanity was mainly the result of a deteriorated body, rather than a troubled nervous system. So the 'great secret' of successful treatment lay in

supplying abundance of food and clothing, in providing a comfortable lodging and bed, in giving proper attention to cleanliness, and in affording ample means of varied occupation and exercise in the open air.  

Yet he himself was pessimistic as to whether asylums did or could provide this healthful environment - an asylum 'in itself' possessed no special virtue beyond 'the power

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67 JMS, 18, 1872, p. 318.
of control which it confers, and the isolation which it facilitates'. Coxe's views, oriented towards the alleviation of the physical condition by provision of material aids, were one side of the 'physical' approach. The other was the search for a pharmaceutical panacea, a 'specific' for insanity. The use of drugs was ambiguous in motivation. Some were the means of physical restraint of a new sort, viz., chemical, and their use for this purpose was common and popular in the seventies and eighties though frowned upon by the turn of the century. Other drugs, their administrators claimed, would positively contribute to the recovery of patients. Yet there was only a fine line between these two uses of drugs. Thus, a 1905 Irish review of the sedatives and narcotics used in the treatment of the insane agreed with the contemporary opposition to 'drugging' but advocated the use of a depressant in cases of 'moral insanity' -

Such patients, when found to be getting out of hand and kicking against the rigid discipline of asylum life, are benefited considerably by a short course of hyoscyamus.

These cases were always female in his experience and the drug transformed a 'termagant into a useful and obliging patient'.

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68 Ibid., p.317.

But while drugs for the maintenance of asylum discipline had been discovered there was little optimism in the search for what Daniel Hack Tuke called an 'anti-psychosis'.

The object of asylum treatment was the alteration of states of mind and the production in particular of socially tolerable habits and behaviour. The means by which this was to be accomplished were, on the above evidence, haphazard, empirical, and not founded on any consistent theory of what was at the root of insanity. In practice the success of 'treatment' was unpredictable and whether an inmate 'recovered' or not frequently inexplicable. How then did inmates experience this panoply of methods and attitudes which confronted them in the asylum?

In their role as agents of moral treatment alienists walked the wards talking to attendants and patients, occasionally spending some time with a particular case, now and again (as the regulations demanded - frequently at first, annually after the first year) noting conversations and general progress in the case books. We do not have evidence of a dialogue between attendants and patients though this must have taken place at an informal level; and attendants rather than doctors were commonly in the position of knowing the accessible details of an inmate's history and current state. As we have suggested above, it was the nurses of the Richmond who provided much of the information even down to personal identity, of the long-stay inmates in the 1890s. Before the discharge of a Cork lunatic in 1873, the attendant who was immediately in care of him was minutely

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70 JMS, 27, 1881, p.333.
examined as to his behaviour. But otherwise we are left ignorant of what kind of relationship (other than that of control, which is well documented and examined below) and understanding existed between inmates and attendant.

Between doctor and patient there was an uneasy relationship, frequently paternal, sometimes affectionate and kindly, in other cases barely disguised disgust. From many doctors there was certainly a good deal of sympathy, perhaps from some even a degree of empathy. But the dialogue between the doctor and the asylum inmate, where it existed, was frequently a dialogue of the deaf. If inmates became irritated at the barrage of questions about the date, and cause of committal, doctors could be equally frustrated by what was for them the inaccessible language of the insane. When awake, a doctor recorded of a young woman in the Richmond, she

never saw anything worse than herself. 
Says that her own ghost frightens her more than anything. I cannot find out what she means by this.

In the course of another conversation some six months later she recounts her history, being brought up as an orphan in the workhouse, sent to prison at the age of sixteen; about the prison 'she had various delusions and hallucinations which she recognised as such'.

71 R.P. 1873/4734.
But she says she was very much frightened in the prison by seeing three nuns on a step-ladder beating their foreheads with stones. And she will not allow that this is a hallucination. Says that when bad in her mind she believes herself to be dead...72

While there are some things which have a meaning obscure to the doctor which he would like to pursue but lacks the means to do so, there are other statements, delusions and hallucinations, which the alienist is especially qualified to recognise and eliminate if possible. Sometimes these are played with in an attempt to demonstrate their absurdity. Mary C-, a 'noisy and troublesome' patient, demands to be let out after six years because she owns the world, she is the Blessed Virgin and must get out to her son Jesus Christ. The doctor remarks that surely such a person could leave this place whether we wished to keep her or no. She answered quite non-pulsed [sic].

'How can I go when you lock the doors on me. I am left here by that arch-anti-

Christ Cullinan [one of the doctors]...73

When Conolly Norman talks in 1896 to another woman who has been in four years she declares that she was very bad in her mind when she came there but is quite well now. Never-

72 RFCB, 1891-92, p.553.

73 Ibid., p.441.
theless he is not satisfied with her state of mind because she does not know 'the date of year' of her admission. She says it is four years ago. She accepts the suggestion that she came here in the year 1872! and having adopted that date she will not let herself be shaken in it.\textsuperscript{74}

But if doctors played games with the patients to remove absurd ideas or establish the current state of mind, they could themselves be confronted with the games of an inmate. Thus, a 'noisy and excitable' young woman who was very reticent under questioning plays up to her role 'when asked if anything was the matter with her' -

she opened her eyes widely gazed vacantly around her and then whispered - Mad - She appeared to realise much better than she pretended her surroundings and what was going on around her, occasionally a half conscious smile passed over her face or if she saw the ridiculous side of some of the questions she was asked.\textsuperscript{75}

Confronted by the mocking behaviour of the young girl the doctor was thus forced to question the common sense of his own diagnostic strategy.

The other response to the deluded language of the

\textsuperscript{74}Ibid., p.497; cf. RFCB, 1852-87, p.45 and RMCB, 1888-9, pp.117-119.

\textsuperscript{75}RFCB, 1891-2, p.589.
insane was to confront it with rationality rather than pursue it to absurdity. The standard of recovery was the decline of delusions and hallucinations, the admission that the patient had had a false view of reality, that he or she had been suffering from a mental illness, the reason for committal. The recognition of illness and of the legitimacy of asylum treatment was expected of patients, and even of relatives where they objected to continued treatment. Thus a rather agitated Dr Courtenay, when he was superintendent of the Limerick asylum, requested the inspectors' sanction to the discharge of an inmate - the father of the girl concerned 'believes that his daughter was wrongly sent to the Asylum - cannot be made to understand that this is the proper place for her'.

In her review of the long-stay patients in 1898 Dr Fleury of the Richmond asylum was anxious, vainly so, to gain their own admission of their insanity. One woman she talks to has not a proper recognition of mental illness; from another she 'cannot make out whether she has any recognition of mental illness'.

To recognise one's illness was the first step on the road to rationality and discharge. The patient 'is quite rational', we read of a man who was admitted two months previously complaining about voices telling him to drown himself; he is now 'fully aware that these voices are the result of a disordered brain'.

76 R.P. 1879/6200.
77 RFCB, 1852-87, pp.33, 65.
78 RMGB, 1905-6, p.9.
before his discharge, another is reported to be 'aware fully of how deranged his mind has been'. Where outright admission of one's mental illness is not demanded, there may yet be required a denial of previous delusions and perhaps a penitential confession of past wrongs: this was the asylum as secular church and the doctor as priest. The bad actions of the past were commonly quite violent and the recognition of their wrong was a signal sign of success in the course of this moral treatment. On July 26, 1888, a week after committal, George E- is reported as being 'improved in manner and general conduct' but he resents his being sent to an asylum as he states he has had only a few hot words with his wife when he was in liquor and trouble.

A month later, however, he has thought it over and 'now expresses regret for his past conduct towards his wife, and promises amendment when discharged'. On admission a twenty-three old youth 'confesses that he has from early youth masturbated very much'. Six weeks later when questioned about it he says he is not now masturbating, 'that he sees the evil of it'. A man described as epileptic has no delusions or hallucinations but, the case note adds, 'is confused and indignant that he should have been sent to an asylum'. He is less confused a few days

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79RMGB, 1888-9, p.181; cf. RFCB, 1891-2, 697.
80RMGB, 1888-9, p.137.
81Ibid., p.146; cf. Ibid., p.525.
later but he still refuses to recognise his mental state - he is 'constantly repeating that he is all right, and demands to get home'. 82 The standard of sanity adopted by the asylum authorities demanded a recognition of the legitimacy of committal and an acquiescence in the medical analysis of one's language and behaviour. The poignant message of a man who has spent thirty-nine of his fifty-seven years in the Richmond is that ultimately only one style of language is acceptable inside the asylum. When he is discovered talking 'gibberish' he is asked what language it is. It is 'snowball' language, he tells the staff - 'you took my language from me'. 83

Besides the haphazard and moralistic approach of 'individual treatment', moral treatment boasted other weapons in the campaign for 'mental diversion from morbid currents of thought'. 84 These were oriented towards the implantation of new states of mind by the construction of a favourable environment. The emphasis here was on the collective treatment of the insane. In some asylums this aspect of moral treatment involved a positive direction of new thoughts and inculcation of improving values through a system of education or an emphasis on the guidance of religion. More common in the theory of moral treatment was the encouragement of activities which achieved their purpose

82Ibid., p.593.
83RMCB, 1852-80, p.284.
84MFC, 18.10.1882.
negatively - work, particularly agricultural (though only for men), and the provision of recreations. Both of these would lead the mind away from its morbid patterns.

The importance of work was a constant theme of asylum authorities' reports and any lack of suitable provision for occupation of the inmates was constantly remarked upon. 'Nothing can be more injurious to the insane themselves than idleness', the inspectors claimed in 1862. This aspect of treatment fitted in particularly well with the asylum's financial interests. The manager of the Limerick asylum had reported in 1845 that outdoor work had made a profit for the asylum and this, the inspector noted, was in addition to the benefit it confers by allowing the patients sufficient space for air, exercise and recreation.

At about the same time Inspector White advised that the new asylum at Mullingar should have attached to it 'at least from 50 to 100 acres of ground, particularly as four-fifths of the inmates will consist of the agricultural classes'. Sixty years later setting the inmates to work in the fields was not deemed any the less important; the inspectors in 1909 stressed the reduction of costs and the addition to the 'health and happiness' of the inmates, in that order.

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86 Report, p.23, H.C. 1846, 22.
87 Ibid., p.47. In 1874 the 22 district asylums had an average 38 acres each of agricultural land, 24 Report, p.9, H.C. 1875, 33.
the patients were set to work, more vigorously at some places than others - at Ballinasloe and Killarney in the 1850s the men worked from morning to night in the fields. Whether outdoor work was conducive to 'recovery' or not could hardly be demonstrated since a condition of its application as therapy was a willingness on the part of the inmate to undertake it. This condition could in part be taken as a sign of impending recovery. In any case it can hardly have done harm and the diet for those involved was greater in quantity if not necessarily in quality or composition.

The fresh air which was considered so important in the restoration and maintenance of health was not as readily available to the other inmates. Some worked in the various asylum workshops or helping in the maintenance of the asylum buildings. The women were mainly set at sewing, but were also part of the asylum's general labour force of cleaners and launderers and some helped in the kitchens. Work went on inside as it did outside the asylum. In the district asylums this work never seems to have been remunerated although the inspectors had suggested in 1848 that a portion of the net profits of work done in the asylum (mainly from the sale of manufactured cloth which in 1847-8 had amounted to £3,629) be set aside to provide a temporary

89R.C. Appendix A, p.74, H.C. 1857-8, 27. Working patients received extra diet for their effort, either meat with their main meal or extra bread. Ibid., pp.82-3.
support for the discharged inmates. It was those who had committed crimes who had some justice shown to them in this respect. After 1893 the prisoners at the Dundrum criminal asylum were paid 'gratuities' on discharge for work done in the asylum - ten years before the governor had complained that it was difficult to get the patients to work since they were not rewarded for it (as they were at Broadmoor in England).

Work was not always regarded as an agent directly therapeutic in itself. Rather the ability to undertake it was a sign of improvement, of impending recovery, or at the very least a means of breaking the monotony of asylum life. After four days in the Richmond, Michael M-, who had been there before, requested to be sent to the farm. Three weeks after admission, another is reported to be anxious to get out to work in the wards and on the farm; so too is John F- who requests work after only two weeks. But an asylum being what it was nobody could be forced to work. It was one of the means by which Inspector Nugent thought a lunatic institution could be 'divested' of the appearance of 'being simply the receptacles of lunatics or mad people'. Yet that was what they were and there were

90 Report, p.4, H.C. 1849, 23.
92RMGB, 1888-9, p.905.
93Ibid., pp.773, 805.
94R.P. 1857/6195.
many like the 26 year old labourer in the Richmond in 1889 who spent his days 'crying and moaning', constantly drugged; he could not be 'induced' to work at any stage of his six month residence.95

Where the therapeutics of work were ineffective recreation could be instituted. Again the provision of facilities for recreation was part of the asylum's orthodoxy. But where some useful and economic purpose could be found for work, the institutional benefits of recreation were obscure and only the most enthusiastic asylum managers could maintain more than a token programme. Asked by a royal commissioner about the facilities for recreation at the Richmond in 1856, the lay manager, Samuel Wrigley, reported that the male patients played ball, some played draughts although nearly all the boards were gone, while the women danced once a week, read books, attended the school or played cards. Of two ball-courts for the patients, one was occupied by the apothecary's pigs. The asylum physician said there were not sufficient arrangements for 'intellectual and pleasurable amusements' by which he meant a billiard table, backgammon, an evening school and unspecified means of light recreation.96 Robert Harrison, the visiting physician of the Dundrum asylum agreed that there was little to occupy the minds of the patients - he had often regretted the want of such things:

95 RMCB, 1888-9, p.381.
96 R.C. ev. 1508, 1666, 1887-8, H.C. 1857-8, 27.
a reading-room, or a room with pictures to excite or engage the attention, so as to keep them from a gloomy mood, into which they fall when unoccupied on a wet day. 97

At Cork the inspectors discovered bagatelle-tables and card-playing, 'than which latter', they added, 'there is seemingly nothing more to the taste of an Irish lunatic'. 98 Recreation, as these attitudes show, was intended to counteract the depressing and tedious influence of institutional life rather than to be a positive therapy in itself. Where it was conceived of as an element of 'curative' treatment rather more determined efforts were made to revive the spirits of the inmates. At Belfast, it was reported, one method of recreation was a walk in the suburbs and country of up to 150 patients at a time 'accompanied by their own brass band' - this was regarded as having an excellent moral and curative effect 'by thus confiding in their steadiness and correct demeanour'. 99 Institutional demonstrations of this style showed the outside world that the asylum had restored order, decorum and obedience in those who were previously uncontrollable. The visitors (aldermen of the city and their wives) who attended a ball for 300 inmates at the Richmond at 1862 were reported to be

97 Ibid., ev. 2999.
98 11 Report, p.9, H.C. 1862, 23.
much struck, not only with the admirable order which prevailed, but with the docility and cheerful readiness with which the patients complied with the directions given them.  

Similarly, the Belfast Newsletter concluded its report of a 'soiree' at the asylum with a commendation of the patients for their conduct which was characterised by 'the strictest propriety and decorum in every respect'.  

Associated with recreation in moral treatment was education. This was, it is true, more commonly a part of the treatment of idiocy, an area in which real advances were being made in France, but which was virtually ignored in Ireland. Yet there were some (particularly those who found it difficult to see that insanity was anything more than a disorder of intellect) who thought that education had a special role to play in the asylum, both by diverting the mind from its preoccupations and by exercising it. A particularly enthusiastic, even fanatical, advocate of an education system for asylums was Joseph Lalor, superintendent of the Richmond asylum from 1857 to 1883. As with all aspects of moral treatment the efficacy of education of the insane was never spelt out but its functional nature was never doubted by its advocates. Lalor found it a 'powerful,  

100 Irish Times, 1.8.1862 (Press cutting in Larcom Papers, Ms. 7776, NLI).  

improving and ameliorating agent with all classes of the insane' but warned his audience in 1878 that its curative results might take years.\textsuperscript{102} He employed a number of 'trained' school teachers as officers, and organised the daily routine of inmates round periods of work, educational instruction, and recreation. Daniel Hack Tuke and other members of the M.P.A. visited the asylum in 1875 and found the system of some interest.\textsuperscript{103} But there is no evidence that it was adopted on the same scale elsewhere or that its alleged therapeutic qualities were anything more than the alleviation of institutional monotony. For John Fox, the Richmond schoolmaster, the 'School System' afforded 'intellectual food' to the minds of the insane and was admirably calculated to heal the disordered faculties of those who might be restored to society. However, from his review of the system it was clear that the most it could have accomplished was the provision of another means of occupation for the ever increasing number of inmates.\textsuperscript{104}

If the re-diversion of the intellectual faculties was an important prerequisite for recovery from insanity, the inculcation of correct moral values was indispensable. For


\textsuperscript{103}Cf. JMS, 21, 1875, pp.467-474.

most doctors this meant some role for religious intervention in the asylum. But what this role was to be and who was to impart the appropriate values was a matter of considerable dispute. The relation of religion to the practice of psychological medicine was ambiguous. In evidence given to the royal commission on Irish asylums in 1856 few doctors contested in any way the value of religious services in the asylum. But, for alienists, the value of religion to an individual inmate was frequently tempered by the latter's capacity to appreciate its virtues and truths. We have touched on the important dispute centred on the appointment of asylum chaplains at Belfast in another context. But in concluding our overview of the day to day practice of moral treatment we must consider the place of religion in the asylum.

For Robert Harrison, the Dundrum physician whose woolly ideas about recreation we have already noted, moral treatment was in fact religious practice. 'We have two chaplains', he responded to a question about the means of moral treatment at Dundrum -

They speak to their people and advise them, and lecture them quietly and gently. There is no religious controversy, or anything of that kind - mere moral advice.  

But few doctors after the 1850s would have been as comfortable as this about the place of institutional religion in

105 R.C. ev. 2994, H.C. 1857-8, 27.
asylums. John Conolly had warned physicians of 'the danger of misapplying religious attentions'. The problem was, as he noted, and many others after him, that 'no cause of mania, melancholia, and imbecility is more common than a gloomy religion'. In any asylum there were many whose prominent symptoms were of a religious nature - those like Anne M in the Richmond who said religion had upset her mind, or Mary M who thought her soul was lost and that she had not prayed enough. And in Ireland there were sensitive sectarian issues involved which could also excite the minds of asylum inmates. A 26 year old Catholic in the Richmond complained of his being tormented by everyone, people telling him one day he was a Catholic, the next a Protestant; on admission, a Protestant poured forth tirades against the papacy and said that his religion caused him to be subject to the greatest cruelties. The sensitivity of the religious question in Belfast was unquestioned and in the 1850s and 1860s the governors at that asylum and the resident physician steadfastly opposed the government's attempt to appoint chaplains on the grounds that they would be a divisive influence in the asylum. Over-zealous pastors might disseminate 'a wild and dangerous fanaticism amongst lunatics', disturbing the 'comfort and

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106 Conolly, op.cit., p.123.

107 RFCB, 1891-2, pp.301, 253; cf. RMCB, 188-9, p.217 - 'his soul is lost...all the churches are shut owing to his sins'.

108 RMCB, 1888-9, pp.909, 469
tranquillity' of the Belfast asylum. Furthermore the objection to the clergyman was that he was unable to judge the state of the patient's receptivity to religious values, something, it was claimed by the defenders of the Belfast system, which the resident physician alone could do. In conformity with this view it was Dr Stewart, not the chaplains, who conducted the religious services in Belfast asylum. The inspectors argued against the Belfast attitude (shared at Armagh, where appointed chaplains were also absent), claiming that religion, properly imparted by the official chaplains, could act as a 'sanatory agent' and that the fears of sectarian strife were unfounded in a public institution 'fenced in as it is with all the safeguards which an efficient staff and perfect discipline insure'. Eventually the government legislated to force the governors to appoint chaplains of the major denominations.

These teething troubles in establishing the place of religion in the asylum were not experienced in most other Irish asylums. In the institutions in the south and west the religious composition of the asylum populations was overwhelmingly Catholic and it would have been politically uncomfortable for superintendents, frequently Protestant before the end of the century, to have opposed the active participation of the chaplains. But the doctors did agree

109 See the defence of the Belfast asylum's position (probably written by Robert Stewart, the resident physician), DJMS, 16, 1853, pp.376-9.

with the Belfast superintendent that they should have the power to restrict the access of anybody, chaplains or relatives, to one of their patients. And this principle was enshrined in the conditions under which chaplains were appointed - the privy council rules and regulations required that chaplains not infringe the medical barriers erected round the inmates by superintendents. When a Wesleyan minister in Maryborough protested that he had been refused permission to visit the asylum the under-secretary informed him that he could only visit Wesleyan patients and at 'such times as may be deemed not medically objectionable'.

Moral treatment - through the agency of work, recreation, education or religion - and its less articulated but none the less practised companion, 'individual treatment' through a rational therapy, attempted to create a controlled environment directing the inmate towards habits and values which would conform to those of the outside world. However, the degree of its efficacy was always unknown. The therapeutic relationship between the asylum and its inmates was shrouded

111 R.P. 1865/379. For their part, some chaplains accepted the criticism of preaching which over-excited its listeners or was too Calvinistic and so we get tracts such as that by W. Hyslop (of the Church Stretton Private Lunatic Asylum in England), Cheerful Words, being Vol. II of 'Sermons for the Insane', London, 1875; see MPC, 10.3.1875. In the course of the Belfast dispute the rights of the medical superintendent to control the access of chaplains were in fact strengthened. The rule governing the matter in 1852 provided admission to chaplains, except where the physician declared a patient 'unfit and incapable of understanding the nature of the service, and of appreciating the effects of religion'. R.C. p.532, H.C. 1857-8, 27. But the rules of 1862 appeared to give the initiative to the doctor by requiring chaplains to administer religious instruction to those who, in the opinion of the superintendent, might be susceptible to its influence. 11 Report, p.57, H.C. 1862, 23.
in uncertainty and the suspicion that recovery could just as well be spontaneous. When a Richmond doctor noted that a patient 'gradually lost all his delusions, and has taken a rational view of his present position and future prospects', he was acknowledging the relative uselessness of his own role in the transition. In this context moral treatment reflected the need to establish a system which, while maintaining routine and discipline, would make the asylum something other than a prison or a workhouse. To the extent that any asylum did this the authorities could be satisfied with the judgement of the Freeman's Journal that a day of athletic games and a night of dancing at the Richmond asylum had shown the progress of intelligence and the consequent advancement of Christian refinement and kindly sympathy with the stricken, the defenceless, and the afflicted.

Yet many doctors were not content with the implication that they were merely agents of an improved system of good works. For them the indispensable sign of all that was special about nineteenth century lunatic asylums was that they practised medicine in them.

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Whatever school of thought predominated in the world of psychological medicine there were few who denied that the treatment of the insane involved physical treatment. The

112 RMCB, 1888-9, p.293

113 Freeman's Journal, 26.8.1864 (Press cuttings in Larcom Papers, MS 7775, NLI).
good alienist of the 1860s was a physician with a knowledge of mind, as James Crichton Browne put it; the great advance in psychological medicine had been when 'morbid conditions of the mind' were recognised as dependent on disease of the body and thus handed over to the medical profession. In the following chapter we will explore more fully the ramifications of the alienists' views. But as to practice we may note that the range of medical treatment in the asylum reflected the physician's uncertainty about what he was supposed to be restoring and how the agents he used acted on it. As always we need also to remember that the physician was superintendent of a large institution and responsible for maintaining its order. The methods of treatment adopted were commonly in danger of becoming punishment or of simply maintaining by any means possible the good order of the asylum.

With so many admissions in a 'low state of bodily health' an obvious need was physical restoration. This meant in some cases treatment in the asylum hospital for recovery from the effects of violence or disease of one kind or another; for most admissions it meant a regular diet, if a spartan one, and to some a special diet to assist their recuperation from a heavy bout of drinking. Those like Joseph M- or Christopher K-, both of whom were received into the Richmond after a reported fortnight's drinking without food, were subject immediately to restorative diet and tonics. On admission Francis G- appeared quite sane but had evidently been drinking hard - with 'dietic and tonic treatment' and a drug to help

114 JMS, 7, 1861, p.29.
115 See above, pp.271-274.
116 RMCB, 1905-6, pp.49, 145.
him sleep his tremor diminished within two days and he was discharged a week later.\textsuperscript{117} How well the general asylum population was fed is difficult to judge. The amount per capita spent on 'provisions' varied enormously from one asylum to another - from £7 in Sligo to £13 in Dublin in 1871 and in 1910-11 from £6.13s in Downpatrick to nearly £11 in Clonmel - but these differences were determined partly by variations in local agricultural prices and probably significantly by the extent to which the asylum provided its own needs.\textsuperscript{118} There was no doubt however that asylum inmates were fed better than those of workhouses and, at least early in the period, of gaols. In 1868 a government committee noted that the workhouse diet for some classes of inmates was only two meals a day; and the gaol diet of two meals had been reduced in 1849 following charges that it was better than a labourer's or workhouse inmate's diet.\textsuperscript{119} The asylum diet on the other hand was invariably three meals, monotonous as they might be - the dietary table at Armagh in 1856 was 2¾ lbs. of stirabout (a porridge, usually of oatmeal, \textsuperscript{117}RMGB, 1888-9, p.577.

\textsuperscript{118}The asylums produced a surplus of farm and garden produce which they sold for £2,147 in 1871, £10,832 in 1911 - however they were spending considerably more than these sums in maintaining the farms (£3,098 in 1871, £27,089 in 1911).

\textsuperscript{119}Report of the Committee...to inquire into the Dietaries of County and Borough Gaols in Ireland, 1868, H.C. 1867-8, 35, pp.655-746. The report includes a survey of the diet of labourers and farmers. An estimate of Irish institutional diet in the 1890s puts expenditure on convict diet slightly ahead of that for lunatics. But the significant difference is between these diets and those in workhouses. The relative expenditure per inmate per week was given as: convict, 3s.11d.; lunatic, 3s.5d.; healthy workhouse inmate, 1s.5d.; aged or infirm workhouse inmate, 1s.4d. JMS, 44, 1898, pp.106-108.
occasionally with the addition of rice) plus milk for breakfast, \( \frac{1}{2} \) lb. bread with soup or milk for dinner, and the same amount of bread with milk for supper. The dietary tables, the royal commission noted, showed some substantial differences from the returns of consumption for the same year. While the Richmond dietary table indicated that half a pound of meat a day was allowed each patient, the stores return for the previous year showed an average per patient per day of less than one ounce. In general the returns of consumption for 1856 indicated a diet of bread, oatmeal, rice, potatoes, meat (in the form of soup) and milk with some use of tea and sugar.\(^{120}\) The absence of vegetables from the dietaries of asylums (not even potatoes in some) led to outbreaks of scurvy at the Cork asylum in 1852 and at Maryborough in 1868 - with the development of asylum farms this aspect of 'treatment' probably improved.\(^{121}\) A more remarkable feature of the Richmond diet for some years was the place of 'stimulants'. Besides liberal amounts of education, Dr Lalor was evidently giving some of his patients even more generous amounts of liquor. In Sligo only 333 pints of sherry wine were consumed in 1873 and in Cork the average consumption of beer and porter was 26.6 pints

\(^{120}\)R.C. Appendix, pp.45, 81-84, H.C. 1857-8, 27.

over the year - in the Richmond the 981 patients had consumed 108,395 pints of beer and porter as well as 1,765 pints of whisky and 2,803 pints of wine. In a veiled reference to the wide variation in alcohol consumption the inspectors had suggested in 1857 that 'the class of patients generally belonging to the metropolis, and larger cities and towns, require a more tonic dietary than the inhabitants of purely agricultural districts'. But the impact of temperance led to a readjustment of attitudes in the 1870s and 1880s. Although some superintendents resisted the move as the deprivation of a comfort which helped make the life of the inmates tolerable, the M.P.A. encouraged the abolition of drink in the asylums. The result in the case of the Richmond was a reduction in the expenditure on wine, spirits and beer from £940 in 1872 to £363 in 1911 for more than three times as many inmates.

If we are to use the standards suggested by the 1868 committee the impression of asylum dietary is that it was

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122 23 Report, pp.13, 38, 92, 97, H.C. 1874, 27.

1238 Report, p.11, H.C. 1857 (II), 17. The inspectors' Report for 1872 suggests that the wine, spirits and porter was administered only to those in hospital or under special treatment, an average per day of 330 patients. This implies nearly a pint of beer or porter per day for those receiving it, 22 Report, p.26, H.C. 1873, 30. In some English asylums beer or cider was a regular part of the diet for the inmates.

124 Cf. JMS, 30, 1864, pp.535-550 and DJMS, 80, 1885 for D.H. Tuke's survey of the use of alcohol in asylums. Tuke calculated an expenditure of 14s. p.a. per patient in England and Wales, 8s.8d. in Scotland, 4s.8d. in Ireland. This was a marked decrease since 1878 when another doctor had found the expenditure close to 30s. per annum in asylums in England and Wales. See also MPC, 29.9.1880.
of the level of a labourer's diet but with the advantage of consistency when food outside the asylum was frequently short - in the early sixties and at many times in the eighties and nineties, together with that period of uncertainty every year between the end of last year's crop and the new harvest. If we are looking at the cities the asylum diet was probably a good deal better than the slender sustenance of tea, bread, potatoes and bacon which was the staple of the poor in the Dublin tenements in 1906. And compared with English asylum inmates, Irish lunatics were possibly fed better (or at least in greater bulk). A review of dietary tables by an Irish asylum superintendent in 1886 concluded that approximately the same amount of meat was consumed in the 22 Irish institutions as in fourteen selected English country asylums. Of the other foods consumed, the Irish inmates were reported as having substantially more bread, potatoes and milk and slightly more vegetables (the amount of the last seemed to depend on asylum production of them). The working inmates of the Irish asylums probably consumed the difference, as large quantities of indian meal and oatmeal were issued to non-working patients in most of them.¹²⁵

A good diet and the special provision of 'tonics and stimulants' was considered as the most basic pre-condition of recovery - a healthy mind could only exist in a healthy

body. But what of the doctor's other 'medical' remedies? We have earlier seen that the search for a panacea in the form of a drug was viewed with pessimism. But this is certainly far from implying that drugs had no place in the asylum. Rather their role was regarded as indispensable as the century progressed. At Armagh in 1846 for example Dr Kidd considered that 'no individual medicine can be called particularly efficacious, much less specific, in the case of insanity'. The use of drugs was instead directed towards the maintenance of a 'corpus sanum', the limit of the medical contribution to restoring the 'mens sana'. The physician at Clonmel was similarly sceptical, considering that it would be easier to give an opinion as to the inefficiency of medicine as a cure for insanity. There were those in the 1840s who still insisted on the relevance of the traditional physical treatments - thus Dr Rogan of the Derry asylum, while concentrating on the improvement of the general health by the use of tonics, diet and so on, also practised topical bleeding, blistering of the shaved head and nauseating doses of tartarized antimony in acute cases. But his list of recoveries suggested either that the physical method did not work or that it was only rarely applied - six cases recovered under medical treatment, fifty-six under moral treatment. Dr White of

126 Report, p.27, H.C. 1847, 17.
127 Ibid., p.44.
128 Ibid., p.30.
Carlow also practised some of the old methods, using bleeding and purgatives, but had as well introduced the use of drugs, opium and hyoscyamus, to procure 'composure and sleep'. The extent to which these methods were practised in any one asylum is obscure, particularly as no records of prescription were kept in many institutions - at Cork between 1847 and 1853 prescriptions were made on the verbal directions given to the apothecary or attendant. But in 1857 the inspectors could not say that any particular medical treatment for the cure of insanity was resorted to, 'except in its early stages' - the malady was little understood and 'air, regimen, exercise with the removal of causes leading to excitement' were regarded more favourably.

However, throughout the 1860s and 1870s drugs were becoming a more attractive medical treatment. Asylum doctors were experimenting on their patients and sometimes even themselves in the search for sedatives and sleeping drugs which were efficient without producing obvious deleterious effects on inmates. But the increasing use

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129 Ibid., p.72.
130 R.C. p.16, H.C. 1857-8, 27.
132 Cf., for example, the experiments of Thomas Belgrave of the Lincolnshire County Asylum on the bromides' effects on his patients, JMS, 11, 1865, pp.353-371; or the work of Dr Wilkie Burman with subcutaneous injections of conia (a nicotine-like drug) on himself and 25 other adults - he hoped to find 'an antidote for acute mania'. (West Riding Asylum), DJMS, 55, 1873, pp.425-429. The Scottish alienist, T.S. Clouston, suggested to the M.P.A. in 1870 that empirical verification of the effect of drugs on particular classes of patients be organised. A committee of the association subsequently attempted to co-ordinate such information, JMS, 16, 1870, pp.24-30, and 223-229; see also JMS, 17, 1871, pp.278-285, for his own work on narcotics in the treatment of insanity.
of drugs was accompanied by some disquiet at the motivation for and implications of the practice. Thus in 1877 Dr Lockhart Robertson, a prominent English alienist, had to defend the use of narcotics and sedatives in response to a question about 'chemical restraint' from a parliamentary committee. Of course restraint was the motivation where there was a need to control violence - in an article on 'use and abuse of chloral hydrate', George Savage of the Bethlem Hospital warned of its ill-effects but suggested that 'it may be used rather as restraint than as treatment in violent cases'. But there was no clear opposition between 'restraint' and 'treatment' in the management of many asylum patients, not just the violent. When S.J. Cullum summarised for readers of the Dublin Journal of Medical Science in 1905 the use of 'Sedatives and Narcotics in the Treatment of the Insane' his criteria were as much the maintenance of asylum discipline and order as the state of health of the patient. The sedative sulphonal was to be used with a class of patient 'which was one of the most troublesome in the asylum ward'; cannabis indica kept the patient, particularly the senile dement, 'quiet and manageable during the day'; as for epileptics - 'the most

133JMS, 23, 1877, pp.469-70 and Select Committee on Lunacy Law, ev. 6867-6871, H.C. 1877, 13.

134DJMS, 69, 1880, p.244 (in a review of the article by Ringrose Atkins, the Waterford asylum superintendent).
troublesome and dangerous class... found to be the cause of every disturbance in a dormitory' - the hypnotic, chloral hydrate, gave the best results for pacifying them, and the bromides not only lessened the fits but enabled the doctor to get the 'epileptic to work well'. The conditions of life in large institutions had come to determine the criteria for administration of 'therapeutics', though not without regret or unease among doctors. The discussion after a paper on the use of hypnotic drugs in the treatment of insomnia disclosed considerable division of opinion over whether hypnotics should be administered as 'restraint'. Charles Mercier, the London psychiatrist, took the hard-headed line that the patient was committed to be 'treated, detained and restrained'. Others were less comfortable about their role in the last of these responsibilities and the means chosen to go about it.¹³⁶

The major problem with drugs was that they almost inevitably had harmful physical consequences; the absence of clinical trials of a conclusive nature meant that asylum doctors discovered the ill-effects too late. As T.S. Clouston bluntly put it in 1883 when talking of the limits of medical treatment of 'senile insanity':

My experience of opium and herbane is unfavourable as sedatives; they diminish

¹³⁵ DJMS, 120, 1905, pp.163, 165, 169-172.

¹³⁶ JMS, 51, 1908, pp.561-575.
the appetite and often kill the patient.\textsuperscript{137}

Cullum, in the article we have already discussed, openly acknowledged two cases in which he had administered drugs resulting in death.\textsuperscript{138} A typical experience with a new drug was that of Conolly Norman. In November 1888 he delivered a paper to his Irish colleagues on a new hypnotic, 'Sulphonal', which he praised for its efficiency in procuring sleep. In the following years he administered it freely in the Richmond asylum, as did many others in Ireland and Great Britain following him. However its success in the treatment of sleeplessness was complicated by its other effects in those, for instance, whom it made 'dizzy' or 'queer'.\textsuperscript{139} Twelve years after he had introduced it he told a meeting of the M.P.A. that he now considered it disadvantageous to the patient. In fact the drug was found to be accumulating in the kidneys causing poisoning and death after continued administration.\textsuperscript{140} Thus even where the administration of drugs was uncomplicated by the suspicion that it was merely a new form of restraint, doctors found that their resort to physical remedies could be harmful to the patient.\textsuperscript{141}

\textsuperscript{137} DJMS, 77, 1884, p.270
\textsuperscript{138} DJMS, 120, 1905, pp.164, 177-8.
\textsuperscript{139} RMGB, 1888-9, pp.217, 709.
\textsuperscript{140} JMS, 34, 1888, pp.629-63; Ibid., 45, 1899, pp.741, 799 pp.
\textsuperscript{141} For the contribution of drugs to the homogenisation of the appearance and behaviour of long-stay patients, see the comment 'Drug Effects', in R. Hunter and I. Macalpine, Psychiatry for the Poor, 1974, pp.229-231.
Beyond drugs there was the occasional adoption of some other palliative for insanity. Some of these innovations promised much on their inception, no doubt through the change in the institutional environment which might accompany them. Thus in 1860 'Turkish baths' were constructed at some considerable cost in the Cork asylum. The resident physician was soon claiming a 76 per cent cure rate with the baths - what he meant was that 96 patients (of nearly 500) had been treated in this way in 1861 and 74 had been cured. The bath was at least pleasant, even if, as the inspectors noted, no 'direct curative effects' could be attributed to it - those who had suffered a relapse (the physician claimed)... showed no unwillingness to return to the Asylum; and even asked to be taken there at once, in order that they might get the bath, as they considered that nothing else would cure them.142

Yet most physical treatments had less of this homeopathic quality and in the way they were applied were a form of punishment. The most controversial examples were the use of cold shower-baths or ordinary baths as a means of controlling or calming an inmate.

Most asylums in the 1850s had shower-baths, which were to be used only under doctor's orders. The shower-bath was

administered, according to Harrington Tuke in 1858, for one of its three effects...these are 'the shock', the 're-action', and the direct refrigerant or depressing effect produced by a continuance of the shower or its frequent repetition.\textsuperscript{143}

Whether or not doctors had control of its use in everyday practice was uncertain in the Irish asylums. Samuel Wrigley, the Richmond manager, reported that there was a shower-bath in each division of the asylum and that they were being installed in each ward; he never knew an attendant to give one without orders. But the attendants had the keys and his other evidence showed that he infrequently visited the wards so he was unlikely to know when it was used or not.\textsuperscript{144} Robert Fitzgerald, the resident physician of the Limerick asylum, had never read the regulation requiring the instruments of restraint to be kept by him.\textsuperscript{145} Although a therapeutic rationale had been constructed for the bath, shower-bath and douche (throwing buckets of cold water over the patient), by the 1870s it was commonly considered that they had come to be used 'solely for the maintenance of discipline', and some

\textsuperscript{143} JMS, 4, 1858, p.539.

\textsuperscript{144} R.C. ev. 1423, H.C. 1857-8, 27.

\textsuperscript{145} R.C. ev. 8568-8576, H.C. 1857-8, 27.
superintendents had stopped using them. The state of affairs in asylums where these methods of control were used was highlighted at Limerick in 1872. There Dr Fitzgerald ordered a plunge-bath to be administered to an undisciplined patient - the attendant, using other patients to 'duck' the patient, had caused his death by submersion. After this, although the privy council rules made the use of baths discretionary to the superintendents, most doctors deplored the practice. In 1887 Dr O'Farrell (then a medical inspector with the local government board) condemned the custom in Ennis workhouse of 'punishing' excitable lunatic patients with cold shower-baths - it was 'a relic of a barbarous age'. Yet in the criminal asylum in Dundrum in the same year Dr Ashe was still defending the use of the plunge-bath as a means of punishing an inmate who had caused a disturbance in the chapel. The use was still permissible under the rules but the under-secretary wanted to know after this what steps the inspectors of lunatics proposed to take 'to render the use of the bath as a punishment impossible'; he found, he told the chief secretary who was expecting parliamentary questions on the matter, 'that all Drs. except apparently Dr Ashe condemn its use'. Shortly after, the government forbade its use as a punitive measure.

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146 23 Report, p.91, H.C. 1874, 27.
147 Ibid., pp.63-4, R.P. 1873/12945 and 1874/6284; see above pp.
148 R.P. 1887/6865.
The relative failure of physical (medical) treatment turns our attention back to the relationship between doctor, attendant and patient. By 1883 the superintendent of a large London asylum could note that with the absence of medical appliances (he meant electrical apparatus and baths) and the declining use of sedatives it was easy to see why the drug and surgical instrument account in asylums generally averaged only 1/2d. a week per head. There seemed 'little in the treatment of the insane nowadays...beyond good dietary, open air occupations and protection'.

Doubtless it was from this scepticism with regard to the potential of conventional medical treatment that the asylum doctors looked to the training of their attendants in the 1880s and 1890s. But what could be done in this area was limited as we have seen by the very size of asylums, which made it difficult to supervise the activities of the staff, and by the poor working conditions which allegedly limited the quality of the attendants employed and the demands which could be placed on them. The result was that the relationship between attendants and patients was characterised by

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150 JMS, 29, 1883, p.211. In Ireland per capita asylum expenditure on drugs (including wines, spirits and beer) and medical appliances dropped from 11s.8d. per annum in 1871 to 4s.7d. per annum in 1910-1911. A large proportion of this reduction would be accounted for by the great decline in the consumption of alcohol in the asylum as has been suggested earlier in the chapter. There was a wide range of expenditure on drugs between different asylums - in 1901-2 for example the 23 asylums spent an average 3s.6d. per annum on medicines and appliances but Antrim (which had just opened) spent only 7d. and Clonmel, 1s. (but Clonmel had the highest level of expenditure on wines etc.) while Downpatrick spent 6s.2d and Sligo 6s.11d.
custodial considerations and spilled over into violence. Indeed it was in the violence which could characterise social relations in the asylum, between attendant and inmate and between inmates themselves, that the illusion of the asylum as a healthy environment was fully displayed.

Everyday life in the asylum was centred on the continual struggle to wrest some order out of the chaos which surrounded doctors and attendants. While the 'quiet and respectful', the 'tractable', could be easily managed on assignment to the various work duties, the 'troublesome' were a constant source of tension and conflict. Some lay on the floor, crying if they were taken up, or roaring and rolling about.151 Others sported the evidence of having annoyed fellow-inmates. Sarah 0-, a 27 year-old servant who spent a year in the Richmond before discharge, was frequently 'very refractory, running about the wards, stripping herself and throwing herself into the other patients beds'; as a consequence she was seldom without a black eye.152 The restlessness and agitation could easily be translated into violence between inmates. Only three days after admission a young labourer was knocked down by one patient in the grounds of the Richmond then struck on the head with a stone by another, fracturing his skull.153

151 RFCB, 1891-2, p.749; RMCB, 1888-9, p.473.

152 RFCB, 1891-2, p.721; Cf. Ibid., p.369, 845 and RMCB, 1888-9, p.409.

153 RMCB, 1888-9, p.849.
In 1873 Thomas Hopkins choked John Ray, a very popular inmate, to death in the Ballinasloe asylum. Subsequently Hopkins was himself under continual threat from the other patients and was attacked by one of them; they would 'not even sit or eat at the same table' with him, reported the superintendent. One night in July 1889, the patients in one of the female wards at the Richmond saw Alice Chapman kill Ellen Deegan with a chamberpot; it was half an hour or more before the night nurse discovered the event.

When one Castlebar inmate attempted to commit 'an unnatural offence' (sodomy) on another, he was assaulted by the latter and died four days after from peritonitis.

Many patients required continual observation not only to prevent such assaults, but also to prevent suicide. All asylums had their suicidal divisions and in some the suicidal patients were specially marked out by caution-cards issued to the attendants in charge of them. Nevertheless under-staffing and carelessness or indifference on the part of attendants meant that every year saw suicides or fatal 'accidents' in the asylums. At Ennis in 1894 Mary Nicholl was one morning being taken with the other patients for the weekly bath when she threw herself through a glass window and fell to her death.

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154 R.P. 1873/6943.

155 R.P. 1889/21627; see also R.P. 1899/1834 for death of one patient caused by another at Ballinasloe, 1898, and MPC, IS, 7.10.1874 (Armagh).

156 R.P. 1901/13212.

157 R.P. 1894/2664.
died at Castlebar in 1898 after drinking some disinfecting fluid the inspectors found that there was some negligence on the part of the head attendant who had not ensured that his subordinates attended to their duties instead of leaving 'so much to be done by patients'. The watchfulness of attendants was frequently enjoined in the aftermath of such incidents. But even injunctions for the special care of individuals could be carelessly administered. The Castlebar superintendent had especially warned his staff to take special care of one man - but when he was taken out with other working patients to fill a pond with stones he jumped into it and drowned.

Finally, the trying nature of the attendants' duties and of the environment in which they worked was reflected in the hostility directed towards them and the medical staff. 'When passing through 17 Division last evening', we read in a Richmond case note, 'patient G- attacked me whereupon Mary E- "just as the row was going" thought she might have a try also and if she could would have smashed me!'. Patients who had been quiet for long periods of time would unexpectedly attack the staff. John L- had been 'very quiet' in his mood for six months until he jumped up from

158 R.P. 1898/11666.
159 R.P. 1872/8861.
160 RFCB, 1891-2, p.521.
dinner and struck Attendant Shore in the face - Dr Rambaut in the Richmond could remember that this man had similarly attacked himself five years before. At the asylum in Derry in 1858 an inmate, John Kane, entered an office, bolted the door, then attacked one of the governors with a knife, wounding him in the forehead and temple. A few months later Margaret Kelly of the Maryborough asylum assaulted Dr Jacob with a 'flagging-stone'. Inspector Nugent considered that lunatics in asylums were frequently not only difficult to manage but personally very violent 'cognizant as it were that they have a privilege to be so'. But the control of this violence, the law advisers noted in 1875, was in some ways the raison d'être of asylums. The Ennis superintendent wanted to prosecute two inmates for 'violent and dangerous assaults' on two attendants; he also wished to have them transferred to Dundrum, if only as an example to the other inmates many of whom have strongly urged on me that the criminals should not be kept in the institution.

But the law officer objected that it would not be proper for the mere sake of 'discipline or convenience' to apply the ordinary criminal law to such inmates. There were no legal objections to proceeding against a lunatic who committed a crime, but the offence should be more than the 'ordinary assaults' which 'the prison (i.e. asylum) discipline should

161 RMCB, 1888-9, p.817; also Ibid., p.161.
162 R.P. 1858/20346; R.P. 1859/9372.
163 R.P. 1873/12237.
as matter of routine provide for'. The attorney-general agreed with him that a person committed as a dangerous lunatic should 'be subjected to proper control in the asylum to which he is consigned'. In other words, the government's legal officers were advising, the function of a district asylum was to contain the violence within it and not expect this problem to be solved by the use of the special criminal asylum in Dublin.

In this context then the attendants and medical staff had to accept the relative immunity of their charges from the norms of the world outside. The asylum was supposed to be a hospital but as well it had to impose a 'prison discipline' to protect the lives of inmates and other staff. A balance between these two imperatives was the object of an ideal administration of the asylum. But in practice the relationship between attendants and inmates frequently dissolved into mutual fear and consequent violence. Conolly Norman was appalled by the succession of assaults on patients and the indiscipline of his staff in the 1890s. After an attendant had beaten Michael Sheridan in 1895, breaking a rib and bruising his legs, Norman warned the acting head attendant that the governors were determined 'to leave nothing undone to put a stop to the practice of assaulting patients'. But he had already found that he could

164 R.P. 1875/18618.

165 R.P. 1895/7596; see MPC, IS, 15.4.1896 for dismissal of attendant who cuffed a patient over the head.
not rely on the board of governors to support him in
disciplining the staff, and that attempts to censure the
attendants could be counter-productive. Thus in 1894 the
governors had dismissed two nurses who had assaulted a
patient; But Norman had later complained of insubordination
of the nurses in the same ward which had become difficult
to manage since the inquiry into the previous case. On
this occasion the governors did not support his case for
dismissal - Norman concluded that suspension of staff was
not in itself always advisable, in the interests of the
discipline of the institution. Clearly the attendants
were required to exercise a great degree of self-control in
many situations and when they were disciplined or dismissed
for violent actions their colleagues might resent it. In
1890 an attendant was dismissed by Norman after the death
of O'Connor a 'violent, restless and powerful' patient
(himself formerly head attendant at Dundrum; he had devel­
oped general paralysis). The inspectors themselves re­
gretted that alternative means of control, seclusion or even
the 'preferable evil' of restraint, had not been sought to
manage O'Connor - on one occasion he had been locked in a
corridor alone with an attendant,

a course involving necessarily constant
struggles, and probably consequent passion,
so that in the end it might become a trial
of strength between the two men - whether

166 R.P. 1894/6029; R.P. 1894/9718.
the patient would overcome the attendant, or the attendant overcome the patient.167

Yet Norman was angered by the case and went to some trouble to find witnesses to the assaults on O'Connor. In doing so he was evidently antagonising the other staff. He had found some patients who witnessed the event but they say that they will not give any evidence while living here, as it would not be safe to do so. In the latter point no doubt their statements are well grounded.168

The implications of a reign of terror by attendants against the patients and the lack of confidence in his staff were no doubt two of the weighty reasons behind Norman's growing disillusion with asylums.

167 R.P. 1890/17632.

168 However, subsequent events vindicated Norman's concern to bring the attendant to justice. Although the government decided that the inmates' evidence was insufficient to justify prosecution, the attendant, Hayes, himself took the governors of the asylum to court for wrongful dismissal. He won his action before the Recorder but lost the appeal brought before Justice Hugh Holmes (himself the recently appointed chairman of the seven member Lunacy Board of Control). Holmes criticised the conduct of the Recorder in the original action (for ridiculing and discounting the evidence of asylum inmates) and observed, as Conolly Norman pointed out with some pleasure, that the evidence of the insane person can legally be accepted in a Court of Law liable to two limitations, viz., that the lunatic understands the nature of an oath, and that the mode in which his insanity manifests itself is not such as to interfere with his evidence.

The impression gained from the number of assaults coming to the notice of Dublin Castle in the 1890s and after was that there had been a substantial worsening of relations in the asylums. The crucial factor was probably the overcrowding, combined with a bad staff/patient ratio (one head nurse at the Richmond had 180 patients in her charge in 1891, with six assistants to manage them). Coincident with overcrowding was the dramatic increase in the normal size of asylums since the 1850s - this made it even more difficult for the superintendent to know what was happening in the asylum and to exert discipline over the attendants. As well we should note that alternative means of controlling the lunatic (i.e. alternative to direct personal control by the attendants) had been progressively reduced. In the 1880s there had been some return to the practice of mechanical restraint. But the inspectors of lunatics in 1896 moved to tighten the regulations governing restraint since 'public opinion is in favour of reducing its use to a minimum'. 'Chemical restraint' was also in some disfavour, as we have seen above, and the use of

169 R.P. 1891/26897.

170 Cf. MPC, 29.3.1882 and 29.8.1888.

171 R.P. 1897/7092; the following year the Privy Council approved new regulations for the control of mechanical restraint in Irish asylums.
drugs were quite possibly less by the turn of the century than it had been in the 1870s. In this situation the opportunities for violent confrontation between attendant and patient probably increased. Moreover there was a tendency on the part of some asylum authorities to take the side of the attendants before that of the inmates. After the inspectors had failed to procure the dismissal of an attendant from the Sligo asylum following his assault on a patient they informed the government that they had recently observed 'a tendency on the part of the Committees of some of the asylums to condone offences of this nature'. The alternative procedure for the government was the prosecution of the offending attendants, a difficult course because of the controversy over the status of a lunatic's evidence.

The depressing conclusion for those who looked carefully at the asylum system around 1900 was that the treatment of mental disease, if that was what the institutions were about, was profoundly retarded in relation to other branches of medicine. The inspectors feared, following the Sligo case above, that public asylums would soon not even have the respectability of being 'places of shelter' but would be viewed with 'dislike and dread'. The physical amenities

172 R.P. 1901/9759, MPC, 15.5.1901 - the attendant was prosecuted by the government and sentenced to two months hard labour. R.P. 1903/10707 (Ballinasloe); MPC, IS, 5.3.1902 (Cork). But see also R.P. 1900/15947 for the Mullingar committee which wanted an open inquiry (refused by the inspectors) into the deaths of two patients at the asylum.

173 Cf. MPC, IS, 21.10.1908 and 1.5.1912.

174 R.P. 1901/9759.
of Irish asylums may have been markedly in advance of those in the workhouse hospitals, as a government inquiry into the poor law in Ireland remarked in 1906. But under that surface there was, Conolly Norman argued, something 'unhygienic in the moral atmosphere of large institutions' - if it was possible that some of the patients did not feel this as much as might be expected, he yet had no doubt of his conclusion when he looked at the 'marked deterioration of disposition' in the nurses and attendants who were 'to a large degree the instruments by which we work upon our patients'. Another consequence of asylum life was the institutionalisation of the superintendent himself. The asylum physician, remarked a leader in the Medical Press was inclined to seek in the general administration of his institution 'relief from the contemplation of hopeless masses of chronic lunacy'.

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176 DJMS, 118, 1904, pp. 165-166.

177 MPC, 13.3.1895.
Chapter 6

Medical Psychologists -
Between Society and the Insane

By the first decade of this century, the popular understanding of insanity was mediated by the branch of medicine which increasingly called itself psychiatry. This was a considerable achievement given the unremarkable results secured by the treatments we have outlined in the previous chapter. In the 1890s the alienists felt sufficiently confident to open up their asylums to 'out-patients'. The establishment of psychiatric 'clinics' was a European phenomenon which appealed to the members of the M.P.A. From 1890 there was an out-patient system operating at the West Riding asylum in Wakefield (Yorkshire), and the innovation was welcomed at a meeting of the M.P.A. in Liverpool in 1893. Such a development was not dependent on medical initiative alone. In fact, as Conolly Norman pointed out in the discussion at that meeting, an informal outpatient system had already developed in some asylums:

A week scarcely passes that someone belonging to the class from which my asylum is recruited does not come to consult me about mental symptoms.

He had no opportunity of seeing such patients except at the asylum and they came there 'for advice with remarkable freedom'.

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1 JMS, 39, 1893, pp.308-11 (discussion of paper by F. St.John Bullen, 'The Out-Patient System in Connection with Asylums'.)
This development of the later nineteenth century points to two problems which will be the objects of attention in this chapter. If Conolly Norman was right (and all other evidence suggests that he was a highly reliable witness) those who were troubled by 'mental' symptoms, or by those of their relatives, sought the evidence of the asylum superintendent rather than that of the dispensary medical officer. The specialisation of alienists, their separation from the major part of the public medical service in Ireland and from the physicians in private practice, ensured by 1900 the existence of a small but tightly knit body of psychiatrists in Ireland, whose special domain was the district asylum and whose publicly recognised responsibility was the assessment and treatment of the insane. Although, of course, this process of specialisation was general to medical practice elsewhere the Irish developments had their own aspects which will be examined below.

From exploring the conditions of the alienists's professionalisation we will turn our attention to examining the nature of psychological medicine's interpretation of insanity and its production in individuals and societies. Our concern is not so much with the scientific status and rationality of psychological medicine in the nineteenth century (except in so far as these were the basis of its legitimacy) as with its social implications and importance. What were the characteristic strains of thought in psychological medicine about the insane, the nature of
their condition and their relation to society? What measures for the prevention of insanity were considered necessary by these early psychiatrists? Not surprisingly psychological medicine reflected to an inordinate degree moral assumptions and prescriptions of the societies within which it developed. Yet it could in no way be reduced merely to these assumptions. For one thing the world of the alienists was in a small but significant measure an international one. One context of the Irish asylum superintendents was post-Famine Ireland; but for many of them an equally important context of values and ideas was the Medico-Psychological Association which linked them with their English and Scottish colleagues. And the Association itself developed in relation to a professional world which extended particularly to Germany, France, Italy and the United States. The construction of the various languages through which insanity was to be understood (the diverse classifications and etiologies, the interpretations and ideologies of hereditarians and environmentalists, 'physicalists' and psychologists) proceeded on a number of levels and in numerous contexts. As Ilza Veith points out in her history of hysteria, the major contribution of Charcot to the elucidation of the disease was in part the result of the particular classificatory arrangements at the Salpêtrière hospital in Paris; but his method of discovery, hypnotism, owed much to the work of the Scottish-educated James Braid, in establishing the psychological basis of
'Mesmerism', the phenomenon originating with the work of Mesmer, a Viennese.² An awareness of the international and the British, as well as the Irish, context is necessary for an understanding of the psychiatric perception of insanity. But first let us consider the development of the specialty of psychiatry in Ireland itself.

Curiously, in spite of the early development of public lunatic asylums in Ireland (perhaps even because of this) the emergence of a self-conscious and self-promoting body of Irish alienists was quite retarded. It was not before the 1860s that one could speak of a readily identified group of medical men in control of asylums and claiming for themselves the respect due to professionals. In England on the other hand this consciousness and will to organize the specialty was already present in the early 1840s. Medical men in Ireland had first of all to establish themselves in the asylums. Initially this process was contingent on the opinions and sympathies of a local asylum board. The 'superior resident officer' of the district asylum in the twenties and thirties was the 'Moral Governor', responsible only to the asylum governors.³ The historical context in


³Cf. the schedule of duties of officers and servants of the Richmond Lunatic Asylum in Correspondence regarding Lunatic Asylums in Ireland, p.10, H.C. 1828, 22. See also Ibid., pp.23-4, for similar regulations at Armagh.
which the Irish system was established was one which cast doubt on the adequacy of medical treatment and stressed the superior efficacy of moral treatment which could be carried out by laymen. Thus the moral governor of the Richmond asylum was required to make himself acquainted with the cases of the Patients, and to maintain intercourse with them, so as to be able to report to the Visitors appointed by the Board the character of their derangement and the observations he has made on the mode of moral management or style of conversation which seems best adapted to supply motives of self-constraint, or to repress the instance of frantic paroxysms...

There was nothing in the training of a physician or apothecary which especially qualified him for these duties. So the early appointments of managers or moral governors were generally of laymen; frequently their wives were also appointed matrons of the establishments. But where medically-qualified men were appointed (in particular, Robert Stewart, an apothecary and general practitioner, to Belfast in 1835 and James Flynn, a physician, to Clonmel in 1841) they worked energetically to create a medically-

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4 Ibid., p.10.
dominated asylum system. Before this came about, it was necessary that the legitimacy of the doctor's comprehensive responsibility in the asylum be established; in effect, that the competence of a lay moral governor to run the institution effectively be called into question. This was achieved not so much by the medically-qualified managers like Stewart and Flynn as by the weight of influential opinion outside the asylums.

We have already noted in Chapter 1 the importance of the role played by Francis White in the consolidation and expansion of the asylum system. This first inspector of lunatics was equally important in convincing those in high places that the treatment of lunatics was a medical responsibility. As the major witness before the important House of Lords' Select Committee of 1843 on the Lunatic Poor in Ireland, he was able to outline for his questioners the significant role he had played in advising the Lord Chancellor, Sir Edward Sugden, of the future shape of the Irish asylum system. The Chancellor himself was openly sympathetic of the important role that medicine had to play in the treatment of the insane - it was he who established the Lord Chancellor's prize for an essay on the treatment of insanity, to be awarded by the College of Physicians in Dublin. But Sugden's (and White's) major contribution to the establishment of medical authority in Irish asylums was the drafting of the 1843 privy council rules for the regulation of asylums. From White's point of view these
rules were necessary because the asylums had not fulfilled their object of cure in spite of their large cost. This, he had explained to the 1843 committee, was the result of a lack of systematic rules which would define the duties of various officers in the management of the asylums. The catalyst for the government's action was the attempt by Dr Flynn at Clonmel to formulate a set of rules for that institution, rules which, one suspects, were intended to establish the authority of the medical manager (Flynn) over the visiting physician. In 1843 White had been consulted by Flynn and the Clonmel governors about the rules, but subsequently Sugden decided to make uniform rules for all district asylums. Remarkably these rules were then drawn up by White without communication with anyone in the asylum, with the important exception 'of some of the Medical Officers'.

When the rules were ordered by the privy council they proved to be a complete reversal of previous responsibilities in the asylum. The physician (i.e. the non-resident visiting medical officer appointed to every asylum) was to have complete responsibility for the moral as well as medical treatment of the inmates. The manager, certainly no longer a 'moral governor', was now merely the agent of the physician as far as treatment went.

This was not exactly what Flynn and Stewart, as medical managers, wanted. If the regulations were to be observed

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5 For these details see White's evidence: Select Committee on the Lunatic Poor in Ireland, ev. 466-475, H.C. 1843, 10. For his role as adviser to Sugden, see Ibid., ev. 461, 475.

then they would have to be subordinate to the non-resident physicians. The Belfast governors did not want this and urged the government to allow Stewart to continue having charge of the moral and medical treatment - they were able to cite White's own praise of the 'most satisfactory arrangement' at Belfast where a 'resident Medical Officer, Doctor Stewart, [had been appointed] in the room of a non-resident Medical Superintendent'. In fact, White would show within a couple of years that he was no enemy of medical managers in asylums. The rules of 1843 should be seen as the only possible way that Dublin Castle could institute medical control of asylums, without a wholesale intervention in local asylum affairs for the replacement of lay managers by medical men. White conceded that the managers themselves had a 'strong Kind of Feeling that they are slighted and thrown into the Shade by [the rules]'. But he was confident (the confidence of this man, soon to have his own inspectorate, was unbounded) that the committee, 'upon mature consideration', would conclude that the new arrangements were advantageous to 'Public and Patient'. Questioned about the different opinion of Major Woodward, a former inspector of prisons, White brushed it aside - Woodward, 'not being a Medical Man...could not be held to have the best Experience in such Matters'. Why was White so confident that the 'medicalisation'

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7Appendix to Select Committee p.96, H.C. 1843, 10. White's praise was cited from his remarks in the Twentieth Report of the Inspectors-General of Prisons, for 1841, p.50, H.C. 1842, 22.

8Select Committee, ev. 477-479, H.C. 1843, 10.
of Irish asylums was appropriate in 1843 and that its advantages would be realised by those whose opinion mattered?

The answer to this question rests principally in the consensus, reached particularly in England by this time, that the treatment of the insane was best left in the hands of medical men. The consensus was expressed both in the choice and in the questioning of witnesses by parliamentary committees. White was the major witness before the 1843 committee we have just discussed. But there also appeared before it John Conolly, the English physician and alienist who was questioned at length on his system of non-restraint at Hanwell. A.R. Blake was another witness. Formerly a royal commissioner inquiring into the poor law in Ireland he was one of the privy councillors who had recently approved the new rules setting physicians over managers. He agreed with one of his questioners that a medical manager would be better than a non-medical one - 'Medical Science' was necessary to the proper functioning of the asylum.9

The more wide-ranging Select Committee on Medical Charities in Ireland also took evidence in 1843 which reflected and promoted the view that medical men should be in charge. Most of the witnesses were medically qualified and a number were questioned about the superiority of medical men. Thus the chairman of the committee, Fitzstephen French, clearly considered that the classification of inmates and the recording of changes in the patient required 'the services

9 Select Committee, ev. 334, H.C. 1843, 10.
of a scientific and well-educated individual*. And, as good policy for Ireland, Lord Courtenay cited the 'common practice in this country' [i.e. England] of appointing medical managers. Only Lord Monteagle (who, as Thomas Spring Rice, had been a member of the 1817 Select Committee on the Lunatic Poor in Ireland) stood against the tide of opinion on this committee and disagreed with his questioners that the 'moral Governor' should have 'Medical Knowledge as a necessary Qualification'. For him the personal qualities of the manager were more important than possession of special knowledge which he implicitly considered was of only secondary value in treating the insane.

Monteagle's opinion (and his apparent isolation in 1843) is understandable when one recalls what had happened since 1817. The 1817 committee had deliberated at a time when medical reputation for, and profession of, the proper knowledge for treating the insane was under considerable attack. The 1814-16 parliamentary committees on the state of the madhouses in England had instead brought forward good evidence that laymen like William Tuke could more humanely and more efficiently take over from the doctors. This evidence had also been favourably cited before the committee on the Irish insane. It was this context of medicine's doubt-

10 See their questioning of Dr Kidd, the Armagh asylum physician, Select Committee on Medical Charities, Ireland ev. 1300-1306, H.C. 1843, 10.

11 Ibid., ev. 3814-5.
ful legitimacy in the asylum that explained the appointment of lay 'moral governors' as the principal officers of the Irish district asylums in the late twenties and early thirties. But what happened between 1815 and the early forties in England was that medical men struggled to regain their lost reputation vis a vis the treatment of the insane. By politics and by propaganda compounded with medical argument English alienists succeeded in establishing medical superintendence of most public asylums in the 1830s. What probably helped in this process, as a recent writer has argued, was the great popularity of phrenology in this period. Many prominent alienists were attached to the principles of phrenology in its earlier phase and the theory proved admirably elastic as a scientific justification for the amalgamation of medical and moral treatment. Phrenology, Cooter suggests, was the very important means by which medical men could explain the relation between psychological states and physical structure, specifically that of the brain. The respectability and popularity of phrenology then lent its support to the doctors' claims to competence in the treatment of the insane. By the 1840s Lord Monteagle was still not convinced of the necessity of medical control of asylum treatment. But clearly Francis White had the weight of English precedent and

12 The process has been convincingly analysed from the point of view of 'professionalisation' by Andrew T. Scull, 'From Madness to Mental Illness', Archives Europeennes de Sociologie 16, 1975, pp.218-251.

13 R.J. Cooter, 'Phrenology and British Alienists, c. 1825-1845', Medical History, 20, 1976, pp.1-21, 135-151. For the problem of 'moral' versus 'physical' therapy, see W.F. Bynum, 'Rationales for Therapy in British Psychiatry', Medical History, 18, 1974, pp.317-338. See also D. De Giustino, Conquest of Mind, 1975, pp. 46-7, for John Conolly's attraction to phrenology and passim, for phrenology's great popularity at the time and the basis of this enthusiasm.
opinion behind him in establishing medical superintendence of asylum treatment.

What was not settled by White and Sugden in 1843 was which medical men should be responsible for the insane. The asylum physicians were not ostensibly possessed of any particular qualifications for the treatment of insanity as opposed to the treatment of the physical ailments of the insane, the duty for which they had originally been appointed. Neither had the medical managers like Flynn and Stewart. Yet an ambiguity had been created by White's approval in 1841 of Stewart's function in Belfast, combining both moral and medical treatment. And, as we have seen in passing, the two 1843 committees had lent some considerable support to the installation of medical men as asylum managers by citing English precedent. In this situation a division was created within the ranks of the medical men - on the one hand, the asylum physicians (non-resident) who could be men of some status in the medical world, holding consulting positions in other public institutions; on the other, the medical managers, beginning with Stewart and Flynn, who were soon calling themselves 'resident physicians'.

14 Thus Dr John Jacob, appointed visiting physician to the Maryborough Lunatic Asylum in 1833, was already surgeon to the Queen's Co. Infirmary, having succeeded his father there in 1826. He was later physician-proprietor of two private asylums. Having maintained and educated a family of thirteen children, he left £20,000 at his death in 1864. His son succeeded him as surgeon at the infirmary and visiting physician at the asylum. MPC, 16.3.1864 and 27.4.1864. He himself had played an important role in establishing the authority of the physician at Maryborough asylum, MPC, 16.6.1845. See also Williamson, 'Origins', pp.174-177.
division, we should note, was not one based on possession or ignorance of a knowledge of insanity and its treatment since neither group, whatever it claimed, had any great advantage in this respect. Rather it revolved around questions of status and authority, the physicians looking down on the medical managers as men who had surrendered the rigours of medical practice for the more routine duties of asylum management; the medical managers resenting the authority given to the physicians by the 1843 rules. The nature of the conflict was foreshadowed in the response of the Armagh asylum's visiting physician to Lord Courtenay's suggestion that medical men should be appointed as resident managers: Dr Kidd agreed that they should be but suggested that 'they might be of an inferior class of medical men, merely to see that the directions of the physician were carried into effect, and medicines properly and duly administered'. Whether they were of an 'inferior class' (socially or medically) or not, the medical managers succeeded by the 1860s in replacing the visiting physician as medical superintendent of the insane.

There were two steps in this process. In the first place men like Flynn and Stewart were still in a minority among asylum managers in Ireland. If they were to challenge the visiting physicians it was important to have medical managers in the other district asylums. This proved to be a relatively simple task, particularly as the inspectors of lunatics promoted the practice from the beginning of their appointment.

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15 Select Committee on Medical Charities, ev. 1305-6, H.C. 1843, 10.
'Public opinion is now so generally favourable to the measure', they commented in their report for 1846, 'that the time appears to have at length arrived, when it should be generally acted on'. Medical journals supported the appointment of resident physicians - Robert Stewart was probably the anonymous reviewer of lunacy reports who constantly promoted the innovation in the pages of the re-established Dublin Journal of Medical Science from 1846. In its first number Forbes Winslow's Journal of Psychological Medicine criticised the absence of resident physicians in Irish asylums. Winslow argued that restraint and ill-treatment were unavoidable in the absence of a medical officer; the visiting physician system encouraged irregular medical attendance and was disruptive to the institution. With the retirement of the older managers and the opening of new asylums in the early 1850s Inspectors White and Nugent were able to do what 'public opinion' wanted and appoint doctors as managers. The Dublin Journal of Medical Science welcomed the appointment of a doctor at Carlow in 1850 and suggested that the title 'manager' be discontinued since physicians

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17 Dublin Quarterly Journal of Medical Science (DJMS), 2, 1846, p.155; for attribution of Stewart's authorship of this journal's 'reviews of insanity' see MPC, 28.8.1861. Stewart was accused of being responsible for the pamphlet 'Letter to Lord Ashley on the General Government of Lunatic Asylums', published in Belfast and given prominence in the Northern Whig, which attacked the visiting physicians and advocated the appointment of resident physicians. See MPC, 12.2.1845. But the same source later 'acquits' him of the charge, MPC, 27.8.1845.

were being appointed; 'Hospitals for the Insane' should similarly be substituted for 'Lunatic Asylums'. By 1858 the practice was so generally accepted that the Royal Commission into Lunatic Asylums in Ireland considered that new regulations were required to take account of the medical officers who were managers - they should, for instance, be disqualified from private practice.

The Royal Commission's suggestion implied that medical managers should devote themselves exclusively to asylum management and the treatment of the insane. From this position it was but a short step to the identification of asylum work as in itself a speciality. And here was the second stage in the process by which asylums came to be dominated by resident doctors whose authority was unquestioned and quite superior to that of any visiting physician. In the early 1840s an Association of Medical Officers of Hospitals for the Insane was formed in England, meeting intermittently to consider their common interests. When the Association began to act more purposefully in 1851 Robert Stewart was involved, the only Irish doctor present at the annual meeting in July under the chairmanship of John Conolly. By the

19 *DJMS*, 10, 1850, p.421.

20 *R.C.* p.9.


22 *MPC*, 6.8.1851
late 1850s other Irish members had become aware of the important role such an organization could play in upgrading their own status and establishing their authority in Irish asylums. The alienists were conscious at this time of the precariousness of their position - medical men who were working in asylums, but not yet having the public recognition they felt they deserved in the important business of applying medicine to insanity. In the endeavour to gain this public respectability the Association was eager to support its few Irish members in both the appointment of medical men in all public asylums and then in their struggle against the dominance of the visiting physicians. Thus, at the annual meeting in 1857, an English doctor seconded a motion that the Irish government should appoint only medical officers as managers with the argument that the Association should avail itself of every opportunity to show the government and the public, that lunacy is the result of disease. Unfortunately, an opinion was too prevalent that lunacy is out of the category of disease; and they found as a consequence, that medical men were degraded to the point of mere keepers of mad houses.  

The considerations of status and respectability integral to this argument were the first concern of the medical superintendents in their insecure early years. Replacing the 'moral governors', the doctors found themselves in the

\[23\text{JMS, 3, 1857, pp.9-11.}\]
uncomfortable position of being paid the same salaries as their lay predecessors. In 1851 the inspector of lunatics recommended better salaries for the medical superintendents and it was probably the pen of Robert Stewart which commended their action, complaining that the present salary of two hundred pounds was 'barely sufficient to enable them to keep up the appearance of gentlemen'.

With the support of their English and Scottish colleagues in the Association the Irish superintendents could go on from the replacement of lay managers with medical men to the subordination of physicians. A pamphlet by a 'Manager of a District Lunatic Asylum' was a warning to the Dublin Medical Press in 1860 that the physicians were under attack. The writer proposed that the physician should be a 'Visiting Physician' whose duties 'should be confined to cases where his attendance may be required in consultation by the Resident Physician'. The pamphlet which raised the ire of the Medical Press was probably that written by Joseph Lalor, the first resident physician of the Richmond, and reviewed by John Bucknill, the prominent English alienist and editor of the Journal of Mental Science. Bucknill endorsed Lalor's appeal, remarking that the lay managers (of whom there was only one left) had been supplanted 'according to Mr Darwin's

\[DJMS, 12, 1851, pp.385-7.\] The writer continued - 'Considering that formerly the individuals appointed as "managers" of the district asylums were non-professional persons, of a different grade altogether in the social scale to the present superintendents, the salary of "two hundred per annum" was a liberal remuneration for the minor services comparatively which they rendered, and the responsibilities which were imposed on them; but with the greatly increased duties and responsibilities now attached to the office of a superintendent, and the necessity of his being a member of the medical profession, double that sum at least would be scarcely an equivalent acknowledgement for his invaluable services'.
theory of the origin of species, by a class possessed of far more vitality and usefulness, to wit, the resident physician. Lalor argued for the total care of the asylum inmates by the resident physician, opposing the case but forward by Dominic Corrigan (an eminent Irish physician knighted in 1866, and one of the 1856-8 royal commissioners) that the physical care of the patients should be left to the visiting physician. What Lalor proposed instead was more medical staff in Irish asylums making them into proper hospitals. He concluded by appealing to the Association for support for the Irish resident physicians' case. His appeal, with the benefit of Bucknill's approval, was not unheard. At the annual meeting of the Association shortly afterwards Lalor was elected President for 1861. As well the members resolved to hold their 1861 meeting in Dublin, a move which Dr Flynn supported as it would do much to promote the proper recognition of resident medical officers in Irish asylums. Of even greater moment for the Irish case was the Association's resolution, proposed by John Conolly himself, that the responsibility for management of asylums and the treatment of patients should be given to resident medical officers and that visiting physicians should be only consultants.

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25 *JMS, 6, 1860, pp. 522-528.*

26 *JMS, 7, 1861, pp. 44-49.*
By now it was quite clear that the struggle was in the realm of medical politics. The identity of the resident superintendents was established not by their training as physicians or surgeons but by the institutions they worked in and the relations of authority within those institutions. Against the superintendents' case the non-resident physicians were bringing some weight to bear. But they were less unified and suffered from the precedent established in England. The Medical Press could argue that the allegedly superior nature of Irish asylums resulted from the 'superior character of the medical appliances', by which they meant the 'well-organised staff of Visiting-Physicians in constant attendance'. But, in an age of lunacy and medical reform, the alienists promised more for the future than did the 'visiting physicians' whose position was identified with an anachronistic status quo. The alienists claimed not only that continual medical supervision was necessary but that this demanded a special and superior knowledge of the insane which physicians could not attain through their training alone. Thus the medical superintendents countered the opposition of Corrigan, then president of the Irish College of Physicians, with the charge that 'however high his reputation in other branches of the profession, [he] had so few opportunities of acquiring a knowledge of this'.

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27 MPC, 14.8.1861.

28 As cited in a letter in MPC, 18.9.1861, asking 'what test of examination upon mental maladies have these managers undergone?'
The poor state of relations between medical managers and physicians was aggravated by an inspectorial inquiry into a dispute between Dr Jacob, the Maryborough physician, and Dr Burton, the asylum manager, in 1860. Here the extent of the transition since 1843 was exemplified in the support given to the asylum managers by Inspector Nugent. When Dr Jacob appealed to the privy council rules as authority for his superintendence of asylum treatment, Nugent responded bluntly that the rules were 'quite as well in some respects avoided'. He impressed on the board that the 'Inspectors and the Government are far from thinking that the rules and regulations laid down by the Privy Council are proper'. 29

So by the time the Association met under Lalor's presidency in 1861 the Irish members were confident that the government would be receptive to their demands. A deputation from the Association presented the case to an evidently sympathetic chief secretary, Sir Robert Peel. And a resolution thanked the editor of the *Dublin Journal of Medical Science*, for the 'aid' given to the 'interests of the insane' in his journal - i.e. the reviews which promoted the position of the medical managers. 30 Within a year Peel also had given his support to the 'interests of the insane' by carrying through a complete revision of the 1843 rules in spite of some public opposition and even resistance on the privy council. 31

29 JMS, 7, 1861, p.280; Cf. R.P. 1860/21156 for the Maryborough investigation.


31 Cf. MPC, 11.9.1861 and 13.11.1861 for support for the non-resident physicians in the Waterford Mail and the Nation; for Privy council resistance, JMS, 8, 1862, p.351.
The privy council rules of 1862 established conclusively the incontrovertible authority of the 'resident medical superintendent' in the asylum. A qualified physician and surgeon, he was to be responsible for the medical and moral treatment of all patients and for the domestic management of the asylum. The 'visiting physician', as the rules designated him, had in fact only a consulting role, being called in by the superintendent as he thought fit and 'visiting' only with the latter's consent. Thus the superintendents had good reason to endorse Dr Flynn's resolution at the 1862 meeting of the Association thanking Peel for his firmness in settling the position of resident physicians in asylums.

With this political achievement behind them the Irish superintendents remained satisfied with the possession of their asylums throughout the sixties and seventies. Their intellectual and scientific interest in 'psychological medicine' was marginal in comparison with that of their Scottish and English colleagues. Their outlook and position was characterised not by an articulated theory of insanity and the insane but by the institutional setting of their practice. However, by establishing the distinctive nature of the asylum physician's vocation some impetus was given to an informal education in 'mental disease'. In the late sixties informal classes for the study of insanity 'both

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33 JMS, 8, 1863, pp.350-351.
systematically and clinically were being conducted by physicians in Dublin and Edinburgh. But the more characteristic mode of attaining one's specialised knowledge of insanity was service in an asylum. In Ireland this was difficult since there were few medical staff appointed under the superintendent. In 1875 only four of the twenty-two asylums had assistant medical officers, a situation which, one doctor claimed, inhibited the advance of psychological medicine in Ireland: the superintendents were allegedly too burdened by their medical and administrative duties to devote time to investigation of mental diseases. With the appointment of additional medical staff the research activities of Irish superintendents did not in fact increase remarkably; but an assistantship in an asylum became a means of gaining an education in mental diseases in the absence of formal training in the medical schools. In the seventies and eighties the government occasionally appointed men who had come from dispensary or general practice. But increasingly there was a tendency to look to those who had some asylum training. Those who had the experience of an asylum assistantship were those who became professionally

34 Cf. DJMS, 44, 1867, p.91. In 1867 Dr W. Sankey was appointed to a chair in the Faculty of Medicine, University of London, for a course of lectures on mental diseases, ibid. But the mere appointment of a lecturer was no guarantee of progress in medical education - in 1879 the Medical Press reported that no students had attended the classes in psychological medicine at University College Hospital or Westminster Hospital during the previous summer session, MPC, 26.3.1879.

35 See JMS, 21, 1875, pp.461-465 for discussion and resolutions following a paper by Dr James Stewart, 'Obstacles to the Advancement of Psychological Medicine in Ireland,' at the annual meeting of the M.P.A., 1875, in Dublin.
more important: no doubt a particular motivation for this work, as well as the training itself, contributed to this. Thus E.M. Courtenay, later an inspector of lunatics, had graduated from Trinity, topping his medical class; he then continued his 'Psychological Studies' at the reputable West Riding asylum in Yorkshire under Dr James Crichton Browne, a prominent alienist, before serving as an assistant medical officer in the Derby asylum; in 1873 he was appointed superintendent of Limerick asylum. Ringrose Atkins (who was the major reviewer of works on insanity for the Dublin Journal of Medical Science for many years) was appointed superintendent of Waterford in 1878 after two years as assistant at Cork. Conolly Norman, the most prominent Irish member of the M.P.A. in the late nineteenth century, went immediately to an assistantship at Monaghan on his graduation in 1874; after five years there he spent two years working under Dr George Savage at Bethlem Hospital in London before his first appointment as superintendent, at Castlebar, in 1882. By the late eighties this career progression had become so common that the M.P.A. felt it should be a condition of appointment as superintendent that the appointee have had

36 R.P. 1873/8274.

37 R.P. 1878/2746.

38 See T.P.C. Kirkpatrick biographical files, RCPI Library, Dublin. Norman (1853-1908) came from a prominent Derry family (several had served as mayors of Derry and two represented it in Parliament, between 1672 and 1733). He was a President of the M.P.A. (1894) and an editor of the Journal of Mental Science; besides several papers of his own (mostly individual case studies and some on the 'family care' system) he helped disseminate the work of late century German psychiatry, particularly that of Kraepelin, among his colleagues.
the 'special training afforded by residence as a medical officer' in an asylum. A resolution to this effect at the 1888 annual meeting did not disturb Dublin Castle which replied that it agreed with this view and had already put it into practice. Only a couple of years previously the Association had initiated the regulation of asylum education of future superintendents by introducing a Certificate in Psychological Medicine.

As public asylums became the major, indeed almost the only, setting for clinical instruction and the small amount of research in insanity the Irish asylum doctors grew in confidence and professional identity. An Irish division of the M.P.A. had been formed in 1872 - it was not the locus of any notable work in psychological medicine; the level of debate was poor relative to that at some of the local meetings in England and Scotland; and at times it was in danger of becoming moribund. But with the energy of Conolly

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39 R.P. 1888/11002.

40 Cf. JMS, 31, 1885, pp.432-435 for the report of an M.P.A. committee recommending examination for such a certificate. The first Irish examiners for the certificate were Conolly Norman and Dr James Eames (of Cork asylum, the President of the M.P.A. in 1885). The Irish universities had already instituted regular instruction in mental diseases for their medical students - in 1875 the President of Queen's College, Cork, arranged for the first time to have the Cork asylum superintendent deliver a series of lectures to the Cork medical students. The Royal University in Dublin examined in mental diseases for the M.D. degree. These developments, claimed Dr Eames in his 1885 Presidential address, were ahead of those in England, JMS, 31, 1885, pp.321-325. See also the paper by E.E. Moore (assistant M.O. at Downpatrick) on the necessity of training in psychological medicine for all medical students, JMS, 31, 1885, pp.38-46.

41 JMS, 19, 1873, pp.166-7.
Norman it recovered enough vitality to conclusively establish the 'professional' character of Irish asylums. The final step in this process was the exclusion of the last vestige (excluding some of the buildings!) of the days before psychological medicine. The visiting physicians continued to be appointed after 1862 without their presence having any demonstrable effect for ill or good on the everyday life of the asylum. That at least was the view of the superintendents for whom the office was an anachronism, particularly as more asylums appointed additional resident medical staff. For the Medical Press and Circular, the physicians' chief defender, the post had the great merit of being the 'only extra-mural and extra-official inspection' of the asylum.\(^2\) The government had already threatened in the 1870s to abolish the position at Dundrum; in 1876 the Medical Press saw an ominous sign in the public opposition of Dr Courtenay - the secretary of the 'committee of resident superintendents' (i.e. the Irish division of the M.P.A.) and the protégé of the 'inspector who dictates the Castle policy' to the visiting physicians.\(^3\) It was in fact Dr Courtenay, as inspector of lunatics (with his colleague G.P. O'Farrell), who in 1891 formulated revised rules which abolished the post of visiting physician, as vacancies occurred. Like the royal commission

\(^2\)MPC, 1\textsuperscript{4}.1.1874. A letter from Dr David Jacob, who had succeeded his father as visiting physician to Maryborough asylum in 1864, put the physicians' case more crudely - they were 'on the defensive for their rights and their general professional endowment of £2,700 annually': MPC, 29.1.1873.

\(^3\)MPC, 1\textsuperscript{4}.1.1874, 6.10.1875, 4.10.1876.
in 1858, the Mitchell committee in 1891 had recommended the abolition of the office, bringing Ireland into line with England and Scotland. But this time the chief secretary, Arthur Balfour, had no hesitation in approving the move when it was put to him by the inspectors. Doubtless his own disenchantment with the state of the asylum system at the end of the previous decade contributed to his approval. Predictably the promulgation of the new rules in 1892 brought protests from the Irish Medical Association (I.M.A.) and the College of Surgeons as well as some asylum boards (but sixteen of the twenty-two boards did not oppose it). Yet significantly the College of Physicians did not on this occasion join the protest, an important measure of the recognition given to asylum practice as a specialty by the 1890s. Indeed, for some years the Irish division of the M.P.A. had held its Dublin meetings in the College. The Medical Press, regretting the College's refusal to join the protest, reported that it was based on the belief that the duties of the visiting physician would be dealt with adequately by the assistant medical officer to be appointed in his stead. This important division in the ranks of the profession rendered the protest against the new rule ineffective.

For the asylum superintendents the innovation of 1892 was a sign of their professional character. If nothing else the protests, which were carried into the public press, became the opportunity for a professional response. Conolly Norman,

44 See above, p.101.

45 MPC, 6.4.1892.
himself a Fellow of the College of Physicians (where his portrait was hung after his death), took this task upon himself in the pages of the Dublin *Daily Independent*. Insanity was a bodily disease, a disease of the brain, manifested by mental symptoms. Its treatment was complex and could only be undertaken by those 'who devote all their time to the study of this subject'. What some people called 'administration', thereby denigrating the duties of asylum superintendent, was really the treatment of mental symptoms.

Everything connected with the management of an asylum, even down to the most minute details of so-called 'Administration', is a portion of the treatment of the disease, for the relief of which asylums are constructed and maintained.

The best interests of the inmates were served by an efficient and undivided administration, i.e. by the resident medical superintendent alone. He then went on to defend the 'professional character and acquirements' of asylum doctors from the imputations of the I.M.A. and some sections of the press.\(^4^6\) It was a spirited and confident defence of himself and his colleagues and of the importance of a specialised knowledge. Yet, at the same time, it betrayed an uneasiness about the status of that knowledge and its efficacy in application. The recourse to the minutest details of asylum management as agents of treatment reflected the failure of psychiatry to advance intellectually in the same measure as

its practitioners had travelled professionally.

So far we have suggested that psychological medicine owed its place in asylums to a politics of medicine which had little to do with the possession of a specialised knowledge. Psychiatry in Britain and Ireland had institutional origins which effectively constrained its development but also of course made it possible. From the time of organisation of the medical officers of asylums the more active of them were engaged in the pursuit of a scientifically valid, or at the very least a clinically sound, understanding of insanity. While psychological medicine gained some prestige from the role that it increasingly had to play in the courts, in the estimation of criminal responsibility, there was considerable scepticism at the turn of the century within and outside the profession about the status of psychiatry. On the eve of the First World War the M.P.A. rather anxiously established a committee to consider the status of psychiatry as a profession in Britain and Ireland. The 'still obscure questions connected with this science' were likely to remain so if, the committee believed, the poor facilities for scientific research in asylums and the conditions and incentives for work in psychiatry were not improved in the United Kingdom. Yet the difficulties of psychiatry

as a science were not merely institutional or professional. They were equally intellectual and moral. The alienists had to confront not only the complex problem of the relation between body and mind but also the moral and social implications of their analysis of human behaviour, its materialism, for example, or at other times its indication of the need for drastic intervention in controlling human reproduction.

Like the phrenologists before them the alienists were at least united in a basic conviction that the brain was the organ of mind, from which it followed that insanity, a mental disorder, must be a disease of the brain. Thus Daniel Hack Tuke after having some difficulty in defining insanity, arrived at a formulation which fell back on a concept of the brain which was common from Gall on: namely, that it is 'the organ of all the propensities, sentiments and faculties'.

Insanity, said Tuke, is a condition in which the intellectual faculties, or the moral sentiments, or the animal propensities - any one or all of them - have their free action destroyed by disease, whether congenital or acquired.

The triad, intellect, affect (emotion) and instinct dominated the structure of Bucknill and Tuke's Manual of Psychological Medicine, the first 'text-book' of British psychiatry, which


initially took form in the early numbers of the *Journal of Mental Science* and was first published in 1858. But the nature of the disease which inhibited these functions of the brain was as obscure as the means by which the brain produced ideas or emotions. The importance of the concept of brain disease as the basis of insanity was to function as a rationale for medical treatment of the insane. Beyond that there were many barriers to the elucidation of the 'well-known though mysterious connexion between mind and matter', as Dr Lalor of the Richmond asylum put it.\(^50\)

If insanity was a disease of the brain then the business of alienists was to set about studying the diseased brain and the healthy one. The strongest advocate of this course became Henry Maudesley but before his work began Bucknill and others were demanding a 'physiology of mind'. Bucknill, writing on the pathology of insanity in 1857, argued that a rational pathology must be founded upon the basis of physiology - but he confessed that this was hardly possible yet since the connection between nerve-function and nerve-organisation was a mystery.\(^51\) In a very speculative fashion Forbes Winslow's *Journal of Psychological Medicine*, published

\(^50\) In his Presidential address to the M.P.A. annual meeting, Dublin, 1861, JMS, 7, 1861, p.318.

since 1848, had put forward the view that the study of insanity was a study of the brain, although the comparative lack of success in correlating physical and psychical phenomena was noted. It was important that these early writings of asylum professionals bring insanity into the realm of physical disease since the physicians outside the asylum did not seem eager to extend the field of neurological disease to encompass insanity. Thus Bucknill protested in 1856 that the author of a major work on neurological disease perpetuated the separation of the work of the alienist and the physician by not including the different forms of insanity among diseases of the brain. This separation was to continue in spite of the efforts of alienists to bridge the gap. From the 1860s Henry Maudsley in particular made it the centre of his endeavours to establish a physiology of mind in the place of metaphysical speculation, his bête noire. 'Mental Science' was to be founded on the objective (inductive) method. As well as physiology it would encompass a developmental view of the mind (in 1864 he criticised Alexander Bain on Spencerian grounds for failing to give an account of the genesis or evolution of mind, of the progression from an infant's to an adult's mind), a study of the mind's degeneration in idiocy and insanity and a study of the mind

52 Cf. JPM, 8, 1855, pp.317-328 and Ibid., 5, 1855, pp.139-153 (the latter being an article by Joseph Lalor, then of Kilkenny Asylum, 'On the Physiology and Pathology of Mind').


In its universality and in its theoretical assumptions Maudsley's was a Spencerian programme - thus his address on 'Medical Psychology' before the Psychological Section of the British Medical Association in 1872 emphasised the acquired nature of the 'moral sense', its evolution from tribal to national to international. Quite apart from his importance in stressing the biological basis of the alienist's work Maudsley was important in transmitting Spencer's evolutionism to his colleagues working in asylums. The concept of evolution as it derived from Spencer was important not only as a social theory but equally as a framework for understanding forms of insanity in the individual. If the mind was made up of progressively more advanced cerebral centres, then dissolution by disease of these higher centres would explain the regressive or disordered behaviour of the insane. The concept was developed from Spencer by John Hughlings Jackson, the neurophysiologist. While Jackson and others used the concept of evolution and dissolution as the basis for understanding motor disorders, the alienists could use it to explain mental states of their patients. Thus, at a much later date, we find Conolly Norman

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56 JMS, 18, 1872, p.413; Cf. Lewis, loc.cit., pp.36-7 for Maudsley's debt to Spencer.

in 1904 explaining the presence of ideas of persecution in the insane:

It was a dissolution of the social sense that leads people to trust each other, and in the insane that disappeared and the instinct of self-preservation appeared.\textsuperscript{58}

Such an explanation demonstrated the conceptual pliability of the Spencerian theory but also the difficulties of attaining an understanding of the physiology of the brain as a basis for explaining normal and pathological mental states. While there had been important developments in neurophysiology by 1900 their contribution to the work of the psychiatrists was minimal.

Although few alienists after the 1850s questioned the primary validity of the physiological basis of insanity the lack of concrete evidence for it allowed the persistence of psychological approaches to the condition of their patients. The ambiguity of the position was evident when James Crichton Browne reflected in 1861 on the progress of psychological medicine. In his opinion the first advance had been the recognition of morbid conditions of mind as dependent on disease of the body, thus being the responsibility of the medical practitioner; secondly, the individualisation of organs and faculties from Gall onwards had been the origin of a rational system of psychological treatment (alienism's

\textsuperscript{58} JMS, 50, 1904, pp.478-500. For the importance of Spencer to physiological psychology see Young, \textit{op.cit.}, pp.150-203.
phrenological lineage). But the other significant advance was the recognition of the psychical nature of insanity and the necessity of psychical treatment - the insane were entrusted to psychologists, i.e. physicians with a knowledge of mind, who acted upon their minds by the use of external impressions and the impact of mind on mind. This conception of the alienist's position remained important - a hope that something conclusive would soon be discovered in the physiology of the insane but an attachment meanwhile to an amalgam of British associationist psychology, French psychiatric practice (through the Pinel-Esquirol tradition) and, increasingly important, the thought of German psychiatrists, particularly that of Kraepelin. The dilemma of psychological medicine was that it could not get beyond the symptomatology which dominated classification and the medical perception of insanity. It was a common criticism to charge that an alienist had restricted himself to constructing a symptomatology in a treatise on madness. But when it came to recasting one's own thoughts the alienist found himself up against a barrier of ignorance of the pathological underlay of symptoms. Consequently mental symptoms continued to be the focus of

59 JMS, 7, 1861, p.29.


61 Cf. JMS, 7, 1861, pp.258-9 for such a criticism by J. Stevenson Bushman, reviewing Forbes Winslow, Obscure Diseases of the Brain and disorders of the mind, 1860.
attention - the Esquirol classification of Mania, Melancholia, Monomania and Dementia, was the one favoured in practice, and was based on states of mind. When it was challenged by the somaticists in the 1870s, it was easy enough for the adherents of the psychological approach to point out that an etiological system was impossible since the causes of so many cases were unknown. Even those who advocated a physiological theory of the mind, like Maudsley, could object to the 'somatic-etiologival' approach of Dr Skae for its unwieldy character. Yet the persuasiveness of the somatic school was such that when the London College of Physicians prepared its revised classification of mental diseases in 1885 it was an uneasy compromise between the 'Somatic and the Mental' schools. It was a twenty-part classification, half of which was essentially the Esquirol-based system which the college had adopted in 1869 (i.e. characterised by mental symptoms) the rest corresponding to Skae's system which emphasised the physical origins of the illness (whether at a stage of life, pubescent, climacteric, senile, or toxic, from lead, alcohol, disease, etc.) Although Conolly Norman, like others, was dissatisfied with the older classifications which were 'essentially metaphysical' he too found grave objections to all the proposed substitutes - Skae's system, he felt, simply did not have pathological or physiological significance for

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62 JMS, 21, 1875, pp.339-365 for J. Crichton Browne's critique of Skae's classification; Lewis, op.cit., p.43 for Maudsley - 'the classifications which pretend to go to the root of the matter go beyond what knowledge warrants and are radically faulty'.

63 Cf. DJMS, 81, 1886, pp.334-337 ex British Medical Journal, 8.8.1885.
many of his cases. Before a medical audience in Ireland in 1887 he gave examples of case-histories which could have encompassed mania, melancholia and dementia. He himself was beginning to favour the German distinction (he cited Krafft-Ebing) between psycho-neuroses and the more serious conditions of mental derangement. Krafft-Ebing, he noted, would understand the association of the symptoms of mania, melancholia and dementia in the one case as an indication of a predominating emotional disturbance. 64

Norman's use of German thought was a sign of the important change which was taking place as the British psychiatrists began to move away from the dominance of symptoms towards the consideration of the total clinical picture of each case. For Kraepelin, the most influential of the German psychiatrists, the natural history of the insanity defined the disease entity - over a number of years he developed a picture of two major mental diseases, manic-depressive psychosis and schizophrenia, which was gradually adopted by other psychiatrists. 65 The importance of the German influence was noticeable, not only in the greater attention paid to detailed case histories, but in the adoption by the asylum doctors of the term 'psychiatry' in the 1880s. Although the word was known in English from the translation of the treatise on insanity by Feuchtersleben in 1848, John Bucknill had rejected its use for the title of the M.P.A.'s journal

64 DJMS, 83, 1887, pp.228-229.

in 1861 - it was justified in the denomination 'Mental Science' as the journal had some relation to 'metaphysics in a practical way'. But twenty years later the journal was defending 'those medical men whose lives are devoted to psychiatry and asylum government' and in 1888 T.S. Clouston could talk of the 'cardinal problem of psychiatry'. The measure of Kraepelin's influential emphasis on clinical work was displayed in the introduction of a section denoted to 'Clinical Psychiatry' in Atkins' long-running 'Report on Nervous and Mental Diseases' in 1891. But more fundamentally the re-orientation of psychological medicine under the German influence resulted in a restructuring of the asylum doctor's relationship with his patients. For the adherents of the new clinical practice the fault of the old school was that it had regarded classification as the object of the alienist's practice. The case was viewed only from the outside, symptomatically, and no attempt was made to understand the patient's point of view or elicit the personal significance of the abnormal ideas and reactions which form the content of the psychosis... the insane are to be regarded as types of mental variation rather than as being entirely removed from the normal.

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66 JMS, 7, 1861, p.137.
67 JMS, 27, 1881, p.218; DJMS, 87, 1889, p.53.
68 DJMS, 91, 1891, p.54.
69 JMS, 57, 1911, pp.458-9 (H. Devine, 'The Pathogenesis of a Delusion' in which he argues that a mental life history is not merely indicative of a disordered brain).
As we have noted before, the influence of psychoanalysis especially encouraged this viewpoint, imperfectly understood as the theory or practice of it was in Britain or Ireland. Thus Dr Graham of Belfast reminded his listeners in 1911 that the summary methods of the past were useless - 'such phrases as "strange behaviour", "incoherent talk" did not throw much light on the individual's mental state' - and recommended Professor Freud's technique for 'the discovery of the psycho-genesis of delusions'. The physiological school by no means declined in the face of clinical psychiatry since there was no theoretical contradiction between asserting the physiological basis of mind and assessing the clinical manifestations of it. But the failure of experimental or pathological work to discover the origins of insanity in the brains of its victims meant that asylum practice would be dominated by a clinical psychiatry which concerned itself more with the delineation of disease entities and a pragmatic search for adequate treatments, both physical and psychological. Thus an editorial in the Journal of Mental Science in 1908 felt impelled to draw attention to the importance of 'mental therapeutics', even though treatment of mental disease

70 JMS, 57, 1911, p.628.

71 The dilemma of psychiatry has not been eased by developments since the Edwardian period. Cf. R. Kendell, The Role of Diagnosis in Clinical Psychiatry, 1975, pp.64-69, for a discussion of the problems of establishing a disease entity in psychiatry. For a recent evaluation and critique of the contemporary state of psychiatric knowledge, see especially Anthony Clare, Psychiatry in Dissent: Controversial Issues in Thought and Practice, London, 1976.
was based on the relief of physical conditions 'accompanying it'. The leader claimed that alienists conventionally depended on the creation of a proper mental environment even though textbooks were little inclined to dwell on it. There was a need to follow the lead of 'several Continental workers' and evaluate mental treatment 'from a scientific point of view'.

While there were two strong tendencies within the thought of the developing psychiatric model - one tending to physiology, the other to psychology - both saw insanity as essentially a problem of a diseased individual whom it was necessary to treat. One could adopt a physiological or a psychological view of this individual problem or even combine both, depending on how one approached the problem of mind and body (brain). But this was not the only aspect of psychiatric thought, even if it was the one on which the nascent profession was attempting to build its reputation. For a number of reasons - some of them deriving from the ideological setting in which sciences developed in the time of Spencer and Darwin, others more intrinsic to the social context of asylum work - social theories and explanations of the incidence of insanity in civilised society were an important aspect of psychiatric thought. These theories, usually highly speculative in nature, varied from the biological which stressed the importance of hereditary factors or degeneration to the more sociological, pointing to the culturally relative criteria of insanity or to the ills of
civilisation as reasons for an increase in insanity. Both points of view were tinged by pessimism - but they were also the foundation for a common attitude of alienists, that the state had a peculiar responsibility not only for the care of the insane but also for the encouragement of preventive programmes. A predilection for a state asylum system, as we have already remarked, was particularly noticeable in Ireland for this reason - the whole community's responsibility for lunatics - as well as others.72

While the heyday of 'national efficiency' as an ideology may have been the Edwardian period its elements were an important part of alienists' reflections on insanity and society from the 1850s. The increase of insanity, or at least of the numbers of the insane, was self-evident in the growth of public asylums and the overcrowding of them. This was taken to be a symptom, particularly in Britain, of a weakened state and nation. Theories of hereditary disease made up for the lack of systematic knowledge of the brain. Thus the earliest days of the Journal of Mental Science saw an article 'On the Somatic and Psychical Causes of Disease in the Structure and Function of the Brain...in reference to Marriages of Consanguinity as a great social evil'. The author wished to search out the causes of the increase of insanity to arrest the 'onward march of a formidable enemy to our national peace and prosperity'. Consanguineous marriage was a remote somatic

72See above, p.141, for the Irish psychiatrists' demand for a nationalised lunacy service in 1907, a demand which also grew out of a desire for professional independence of local government control.
cause of insanity and like other such causes should be the object of 'protective laws [which] constitute the most essential part of the liberty of a state'. Phrenology itself had previously paid some attention to the need for 'healthy marriages'. Equally there was a strong tradition in French psychiatric thought which stressed the importance of heredity. The development of a theory of degeneration by the French alienist, B.A. Morel, in the 1850s lent weight to this tradition, and influenced British psychiatric discussions. And of course the influence of Spencer and Darwin was soon evident in a developing theory of social evolution and its enemies. The Journal of Mental Science summarised for its readers George Darwin's Contemporary Review article of 1873 on the beneficial restrictions to liberty of marriage; Darwin recommended (on the lines of Galton) medical examination for evidence of insanity as well as other 'hereditary' disease prior to marriage. Yet while alienists were sympathetic to the hereditarian explanation (as in their ready use of heredity as a 'cause' in statistical tables) they were also mindful of its looseness as a concept and the lack of hard evidence to support the theory. Thus J. Langdon Down could emphasise degenerative influences in the race as a cause of idiocy but in the same year argued that the statistics of consanguineous marriage showed no tendency of such marriages to produce degenerate offspring. Henry

73 JMS, 4, 1858, pp.508-532 (C.M. Burnett).
74 De Giustino, op.cit., p.187.
75 Cf. Ackerknecht, op.cit., pp.54-59.
76 JMS, 13, 1867, pp.190, 120-121.
Maudsley believed there was much evidence for hereditary predisposition, but was admirably cautious in considering prevention of marriage as a social measure for control of insanity - it was impossible to determine what particular ancestry should preclude an individual from propagation, and even if the 'ancestral danger' was known there were 'several varieties of the insane neurosis' which differed much in degree and in danger. At the 1879 meeting of the British Medical Association in Cork, a Bradford doctor, A.C.F. Rabagliati, advocated the prohibition of marriage between persons who had ever been insane as well as family limitation among the poor to reduce the number of 'diseased and insane'. But his paper was coolly received by a number of doctors, including three Irish asylum superintendents who all felt further research was necessary before any such steps to prevent insanity were taken.

This is not to suggest that strong feelings in favour of hereditarian explanations and therefore state intervention for the prevention of bad marriages were absent from the M.P.A. There were those like G.F. Blandford, the author of a widely read manual on insanity, who disagreed with Maudsley's caution in 1871 - in the more favourable environment of 1894 he was secure in the belief that insanity would be chiefly prevented by limiting its propagation through marriage.

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77 JMS, 17, 1871, pp.311-334 (his Presidential address to the M.P.A. in 1871).
hostile reception (at the annual meeting of the M.P.A. in 1899) of a paper by a London psychiatrist which characterised the advice to stamp out insanity by prohibition of marriage as 'logically on a par with the opinion that all incurable lunatics ought to be put to death' was indicative of a changing mood. But even with the mania for eugenics and for hereditarian explanations in the Edwardian period there remained such a division of opinion within the M.P.A. on this question that a unified policy for the prevention of insanity along eugenic lines was impossible. While the psychiatrists welcomed the promise of more control and treatment of mental defectives in the considerations of the Royal Commission on the Feeble-Minded, the inquiry and the resulting legislation were principally the product of other forces. 'Eugenics' was an option in the proposed curriculum for the Association's Diploma in Psychological Medicine. But in 1910 an attempt to pass a motion in favour of the prohibition of marriage of the 'insane and neurasthenic' at the British Medical Association's annual meeting was defeated by the vigorous opposition of George Savage, a prominent psychiatrist and long-standing opponent of the heredity theory. The biological evidence was insufficient, Savage claimed, to warrant State interference and a report of the meeting thought most present probably agreed with him that state regulations would

80 JMS, 45, 1899, pp.737-739.
81 JMS, 56, 1910, pp.373-375.
reduce society to a 'dead level of mediocrity'.

The opposition of Savage to the eugenic programme combined the two criticisms which were most commonly brought against it in the discussions of psychiatrists - the lack of conclusive evidence for the nature of hereditarian transmission of insanity and a distaste for state curtailment of individual liberties in such a drastic way. In Ireland there was not the popular enthusiasm for eugenics which characterised England. And while there was support among some Irish psychiatrists for legislative control of the marriage of the insane and neurotic (e.g. Dr O'Neill of the Limerick asylum, a speaker at the 1903 Irish Asylums' Conference on the increase of insanity) the more eminent voices could be sceptical of the explanatory power of hereditary theories. Conolly Norman took exception to the generalities of a speaker at the Royal Academy of Medicine in Ireland in 1900, in particular his talk of 'insane predisposition' which, Norman said, 'we all have'. William Dawson (later an inspector of

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82 JMS, 56, 1910, pp.716-717 (the meeting was of the Section of Psychological Medicine and Neurology of the B.M.A.). Savage could not help sympathising with 'the little girl who said when she got to Heaven she hoped she would find there a little corner of Hell to play in!!'. Like Maudsley in 1871, (loc.cit., p.317) Savage stressed the importance of variation in heredity. As one-time editor of the Journal of Mental Science, President of the M.P.A., a superintendent of the Bethlem Hospital and first President of the Section of Psychology in the Royal Society of Medicine, Savage's opposition to eugenics was influential. For his opinions see also JMS 37, 1891, pp.529-535; Ibid., 57, 1911, pp.97-112; Ibid., 59, 1913, pp.24-25.

83 Cf. Conference of Irish Asylum Committees, Dublin, 1904, pp.8-9. At the same conference Dr Graham of Belfast delivered a eugenic paper on Ireland's insanity problem and agreed with Karl Pearson's remedy, viz. 'to alter the relative fertility of the good and bad stocks of the community'. Ibid., pp.9-14 and JMS, 50, 1904, pp.109-118.
lunatics) agreed with him 'as to the excess to which the theory of heredity is carried now-a-days'. Dawson, like Savage, did not exclude the significance of heredity in particular cases but argued that 'what is inherited is, not a disease, but a diathesis (i.e. constitution) which may manifest itself by the occurrence not only of insanity, but of other nervous diseases'. Ten years later, however, following the Royal Commission on the Feeble-Minded the Irish doctors were rather more enthusiastic for eugenic measures to control the propagation of defectives. When Dr Nolan (Downpatrick superintendent and at that time President of the Section of State Medicine in the Royal Academy of Medicine in Ireland) strongly dissented from 'the proposed sterilisation of the mentally unfit' in 1912, most of his audience did not support him. They were rather more sympathetic to the case put forward by Dr Leeper (the superintendent of Swift's Hospital and a rather fanatical eugenist) for poor law reform to control the propagation of lunatics and paupers, and sterilisation as a more economical measure than segregation. By this stage Dawson (now an inspector of lunatics) was also convinced of the threat of degeneracy and he regretted the difficulties in extending the mental deficiency bill to Ireland since hundreds of defectives were

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84 DJMS, 110, 1900, pp.145-146.
86 DJMS, 113, 1912, pp.170-180 and 291-294; see also JMS, 56, 1910, pp.577-581 for an earlier Irish paper (by H.M. Eustace, proprietor of a private asylum) and Leeper's typical eugenist view that 'every workhouse is a lunacy manufactory run by State aid'.

allowed to produce an ever-increasing crop of degeneracy.\footnote{DJMS, 135, 1913, pp.161-167. Cf. JMS, 57, 1911, p.634 for Dawson's support for negative eugenics: 'It had been discovered by the Eugenic Society that feeble-minded people produced rather larger numbers of children than did the sound-minded'.} However, for the reasons examined in Chapter 2, the Irish psychiatrists' hopes for a eugenic programme via the mental deficiency bill were defeated by other considerations (political and financial) and by the lack of public support for eugenics in Ireland. In conclusion, it is worth remarking that the strongest support for eugenics among the Irish psychiatrists seemed to come from those who were not employed in the public asylums - Dawson and H.M. Eustace were from private asylums in Dublin and Leeper was from Swift's which housed a considerable number of paying patients as well as some charitable cases. It was probably rather easier to advocate sterilisation or compulsory detention of the lunatic poor (thus Leeper's emphasis on poor law reform) than of one's own patients.

Even amidst the enthusiasm of eugenics, there was another voice making itself heard in the ranks of the psychiatrists. Savage was not the only major figure in the M.P.A. who questioned the direction of hereditarian thinking. In the very year of the passing of the Mental Deficiency Act for Britain the President of the M.P.A., Dr Chambers, cautioned his colleagues to investigate the many factors involved in the production of insanity: he himself emphasised the interaction of heredity and environment and the adaptation of the individual to his outer circumstances.\footnote{DMS, 59, 1913, pp.549-582.} While heredity provided one important mode of explanation of the increasing incidence...
of insanity in society an equally important tradition of psychiatric thought rather hazily ascribed it to environmental factors. The two theories were of course not incompatible and many discussions of the increase of insanity wanted to emphasise both heredity and environment in the post-Darwin/Spencer context. But hereditarianism held out the promise of apparently easier solutions (such as eugenics) than did the line of thinking that the peculiar conditions of modern civilisation were responsible for the production of insanity. Nevertheless, to the more cautious asylum superintendent the empirical impression that many of his admissions had no remarkable lineage of insane relatives pointed at the very least to the complexity of the problem and led him to look towards both specific and general social causes.

There were, for instance, the social and institutional factors associated with the provision of public asylums. Asylums had not only been the occasion for uncovering a population of previously unknown lunatics; the legal and financial provisions determining institutional provision could result in important changes in the population. Thus Henry Maudsley acknowledged the 'undoubted' increase of admissions of pauper lunatics but attributed this to the successive statutory regulations 'by which persons have been forced steadily into asylums'. The conservative government's grant for pauper lunatics had also contributed greatly to an increase in admissions.89 There were good reasons for thinking that institutional arrangements and reforms had much to do with

89 JMS, 23, 1877, pp. 45-54.
the 'alleged increase of insanity' and they remained important into the 1890s. But even after these exogenous factors had been taken into account there remained, it seemed to many psychiatrists, an undeniable increase in insanity. Statistical investigations of some length, usually quite inconclusive of causes of the increase, were embarked on. When the statistics of asylum admissions had been finished with the psychiatrists turned to social theories. Two in particular were favoured - one stressing the mental 'wear and tear' of modern life, an essentially pessimistic view; the other, survival of the fittest in a situation of rapid social change, a theory which was closely associated with the hereditarian views we have already surveyed.

Thus, for Daniel Hack Tuke in 1858, responding to a Quarterly Review article which claimed that there were more lunatics in agricultural than manufacturing countries, there were important elements of civilised life in the agricultural areas (he cited drink and the struggle for existence) which countered the article's claim that insanity could be correlated with primitive ('savage') social life. Tuke claimed in any case that there were higher rates of insanity in the cities and in civilised nations generally. For him this was to be explained in terms of the increased susceptibility of the emotions to slight impressions, consequent on their constant cultivation, abuse of stimulants (not only drink, but tea as well received special consideration in these analyses) and overwork of the brain, especially by childhood education.

90 Cf. JMS, 40, 1894, pp. 219-231.
Civilisation encouraged an amount of excitement unknown in savage tribes. As in other areas of social thought the life of savages was an important tool with which to measure the status of contemporary life. The importance of the addition of Darwinian and Spencerian theories to these rather vague speculations on the effects of civilisation was their more systematic and universal explanatory power. Only three years after Tuke's analysis, a remarkable article by James Crichton Browne considered that the increase of insanity was known not only through the statistics of the Lunacy Commissioners but through 'its increasing causes'. His exploration of these drew on the theories of sensationalist psychology, phrenology and evolution:

We live in an age of electricity, of railways, of gas, and of velocity in thought and action. In the course of one brief month more impressions are conveyed to our brains than reached those of our ancestors in the course of years...

'Intense mentalisation was now required in the struggle for existence and physical could no longer cope with mental force' (thus the breakdown of brains). A natural selection of large and powerful brains was in progress. As well, the

91 JMS, 4, 1858, 94-110;

92 Cf. J.W. Burrow, Evolution and Society, 1966, pp.47, 171, on the use made of 'primitive' or 'ancient' societies to explain the present.
physical conditions of modern life - improper marriage, excessive exertion of body, impure air, bad food, sedentary habits, unhealthy occupations, intemperance, immorality - were all busy 'in deteriorating our race and in rendering individuals more liable to psychical disorders'. These causes were operating especially among the poorer classes in the large cities, the 'dangerous classes', from which of course the insane were largely drawn. 93

In Ireland, as well as in England and Scotland, similar all-encompassing theories pointing to the imbalances of modern civilisation were brought to bear on the troubling problem of insanity. The increase in insanity was blamed by James Duncan, the Irish President of the M.P.A. in 1875, on the changes in society since the steam-engine, the congregation in cities, the greater mental activity, the loosening of family bonds, the upsetting of parental authority and the perversion of natural feelings and affections which indicated a state of mind favourable to the development of insanity. Duncan's analysis extended from here to a suggestion that it was such a state of mind that lay 'at the very root of Socialism' and instanced the Paris Commune as an outbreak of madness on a large scale; this could equally occur in an individual infected with the same ideas when he was subjected to a severe trial. Duncan found fault not with the mechanical and commercial innovations but with the abuses connected with their working and introduction. The greater amount of 'brain work' required by modern life and the breakdown in moral values (a 'higher principle' than self interest was needed)

93 JMS, 7, 1861, pp.27-29.
predisposed individuals to insanity.\textsuperscript{94} As Duncan's Presidential address indicates, the explanation of the increase of insanity easily dissolved from analysis of the insane population and its context into anxiety about the direction of modern life.

The very immensity of the problem seen on this level made alienists and later psychiatrists especially inclined to advocate state responsibility for the insane. The illness of insanity, whether seen on an individual somatic or psychological level, or on a social level as an inevitable feature of modern society, was one over which individuals had little control. To the extent that individuals did have control, public education in mental hygiene could play an important part: proper training, moral, mental and physical, of children could make them resistant to insanity in later life; education in heredity could help people to make better marriages and prevent the production of individuals predisposed to insanity.\textsuperscript{95} But beyond this the asylum professionals saw the state as responsible for the insane, both because the latter were seen as helpless and non-responsible, and on account of the potential threat they posed to society and the nation. The insane poor of Scotland, according to John Bucknill, had been treated with barbarous neglect 'because

\textsuperscript{94}JMS, 21, 1875, pp.304-337.

the state had omitted to extend to them its protection'. Joseph Lalor wanted to see the insane poor maintained out of state funds because a large proportion of the insane in Ireland were detained in public asylums, 'not for their own advantage but for the protection of society' - the causes of insanity were more often of a general than a local nature and could be 'diminished or advanced by general social advancement or deterioration'. The two arguments remained important in the profession's estimation of its role in society. Lockhart Robertson countered an attack on the state control of lunatic care in 1866 with the claim that past experience had proved the necessity of 'vigilant supervision of the State to protect [the insane] from ignorance, avarice and cruelty'. But it was equally important, claimed James Crichton Browne (now the Lord Chancellor's Visitor) in his 1878 Presidential address to the Association, that the medical psychologist should aid 'in warding off the evils with which the body politic is threatened'. With the diligent study of etiology ('the basis of prophylaxis') and due regard to 'every social movement and political transition', the medical psychologist would be playing a part in preventing the decay and degeneration of the nation. The difficulty was, Browne pointed out, that in their own work in asylums, medical men 'have to oppose evolution, promoting the survival of the unfittest, of weakly and crippled beings'.

96 JMS, 4, 1858, p.461.
97 JMS, 7, 1861, pp.324-325.
98 JMS, 12, 1866, pp.210-217.
99 JMS, 24, 1878, pp.345-373.
of a century later, Conolly Norman also reflected on the same dilemma, but he was inclined to resolve it idealistically in terms more favourable to the insane. There was a strong prejudice against asylums, he remarked, for their expensive maintenance of those whom some thought should be allowed to perish by natural processes. For him, though not for many of his professional associates, this was too narrow a view - the 'more extended and philosophical view' was that 'the care of the unfit subserves some greater ulterior developmental end, and is - to take no higher view of it - the necessary step towards the attaining of a more perfect social state'.

The insecure status of psychiatry as a profession (the M.P.A. tried, and failed, to obtain a Royal Charter in 1895), its lack of professional respect as a major branch of medicine before the First World War was a product of its divided loyalties (society or the insane) as much as of the inadequacy of its science. Medical men had been in grave danger of losing control of the treatment of the insane altogether early in the century, because of their harsh restraint and therapeutics; having regained social acceptance of their role they then came under fire for their alleged infringements of individual liberties. By the turn of the century their practice was under attack, as Norman and others noted, from its contribution to the maintenance, even the propagation, of a degenerate population: society's interests or those of the state were not being safeguarded. Just as in the

100 DJMS, 118, 1904, pp. 162-163.
asylums we have seen that the superintendent's therapy could collapse into the maintenance of institutional order, so as they faced the outside world the psychiatrists were unsure of whose interests they were advancing. The advancement of the science and practice of psychological medicine was additionally hampered by the suspicion that insanity as it presented itself in asylums was a symptom of social attitudes, disabilities and stresses. When John Sibbald, one of the Scottish Lunacy Commissioners, asked in 1877 what condition society regards as insanity he stressed the culturally and historically relative standards which determined the asylum population - 'the decision of the question whether a particular individual is or is not to be counted as a lunatic from the social point of view, depends more on the mental condition of his friends than on his own'. It was a conclusion which questioned the adequacy of his contemporaries' attempts to reduce the problem to the level of physiology.

101 JMS, 23, 1877, p.549.
Conclusion

The 'Increase of Insanity' and the 'Decay of Ireland'

In 1906 John Redmond saw the 'increase of lunacy' in Ireland as a condemnation of Britain's rule in Ireland.¹ The charge was a useful rhetorical point to make in advocacy of Irish self-determination. But it also issued out of a debate which had been pursued for more than a decade over the causes of the increase in the 'lunatic population' in Ireland and Great Britain. In the three parts of the United Kingdom there was an unquestionable and ongoing increase in the numbers of asylum inmates by the turn of the century. Doctors in charge of the insane themselves debated the causes of the increase and advocated various measures to control the production of insanity - education of the public in 'mental hygiene', control of marriage of the insane, measures to curb alcoholism. The more physiologically-minded urged local authorities or the government to fund a central pathological laboratory for the investigation of the root causes of insanity.² But it was not only doctors who expressed their concern at the seemingly endless accumulation of insane in institutions. Indeed, in the debate over the increase in insanity, asylum medical officers were frequently found on the defensive, moderating the more extreme claims being made

¹ See above p. 74.

² W.R. Dawson, later inspector of lunatics, was an enthusiastic advocate of an Irish pathological laboratory around 1900, at a time when the London County Council was investigating the establishment of one in London. See JMS 46, 1900, p.487; Ibid., 47, 1901, pp.78-84; DJMS 110, 1900, p.477.
by politicians and lay observers or even defending the legitimacy of a 'generous' public provision for lunatics.

In Ireland the alarm over the increase in insanity expressed itself in two ways. As William Corbet, the Parnellite M.P. and former clerk in the lunacy office, argued, the increase in insanity was so dramatic that it called for specific attention on the part of governments. Asylum committees, naturally enough, also saw the problem in its narrower aspect, being concerned particularly with its financial implications. But for others, both unionist and nationalist, who were alarmed at the parlous state of Ireland at the turn of the century, the increase of insanity was but a symptom of deep-rooted social and economic problems. For these commentators the level of hospitalisation of the insane was one measure of Ireland's sickness. Not surprisingly, the exact degree of the 'increase of insanity' and the meaning of the phrase itself were confused by poor statistics and hasty generalisations. Later in this chapter we will examine some measures of confinement of the insane to see how well-grounded was the alarm. But first, what did the apparent increase signify for those who observed it?

From the late 1860s some concern was expressed in both Britain and Ireland at the increasing numbers of the insane. In an article in the Journal of Mental Science, April 1869, C. Lockhart Robertson, an ex-President of the M.P.A., had argued that the increase in numbers of the insane was not matched by an increase in the rate of admissions to asylums
Opposing Robertson's sanguine interpretation, Frederick MacCabe, the superintendent of the Waterford asylum, presented a gloomy one of Ireland. Using a combination of the constabulary returns of the unconfined insane and the figures for insane inmates resident in asylums, gaols or workhouses, he concluded that in the district of Waterford 'insanity [had] largely increased from 1851 to 1861'.

MacCabe set this phenomenon against the background of an Ireland in decline - population and wealth were decreasing and, in an explanation which was to be cited time and again in this context, emigration had 'carried away those who were physically the best, the strongest, the more energetic, and adventurous of the population'. In a further article in 1871, Robertson discounted MacCabe's analysis because it was not based on admissions, 'the only legitimate test of [insanity's] alleged increase'.

MacCabe's was only one of a number of responses to Robertson's article of 1869, including some in the public press in England. But after this brief flowering of the question, the 'alleged increase of insanity' does not seem to have become a matter of concern in England until the later 1880s.

In Ireland, however, the question surfaced occasionally through the annual reports of the inspectors of lunatics. Thus, a review in the Dublin Journal of Medical Science noted

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3 JMS 15, 1869, pp.1-23.

4 JMS 15, 1869, pp.363-366.

5 Ibid., p.364.

6 JMS 16, 1871, p.486.
the undoubted increase in insanity evident in the figures provided by the inspectors' twenty-second report. This was considered highly alarming to the view of the 'social economist'. The reviewer claimed that the increase corresponded with a growth in excise revenue. This suggested that drunkenness was the cause, whether directly through the committal of drunkards, or indirectly through 'the establishment of hereditary neuroses' and subsequent degeneration of the drunkard's offspring. The inspectors' reports of the early 1870s, which inevitably drew attention to the increase, were mostly the work of their chief clerk, W.J. Corbet. Corbet himself was to become a warm advocate of the position that there was a 'real' as opposed to an 'alleged' increase in insanity. But in 1874, when he was still employed in the Irish lunacy office, he read a paper on the statistics of insanity before the Statistical Society in Dublin. Perhaps by virtue of his public position he eschewed judgement of whether his figures indicated a 'positive increase of mental derangement among the masses, or the mere development of a previously existing state of things'. Yet the terms of his discussion suggested that the former was his position. There was, he claimed, a general and progressive' development of insanity among 'the masses' in

7 DJMS 57, 1874, pp.44-48. The inspectors' report itself emphasised legal and cultural factors - the ease with which persons could be committed as 'dangerous lunatics' and a decline in antipathy towards institutional care, 22 Report, pp.6, 25, H.C.1873, 30.

8 See above, pp.95-96.
the United States, England, Scotland and Ireland. The causes of the 'apparent increase' were the great care taken of lunatics in recent times, hereditary transmission and the abuse of drink. Unquestionably, Corbet thought, the great cost of lunatic care was justified by the alleviation of human suffering. But little was being done to limit the 'disease'. Indeed, he argued, hospitals for the insane, by prolonging the lives of the insane and discharging many of them, might be propagating this 'terrible malady' through hereditary transmission. Thus Corbet raised questions about the asylum system which were to be made more dramatically by the eugenists thirty years later.

Ten years later, now independent of the lunacy office and a nationalist M.P. for County Wicklow, Corbet resurrected his concern. In the *Fortnightly Review* in 1884 he reviewed the great increase in admissions of, and expenditure on, lunatics in the United Kingdom over the previous twenty years. Again he blamed drink and hereditary transmission but this time the major consideration was the moral degredation which these implied. People were abandoning self-discipline, a symptom of 'national decay'. Hospitals had failed to stem insanity so prevention was necessary, through social reform. The vagueness of Corbet's message was epitomised in his prospective social reform. This was to be attained not through 'Materialism' or 'Free-thought', but in building up authority

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9 W.J. Corbet 'On the Statistics of Insanity', Dublin 1874. The paper was also published in the proceedings of the society, SSISI, Vol.6, p.382.
and discipline by a moral renewal. In the next few years carefully argued papers by the alienist Daniel Hack Tuke (1886) and the statistician Noel Humphreys (1890) found the statistical evidence of an increase ambiguous but tended to discount any alarmist discoveries of an epidemic of madness. But whether or not Corbet had read these he returned to the *Fortnightly Review* in 1893 and 1896 with articles entitled simply 'The Increase of Insanity'. Government officials were attacked for attempting to explain away the increase as merely 'apparent', although he found an exception in the new Irish inspectors of lunatics who readily spoke in their early reports of the 'rapid increase of insanity'. By this time his views were well known. Later in 1893 he addressed the International Congress of Charities, Correction and Philanthropy in Chicago, on the increase of insanity in England, Scotland and Ireland. Perhaps Corbet's 1893 article also played some part in prompting John Morley, the chief secretary in Ireland, to ask the inspectors to report on the problem.

The inspectors' brief investigation, conducted by circularising the asylum superintendents in Ireland as to the


state of affairs in each district, resulted in a report in February 1894. In spite of the inadequacy of lunacy statistics which hampered their investigation, the inspectors concluded that there was probably 'some absolute increase of insanity... in certain districts of the country'. The great increase of the number of insane under care was principally the result of accumulation of 'incurables' who could not be discharged as they were from ordinary hospitals. The inspectors attributed the increase in 'first admissions' to heredity, consanguineous marriage (though the evidence related to the effects of this in various parts of Ireland was alleged to be ambiguous), poor dietary, abuse of stimulants (alcohol, ether, tea) and, in some districts, the 'acute agricultural depression' of recent years. The report was, in Corbet's view, confirmation of his case. His only regret was that the inspectors had allegedly retreated from their earlier position that insanity was on the increase. The evidence from the medical superintendents was unarguably in support of his case: asylums seem to be nurseries where the survival of the unfittest is secured, and the seeds of a fresh crop of insanity harvested and garnered.

Implicitly, therefore, Corbet was questioning whether the public care of lunatics on the contemporary model was good policy. What he wanted to do about this was never made clear.

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1^Report on the alleged increasing prevalence of insanity in Ireland, pp.14-16, H.C. 1894, 43.

15Fortnightly Review, 59 (n.s.), 1896, p.442.
A reply to his article of 1896 also appeared in the *Fortnightly Review* later that year. Dr Thomas Drapes, the superintendent of the Enniscorthy asylum, attacked Corbet's articles for their extremity of language, failure to recognise the complexity and inadequacy of the statistics, and misinterpretation of the figures. There was an undoubted increase of the insane under detention as he himself had shown in the *Journal of Mental Science*. But this did not necessarily mean 'an increased liability to mental derangement on the part of the community'. He agreed with Corbet about the contribution of poor heredity and drink to the insanity rate and the need to direct attention to these problems. He admitted even the enormous growth in expenditure of lunatics. Yet this money was spent not on behalf of the inmates alone, but also for the protection of the sane. And what, otherwise, would Corbet wish to do with lunatics who recovered and were discharged, allegedly to procreate yet more insane? Did Corbet want to eliminate them, he asked rhetorically? Or did he want to detain them permanently in asylums, thus contributing even more to the accumulation of the insane?  

Corbet in reply merely pointed to officialdom's unidirectional policy.

The only panacea the Lunacy Department offers...is to go on building asylums without limit. Where is it to end?  

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17 *Fortnightly Review*, 61 (n.s.) 1897, p.324.
It was a legitimate question, certainly, whether or not one conceded that there was a 'real' or only 'apparent' increase. But Corbet for one had never proposed a way out of this dilemma.

In these terms, the debate over the increase in insanity wandered fruitlessly onwards for the next decade. As we have seen earlier, belief that admissions to asylums would continue to grow cast doubt on the adequacy of the financial provisions for lunatics under local government reform.\(^\text{18}\) As the reconstructed asylum committees took over from the boards of governors, concern at the increased costs of a still growing number of lunatics in asylums led to a conference of Irish asylum committees at the Richmond asylum late in 1903. The conference dealt at length with the increase of lunacy. Both doctors and committee members were agreed on the magnitude of the increase in the asylums and Corbet's name was cited more than once in corroboration of this position. Heredity and drink were cited as common causes of the increase. So also was the effect of the emigration of the healthy, and the eugenic stand-by, the greater fertility of the unfit. Even Dr Drapes now had no hesitation in remarking on the enormous increase in the numbers of the insane in the previous fifty years. Still worried about unhealthy marriages, he thought clerics might give over their pulpits on one Sunday in the year to 'some medical men of eminence to preach the gospel

\(^{18}\) See above, pp.114-116.
of health, mental and bodily. As the conference demonstrated, the increase of insanity was now seen in the context of other problems: the eugenic thesis of the imbalance in fertility of the fit and the unfit; the decline of Ireland's population by emigration; the fall in the marriage rate in Ireland, which, Dr O'Neill (the Limerick asylum superintendent) postulated, was connected with a prevalence of masturbation among asylum admissions.

The proceedings of this conference seemed to resolve the question of an increase in insanity in favour of Corbet's opinion. The conference also signified the concern felt by doctors and local asylum authorities at the implications of the increase, in terms both of asylum populations and of the troubled state of Irish society. One of its participants, Bishop Kelly of Ross, went on the following year to give evidence to the Inter-Departmental Committee on Physical Deterioration. From his evidence and that of Sir Lambert Ormsby, President of the Irish College of Surgeons, the committee's report concluded that the growth of lunacy in Ireland was considerably more serious than in England. The committee suggested that there were grounds for connecting

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19 Conference of Irish Asylum Committees, 1904, p.23. Richard Jones, the Richmond committee chairman, introduced the conference, drawing attention to a pamphlet by Corbet, 'The Rising Tide', to show that Ireland with a steadily diminishing population had a steadily increasing number of lunatics to support. Ibid., pp.3-4. (I have not been able to locate this pamphlet.) Besides the paper by Drapes, 'The Increase of Insanity: Is there a Remedy?', Dr Edward O'Neill, (Limerick) 'The Increase of Lunacy', and Dr William Graham, (Belfast) 'Ireland and the Insanity Problem', also dealt specifically with the increase.

20 Ibid., p.7.
this phenomenon with the alleged physical deterioration of the Irish population, as a consequence of emigration and fertility decline. Perhaps it was the committee's recommendation for an inquiry into the extent and character of the increase in Ireland which prompted the inspectors to conduct another investigation in 1906.

This time their report of the 'alleged Increase of Insanity' bore rather more signs of their own analysis of the problem. But again there were no easy answers to the complex questions raised by increasing asylum admissions. In spite of their position that 'admissions' were the only true test of the incidence of insanity, the inspectors hesitated between considering the 'residence' figures, which of course had important administrative and financial implications, and the 'admissions' which were rather more pertinent to the problem. Nevertheless, in the ten years since their previous report there had been an incontestable increase, however it was measured. Some institutional and legal reasons were obvious. There had in particular been a massive transfer of cases from the workhouses to the asylums - where admissions to asylums from workhouses had comprised 14.1 per cent of all admissions in 1894, they were 22.2 per cent in 1904. More 'congenital mental defectives' were being admitted than a decade previously. In Ireland the 'dangerous lunatic' committal procedure produced a greater proportion of male admissions than female, as opposed to experience elsewhere. Popular prejudice against asylums had evidently disappeared,

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they argued, and there was now also a wider application of the term 'insanity'. Important demographic changes had played their part - increased longevity following the reduction of disease had contributed to an aging population, a fruitful source of increased admissions. And there was, of course, emigration to be considered. Under this head, the inspectors looked not so much at the effect on the population of the massive and on-going post-Famine emigration but rather at the emigrants themselves. Here the evidence was disturbing, or at least confusing, for seven per cent of all asylum residents were returned migrants; 867 of the 1,277 of these had been admitted within five years of their return. Undoubtedly these could be just the few who had failed abroad. But the uncomfortable fact was that Irish emigrants to America had higher admission rates in that country than did emigrants of other races. Using evidence from the 1901 United States census, the inspectors concluded that perhaps the 'Irish branch of the Celtic race is specially predisposed to mental breakdown'.

Thus the scope of the inspectors' special report was the condition of the Irish people, at home and abroad, quite as much as the particular problem of over-crowded asylums. We see in their thinking the combination of hereditarian and environmentalist thinking which so characterised discussions of poverty, ill-health, race and so in in Britain and the United States at the time. Their report, for instance, explained the higher rural prevalence of insanity in terms

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both of an exodus of the 'strong and vigorous' from the country to the city leaving behind the 'weak-minded and imbecile classes', and of higher infant mortality in urban areas which removed the weak and infirm in urban populations. But the report also reflected a more specifically Irish concern with the decline of the population, both in quality and quantity. For some years, others outside official circles had been citing the increase of insanity as a symptom of Ireland's decay.

It was in such a way that a new Irish review, The Lyceum, (incorporated in 1894 in the New Ireland Review) looked with alarm on the emigration from Ireland in the late 1880s. The 'young, the vigorous, the helpful' were flying in multitudes from the country leaving 'an even increasing mass of the wrecks of humanity' behind them. In a collection of post-Famine statistics prepared by the Irish registrar-general and presented before the Statistical Society, the review found further evidence of the 'national decay' of Ireland. An inevitable consequence of the heavy emigration suggested by Grimshaw's figures would be a 'constant increase in the number of the imbeciles, the infirm, and the shiftless poor proportionately to the total number of the inhabitants of the country'. The publication of the 1891 Census report

23 Ibid., pp.xix-xx.
24 The Lyceum Vol.1, no.9 (May 1888), 'The Burden of Pauperism'. Cf. Ibid., Vol.1, no.12 (August 1888), 'The Population of Ireland'.
confirmed this gloomy picture with increases in the numbers of institutionalised and a decline in population in the previous decade. There had, The Lyceum remarked, been an absolute as well as a relative increase in the number of lunatics in the population:

Fewer human beings, more grass, more beasts, more lunatics, more paupers - this is how the wheel of 'progress' turns in Ireland.\textsuperscript{26}

Such interpretations of the social condition of Ireland became common in the next decade as Irishmen and their observers from Britain or even France assessed the country's problems and prospects.

Hence we find Lord Dunraven, the conciliator of unionist and nationalist, subscribing in 1907 to the popular thesis that Ireland's emigration and depopulation had led to the 'survival of the unfittest' and the 'deterioration of the race'. In Ireland, the 'best' was flowing outward, the 'worst...drifting in increasing proportion to the lunatic asylums'. In the face of these deplorable facts he appealed to moderate men 'to put aside their differences, and to do something for the salvation of their country'.\textsuperscript{27} Similarly did Sydney Brooks, an English journalist, point to the lunacy figures, as well as the health and poor relief statistics, as evidence of the indirect toll of emigration on the mental and physical vitality of those who stayed behind.\textsuperscript{28}

\textsuperscript{26}The Lyceum, Vol.6, no.61 (October 1892), 'Some Facts from the Census'.

\textsuperscript{27}Earl of Dunraven, The Outlook in Ireland, 1907, pp.27, 33.

\textsuperscript{28}Sydney Brooks, The New Ireland, 1907, p.92
dramatically, Filson Young (one of those who blamed Ireland's ills on Catholicism) found the 'tide of civilisation' running feebly in Ireland where 'only three great tumurous growths [stood] triumphant and alive - the lunatic asylum, the public house, and the Catholic chapel'. The pessimism of this picture of Ireland in decline was also the mood of the ablest and most comprehensive pre-war survey of Ireland, that of L. Paul-Dubois. In a section of his *Contemporary Ireland* captioned 'The Final Phase of Decay', he characterised as 'racial decadence' the decline in the birth and marriage rates and the 'marked increase of mental disease during the last fifty years'. Whatever the immediate causes of the latter, of which Paul-Dubois cited various examples which had been suggested, the fundamental cause was 'the degeneration of the race caused by extreme poverty and emigration'.

Given this state of affairs he considered that Ireland was faced with further 'decay', unless it set about regenerating itself, economically and culturally.

Inevitably therefore, the simple evidence of census figures or the lunacy reports had been absorbed into the wider consideration of Ireland's social condition and its national status. Since the picture that was being presented was painted in the atmosphere of similar concerns in Britain it is hardly surprising to see the readiness with which it was accepted. In these general accounts of Ireland the

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29 Filson Young, *Ireland at the Crossroads*, 1903, p.5.

statistics were taken at face value and their ambiguities unquestioned. The more cautious evaluations of the inspectors of lunatics or of the 'experts' like the Down asylum superintendent M.J. Nolan, or the statistician Noel Humphreys, were generally lost in this rhetoric. To some extent, they were also beside the point, for they attempted to qualify the significance of the increase, where the main point, politically, of course was that the numbers of institutionalised were patently increasing. But to what extent were they increasing and how did this increase relate to the condition of Ireland after the Famine?

In crude terms there was a steady, almost relentless growth in the rate of admissions from the middle of the 1860s to the first decade of this century. As Figure 1 demonstrates the trend of lunacy admissions was as dramatically upward as that of the Irish population was downward. From an annual admission rate of under 25 per 100,000 in the middle 1860s the committals of insane rose to over 35 a decade later, showing the effects of the 1867 Dangerous Lunatics Act and the completion of the asylum system in 1870. Just thirty years later, however, the rate had doubled. Thus the anxiety provoked by the growth in lunacy at the turn of the century coincided with what was unquestionably a dramatic increase which reached its pre-war height in 1902. After that the rates declined somewhat while still remaining higher than they had been in any

Figure 1
Population decline and the increase of asylum and workhouse admissions, 1863–1907
year before 1898. From the workhouse admission rates it also seemed that Ireland was burdened with a progressively larger proportion of its population dependent on public institutions. As compared with the insanity rate the rate of workhouse admissions fluctuated more radically, particularly at times of agricultural crisis in the early and late 1880s. But the trend upwards was similar. On the other hand, it is worth noting an important difference between the size of the workhouse and asylum populations. The daily average population of workhouses which had been over 50,000 in the 1860s had declined by 1910 to 40,000. The position was quite otherwise in asylums which had maintained a daily average of 6,850 patients in 1871, but more than 20,000 patients in 1911. In terms of the numbers institutionalised and therefore visibly dependent on public support, the asylums in Ireland had become much more significant than the workhouses. For this reason alone we can appreciate why the lunacy rate figures so prominently as a symbol of Ireland’s decline. Equally the stubborn resistance to the lunacy authorities which built up among ratepayers’ representatives after 1898 has one explanation in the apparently fruitless multiplication of asylum beds throughout the later nineteenth century.

The impact of this momentous increase might have been qualified somewhat if it could have been explained purely in terms of Ireland’s demographic changes. The census returns of all insane (both institutionalised and at large) were used by some as a measure of the increase in lunacy. These showed, for instance, that where the proportion of lunatics and idiots aged over 60 years had been 11.9 per cent in 1871, it was 21.6 per cent by 1911. But the true measure of 'occurring'
insanity in the community was taken to be the asylum admission rate. And the age structure of admissions, though rarely analysed at the time, shows that the highest incidence of insanity continued to be among the relatively young, those aged from 30 to 40 years. We have already noted in Chapter 4 that while there was a greater increase in the rate of admission of those over 60 years between 1861 and 1901, the increase in the rates of the younger cohorts was also considerable. The ageing population of Ireland may well have had some influence on the rate of asylum admissions. However this relationship is likely to be more complex than suggested by the idea that the asylums had become geriatric homes.

The increase of lunacy admissions, evident continuously on a national level from the early 1870s and across all age groups, was also common to each asylum district. But the regional distribution of admissions was uneven, and the extent of the increase from district to district varied markedly. As Table 5 shows, the most dramatic increases occurred in the western counties of Ireland, though not in all of them. In 1871 the districts with the lowest rates of admission were Ballinasloe (Galway and Roscommon),

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32 See above, p. 230.

33 Cf. D. Walsh and B. Walsh, 'Some Influences on the Inter-county Variation in Irish Psychiatric Hospitalisation Rates', British Journal of Psychiatry, 114, 1968, pp.15-20, for the suggestion that an elderly population in a particular district tended to increase the hospitalisation rate of all age-groups in that area. The paper is based on Irish county rates for 1959, and concludes that socio-economic variables largely determined the inter-county variations at that time.

34 Table 5 exhibits age-standardised admission rates (indirect standardisation, 1871 Irish rates as standard). For non-standardised rates, see Appendix, Table I.
### Table 5

<table>
<thead>
<tr>
<th>District</th>
<th>1871</th>
<th>1881</th>
<th>1891</th>
<th>1901</th>
<th>1911</th>
<th>% Increase 1871 - 1911</th>
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<td>3.32</td>
<td>5.69</td>
<td>5.06</td>
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<td>5.94</td>
<td>6.35</td>
<td>300</td>
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<td>2.99</td>
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<td>5.77</td>
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<td>165</td>
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<td>3.28</td>
<td>5.81</td>
<td>5.40</td>
<td>5.06</td>
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<td>3.40</td>
<td>4.81</td>
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<td>6.27</td>
<td>7.26</td>
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<td>4.94</td>
<td>6.35</td>
<td>7.76</td>
<td>7.22</td>
<td>174</td>
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</table>

Castlebar (Mayo), Cork, Killarney (Kerry) and Sligo (Sligo and Leitrim). By 1911 each of these areas had experienced an increase of between two and three times its rate in 1871. Even while some other districts had experienced a decline in the lunacy rate between 1901 and 1911, these particular western districts had all continued to show an increase. As
we can see from the table, this did not mean that the west was, by 1911, exhibiting an unusually high admission rate by Irish standards. Rather it had merely approached the pattern of high admissions already evident in the eastern countries in 1871 and 1881. The Richmond district (Dublin, Wicklow and Louth), for instance, was always subject to a particularly high rate of admissions, which only began to decline in the first decade of this century. And the midland counties served by the asylums at Mullingar and Maryborough were also notable for their high rates in the 1870s and 1880s. But so too were the districts served by Limerick, Waterford and Omagh asylums, the first two of which had high urban populations, the last being a northern, rural and Catholic area which had a higher lunacy rate than its Protestant and more prosperous neighbours.

The analysis of these regional variations in relation to the substantial social and economic changes of post-Famine Ireland is beset with problems. Superficially the picture presented by the admission rates is one which bears comparison with other regional changes in the later nineteenth century: the massive emigration from the south and west, the declining marriage rate, first in the eastern countries, only later in the west; the depopulation of the midlands, then the west, in the course of a changeover from tillage to pastoral agriculture. But there are certain institutional and legal

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<sup>35</sup> For the nature of regional variations in demographic change see especially the studies by S.H. Cousens, 'The Regional Pattern of Emigration during the Great Irish Famine, 1846-1851', Institute of British Geographers, Transactions and Papers, no.28, 1960, pp.119-134; 'Emigration and Demographic Change in Ireland, 1851-1861', Economic History Review, 2nd series, 17, 1964, pp.303-321. Also Brendan (Cont'd.)
factors which intervene between a predominantly rural society in social decline and economic transition and the institutionalisation of such high proportions of that society. It is these which complicate the picture and they are not easily quantifiable. We should note, for instance, that the particularly high admission rate for Downpatrick in 1871 may well be by virtue of the fact that it had first received patients in 1870. Certainly it took many who had been institutionalised elsewhere in the old Armagh district, or who had perhaps previously been refused admission to an overcrowded Armagh asylum. Similarly the 180 per cent increase in the Belfast district admission rate in 1901 is probably explained by the opening of a new hospital in Co. Antrim in 1900. The provision of new hospital beds was of course an almost inevitable source of increased admissions in any district. Other institutional and geographical factors were probably important in determining relative variations between districts. The long journey to the asylums at Cork or Ballinasloe from the westernmost parts of their districts was a source of complaint by constabulary and poor law officials at various times in the nineteenth century. The difficulty and expense of the journey may well have limited committals in these areas and played some part in the very low admission rates in those two districts before the 1880s. And, as I suggested in Chapter 3, different attitudes and practices on the part of individual dispensary medical officers may lie behind the variations in dangerous lunatic committals in adjacent asylum districts.

35 (Cont'd.)
Given these qualifications about the consistency of the admission rates in reflecting social change in Ireland, the implications of the admissions rates are still striking. We are brought back to those statements of alarm at the turn of the century. And we must agree with them that Irish society at that time was in a parlous condition indeed. Already by 1871 most areas of Ireland had experienced massive emigration. In addition the social consequences of post-Famine agricultural changes were showing themselves in particularly low marriage rates in the grazing counties of Leinster. It was in these latter counties that high rates of asylum admissions were already evident in the 1870s. While heavy emigration from Leinster and the eastern counties of Munster tended to decline later in the century, in the west it continued to grow, reaching its peak in the twenty years to 1901. At the same time we also know that the forty years between 1871 and 1911 saw a dramatic change in marriage patterns in the west as the physical conditions for marriage became more difficult. These areas, Kerry, Sligo, Mayo, Galway, Cork, which had nearly 60 per cent of their adult populations married in 1871, by 1911 had well over half single or widowed. Their populations were also increasingly aged by the high emigration, and decline in the marriage rates.

In 1911 over 14 per cent of the population of the Sligo district were aged over 65, with nearly 13 per cent of the Ballinasloe and Castlebar districts similarly aged (the Irish average was 10 per cent, the Belfast district 6.2 and the Richmond, Dublin, district 6.6). It is impossible to avoid the conclusion that one consequence of the rapid change in the demographic and social structure of the west of Ireland in the late nineteenth century was the institutionalisation of an increasing proportion of the population. And this was probably only a special instance of a phenomenon which beset Ireland after the Famine, though unequally shared between two parts of the country, the exceptional north-east and the rest.

What the breakdown of traditional social structures meant to individuals went beyond the isolation of ageing parents, the diminution of opportunities for marriage or the disintegration of social supports for those whose physical or mental condition might, in any case, have incapacitated them. The consequence of these profound changes in Ireland must surely also have involved a serious disruption of patterns of communication and behaviour in everyday social life. The evidence of this disruption may well be found in the lives of those whose experiences we examined in Chapters 4 and 5. But an evaluation of what constituted this disruption must await an understanding of how those who were not institutionalised adapted their social behaviour and communication to the changes of post-Famine Ireland.
Appendix
<table>
<thead>
<tr>
<th>Asylum</th>
<th>Built</th>
<th>Original</th>
<th>Number of beds 1871</th>
<th>Number of beds 1886</th>
<th>Number of beds 1896</th>
<th>Number of beds 1904</th>
<th>Total cost of buildings and land to 1904</th>
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<tbody>
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<td>Armagh</td>
<td>1824</td>
<td>160</td>
<td>162</td>
<td>258</td>
<td>408</td>
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<td>402</td>
<td>620</td>
<td>1004</td>
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<td>510</td>
<td>510</td>
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<td>316</td>
<td>476</td>
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<td>188</td>
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<td>220</td>
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<td>309</td>
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<td>439</td>
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a. This sum does not include the cost of the original asylum but only costs after 1830 when the Richmond became a district asylum.

Table B

Expenditure on poor relief, lunatic asylums and the public medical system, 1852-1914.

<table>
<thead>
<tr>
<th>Year</th>
<th>Poor relief(^a) £</th>
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<th>Medical(^c) £</th>
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\(a\) Total expenditure on poor relief, including workhouse and outdoor relief.

\(b\) Cost of maintenance of lunatics in district lunatic asylums.

\(c\) Maintenance of the dispensary system (chiefly salaries of the dispensary medical officers and expenses under the vaccination acts).

d. Figures in brackets represent the rate of expenditure for each system per head of the population of Ireland in each year.
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$^e$ Estimate from the accounts for eleven months of that year.

$^f$ The figures for poor relief from 1908-14 are slightly inflated on the series from 1852-1907.


Annual Reports of the Local Government Board for Ireland.
Annual Reports of the Inspectors of Lunatics.

### Table C

Components of asylum expenditure, 1861-1911

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<th>Year</th>
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<th>Provisions</th>
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**Source:** Annual Reports of the Inspectors of Lunatics.

'Furniture' includes 'bedding'; 'Medicine' includes wine, beer and spirits; 'Other' includes building maintenance, superannuation payments, postage etc.
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Source: 64th Annual Report of the Inspectors of Lunatics, p.xxix, H.C. 1914-16, 26. Figures are available from 1899 onwards in this source, but are not continuous with this series as they include provision for loan repayments for capital works.
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NOTE: Down and Monaghan Asylums were not open in 1868 and formed part of Armagh district. The separate district of Antrim in 1901 and 1911 is included with Belfast.

Source: Annual Reports of the Inspectors of Lunatics.
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<sup>a</sup> Admissions per 100,000 mid-year population:— 1844-1862, all admissions; 1863-1914, first admissions.

<sup>b</sup> Admissions per 10,000 mid-year population. Figures prior to 1858 not available in a continuous series.

<sup>c</sup> Numbers resident at end of year in district asylums, per 100,000 mid-year population.
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Table G
District Lunatic Asylums
Discharge, readmission and death rates, 1851-1911

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\(^a\) Discharges as percent of total population treated during year (resident at beginning of year plus admissions).

\(^b\) Readmissions as per cent of all admissions.

\(^c\) Deaths as per cent of total population treated during the year.

All rates calculated on three year average (i.e. 1850-1-2 etc.) except 1861 (33 months to 31.12.1861).

Source: Annual Reports of Inspectors of Lunatics.
Table H

District Lunatic Asylums
Age structure of admissions, deaths, and discharges, 1889-1893.

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Source: Annual Reports of the Inspectors of Lunatics
### Table I

**Regional distribution of insanity and emigration with aged and married populations.**

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Source: First admissions, Annual reports of the Inspectors of Lunatics; crude rate per 10,000 of population at census.

Emigration, Census of Ireland, 1871-1911; average annual rate per 10,000 over previous twenty years.

Aged, Census of Ireland, 1871, 1911; number aged over 65 years per 1,000 population in each district.
Table I (Cont’d.)

Number of males and females married - per cent of adult population (over 20 years)

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Source: Census of Ireland, 1871-1911.
ARCHIVES

State Paper Office, Dublin
Chief Secretary's Office Registered Papers, 1844-1920, as cited throughout the thesis. The original index to the papers includes an index to the correspondence of the lunatic asylums' office.

T.H. Burke Papers, Bundle No. 3, Miscellaneous Papers, 1869.

National Library of Ireland
Larcom Papers, Mss. 7775, 7776.

St. Brendan's Hospital, Grangegorman, Dublin
Richmond Lunatic Asylum Case Books.
- Female, 1852-1887, 1891-1892 ('F').

Royal College of Physicians in Ireland, Library, Dublin
T.P.C. Kirkpatrick biographical files.

Public Record Office of Northern Ireland, Belfast
Omagh District Lunatic Asylum, Committal and Admission Papers, 1853-1901. HOS 29/1/5/1-7200.

Belfast District Lunatic Asylum Minute Books. HOS 28/1/1/2-3.
STATUTES
(with short title or subject)
12 Anne C.23 (1713) Vagrancy (England).
17 Geo. 2 C.5 (1744) Vagrancy (England).
27 Geo. 3 (Ire.) C.39 (1787) Prisons' inspection (Ireland).
39&40 Geo. 3 C.94 (1800) Custody of insane persons (England).
46 Geo. 3 C.95 (1806) Infirmaries and hospitals (Ireland).
55 Geo. 3 C.107 (1815) Richmond Lunatic Asylum (Ireland).
57 Geo. 3 C.106 (1817) Lunatic Asylums (Ireland).
1&2 Geo. 4 C.33 (1821) Lunatic Asylums (Ireland).
6 Geo. 4 C.54 (1825) Lunatic Asylums (Ireland).
7 Geo. 4 C.74 (1826) Prisons (Ireland).
11 Geo. 4 C.22 (1830) Richmond Lunatic Asylum (Ireland).
8&9 Vic. C.107 (1845) Lunatic Asylums' inspection (Ireland).
9&10 Vic. C.115 (1846) Lunatic Asylums (Ireland).
14&15 Vic. C.68 (1851) Medical Charities Act (Ireland).
30&31 Vic. C.118 (1867) Dangerous Lunatics Act (Ireland).
61&62 Vic. C.60 (1898) Inebriates Act (Britain and Ireland).
OFFICIAL PAPERS


House of Commons Papers.

a. Reports of the inspectors of lunatics in Ireland.

Report on the District, Local and Private Lunatic Asylums in Ireland (annually from 1844), H.C. 1844 (567), 30;
1845 (645), 26; 1846 (736), 22; 1847 (820), 17; 1849 (1054), 23; 1851 (1387), 24; 1852-53 (1653), 41; 1854-55 (1981), 16;
1857 (2253 sess.2), 17; 1859 (2582 sess.2), 10; 1861 (2091), 27; 1862 (2975), 23; 1863 (3209), 20; 1864 (3369), 23;
1865 (3356), 21; 1866 (3721), 32; 1867 (3894), 18; 1867-68 (4053), 31; 1868-69 (4181), 27; 1870 (202), 34; 1871 (440),
26; 1872 (647), 27; 1873 (852), 30; 1874 (1004), 27;
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48; 1882 (3356), 32; 1883 (3675), 30; 1884 (4160), 40;
1884-85 (4539), 36; 1886 (4811), 33; 1887 (5121), 39;
1888 (5459), 52; 1889 (5796), 37; 1890 (6148), 35; 1890-91 (6503), 36; 1892 (6803), 40; 1893-94 (7125), 46; 1894 (7466), 43; 1895 (7804), 54; 1896 (8251), 39 (Pt.2); 1897 (8639), 38; 1898 (8969), 43; 1899 (9479), 40; 1900 (312),
37; 1901 (760), 28; 1902 (1265), 40; 1903 (1762), 27;
1905 (2262), 35; 1906 (2271), 38; 1906 (3164), 39; 1908 (3745), 33; 1908 (4302), 33; 1909 (4760), 32; 1910 (5280),
41; 1911 (5788), 35; 1912-13 (6386), 39; 1913 (6935), 34;
1914 (7257), 41; 1914-16 (7990), 26.

Special report from the Inspectors of Lunatics on the alleged Increasing Prevalence of Insanity in Ireland, H.C. 1894 (7331), 43.
Special report on the alleged increase of insanity, H.C. 1906 (3126), 39.

b. Census Reports

Report of the Commissioners appointed to take the Census of Ireland for the year 1841. H.C. 1843 (504), 24.


Census of Ireland, 1881, General Report. H.C. 1882 (3365), 76.

Census of Ireland of 1891, Part II. General Report, H.C. 1892 (6780), 90.


Census of Ireland (1911), General Report. H.C. 1912-13 (6663), 118.
c. General

Report from the Committee appointed to consider the...
provision for the care of Lunatics and Idiots by Grand Jury

Report from the Select Committee appointed to inquire into
the state of the Criminal and Pauper Lunatics in England and
Wales, H.C. 1807 (39), 2.

Report from the Select Committee appointed to consider of a
provision being made for the better Regulation of Madhouses

First Report from the Select Committee appointed to consider
of provisions being made for the better Regulation of

Report from the Select Committee appointed to inquire into the
expediency of making further provision for the relief of the
Lunatic Poor in Ireland, H.C. 1817 (430), 8.

Correspondence on the subject of Public Lunatic Asylums in
Ireland, H.C. 1828 (234), 22.

Report from the Select Committee appointed to take into
consideration the state of the Poorer Classes in Ireland...
H.C. 1830 (667), 7.

First Report of Evidence from the Select Committee on the
State of the Poor in Ireland, H.C. 1830 (589), 7.
First Report from Commissioners for inquiring into the Condition of the Poor in Ireland; Appendix (A), H.C. 1835 (369), 32.

Returns relating to the Building and Maintaining District Lunatic Asylums..., H.C. 1839 (391), 44.


Report of the Commissioners appointed to revise the several Laws under or by virtue of which Monies are now raised by Grand Jury Presentments, H.C. 1842 (386), 24.

Report by the Lords' Select Committee appointed to consider the state of the Lunatic Poor in Ireland, H.C. 1843 (625), 10.

Report from the Select Committee appointed to inquire into the state of the Medical Charities in Ireland..., H.C. 1843 (412), 10.

Correspondence between the Irish Government and the Managers of District Lunatic Asylums..., H.C. 1844 (233), 43.

Correspondence between Her Majesty's Government in Ireland and the Grand Juries..., H.C. 1844 (603), 43.

Sum advanced on Loan on the Security of the Poor Rates in Ireland, for the Building of Workhouses..., H.C. 1847 (157), 55.
Returns of Unions in Ireland, showing...the Number of Workhouses..., H.C. 1847 (397), 49.

Minutes of Evidence taken before the Select Committee on the Lunatic Asylums (Ireland) (Advances) Bill, H.C. 1854-5 (262), 8.

Report of a Commission appointed under a Treasury Minute...for the purpose of inquiring into the erection of district lunatic asylums in Ireland..., H.C. 1856 (9), 53.

Report of the Commissioners of Inquiry into the state of the lunatic asylums and other Institutions for the custody and treatment of the Insane in Ireland..., H.C. 1857-8 (2436), 27.

Report on the system of medical relief to the out-door poor in Ireland under the Dispensaries Act, 1851, H.C. 1867 (17), 60.

Report from the Select Committee appointed to inquire into...Grand Jury Presentments in Ireland, H.C. 1867-8, (392), 10.

Report of a Committee appointed by the Lord Lieutenant to inquire into the dietaries of county and borough gaols in Ireland, H.C. 1867-8 (3981), 35.

Report from poor-law inspectors on the wages of agricultural labourers in Ireland, H.C. 1870 (35), 14.

Twenty-fifth Annual Report of the Commissioners for administering the Laws for relief of the Poor in Ireland..., H.C. 1872 (577), 29.
Report of the Commissioners appointed to inquire (inter alia) whether any additional and other provision is required for the better care, relief, and treatment of the poor who are lunatic, idiotic, or imbecile in mind..., H.C. 1878-9 (2239), 31.

First and second reports of the Committee appointed by the Lord Lieutenant of Ireland on Lunacy Administration (Ireland), H.C. 1890-1 (6434), 36.


First Report of the Royal Commissioners appointed to inquire into the Financial Relations between Great Britain and Ireland, H.C. 1895 (7720), 36.


Royal Commission on Local Taxation, Vol. IV, Evidence, Appendix and Index, H.C. 1900 (20), 36.

Report of the Inter-Departmental Committee on Physical Deterioration, H.C. 1904 (2175, 2210, 2186), 32.

Sixtieth Report of the Commissioners in Lunacy to the Lord Chancellor, H.C. 1906 (224), 38.

Annual Reports of the Local Government Board for Ireland, H.C. 1909 (4810), 30; 1910 (5319), 40; 1911 (5847), 33; 1912-13 (6339), 37; 1913 (6978), 32; 1914 (7561), 39; 1914-16 (8016), 25.

Royal Commission on the Poor Laws and Relief of Distress, Vol. 10, Evidence (with Appendices) relating to Ireland, H.C. 1910 (5070), 50.

JOURNALS

(with years consulted, for the major sources)

Dublin Journal of Medical Science, 1846-1914.
Fortnightly Review, as cited.
Irish Common Law Reports, as cited.
Irish Law Times and Solicitor's Journal, as cited.
Irish Law Times Reports, as cited.
Irish Law Reports, as cited.
Irish Reports, as cited.
Journal of Mental Science, 1856-1914.
Journal of Psychological Medicine, 1848-1860.
Law Reports (Ireland), as cited.
Medical Press and Circular, 1839-1914.
National Association for the Promotion of Social Science, Transactions, as cited.
The Eugenics Review, as cited.
The Lyceum, 1888-1894.
CONTEMPORARY BOOKS, PAMPHLETS AND ARTICLES


---, 'Is Insanity on the increase?', *Fortnightly Review*, 35 (n.s.), 1884, pp.482-494.

---, 'The Increase of Insanity', *Fortnightly Review*, 53 (n.s.), 1893, pp.7-19.

---, 'The Increase of Insanity', *Fortnightly Review*, 59 (n.s.), 1896, pp.431-442.


Martineau, Harriet, Letters from Ireland, London, 1853.


Paul-Dubois, L., Contemporary Ireland, (2nd ed.), Dublin, 1911.


Young, Filson, Ireland at the Crossroads, London, 1903.
SECONDARY SOURCES


---, 'Emigration and Demographic Change in Ireland, 1851-1861', Economic History Review, 2nd series, 14, 1961, pp.275-280.


---, 'Mad-doctors and Magistrates: English psychiatry's struggle for professional autonomy in the nineteenth century', *Archives Européennes de Sociologie*, 17, 1976, pp.279-305.


