‘We think considerable improvement should be made.’ Irish Insanity and the Limerick District Lunatic Asylum, 1772-1900

A Thesis submitted in accordance with the requirements for the degree of Doctor of Philosophy

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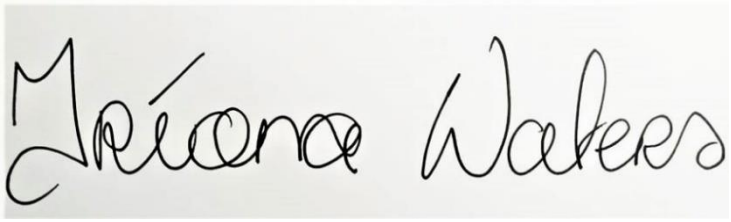
November 2020

Declaration

I, Tríona Waters, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

Name: 

Date: 18 November 2020

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Acknowledgements

This thesis would not have been possible without the support of some wonderful people. My first thanks must go to my supervisors, Dr Úna Ní Bhroiméil (MIC), Dr Maura Cronin (MIC) and Dr Sarah-Anne Buckley (NUIG). I am so lucky to have had their immense knowledge and unwavering support for both this project and related research. A huge thank you also to my examiners, Dr Ciara Breathnach (UL) and Professor Oonagh Walsh (GCU) for your thought-provoking advice, encouragement and guidance. I will be forever grateful to all of you.

I am also indebted to the Department of History and the Research and Graduate School at Mary Immaculate College for awarding me with a scholarship, without which I could not have pursued this PhD. Having the support of the department, the RGSO and the staff of MIC has meant a great deal.

For this project, I was particularly fortuitous to receive access into the records of St. Joseph Psychiatric Hospital and for that, a sincere thank you goes to the Health Service Executive Ireland and Jacqui Hayes at the Limerick City and County Council archives.

I have been fortunate to have met so many wonderful people during my postgraduate studies. A sincere thank you to Brendan Kelly, Catherine Cox, Niamh NicGhabhain, Jim Deegan, Ida Milne, Mary Horgan, Rachel Murphy, Phil Gorey, Julianne Stack and Conor Reidy for your advice, kindness and support throughout this process. I am also incredibly grateful to my friends and colleagues in history, including Jade Dillon, Chloe Beatty, Paul O'Brien, Anne-Marie Brosnan, Alice Mauger, Oisín Wall, Gillian Almond, Jennifer Pope, Lorraine Grimes, Jamie Canavan, Victoria Anne Pearson, Una Spain, Elaine O'Malley, Maelle La Roux and Tracy McCarthy. A truly special thank you to David Kilgannon – thank you for sharing your brains and your kind heart. Your unwavering encouragement has meant so much to me. A special thank you to Pádraig, Rose-Anne, and my wonderful friends.

I would like to also acknowledge my students who I have been so lucky to teach over the past few years at MIC. I will be forever grateful to have met you all and will cherish the knowledge, kindness, and laughs that we have shared – I promise that I learned more from you.

Finally, I must thank my family. First to my parents Úna and Christy – I have no idea where to start. There really are no words to relay how grateful I am to both of you. Thank you for all that you have done. To my wonderful brother Paul – thank you for sending me pictures of cocktails in the final weeks of this project to help me power through. I cannot wait to be reunited with you. To my dog Toby – the favourite child – sorry for all the late nights but thanks for all the cuddles!

***

This thesis is dedicated to the 3,166 individuals who entered the doors of St. Joseph's Psychiatric Hospital between 1827 and 1905.

I hope this work helps in some way to tell their story.

Academic Dissemination

Segments of this thesis have been disseminated in the following conference presentations, guest lectures, publications, and awards:

Conference Presentations:

'From "wretched being" to "poor object": Care of the insane in Limerick City and County, 1780-1840.' Presented at HSTM (History of Science, Technology and Medicine) Conference at RDS, Dublin on 14 October 2017.

"Ridding the burden': Insanity and the community in Limerick City, 1770-1840.' Presented at IMUH (Irish Urban Modern History) Symposium at UCC, Cork on 22 May 2018.

"The existence of such an institution is a proof of the arrangement of civilization, the inquiry of science, and a triumph of humanity in its crumbling characteristics.' The treatment of lunacy in south-west Ireland, 1774 – 1840.' Presented at SSHM (Society for the Social History of Medicine) Conference at University of Liverpool on 11-13 July 2018.

"This practice of chaining human creatures is very reprehensible.' Insanity in south-west Ireland, 1774-1900.' Presented at NPPSH (New Perspectives: Postgraduate symposium on the humanities) Symposium at National University of Ireland, Maynooth on 12 October 2018.

"Remedying the growing evil.' The curable and incurable patients of Limerick District Lunatic Asylum, 1827-1887.' Presented at Royal College of Physicians Medical History Research award final at RCPI, Dublin 4 on 18 October 2018.

"I think not; on the contrary, they are glad to get them admitted.' Classifying insanity at Limerick District Lunatic Asylum, 1827-1847.' Presented at HSTM Conference at Queen's University, Belfast on 26-27 October 2018.

"He seldom moved far at a time.' Darwin's Epileptic Idiot and Limerick District Lunatic Asylum, 1874-1900'. Presented at 'Transformations of the Irish State' at Hertford College, Oxford on 25-26 September 2019.

"There are very many peculiar cases in the asylum.' Darwin's Epileptic Idiot and the Irish District Lunatic Asylum, 1827-1900.' Presented at EESHC (European Social Science History Conference) at Leiden University, the Netherlands on 18-21 March 2020.

Guest Lectures:

"Ridding the burden': The history of the Limerick District Lunatic Asylum, 1827-1900.' Guest Lecture, Irish Genealogy Granary Library, Limerick, 28 March 2017.

'The Architecture of Madness: Limerick District Lunatic Asylum, 1827-1900.' Guest Lecture, Irish Georgian Society, Limerick, 8 May 2019.

"The existence of such an institution is a proof of the arrangement of civilization, the inquiry of science, and a triumph of humanity in its crumbling characteristics.' Irish insanity and the Limerick District Lunatic Asylum, 1774-1900. Guest Lecture, Institute of Irish Studies, April 2020.

Publications:

Tríona Waters, "This practice of chaining human creatures is very reprehensible.' Welfare of the insane in eighteenth century Ireland' in *History Studies*, Volume 19, 2018.

Tríona Waters, "There is nothing so shocking as madness.' Rationalising the Limerick District Lunatic Asylum, 1772-1827' in *Liverpool Postgraduate Journal of Irish Studies,* No. 4, 2019.

Tríona Waters, "They opened up to us because they trusted us.' Working life at St. Brigid's Psychiatric Hospital, Ballinasloe 1940-2000' in *Saothar, Journal of the Irish Labour History Society*, Volume 45, 2020.

Awards:

Royal College of Physicians' Ireland Medical History Research award, 2018.

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Abstract

The focus of this thesis is the Limerick District Lunatic Asylum (LDLA hereafter), its interconnected institutions and the people who used them. Established in 1827, LDLA was Ireland's first large-scale provincial district asylum established under the 1821 Lunacy (Ireland) Act. LDLA is an early and vitally important institution in the development of the District Asylum system. Though it echoes the treatments applied in other regional asylums, LDLA is in fact a flagship institution. As one of the first to experience the problems that bedevilled all Irish asylums – overcrowding, early problems with staffing, religious tensions, socio-economic pressures that were exerted on both the institution and the patient body – this thesis itself is an examination of an asylum that identifies and sets trends in Irish mental health history. An analysis of this institution's surviving material forms the basis of this thesis offering an assessment of its ideological rationale and administrative operations. Through the lens of administrative files, snapshots of the active relationship with those receiving care are additionally provided. Some patient cases are used to explore key themes associated with asylum culture, thus allowing the local and individual experience to develop our understanding of Irish mental health care in the historical context. By emphasising the diversity of regional experiences and the significance of local contexts, this work demonstrates how Limerick is an underrepresented, yet very important site for analysis in the realm of mental health histories – it adds to our understanding of how the lunatic asylum was used by nineteenth century Irish society. Not only was treatment sought, it was expected.

Introduction

Background

Ellen O'B. was committed under the 1838 Dangerous Lunatic Act into Limerick District Lunatic Asylum (LDLA hereafter) on Tuesday, 16 July 1901 for attempting suicide.[1] Her husband, Patrick, was a farmer from Caharnagh, Kilcoleman and reported that she had 'strayed away' from their home the previous May. She was subsequently taken to Limerick Workhouse hospital but, on return, he noted that she did not seem herself, defining her manner as 'odd.' He told how he 'watched her as far as he could… and saw she was insane.' Ellen was not sleeping at night and had hinted at 'doing away with herself.' Her suicidal tendencies were revealed when she was found by her children vomiting on Monday, 8 July telling them she 'had the job done'. Later in the inquiry, Ellen's son and daughter told how their mother had poisoned herself with corrosive sublimate as an empty packet was found in her bedroom. Patrick admitted that he used the substance for cutting calves. It was believed she digested four pence worth which was enough to have 'killed several people.' At first, Ellen warned her children not to tell their father, so her son hid the empty sachet in a box and placed it under the bed clothes of his own bed. Although her daughter was 'afraid', she eventually confided in her father on Friday, 12 July. Dr Nolan of Shanagolden was subsequently called, to whom Ellen admitted her intentions. Although very weak, Ellen spoke of her previous attempts at suicide and revealed that she tried to drown herself two days prior to the poisoning but 'could not get enough of water in a stream on the farm'. It was noted that her clothes were found damp in the kitchen. On 15 July, Patrick spoke to Sergeant Farrell about his wife's suicide attempts adding he believed she was suffering from 'religious mania.' Ellen's stepdaughter added that 'was always talking about religion'. On 16 July, one of Ellen's children met with Dr Nolan and reported how her mother had said if 'she was not put under restraint, she would do away with herself.' She was admitted to LDLA later that day. On admission, Nurse Ellen Hannan noted how the new patient was very weak, very quiet and 'scarcely able to stand.' Ordered to bed rest by the asylum's Assistant Medical Superintendent Dr Coffey, Ellen was given beef tea which she vomited immediately. She told Nurse Hannan that she had taken the corrosive sublimate for a pain in her shoulder. Despite every effort being 'made to give her nourishment', Ellen

[1] The Criminal Lunatics (Ireland) Act 1838 (1 & 2 Vict. c. 27) was passed on 11 June 1838 that saw the detention of a person if found of an unsound mind and a danger to him/her self or others.

died two days after admission on Thursday, 18 July 1901. Attempted suicide was not noted as her cause of death. Rather, it was recorded that she died of exhaustion, due to acute inflammation of the stomach and bowels. When her case was published in the *Limerick Chronicle* detailing a 'sad death of an insane person', it was reported that she had been suffering from acute melancholia.[2] An inquest was held the day after she died, with a note stating that she had suffered from mercurial poisoning.[3] The above case is instructive on many levels. It identifies the nineteenth century rural Irish family as an interlocutor to institutional admission. Interestingly, it suggests the O'Brien's knowledge of classifications that were in use at that time in determining insanity. It also shows the need for the lunatic asylum as Ellen, herself, allegedly requested care – an idea that poses as the overarching question to this thesis. Before this thesis explores how LDLA came into existence, who used it, how it was used, and how it developed over the course of the nineteenth century, one must consider how the district asylum system came to be.

The closing decades of the eighteenth century proved to be an age of utmost uncertainty in serving persons suffering from mental illnesses and intellectual disabilities. Largely confined to the neglectful institutional setting, this period put on display the ineffective and oftentimes inhumane practices that were directed at the pauper lunatic in Ireland. Though Finnane argues that 'two of the most forceful arguments for a system of lunatic asylums turned on the crucial issue of separation and classification,' there were several other reasons that prompted Ireland to embark on a venture that prioritised the local mentally ill.[4] At the same time the moral treatment regime was emerging from Europe, the 1800 Act of Union prompted a shift where Irish authorities at Dublin Castle, though rather slow, took responsibility for the pauper mentally ill, but found that only *via* segregation could a new regime prosper. Collectively, with a growing awareness in Irish society that insanity had the potential to be treated, and even cured, the rationale for Ireland to change its practices at the turn of the nineteenth century was founded.[5]

[2] *Limerick Chronicle*, 27 July 1901
[3] *Report of the Limerick District Lunatic Asylum for the financial year ended 31 March 1902 and the statistical year ended 31 December 1901*, table xv. P. 25.
[4] Mark Finnane, *Insanity and the Insane in Post-Famine Ireland* (London, 1981), p. 27.
[5] In the same argument, it is possible that there was a desire to exert control over local power bases and as a result, this was another contributing factor to the setup of the Irish asylum system, thus quite apart from a desire to improve medical provision. This chapter however explores the rationale behind establishing such a vast and expensive system from the prioritisation of responsibility and medicine.

The emergence of moral treatment practices saw inveterate reformers Phillippe Pinel's and William Tuke's theories spread throughout Europe in the closing decades of the 1700s.[6] The principles of a 'moral' based regime seeped into Irish opinion at the opening of the nineteenth century, and with time, became an active practice in the new asylums. Quaker tea and coffee merchant William Tuke (1732-1822) founded the York Retreat in 1796 alongside members of the Society of Friends.[7] A proposal for this institution was encouraged following a York Quarterly Meeting in March 1792, when a female member of the Society died a year previously after being admitted into the nearby York Asylum for insane persons. During her stay, requests for a potential visit from a few members of the Society were rejected. Soon after her death, it was argued that this could have been prevented had she experienced a different means of treatment.[8] In these arguments, concepts for the York Retreat emerged and, as stated, 1796 saw the admission of its first patient. The Society methodised John Locke's (1632-1794) philosophical 1690s theory that the soul was a *tabula rasa.* Translating directly to 'a white paper void of all characters,' they judged that 'if the book of life had been written, it could be rewritten'. This saw insanity as an affliction that was curable by psychological means, with time, the correction of a 'patient's insane ideation would lead to a normalization of his or her behaviour.'[9] Their thinking was largely motivated by lunatic treatment practices at a time when both prosperous and pauper lunatics were too commonly subjected to extreme measures of confinement and restraint. The topic of restraint was brought to the fore by lunacy reformers as part of the moral treatment debate – 'calculated to depress and degrade rather than to awaken the slumbering reason or correct its wild hallucinations.'[10] It was estimated that eight out of ten inmates of English asylums were at one stage chained during this period so those in charge of York Retreat also refused, where possible, to physically restrain and chain those admitted.[11] They thought chaining subjects to chairs or beds was 'obsolete and barbaric,' they found the use of straitjackets 'acceptable', offering 'reasonable control and some mobility.'[12] Not only were the therapies conducted at York considered revolutionary for their time, but the physical

[6] This discussion is important as subsequent chapters will demonstrate how such moral practices transitioned from theory to practice on the island of Ireland in the nineteenth century asylum.
[7] Brendan Kelly, *Hearing Voices: The History of Psychiatry in Ireland* (Dublin, 2016), p. 33.
[8] Samuel Tuke, *Description of the Retreat, an institution near York for insane persons of the Society of Friends. Containing an account of its origin and progress, the modes of treatment and a statement of cases* (York, 1813), p. 2.
[9] Markus Reuber, 'Moral Management and the "Unseen Eye": Public Lunatic Asylums in Ireland, 1800 – 1845' in Malcolm, Elizabeth, Jones, Greta (eds.), *Medicine, Disease and the State in Ireland, 1650-1940,* (Cork, 1999), p. 212.
[10] Tuke, *Description of the Retreat, an institution near York for insane persons of the Society of Friends* p. 2.
[11] Tuke, *Description of the Retreat* p. 1.
[12] Reuber, 'Moral management' p. 211.

layout of this establishment was also quick to receive wide-spread praise. Observation in the Retreat was a pivotal contribution to treatment by the turn of the nineteenth century where the Friends' thinking saw the behaviour of the patient as 'a measure of the sufferer's progress'.[13] Such approaches to care were thought sympathetic to the needs of the patient, particularly when another important feature of York's practices was that patients were permitted access to the grounds for leisure.[14]

Becoming a family initiative, Samuel Tuke, William's grandson, wrote a 230-page book on the history of this institution in 1813 titled, *Description of the Retreat, an Institution near York for Insane Persons of the Society of Friends. Containing an Account of its Origin and Progress, the Modes of Treatment and a Statement of Cases*.[15] Samuel told how the York Retreat's methods in housing and treatment practices prompted a cure in their patients. He argued that the adoption of a milder and more 'appropriate system of treatment than that usually practiced' should be promoted and practiced elsewhere but would work best in a segregated community for the insane 'where, during lucid intervals, or the state of convalescence, the patient might enjoy the society of those who were of similar habits and opinions.'[16] Foucault dismisses the celebration of the York Retreat as he refers to a case that suggests extreme methods of confinement for the insane were practiced there:

> One of Samuel Tuke's most active disciples, Godfrey Higgins, had obtained the right, which cost him twenty pounds, to visit the asylum of York as a volunteer inspector. In the course of a visit, he discovered a door that had been carefully concealed and found behind it a room, not eight feet on a side, which thirteen women occupied during the night; by day, they lived in a room scarcely larger.[17]

Jones additionally questions Samuel Tuke's intentions, deeming him as a 'good publicist' where 'all good publicists put up their best case.'[18] Still, both William and Sam spent much of their careers convincing the Quaker community that this establishment was 'worth supporting'.[19] Thirty-six patients were recorded inhouse in 1800, increasing to fifty-nine in 1808. The reputation of this establishment rose as its treatment practices were welcomed by various humanitarians and reformers. William, as he had hoped, witnessed the reformed

[13] Reuber, 'Moral management' p. 211.
[14] Kelly, *Hearing Voices* p. 33.
[15] Tuke, *Description of the Retreat*.
[16] Tuke, *Description of the Retreat* p. 2.
[17] Foucault, *Madness and Civilisation* p. 73.
[18] Kathleen Jones, *Asylums and After: A revised history of the Mental Health Services from the early eighteenth century to the 1990s* (Athlone, 1993), p. 32.
[19] Jones, *Asylums and After* p. 32.

practices at York Retreat for the mentally ill spread throughout the western world.[20] This institution did prove to be revolutionary as it is here that concepts of moral management and its curative powers emerged that were thought to 'supersede the indignities practiced in the name of medicine.'[21] Around the same time of the Retreat's developments, similar concepts were being tried by Philippe Pinel (1745-1826) in France.[22]

Although both Tuke and Pinel worked independently of each other, French physician, 'inveterate reformer' and author of the reputable work *Traité Médicophilosophique sur l'Aliénation Mental*, Pinel rose to prominence at the turn of the nineteenth century in accordance with the Quaker York Retreat. According to the U.S. National Library of Medicine, Pinel 'dramatically struck the chains binding the lunatic women in the Parisian asylum, Hôpital de Bicêtre' in 1793.[23] Kelly found that this occurrence actually happened at the Salpêtrière Hospital, also in Paris, but in 1800. Moreover, it was Pinel's assistant, Jean-Baptiste Pussin (1745-1811) who did this for male patients at the Bicêtre' in 1797.[24] In the context of Parisian custodial care during this period, there was a significant growth in the erection of Houses of Confinement so that within months after opening, one out of one hundred people living in the city of Paris ended up incarcerated and subject to 'arbitrary measures of imprisonment.'[25] No efforts were made to segregate or classify those confined. For over 150 years, the poor, the criminal, the unemployed and the insane were confined as one unit, until the emergence of Pinel's practices where the pauper insane for the first time in Parisian history became subjects for inspection. Foucault considers that it is here, Pinel and 'nineteenth century psychiatry would come upon madmen… the insane whom Pinel would find at Bicétre and at La Salpêtrière belonged to this world.'[26] According to the conclusions of Weiner and Kelly, it was the scholarship of Pinel that proved most influential in France, and soon after, Europe.[27] As well as promoting more thoughtful approaches to housing the mentally ill, the literature of Pinel also centred on madness itself, his causation theories created links between hereditary

[20] The theory of moral care was to be later adopted and implemented by newly employed 'moral managers' in all Irish district asylums as it was perceived that it would encourage patients to 'conform to normal behaviour' whilst also aspiring to 'earn the superintendent's esteem'. The application of such practices will be discussed in the subsequent chapters. Judith Hill, 'Barracks, asylum and model school, public architecture in Limerick from the late-eighteenth to the mid-nineteenth century' p. 287.
[21] Jones, *Asylums and After* p. 32.
[22] Jones, *Asylums and After* p. 32.
[23] U.S. National library of medicine, 'Diseases of the mind: highlights of American Psychiatry through 1900, nineteenth century debates', https://www.nlm.nih.gov/hmd/diseases/debates.html (accessed 08/11/2017).
[24] Kelly, *Hearing Voices* p. 33.
[25] Michel Foucault, *Madness and Civilisation: A History of Insanity in the Age of Reason* (London, 2001), p. 38.
[26] Foucault, *Madness and Civilization* pp 38-40.
[27] D.B. Weiner, 'Philippe Pinel's "Memoir on Madness" of December 11, 1794,' in *American Journal of Psychiatry*, 149, 6 June 1992, pp 725-732 and Kelly, *Hearing Voices.*

circumstances or 'passions' such as sadness, fear, anger or elation.[28] Pinel's writings employed a rather sympathetic approach to the mentally ill, deeming them 'unfortunate persons deserving of respect' whilst also exploring how an 'asylum community' would liberate patients of their pathological ideas.[29] This practice was instrumental in the classification of the insane where an individual approach to every single patient was 'considered to be of great therapeutic significance.'[30]

José Barchilon, MD., deems the celebration of Tuke and Pinel as 'saviours of the mentally ill' a 'nice and hallowed tradition.'[31] Much debate has indeed surrounded the rationale behind their practices, be it to protect the poor from the 'frightening bestiality of the madman' or the honest endeavour of linking segregation with potential curability.[32] Nonetheless, for this period, this history was profound, not just for the spread of knowledge concerning Tuke's and Pinel's practices but also the subsequent application of their ideals in the Irish custodial setting concerning methods of housing and treatment practices. These radical views were irrefutably to have the greatest impact on public perceptions of the pauper Irish mentally ill.[33]

Legislatively, insane paupers were first recognised in the 1714 and 1744 English statutes regarding the laws of vagrancy.[34] This was not the case for the insane Irish until the closing decades of the 1700s which coincided with King George III's reign.[35] An Act for 'erecting Houses of Correction and for the punishment of rogues, vagabonds, sturdy beggars and other lewd and idle persons' had been introduced in 1634 but although the 'lunatic' or 'idiot' may have been suggested as 'lewd and idle persons', they remained mostly unidentified in

[28] Kelly, *Hearing Voices* p. 33.
[29] ibid., p. 33.
[30] Reuber, 'Moral management and the "unseen eye": p. 212.
[31] Introduction by José Barchilon, MD, in Foucault, *Madness and Civilization* p. vii.
[32] ibid., p. vii.
[33] Kelly, *Hearing Voices* p. 33.
[34] Finnane, *Insanity and the insane,* p. 21.
[35] Infamously known for falling mentally ill during his reign, extensive research has been conducted on the impact of King George III's illness. The medical narrative considers his illness be a cause of what today is known as bipolar disorder with recurring attacks of mania. Other research questions if the King would have benefited from the emerging trends at the time in treating the mentally ill, such as those at York Retreat: 'If there had been other accepted forms of treatment, Pitt and his advisors would have made sure that the King benefited from… the methods used at the Retreat… [but] activities of a small group of lay dissenters in a provincial city were too unorthodox to warrant consideration.' See - Jones, *Asylums and After* p. 39. King George III's illness received widespread coverage and for the first time, an awareness of the potential curability of the insane. This, in an age of accessible medical literature and extensive press coverage, moulded a new social response to the mentally ill for the period under review. See - Ida Macalpine, Richard Hunter, *George III and the Mad-Business* (London, 1969); T.J. Peters, Allan Beveridge, 'The blindness, deafness and madness of King George III: Psychiatric interactions' in *Royal College Physicians Edinburgh* (2010), p. 40.

legislation.[36] Instead, Brehon and Early Irish Law placed responsibility for the insane pauper on the family, many of whom had become a financial burden. It was not uncommon for the insane poor to be found homeless, integrating with the general Irish vagrant population. Marquis De Latocnaye documented during his travels that 'one of the most painful spectacles to be seen in nearly all the principal towns of Ireland is the number of weak-minded persons in the streets'.[37] Legislation was subsequently and purposefully designed in the closing decades of the eighteenth century to isolate pauper lunatics from the general inmate population in public institutions. Two important pieces of legislation in particular were to transform the Irish custodial landscape: the 1772 Badging the Poor Act[38] and the 1787 Regulations of Gaols Act.[39] It was under the 1772 Act that a small number of houses of industry were erected throughout the country due to the 'Commons of Ireland having in their wisdom and humanity, taken into consideration, the distresses of the poor; and knowing that too many idle vagrants had long been accustomed to stroll about the Kingdom.'[40] As Cousins has asserted, there has been little focus on why 'Parliament, generally seen as unsympathetic to the plight of the poor, adopted this legislation' but concludes that its passing was largely driven by 'effective absence of any public system of relief.'[41] What is evident is why the 1787 Act was passed. Building on a growing body of knowledge of the causes of mental illness, there was a mounting pressure for diagnostic classification emerging throughout Europe. [42] As the York Retreat was to serve as an 'instrument of segregation,'[43] methods of 'moral improvement' and treatment accordingly evolved, but only *via* segregation could such practices seemingly prosper.[44] In collaboration with the 1772 Badging the Poor Act, the 1787 Act proved crucial to the Irish pauper lunatic as it was here that the placement of persons presenting with mental diseases was acknowledged for the first time in the history of Irish legislation concerning segregated housing relief. A series

[36] Pauline Prior, *Asylums, mental health care and the Irish, 1800-2010* (Dublin, 2012), p. xxi.
[37] John Stevenson, *A Frenchman's walk-through Ireland, 1796-7*: Translated from the French of De Latocnaye (Belfast, 1984), pp 63-64.
[38] *An Act for Badging the Poor, 1772* (11 & 12 Geo. 111. C. 30).
[39] *An Act for the Regulation of gaols 1787* (27 Geo. 111. C. 39).
[40] John Ferrar, *The History of Limerick: Ecclesiastical, Civil and Military, from the earliest records to the year 1787* (Limerick, 1787), p. 223.
[41] Cousins contends that complaints of vagrancy in Dublin, in particular, had been a recurring issue, noted by Dublin Corporation. Mel Cousins, 'The Irish Parliament and Relief of the Poor: the 1772 Legislation establishing Houses of Industry' in *Eighteenth Century Ireland/Iris an dá chultúr* Vol. 28 (2013). (pp 95-115).
[42] Prior, *Asylums* p. xxi.
[43] Foucault, *Madness and civilisation*, p. 243.
[44] Reuber, 'Moral management' p. 209. In Britain, legislative reform for segregating the insane did not begin until the turn of the nineteenth century. Prior to this, there was 'no attempt' made to separate lunatics from other paupers in establishments such as workhouses or poorhouses. Several of the larger workhouses possessed infirmaries but as Jones has identified, these provisions were largely used to cater for those suffering from infectious and contagious diseases such as smallpox or syphilis. See - Jones, *Asylums and After*, p. 10.

of lunatic departments were subsequently erected in the Dublin (1776), Limerick (1777), Cork (1788), Clonmel and Waterford Houses of Industry where grand juries were directed to raise funds and oversee their construction.[45] Efforts to isolate the pauper lunatic from the general inhouse population can be first noted in the Dublin House of Industry as additional cells were erected in 1776 (10), 1778 (an entire house), 1798 (32), and 1808 (4). Extreme overcrowding impeded effective segregation so the 'mixing' of both that sane and insane communities was common.[46] Between 1799 and 1802, 3,679 persons had died in this House, 'many of them mentally ill.'[47] Though hopeful at first, this was to be much the same for the other houses of industry in Ireland as the 'admission of lunatics and idiots' had greatly exceeded 'the accommodation or funds provided for their support',[48] especially when they depended largely on local funding. Serving the mentally ill in these institutions saw severe methods of restraint be the norm. In fact, it was not uncommon for the pauper lunatic to be 'kept naked, chained, handcuffed and exposed to the elements.'[49] According to John Leslie Foster, who was later a governor of the Richmond Lunatic Asylum:

> I have seen three, I think, certainly two lunatics in one bed in the House of Industry. I have seen, I think, no fewer than fifty or sixty persons in one room, of which I believe the majority were insane, and the rest mere paupers not afflicted with insanity. I have seen in the same room a lunatic chained to a bed, the other half of which was occupied by a sane pauper, and the room so occupied by beds there was scarcely space to move in it.[50]

By 1804, many Houses of Industry across Ireland 'contained disturbingly large numbers of persons with mental disorder' and the Dublin House of Industry was housing 118 lunatics. Cork House counted ninety mentally ill inmates at this time whilst twenty-five insane people were recorded in Waterford House of Industry. Reports exposed 'particularly brutal' lunatic treatment practices at Limerick House of Industry. Ineffective segregation and harsh treatments there demonstrated that not only was this House the most defective in the country at that time, but also determined how impractical houses of industry were in serving the Irish insane. Additional complaints emerged about pauper lunatics being the cause for 'chaos and

[45] Reuber, 'Moral management and the "unseen eye", p. 209.
[46] Kelly, *Hearing Voices,* p. 35.
[47] T. Percy, C. Kirkpatrick, *A note on the History of the Care of the Insane in Ireland up to the end of the Nineteenth Century* (Dublin: University Press, Ponsonby and Gibbs, 1931), p. 17.
[48] W. Cooke Taylor, 'State of the lunatic poor in Ireland' in *Journal of the statistical society of London* Vol. 6, No. 4 (December 1843), p. 311.
[49] Kelly, *Hearing Voices* p. 35.
[50] Select Committee on the Lunatic Poor in Ireland: *Report from the Select Committee on the Lunatic Poor in Ireland with Minutes of Evidence taken before the committee and an appendix,* (London: House of Commons, 1817), p. 9.

demoralisation' where they interfered with the daily schedule and 'discipline' of such establishments.[51] By 1804, prominent philanthropists such as Andrew Halliday and Sir John Newport found Ireland's method of catering for the insane as ineffective, seeing as there were only 250 beds created for the poor insane under the 1787 Act which at this stage, was seventeen years old.[52] As these new lunatic compartments were considered a hindrance rather than a remedy, the poorly implemented practices of lunatic segregation both in the capital and in regional centres represented the continuing gap between policy and practice. Thus proving how ineffective these institutions were in dealing with the mentally ill, Cox determines that they concluded as products of 'philanthropic impulse' erected in response to social anxieties such as 'the spread of contagious diseases, especially among the poor.'[53]

Ireland was under British Rule during this period but the 1800 Act of Union saw Irish administration, based at Dublin Castle, become increasingly centralised, thus acting as a point of authority: 'In the fields of education, economic development, police, prisons and public health – to take but leading examples the state intervened to a degree and in fashion scarcely conceivable in contemporary Britain.'[54] Reuber regards Irish authorities at Dublin Castle at the turn of the nineteenth century as 'slow and reluctant to accept any public responsibility for the poor'[55] where the desolate poor were barely a concern, let alone the insane.[56] With the passing of the Act of Union in 1800, a shift in responsibility emerged where authorities at Dublin Castle, though rather slow, started to prioritise the mentally ill of a lesser economic means: 'There can be no doubt about the need for some kind of solution to the urgent problems presented by the destitute mentally ill in eighteenth century Ireland.'[57] With the success of the York Retreat and administration at Dublin Castle recognising that provision for this distressed

[51] Brown, 'The legal powers' p. 19.
[52] Reuber, 'Moral management' p. 209.
[53] Catherine Cox, 'Health and welfare, 1750 – 2000' in Eugenio F. Biagini, Mary E. Daly (eds), *The Cambridge social history of modern medicine* (Cambridge: Cambridge University Press, 2017), pp 261-281 (p. 262).
[54] Oliver MacDonagh, 'Ideas and institutions, 1830-45,' in W.E. Vaughan, (ed.), *A new History of Ireland V Ireland Under the Union I, 1801-70,* (Oxford, 1989), p. 206. Also referenced in – Oonagh Walsh, "The Designs of Providence': Race, Religion and Irish Insanity' in Bill Forsythe, Joseph Melling (eds), *Insanity, Institutions and Society, 1800 – 1914: A Social History of Madness in Comparative Perspective* (London, 1999), p. 228. (pp 223-242).
[55] Reuber, 'Moral management' p. 209.
[56] Jennifer Brown, 'The legal powers to detain the Mentally Ill in Ireland: Medicalism or Legalism?' (Unpublished PhD thesis: Dublin City University, 2015), p. 18.
[57] Kelly, *Hearing Voices* p. 35. Robins elaborates on the plight of the homeless mentally ill. See- Robins, *Fools and Mad: A History of the Insane in Ireland* pp. 37-39.

class was 'wholly inadequate',[58] there was now a sound argument for the importance of creating institutions specifically for housing and treating the pauper lunatic:

> The influence of the Retreat on less-favoured institutions was to prove immense. It removed the final justification for neglect, brutality and crude medical methods, and it proved that "judicious kindness" was more effective than rigorous confinement.[59]

This was a substantial change that occurred in Ireland over a relatively short period of time which saw the pauper mentally ill anew as a 'class' that warranted progressive and segregated approaches to care at the turn of the nineteenth century.[60] The ensuing years witnessed an age of political conflict, legislative advancement, and an emerging demand for lunacy reform where reports taken from the Limerick House of Industry revealed why such reform in Ireland was essential.. A Select Committee of the House of Commons was subsequently appointed in 1805 and its first report acted as a catalyst for the passing of the Irish Asylums Bill, 1805 which in turn prompted the establishment of Richmond Lunatic Asylum.[61]

It was the 1817 Select Committee who had significant success in their campaign to improve practices directed at the Irish mentally ill. Comprising Sir John Foster, Governor of Richmond Lunatic Asylum and Sir John Newport of Waterford, Thomas Spring-Rice also sat on this committee. Spring-Rice, who was governor of Limerick House of Industry and later life governor of LDLA,[62] was also a Member of Parliament for Limerick and became a leading advocate for lunacy reform. The indefatigable drive of Spring-Rice and the Select Committee resulted in the implementation of the 1817 Asylums for Lunatic Poor (Ireland) Act.[63] Though this piece of legislation required a series of amendments in 1820, 1821, 1825 and 1826, by providing detailed blueprints of how an asylum should be organized and what its principal features should possess,[64] the amendment in 1821 proved most significant – *An Act to make more Effectual Provision for the Establishment of Asylums for the Lunatic Poor, and for the Custody of Insane Persons charged with Offences in Ireland*.[65] Spring-Rice subsequently drafted a bill giving power to the Lord Lieutenant to direct the erection of whatever number

[58] Taylor, 'State of the lunatic poor' p. 311.
[59] Jones, *Asylums and After* p. 33.
[60] O'Neill, 'The portrayal of madness'; Breathnach, 'Hallaran's Circulating Swing', pp 79-84.
[61] Williamson, 'The beginnings of state care of the mentally-ill' p. 282.
[62] Catherine Cox, 'Managing insanity in Carlow lunatic asylum from 1832-1922' (Unpublished PhD thesis, University College, Dublin, 2004), p. 17.
[63] Prior, *Asylums, mental health care and the Irish* p. xxii.
[64] See - Andrew Scull, *Museums of Madness: The Social Organisation of Insanity in Nineteenth-Century England* (London, 1979), p. 102.
[65] 1&2 Geo. Iv c. 33. This act was amended again in 1845 'to amend… the Acts respecting Asylums for the Insane Poor, in Ireland.' 8&9 Vic. C. 107.

asylums he thought appropriate 'along the lines recommended by the committee.'[66] This development was deemed 'astonishing' by Reuber, especially when England and Wales were not to see similar legislation passed for another thirty years.[67] Although progress was slow, the Select Committee's continued arguments were an essential prerequisite for legislative change to occur. On 14 October 1820, the Lord Lieutenant and Privy Council of Dublin Castle ordered that a handful of lunatic asylums be erected across the island. By 1830, four district asylums had been erected: Armagh, Limerick, Belfast and Derry.[68] As will be revealed in the subsequent chapters, the first wave of these early asylums demonstrate the attempts to replicate the practices of Pinel and Tuke in terms of curability: 'Firmly believing in the powers of moral treatment… it was kind to create a national system of asylums like those at Dublin or Cork (or York), to cure the country's insane rather than merely allowing them to accumulate in unsuitable accommodation.'[69] Met by an unprecedented demand from Irish society, more asylums were required to battle the plight of the mentally ill. Plans for the Maryborough and Carlow Asylums were subsequently accepted by the Lord Lieutenant in 1830. Ballinasloe's Asylum, which was to serve Connaught as a whole was still awaiting approval.[70] By 1835, all seven of these facilities were erected and fully functioning as hospitals for the insane.[71] By the early to mid-1800s, there were ten district asylums in operation throughout Ireland, offering three thousand beds.[72] There was a total of twenty-two asylums housing over 16,000 mentally ill and intellectually disabled persons by 1899.[73] Such an advancement saw Ireland become the first country in the western world to establish such a system. By way of comparison, it was not until 1838 did France and Switzerland see similar changes. Although mandatory county asylums were established under legislation including the English County Asylum Act of 1808[74] and the Lunatic Asylum and Pauper Lunatic Act of 1845[75], it was not until the latter Act that district asylums emerged throughout England. Norway then implemented its own asylum

[66] Robins, *Fools and Mad* p. 66.
[67] Reuber, 'Moral management' p. 216.
[68] Robins, *Fools and mad* p. 67.
[69] Reuber, 'Moral management' p. 216. Dublin refers to the Richmond Lunatic Asylum which was Ireland's first lunatic asylum dedicated to the pauper mentally ill. Cork refers to Cork Lunatic Asylum which was established by prominent physician Dr William Saunders Hallaran. Both institutions will be discussed in Chapter One.
[70] Robins, *Fools and mad* p. 67.
[71] Hill, 'Barracks, asylum and model school' p. 285.
[72] Prior, *Asylums* p. 2.
[73] ibid., p. 4.
[74] English County Asylum Act, 1808, 48 Geo III, c. 96.
[75] Lunatic Asylum and Pauper Lunatic Act, 1845, 8 & 9 Vict., c. 126.

system in 1848, Belgium in 1850, and Scotland in 1857.[76] These developments made it increasingly clear that Ireland, at the turn of the nineteenth century, saw destitution and mental illness intertwined as 'twin problems [that] needed to be addressed both urgently and systematically.'[77]

Limerick city and county boasts a significant yet largely underrepresented history in the legislative, architectural and medical narrative of this reform. Locating Limerick as an ideal site in tracking the development of Irish mental health care on the island, this thesis also explores how Limerick and the new asylum influenced the movement at a national level. Established in 1827, Limerick's District Lunatic Asylum was Ireland's first large-scale provincial district asylum established under the 1821 Lunacy (Ireland) Act. This thesis provides the first detailed history of its nineteenth-century practices, its interconnected institutions, and the people who used it. LDLA is an early and vitally important institution in the development of the District Asylum system. Though it echoes the treatments applied in other regional asylums, LDLA is in fact a flagship institution. As one of the first to experience the problems that bedevilled all Irish asylums – overcrowding, early problems with staffing, religious tensions, socio-economic pressures that were exerted on both the institution and the patient body – this thesis itself is an examination of an asylum that identifies and sets trends in Irish mental health history. The decades leading up to the opening of LDLA reveal a period of destitution and turmoil in dealing with the local pauper mentally ill in Limerick's custodial setting. It is easy to see how poverty shaped Limerick in the early nineteenth-century. From an outsider's perspective, it could be argued that LDLA was simply an additional site of custody for the 'troublesome' in Limerick, especially the hopelessly incurable. This is not the case. Thorough investigations on the asylum's surviving material reveal the thought-processes and intentions behind Ireland's first provincial district asylum. Those in charge of LDLA placed this new institution in the early years as a therapeutic, medical establishment, as a model asylum. Limerick had specific pressures as a significant urban space with a rural hinterland from which a majority of patients were drawn. This thesis relates the demand that was exerted on LDLA, to national, and international trends, as well as how it impacted upon both those

[76] Reuber, 'Moral management' p. 208. Jones considers that it was the 1808 Act that 'lunacy reform began on a national scale' across Britain and recognises that the 'movements in thought and philanthropic practice.' Jones, *Asylums and After* p. 33.
[77] Kelly, *Hearing Voices* p. 36.

admitted and employed there.[78] Met by an unprecedented demand from the local society, this work explores how people presenting with mental illnesses not only sought treatment at LDLA but expected it, in turn revealing that such an institution was irrefutably needed in nineteenth century Ireland.

Methodology

Methodologically, this study takes its cue from Oonagh Walsh's work, building on concepts explored in my MA thesis and, most critically, driven by the availability of sources. My MA thesis was both a quantitative and qualitative study that used oral history methodologies in order to investigate the social history of St. Brigid's Psychiatric Hospital, formerly known as Connaught District Lunatic Asylum.[79] This research addressed the relationship between this provincial asylum and its host community of Ballinasloe, a rural town in the west of Ireland from 1940 to 2000. Reflecting on the non-medical histories of St. Brigid's Hospital, it considered working life through the insights offered by former patients and members of staff. Oral history participants included managers of the hospital, psychiatric nurses, porters, members of its chaplaincy and hospital suppliers, as well as patients, neighbouring business owners, and members of the local community (native and migrant). Putting the 'patient experience and response of the community at large' on display, it demonstrated the labour and relationship histories of the oldest psychiatric hospital in the west of Ireland. This in turn placed the hospital as an enterprise in an urban setting, tracing the economic impact it had on the town of Ballinasloe.[80] Having developed a sincere interest in Irish psychiatric history, and having understood that the records of St. Joseph's Psychiatric Hospital, formerly known as LDLA, had been released to the public in 2012 but had yet to be examined, it seemed fitting to further my

[78] Kelly, *Hearing Voices* p. 4. The patients named in this thesis have been partially anonymised where their first name and the first letter of their surname is provided. The reasoning for this is indicated below.

[79] Walsh's work has been instrumental in inspiring this project as well as previous research. Oonagh Walsh, 'A perfectly ordered establishment', p. 247. (pp 246-283). Walsh has conducted extensive research on the nineteenth century history of the Connaught District Lunatic Asylum in many published articles and book chapters with a monograph currently in press: Oonagh Walsh, *Insanity, Power and Politics in Nineteenth Century Ireland: the Connaught District Lunatic Asylum* (Manchester, 2015). Triona Waters, "They were just part of the community': Voices from St. Brigid's Psychiatric Hospital, 1940-2000' (Unpublished MA Thesis: Mary Immaculate College, 2015).

[80] Triona Waters, "They opened up to us because they trusted us.' Working life at St. Brigid's Psychiatric Hospital, Ballinasloe' in *Saothar Journal of the Irish Labour History Society* vol. 45 (2020), pp 55-66. Additionally, by exploring the response to this establishment in living memory from both behind and beyond the walls of the establishment, an intertwined history of 'local' and 'hospital' communities came to light; a history that featured an extremely personal, emotional and interactive past through the shared experiences of providing and seeking mental health care.

studies by seeking access into this new archive. Interestingly, similar themes of enterprise and employment feature throughout this thesis.

Covering a period of nearly 130 years, the study commences in 1772 with the opening of Limerick House of Industry and ends in 1900 due to the availability and quality of source materials. Legislation is a key tenet of the study, and in the earlier years, the enactments of the 1772 Badging the Poor Act[81] and the 1787 Regulations of Gaols Act[82] were significant, as noted. While the first act saw a series of houses of industry erected throughout Ireland, as recipients of poor relief, the mentally ill became subjects for legislative prioritisation under the 1787 Act. Centring on the reporting of ineffective practices at Limerick House of Industry and other local custodial establishments, this thesis places Limerick in the broader national context, addressing the widespread political conflict that resulted in significant legislative change, later to define the Irish pauper lunatic as a 'class' that warranted segregated and thoughtful approaches to care. It explores the development of the district asylum system that emerged and evolved in the nineteenth century revealing the arrival of lunacy reform on the island. The product of such reform resulted in the emergence of what was to become a vast and very expensive district lunatic asylum system, with Limerick selected to host one of the earlier asylums to jointly serve not only Limerick City and County but also the counties of Kerry and Clare. It was Ireland's first large-scale provincial district asylum established under the 1821 Lunacy (Ireland) Act. This, and similar working institutions brought with it an age of hope, in that it would prioritise and segregate the pauper mentally ill who had been too long relying on public custodial provision where practices proved ineffective and oftentimes inhumane. This not only locates Limerick as an ideal focus study in mapping the emergence and development of nineteenth century Irish lunacy reform, but it reveals how this district in turn acted as a site of influence to the movement at a national level. It is surprising that this history has been somewhat neglected in the historiographical research of Irish insanity, especially as Limerick had significant links with some of Ireland's leading lunacy reformers including MP Thomas Spring-Rice. By drawing on a variety of sources including a large repository of asylum records, inspectorate and commissioner reports, press reports, and burial records, this work identifies how Limerick came to play a significant role in influencing legislative, architectural and medical practices that were dedicated to the mentally ill.

[81] *An Act for Badging the Poor, 1772* (11 & 12 Geo. 111. C. 30).
[82] *An Act for the Regulation of gaols 1787* (27 Geo. 111. C. 39).

The history of Limerick's asylum itself remains untold, until now. The surviving materials are largely administrative but are nonetheless instructive. As an analysis of the asylum's archive forms the basis of this work, this work contributes to our understanding not just of mental health histories but also what kind of information we can learn from such sources alone. It explores and identifies changes in medical regimes and disciplinary structures, as well as how the administrative operations of LDLA developed over the course of the nineteenth century. In exploring this administrative history, the 'politics of asylums' as Finnane has labelled, is investigated, subsequently identifying the individuals who determined the patients' admission, discharge or continued incarceration. As a result, there is much to be learned, particularly about those who charged the asylum, as well as those who were employed there. Addressing the practices of one Ireland's earliest asylums, this work tracks how this system came to be, relaying the genuine desire of those in positions of authority to house and cure the local pauper mentally ill at the opening decades of the nineteenth century by promoting and engaging in more thoughtful approaches to care for the mentally ill. By conducting an attitude analysis of the asylum's personnel, there was seemingly a genuine and unwavering desire to house and potentially cure the local pauper mentally ill, particularly in the earlier years. Having dissected the breakdown of administrators over time, the intent to provide and improve on methods of care in a psychiatric setting evidently remained in Limerick for the remainder of the nineteenth century but this was certainly no easy feat. This institution, similar to many, was met with an unprecedented demand from the local community where overcrowding often impeded these intentions. At certain moments, a select few cases found in the surviving records of this institution reveal this.

The original blueprint of each asylum in Ireland changed considerably over time and this was strictly due to the demand made of the system. As was the case nationally, these institutions were originally proposed as small establishments thought to be sufficient to cater for a few hundred Irish 'mentally ill' individuals under the 1821 Act. (Appendix A).[83] By calculating Limerick's expenses, this thesis maps the growth of this asylum and how it expanded considerably over the course of the nineteenth century. Sharing many features in common with other Irish district asylums, LDLA developed into a 'self-sufficient' village accumulating over eighty-eight acres of land by 1904, having started with only twelve.[84] On

[83] The Lunacy (Ireland) Act was passed on 28 May 1821 which set out to make more effectual provision for the establishment of asylums dedicated to the lunatic poor. It additionally directed these new asylums to house insane persons who were charged with offences committed in Ireland. (57 *Geo*. 3. *c*. 106. *and* 1 *Geo*. 4. *c*. 98).

[84] *Report of the Limerick district lunatic asylum for the financial year ended 31 March 1905 and the statistical year ended 31 December 1904*, table xiv, p. 23.

the surface, this occurrence is an example of what Michel Foucault termed the 'great confinement', in that the vast creation of receptacles fit for incarceration was society's response to dealing with the mentally ill. The passing of the 1838 Dangerous Lunatic Act and its 1867 amendment suitably supports the Foucauldian characterisation of social control.[85] However, the history of the Irish District Lunatic Asylum system has proven much more complex where examinations of individual asylums and their surrounding districts produce alternative responses. As such, an investigation on the use, and misuse, of this asylum suggests otherwise.

Though predominantly focusing on LDLA, this study offers a broader research on the history of Limerick's custodial institutions by investigating how incarcerated insanity did not stop at the asylum's doors. This thesis explores how Irish insanity very much features in the provisions of the Irish Poor Law. Using Limerick as an example, the history of lunatic asylums only represents a fraction of those presenting with mental illness in the nineteenth century. As revealed in the asylum's surviving material, attempts to serve the mentally ill proved to be very much a shared endeavour in Limerick for the long nineteenth century. On many occasions, individuals presenting with mental illnesses were transferred between Limerick's House of Industry, the union workhouse, the gaol and the asylum. Some were even rejected at the asylum's doors due to overcrowded conditions, particularly during the Famine years. This study therefore reveals the conditions to which those deemed insane were subject in LDLA, and how such affected their admission, discharge or transfer to a neighbouring custodial establishment.

Investigating the conditions of the patient is additionally indicative of the social response to LDLA. Social class is a thread in this thesis, it became apparent that the poor quickly comprised the largest patient group who entered the asylum's growing population.[86] According to Walsh, 'poverty was the determinant for entry… the mental state of the patient, although central to the process…was in the early years regarded more as a social responsibility rather than as a medical necessity.'[87] Still, some of those admitted here were done so on a fee-paying basis so private patients were funded by either themselves or relatives. Few cases reveal whether relatives continued to pay for their kin. Therefore, tracking the routes into the asylum determine how the family and community at large played a role in the patients' care whilst

[85] Catherine Cox, 'Managing Insanity: Carlow Lunatic Asylum, 1832-1922', (Unpublished PhD Thesis: University College Dublin, 2004), p.1. *1838 Dangerous Lunatic Act* (1 Vic. C. 27).
[86] Catherine Cox, *Negotiating insanity in the south-east of Ireland, 1820-1900* (Manchester, 2012), p. 20.
[87] Oonagh Walsh, 'A perfectly ordered establishment: Connaught District Lunatic Asylum (Ballinasloe)' in Pauline Prior (ed), Asylums, Mental Health Care and the Irish, 1800-2010 (Dublin, 2012), p. 249. (pp 246-270.)

target patient groups reveal how overcrowding came to be.[88] This thesis sees the incurable patients and Dangerous Lunatic Act committals in particular feed into an overwhelming demand on the asylum's accommodations. This in turn reveals how class distinctions emerged even in the asylum setting, subsequently exposing the variety and extent of illnesses. Exploring this indicates how people used, and in many instances, needed the asylum. By emphasising the diversity of regional experiences and the significance of local contexts presents the overarching argument posed by this thesis which is that the lunatic asylum was a much-needed entity to nineteenth century Irish society.

On 8 November 1874, thirty-three-year-old Catherine D. was committed as a 'dangerous lunatic' to LDLA. Reportedly suffering from dementia, she was admitted by her father, a landowner, her mother and her brother. She was not married and did not have any children. She had been actively violent during the previous three months, with her illness allegedly catalysed by a fright in a railway tunnel near Cork. Exhibiting 'peculiar habits', she was found delusional, referring to LDLA Resident Medical Superintendent George Leake Griffin as 'your royal highness'. She was discharged on 12 September 1902 with 'improves' written on her committal files.[89] It is uncertain whose care she was discharged to. This is the only information available for Catherine D. during her twenty-eight years at LDLA. By 1905, 3,166 patients had been admitted to LDLA over a seventy-eight-year period. Similar to Catherine D., extant case files and asylum records have left many gaps in such investigations. Though many individual histories of those admitted to lunatic asylums remain untold, surviving records still provide the basis of their stories. It is the historian's job to piece together what is available and question the kind of information that is being provided.[90]

As the people who used LDLA and its interconnected institutions form the core of this research, much thought and consideration has been given to identifying or anonymising the individuals who entered the asylum's doors. It was decided that partially anonymising the patients of LDLA was the best option for now. This decision was largely prompted by the contractual agreement made in return for Level 1 Bona Fide researcher access into the archive.

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[88] Mark John Celsus Finnane, 'Insanity and the insane in post-famine Ireland' (Unpublished PhD Thesis: Australian National University, 1979), p. x.

[89] St. Joseph's Psychiatric Hospital (JPH hereafter), Limerick District Lunatic Asylum (LDLA hereafter), Dangerous Lunatic Act admissions, 1850-1877, 8 November 1874. P98/11.

[90] Unfortunately, there are no other sources that offer additional information on patients in the asylum's archive. JPH, LDLA, Minute Books 1-5; *Seventy-seventh annual report of the medical superintendent of the Limerick District Lunatic Asylum 1904-1905*, p. 5. Looking at material outside of the asylum records, it proved that there was no burial or death records for Catherine D. See – IrishGenealogy.ie: https://www.irishgenealogy.ie/en/

Following the practices of Oonagh Walsh, Catherine Cox and Alice Mauger, this work provides the patient's forename and the first letter of their surname for those located in the administrative records.[91] Similar to those writing medical histories, the subject of anonymity has received substantial focus, and rightly so.

> Historians have long been vexed by the challenges of using patient records as primary sources. Lurking behind the many methodological and interpretative challenges are ethical questions involving the status and identity of the dead patient. What rights do the deceased maintain over their medical records? What ethical obligations do researchers have in analyzing these historical records and, in particular, to preserving the anonymity of patients?[92]

In the pursuit of recognising current trends of anonymity in asylum-focused scholarship, similar questions posed by Write and Saucier were asked - it was important to identify how medical historians in other scholarships understood their responsibilities to patient records and to wider communities.[93] Geoffrey Reaume anonymised the patients he located in the surviving material of Toronto's Lunatic Asylum. His decision was largely influenced by his designated timeline – 1870 to 1940 where Ontario privacy legislation required him to anonymise patients and their relatives.[94] On the other hand, pseudonyms were created by Dennis Doyle in his work on the Lafargue Mental Hygiene Clinic. Again, the elected period under review, being 1950s Harlem, was reason enough for anonymising his case investigations.[95] Though some historians of mental health histories have articulated their reasoning for identifying or anonymising their subjects, there are still many who have not. So, though there has been substantial discussion on the 'difficulties' and 'inconsistencies' met in using patient records, the methodological processes undertaken in collecting, interpretating, and managing archival material has received 'relatively limited focused critical attention.'[96] In

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[91] Cox, *Negotiating insanity in the south-east of Ireland*; Walsh, 'A perfectly ordered establishment'; Alice Mauger, T*he cost of insanity in nineteenth century Ireland, public, voluntary and private asylum care* (Abingdon, 2018).

[92] David Wright, Renee Saucier, 'Madness in the Archives: Anonymity, Ethics, and Mental Health History Research' in *Journal of the Canadian Historical Association / Revue de la Société historique du Canada*, Vol. 23, number 2, 2012, (pp 65–90), p. 65.

[93] David Wright, Renee Saucier, 'Madness in the Archives: Anonymity, Ethics, and Mental Health History Research' in *Journal of the Canadian Historical Association / Revue de la Société Historique du Canada*, Vol. 23, number 2, 2012, (pp 65–90), p. 68.

[94] Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (New York, 2000), p. 258.

[95] Dennis Doyle, "A Fine New Child': The Lafargue Mental Hygiene Clinic and Harlem's African American Communities, 1946-1958' in the *Journal of the History of Medicine and Allied Sciences,* Vol. 64, No. 2, (2008), p. 173.

[96] Angela McCarthy, Catherine Coleborne, Maree O'Connor, Elspeth Knewstubb, 'Lives in the Asylum Record, 1864 to 1910: Utilising Large Data Collection for Histories of Psychiatry and Mental Health' in *Medical History*, Vol. 61, No. 3, (2017), pp 358-379.

other words, while medical historians have talked about the difficulties met, the relevance and use of patient records as well as posing the question of ethics concerning patient identification, they have not always talked openly about their own strategies.[97] It proved important to articulate the methodological reasoning for anonymising the individuals discovered during the course of this work.

Though the decision to anonymise the patients located in the administrative records of LDLA was largely prompted by a contractual agreement for access, there still remained the individuals who were located in sources outside of the asylum's archive. Much thought was given to the patients whose names were already in the public domain, be that in the press or in existing scholarship, and whether they be identified in the present work. The ethical obligations and duties of a mental health historian were investigated particularly for these patients. After further thought and examination, it seemed important to apply the rule of anonymity to all patients associated with LDLA, whether they were identified in other scholarship or press of the time. As this thesis will reveal, there were many moments where some patients had no say in their admission, be it due to the severity of their illness and/or the insistence of the family, community or neighbouring institution. It is therefore very difficult to ascertain whether they would have wanted their identity released. As such, for the sole purpose of being respectful and ethical, this work will partially anonymise all patients' names located during the course of this research.

The language and terminologies used in this thesis also warrant clarification. The terms referring to individuals who were mentally ill and/or physically disabled in nineteenth century Ireland reflect the classifications applied to such persons during the period under review. This work reveals how the majority of individuals were historically associated with the colloquial and medical language of the time where 'madness'; 'insanity'; 'idiot'; 'idiocy'; 'lunatic'; and 'lunacy' were commonly and broadly applied. Though diagnostic language developed significantly over the course of the nineteenth century, these terms remained in use. It should be noted that they did not have the pejorative meaning that they subsequently acquired. Historians have long examined the relationship between the family and the institution where the topic of language used by family members about their kin suffering from mental disorders has been explored. As Coleborne has argued, historians interested in social and cultural concepts of mental disorder 'should assert the importance and value of lay descriptions'

[97] Angela McCarthy, Catherine Coleborne, Maree O'Connor, Elspeth Knewstubb, 'Lives in the Asylum Record, 1864 to 1910: Utilising Large Data Collection for Histories of Psychiatry and Mental Health' in *Medical History*, Vol. 61, No. 3, (2017), pp 358-379.

which also includes how lay language was incorporated into clinical case notes.[98] Due to a lack of case notes, this thesis cannot conduct such an analysis but being mindful to the language used in this work is still important. Disability scholarship from a contemporary perspective has been witness to a long-standing debate surrounding the terminologies applied to individuals, rightly critiquing and disregarding labels in the historical context that have been used over time as a means of insult and degredation. Schalock and Kilgannon have voiced the encounters and difficulties they met in dealing with terms that were 'problematic and, in many cases, clearly offensive.'[99] Still, for the purpose of historical context, this thesis draws on the legal, literary, medical and lay terminologies of the long nineteenth century given to those seeking institutional support for their illnesses. The use of these terms is not intended to offend the reader, but rather, they are employed to accurately represent the linguistic narrative surrounding individuals presenting with mental illnesses and/or intellectual disabilities in nineteenth century custodial settings. Psychiatry as we know it today was founded in the lunatic asylum.[100] Though not credited until the turn of the twentieth century, this thesis additionally uses this term to represent the developments occurring over the course of the nineteenth century. Pursuing the trends evident in asylum-focused studies, the term 'care' is also applied throughout this thesis to represent the approaches, practices, and efforts of those associated with such provision on the island.

Though acute attention was given to the ethics of anonymity and language concerning the patient and their illness, there still felt somewhat of a gap surrounding the identity of the patient and their voice, knowing that they were not going to be named. There has been a growing interest in recent scholarship regarding the landscape of the nineteenth century institution and the lived experience of those who were admitted. Stories have been told of the past lives lived inside the institutional setting revealing the 'worlds of the wards, kitchens and gardens, and institutional regimes of power and medical knowledge.'[101] Attention has been given to case records additionally to relay the diagnosis, treatment, class, gender, ethnicity and practices of

[98] Catherine Coleborne, "His brain was wrong, and his mind astray': Families and the Language of Insanity in New South Wales, Queensland, and New Zealand, 1880s-1910' in *Journal of Family History*, Vol. 31, No. 1, (2006), pp 45-61.
[99] David Kilgannon, "The Problem of the Mentally Handicapped': statutory policy, voluntary provision, and Intellectual Disability in Ireland, 1947-84' (Unpublished PhD thesis: National University of Ireland, Galway, 2020), pp 24-26. See also - Robert L. Schalock *et al*. 'The renaming of mental retardation: Understanding the change to the term Intellectual Disability' in *Intellectual and Developmental Disabilities* 45 (2, April 2007), p. 116.
[100] Kelly, *Hearing Voices*.
[101] McCarthy, Coleborne, *et al.*, 'Lives in the Asylum Record, 1864 to 1910', pp 358-379.

care and control. However, interpreting the clinical cases as 'narratives' of the asylum can become complicated as it has proven pivotal to not equate the information with evidence as an 'insight into the lives of all patients.'[102] The surviving records from many asylums are very uneven. As McCarthy *et al*. have noted,

> It is possible, even likely, that those patients with a more interesting or unique diagnosis or history had a longer and more detailed written record than those patients who had more common backgrounds or diagnoses. Patients who were unable to speak at all or who had no one to speak for them often left very scant case records, resulting in minimal representation in both quantitative and qualitative analysis of the records. Patients unable to speak English could be similarly passed over in the records and in subsequent analysis. There is also the question of the reliability of evidence gained from patients and family and friends. [103]

Therefore, whilst being wary of relying too heavily on the records of LDLA, the information offered by the surviving material has still been nonetheless instructive. It determines the day-to-day procedures that were conducted at this establishment. So, instead of naming the patient, this thesis has compiled much information in order to recreate a sense of the lived experience at LDLA. By assessing the ideological rationale and administrative operations of LDLA, this thesis offers a sense of understanding as to what happed to the individual once admitted, providing snapshots of the active relationship with those receiving care. Through the lens of administrative files, some patient cases are used to explore key themes associated with asylum culture, thus allowing the local and individual experience to develop our understanding of Irish mental health care in the historical context.

Archival and source material

The surviving archive of LDLA forms the core of this research. These records, which are largely administrative, not only reveal the differences and similarities between Limerick and other Irish asylum studies, but also, importantly, what kind of information can be learned from such files alone. LDLA's surviving material is in the charge of the Health Service Executive (HSE) and Limerick Local Authority Archive, Lissanalta House, Dooradoyle, where access is permissible strictly *via* contracts signed by the user and the HSE. The preserved records of this establishment are unique, vast, and varied and offer a wealth of information relating to the history of Irish policy, medicine, social class, gender, authority and provision for the nineteenth-century mentally ill. Investigations ceased for the years subsequent to 1900 due to

[102] McCarthy, Coleborne, *et al*., 'Lives in the Asylum Record, 1864 to 1910', pp 358-379.
[103] ibid.

the availability and quality of source materials. Available for assessment were the series of minute books of the governors of LDLA 1822-1900, a letter book, annual inspections and visiting committee reports from 1831-1900, a series of maps, blueprints and plans of the asylum, the admission index book from 1884-1900, and the dangerous lunatic committal booklets from 1848-1900. It is important to note that materials from asylums only represent a fraction of Irish insanity histories in the nineteenth century. As Walsh has articulated, many individuals who presented with mental disabilities were not always admitted so these records provide a 'picture of "successful" cases, not necessarily one of actual need.'[104] With that in mind, these sources are nonetheless valuable and instructive.

In order to determine the administrative history of LDLA, the series of minute books were extensively consulted. They reveal the considerable level of commitment and efforts required for running such an institution, with discussions surrounding expenditure, purchases, extensions, admission rates, discharge rates, deaths, staffing and salaries frequently addressed. Additionally, they exposed fractures, particularly among staff and those governing the institution, including hostilities and frustrations that arose between the governors and the administrators in Dublin Castle. Ireland was under British Rule during this period, but the 1800 Act of Union saw Irish administration, based at Dublin Castle, become increasingly centralised, thus acting as a point of authority, of whom the governors of LDLA were answerable to. This is where a very different history lies. The governors of LDLA were consistent in questioning this administration. The surviving material indicates a genuine desire for Limerick Asylum to be highly regarded. They took pride when relations and practices were seen as thoughtful, effective and kind. The records reveal that those in charge here really wanted to make a positive difference on the lives of those admitted. Granted, as this thesis will reveal, this was not to be a reality for many admitted but what is clear is that these intentions did not waver.

The annual inspections and visiting committee reports from 1831 to 1946 were assessed, providing additional context of the asylum's history that the minute books could not, especially when determining the day-to-day life of the establishment for staff and patients. The earlier pages interestingly feature entries written by people who visited the asylum which include travellers from all over Ireland, Great Britain, India and the United States. These insights were particularly interesting as asylum life was detailed from an outsider's perspective. Some of these visitors included people who were highly regarded in the field of lunacy reform

[104] Oonagh Walsh, 'Gender and insanity in nineteenth century Ireland' in Jonathon Andrews, Anne Digby, (eds.), *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry* (New York, 2004), p, 70.

and practice. Moral managers from Scottish and English asylums came to LDLA to learn of newer practices throughout the 1800s so they were able to compare LDLA with other similar working establishments. Those who managed the asylum in the former years were titled 'moral managers' to coincide with the therapeutic regime that was in practice: moral therapy. As methods of moral therapies trended and emerged at the turn of the nineteenth century, communications occurred between those in managerial positions at Irish, English and Scottish asylums in order to spread information regarding fresher practices, and Limerick was no different. Renowned prison reformer Elizabeth Fry and her brother visited the establishment in the 1820s. Members of the Society of Friends, Joel and Hannah Elliot Bean visited from West Branch, Iowa. This level of openness at the asylum remained throughout the nineteenth century. By the 1850s, there were fixed days set for friends and family to visit patients but if visitors had travelled far, they were permitted access, provided 'it would not be considered injurious to the patients to see them. We do not allow friends to see patients when it would excite them too much.'[105]

In additional to the administration at Dublin Castle, the governors of LDLA were also answerable to the Inspectorate of the asylum which changed over the course of the nineteenth century due to the introduction of newer legislation. Initially, the asylum system and the individual asylums were powered by the Inspector General of Prisons as directed under the 1787 Act. They were to assess the lunatic asylums across the country. The Inspector General annual reports, 1823 to 1844, were therefore examined, offering additional insights into staffing relations at LDLA as well as practices and conditions. The early 1840s saw the Inspector General of Prisons as a position thought outdated for the asylum system so an inspectorate for asylums was established specifically for this purpose on 1 January 1846. They not only had to investigate practices at the district asylums, local and private asylums were additionally subjected to their charge.[106] Their reports from 1843 to 1900, largely concerning LDLA were evaluated. As these reports additionally feature reviews on other district asylums, sections of this thesis have drawn on the similarities and differences between institutions working in a similar vein of providing some form of care for the nineteenth-century pauper lunatic. The Inspector was as equally quick to critique any insufficiencies or irregularities as he was to commend the successes. As noted, LDLA adopted the moral management regime on opening, but practices of care for those admitted changed considerably over the course of the nineteenth

[105] *Report of the commissioners of inquiry into the state of the lunatic asylum in Ireland 1858*, Part II, Evidence and Documents, p. 382.
[106] *Lunatic Asylums (Ireland) Act*, 37 & 38 Vict. c. 74.

century. The changing duties of staffing and inspection accordingly transitioned medically which we can see in these records. An assessment of other Parliamentary Papers was needed to track the shift of moral management to medical employment. There are no surviving case books in the LDLA archive, however, one case file concerning patient Michael F. was preserved by Charles Darwin and located in correspondence with Dr Edward Meziere Courtenay, a Resident Medical Superintendent of LDLA in the 1870s. The Darwin Correspondence Project team kindly forwarded this material. This thesis has teased out this correspondence package which is incredibly insightful and instructive. Offering a rare insight into family as an agency to patient admission, this source adds to our understanding of the necessity of psychiatric care to nineteenth century Ireland.

There is richer material available concerning asylum life for the closing decades of the nineteenth century, particularly for the years 1866 and 1893. The admission index book provides sixteen years of history for those admitted from 1884 to 1900. Though this source does not provide any medical detail concerning treatments applied, it does aid the examination regarding the admission and discharge rates of this institution. The dangerous lunatic committal booklets, 1848 to 1900, are more detailed and reveal the role of the family and local community for those committed under the 1838 Dangerous Lunatic Act.[107] These sources are valuable as they determine overall the social class of the individual by detailing their names, their sex, marital status, occupation, religious affiliation, reasons for admission and if they were ever discharged. Though these booklets are used throughout the thesis, there is no insight offered in detailing the experience of the patient from the personal or medical perspective, which, as demonstrated in Catherine D.'s case above means that there are many gaps remaining in this asylum's history. Moreover, these files do not exist for every patient, even those admitted under the 1838 Act.

Reports taken from Limerick House of Industry were also examined for this research. The sources from this institution are unique and valuable as the admission book is the only one to have survived out of the twelve Houses of Industry established under the Irish Poor Law between 1771 and 1772.[108] This source helps the examination of the earlier years in Limerick and how this institution both reacted to and affected the Irish lunacy reform movement. The attempts at segregating the pauper mentally ill here are investigated for the closing decades of

[107] *1838 Dangerous Lunatic Act* (1 Vic. C. 27).

[108] David Fleming, John Logan (eds.)., *Pauper Limerick, The Register of the Limerick House of Industry 1774–93* (Irish Manuscript Commission: 2011). This source describes the 2,747 inmates who were admitted into the House between 1774 and 1793, detailing their age, sex, place of origin, religion, medical conditions, admission and discharge details and other. The subjects are largely from the counties of Limerick, Clare, Tipperary and Cork.

the 1800s as well how reports of harsh, ineffective and oftentimes inhumane treatments acted catalyst to Spring-Rice's political campaign of lunacy reform.

The rhetoric of a vast collection of newspapers were additionally analysed for this work to accompany the asylum material. The *Limerick Chronicle* and the *Limerick Leader* had very high circulation rates during the time that LDLA was in operation.[109] In particular, the *Limerick Leader* featured the minutes of the asylum's Board meetings on a monthly basis from the middle to late nineteenth century and as a result, a sense of local understanding, or at least awareness of asylum procedure is made evident. This shows that the asylum Board were in turn answerable to the local community. The *Limerick Chronicle* also offers reports on cases concerning locals suffering from various mental illnesses, subsequently revealing their interaction with, or lack thereof, the local asylum. Newspaper coverage cannot be underestimated in determining the social attitude to, and awareness of, mental health care for the long nineteenth century: 'Their object [newspapers] was the relation of daily events, and the newspaper itself, its news, editorial columns and its advertisements were a graphic picture and representation of a community and society.'[110] As found in Ellen O'B.'s case noted at the fore of this chapter, examining what kind of information was being circulated in Irish society at the turn of the nineteenth century is important as it reveals the medical, legal and lay perceptions of the time. In a similar way that Ellen's family were using the terminologies associated with recognised mental illnesses in the 1830s, identifying family as an agency to admission is important. The response to LDLA was immediate. As the subsequent chapters will reveal, provision for the Limerick mentally ill was, in fact, expected: 'mental illness was a problem for which society had responsibility, and that the mentally ill should be treated with dignity.'[111] Newspaper coverage relaying the social commentary on mental health illnesses of the time will indicate perhaps why this was case.

Burial records were additionally instructive to this study. Tracking the history of death and burial procedure at LDLA has proven interesting but also frustrating, particularly when relying on the asylum material as there does not seem to be any record of patients buried on the asylum grounds aside from one case. James D. was a patient who was murdered at LDLA in the 1870s. His case received widespread media attention and due to the unusual circumstances

[109] *Limerick Chronicle* and *Limerick Leader* were the main regional newspapers at the time.
[110] O'Neill, 'The portrayal of madness' p. 20.
[111] Kelly, *Hearing Voices* p. 33.

surrounding his death, it was later revealed that he was buried on the grounds. Though a map in the asylum's archives has also recorded a 'disused burial ground' at the rear of the grounds, this is the only information available relaying burial practices. This map has been since misplaced. When examined, the graveyard was noted on a triangular pasture behind the isolation hospital, close to the train tracks and beside the grounds of the gaol. It was the burial records for Mount Saint Lawrence graveyard that were immensely valuable in this research. Staff and Students of Mary Immaculate College from the Departments of History and Geography collaborated with Limerick City Archives in April 2014 to transcribe and map the 2012 Grave Marker Database project. The results of this project have revealed that many patients were buried at this site, which neighbours the asylum. Between the years 1855 to 1925, 789 graves of LDLA patients have been recovered, which in turn, have become valuable sources in their own right. Moreover, the records of LDLA do not offer any detail whatsoever on children being housed there. They are only noted in the annual inspector reports when detailing admission and discharge rates.[112] The burial registers on the other hand reveal that not only were children admitted into LDLA, but that some were even born there, a history not commonly examined and understood in asylum studies. The few records that detail the class of these children are fascinating – they reveal that new-borns, infants and young children were admitted here, indicating that this asylum was not complying to the legislation of the time - idiot children were not to be admitted to the asylum. Missing material has made this investigation very difficult to pursue but this thesis draws on what is known and what is still to be learned about the children of the Irish asylum.

Historiography

The early nineteenth century witnessed a significant expansion of the state in Ireland. The island was under British Rule during this period, but the 1800 Act of Union saw Irish administration, based at Dublin Castle, become increasingly centralised, thus acting as a point of authority. Responsibility was increasingly vested, according to Crossman, in the state and delegated to local officials.[113] Sites of containment, poor relief and health care in the form of public institutions such as gaols, Houses of Industry, lunatic asylums and workhouses were created.[114] This period was thus witness to 'considerable social, political and economic

[112] Mount Saint Lawrence Burial Register: http://mountsaintlawrence.limerick.ie/about (accessed 17/02/2020).
[113] For literature of this period, see also - James Kelly, 'The origins of the Act of Union: an examination of unionist opinion in Britain and Ireland, 1650– 1800' in *Irish Historical Studies*, 25 (1987), 226– 63.
[114] Laurence M. Geary, *Medicine and charity in Ireland, 1718-1851* (Dublin, 2004), p. 211

change'.[115] Recent scholarship has determined how the state intervened to a degree in the fields of education, economic development, police, prisons and public health.[116] As presented in the *Cambridge History of Ireland* collection, there is extensive literature available that reveals the important histories of institutionalisation.[117] Investigations on medical and psychiatric histories have accordingly evolved in line with the examinations of institutional histories.

Originally, medical histories were written by physicians. The turn of the nineteenth century witnessed a rise in the publication of medical literature for both public consumption and the practitioner. In a period of slow but active petitioning for lunacy reform, the practices of Tuke,[118] Pinel,[119] and other European reformers were publishing their findings during and soon after King George III's illness. Having reached Irish shores, these works were made accessible to prominent medical figures who not only employed such practices but in turn, published their own findings. Dr William Saunders Hallaran was physician of Eglinton Asylum. His book *Enquiry into the Causes producing the Extraordinary Addition to the Numbers of Insane* was published in 1810, revealing the methods of moral practice he applied on his Cork patients.[120] Years later saw the notable work of John Connolly's *Familiar Views*

[115] Walsh, 'Gender and insanity in nineteenth century Ireland' p. 69.

[116] For literature of this period, see - J.C. Curwen, *Observations on the state of Ireland*, 2 vols. (London, 1818). For recent publications, see - Virginia Crossman, 'The Growth of the State in the Nineteenth Century' in Bartlett, Thomas (ed.), *The Cambridge History of Ireland, 1880 to present*, vol. 4, (Cambridge, 2018), p. 542. See also - Oliver MacDonagh, 'Ideas and institutions, 1830– 45' in W.E. Vaughan (ed.), *A new history of Ireland,* vol. 5*: Ireland under the Union, I, 1801– 70* (Oxford, 1989), p. 206.

[117] Brendan Smith, Jane Ohlmeyer, James Kelly and Thomas Bartlett edited the recent collection, *The Cambridge History of Ireland*. This four-volume history published the latest research concerning the history of Ireland expanding over a significant timeline, from early medieval times to the present. See - Brendan Smith (ed.), *The Cambridge History of Ireland, 600-1550*, vol. 1, (Cambridge, 2018); Jane Ohlmeyer (ed.), *The Cambridge History of Ireland, 1550-1730*, vol. 2, (Cambridge, 2018); James Kelly (ed.), *The Cambridge History of Ireland,1730-1880*, vol. 3, (Cambridge, 2018); Thomas Bartlett (ed.), *The Cambridge History of Ireland, 1880 to present*, vol. 4, (Cambridge, 2018).

[118] Samuel Tuke, *Description of the Retreat, an Institution near York for Insane Persons of the Society of Friends* (York, I8I3).

[119] Philippe Pinel, *Traité medico-philosophique sur l'alienation mentale* (Paris, 1801).

[120] The second edition of which was published in 1817. See - B.D. Kelly, 'Dr William Saunders Hallaran and the psychiatric practice in nineteenth-century Ireland' in *Irish Journal of Medical Science* vol. 177 (2008) pp 79-84. With 219 patients seeking care at his asylum during this period, his methods received national commendations. Indeed, Spring-Rice claimed in his 1817 report that Cork Asylum was the 'best managed, not only that [he] has ever seen, but even considered or heard of, realising all the advantages of [Tuke's] asylum at York'. *Report of the Select Committee on Lunatic Poor in Ireland, 1817,* H.C. (430) viii. 33. According to Kelly, Hallaran played a key role in the development of 'humane approaches to the mentally ill' by 'promoting the idea of speaking with each patient as an individual human being.' See - Kelly, *Hearing Voices* p. 33. What is interesting about Hallaran's medical literature is that the 1770s saw it feature in various pamphlets and local newspapers. Accessible throughout Ireland for public consumption, this continued well into the nineteenth century. See – O'Neill, 'The Portrayal of Madness'. The 1810s saw significant coverage in the *Freeman's Journal* of not only Hallaran's, but Pinel's and Tuke's work on lunatic treatment regimes. Writings concerning the latter two reached the Dublin press in 1815 and again in the *Freeman's Journal* in 1817. During this time, coverage additionally included discussion concerning Richmond Lunatic Asylum (1815) as well as the proceedings of the 1817 Select Committee's findings. See *Freeman's Journal*, 28 October 1818; *Freeman's Journal*, 12 May 1815; *Freeman's Journal*, 18 October 1817.

of Lunacy and Lunatic Life.[121] Known for his application of moral therapies as Resident Physician of the Hanwell Pauper and Lunatic Asylum in the 1830s, Connolly published this work in 1850 but interestingly, did so strictly for popular consumption being the 'first stated and concerted effort to make medical and psychiatric views of and terms regarding insanity understandable to the public.'[122] Connolly later published on the impact of removing mechanical restraint to the mentally ill seeking treatment.[123] In 1858, English Physician, Daniel Hack Tuke co-authored *Manual of Psychological Medicine* with John Charles Bucknil. This work acted as a standard reference for psychiatric practices and classifications.[124] In 1917, Dr Fielding H. Garrison published his work, *An Introduction to the History of Medicine* which constituted one of the earliest (but not completed) bibliographies in the context of historical medicine.[125] With time, the authorship has broadened, and trends have subsequently emerged in creating historiographical studies on mental illnesses where historians and sociologists are mapping the emergence of psychiatry, offering the theoretical and empirical commentary of the institution.

Prior to Walsh, Cox, Kelly, Prior (among others), the leading historical frameworks that concerned Irish inanity and the asylums were Mark Finnane's *Insanity and the Insane in Post-Famine Ireland*[126] and Joseph Robins' *Fools and Mad: a History of the Insane in Ireland*.[127] Both works relayed the political, legal, and financial histories of the system on the island but acted on different timelines. Whilst Finnane focused on the mid-nineteenth century, Robins spread his work over a three-century period. Though both studies are still important to current scholarly research, many gaps have been identified that reveal the complexity of the mental health care histories including that of the patient experience.[128] Histories that are written today are now organised into an array of categories that see the focus shift from the Foucauldian debate of social control.[129] Jones defines these developments in mental health care research as

[121] John Conolly, *Familiar Views of Lunacy and Lunatic Life: With Hints on the Personal Care and Management of Those Who Are Afflicted* (London, 1850).
[122] O'Neill, 'The portrayal of madness' p. 34.
[123] John Connolly, *The Treatment of the Insane without Mechanical Restraints* (London, 1856).
[124] John Charles Bucknill, Daniel Hack Tuke, *A Manual of Psychological Medicine* (London, 1862), p. 161.
[125] Feilding H. Garrison, *An Introduction to the History of Medicine: with Medical Chronology, Suggestions for Study and Bibliographic Data* (London, 1913).
[126] Finnane, *Insanity and the Insane in Post-Famine Ireland.*
[127] Joseph Robins, *Fools and mad: a history of the insane in Ireland* (Dublin: Institute of Public Administration, 1986).
[128] Greta Jones and Elizabeth Malcolm, 'Introduction: an anatomy of Irish medical history' in Greta Jones, Elizabeth Malcolm (eds), *Medicine, Disease and the State in Ireland, 1650-1940* (Cork, 1999).
[129] Foucault, *Madness and Civilisation.*

one of 'progress'.[130] This sphere continues to evolve where it is now commonly argued that examinations from an inward-looking viewpoint of individual asylums and their surrounding districts are pivotal to understanding, not just the assessment of historical psychiatry but also Ireland's relationship with nineteenth century custodial care, as this thesis will reveal.[131] Society as an agent to custodial admission and the patient experience are now located at the fore of Irish asylum scholarship. Breathnach and Kelly have identified the importance of investigating 'Patienthood' - the study of the patient's case can 'enrich our knowledge of the evolution of medical relationships and how the sick perceived their illness and treatment.'[132] As guest editors for a special edition in the British Medical Journal (BMJ) in 2016, Breathnach and Kelly compiled a fascinating special issue offering five essays that combined, explored the concept of 'Patienthood'. Not only did they publish essays that used historical sources, one essay, importantly, included an individual who drew on his own experiences as a patient. Driven by the intent to give identity to the patient, much time and consideration has been given to the evidence in developing a picture into what life was like at LDLA. Despite there being no records to determine the voice of the actual patient, this thesis add to our current understanding of the patients' experience in an asylum setting.

Three interrelated topics have emerged in the scholarship of medical history — statutory services, infectious diseases, and institutional care.[133] Similarly, overarching themes have since emerged in asylum-focused research which in turn inform this thesis: moral management, overcrowding, and the role of the family. Using these themes, this thesis challenges why Limerick has been overlooked for so long in the current scholarship. It not only relays why this site is ideal in tracing the political, legislative, institutional and medical changes directed at the Irish pauper mentally ill in the nineteenth century, it presents how this district ended up playing a significant role in influencing matters of national lunacy reform. As

[130] Kathleen Jones, *A History of the Mental Health services*, 1972; Lunacy, Law and Conscience, 1955; Mental Health and Social Policy, 1960. See also - Greta Jones and Elizabeth Malcolm, 'Introduction: an anatomy of Irish medical history' in Greta Jones, Elizabeth Malcolm (eds), *Medicine, Disease and the State in Ireland, 1650-1940* (Cork, 1999), p. 1.

[131] Kelly, *Hearing Voices*.

[132] See – Ciara Breathnach, Brendan Kelly, 'Perspectives on Patienthood, Practitioners and Pedagogy' in *British Medical Journal*, Vol. 42, issue 2, (2016).

[133] The focus on these topics is largely due to the availability of primary material preserved in establishments such as the Royal College of Physicians of Ireland Archive as well as individual city and county archives like Limerick that hold the material from LDLA. See; Kilgannon, "The Problem of the Mentally Handicapped"; Ida Milne, *Stacking the Coffins: Influenza, war and revolution in Ireland, 1918–19* (Manchester, 2018); Alice Mauger, *The Cost of Insanity in Nineteenth-Century Ireland: Public, Voluntary and Private Asylum Care* (Abingdon, 2017). Institution-based studies also include that of Malcolm's 1989 work on *Swift's Hospital* and Reynolds' 1992 research on *Grangegorman*. See - Elizabeth Malcolm, *Swift's Hospital: A History of St. Patrick's Hospital, Dublin, 1746-1989* (Dublin, 1989); Joseph Reynolds, *Grangegorman: Psychiatric Care in Dublin since 1815* (Dublin: Institute of Public Administration in association with Eastern Health Board, 1992).

understood in asylum scholarship, these themes tend to interrelate. Overcrowding became subject for complaint in months of opening at LDLA, which in turn affected the effectiveness of the moral treatment regime there. The role of the family or rather lack of, is exhibited in their reliance on the asylum. Relinquishing the responsibility of their kin to asylum authorities put additional pressures on LDLA, which in turn become one of the several reasons for overcrowding.

Moral Therapy Regime

An overarching theme emerging from the literature of asylum histories concerns the origin, role and impact of the moral treatment regime.[134] Before the installation of the medical model of mental illness, psychiatry, as we know it today, 'moral treatment' or moral management' was a revolutionary concept at the turn of the nineteenth century, conceived as a means to cure the mentally ill of the period. Its curative powers rested on the idea of freeing the local insane from neglect, maltreatment, chains, and starvation and place them in purpose-built institutions that would provide segregated approaches to care. These establishments were to be managed by a 'moral manager' which in turn would enable the condition of the patient to be treated, and in turn, cured. The moral treatment regime involved a set of techniques that would calculate and determine new classifications of insanity. With a 'view to the provision of better, more appropriate care,' this regime was adopted as common practice in the earlier Irish asylums like Limerick.[135] Moral treatment largely emphasised the importance of providing a nutritious diet, rest, recreation, and employment which, when combined, acted as the most effective measures in curing insanity. This method additionally encouraged the restraint of patients as little as possible. Historians have debated for some time the original purpose of this regime. McCallum believes that the foundation for this 'soothing system' was administrative and political in the sense that lunatic asylums 'involved the elaboration of new sites of administration and separated treatment which would allow new forms of knowledge of the individual lunatic.'[136] The literature has acknowledged its role in bringing to light 'the unnecessary cruelties of the existing responses to lunacy.'[137] Indeed, Scull has attributed the creation of the asylum system and implementation of the moral treatment regime as a highly significant redefinition of insanity from a 'vague, culturally defined phenomenon into a condition which could only be

[134] See - Digby, *Madness, Morality and Medicine,* p. 33.
[135] Kelly, *Hearing Voices* p. 43.
[136] David McCallum, *Personality and Dangerousness: Genealogies of Antisocial Personality Disorder* (Cambridge, 2001), pp 45-46.
[137] Dobbing, 'Circulating the Insane', p. 10; Scull, *The Most Solitary of Afflictions* p. 115

authoritatively diagnosed, certified, and treated by a group of legally recognised experts.'[138] Originally, the governor of Ireland's first public lunatic asylum, Richmond Asylum, John Leslie Foster thought it essential for a 'moral manager' or 'moral superintendent' to implement the ideals associated with moral treatments in asylum settings. As a result, asylums similar to Limerick were managed by laymen rather than medical men.[139] However, by the mid nineteenth century, 'institutional care' for the mentally ill of Ireland had restructured significantly and this treatment regime was slowly succeeded by medical practices.[140] This transition has been charted widely in the literature of psychiatric history.[141] Kelly has ascertained that the shape of the medical discipline, psychiatry, was founded in lunatic asylums where both he and Finnane have revealed this changing role of appointments in the Irish lunatic asylum context, determining how medically trained individuals endeavoured to professionalise this discipline.[142] Investigating how this transition was implemented in the individual asylum, Arthur P. Williamson addressed administrative practices at Armagh District Lunatic Asylum in Northern Ireland by examining its only surviving records: a minute book and a morning state book.[143] This asylum was Ireland's first ever official district asylum established under the Lunacy Ireland Act (1821), preceding LDLA. In her book chapter based on the Connaught District Lunatic Asylum (Ballinasloe), Walsh delineates how this transition created tensions between the Board and two members of medical staff, Dr William Heise and Dr Robert Vicars Fletcher, resulting in a 'significant shift in the asylum as a place of refuge, to a highly medicalised environment, in the course of a few short decades.'[144] Pursuing the trends in asylum-focused studies, this thesis will also relay how the movement from moral treatment to medical practices transitioned in LDLA and how such affected employment relations. This will see how hints of moral therapy remained in asylum protocol, particularly when it came to patient activities and employment. Encompassing a variety of treatments, as stated, the moral treatment regime also saw the employment of the patient, which was later encouraged by the Resident Medical Superintendent. The role of patient employment as a method of treatment has engendered widespread debate. Though Finnane argues in relation to asylum work that 'the

[138] Andrew Scull, 'Psychiatry and Social Control in the Nineteenth and Twentieth Centuries' in *History of Psychiatry* Vol. 2, Issue 6, (1991), p. 154. (pp 149-169).
[139] Finnane, *Insanity and the Insane* p. 39.
[140] ibid., p. 47.
[141] See – Andrew Scull, 'John Conolly: A Victorian Psychiatric Career' in A. Scull (ed), *Social Order, Mental Disorder: Anglo-American Psychiatry in Historical Perspective* (London, 1989), pp 165-98.
[142] Kelly, *Hearing Voices*. Finnane, *Insanity and the Insane*.
[143] Arthur P. Williamson, 'Armagh District Lunatic Asylum: The First Phase' in *Seanchas Ardmhacha: Journal of the Armagh Diocesan Historical Society*, Vol. 8, No. 1 (1975/1976), pp 111-120.
[144] Walsh, 'A perfectly ordered establishment', p. 247.

degree of its efficacy was always unknown,[145] Dobbing contends in her work on Garland's Asylum in England that the role of domestic duties created a familiar, ritualistic environment in which patients 'could feel comfortable during their treatment and recovery.'[146] This is similar to how patient employment was understood in the therapeutic arsenal of the moral treatment regime at Limerick. However, as this thesis will investigate, long working days as well as the product of such patient employment also saw this method as purposeful in the endeavour of enterprising the asylum. Porter regards the history of the asylum's 'self-sufficiency' as one of great importance. Many of these institutions developed into self-sufficient villages in their own right. Whether this practice was strictly for economic purposes remains debateable but there is much evidence in the belief of Porter's 'cure through labour' argument.[147] As was the case in Limerick, patient employment saw agriculture as a prioritised occupation. Creating a domestic setting for the patient there was purposeful in offering a familiar setting. It was particularly noted that those from rural Limerick would benefit greatly from being employed on the asylum's land as a point of creating familiarity to the individual. Investigating the employment of patients and their occupations prior to admission additionally determines this. Though the literature has identified the origin and changing role of treatments in the asylums setting, again, the impact these treatments had on the patients remains to be addressed. Whilst relaying the rationale behind mainstreamed treatment practices at LDLA, the implications patient employment may have had for those experiencing it first-hand will be revealed.

Overcrowding

Scull's work is largely concerned with the considerable growth of the nineteenth-century asylum. His arguments present their existence as society's response to insanity, in that confinement was key which, in turn, made overcrowding inevitable.[148] Foucault's theories represent similar sentiments. He contends that many institutions dedicated to the mentally ill were used a means of social control and power over the bodies deviating from societal norms.[149] Finnane determines that the tremendous growth in Irish asylums and their populations in the later nineteenth century was as 'much the product of badly formulated and poorly administered

[145] Finnane, *Insanity and the insane* p. 201.
[146] Cara Dobbing, 'The Circulation of the Insane: The Pauper Lunatic Experience of Garlands Lunatic Asylum, 1862-1913, (Unpublished PhD Thesis: University of Leicester, 2019), p. 14.
[147] Roy Porter, 'Madness and its Institutions', in A. Wear (ed.), *Medicine in Society: Historical Essays* (Cambridge, 1992), pp 277-301.
[148] Andrew Scull, *Museums of Madness: The Social Organisation of Insanity in Nineteenth-Century England* (London, 1979), pp 13-18. See also - Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900* (London, 1993).
[149] Foucault, *Madness and Civilisation.*

statutes as of political decisions to provide extra accommodation.' Similar to Foucault and Scull, he argues that the asylum acted as a function in 'removing those whose presence was no longer tolerable in the "sane" world.'[150] There is no doubt that high levels of inpatient populations reveal a significant dependence on lunatic asylums, and this is very much evident in the Irish context. As Cox has revealed, Carlow Asylum was full two years after opening in May 1832.[151] Walsh explained that patient figures were nearly double what Ballinasloe Asylum could hold, also within two years of opening. This asylum, which opened in 1833, first offered places to 150 patients but was accommodating 337 patients in 1848. These numbers exploded to over one thousand patients over the course of the nineteenth century.[152] The weighty demands made of LDLA suggests that it shared many features in common with other asylums across the country. LDLA had a surplus of nearly forty patients in the closing months of 1829, also, two years after opening.[153] There has been much discussion on why overcrowding was so prominent in these institutions. For one, the 1838 Dangerous Lunatic Act and its 1867 amendment (30 & 31 Vic. C. 118) became a dangerous piece of legislation in its own right, making it much easier to commit a person and even more difficult to discharge them. Earlier on, there were no voluntary admissions into the asylum.[154] One had to be committed and this could only be done provided a person gave evidence against them, usually a family member. This process comprised a straightforward application. The Dangerous Lunatic Act, which applied strictly to Irish lunatics complicated this committal process where admission could only be granted by warrant of the Lord Lieutenant. Walsh suitably distinguished the threat this Act had on individuals in nineteenth century Irish society as it 'allowed quite exceptional powers of committal to ordinary citizens. Any person could make an unsubstantiated allegation of insane behaviour against another. On the basis of this alone, the individual could be arrested.'[155] Literature has accordingly focused on ascertaining the impact of this act on the asylum setting. Cox, Walsh, and Prior (Belfast and Omagh District Lunatic Asylums) have relayed how the

[150] Finnane, *Insanity and the Insane* p. xiii.
[151] Cox, *Negotiating Insanity* p. 35.
[152] RTÉ Archives, 'Behind the Walls' 5 September 2011. RTÉ produced a documentary titled 'Behind the Walls' in 2011 predominantly featured the history of St. Brigid's Psychiatric Hospital (Connaught District Lunatic Asylum) as a case study to present the history of Ireland's mental health care system. Professor Oonagh Walsh defined St. Brigid's as a 'typical example' concerning the economic impact similar establishments played on their hosts.
[153] *Limerick Leader*, 14 March 2013.
[154] *1838 Dangerous Lunatic Act* (1 Vic. C. 27).
[155] Oonagh, Walsh, 'Tales from the Big House: the Connaught District Lunatic Asylum in the late nineteenth century' in *History Ireland*, Issue 6 (November/December 2005), Vol., 13.

Act was used extensively in nineteenth century Ireland.[156] Cox has determined that a thorough investigation on certification procedures in the asylum reveals 'the importance of medical evidence and authority in the confinement of the mentally ill in this period when medicine was established as a profession.'[157] Supporting this, Kelly's *Custody, Care and Criminality: Forensic Psychiatry and Law in Nineteenth Century Ireland* investigates the history of criminal lunatics in the Irish asylum system.[158] Brennan additionally postulates that 'there were advantages for the family of the person classified as dangerous – there was an obligation on the authorities to admit the person, and there were no charges levied on the family. The ease of admission, coupled with a lack of structured pints of review (or discharge), served to swell the number of long-term residents.'[159] Many of these committals thus represent Ireland's nineteenth-century institutional dependency, prompting the transformation of the asylum landscape for those of whom it was established.[160] As a result, causation theories surrounding overcrowding has rightly received copious investigation surrounding the impact of the Dangerous Lunatic Act. In the crowded literature in determining how overcrowding came to be, leaning on the legal framework solely has left gaps. Ascertaining how overcrowding may have affected the patient experience is an analysis that remains relatively new to asylum scholarship and is still developing. Therefore, though in agreement with other asylum works that this piece of legislation acted as a contributing factor to overcrowding, this research will delve further in addressing how overcrowded conditions affected the asylum experience for the Limerick patient. It will also ascertain that the Dangerous Lunatic Act was not the only reason for why overcrowding came to be at LDLA.

[156] See - Pauline Prior, 'Dangerous Lunacy: the Misuse of Mental Health Law in Nineteenth-Century Ireland' in *The Journal of Forensic Psychiatry and Psychology*, Vol. 14, Issue 3, 2003, pp 525-541; Oonagh Walsh, "A lightness of mind': Gender and Insanity in Nineteenth-Century Ireland', in M. Kelleher and J.H. Murphy (eds), *Gender Perspectives in Nineteenth Century in Nineteenth-Century Ireland* (Dublin: Four Courts Press, 1997), p. 85.

[157] Cox, *Negotiating insanity*, p. 73.

[158] Brendan Kelly, *Custody, Care and Criminality: Forensic Psychiatry and Law in Nineteenth Century Ireland,* (Dublin, 2014), p. 57.

[159] Damien Brennan, 'A theoretical exploration of institution-based mental health care in Ireland' in Pauline Prior (ed), *Asylums, Mental Health Care and the Irish, 1800-2010* (Dublin, 2012), p. 311. (pp 287-315).

[160] 1838 (1 & 2 Vict. c. 27) *The Criminal Lunatics (Ireland) Act*; 1845 (302) *Criminal lunatics (Ireland). A bill for the establishment of a central asylum for insane persons charged with offences in Ireland, and to amend the act relating to the prevention of offences by insane persons, and the acts respecting asylums for the insane poor in Ireland, and for appropriating the lunatic asylum in the city of Cork to the purposes of a district lunatic asylum*; 1842 (504) *Lunatic asylums (Ireland). A bill [as amended by the committee] for amending the law relating to private lunatic asylums in Ireland*.

Role of the Family

Wright ascertains that the existing scholarship on British asylums centres largely on the history of psychiatry which has lefts gaps in understanding family agency in asylum culture.[161] He argues that the role of the family and their use of the asylum is an examination that cannot be overlooked, a role that irrefutably shaped the character of the asylum.[162] Smith contends that during the time the public asylum emerged in England, there was a growing awareness in society that 'madness' was not necessarily a 'deviance' but rather it constituted a 'suffering' of both the individual experiencing the illness and their family.[163] This is much the same for the Irish context. The overuse of the Dangerous Lunatic Act puts the role of the family on display, in turn revealing another reason for why overcrowding was so prominent in the nineteenth century asylum. The impact of this act, again, cannot be overlooked. As Cox has determined, 'Read closely, certification warrants provide insights into the events behind decisions to certify a family member as a dangerous lunatic, the role the public assigned to the asylum, and familial emotional relationships and bonds.'[164] As will be revealed in this thesis, care of the insane rested legislatively on families under Brehon and Early Irish law making the 'exploitation of the insane' as 'forbidden' where any contract made with a 'person of an unsound mind was invalid.'[165] Madness was very much a part of society that was to be treated in the private sphere.[166] It not uncommon for the family *Gealt*[167] from a household of inferior means be chained up at home, or placed into a makeshift pit or cage:

> There is nothing so shocking as madness in the cabin of the peasant, where the man is out labouring in the fields for his bread, and the care of the woman of the house is scarcely sufficient for the attendance on the children. When a strong young 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 crib over it to prevent his getting up, the hole is about five feet deep, and they give the wretched being his food there, and there he generally dies. Of all human calamity, I know of none equal to this, in the country parts of Ireland which I am acquainted with. [168]

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[161] David Wright, 'Getting out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century' in *Social History of Medicine*, Vol. 10, No. 1, 1997, pp 137-155.
[162] Wright, 'Getting out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century' pp 138-140.
[163] Leonard Smith, *Cure, Comfort and Safe Custody* (London, 1999), p. 5.
[164] Cox, *Negotiating Insanity* p. 98.
[165] Kelly, *Hearing Voices* p. 16.
[166] Kelly, *Hearing Voices* p. 16.
[167] 'Gealt' is Irish for a person of an unsound mind. Thomas de Bhaldraithe, *English-Irish Dictionary* (An Gúm, 1959).
[168] Chief Secretary Robert Peel set up a select committee in 1817 directing them to assess the state of the lunatic poor in Ireland. Right Honourable Denis Browne who was a Member of Parliament for Mayo gave evidence. His speech is referenced in Joseph Reynolds, *Grangegorman: Psychiatric care in Dublin since 1815* (Dublin: Institute of Public Administration in association with Eastern Health Board, 1992), p. 26.

This practice of detaining family members continued as documented by De Latocnaye in 1798. He wrote how a farmer in Limerick imprisoned his demented wife in the 'vault' of a dilapidated castle neighbouring their home: 'he secured her with a chain to a heavy harrow to keep her secure. She succeeded in escaping and climbed up some ninety feet to the top of the ruin, where she remained, eluding capture.'[169] Custodial provision and the creation of the lunatic asylum saw this responsibility shift to local authorities. This did not mean the involvement of the family ceased. In fact, the family's involvement in custodial care has become more visible in asylum records in recent investigations. A common theme newly emerging in the historiography of Irish psychiatry is the key role families played in the admission, discharge and in some cases, abandonment of the individual in district asylums.[170] In 1857, when the Resident Medical Superintendent of LDLA, Robert Fitzgerald, was asked his opinion on whether the relatives objected to sending their kin to the asylum, he replied – 'I think not; on the contrary, they are glad to get them admitted.'[171] This thesis questions why this is the case. The historiographical trend of investigating the role of the family and community, particularly concerning the committal and discharge process, is strictly on the accessibility of available material. This, perhaps, is why there has been so much focus on the dangerous lunatic act as the committal booklets have been well preserved in many Irish asylums, subsequently revealing their role in the committal process. Asylums in Great Britain have preserved much more asylum material that exhibit not only the voice of the patient but also the communication between asylum bodies and the family of those receiving treatment, as Smith has extensively determined.[172] Though there are some gaps in the surviving material of LDLA, this thesis still investigates the role of the family regarding the committal process but also those who were regularly admitted. In addition to Michael F.'s case files, there is some evidence that determines the level of communication between the asylum, the patient and the family at LDLA. What is available is instructive.

Another overarching theme in the literature of asylums, which is hinted at in this thesis, is the 'networking' or 'circulating' history lunatic asylums had with neighbouring custodial establishments. As determined by Write and Saucier, and sharing the approach of Walsh and

[169] Marquis De Latocnaye, *A French man's walk in Ireland* (Brunswick, 1798), pp 63-4.
[170] See – Sarah Ann Pinto, *Lunatic Asylums in Colonial Bombay: Shackled Bodies, Unchained Minds* (New Zealand, 2018).
[171] *Report of the commissioners of inquiry into the state of the lunatic asylums in Ireland 1858*, minutes of evidence and appendices, p. 381.
[172] Len Smith, "Your Very Thankful Inmate": Discovering the Patients of an Early County Lunatic Asylum' in *Social History of Medicine*, 21:2 (2008), pp 237-252.

Cox in addressing asylum histories individually, it is important to examine the broader narrative concerning the surrounding community as doing so puts the larger 'network' of incarcerated insanity on display.[173] There is a strong historical link between the Irish Poor Law and provisions for the mentally ill in nineteenth century Ireland. Not only is the district lunatic asylum system a prime example of this, the impact of the Irish Poor Law has rightly been the focus of seminal works such as Crossman's *Poverty and the Poor Law, 1850-1914*.[174] In revealing the responses of the asylum superintendents, lunacy inspectors and poor law commissioners regarding the pauper insane, Bartlett and Adair, Melling and Forsythe, and Cox and Marland have all tracked the movements of patients between the workhouse and the asylum.[175] The establishment of the lunatic asylum system was intended to alleviate the public demand for institutional relief. This eighteenth-century trend remained as such for the nineteenth and twentieth centuries and can be distinctly noted in the history of the Irish Poor Law. By the end of 1925, 18,376 mentally ill individuals were recorded in public institutions, 1,872 of whom were in Poor Law institutions.[176] Investigating this network is essential to understanding family as an agency to institutional care as it, in essence, reveals how the asylum also intervened in the lives of patients who had no family. LDLA had many interconnected links with other local establishments including Limerick House of Industry, Limerick City and County Gaol, and Limerick Union Workhouse in the endeavour of caring or at least housing the insolvent mad. What is evident in the archives of LDLA is that there were many individuals who could not or would not take responsibility of their care, whether that was because they were absent, uncontactable or simply not replying. This means that it is imperative that the role

[173] David Write, Renée Saucier, 'Madness in the archives: anonymity, ethics and mental health history research' in *Journal of the Canadian Historical Association*, 2 (2012), p. 69. Cox's 'Negotiating Insanity' has demonstrated a strong networking relationship between the public institutions in Carlow District which include the asylum, the workhouse and local medical dispensaries. Walsh finds this to be very much the same for Ballinasloe town in the west of Ireland as Connaught District Lunatic Asylum had historical links with the Ballinasloe Workhouse in housing the local insane pauper. Cox, *Negotiating insanity*; Oonagh Walsh, 'Tales from the Big House: the Connaught District Lunatic Asylum in the late nineteenth century' in *History Ireland*, Issue 6 (November/December 2005), Vol., 13. See also – Catherine Cox, 'Access and Engagement: The Medical Dispensary Service in Post-Famine Ireland' in Catherine Cox, Maria Luddy (eds), *Cultures of Care in Irish Medical History, 1750*-1970 (Hampshire, 2010).

[174] Virginia, Crossman, *Poverty and the Poor Law, 1850-1914* (Liverpool, 2014).
See also – Gerard O'Brien, 'The establishment of poor-law unions in Ireland, 1838-43' in *Irish Historical Studies*, vol. 23, issue 90, (2016), pp 97-120.

[175] See – Peter Bartlett, *The Poor Law of Lunacy. The Administration of Pauper Lunatics in Mid-Nineteenth Century England* (London, 1999). Richard Adair, Bill Forsythe, Joseph Melling, 'A Danger to the Public? Disposing of Pauper Lunatics in late-Victorian and Edwardian England: Plympton St Mary Union and the Devon County Asylum, 1867–1914' in *Medical History*, vol. *42*, pp 1-25 (1998). Joseph Melling, Bill Forsythe, *The Politics of Madness: The State, Insanity and Society in England, 1845–1914* (London, 2006). Catherine Cox, Hilary Marland, "A Burden on the County': Madness, Institutions of Confinement, and the Irish Patient in Victorian Lancashire' in *Social History of Medicine*, 28, (2) (2015), pp 263-287.

[176] Crossman, *Poverty and the Poor Law, 1850-1914*.

of the neighbouring institution in the patients' admission, transfer or rejection is analysed. This reveals what was mentioned earlier – that the history of Irish insanity was not hidden behind the asylum's walls. There was a distinct network where the family, the community and the local institution all played a vital role in one's admission/committal.

Investigating this networking history additionally reveals the impact of the Irish Poor Law, including that of women and children.[177] Buckley contends that trends have emerged in the publications on Irish demography concerning the long nineteenth century that surround the histories of 'family, childhood, the place of the women and sexuality.'[178] Both Buckley and Walsh have addressed how the Great Famine affected gender patterns. According to Walsh, the Famine of mid-nineteenth century Ireland resulted in a considerable alteration in what were 'traditional Irish patterns of marriage, inheritance and social custom.'[179] This is supported by Buckley's synthesis of the scholarship in the *Cambridge History of Ireland,* highlighting how geographical location also impacted gender balance during the mid-nineteenth century, noting that there were distinct changes in each sector.[180] This thesis explores if similar patterns existed in the history of Limerick's custodial practices in serving the local mentally ill.

Though Irish historiography has seen a significant increase in medical histories in recent years, studies surrounding the history of medicine and psychiatry are still growing, due to the focus placed on survey histories detailing Ireland's twentieth century political history.[181] In other words, there is still much to be learned. Indeed, there is a significant gap in the literature of insanity concerning southwest Ireland, LDLA, its interconnected institutions and the people

[177] For women's histories, see Maria Luddy, *Women in Ireland, 1800-1918: A Documentary History* (Cork, 1995). For children and infant mortality histories, see Ciara Breathnach, Eunan O'Halpin, 'Registered "unknown" infant fatalities in Ireland, 1916-32: Gender and Power' in *Irish Historical Studies,* Vol. 38, issue 149, (May 2012). See also - Ciara Breathnach, 'Infant life protection and medico-legal literacy in early twentieth century Dublin' in *Women's History Review,* Vol. 26, issue 6, (November 2017). After extensive research conducted on the NSPCC archives in uncovering the dealings with child abuse histories, see –Sarah-Anne Buckley, *The Cruelty Man: Child Welfare, the NSPCC, and the State in Ireland 1889-1956* (Manchester, 2013). For Irish Poor Law histories and how Irish individuals used the system, see Virginia Crossman, *Poverty and the Poor Law, 1850-1914,* (Liverpool, 2014).

[178] Sarah-Anne Buckley, 'Women, Men and the Family, c.1730-c.1880' in James Kelly (ed.), *The Cambridge History of Ireland,1730-1880,* vol. 3, (Cambridge, 2018), p. 253. (pp 231-254).

[179] Walsh, 'Gender and insanity in nineteenth century Ireland' p. 69.

[180] Buckley, 'Women, Men and the Family, c.1730-c.1880' p. 253. (pp 231-254). For examining the history of the Great Famine, see – Peter Gray, 'The Great Famine, 1845-1850' in Thomas Bartlett (ed.), *The Cambridge History of Ireland, 1880 to present,* vol. 4, (Cambridge, 2018). See also - Robert Dirks, 'Social responses during severe food shortages and Famine' in *Current Anthropology,* vol. 21, issue 1 (1980), pp 21– 44.

[181] Catherine Cox, 'Health and Welfare 1750-2000' in Eugenio F. Biagini, Mary E. Daly (eds.) *The Cambridge Social History of Modern Ireland* (Cambridge, 2017), pp 261-79. Some of these include Joseph Lee, *Ireland 1912-1985: Politics and Society* (Cambridge, 1989); Diarmaid Ferriter, *The Transformation of Ireland 1900- 2000* (London, 2004); Roy Foster, *Luck and the Irish: A brief History of Change 1979-2000* (London, 2007).

who used them. This is surprising as LDLA was Ireland's first large-scale provincial asylum erected under the 1821 Lunacy (Ireland). Until recently, very few references were made that concerned the history of LDLA.[182] Finnane, Prior, and Kelly each provide brief references to LDLA. Other than receiving the occasional nod in other asylum works, research conducted on LDLA is essentially limited until now.[183] There are two entries in the *Old Limerick Journal* which discuss briefly the history of this institution: Elaine M. O'Malley's 'Governors, Staff and Lunatics: Life in the LDLA, 1827-1901'[184] and John Rainsford's "Mad Doctoring' in Nineteenth Century Limerick'.[185] Unpublished sources include O'Malley's 2006 MA thesis: 'Governors, Staff and Lunatics: Life in the Limerick District Lunatic Asylum, 1827-1901.' She investigated the only three LDLA records available prior to the 2012 release: two minute books and a letter book. Her work sympathises with the 'genuine desire' of the governors' wishes to make asylum life 'bearable and humane' for the patients and staff involved during the time period.[186] Moving away from the asylum but still focusing on the area of Limerick's institutional history, Damien J. Moane's MA thesis focuses on 'Limerick Workhouse, 1841–1861' whilst John O'Neill's MA thesis investigates 'The Portrayal of Madness in the Limerick Press, 1772-1845.' The latter encompasses a meticulously conducted study that ascertains the social response to insanity in regional newspapers of the time. Providing the first detailed history of its nineteenth-century practices, its interconnected institutions, and the people who used it, this thesis presents LDLA as an early and vitally important institution in the development of the District Asylum system. This work often draws comparisons from histories reported at Ballinasloe and Carlow asylums, revealing that practices implemented at LDLA very much echoed the treatments in other regional asylums. However, whilst this thesis is prompted by the structures set out in both Walsh's and Cox's works, this thesis does not necessarily follow their experiences. On many occasions, this work relays its unique status in that this institution was based in an urban space with a rural hinterland from which the majority of patients were drawn. By emphasising the diversity of regional experiences and the significance of local contexts, this thesis overall demonstrates how these intentions to provide

[182] See Tríona Waters, "This practice of chaining human creatures is very reprehensible.' Welfare of the insane in eighteenth century Ireland' in *History Studies*, Volume 19, (2018). See also - Tríona Waters, "There is nothing so shocking as madness.' Rationalising the Limerick District Lunatic Asylum, 1772-1827' in *Liverpool Postgraduate Journal of Irish Studies,* No. 4, (2019).
[183] Finnane, *Insanity and the insane*; Pauline, Prior, *Asylums, mental health care and the Irish, 1800-2010* (Dublin, 2012); Kelly, *Hearing Voices.*
[184] Elaine M. O'Malley, 'Governors, Staff and Lunatics: Life in the Limerick District Lunatic Asylum, 1827-1901' in *Old Limerick Journal,* Vol. 44, 2010.
[185] John Rainsford, "Mad doctoring' in nineteenth century Limerick' in *Old Limerick Journal,* Vol. 47, 2013.
[186] O'Malley, 'Governors, Staff and Lunatics', p. 37.

more thoughtful approaches to care remained throughout the nineteenth century but were oftentimes hindered due to an unprecedented demand made of this asylum. Limerick had specific pressures which included overcrowding, early problems with staffing, poor conditions, socio-economic pressures that were exerted on both the institution and the patient body. As one of the first to experience the problems that tormented all the Irish asylums, this thesis determines Limerick as a flagship institution that identified and set trends in Irish mental health history.

Chapter outline

By the dawn of the twentieth century, lunatic asylums, transnationally, were by far the largest and most important welfare or quasi-medical institutions.[187] Chapter One investigates how this was the case in Limerick as it is here that the rationale behind purpose-built institutions for the insane can be traced. This chapter considers how developments in the national context were incorporated into local practices, subsequently revealing the active strategies of Limerick's custodial care for the insane. Between 1774 and 1838, Limerick was witness to an extensive development in public relief that saw the establishment of Limerick House of Industry (1774), Limerick City and County Jail (1821), LDLA (1827) and Limerick Union Workhouse (1838) where each institution was directed in some way to serve the local pauper mentally ill. Acting as valuable historical sources in their own right, the physical structure of each of these institutions represents the theoretical and practical developments in methods of lunacy confinement in Ireland. Parallel to an age of emerging trends in lunacy reform in Europe at the turn of the nineteenth century, a new form of care was established. As was being practiced nationally, belief in the effectiveness of the 'moral treatment' regime spread to Limerick where it was quickly acknowledged that the principles of this regime could only be implemented *via* innovative housing practices. The circulation of theoretical approaches in housing the mentally ill prompted fresher approaches to surveillance in places of confinement. Determining how these ideas were incorporated, this chapter reveals the changing styles of legislation, housing and treatment practices directed at the mentally ill in these institutions by using the theme of architecture as a backdrop. This in turn offers the position of mentally ill patients in places of detention. Placing the narrative on late eighteenth and early nineteenth century Limerick, Chapter One puts the progress of lunacy reform on display at a local level. Examining funding and location, architectural style, purpose and function, and, conditions and lunatic treatment

[187] Wright, Saucier, 'Madness in the Archives: Anonymity, Ethics, and Mental Health History Research' p. 68.

practices in these four institutions reveal how Limerick City is an ideal site for assessing the architectural history of lunacy reform. As these developments directly affected efforts to segregate and classify patients more efficiently, Chapter One thus opens the discussion for the patient experience in the subsequent chapters.

Chapter Two explores the contextual and administrative histories of LDLA by examining the working life of all those associated in running such an institution. Pursuing the timeline of other asylum-focused works, this chapter commences at the year of its opening, 1827, and continues right up until 1900, addressing the responsibilities of those in positions of authority as well as medical and general staff at LDLA. In an age where the medicalisation of the treatment of insanity saw the accreditation of psychiatry by the turn of the twentieth century, authority, governance and staffing roles evolved accordingly. Examining all working tiers associated in the asylum system, this chapter is split into two sections with the first part assessing the changing roles of staff in authority during the medicalisation process. These sectors include administration, inspectorate, governance, moral management, and Resident Medical Superintendents. Doing so not only reveals how this process affected asylum appointments, but also the level of administration necessary for running such an institution. As was the case in many of these institutions, the medical duties of the moral manager were transferred to the Resident Medical Superintendent, which procedure in turn, prompted tensions amongst staff. Therefore, the first section of this chapter also addresses staff relations and how these affected the asylum experience for the individual patient, as will be demonstrated in patient James D.'s manslaughter case. By reflecting on the non-medical histories of this institution, the second section then examines LDLA as an enterprise in an urban setting, by determining how this asylum acted as a bedrock for local employment where thousands of individuals earned some form of wage from this institution, which in turn, was most likely spent back into the local economy. Identifying the expectations of their employment, this chapter overall addresses all matters of employment at LDLA.

Chapter Three determines the vast number of criteria that permitted admission to LDLA. Psychiatry, as we know it today was founded in the nineteenth century district lunatic asylum.[188] When LDLA was established, this discipline was still very new, as were the conditions and classifications of patient profiles. The original objective of LDLA was to cater solely for those who were considered lunatic, but curable: 'it is right to state, that this institution

[188] Kelly, *Hearing Voices.*

is not authorised to receive idiots or epileptic patients.'[189] Practice proved very different from policy in many of these district asylums concerning admission protocol.[190] Soon, those seeking care were 'embracing nearly every variety and phase of insanity, and each and all demanding increasing… attention.'[191] Patient profiling became broader and more complex over the course of the nineteenth century, parallel to the changing structure of the profession.[192] The Limerick narrative regarding classifications of insanity largely remained in the curable *versus* incurable illness early on.[193] Nineteenth-century Limerick families were met with the unenviable choice of care for their incurable kin; the result saw an accumulation of incurable insane at LDLA. Demonstrating this is the case of Michael F. What is peculiar about his case is that his files were preserved by Charles Darwin due to a correspondence with the Resident Medical Superintendent of LDLA. Drawing on these records, this chapter addresses Darwin's medical theories on the 'Epileptic Idiot' and examines what happened to this 'class' in the institutional setting. Overcrowding increased throughout the 1800s which in turn, prompted the introduction of various discharge regimes, and such regimes saw the creation of other patient classifications. The expansion of diagnoses in this period was common to all such institutions, this thesis explores if Limerick differs from the others in any regard.

Chapter Four introduces the motivation behind these political, theoretical, legislative, medical, and practical developments: the patients and their experience at LDLA. As revealed in Catherine D.'s case above, though the records of LDLA are valuable and instructive in relation to the historical assessment, there is an increasing difficulty in offering a voice to many individuals who sought care at such an establishment due to a lack of primary evidence. This chapter instead locates the patients' experience in the asylum. Keeping patients occupied was central to their recovery, many activities were created to occupy them such as sport, music and religious services, along with rigorous labour. As patient employment was broadly encouraged

[189] *Limerick Chronicle*, 22 January 1827.
[190] See - *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 with minutes of evidence and appendices.* Part I – report, tables, and returns. Dublin, 1858.
[191] JPH, LDLA, Annual Inspections and Visiting Committee Reports 1831-1946, 5 August 1860, (Limerick City and County Archive), P98/2/1.
[192] Soon, an array of illnesses were recorded for reasons for admission: Disease of the brain or nervous system, disease of heart, disordered menstruation, dyspepsia, effects of climate, effects of syphilis or mercury, epilepsy, excitement – unspecified, fever, grief, hysteria, ill-treatment, immoderate use of tobacco, injury of head and spine, intemperance, joy, malformation of the head, passion, political excitement, pride and ambition, rape and seduction, religious excitement, remorse, reversal of fortune, study, terror, undefined, and venereal excess were only some of the reasons that permitted an individual's admission to LDLA.
[193] *Census of Ireland*, 1841 – 1901; *reports of the inspectors of lunatic asylums* 1836-1873; *annual reports of the Limerick District Lunatic Asylum* 1893, 1889, 1894, 187, 1901; Elaine M. O'Malley, (unpublished thesis, University of Limerick, 'Governors, staff and lunatics, life in the Limerick District Lunatic Asylum 1827-1900, 2006, p. 57.

as part of the moral treatment regime, this chapter also contributes to the debate of patient labour in public asylums.[194] Despite the inability to give a voice to the many individuals who frequented LDLA, this chapter still puts the lived experience on display by determining four features commonly associated with the Irish asylum culture: living conditions, patient labour, asylum activities and treatments applied.

This final chapter offers a conclusion on the patients admitted here regarding discharge and death rates at LDLA from 1827 to 1900. Chapter Three demonstrates many attempts by the asylum governors to remedy overcrowding. Chapter Five, therefore, reveals if those governing this institution were successful in this endeavour, whilst also determining if those committed under the 1838 Dangerous Lunatic Act affected these rates.[195] The enactment of the 1838 Dangerous Lunatic Act and the 1845 Criminal Lunatics (Ireland) Act prompted the transformation of the asylum landscape for those of whom it was established.[196] Making it much easier to admit a person and even more difficult to discharge them, the Dangerous Lunatic Act became a very attractive piece of legislation to the Limerick family but very dangerous for the asylum system, resulting in many committals adding to the stress of nineteenth century Irish institutional dependency. This additionally puts the role of family in committing their kin on display. The conclusion draws on the various elements of this thesis.

[194] Nineteenth century moral treatment regimens in asylums throughout Europe used employment as a means of treatment for patients with the rationale that labour was therapeutic in the endeavour of curing/'conforming' the asylum's inmates. Finnane argues that 'the degree of its efficacy was always unknown.' See - Finnane, *Insanity and the insane* p. 201.

[195] The register of patients in the asylum's archive concerns one book that details those who were admitted, discharged or died between the years 1893 to 1951.

[196] 1838 (1 & 2 Vict. c. 27) *The Criminal Lunatics (Ireland) Act*; 1845 (302) *Criminal lunatics (Ireland). A bill for the establishment of a central asylum for insane persons charged with offences in Ireland, and to amend the act relating to the prevention of offences by insane persons, and the acts respecting asylums for the insane poor in Ireland, and for appropriating the lunatic asylum in the city of Cork to the purposes of a district lunatic asylum*; 1842 (504) *Lunatic asylums (Ireland). A bill [as amended by the committee] for amending the law relating to private lunatic asylums in Ireland*.

Chapter 1

The Architecture of Madness in Limerick, 1772 - 1841

Limerick at the turn of the nineteenth century was a modern city built around and on top of a medieval core split into three distinct areas: Englishtown and Irishtown (medieval Limerick) and Newtown Pery (Georgian Limerick).[1] Despite the newly built vicinity of Newtown Pery and its 'bustle of trade in every quarter', travel journals offer vivid insights into how poverty affected Limerick City people during the opening decades of the nineteenth century. Though not unique to Limerick, artist and traveller Sir John Carr's account of the city in 1805 emphasises how there was 'bitter poverty' at Thomond Bridge where 'many beggars' roamed the streets.[2] Robert Wyse Jackson vividly defined Limerick city at the turn of the nineteenth century as dark and gloomy, referring to the 'inhumanity of the Georgian world' as 'terrifying': 'people were almost incomprehensively brutal. The insensitivity and inhumanity was not confined to the wilful inflicting of pain; it showed also in the almost absolute neglect of poverty, illness and starvation'.[3] He noted that despite 'a few individual charitable efforts to relieve a tiny part of the horror', examples of poverty were 'widespread'.[4] For decades to follow, more travellers ventured into the city and documented similar distressing scenes. Parts of Henry D. Inglis' accounts reveal his wayfaring experience throughout Limerick city during the mid-1830s where he 'spent a day in visiting those parts of the city where the greatest destitution and misery were said to exist':

> I will not speak of the filth of the place… let the worst be imagined and it will not be beyond the truth. In at least three fourths of the hovels which I entered there was no furniture of any description save an iron pot – no table, no chair, no bench, no bedstead; two, three or four little bundles of straw with perhaps one or two scanty and ragged mats were rolled up in the corners unless where these beds were found occupied.[5]

In addition to neglectful living conditions, Inglis detailed the state of the occupants. In a cellar of about twelve feet, he found two children, naked, lying on a bundle of straw with a torn rag

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[1] 'The medieval city, however obscured by centuries of change, still survives in buildings, place names and street patterns that have endured for at least 800 years in some places... the contrast between the narrow winding streets of the medieval city and the regular, planned grid of the eighteenth century Newtown Pery is a testimony to the ambitious scale of urban change in Limerick in the modern period.' Eamon O'Flaherty, 'Three towns: Limerick since 1961' in *Limerick: Irish Historic Towns Atlas* No. 21, (2010) p. 177.
[2] Robert Wyse Jackson, *The story of Limerick* (Cork, 1973), p. 68.
[3] Jackson, *The story of Limerick* p. 70.
[4] Jackson, *The story of Limerick* p. 70.
[5] ibid., p. 71.

barely covering them. A woman also occupied the room, probably their mother, in the opposite corner on a bed of straw. Inglis described her as 'bed-ridden'. He found other 'starving children… unable to rise from their little straw heaps':

> …but I saw worse than this. In a cellar which I entered, and which was almost quite dark and slippery with damp I found a man sitting on a little sawdust. He was naked; he had not even a shirt. A filthy and ragged mat was round him; this man was a living skeleton; the bones all but protruded through the skin; he was literally starving.[6]

Ineffective sanitation intertwined with extreme overcrowding were the leading causes for such horrors.[7] It was not just the city that was struggling with destitution. Nearly seventeen miles outside the city, Askeaton in August 1827 saw many of its local people poverty stricken where 150 cabins were 'occupied by unemployed and hungry paupers.'[8] West Limerick abounded with distinct cases of destitution between 1821 and 1845.' Due to a combination of circumstances, access to land, economic depression and a high population density, life for the pauper Irish in the Limerick region was incredibly difficult.[9] As Breathnach and Geary have contended, this remained much the same between the years 1879 and 1882 due to extreme levels of agrarian activism and violence, which saw south-west Ireland particularly volatile.[10]

As was the case nationally, the sizeable population added to the pressure of serving those who were poverty stricken and mentally ill. The second half of the eighteenth century witnessed the Irish population expand from 2.5 million to an estimated 5 million by 1800.[11] With a continuously rising population, destitution spread with 'work … scarce and becoming scarcer' and poverty described as 'the common lot.'[12] In Limerick's instance, 42,825 people were reportedly living in the city in 1802. This figure rose steadily to 59,045 by 1821 and 66,554 by 1831. It was not until the decade of the Great Famine did these numbers decline.

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[6] ibid., p. 71.
[7] Judith Hill, *The building of Limerick* (Dublin, 1991), p. 149.
[8] This was only a handful of months after Limerick District Asylum was founded. Gerard Curtin, 'Religion and social conflict during the Protestant crusade in West Limerick 1822-49' in *Old Limerick Journal*, Limerick, 2013 pp 43-45 (p. 44).
[9] Curtin, 'Religion and social conflict during the Protestant crusade in West Limerick 1822-49' p. 44.
[10] This was regarding Kerry, Limerick and Cork. See – Ciara Breathnach, Laurence M. Geary, 'Crime and punishment: Whiteboyism and the Law in Late Nineteenth-Century Ireland' in Kyle Hughes, Donald M. MacRaild (eds)., *Crime, Violence and the Irish in Nineteenth Century Ireland* (Liverpool, 2017), p. 149. (pp 149-174).
[11] Jennifer Brown, 'The legal powers to detain the Mentally Ill in Ireland: Medicalism or Legalism?' (Unpublished PhD thesis: Dublin City University, 2015), p. 18.
[12] Joseph Robins, *Fools and Mad: A history of the Insane in Ireland* (Dublin: Institute of Public Administration, 1986), p. 66.

Figure 1.1: Population of Limerick city, 1802 – 1981:

Year	Limerick city population
1802	42,825
1821	59,045
1831	66,554
1841	48,391
1891	37,155

Source: Hill, *The building of Limerick* p. 149.[13]

Prioritising the local mentally ill in the eighteenth century was sporadic, save for the few meagre attempts for the prosperous lunatic which occurred largely in Ireland's capital. Set up on the basis of a bequest by Dean Jonathan Swift, Swift's Hospital for the insane, known today as St. Patrick's Hospital, opened in 1757 offering accommodation for fifty lunatics.[14] Swift had been governor of Bethlem hospital in London and expressed an interest in caring for the mentally ill. After his death, £10,000 was put forward to build a hospital for the 'fools and mad'[15] erected near Dr Steevens' hospital for general medicine that had been built in 1720.[16] Celebrated for his writings such as *Tale of a Tub* (1704) and *Gulliver's Travel's* (1726), Swift's Hospital is significant as it was the first institution dedicated to the insane, not only in Ireland but in the world.[17] As Swift's Hospital was privately funded, admission was strictly on the basis of fee payment. It was not until 1776 that pauper lunatics were accepted for relief.[18] This was the only separate institution dedicated to the insane in Ireland for thirty years, until the opening of Eglington Asylum.[19] Situated in Cork, this institution opened in 1789 by Dr William Saunders Hallaran, a highly regarded asylum doctor.[20] Similar to Swift's Hospital, Eglinton was a private institution for the insane and remained as such until 1845.[21] So, though there were

[13] Hill, *The building of Limerick* p. 149.
[14] *Report of the commissioners of inquiry into the state of the lunatic asylums in Ireland 1858, minute of evidence and appendices* p. 381.
[15] Elizabeth Malcolm, *Swift's hospital: a history of St Patrick's Hospital, Dublin, 1746-1989* (Dublin, 1989).
[16] Thomas Kirkpatrick, *The history of Dr Steevens' Hospital, Dublin 1720-1920 (Dublin, 2008).*
[17] Kelly, *Hearing Voices* p. 22.
[18] Prior, *Asylums, mental health care and the Irish* p. xxi. Conditions were difficult to both work and live in. Even nearly a century later in 1858, there was only one bath to serve 150 male and female patients and the institution could not be 'sufficiently warmed in the winter months.'
[19] *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: with minutes of evidence and appendices* (Part 1 – Report, Tables, and Returns), p. 35. Three hundred fee-paying patients were recorded at Swift's Hospital in 1853, as revealed by Walsh. See – Walsh, 'Gender and insanity in nineteenth century Ireland' p, 69.
[20] With 219 patients seeking care at his asylum during this period, Hallaran's methods received national commendations. Spring-Rice claimed in his 1817 report that Cork Asylum was the 'best managed, not only that [he] has ever seen, but even considered or heard of, realising all the advantages of [Tuke's] asylum at York'. See - *Report of the Select Committee on Lunatic Poor in Ireland, 1817,* H.C. (430) viii. 33.
[21] *Report of the commissioners of inquiry into the state of the lunatic asylums in Ireland 1858, minute of evidence and appendices* p. 381. Hallaran also opened another private asylum, Citadella, situated in Douglas, County Cork in 1799. Other private asylums soon began emerging throughout the country, but this appearance was largely on

some endeavours to dedicate care to the prosperous lunatic in eighteenth-century Ireland, provision was poor for the pauper mentally ill and Limerick was no different.

The 1772 Badging the Poor Act[22] and the 1787 Regulations of Gaols Act[23] had a significant impact on the institutional landscape which can be distinctly noted in Limerick at the turn of the nineteenth century. Between 1774 and 1841, Limerick was witness to an extensive development in public relief that saw the establishment of Limerick House of Industry (1774), Limerick City and County Gaol (1821), Limerick District Lunatic Asylum (1827) and Limerick Union Workhouse (1841) where each institution was directed in some way to serve the local pauper mentally ill. These four establishments became the leading institutions to house the mentally ill in early nineteenth century Limerick, but other institutions were founded during the same period to care for the sick and necessitous. St. John's Hospital was established in 1780. It was the first official hospital in the city, founded by M.P. for County Limerick, Sir Henry Hartstonge alongside his wife, Lady Lucy Hartstonge. Here, the sick poor 'received medicine and advice' and were looked after by visiting medical officers until January 1797 when a dispensary was established.[24] The County Infirmary was erected on the Cork Road and was in operation by 1811. Barrington's Hospital was then founded in 1831 at a cost of £10,000 by Sir Joseph Barrington and his sons. Similar to the situation in Limerick House of Industry, in order to become a Governor of Barrington's Hospital, donors were required to pay a sum of twenty pounds and as for annual subscribers, three guineas. It was the duty of the Governors to elect the management committee each year.[25] In addition to this, Rathkeale, Kilmallock and Limerick were each selected to host a fever hospital. Limerick Fever hospital could house ninety-six inmates in its opening, but very soon, requests were submitted in May 1847 to create additional accommodation.[26] The institutional landscape of Limerick city thus changed rather considerably over a relatively short period of time and what is more, Limerick's House of Industry, the gaol, the asylum and the Union Workhouse all brought new ideas in serving the local mentally ill. This resulted in the Limerick pauper lunatic being classed as an individual who required segregated and thoughtful approaches to care in the early nineteenth century. Boasting a significant yet largely underrepresented history in the architectural and

par with the emergence of the district lunatic asylum system. Eglinton Asylum remained a private institution until 1845 when it opened to the public under the new district lunatic asylum system. See - William Saunders Hallaran (1817), *Report of Select Committee on Lunatic Poor in Ireland, H.*C. 1817, (430) viii. 33. pp 35-36.

[22] An Act for Badging the Poor, 1772 (11 & 12 Geo. 111. C. 30).

[23] An Act for the Regulation of gaols 1787 (27 Geo. 111. C. 39).

[24] See - Kevin Hannon, *Limerick, historical reflections* (Limerick, 1996), p. 176.

[25] O'Connor, *The Workhouses of Ireland* p. 239.

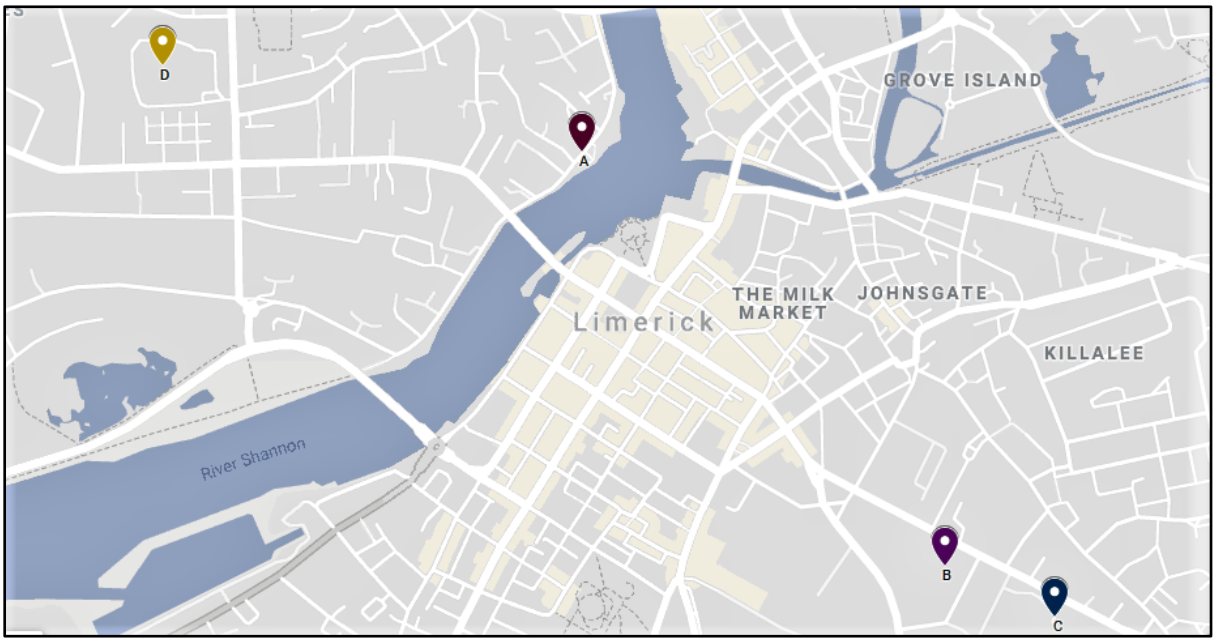
[26] See – O'Connor, *The Workhouses of Ireland.* With such developments occurring in the first half of the nineteenth century alone, the institutional landscape of Limerick city changed rather quickly and considerably.

medical narrative of Irish lunacy reform, the development of these bodies is an important reminder of the increasing consolidation of State power in the post-Union years in Ireland. Acting as valuable historical sources in their own right, the physical structure of Limerick's custodial landscape represents the theoretical and practical developments in Irish lunacy reform. It demonstrates how matters of lunacy reform that were occurring nationally and internationally were quick to transition into local opinion, legislation and practice. This chapter places the narrative on late eighteenth and early nineteenth century Limerick by exploring lunatic housing and treatment practices in the custodial setting, putting the progress of lunacy reform on display at a local level. Tracking these developments reveals key figures associated with such revolutionary practices. Including theorists and architects Jeremy Bentham, John Bevans and Francis Johnston, this chapter also elaborates on the political pressure exercised by Limerickman Thomas Spring-Rice, MP alongside his associates on the House of Commons' 1817 Select Committee. Analysing their roles in prioritising the placement of the mentally ill determines how Limerick has been surprisingly overlooked in mental health history literature.

Limerick acted as a very important site of influence to the development of Irish mental health care in the nineteenth century – LDLA, in particular, was a flagship institution. As one of the first to experience the problems that bedevilled all the Irish asylums, examining the foundation of this establishment identifies how it set trends in Irish mental health history. LDLA, like so many contemporary asylums, was overwhelmed by community and patient demand as the century progressed, but the foundational purpose of this establishment is different. The decades leading up to the opening of LDLA reveal a period of destitution and turmoil in dealing with the local pauper mentally ill in Limerick's custodial setting. It is easy to see how poverty shaped Limerick in the early nineteenth-century. From an outsider's perspective, it could be argued that LDLA was simply an additional site of custody for the 'troublesome' in Limerick, especially the hopelessly incurable. This is not the case. Thorough investigations on the asylum's surviving material reveal the thought-processes and intentions behind Ireland's first large-scale provincial district asylum. Those in charge of LDLA placed this new institution in the early years as a therapeutic, medical establishment, as a model asylum. The architectural innovations applied to its standing structure were inspired by the flaws found in Limerick's preceding institutions. Comparing funding and location, architectural style, purpose and function, conditions and lunatic treatment practices in Limerick House of Industry, Limerick City and County Gaol, LDLA and Limerick Union Workhouse, this chapter uses the theme of architecture as a backdrop to demonstrate the dramatic changes made on the institutional landscape and the placement of the mentally ill in Limerick city. This

not only presents Limerick as an ideal centre for tracking how matters of Irish lunacy reform at the turn of the nineteenth century actively transitioned into local practice, it also reveals how Limerick's impact on this movement was substantial.

Figure 1.2: Map of Limerick City exhibiting four leading institutions serving the mentally ill, 1772-1900:



Source: Created on 'Google My Maps'[27]

Key:
A = Limerick House of Industry (1774)
B = Limerick City and County Gaol (1821)
C = Limerick District Lunatic Asylum (1827)
D = Limerick Union Workhouse (Headquarters) (1841)

Limerick City acquired its first House of Industry, or Poor House, under the 1772 Badging the Poor Act. Presented 'with a benevolent heart and a liberal hand' by Protestant Bishop Gore, land was acquired on the North Strand as indicated in Figure 1.2.[28] The building commenced on 10 March 1774 when Mayor Joseph Johns laid the first stone. Rev. Dean Hoare designed the establishment. £500 was presented by the County and City grand juries of Limerick to build the House. The cost of the institution was then levied on the public but was also met by donations from various philanthropists around Ireland. Those intending on governing the institution had to pay twenty pounds whilst subscribers were expected to give three pounds annually. Such donations were encouraged by Limerick's eighteenth century renowned Historian, John Ferrar: 'every man and every set of men should unite in supporting the county

[27] Google my Maps: https://maps.google.com (accessed 22/11/2019)
[28] Ferrar, *The History of Limerick*, p. 223.

Poor Houses, as they are founded on a wise and rational plan, which if well attended to by men in power, no complaining will be heard in our streets.'[29] It has proven difficult to address the layout and architectural style of Limerick House of Industry as no plans survive. Despite a lack of visual material available for assessing the planning and layout of the original building, the institution itself, as stated, still stands as a valuable primary source. The face of this building was considered 'impressive and well proportioned' with the doorway in the front lower story referred to as 'neat', Two blind windows were built-in on either side. Eleven windows were counted in the second story to help with ventilation and there were sixteen large rooms in total with an infirmary erected at the bottom of the garden behind the house.[30] Ferrar enthusiastically wrote in his 1787 *History of Limerick* how Limerick House of Industry was the 'wholesome design of the legislature' that in turn, demonstrates for whom the institution was established:

> Human wisdom could not devise an institution of more general utility. It was the wholesome design of the legislature, that its happy effects should pervade the whole kingdom; and what could be better conceived, that to support the aged and the feeble poor, to save helpless infants from perishing, to take care of lunatics, and prevent them from being a burden to their families, and to make the sturdy vagrant useful to society by his labour?… that to support the aged and the feeble poor, to save helpless infants from perishing, to take care of lunatics, and prevent them from being a burden to their families, and to make the sturdy vagrant useful to society by his labour.[31]

It thus identified as an asylum for paupers/vagrants, a nursery school for deserted children, a lock hospital, and a retreat for lunatics, as well as aiming to help 'young females who for want of employment might become the victims of profligacy and vice'.[32] Despite regular funding for this institution, Limerick Poor House struggled with overcrowding and the spread of disease. Life for the inmate was irrefutably difficult there, it was reported that corpses were left to 'lay for days without being removed'.[33] Between 1774 and 1787, 1,732 poor persons had been admitted, 259 of those admitted being old and infirm, and they died inhouse. By 1787, there were eighty-eight inmates; forty-one were aged and infirm; thirty-five were poor, but able to work; and twelve were documented as 'lunatik'.[34] There were 225 inmates in total by 1804

[29] Ferrar, *The History of Limerick*, pp 224-225.
[30] Paddy Lysaght, 'The House of Industry' in *Old Limerick Journal* Vol. 4, September 1980, 20-22 (p. 20).
[31] Ferrar, *The History of Limerick* p. 224.
[32] Lysaght, 'The House of Industry', p. 20.
[33] *Report of the Select Committee on the Lunatic Poor in Ireland* H.C. 1817 (43) Viii, 33.
[34] *Report from the select committee on the lunatic poor in Ireland* H.C. 1817, appendix no. 2. David Fleming and John Logan have done vital work on publishing the register of Limerick House of Industry: Fleming, Logan (eds.), *Pauper Limerick, The Register of the Limerick House of Industry*.

with seventy-seven being children. By 1825, seventy-two girls and seventy-one boys were recorded inhouse.[35]

Limerick House of Industry boasts an important history in the context of Irish lunacy reform.[36] The sources from this institution are unique and valuable in the assessment of lunatic provision during the closing decades of the eighteenth century, as the admission book is the only one to have survived out of the twelve Houses of Industry established under the Irish Poor Law between 1771 and 1772.[37] As was the case nationally, the 1787 Regulations of the Gaols Act saw Irish lunatics become a *class* of their own, warranting separate accommodations for the lunatic poor in the custodial setting.[38] Funded by a two-hundred-pound donation from Dr E. Smythe of Dublin, thirteen lunatic cells were subsequently erected at Limerick House of Industry where lunatic inmates were to be segregated from the general pauper population. These cells were six feet by ten feet seven inches in size and were unheated. Although created to ensure that effective segregation was implemented, the demand for the admission of lunatics and idiots had greatly exceeded 'the accommodation or funds provided for their support.'[39] Fourteen lunatics were recorded in 1804 but admissions consistently rose to the point where there were forty-eight lunatics inhouse by 1817.[40] As a result, overcrowded conditions saw many lunatics placed into the sick ward with general paupers so the mixing of both populations was routine.[41] Not only were the mentally ill subject to ineffective housing and classification, medical supervision was 'almost non-existent' and reports of neglectful abuse became routine.[42] The House of Commons' 1806 Select Committee's report indicated the struggles met serving the local lunatic pauper at Limerick House of Industry where the topic of restraint was brought to the fore. Compared to other Houses of Industry such as Dublin, Cork and Waterford, Limerick was considered 'particularly brutal.'[43] J. Carr's logbook told of horrors he met during his visit in 1805 where many pauper lunatics were found 'squatted in corners, half naked, half famished, pale and hollow-eyed'.[44] He also revealed how the use of chaining was being used excessively there:

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[35] Fleming, Logan (eds.), *Pauper Limerick, The register* p. xiii.
[36] Fleming, Logan (eds), *Pauper Limerick, The Register of the Limerick House of Industry* p. xiii.
[37] Fleming, Logan (eds.), *Pauper Limerick, The Register of the Limerick House of Industry*.
[38] An Act for the Regulation of gaols 1787 (27 Geo. 111. C. 39).
[39] W. Cooke Taylor, 'State of the Lunatic Poor in Ireland' *Journal of the Statistical Society of London* Vol. 6, No. 4 (December 1843), p. 311.
[40] *Report from the select committee on the lunatic poor in Ireland H.C. 1817*, appendix no. 2.
[41] Hill, 'Barracks, Asylum and Model School' in Irwin, Ó Tuathaigh, *Limerick, History and Society*, p. 288.
[42] Hill, 'Barracks, Asylum and Model School' p. 288.
[43] Kelly, *Hearing Voices,* p. 35.
[44] J. Carr, *The Stranger in Ireland, or, A tour in the southern and western parts of that country, in the year 1805* (Philadelphia, 1806), p. 200.

> …the House of Industry, where an inhuman practice prevails of putting chains and heavy logs on vagrants, sick and well, industrious and idle, orderly or riotous. I had those chains removed from the diseased and the industrious and well behaved. This…practice of chaining human creatures is very reprehensible. It covers an oppressive system of making the wretched beings pay the Beadle for taking them off.[45]

Focusing on one particular case, Carr documented how a 'raving maniac' was handcuffed to a stone that weighed three hundred pounds. He complained that this person 'instead of being strapped to his bed' was found dragging said stone from one end of his room to the other that measured nearly thirty feet long: 'which with the most horrible yells, by a convulsive effort of strength'.[46] With restraint becoming one of the leading principles of the moral care debates emerging during this period, such practices were deemed ineffective and 'inhumane'.[47] Parallel to Tuke's and Pinel's practices now spreading throughout the western world, the Act of Union undeniably raised expectations in Ireland and feelings of responsibility in Britain, particularly concerning the treatment of the mentally ill where it was agreed that 'segregated, institutional management was the most appropriate regime for the insane.'[48] A Select Committee of the House of Commons was subsequently appointed and its first report acted as a catalyst for the passing of the Irish Asylums Bill, 1805 which in turn prompted the establishment of Richmond Asylum.[49] The subsequent years witnessed the topic of lunatic segregation become a focal point for many lunacy reformers and philanthropists alike for the island as a whole where reports taken from the Limerick House of Industry revealed why reform was essential.

During this time, Robert Peel, a former member of the Select Committee on English madhouses, came to Ireland in 1812 to take up the position as Chief Secretary in the administration at Dublin Castle. Two years later, he launched an investigation into the housing conditions and treatment of the mentally ill in Irish houses of industry alongside his undersecretary William Gregory, and the Reverend Foster Archer, who was the Inspector of prisons at the time. Their assessment concluded that twenty-two out of the thirty-two counties

[45] Inspector General of Prisons in Ireland, Reverend Foster Archer toured Ireland for over three months in 1801 logging his observations in a book titled 'Observations on a tour made through Leinster, Munster and Connaught'. These papers are now preserved amongst the Hardwicke papers (Additional MMS. 35920) in the British Museum. Patrick B. Lysaght transcribed the pages concerning his travels to Limerick City and County where Archer offered his remarks on what he witnessed in the Limerick House of Industry: Patrick B. Lysaght, 'The Reverend Foster Archer's visit to Limerick and Clare, 1801' in *North Munster Antiquarian Journal* Vol., 18, 1976, p. 52.
[46] Carr, *The Stranger in Ireland* p. 200.
[47] Reverend Foster Archer of Limerick reported of inhumane practices during his 1801 visit to the Limerick House of Industry directed at inhouse lunatics where chaining was the main method of restraint. Patrick B. Lysaght, 'The Reverend Foster Archer's visit to Limerick and Clare, 1801' in *North Munster Antiquarian Journal* Vol., 18, 1976, pp 49-53 (p. 52). It is uncertain at this time if inmates ever received medical attention.
[48] Reuber, 'Moral management' p. 209.
[49] Williamson, 'The beginnings of state care of the mentally-ill' p. 282.

of Ireland at this point had 'made no provisions for lunatics,' pointing out that requirements had not been met under the 1787 Act, which at this stage, was nearly thirty years old. In March 1817, Peel came before the House of Commons and demanded that a committee be appointed to assess the 'expediency of making further provision for the relief of the lunatic poor in Ireland.'[50] Here, an air of urgency emerged and a Select Committee for the Lunatic Poor in Ireland was subsequently appointed. This committee was to have significant success in its political demand to improve provisions by focusing on the importance of lunatic segregation. The 1817 Committee comprised Sir John Foster, Governor of Richmond Lunatic Asylum, Sir John Newport of Waterford and Thomas Spring-Rice, governor of Limerick House of Industry and later life governor of LDLA.[51] Spring-Rice was also a Member of Parliament for Limerick and became a leading advocate for lunacy reform. The Committee's first proposal encouraged the construction of four provincial lunatic asylums across the island to cater for one thousand Irish lunatics. The intent of these establishments was to be consistent in the therapeutic arsenal of Pinel's 'tráitment morale' regime.[52] Their argument detailed how existing law saw the mixing of both sane and insane pauper communities in public institutions resulting in the 'most distressing inconveniences'[53] where methods of confinement were only fitted for 'malefactors, and not for lunatics.'[54] Their initial proposal was rejected but Spring-Rice and the Select Committee members continued with their efforts to establish more effective and segregated approaches to care. With the support of those governing Richmond Asylum, the Select Committee stated in its March 1817 report that provision for Irish pauper lunatics were regressive in relation to those being practiced in Europe and insisted that only *via* separated institutions could lunacy reform and practice prosper:

> Your committee beg leave to call the attention of the House to the detailed opinion expressed by the governors of the Richmond Asylum that the only mode of effectual relief will be found in the formation of district asylums, exclusively appropriated to the reception of the insane. They can have no doubt that the successful treatment of the patients depends more on the adoption of a regular system of moral treatment, than upon casual medical prescription … there should be four or five district asylums capable of containing each from one hundred and twenty to one hundred and fifty lunatics.[55]

[50] Williamson, 'The beginnings of state care of the mentally-ill' p. 283.
[51] Catherine Cox, 'Managing insanity in Carlow lunatic asylum from 1832-1922' (Unpublished PhD thesis, University College, Dublin, 2004), p. 17.
[52] Jones, *Asylums and After* p. 32.
[53] Taylor, 'State of the lunatic poor in Ireland' p. 311.
[54] Taylor, 'State of the lunatic poor in Ireland' p. 311.
[55] Select Committee on the Lunatic Poor in Ireland: *Report from the Select Committee on the Lunatic Poor in Ireland with Minutes of Evidence taken before the commit and an Appendix,* H.C. 1817, p. 4.

Labouring hard to translate his ideals into a reality, Spring-Rice, whilst serving on the governing body of the Limerick House of Industry, reported in his campaign that provisions for lunatics there were 'unfit for dogs'.[56] He argued that the lunatics in Limerick's Poor House were subject to dreadful conditions that left very little space for innovation in care or potential cure:

> …accommodation afforded to the insane will appear to be such as we should not appropriate for our dog-kennels; it consists of one arcade, an open arcade, behind which cells have been constructed with stone floors, without any mode of heating or of ventilating.[57]

Exposed 'during the whole of the winter to the extremities of the weather,' many lunatics, he told, lost 'use of the limbs' due to the severe methods of restraint.[58] He revealed that the 'usual mode of restraint' for lunatics 'was by passing their hands under their knees, fastening them with manacles, fastening both about their ankles, and passing a chain over all, and then fastening them to a bed'.[59] He also reported how female inmates were found sexually exploited by 'those responsible for their care' and this 'most atrocious profligacy' had 'spread to the lunatic department.'[60] When this practice was revealed, the keeper was dismissed, and was replaced by male and female attendants loaned by Dr Halloran of Eglinton Lunatic Asylum.[61] Relying on the staff of Dr Halloran shows that there was a growing recognition in the importance of targeted medical care. Evidently, the Select Committee's reports proved how inadequate Limerick House of Industry was in serving the local mentally ill.

The indefatigable drive of Spring-Rice and the Select Committee resulted in the implementation of the 1817 Asylums for Lunatic Poor (Ireland) Act.[62] Though this piece of legislation required a series of amendments in 1820, 1821, 1825 and 1826, by providing detailed blueprints of how an 'asylum should be organized and what its principal features'[63] should possess, the amendment in 1821 proved most significant – *An Act to make more Effectual Provision for the Establishment of Asylums for the Lunatic Poor, and for the Custody*

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[56] Prior, *Asylums, mental health care and the Irish* p. 1.
[57] *Report of the Select Committee on the Lunatic Poor in Ireland, with Evidence* H.C. 1817, Evidence given on 7 June 1817, viii, 33, p. 14
[58] *Report of the Select Committee on the Lunatic Poor in Ireland, with Evidence, H.C. 1817*. Evidence given on 7 June 1817, H.C. (43) Viii, 33, p. 14
[59] *Report of the Select Committee on the Lunatic Poor in Ireland with Evidence*. Evidence given on 7 June 1817. HC 1817 (43) Viii, 33, p. 14.
[60] ibid.
[61] Arthur Williamson, 'The Beginnings of State Care for the Mentally Ill in Ireland' in *Gender and Medicine in Ireland, 1700 – 1950* ed. by Margaret H. Preston and Margaret O'hOgartaigh (New York, Syracuse University Press, 2012), pp 281-290 (p. 284).
[62] Prior, *Asylums, mental health care and the Irish* p. xxii.
[63] See - Scull, *Museums of Madness* p. 102.

of Insane Persons charged with Offences in Ireland.[64] Spring-Rice subsequently drafted a bill giving power to the Lord Lieutenant to 'direct the erection of whatever number asylums he thought appropriate along the lines recommended by the committee.'[65] This development was deemed 'astonishing' by Reuber, especially when England and Wales were not to see similar legislation passed for another thirty years.[66] Although progress was slow, the Select Committee's continued arguments were an essential prerequisite for legislative change to occur. On 14 October 1820, the Lord Lieutenant and Privy Council of Dublin Castle ordered that a handful of lunatic asylums be erected across the island. Kelly's *Hearing Voices* offers a detailed account of the full report where he dubs the Select Committee's efforts as 'compelling'.[67] A Commission of General Control and Correspondence was subsequently appointed to oversee the system setup, which comprised four doctors and four 'medically unqualified members.' Seven of the eight members were governors of Richmond Asylum.[68] Their role was to decide on the location and site as well as to act as an advisory committee to the architects of these new buildings. In addition to the support from the central government, Grand Juries were directed to raise funds for their establishment.[69] The Lord Lieutenant then appointed a team of governors to oversee the running of each individual asylum locally.[70] Limerick, was selected as the second site for such an institution.[71] The ensuing years were met by an incredible reformation in lunacy care, bringing with it an age of hope on the island, in that segregated and thoughtful approaches to treatment for the Irish mentally ill be provided.

Other custodial institutions that served the local insane were the earlier Limerick prisons at the turn of the nineteenth century. The first city jail was built between 1811 and 1813 at a cost of £6,123. Situated at Merchant's Quay, this institution was attached to the county prison and was funded by the grand jury.[72] Subject to extreme overcrowding, male and female prisoners were mixed and there was little potential to employ them.[73] Renowned prison reformer Elizabeth

[64] 1&2 Geo. Iv c. 33. This act was amended again in 1845 'to amend… the Acts respecting Asylums for the Insane Poor, in Ireland.' 8&9 Vic. C. 107.
[65] Robins, *Fools and mad* p. 66.
[66] Reuber, 'Moral management' p. 216.
[67] Kelly, *Hearing Voices* pp 39-43.
[68] Reuber, 'Moral management' p. 217.
[69] Robins, *Fools and mad* p. 66.
[70] Robins, *Fools and mad* p. 66.
[71] Armagh District Lunatic Asylum was established in 1825 prior to LDLA. The surviving records of this institution are minimal – a minute book and a morning state book. See – Wellington, 'Armagh district lunatic asylum, the first phase' p. 115.
[72] Matthew Potter, *The Government and the people of Limerick: the history of Limerick Corporation/City Council 1197-2006* (Limerick, 2006), p. 206.
[73] Potter, *The Government and the people of Limerick* p. 206.

Fry visited the establishment with her brother shortly after it opened and although she found it to be in 'great appearance of order and cleanliness in every part which we had the opportunity of inspecting,' it was 'too overcrowded' for it to be efficient.[74] She was made aware of a new building in process which was to be the new Limerick City and County Gaol. Built on Mulgrave Street, renowned architect James Pain won the contract in 1816 as he was highly regarded for his work on the big houses of Ireland. The architectural style of this institution was to prove revolutionary in the context of confinement practices, as it, in harmony with other Irish prisons during this period, influenced the layout of the nineteenth century district asylum. This is particularly evident in the changing structures of the Richmond Penitentiary, the York Retreat, Richmond Lunatic Asylum and Limerick City and County Gaol where their layouts transitioned over time to suit trending theories surrounding confinement practices. Each in turn, was to have a significant impact on the architectural style of LDLA.

Board of Works Architect Francis Johnston (1760-1829) and his cousin William Murray (1789-1849) designed the Richmond Penitentiary in Dublin, the structure of which prompted significant change in Irish custodial practices. Built between 1812 and 1818, Johnston's designs for the Richmond Penitentiary adopted the prison concept that was emerging throughout continental Europe and Britain from the closing decades of the 1770s. The radial design comprised several wings built to radiate from the central tower. Considered revolutionary for its time, the Richmond Penitentiary complex adopted 'the semi-octagonal' structure which saw the complex split into two halves for male and female prisoners on either side of a central axis. Three wedges were created on each side that not only accommodated several rows of cells but also four isolation units, all of which had their own individual airing yard. This penitentiary also had an infirmary, a workroom and a store. Each half of the three-storey complex had its own chapel and a 'shop for sale of goods manufactured'.[75] Progressive architects such as William Blackburn employed this radial complex at both Liverpool Borough Gaol, which was built between 1785 and 1789, and Limerick Gaol (1789) at Merchant's Quay.[76]

The physical layout of York Retreat was also recognised as revolutionary for its time. Renowned architect James Bevans designed the facility[77] and once erected, 'the most palpable sign of change appeared' in the treatment of the mad.[78] Bevans, who later played a role in the

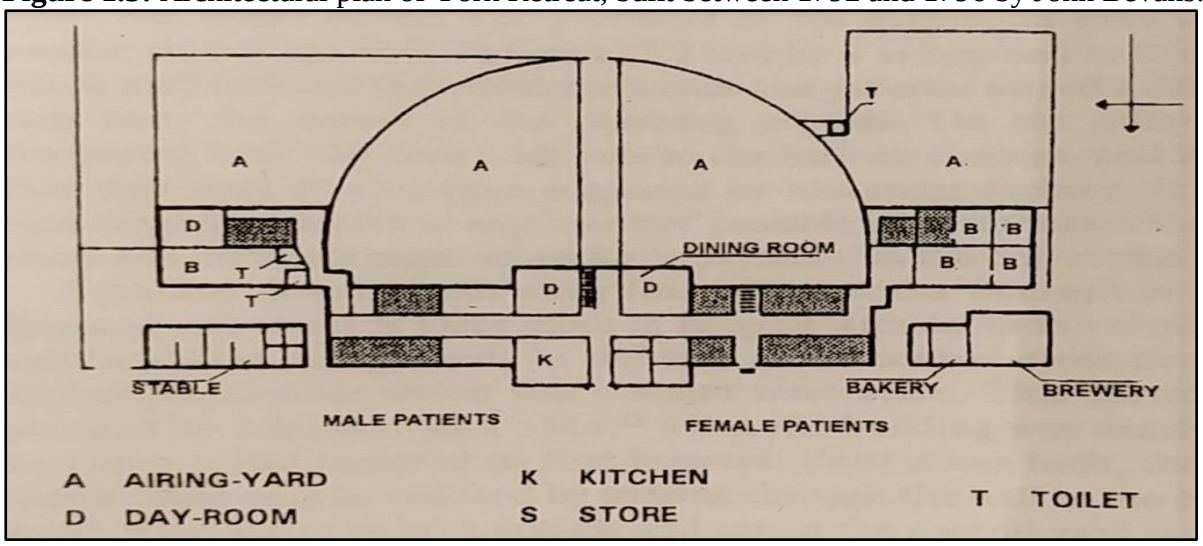
[74] Potter, *The Government and the people of Limerick* p. 206.
[75] Reuber, 'Moral management' p. 216.
[76] Reuber, 'Moral management' p. 217.
[77] ibid., p. 212.
[78] Kelly, *Hearing Voices* p. 33.

physical layout of LDLA, ensured that his designs abandoned the usual custodial-like structure commonly recognised in prisons and opted for a setting that would make the institution 'look like a home from home'.[79] These designs toyed with the idea of creating a more familial environment for patients, particularly in the day and dining rooms. In applying 'home-like' features to the setting, no bars were placed on the windows in the hope it would provide a feeling of comfort to those being housed.[80]

> This house is situated a mile from York, in the midst of a fertile and smiling countryside; it is not at all the idea of a prison that it suggests, but rather that of a large farm; it is surrounded by a great, walled garden. No bars, no grilles on the windows.[81]

As trivial as this was, the removal of bars on windows formed one of central arguments concerning lunatic housing procedure. It effectively removed the idea that (a) the public needed to be protected from the insane and (b) that the insane were to be punished for their condition, in the manner of convicts. In turn, it was considered that a cure of the insane could be instigated but only *via* such housing practices. With a focus on improving housing practices for the insane, the day rooms in the York Retreat were a prime example of Bevans' endeavour to move away from the confinement of lunatics in prisons.

Figure 1.3: Architectural plan of York Retreat, built between 1792 and 1796 by John Bevans:



Source: R Hunter a d I. MacAlpine (eds), *Samuel Tuke, Description of the Retreat* (York, 1813), reprint (London, 1964).

[79] Reuber, 'Moral management' p. 212.
[80] Judith Hill, 'Barracks, asylum and model school, public architecture in Limerick from the late eighteenth to the mid-nineteenth century' in Irwin, Liam, Ó Tuathaigh, Gearóid, *Limerick, history and society, interdisciplinary essays on the history of an Irish county* p. 287.
[81] Charles-Gaspard de la Rive, letter to the editors of the Bibliotheque Britannique concerning a new establishment for the cure of the insane. This text appeared in the Bibliotheque Britannique, then in a separate brochure. De la Rive's visit to the Retreat dates from I798. Referenced in Michel Foucault, *Madness and Civilisation, a history of insanity in the age of reason* (Oxford, 1967), p. 242.

Bevans' layout of the Retreat exhibited a 'home away from home' feature that was additionally found in the dining-rooms. In line with the reformist thinking of the time, lighting, ventilation and simply looking outside a window could produce a cure for the lunatic, so the windows at York Retreat were supported by iron frames to avoid the use of bars and the 'prison-like appearance.'[82] This was later to be applied in many Irish asylums, including Limerick. Similar to York Retreat, the layout of Richmond Asylum prompted change in custodial practices for the mentally ill.

Dublin Castle appointed a commission to assess the state of other 'charitable establishments' in the city. With banker John David la Touche selected as chair, the conclusions of the commission's report stated: 'institutional care of the poor in general could be relieved significantly if more accommodation was created for lunatics.'[83] They suggested that additional accommodations be extended onto Swift's main building. Instead, the Lord Lieutenant proposed the creation of a whole new establishment dedicated 'for the reception of lunatics from all parts of the Kingdom.'[84] In the endeavour of providing better care for the lunatic poor, plans for Richmond Lunatic Asylum were subsequently agreed upon in 1810 under a grant secured by the Duke of Richmond, Charles Gordon Lennox, and his fellow governors from Dublin House of Industry.[85] After building the Richmond Penitentiary, Johnston was appointed as architect for this institution. He was renowned for his work on the 1806 Bedford Asylum where he created an extension on the House of Industry to house children only. For the Richmond project, he had worked closely with Dr Alexander Jackson (1767-1848) who had cared for lunatics at Dublin House of Industry. As stated, Jackson was later to become a visiting physician for Richmond Asylum and his writings revealed a sense of sympathy for the insane. He had a strong confidence in the curative powers of moral treatment. As sited in his 1809 memoir:

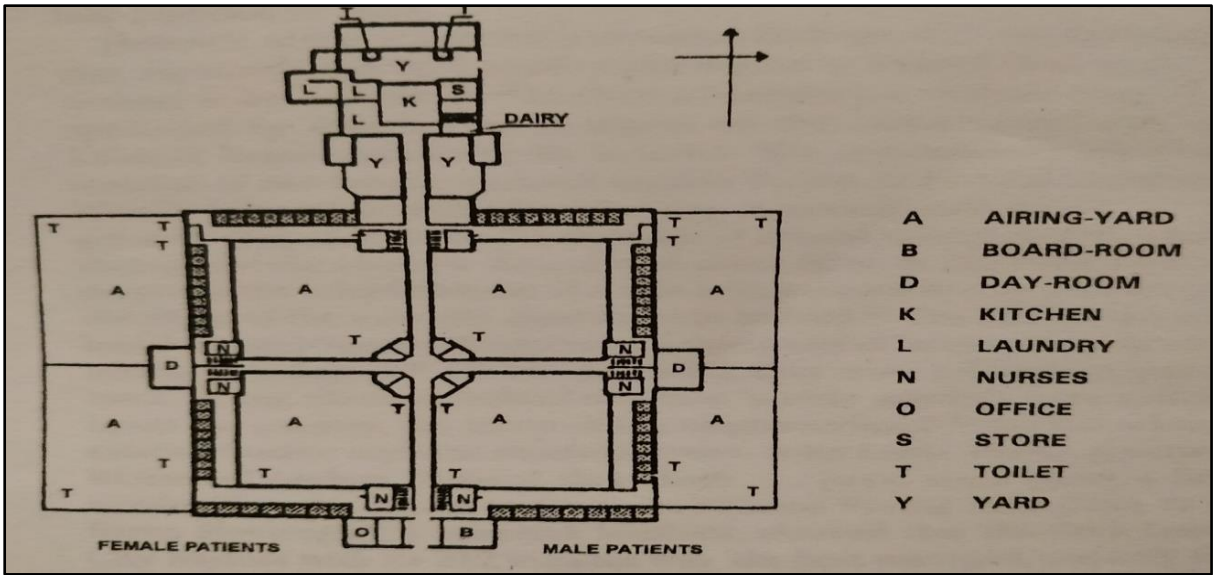
> …not insensible to the means of comfort or even enjoyment. Insane persons retain the power of judging and calculating what concerns their own interest, in the stages of the disorder, during which the superficial observer might conclude they were totally insensible… Whatever tends to promote the happiness of the patient is found to increase his own desire to restrain himself, by exerting the wish not to forfeit his enjoyments. The

[82] Hill, 'Barracks, asylum and model school' p. 291.
[83] Reuber, 'Moral management' p. 209.
[84] William Saunders Hallaran (1817), *Report of Select Committee on Lunatic Poor in Ireland, H.*C. 1817, (430) viii. 33. pp 35-36.
[85] Cox, *Negotiating Insanity* p. 3.

comfort of the patients is therefore considered of the highest importance in a curative point of view.[86]

Jackson's mentorship of Johnston was to evidently have significant impact on his designs as an architect for custodial institutions. Similarly found in St. Patrick's Hospital, Johnston's design for Richmond Asylum, though created in Bentham's 'pre-panoptic' period that will be discussed momentarily, resembled the features that enabled constant surveillance. Richmond Asylum comprised three floors, and each floor contained eight wards. The building commenced in 1810, finished in late 1814 and the institution was opened officially in 1815:

Figure 1.4: Architectural plan of Richmond Asylum, built between 1810 and 1814 by Francis Johnston:



Source: *Correspondence between Home Office and Irish Government on lunatic asylums, 1827*, app., House of Commons, 1828 (234) xxii. 223.

As evident in the plan above, the entrance of the ward was reserved for the keepers' accommodation while the other end of the ward was for the toilets.[87] A central corridor in the shape of a cross was added to the plans in 1814 by Johnson when the asylum was nearly built, which exhibits his intent 'in the absolute necessity of rigorous classification… he wanted the new building to allow a clear differentiation between three classes of male and female inmates'. The three tiers of classification comprised those violently disordered, incipiently disordered, those who were convalescent. Observation was key to the plans of the Richmond as internal

[86] Reuber, 'Moral management' p. 211.
[87] Francis Johnson trained under the architect of St. Patrick's Hospital, Thomas Cooley. Richmond Asylum and St. Patrick both share features in their architectural layout. Reuber, 'Moral management'.

windows were added near the keepers' quarters, permitting constant surveillance.[88] First providing 257 beds, Richmond Asylum became almost immediately 'the major centre for the care of the mentally ill in Ireland'.[89] Although enthusiasm was evident at first with the building of this establishment, this optimism did not last.[90] It was very quickly realised that Richmond Asylum was not to supersede the expectations of Dublin Castle in that it could relieve the demand of custodial care. In fact, it simply acted as a minor upgrade from the Dublin House of Industry.[91] 170 mentally ill persons were recorded inhouse almost immediately and these were all cases who had been directly transferred from that institution.[92] Despite being revolutionary for its period, its quadrangular design remained part of the 'pre-panoptic' feature whereby under the 1817 legislation, was considered to be of an 'inadequate architectural reflection.' Standing 'too much like a poor house', the ability for constant supervision was 'well-nigh impossible.'[93] Overcrowded within months, Richmond Asylum required an extension one year after being built which was accordingly completed in 1816.[94]

The 'panoptic' period played a significant impact on housing practices for those in confinement. Developing on the radial method, Jeremy Bentham (1748-1832) associated the layout of custodial institutions as instrumental in the effective classifications for inmates. Bentham was an English philosopher, social theorist and author of *Panopticon; or the Inspection-house: containing the idea of a New Principle of Construction Applicable to any sort of Establishment in which Persons….are to be Kept under Inspection*.[95] Written in 1787, Bentham's *Panopticon* was considered a marvel for its time. The intent of the panoptic design was not only to improve ventilation but also to eliminate ongoing problems existing in prisons at the time such as 'incomplete classification and insufficient lighting.'[96] He additionally considered the panoptic structure to be highly beneficial in housing the mentally ill. His theory employed the creation of an X-shaped building that permitted a full three-sixty degree

[88] Reuber, 'Moral management and the "unseen eye"' p. 214.
[89] Cox, *Negotiating Insanity* p. 3.
[90] This optimism is evident in the discussion concerning the progressive architecture the new Richmond Asylum encompassed, as will be discussed in Chapter Two.
[91] Hill, 'Barracks, asylum and model school' p. 287.
[92] Kelly, *Hearing Voices* p. 39.
[93] Reuber, 'Moral management and the "unseen eye"' p. 216.
[94] Administrative practices at the Richmond Asylum were later modelled in new district lunatic asylums.
[95] Jeremy Bentham, 'Panopticon; or the inspection-house: containing the idea of a new principle of construction applicable to any sort of establishment, in which persons of any description are to be kept under inspection; and in particular to penitentiary-houses, prisons, houses of industry, work-houses, poor-houses, lazarettos, manufactories, hospitals, mad-houses, and schools: with a plan of management adapted to the principle: in a series of letters, written in the year 1787, from Crecheff in White Russia. To a friend in England' (Dublin, 1791).
[96] Reuber, 'Moral management' p. 217.

surveillance of the surrounding institution where an emblematic dome was mounted on top.[97] Complete and constant inspection was his key to the practice of housing the insolvent mad where its 'periphery was open to complete inspection from a central vantage point.'[98] Bentham and his colleagues were convinced that custodial institutions such as houses of industry, poorhouses, Magdalen houses, madhouses, hospitals and schools 'would all benefit from being turned into transparent microcosms of constant inspection.'[99] As a result, it was not long until the polygonal feature became a primary characteristic in the early nineteenth century prison structure as found in the Galway Gaol (building started in 1802) and the 1821 Limerick City and County Gaol.

Centred on a sixty-foot-high polygonal tower, plans for the Limerick City and County Gaol were submitted in 1816. Three acres were purchased at a cost of £958.33 and the building for the new County Gaol began in 1817.[100] Costing £23,000, it opened in 1821.[101] Although the tower was a mimic of the polygonal feature, the overall architectural design chosen for this complex was radial. Once erected, the face of the entrance represented a 'hard masculine' characteristic that was created intentionally to 'convey the impression of intimidating robustness and strength.'[102] This in turn was to symbolise the 'victory' such an institution would have over the criminal and deviant element in the Limerick population. Endeavours were continuously made throughout the building's history to improve correctional practices. Built in conformity with 'contemporary thinking in Britain on penal reform', the intent of this institution was that prisoners be housed in separate cells.[103] The main tower offered space to house the governor's quarters as well as a committee room, a chapel and a hospital for prisoners. Five rays diverged from the main tower, giving space for housing inmates. These rays represented the principle of panoptic function which enabled constant observation *via* the governor's quarters. In the rays, individual cells were created that permitted more effective measures for inmate classifications. Established for male and female criminals, 103 cells were created and reserved for criminals, but twenty-two apartments were additionally built to house debtors. In order to remedy the defects found at Merchant Quay city jail, these individual cells enabled categorising the inmates in contrast to the old prison regime where all prisoners were

[97] Judith Hill, 'Barracks, asylum and model school', p. 287.
[98] Reuber, 'Moral management' p. 218.
[99] Reuber, 'Moral management' p. 219.
[100] Sean Spellissy, *The history of Limerick City* (Limerick, 1998), p. 245.
[101] Potter, *The Government and the people of Limerick* p. 206.
[102] National Inventory of Architectural Heritage: Buildings of Ireland, Limerick Prison, (http://www.buildingsofireland.ie/niah/search.jsp?type=record&county=LI&regno=21518047) (03/03/2018).
[103] National Inventory of Architectural Heritage: Buildings of Ireland, Limerick Prison, (http://www.buildingsofireland.ie/niah/search.jsp?type=record&county=LI&regno=21518047) (03/03/2018).

mixed.[104] The female side of the prison was based just inside the exterior wall. However, as late as 1833, the segregation of female and male prisoners at Limerick City and County Gaol had not been 'completely implemented.'[105]

With time, efforts were made to improve on Irish confinement practices and conditions. A series of enactments were implemented during the first few decades after opening to ensure that Limerick's establishment was operating in line with penal reform, particularly concerning efficient segregating and classification. The Lord Lieutenant employed two Inspectors General in 1822 to inspect all Irish prisons and as a result, 'conditions steadily improved.' Under the 1826 Prisons (Ireland) Act, a Board of Superintendents was established to oversee the running of the jail.[106] They rarely met so the local prison inspector took up this duty. 1847 saw the building of the prison hospital and the female wing was extended this year also. Water provision during this period was deemed excellent as it was supplied by the springs.[107] In 1865, cells were added to the original structure to house a further sixty male and thirty female inmates. These new cells were designed by William Atkins, and Messrs Ryan & Son had been contracted to build them in 1863.[108] The General Prisons Board was then established in 1877 to oversee the administration of these institutions.[109] Due to its architectural quality and functioning in line with the international revolutionary penal practices of the time, Limerick Gaol was considered 'the most modern prison in Ireland at the time.'[110] What is more, the architecture of this institution was to have a huge influence on the transformation of Ireland's penal landscape, as well as the neighbouring LDLA.

Introducing the outcome of these architectural and lunatic provision developments, land was acquired in 1821 next to the new Gaol on the old Cork road, now Mulgrave Street for the construction of St. Joseph's Psychiatric Hospital, formerly known as Limerick District Lunatic Asylum. This asylum was not only to serve Limerick, city and county but also counties Clare and Kerry. The asylum's first board meeting with its newly employed governors and moral manager John Jackson was held on 18 February 1822.[111] The building of one of the earliest and

[104] Sean Spellissy, *The history of Limerick City* p. 245.
[105] Potter, *The Government and the people of Limerick* p. 206.
[106] Potter, *The Government and the people of Limerick* p. 206.
[107] Spellissy, *The history of Limerick City* p. 245.
[108] National Inventory of Architectural Heritage: Buildings of Ireland, Limerick Prison, (http://www.buildingsofireland.ie/niah/search.jsp?type=record&county=LI&regno=21518047) (03/03/2018).
[109] Potter, *The Government and the people of Limerick* p. 206.
[110] National Inventory of Architectural Heritage: Buildings of Ireland, Limerick Prison, (http://www.buildingsofireland.ie/niah/search.jsp?type=record&county=LI&regno=21518047) (03/03/2018).
[111] JPH, LDLA, Minute book, 18 February 1822.

largest lunatic asylums in Ireland commenced on 14 May 1824. Erected just a mile outside of the city, the intention of LDLA was to reflect and facilitate the reformist practices in the endeavour of curing madness. Stephan Edward Rice laid the first stone of the new panoptic-design-based-central building in proxy of his son, Thomas, with an audience comprising the newly appointed asylum governors and local gentry. The building of LDLA, like many other public institutions, was to prove highly beneficial to its surrounding area as it gave 'employment to the numerous distressed tradesmen at this period.'[112] Built in 1826 and open for the reception of patients in January 1827, LDLA was second in the line established by order of the 1821 Lunacy (Ireland Act). Renowned architect John Bevans and Board of Works architect, Francis Johnston (1760-1829) were asked by the Commissioners for General Control to submit some potential designs.[113] Highly regarded for his work on the York Retreat, Bevans' proposal came with an estimated cost of £29,533, without furniture. Johnston won the contract as his designs came with a cheaper estimation, £27,335, which also included furniture. Johnston additionally sought advice from Doctor Alexander Jackson (Visiting Physician for Richmond Lunatic Asylum) who instructed him to employ some of the concepts inherent in moral management practices: 'he was also opposed to basements as they tended to be the repository for the frantically insane.'[114] Johnston was still encouraged to incorporate some of Bevans' sketches in his work once paid off. Indeed, he later applied Bevan's radial principle to give the new asylum the X-shape structure. Here, one can note the changing styles of housing the mentally ill, styles that were not evident in the previous Limerick institutions. William Murray, Johnston's cousin, was appointed as partner in 1820. Williams and Cockburn, who had built Armagh Asylum were then commissioned as contractors in May 1823. They had given the lowest quotation of £22,758, 2*s*, 9*d*.[115]

Adopting the strengths of the York and Richmond institutions as well as Limerick Gaol, whilst attempting to avoid their flaws, the standing structure of LDLA truly encompasses the revolutionary theories being practiced at the time: 'This appears to be an excellent establishment, admirably constructed, and well suited to the great purpose for which it was instituted.'[116] Johnston's and Bevans' amalgamated designs accordingly created an X-shaped plan with four arms radiating from the central block. As found in the neighbouring prison, this

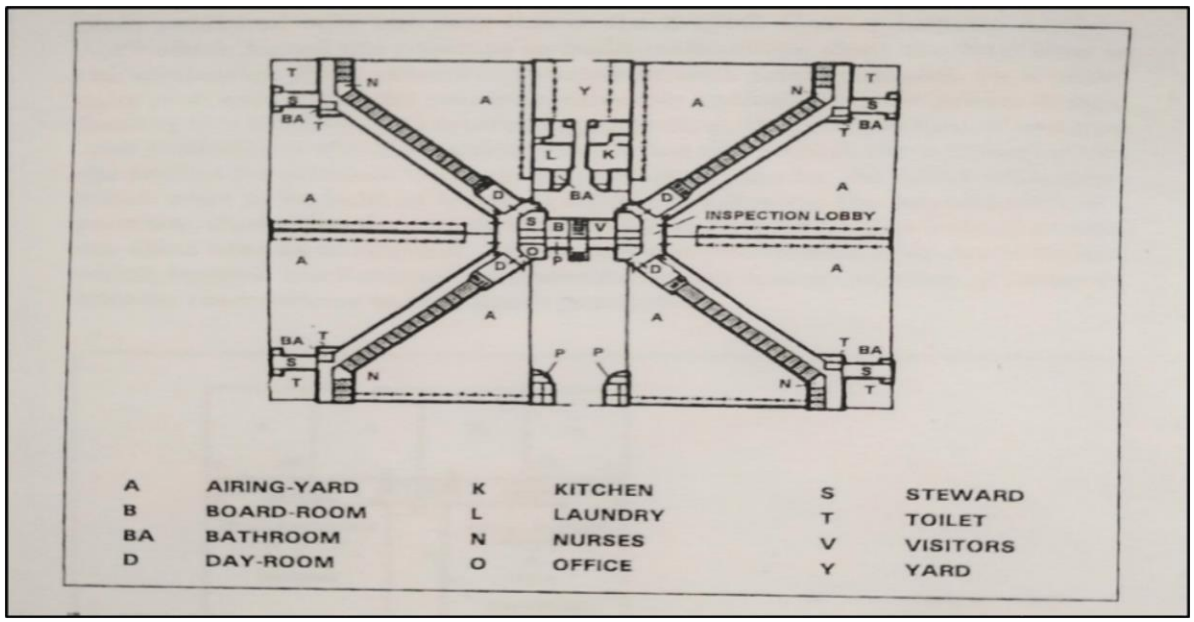
[112] Maurice Lenihan, *Limerick: its history and antiquities* (Limerick, 1866) p. 438.
[113] Hill, 'Barracks, asylum and model school p. 289.
[114] Hill, 'Barracks, asylum and model school', p. 289.
[115] ibid. p. 289.
[116] JPH, LDLA, Visiting Report Book, 12 July 1838. This note was written by an individual who just returned from a missionary in India. No name was provided but and address of 20 Cornwall Place Hollowey, London.

structure permitted total surveillance, thus representing the impact of the moral enlightenment thinking of the time.[117] Reuber believes it 'hardly surprising' that the panoptic design was used as a tool in the therapeutic arsenal of contemporary moral managers.[118] Soon, it became a leading architectural feature in lunatic asylums, finding 'widespread application.' Considering how the 'superintendent's eye' was central to the treatment and potential cure of lunatic patients in asylums, once applied, the panoptic feature saw those admitted housed under designs based on their psychological disorder, their sex and social status for the first time in the history of Irish incarcerated insanity.[119] In line with Bentham's panopticon theory, the subject of non-restraint became a key feature of the moral treatment debate so constant supervision for patients was accordingly deemed crucial. The panoptic plan comprised a central block and as seen in the neighbouring gaol, was to act as the governor's quarters. John Jackson was employed as the asylum's first moral manager with his wife Eliza as matron.[120] Their living quarters were also based in this central block which additionally housed administration offices. Offering a 360-degree peripheral, Bevans criticized any pauper asylum that did not employ the panoptic feature.[121] An inspection lobby was placed in the central tower to offer views into each of the day rooms as well as down the four corridors. Accommodation for patients originally comprised single cells but there were a handful of dormitories on the first floor reserved for convalescent patients. The asylum floors were made of flagged stone and as a result, the cells were usually cold. The only way they could be heated was by 'borrowing' warmth from the fireplaces which were based in the corridors.[122] As a result, the governors struggled to provide efficient heating for years to follow, much to the dissatisfaction of lunacy reformers. Indeed, Tuke's 1813 declaration told how 'maniacs are by no means exempted from the common effects of cold'.[123] By the 1850s, LDLA still struggled to heat the Asylum. Resident Medical Superintendent (RMS hereafter) Robert Fitzgerald informed the Inspector of Lunatic Asylums that this institution was 'rather deficient in warming the establishment.' When questioned by the Inspector 'Is warmth important in a curative hospital for the insane?' Fitzgerald replied:

[117] LDLA was one of four constructed under Johnston's and Murray's designs as Armagh (1825), Derry (1827) and Belfast (1829) were also modelled by Johnston and Murray. Johnston was also contracted as architect in 1824 for Ballinasloe Asylum but this institution was not in operation until 1833.
[118] Reuber, 'Moral management' p. 219.
[119] Reuber, 'Moral management' p. 219.
[120] JPH, LDLA, Minute book, 18 February 1822.
[121] Reuber, 'Moral management' p. 221.
[122] Hill, 'Barracks, asylum and model school' p. 291.
[123] Samuel Tuke, *Description, 1813* p. 1.

'Good air and warmth are certainly useful.'[124] The single cells down the four radiating corridors were to act as a means of providing this 'good air'. It was believed that they permitted better lighting and ventilation compared to the institutions that came before the asylum. Much thought was given to the windows at LDLA. Similar to York Retreat, they were also made of glass and supported by iron frames but they were placed too high up for patients to see through.[125] Throughout the nineteenth century, in order to improve standards of comfort for the patients, the stone floors were replaced with pitch pine and the windows were enlarged, given shutters and the iron was replaced with timber frames.[126]

Figure 1.5: Architectural plan of LDLA, built between 1824 and 1826 by William Murray and Francis Johnson:



The 'Panoptic' plan of the larger standard asylum in the 1820s offered accommodation for 150 people. First tried at LDLA, it was then repeated at Connaught District Lunatic Asylum, Ballinasloe, 1831-33.
Source: Correspondence between Home Office and Irish Government on Lunatic Asylums, 1827, app., H.C. 1828 (234) xxii.[127]

The dayrooms in the centre of the block, as shown in Figure 1.5, were intended to be reserved for well-behaved patients whilst disruptive patients were to be placed near the sleeping quarters. As can be seen above, eight airing yards were created as well as a laundry, stores and

[124] *Report of the commissioners of inquiry into the state of the lunatic asylum in Ireland 1858,* Part II, Evidence and Documents, p. 386. This suggests that Fitzgerald did not regard it as especially important. This goes back to an early belief that lunatics did not feel cold or pain in the way that 'normal' people did.
[125] Hill, 'Barracks, asylum and model school' p. 291.
[126] *Reports of the Limerick District Lunatic Asylum, 1893 and 1901*; Hill, 'Barracks, asylum and model school' p. 291.
[127] *Correspondence between Home Office and Irish Government on Lunatic Asylums,* 1827, app., H.C. 1828 (234) xxii.

workshops. All were placed in separate buildings at the rear of each axis thus producing a more classically symmetrical design.[128] Once erected and standing three stories tall, the exterior was built entirely out of limestone, lined with brick and extended 429 feet in front and 314 feet in depth[129] with dwarf palisades erected between the lodges 'as an ornament to the approach of the asylum.'[130] The clock tower formed on top of central building became a common feature in similar designs. However, it was only inserted when the final plans were drawn up. Four timber faced clocks were created to be set on each face of the square tower. Under the front clock, the year of establishment was inscribed into the limestone edifice in Roman numerals.[131]

Complications arose concerning the physical structure of the asylum very early on. Just two weeks shy of the official opening, on 11 January 1827, it was ordered by Mr. Goulburn (Chief Secretary to the Lord Lieutenant) that the asylum's architect, William Murray, come to the asylum and inspect the structure and grounds in order to assess if any alterations and improvements were necessary. He noted twelve issues and offered recommendations to solve them. Firstly, the windows in the lower range of the cells were deemed 'insecure and unsafe' so the surrounding boarding was replaced by stronger planks, which in turn, were secured by padlocks.[132] Secondly, newly employed keepers were directed to inspect the three stories of the asylum. As there was no accommodation created for them at this stage, it was directed that they be housed in the day rooms. Another recommendation saw a bathroom be created on each story of the wings. These facilities were intentionally placed in the small rooms next to the laundry and away from the cells to improve standards of hygiene. Reuber argues that this new feature of added bathrooms found in most of these asylums was not so much for improving hygiene but rather for the intent of offering 'therapeutic cold or warm ablutions.'[133] Fourthly, the local commissioners were requested to purchase a steamer for the kitchen. A place was needed for washing potatoes so the small yard adjoining the asylum kitchen was selected. Next, the yard was altered and secured so it could be utilised as a field where 'two or three opens in the fuel shed can be enclosed with a brick wall.'[134] The seventh request considered the back entrance as 'too distant and unsafe' and as a result, 'it was made convenient to the windmill or back road for bringing in manure straw.'[135] An enclosed, large space was needed as a 'dung pit' so the

[128] Hill, 'Barracks, asylum and model school' p. 290.
[129] Spellissy, *The history of Limerick city* p. 245.
[130] JPH, LDLA, Minute book, 4 November 1833. The newly employed RMS Doctor O'Callaghan designed and ordered the erection of these palisades in November 1833.
[131] This feature still stands similar today and can also be noted in Ballinasloe's asylum.
[132] JPH, LDLA, Minute Book, 11 January 1827.
[133] Reuber, 'Moral management and the "unseen eye"' p. 222.
[134] JPH, LDLA, Minute Book, 11 January 1827.
[135] JPH, LDLA, Minute book, 11 January 1827.

kitchen yard was selected. The ninth note complained about how the exterior surrounding asylum wall was too low at eight feet, six inches. As remedy, Murray encouraged the governors to sink a fosse or create a trench inside the wall. This is interesting as in Ballinasloe Asylum, they had originally built very high walls of stone, but these were lowered within the first few years after opening so that the asylum had less of a look of a prison. The tenth request suggested that the front of the asylum be efficiently enclosed, but this was objected to by the Commission of General Control. No other advice or recommendation from either the architect, governors or commissioners was offered on this. Murray proposed an entrance to the dwelling house be created as the eleventh recommendation but suggested that the newly opened door of the lower inspection lobby be used instead as it would serve such a purpose. A water closet was then requested for the governor's house, but it was answered that it had two 'necessaries adjoining the house' already. The final request was made by the physician of the time who asked for an icehouse, but this request was placed into the hands of the local commissioners. The costs of these alterations were as follows:

Figure 1.6: Return of alterations completed before opening at LDLA, recommended by Architect William Murray in January 1827:

Alteration	**Cost (£)**
32 windows properly secured to Mr Jackson's satisfaction	£22.10.0
1 scantling door frame for passage in kitchen	£" 13 ".
4 yards of framed wainscot in door for passage including painting door	£1.14 "
An iron rim lock and putting on door	£" 9, 6
A latch and hinges for door	£" 2, 6
(Illegible) for doorway	£" 4, 6
2 days mason, breaking out doorway	£" 7, 6
3 days labour	£" 3, "
Plastering the joints	£" 6, 6
14 yards wainscoting bedroom, passage including painting said bedroom	£5.12 "
Total	£32

Source: St. Joseph's Psychiatric Hospital, Limerick (hereafter JPH), LDLA (hereafter LDLA), Minute Book, 11 January 1827, (Limerick City and County Archive), P98/1/1.[136]

In these final stages of construction in December 1826, an atmosphere of tension is exhibited in the minutes, particularly when trying to meet Murray's recommendations. Although it is evident that those constructing and running the asylum were endeavouring to provide what would have been considered efficient housing for the incoming patients, the above requests and

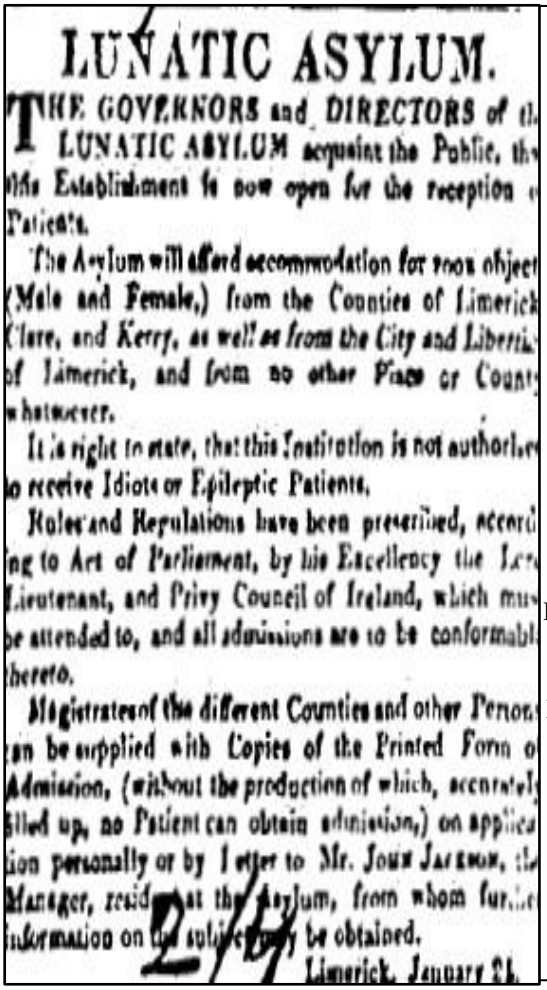
[136] JPH, LDLA, Minute Book, 11 January 1827.

other demands made during the lead-up demonstrate how pressed for time the governors really were to open the institution. The governors even acknowledged their struggle when having to admit Mary H. as the asylum's first patient in early January.[137] Mary H. was a resident midwife from Dublin and was called in late December 1826 to attend work at the Limerick City Lying-In Hospital. A few days later, she was admitted as LDLA's first patient on 8 January 1827. She was reportedly found acting in 'a very violent manner affected with madness.' Defined as a 'poor object', she was 'suddenly seized on Saturday last with indisposition… becoming quite frantic, and was yesterday so bad, that three persons were employed to restrain her from injury, and a straight waistcoat was procured.'[138] As she was 'destitute of friends and money', the governors of LDLA encouraged her admission irrespective of the fact that the asylum was not 'yet quite ready for opening the asylum for the general reception of patients.'[139] LDLA did not open until 22 January to any other patient. Aside from those employed, Mary was on her own at this new establishment for exactly two weeks.[140]

After these few weeks and having examined and inspected the building, Governors Mayor Henry Watson, John Pinkherton, Arthur Preston and Joseph Mary Flannery signed a report stating that 'we are of opinion that the same is finished and completed in a permanent and workmanlike manner.'[141] On 22 January 1827, the doors of the new asylum opened for the reception of patients under the command of Mr. Goulburn, as proxy for the Lord Lieutenant.[142] For the first time in the history of incarcerated insanity in south-west Ireland, patients of LDLA were to be segregated *via* their psychological disorder and sex. After being approved by Dublin Castle, five hundred admission forms were given to the newly appointed moral manager John Jackson for distribution.[143] Advertisements were subsequently sent out to appear in Limerick, Ennis and Tralee newspapers and were published two days later establishing its leading function with spaces for 150 patients:

[137] JPH, LDLA, Minute book, 8 January 1827.
[138] JPH, LDLA, Minute book, 8 January 1827. The fact that she was defined as a 'poor object' is interesting. As she was a wage-earner, she should have been contributing to her care.
[139] JPH, LDLA, Minute book, 8 January 1827.
[140] JPH, LDLA, Minute book, 8 January 1827.
[141] JPH, LDLA, Minute book, 1 July 1825.
[142] JPH, LDLA, Minute book, 1 July 1825.
[143] JPH, LDLA, Minute book, 22 January 1827.

Figure 1.7: Advertisement for the opening of LDLA, 24 January 1827 in the *Limerick Chronicle*:



LUNATIC ASYLUM.

THE GOVERNORS and DIRECTORS of th
LUNATIC ASYLUM acquaint the Public, th
this Establishment is now open for the reception
Patients.

The Asylum will afford accommodation for poor object
(Male and Female,) from the Counties of Limerick
Clare, and Kerry, as well as from the City and Liberti
of Limerick, and from no other Place or Coun
whatsoever.

It is right to state, that this Institution is not authorised
to receive Idiots or Epileptic Patients.

Rules and Regulations have been prescribed, accordi
ng to Act of Parliament, by his Excellency the Lor
Lieutenant, and Privy Council of Ireland, which mus
be attended to, and all admissions are to be conformabl
thereto.

Magistrates of the different Counties and other Person
can be supplied with Copies of the Printed Form o
Admission, (without the production of which, accurately
filled up, no Patient can obtain admission,) on applica
tion personally or by Letter to Mr. John Jackson, the
Manager, resident at the Asylum, from whom fur
information on the subject may be obtained.

Limerick, January 24.

Lunatic Asylum

The Governors or Directors of the Limerick District Lunatic Asylum acquaint the public that this establishment is now open for the reception of patients.

The asylum will afford accommodation for poor objects, male and female, from the counties of Limerick, Clare and Kerry as well as from the City and Liberties of Limerick and from no other place of county whatsoever.

It is right to state, that this institution is not authorised to receive idiots or epileptic patients.

Rules and regulations have been prescribed according to Act of Parliament by His Excellency the Lord Lieutenant and Privy Council of Ireland, which must be attended to and all Admissions are to be conformable therein.

Magistrates of the different counties, and other persons, can be supplied with copies of the printed forms of admission, (without the production of which, accurately filled up, no patient can obtain admission), on application personally, or by letter to Mr John Jackson, the manager, resident at the asylum from whom further information on the subject may be obtained.

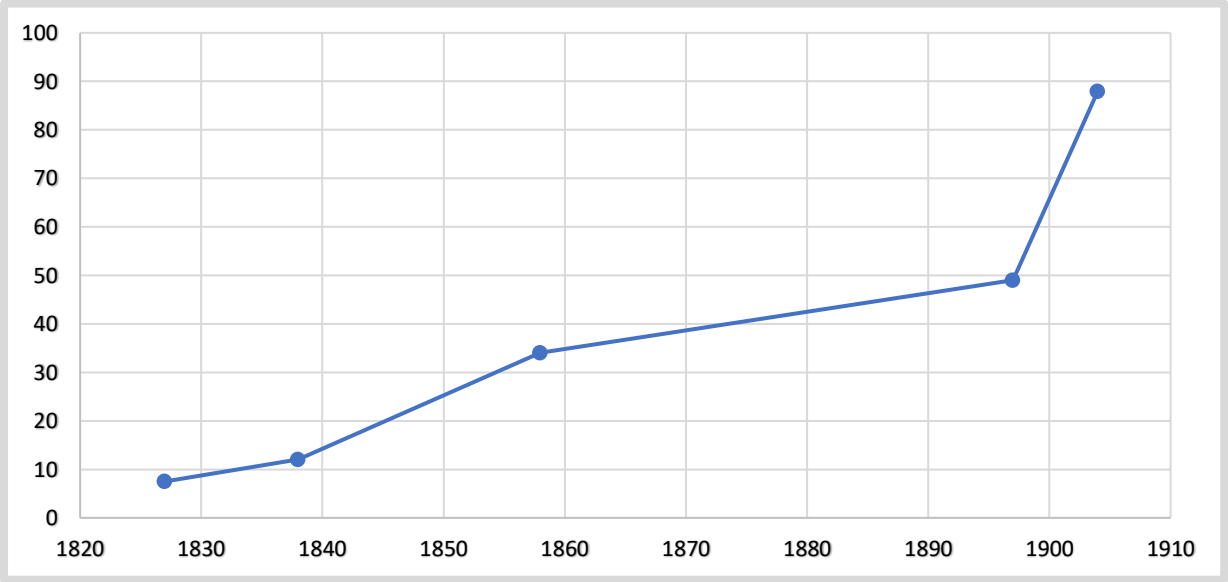
Source: *Limerick Chronicle*, 24 January 1827; JPH, LDLA, Minute book, 22 January 1827.[144]

Within weeks, the asylum was inundated with various cases for admissions. As was the case with many of these institutions, it quickly became evident that 150 beds were simply not enough to serve all four of the proposed districts and very soon, overcrowding resulted. Though those who needed the asylum will be detailed in the subsequent chapters, the history of the asylum expansions is important to note. Firstly, it shows how LDLA shared many features in common with similar institutions. Carlow Asylum was also met with an 'inexhaustible demand for admissions' where the asylum governors were repeatedly requesting to build extensions on the asylum's main building from 1834, which was at this stage only two years old.[145] As a result of the demand, the original blueprint for many asylums was to change and evolve accordingly where a series of extensions in LDLA were constructed between 1827 and 1901

[144] *Limerick Chronicle*, 24 January 1827; JPH, LDLA, Minute book, 22 January 1827.
[145] Cox, *Negotiating Insanity*, p. 39.

in order to 'commensurate with the wants and comforts of the increased and increasing number of patients, and the consequent necessity of augmenting the means for their support, employment, and recreation.'[146] What was under ten acres originally, increased to over thirty-four acres by 1858.[147] By 1904, the grounds covered eighty-eight acres.[148]

Graph 1.1 Expansion of LDLA land in acres,1827-1904:



Source: JPH, LDLA, Minute books 1-7.[149]

Efforts to acquire additional land was no easy feat and much discussion ensued for each venture. For example, by August 1894, the asylum had an overflow of seventy-five patients and in order to purchase more land, the governors of LDLA had to obtain consent from the Board of Control.[150] At this stage, the asylum was occupying roughly forty acres for land and buildings. In a letter to the Board of Control, the governors suggested that extra land would provide agricultural employment which in turn would benefit the patients of County Limerick. Comparisons were drawn with other institutions in England and Ireland that had fewer inmates but more land available for recreation and work. Stating that they needed at least fifty acres, the governors requested that they be granted permission to build additional accommodation to house 160 patients. Unhappy with the initial reply from the Board of Control, the governors discussed at a later board meeting how it would look favourable in the returning letter to state

[146] JPH, LDLA, Minute book, 22 September 1834.
[147] *Correspondence between Home office and Irish government on lunatic asylums 1827*, H.C. 1828, no. 2, p. 3.
[148] *Report of the Limerick district lunatic asylum for the financial year ended 31st March 1905 and the statistical year ended 21st December 190*4, table xiv, p. 23.
[149] JPH, LDLA, Minute books 1-7.
[150] JPH, LDLA, Minute book, 1 August 1894.

that the extra provisions would mean a possibility of admitting a number of people from Limerick Union Workhouse. After several correspondences, it was eventually agreed that the governors could purchase thirty acres but the discussion on where to purchase and how to fund these additional acres was decided on at a later date. The following meeting saw Mr. Browne, the asylum engineer, offer his plans for extending a new building to provide accommodation for eighty males and eighty females at a cost of £3,250. He also offered an alternative plan that involved the erection of additional accommodation on each side of the main building to house one hundred patients, costing $4,000. The governors agreed to accept the first plans but with some modifications that were to be agreed upon at another meeting.[151]

Efforts to create additional accommodation at LDLA continued throughout the nineteenth century. In 1861, two new wings were added to the original panopticon that permitted an additional 148 admissions. By 1867, LDLA could hold 454 patients which increased to 551 by 1890. As overcrowding had become a pattern, this establishment was quick predict the features of other asylums with a never-ending need for additional provision.[152] In 1894, the governors attempted to acquire the Roxboro Diocesan School (based at the rear of the asylum) but were told by the Board of Control that such a purchase was not possible.[153] Instead, a loan was provided by the Board to build a house and gate lodge, which was done in 1898. Titled 'Elmhurst', the house was reserved for the asylum physician with Dr O'Neill as its first occupant. It is still in use today as administration offices. Drawing on Ordnance Survey Maps, Appendices B and C exhibit how LDLA physically expanded between 1840 and 1900 whilst Figure 1.8 below details the accommodations available between 1827 and 1904.

Figure 1.8: Accommodations available at LDLA, 1827-1904:

Year	Accommodation
1827	150
1871	427
1886	500
1896	685
1904	673

Source: JPH, LDLA, Minute books 1-7; Mark Finnane, *Insanity and the Insane in Post-Famine Ireland* (New Jersey, 1981) (Appendix, table A).[154]

[151] JPH, LDLA, Minute book, 12, 24 August 1894.
[152] *Limerick Leader*, 1 August 1894.
[153] *Limerick Leader*, 17 January 1894
[154] JPH, LDLA, Minute books 1-7 and Mark Finnane, *Insanity and the insane in Post-Famine Ireland* (New Hersey, 1981) (Appendix, table A).

The total cost of extensions and land purchased during this period accumulated to £81, 827.0*s*.0*d*.[155] The funds to cover such extensions were drawn entirely from local taxation. By way of comparison, Armagh's Asylum bill cost £111,135 and Ballinasloe was recorded to have spent £168,741 on extensions. £58,866 was spent on Ennis Asylum for additional accommodation whilst £284,185 was paid for an extra 1,130 beds at Belfast Asylum. Richmond Asylum was the most expensive at £541,129 for 3,218 beds. Out of twenty-two district lunatic asylums, LDLA was fifth lowest for its expenditure on extensions. It must be noted that these sums reveal only what was spent after 1830 and therefore exclude the expenditure for the original asylum buildings.[156] Nonetheless, these high rates of expenditure are very telling. The provision of additional accommodation exposes the demand made on these asylums but also detail the amount of funding that went into them, which is quite sizable. According to Finnane, an estimated £5,700,000 was spent between 1800 and 1868 on the establishment of 5,800 churches, convents, schools and other institutions: 'By any of these standards the construction of twenty-two lunatic asylums and their additions entailed a substantial financial burden throughout the century.'[157] The level of discussion amongst those governing LDLA concerning asylum expansion reveals the attitudes towards incarceration and the segregation of the insane on behalf of those in charge. The amount of money put into expanding not just LDLA but also the other asylums on the island was significant. Incarceration and segregation were the only known options in practice in treating the mentally ill. These efforts in providing additional accommodations not only reveal the work done to meet the demand of Irish society but also represent the belief in what this system could provide, in that it would benefit the people and the mentally ill.

Limerick Union Workhouse was to additionally play a role in serving the local insane pauper in mid-nineteenth century Limerick. Though this institution did not directly affect the physical layout of LDLA in comparison to the establishments detailed above, this institution nonetheless proved significant in the context of Limerick insanity and custodial care. 130 Workhouse Unions were established under the 1838 Poor Law Act throughout Ireland. Architect to the Poor Law Commissioners from 1839 to 1890, George Wilkinson (1814-1890) designed these

[155] Finnane, *Insanity and the insane (*Appendix, table A).
[156] Finnane, *Insanity and the insane* p. 227. The years between 1873 and 1875 saw LDLA as the largest item of local expenditure 'in this county, probably about one fifth of the whole Grand Jury cess.' See - *Supplementary correspondence between Irish government and the Limerick district lunatic asylum, May 1873-March 1875,* p. 25.
[157] Finnane, *Insanity and the insane* p. 33.

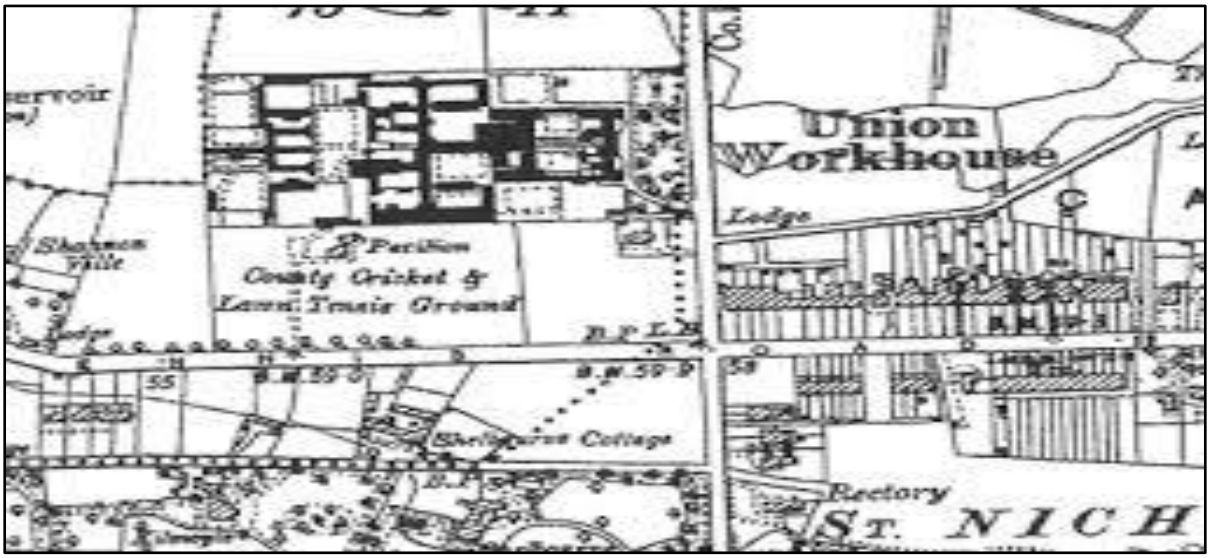
new establishments at a cost of £500 per annum.[158] Wilkinson arrived in Ireland on 11 January 1839 and sought to create a technical team to help on these projects. With the proposals accepted, his team comprised an 'experienced' full-time assistant 'of active habits familiar with drawing and possessing a good practical knowledge' as well as a draftsman, and a clerk of works. The assistant earned a wage of £150 per annum, the draftsman, £100 and the clerk was paid two guineas per week.[159] This initiative was no easy feat. With over 5,200 sheets of large drawings counted in the endeavour to get 'full information on costs and materials', Wilkinson elaborated on the preparatory work conducted for the building of these workhouses:

> l have paid particular attention to the collection in a systematic manner of the particulars of the price of local building materials, labour, carriage, customary prices, etc., in all parts of Ireland, from the commencement of the building operations to the present time, together with the particulars of the mode and cost of working the various quarries. I have also made a collection of all the different building stones used in Ireland, in order, in various ways, to test the actual cost of different kinds of works, and the proportionate quantities of the different kinds of materials required for their execution.[160]

Limerick city was selected as the site of a Union Workhouse on 20 December 1838. An eleven-acre site on the east side of Shelbourne Road was acquired and the building of Limerick's Union Workhouse commenced in 1839. It was fully constructed on 18 May 1841, fourteen years after LDLA opened. Erected away from the usual institutions already established on Mulgrave Street in the city on the other side of the river, Limerick Workhouse admitted its first inmate four days later on 22 May 1841.

[158] Irish Architectural Archive: George Wilkinson, *Dictionary of Irish Architects, 1720-1940*: https://www.dia.ie/architects/view/4918/Wilkinson-George (accessed 25/11/2019).
[159] P.J. Meghan, 'Building the Workhouses' in *Old Limerick Journal* vol. 7, Summer 1981, pp 25-27. (p. 25).
[160] *Eighth Annual Report Poor Law Commissioners*, p.112.

Figure 1.9: Limerick Union Workhouse site, opened May 1841. Map of site, c.1925:



Source: The Workhouse: http://www.workhouses.org.uk/Limerick/ (accessed 28 February 2020).[161]

Built at the same time as Cavan and Cork, Limerick was the most expensive workhouse out of the 157 establishments constructed by 1853.[162] With the capacity to admit no more than 1,600 paupers and costing nearly £13,000 (£10,000 for land and building with an additional £2,830 for fixtures and fittings), this Union was to serve a population of 132,067.[163] Catering for those who were destitute from the Limerick Union, this establishment was to serve an area of roughly 197 square miles including seventeen boroughs: Limerick City, Abington, Ballybricken, Cappamore, Caherconlish, Castleconnell, Crecora, Derrygalvin, Doon, Fedamore, Killeely, and Kilmurry. Another five were added to this list but were from County Clare: Kitenanlea, Kilfeenaghta, Killokennedy, Killeely, and Kilseely. Dispensary workhouses were built in Kilmallock, Rathkeale, Glin and Croom but the workhouse on Shelbourne Road was to act as a headquarters. Sir Thomas Deane & Co. of Cork were contracted for Limerick Workhouse as well as the workhouses at Rathkeale and Croom whilst Alexander Deane was contracted for the Kilmallock establishment.[164]

[161] The Workhouse: http://www.workhouses.org.uk/Limerick/ (accessed 28 February 2020)
[162] John O'Connor, *The Workhouses of Ireland, the fate of Ireland's poor* (Dublin, 1995), pp 257-264.
[163] Damien J. Moane, 'The Limerick Workhouse: 1841-1861' (Unpublished MA Thesis: Mary Immaculate College, 2002), pp 3-4.
[164] *Sixth Annual Report Poor Law Commissioners*, 1840.

Figure 1.10: Limerick Union Workhouses 1841-1952 detailing dates, capacity, costs and population:

Workhouse	Date built	Capacity	Cost	Costs for additional fittings	Population Re census year
Limerick City	18 May 1841	1,600 persons	£10,000	£2,830	140,072 (1831)
Kilmallock	29 March 1841	800 persons	£7,000	£1,212	74,776 (1831)
Rathkeale	26 July 1841	660 persons	£6,686	£864	67,373 (1831)
Glin	1852	600 persons	£5,900	£1,115	-
Croom	29 June 1852	600 persons	£6,200	£1,150	10,806 (1901)
Newcastle	18 February 1841	550 persons	£6,680	£920	51,650 (1831)

Sources: *Sixth Annual Report Poor Law Commissioners*, 1840; P.J. Meghan, 'Building the Workhouses' in *Old Limerick Journal* vol. 7, Summer 1981, pp 25-27. (p. 25); The Workhouse: http://www.workhouses.org.uk/Limerick/ (accessed 28 February 2020).[165]

Due to the extensive use of these institutions, a demand initially underestimated, there were continual revisions and additions made to the original buildings throughout Ireland. In a report on the workhouse accommodations in Ireland, dated 1 May 1847, additional holdings were made to facilitate 912 more bodies in Limerick Workhouse. These holdings existed as 'temporary sheds.'[166] Kilmallock, as indicated in Figure 1.10, was built to hold 800 persons in March 1841 where by May 1847, additional accommodations for 200 inmates were setup in the workhouse yard in front of the fever ward.[167] Housing for an extra 247 people was built at Rathkeale's workhouse soon after opening. Here, a house was hired to specifically hold fever patients, whilst additional buildings to act as sleeping galleries were also erected.[168] Regarding the architecture style of these institutions, the evolution of Irish workhouses saw the removal of the panoptic feature as it was at this stage wholly associated with the prison system and a select few of the Irish lunatic asylums. In fact, Wilkinson designs bore 'no resemblance to Bentham's panopticon.'[169]

These workhouses were all built brand new in Ireland aside from two establishments in North and South Dublin. The House of Industry based in North Dublin became the new Union

[165] *Sixth Annual Report Poor Law Commissioners*, 1840; P.J. Meghan, 'Building the Workhouses' in *Old Limerick Journal* vol. 7, Summer 1981, pp 25-27. (p. 25); Irish workhouses: http://www.workhouses.org.uk/Limerick/ (accessed 28 February 2020).
[166] O'Connor, *The Workhouses of Ireland* p. 236.
[167] O'Connor, *The Workhouses of Ireland* p. 236.
[168] O'Connor, *The Workhouses of Ireland* p. 238.
[169] Reuber, 'Moral management' p. 225.

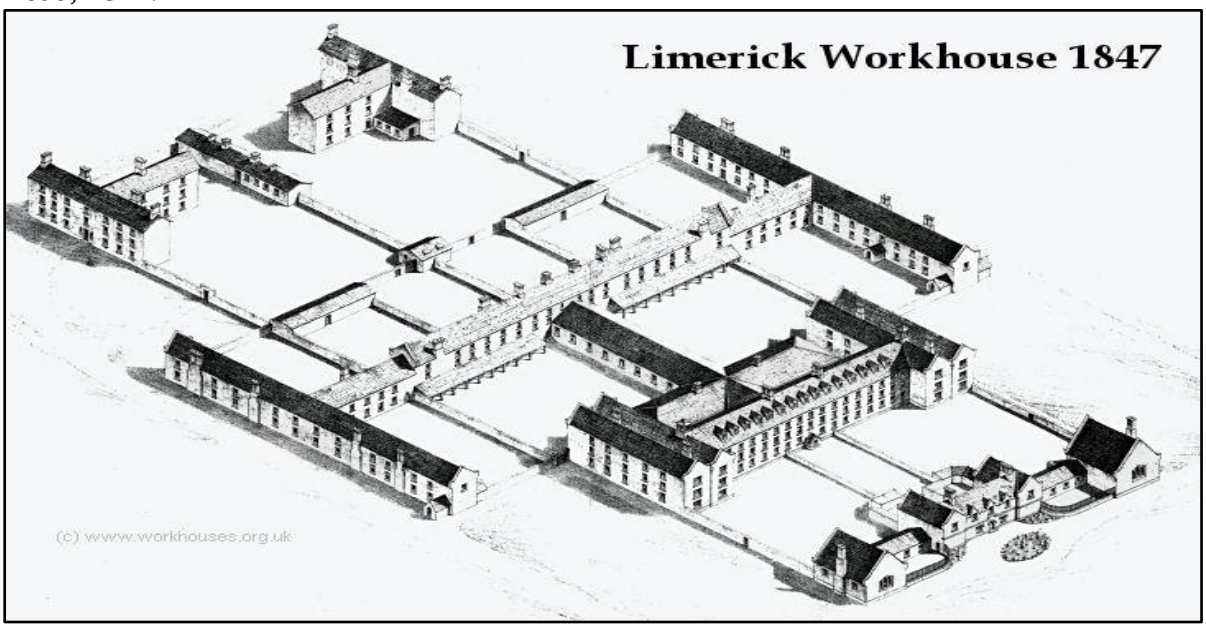
Workhouse where Wilkinson had to conduct and supervise a significant reconstruction project as well as do repairs on the Islandbridge Artillery Barracks that had taken in 370 idiots and incurables from the House of Industry.[170] By 1840, sixty-four workhouses were under construction.[171] Concerning Limerick, Rathkeale Workhouse opened on 26 March 1841 and Newcastle West Workhouse on 15 May 1841, and Limerick Union Workhouse opened on 18 May 1841, as stated. On 2 May 1842, the Poor Law Commissioners published their report stating that eighty-one workhouses at this stage were 'fit for the reception of the destitute poor' with the intent that the end of that summer would see one hundred workhouses opened and fully functioning. Despite these developments, the Commissioners deemed these opening dates as overdue when compared to the original proposals. Although Limerick Workhouse was built within the contracted timeframe, Rathkeale and Newcastle West were supposed to have been fully in operation by September and December 1840. The Irish weather was blamed for these delays:

> …extremely unfavourable for building operations during the past three years, there having been, an unusual quantity of rain; and this prevalence of wet weather has necessarily impeded the progress of the buildings and greatly increased the difficulty of superintendence.[172]

Meghen believes that Limerick Workhouse is a prime example of the 'typical workhouse' layout:[173]

[170] *Sixth Annual Report Poor Law Commissioners*, 1840.
[171] *Sixth Annual Report Poor Law Commissioners*, 1840.
[172] *Eighth Annual Report Poor Law Commissioners*, Page 2.
[173] P.J. Meghan, 'Building the Workhouses' in *Old Limerick Journal* vol. 7, Summer 1981, pp 25-27. (p. 27).

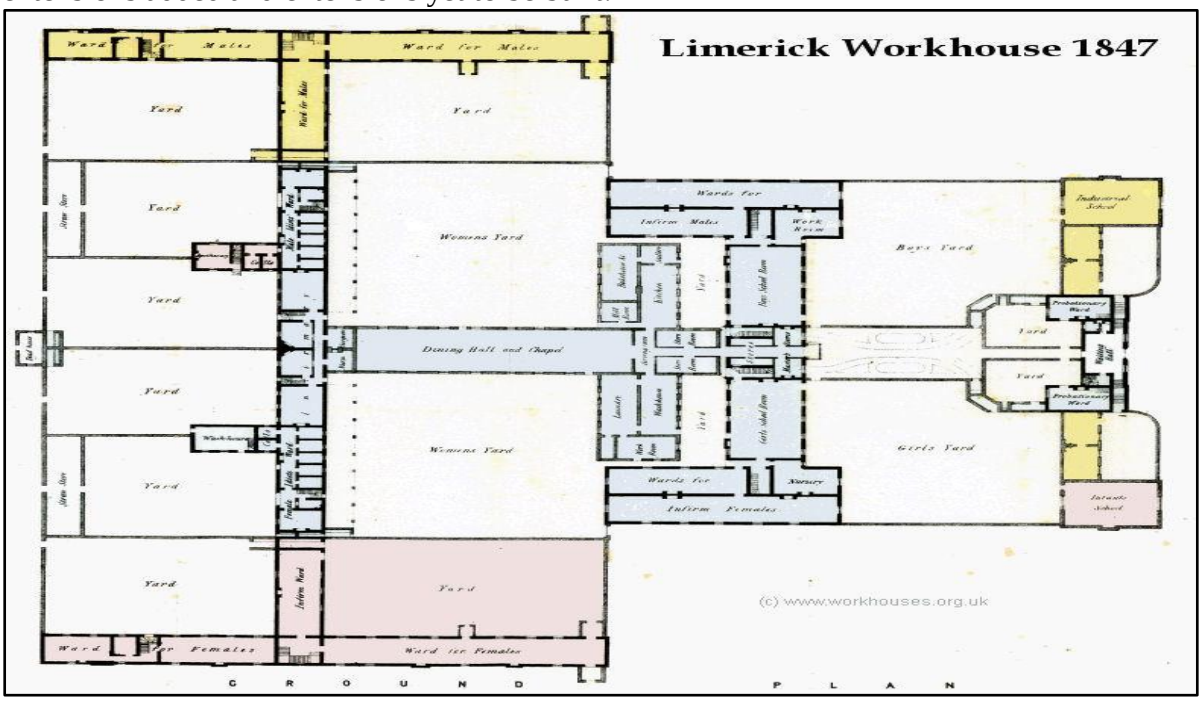
Figure 1.11: Birds-eye view of Limerick Union Workhouse external buildings on Shelbourne Road, 1847:



Source: The Workhouse: the story of an institution, 'Limerick Poor Law Union' (http://www.workhouses.org.uk/Limerick/) (25/11/2019).

The above birds-eye view documents the external buildings in 1847. Although the original main buildings are exhibited, additional buildings were erected as an attempt to remedy the overwhelming demand made of this institution, particularly during the Famine years (1845-49). New buildings and sheds were added to accommodate an additional 912 inmates as can be noted in the plan below.

Figure 1.12: Ground plan of Limerick Union Workhouse (1847) including original buildings, extensions added and extensions yet to be built:



Source: The Workhouse: the story of an institution, 'Limerick Poor Law Union' (http://www.workhouses.org.uk/Limerick/).[174]

The buildings in blue represent the original plan whilst the pink buildings display the additional accommodations that were already constructed. The yellow buildings indicate the extensions that were yet to be built. The physical shape and architectural style of Limerick Workhouse was intended by the Commissioners in their 1839 report to be 'of the cheapest description, compatible with durability; and effect is aimed at by harmony of proportion and simplicity of arrangement, all mere decoration being studiously excluded'.[175] As found in the other Limerick institutions, this workhouse was made with a limestone edifice but the interior walls were covered with whitewash. Other workhouses such as Portumna commonly had their interior walls painted with limewash due to lime's antiseptic quality.[176] Wilkinson's plans saw Limerick Workhouse ensure that the ground floors be made of mortar and clay rather than stone or wooden planks. Stone floors were commonly complained about as found at LDLA during the winter months as they were considered unbearably cold for the patients.[177] Wooden floors

[174] The Workhouse: the story of an institution, 'Limerick Poor Law Union' (http://www.workhouses.org.uk/Limerick/) (25/11/2019).
[175] *Fifth Annual Report Poor Law Commissioners*, 1839.
[176] Irish Workhouse Centre, 'Portumna Workhouse: conservation and re-development' (http://irishworkhousecentre.ie/) (25/11/2019)
[177] Meghan, 'Building the Workhouses' in *Old Limerick Journal* p. 27.

would have been too easily subject to decay and rot, warranting additional funds to rectify the problem.

Designed as a refuge of last resort, Limerick Union Workhouse was to be availed of in the most desperate of circumstances:

> We found by the side of the green lane a man named Connor McInerney in a state of disease from which it seemed almost impossible that he could recover. His body and legs were so much swollen and so inert that at any point of pressure the indenture remained, almost as though it has been made of dead clay; and everything about him betokened a near dissolution. How happened he to be there? was one of our first enquires when he informed us that he had crawled from the workhouse in Limerick. But why in that wretched state had he done so? Because, said he, his wife had died there already, and his two children would soon be gone too, and he had so longed once more to breathe the fresh air and to die, if he must die, near his home and among his people, that he had come away as best he could and had thus far accomplished his object. If ever a wild Irishman was seen in the world, sure enough he had his fellow in Conor. Yet notwithstanding all his roughness, there was a touch of nature in his soul that pleased me. He loved the sunshine and flowers and his boyhood home, and comfort according to the poor law was not half so precious to him.[178]

Preference was given to those most destitute and vulnerable where the aged, infirm, and pauper children were given priority for admission. For families seeking welfare, segregation was immediately implemented where mothers and daughters were directed to the female compartments and the fathers and sons sent to the male side whilst children under two years of age could stay with their mothers. On entry, all possessions had to be surrendered and anyone who owned a quarter of an acre of land or more was not eligible for relief. Life in the workhouse under the 1838 Act for the more Effectual Relief of the Destitute Poor operated on strict regimes for inmates who were subjected to compulsory labour, a monotonous diet and, were all separated from their families: 'These were all features of a system that was designed to ensure that only the most destitute applied for relief.'[179] However, O'Connor finds that the compulsory labour at this workhouse was not on par with the strict regimen of labour at Limerick House of Industry, thus acting 'less and less a semi-prison for able-bodied men and women.'[180]

The Sisters of Mercy were appointed to Limerick Workhouse in 1861 to act as nurses dedicating their work to provide relief to the sick poor. During this period, it was noted that

[178] Spencer T. Hall, *Life and Death in Ireland, as witnessed in 1849*, (Unknown binding, 1850). Referenced in O'Connor, *The Workhouses of Ireland* p. 151.
[179] Moane, 'The Limerick Workhouse: 1841-1861' p. 3.
[180] O'Connor, *The Workhouses of Ireland* p. 181.

four hundred out of over 1,300 inmates were in the hospital wing. Complaints arose as no hospital matron had been appointed, resulting in a lack of direction and control. Thirty-six pauper attendants were accompanied by three nurses to cater for the four hundred sick but there 'appeared to be an entire absence of moral control over either nurses or patients.' Three Sisters of Mercy even offered to donate their annual income of twenty pounds in order to not only improve the conditions of the hospital section but also to help care for the patients. With time, the Sisters were appointed as matrons and 'were an active force in improving conditions in the workhouses.'[181]

The original intent of the workhouse infrastructure was that it would not need to serve more than 80,000 people. However, these institutions became 'overcrowded centres of disease and destitution' where inmates were subsequently subjected to continuous outbreaks of diphtheria, measles and smallpox.[182] Chairman Henry Watson of Limerick Workhouse stated on 12 June 1841 that although this establishment was built for 1,600 inmates, 'I hope I shall never see 1,000 within its walls'.[183] Within three months by the end of August, 1841, this institution was housing 1,108 inmates where numbers were to quickly increase. By 1850, much to the dismay of the Guardians, the Workhouse Union was housing roughly 7,000 people.[184] The rise in these figures was evidently reflective of the period where the Famine years saw a million Irish dead and an additional million having emigrated. According to Ó Gráda, these two figures often capture the human cost of the Famine as being the 'obvious victims.' The numbers who received relief additionally 'underline the scope of the disaster' where over 140,000 individuals were recorded entering the Irish workhouse in 1848 alone.[185] As determined by Ferriter, March 1851 saw this figure rise to 250,611.[186] The years surrounding the Great Famine saw a much greater demand made of LDLA also and as a result, that establishment shut down any additional admissions of pauper lunatics during times of stress. With very few other options, and although it was not the original intent of Union Workhouses to accommodate lunatics, the Poor Law Commissioners requested that those who were idiot

[181] O'Connor, *The Workhouses of Ireland* p. 181. Similar to Portumna Workhouse, Limerick Workhouse also attempted to offer an opportunity for a better life for the female orphans of the establishment. Seventy-four girls were sent to Australia on 14 July 1849 under arrangements established in the Papers in the Commissioners' Annual Report for 1848. See - O'Connor, *The Workhouses of Ireland* p. 257. For the history of nuns in Ireland, see - Caitríona Clear, *Nuns in Nineteenth Century Ireland* (Dublin, 1987).
[182] Diarmaid Ferriter, *The transformation of Ireland, 1900-2000* (London, 2005), p. 52.
[183] Moane, 'The Limerick Workhouse: 1841-1861' p. 36.
[184] Moane, 'The Limerick Workhouse: 1841-1861' p. 38.
[185] An additional 800,000 others sought 'outdoor relief' that year also. See - Cormac Ó Gráda, 'Famine, Trauma and Memory' in *Béaloideas: An Cumann Le Béaloideas Éireann/Folklore of Ireland Society* No. 69 (2001), pp 122-124. (pp 121-143).
[186] Diarmaid Ferriter, *The transformation of Ireland, 1900-2000* (London, 2005), p. 52.

but relatively harmless be permitted access into Limerick Workhouse: 'the admission of persons not perfectly harmless and that the reception of homeless, epileptic or idiotic cases be the norm'.[187] The demand made by the pauper insane saw these conditions change over time. The Guardians' desire to 'do good' created tensions due to the restrictions found in the Irish Poor Law. [188] It was concluded that the final say should be with the local Board and on 25 January 1845, two lunatics deemed dangerous were admitted under 'compassionate grounds' as it was found inhumane to confine 'those unfortunate creatures in a felon's cell… debarring them from the assistance of an experienced keeper such as Mr. Simpson.'[189] In July 1859, the then Mayor of Limerick City requested extra room to be added to the workhouse for pauper lunatics. Although originally rejected due to the restrictions of the Poor Law, this request was re-considered by the Board of Guardians and lunatic wards were subsequently built.[190] This saw role and basic function of the workhouse change measurably. General lunatic housing practices at Limerick Workhouse displayed the inability to segregate effectively the pauper and pauper lunatic. As a result, practices largely mirrored those of earlier decades at Limerick House of Industry. Indeed, Limerick Workhouse saw many 'harmless idiots… mix freely with the other inmates.'[191] In turn, the class of people admitted there resembled largely those at Limerick House of Industry by becoming more and more an institution for the old, the vagrant and the sane and insane pauper. The changing purpose of Limerick Workhouse seems to be part of a more general trend in the mid nineteenth century.[192] The discipline and housing treatments directed at lunatics were left to the discretion of the workhouse staff who were ordered to 'ensure that they were not annoyed by, or a cause of annoyance to, the other inmates.' The intellectually disabled were 'legitimate' workhouse inmates, unlike lunatics.[193] One of the many duties of the Workhouse Master was to call for the Medical Officer if an inmate fell ill or insane. This duty was then handed to the Medical Officer to cater to the mentally ill inmate by ensuring they be provided with attendance, appropriate medicines, sufficient diet and other necessities. If the inmate was nearing death, the Medical Officer additionally had to ensure that a Chaplain or licenced Minister be called for as well as to ensure the interment of the body in the case of death, if the family were no longer active agents for

[187] *Limerick Chronicle*, 1 February 1845.
[188] Moane, 'The Limerick Workhouse: 1841-1861' p. 33.
[189] *Limerick Chronical*, 25 January 1845.
[190] Moane, 'The Limerick Workhouse: 1841-1861*'* p. 32.
[191] Helen Burke, *The people and the poor law in nineteenth century Ireland* (Littlehampton, 1987) p. 77.
[192] See – Virginia Crossman, *Poverty and the Poor Law, 1850-1914*, (Liverpool, 2014).
[193] Helen Burke, *The people and the poor law in nineteenth century Ireland* (Littlehampton, 1987) p. 77.

their care.[194] In the event that an inmate fell mentally ill and 'became dangerous' during their time at Limerick Workhouse, the Commissioners of the Irish Poor Law instructed the local Board of Guardians to make arrangements to transfer the inmate to another custodial institution. LDLA was considered preferable for this transfer:

> …application for admission should, in the first instance, be made to the authorities of the Lunatic Asylum, stating the particulars of the case ; but at the same time they think, that in the event of such an application being refused or postponed for want of room, the necessary steps should be taken to effect removal to Gaol, as a place of safer custody than the Workhouse, pending admission to the Asylum.[195]

Under these circumstances, it was ordered that the guardians communicate with the RMS of LDLA. Firstly, this was done to inform him of the case and request admission. Secondly, as the mid-nineteenth century asylum was commonly overcrowded and this request was subsequently denied, the RMS could refer the workhouse dangerous lunatic to Limerick City and County Gaol. However, this procedure was distinctly to be used as a means of last resort: 'but in no case should committal to Gaol be resorted to unless as a last resource, and when there is no room in the Asylum.'[196] This historical link between the various custodial establishments in serving and transferring the local pauper insane from one institution to another can be defined as a 'network'.[197] Despite the endeavour to support other custodial institutions in serving the local insane, the dreadful conditions which pertained during the Famine years at Limerick Workhouse 'remained in the memory of the people for generations. The stigma of the workhouse would never be eradicated.'[198]

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[194] O'Connor, *The Workhouses of Ireland* pp 224- 226.

[195] JPH, LDLA, Letter Book, Letter from the Poor Law Commission Office, Dublin to the Board of Directors at Limerick District Lunatic Asylum, 18 November 1864.

[196] JPH, LDLA, Letter Book, Letter from the Poor Law Commission Office, Dublin to the Board of Directors at Limerick District Lunatic Asylum, 18 November 1864.

[197] As determined by Write and Saucier, and sharing the approach of Walsh and Cox in addressing asylum histories individually, it is important to examine the broader narrative concerning the surrounding community as doing so puts the larger 'network' of incarcerated insanity on display. David Write, Renée Saucier, 'Madness in the archives: anonymity, ethics and mental health history research' in *Journal of the Canadian Historical Association*, 2 (2012), p. 69. Cox's 'Negotiating Insanity' has demonstrated a strong networking relationship between the public institutions in Carlow District which include the asylum, the workhouse and local medical dispensaries. Walsh finds this to be very much the same for Ballinasloe town in the west of Ireland as Connaught District Lunatic Asylum had historical links with the Ballinasloe Workhouse in housing the local insane pauper. See - Cox, *Negotiating insanity*; Oonagh Walsh, 'Tales from the Big House: the Connaught District Lunatic Asylum in the late nineteenth century' in *History Ireland*, Issue 6 (November/December 2005), Vol., 13.

[198] O'Connor, *The Workhouses of Ireland* p. 181. All 130 workhouses were fully functioning by 1847. Wilkinson retired in 1855 with a pension of £300 per annum when the Commissioners realised that they could not fund a full-time architect. He was later appointed as architect of the Commissioners of Asylums for the Lunatic Poor in August 1860 where he designed the lunatic asylums for Castlebar and Letterkenny, both opened in 1866. See - Irish Architectural Archive: George Wilkinson, *Dictionary of Irish Architects, 1720-1940*: https://www.dia.ie/architects/view/4918/Wilkinson-George (accessed 25/11/2019).

Conclusion

> The asylum was to be a home, where the patient was to be known and treated as an individual, where his mind was to be constantly stimulated and encouraged to return to its natural state. Mental patients required dedicated and unremitting care, which could not be administered on a mass basis, but rather must be flexible and adapted to the needs and progress of each case. Such a regime demanded kindness and an unusual degree of forbearance on the part of the staff.[199]

The quest to create this setting for the Irish mentally ill was evidently a slow and tedious process. The general and lunatic pauper populations were subject to rampant destitution in eighteenth century Ireland. Though some endeavours were made to serve the prosperous insane in the earlier decades, Ireland proved itself as inept in dealing with and understanding insanity for the most part. The delayed response in caring for these persons ensured that madness was a feature of Irish society that struggled to find placement in eighteenth century custodial care. As private facilities were largely inaccessible to the pauper lunatic, the two pieces of legislation enacted in the closing decades of the 1800s prompted debate surrounding the topic of segregation in public houses and Limerick as a site for investigation reveals this. The structure of public provision for the mentally ill changed drastically over a relatively short period of time in Limerick city due to the passing of the 1772 Badging the Poor Act[200] and the 1787 Regulations of Gaols Act.[201] The construction of the public institutions established between 1774 and 1838 brought with it a period that dramatically altered trends in dealing with the local insane. As the theme of architecture formed the core this chapter, two catalysing features behind Ireland's lunacy reform movement came to light: (i) architectural style and (ii) methods of treatment. Examining these features in Limerick's custodial setting revealed how national trends in lunacy reform actively transitioned into practice at a local level, subsequently ascertaining how LDLA came to be.

Firstly, architectural styles transformed significantly over a short period of time in Limerick to facilitate the emerging theories surrounding progressive means of confinement. Comparing the architectural style and housing practices between Limerick City and County Gaol and LDLA revealed how such reform was actively implemented in the local context. Though it proved difficult to track lunatic treatment practices at Limerick City and County Gaol due to a lack of sources, the layout of Limerick Gaol is an ideal primary source in itself,

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[199] Andrew T. Scull, *Museums of Madness: The social organization of insanity in nineteenth century England*, (New York, 1979), p. 102.
[200] An Act for Badging the Poor, 1772 (11 & 12 Geo. 111. C. 30).
[201] An Act for the Regulation of gaols 1787 (27 Geo. 111. C. 39).

as is the neighbouring asylum. The early Irish asylums are 'important artefacts' - they are part of the 'ideas of formative influence.'[202] Indeed, the standing structure of LDLA revealed the origin and intentions of surveillance which is why assessing the architecture of Limerick Gaol was also important as it is here that the use of the Panopticon can be first identified in south-west Ireland. Tracking the architectural innovations that permitted constant surveillance in Limerick City and County Gaol revealed how little LDLA's physical structure differed from the gaol design. This, as a result supports Kelly's assertion that Irish asylums found their 'origin in prisons.'[203] By 1821, the radial and the panoptic designs were features that became increasingly popular amongst progressive architects, particularly for those working on institutions of confinement. As a result, it was hardly surprising that Johnston and Murray adopted such methods for LDLA as well as their other asylum designs as found in Derry (1829), Carlow (1833), Maryborough/Portlaoise (1833), Waterford (1835) and Clonmel (1835). Many of these earlier asylums therefore share several features in common architecturally. LDLA even shares the same face as Connaught District Lunatic Asylum in Ballinasloe and as a result, these institutions are considered 'sister asylums.'[204] Though the bigger asylums of the period offered accommodation for 150 patients, extensions were still required over the course of the nineteenth century as revealed in this chapter. The current standing footprints of both Limerick and Ballinasloe institutions have transformed drastically and currently consist of a H-plan with a superimposed X-plan. For Limerick, initially, moral manager Jackson was content with Johnston's and Murray's designs: 'With regard to the interior arrangement of the building, for the purposes of ventilation, light, inspection, and every other particular necessary for the accommodation of patients, I consider it [the asylum] perfectly adapted to the end proposed in its erection.'[205] For its time, the panoptic design was revolutionary for the intent of segregating and classifying insanity but this level of support did not last, criticisms being directed at the restrictiveness of the panopticon featured in many of the Irish, English and Scottish asylums in the following decades.[206] Addressing the structure of Limerick Union Workhouse revealed this with the demise of this structure in in custodial institutions. Though Bentham's use of the panoptic design was believed revolutionary for its time, his reputation has not proved popular

[202] Reuber, 'Moral management' p. 208.
[203] Kelly, *Hearing Voices*, p. 296.
[204] See – Walsh, 'A perfectly ordered establishment: Connaught District Lunatic Asylum.'
[205] *Correspondence and communication on public lunatic asylums in Ireland, 1827*, H.C. 1828, (234) xxii. 223, p. 13
[206] Visiting physician of the Maryborough Asylum, John Jacob criticized the panoptic after visiting other asylums in Britain and Ireland, finding the current structures impede on the employment of patients. Reuber, 'Moral management' p. 224.

amongst scholars today. Jones believes that Bentham 'himself considered it right and proper that lunatics should be kept under constant surveillance and in perpetual solitude' as they 'were among the social groups for whom the Panopticon was designed'.[207] These groups included criminals involved in petty crimes, vagrants, prostitutes and orphans.[208] Bentham certainly perceived incarceration as inevitable in the treatment of the insane where practicality rather than medical purpose prompted segregation in his designs.

Another feature of Irish lunacy reform that came to light in this chapter was how methods of treatments developed over time in Limerick's custodial practices. Until the passing of the 1821 Lunacy (Ireland) Act, Ireland's custodial institutions 'were not so much places of refuge and care, [but]… places for incarceration and subjugation of the mentally ill.' Lunatic treatment, where and when attempted, relied heavily on the practices of the time leaving very little space for innovation, thus comprising 'the use of superstitious practices, bleeding, purging, herbs and various forms of castigation.'[209] Limerick was no different. Looking at the establishments that came before LDLA, with a focus on Limerick House of Industry, the treatment of the Limerick mentally ill was largely comprised of extreme methods of restraint and futile efforts in segregating the pauper and lunatic pauper inhouse populations. Though this institution did not directly affect the physical layout of LDLA in comparison to the gaol, this institution nonetheless proved significant in the context of Irish lunacy reform. In fact, what is interesting here is that this chapter intended to ascertain how reformatory practices that were occurring nationally transitioned into local practice in Limerick's public institutions. The arguments surrounding ineffective and oftentimes cruel practices at Limerick House of Industry saw the plight of the insane become the subject of inspection in Spring-Rice's political campaign. This means that though Limerick's response to serving the mentally ill was to mimic what was occurring nationally in the custodial setting, Limerick, in turn, played a role in reforming lunatic practices on the island. The outcome of this reform saw the enactment of the 1821 Lunacy (Ireland) Act and in turn, the opening of LDLA. Being the first large-scale provincial asylum on the island dedicated to the pauper mentally ill, LDLA brought with it an age of hope, it was conceptualised as 'neither a prison nor a workhouse; but a place of refuge and of recovery from all the mental distractions incidental to mankind.'[210]

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[207] Kathleen Jones, *Asylums and After: A revised history of the Mental Health Services from the early eighteenth century to the 1990s*, (Athlone, 1993), p. 34.
[208] Reuber, 'Moral management' p. 217.
[209] Rev. W. Fitzmaurice, Kevin Hannan (eds.) *In the Shadow of the Spire: A Profile of St. John's Parish* (Limerick, 1991), p. 37.
[210] Connolly, T*he Construction and Government of Lunatic Asylums* p. 131.

Chapter 2

Staffing Relations at Limerick District Lunatic Asylum, 1827-1900

A report was published in 1857 by the Commissioners of Inquiry into the state of lunatic asylums. With a focus on pauper lunatics, the findings concluded that 9,286 insane poor were recorded in January of that year.[1] 5,934 persons were relying on some form of custodial care and 3,824 of those were being housed in district lunatic asylums, 1,815 in workhouses and 295 in prisons. The remaining 3,352 lunatics were 'at large'.[2] By the mid-1800s, there were ten district asylums to cater for these numbers throughout Ireland, providing three thousand beds. In the closing decades of the nineteenth century, Ireland was witness to an 'epidemic' of lunatic asylums which resulted in the provision of 16,000 beds by 1899.[3] In 1900, an estimated 21,000 men and women were registered as patients under the district lunatic asylum system throughout the thirty-two counties of Ireland. This means that in an age that saw the accreditation of psychiatry, 0.5 per cent of the Irish population were recipients of some form of psychiatric treatment during this period.[4] To cater for such numbers, many extensions were added to the original asylum buildings and high rates of admissions warranted additional staffing appointments. In turn, mass employment generated great economic advantage for the communities hosting the institutions. In the endeavour of becoming 'self-sufficient', these asylums grew so vast that by the turn of the twentieth century, many had developed into communities in their own right, exhibiting an array of entrepreneurial features. As documented by Walsh in the context of Ballinasloe Asylum, this establishment became 'an increasingly accepted element in local community life, with large numbers depending on it for employment as well as health services'.[5] A study on working life at this establishment in the twentieth century *via* the use of oral history methodologies revealed how important St. Brigid's Hospital was to the local community.[6] Supporting this is Saris' examination of the cultural and historical

[1] *Report of the Commissioners of Inquiry into the state of lunatic asylums and other institutions for the custody and treatment of the insane Ireland, 1857*. H.C. 1857-8, xxvii
[2] *Report of the Commissioners of Inquiry into the state of lunatic asylums and other institutions for the custody and treatment of the insane Ireland, 1858,* Part 1, report 2, p. 2.
[3] Prior, (ed.), *Asylums, mental health care and the Irish* pp 2-4.
[4] Kelly, *Hearing Voices* p. 51.
[5] Walsh, 'A perfectly ordered establishment: Connaught District Lunatic Asylum p. 262. (pp 246-283).
[6] See - Tríona Waters, "'They opened up to us because they trusted us." Working life at St. Brigid's Psychiatric Hospital, Ballinasloe' in *Saothar Journal of the Irish Labour History Society* vol. 45, (2020), pp 55-66.

relationship between Sligo District Lunatic Asylum (St. Columba's Psychiatric Hospital) and its neighbouring market town, Kilronan, proving that the entrepreneurship of the asylum was not unique to Ballinasloe.[7] Cox's scholarship has recorded similar features at Carlow District Lunatic Asylum (St. Dympna's Psychiatric Hospital). In the endeavour to make this asylum more self-sufficient, the governors were adamant about expanding the farm and purchasing additional land during the mid-1800s.[8] And this was not unique to Ireland. Situated twenty minutes from Amsterdam in the province of North Holland, Meerenburg Asylum was established in 1848 under the Insanity Law of 1841. Meerenburg was also a major provider of employment locally, with a significantly high staff turnover, particularly amongst those employed as attendants. Predominantly from the lower classes, both attendants and patients shared the 'joint responsibility' of usually tedious tasks such as 'cleaning wards' and 'keeping the place in order':

> It may not have been a particular humanitarian motivation that called [asylum employees] to the job, but rather an interest in earning a living. Most often, they saw it as a temporary living and left as soon as they could find something better… Annually, more than half, sometimes up to ninety per cent, of the workforce left.[9]

Being the first large-scale, provincial asylum in the country, Limerick's circumstance showed very early on how asylums created a wealth of both short-term and long-term employment. Leading the staff of LDLA in the earlier years, the moral manager, who was always male, was employed to manage all asylum matters. His position was largely prompted by the requirements of the moral treatment regime. He was answerable to the Board of Governors who were first appointed and were in turn answerable to the Board of Control and Lord Lieutenant at Dublin Castle. The asylum's management and governors were then in charge of medical and lay staff as well suppliers who were nearly always contracted locally. These positions included the matron, attendants, servants, laundress, gatekeeper, cook, hall porter and yard keeper. Providing for high numbers of patients and staff meant that there was a great necessity for outsourcing the procurement of materials. Tenders were routinely invited for the submission of proposals for half-yearly and yearly contracts which included supplying books, stationery, printing, flour, oatmeal, yeast, milk, butter, sugar, rice, cornflour, pepper, salt, mustard, Guinness stout, port wine, sausages, semolina, tapioca, fish, and sundry groceries. The many

[7] A. Jamie Saris, 'Producing Persons and Developing Institutions in Rural Ireland' in *American Ethnologist*, Vol. 26, No. 3 (August, 1999), pp 690-710.
[8] Cox, *Negotiating Insanity* p. 213.
[9] Geertje Boschma, *The Rise of Mental Health Nursing: A History of Psychiatric Care in Dutch Asylums, 1890-1920* (Amsterdam, 2003) pp 38-39.

aspects of Irish asylum life and function meant that 'virtually everyone in the area was a stakeholder in the hospital in one way or other:'[10]

> The asylums were not hidden institutions. They were large and visible, if foreboding. There were tens of thousands of inpatients; tens of thousands of staff members; tens of thousands of suppliers of goods and services.[11]

In an age that saw the accreditation of psychiatry by the turn of the twentieth century, authority, governance and staffing roles evolved accordingly. This chapter investigates all such working tiers associated in the asylum system. Split into two sections, the first part examines the changing roles of staff in authority during the medicalisation process. These sectors include administration, inspectorate, governance, moral manager and matron, and Resident Medical Superintendents (RMS). Doing so not only reveals how this process affected asylum appointments, but also the level of administration necessary for running such an institution. As was the case in many of these asylums, the medical duties of the moral manager were transferred to the RMS, which procedure in turn, prompted tensions amongst staff. Therefore, the first section of this chapter also addresses staff relations and how these affected the asylum experience for the individual patient, as will be demonstrated in patient James D.'s manslaughter case.

Though Ireland shared with the Anglo-American and western worlds a remarkable growth in the number and size of lunatic asylums,[12] this country remains unique in terms of institutional expansionism in what was an overwhelmingly rural society.[13] Aside from the Belfast region, nineteenth century Ireland was not an 'economically dynamic industrial society', meaning that it continues to exist as an important case study[14] when compared to how similar systems were catalysed by urbanising and industrialising conditions in Great Britain.[15] This is why assessing the individual asylum is so important because it offers the ability to track the economic impact such an institution had on the local district. By reflecting on the non-medical histories of this establishment, the second section therefore examines LDLA as an enterprise in an urban setting, determining how a lunatic asylum acted as a bedrock for local employment for thousands of individuals. Identifying the duties and expectations of their

[10] Kelly, *Hearing Voices* p. 3.
[11] Kelly, *Hearing Voices* p. 298.
[12] Cox, *Negotiating Insanity* p. 6.
[13] Kelly, *Hearing Voices* p. 3.
[14] Elizabeth Malcolm, "The house of strident shadows': the asylum, the family and emigration in Post-Famine rural Ireland' in Greta Jones, Elizabeth Malcolm (eds.), *Medicine, Disease and the State in Ireland, 1650-1940* (Cork, 1999), pp 177-194. (p. 177).
[15] Andrew Scull, *The most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (London, 1993), p. 352.

employment in turn addresses the role of staff and those working under the authority of the asylum. This chapter overall shows how lunatic asylums benefited a particular location on an economic level, confirming Walsh's conclusions that 'these institutions grew to have an immense impact on their local areas.'[16] Using Limerick Asylum as a case study determines how early on this was to occur in the context of Irish mental health care.

I

Catherine G. was committed by her husband in the early 1830s to LDLA. However, on 1 September 1834, her husband William handed his petition into the asylum governors complaining that his wife had been discharged but was now employed as a servant there and was being kept from him. The reason for this was because staff found soon after her admission that she had been subject to abusive behaviour. When she was informed of her discharge date, she begged to remain in the asylum. In response to her husband's petition, the governors arranged for Catherine to appear before the Bench of Magistrates the following Saturday with her case. She stated at this meeting that she wished to remain as a servant in the asylum due to the 'ill-treatment she had continually received from her husband.'[17] She was accordingly employed as a servant and members of staff arranged her with new accommodation at the asylum. Though Catherine's case may be unique to the asylum experience, particularly concerning the changing role from patient to staff member, there are many similar efforts evident throughout the LDLA records of staff endeavouring to provide some form of thoughtful care for the patients. Tracing these histories require investigations into the various tiers of staffing roles at this institution. This determines how those in authority wanted Limerick Asylum to be a model establishment.

The administrative model employed by Armagh District Lunatic Asylum (St. Luke's Psychiatric Hospital, 1825) and Limerick's new asylum were much the same. This included administration, treatment, diet, employment, salaries, and the day to day general running of the institution. As was the case at Armagh Asylum, governors were the first appointees to LDLA. However, as Armagh based its procedures on Richmond Lunatic Asylum, the Limerick governors also communicated with the Richmond, querying policies regarding admission

[16] RTÉ produced a documentary titled 'Behind the Walls' which predominantly featured the history of St. Brigid's Psychiatric Hospital in the endeavour of presenting the history of Ireland's past mental health system. Professor Oonagh Walsh defined St. Brigid's as a 'typical example' concerning the economic impact similar establishments played on their hosts.
[17] JPH, LDLA, Minute Book, 1 September 1834.

guidelines.[18] Governor of Richmond Asylum and avid supporter of the moral treatment regime, John Leslie Foster, replied to the Limerick governors on 1 July 1826 with a correspondence package. Enclosed were documents detailing the general regulations of the management at the Richmond:

> I am directed to forward the enclosed documents principally drawn up from the general regulations of the management of the Richmond Lunatic Asylum. As this institution has been conducted with credit to the Governors as well as advantage to the Public, the Commissioners trust that your Board will find ample information from these documents to form the basis of the good code of rules for the administration of the Limerick Lunatic Asylum. It is important in the first instance to form a perfect system and time and circumstances will no doubt suggest many useful improvements which may not appear manifest in the infancy of the Institution.[19]

The guidelines also recommended that a clean handover of legal ownership be conducted for the new asylum, including its furniture, as soon as possible. As this was done at Armagh Asylum on 10 December 1825, the governors were ordered to pass over LDLA to the Local Commissioners on 10 May 1826:

> Gentlemen, in consequence of the receipt of your letter of yesterday's date, we hereby authorize you to give up the Lunatic Asylum in Limerick into the hands of the Local Commissioners who have been appointed by His Excellency, the Lord Lieutenant to Superintend that Asylum … You are further authorised to deliver the furniture when prepared into the hands of the Moral Governor of said Asylum taking his receipt for the same and we approve of your proposal.[20]

This did not occur until October 1826. The architect of LDLA, William Murray, was instructed to bring two letters from Dublin with the intent of 'delivering the charge' to a Board meeting.[21] Although Murray forgot to bring the actual letters in question to the October meeting, the charge was still passed: 'We do by the signature of our chairman acknowledge to have received the building in good order and to have seen the Moral Governor placed in it the furniture having been duly delivered to him.'[22] Included in this charge was an inventory of all furniture purchased for the new asylum (Appendix D). Once the charge was passed over, the governors proposed that the asylum be insured against fire for the sum of £10,000, as was ordered in Armagh, and this was subsequently accepted by

[18] Arthur P. Wellington, 'Armagh district lunatic asylum, the first phase' in *Seanchas Ardmhacha: Journal of the Armagh Diocesan Historical Society*, Vol. 8, No. 1 (1975/1976), p. 115.
[19] JPH, LDLA, Minute book, 1 July 1826
[20] JPH, LDLA, Minutes book, 10 May 1826.
[21] JPH, LDLA, Minute book, 13 October 1826.
[22] JPH, LDLA, Minute Book, 13 October 1826.

Dublin Castle.[23] Henry Goulburn, Chief Secretary for Ireland at this time, a position subordinate to the Lord Lieutenant, also requested an 'advance of money in supporting the establishment as may be deemed expedient for a commencement.'[24]

The Limerick governors, who were also referred to as the Board of Directors, were appointed by the Lord Lieutenant on 10 February 1822.[25] The first asylum governors were Earl Clare, Viscount Gort, Chief Baron O'Grady, Colonel Fitzgibbons MP, Thomas Spring-Rice MP, Rev. William D. Hoare, Joseph Massey Harvey Esq., and Rev. John Pinkerton who was Bishop, Dean, Archbishop, Deacon, Mayor and Recorder of Limerick. The early years saw most governors drawn from the landed and gentry classes. Usually seen as a lifetime position and considered a privilege, the early directorships included many prominent family names from the Limerick borough, including Barrington, O'Brien, Howley, Massey and Furnell. Later years saw local manufacturers and merchants of Limerick City appointed, such as Harris, Roche and Spillane. The privilege associated with this appointment reveals the social class to which these individuals belonged.[26] What is more, the appearance of doctors on this list from the 1840s suggests the changing role of medicine and medical appointments at this institution.

Figure 2.1: List of governors of LDLA from the dates of appointment between 1822 and 1861:

Date:	**Name/title:**
18 February 1822	Right Hon. The Earl of Clare
	Right Hon. Viscount Gort
	Right Hon. Chief Baron O'Grady
	Hon. Colonel Fitzgibbon, MP
	Thomas Spring-Rice, Esq., MP
	Rev. William D. Hoare
	Joseph Massey Harvey, Esq.
	Rev. John Pinkerton
	The Bishop, Dean, Archbishop, Mayor, Recorder
23 October 1824	Major General Bourke
10 December 1826	Rev. James William Forster
	Rev. John Duddell
	Rev. Josiah Crampton
	Darby O'Grady, Esq.

[23] JPH, LDLA, Minutes Book, 13 October 1826. In 1902, insurance of the asylum was raised to £70,000 due to the additional buildings erected over the course of the nineteenth century. An additional £8000 worth of insurance was spent on clothing, sundries and fittings and the boilers were insured separately.
[24] JPH, LDLA, Minutes Book, 13 October 1826.
[25] JPH, LDLA, Minute book, 18 February 1822.
[26] O'Malley, 'Governors, staff and lunatics' p. 5

	Joseph Fisher, Esq.
	Denis Fitzgerald Mahony, Esq., Alderman
15 December 1827	Thomas William Landers, Esq.
	William Howley, Esq.
	William Roche, Esq.
21 June 1833	Joseph Gabbett, Esq., Alderman
	William Smith O'Brien, Esq.
	Thomas Gabbett, Esq.
	Joseph Gubbins, Esq.
	DeCourcy O'Grady, Esq.
	William Gabbett, Esq.
	Henry Maunsell, Esq.
	Rev. John Jebb
	Rev. Matthew Dickie
	Thomas Macaulay, Esq.
	John Watson Mahony, Esq.
29 October 1834	Daniel Barrington, Esq.
	Joseph Harvey, Esq.
30 September 1836	John O'Brien, MP, Esq.
	David John Wilson, Esq.
	John Singleton, Esq.
	John Bateman, Esq.
	William Landers, Esq.
	Christopher Galwey, Esq.
7 March 1839	Sir David Roche Bart., MP
	Hon. John Prendergast Vereker (Viscount Gort)
	Right Rev. Doctor Ryan, R.C.B.
27 October 1840	James Harvey, Esq.
25 June 1845	John Corker, Esq.
1 November 1845	Henry Watson, Esq.
	Sir Hugh Dillon Massy, Bart.
	Michael Furnell, Esq.
15 February 1847	Right Hon. Viscount Guillamore
	Sir Matthew Barrington, Bart.
	Francis Spaight, Esq.
	Richard Russell, Esq.
	William H. Barrington, Esq.
	William Hartigan, Esq.
	William Gibson, Esq. M.D.
	Thomas Kelly, Esq.
	Patrick A. Shannon, Esq.
21 August 1847	Sir Vere De Vere, Bart.
	Hon. Stephen Spring-Rice (Father of Thomas Spring-Rice, MP)
	William Monsell Esq.
	John Lowe, Esq.
19 October 1848	Colonel Crofton Moore Vandeleur
	James Moloney Esq.
	Augustus Arthur, Esq.

	Samuel Dickson, Esq.
8 June 1849	Thomas O'Grady, Esq., M.D.
21 January 1850	William J. Geary, Esq., M.D.
3 June 1850	Thomas Boyse, Esq.
	Doctor John Nugent, Esq., M.D. (Inspector General of Asylums)
	Doctor Francis White, (Inspector General of Asylum)
	Doctor George W. Hatchell, Esq., (Inspector General of Asylums)
1859	Mayor R. Ryan, Esq., Mayor of Limerick
1860	William Spaight, Esq.
1861	Stephen De Vere, Esq.
	Considine Esq.
	Captain Michael Gavin

Source: JPH, LDLA, Minute Books 1-7.[27]

Early on, the duties of the governors largely entailed the oversight of all matters of the asylum, with a focus on finances, expansions, land acquisition and employment. However, as this role was not delineated clearly from the outset, confusion quickly arose as to what their actual duties involved. Though the 1 July 1826 letter from Dublin Castle directed the governors to refer to the Acts of Parliament to assess the powers vested by the Local Commissioners, the Commissioners of the Lunatic Asylums in Dublin were contacted for the 'Limerick Director's entire want of definition or explanation of their powers and authorities.'[28] They were reminded that it was lawful for the Lord Lieutenant or Chief Governor or the Governors of Ireland to establish any recommendations or authorizations regarding rules or regulations 'for the good conduct and management of such asylums.'[29] The governors quickly realised that they were burdened with the tedious procedure of seeking permission on nearly all administrative decisions that would cost money. Many took the role for prestige, but if properly executed, saw that it was a time-consuming and difficult position. Correspondence between Goulburn and the governors was constant where the most common request involved the monetary order to cover the funding of the new asylum. The Board was instructed to meet on a monthly basis to discuss all topics relating to the asylum's day-to-day functions. The minutes of these meetings show how the governors' responsibilities were wide-ranging. Most meetings involved discussions on internal and external employment, staff rewards/disciplining, patient rewards/disciplining, medicines, methods of treatments, accommodations for both staff and patient, conditions of the buildings, dietary needs, water supply, and much more. They were additionally in charge of all asylum salaries. It was quickly realised that LDLA was going to house more patients than

[27] JPH, LDLA, Minute Books 1-7; O'Malley, also lists of number of governors of LDLA from 1927 to the 1850s. O'Malley, 'Governors, staff and lunatics', Appendix A, p. 47.
[28] JPH, LDLA, Minute Book, 13 October 1826.
[29] JPH, LDLA, Minutes Book, 1 July 1825.

Armagh Asylum and as a result, salaries were higher for the medical staff and management of LDLA:

Figure 2.2: List of salaries for the medical staff and management of LDLA, decided on 8 January 1827:

Occupation	Salary £	Per Annum
Manager of asylum	£200	Per Annum
Matron of asylum	£100	Ditto
Medical Attendant or Physician	£150	Ditto
Apothecary	£30	Ditto

Source: JPH, LDLA, Minute Book, 8 January 1827.

They were expected to oversee all matters of expenditure in relation to utilities, clothing, food, and furniture for both the asylum and the governors' houses. The role of the governor proved that it was no easy feat. Successive governors struggled greatly also with the unprecedented public demands made on the asylum. Though endeavouring to be innovative in creating various discharge regimes throughout the nineteenth century, the blight of overcrowded conditions at LDLA created much misery for the governors.

Following the Richmond guidelines, a subcommittee of governors was also established soon after opening for the purpose of conducting monthly inspections of the asylum and the asylum grounds. The rules stated that these inspections had to be conducted by two or more governors. As will be established later, this practice was not adhered to which subsequently created much tension amongst those governing LDLA. Board attendance, or rather, the lack of same, created complications. Whilst inspectors 'praised' the governors for their efforts and good attendance, entries in the minute books suggest otherwise.[30] In fact, few meetings had full attendance. Even prior to the official opening of the asylum, there was a call for more asylum governors to be appointed: 'That the attention of the Irish Government be also called to the existing number of directors, with a view to their increase so as to ensure a regular attendance upon the board.'[31] Within one month after Goulburn's letter giving the instruction to employ more governors, new names were noted on the Board roster. However, seven months after opening, in August 1827, the newly employed moral manager of the asylum had to cancel a meeting as so few were in attendance. The following monthly meeting was additionally

[30] Minute entries of each month note all governors who were in attendance as well as those absent.
[31] JPH, LDLA, Minutes Book, 13 October 1826.

cancelled as only one governor turned up due to the 'weather being uncommonly wet.'[32] When governors did not attend, papers were sent out to be signed by these absentees.[33] On the other hand, some governors took their roles very seriously - especially when the asylums became important as local political bases - of which their efforts will be discussed later. For the most part, relations amongst those governing appear to have been positive with the standard of care and good conditions to the fore of their priorities. This enthusiasm, though wavering at times, largely remained stable throughout the nineteenth century but issues still arose that highlighted tensions between those governing and those to whom they were answerable, i.e. the Board of Control, the Lord Lieutenant, medical staff, and from the 1840s, the Inspectors of Lunatic Asylums.

The inspectorate of the asylum changed over the course of the nineteenth century due to introduction of newer legislation. As established under the 1787 Act, the Inspector of Prisons was to assess the lunatic asylums across the country but by 1841 this practice was considered outdated and openly critiqued by Dr Francis White, who was appointed as surgeon at Richmond Asylum in 1835. White argued that such inspectors should have medical training and that there should be a separate inspector for asylums only. Though he was appointed as Inspector of Prisons in 1842, White lobbied for the next four years that a separate inspectorate for asylums be established. On 1 January 1846, this position was created, and he was subsequently appointed as Ireland's first Inspector for Lunatic Asylums. The filling of this position was paralleled by the appointment of Dr John Nugent who had previously been a physician to Irish political leader Daniel O'Connell.[34] Nugent was not trained in medicine of the mind and was to have fraught relations with LDLA governors. White remained in his position for the subsequent forty-three years and was knighted after his retirement in 1890.[35] Dr George Hatchell was appointed as inspector in 1857 and Dr Edward Meziére Courtenay (LDLA RMS) in 1890.[36] The inspectors visited LDLA at least twice a year from the 1850s. Sometimes the inspectors' visit would occur at the same time as the governors' monthly meetings, but other times, it was at intermediate periods. No notice was given to the RMS if they were coming, as

[32] *Correspondence between home office and Irish government on lunatic asylums,* H.C. 1827, p. 14; JPH, LDLA, Minute Book.
[33] *Twelfth report on the district, criminal and private lunatic asylums in Ireland,* H.C. 1863, p. 26.
[34] Finnane, *Insanity and the insane,* pp 41-42.
[35] Elizabeth Malcolm, 'Insane in nineteenth and twentieth century Ireland' in Roy Porter, David Wright (eds), *The confinement of the insane, international perspectives, 1800-1965* (Cambridge, 2003), p. 321.
[36] O'Malley, 'Governors, staff and lunatics' p. 12.

complained of by RMS Robert Fitzgerald in 1858.[37] The reports of these inspectors proved not only insightful but also vitally important to the functioning of the asylum where their recommendations were usually considered and implemented. For example, after inspecting LDLA in 1889, Nugent complained there was no apothecary employed for that period. The position had not been filled since the retirement of the asylum's first apothecary, John Bouchier. It was vital that such an appointment be made so John H. Lee was subsequently employed as apothecary shortly after Nugent's complaint.[38] As established in Figure 2.2 above, Bouchier was paid an annual wage of thirty pounds. Years later, the starting salary for this position was fifty pounds per annum, which is what Lee received. He remained in that post as asylum apothecary until 1901.[39]

The moral manager and matron then took lead in managing the asylum. After ensuring a legal handover of the asylum to the commissioners at the time of opening, next on the agenda for the Limerick governors was to appoint 'a suitable person as moral governor'.[40] John Jackson was subsequently nominated and appointed, receiving the title of 'moral manager'. His wife Eliza was automatically employed as matron, which was much the same arrangement for many of these asylum managers, if married.[41] This was similar to Armagh Asylum where Thomas Jackson, formerly of the Dublin House of Industry, and his wife, Matilda (Glynn) were first appointed at manager and matron.[42] It is unknown if both managers were related but it is suggested by Sharon Oddie Brown in her studies of the Irish, English and Scottish family tree that they and renowned physician Alexander Jackson were.[43] The role of the manager was no easy task. Managing the day-to-day running of the asylum required the manager and matron to live in the asylum where both were expected to be on call around the clock. Manager Jackson was required to oversee all practical matters associated with the asylum. He was fully in charge of keeping receipts, records and inventories of all supplies required by the asylum, which ranged from food, (including requests from patients for extra food), furniture, clothing, bedding, fuel, contract supplies and other items and services that were required to enable the

[37] *Report of the commissioners of inquiry into the state of the lunatic asylum in Ireland 1858,* Part II, Evidence and Documents, p. 382.
[38] *Report for the Limerick District Lunatic Asylum for the year ending 31 December 1889,* p. 11.
[39] *Report of the commissioners of inquiry into the state of the lunatic asylums in Ireland*, H.C. 1858, appendix A, no. 8.
[40] JPH, LDLA, Minutes book, 1 July 1825.
[41] JPH, LDLA, Minute book, 18 February 1822.
[42] Wellington, 'Armagh district lunatic asylum, the first phase' p. 118.
[43] The Silver Bowel: Jackson family tree: http://www.thesilverbowl.com/familytree/JACKSON-FAMILY-TREES-INDEX.html (accessed 08/11/2017).

asylum to function day to day. Not only was he to oversee the supply of food and fuel, he also had to manage staffing relations and misconduct, and report any issues to the governors at the following meeting. During the asylum's opening years, the manager had full responsibility concerning the treatment of patients 'subject to the directions of the physician.'[44] After seeking approval from the governors to admit a patient, he had to ensure that they were bathed and given new clothes on arrival where their own clothes were to be 'cleaned, mended and stored' until such time as they were discharged.[45] He had to inspect the asylum daily, and every evening, he was to assess every male patient individually to see if they were comfortable, whilst also ensuring that convalescent patients were employed and enjoying recreation. He then had to write a report on his findings and inform the visiting physician of any medical issues that may have arisen during the previous night. Drawing on the surviving material of LDLA, it appears that Jackson was thorough in his work, taking his responsibilities very seriously. Other duties saw him act as escort to the visiting physicians and visitors around the asylum on demand. The asylum's early years additionally saw manager Jackson fully in charge of instruments of restraint. There were moments where a trusted attendee could, without the manager's instruction, use arm straps during a case of an emergency. By 1873, duties also consisted of taking minutes at every board meeting, whilst also preparing annual accounts for the Inspectors of Lunatics.[46] During his time at the asylum, many entries into the Visitor Report Book commend manager Jackson's commitment to his duties. On 27 December 1830, a visitor to the asylum, John Smyth, was highly impressed with Jackson as manager, stating: 'I think Mr Jackson's politeness and very affectionate manner to the patients are calculated in a great degree to accelerate their recovery.'[47] Abraham Beales also offered his observations during his visit on 22 July 1836: 'Having heard much of the managements, clean lines and judicious management of this institution, I have visited it under very favourable impressions, but find the reality far beyond the ideas I had formed. I have been particularly struck with quiet demeanour of the patients and the contentment.'[48] Even managers from other district asylums commended both of the Jacksons' work as manager and matron of Limerick's establishment. The manager of Belfast District Lunatic Asylum visited LDLA on 6 September 1848:

> Having already visited the principal hospitals for the insane in Great Britain and in this country… I gratified myself by coming here specially to visit the Limerick District

[44] *Report of the inspectors of district, local and private lunatic asylums in Ireland*. H.C. 1845, appendix no. 4, p. 59.
[45] O'Malley, 'Governors, staff and lunatics' p. 14.
[46] *Twenty-third report on district, criminal and private lunatic asylums in Ireland,* H.C. 1874, appendix H, p. 270.
[47] JPH, LDLA, Visitors Report Book, 27 December 1830.
[48] JPH, LDLA, Visitors Report Book, 22 July 1836.

> Asylum which for… I have heard spoken of in the highest manner for its excellent management, and I can with the truth state that from a very minute personal examination of each and of its departments, I have been infinitely pleased with its whole conduct. I never anticipated greater cleanliness or so neat I might say, in any similar establishment… extreme discipline. Its respectful demeanour of its domestics, the patients one and all appeared most happy… those largely employed. The food provided for the inmates I observed to be of a very superior description, especially the flesh meat and milk… I think both Mr. and Mrs. Jackson deserve the highest praise for the humane and superior manner in which they evidently have discharged their most onerous and arduous duties… when I state that I have myself been upwards of thirteen years in charge of a similar establishment.[49]

Matron Eliza Jackson's role was much the same as her husband's, except for the keeping of receipts concerning supplies and accounts. No special qualifications were necessary for the matron during the asylum's opening years, save that she be married to the manager. Not until the opening decades of the twentieth century was it compulsory that medical training or nursing was required for matrons. Matron Jackson took her role very seriously. LDLA's surviving source materials exhibit her concerns in many instances for her patients, including that of her want for improving asylum conditions. On 1 October 1827, Eliza requested that a rug be purchased to make twenty cloaks for female patients in order to keep them warm, particularly when employed: 'as the cold weather is now setting in, and their present covering too light to admit of their going out, thus depriving them of the benefit of the air, and preventing me from having them usefully employed, the ill effect of which I experienced last Spring.'[50] Here, she referred to the opening months of the asylum when able patients were not employed, she considered it damaging to their recovery. She additionally asked for a journeyman weaver to be hired in the asylum as it would help with sheeting 'as what is present in the house will not afford a change; which will be productive of a great saving to the institution.'[51]

For the Jacksons, working at the asylum came with great responsibility. They could not leave the asylum without the permission of the governors and if this permission was granted, they could only do so separately. This ensured that there was always a matron or manager present at the asylum. Individually, John was granted leave on request in August 1837 for two weeks, six weeks in 1840 and a few days in June 1841. Eliza took leave after falling ill in July 1839 for two months.[52] On two instances, leave was permitted for both at the same time. In 1842, John and Eliza went to Dublin for a week-long holiday, so their daughter Anna Maria

[49] JPH, LDLA, Minute Book, 6 September 1848.
[50] JPH, LDLA, Minute Book, 1 October 1827.
[51] JPH, LDLA, Minute Book, 1 October 1827.
[52] JPH, LDLA, Minute Books 1-3.

took charge of their duties.[53] Their second leave of absence was granted in 1846 when tragedy struck the Jackson family and their only son died. They were given time to deal with the 'melancholy visitation in their family', so again, Anna Maria took charge of all managerial duties.[54]

Manager Jackson died on 3 April 1849. Eliza was subsequently instructed to take over his obligations but on a temporary basis.[55] This created a very demanding workload for her. Not only did she have to cover her own duties, but she was left in charge of all asylum administration including expenditure, supplies, accounts and contracts. She was paid an additional £17.10*s*.0*d* for her work, which was one-twelfth of the manager's wage at the time (£210.0*s*.0*d*.) During the final two years of her employment, both Eliza's only son and husband had died. Due to her 'declining years', she seemed to be enthusiastic about retiring. The governors expressed their gratitude for her efforts but requested that she remain until the appointment of a new matron. They were adamant on finding a suitable candidate to fulfil this role, deeming Eliza 'an aged and delicate female' who would surely 'break down under such a weight of duties.'[56] Her resignation was eventually accepted on 5 August 1850[57] but she stayed on site until 1 September in order to show the newly employed Mrs Sleeman her duties as the new asylum matron.[58] Although there is no mention of a Mr Sleeman, the new matron was denied permission to live on site, which suggests that she may have had children. She was succeeded by Mrs McRaleigh in 1860. During the first year of her appointment, Matron McRaleigh was commended for her work alongside her colleagues by Mayor of Limerick at the time, Maurice Lenihan:

> The interior arrangements and economy appear in their best order and in the most attire and excellent efficiency. One is immediately struck with the extreme cleanliness in which the entire asylum is kept; the corridors, the dormitories, the halls, the day rooms, the places for recreation and all are in the best possible order, and reflect the highest credit not only on the watch for supervision of the resident physician, and of the Matron McRaleigh on the cooperation of the staffing, keepers and servants, all of whom seem to be highly official in the performance of their work around duties. We have never seen an establishment constructed in a higher state of efficiency.[59]

[53] JPH, LDLA, Minute Book, 12 September 1842.
[54] JPH, LDLA, Minute Book, 15 October 1846.
[55] JPH, LDLA, Minute Book, 10 April 1849
[56] JPH, LDLA, Minute Book, 25 August 1849.
[57] JPH, LDLA, Minute Book, 2 September 1849.
[58] JPH, LDLA, Minute Book, 19 August 1849.
[59] JPH, LDLA, Minute Book, 5 August 1860.

Succeeding Mrs McRaleigh was Mrs T. Ryan who was appointed as matron in April 1886. She was paid £60.0*s*.0*d*. which increased to £100.0*s*.0*d*. by 1897.[60] After falling ill and resigning in 1898,[61] she was succeeded by Mary Cregan who was employed in February 1899 with a salary of £75.0*s*.0*d*. Mary was provided additional allowances including a servant and an apartment amounting to the value of £73.0*s*.0*d.*, hence why her salary was reduced. At this stage, requirements for this employment included training in nursing and dressmaking skills.[62] It is not stated if these women were married but what is evident is that they were not employed for being married to the moral manager. That rule only applied to the Jackson family during the asylum's earlier years. After manager Jackson's death, the role of the moral manager was taken over by medical appointments.

Medicalising the treatment of mental illnesses soon trumped the idea of moral based care which subsequently saw the reduction in manager Jackson's duties early on at LDLA. Medical matters transitioned to where it was deemed no longer appropriate for non-medical managers to oversee individual asylums. This in turn saw the creation of a new role, the Resident Medical Superintendent.

> The steady rise in admissions to Irish asylums helped the case for medicalisation considerably. Added to the growth in the medical profession in the British Isles as a whole, and an increasingly determined effort to expand employment opportunities, the drive to place the physician at the heart of the asylum system proved irresistible.[63]

The RMS was a medically qualified doctor who was supported by a visiting physician. As Walsh has determined, the role of this position cannot be underestimated:

> They are nevertheless repositories of an expensive and extensive training, and therefore unquestioned in their position at the top of this medical structure. But this position was hard won, and was neither an automatic entitlement, nor a natural progression as a result of improved medical technique and training. The case of mental health care reflects the general trend towards deferment to the professionally trained, albeit with several unique characteristics. Psychiatry has always been a controversial discipline, historically coming under criticism within the medical profession itself as well as from former patients.[64]

Together, they dealt with all medical matters of the patients concerning both their physical and mental health. The changing responsibilities of the RMS and other medical practitioners in

[60] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1897*, table xxi, p. 32.
[61] *Limerick Leader*, 9 November 1898.
[62] *Limerick Leader*, 14 December 1898. (O'Malley, p. 21).
[63] Walsh, 'A perfectly ordered establishment: Connaught District Lunatic Asylum' pp 246-270. (p. 253).
[64] Walsh, 'A perfectly ordered establishment' pp 246-247.

Irish asylums was largely catalysed by the 1858 *Report of the Commissioners of Inquiry into the State of Lunatic Asylums and other Institutions for the Custody and Treatment of the Insane in Ireland: with Minutes of Evidence and Appendices.* The early 1850s saw a series of complaints emerge concerning the poor conditions in these establishments. Though relatively new for their age, the unprecedented demand on these institutions took its toll on the physical conditions of individual asylums very early on, so much so that the curative potential envisaged when building them a decade or two previously was no longer considered possible:

> It cannot be denied, notwithstanding the care and attention which appear generally to be given by the managers and visiting physicians to the patients under their charge, that, on the whole, the lunatic asylums of Ireland wear more the aspect of places merely for the secure detention of lunatics than of curative hospitals for the insane.[65]

The government established a new commission in 1856 to inquire into such grievances, comprising Sir Thomas Nicholas Reddington (Irish Under-Secretary, 1846-1852), Robert Andrews (counsel), Robert Wilfred Skeffington Lutwidge (barrister), Dr James Wilkes (Medical Officer, Stafford County Lunatic Asylum), and Dr Dominic John Corrigan (Physician, Dublin House of Industry).[66] After two years of an extensive investigation, their conclusions found on 1 January 1857 that 9,285 insane poor were relying heavily on public support in institutions, 3,824 of whom were housed in district lunatic asylums.[67] Complaints were not only directed towards poor conditions but also at the available treatment for the mentally ill. The commission subsequently recommended that the RMSs of these asylums be promoted to take absolute charge of the asylum concerning the medical treatment of the patients:

> We think the resident physician should be relieved from all duties of a civil character connected with the management of the institution, which might interfere with the devotion of his time to his more proper duty, the care and treatment of the inmates. Leaving him the chief officer of the asylum, with authority over all the other officers, except the consulting physician, we propose that his civil duties should be transferred to the officer to be called the clerk.[68]

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[65] *Lunatic Asylums and other Institutions for the custody and treatment of the insane in Ireland: with minutes of evidence and appendices* (Dublin: Thom and Sons, for Her Majesty's Stationary Office, 1858), p. 14.
[66] Kelly, *Hearing Voices*, p. 67.
[67] A further 1,707 Irish insane poor were counted in workhouses, 108 in Houses of Industry, 126 in the Central Criminal asylum, and 168 in gaols and government prisons, with 3,352 'at large and unprovided for'. The latter is based on the returns by the Constabulary and the Metropolitan Police. Lunatic Asylums, Ireland, Commission, *Report of the Commissioners of Inquiry into the State of Lunatic Asylums and other Institutions for the custody and treatment of the insane in Ireland: with minutes of evidence and appendices* (Part 1 – Report, tables, and returns) (Dublin: Thom and Sons, for Her Majesty's Stationary Office, 1858), p. 2.
[68] *Lunatic Asylums and other Institutions for the custody and treatment of the insane in Ireland: with minutes of evidence and appendices* (Dublin: Thom and Sons, for Her Majesty's Stationary Office, 1858), p. 9.

As early as the 1840s, conflict emerged between the moral manager and the new RMS in many of these asylums in relation to their changing duties and responsibilities. The above report saw medical men promptly demand that managers have medical training in order to work at the asylum, especially when it came to the application of treatments. Most Irish asylums saw the RMS replace the moral manager by 1846. This was the case in Limerick. John Jackson was the first and only moral manager. By 1853, all but five Irish asylums were charged by their own RMS.[69]

Dr David O'Callaghan was appointed as visiting physician for LDLA in 1827 to work alongside manager Jackson. By 1857, he remained in this position with a comfortable wage of £150.0*s*.0*d* whilst also receiving allowances for food, fuel, candles and a servant.[70] Dr John Fitzgerald was employed as the asylum's first RMS on 18 May 1849, a month after manager Jackson's death, with an annual salary of £210. 0*s*.0*d*.[71] He fell ill soon afterwards, much to the worry of the Board. John's brother, Dr Robert Fitzgerald, was subsequently employed as manager of the asylum on 23 November but as he was trained as a doctor, he was also given the title of vice-RMS with a salary of £260.0*s*.0*d*.[72] Along with his wages, he was provided with food, fuel allowances and a servant. It was initially agreed that both he and Dr O'Callaghan share medical duties as working consultants for the patients.[73] This worked for some time but soon the duties of the manager *versus* the duties of the RMS created complications for Dr Fitzgerald, especially as he was appointed to some extent to take on both positions. Playing an intrinsic part of the moral therapy regime, with recorded rates of lunacy increasing during this period, discussion surrounding restraint remained quite frequent and doctors believed that such practices were being carried out in the absence of medical supervision.[74] As stated, the manager of these asylums was instructed to oversee the possession, use and authorisation of instruments for restraint. Dr Fitzgerald issued a complaint in May 1857 stating that he had never received such instructions. He was subsequently brought before the Board where he declared that he did not know the rules associated with mechanical restraint, nor did he realise that all restraints were to be in his possession at all times.[75] The governors called in both Drs O'Callaghan and Fitzgerald to give evidence of their practices at the asylum

[69] *The sixth report on the district, criminal and private lunatic asylums in Ireland, H.C*. 1853, p. 10.
[70] *Report of the commissioners of inquiry into the state of the lunatic asylums in Ireland, 1858*, part 2, appendix A, no. 8.
[71] JPH, LDLA, Minute Book, 18 May 1849.
[72] JPH, LDLA, Minute Book, 16 November 1850.
[73] *Report of the commissioners of inquiry into the state of the lunatic asylums in Ireland*, H.C. 1858, part 1, p. 385.
[74] Finnane, *Insanity and the insane*, p. 44.
[75] JPH, LDLA, Minute Book, 20 May 1857.

and it immediately became evident that distinctions needed to be drawn between the respective duties of the manager and the RMS. The 1857 Inquiry by the Commissioners of Lunatic Asylums subsequently differentiated between the roles of the manager and the physician where the manager managed, and the doctor dealt with all medical matters of the asylum. As a result, Dr Fitzgerald's role reverted strictly back to that of manager. He supported this move, declaring that he did not see himself responsible for the medical treatment of patients but rather saw that as the duty of the visiting physician. He accordingly based his appointment at LDLA as acting manager, aside from cases of emergency.[76] Relations between Drs Fitzgerald and O'Callaghan appear to have been mostly harmonious, but their working relationship became the subject of great controversy in the years to follow. As manager and RMS, they met daily to share notes. They did so verbally and as a result, daily record keeping did not occur.[77] It is uncertain why this was the case but it is possible that there might have been a more sinister reason for not having written record. On the other hand, it may have been down to laziness or simply being overburdened with a demanding workload. What is certain is that one of the leading duties of the manager was to keep a record of the day-to-day practices and not complying meant repercussions. Dr Fitzgerald was reprimanded by the Inspector of Lunatic Asylums in 1862.[78] Though he was given out to, little changed. Fitzgerald remained poor at record keeping. Confusion between the medical roles of both men persisted and Dr Fitzgerald continued to share notes verbally with Dr O'Callaghan and lay staff, a negligent practice that resulted in the death of a male patient, James D.[79]

During the morning of 2 December 1871, James D. struck attendant John Connell after an episode and was brought to the plunge bath for a session of submersion, by order of Dr Fitzgerald.[80] Water submersion during this period was a 'discretionary' means of shock treatment but was also used as punishment for patients found misbehaving.[81] Asylum rules required the doctor to be in attendance whilst this treatment was being administered. Dr Fitzgerald did not stay nor was Dr O'Callaghan called to oversee the treatment. Connell submerged James D. into the water for too long a period and as a result, James D. died from

[76] *Report of the commissioners of inquiry into the state of the lunatic asylums in Ireland*, 1858, part 1, p. 383.
[77] *Report of the commissioners of inquiry into the state of the lunatic asylums in Ireland*, H.C. 1858, part 1, p. 387.
[78] Manager Fitzgerald had been reprimanded years previously for poor record-keeping. *Twelfth report on the district, criminal and private lunatic asylums in Ireland*, H.C. 1863, p. 24.
[79] *Supplementary correspondence between Irish government and the Limerick Lunatic Asylum*, May 1873 – March 1875. Consequence of Drs Fitzgerald's and Callaghan's poor record keeping, tracking the conditions of the asylum and health of the patients during their appointments means that sources offering such insights are incomplete.
[80] *Supplementary correspondence between Irish government and the Limerick Lunatic Asylum*, May 1873 – March 1875.
[81] O'Malley, 'Governors, staff and lunatics' p. 17.

drowning. Many discrepancies surrounding this case were to subsequently emerge and as a result, it received widespread media coverage. Not only were the asylum rules not adhered to with no physician being present, the case files were later found to have been tampered with by Dr Fitzgerald. James D's body was also never recovered. Mayor of Limerick City in 1870, Governor William Spillane took his duty on the Board of Directors at LDLA very seriously, as did prominent literary figure, Sir Stephan Edward De Vere of Curragh Chase. Whilst Governor De Vere grew suspicious of James D.'s death, it was Spillane who uncovered Dr Fitzgerald's tampering.[82] Dr Fitzgerald returned to the original report on James D.'s case months later and altered his account. Having discovered Dr Fitzgerald's inconsistencies, Spillane informed the Board and called a special meeting, the conclusions of which saw the governors with no choice but to call on the government to investigate. A response was received six weeks later but did not meet the hopeful expectations of those governing:[83] 'It would appear that the Lord Lieutenant thinks the whole thing can be settled by getting rid of Dr Fitzgerald and infusing new blood in the Board. We seek much more. We ask for an inquiry which will have to judge the inspectors and the whole system.'[84] Dr John Nugent who had been appointed as Inspector of Lunatic Asylums in 1857 subsequently held a sworn investigation where Dr Fitzgerald was called as first witness. *The Irish Times and Daily Advertiser* reported on the trial which told how he ordered Attendant Connell to give the patient a plunge bath as a means of 'semi-punishment or curative purpose.'[85] Declaring that the patient died from 'excitement' rather than drowning, Dr Fitzgerald admitted that he had not been present when the treatment was being applied but investigated the body after the incident, determining that no signs of violence inflicted on the body were evident. The subject of his incident report was brought to the fore revealing the inconsistencies uncovered by Spillane in his original statement.[86] Dr Fitzgerald told how he wrote an initial report but did not inform the Board. However, he returned later to the report and replaced his original statement with the phrase 'died suddenly.'[87] When

[82] Julie McGrath, 'A study of the life and activities of Sir Stephen Edward De Vere of Curragh Chase, 1812-1904' (Unpublished PhD thesis: Mary Immaculate College, 2017), pp 149-157.
[83] *Morning Post*, 05 December 1872.
[84] De Vere to Monsell, 12 March 1873, Monsell Papers, NLI. MS 1075. Referenced by McGrath, 'A study of the life and activities of Sir Stephen Edward De Vere of Curragh Chase, 1812-1904' p. 149.
[85] *Irish Times and Daily Advertiser*, 11 October 1872.
[86] As will be established in greater detail in Chapter Four, Spillane took his role very seriously, much to the annoyance of other governors, he was often found reporting and following up on any issues which he noted, or which were raised by patients at the asylum. He died suddenly on 12 July 1897 where the following meeting wrote of his successes: 'Mr Spillane was a great loss to the asylum, was the oldest member of the board and acted throughout his tenure with a great interest in the asylum.'[86] Together with De Vere, Spillane's diligence ensured that James D.'s death in 1871 was not only uncovered but was also accounted for. See - *Limerick Leader*, 1 August 1897.
[87] *Irish Times and Daily Advertiser*, 25 September 1872,

questioned about this in the trial, he said that he could not remember what he had originally written.[88] Attendant John Connell was brought up next as witness, who told how he did not use violence during the treatment. He added that after the incident, he buried James D. in the asylum grounds with the help of four other patients. He could not at this stage recall the burial spot, which is particularly extraordinary as it was contrary to both Protestant and Catholic burial practice in this period.

Confusion thus arose concerning the accountability for the death of James D. Inspector Nugent endeavoured to place blame on both Connell and the governing board, particularly for not uncovering the death sooner. However, five inspections had been conducted on the asylum over a period of ten months which equated to the period between the incident and the trial. Inspector Nugent's argument thus fell flat as no inspector reported on the death. Though attendant Connell had been put on trial for murder, he was eventually cleared of all charges as he was found to have been acting on the doctor's orders. There were too many inconsistencies in Dr Fitzgerald's actions for him not to receive blame. Firstly, he was not present during the treatment, despite being manager and supposedly not sharing medical duties. He did not call on Dr O'Callaghan. He then did not inform the governors of the incident, nor did he provide them with a coroner's report, which was additionally against the asylum rules. During this period, if a patient died, a coroner's written assessment of the body was required. Dr Gelston who was employed for this duty in 1857 as an assistant physician to the asylum did not provide this, nor did Dr Fitzgerald order one.[89] Dr Fitzgerald was then found to have tampered with his original written statement. His tampering was so obvious that the 'glaring erasure of the death from the report book' was critiqued by the High Sheriff of Limerick, Michael Robert Ryan. Ryan later commended the governors for uncovering the death whilst criticising the Inspector for overlooking it.[90]

> It must ever prove a source of consolation to the governors of the LDLA to feel that despite powerful and persistent opposition, they succeeded in bringing to light a cruel homicide, which official visits of inspection, five times repeated in ten months, had failed to discover.[91]

As a conclusion to the case, Dr Fitzgerald was encouraged to resign, having 'acted, owing to ill health from an apathetic thoughtlessness'. He received as high a pension as legally possible,

[88] *Irish Times and Daily Advertiser,* 25 September 1872,
[89] JPH, LDLA, Letter Book, 10 August 1873. This letter is additionally written into the Visitor's Logbook by Governor Spillane.
[90] *Irish Times,* 1 January 1873,
[91] *Supplementary correspondence between Irish government and the Limerick Lunatic Asylum*, May 1873 – March 1875, p. 29.

after requesting that his previous twenty-three years of active duty be taken into account.[92] If anything, this case represented not only the confusions concerning the duties of Dr Fitzgerald, but the overall tensions that existed between the various tiers associated with the governance of the lunatic asylum system during this period. The governors were largely unhappy with the findings of this trial. Their response to this case represented the dismay they felt in relation to the general administration and inspection of lunatic asylums. Governor De Vere deemed Dr Fitzgerald's failings regarding James D.'s care representative of his character: 'a poor, weak, incapable idiot' but he placed most blame on the authorities and inspectorate for using Fitzgerald as a 'scapegoat of a vicious system'.[93] Sharing De Vere's sentiments, the governors believed that there were many issues at LDLA but that this was a reflection of the system as a whole. They believed that care for the mentally ill during this time required better attention from Dublin Castle. T.H. Bourke, chairman of the Board, wrote to Dublin on 10 April 1873 detailing the governors' displeasure as to how the case was handled. The response to this letter from the Lord Lieutenant prompted further tensions between the various tiers of authority:

> His Excellency thinks that, as the trial of John Connell, for the manslaughter of James D., has concluded, and as Dr Fitzgerald has resigned his situation as Resident Medical Superintendent, the time has now arrived when he can deal with the resolutions of the Board of Governors of the LDLA, of the 31 December last, forward in Colonel Monsell's letter of that date, and also with certain matters connected with that Asylum, which were elicited at the inquiry into the death of James D., a patient in the Institution, held by Dr Nugent, one of the Inspectors of Lunatics. … His Excellency does not deem it necessary to refer specially to the treatment of James D., or to the other irregularities alleged to have taken place in the Asylum. He has already shewn his opinion of the first transaction, by directing the attendant who gave the bath, to be indicted for manslaughter, and by insisting on the retirement of Dr. Fitzgerald.
>
> His Excellency, however, is sorry to find that a very unsatisfactory state of things exists as regards the proper and decent burial of Lunatics. He is in communication with the Inspectors of Lunatics, with a view to a remedy being effected, and will communicate further with the Governors on the subject.
>
> The conduct of Dr Gelston, in certifying to the death of James D. without proper inquiry, is greatly to be blamed ; but as Dr Gelston is an Officer who is appointed by, and responsibly to the Governors, His Excellency must leave them to deal with him.[94]

Following this reply from the Lord Lieutenant, communication between Dublin Castle and the governors of LDLA largely concentrated on the subject of administration. Though tensions between the various tiers of authority remained evident, the duties of the Inspectorate and those governing reverted back to focusing on the practices and conditions of LDLA as found in the

[92] *Twenty-third report on the district, criminal and private lunatic asylums in Ireland*, H.C. 1874, p. 64.
[93] Correspondence from De Vere to Monsell, 12 March 1873, Monsell Papers, MS. 8317 NLI.
[94] JPH, LDLA, Letter Book, 10 August 1873.

reports provided by Inspector Nugent following his inspections on the Limerick establishment. Dr Fitzgerald, though encouraged to retire, remained in his position until a suitable replacement was appointed. He was succeeded in 1873 by Dr Edward Mezéire Courtenay, who served until 1890 before being employed as Inspector for Asylums.

Though it may have been easy to earn a favourable reputation as RMS when succeeding Fitzgerald's rather controversial employment, Courtenay, nonetheless, became renowned for his work at LDLA. He had graduated with a B.A. in 1868 and decided to pursue medicine at the Trinity College School of Medicine in Dublin where he was awarded a M.B. in 1871.[95] He received first place in his class where William Stokes, one of Ireland's leading physicians, was an examiner. During his time as a resident pupil training at Sir Patrick Dun's hospital and the House of Industry hospital, he gained the reputation as a 'good practical man.'[96] He then directed his studies to mental illnesses and diseases. His career took him from the Rotunda Hospital to the Derby County Asylum where he was employed as an Assistant Medical Officer, to Clinical Assistant of the West Riding Asylum. During his time at the latter, he wrote an article in 1872, entitled 'The use of opium in the treatment of melancholia' under West Riding Asylum Medical Reports that, today, is still commonly cited.[97] He then returned to Ireland when employed as RMS for LDLA. Acting under Courtenay at the LDLA were Drs Gelston and M.J. Nolan. Gelston who had been appointed on 20 March 1857 with a salary of £125.0*s*.0*d* received no punishment for his involvement with James D.'s case. It is uncertain if he even knew of the incident or if Dr Fitzgerald ordered him to provide a coroner's report but that he failed to do so. Gelston continued to work at LDLA without incident and his salary had increased to £156.0*s*.0*d*. in 1889.[98] Nolan was only at LDLA temporarily as he was appointed as assistant physician at Richmond Asylum, before being employed as RMS at Downpatrick Asylum.[99]

[95] Dr Courtenay was born on 16 October 1845 in Ballyeaston, County Antrim. His father, Reverend David Carlisle Courtenay graduated with a B.A. (1823) and M.A. from T.C.D. (1832). His mother was the sister of Sir Edward Mazière Brady, who was a well-known Irish Chancellor and Sir Nicholas Brady, who had been the Lord Mayor of Dublin in 1839. Edward had one sister, Charlotte Letitia Courtenay. His education started at the Royal School in Armagh where the Lord Lieutenant of Ireland, Richard Wellesley had previously attended in the 1770s.
[96] The British Journal of Psychiatry: http://bjp.rcpsych.org/content/59/244/179.2 (Accessed 22 September 2018). Obituary of Dr Edward Mezéire Courtenay in*: Journal of Mental Science*, Vol. 59, Issue 244, January 1913, pp 179-181.
[97] Michael F. Anthony Finn, 'The West Riding Lunatic Asylum and the making of the modern brain sciences in the
nineteenth century' (Unpublished PhD thesis, University of Leeds, 2012), p. 83.
[98] JPH, LDLA, Minute book, 20 March 1857.
[99] *Limerick Leader*, 11 October 1893; O'Malley, 'Governors, staff and lunatics' p. 18.

In tandem with his move back to Ireland in 1873, Courtenay was also instrumental in the setup of the Irish Branch of the Medico-Psychological Association (MPA) where he was titled the Hon. Sec. of the 'Irish Medico Psycholl. Society.'[100] He became highly regarded for his work on the Limerick patients, where the governors commonly credited him for his conduct: 'We cannot close our report without noticing the effective manner in which the corridors have been painted and under the directing of Dr Courtenay…a great improvement on the old whitewash'. 'Besides giving useful employment to the patients',[101] he also improved housing conditions *via* classifications for patients, better ventilation, 'proper' chamber utensils, and better supervision for patients.[102] He also attempted to battle overcrowding by employing more staff. During his time, overcrowding combined with understaffing made working life very difficult for the asylum's staff, as will be established below. Courtenay demanded that the governors appoint not only additional attendants but also more medically qualified persons. After inspecting the asylum in 1873, he complained that it was 'impossible for one medical man to sufficiently supervise so large an establishment and we recommend an assistant as at other large asylums, to be appointed.'[103] James O'Dowd, in his 1890 work wrote of the history and geographical expansion of Limerick city. Writing of the LDLA's success: 'Under the present Medical Superintendent (Dr Courtenay), many important improvements have been effected, and the Limerick Lunatic Asylum is regarded as one of the best managed institutions of the kind in the empire.'[104] In addition to his impact on the patients of LDLA, Courtenay remained enthusiastic about furthering his research, he made contact with Charles Darwin in November 1874, which resulted in the fortuitous preservation of patient Michael F.'s case files.[105] In 1890, he left his role at LDLA and took up the position as Inspector of Lunatics, subsequently becoming a member of the Board of Control of Asylums in Ireland.[106] He was also a member of the British Medical Association. Courtenay was succeeded by Dr Edward O'Neill (pictured below) who had previously acted as Assistant Medical Officer of the Richmond Asylum.[107]

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[100] Elaine O'Malley, 'Governors, staff and lunatics: life in the Limerick District Lunatic Asylum' in *Old Limerick Journal*, Vol. 44, (Winter, 2010), pp 66-72.
[101] JPH, LDLA, Visitors Report book, 26 February 1874.
[102] JPH, LDLA, Visitors Report Book, 27 October 1873.
[103] JPH, LDLA, Minute Book, 21 February 1873
[104] Cian O'Carrol (ed), *James O'Dowd's History of Limerick* (Dublin, 1990), p. 96.
[105] Darwin Correspondance Project, https://www.darwinproject.ac.uk/about/publications/correspondence-charles-darwin (accessed 8 February 2018). This case will be discussed in Chapter Three.
[106] US National Library of Medicine, National Institute of Health, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2298331/?page=1 (accessed 14 February 2018).
[107] *Report of the Limerick District Lunatic Asylum for the year ending 31 Marc*h 1905, table xxv, p. 32.

Image 2.1: Photograph of prominent Irish asylum doctors, including LDLA Physician, Dr Edward O'Neill in 1892:

Pictured back row, left to right: Drs Norman (Richmond), Patten (Farnham House), Finnegan (Mullingar), Pettit (Sligo), Nolan (Downpatrick).
Centre, left to right: O'Neill (Limerick), Woods (Cork).
Front, left to right: Eustace (Hampstead), West (Omagh), Garner (Clonmel), Nash (Richmond).
Source: Joseph Robins, *Fools and mad, a history of the insane in Ireland* (Dublin, 1986).

O'Neill received an annual salary of £700.0*s*.0*d* which was £200.0*s*.0*d*. more than what he earned at Richmond Asylum. Dr O'Mara was appointed as his Assistant Medical Officer. O'Mara was granted an allowance in kind of £100 per annum to be provided in meat and groceries after his complaining that 'he could be not always eating mutton and beef.'[108] It was during O'Neill's time that the Elmhurst house was acquired for the LDLA physician. He had originally been interested in a house based at the Crescent, but the governors agreed to purchase Elmhurst instead.[109] In addition to his own house, and similar to other asylum doctors, O'Neill had allowances for fuel, light, washing, bread and milk.[110] Harmonious to Courtenay's work ethic, O'Neill too was invested in contemporary research regarding mental illnesses, but with a focus on causation theories. He believed rates of insanity were increasing by the turn of the

[108] *Limerick Leader*, 12 August 1896.
[109] JPH, LDLA, Minute Book, 12 August 1896.
[110] *Limerick Leader*, 9 February 1898. O'Malley offers a picture of Elmhurst House in her appendices of her MA thesis.

twentieth century. He presented a paper at a conference in 1903 which was later published in the *Irish Times*, titled *Increase of Lunacy and Special Reasons Applicable to Ireland*.[111] At this stage, 22,139 persons were registered as lunatics in Ireland.[112] O'Neill described how admissions had increased by 65 per cent over a period of twenty-two years with 1,925 first admissions recorded in 1880 but 3,173 first admissions registered in 1902. Interestingly, he placed blame on the 1816-17 Famine. Defining it as 'the darkest period in the History of Ireland', he complained that the suffering of the 'peasantry' in Irish society at that period prompted many mental illnesses. He offered a series of additional reasons that he considered were cause for severe physical and mental degradation:[113] accumulation, emigration and agricultural depression, intemperance and dietary, masturbation, hereditary causation, political atmosphere, 'excessive tea drinking' and 'cigarette craze that has caught on to the children of today'.[114] Similar to those in roles of authority at LDLA, O'Neill spent most of his time endeavouring to deal with relentless levels of overcrowding. In August 1896, the asylum was over-capacity by 101 patients with 604 patients recorded that month. O'Neill ordered the building of temporary sheds on the grounds to provide extra accommodation.[115]

II

Parallel to the changing roles of those in positions of authority at LDLA throughout the nineteenth century, the duties and appointments of additional staff correlated with the expansion of the asylum. As established in Chapter One, LDLA was to develop into a vast institution, accumulating eighty-eight acres of land by 1904, having started with under ten acres in 1827.[116] After the manager and asylum governors were appointed, the next position employed was that of a gatekeeper. Ordered on 1 January 1827, invitations were sent out in search of a male 'who may be efficient and fully adequate to the situation at a salary not exceeding the rate at the Armagh Asylum.'[117] Other appointments were requested to those at Armagh Asylum where soon LDLA lay staff included several attendants, servants, a laundress,

[111] Kelly, *Hearing Voices* p. 129.
[112] *Irish Times*, 26 November 1903.
[113] Edward D. O'Neill, *Increase of Lunacy and Special Reasons Applicable to Ireland* (Limerick: George McKern and Sons Limited, 1903), p.3. A summary of this letter is published in *Irish Times*, 26 November 1903.
[114] O'Neill, *Increase of Lunacy and Special Reasons Applicable to Ireland* pp 6-11. Kelly offers further detail on O'Neill's causation theories. Kelly, *Hearing Voices*, pp 129-131.
[115] *Limerick Leader*, 12 August 1896
[116] *Report of the Limerick district lunatic asylum for the financial year ended 31 March 1905and the statistical year ended 31 December 1904*, table xiv, p. 23.
[117] JPH, LDLA, Minute Book, 1 January 1827.

a cook, a hall porter, a yard keeper and a clerk. Asylum staff were mostly contracted locally in the beginning and were answerable to manager Jackson. Again, adopting procedure from the Armagh Asylum, wages of other staff were decided upon some months before the asylum's official opening:

Figure 2.3: List of salaries for the staff of LDLA, decided on 8 January 1827:

Occupation	**Salary £**	**Per Annum**
Gardener	£40	Per Annum
Gatekeeper	£20	Ditto
Accountant	£50	Ditto
5 keepers at £20 each	£100	Ditto
Cook	£15	Ditto
5 nurses at £10 each	£50	Ditto
10 assistant nurses at £7 each	£70	Ditto
2 laundry maids at £7 each	£14	Ditto

Source: JPH, LDLA, Minute Book, 8 January 1827.

Mr Reilly was the asylum's first clerk whilst his wife was employed as the cook. The duties of the asylum clerk ranged from overseeing the stores and provisions as well as ensuring that there was a sufficient supply of fuel and candles. He also had to make sure that the potatoes were sufficiently cleaned and given to the cook. The title of this position changed to storekeeper by 1873 and an additional duty saw the storekeeper make a record of stock every March and October.[118] Mr McDonnell succeeded Reilly and was paid £60.0*s*.0*d*. McDonnell requested an assistant in 1851. The appointment of such was accepted. However, the holder of this position was paid £20.0*s*.0*d* and this was deducted from McDonnell's wages.[119] Following McDonnell's death, the position passed to Mr Bodkin who was paid £80.0*s*.0*d* without allowances, which rose to £160.0*s*.0*d* in 1889.[120] Bodkin worked as storekeeper for forty-one years and was succeeded by P.J. Frost at a salary which, by the end of his term, amounted to £140. 0*s*.0*d* annually. It is uncertain why his salary was reduced.[121]

Working life in Irish asylums left much to be desired, particularly for the attendants who were employed there. Very few requirements and little training were necessary for the employment of attendants in the asylum's former years, but this changed. By 1893, regulations for the attendants' employment were modified substantially to one where they could only be

[118] *Correspondence relating to lunatic asylums in Ireland. H.C. 1828, vol. xxii*, p. 26; O'Malley, 'Governors, staff and lunatics,' p. 22.
[119] JPH, LDLA, Minute Book, 1 June 1851.
[120] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1889*, table xxiii, p. 27.
[121] *Limerick Leader*, 13 September 1893.

appointed *via* interview and entrance examinations. On successful completion of these, they were then hired and referred to as nurses. It was 'desirable' that they be under the age of thirty.[122] Wages were paid on the last day of every month. In Limerick, there was a significant difference in wages between male and female employees. As found in Eliza Jackson's wages whilst working as manager for the asylum, female attendants were also paid much less than male attendants despite sharing the same duties. Receiving allowances for food, fuel, and apartments, male attendants received an annual wage which rose from £14.0*s*.0*d*. to £20.0*s*.0*d*. after seven years of employment. By 1863, male attendants received £16.6*s*.0*d*. per annum which increased to £40.0*s*.0*d*. by 1898. Female attendants started at £8.8*s*.0*d*. which increased to £15.15*s*.0*d,* again after the seventh year. By 1863, female attendants were still receiving between £6.6*s*.0*d*. to £8.8*s*.0*d*. per annum.[123]

When the Jacksons were in charge, attendants had to live in the asylum and seek permission from the manager or matron to leave the grounds. However, this practice changed along with the establishment of the position of RMS who was subsequently placed in authority over them. As a significant proportion of lay staff lived in the asylum during the asylum's opening years, many were subject to much of the same conditions that patients were, including bedding and diet:

Figure 2.4: Diet plan for staff (Keepers and Nurses) decided on 24 October 1826 at LDLA:

Breakfast	¾ lb. bread	1 pint of new milk
Dinner	3 ½ lbs. boiled potatoes and meat three times a week, 1lb. each.	1 pint of new milk
Supper	¾ lb. bread	½ pint of new milk

Source: JPH, LDLA, Minute book, 24 October 1826.

In 1873, complaints arose surrounding 'very poor' conditions in the asylum which in turn affected the attendants' and nurses' quarters. Inspector Nugent wrote in his September report that their accommodations were overcrowded.[124] This issue remained as Governor Wilkinson complained years later that the living quarters for nurses were so bad that he recommended a cell be transformed into a nurses room: 'the present nurses' rooms contain three beds for nurses, with one attendant to about twelve patients in each of these divisions. One of the three beds

[122] John Connolly, *The construction and government of lunatic asylums and hospitals for the insane* (London, 1968), p. 86. Connolly details the duties for the attendants.
[123] JPH, LDLA, Minute books 1-5; O'Malley, 'Governors, staff and lunatics', p. 24.
[124] JPH, LDLA, Visiting Report Book, 20 September 1873.

have to be removed in the daytime.'[125] By the 1890s, the expansion of the asylum saw the need for live-in bakers, cooks, tailors, painters, shoemakers and carpenters. They, too, lived largely in the same conditions as patients, suffering 'from the cold and damp conditions that prevailed in the building. They ate the same food but worked long hours with little time off.'[126]

As they lived in the asylum, attendants, out of all the asylum staff, had most interaction with the patients. Catering to all their physical needs, their duties included cleaning, feeding and shaving those who needed this. The attendants' duties were difficult with little reward and such became the subject of complaint in the 1858 Commissioners' report on the inquiry of asylums:

> Another point, to which we desire to draw attention, is the small amount of wages given to the attendants in some of the asylums. The duty of the persons so employed is at all times disagreeable and irksome – frequently dangerous and disgusting. It requires intelligence, temper, and kindness, on the part of those discharging it, or the conduct of the attendant may undo all the judicious treatment of the manager. A higher class of servants, therefore, should be sought, and care should be taken, in their selection, not alone that they are possessed of the qualities above described, but that they are sufficiently educated to be enabled to contribute to the recreation of the patients by reading for their amusement. Such occupations will beguile the wearisomeness of their watching in the wards, and, helping to cheer and tranquilize the patients, will render their attendance a more grateful task.[127]

The governors and the RMS oversaw their behaviour and were authorised to discipline them when required.[128] One keeper, for example, was found inebriated at LDLA and was subsequently fined. However, manager Jackson requested that the fine be remitted due to his good behaviour during the previous three years: '…having represented to us that his conduct for several years was most unexceptionable and his services most valuable.' As a result, the board did not fine him but 'called him in and admonished him.'[129] A female attendant was fined two shillings 'for wantonly exciting a patient to stand.'[130] The governors acted in a more manner as the years passed. One attendant was fired for being drunk on Christmas Day in 1895,[131] whilst RMS Robert Fitzgerald recalled firing an attendant on the spot 'whom I caught

[125] Niamh O'Leary, 'Treatment of the mentally ill in Limerick' in David Lee, Christine Gonzalez (eds), *Georgian Limerick 1714 – 1845* (Limerick, 2000), p. 334.
[126] O'Malley, 'Governors, staff and lunatics,' p. 27.
[127] *Lunatic Asylums and other Institutions for the custody and treatment of the insane in Ireland: with minutes of evidence and appendices* (Dublin: Thom and Sons, for Her Majesty's Stationary Office, 1858), pp 10-11.
[128] *Limerick Leader*, 15 December 1893.
[129] JPH, LDLA, Minute Book, 20 December 1830.
[130] JPH, LDLA, Minute Book, 20 December 1830.
[131] *Limerick Leader*, 9 January 1895.

in the act of injuring a patient. I may have done so in other cases.'[132] Attendants were also punished if patients attempted to, or succeeded in, escaping from the asylum. In August 1895, a female and male patient attempted to escape. Though the female patient was found, the male patient was not and as a result, the attendants looking after the male patient were fined through a reduction in their wages.[133] Where there was reprimand, there was also reward. As a method of creating motivation for those employed, reward schemes were established as early as December 1827. Female attendants were promised a 'premium gown' for extra work. Indeed, three women were selected for their good conduct and subsequently received premium gowns.[134]

It was essential that a sufficient supply of attendants were available to work at LDLA. It was suspected early on that the number of patients at this new asylum were going to be greater than the admission figures at Armagh Asylum so plans were announced at a board meeting in January 1828 to employ extra officers and servants with their salaries be taken into consideration.[135] Overcrowded conditions meant frequent and significant understaffing. By 1863, eleven attendants oversaw 202 male patients whilst sixteen nurses were left to care for 218 female patients. At this stage, two female nurses were set to work in the male ward which was deemed 'inappropriate'.[136] After an inspection by two governors, accompanied by Dr Courtenay on 21 February 1873, improvements were noted and they commended the additional employment of attendants: 'we are glad to see the number of attendants (which had been insufficient) increased.'[137] Issues with understaffing and overcrowding was much the same at Carlow and Ballinasloe Asylums. Cox found that the 'ratio of staff to patients… affected standards of care'.[138] As Walsh has noted, 1,165 patients were receiving care in Ballinasloe Asylum in November 1901, despite the institution having facilities for only 840 admissions at this time subsequently leading to understaffing.[139] Understaffing was in fact found to be a routine complaint at Ballinasloe. The *East Galway Democrat* reported in 1919 that conditions were 'very unsatisfactory' at Connaught District Asylum as forty-six-year-old female patient Sarah C. had burned to death in the No. 5 female dayroom 'with her clothes on fire.' This

[132] *Report of the commissioners of inquiry into the state of the lunatic asylum in Ireland 1858,* Part II, Evidence and Documents, p. 386.
[133] *Limerick Leader,* 14 August 1895.
[134] JPH, LDLA, Minute Book, 3 December 1827.
[135] JPH, LDLA, Minute Book, 8 January 1828.
[136] *The twelfth report on the district, criminal and private lunatic asylums in Ireland,* H.C. 1863, p. 25.
[137] JPH, LDLA, Minute Book, 21 February 1873.
[138] Cox, *Negotiating Insanity* p. 202.
[139] Oonagh Walsh, 'Tales from the Big House: the Connaught District Lunatic Asylum in the late nineteenth century' in *History Ireland* Issue 6 (November/December 2005), Vol., 13.

dayroom had been accommodating forty other patients with only one nurse supervising. According to Nurse McEvoy, 'I didn't see her until I saw her on fire'. She added that the deceased 'was very fond of sitting close to the fire.'[140] It was recorded in the same report that another female patient had died from digesting the yew leaves that she had received at mass on Palm Sunday.[141] That month additionally saw two male lunatics escape and the physician of the hospital, Dr Mills, declared this 'lack of supervision' as 'not satisfactory.'[142]

Determining how the patients viewed and responded to asylum staff has proven rather difficult to establish.[143] What is certain is that nurses played a crucial role in the Irish asylum setting for their role in controlling and managing an overcrowded system. As Walsh has demonstrated, this was particularly the case in the west, nurses at Ballinasloe Asylum proved important to the function of this institution due to the fact that many patients were monoglot Irish speakers. Having bilingual nurses employed there meant that they contributed importantly to the doctor/patient relationship.[144]

LDLA generated a colossal amount of employment for the district, including that of local businesses. Neighbouring enterprises were called upon to provide the asylum with amenities that could not be made by the patients. These necessities included not only additional milk and bread, but also tobacco and snuff, soap and candles, alcohol such as beer and wine, coal, leather, cutlins (oatmeal), as well as scotch caps which were used to restrain patients. As indicated in Figure 2.5, the most expensive purchases were bread, milk and oatmeal which, in turn, reveal the leading components of the asylum diet.[145]

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[140] *East Galway Democrat*, 19 April 1919.
[141] *East Galway Democrat*, 19 April 1919.
[142] *East Galway Democrat*, 12 April 1919.
[143] In Limerick's hospital setting, local children, as Breathnach has revealed, struggled to take nurses in union hospitals seriously. In one instance, she reveals how a child referred to them as not being 'right nurses' but 'oul wans wud dirty necks an yallah sthrings to their caps.' Determining the roles of nurses acting under the Lady Dudley's Nursing Scheme, though it 'took a while before the nurses won their localities' trust and respect; with it, they began to have a profound impact on health care and on raising levels of cleanliness.' See - Breathnach, Ciara, 'Lady Dudley's District Nursing Scheme and the Congested Districts Board, 1903-1923' in Margaret H. Preston, Margaret Ó hÓgartaigh (eds), *Gender and Medicine in Ireland,1700-1950* (Syracuse, 2012), pp 149-150.
[144] Oonagh Walsh, 'Psychiatric nurses and their patients in the nineteenth century' in Anne Borsay, Pamela Dales, (eds), *Mental Health Nursing: The working lives of paid carers in the nineteenth and twentieth centuries* (Manchester, 2015).
[145] As will be discussed in Chapter Four, diet was investigated as a cause for Beriberi at Richmond Asylum in the mid-1890s. Due to a lack of Vitamin B, this presence of this disease attracted much attention by medical professionals. Similar to Limerick, the diet for staff and patients was highly regarded for quality and quantity. As examined by Crawford, the leading components at Richmond's menu included bread, potatoes, butter, sugar, tea, fresh meat, vegetables, and rice which was routinely added, in small quantities, to soup. See - E. Margaret Crawford, 'A Mystery Malady in an Irish Asylum: The Richmond Epidemic of the Late Nineteenth Century' in Pauline Prior, Asylums, *Mental Health Care and the Irish, 1800-2010* (Dublin, 2012), pp 189-199.

Figure 2.5: Return of provisions purchased for LDLA for the year 1828:

Shop / supplier	Product	Cost
Sir I. G. Anderson	Bread	£25, 4*s*. 3*d*.
James Sexton	Milk	£32, 9s. 8d.
Rebecca McDonnell	Tobacco and snuff	£1, 15*s*. 10*d*.
Connell and Co.	Beer	£3, 10*s*. 0*d*.
John Peacocke	Soap/candles	£6, 1*s*. 0*d*.
John Abell	Hardware	£5, 12*s*. 3*d*.
Harvey Brothers	Coals	£100, 0*s*. 0*d*.
Francis O'Shaughnessy	Clothing	£10, 19*s*. 5*d*.
W. B. Hackett and Co.	Leather	£10, 10*s*. 2*d*.
Samuel Evans	Scotch Caps	£0, 10*s*. 0*d*.
Fishers and Unthank	Sundries	£2, 15*s*. 7½*d*.
Samuel Caswell	Cutlins (Oatmeal)	£44, 4*s*. 6*d*.
D. F. G. Mahony	Insurance	£10, 10*s*. 5*d*.
William Nash	Groceries	£3, 8*s*. 0*d*.
John Williamson	Meat	£12, 18*s*. 4*d*.

Source: JPH, LDLA, Minute book, 14 November 1828.[146]

Additional groceries were purchased on a monthly capacity where wine, provided by Charles McNamara, was added at a cost of £1.14*s*.0*d*. in 1829.[147] Expenditure was high and continued to increase over the course of the nineteenth century. In 1862, £7,321,5*s*.6*d*. was spent on the asylum for that year. This sum had doubled to £14,413.7*s*.8*d*. by 1897.[148] In fact, owing to the knowledge of how economically beneficial these institutions were to the locality, there are examples of LDLA governors contesting the construction of other asylums in their constituency. As asylums 'lent considerable status to the local area', the proposals for new asylums created great anxiety. This asylum was to cater for the Limerick City and County Districts, as well as Clare and Kerry. Despite continuous complaints of overcrowding, when the subject of creating other asylums was brought to the fore, the Limerick governors deemed the asylum 'fully able' to cater for the districts set out at its opening declaring that 'small additions' were simply required.[149] When proposals were submitted to build additional asylums in Killarney and Ennis, not only did the governors contest the proposal, but the Limerick Corporation and members of the Limerick Grand Jury sent a deputation to the Lord Lieutenant in 1860 to lobby against the building of these new asylums.[150] This is very important to note as

[146] JPH, LDLA, Minute Book, 14 November 1829.
[147] JPH, LDLA, Minute Book, 14 April 1829.
[148] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1897*, p. 7.
[149] *Freeman's Journal*, 12 March 1860.
[150] McGrath, 'A study of the life and activities of Sir Stephen Edware De Vere' p. 147.

it suggests that lunatic asylums were highly desirable in Ireland, despite the stigma of mental illness. The Limerick governors saw the economic importance of the asylum in terms of employment, including the money spent locally on tenders. The positive, non-medical benefits to the broader area were obvious. Establishing asylums in neighbouring districts would have impeded this financial success. Despite their stalling efforts to deter any new asylums being built in the region, their arguments proved unsuccessful - Killarney Asylum opened in 1852 and the other in Ennis in 1868.[151] Inspector Francis White welcomed this decision:

> The LDLA will be relieved from the lunatics of from the county of Kerry and will only have to provide for a population of 616,423. It can accommodate 348 patients and although it is full at present, yet I calculate that the separation of Kerry from this district will afford such relief from the over-pressure, as to mitigate that evil to a great extent.[152]

Seventy-two patients who were chargeable to county Kerry were transferred immediately to the new Killarney Asylum in 1852. An additional 171 patients were removed from LDLA in 1868 when Ennis Asylum opened as they were chargeable to County Clare.[153] When these new asylums were built, those governing LDLA who were from Kerry and Clare stopped serving on the Board. What is interesting in this instance is that though the new asylums in counties Kerry and Clare were to serve their own districts, patients habituating outside of the Limerick District still sought care at LDLA but did so on a fee-paying capacity. It is uncertain why this was the case but entries in the asylum's report book from visitors suggest that LDLA was highly regarded. On 13 June 1834, John Meiny wrote: 'I have seen many institutions such as this on the continent and in England and I have never seen any of the institution management of which I do much approve more of.'[154] Three fee paying patients were recorded as from County Clare on 21 February 1873. The previous year saw £400 paid to the asylum from fee-paying patients only.[155] This situation was similar to Ballinasloe as Walsh reveals how the Ballinasloe Asylum governors objected to the proposals to build asylums in Sligo and Castlebar. Despite the continuous complaints of overcrowding in Ballinasloe, the governors argued against the transfer of their Sligo, Leitrim and County Mayo patients to the new asylums.[156] And this was the same again for Carlow Asylum's history. A variety of tensions

[151] By 1906, 409 patients were being treated at the Ennis District Lunatic Asylum.
[152] *Report of the Commissioners into the State of Lunatic Asylums*, Vol. xxii, 1846, p. 48.
[153] *Report of the Commissioners into the State of Lunatic Asylums*, December 1893.
[154] JPH, LDLA, Visitors Report Book, 13 June 1834.
[155] JPH, LDLA, Minute Book, 21 February 1873. Mauger's work, *The Cost of Insanity* offers great detail on both public and private asylums in Ireland including the history of fee-paying patients.
[156] Oonagh Walsh, 'Landscape and the Irish asylum' in Glenn Hooper, Úna Ní Bhroiméil (eds.), *Land and landscape in nineteenth-century Ireland* (Dublin, 2008), p. 162.

arose during the efforts to separate Kildare from the Carlow Asylum District. Firstly, a local committee was formed in 1846, representing the interests of Kilkenny City and County, where chairman Charles Vignoles wrote to the Lord Lieutenant arguing that provision for the mentally ill was inadequate. His petition detailed how existing provision was insufficient and ineffective. Lunatic wards had been added to Kilkenny House of Correction and City Gaol, which in turn, were supposed to be catering for the Kildare insane. Vignoles proposed that the Kilkenny House of Industry instead be transformed into an asylum which was subsequently approved by the lunatic inspectors in 1847. However, tensions arose as this development resulted in a significant delay in the construction of a much-needed extension onto Carlow Asylum: 'the Carlow governors were compelled to wait six years for work to commence.' Significant financial repercussions thus ensued, prompting further aggravations.[157]

Conclusion

Examining the various employment positions offered at LDLA is instructive on many levels.[158] On the surface, there were many responses from positions of authority throughout Ireland in serving the local insane. Not only do these include interactions with Lunacy Commissioners and asylum superintendents but as will be established in subsequent chapters, the response of the Poor Law authorities.[159] The surviving material of this institution reveal the responses of those who worked there ranging from those in positions of power to those employed as lay staff, including contracted suppliers. Governors appointed at LDLA were only drawn from the wealthy and landed classes in the earlier years revealing the level of respect this position was to carry. The appointment of medical positions on this board by the mid nineteenth century represent the changing practices of this institution. Manager Jackson's earnings of £200 on an annual basis is substantial, particularly as he received an increase every so often. This additionally suggests the worth and privilege associated with this position. After his death, when his wife Eliza took over his duties whilst continuing to carry out her own responsibilities as matron, she was on a wage that was one-twelfth of her husband's wage. Records show that she only received an increase of £17.10*s*.0*d* for her work whilst manager Jackson was receiving

[157] Cox, *Negotiating Insanity* p. 40.

[158] Much thought and discussion have been formed over the last twenty years concerning the working class of nineteenth century Ireland due to the publication of *Saothar,* the Journal of the Irish Labour History Society. *Saothar,* Journal for the Irish Labour History: http://www.irishlabourhistorysociety.com/index.php?page=saothar&title=Saothar See also – Henry Patterson, 'The Irish Working Class and the Role of the State, 1850-2016' in Biagini, Eugenio F., Daly, Mary E. (eds), *The Cambridge Social History of Modern Ireland* (Cambridge, 2017).

[159] See – Catherine Cox, Hilary Marland, "A Burden on the County': Madness, Institutions of Confinement, and the Irish Patient in Victorian Lancashire' in *Social History of Medicine,* 28, (2) (2015), pp 263-287.

a wage of £210.0*s*.0*d*. at the time of his passing.[160] Though the governors commended her actions for running the asylum independently whilst continuing at her own duties until her position was filled, this wage gap represents a significant gender bias, revealing that the worth of work was not credited.[161]

Wages are additionally revealing in the context of labour histories amongst the poorer classes, particularly for those employed as staff who were under positions of authority at LDLA. When RMS Robert Fitzgerald was asked by the inspectors if he was 'satisfied with the class of attendants employed', he replied that he was – 'they are very good.' He told how he believed that the wages provided were sufficient to 'secure the services of competent persons… I find that if we have a vacancy for an attendant, we have applications innumerable. That would lead one to suppose they consider the remuneration sufficient.'[162] When considering the harsh levels of destitution in Limerick over the course of the late eighteenth and nineteenth centuries, it appears that attendants working at LDLA were perhaps not applying for these jobs due to the 'attractiveness' of this position. Rather, RMS Fitzgerald's comments suggests the weight Limerick locals were feeling in securing a steady job. Working at LDLA was not easy. Individuals who were employed as attendants in the earlier years had to live in the asylum and experience much of the same diet and sleeping arrangements as patients. Difficult working conditions ensued for the remainder of the nineteenth century – overcrowding matched with understaffing made working life very difficult indeed. Still, the level of employment LDLA offered over the course of the nineteenth century cannot be underestimated. Though this discussion will feature in Chapter Four's examination surrounding patient employment, it cannot be denied that the economic impact these institutions had on their host communities was nothing short of substantial. Ranging from the appointments of the clock winder, to attendants, to medical staff, to the outsourcing of materials for this institution, many people benefited financially from this establishment.

Determining the duties of those who worked at LDLA not only put the level of administration required to run such an establishment on display, it also revealed how staff, in certain cases, affected life at the asylum for the patient. There are many efforts evident in the source material that reveal intentions to serve those admitted in a more humane and empathetic manner as demonstrated in Catherine G.'s case when she transitioned from a patient to a

[160] JPH, LDLA, Minute Book, 25 August 1849.
[161] See – Margaret Kelleher, James H. Murphy, (eds), *Gender Perspectives in Nineteenth Century Ireland: Public and Private Spheres* (Dublin, 1997).
[162] *Report of the Commissioners into the State of Lunatic Asylums in Ireland*, 1858, p. 385.

member of staff. Inspector George Plunkett O'Farrell commended the staff in 1893 for their relationship with the patients, their attitude exhibiting a 'spirit of kindness and sympathy'.[163] Another visitor to the asylum wrote how all staff members ranging 'from physicians and matrons to the servants and attendants' displayed 'a uniform kindness and humanity of treatment.'[164] There were also moments where staff affected life at LDLA in a less positive light. As revealed in the cases where a select few attendants were reprimanded for unethical behaviour, the trial surrounding the case of James D. is additionally instructive. Though there has been much evidence relaying the help and empathy on behalf of staff members, there are also several examples of heavy-handed and questionable behaviour. Attendant Connell drowned a patient even though he was not convicted. There are other aspects of this case that warrant further examination. This is particularly significant in light of the fact that James D.'s body was never recovered. Connell buried him with the help of four other patients but when asked about this on trial, he declared that he could not recall the burial spot. Chapter Five will address this further.

[163] JPH, LDLA, Visitor Report Book, 29 July 1871.
[164] JPH, LDLA, Visitor Report Book, 29 July 1871.

Chapter 3

Classifying Patients at Limerick District Lunatic Asylum, 1827-1900

He could not stay at home. Admitted on 11 February 1873, Michael F. entered the Limerick District Lunatic Asylum's growing incurable population. His mother struggled to keep servants in the household as Michael suffered frequent epileptic fits and was incapable of speaking except for emitting a 'curious humming sound'[1] His needs demanded constant care, especially as he 'decreased in frequency' as he grew older. At the urging of the local parish priest, he was admitted and diagnosed with idiocy and epilepsy.

Psychiatry as we know it today was founded in the nineteenth century district lunatic asylum.[2] Although the early period did not consider insanity 'remediable',[3] a shift in popular opinion was to develop at the turn of the nineteenth century. Eighteenth century Europe saw the death of 'witchcraft, sorcery, and conjuration' where 'most people lost faith in exorcism.'[4] A reliance thus emerged on medical practitioners as the 'only ones left with any credibility.'[5] When LDLA was established, this discipline was still very new, as were the conditions and classifications of patient profiles. The original objective of LDLA was to cater solely for those who were considered lunatic, but curable: 'it is right to state, that this institution is not authorised to receive idiots or epileptic patients.'[6] Though there are many examples of LDLA governors endeavouring to enforce a policy that served curable lunatics only, similar cases to Michael F.'s were admitted, and much earlier than originally anticipated. This reveals an immediate response to the asylum in that treatment was expected. Soon, those seeking care were 'embracing nearly every variety and phase of insanity, and each and all demanding increasing… attention.'[7] Practice thus proved very different from policy regarding admission

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[1] This phrase was written in Michael F.'s case files, suggesting that his needs grew greater as he aged. Correspondence between Charles Darwin and Dr Edward Meziére Courtenay, 22 November 1874 *District Asylum, | Limerick.* Darwin Correspondence Project, DCP-LETT-9729.
[2] Kelly, *Hearing Voices.*
[3] Finnane, *Insanity and the insane,* p. 21.
[4] David Dickson, *New foundations Ireland, 1600-1800* (2nd ed), (Dublin, 2000), p. 189.
[5] Dickson, *New foundations Ireland* p. 189. Parallel to Dickson's argument, Jones finds this shift in public perception and response to medical treatment evident in the case of King George's illness: 'In 1763, the public was alarmed by revelations concerning conditions in private madhouses, and a movement to control them was initiated; in 1789, the nature of George III's illness became generally known, and the topic of madness was widely discussed in a context which excluded the possibility of moral condemnation. It was scarcely possible – at least in Tory circles – to assume that the King was being punished for his sins'. See - Jones, *Asylums and After* p. 14.
[6] *Limerick Chronicle*, 22 January 1827.
[7] JPH, LDLA, Annual Inspections and Visiting Committee Reports 1831-1946, 5 August 1860, (Limerick City and County Archive), P98/2/1.

protocol, as was the case nationally.[8] Confusion arose and the complaints made by the *1858 Report from the Commissioners* reveal this: 'We think considerable improvement should be made in the manner in which admissions to the asylum take place. No uniformity of practice now exists. In some asylums, idiots and epileptics are, contrary to the regulations, declared inadmissible, while in others, they are admitted.'[9] Common to many of these larger asylums, 150 beds was simply not enough to serve all four of the proposed districts of LDLA. It struggled greatly to cater effectively for its patients as basic housing for the incurable quickly took precedence over the care and hopeful cure of the curable. Frequent overcrowding ensued that became destructive to the asylum's original, what were considered, 'good intentions.'[10] Whilst overcrowding subsequently saw blame being placed on the incurable patients, those governing attempted to be innovative in establishing classifications to differentiate between the asylum population. As in other similar institutions, classifying insanity on admission was largely confined in the curable versus incurable narrative. Though this remained the same throughout the nineteenth century, the professionalisation of this practice evolved accordingly. As a result, basic classifications proved inadequate to represent the array of increasingly complex mental illnesses presenting at the asylum. This chapter investigates how these classifications emerged and developed over the course of the nineteenth century at LDLA. Whilst examining the endeavours to serve curable lunatics only, a discussion on rates and reasons for overcrowding reveals how the governors struggled to maintain these intentions. A series of discharge regimes were subsequently implemented to remedy overcrowding which in turn saw the creation of new categories very soon after opening. These ranged from the curable and incurable lunatic, to the harmless and dangerous incurable, the epileptic patient, and the cured or nearly cured but housed lunatics. In order to ascertain what was it that made nineteenth century Irish families depend so heavily on such an institution, the case of Michael F. is brought to the fore. This additionally offers an insight into Darwin's medical theories on the epileptic idiot, which in turn addresses what happened to this *class* in the asylum population. Revealing how those governing this institution quickly saw that mental illnesses were much more complex than originally anticipated, this chapter overall demonstrates how the original intentions of housing, treating and curing the mentally ill at the opening of nineteenth century Ireland were in many

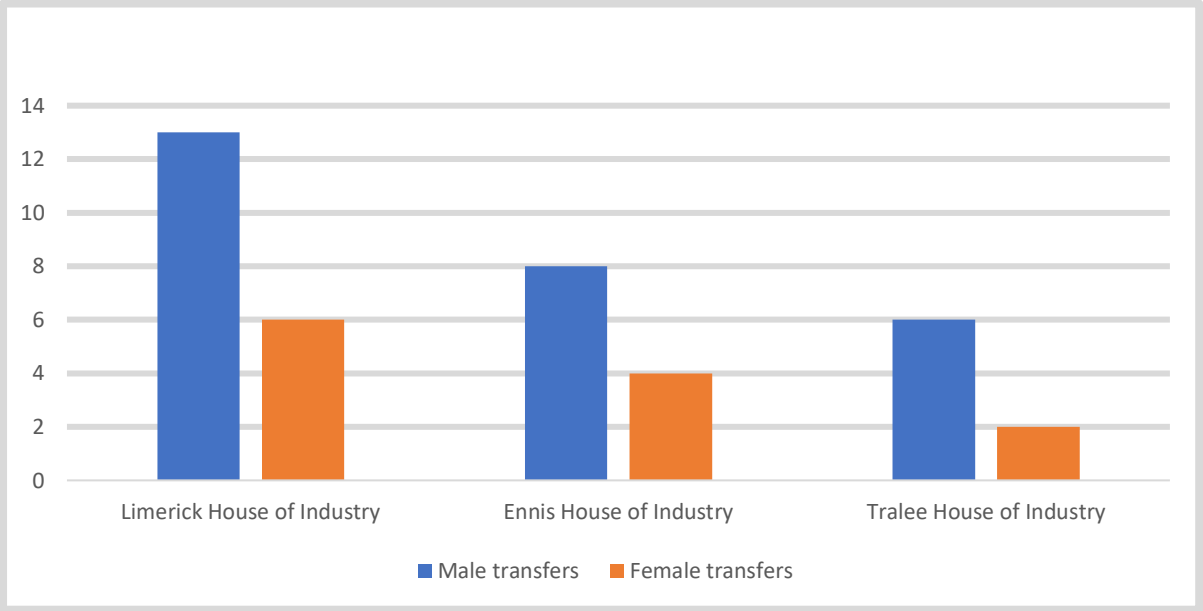
[8] See - *Report of the Commissioners of Inquiry into the State of the lunatic Asylums and other Institutions for the custody and treatment of the Insane in Ireland with minutes of evidence and appendices.* Part I – report, tables, and returns. Dublin, 1858.
[9] *Report of the Commissioners of Inquiry into the State of the lunatic Asylums and other Institutions for the custody and treatment of the Insane in Ireland with minutes of evidence and appendices.* Part I – report, tables, and returns. Dublin, 1858.
[10] Kelly, *Hearing Voices* p. 25.

ways impractical and unrealistic by the turn of the twentieth century, despite the establishment of a vast and extremely expensive asylum system.

In line with the intention to admit curable lunatics only to Limerick's new asylum, just a few months shy of the official opening in October 1826, manager Jackson was directed to visit 'with as little delay as possible' the neighbouring institutions in order to create a count of those 'likely to receive admission'.[11] On 17 October, Jackson was accompanied by Doctor Castles, the Physician to the House of Industry, and together they found sixteen lunatics in the Ennis House of Industry but only considered twelve eligible for admission. Seventy lunatics were counted at Limerick House of Industry but only nineteen were accepted for transfer into the new asylum. On 27 October, manager Jackson then visited the Tralee House of Industry with Rev. R. Conway Hurly (Inspector of Gaols) and found eight out of ten lunatics eligible for admission. Those considered ineligible were almost exclusively idiots and epileptic patients with some convalescent persons found at Limerick's House of Industry. Sources also suggested that some who were lunatic and curable but deemed ineligible were found to be severely malnourished and the potential for them to survive was highly unlikely. All visits to other institutions had ceased by 1 November 1826.[12] For the first time in the history of incarcerated insanity in the south-west of Ireland, patients of LDLA were to be segregated according to their psychological disorder and sex where twenty-seven male and twelve female patients were directly transferred from neighbouring houses of industry.

[11] JPH, LDLA, Minute book, 13 October 1826.
[12] JPH, LDLA, Minute book, 1 November 1826.

Graph 3.1 Transfer of male and female patients from Limerick, Ennis and Tralee Houses of Industry to LDLA, 1826:



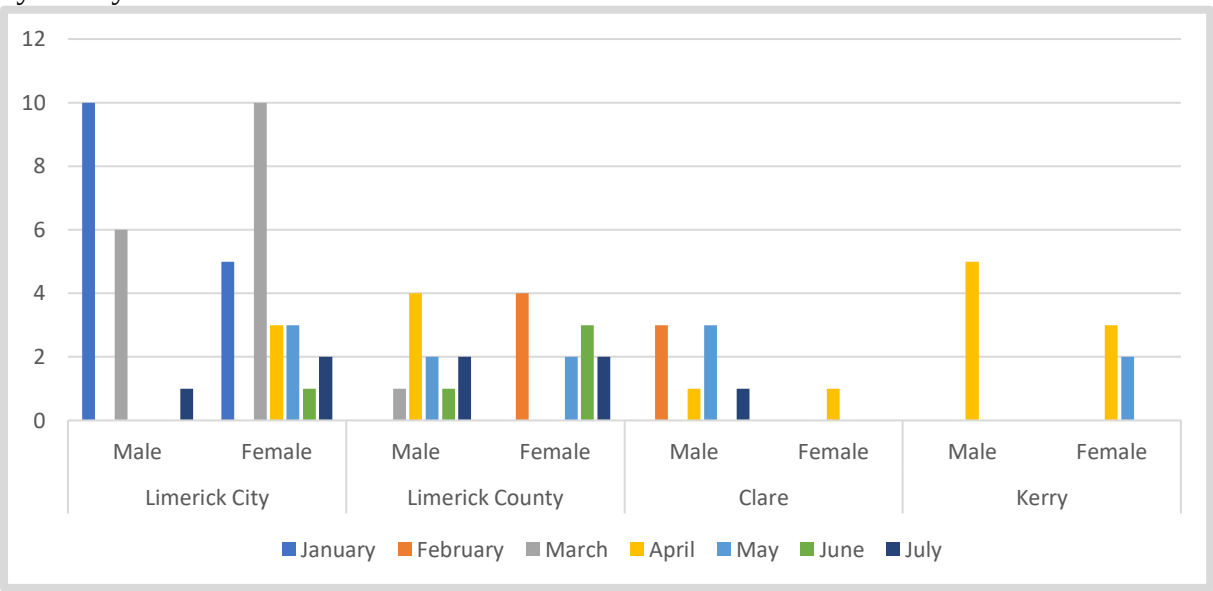
Source: JPH, LDLA, Minute book, 1 November 1826.[13]

The exclusive transfer of curable lunatics from the Houses of Industry into the new asylum represents the insistence of the governors that they accept, house and treat those entirely curable. Despite there being more male than female patients being transferred into the asylum on this occasion, the admission of both soon levelled out and largely remained as such over the course of the nineteenth century. On arrival, each patient was allotted a four-digit number that became their identifier for the remainder of their stay at LDLA. Soon, the asylum doors were met by a great variety of patients, subsequently revealing an increasing demand that proved very difficult to combat. During the first eight months of LDLA being in operation, eighty-one patients were admitted. Twelve patients were convalescent, sixty-one were deemed curable and one case was found to be incurable. Seven patients were documented as discharged by 1 August 1827, six had been discharged in July – four male and two female - whilst one female patient had died in January.[14] This meant that seventy-four patients remained inhouse at this time, thirty-seven male and thirty-seven female patients.

[13] JPH, LDLA, Minute book, 1 November 1826

[14] *Correspondence and Communications between Home Office and the Irish Government, during the year 1827 on the subject of Lunatic Asylums*, H.C., 3 April 1828.

Graph 3.2 Patients admitted to LDLA between 27 January and 1 August 1827 with distribution by county:



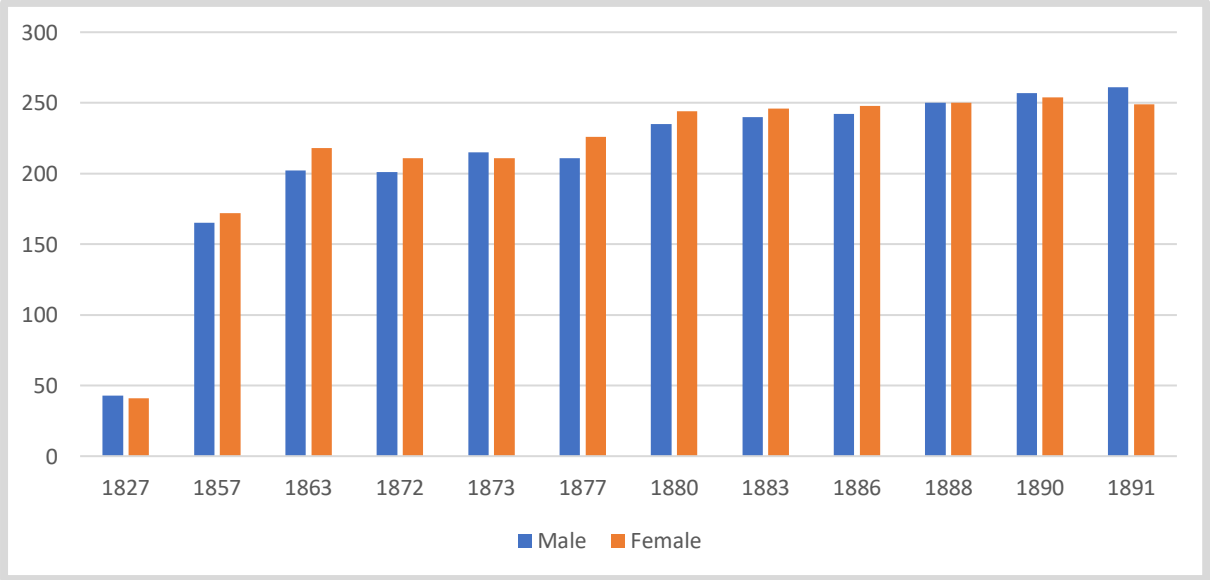
Source: *Correspondence and Communications between Home Office and the Irish Government*.[15]

LDLA catered for a population of 910,303 by 1 January 1845.[16] Serving such a population resulted in the asylum battling a relentless demand. As of 3 December 1827, LDLA was housing eighty-four patients, forty-three males and forty-one females. This balance of male and female patients equalled out as stated due to the intentions of this institution to implement segregation correctly.[17] This saw the same number of beds be made available on each of the male and female wards. Despite the original optimism that such a revolutionary institution could house and potentially cure 150 patients, the governors quickly realised that their expectations were not realistic, especially with four districts to cater for. Admission numbers continued to elevate to the point where LDLA was full within two years after opening.[18] Overcrowding ensued and the asylum had a surplus of nearly forty patients in the closing months of 1829.[19] By 5 August 1833, the asylum was overcrowded with an inhouse population recorded at 187 patients. This meant it was thirty-seven people over capacity.[20] As of 1 November 1833, 630 patients had been admitted since its opening.[21] 202 patients were in house

[15] The fact that the deaths of patients were included in the discharge rates, particularly during the earlier years, makes it additionally difficult to track discharge rates efficiently. *Correspondence and Communications between Home Office and the Irish Government, during the year 1827 on the subject of Lunatic Asylums*, H.C., 3 April 1828.
[16] *Report of the commissioners of the year ended 1845*, p. 31.
[17] JPH, LDLA, Minute book, 3 December 1827.
[18] As Cox has noted, the Carlow Asylum was full two years after opening in May 1832. Cox, *Negotiating Insanity* p. 35.
[19] *Limerick Leader*, 14 March 2013.
[20] JPH, LDLA, Minute book, 5 August 1833
[21] JPH, LDLA, Minute book, 4 November 1833.

as of 31 May 1834. No new admissions had been made between May and June of that year as the asylum was fifty-two patients over capacity.[22] In August 1894, the governors complained that the asylum was overcrowded by seventy-five people in that month alone.[23] One year later, nothing much had changed, *Limerick Leader* reported the asylum overcrowded by seventy-four patients.[24] During this time, RMS Dr O'Neill complained that seventy patients were sleeping on the floor. Board meetings held in August 1895 additionally found governors discussing how insanity rates were increasing where they questioned what measures could be undertaken to tackle the demand being made of LDLA.[25] One year later, on 12 August 1896, Dr O'Neill reported that there were 604 patients in house. At this stage, the asylum was designed to hold 503 patients, meaning it was 101 persons in excess of its available accommodation.[26] Overcrowding continued throughout the nineteenth century as exhibited in the graph below which prompted a variety of measures undertaken by the governors to remedy the demand. What is additionally evident in Graph 3.3 is that the inhouse population largely remained the same for female and male patients with a little more than ten admissions in the difference between 1827 and 1897. (See also Appendix E).

Graph 3.3 Year and number of patients admitted to LDLA between 1827 and 1891:



27

[22] JPH, LDLA, Minute book, 3 June 1834
[23] JPH, LDLA, Minute book, 1 August 1894.
[24] *Limerick Leader*, 14 August 1895.
[25] JPH, LDLA, Minute book, 16 August 1895.
[26] JPH, LDLA, Minute book, 12 August 1896
[27] JPH, LDLA, Minute books 1-5, 1822-1852*;* Census of Ireland; *Annual reports of the inspectors of lunatic asylums; Annual reports of the LDLA; Limerick Chronicle*, 1872; Mark Finnane, *Insanity and the Insane in Post-Famine Ireland* (New Jersey, 1981). The gaps in this graph reveal the difficulty in finding exact numbers for the

The weighty demands made of this establishment suggests that Limerick shared many features with other asylums across the country. Carlow Asylum was full two years after opening in May 1832.[28] Walsh found that patient figures were nearly double what Ballinasloe Asylum could hold, also within two years of opening. Ballinasloe Asylum, which opened in 1833, first offered places for 150 patients but was accommodating 337 patients in 1848. These numbers exploded to over one thousand patients over the course of the nineteenth century.[29] Walsh revealed that men dominated the rates of admission at Ballinasloe Asylum during the nineteenth century, particularly concerning the years between 1850 and 1880.[30] Though male and female admissions largely equalled at LDLA, as indicated in Graph 3.3, what remains to be addressed is if this pattern was the same in the rates of deaths and discharges – an examination that forms the discussion in Chapter Five.

Despite the original intentions to house and cure pauper lunatics who were deemed curable, very soon after opening, the asylum was receiving an array of persons exhibiting a variety of mental illnesses, with an overwhelming proportion of incurable persons. No other facility was available to admit incurable patients, at least one that people could afford.[31] Overcrowding was thus aggravated by the admission of incurable patients, but this was not the sole catalyst. Transfer patients added to the demand of LDLA. Many patients being transferred from other institutions (primarily Houses of Industry) came with little or no information as to their conditions, which immediately proved problematic to both the authorities of the institution and today's historian as such documents would have detailed their address, living relatives, age, religious affiliation, education, marital status and species of insanity. Arriving with no family contact or previous address to LDLA, these patients quickly formed the 'core of life-long asylum inmates' as they were never to be discharged, due to the difficulty in locating people to take responsibility for their care.[32] The 1838 Dangerous Lunatic Act and the 1845 Criminal Lunatics (Ireland) Act additionally transformed the asylum landscape for those for whom it

concerned periods. This is due to gaps in the surviving material of the asylum but see Appendix E for further detail.

[28] Cox, *Negotiating Insanity* p. 35.

[29] RTÉ Archives, *Behind the Walls* documentary.

[30] Walsh, 'Gender and Insanity in nineteenth Century Ireland', p. 72.

[31] Aside from Stewart's Hospital in Palmerstown which opened 1869 but this establishment was a fee-paying institution with a Protestant ethos. See - Mauger, T*he cost of insanity in nineteenth century Ireland*.

[32] Oonagh Walsh, 'The Designs of Providence: Race, Religion and Irish Insanity,' in Joseph Melling, Bill Forsythe (eds.), *Insanity, Institutions and Society 1800-1914: A social history of madness in comparative perspective (London, 1999)*, pp 223-242 (p.225).

was established.[33] The governors employed additional staff to combat overcrowding: 'in consequence of the great increase of patients, and the danger likely to arise from having too many of them together without an adequate number of keepers to take charge of them.' As one male attendant was caring for thirty-five male patients in November 1833, an assistant keeper was employed when the governor complained: 'I would not feel myself justified in any longer entrusting thirty-five male lunatics to the care of one man.'[34] Despite the employment of additional staff, the problem of overcrowding proved inexorable. Thus, emerged the lengthy battle of tackling high levels of overcrowding, a campaign that was to continue well into the closing decades of the twentieth century. Soon after opening, the governors had no choice but to coordinate a large-scale discharge regime, which in turn saw the creation of new patient groupings at LDLA. Admission on the basis of curability *versus* incurability proved too restrictive and as a result, patient profiling opened where new classifications included harmless incurable lunatics, epileptic patients, and cured or nearly cured but housed lunatics.

The ratio of incurables to those curable very soon was sizeable in LDLA's population. Complaining that they were housing a 'progressively increasing number of incurables' by September 1829, manager Jackson and the governors linked the issues of overcrowding with the high numbers of their incurable patients adding that it was crucial they relieve the asylum 'of such encumbrance'.[35] As the asylum opened in 1827, these dates represent how soon this issue arose. Incurable patients remained a subject of exasperation for the governors, so much so that the original objective of the asylum to house, treat and cure lunatics was found to be largely unrealistic within twenty years of opening. On 17 January 1848, Inspector of Lunatic Asylums, Francis White, devoted three days to an entire inspection of the asylum. Out of 165 male patients, White deemed only sixteen patients curable. This represented 9 per cent of the institution's male in-patient population, two decades after its opening. White additionally found twenty-six lunatics but considered them as unlikely to be cured whilst eighteen male patients were termed 'probably curable'. Matters appeared worse on the female side. Out of 163 female patients, including one individual being sent home on trial, only ten were considered curable,

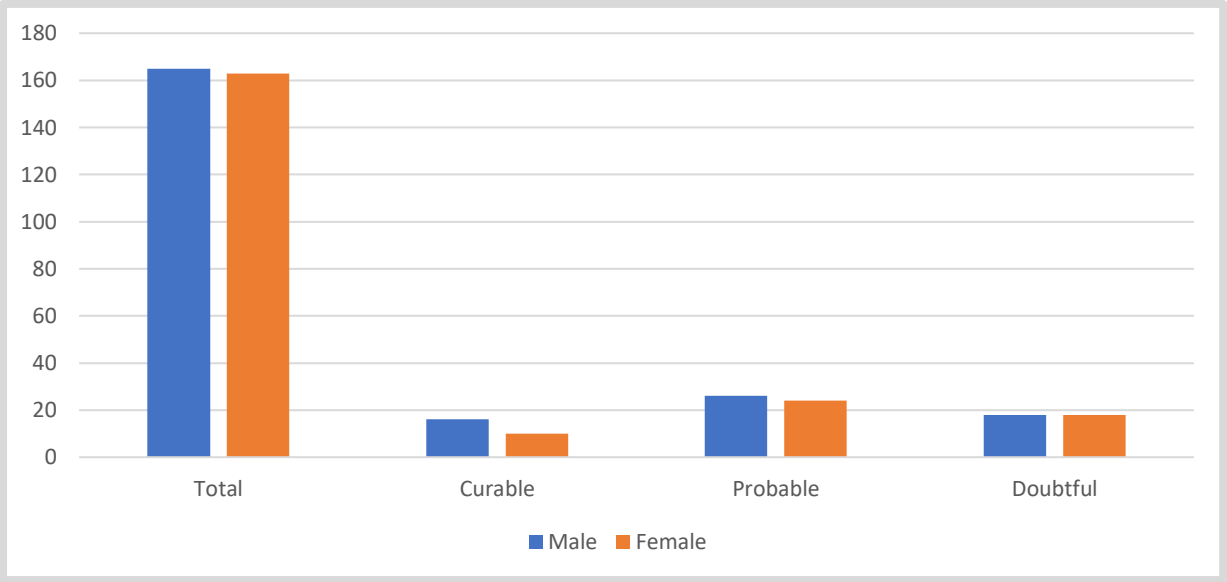
[33] 1838 (1 & 2 Vict. c. 27) *The Criminal Lunatics (Ireland) Act*; 1845 (302) *Criminal lunatics (Ireland). A bill for the establishment of a central asylum for insane persons charged with offences in Ireland, and to amend the act relating to the prevention of offences by insane persons, and the acts respecting asylums for the insane poor in Ireland, and for appropriating the lunatic asylum in the city of Cork to the purposes of a district lunatic asylum*; 1842 (504) *Lunatic asylums (Ireland). A bill [as amended by the committee] for amending the law relating to private lunatic asylums in Ireland*.

[34] JPH, LDLA, Minute book, 4 November 1833.

[35] JPH, LDLA, Minute book, 19 September 1829.

twenty-four doubtful and eighteen probably curable.[36] The remaining populations were incurable.

Graph 3.4 Rates of curable, probable and doubtful male and female patients of Limerick District Asylum in January, 1848:



Source: JPH, LDLA, Annual Inspections and Visiting Committee Reports: 1831-1946, 17 January 1848.

As of 21 and 22 October 1844, 353 patients were recorded in the incurable classes (including idiots and epileptics).[37] Complaints continued in Limerick as the nineteenth century progressed surrounding high rates of insanity, particularly regarding the incurable patients.

> … there is considerably more of genuine lunacy in the Limerick District than there is to be found elsewhere in Ireland, and that types of the malady there are more variable and pronounced; this fact we have frequently noted in our minutes of inspection.[38]

Though Limerick was considered much worse-off regarding rates in incurable insanity, this was not an isolated reality in Irish asylums as revealed Carlow Asylum when 102 out of 169 patients were believed incurable in 1842.[39] In fact, the demand and significant growth of these institutions in Ireland equated to that in Great Britain where the incurable patients were often the subject of complaint:

> After the humane and judicious measures adopted by Parliament for the relief of Curable Lunatics in Ireland, we lament to say that the situation of Incurables calls for the serious attention of Government. It being a fact well ascertained that where persons afflicted with

[36] JPH, LDLA, Annual Inspections and Visiting Committee Reports: 1831-1946, 17 January 1848.
[37] *Report of the commissioners of the year ended 1845*, p. 31.
[38] *Twenty-third report on the district, criminal and private lunatic asylums in Ireland*, H.C. 1874, p. 66.
[39] Cox, *Negotiating Insanity* p. 174.

> mental diseases which afforded a reasonable prospect of amendment were not relieved or cured within twelve or eighteen months after admission into hospital. They generally fell into idiocy and from this it follows as a necessary consequence that the working of such establishments for any length of time the Incurable Class must continually enlarge so as to encroach on the number of curable beds. The experience of Great Britain and Ireland has put this matter beyond a doubt.[40]

In short, something had to be done. An emergency board meeting was held on 19 September 1829 'in order to apply some remedy to that daily growing evil of which this Board has long complained the increasing number of incurables.'[41] Thirteen asylum governors attended this September meeting, including renowned lunacy reformer MP Spring-Rice. It was concluded that a large-scale discharge regime should occur. This saw a further refinement of classifications for the asylum population. The incurable category was subsequently divided into harmless *versus* dangerous patients. The resident physician during this period was Dr O'Callaghan who gave a report on the incurable but harmless patients. Forty incurables were recorded that month, but the manager deemed seventeen of them harmless.[42] These seventeen patients were assessed with the intent of being discharged. The next of kin of these persons were contacted to withdraw them from the establishment. In accordance with this endeavour, a new committee was created at this meeting and manager Jackson was directed not to receive any future patients unless absolutely necessary.[43] Indeed, the application of a Catherine M. 'whose malady appears to have been of thirteen years standing' and is 'probably incurable' was rejected at the meeting.[44] This procedure became an immediate issue for many of the families across the affected districts and was met with mixed reactions. One mother, Honor C., who was called in and examined, stated that there was no possibility for her of supporting her incurable son, John, if he were to be released. As a solution, John C.'s discharge date was simply extended by a few months and he was discharged from the asylum on 1 December.[45] In many instances, families of incurable patients could not or would not even reply to the governor's original requests. As a result, manager Jackson was left with very few other options. Incurable patients were either transferred to neighbouring institutions or left to spend their remaining days in the asylum, as found in the case of Margaret O'D. who was 'accordingly

[40] Correspondence between E.J. Littleton (Dublin Castle) on 18 January 1834 and G Renny, W. Disney, I. John David Latouche (Commissioners appointed by Act of Parliament, for the general control and regulation of Asylums for the Lunatic Poor in Ireland). JPH, LDLA, Minute book, 18 January 1834.
[41] JPH, LDLA, Minute book, 19 September 1829.
[42] JPH, LDLA, Minute book, 19 September 1829.
[43] JPH, LDLA, Minute book, 19 September 1829.
[44] JPH, LDLA, Minute book, 5 October 1829.
[45] JPH, LDLA, Minute book, 19 September 1829.

continued in the establishment' when the Board were 'equally satisfied of the inability of her relatives to provide for her.'[46]

Epileptic patients such as Jeremiah B. were also the target of this regime. Jerimiah B. was one of LDLA's first epileptic patients, but very little material is left to detail his experiences. Epilepsy was starting to be treated in Irish lunatic asylums during this period, but more so from the middle decades of the nineteenth century onwards. A strong number of epileptic patients were committed to public asylums under the 1838 Dangerous Lunatic Act. In Britain, epilepsy was so common that separate institutions were established to educate those considered capable, as found in Starnthwaite, near Kendal where an Epileptic Colony for boys was founded in 1902.[47] Efforts were made to build a home for sane epileptics at the end of the nineteenth century in Ireland, prompted by the enthusiasm of Countess of Meath, Mary Jane Maitland. Lady Meath was regarded for her efforts in supporting women and children suffering from epilepsy. She had travelled to Germany to assess Pastor von Bodelshwingh's colony. Based in Bielefield, its purpose was to act as a refuge for people with epilepsy where they could be sheltered and 'lead… a useful life.'[48] On her return, she established the 'Home of Comfort for Epileptic Women and Girls' in 1892.

[46] JPH, LDLA, Minute book, 5 October 1829.
[47] 'A New Home for Epileptics', *Lakes Chronicle and Reporter*, 08 April 1903, p. 5.
[48] Godalming Museum: http://www.godalmingmuseum.org.uk/.

Image 3.1: Photograph of the 'Home of Comfort for Epileptic Women and Girls' at Godalming, now known as 'The Meath'. Founded in 1892 by Mary Jane Maitland Brabazon, Countess of Meath.

Source: Godalming Museum: http://www.godalmingmuseum.org.uk/ [49]

Situated in Godalming, Surrey, Lady Meath purchased Westbrook, a large country house in 1891. However, an endowment was not provided and as a result, £500 was instead raised from various distinguished patrons and local residents. This institution was to cater for sixty girls and women which increased to eighty-seven in by 1920.[50] Serving girls and women aged between two and thirty-five years, Lady Meath offered to pay £5000 to fund an establishment in Ireland that would similarly care for those suffering from epilepsy, though gender and ages were not specified.[51] Though this was not followed up on,[52] much discussion emerged at this time in how epilepsy should be treated in Ireland. The general thinking supported that of Lady Meath in that separate institutions were most suitable. For those who were sane but epileptic, a *Report on Local Government in Northern Ireland* stated that sane epileptics should not be housed in lunatic asylums, workhouses, and other poor law institutions but that separate institutions should be set up for these cases. At this stage, an estimated two hundred sane

[49] Godalming Museum: http://www.godalmingmuseum.org.uk/.
[50] The Countess of Meath wrote diaries, which her husband edited and together, they published them two volumes: *The Diaries of Mary Countess of Meath.* These diaries are housed at Godalming Museum Local Studies Library, and show her philanthropic involvements, and her travels, between 1874-1900. See - Godalming Museum: http://www.godalmingmuseum.org.uk/.
[51] The early 1900s saw 'mentally defective' children be cared for at Stewart Institution at Palmerstown, County Dublin and St. Vincent's Home at Cabra, also in County Dublin. Both originally set out as fee-paying institutions, the 1920s saw it be questioned by the Poor Law Commissioners if the Boards of Health could encourage the State to pay for their maintenance. See *Report of the Irish Poor Law Commission*, January 1928.
[52] *Report of the Irish Poor Law Commission*, January 1928, pp 22- 23.

epileptic cases were recorded in Northern Ireland whilst 463 sufferers were reportedly living in Irish workhouses by 1905.[53] This report also suggested that children who were sane, but epileptic, be placed into homes for 'educable and uneducable mental defectives' with hope that they would remain there until they were grown, unless it was a case that required a transfer to an asylum or county home. Lady Meath, until her death in 1918, continued to pay £150 annually to the Philanthropic Reform Association in order to cover the cost for sane epileptic patients who were transferred from Ireland to homes in England and Scotland.[54] A *Report of the Irish Pow Law Commission*, published in January, 1928 critiqued that it was an 'oversight' on the part of the Free State Commission to have neglected this class of patient.[55] Believed to have been passed on from close family members, 'hereditary factors were considered in diagnosing the condition':

> Due to its incurable nature, the adopted treatment was the avoidance of factors which triggered violent and unruly behaviour, a nourishing diet, supressing outbursts through seclusion, and the use of sedatives.[56]

Similar to Limerick, seclusion was largely used in English Asylums such as Norfolk and Denbigh as a means to calm patients, particularly after a maniacal outburst in the earlier years.[57] From the early 1900s, epileptic patients at LDLA were treated with doses of Bromide, which acted as a sedative, accompanied by a tonic, food and attention.[58] Walsh sheds light on a select few cases of epileptic patients at Ballinasloe Asylum, offering notes of observation in the asylum's records:

> 11 June 1897: Has had more two or more attacks of epilepsy since last note. After the fits he becomes violently excited with religious delusions of exaltation and hallucinations and sometimes refuses his food…
>
> 27 October 1898: The intervals between the fits become shorter and the reduction of mental power and maniacal excitement in the post Epileptic stage seems to increase gradually. He has not so clear a grasp of his position and former affairs as he progressed some time ago…

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[53] *Report of the Irish Poor Law Commission*, January 1928, pp 22- 23. For more on institutions and the Irish Poor Law with a focus on Northern Ireland, see – Olwen Purdue, 'Power and Poverty: the Irish Poor Law in a north Antrim town, 1861-1921' in *Irish Historical Studies*, vol. 37, no. 148, pp 567-583. (2011).
[54] *Report of the Irish Poor Law Commission*, January 1928, pp 22- 23.
[55] *Report of the Irish Poor Law Commission*, January 1928, pp 22- 23.
[56] Smith, *Trial by Medicine*, p. 55. T. S. Clouston, *Clinical Lectures on Mental Diseases* (London: J & A Churchill, 1904), p. 437; Cara Dobbing, 'The circulation of the insane: the pauper lunatic experience of Garlands Lunatic Asylum, 1862-1913, (Unpublished PhD Thesis: University of Leicester, 2019).
[57] Steven Cherry, *Mental Health Care in Modern England, the Norfolk Lunatic Asylum/St. Andrew's Hospital c.1810-1998*, p. 97. Dobbing discusses practices directed at epileptic patients concerning Garland's Asylum. Dobbing, 'The circulation of the insane'.
[58] JPH, LDLA, Patient File, P98/11, 1915-1916.

> 7 February 1902: Spends a great deal of his time in bed. Is always stupid confused and incoherent; frequently hurts himself falling in fits: is steadily deteriorating.[59]

Offering her conclusions on these observations, Walsh indicates that 'many of these patients became disorientated and confused immediately before or following a fit and were easily provoked into violence. Their committal was then straightforward, and their incurable condition made it unlikely that they were released unless relatives volunteered to care for them.'[60]

With rising rates of incurable and epileptic patients at LDLA, overcrowding proved unstoppable. The flaws found in the attempted removal of incurable but harmless idiots saw the governors consider another angle.[61] Those who were probably curable if not already cured but remained inhouse had retained their in-patient status because their families were no longer in contact. As a result, close friends and members of the clergy were called upon to take responsibility for their care. On 5 November 1827, manager Jackson regarded one female patient 'sufficiently recovered' after having been brought to the asylum seven months previously by police. Formerly residing in Kilkenny, she had no family but a few friends, the manager had 'her properly clothed… conveyed to Kilkenny and restored to her friends.'[62] Another female patient, Mary M. was withdrawn by her friends in October 1829 after they accepted full responsibility for her care. In another case, Church of Ireland Rev. Rowan of Tralee was contacted to care for Ellen L. but no reply was received.[63] Other cured cases were simply discharged with some money for temporary maintenance but without a guaranteed source of care or protection outside the asylum. On 1 October 1832, manager Jackson told the governors that two of his patients, Mary F. and Johanna S. were 'sufficiently recovered to be discharged but that they would stand in need of some… support to take them home.' They ordered manager Jackson to correspond with the Protestant or Roman Catholic clergyman of Mary F.'s Parish. The letter regarding Mary F.'s case stated that she was in a condition to be discharged and it was asked if her friends were 'willing to receive her'. Manager Jackson additionally offered to pay 'her fare to Croom.' No response was received. Despite the

[59] Oonagh Walsh, 'Cure or custody: therapeutic philosophy at the Connaught District Lunatic Asylum.' in Margaret Preston, Margaret Ó hÓgartaigh (eds.), *Gender and Medicine in Ireland, 1700-1950,* (Syracuse, 2012), p. 83.
[60] Oonagh Walsh, 'Cure or custody: therapeutic philosophy at the Connaught District Lunatic Asylum.' in Margaret Preston, *Margaret Ó hÓgartaigh (eds.), Gender and Medicine in Ireland, 1700-1950,* (Syracuse, 2012), p. 83.
[61] JPH, LDLA, Minute books 1-5.
[62] JPH, LDLA, Minute Book, 5 November 1827
[63] JPH, LDLA, Minute book, 19 October 1829.

uncertainty of her care, Mary F. was given five shillings 'lest she may incur any additional expenses' and discharged from LDLA. Concerning Johanna S., although manager Jackson could not make out if she had any friends, he still forwarded her by the steam vessel to Kilrush and gave her ten shillings 'to provide for herself until she obtains some friendly protection.'[64] This is especially interesting when discharge procedure in Irish Asylums could only be implemented when someone was prepared to take responsibility for the patient. Such peculiar *ad-hoc* releases suggest the pressures felt by the governing staff at this asylum with the acute levels of overcrowding.

As a way of financing the institution, the rates regime was implemented two years after opening in May 1829 where each patient was to be charged to the county of the district 'of which he or she is stated to be native.'[65]

> As regards discharges from asylums, some complaint has been made that the relatives who place the patients in confinement are unwilling to remove them, and that the bond to that effect has been found useless. We think a ready mode should be provided of recovering the cost of maintaining the lunatic, after due notice served upon the parties bound to remove him.[66]

A specialised committee was subsequently established to monitor the takings and dividends of the asylum but its primary objective was to ensure 'that no patients other than those from the city of Limerick were charged to the city.'[67] They had to see that those fraudulently placed into LDLA be relocated to their district of birth. This new committee was comprised of governors Alderman Quinlivan, Alderman Fitzgerald and Mr Hastings, T.C., all of whom were directed to meet the manager on a monthly basis with a list of lunatics chargeable to Limerick city.[68] The first month of this initiative saw five patients charged to Limerick city, eighteen to County Clare, and nineteen out of sixty-one patients to the counties of Limerick and Kerry.[69] From this date onwards, each admission and discharge application was to be discussed at every monthly Board meeting. Figure 3.1 reveals the nett expense per patient and which district they came from between July and December 1829.

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[64] JPH, LDLA, Minute book, 1 October 1832.
[65] JPH, LDLA, Minute book, 12 May 1829. See Mauger's work on the impact of the rates regime and the role of fee-paying patients in both the public and private asylum. Mauger, T*he cost of insanity in nineteenth century Ireland* (Dublin, 2018).
[66] *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 with minutes of evidence and appendices.* Part I – report, tables, and returns. Dublin, 1858.
[67] JPH, LDLA, Minute book, 9 December 1829.
[68] JPH, LDLA, Minute Book, 30 June 1859.
[69] JPH, LDLA, Minute book, 12 May 1829.

Figure 3.1: Dividend of nett expense of patients from 1 July to 9 December 1829 at LDLA (in relation to Figure 5.2):

	Limerick City	**County Limerick**	**County Clare**	**County Kerry**
Number of patients	**25**	**55**	**44**	**22**
Dividend of the Nett expense according to the number of patients at £7.5*s*,2¾*d* per	£181.11*s*,0*d*	£399.7*s*,10½*d*	£334.0*s*,9*d*	£145.4*s*,9*d*
Dividend of alterations, repairs, and salaries according to the original assessment for the building	£32.9*s*,9*d*	£123, 9*s*,0*d*	£116.19*s*,½*d*	£123.9*s*,1*d*
Total sum payable by each county of the district	£214.0*s*,9*d*	£522.16*s*,10½*d*	£450.19*s*,10½*d*	£268.13*s*,10*d*

Source: JPH, LDLA, Minute book, 12 May 1829.[70]

Despite the measures being undertaken to ensure that no patient be charged to the wrong district, transfer patients created further cause for concern, particularly those who arrived to the asylum without papers. Debate surrounding one female patient saw that she was received from Limerick House of Industry in June 1829. As she was unable to recall, her birthplace was unknown. The governors decided that she be charged to Limerick City for the time being but be discharged as soon as possible when future care was organised. It was later acknowledged that her birthplace was indeed Limerick City and her friends were found to have 'complied with all the necessary forms of admission.'[71]

Incurable patients became the focus for an extension request in August 1829, revealing the intention to segregate them from other patients at the asylum.[72] Manager Jackson requested the immediate erection of a separate building that would house cells for incurables, 'appearing to him the cheapest and most expeditious mode of meeting this necessity.' A special meeting was called, demanding full attendance by the board 'as this circumstance demands immediate attention and serious consideration.'[73] A letter was sent to Dublin Castle, but a reply was not received until January 1834. This letter (Appendix F) argued that the stress of dealing with incurable patients was not just felt by those governing LDLA. Still, despite the delay, the request was acceded to and the Board of Directors were ordered to erect such a building 'as may be necessary for the accommodation of the incurables in this establishment.'[74] A meeting

[70] JPH, LDLA, Minute book, 12 May 1829.
[71] JPH, LDLA, Minute book, 10 June 1829.
[72] JPH, LDLA, Minute book, 3 August 1829.
[73] JPH, LDLA, Minute book, 3 August 1829
[74] JPH, LDLA, Minute book, 6 January 1834

in February 1834 saw the site to the rear at each end of the panoptic building selected. One wing was to be dedicated to male patients, and the other to female patients. Advertisements were subsequently sent out in search of proposals from architects for combined plans and estimates.[75] On 5 May 1834, Board of Works Architect William Murray contacted manager Jackson saying he was *en route* from Clonmel and that he would like to attend the Board meeting that week to discuss this project.[76] Murray presented his plans to the governors for the additional accommodation at an estimated cost of £4340, plans which were subsequently accepted.[77] Murray and Jackson then took out advertisements in Dublin and Limerick newspapers in search of building contractors.[78] However, even with five proposals offered, they were all above Murray's estimation: Mr Clement's cost £4940, Mr O'Farrell's cost £4848, W. Wallace's cost £4880, John Fogarty's cost £5100, and Messrs Patterson's cost £4900.[79] Patterson's proposal was accepted and agreed upon by both Murray and the Board. Murray stated that the previous work of Messrs Patterson was 'entirely to his satisfaction.' The solicitor of the Lunatic Board was subsequently directed to draw up the contract. The governors also requested that 'no time should be lost in everything connected with the building being carried into immediate effect.'[80] These additions to the original panopticon indeed saw the segregation of incurable patients at LDLA for some time but not without challenges, as will be determined in Chapter Four. What is more, the high numbers of long-term residents at LDLA continued to elevate, with incurable patients leading the cause, revealing that the overall attempts made by the governors to remedy overcrowded conditions proved for the most part as ineffective. The demand of this institution did not waver for the remainder of the nineteenth century and such continued long after.

In order to ascertain what it was that made nineteenth century Irish families depend so heavily on these establishments, particularly for their kin deemed incurable, it is necessary to assess the individual asylum and in turn, the individual patient. As medical records are lacking, the case of Michael F. has proven instrumental in developing an understanding for how and why such a need existed. Michael F. was admitted to LDLA in February 1873 for idiocy and epilepsy. Dr Edward Meziére Courtenay was the RMS at this time and oversaw Michael F.'s

[75] JPH, LDLA, Minute Book, 3 February 1834.
[76] JPH, LDLA, Minute book 5 May 1834.
[77] JPH, LDLA, Minute book, 10 May 1834.
[78] JPH, LDLA, Minute book, 10 May 1834
[79] JPH, LDLA, Minute book, 16 June 1834.
[80] JPH, LDLA, Minute book, 16 June 1834.

care. Courtenay sent his case records to Charles Darwin in November 1874 and it is through this correspondence that these files were saved. Included in this bundle of correspondence was a letter, Michael F.'s case files and a series of three photographs.[81] Similar to many, Michael F.'s admission to institutional care was because his mother was struggling to meet his needs, especially with four younger children to care for.[82] According to his mother 'his habits were such that no servant would remain', he was subsequently admitted to the facility in February 1873. The fact that Mrs. F.'s could afford a servant suggests that this family was not destitute but as Michael F. was admitted to public rather than private care at this time still reveals that this family were possibly from a lower social class. Indeed, a private asylum had been established in county Limerick at this stage.[83] Rather, Mrs. F.'s letter revealed that the struggles met in this situation mostly regarded her ability to suitably care for her severely intellectually and physically disabled son. Michael F.'s father and his paternal grandfather had both died from illnesses associated with insanity, so she was his main carer. The case files detailed the extent of Michael F.'s illness, in turn revealing the extent of his needs:

> He remains constantly in the prone position, when lifted up, he immediately lies down again, when placed on a chair he will at once slip back to the ground. His mode of progression [consists] usually on his hands & knees; or with the upper extremities slightly raised from the ground.[84]

According to the letter, Dr Courtenay wrote that Michael F. was to evince 'only the symptoms of the lowest form of animal life.' He showed no desire but for food for which he had a constant craving. He had no idea of attention to the calls of nature. Courtenay could not elicit from Michael's mother if he had shown any sexual desire but did note that he 'always drank from the nearest pool of rainwater… [by] dipping his head into it.' It is apparent that Michael's needs demanded care and time and his mother was evidently struggling to meet them.

We do not know why the Courtenay and Darwin correspondence began, although several reasons can be offered. Firstly, Courtenay could have been motivated to contact Darwin after seeing the reference to an 'Epileptic Idiot' in *The Expression of emotions in man and*

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[81] Correspondence between Charles Darwin and Dr Edward Meziére Courtenay, 22 November 1874 *District Asylum, | Limerick.* Darwin Correspondence Project, DCP-LETT-9729.
[82] Peregrine Horden, Richard Smith, (eds), *The locus of care: families, communities, institutions, and the provision of welfare since antiquity* (London, 1998).
[83] A private asylum in County Limerick (Bushy Park) had opened in 1839 and was run by Dr Peppard. As a private institution, admission was on a fee-paying capacity. Ten fee-paying patients were receiving care here by 1851. As this was a fee-paying facility, Mrs. F. perhaps could not afford to avail of its service. *Census of Ireland,* 1851, table V. See also – *Report from the Commissioners into the state of lunatics and lunatic asylums (Ireland*) Vol. 42, (1849).
[84] ibid.

animals (1872). In addressing hatred, anger and in particular, rage in the idiot, Darwin referenced the case of an epileptic patient and described their habits when in a fit of rage: '…incapable of independent movements… he slowly raises his head from its habitual downward position and fixes his eyes on the offender, with a tardy yet angry scowl.'[85] This description was offered by British psychiatrist, neurologist and medical psychologist, Dr James Crichton Brown. Darwin considered that rage manifested in both man and lower vertebrate animals but questioned whether the brains of both the insane and the idiot mirrored such characteristics. He queried that despite its usual 'arrested condition,' rage in the idiot would manifest 'its most primitive functions, and no higher functions.'[86] Through correspondences with Britain's leading psychiatrists of the time, exhibitions of rage were found to be similar between 'man, animal and the insane.' Viciousness and the baring of the teeth became a leading characteristic found in all categories when in a fit of rage. Concerning man, Darwin found that the 'retraction of the lips and uncovering of the teeth during paroxysms of rage, as if to bite the offender, is so remarkable, considering how seldom the teeth are used by men in fighting'. Deeming it 'most curious' that man bares teeth, his 'animal descent' is thus revealed:

> For no one, even if rolling on the ground in a deadly grapple with an enemy, and attempting to bite him, would try to use his canine teeth more than his other teeth. We may readily believe from our affinity to the anthropomorphous apes that our male semi-human progenitors possessed great canine teeth, and men are now occasionally born having them of unusually large size, with interspaces in the opposite jaw for their reception.'[87]

As rage in the insane equated to such reactions, Browne's Epileptic Idiot bore similar responses to that of Michael's:

> …spends the whole day in playing with some toys; but his temper is morose and easily roused into fierceness. When anyone touches his toys, he slowly raises his head from its habitual downward position, and fixes his eyes on the offender, with a tardy yet angry scowl. If the annoyance be repeated, he draws back his thick lips and reveals a prominent row of hideous fangs (large canines being especially noticeable), and then makes a quick cruel clutch with his open hand at the offending person.[88]

British Psychiatrist Dr Henry Maudsley furthered study of the physiognomies of rage in the insane, drawing parallels to Brown's investigations: the 'savage snarl… the destructive disposition, the obscene language, the wild howl' and the 'offensive habits' were exhibited as additional mannerisms of rage in the mentally ill. Maudsley attributed their 'brute nature' to

[85] Charles Darwin, *The expression of the emotions in man and animals* (London, 1872), p. 244.
[86] Darwin, *The expression of the emotions in man and animals* p. 244.
[87] Darwin, *The expression of the emotions* p. 251.
[88] ibid., p. 245.

the ‘strange animal-like traits’ existing in their making, questioning if these mannerisms were ‘due to the reappearance of primitive instincts’. [89] Darwin concluded that ‘rage, anger, and indignation are exhibited in nearly the same manner throughout the world.’[90] Determining that Michael’s reactions were animalistic, some of the descriptions offered in Darwin’s assessment resembled some of the characteristics noted in Michael’s case files. Though he ‘seldom moved far at a time’, Courtenay wrote how he, too, expressed rage after a variety of investigations.[91] Courtenay conducted experiments assessing his reaction to being disturbed, noting how he almost immediately became vicious. However, rather than biting, his ‘constant weapon of offence’ was by ‘butting those about him with his head …and with which he had great power.’[92]

In attempting to identify what prompted this correspondence, the work of George Howard Darwin, son of Charles Darwin also comes to light. It is commonly known that Charles Darwin married his first cousin, Emma and George Darwin spent much of his career investigating the relationship between consanguinity and characteristics of insanity, with a focus on the insane, deaf, dumb and blind.[93] It is here that perhaps we have another possible reason for this correspondence as Charles Darwin made contact with a variety of superintendents of insane asylums in Ireland and Great Britain during this period, in proxy of his son. In the endeavour of ascertaining consanguinity as a source of insanity, George Darwin sought to examine how many patients currently residing in lunatic asylums had parents who were related. Michael F.’s mother and father were second cousins.[94] George Darwin published his paper on ‘Marriages Between First Cousins in England and Their Effects’ in 1875 which included tabulated information on the Limerick and Maryborough Asylums, this information was contributed by Courtenay. George’s records present Courtenay’s findings showing that out of 434 patients in LDLA during this period, three were found to be the offspring of first cousins. Courtenay added that as Roman Catholics do not marry first cousins, ‘only seventy-seven per cent of all the patients say they are offspring of first-cousin marriages.’[95] RMS Dr O’Neill, in the 1890s supported both George Darwin’s and Courtenay’s work on the hereditary factors of

[89] ibid., p. 245.
[90] ibid., p. 245.
[91] Correspondence between Charles Darwin and Dr Edward Meziére Courtenay, 22 November 1874 *District Asylum, | Limerick.* Darwin Correspondence Project, DCP-LETT-9729.
[92] Footnote number 2, DCP-LETT-9729 From E. M. Courtenay, 22 November 1874 *District Asylum, | Limerick.* Darwin Correspondence Project, DCP-LETT-9729
[93] ibid.
[94] Correspondence between Charles Darwin and Dr Edward Meziére Courtenay, 22 November 1874 *District Asylum, | Limerick.* Darwin Correspondence Project, DCP-LETT-9729.
[95] George H. Darwin, ‘Marriages Between First Cousins in England and Their Effects’ in Journal of the Statistical Society of London, Vol. 38, No. 2 (June 1875), pp 153- 184 (pp 166-167).

mental illnesses. O'Neill presented a paper at a medical conference in Dublin in 1897 arguing that lunacy was increasing at a relentless rate, and due to its hereditary natures, he encouraged legislation be passed that would prevent family members marrying each other.[96] However, the association of insanity being an hereditary malady was not a novel hypothesis of George Darwin's, Courtenay's or O'Neill's time. Other Limerick pioneers in lunacy reform and care such as Thomas Spring-Rice had openly argued years earlier in 1818 that lunacy was:

> An hereditary malady… it is connected with scrofulous habits; also hereditary, and therefore advances upon a double principle. It is connected with the habits of the lower classes of the people in Ireland, who addict themselves to the use of ardent spirits; and it is connected also with the use of mercury. These four causes are, a priori, sufficient to show that it is on the increase.[97]

What this case demonstrates is that there was undeniably a desire to provide a scientific basis for the treatment of mental illness, of which determining causes was key to the investigations of those practicing this medicine. Courtenay, similar to his successor, was committed to partaking in the research of this field, hence the forwarding of patient Michael F.'s case files. Despite the difficulty of affirming the exact rationale behind this correspondence, this case nonetheless instructive in that Michael F.'s illness and files determine the degree of his needs. His singular experience can also offer an insight into some of the challenges faced by families in nineteenth century Ireland, particularly those who faced an unenviable range of choices. Aside from lunatic asylums, services for the incurable patient in Limerick were next to non-existent for the mentally ill of a lesser economic means. Michael F.'s mother was his only able relative and she could not (or would not) take responsibility for his care. Here, we can gauge a sense of the Limerick family and their role in admitting kin to the asylum, though we do not know the exact rationale for his admission, even with the rare sources that this case provides. In 1857, when RMS of LDLA, Robert Fitzgerald, was asked his opinion on whether the relatives objected to sending their kin to the asylum, he replied – 'I think not; on the contrary, they are glad to get them admitted.'[98] In Mrs. F.'s case, what is evident is that she struggled greatly in meeting his needs.

Professionalising medicine of the mind at the turn of the twentieth century saw categories of insanity accordingly evolve in institutions dedicated to housing the mentally ill. More illnesses

[96] *Limerick Leader*, 10 February 1897.
[97] *Report from the select committee on the lunatic poor in Ireland*, H.C. 1817, p. 33.
[98] *Report of the commissioners of inquiry into the state of the lunatic asylums in Ireland 1858*, minutes of evidence and appendices, p. 381.

received new diagnoses where soon, patients were categorised at LDLA using a number of categories outside of the curable *versus* incurable status: 'There are very many peculiar cases in the asylum, embracing nearly every variety and phase of insanity, and each and all demanding increasing … attention.'[99] With time, admission protocol saw the illness of the patient distinguished according to (i) the form and (ii) the species or cause of insanity. The form of illness largely existed within the umbrella terms of melancholia and mania. It was not uncommon for the patients' form of illness be classed as hereditary. Though the topic received much attention by renowned figures such as George Darwin, Spring-Rice and two of LDLA's most renowned RMS's, the number of patients admitted on that basis were actually quite low. Looking at the rates and reasons for admissions in 1866 alone at LDLA, only 7 per cent of patients were admitted with their form of illness being classed as hereditary, whereas 85 per cent of patients were admitted for suffering from acute and chronic mania. Melancholia, religious melancholia and imbecility were the other forms of illnesses listed in 1866 as exhibited here.

Figure 3.2: Forms of illnesses for those admitted to LDLA during the year ended on 31 December 1866:

Illnesses	**Male**	**Female**	**Total**
Acute Mania	15	20	35
Chronic Mania	13	12	25
Melancholia	-	1	1
Melancholia Religious	1	2	3
Hereditary	2	3	5
Imbecility	-	1	1
Total	31	39	70

Source: *Report of the LDLA for the year ended 31 December 1866*, submitted by RMS Robert Fitzgerald.[100]

For the patients not yet discharged in 1866, acute and chronic mania remained the leading forms of illnesses with 248 out of 445 (55 per cent) patients recorded as sufferers. Religious melancholia, dementia, mental affliction and idiocy were the other leading forms of illnesses. Religion played quite a significant role on the patient regarding their daily discipline, their cure, and evidently, their admission. Eighty-six patients were recorded as suffering from 'melancholia religious' at LDLA in 1866, making up nearly thirty-five per cent of an inhouse population of 445 persons. Three individuals had been admitted for this disease in that year

[99] JPH, LDLA Visitor Report Book, 5 August 1860. This statement was written by Maurice Lehnihan.
[100] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1866*, submitted by RMS Robert Fitzgerald.

alone. By way of comparison, thirty-three patients were described as suffering from religious delusions, enthusiasm, depression, mania and zeal at Carlow Asylum between 1832 and 1922.[101]

Figure 3.3: Forms of illnesses for those remaining at LDLA during the year ended on 31 December 1866:

Illness	**Male**	**Female**	**Total**
Mania Acute and Chronic	137	111	248
Melancholia Religious	39	47	86
Dementia	26	35	61
Monomania	1	-	1
Imbecility	-	2	2
Idiocy	9	10	19
Mental Affliction	14	14	28
Total	226	219	445

Source: *Report of the LDLA for the year ended 31 December 1866*, submitted by RMS Robert Fitzgerald.[102]

The species or cause of insanity proved more complex. Ranging from love and jealousy to political excitement, reverses of fortune, and grief, the species of insanity, as a category, was further divided into the moral and physical causes of the patients' illnesses.[103] Moral causes included grief, love, and anxiety, while physical causes included bodily injuries and sunstroke. Determining the cause of insanity for the individual is instructive in determining the class of patients and how their economic status affected their mental states. Indeed, as Cox has contended, asylum doctors acknowledged that poorer patients 'were vulnerable to emotional stresses that had a detrimental impact on mental states.'[104] For the patients of LDLA in 1866, twenty-eight patients - fifteen female and thirteen males – were admitted due to 'poverty and reverse of fortune.' Out of 445 patients, 6.29 per cent were admitted on the basis of struggling with their economic status. 'Adverse circumstances' which included domestic quarrels, grief, anxiety and love saw 12.13 per cent of such admissions. As indicated in Figure 3.4 below, aetiologies assigned to the patients of LDLA presents the variety of illnesses and admission rates for the year 1866.

[101] Cox, *Negotiating Insanity*, p. 214.
[102] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1866*, submitted by RMS Robert Fitzgerald.
[103] *Census of Ireland 1861*, table 111, p. 64.
[104] See – Cox, *Negotiating Insanity*, p. 223.

Figure 3.4: Registered causes of mental illness of patients from LDLA for the year ending 1866:

MORAL CAUSES	**Male**	**Female**	**Total**
Poverty and reverse of fortune	13	15	28
Grief, fear, and anxiety	15	12	27
Love, jealousy, and seduction	3	9	12
Domestic quarrels and afflictions	2	4	6
Religious excitement	5	8	13
Study and mental excitement	5	3	8
Ill-treatment	-	7	7
Pride	-	1	1
Anger	-	1	1
Kleptomania	1	1	2
Total moral causes	44	61	105
PHYSICAL CAUSES			
Intemperance and irregularity of life	10	5	15
Cerebral diseases or afflictions	24	21	45
Congenital idiocy, etc.	-	1	1
Febrile afflictions	-	9	9
Effects of climate and sunstroke	5	1	6
Bodily injuries and disorders	7	-	7
Abuse of medicine	2	-	2
Sedentary habits	3	3	6
Total physical causes	**51**	**40**	**91**
Hereditary	29	28	57
Not known	102	90	192
Total	**226**	**219**	**445**

Source: *Report of the LDLA for the year ended 31 December 1866*, submitted by RMS Robert Fitzgerald.[105]

At Ballinasloe Asylum, women accounted for, on average, almost 70 per cent of 'moral causes' over the course of the nineteenth century as where men formed almost 60 per cent of physical causes. Walsh finds that there were differences in patterns there regarding how poverty affected admissions between male and female patients, where more women were admitted as subjects of 'poverty' over men. It has proven difficult to formulate similar conclusions to those made by Cox and Walsh due to some gaps in the records. Nonetheless, the material that is available is still instructive in determining how an individual's admission was rationalised. Indeed, as trauma was additionally associated with the cause of illness, Catherine D. Was committed to LDLA in November 1874 under the provisions of the 1838 Dangerous Lunatic Act. Her

[105] As discussed in the introduction of this thesis, these figures are hard to come by, hence why 1866 is being focused on in this section as this was a period where sources were well preserved. *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1866*, submitted by RMS Robert Fitzgerald.

insanity was traced back to her experiencing a fright in a railway tunnel near Cork. Though these categories offer some form of comprehension into how the classification of mental illnesses emerged and developed for the period under review, this history of nineteenth century asylum care remains much more complex. It is thus necessary that individual asylums be assessed in order to ascertain what determined the diagnosis of insanity during the period in question. Medicine of the mind was a relatively new discipline, the wide-ranging terminologies in the figures above for both the form and cause of illness represent how quickly this field developed but also reflect that there remained some level of uncertainty in understanding the causation of some patients' illnesses. What is interesting here is that there were 192 patients in-house during this period and their causes of insanity are listed as unknown. This is quite a significant figure that represents much uncertainty for a period that was actually very knowledgeable and fast pacing. It is probable that these unknown cases were of patients who were transferred to LDLA from other custodial establishments, including those committed under the 1838 Dangerous Lunatic Act. As will be revealed in Chapter Five, the Dangerous Lunatic Act had a damaging effect on the asylum setting. Many patients came with very little information when being committed under this Act. According to the RMS of LDLA, Robert Fitzpatrick in 1858, very rarely did he receive any information regarding the patient and their illness aside from what was formulated during the committal process, and even then, that was a rarity. He revealed that it was often 'inadequate information; none at all in some instances, particularly with respect to the cases coming from workhouses and gaols, we can never learn their antecedents.'[106] He later added that they had yet to receive a patient from the workhouse that came with any information and that most patients coming from these institutions were 'chronic, bad cases.' [107] These incurable patients were kept in the asylum, thus forming the 'core of life-long asylum inmates' never to be discharged.[108]

It must be noted that those who were transferred to LDLA, or any lunatic asylum for that matter, represent only a fraction of the individuals suffering from mental illnesses in nineteenth century Ireland. In times when LDLA was overcrowded and not accepting any new admissions, Limerick House of Industry and Limerick Workhouse were still both required to cater for the local lunatic pauper. By March 1835, 465 inmates were recorded at LDLA and due to the exclusivity of the asylum admission guidelines, the desperate cases of the 'wandering idiot', 'epileptic' and 'incurable maniac' remained reliant on Limerick House of Industry. In

[106] *Report of the Commissioners of Inquiry into the State of Lunatic Asylums in Ireland*, 1858. p. 380.
[107] *Report of the Commissioners of Inquiry into the State of Lunatic Asylums in Ireland*, 1858. p. 380.
[108] Walsh, 'The Designs of Providence: Race, Religion and Irish Insanity,' p. 225.

September of that year, seventy-two mentally ill people (15 per cent) made up the Limerick House inmate population.[109] This had decreased from 27 per cent of mentally ill persons recorded in the previous year. At that time, sixty-eight lunatics, idiots and epileptics were documented.[110] In the context of the Irish Poor Law, there is therefore a much broader history on the island that concerns custodial care for the pauper insane. By the turn of the twentieth century, only three asylums were identified as not fully occupied – Kilkenny, Letterkenny and Portlaois which meant that many individuals seeking care from the asylum system were turned away.[111] Reliance on Limerick's House of Industry remained prevalent right up until its closure. Between 1774 and 1841, over 20,000 people sought some form of refuge here. 2,743 people were admitted between 1774 and 1793 with 71 per cent of this inmate population being from Limerick City and County. 1,415 (51.5%) were males and 1,328 (48.5%) were females. Gender ratios changed substantially by 1822 as two females were recorded in proportion for every male. This could have been the case because women were paid from one fifth to one half of what men were paid during the later Georgian period, subsequently making it very difficult for the single woman, widower or deserted wife to get out of poverty. Indeed, twenty-seven-year-old Ellen B. was a struggling single mother. She entered the Limerick Poor House in September 1779, accompanied by her five children. Aged between two and twelve years, all entered in a 'healthy state', but the children all died within four months, presumably from a fever epidemic. Ellen B. left in November 1780.[112] The opening of LDLA prompted hope that high rates of overcrowding at Limerick's Poor House would decline. Carr's understanding of the new asylums by the early nineteenth century saw Limerick City 'warrant a favourable hope of their final restoration to mental health.'[113] This was not to be the case. By March 1835, 465 inmates were recorded and due to the exclusivity of the asylum admission guidelines, the desperate cases of the 'wandering idiot', 'epileptic' and 'incurable maniac' remained reliant on the Limerick House of Industry. The youngest mentally ill person recorded here was two-year-old Mary F. who was abandoned on the doorstep on 7 September 1778.[114] This means that those admitted to LDLA during this time were in fact 'successful' cases. Limerick's

[109] Christine Gonzalez, 'The Limerick House of Industry' in David Lee, Christine Gonzalez (eds.), *Georgian Limerick, 1714-1845*, Vol. 2, (Limerick, 2000), p. 168.
[110] *Limerick Chronicle*, 1 September 1835.
[111] *Report of the Irish Poor Law Commission*, January 1928, p. 17. The Minute Books of LDLA detail many instances where they had to turn away patients due to overcrowding.
[112] Christine Gonzalez, 'The Limerick House of Industry' in David Lee, Christine Gonzalez (eds.), *Georgian Limerick, 1714-1845*, Vol. 2, (Limerick, 2000), pp 156-157.
[113] Carr, *The stranger in Ireland: or a tour in southern and western parts of that country, in the year 1805* p. 324.
[114] *Limerick Chronicle*, 1 September 1835.

relationship with custodial care displays this emerging trend where the history of Irish insanity was not to remain inside the walls of the asylum.

Though the establishment of the lunatic asylum system was intended to alleviate the public demand for institutional relief, this eighteenth century trend remained as such for the nineteenth and twentieth centuries and can be distinctly noted in the history of the Irish Poor Law. By the end of 1925, 18,376 mentally ill individuals were recorded in public institutions, 1,872 of whom were in Poor Law institutions.[115] As well as workhouses, county homes throughout the island under the provisions set out by the Irish Poor Law were directed to serve the mentally ill at the turn of the twentieth century but it was argued that 'lunatics, imbeciles, and idiots, that is to say, mental defectives, should not be maintained in county homes. They are not properly cared for in the present homes or in any better way than in the old workhouses.'[116] With provision for the mentally ill not being as effective as originally hoped for, it was not uncommon for Irish patients to be sent abroad for care when asylums were full to capacity, as suggested in the discussion surrounding epileptic patients.[117] In fact, there is a strong representation of the Irish insane in many public and private asylums overseas. In addition to those who were sent abroad, many Irish paupers migrated to England, subsequently relying heavily on the provisions of the English Poor Law. In revealing the responses of the asylum superintendents, lunacy inspectors and poor law commissioners regarding the pauper insane, Coleborne and McCarthy, Bartlett and Adair, Melling and Forsythe, and Cox and Marland have all tracked the movements of patients between the workhouse and the asylum.[118] As Cox and Marland have investigated, Irish migrants contributed significantly to the asylum and workhouse populations in Great Britain, particularly during the Famine years where Lancashire's and Liverpool's populations doubled between 1846 and 1855. In this timeframe, the Irish-born population in Liverpool increased from 49,639 (17.3 per cent) to 83,813 which was 22.3 per cent of the county's inhabitants. Typically arriving to England in a 'very poor physical condition' due to the tumultuous years of Famine and destitution, Irish migrants

[115] See - Crossman, *Poverty and the Poor Law.*
[116] *Report of the Irish Poor Law Commission*, January 1928, p. 22.
[117] *Report of the Irish Poor Law Commission*, January 1928, p. 17. Those sent abroad were largely placed into private asylums as fee-paying patients. See- Mauger, *The Cost of Insanity*.
[118] See - McCarthy, Coleborne, *et al*., 'Lives in the Asylum Record, 1864 to 1910', pp 358-379. Peter Bartlett, *The Poor Law of Lunacy. The Administration of Pauper Lunatics in Mid-Nineteenth Century England* (London, 1999). Richard Adair, Bill Forsythe, Joseph Melling, 'A Danger to the Public? Disposing of Pauper Lunatics in late-Victorian and Edwardian England: Plympton St Mary Union and the Devon County Asylum, 1867–1914' in *Medical History*, vol. *42*, pp 1-25 (1998). Joseph Melling, Bill Forsythe, *The Politics of Madness: The State, Insanity and Society in England, 1845–1914* (London, 2006). Catherine Cox, Hilary Marland, "A Burden on the County': Madness, Institutions of Confinement, and the Irish Patient in Victorian Lancashire' in *Social History of Medicine*, 28, (2) (2015), pp 263-287.

became reliant on poor relief: 'The Poor Law in England, whilst hardly generous, was easily accessed by Irish migrants, who utilised both workhouses and asylums as sites of economic survival.' Here, there were found to be particularly adept in accessing welfare institutions.[119] As a result, the Irish migrant had a significant impact on Lancashire's four public asylum populations. Established in 1851, Rainhill Asylum bore the brunt of the necessitous Irish pauper lunatic while the asylums at Lancaster (1816), Prestwich (1851) and Whittingham (1873) were additionally affected. Arriving in Liverpool, many patients entered the workhouse and were subsequently transferred to Rainhill Asylum as this was the nearest to Liverpool. According to Cox and Marland, by the late 1850s, half of Rainhill's admissions were Irish patients.[120] Therefore, despite these years being witness to an important age of political, legal, custodial and medical reform for the pauper mentally ill at the turn of the nineteenth century, as displayed by Limerick's custodial developments, Ireland's history in serving the insane did not remain inside the walls of the lunatic asylum. LDLA proved itself as insufficient in meeting the demands of the surrounding district and neighbouring custodial institutions were called upon to serve the local mentally ill. As revealed in this chapter, the classifications cast on an individual presenting with an illness had a surmountable impact on where one was housed, cared for and even received.

Conclusion

> We think considerable improvement should be made in the manner in which admissions to the asylum take place. No uniformity of practice now exists. In some asylums, idiots and epileptics are, contrary to the regulations, declared inadmissible, while in others, they are admitted. In some, as stated, paying patients are received, in others rejected. In more than one case, the admissions are, contrary to rule, made by the Physician and Manager: in others, as required, they are considered and determined upon the Board. There should be one rule, rigidly enforced, for regulating admissions; and we see no reason for departing from the Privy Council rule, that "Idiots as well as epileptics, where the fits produce imbecility of mind as well as of body, should be admissible". We further consider that it should at all times competent to the Resident Medical Manager to admit all cases provisionally in the intervals between the meetings of this Board; and that as it is of the utmost importance that cases of insanity should speedily as possible be removed to an asylum, the regulations to be framed should afford every facility for their admission.[121]

[119] Cox, Marland, "A Burden on the County': Madness, Institutions of Confinement, and the Irish Patient in Victorian Lancashire' pp 263-287.
[120] Cox, Marland, "A Burden on the County': Madness, Institutions of Confinement, and the Irish Patient in Victorian Lancashire' pp 263-287.
[121] *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 with minutes of evidence and appendices.* Part I – report, tables, and returns. Dublin, 1858.

The above 1858 *Report of the Commissioners* indicated that 'no uniformity of practice' in admission protocol existed in Ireland's asylum setting. Tracking the classifications of insanity at LDLA demonstrates how different practice was from legislation and policy. The above report thus highlights the importance of addressing the histories of individual asylums. This and subsequent chapters reveal how complex these histories are as many of the admission practices conducted at LDLA were contrary to rule. By addressing the rationale behind patient admissions, the contemporary classifications of insanity are put on display for the most part. However, it must be noted that the umbrella terms do not effectively represent the array of illnesses or individuals who were to pass through LDLA's doors. Because the individual patient case files have not been successfully preserved, it has proven difficult to comprehensively ascertain the changing role of medical terminologies and their full impact on Limerick admissions. What is evident, for the period in question, is that the classification of inmates and an individual approach to every single patient were considered to be of great therapeutic significance and efforts to provide this are evident in Limerick's instance.[122] Indeed, intentions to provide effective, progressive and thoughtful approaches to care for the curable lunatic in the earlier years show this, particularly regarding the transfer of curable lunatics from the neighbouring Poor Houses to the new asylum. The concept that mentally ill persons were to be first segregated *via* the curable *versus* incurable classification, however, proved unrealistic very quickly when the complexity and array of mental illnesses were taken into account. The result of relentless overcrowding saw a series of discharge regimes be implemented, which in turn, prompted the creation of new patient classifications. This represented the efforts of those managing and governing the institution to remedy overcrowded conditions but the unprecedented demand combined with an over-reliance on this establishment saw overcrowding totally undermine such efforts.[123] Some hints of the experience met by those admitted into the nineteenth century lunatic asylum can additionally be offered. Such first-hand accounts are tremendously difficult to ascertain but Michael F.'s case does provide some unique insights into the rationale for his admission to the asylum.

[122] Reuber, 'Moral management' p. 212.

[123] This asylum also catered for blind female patients, though other local philanthropic organisations also endeavoured to support them. An advertisement was submitted to the *Limerick Chronicle* by the clerical secretary of the Jews' Society, announcing a charity collection in aid of 'one of the most interesting, and at the same time, the most helpless classes of sufferers who claim the assistance of the charitable and humane.' In order to raise funds for blind women, two collections were to be held at noon and again at evening service the following Sunday, 11 February, during the annual charity sermons in the Asylum's Episcopal Chapel. Those who had already contributed but could not attend the event were listed. See – *Limerick Chronicle*, 7 February 1849.

For this man, his time in LDLA was rather limited. Michael F. died suddenly just over a year after admission on 19 August 1874. His age is unknown, and no post-mortem was permitted to be conducted, which was contrary to the asylum's rules. Indeed, noted in a meeting held on 24 October 1826, in 'the event of the death of any patient in this asylum notice be given to the coroner for the purpose of holding an inquest.'[124] As stated, a series of three photographs taken of Michael F. were sent to Darwin. It is uncertain where these images currently are but descriptions of each have been provided by the Darwin Correspondence Project team. They were taken a few hours after his death, so his body was manipulated into a position of what was considered his 'usual attitude'. The first picture represented his position during the day where he was placed lying on one side, 'rapping with his head or his hand on the flags'. The second and third pictures exhibited his sitting postures but as they were taken after his death, his natural attitude and limbs 'lost the characteristics of life'.[125] Whilst the survival of Michael F.'s files are inherently atypical, his admission to a lunatic asylum was nonetheless typical. What is more, his case files are instructive. It is in this material that we can begin to understand the underlying reasons for conditions in the asylum system, including why such demands were made on these facilities, especially concerning those deemed incurable. It must be noted that this rare source, nor does an investigation on patient classifications, reveal what life was like for the individual once admitted to LDLA, a discussion that forms the core of the next chapter.

[124] JPH, LDLA, Minute book, 24 October 1826.
[125] Correspondence betweeen Charles Darwin from Dr Edward Meziére Courtenay, 22 November 1874 *District Asylum, | Limerick.* Darwin Correspondence Project, DCP-LETT-9729.

Chapter 4

Life of the Patient in Limerick District Lunatic Asylum, 1827-1900.

> Witness Phillip R. of Penny Well came before me this day and made Oath on the Holy Evangelists, that to the best of his knowledge and belief, Paul R. of Penny Well in the County of Limerick has for some time past been in a state of Insanity and Mental Derangement, and that the said Paul R. is a Pauper, and has no friend who will support him in a Private Lunatic Establishment, and that he has been a resident of the said County of Limerick for the last twenty-two years and that he is not subject to Epilepsy, nor born an Idiot.[1]

Paul R. was admitted to LDLA on 2 March 1860. His father, Philip R., accompanied by Paul's uncle, acted as witnesses and signed his admission forms. His medical certificate detailed how he had been in a state of insanity for the previous four weeks: 'is a fit subject, and likely to derive benefit from being placed in the Limerick District Lunatic Asylum… we do believe him to be a Lunatic and a Pauper.' 'Religious Scarcity' was recorded as the species of his illness. Forty-five years later, Paul was discharged on 14 June 1905, aged sixty-seven.[2] This is the only information available for Paul R.'s experiences at LDLA.

A common difficulty encountered by historians in uncovering asylum histories is filling in the gaps that result from the loss of primary documents. Although Michael F.'s case files and other official hospital records such as the Dangerous Lunatic Committal booklets from 1850 to 1877 have been well preserved and instrumental in adding to our understanding of Irish asylum culture and administrative practices, the challenge remains in reconstructing the patient experience from the perspective of patients themselves. In this pursuit of missing voices in institutional histories, trends have emerged to compensate for missing materials. In insanity research, a variety of methodologies has been developed in recent years to trace the hidden voices of both the patients and their kin. Newspapers have been assessed to uncover the social commentary of the time as this thesis has done.[3] Photographs of patients have been used to examine the material culture of asylumdom *via* an examination of clothing.[4] Unfortunately,

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[1] JPH, LDLA, Admission Booklet, 2 March 1860.
[2] JPH, LDLA, Admission Booklet, 2 March 1860.
[3] O'Neill, 'The portrayal of madness in the Limerick press, 1772 – 1845'; Claire Deligny: 'The Borderlands of Insanity: insanity and poverty in the lunatic asylums at Lancaster, Prestwich and Rainhill, Lancashire (1845–1914)', (Unpublished PhD Thesis: Université Diderot, 2016).
[4] Natalie Mullen, 'Negotiating the Asylum: patient agency and institutional authority in Lancaster County Asylum: 1840 to 1915' (Unpublished PhD: Lancaster University, 2019). Kelly uses photographs taken of Richmond

aside from Courtenay's and Darwin's correspondence package, no known photographs exist of LDLA's patients.[5] Letters from family members reveal family as an agency in asylum culture, be it their involvement or the lack thereof in kin's care. Letters written by the patients themselves to the asylum's RMS are an additional tool in uncovering the voice behind the walls.[6] When preserved, these letters offer a unique insight into the patients' personal satisfaction/discontent with the system's policies and practices, exhibiting acts of both defiance and conformity in reaction to day-to-day asylum procedure.[7] Patients' letters additionally lend themselves to an assessment of handwriting, which in turn can reveal the act of 'smoozing.'[8] Jewson defines the act of 'smoozing' as an endeavour attempted by the patients to suggest sanity and create favouritism in the asylum setting. In one case, he compared the handwriting of a patient in their letters addressed to the staff of an asylum in Great Britain. This individual wrote a letter to the RMS and not only was their handwriting much neater than usual, they even offered compliments to the doctor and Jewson believes that this was their attempt to suggest sanity, and in turn, prompt a potential release. This act of 'smoozing' is possibly evident in the case of thirty-three-year-old Catherine D. who was committed as a Dangerous Lunatic to LDLA in November 1874. Reportedly suffering from dementia, she was admitted by her father, who was a landowner, her mother and brother. She was not married and did not have any children. She had been actively violent during the previous three months, with her illness allegedly catalysed by a fright in a railway tunnel near Cork. Exhibiting peculiar habits, she was deemed delusional, referring to LDLA RMS George Leake Griffin as 'your royal highness.' Paying compliments could possibly have been her endeavour to 'smooze' asylum staff and suggest sanity.[9] Case notes written by the RMS when assessing the individuals are additionally instructive. Drawing on these sources, Stef Eastoe has found that gender played a major role in the contemporary analysis of a patient's condition: when the patients of Caterham Asylum were upset, for example, female patients were referred to as 'hysterical' whilst male

lunatics in *Hearing Voices*, although the faces are gridded, their clothing demonstrate how well-dressed patients were in their everyday clothes. Kelly, *Hearing Voices*, p. 182.

[5] It remains uncertain where the photographs of Michael F. are. The Darwin Correspondence Project team kindly forwarded me his mother's letter and case files but were uncertain on where the photographs may be.

[6] Letters have been uncovered in the LDLA archives that demonstrate the role of family as an agency concerning admission and discharge asylum regimes as well as the level of contact with their kin, or lack thereof.

[7] Cara Dobbing, 'The circulation of the insane: the pauper lunatic experience of Garlands Lunatic Asylum, 1862-1913, (Unpublished PhD Thesis; University of Leicester, 2019).

[8] Dan Jewson, 'The Faint Echo of Voices from Below: Hearing patient practice through the writings of asylum patients in the late nineteenth and early twentieth centuries.' Paper presented at Social History of Medicine Conference, 2018. Acts of bribery are included in this concept as he found some patients giving presents to asylum staff.

[9] JPH, LDLA, Dangerous Lunatic Act admissions, 1850-1877, 8 November 1874. P98/11. This could have been her endeavour of 'smoozing' in order to prevent her official admittance or accelerate a potential release if admitted.

patient distress was often characterised as belligerence so male patients were documented as being 'unusually sad'.[10] Patients' letters and case files have been preserved in an array of British private and public asylums but few in the Irish context. The history of emotions and the patient's perspective of the asylum experience can only be determined when sources that offer these insights are available, and for the most part, such valuable records do not exist in St. Joseph's Psychiatric Hospital archives. Due to the limited opportunity to identify the voice of the nineteenth century Limerick patient, this chapter, instead, reconstructs the asylum setting, revealing what life was like for the person once admitted.

The physical environment in the asylum was an intrinsic part of therapeutic and restorative regimes for patients.[11] Drawing on the asylum records that detail living conditions and practices, complemented by parliamentary papers, newspaper articles and a handful of family letters, this chapter offers an inward-looking examination of life at LDLA in the nineteenth century. Putting elements of the lived experience on display, this chapter addresses four topics that were central to day-to-day life in that institution: living conditions, patient labour, asylum activities, and treatments applied. Relentless overcrowding saw LDLA's governors struggling greatly with an unprecedented demand made of the institution. Despite the best efforts of staff for the most part, high admission rates saw the facilities available become considerably overused, which meant that standards of care and conditions faltered. Investigating the living conditions and practices for patients at LDLA places the focus on their surroundings - in what and how they lived, where they slept, what they wore, and what was made available to them. Keeping patients occupied was central to their recovery, many activities were created to occupy them such as sport, music and religious services, along with rigorous labour. As patient employment was broadly encouraged as part of the moral treatment regime, this chapter also contributes to the debate regarding patient labour in public asylums.[12] Doing so not only determines that there were very few differences between the duties of asylum staff and employed patients, a discussion of the product of the patients' work also identifies the asylum as an enterprise. Adding to the discussion in Chapter Two, this chapter demonstrates the level of self-sufficiency it endeavoured to maintain, revealing that it could not have functioned without the patients themselves doing the bulk of the work. Though a busy lifestyle

[10] Stef Eastoe, *Idiocy, Imbecility, and Insanity in Victorian Society, Caterham Asylum, 1867-1911* (United Kingdom: Palgrave Macmillan, 2020).
[11] Cox, *Negotiating Insanity*, p. 226.
[12] Nineteenth century moral treatment regimens in asylums throughout Europe used work as an agency for admitted patients with the rationale that labour was therapeutic in the endeavour of curing/'conforming' the asylum's inmates. Finnane argues that 'the degree of its efficacy was always unknown.' See - Finnane, *Insanity and the insane* p. 201.

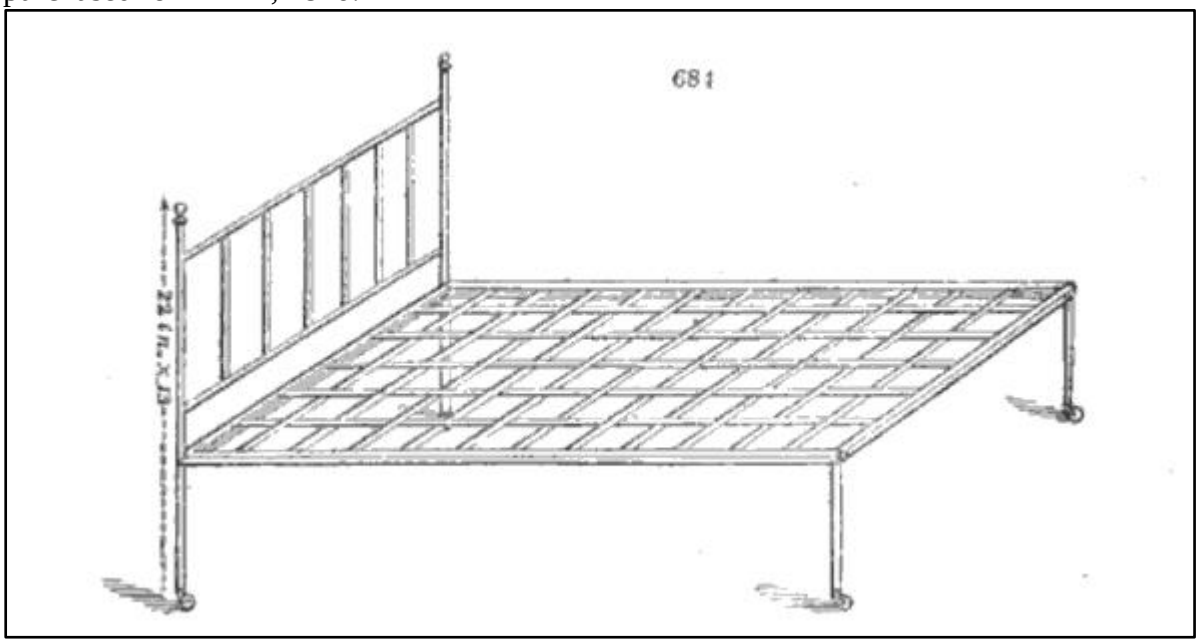
was essential to the asylum regime, medical interventions were considered equally important in treating these persons. Oftentimes, the concern to provide a nourishing and plentiful diet superseded medical treatments at LDLA, but discussions surrounding methods of restraint were consistently to the fore, as will be explored in this chapter. Following on from the previous chapters of how the asylum system came to be, why Limerick in turn was selected early to host a new asylum, how all associated employments affected the functioning of the asylum, and how insanity classifications evolved accordingly with the progress of the asylum, this chapter locates the outcome of such legislative, administrative, and medical efforts: the patient and their experience at the asylum. By exploring these key areas, an overall picture is reconstructed of what life was like for the thousands of patients admitted to LDLA over the course of the nineteenth century.

Living Conditions

In the beginning, 150 iron bedsteads were ordered for patients on 12 October 1826 by architect Murray. Accompanying this was an order for 150 ticks and bolsters, 150 English blankets, 150 pairs of sheets and 150 rag quilts. Ten stump bedsteads and ten additional strong ticks and bolsters were also ordered for staff.[13] 'Common in the humblest description of dwellings… both in town and county', stump bedsteads were usually made out of wood with sacking bottoms but as they were apt to harbour vermin, they were largely manufactured entirely of wrought iron by 1839. In LDLA's case, they were made of wood. Image 4.1 shows a drawing of a typical iron stump bedstead in the 1830s resembling what a wooden stump bedstead would have looked like at LDLA over a decade earlier:

[13] JPH, LDLA, Minute Book, 12 October 1826.

Image 4.1: Picture of wrought iron stump bedstead, 1839, similar to the wooden versions purchased for LDLA, 1826:



Source: J. C. Loudon, *An Encyclopaedia of Cottage, Farm, and Villa Architecture, and Furniture, containing Numerous Designs for Dwellings, from the Cottage to the Villa, including Farm Houses, Farmeries, and other Agricultural Buildings: Several Designs for County Inns, Public Houses, and Parochial Schools; with the Requisite Fittings-Up, Fixtures and Furniture; and Appropriate Offices, Gardens, and Garden Scenery* (London: Longman, Orme, Brown, Green, & Longmans, 1839).[14]

These ten bedsteads were purchased for staff but within a matter of months, they were deemed unusable. Matron Jackson argued in October 1827 that the weather was getting cold and the beds were now 'useless, and in danger of being lost,' probably because they were made of wood. She proposed that they be broken up and 'made into small beds for the servants,' additionally requesting that a journeyman weaver be hired full time to help with sheeting.[15] Other purchases, as listed in Figure 4.1 below, reveal what other furniture was used by the patients and staff at LDLA including chairs, tables, food trays, spinning wheels, and linen and cotton looms, as well as material for the asylum fireplaces. The two carpets purchased for the asylum were made in Kidderminster, England, which was the centre of British carpet manufacturing at the time, known for their design and colour.[16]

[14] J. C. Loudon, *An Encyclopaedia of Cottage, Farm, and Villa Architecture, and Furniture, containing Numerous Designs for Dwellings, from the Cottage to the Villa, including Farm Houses, Farmeries, and other Agricultural Buildings: Several Designs for County Inns, Public Houses, and Parochial Schools; with the Requisite Fittings-Up, Fixtures and Furniture; and Appropriate Offices, Gardens, and Garden Scenery* (London: Longman, Orme, Brown, Green, & Longmans, 1839).
[15] JPH, LDLA, Minute Book, 1 October 1827.
[16] No example of this carpet could be provided but for a description on how it was made, see - Gerald W. R. Ward, *The Grove Encyclopaedia of Materials and Techniques in Art* (Oxford, 2008).

Figure 4.1: Inventory of furniture purchased for LDLA on 12 October 1826:

Amount	Furniture
30	Mahogany hair bottom chairs
24	Painted rush bottom ditto
32	Cane chairs for servants
6	Mahogany tables
4	Painted deal defining tables
6	Elliptic roof bedsteads and curtains
6	Straw pallisses (1 removed to servants' room)
6	Hair Mattresses
6	Pair of English blankets
6	Linen Blankets
6	Feather beds
6	Ditto Bolsters
6	Ditto pillows
6	Counter frames
10	Stump bedsteads
10	Strong ticks and bolsters
6	Short feather bolsters
4	Feather pillows
16	Pair of English Blankets
16	Coloured quilts
16	Pair of sheets
150	Iron besteads for patients
150	Ticks and bolsters
150	Pair English Blankets
150	Pair of sheets
150	Rag quilts
2	Superfine Kidderminster Carpets and two hearth rugs to match
4	Second quality carpets and four hearth rugs to match
4	Strong Brass fenders and four sets of casehardened fire irons
12	Painted green fenders and twelve sets of casehardened fire irons
6	Strong green fenders for servants and four sets of fire irons
22	Strong iron fenders and ten sets of plain strong fire irons
2	Sets of strong fire irons for kitchens
1	Set of large ditto
1	Poker and large fire shovel for the kitchen
6	Sweeping brushes
2	Large coal shovels
2	Large square ditto for yards
6	Metal pots and saucepans
10	Strong deal Tables for day rooms

20	Forms for ditto
4	Strong large worktables with drawers for work rooms
8	Forms for ditto
12	Small deal tables for convalescent rooms
24	Stools for ditto
10	Small deal tables for keepers' rooms
2	Strong deal tables for the Governor's Kitchen
6	Strong stools for ditto
2	Small deal tables for the Porter's Lodges
10	Potato Trays
10	Meat Trays
2	Strong deal tables for the kitchen and laundry
10	Deal presses painted and locks
6	Coal boxes
10	Square deal boxes for fuel
8	Linen looms
4	Cotton looms
20	Spinning Wheels
4	Reels
6	Quill wheels
6	Runners

Source: JPH, LDLA, Minute book, 12 October 1826.[17]

Over time, providing the same kind of beds and blanketing proved difficult at the LDLA due to the high admission rates: 'This institution is the best conducted in the country since 1826… its accommodation… [is] too limited to meet the wants of the District.'[18] Not unique to Limerick, poor sleeping conditions became an intrinsic part of institutional life in nineteenth century Ireland. North Dublin Workhouse had a mortality rate of 63 per cent in 1841 with poor sleeping conditions being blamed as leading cause to such high rates. Nine women and five infants were found sleeping in a room measuring forty-three feet by nineteen feet, 'allowing 780 cubic feet of air for each person.' Bedding was comprised of straw but was deemed 'insufficient', as the straw had not been changed for five weeks at the time of this inspection.[19]

Accommodation at LDLA during the post-Famine years saw many similar complaints arise, particularly between 1857 and 1873, by the Inspectors of Lunatic Asylums and some asylum governors. Governors William Spillane and John McDonnell argued in October 1872

[17] JPH, LDLA, Minutes Book, 12 October 1826.
[18] *Report of the commissioners of the year ended 1845*, p. 31.
[19] Gerard O'Brien, 'Workhouse management in Pre-Famine Ireland' *In Proceedings of the Royal Irish Academy: Archaeology, Culture, History, Literature*, Vol. 86C (1986), pp 113-134 (p. 129).

that accommodation was completely unsatisfactory. At this time, bedsteads in the male wards had been largely replaced with heaps of straw but matters appeared much worse in the female compartments. Although conditions were considered 'clean and orderly' in the female departments, they argued that for years, fourteen female patients had been sleeping on the basement floor in flagged cells which were described as decayed, 'damp and miserable':

> They [the cells} are not provided with any means whatsoever of being heated – they have neither full places, stores, no hot air or hot water pipes – in four of those flagged cells, the patients sleep on the flags with a little straw under them – but there is no attempt at a bed stead – we were the more shocked at this state of things as we found in another corridor at the same side (*viz*. the female) thirteen idle cells comfortably boarded, heated with hot water pipes and looking dry and cheerful as compared to the damp, cheerless apartments on the basement floor. Some of the poor creatures… complained of their sleeping places and in truth with good reason did they do so. This state of things calls for prompt action at the hands of the governors.[20]

These rooms were generally where the 'wet and dirty' patients were kept, so that the rooms could be washed out periodically. A response to the above complaint was recorded on 5 November 1872 in the Visitor Report Book where the Board at large contended that the empty flagged cells Spillane and McDonnell mentioned were in the refractory section and that it was 'dangerous' for the inmates of those apartments to occupy other cells: 'for patients whose madness is of a milder type… a portion for the house is to be left scarce… for the reception of violent lunatics.' They also responded 'that the cells which are commented on… dreary and miserably is certainly not the fault of the medical superintendent or the matron who are only too happy to carry out any improvements of a cheerful nature which the Board may order.' They also stated that 'there is always plenty of clean straw first laid down on the floor… and that as regards bed clothes, each patient is given a pair of …blankets, a pair of sheets and a cover.' For those who did not have a bed stead, this was arguably done so in 'consequence of the injuries inflicted' as some patients were found to have been 'hitting themselves against the iron-neck**.**' The Board closed their arguments stating that the RMS or matron had not received any complaints from the patients themselves regarding the discomfort of their sleeping apartments. The matron responded: 'Now if the moral in whose hands the matter lies, chose to have the cells… and a heater, there cannot be any doubt that it would be a great advantage.'[21] Indeed, as identified the first chapter, the layout of this institution was to provide better ventilation as well as heating but in 1858, RMS Robert Fitzgerald was questioned by the

[20] JPH, LDLA, Visitor Report Book, 24 October 1872.
[21] JPH, LDLA, Visitor Report Book, 5 November 1872.

Inspector of Lunatic Asylums, 'Is not warmth important in a curative hospital for the insane?... Do not insane patients particularly require warmth?' On response, Fitzgerald replied, 'I think they are rather chilly in general.'[22] Spillane continued to contest the conditions of the sleeping arrangements for patients during his time as governor of the asylum. His logged complaints were supported by the Inspector of Lunatic's reports. The high levels of overcrowding continued to have a negative impact on beds and bedding. 420 patients were recorded inhouse on 13 May 1873 with 215 males and 211 females. Although the Inspector found the asylum 'clean, orderly and well-ventilated', the sleeping accommodations and the day room were 'very deficient': 'in some of the associated dormitories, the cabin area for each patient is about a third under the normal quantity.'[23] Another inspection was conducted a few months later where Inspector John Nugent wrote in his September 1873 report that asylum conditions continued to be very poor, particularly concerning the corridors and the lavatories. The lavatories and washing rooms were overrun and insufficient. Overcrowding also saw the exercise yards overused, 'narrow, dark and circumscribed, without facilities for cleanliness.' He added that accommodations for the patients were so overcrowded that patients 'have not even a full amount of cubicle space for pure breathing air.'[24] Spillane wrote on 12 June 1873 that 'there is not a single available cell at the female side, idle today… two females are obliged to sleep on the floor of a very crowded dormitory at present.' Another female patient who was sleeping in a cell was sleeping on the ground but with no straw and no flags. This inspection also saw one male patient sleeping on the floor in one of the dormitories 'as the house is very crowded.'[25] In July 1874, Governor Thomas Boyle was concerned about the female side of the asylum when he recorded that although the apartments were clean and well-ventilated, the day rooms were too small to facilitate the high numbers of patients and it appeared that the 'dormitories [were] not sufficiently cared for.' Some of the beds were placed on the floor and 'all the appearance showed a want of room and accommodation for the number of patients.'[26]

Issues remained which resulted in members of medical staff submitting complaints. Dr O'Callaghan complained in 1874 that not only was heating insufficient, the bedding was too. He stated that although straw was more suitable for the dirtier patients, the mix of straw and cocoa fibre were insufficient.[27] The use of cocoa fibre for bedding had started in 1839 at the

[22] *Report of the commissioners of inquiry into the state of the lunatic asylum in Ireland 1858,* Part II, Evidence and Documents, p. 386.
[23] JPH, LDLA, Visitor Report book, 13 May 1873.
[24] JPH, LDLA, Visitor Report Book, 20 September 1873.
[25] JPH, LDLA, Visitor Report Book, 12 June 1873.
[26] JPH, LDLA, Visitor Report Book, 28 July 1874.
[27] *Twenty-third report on the district, criminal and private lunatic asylums in Irelan*d, H.C. 1874, p. 65.

asylum, which material had, over the course of thirty-five years, evidently become outdated.[28] In 1875, Dr O'Neill complained that seventy patients were still sleeping on the floor and not much had changed a year later when he complained again in August 1896 that the asylum had a surplus of 101 patients as there was now 604 people receiving care. More complaints were to follow, resulting in further tensions amongst the asylum governors. Spillane recorded two days before Christmas day on 23 December 1872 that he had visited the fourteen refractory cells in both the male and female wards.[29] He reported that although the bed clothes in the boarded cells were 'near perfectly dry', the bed clothes on the beds of the refractory cells were 'as wet as the public roads or flags in the streets.' The governing Board responded that they agreed on how damp the bedding and the cells were but insisted that is was due to the 'present extraordinarily moist weather'. The Board agreed to have the rooms heated as a remedy but pointedly noted to Spillane that 'until that has been carried out, judgement might surely be suspended.' The governors discussed their cleaning and drying methods in a later report, challenging another comment made by Spillane that the bedclothes were 'as wet as if they just came from the hands of the laundries undried.'[30] Governor Fitzgerald retorted that 'no clothes leave the laundry which have not been previously dried and aired.' He additionally noted that the asylum rules required any inspections to be carried out by two or more governors:

> I was in the House during the entire visit of the Governor who made the report and had I been asked to accompany him could, most probably, have explained those things which appeared to him otherwise than what they ought to have been... I would beg to call the attention of the Governor who made this report to that portion of the Privy Council rule No 1 which says: "and after an inspection of it (the asylum) by two or more Governors."[31]

In April 1873, the neglectful bedding provision reported by the Inspectors and some members of the Board was brought to the attention of the Lord Lieutenant whose reply included a demand for immediate improvements.[32] He argued that the level of complaints for the cells were merited, and agreed that the sleeping provisions were simply not good enough, adding that the failure to heat them was worrying especially when they were needed in the cold weather. He complained that the governors did not provide proper heating for these cells nor was additional bed-clothing or straw provided, as originally recommended by the Inspector of Lunatics. The Lord Lieutenant also argued that the Board was not complying with the Privy Council

[28] JPH, LDLA, Minute Book, 6 May 1839.
[29] JPH, LDLA, Visitor Report Book, 23 December 1872.
[30] JPH, LDLA, Visitor Report Book, 23 December 1872.
[31] JPH, LDLA, Visitor Report Book, 23 December 1872.
[32] JPH, LDLA, Letter book, Letter from Dublin Castle to the Governors of the Limerick District Lunatic Asylum, 10 April 1873.

Regulations which directed an inspection of the asylum by two or more Governors at each meeting. He included the layout of these regulations in his correspondence stating that:

> …if it had been obeyed, the Governors would, no doubt, by personal inspection, have been able long ago to have satisfied themselves of the necessity of carrying out the recommendations of the Inspectors, not only in regard to these Cells but also with reference to the defects in the Asylum; and have thus obviated many of the difficulties which have occurred.[33]

Architect to the Commissioners of Control of Lunatic Asylums in Ireland, George Wilkinson, who designed the Irish Workhouses was directed by the Lord Lieutenant to assess LDLA so as to procure a 'professional opinion' on the 'structural character and fitness of the cells used for refractory patients on the female side of the asylum'. In comparison to His Excellency's findings, Wilkinson found the structure of the cells to be in satisfactory shape. Writing directly to the governors on 1 March 1873, he stated that 'there is nothing to justify any complaint against the cells' structurally. In the complaints, the governors referred to them as 'dungeons' which Wilkinson found to be undeserving 'for their structural character… many gentlemen would, I feel satisfied, be glad to have them as sleeping rooms attached to a fishing or shooting lodge.'[34] Wilkinson told how recent measures had been undertaken to improve the sleeping arrangements which had been implemented before the Lord Lieutenant's complaints. The floors in the refractory cells were originally floored with flagged stones but these had been replaced with boarded floors. Additionally, to help heat these cells, large stoves had just been added in the corridors of each ward. Before this, they were without any artificial means of being warmed.[35] Improvements in bedding were noted on 21 February 1873 when governors found the asylum 'in a very satisfactory condition.' The wards and cells were described as well aired and clean and the patients 'comfortable and healthy.'[36] Wilkinson acknowledged and welcomed the new changes but continued to state that it was the practical provision of bedding that warranted His Excellency's complaints, and not the structure. He shed light on what life must have been like for that patients before these changes occurred. He argued that before the recent changes were made, these cells 'must have been cold and cheerless; they were also comparatively isolated in position, being at the extreme end of the wards.' Not only did the

[33] JPH, LDLA, Letter Book, Letter from Dublin Castle to the Governors of the Limerick District Lunatic Asylum, 10 April 1873.
[34] JPH, LDLA, Letter Book, Letter from Dublin from George Wilkinson to the Governors of Limerick District Lunatic Asylum, 1 March 1873.
[35] JPH, LDLA, Letter Book, Letter from Dublin from George Wilkinson to the Governors of Limerick District Lunatic Asylum, 1 March 1873.
[36] JPH, LDLA, Minute Book, 21 February 1873.

cells not have bedsteads at this stage, he argued that those occupying the cells previously received minimal care 'from the use of insufficient straw mattresses or loose straw… which appear to have been used for the class of patients occupying them.' Here, his response offers an interesting insight into the type of patient housed in the refractory cells, somewhat identifying the extent of their illness, and in turn, the extent of their needs:

> I have no doubt that at times they presented an appearance, considering the class of person who occupied them… Nothing was easier than to have a wooden bedstead frame, hinged to the side wall, to fold back, and to fit down with a lock, so as to admit a removal when required, and the cleaning of the floor below, or even by the use of straw mattresses in some of the cells; for it is to be remembered that an exceptional class of violent and very dirty patients only were to occupy them, some of whom were probably very objectionable in their habits…[37]

The governors supported Wilkinson when stating that cells in the refractory had to be flagged as staff struggled to keep them clean: 'It strikes us that a few of the cells for the refractory patients should be flagged as it appears impossible for a boarded cell to be kept free from nuisance when received by a dirty patient and we have observed the results.'[38] When argued that straw was 'more suitable for the dirty patients,' the Inspector of Lunatic Asylums asked the asylum's RMS in 1858, 'In the district, generally, do not the poorer classes use straw beds?' RMS Fitzgerald replied, 'Almost exclusively.'[39] These comments are significant in ascertaining how patients were considered in the asylum setting. The implications of this provision indicate the attitudes towards the mentally ill at LDLA. What is illuminating here is that though conditions were evidently poor on many occasions throughout the asylum's nineteenth-century history, it is the patients themselves who were blamed for the refractory cells being 'dirty' and unkept. As will be revealed below, there was no regular system of baths or bathing the patients by the late 1850s. Baths were only used as a means of treatment. Not only does this reveal the perceptions that staff had of certain patients, it suggests the versions of madness in the asylum setting. Those who may have needed particular care, ended up in the refractory cells. This is important as it indicates that class distinctions even emerged amongst asylum populations. The current literature on lunatic asylums shows how the refractory and violent patients were oftentimes subjected to an 'othering' in the asylum setting. In exposing moral manager Joseph Digby's practices at Dundee Asylum in Scotland, McCallum determines that

[37] JPH, LDLA, Letter Book, Letter from Dublin from George Wilkinson to the Governors of Limerick District Lunatic Asylum, 1 March 1873.
[38] JPH, LDLA, Minute Book, 21 February 1873
[39] *Report of the commissioners of inquiry into the state of the lunatic asylum in Ireland 1858,* Part II, Evidence and Documents, p. 383.

'two yards' were created to divide the inmate population there for the purpose of 'manageability'. Similar to Limerick, the most violent, 'very mad', most 'dirty and destructive' patients fell under the inclusive category of refractory.[40] This distinction became most evident by the 1850s at LDLA where staff openly defined two distinct classes in the patient population: 'orderly and disorderly.' This classification was established for the purpose of 'maintaining' the asylum, according to RMS Robert Fitzgerald, who also told the Inspector of Lunatic Asylums in 1858 that the inmate population was split in two and not divided further as 'I would find it difficult to separate the moderately tranquil from the tranquil, they vary so.'[41] As will be revealed later, patients residing in the refractory cells were soon forced to eat their meals there. Being defined as orderly or disorderly was to have a huge impact on the lived experience at LDLA.

Changes were implemented in the following years to make sleeping arrangements more comfortable, and endeavours to keep the cells heated from this period are evident. By the end of the 1873, more coal and coke were used to heat the asylum: 326 tons of coal and seventy-four tons of coke were purchased that year.[42] In December 1874, Governor Boyle retracted his original complaint when he noted improvements on the female side of the asylum: 'we have the pleasure to report that every place we saw showed… improvement, the rooms and corridors appeared airy, cheerful and comfortable. The patients contented and careful and receiving kind attention of the officers.'[43] Though improvements were importantly made, overcrowding remained relentless, and continued to disrupt even the most basic functions of the asylum. Spillane's tenacity to petition for improved conditions throughout his time as governor led to further aggravation amongst the other governors. His arguments were evidently warranted when members of medical staff supported the complaints concerning insufficient heating and bedding.

Similar to bedding, issues with insufficient water provision arose very early on at LDLA. Even before the building was fully constructed, meetings in October 1826 witnessed the governors express fears as to how they would provide water at the asylum for consumption, bathing and

[40] David McCallum, *Personality and Dangerousness: Genealogies of Antisocial Personality Disorder* (Cambridge, 2001), pp 44-45 and p. 68. In determining how refractory patients were dealt with in the private asylum, see – Alice Mauger, '"Confinement in the Highest Orders": The Social Role of Private Lunatic Asylums in Ireland, c. 1820-60' in *Journal of the History of Medicine and Allied Sciences* no. 67, (2012), pp 281–317.
[41] *Report of the commissioners of inquiry into the state of the lunatic asylum in Ireland 1858,* Part II, Evidence and Documents, p. 384.
[42] *Twenty-third report of the district, criminal and private lunatic asylums in Ireland,* H.C. 1874, p. 65.
[43] JPH, LDLA, Visitors Report Book, 1 December 1874.

medical treatments. The water supply issue at this institution illustrates not only the pressing need for such provision, but the tedious issues met by governors in trying to improve on conditions. A Board meeting held in October 1826 was attended by governors Spring-Rice, Joseph Massey Harvey, and Rev. John Pinkerton. At this stage, the asylum was due to open in eleven weeks. Asylum governor and Mayor of Limerick City, Pinkerton, requested architect Murray to furnish the Board with the plans of the building, additionally asking that the line of the sewers and the site of water tanks be accurately noted.[44] With an impending opening date, these few weeks saw an urgency to improve the array of issues noted with the newly constructed water tanks and sewer pipes – improvements of which were very much rushed, and were subsequently to result in inadequate water provision for the remainder of the nineteenth century.

Originally, architect Murray believed that rainwater and the 'never-failing' spring at the rear of the main building would suffice but the governors questioned if this was 'adequate and permanent.'[45] Despite Murray's insistence that they were satisfactory, the governors believed it essential to make changes. It was requested at the next Board meeting to improve the asylum plumbing so there would be a better access to water throughout the asylum grounds. The governors made a call for plumbing applications where John Gould won the contract with the cheapest proposal out of three at £10.7*s*.60*d*. Gould's proposal was that the shower and the yard be supplied with water from the main pipe where he offered to make two lead pots and traps and supply them with water also.[46] To demonstrate how stretched for time the governors were, the asylum had opened in the meantime, with patients being routinely admitted. Though Gould's work was completed, complaints arose five months after opening due to a shortage of water. In May 1827, five of the six pumps were reportedly dry and the tanks for the rain water were considered 'much too small.'[47] As a result, Pinkerton, Harvey and Alderman Mahony were appointed to consult with a team of engineers whose advice was to write up a report and present it at the next meeting.[48] An emergency Board meeting was subsequently held a few days later where the governors agreed to employ Henry Baker as lead engineer, and awaited to receive a report from him 'on the means of insuring a constant supply of water.' Baker reported the reliance of rainwater from the roof as 'insufficient and uncertain in the summer season':

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[44] *Report of the Limerick district lunatic asylum for the financial year ended 31st March 1905 and the statistical year ended 21st December 1904*, table xiv, p. 23.
[45] JPH, LDLA, Minute Book, 11 January 1827.
[46] JPH, LDLA, Minute Book, 22 January 1827.
[47] JPH, LDLA, Minute Book, 7 May 1827.
[48] JPH, LDLA, Minute Book, 7 May 1827.

> I have been informed that a stream passes through a sewer under the surface of the ground of the premises which might be taken advantage of by a branch pipe. But I should not recommend it to be exclusively depended on for a constant supply, inasmuch, as the source not lying within the walls of the Asylum may at a future period be cut off from any communication with the establishment by any neighbouring operation.[49]

He proposed, on a trial basis, that a new yard be chosen to create a sinking well and if successful, he would place a double lever force pump where water could be transmitted through supply pipes to the tanks located in two of the asylum's wings. He offered to place a third pipe that would provide a better water supply to the Governor's house, kitchen and scullery, as well as the bath and water closets adjourning. He noted that the two tanks already in use should be enlarged, so the preserved rainwater could be used exclusively for the laundry, 'which should also have a supply pipe from the new pump in case the tank should be dry.' He was uncertain how much the sinking well would cost due to the nature of the rock on the asylum grounds.[50] As this was during the summer months, the lack of water for the asylum became the governors' main concern. Another meeting was held in June 1827 at which it was reported that the trial had been found successful where the sinking well offered 'pretty freely' flowing water. The governors instructed Baker to deepen this well which was located in the south-eastern yard. However, no action could be taken until a report was received from the Lord Lieutenant permitting them to do so, so the governors agreed that nothing could be done until the following month's meeting.[51]

Endeavours to provide a better supply of water for the asylum continued, but progress was slow. Custodial institutions such as lunatic asylums relied very much on this provision for the most basic of functions. For laundry purposes alone, LDLA saw four hundred gallons of soft water being used weekly and this supply was taken exclusively from the roof of the main building.[52] As this method relied entirely on the weather, the governors became really concerned with the number of complaints they were receiving about water shortages. Limerick was experiencing a drought during this period which at this stage was in its twelfth week. As no work had been conducted on sinking the well, the governors decided to cancel Baker's contract and seek a new proposal. In turn, William Murray's proposal was accepted in September 1827, with his contract costing £45.16*s*.6*d*.[53] He was directed to utilise some of Baker's ideas. He found the supply of water to be in a 'defective state' and proposed:

[49] JPH, LDLA, Minute Book, 21 May 1827.
[50] JPH, LDLA, Minute book, 21 May 1827.
[51] JPH, LDLA, Minute book, 25 June 1827.
[52] JPH, LDLA, Minute Book, 20 September 1827.
[53] JPH, LDLA, Minute Book, 20 September 1827.

> …water of the western tank be pumped into the laundry astern which can be affected by connecting a pipe with thee force pump belonging to said tank, and leave the kitchen astern for Spring water, which can be obtained by sinking a well in the area of the governors house and forcing the water from there into the kitchen astern as this does not require any new arrangement of pipes and cocks, the expense will be moderate. It will be necessary to sink a small well in one of the front yards adjoining the gate lodger for their use and to connect a force pump therewith and also, to enlarge three of the small tanks belonging to the water closets.[54]

This proposal also saw Murray suggest that the eastern, western and part of the southern boundary walls be raised two extra feet, but no reason was given for this. This was possibly to deter patients from escaping, as will be examined in Chapter Five. The Board agreed to Murray's entire plan as did Dublin Castle and he was encouraged to proceed without further delay. This contract ended up being very expensive. Piping and plumbing cost £52.15*s*.0*d*. £100 was spent on the boundary wall and the enlarging of the tanks. Labour cost an additional £100.7*s*.0*d*, with extra supplies coming to £4.16*s*.6*d*.[55] Work commenced six months later. Complaints arose again in June 1830 when two new tanks were ordered. Supplied by William O'Sullivan and costing £13.10*s*.7*d*., these tanks were to 'provide against the possible deficiency of water during a dry season.'[56] The governors agreed that this was a much cheaper solution than having to build new tanks at a later stage. After this work was completed, complaints regarding inadequate water provision lessened but did not decease.

The provision of water for bathing patients became a necessity by the late 1850s as the asylum required an 'immense quantity of water… both for culinary purposes and for hot and cold baths.'[57] These baths were not used for the purpose of cleaning the patient for the most part, but rather as a means of treatment. The only time a patient received a bath at LDLA was when they were first admitted: 'The first thing done when a patient is admitted is to put him into a tepid bath.' This meant that patients were never bathed save for when hot and cold baths were administered as a means of shock-treatment. Patients could only wash themselves in washrooms that were separate rooms titled 'washing-places' which consisted of a series of 'tubs… and towels.' Only in extreme cases when a 'necessity arises with dirty patients' that patients were washed in a bath. The inspectors were shocked by this: 'Are we to understand

[54] JPH, LDLA, Minute Book, 20 September 1827.
[55] JPH, LDLA, Minute Book, 20 September 1827.
[56] JPH, LDLA, Minute Book, 12 June 1830.
[57] *Report of the Commissioners of Inquiry into the state of the Lunatic Asylums and other institutions for the Custody and Treatment of the Insane I Ireland; with minutes of evidence and appendices*, Part II, Evidence and Documents, 1858.

that a patient never gets a bath except as a portion of the treatment of his case?'[58] Lavatories and water-closets for the patients were only being constructed during this period also. Prior to this, there was no 'regular privies' in the yards, but rather sheds.

The overuse of the asylum facilities during the second half of the nineteenth century due to overcrowding saw issues of ineffective water provision arise again. In July 1873, Governor Edward O'Brien recorded that one of the bathrooms required painting and repairs and complained that he found no water in the pipes even though it was evident that the bath 'had been very recently used.'[59] Issues with efficient water provision were similarly found at Carlow Asylum. In order to provide more water to Carlow Asylum, the governors decided in December 1888 to create a double supply of water; the first coming from the River Barrow to be used strictly for washing and other sanitary purposes whilst the second supply was similar to Baker's plans at LDLA. Creating a deep spring well was considered enough to provide the asylum with water for drinking and cooking. Work commenced in 1889, but as found in Limerick, these plans were altered. The governors ended up deeming these new plans as 'too costly and not urgent'. As a result, though some improvements were made, sanitation conditions remained problematic there due to an insufficiency of water.[60]

Ineffective sewage drainage and ventilation in various custodial institutions became the subject of major complaint in mid to late nineteenth century Ireland. Again, looking at North Dublin Workhouse, issues with poor ventilation arose, where the easy spread of disease affected high mortality rates. The dayroom of this workhouse was considered too small for its inmate population where each person had but 180 cubic feet of air and 'there are no means of affording sufficient ventilation without exposing the inmates to injurious currents of air.'[61] This was much the same at Carlow Asylum, which had an 'urgent' need for renovations in the 1870s, with a focus on water provision, as stated, but also on accommodation and ventilation.[62] The Lunacy Inspectors at this stage included Limerick's former RMS Edward Meziére Courtenay and George Plunkett O'Farrell, who took over from Nugent and Hatchell. Bringing a 'new

[58] *Report of the Commissioners of Inquiry into the state of the Lunatic Asylums and other institutions for the Custody and Treatment of the Insane I Ireland; with minutes of evidence and appendices,* Part II, Evidence and Documents, 1858.
[59] JPH, LDLA, Visitors Report Book, 20 July 1873.
[60] Cox, *Negotiating Insanity*, p. 229.
[61] Gerard O'Brien, 'Workhouse management in pre-Famine Ireland' *in Proceedings of the Royal Irish Academy: Archaeology, Culture, History, Literature*, Vol. 86C (1986), pp 113-134. (p. 129).
[62] Cox, *Negotiating Insanity*, p. 48.

energy' to the inspectorate, they were less complacent about poor conditions in Irish asylums. Much to the annoyance of those governing Carlow Asylum, they found this institution:

> Unprovided with the sufficient water supply, with its drainage system defective and obsolete, overcrowded, with insufficient accommodation and appliances for cooking and washing, with flagged stone in some parts, with wards meagrely furnished and devoid of all those comforts universally seen in modern public asylums, this institution must be looked upon as inferior to all other public asylums in Ireland, and calls for the serious consideration of all responsible for its management.[63]

The inadequate drainage system was blamed as cause for the spread of dysentery in Carlow in the 1880s.[64] A series of renovations was conducted, largely prompted by the new inspectors' report, which were commended in the 1894 reports. They referred to the re-decorated asylum as 'bright, cheerful, well-warmed and well-ventilated.'[65]

Similarly, the governing Board of LDLA were called upon to give 'immediate attention' to the 'sewage issue' as well as poor ventilation in the early 1870s.[66] Although a pump had been installed for the purpose of 'drawing the liquid manure from the sewer', it was found not to be in use. Spillane argued that the pump in question was 'dangerous' and should be removed.[67] After finding the earth closets in the male patient departments 'unsuitable' in July 1872, a formal committee was subsequently established amongst the governors to improve the conditions of ventilation as giving rise to 'close, unwholesome smells' due to the 'defective state of the drainage'.[68] The patients were blamed, again, for this where the governors and the inspectors used the habits of the inmates as the cause for poor odours.[69] In December 1872, a disinfectant was recommended, particularly in the cells of the refractory wards. Even though the windows were open and the rooms 'appeared to be clean', 'a close smell' was noticed by the governors in the male wards.[70] Despite finding the facility 'well-ventilated' earlier in the May 1873 report, the inspector later complained about poor ventilation. He compared this asylum to workhouses and requested the governors to be innovative, particularly when dealing with an institution for the insane. He argued that the odours were largely due to the patients themselves because of their illness. After talking to the head laundress, he reported that the clothes of some of the patients were 'so filthy as to cause sickness', deeming their 'neglected

[63] *Fortieth Report of Lunacy Inspectors*, H.C. 1890-91, xxxvi, p. 119. Referenced by Cox, *Negotiating Insanity*, p. 51.
[64] Cox, *Negotiating Insanity*, p. 228.
[65] Cox, *Negotiating Insanity*, p. 52.
[66] JPH, LDLA, Minute Book, 8 July 1872.
[67] JPH, LDLA, Visitors Report Book, 12 June 1873.
[68] JPH, LDLA, Visitors Report Book, 20 May 1873.
[69] JPH, LDLA, Visitor Report Book, 20 May 1873.
[70] JPH, LDLA, Visitor Report Book, 3 December 1872.

condition' to be strictly due to their insanity.[71] There is no evidence if the patients themselves or if relatives submitted complaints over this. No action was taken, but complaints continued to be submitted by various members of staff. On 7 October 1873, Spillane and O'Brien inspected the asylum with the RMS, Dr Courtenay. They reported that there continued to be 'a close smell, implying want of ventilation in the associated dormitories.' Again, the patients were blamed. Dr Courtenay attributed the poor ventilation to the 'dirty habits of some of the patients and the want of proper chamber utensils.' Governors O'Brien and Spillane deemed the ventilation in the female refractory cells as 'defective' and proposed: 'that the barred windows ought to be made to open as much as possible, with safety.'[72] Complaints of bad odours continued in May 1874 when Governor O'Brien reported that although he found the female side of the house 'clean and orderly… we perceived a close unwholesome smell in no. six ward, although the room was clean and the windows open.' The wet weather documented in May 1874 was also blamed for the unclean air as it supposedly affected the ventilation in the day rooms. Here, the patients ate their meals but 'the want of free air is still greater per person.'[73] As will be revealed later, the arguments surrounding the importance of clean, fresh air were prompted by the principles of the moral treatment regime, believing that proper ventilation and fresh air combined were attributable to curing the individual's affliction.

Patient employment

As early as 1758, William Battie published his work, *Treatise of Madness,* which reflected on his practices as the first resident physician at St. Luke's Hospital for Lunatics in London. Insisting that 'management did much more than medicine', patient employment and therapy were combined to become the prominent features of moral management practices as part of asylum culture.[74] French physician, Dominique Esquiral, supported this, stating that patient employment was a necessity to the 'intelligence and emotions in the treatment of mental alienation.'[75] The discussion of patient employment has led to much debate in recent scholarship, where such a practice has often been targeted by seminal works. Foucault openly condemned the ethos of patient labour at the York Retreat as a 'constraining power', the patient losing 'his liberty to the laws that are those of both morality and reality' all in the endeavour

[71] JPH, LDLA, Visitor Report Book, 13 May 1873
[72] JPH, LDLA, Visitor Report Book, 20 July 1873.
[73] JPH, LDLA, Visitor Report Book, 13 May 1873.
[74] William Battie, *A Treatise on Madness* (London, 1758), p. 68.
[75] Margaret A. Winzer, *The history of special education: from isolation to integration* (Washington, 1993).

to 'desalinate' the mind.[76] Szasz additionally criticized such practises, defining the nineteenth century large-scale mental institutions as agricultural and domestic enterprises.[77] He listed the various tasks commonly assigned to patients in asylums, regarding them as monotonous: 'laundry, cleaning the foul sections, polishing, office-cleaning, path-sweeping… gardening… preparing the vegetables, carrying round the laundry and the food, scrubbing the corridors, polishing the wards, making the beds, washing the dishes, cleaning the baths.'[78] Szasz added 'if the patients did not do the bulk of this work, it would not be done.'[79] All chores had to be completed daily. He contended that this whole system would have collapsed if patients were not employed, declaring that 'once a patient had become useful, the hospital was reluctant to discharge him, and he was probably unwilling to go.'[80] Again, it is here that it becomes apparent how important it is to assess these individual asylums as doing so exhibits the rationale behind patient employment at a local level.

Housing and caring for the local mentally ill was an expensive undertaking. The 310 patients recorded in LDLA in 1838 came with an annual cost per head at £15.1*s*.6*d* which had increased to £21.15*s*.4*d* by 1898.[81] For Limerick, it is irrefutable that patient employment was an economic necessity if the asylum was to succeed. The completion of these tasks remained crucial for the hospital to function, especially on the land and farms. Patients were unpaid initially, but rewards were sometimes given. As early as August 1828, matron Jackson ordered a suit of clothes for a male convalescent patient 'not exceeding three pounds' after repairing all the 'shoes of the House.'[82] Food and alcohol were also used as means of reward. Though wide-ranging, patient labour in many instances was strenuous, and over a long period of time, surely became monotonous. Initially, male patients worked daily on the farm where they grew vegetables and cared for the livestock. Men who were not working on the farm but were 'fit' for agricultural work were 'picking weeds, and so on.'[83] If able male patients were not working outside, they were encouraged to do work inside but there was 'not much occupation for the

[76] Foucault, *Madness and Civilisation* pp 247–8.
[77] Thomas Szasz, *The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement* (London, 1970).
[78] Thomas S. Szasz, *The Age of madness* p. 194.
[79] Szasz, *The Age of madness* p. 194.
[80] ibid.
[81] Lady Catterton, *Rambles in the south of Ireland during the year 1838*, 2 Vols. (Second edition, London, 1839), p. 229; *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1897*, p. 8.
[82] JPH, LDLA, Minute Book, 4 August 1828.
[83] *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 with Minutes and Appendices*, Part II. Evidence and Documents, 1858, p. 383.

men inside' as complained by the RMS in 1858.[84] Indoor occupations usually comprised white washing and cleaning the male side of the house. Working hours were quite long, particularly during the summer months. Patients would wake at seven-thirty in the morning and would 'retire' at seven in the evening. Work would finish earlier in the winter.[85] An Inspector's report on 24 March 1870 found many of the asylum patients at work but encouraged the employment of tradesmen in a position that related to their skill, with the hope that they could train in new patients:

> …very many of them are employed in the laundry and kitchen, as also in needlework and assisting in cleaning the House. The men are employed on the farm and elsewhere. I understand there are a number of tradesmen among the patients, I would suggest their being employed at tailoring and shoemaking – if attendants skilled in the above trades were in future employed as vacancies occurred, they could instruct patients and order them useful, besides giving occupation.

Following these recommendations, patients were employed accordingly by their skill. In 1858, 108 out of 173 female patients were working during this period, twenty-five at needlework whilst the others were cleaning the asylum and working in the laundry.[86] On 7 October 1873, Governors Spillane and O'Brien inspected the asylum with Dr Courtenay declaring 'we were also pleased to observe that five of the patients who were tailors by occupation were engaged in making clothing.' However, during this inspection, they did note that that there was no warder in charge and recommended that there be one at the next session: 'This, we considered dangerous, as these patients are furnished with scissors and we called Dr Courtenay's attention to this want of proper supervision, which he promised to remedy.'[87] With time, laundry and needlework were the leading occupations for female patients. As early as 5 March 1827, several female patients were employed at spinning at LDLA after six spinning wheels were purchased.[88] Spinning was strenuous where a great expectation was placed on the patients to work hard. In 1866 alone, female patients created 3,643 articles of clothing and repaired 13,474 more:

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[84] *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 with Minutes and Appendices*, Part II. Evidence and Documents, 1858, p. 383.
[85] *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 with Minutes and Appendices*, Part II. Evidence and Documents, 1858, p. 383.
[86] *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 with Minutes and Appendices*, Part II. Evidence and Documents, 1858, p. 383.
[87] JPH, LDLA, Minute Book, 7 October 1873.
[88] JPH, LDLA, Minute Book, 5 March 1827.

Figure 4.2: Work completed by female patients during the year ended 31 December 1866:

Made:	**Repaired:**
400 shirts	500 jackets
240 sheets	601 pairs of trousers
364 chemises	276 waist coats
180 gowns	571 shirts
162 petticoats	244 sheets
310 caps	167 blankets
498 aprons	134 bed ticks
89 bed ticks	149 bolsters
124 bolsters	800 gowns
24 tablecloths	921 chemises
12 bath towels	621 petticoats
13 rollers	214 caps
604 pairs of stockings	281 aprons
623 pairs of socks	10 tablecloths
	47 shawls
	3814 pairs of stockings
	4124 pairs of socks

Source: *Report of the LDLA for the year ended 31 December 1866*, submitted by RMS Robert Fitzgerald.[89]

Though attendants had formerly been employed at the laundry, this practice was stopped in 1858 by order of RMS Robert Fitzgerald 'in consequence of the insufficiency of the attendance.'[90] It was ordered that this work be conducted by the patients only thereafter. The asylum was housing roughly 450 patients by the end of 1866. Seventy patients had been admitted that year, thirty-one male and thirty-nine female. Thirty-seven patients were discharged that same year and were identified as cured discharges.[91] Precise discharge rates have proven complex to uncover. Still, with a general idea of asylum rates for this year, these figures are indicative. On arrival, the patients' clothes were taken to the laundry to be cleaned and if need be, repaired. Knowing that only seventy patients were admitted in 1866, yet 13,474 articles of clothing were repaired, suggests that perhaps not all work being conducted at this laundry was strictly for the asylum's use, though no record exists of sourcing this section of the asylum, compared to other Irish custodial establishments then or since this period.[92] With

[89] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1866*, submitted by RMS Robert Fitzgerald.
[90] *Report of the commissioners of inquiry into the state of the lunatic asylum in Ireland 1858*, Part II, Evidence and Documents, p. 386. This suggests that domestic staff exercised a good deal of agency.
[91] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1866*, submitted by RMS Robert Fitzgerald.
[92] Other custodial institutions such as Magdalen Laundries and Industrial Schools were known for having inmates provide free labour, labour that was sourced from outside bodies. See – Miryam Clough, *Shame, the Church and*

that being said, despite the considerable work done in creating and fixing clothing for the asylum, it still was not enough to serve the full asylum population. In 1858, though this establishment was able to 'make up all the female clothing,' clothes for male patients still had to be purchased. This was possibly because there was only one tailor at the asylum at this stage and no shoemaker.[93]

Laundry work was much the same as spinning and the hours for both were very long. 8,000 articles of clothing were washed in 1897 alone by the patients, with the laundress supervising them.[94] Again, there is no record of this laundry being used as a business, but these numbers are similarly telling. Though this seems likely, it could also be the case that the wet and dirty patients required constant changing, as did their bedlinen. It is also uncertain if any more improvements were made to this laundry at this time.[95] Laundry work commenced at six o'clock in the morning and patients were not free to finish until eight o'clock in the evening. This meant that working hours had been extended considerably since the 1850s. These long hours were deemed 'unacceptable' by Dr O'Neill.[96] What is more, the asylum laundry by the 1870s was found to be in so bad a condition that it was dangerous for the patients working there: 'falling to pieces and considering the number of persons all day in the drying or working rooms could prove fatal.'[97] Efforts to improve laundry facilities are evident. As early as 1849, Architect James Pain,[98] was employed to investigate the viability of the steam being used to heat the water for the laundry in the hope that they could reduce the cost of coal.[99] Years later, the governors of LDLA visited Carlow Asylum and the Good Shepherd Laundry in Limerick between 1893 and 1894 in order to assess how the laundry could be improved. Wooden troughs were being used to wash clothes at LDLA whereas Carlow Asylum had been reportedly benefiting from the use of enamel troughs.

In December 1866, 226 male patients were recorded inhouse with fifty-six of them employed. They were usually set to work on the farm as well as cleaning the asylum. This meant that, on a daily average, nearly 25 per cent of the male patients were employed at LDLA,

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the Regulation of Female Sexuality (Oxford, 2017). Revealing the abuse in Ireland's industrial schools, particularly directed at children, see – Sarah-Anne Buckley, *The Cruelty Man: Child Welfare, the NSPCC, and the State in Ireland 1889-1956* (Manchester, 2013).

[93] *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 with Minutes and Appendices*, Part II. Evidence and Documents, 1858, p. 383.

[94] *Report of the Limerick District Lunatic Asylum for the year ended 31 December 1897*, p.7.

[95] *Limerick Leader*, 15 December 1893; 17 January 1894; 14 March 1894.

[96] *Report of the Limerick District Lunatic Asylum for the year ended 31 December 1897*, p.7.

[97] JPH, LDLA, Visitor Report Book, 29 July 1871.

[98] David Lee, Debbie Jacobs (eds.), *James Pain, architect* (Limerick Civic Trust, 2005), p. 327.

[99] JPH, LDLA, Minute Book, 3 September 1849.

whilst there was a higher rate of female patient employment, nearing 58.5 per cent. As evident in Figure 4.3 below, 128 out of 219 female patients were assigned to domestic duties for that year which included cleaning the asylum, working at the laundry, knitting and needle work.[100] Forming a conclusion on why more women were working at LDLA has proven difficult, especially when admission rates are largely on par throughout the nineteenth century between male and female patients. It is possible though that there were simply more domestic jobs available at LDLA that would have been considered more suitable for female patients. Domestic duties such as laundry, cleaning, cooking and sewing were all essential to the endeavour of the asylum becoming self-sufficient. Though gaps in the asylum records have made it difficult to form a conclusion on gender bias concerning working life for the patient at LDLA,[101] what is evident are the duties assigned to the patients of LDLA:

Figure 4.3: Return of occupations assigned to male and female patients (daily average) during the year ended 31 December 1866:

Male		**Female**	
Garden labour	2	Needle work	35
Agricultural labour	30	Knitting	34
Tailoring work	1	Assisting in laundry	18
Carpentry	1	Cleaning House	18
Cleaning House	14	Miscellaneous	23
Miscellaneous	8		
Total employed	56	Total employed	128
Male Population	**226**	**Female Population**	**219**

Source: *Report of the LDLA for the year ended 31 December 1866*, submitted by RMS Robert Fitzgerald.[102]

In identifying such gender bias, Walsh centres on this potential bias in both the public and private asylum setting in her book chapter 'Gender and Insanity in Nineteenth Century Ireland'.[103] She investigates if institutionalisation favoured male or female patients concerning admission, treatment, recovery and release. The Famine of mid-nineteenth century Ireland

[100] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1889*, table xxxi, p. 31.
[101] Admission rates of male and female patients were mostly the same throughout the nineteenth century and the differences that do exist in these rates regard a very small number at LDLA. Out of seventy admissions in 1866 alone, nearly 56 per cent of these were female patients, thirty-nine women and thirty-one men. Therefore, drawing conclusions on if labour affected admission has proven difficult to ascertain. *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1866*, submitted by RMS Robert Fitzgerald.
[102] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1866*, submitted by RMS Robert Fitzgerald.
[103] Evidence of gender bias can additionally be revealed in the use of the 1838 Dangerous Lunatic Act, as will be discussed in Chapter Five. See - Oonagh Walsh, 'Gender and insanity in nineteenth century Ireland' in Jonathon Andrews, Anne Digby, (eds.), *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry* (New York, 2004), pp 69 – 92.

resulted in a considerable alteration in what were 'traditional Irish patterns of marriage, inheritance and social custom.'[104] This is supported by Buckley who determines that geographical location also impacted gender balance during the mid-nineteenth century:

> In the post- Famine period, there was a growing imbalance in gender ratios, as the excess of females in more urbanised and industrialised regions in the east was mirrored by a surplus of males in the rural west. Gender changes were influenced by employment opportunities and emigration, and they are important for what they reveal of family life, inward and outward migration, the availability of marriage partners, the sexual division of labour, and the celibacy rate.[105]

As Walsh has documented, a shift in the system of property inheritance after the Famine resulted, for many young men and women, in the unenviable choice of emigrating or remaining in Ireland as a landless labourer:

> In theory, these changes in land inheritance should have had the most negative effect upon women, since after 1850 their chances of inheritance were greatly reduced... however… they appear to have adapted to, and indeed exploited, the options open to them in a more vigorous manner than their brothers. The most dramatic of this was, of course, emigration.[106]

Preparing for this life of 'relative mobility' saw women as more psychologically resilient than men, Walsh contends, and her arguments are supported by the records of Ballinasloe Asylum. This establishment was 'filled' with young single men, who would have been otherwise marrying and raising families. Between the years 1850 and 1880, male admissions consistently outnumbered those of women, sometimes forming over 60 per cent of the inpatient population.[107]

By the turn of the twentieth century, male and female able-bodied patients of LDLA were employed as tailors, shoemakers, painters, carpenters, whilst others were appointed to organise clothing and bedding which was highly commended by those governing: 'Considerable attention appears to be paid to industrial occupation with advantageous results. All the clothing and shoemakers work required for the inmates including attendants, being done on the premises.'[108] This reaffirms how economically important patient labour was to the asylum. Interestingly, when looking at the profiles of some of these patients employed, many

[104] Walsh, 'Gender and insanity in nineteenth century Ireland' p. 69.
[105] Sarah-Anne Buckley, 'Women, Men and the Family, c.1730-c.1880' in James Kelly (ed), *The Cambridge History of Ireland,1730-1880*, vol. 3, (Cambridge, 2018), p. 253. (pp 231-254).
[106] Walsh, 'Gender and insanity in nineteenth century Ireland' p. 69-72. See also Johanna Bourke, "The Best of All Home-Rulers': The Economic Power of Women in Ireland, 1880-1914' in *Irish Economic and Social History*, Vol. 18, (1991), pp 34-47. In examining Irish women who immigrated in the nineteenth century, see – Hasia R. Diner, *Erin's Daughters in America: Irish Immigrant Women in the Nineteenth Century* (New York, 1983).
[107] Walsh, 'Gender and insanity in nineteenth century Ireland' p. 72.
[108] JPH, LDLA, Visiting Report Book, 3 March 1880.

of these tasks largely mirrored their previous occupations before entering the asylum, as indicated in Figure 4.4:

Figure 4.4: Occupation of patients of LDLA on 31 December 1866 prior to admission:

Previous Occupation	**Male**	**Female**	**Total**
Labouring Class	145	44	189
Farming	9	-	9
Domestic Servants	1	38	39
Clerks	2	-	2
Shopkeepers	5	4	9
Tailors and Seamstresses	4	5	9
Artisans	2	-	2
Painters and Glaziers	1	-	1
Smiths and Workers in Metals	1	-	1
Masons and Bricklayers	1	-	1
Carpenters	4	-	4
Shoemakers	3	-	3
Hatters	1	-	1
Factory workers	1	-	1
Victuallers	3	-	3
Pedlars and Hucksters	1	5	6
Lawyers	-	-	-
Medical Men	2	-	2
Members of Religious Communities	1	-	1
Students and Teachers	5	2	7
Soldiers* and Pensioners	10	-	10
Police	2	-	2
Revenue Officers			
Sailors	1	-	1
Publicans	1	-	1
Various Employments	-	-	-
Total	**208**	**98**	**306**
No occupation or unknown	18	121	139
Total	**226**	**219**	**445**

Source: For a brief commentary on soldiers housed at LDLA, see Appendix G. *Report of the LDLA for the year ended 31 December 1866,* submitted by RMS Robert Fitzgerald.[109]

When looking at the occupational context of the time, most patients in Irish lunatic asylums were either dressmakers (241) and farmers (550) and 2,446 more were listed as farm servants and laborers before entering the asylums in 1861.[110] This was the same for Limerick, as Figure

[109] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1866*, submitted by RMS Robert Fitzgerald.
[110] *Census of Ireland* 1861, table III

4.4 demonstrates that 44.49 per cent of patients came from labouring and farming backgrounds in 1866. Though Finnane argues in relation to asylum work that 'the degree of its efficacy was always unknown, the governors deemed it beneficial for the patients' affliction, believing it be less of a shock to the individual if asylum life was similar to their lives previous to admission.[111] What is certain is that this asylum could not have functioned in the employment of its patients as running an asylum was a very expensive undertaking. The expenditure for LDLA during the first year of its opening amassed to £2402.1*s*,10*d* which increased by nearly a thousand pounds by the following decade, as indicated in Figure 4.5:

Figure 4.5: Return of expenses and maintenance for LDLA from 1828 to 1833

Year	Expenses
1828	£2402. 1*s*, 10*d*.
1829	£2672. 8*s*, 11*d*.
1830	£3142. 5*s*, 6*d*.
1831	£3094. 16*s*, 3 ½*d*.
1832	£3194. 2*s*, 9*d*.
1833	£3391. 12*s*, 1*d*.

Source: JPH, LDLA, Minute Books 1-4.[112]

Similar to many other institutions of its kind, expenditure was largely accounted for by salaries, clothing, furniture, fuel, medicine but also the cost of the asylum building and extensions.

Figure 4.6: Components of expenditure in Irish District Lunatic Asylums, 1861-1911:

Year	Salaries	Provisions	Clothing	Furniture	Fuel	Medicine	Other
1861	19.5	41.6	8.9	5.2	7.0	3.6	14.2
1871	18.4	39.1	7.6	4.3	6.2	2.2	22.2
1881	21.4	41.7	9.1	4.6	6.2	2.2	14.8
1891	19.5	38.4	9.7	6.0	7.7	1.6	17.1
1901	17.8	32.5	7.5	4.1	9.3	1.0	27.8

Note: Furniture included bedding; medicine included wine, beer and spirits; 'other' included building maintenance, superannuation payments, postage, etc.
Source: Annual reports of the inspectors of lunatics; Mark Finnane, *Insanity and the Insane in post-Famine Ireland* (London, 1981), Appendix, Table C, p. 229.[113]

What is interesting about this Figure is the consistent decrease of expenditure regarding medicine, which will be examined later in this chapter. With such costs, patient labour was thus

[111] Finnane, *Insanity and the insane* p. 201.
[112] JPH, LDLA, Minute Books 1-4.
[113] *Annual reports of the inspectors of lunatics*; Finnane, *Insanity and the insane,* Appendix, Table C, p. 229.

an essential asset to asylum life that helped cover the various components of Irish asylum expenditure. Evidence of financial profit was quite similar on the farm, where again, patients were assigned to do most of the work.

In the parallel farming history of Carlow Asylum, it became increasingly clear to those governing that the farm was an extremely valuable source of income. All in the endeavour to become 'self-sufficient', Cox found the governors eager to purchase additional land in order to expand the farm.[114] This was much the same for Limerick as land was purchased as an addition to 'our village and garden grounds' on 22 September 1834. Those governing LDLA rationalised the need to purchase additional land in order to create comfort, 'support, employment and recreation' for the 'increased and increasing number of patients.' At this stage, LDLA occupied seven and a half acres but this was believed insufficient as only two acres were available for cultivable purposes due to the remainder being taken up by buildings and their appurtenances.[115] LDLA saw many extensions and land purchases over the course of the nineteenth century. In August 1894, the Board of Control welcomed the proposal to purchase extra land, stating that the patients from the county of Limerick, in particular, would benefit from agricultural occupation. The additional acres provided more space for patient employment and recreation where soon an array of potential occupations was made available for the patients, all of which were greatly needed for the asylum to function. Appearing 'well cultivated'[116] in 1873, the farm and gardens employed sixty male patients and in 1897, the farm provided an income of £424.19*s*.6*d*.[117] Trees were ordered for the asylum garden including 'apples, plumbs, pears and cherries.'[118] Producing milk, meat and vegetables from the land, the asylum patients reportedly benefited greatly from self-sufficiency which also included the animals that grazed. According to the *Limerick Leader*, fifteen milch cows produced up to 180 quarts a day for the asylum during this period.[119] However, as indicated in Figure 4.6, running the asylum came with a great cost so the profit of the farm never even came close to covering the expenditure of this institution.

[114] Cox, *Negotiating Insanity* p. 213.
[115] JPH, LDLA, Minute Book, 22 September 1834.
[116] JPH, LDLA, Minute Book, 21 February 1873.
[117] *Report of the Limerick district lunatic asylum for the year ended 31 December 1897*, table xxvi, p. 37.
[118] JPH, LDLA, 5 November 1827.
[119] *Limerick Leader*, 15 June 1898.

Activities

Within the therapeutic arsenal of the moral treatment regime, it remained essential to keep the patient engaged and entertained, thus becoming an intrinsic part of asylum life. The moral treatment regime saw a more 'humane' approach to care where McCallum concludes that it worked well for the 'reasonable' lunatic: 'the practice of moral management allowed for the invention of a group in the asylum population who were responsive to the more reasonable and humane treatment.'[120] Structure was, therefore, key to the patients' care, so though their employment was highly encouraged, the daily routine saw many also engaged with a variety of activities including sport, music and religion. [121]

Sport and recreational activities for patients at this period largely comprised walks in the grounds, mainly the airing yards, as 'fresh air was considered so important in the restoration and maintenance of health.'[122] In early 1845, the Inspectorate commended the busy lifestyle of patients at LDLA: 'the greatest attention [being] paid to the employment, instruction and amusement of the patients.' An Inspector regarded the airing yards of the asylum as 'tastefully planted, which I consider a great improvement, as otherwise they present a very dull cheerless appearance.'[123] He found a 'great variety' of patients out walking the grounds and it was reiterated how important such a practice was for their health and wellbeing: 'I was much pleased in seeing so many busily and cheerfully engaged on the grounds, which appeared to be kept in excellent order, and the different walks were laid out and planted in the neatest style.'[124] As the benefits of fresh air were considered to be of great therapeutic advantage, Governors Spillane and Callaghan continued to promote outside activities for the Limerick patients where they worked accordingly with the Commissioner's recommendations. This, again, created much aggravation for the other governors. On 13 August 1872, Spillane reported that the weather in recent times had been quite good. However, patients were not outside that day nor had they been for quite some time: 'from the appearance of the fields, we consider that the patients cannot have used them very frequently this season.'[125] He complained again on 28 August: 'This day is beautiful, and the fields are as dry' and yet, patients had not 'vacationed in the fields.'[126] As remedy, improvements were noted. In May 1873, a large number of the

[120] David McCallum, *Personality and Dangerousness: Genealogies of Antisocial Personality Disorder* (Cambridge, 2001), p. 67.
[121] *Report of the commissioners of inquiry into the state of the lunatic asylum in Ireland 1858*, part 11, appendix A, no. 22.
[122] *Report of the commissioners of the year ended 1845*, Appendix no. 1., p. 31.
[123] *Report of the commissioners of the year ended 1845*, Appendix no. 1., p. 31.
[124] *Report of the commissioners of the year ended 1845*, Appendix no. 1., p. 31.
[125] JPH, LDLA, Visitor Report Book, 13 August 1872.
[126] JPH, LDLA, Visitor Report Book, 28 August 1872.

'harmless female lunatics' were found 'amusing themselves in the field…the hay having…been saved.'[127] In May 1874, whilst some male patients were found painting, cleaning and whitewashing the asylum's walls, female patients were playing outside. These patients were found in the exercise grounds and 'seemed to be enjoying themselves in a quiet and orderly manner.'[128] Though patients were reportedly outside more regularly, they were not engaged in enough outside activity due to a lack of seating: 'Quiet female patients were occupying the airing-court… we observed that there were no seats in this yard and we recommend that some wooden moveable forms be provided.'[129] Spillane complained in another report that male patients were lying on the grass because 'they have no seats', but as it had been raining the day before, 'they were liable to get ill.' As remedy, he proposed that the patients be permitted to walk on a nearby 'shady walk which is on the grounds.' This had originally been against the asylum rules as they were not 'permitted to use it no matter how glaring the sun may be.' He continued:

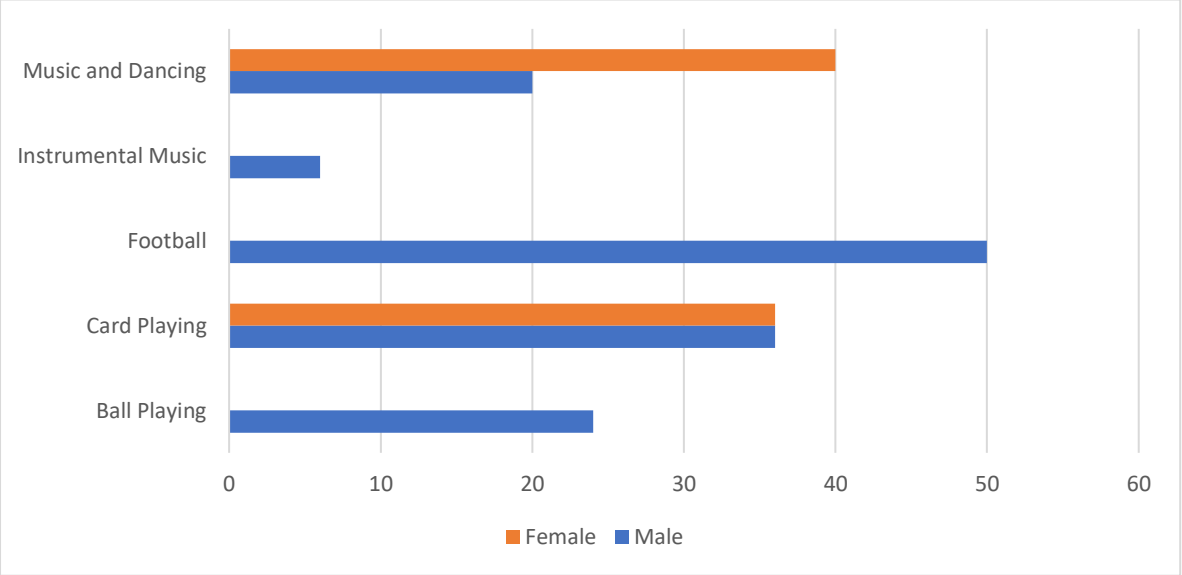
> The grounds here…are for their use and benefit and they should not be prevented to do so… there is very little shade in any other part of the grounds, hence the necessity for allowing them on the days while shade can be had. There are no males confined to bed. There are three females sick and these are in bed.[130]

There were issues with seating inside the asylum too. As patients were often found walking up and down the corridors, it was noted that there were no benches or seats available. Instead, they were placed in the dayrooms.[131] Methods of exercise and various sporting activities changed accordingly with time. By 1866, ball-playing and football were introduced for the patients where teams were setup, as demonstrated in Graph 4.1 below. It was recorded on 24 March 1874 that the male patients were ball playing and 'seemed to play well, others taking walking exercise.' The governors watched a football game played by patients and noted that when the game was over, 'one of the players asked for a little tobacco and Dr Courtenay said he should have it.'[132] Male patients largely joined in the sporting activities, but this changed with time, sports teams being established for both male and female patients by the mid twentieth century. However, weather played a major role on outside activities. When the weather was bad, patients obviously could not go outside. This meant that patients would 'go for days without fresh air

[127] JPH, LDLA, Visitor Report Book, 20 May 1873.
[128] JPH, LDLA, Visitor Report Book, 5 May 1874.
[129] JPH, LDLA, Visitor Report Book, 26 August 1873.
[130] JPH, LDLA, Visitor Report Book, 8 July 1873.
[131] *Report of the Commissioners of Inquiry into the State of the Lunatic Asylum in Ireland,* part II, Evidence and Documents,1858, p. 384.
[132] JPH, LDLA, Visitor Report Book, 24 March 1874.

and exercise,' as complained of by Inspector George Plunkett O'Farrell in 1897.[133] Wet days proved to be quite monotonous at LDLA. As most of the occupations available for men were based outside, men usually engaged in 'playing cards and some reading' with very little else to do.[134]

Graph 4.1 Activities that patients engaged in at LDLA, 1866:



Source: *Report of the LDLA for the year ended 31 December 1866*, submitted by RMS Robert Fitzgerald.

Music additionally featured in asylum life with twenty males and forty females engaged in music and dance, and six male patients learning how to play an instrument. Patients were learning how to play the flute and the violin by the 1850s at LDLA.[135] Inspector White encouraged music in lunatic asylums as it proved 'highly beneficial to the patient': 'I have observed the good effects of music on the insane, and I particularly remember one case where restoration to reason was most certainly owing to the influence of music.'[136] Belfast District Lunatic Asylum also encouraged music as an activity along with dance and ball playing a few years after opening.[137] The establishment of a musical band was encouraged at LDLA in March, 1870 where participants could learn how to play music instruments in a group. Though musical instrument training was already in practice for the patients, setting up an asylum band was

[133] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1897*, p. 14.
[134] *Report of the Commissioners of Inquiry into the State of the Lunatic Asylum in Ireland,* part II, Evidence and Documents,1858, p. 384.
[135] *Report of the Commissioners of Inquiry into the State of the Lunatic Asylum in Ireland,* part II, Evidence and Documents,1858, p. 384.
[136] *Report from the commissioners for the year ended 31 December 1844*, Volume 26, p. 21.
[137] *Report of the commissioners of inquiry into the state of the lunatic asylum in Ireland 1845*, Appendix 1., vol 34, p. 15.

thought productive for both staff and patients: 'other like institutions have them and much benefit is produced, and the medical officers have reported most favourably on their soothing effect.'[138] By the 1860s, Cork Asylum had an excellent orchestra where attendants were often employed, strictly on the basis of their musical abilities. In fact, the employment of an asylum tailor was delayed for some time as the governors could not find someone with suitable musical qualifications. Music was such an intrinsic part of asylum life in Cork that RMS James A. Eames put on a very well attended show in the late 1800s. The concert, based on Gilbert and Sullivan's operetta 'Patience', was performed on two consecutive evenings. Roughly 1,500 people attended, including five hundred patients. The production received a 'glowing review' in the *Cork Constitution*.[139] Dances were additionally a big deal to the patients in lunatic asylums. As found at Ennis District Lunatic Asylum, which opened in 1868, dances were held on a weekly basis for two hours where music was provided by a local musician or band and it was not uncommon for people outside the asylum to attend such events, a practice which remained well into the twentieth century.[140]

Reading, games and activities were also largely encouraged. Patients usually read the periodicals and newspapers if provided. There were between eight and ten books at the asylum by the end of the 1850s: 'They get books from time to time, but it is impossible to keep them together; they knock them about and tear them.'[141] Though encouraged, activities were not always provided to the patients. On 22 March 1872, the patients complained that they had not received the papers that day.[142] The day room was found 'comfortless in the extreme' so 'the introduction of some games' was encouraged by the Inspector when he noted 'a sincere lack of amusement for the patients.' He added that it would be beneficial to add some 'cheap pictures of birds and flowers' to the walls.[143] There was no school at the asylum, though the setup of one was encouraged in the mid-nineteenth century. However, the proposed schooling was to act as a means of instruction regarding occupation. When asked his opinion on how beneficial this practice could be, RMS Fitzgerald replied: 'I think it would be very desirable, but at the same time, I think very few would avail themselves of it… There is, generally speaking, the greatest disinclination on their part to study; there are, of course, a few

[138] JPH, LDLA, Visitor Report Book, 24 March 1870.
[139] Kelly, *Hearing Voices*, p. 148.
[140] *Limerick Leader*, 26 July 1893.
[141] *Report of the Commissioners of Inquiry into the State of the Lunatic Asylum in Ireland,* part II, Evidence and Documents,1858, p. 384.
[142] JPH, LDLA, Minute Book, 22 March 1872.
[143] *Twenty-first report on the district, criminal and private lunatic asylums in Ireland*, H.C. 1872, p. 8.

exceptions.'[144] There does not appear to be much discussion surrounding the setting up a 'school' after this. With time, improvements were made to provide more activities for the patients. Days out were organised for the Limerick patients where in 1897, it was recorded that ninety patients were brought to Hill's Travelling Circus.[145]

Employed for its curative and calming powers under the moral treatment regime, the history of religion and its practice at LDLA should not be underestimated. Largely concerned with the spiritual state of the patient, the practice of religion was as important at the York Retreat 'as sensationalist philosophy or medical thought to the development of moral management.'[146] Tuke's York Retreat derived from both a moral and religious motivation.[147] Pinel on the other hand did not concur as to the significance of religion in the purpose of care and advocated that:

> Religious opinions in a hospital for the insane must be considered only in a strictly medical relation, that is, one must set aside all other considerations of public worship and political belief and investigate only whether it is necessary to oppose the exaltation of ideas and feelings that may originate in this source, in order to effect the cure of certain alienated minds.[148]

Irish practitioners such as Richmond Asylum's Thomas Jackson and Cork Asylum's William Saunders Hallaran established moral care regimens in Ireland where religious practice was equally considered significant to the patient's care. Hallaran played a key role in the development of humane approaches to the mentally ill by 'promoting the idea of speaking with each patient as an individual human being.'[149] His book *Enquiry into the Causes producing the Extraordinary Addition to the Numbers of Insane* was published in 1810, revealing the methods of moral practice he applied on his Cork patients.[150] He, in particular, promoted the combined use of employment, effective management, classification and religion as a means to subdue the

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[144] *Report of the Commissioners of Inquiry into the State of the Lunatic Asylum in Ireland,* part II, Evidence and Documents,1858, p. 384.
[145] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1897*, p. 8.
[146] Reuber, 'Moral management,' p. 211.
[147] Foucault, *Madness and civilisation* p. 243.
[148] Philippe Pinel, *Traité médico-philosophique sur l'aliénation mentale* (Paris, 1801), p. 265
[149] Kelly, *Hearing Voices* p. 33.
[150] The second edition of which was published in 1817. See - B.D. Kelly, 'Dr William Saunders Hallaran and the psychiatric practice in nineteenth-century Ireland' in *Irish Journal of Medical Science* vol. 177 (2008) pp 79-84. What is interesting about Hallaran's medical literature is that the 1770s saw it feature in various pamphlets and local newspapers. Accessible throughout Ireland for public consumption, this continued well into the nineteenth century. The 1810s saw significant coverage in the *Freeman's Journal* of not only Hallaran's, but Pinel's and Tuke's work on lunatic treatment regimes. See - *Freeman's Journal*, 28 October 1818; *Freeman's Journal*, 12 May 1815; *Freeman's Journal*, 18 October 1817

'imaginations of the insane.'[151] Religious services were thus deemed important to the therapeutic regime under his direction. Roman Catholic and Protestant religious services subsequently became an important part of asylum life at Cork and in turn, LDLA.

Similar to Ballinasloe Asylum, the governors of LDLA were slow to construct a chapel.[152] The delays to this were largely due to financial constraints. As will be revealed shortly, Ballinasloe's reasoning was different. Though a supply of altar requisites and religious books were purchased for LDLA in 1858, the asylum's church for the Roman Catholic patients was not built until 1863. Designed by architect Fogarty, the new building cost £700. Before this, the asylum carpenter, with the help of two patients transformed one of the workrooms to act as a Roman Catholic chapel 'with a handsome alter, tabernacle, railing seats etc.'[153] Carlow Asylum's chapel was built in 1874, designed by George Wilkinson. Carlow's gothic structure had two entrances, built for the purpose of catering for both Catholic and Protestant worship but it was used for Catholic worship only: 'The reluctance to provide facilities for Protestant services was partly due to the small number of Protestant patients in the asylum.'[154] This was the same for LDLA. In August 1896, the Board of LDLA discussed the prospect of building a small chapel for the Church of Ireland patients. Dean Bunbury rejected the proposal as it was to be built near the entrance of the Turkish baths.[155] As a place of worship, it was not to be based near a treatment zone. Instead, the Board agreed to have the chapel incorporated into a new building that was being built for thirty patients. They agreed to spend £200. However, this proposal was not necessarily rejected but rather not implemented. Instead, the governors' boardroom was allocated as a place for the Protestants to worship.[156]

The 1840s saw the appointment of asylum chaplains and this development was considered to be of great benefit. RMS Fitzgerald told the Inspector: 'I think the probability is, that they tend to soothe the minds of the patients in some measure... I have seen no injurious effect from it in this House.'[157] Manager Jackson stated in 1845 that 'with regard to the moral management of the patients… to such of the patients as are capable of appreciating its

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[151] *Sixth report of Prison Inspectors*, H.C. 1824, XXII, p. 11. Referenced in Cox, *Negotiating Insanity*, p. 208.
[152] In the context of religious practice at Ballinasloe Asylum, Walsh revealed how religious tensions affected life at the asylum, largely regarding the building of an asylum chapel and differing rates of Protestant and Catholic patients. See – Oonagh Walsh, "The Designs of Providence': Race, Religion and Irish Insanity' in Bill Forsythe, Joseph Melling (eds), *Insanity, Institutions and Society, 1800 – 1914: A Social History of Madness in Comparative Perspective* (London, 1999), p. 228. (pp 223-242).
[153] *Report of the Commissioners into the State of Lunatic Asylums*, Vol. xxii, 1846, p. 22.
[154] Cox, *Negotiating Insanity*, pp 215-216.
[155] The use of Turkish baths will be dealt with later in this chapter.
[156] JPH, LDLA, Minute Book, 24 February 1863.
[157] *Report of the Commissioners of Inquiry into the State of the Lunatic Asylums in Ireland*, H.C. 1858, part II, Evidence and Documents, p. 387.

advantages, this has given indescribable satisfactions; and it is truly edifying to witness the attention, decorum, and devotion with which they assist at the solemn offices of religion. How far it may conduce to accelerate or facilitate the progress of recovery, is a question that time alone will practically illustrate.'[158] The asylum's first Protestant Chaplain, Reverend Jacob, was employed in 1844. He explained how religion was very important to the patients, adding that he found them calmer after attending religious services. He told how one patient, Mrs. H. was dying and 'thinking she was not likely again to see me, she said – "I wish, Mr. Jacob, before you go, to thank you, not only for your attention to me during this my illness, but also for your attention to me during many years." She seemed to feel very much, thinking she was not likely to see me again.'[159] Reverend Jacob usually attended to the patients on Sundays, on one weekday and in 'any special case.' He had earlier suggested visiting the patients occasionally but one of the asylum governors rejected the offer in case it 'would unsettle their minds.'[160] Reverend Malone was the Roman Catholic Chaplain and both he and Reverend Jacob were employed on an annual salary of £50.0*s*.0*d*.[161] Reverend Jacob was succeeded by Reverend T. Meredyth in 1884 on the same salary. Reverend Malone was succeeded by Reverend William Higgins in February 1887[162] who in turn was succeeded by Reverend George Quain in 1890, both at a wage of £75.0s.0d.[163] The higher wage for the Roman Catholic Clergy was because the congregation was larger. As identified in the list of governors in Figure 2.1, there were more members of the clergy sitting on the governing board at LDLA in the earlier years than there was by the closing decades of the 1800s. However, the turn of the nineteenth century saw an increased involvement of members of the clergy on other asylum boards, as found at Cork and Carlow Asylums.[164] This prompted a sense of fear amongst those governing Ballinasloe Asylum in the 1880s. According to Walsh, the governors were 'fearful of establishing a permanent Catholic Base within the asylum [as it could] lead to a Catholic take-over of the institution itself.'[165] As determined by Kelly, 'notwithstanding these local

[158] *Report of the Commissioners into the State of Lunatic Asylums*, Vol. xxii, 1846, p. 23.
[159] *Report of the Commissioners of Inquiry into the State of the Lunatic Asylums in Ireland*, H.C. 1858, part II, Evidence and Documents, p. 394.
[160] *Report of the Commissioners of Inquiry into the State of the Lunatic Asylums in Ireland*, H.C. 1858, part II, Evidence and Documents, p. 394.
[161] *Report of the commissioners of inquiry into the state of the lunatic asylums in Ireland*, H.C. 1858, part 11., p. 395.
[162] JPH, LDLA, Minute Book, 15 February 1887.
[163] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1893*, table xxi, p. 26.
[164] Kelly, *Hearing Voices*, p. 109.
[165] See – Walsh, "The Designs of Providence': Race, Religion and Irish Insanity' pp 223-242.

developments, the Roman Catholic Church never attained, or sought, a dominant, national position in mental health care similar to that it assumed in general healthcare and education.'[166] Those working at LDLA believed that religion had a significant impact on the patients' wellbeing. Limerick's chaplains told how religious services had a beneficial effect on the patients, and this was actually supported by the asylum's medical staff there.[167] In 1858, RMS Fitzpatrick told one of the inspectors that 'I look upon it as a great advantage.'[168] The Inspectors of Lunatic Asylums supported this stating that the less convalescent patients 'appeared to have derived some benefit from religious advice and instruction.'[169] Similar to Carlow Asylum, convalescent patients and those selected by the asylum's RMS were permitted to attend mass. Certain patients were not allowed attend in case it would 'excite' them.[170] The role of religion proved most controversial at Ballinasloe Asylum. In 1837, five years after opening, authorities at this establishment questioned the impact it would have on patients. Though the ministers there argued that religion was 'crucial in assisting recovery, asylum authorities feared the effect which religious ritual might have on already distressed imaginations.'[171] Still, in implementing similar procedure, the impact of worship was substantial to the individual, and even affected admission into a lunatic asylum. As revealed in Philippe R.'s case noted in the beginning of this chapter, 'Religious Scarcity' was recorded as the species of his illness and this was the case for many at LDLA.[172] Eighty-six patients were recorded as suffering from 'melancholia religious' at LDLA in 1866, making up nearly thirty-five per cent of an inhouse population of 445 persons. Three individuals had been admitted for this disease in that year alone. By way of comparison, thirty-three patients were described as suffering from religious delusions, enthusiasm, depression, mania and zeal at Carlow Asylum between 1832 and 1922.[173]

The impact that religion had on the patients themselves is difficult to ascertain, save for a few quotes, but relatively high numbers of attendance were recorded throughout which is instructive. In 1856, out of 304 patients, roughly half 'on average' attended mass every Sunday – some were 'obliged to be kept away from the chapel on account of causes known to the

[166] Kelly, *Hearing Voices*, p. 109.
[167] *Commissioners of inquiry into the state of the lunatic Asylums and other institutions for the custody and treatment of the insane in Ireland with minutes of evidence and appendices*, part 1 – report, tables and returns, 1858.
[168] *Report of the Commissioners of Inquiry into the State of the Lunatic Asylum in Ireland,* part II, Evidence and Documents,1858, p. 384.
[169] *Report of the Lunacy Inspectors*, H.C. 1845 [645] xxvi, pp 19-21.
[170] For examining the use of religion at Carlow Asylum, see Cox, *Negotiating Insanity*, pp 212-216.
[171] Walsh, "The Designs of Providence': Race, Religion and Irish Insanity' pp 223-242.
[172] JPH, LDLA, Admission Booklet, 2 March 1860.
[173] Cox, *Negotiating Insanity*, p. 214.

Governor.' By 1873, there were 405 Roman Catholics living in the asylum and thirty-five patients were practicing Protestantism.[174] It was recorded in November 1893 that one hundred males and seventy-seven females had attended mass at the Catholic Church the previous Sunday whilst six males and eleven females attended the Protestant service in the boardroom.[175] Catholic patients had to provide their own prayer books and beads as the Board did not provide them. According to Reverend Malone, they were usually supplied by friends of patients. A much-needed extension was added onto the Catholic chapel in 1902.[176] These numbers and the necessity for an extension are reflective of the importance of religion and its impact on the patients of LDLA. With so many engaging with Catholic and Protestant worship, it is surely possible that some sought comfort from their faith in this institution. When discussing the appointment of clergy onto the asylum grounds, one Limerick patient declared, 'We were so long left without any one to ask us whether we had a soul or not, that it seemed the Almighty had forgotten us altogether.'[177]

Treatments applied

Mental disorder was strongly linked with homelessness in nineteenth century Ireland, particularly during the Famine years where 'stable, sanitary accommodation was one of the main unmet needs of the destitute mentally ill.'[178] Malnourishment was considered a factor contributing to mental illnesses throughout the nineteenth century at LDLA and as a result, a nourishing diet was found to be a leading component of this institution's therapeutics, superseding medical interventions on many occasions. For example, in 1858, Anne K. was reportedly suffering from a severe case of gangrene on her back and had been in bed for the previous three weeks. She was sharing a dormitory with ten to eleven other patients during this time. When the Inspector of Lunatic Asylums questioned RMS Robert Fitzgerald if she was receiving medical treatment, Fitzgerald replied: 'Yes, she is under medical treatment so far as her diet. Nutritive diet is given, no medicine.' This was ordered by the asylum's visiting physician David O'Callaghan.[179] Early on, intentions were made to create dietary plans that resembled those of the patients' diets prior to admission. In order to overcome the 'loss of

[174] *The twenty-third report on the district, criminal and private lunatic asylums in Ireland*, H.C. 1873, p. 63.
[175] *Limerick Leader*, 14 October 1896.
[176] JPH, LDLA, Minute Book, 24 February 1863.
[177] *Report of the Commissioners of Inquiry into the State of the Lunatic Asylums in Ireland*, H.C. 1858, part II, Evidence and Documents, p. 394.
[178] See – Brendan Kelly, *Custody, Care and Criminality: Forensic Psychiatry and Law in Nineteenth Century Ireland*, (Dublin, 2014).
[179] *Report of the commissioners of inquiry into the state of the lunatic asylum in Ireland 1858*, Part II, Evidence and Documents, p. 386.

freedom and choice patients experienced on admission,' Limerick RMS, Dr Edward Meziére Courtenay believed that 'familiar diets assisted them in accepting the asylum's regimes.'[180] Before officially opening, the newly appointed governors contacted those directing Armagh District Lunatic Asylum in July 1825. Not only were the administrative guidelines requested, the Limerick governors sought to create a dietary plan based on their practices. The diet plan for Armagh Asylum was as follows:

Figure 4.7: Original diet plan for patients of Armagh District Lunatic Asylum, 1825:

Meal	Food type	Milk
Breakfast	6 oz. oatmeal porridge	One-third of a quart of milk
Dinner	3 lb. of potatoes	Ditto
Supper	½ lb. of bread	Ditto
Extras:	Soup was provided with dinner three times a week	Ditto

Source: *Report of the commissioners of inquiry into the state of the lunatic asylum in Ireland 1845*, Appendix 1., vol 34, p. 16.[181]

Requests were also sent to Richmond Lunatic Asylum and Cork House of Industry for their dietary plans. In response to Cork's correspondence, it was considered 'whether it is either necessary or expedient to allow animal food or fermented liquor as any part of the fixed dietary of this Asylum.'[182] After all guidelines were received, the LDLA diet plans were drawn up, offering larger quantities of milk and potatoes than Armagh Asylum:

Figure 4.8: Original diet plan for patients of LDLA, 1827:

Breakfast	4 ounces of cutlins (oatmeal)	1 pint of new milk
Dinner	3 ½ lbs. boiled potatoes	1 pint of new milk
Supper	½ lb. bread	½ pint new milk

Source: JPH. LDLA, Minute book, 24 October 1826.[183]

The diet plan at LDLA improved vastly over the course of the nineteenth century where meat was eventually added to the patients' daily diet. Lady Chatterton recorded in her visit to the

[180] Cox, *Negotiating Insanity*, p. 211.
[181] *Report of the commissioners of inquiry into the state of the lunatic asylum in Ireland 1845*, Appendix 1., vol 34, p. 16.
[182] JPH, LDLA, Minute Book, 24 October 1826.
[183] JPH, LDLA, Minute Book, 24 October 1826.

asylum in 1838 that the evening meal comprised potatoes and broth.[184] By 1841, a new dietary plan was drawn up that offered a changing menu for each day of the week:

Figure 4.9: Diet plan for patients of LDLA, 1841:

Day	Breakfast	Dinner	Supper
Sunday	7 oz. cutlins (oatmeal) in stirabout 1 pint of new milk	Meat (No quantity specified)	8 oz. bread ½ pint of new milk
Monday	Ditto;	Meat	Ditto;
Tuesday	Ditto	Soup (No quantity specified)	Ditto
Wednesday	Ditto	½ stone of boiled potatoes to each patient 1 pint of new milk	Ditto
Thursday	Ditto	Meat	Ditto
Friday	Ditto	¼ stone of boiled potatoes to each patient 1 pint of new milk	Ditto
Saturday	Ditto	Soup	Ditto

Source: *Sixth Annual Reports Poor Law Commissioners*, Vol. 41, Appendix D, 1840.[185]

By way of comparison, the diet plans for Limerick House of Industry show that inmates originally subsisted on a monotonous diet but by the 1820s, the food provided was not much different from the Irish labouring classes. During this period, inmates had two meals: stirabout for breakfast and potatoes and sour milk for dinner.[186] By 1839, the cost per head was roughly two pence per day so there was very little space for diet to change. Working men received eight ounces of oatmeal stirabout whilst women and aged men received six ounces. Children were given five ounces. Stirabout was mixed with water but all were given a half pint of new milk. Fourteen pounds of potatoes were to be shared between either four men, five women, or six children for dinner. Weakest inmates additionally received wine or mutton under the direction of the doctor. Meat was given on special occasions, i.e. Christmas.[187]

[184] Lady Chatterton, *Rambles in the south of Ireland during the year 1838, two volumes*, (Second edition, London, 1839), pp 229-230.
[185] *Sixth Annual Reports Poor Law Commissioners*, Vol. 41, Appendix D, 1840.
[186] P. Fitzgerald, J.J. McGregor, *The history, topography and antiquities of the county and city of Limerick, 1826*, Vol. 2. (Dublin, 1826, republished in Limerick, 1999) p. 597.
[187] *Report of Poor-Law commissioners for the year ending 1839* and Christine Gonzalez, 'The Limerick House of Industry' in David Lee, Christine Gonzalez (eds.), *Georgian Limerick, 1714-1845*, Vol. 2, (Limerick, 2000), p. 160.

The diet plans for Limerick City and County Gaol and Limerick Union Workhouse were much more monotonous and did not change for some time. The inmates of Limerick Gaol were provided with two meals a day. Male and female inmates were fed the same quantities:

Figure 4.10: Diet plan for inmates of Limerick City and County Gaol, 1840:

	Meal	**Milk**
Breakfast	8 oz. cutlins (oatmeal) boiled in water	1 pint of new milk
Dinner	4 ¾ lbs. of potatoes (boiled)	1 pint of sour milk

Source: *Sixth Annual Reports Poor Law Commissioners*, Vol. 41, Appendix D, 1840.[188]

On drawing up the meal plan for workhouses around the country, the Poor Law Commissioners requested that 'the dietary of the workhouse must be on no account superior to, or even equal to, the ordinary mode of subsistence of the labouring classes of the neighbourhood; it is evident that a reduction in the quantity and not the quality of the food must be resorted to.'[189] Ensuring that the workhouse be used as a means of last resort, the diet for Limerick Union Workhouse left much to be desired.

Figure 4.11: Diet plan for male and female able-bodies inmates of Limerick Union Workhouse, 1840:

Meal	**Able-bodied male paupers between the ages of 14 to 60 years**	**Able-bodied female paupers between the ages of 14 to 60**
Breakfast	8 oz. of oatmeal stirabout ½ pint of new milk	6 oz. of oatmeal stirabout ½ pint of new milk
Dinner	3 ½ lbs. of (raw) potatoes 1 pint of skimmed milk	Ditto

Source: *Sixth Annual Reports Poor Law Commissioners*, Vol. 41, Appendix D, 1840

Female and male inmates were evidently fed different quantities. Children aged nine to fourteen were given the same diet as female inmates whilst infirm, sick and bedridden people were dieted by direction of the Medical Officer.

For LDLA, food was purchased locally in the beginning but as the gardens and farms developed over the course of the nineteenth and twentieth centuries, the asylum grew more and more self-sufficient though it still relied heavily on outsourcing some materials and products for patient and staff consumption. Until 1858, males and females were largely given the same diet, but the diet plan changed to mimic that of other Limerick institutions, in that proportions varied between the sexes. Each patient received stirabout (made from Indian meal) and a pint

[188] *Sixth Annual Reports Poor Law Commissioners*, Vol. 41, Appendix D, 1840.
[189] *Sixth Annual Reports Poor Law Commissioners*, Vol. 41, Appendix D, 1840

of new milk for breakfast. Twelve ounces of bread were given to male patients whilst female patients received eight ounces. By the 1860s, extras such as eggs, rice, milk, beef tea, porter and wine were offered but only under the direction of the physician. These extras were mainly given to the weaker patients. Indeed, Anne K., whilst also receiving a 'nutritive diet' was given wine to help with her gangrene.[190] The supply of alcohol to patients was ruled out at Garland's Asylum from the outset 'and was only administered for medicinal purposes.' [191] However, at LDLA, alcohol such as beer and spirits were included in the patient's diet but were largely only offered as a reward for those labouring. In 1832, manager Jackson ordered that working patients such as the cook, the laundress, female washing servants and workmen be offered beer 'as by drinking water while in a heat, they have frequently endangered their own health and that of the establishment.' There was also several among the patients who were deemed as deserving of the 'same indulgence as…when at work in the heat of day, it is absolutely necessary.'[192] Originally, this was arranged on a one-month trial, but beer remained on the grocery order for years to follow, as did wine. As well as alcohol, the provision of extra food was used as methods of reward and punishment schemes, similar to other asylums.[193] Extras were restricted to those – mostly men – who were working at Killarney Asylum.[194] Cox found that patients refusing to work at Enniscorthy Asylum were punished by staff withholding their extras.[195] Tea and coffee were then added to the breakfast plan at Limerick in the 1880s which was also offered at Carlow and Enniscorthy Asylums but by the 1890s, Carlow's diet was found inferior to that of a prison, many complaints arising of the governors not adhering to Inspector Edward Meziére Courtenay's recommendations of improving and varying the meal plan.[196] By the 1850s, patients often ate their meals in both the dining rooms and the regular day rooms at LDLA. Commonly, dinner was set in the dining-room whilst breakfast and supper were set in the dayrooms.[197] However, by the 1870s, overcrowding affected the dining areas for both staff and patients. The Lunatic Inspector report of September 1873 encouraged the governors to build an additional dining hall and recreation room, particularly as refractory patients were confined

[190] *Report of the commissioners of inquiry into the state of the lunatic asylum in Ireland 1858,* Part II, Evidence and Documents, p. 386.
[191] Dobbing, 'The circulation of the insane'.
[192] JPH, LDLA, Minute Book, 3 June 1832.
[193] *Report of the commissioners of inquiry into the state of the lunatic asylum in Ireland*, H.C. 1858, appendix A, p. 83.
[194] Cox, *Negotiating Insanity*, p. 211.
[195] Cox, *Negotiating Insanity*, p. 211.
[196] Cox, *Negotiating Insanity*, pp 211-212.
[197] *Report of the Commissioners of Inquiry into the state of the Lunatic Asylums and other institutions for the Custody and Treatment of the Insane I Ireland; with minutes of evidence and appendices,* Part II, Evidence and Documents, 1858, p. 383.

to a small space where they were made eat their meals. Some refractory patients were even made eat their dinner in their own cells.[198] As remedy, temporary sheds were erected to act as additional dining quarters.[199] They were mainly used in the summer. The lack of space for dining also impeded on visits from friends and family for the patients. In 1892, the congested state of the asylum ensured that the two day rooms and the visiting hall be used to house patients: 'This is a state of affairs that does not conduce either to the comfort or convenience of the patients or their friends.'[200]

Perceived as a priority under the moral treatment regime, it was widely promoted to refrain from chaining the patients of these new lunatic asylums. Largely prompted by Samuel Tuke of York Retreat, he publicised his experiences when removing the chains off a patient – 'a maniac, young and prodigiously strong' whose seizures caused significant panic to those around him, including his guards:

> When he entered the Retreat, he was loaded with chains; he wore handcuffs; his clothes were attached by ropes. He had no sooner arrived than all his shackles were removed, and he was permitted to dine with the keepers; his agitation immediately ceased; "his attention appeared to be arrested by his new situation." He was taken to his room; the keeper explained that the entire house was organized in terms of the greatest liberty and the greatest comfort for all, and that he would not be subject to any constraint so long as he did nothing against the rules of the house or the general principles of human morality. For his part, the keeper declared he had no desire to use the means of coercion at his disposal. "The maniac was sensible of the kindness of his treatment. He promised to restrain himself." He sometimes still raged, shouted, and frightened his companions. The keeper reminded him of the threats and promises of the first day; if he did not control himself, it would be necessary to go back to the old ways. The patient's agitation would then increase for a while, and then rapidly decline. "He would listen with attention to the persuasions and arguments of his friendly visitor. After such conversations, the patient was generally better for some days or a week." At the end of four months, he left the Retreat, entirely cured.'[201]

Similar to English lunacy reformers such as Tuke, Irish lunacy reformers additionally affected the thinking and practices surrounding the use of restraints on the mentally ill. As well as Dr Hallaran of Cork,[202] John Connolly was regarded for not only his publications[203] but also his

[198] *Twenty-first report on the district, criminal and private lunatic asylums in Ireland*, H.C. 1872, p. 8.
[199] *Twenty-third report on the district, criminal and private lunatic asylums in Irelan*d, H.C. 1874, p. 65.
[200] *Report of the Inspectors into the State of Lunatic Asylums in Ireland*, 1893.
[201] Samuel Tuke, *Description of the Retreat, an Institution near York for Insane Persons of the Society of Friends* (York, I8I3), pp 141-156.
[202] See - C.S. Breathnach, 'Hallaran's Circulating Swing' in *History of Psychiatry* (March 2010).
[203] John Conolly, *Familiar Views of Lunacy and Lunatic Life: With Hints on the Personal Care and Management of Those Who Are Afflicted* (London, 1850).

application of moral therapies as Resident Physician of the Hanwell Pauper and Lunatic Asylum in the 1830s.[204] His belief in the non-restraint movement 'forced a re-appraisal of the appropriateness of using physical methods when managing patients in Ireland.'[205] As extreme methods of restraint in Limerick House of Industry proved ineffective and destructive to the intentions of moral treatment ideologies, those governing LDLA were wary of restraining their patients and saw it purposeful to avoid its use as much as possible:

> The moral managers' derived their approach from a belief that, if the book of life had been written, it could be rewritten, that insanity was thus an affliction curable by psychological means, and that with time, the correction of a patient's insane ideation would lead to a normalization of his or her behaviour. As behaviour was a measure of the sufferer's progress, it became an important item of observation, and excessive restraint in the shape of chains, chairs or beds was now considered obsolete.[206]

As a result, only restraints of a mild nature were permitted to be used at LDLA. Within a few months of opening, a scotch cap, hand straps and a neck collar were subsequently purchased in September 1827 from local merchant, George Spain. Costing seventeen shillings and six pence, it was agreed that they were to be used sparingly and as a means of preventing self-injury to the patient.[207] For the most part, mechanical restraint was seemingly seldom used there. There was one only extreme case reported when Lady Chatterton on her visit to LDLA noted a singular case of a woman who was restrained in a straitjacket in 1832. She was found acting aggressively by kicking a bucket and was subsequently tied to a tree by a female attendant, without resistance being shown.[208] Though somewhat extreme, the topic of restraint and the lack of its use frequented the pages of the asylum's records with a seemingly overall genuine effort to avoid this method of treatment, although some questions did arise during Robert Fitzgerald's time as RMS. During an inspection in 1858, RMS Fitzgerald told the Inspectors of Lunatic Asylums that this institution and the staff 'very seldom resort to restraint' but the inspectors complained how he was not record keeping efficiently regarding the use of restraint.[209] The asylum's Morning Statement Book, which did not survive, had entries that mentioned 'no restraint or seclusion on this day' but other days did not mention it at all. RMS Fitzgerald told how he rarely wrote about it because it was so rarely used. At this stage, there

[204] O'Neill, 'The portrayal of madness' p. 34.
[205] Cox, *Negotiating Insanity*, p. 209.
[206] Reuber, 'Moral management' p. 211.
[207] JPH, LDLA, Minute Book, 3 September 1827.
[208] Lady Chatterton, *Rambles in the south of Ireland during the year 1832*, Vol. 2., (Second edition, London, 1839), pp 229-230.
[209] *Report of the Commissioners of Inquiry into the state of the Lunatic Asylums and other institutions for the Custody and Treatment of the Insane I Ireland; with minutes of evidence and appendices*, Part II, Evidence and Documents, 1858, p. 383.

were 388 patients recorded in house and only one instrument of restraint available which was a straight waistcoat. Some straps were also available at the asylum 'to put on the hand merely. They are never used within my concurrence.'[210] This proved problematic as Fitzgerald was directed by asylum rules to oversee when restraints were applied. During this inspection, he admitted that he had not realised that it was also his duty to keep them in his care. In fact, he told the inspectors that the straight waistcoat was usually kept by an attendant. The inspectors corrected and directed him to take charge of all objects of restraint thereafter. There were no padded rooms in the asylum at this stage, nor had there ever been. Padded cells were usually used for the purpose of secluding patients.[211] Instead, avoiding the use of restraints when and where possible remained the most important practice throughout the nineteenth century at LDLA. On 17 January 1848, Lunatic Inspector Francis White reported that 'there was but one under bodily restraint which was of a mild nature, i.e. leather gloves strapped to the sleeves of the waistcoat, to prevent him from tearing and destroying his clothes.'[212] No male patients were restrained with a straight waistcoat at any stage during 1866. However, throughout that year, fourteen female patients were recorded as under restraint at some stage, though no reasoning for such was provided.[213] On 31 December 1870, there were two females recorded for being 'under restraint of a mild character.'[214] Out of 426 (215 males and 211 females) patients inhouse on 13 May 1873, one individual was reported to have been restrained but was 'very modified…as a protection from …injury.'[215] Such efforts were additionally evident at Carlow Asylum when the governors were commended in the 1840s by the Lunacy Inspectors for avoiding its use.[216]

Providing the patients with a nutritious diet, avoiding restraint, giving them fresh air and keeping them busy with employment and activities were the main components of care for the nineteenth century mentally ill at LDLA. Despite the medicalisation of this discipline slowly evolving during the latter half of the nineteenth century and its professionalisation by the turn

[210] *Report of the Commissioners of Inquiry into the state of the Lunatic Asylums and other institutions for the Custody and Treatment of the Insane I Ireland; with minutes of evidence and appendices,* Part II, Evidence and Documents, 1858, p. 383.
[211] *Report of the Commissioners of Inquiry into the state of the Lunatic Asylums and other institutions for the Custody and Treatment of the Insane I Ireland; with minutes of evidence and appendices,* Part II, Evidence and Documents, 1858, p. 383.
[212] JPH, LDLA, Visitors Report Book, 17 January 1848.
[213] *Report of the Limerick District Lunatic Asylum for the year ended 31 December 1866*, submitted by RMS Robert Fitzgerald
[214] JPH, LDLA, Visitor Report Book, 31 December 1870.
[215] JPH, LDLA, Visitor Report Book, 13 May 1873.
[216] Cox, *Negotiating Insanity*, p. 209.

of the twentieth century, those components remained a priority and, in many instances, superseded medicine and medical treatments in Limerick, as was the case nationally. This is evident when looking at Figure 4.6. Between the years 1861 and 1891, expenditure of medicine was the lowest cost when compared to the other components of expenditure such as salaries, provisions, clothing, furniture, fuel and other. In fact, the cost of these components each witnessed an increase at some stage during these years whilst the expenditure of medicine consistently decreased from £3,600 in 1861 to £1,000 in 1901.[217] As stated, the individual case files have not been preserved. Case files are valuable sources that can offer the comprehensive medical history of such an establishment, that other asylum records simply cannot. Nonetheless, hints of medical treatments are offered in other sources. The first set of medicines are listed in the asylum's Minute Book. Medicines were usually purchased locally but the first set were ordered from Dublin in 1826.[218] Dr O'Callaghan furnished the list whilst the asylum apothecary was left in charge of all medicines thereafter.

Figure 4.12: List of medicines purchased 'as may be necessary' for LDLA, October 1826:

Acid sulphuric	Extract of Saturn	Electuary of Senna
Aloes	Extract of Hellebore black	Essence of peppermints
Alcohol	Chamomile flowers	Essence of pennyroyal
Antimonial powders	Extract of rhubarb	Opium
Other vitriolic	Conserve of roses	Hoffman's liquor
Bol Armenian	Digitalis Powders	Magnesia
Alum skins	Senna leaves	Corrosive sublimate
Calomel	Gum Ammoniac	Red precipitate
Camphor	Gum Arabic	Mosch
Cantharides plaister	Gum Fotid	Oil peppermint
Caustic lunar	Gum Gamboge	Castor oil
Colocynth extract	Gum guaiacum	Burgundy pitch
Cream tartar	Gum myrrh	Capsicum
Elaterium	Leaches	Blue pill
Powder hippo	Sal cathartic	Rhubarb pill
Powder jalap	Sal Glauber	Cathartic pill
Powder rhubarb	Sal nitre	Rufus pill
Power squills	Sal soda	Sugar Lead
Fruit asafoetida	Fruit aloes comp	Lint
Fruit opium	Fruit asafoetida	Tartar emetic
Fruit castor	Fruit digitalis	Sweet oil

[217] *Annual reports of the inspectors of lunatics*; Finnane, *Insanity and the insane*, Appendix, Table C, p. 229.
[218] JPH, LDLA, Minute Book, 12 October 1826.

Fruit jalap	Fruit opic camph	Mercurial ointment strong
Fruit senna comp	Spirits turpentine	White cerate
Basilicon	Adhesive plaster	Antimonial wine
Lint	White Vitriol	Castile soap
An injection syringe	Caoutchon Bottle	Scales and weights for the Apothecary
An instrument for keeping the mouth open.		

Source: JPH, LDLA, Minute Book, 12 October 1826.[219]

The visiting physician at Carlow Asylum in 1846 'insisted that medicine and drugs were of little use'.[220] This idea was very much shared by those working at LDLA. Therefore, though this list of medicine offers some insight into what kind of treatments may have been practiced, there is no evidence of them being used and, as stated, keeping the patients nourished, active, unrestrained and employed, was priority. When purchased, these medicines were ordered on the basis 'as may be necessary' and such thinking remained for the rest of the nineteenth century.[221] This saw the founding concepts of the moral treatment regime remain at LDLA for this period. Nonetheless, Figure 4.12 is still instructive and when comparing medical practices of the time at similar establishments, certain purchases can suggest the intentions for their use. Blistering, which lasted well into the 1870s was a common practice in Irish asylums where Cantharides plaister could have been used as an agent. Castor oil was used as a purgative, as found at Carlow Asylum, so it is possible that it was used for such at Limerick. Indeed, constipation was found in the records as a common cause of death for some of the Limerick patients. On 17 January 1848, though most patients were in 'excellent bodily health', quite a few patients were confined to bed with bowel complaints, whilst one patient had reputedly died that week from constipation.[222] The diet was obviously a contributing factor as at this stage, bread, potatoes and oatmeal were the leading foods of the dietary plan. In September 1827, manager Jackson told the Board of Directors and the asylum physician, Dr O'Callaghan that he had been offered a 'Cask of genuine Arrow Root' which had been recently imported from Jamaica. Doctor O'Callaghan encouraged its purchase: 'it is very important to have this article genuine; a considerable quantity being made use of in the asylum.'[223] Arrowroot was used for its nutritional values, particularly for malnourished patients in lunatic asylums. Utica Lunatic Asylum in New York used it with chicken soup in the 1840s for a female patient, where soon,

[219] JPH, LDLA, Minute Book, 15 January 1827
[220] Cox, *Negotiating Insanity*, p. 209.
[221] JPH, LDLA, Minute Book, 15 January 1827.
[222] JPH, LDLA, Visitor Report Book, 17 January 1848.
[223] JPH, LDLA, Minute Book, 7 September 1829.

'as she became strong enough, she was amused by prints, by needle work, reading and riding out. She recovered in a few weeks.' This patient was also administered with blue pill before sleep at night for a few consecutive days, which again could have been used at Limerick as it was recorded in the medicine list. Blue pill was a mercury-based medicine with a laxative effect.[224] As well as other drugs such as morphine and choral hydrate, opium was used as a medical intervention at the turn of the nineteenth century. Opium was considered to have significant benefits in calming patients, soothing their pain, and restoring their sleep to aid the patients' recovery:[225] 'there is no drug like opium upon which we can place such uniform reliance. It is no wonder, then, that its advantages have been solicited, and realised, in the practice of psychological medicine.'[226] Usually administered orally, a teaspoon size, the use of opium was not considered dangerous but rather 'central to medicine, a medicament of surpassing usefulness.'[227] However, opiates had a constipating effect, so combined with the low-fibre diet, along with reduced hydration, and a lack of exercise, severe constipation would have resulted which as stated became cause for concern in death rates at LDLA. Opiates and other drugs were prescribed regularly at Carlow Asylum, particularly after the 1850s for patients presenting with agitated and nervous disorders, so it is possible that opium was used at LDLA.[228]

Force-feeding, though no case of this has come to light, could perhaps have been implemented at LDLA for those refusing to eat. Dr O'Callaghan ordered a stomach pump from London in September 1827, costing £3.10*s*.0*d*.[229] As established in Figure 4.12, he additionally ordered an instrument for 'keeping the mouth open'. Both of these purchases suggest that force feeding was used at LDLA as was the case in other Irish district asylums. As stated, a nourishing and plentiful diet was key to the patients' recovery and care. Therefore, patients who presented with delusions involving the refusal to eat would have warranted immediate monitoring and subsequent action. One of the patients at Carlow Asylum refused to eat on admission, and as a result, he was force-fed using a stomach pump for his first week at the asylum. As this was done, he 'offered no resistance… after a week in the asylum, he began to

[224] *The American Journal of Insanity: New York State Lunatic* Asylum, Utica, Vol. IV,1847-1847, p. 119.
[225] Virginia Berridge and Griffith Edwards, *Opium and the People. Opiate Use in Nineteenth-Century England* (London, 1981), preface xxv.
[226] Daniel Noble, 'On the use of opium in the treatment of insanity' in *The Asylum Journal of Mental Science*, Vol. 4, Issue 23, October 1857, pp 111-119.
[227] Thomas Poyser, 'On the Necessity of Establishing Pauper Lunatic Asylums' in *Provincial Medical and Surgical Journal*, s. 1-2, p. 435. (1841).
[228] Cox, *Negotiating Insanity*, pp 209-210.
[229] JPH, LDLA, Minute Book, 9 September 1827.

take solid food voluntarily and to work on the asylum farm, slowly becoming interested in employment.'[230]

A Turkish bath was built close to the laundry in 1863, complaints about which arose for it taking up space from the laundry.[231] These baths were commonly used to treat insanity with melancholia, scrofula and rheumatism. Originally, there was much optimism surrounding the new bath: 'A new Turkish bath is in course of erection with a laundry and when completed, it will add much to the comfort and cleanliness of the patients.'[232] As stated, there was no bathing system in place in the 1850s at LDLA so the concept behind the Turkish Bath was both for cleaning and treatment purposes. However, by the 1900s, Inspector George Plunkett O'Farrell complained that the Turkish bath was not being used enough despite it being 'a most useful adjunct to treatment in many asylums.'[233] Limerick was one of the first asylums to have one in Ireland. In 1870, George Turner Jones who was the RMS of North Wales Lunatic Asylum, built in 1848, visited Limerick for the purpose of assessing its effects. He wrote how he was 'much pleased with the funeral arrangements and cleanliness of the house' as well as the conduct of the patients. Jones subsequently installed Turkish baths at North Wales Asylum in 1871 shortly before retiring in 1874.[234]

Conclusion

Great attention has been given to identifying what life was like at LDLA for the individual once admitted. With a focus on the patient's physical environment, the conditions and practices in the asylum have come to light, all of which were to have an impact on the inmate population. Conditions at the asylum varied throughout the nineteenth century with some observations finding it 'remarkably good' whilst the laundry department was found 'falling to pieces' during the same inspection.[235] Large establishments such as lunatic asylums required constant access to water as cooking, cleaning the asylum, water treatments and much more were done on a daily basis. Adequate water levels proved difficult to provide throughout most of the nineteenth century. This was largely caused by the rushed work conducted on the leadup to the opening. However, the closing decades of the 1800s saw many more compliments than complaints concerning the conditions of the asylum. Though some issues were still brought to the fore, the

[230] Cox, *Negotiating Insanity*, p. 218.
[231] JPH, LDLA, Minute Book, 24 February 1863.
[232] JPH, LDLA, Visiting Report Book, 3 March 1880.
[233] *Report for the Limerick District Lunatic Asylum for the year ending 31 March and the statistical year ended 31 December 1900*, p. 13.
[234] JPH LDLA, Visiting Report Book, 1870. (No specific date is provided).
[235] JPH, LDLA, Visitor Report Book, 29 July 1871.

physical appearance of the asylum had improved greatly by March 1870. With the sanitary state of the patients and the asylum itself seemingly 'satisfactory', the Inspector noted during his visit that the appearance had 'greatly improved… woodwork was painted, the walls of the several corridors, dormitories and day rooms are kept very clean.' RMS Courtenay still recommended that a few cheap prints or pictures be purchased and hung up in the day rooms to 'give them a cheerful appearance – this present aspect being bare and prison like.'[236] Additional improvements were made in the years to follow:

> …ventilation much improved, several of the windows having been covered and enlarged; much improvement has also been made in painting and decorating the walls, and workmen are at present occupied with the other works of a similar character, still in progress. New floors of polished stained wood have been substituted for old and decayed boarding. Some new water closets have also been erected, they are clean and in good working condition, and the drainage and sanitary arrangements are in a satisfactory state.[237]

Despite these improvements, living at this institution must have been extremely difficult, particularly during the earlier decades. Without a sufficient means of warming the asylum in the 1850s, it must have been worse again in the winter months, particularly with overcrowded sleeping conditions and poor bedding. Having no artificial means of ventilation such as extracting shafts but only the windows at the end and along the corridors, problems, of course, were to arise surrounding the need for 'good air'. However as noted, the patients themselves were blamed for the 'close' and 'unwholesome' smells, which in turn, revealed distinctions made between the patients admitted there. The fact that straw was primarily used in the refractory cells reveals that the most 'destructive' and 'dirty' patients were housed there: 'Do not the poorer classes use straw beds?'[238] Aside from the outbreak of cholera, it is interesting that the spread of disease was not more rampant there, especially when considering how common diphtheria and dysentery were for the period in question in the Irish custodial setting.[239] The cleanliness of this institution was consistently commented on in the asylum's records so perhaps that may be why there were so few complaints of disease. Additionally, the fact that the asylum endeavoured to stop admissions, particularly during the Famine years,

[236] JPH, LDLA, Visiting Report Book, 17 March 1870.
[237] JPH, LDLA, Visiting Report Book, 3 March 1880.
[238] *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, with Minutes of Evidence and Appendices*, Part II, Evidence and Documents, 1858, p. 387.
[239] Phthisis and dysentery, with the latter oftentimes being related to the institution's water supply, were found at Carlow Asylum in the 1880s and 1890s. Cox, *Negotiating Insanity*, p. 229. See also, Ferriter, *The transformation of Ireland, 1900-2000* p. 52.

reveals that this also probably played a role in preventing the spread of disease. Life was still difficult for the patient at LDLA. Insufficient water provision ensured that patients were only bathed on entry. Some of these patients remained in the asylum for decades. It was only if medical treatments were being applied that they received a hot or a cold bath and it is uncertain if water treatments were applied to all inmates due to the lack of case files.

As case records have not survived, this work is unable to offer a comprehensive examination of LDLA from the medical perspective in terms of treatments applied and patient responses to such medical practices. From the sources that are available, it is evident that the leading components of care at this institution included a nourishing diet, patient employment, access to activities and religion, and minimal restraint. Considered essential to the care of the patient, the dietary regime of LDLA was evidently much better than that of the neighbouring gaol and the workhouse. The Lunacy Inspectors saw the importance of a 'plentiful' and 'nutritious' diet and LDLA acted accordingly to provide an effective plan as possible.[240] Indeed, when the supply of milk and other outsourced materials were insufficient, the governors would complain immediately to the supplier threatening a reduction in payment. Concerning other treatments, much talk surrounded the topic of restraint. As determined in Chapter One, the mentally ill who were housed in custodial institutions such as gaols, Houses of Industry and workhouses were exposed to harsh methods of restraint.[241] The use of restraint at LDLA reflects the attitudes to insanity during the nineteenth century where its use was accordingly minimal. The intentions of the moral treatment regime and how it was applied there is additionally evident. Discussion surrounding treatments was always to the fore, particularly regarding activities that could 'occupy the mind' of the patient.[242] This saw the founding concepts of the moral treatment regime remain at LDLA throughout the 1800s and this was not necessarily the case in other Irish asylums. This suggests the intentions of those in charge to present LDLA as a model institution.

As well as sport, music, and religion, patient employment became an intrinsic part of this asylum's culture. However, this aspect of life at LDLA has proven complex. It is not certain if the able patient had a choice, per se, to engage in labour but it is clear that patient employment was greatly encouraged by those in positions of authority. Prompting significant debate in the

[240] *Eleventh report of Lunacy Inspectors*, H.C. 1862, xxiii, p. 22.
[241] Oonagh Walsh, 'Lunatic and criminal alliances in nineteenth century Ireland' in Peter Bartlett, David Wright (eds), *Outside the walls of the asylum, the history of care in the community 1750-2000* (New Jersey, 1999), p. 138.
[242] *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, with Minutes of Evidence and Appendices*, Part II, Evidence and Documents, 1858, p.384.

literature of asylum histories, this chapter has found two arguments that rationalised its use in Limerick. Firstly, keeping the patients occupied was believed essential under the therapeutic arsenal of the asylum's moral treatment regime. Indeed, when considering the social class of the individuals admitted there, nearly half (44.9 per cent) came from labouring and farming backgrounds in the 1960s. The governors thought it best that patients be tasked with agricultural work so that it was less difficult adjusting to asylum life. Not only was routine and discipline important to the patients' treatment, providing working slots was additionally considered essential for those who were set to be discharged back into society, as argued by Digby.[243] On the other hand, what is certain is that is that LDLA could not have functioned without patients being employed there. This is represented in the product of the patients' work which in turn feeds into the debate concerning strenuous patient labour. Porter addresses Bentham's take on employment in institutions as 'a mill to grind rogues honest, and idle men industrious.'[244] When considering the volume of clothes washed, created and mended, one does question where the line existed that differentiated between therapeutic and excessive levels of labour. Were the long working hours purposeful in exhausting the patients in order to avoid deviance and thus part of their treatment, or was it so that this asylum could survive? Adding to the arguments in Chapter Two, the creation of a working community not only endeavoured to be, but succeeded in many ways in being self-sufficient, thus revealing how LDLA could be defined as an enterprise. Creating a wealth of employment in the locality from the moment of its establishment, much outsourcing was still necessary, despite the work completed by the patients.[245] Still, the produce gained from the farm, garden, laundry and kitchen saved a lot of money for this institution. Therefore, though Finnane contends that 'the degree of its efficacy was always unknown', that is not necessarily the case.[246] It is evident that the asylum required patient labour to function, which was rationalised by the prospect of 'occupying the mind', a key feature of the moral treatment regime. Indeed, it was admitted by manager Jackson in 1846 that patients were employed at the asylum 'to lessen the expenses of the establishment… in addition to the benefit it confers by allowing the patients sufficient space for air, exercise and recreation – objects that should never be lost sight of in the moral or medical treatment of this

[243] Anne Digby, 'Moral treatment at the retreat, 1796-1846' in *The Anatomy of madness: essays in the history of psychiatry*, Volume 2, (London, 1985), p. 68.
[244] Roy Porter, *English Society in the Eighteenth Century* (London, 1990), p. 131.
[245] 'The asylums were not hidden institutions... There were tens of thousands of inpatients; tens of thousands of staff members; tens of thousands of suppliers of goods and services… virtually everyone in the area was a stakeholder in the hospital in one way or other.' See - Kelly, *Hearing Voices*, p.3 & 298.
[246] Finnane, *Insanity and the insane* p. 201.

disease.'[247] Determining the reaction from the patients themselves regarding patient labour is an increasingly difficult task for the nineteenth century patient.[248] Damaged, lost or destroyed primary sources have ensured that these histories are almost impossible to uncover. Though the impact of these changing medical practices on the nineteenth century patients of LDLA is less apparent, the landscape of this discipline was to change drastically in the years to follow, which in turn, saw continued efforts to provide more effective and thoughtful approaches to care in each of these individual asylums:

> The dawn of the new century ushered in a rapidly changing political and medical environment, with the promise of fresh starts for staff, patients, and the country as a whole as the twentieth century arrived.[249]

[247] *Report of the Commissioners into the State of Lunatic Asylums*, Vol. xxii, 1846.

[248] Reactions to patient labour in Irish asylums are more obvious in the twentieth century context. As documented in *Bird's Nest Soup*, Hanna Greally, originally from Athlone, spent a large part of her twenties and thirties living in St. Loman's Psychiatric Hospital in Mullingar. It is increasingly difficult to provide a voice for those admitted into such an institution, but this unique work presents Hanna sharing her experiences during the 1940s and 1950s whilst admitted for what was originally meant to be on a temporary basis. Her testimony puts the flaws of the system on display concerning those who were 'mentally well' but left incarcerated for being 'unclaimed'. Her insights additionally present patient employment in the hospital setting as mundane. This work was reproduced in 2008 with an introduction by Dr Eilis Ward (NUIG). Hanna Greally, *Brid's Nest Soup* first edition, (Cork 1981).

[249] Walsh, 'A perfectly ordered establishment' pp 246-283. (p. 266).

Chapter 5

Dangerous Lunatics, Discharges and Deaths at Limerick District Lunatic Asylum, 1827-1900.

James O'C. wrote from Lincoln St., North Eastern, Massachusetts, America, addressing the letter to the RMS of LDLA: 'Dear sir – I would like to know about my brother, Patrick O'C., who is an inmate of the asylum if he is alive or dead or how he is getting along. Didn't hear about him for a long time… By sending information on him, you will greatly oblige.'[1] Patrick died in the asylum on 25 June 1907, five years before this letter was even written. No other information exists to determine his thirty-six years at this establishment.[2] The history of LDLA's conditions and practices offer a small window of insight into what life was like for those admitted there, as explored in the previous chapter. Despite the close attention paid to the asylum's records during the course of the present research, what is still not evident is the voice of the patients and their response to such practices. As individuals, they remain 'astonishingly distant' despite being the focus of this work.[3]

> In countries other than Ireland, there have been more extensive analyses of patients' letters, journals and first-person accounts of hospitalisation and treatment. In Ireland, there is real difficulty accessing such accounts, if they exist, especially from the 1800s.[4]

But perhaps it is the lack of the patients' voice that is telling. There were many patients at LDLA who, like Isabella J. were left behind by families. Isabella J. was fifty years old when she was committed to LDLA on 29 July 1870 after being found to be in a 'state of insanity' by MD Henry Fisher for the previous few days with 'no relatives or anyone… to take the slightest interest in her.'[5] She was committed under the 1838 Dangerous Lunatic Act – a piece of legislation that became very dangerous in itself. This act, accompanied by the 1845 Criminal Lunatics (Ireland) Act, prompted the transformation of the asylum landscape for those for whom it was established.[6] Following the discussion in Chapter Three concerning how the

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[1] JPH, LDLA, Correspondence between James O'Connell and governors of the Limerick District Lunatic Asylum, 5 February 1912. JPH, LDLA, Dangerous Lunatic Committal Booklets, 1850-1877, P98/11.
[2] JPH, LDLA, Dangerous Lunatic Act admittances, 1850-1877, Limerick District Lunatic Asylum, P98/11
[3] Brendan D. Kelly, 'Searching for the patients' voice in the Irish Asylums' in *BMJ Journals, Medical Humanities*, Volume 42, Issue 2.
[4] Kelly, 'Searching for the patients' voice in the Irish Asylums.'
[5] JPH, LDLA, Dangerous Lunatic Act Committal Booklet, 1850-1877, P98/11.
[6] 1838 (1 & 2 Vict. c. 27) *The Criminal Lunatics (Ireland) Act*; 1845 (302) *Criminal lunatics (Ireland). A bill for the establishment of a central asylum for insane persons charged with offences in Ireland, and to amend the act relating to the prevention of offences by insane persons, and the acts respecting asylums for the insane poor in*

admission of incurable patients prompted overcrowding at LDLA, this chapter determines how those committed under this Act also contributed to the relentlessness. Making it much easier to admit a person and even more difficult to discharge them, this piece of legislation became a very attractive to the Limerick family but very serious for the asylum system. It resulted in many committals adding to the stress of nineteenth century Irish institutional dependency. If a person was considered a danger to society and/or to themselves, and deemed to be of an unsound mind, they were put through the committal process. Alcohol intoxication, assault, violence, suicide and attempted suicide were only some of the many reasons for why and how one could be committed to the asylum.[7] In Isabella J.'s circumstance, she was considered of an unsound mind, thus a threat to herself and to others. Isabella J. remained in LDLA for nearly twenty years and died on 12 March 1890, a month shy of her seventieth birthday. The absolute abandonment is very clear in some of the cases similar to Isabella J.'s in LDLA's records, particularly for those committed under the Dangerous Lunatic Act. This chapter explores the role of this Act and how it affected the individual at LDLA, in turn revealing family as a key interlocutor to custodial admission.

In addition to this, this final chapter offers a concluding assessment on the patients who were admitted to LDLA in the nineteenth century, a discussion which concerns discharge and death rates. Split into three sections, this chapter therefore determines Limerick's history of the dangerous lunatic, discharge rates, and death rates. Chapter Three discovered that male and female patients displayed generally similar patterns in admission at LDLA. This chapter investigates if such patterns are identifiable in discharges and deaths.[8] Chapter Three also explored how those governing LDLA attempted to alleviate high levels of overcrowding throughout the nineteenth century. Examining discharge rates reveals if they were successful in this endeavour. This additionally sees a discussion on those who attempted to escape and those who successfully escaped from LDLA. In investigating death rates, commentary is offered on causes of deaths at LDLA, including attempted and successful suicides. There were moments when patients did not wish to adhere to the discipline of the asylum and as a result, some deviated from the day-to-day regime. Acts of both deviance and conformity are very

Ireland, and for appropriating the lunatic asylum in the city of Cork to the purposes of a district lunatic asylum; 1842 (504) *Lunatic asylums (Ireland). A bill [as amended by the committee] for amending the law relating to private lunatic asylums in Ireland*.

[7] JPH, LDLA, Dangerous Lunatic Admission booklets.

[8] The register of patients in the asylum's archive concerns one book that details those who were admitted, discharged or died between the years 1893 to 1951. As a result, exact figures for the nineteenth century proved difficult to uncover. Piecing together rates of admission, discharge and death could only be discovered through extensive research on a variety of sources that not only included the asylum records, but also newspaper coverage, inspectorate reports and the House of Commons' Parliamentary Papers.

telling of the asylum experience where escape and suicide attempts suggest patients' discontent with the moral and medical regimes. Discussing the history of death at LDLA additionally reveals the procedure for burial practices. As told in Chapter Two, the manner in which patient James D. was buried created much unease and he was not the only patient unlawfully buried on LDLA's grounds. Investigating this has exposed the fact that children were also very much present in this history. Children of the asylum is not a frequent theme in asylum scholarship simply because it was contrary to rule to admit a child into these institutions.[9] This chapter presents new findings on Irish children who were housed in a district asylum. Available information on these children is minimal. In fact, there is only one mention of a younger age category in the asylum's surviving material and this is noted in the admission and discharge rates for one year only. The burial registers of Mount St. Lawrence, on the other hand, reveal that not only were children admitted into the asylum, but that some were born there.[10] Overall, combined with the a discussion on the Dangerous Lunatic Act, this chapter explores how patients' admission/committal, condition and links with the outside community were all deciding factors on whether they were ever to leave LDLA.

Dangerous Lunatic Act, 1838

> This trend towards institutionalisation was strongly reinforced by the tragically misguided Dangerous Lunatic Act (1838), which followed from the murder of Nathaniel Sneyd, a bank director, in July 1833 by a person with apparent mental illness. Passed without parliamentary debate, the primary purpose of the act was to protect the public from the dangers allegedly posed by the mentally ill. Its terms of confinement were extremely broad and vague.[11]

The passing of the Lunacy (Ireland) Act on 28 May 1821 stipulated that those deemed insane and who had committed offenses should be taken into custody.[12] However, it was the passing of the 1838 Dangerous Lunatic Act that saw a new class of patient add insurmountable strain to the already-stressed asylum system, where the criminally insane were accordingly put

[9] In determining the historiography of childhood from the mid eighteenth century and how it has become an intrinsic part of affecting constitutional matters in Ireland, see – Sarah-Anne Buckley, Susannah Riordan, 'Childhood since 1740' in Eugenio F. Biagini, Mary E. Daly, (eds), *The Cambridge Social History of Modern Ireland* (Cambridge, 2017).

[10] Staff and Students of Mary Immaculate College from the Departments of History and Geography collaborated with Limerick City Archives in April 2014 to transcribe and map the 2012 Grave Marker Database project. Mount Saint Lawrence Burial Register: http://mountsaintlawrence.limerick.ie/about (accessed 17/02/2020).

[11] Brendan Kelly, 'Myths, Madness and Insane Ears: Making Sense of the History of Psychiatry in Ireland' in *History Ireland, Ireland's History Magazine*, Issue 2 (March/April 2017), Volume 25.

[12] Lunacy Ireland Act, 1821, 57 Geo. 3. C. 106. and 1 Geo.4. c. 98.

through a committal process.[13] Under this Act, if a person was considered a danger to society and/or to themselves, and deemed to be of an unsound mind, they were first brought to jail. An uncorroborated sworn statement was then made in front of two justices of the peace which 'was enough to secure arrest.'[14] Although medical evidence could be provided during the committal process, this was not compulsory. Committal certificates were then signed by two magistrates. Patients were subsequently escorted to the asylum by armed constabulary escorts. Immediate transfers from the gaol to the asylum were not always the case, some being subject to major delays in transfers: 'many… spent up to a year in prison before being transferred to the asylum.'[15] As found in Bridget B.'s committal form (Appendix H), she was declared a dangerous lunatic on 30 March 1860 but was not transferred from the Limerick Gaol to the neighbouring asylum until 19 November 1860 where she remained until her death on 21 December 1901.[16] This was the same for nine individuals committed as dangerous lunatics in January 1843 in Limerick. They each remained in Limerick Gaol for nearly a year as there was no accommodation available at the asylum.[17] RMS Robert Fitzgerald complained in 1858 that this was actually very common: 'They are sometimes very long in gaol before we can receive them. [As a result], there is less chance of cure because of the duration of the disease.'[18] These cases are some of many, proving the danger of this act. Making it very easy to commit an individual, this Act made it much more difficult for the patient to ever get discharged. Two physicians had to sign a release form attesting that the patient had 'recovered' which was then sent to the Lord Lieutenant to secure a warrant for a legal release. This medical certificate was required to assert that the individual had 'become of sound mind, or has ceased to be, and is not, a dangerous Lunatic, or dangerous Idiot.'[19] Commonly used as an 'admission pathway of choice for families seeking institutional care for relatives,' the Dangerous Lunatic Act prevented governors denying such committals, even during times of extremely overcrowded

[13] It is also the fact that so many new asylums were under construction that accelerated the use of the Dangerous Lunatic Act - many in authority felt that these institutions were there to house people who were not necessarily dangerous in themselves, but a burden on other resources. Although this act did not extend to England or Scotland, McCarthy and Walsh have indicated that it created historical connections with England, especially when a similar law was passed at the time that saw dangerous lunatics committed directly to the asylum. See - Walsh, 'The Designs of Providence: Race, Religion and Irish Insanity', pp 223-242. (p. 225).

[14] Walsh, 'The Designs of Providence: Race, Religion and Irish Insanity,' in Melling, Forsythe (eds.), *Insanity, Institutions and Society 1800-1914* pp 223-242. (p.225).

[15] Walsh, 'The Designs of Providence: Race, Religion and Irish Insanity,' pp 223-242. (p.225).

[16] JPH, LDLA, Dangerous Lunatic Committal Booklet, 30 March 1860.

[17] Reports from Select Committees of the House of Lords and evidence into the state of the Lunatic Poor in Ireland, 1843, p.

[18] *Report of the Commissioners of Inquiry into the State of Lunatic Asylums in Ireland*, 1858. p. 380.

[19] JPH, LDLA, Dangerous Lunatic Act committal booklets, 1850-1877, 30 March 1860.

conditions.[20] This was one piece of legislation that had the absolute authority of the RMS in the asylum, overriding the medical expertise in evaluating insanity, despite the many protests that were often made against its use by the governing and medical staff.[21]

The Criminal Lunatics (Ireland) Act 1845 altered this. The distinct difference between this Act and the 1838 Act, was that the patient only had to be no longer dangerous, and not necessarily 'recovered' to be discharged. They were no longer criminal lunatics under the 1845 amendment and as such, their discharge did not need the Lord Lieutenant's warrant. Instead, they were, as Cox has determined, treated and discharged 'as in the case of other Lunatic Poor.'[22] The 1845 Act additionally prompted the construction of the Central Criminal Lunatic Asylum in Dundrum but this institution adopted stricter admission protocols, requiring that evidence had to be given under oath to commit a criminal lunatic.[23] In place until the enactment of the 1945 Mental Health Act, the Dangerous Lunatic Act proved to be a very dangerous instrument and combined with the 1845 Act, had a very damaging effect on the nineteenth century institutional setting that cannot be underestimated. It was particularly under the Dangerous Lunatic Act that Irish society created an 'intimate link between insanity and criminality.'[24] The second half of the nineteenth century saw a steady rise in Dangerous Lunatic committals where LDLA's population was made up of 37.2 per cent of such admissions in 1868. Figure 5.1 below shows how the percentages of dangerous lunatics increased steadily to 79.3 per cent on the male ward and 75.7 on the female ward by 1911. This was not unique to LDLA. Between 1838 and 1867, the number of dangerous committals climbed at Carlow Asylum, where approximately 33 per cent (111) of patients were transferred from local gaols to this institution.[25]

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[20] Brendan Kelly, 'Myths, madness and insane ears: Making sense of the history of psychiatry in Ireland' in *History Ireland, Ireland's History Magazine*, Issue 2 (March/April 2017), Volume 25.

[21] See – Oonagh Walsh, 'Lunatic and Criminal Alliances in Nineteenth Century Ireland' in P. Bartlett, D. Wright (eds), *Outside the Walls of the Asylum: Historical Perspectives on Care in the Community in Modern Britain and Ireland* (London, 1999), pp 132-152.

[22] 9 &10 Vict. C. 115, s. 3 (1846). See – Cox, *Negotiating Insanity*, p. 153.

[23] Costs of maintenance were covered by local authorities for this institution. 55 & 56 Vict. C. 10, The Central Criminal Lunatic Asylum (Ireland) Act, 1845. Therefore, the 1845 Act established a vital difference between the 'dangerous lunatic' and the 'criminal lunatic' concerning the use of the asylum under Irish legislation. The 'criminal lunatic' was an individual who had been acquitted on the grounds of insanity or found to have been insane. The 'dangerous lunatic', on the other hand, was committed by two magistrates and subsequently transferred from the gaol to the asylum, even if considered to have the potential to commit a crime. See - Damien Brennan, *Irish insanity, 1800-2000* (Abingdon, 2015), p. 79. This act thus made it very easy to admit a patient as a certificate of poverty. See - Finnane, *Insanity and the insane* (London, 1981), pp 98-100.

[24] Walsh, 'The Designs of Providence: Race, Religion and Irish Insanity,' p. 225.

[25] Cox, *Negotiating Insanity*, p. 37. Cox contends that this was largely as a result of high emigration rates in the district.

Figure 5.1: Dangerous Lunatic Committals as percentage of all admissions at the Armagh, Ballinasloe, Cork, Limerick, and Richmond District Lunatic Asylums:

Asylum	1868		1871		1891		1911	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
Armagh	88.6	89.7	76.5	80.5	77.7	68.2	34.5	10.0
Ballinasloe	80.0	69.0	90.5	74.4	84.2	75.3	66.6	56.8
Cork	37.5	25.5	67.2	56.8	83.5	85.9	61.1	53.2
Ennis	28.9	0.0	43.4	52.0	76.0	60.0	98.2	94.7
Killarney	74.3	67.8	68.0	48.4	84.4	81.3	90.0	95.1
Limerick	**26.1**	**11.1**	**28.3**	**40.8**	**62.7**	**65.8**	**79.3**	**75.7**
Richmond	48.9	40.0	63.3	46.8	78.7	73.8	66.6	39.5

Source: Annual reports of the inspectors of lunatics; Mark Finnane, *Insanity and the Insane in Post-Famine Ireland*, (London, 1981), Appendix, Table E, p. 231.[26]

As was the case nationally, Limerick patients committed under the Dangerous Lunatic Act remained in confinement until certified otherwise. This was found in the case of John G. who was transferred from Limerick City and County Gaol to the neighbouring asylum on 14 June 1870 for becoming insane. His records state that had he been cured, he could have been either sent back to the gaol or officially discharged by the Lord Lieutenant. He was certified as sane twenty-two years later but was instead sent to Limerick Workhouse on 19 September 1892 as no family member was contactable.[27]

It is important to recognise the power in which the Dangerous Lunatic Act gave to the local community: 'It placed an extraordinary degree of power in the hands of medical, judicial and security figures, but also of ordinary citizens.'[28] Evidently, many people fell victim to asylum committals, some sane, some a danger to themselves, some a danger to society, or some who were considered by family members as causing a level of difficulty to the household:

> Committal was a method by which families… could control and neutralise their strident members; those who had not emigrated, but who still sought to resist the demands of the family backed by the Church. And as [Sean] O'Casey also suggested, committal worked: its victims were reduced to 'shadows'; a living dead, no longer a threat to familial authority. Labelled as suffering from incurable, hereditary disorders, such people were shunted in and out of asylums by their families until large numbers of them were eventually left there to die.[29]

[26] *Annual reports of the inspectors of lunatics*; Finnane, *Insanity and the Insane* Appendix, Table E, p. 231.
[27] JPH, LDLA, Dangerous Lunatic Act committal booklets, 1850-1877, 14 June 1870.
[28] Walsh, 'The Designs of Providence' p. 225.
[29] Elizabeth Malcolm, 'The House of Strident Shadows: The Asylum, the Family and Emigration in Post-Famine rural Ireland', in Greta Jones and Elizabeth Malcolm (eds.), *Medicine, Disease and the State in Ireland, 1650-1940* (Cork, 1999), pp 177-95. (p. 186).

As Cox has determined in her study of dangerous lunatic certifications, magistrates, clergy, and hospital and workhouse staff all advised families who wished to commit a relative to Carlow District Lunatic Asylum to use this Act.[30] Mauger's research has established links with those in positions of power who had their family members committed. Given the small size of rural communities, she contends that some families, plausibly, would have known the Board members of particular asylums as found in the case of Henry P.R, who was solicitor and landlord who had his brother and sister committed to Ennis Asylum. For three years, though they were fee-paying patients, he delayed his contribution for their maintenance, without repercussion.[31] Such links have proven difficult to locate regarding LDLA's cases but there is the odd committal that suggests that family members may have been seeking more than just having kin committed to LDLA. Ellen D. was committed by her cousin Mary-Anne H. She was admitted on 24 February 1869 soon after her husband's death. Ellen D. was left a legacy of £1,216.18*s*,00*d*, including two houses in Kilkee, worth £300. Mary-Anne H. applied for the ownership of the deeds from Ellen D.'s husband on the latter's admission to the asylum. Though there is no other information available concerning Ellen D.'s case, perhaps her committal is a prime example of the 'popular notion that relatives were routinely locked away to be deprived of land or inheritance' as investigated by Mauger.[32]

Similar hidden cases that show the abandonment history regarding the use of the Dangerous Lunatic Act includes individuals like Mary F. who was committed on 2 July 1860. Mary F. was a widow and had been found in a state of insanity for the previous three to six weeks. She was thirty years old, Roman Catholic and recorded as a farm girl by trade. Diagnosed with melancholia, her stepmother and uncle signed her committal forms. The only other information on her booklet is that she died on 12 October 1872.[33] It can be seen from committals to LDLA that the use, and even abuse of the Dangerous Lunatic Act was destructive for both the individual and the asylum as those governing had no choice but to tend to the patient until they died, as additionally revealed in the cases of Isabella J. and John G.[34] As breakdown of ties between the family and the mentally ill thus resulted, weakening relationships in turn saw the 'eventual reintegration into society more difficult.'[35] The family, as Walsh has demonstrated, 'were clearly in the strongest position.'[36] This is supported by

[30] See – Cox, *Negotiating Insanity*, pp 99-102.
[31] See – Mauger, *The cost of Insanity*, pp 69-112.
[32] See – Mauger, *The cost of Insanity*, p. 1.
[33] JPH, LDLA, Dangerous Lunatic Committal Forms P98/11 1850 – 1877, 2 July 1860.
[34] JPH, LDLA, Dangerous Lunatic Act Committal Booklet, 1850-1877, P98/11.
[35] Walsh, 'The Designs of Providence: Race, Religion and Irish Insanity,' p. 225.
[36] Walsh, 'The Designs of Providence' p. 225.

Mauger who determines that 'Family members tend to be powerful lay voices in the process of institutionalisation. Historians of Psychiatry have long recognised the centrality of families in dialogues with medical and legal authorities during certification and discharge.'[37] This was much the same concerning the friends of patients who were committed to LDLA. Patrick M. Cullinan, MD, was surgeon to the county Clare infirmary and gaol and was questioned by the Inspectors in 1858 on this thoughts surrounding the use of the Dangerous Lunatic Act, he believed this piece of legislation was being abused, not only by family members but by friends of the patients:

> I believe the law is very often strained in committing a person as a dangerous lunatic who may not be a dangerous lunatic. The friends are often very anxious to get them off their hands… I do not mean to say that magistrates or medical men have anything to do with it, but I observe that amongst the country people, in many instances, the friends of patients would be desirous to get them off their hands, and would say that they were more dangerous than they really were in order to accomplish that object. [38]

However, when asked if he had known an individual who may have had the 'desire to get rid of a member of a family who had interest in a farm or such like', he replied that he had never met that instance. Moreover, he added that friends who had originally committed an individual oftentimes came back within weeks to take responsibility for their friend, particularly if the medical officer had come to the conclusion that the patient was not dangerous did not need to be transferred to the asylum from the gaol: 'I have known many instances of persons anxious to get a patient committed to gaol, perhaps under momentary panic, and then in three or four weeks coming to ask for them, finding they are quiet.' Dr Cullinan noted that once the medical officer deemed the individual as not dangerous, the certificate is forwarded to the committing magistrate, 'who resides generally in the neighbourhood of the friends of the lunatic, and a communication is made to them throughout the magistrate or the police.'[39] This suggests that relatives and friends used the Dangerous Lunatic Act as a means of effectively securing respite care where they subsequently took the patient back when they had time to rest. Looking at Figure 5.1, though Limerick was apparently slower to exploit the Act in the early years, there was a more evident trend of its use from the 1860s onwards.

[37] See – Mauger, *The Cost of Insanity*, p. 69.
[38] *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 with Minutes and Appendices*, Part II. Evidence and Documents, 1858, pp 390-393.
[39] *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 with Minutes and Appendices*, Part II. Evidence and Documents, 1858, pp 390-393.

There were moments where family, and evidently friends, relied too heavily on the asylum, but there were other moments where they endeavoured to have their kin discharged. Margaret Mc. from County Limerick wrote to the Lord Lieutenant at Dublin Castle, Hugh Percy, third Duke of Northumberland, asking for the release of her son Michael Mc. Her other sons, John and James Mc., and her daughter Catherine G. also signed the petition. Michael Mc. had previously assaulted his uncle Dr James Browne of Dublin three years previously and was subsequently committed to LDLA in 1830. In the letter, she argued that 'he is restored to reason and in a very weak physical state.' His weak state was due to the fact that Michael Mc. was suffering from an issue concerning his eyes and required surgery at Richmond Surgical Hospital where manager Jackson was arranging for him to go to Dublin. This petition was additionally endorsed by a letter from Dr Browne. Manager Jackson confirmed that Michael Mc. was no longer insane. Still, he was not discharged. Though the reason for this is unknown, this case is nonetheless instructive in that it was evident that family played a significant role as an agent in the committal, but also in the discharge process at LDLA.[40]

Investigating the historical use of the Dangerous Lunatic Act additionally reveals the 'networking' history associated with incarcerated insanity. Mid nineteenth century Ireland saw authorities in gaols and workhouses actively clear out inmates who were suitable for asylum care.[41] This irrefutably had a damaging effect on the role of the asylum. Those who were transferred from other custodial institutions more often than not were to remain in the asylum setting. This was due to the fact that patients came with very little, if any information when transferred from other institutions: '…inadequate information; none at all in some instances, particularly with respect to the cases coming from workhouses and gaols, we can never learn their antecedents.'[42] RMS Fitzpatrick of LDLA added that they had yet to receive a patient from the workhouse that came with any information, most patients coming from these institutions were 'chronic, bad cases.' [43] They arrived in poor physical condition and required general nursing, placing further stress on already overworked staff. With no one else to take responsibility for their care, incurable patients who were transferred to LDLA were kept in the asylum, thus forming the 'core of life-long asylum inmates' never to be discharged.[44] This indicates that the Dangerous Lunatic Act provided much power to other custodial institutions

[40] National Archies, Ireland, CSO/RP/1830/1462, 27 May 1830.
[41] Cox, *Negotiating Insanity*, p. 37. Cox contends that this was largely as a result of high emigration rates in the district.
[42] *Report of the Commissioners of Inquiry into the State of Lunatic Asylums in Ireland,* 1858. p. 380.
[43] *Report of the Commissioners of Inquiry into the State of Lunatic Asylums in Ireland,* 1858. p. 380.
[44] Walsh, 'The Designs of Providence: Race, Religion and Irish Insanity,' p. 225.

in harmony with family and friends, all of whom determined the outcome of those who posed as a threat or a nuisance in their case. As this institution was the first large-scale, provincial asylum on the island, LDLA set the trend in identifying how the Dangerous Lunatic Act was to be the most dangerous piece of legislation enacted in mental health care history. Passing it was the final wave that destroyed the original objective of the asylum system to house, treat and cure curable lunatics, it injured the most basic of functions in these institutions.

Discharge rates

Evidently, there was an inexhaustible demand for admission into lunatic asylums across Ireland by the 1840s. The standing asylums at this stage were designed to accommodate 1,220 patients. They contained 2,028 individuals by 1843.[45] Investigating admission and discharge rates, as both Walsh and Cox have demonstrated, reveal important histories that determine how nineteenth century Ireland used the asylum. Cox investigated the admission, discharge and death records of 5,517 patients between the years 1832 and 1922, identifying gender and marital status as the social determinants that had the greatest impact on survival rates.[46] Discharge rates at Carlow asylum, aside from the Famine years, were largely on par with admission rates, though the difference in rates between male and female patients is interesting. Though Cox found more female than male admissions at Carlow Asylum between 1848 and 1852, peaking in 1852, Walsh discovered that the inpatient population at Ballinasloe Asylum comprised more men than women during the same period.[47] Cox considers how the Famine created a variety of contributory factors for more female admissions: 'There were more female lunatics maintained in the domestic environment in Carlow Asylum District and they became vulnerable to institutionalisation as familial support mechanisms disintegrated due to emigration and death.'[48] As the Famine abated, depopulation due to emigration and death saw more men living in the Carlow District, with 55 per cent of the population made up of males by 1911. This could be a contributing factor for why male admission rates subsequently increased, post-Famine, at Carlow Asylum, particularly after 1870.[49] Walsh found more male than female admissions at Ballinasloe Asylum during the Famine as noted and this continued long after. She considered post-Famine Ireland to be a place for single young males in particular, where celibacy was not uncommon and in harmony with the emergence of

[45] Finnane, *Insanity and the Insane* p.32; Cox, *Negotiating Insanity*, p. 39.
[46] Cox, *Negotiating Insanity*, pp 136-145.
[47] Walsh, 'A lightness of mind', p. 163.
[48] Cox, *Negotiating Insanity*, pp 136-139.
[49] Cox, *Negotiating Insanity*, pp 136-139.

impartible inheritance, higher rates of male admissions (mainly committals) thus ensued.[50] A shift in the system of property inheritance after the Famine resulted, for many young men and women, in the unenviable choice of emigrating or remaining in Ireland as a landless labourer. Ballinasloe Asylum was thus 'filled' with young single men, who would have been otherwise marrying and raising families and as a result, between the years 1850 and 1880, male admissions consistently outnumbered those of women, sometimes forming over 60 per cent of the inpatient population.[51] Formulating similar conclusions for LDLA has proven difficult, as only one patient register book survived which concerns the years between 1893 and 1951. Though admission rates are conclusive, the discharge and death rates from asylum sources for male and female patients are inconclusive. Nonetheless, through asylum record linkage, newspaper coverage, and Inspectorate reports complemented by House of Commons' Parliamentary Papers, rates of discharge and mortality between 1827 and 1900 have been counted to an almost exact figure.[52]

Endeavours to discharge as many patients as possible when possible is evident throughout the nineteenth century at LDLA. Chapter Three identified how the creation of new patient classifications were catalysed by the governors' new discharge regimes. During the first eight months of LDLA being in operation, eighty-one patients were admitted, seven of which were discharged by 1 August 1827, six had been discharged in July – four male and two female - whilst one female patient had died in January.[53] Two years later, forty-five patients had been admitted to LDLA between July and December 1829, adding to a population of 134 patients. Figure 5.2 below indicates admission and discharge rates for this period, revealing the districts these patients came from. The admission rates remained mostly higher and as this institution only had accommodation for 150 patients at this time, there were many instances of overcrowding during this early period. Thirty-three individuals (18.4 per cent) from the classes of incurable, epileptic and cured or nearly cured but housed patients were discharged, proving, for a moment, that the governors' discharge regimes were successful, as by the end of 1829, they were back inside the 150-bed limit:

[50] Oonagh, Walsh, 'Gendering the Asylums: Ireland and Scotland, 1847-1877' in *Gendering Scottish History: an international approach* (Edinburgh, 1999).
[51] Walsh, 'Gender and insanity in nineteenth century Ireland' p. 72.
[52] As suggested in the introduction of this thesis, the preservation of material survives as an unusual abundance for select years throughout the nineteenth century, one year included 1866. This section offers insights into patients' ages, lengths of residence as well as patients who attempted to and successfully escaped, with a predominant focus on the year 1866.
[53] *Correspondence and Communications between Home Office and the Irish Government, during the year 1827 on the subject of Lunatic Asylums*, H.C., 3 April 1828.

Figure 5.2: Admission and discharge rates from 1 July to 9 December 1829 at LDLA

	Limerick City	**County Limerick**	**County Clare**	**County Kerry**	**Total**
In the asylum 1 July 1829	27	44	42	21	134
Admitted from 1 July to 9 December 1829	11	17	12	5	45
TOTAL	38	61	54	26	179
Discharged from 1 July to 9 December 1829	13	6	10	4	33
Current total	**25**	**55**	**44**	**22**	**146**

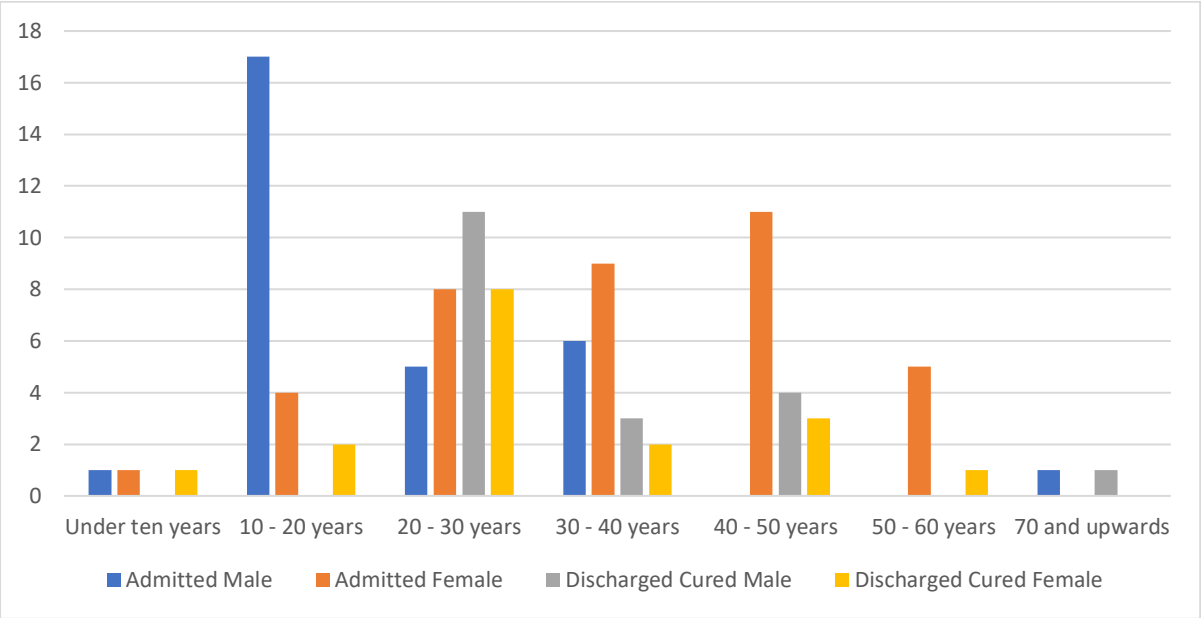
Source: JPH, LDLA, Minute books 1-3, (Limerick City and County Archive, St. Joseph's Psychiatric Hospital, p/98/1/1).[54]

Between April 1845 and 1846, out of 355 patients - 168 males and 187 females - thirty people (8.45 per cent) were discharged as cured or relieved, eighteen males and twelve females. Twenty-one patients had died in this time – eleven males and ten females.[55] Admission rates continued to be much greater than discharges throughout the nineteenth century.

Investigating the patient turnover for one year alone, the following graphs and figures represent those admitted and discharged for the year 1866, but with a focus on those discharged as cured or nearly cured. 445 patients were documented in house by the end of this year – 226 males and 219 females. This graph reveals that seventy patients had been admitted during this year – thirty-one males and thirty-nine females, two of whom were children under ten years of age, twenty-one of whom were teenagers and under twenty years old.

[54] JPH, LDLA, Minute books 1-3.
[55] *Report of the Commissioners into the State of Lunatic Asylums*, Vol. xxii, 1846.

Graph 5.1 Age of patients admitted to LDLA and discharged as cured for the year ended 31 December 1866:

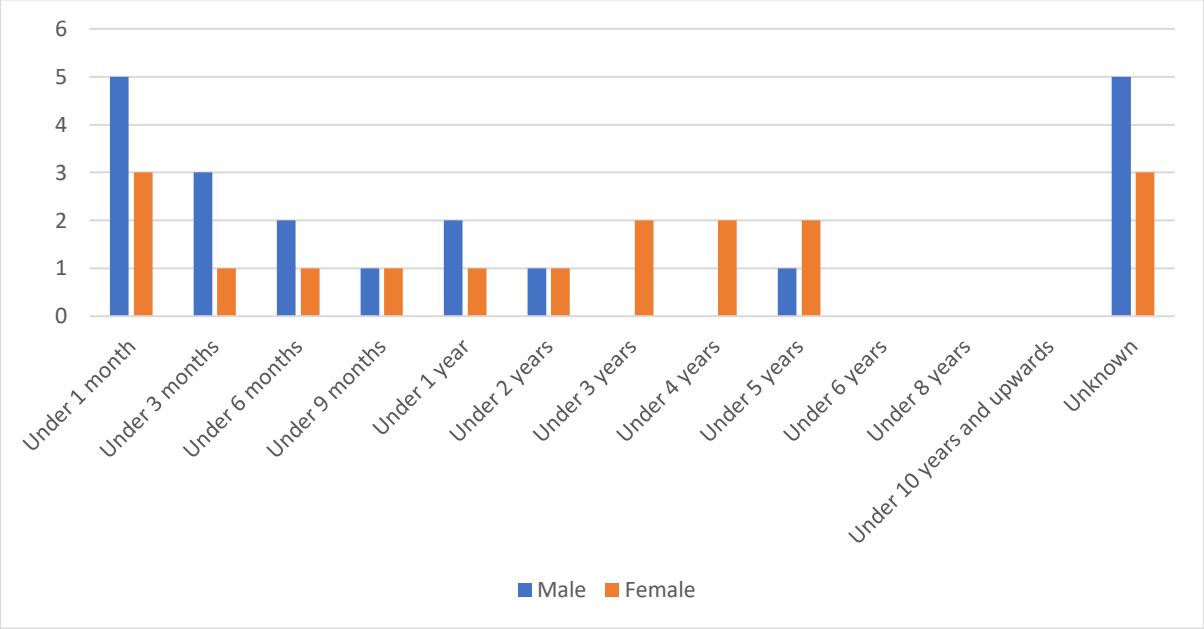


Source: *Report of the LDLA for the year ended 31 December 1866*, submitted by RMS Robert Fitzgerald.[56]

In total, thirty-seven patients were discharged as cured – twenty males and seventeen females. An additional fifteen patients were discharged as 'relieved' or 'improved.' This discharge rate resembled that of the rates recorded in 1845, arriving at 8.31 per cent. From the material available, this suggests that discharge rates remained under the ten-percentile rate for the years concerned. This graph not only reveals the admission and discharge rates of 1866, it also indicates the age of the patients. Here, as stated, one can note that children were housed at this establishment. Two children under ten years were admitted here – one boy and one girl, the latter was discharged as cured. Most individuals admitted this year were between the ages of ten and twenty - 30 per cent – and between the ages of thirty and forty – 21.4 per cent. Out of the thirty-seven patients discharged as cured, nineteen people (51.35 per cent) were between the ages of twenty and thirty. Only one person over seventy years of age was admitted during this time. This is similar to Carlow Asylum's history concerning the admission of elderly patients. Only twelve people over the age of seventy were admitted between 1911 and 1913, most of whom had been transferred from the workhouse, though were not certified as dangerous lunatics.[57] Concerning the thirty-seven patients who were discharged as cured by the end of 1866, the following graph details how long these patients were ill prior to admission.

[56] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1866*, submitted by RMS Robert Fitzgerald.
[57] Cox, *Negotiating Insanity*, p. 150.

Graph 5.2 Duration of illness before admission to LDLA in relation to those discharged as recovered during the year ended 31 December 1866:

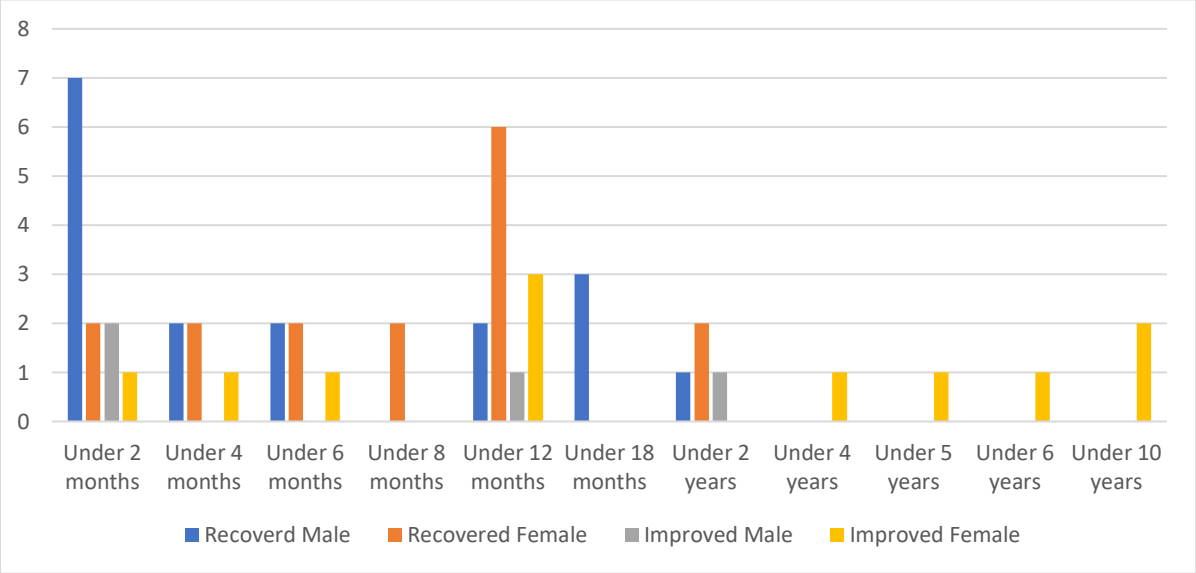


Source: *Report of the LDLA for the year ended 31 December 1866*, submitted by RMS Robert Fitzgerald.[58]

Eight patients had been ill for one month before admission whilst three patients had been ill for five years before admission. It is uncertain for an additional eight patients how long they were ill for before being admitted to LDLA. These cases are more than likely transfer patients from other custodial institutions who came to LDLA with little or no information. Similar to Walsh's findings at Ballinasloe Asylum, the illnesses of these patients were 'prompted by the stress of immediate circumstances.'[59] Graph 5.3 indicates how long these patients remained at LDLA.

[58] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1866*, submitted by RMS Robert Fitzgerald.
[59] Walsh, 'Gender and Insanity', p. 75.

Graph 5.3 Length of residence of those discharged as recovered or improved from LDLA during the year ended 31 December 1866:



Source: *Report of the LDLA for the year ended 31 December 1866*, submitted by RMS Robert Fitzgerald.[60]

54.05 per cent of patients were accordingly admitted to LDLA within a year of falling ill in 1866. It was not uncommon for those in charge at LDLA to question the length of illness for those seeking admission. Board meetings saw those whose illnesses were short-term be accepted quicker for admission. It was widely believed that the sooner the patient be admitted for treatment, the sooner they would be cured. The above graph gives reason for their arguments with 72.97 per cent of patients discharged as fully recovered within their first year at LDLA. For the fifteen patients not cured, but still discharged as improved, seven were housed for a period of two to ten years – 46.66 per cent. For the decade of the Famine and the years to follow, a significant reliance on institutional relief emerged in Ireland so whilst dealing with overcrowded conditions and a relentless demand from the local community, the 'success' of LDLA is still presented with these relatively high rates of discharge, particularly for those who were cured within their first year at this establishment.

In fact, through record linkage, figures have come to light that reveal relatively high rates of discharges between 1827 and 1900 overall. As of 1 November 1833, 630 patients had been admitted since its opening. 438 of these patients were reportedly discharged – 69.52 per cent. However, there is a need to be wary of such discharge figures as not all ended in success. Six of these discharges were 'relieved' or 'improved' from their illness but not cured. Forty

[60] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1866*, submitted by RMS Robert Fitzgerald.

patients were deemed incurable but were still discharged. These discharge rates also include the sixty-four patients who died inhouse. Nonetheless, 374 out of 438 patients were admitted to LDLA and discharged whilst 328 were discharged as cured within a seven-year period. This saw LDLA have a success rate of 74.89 per cent. There were 192 patients still receiving care as of 1 November 1833. Six cases had relapsed and were subsequently re-admitted.[61] This success rate dropped to 54 per cent by 1843. This rate is still relatively high, revealing the endeavours of this institution to act as a successful hospital for the mentally ill. By this time, 1,594 lunatics were accounted for as the total number of patients who had been admitted into LDLA. In line with the governors' attempts to remedy overcrowding, 867 (54 per cent) of those were discharged. The remainder were either deceased or still receiving care. This meant that over a half of LDLA's inmate population over a period of sixteen years were admitted, treated, and released. Note that those who were released were not always cured, but then again, as this thesis has revealed, there was a strong number of patients from the incurable class admitted.[62] By 1905, 3,166 people were admitted to LDLA over a seventy-eight-year period. 1,479 persons of this figure were discharged - 1,026 patients had been cured or discharged as 'improved' whilst 446 patients were documented as not improved but still discharged. Seven patients in total were found not to be insane.[63] The remaining 1,687 patients had either died or were remaining at the asylum, which will be discussed later in this chapter. This still saw a success rate of 46.72 per cent. By way of comparison concerning the discharge rates for the twentieth century at LDLA, the patients' register book for the years between 1893 and 1951 offers some information on the 380 patients who were admitted during this period. Over a period of seventy-eight years, this number is very low. This suggests that admissions decreased greatly to compensate for long-term patients during these years. Out of the 380 patients admitted during this time, seventy-eight people were discharged - 20.53 per cent. 297 patients died inhouse – 78.16 per cent. As will be discussed shortly, five patients successfully escaped. A strong majority of these patients lived in the asylum for three or more decades where one patient was admitted in 1918 and survived inhouse until 1968.[64] What these rates determine is that there

[61] JPH, LDLA, Minute book, 4 November 1833.
[62] JPH, LDLA, Minute book 1-5; Cooke Taylor, 'State of the lunatic poor in Ireland' in *Journal of the statistical society of London* Vol. 6, No. 4 (December 1843), pp 331-317. (p. 313).
[63] JPH, LDLA, Minute book 1-5; JPH, LDLA, Visitor Report Book; JPH, LDLA, Patient Register; JPH, LDLA, Dangerous Lunatic Committal booklets; *Seventy-seventh annual report of the medical superintendent of the Limerick District Lunatic Asylum 1904-1905*, p. 5; *Limerick Leader; Limerick Chronicle; Report of the Limerick District Lunatic Asylum for the year ending 31 December 1866*, submitted by RMS Robert Fitzgerald.
[64] JPH, LDLA Register of Patients, 1893 – 1951, P98/10/12.

was a higher likelihood of being institutionalised in the twentieth century than in the nineteenth century, thus becoming a 'life-long asylum inmate' of LDLA, never to be discharged.[65]

Patients' attempts to escape are visible but rare in the asylum records. There were quite a few attempts at escaping from LDLA early on so in January 1833, the asylum architect was ordered to visit the asylum and consider 'the best mode of securing the windows… in consequence of the escape of some patients.'[66] This was ordered after the southern boundary wall had been raised by two feet, which suggests that attempts were regarded as a pressing matter.[67] Five patients successfully escaped between 1893 and 1951, according to the patient register where one escaped on 17 June 1947 after being admitted to LDLA on 16 April 1944. He did not return so was 'written off' the register. In 1866 alone, three males and one female patient attempted to escape, only one of these attempts was successful. He escaped and managed to get back to his local community where the patient's friends offered to care for him. There, he 'ultimately became quite well'.[68]

Figure 5.3: Escapes and attempt of at LDLA for the year ended 31 December 1866:

Male	Female	Total	Observations
-	1	1	Attempted to get away but was caught inside the walls
1	-	1	Climbed over the front gate but was caught immediately
1	-	1	Attempted to get out through the window of his cell at night
1	-	1	Effected his escape, and his friends kept him at home, where he ultimately became quite well

Source: *Report of the LDLA for the year ended 31 December 1866*, submitted by RMS Robert Fitzgerald.[69]

When escapes were attempted or successful, the discussion at the Board meeting usually surrounded what course of action should be taken in punishing the attendant whose care the patient was under. If one patient escaped under their watch, they were fined. If two or more escaped, they were fired on the spot. Staff were held accountable for the successful escape of one patient and an attempted escape of another on 14 August 1895. Whilst the asylum was overcrowded by seventy-four people with seventy patients sleeping on the floor, a female and

[65] Walsh, 'The Designs of Providence: Race, Religion and Irish Insanity,' p. 225.
[66] JPH, LDLA, Minute Book, 7 January 1833; JPH, LDLA, Minute Book, 11 January 1833.
[67] JPH, LDLA, Minute Book, 20 September 1827.
[68] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1866*, submitted by RMS Robert Fitzgerald.
[69] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1866*, submitted by RMS Robert Fitzgerald.

male patient attempted to escape. The female patient jumped out of a window but was found after injuring her back.[70] The male patient was successful in his escape as he climbed the wall during the night. He hid in the potato ridge during the previous day. As he was not found, the attendants looking after the male patients were fined through a reduction in their wages.[71] Though sources cannot provide a voice from the actual patient, the records of this asylum still offer an insight into how patients responded to the system. For those who attempted to escape and those who successfully escaped suggests the patients' possible distresses but also active contestations to asylum life. The exact number of those who escaped is uncertain in Limerick's nineteenth century instance. At Carlow Asylum, 0.3 per cent of patients - nineteen – escaped successfully between 1832 and 1922 whilst 52.4 per cent of patients – 2886 – were discharged.[72] Again, we can see here how Limerick Asylum shared some features in common with other Irish asylums with 1,492 – 46.72 per cent – of a discharge rate.[73]

Death and burial

Deaths in institutions in nineteenth century Ireland were alarmingly high, particularly in workhouses. Ferriter addresses death rates in Dublin City where 9,000 people died in 1901. 1,600 of those were inmates of the workhouse. Such an institution saw regular outbreaks of diphtheria, measles and smallpox as 'an intrinsic part of the Dublin slum experience.'[74] Similar to workhouses, lunatic asylums created an ideal environment for the spread of diseases such as phthisis and dysentery, with the latter oftentimes being related to the institution's water supply, as found at Carlow Asylum in the 1880s and 1890s.[75] Interestingly, outbreaks in Limerick's Asylum were very few, save for an outbreak of cholera in March 1849 which resulted in the death of twenty patients. Though this asylum did not have an infirmary during this period, a couple of wards were cleared out and used as such. Aside from the outbreak of cholera, there are very few traces of other disease outbreaks. Indeed, in the post-Famine years, it was declared by the RMS, 'Except during the cholera, we had very few infectious cases of disease.'[76] This

[70] *Limerick Leader*, 14 August 1895.
[71] *Limerick Leader*, 14 August 1895.
[72] See – Cox's *Negotiating Insanity* for discharge rate breakdown at Carlow Asylum. Cox, *Negotiating Insanity* p. 153.
[73] JPH, LDLA, Minute book 1-5; JPH, LDLA, Visitor Report Book; JPH, LDLA, Patient Register; JPH, LDLA, Dangerous Lunatic Committal booklets; *Seventy-seventh annual report of the medical superintendent of the Limerick District Lunatic Asylum 1904-1905*, p. 5; *Limerick Leader; Limerick Chronicle; Report of the Limerick District Lunatic Asylum for the year ending 31 December 1866*, submitted by RMS Robert Fitzgerald.
[74] Ferriter, *The transformation of Ireland* p. 52.
[75] Cox, *Negotiating Insanity*, p. 229.
[76] *Report of the commissioners of inquiry into the state of the lunatic asylum in Ireland 1858,* Part II, Evidence and Documents, p. 387.

would suggest LDLA was a well-run establishment, particularly during the Famine years as there was no trace of typhoid or relaxing fever, contrary to other institutional histories. LDLA stopped any new admissions during the Famine years, particularly in 1845, subsequently placing responsibility on Limerick Union Workhouse to serve the local lunatic. Although it was not the original intent of Union Workhouses to accommodate lunatics, the Poor Law Commissioners requested that those who were idiot but relatively harmless be permitted access into Limerick Workhouse: '…the admission of persons not perfectly harmless and that the reception of homeless, epileptic or idiotic cases be the norm'.[77] The demand made by the pauper insane saw these conditions change over time, especially as LDLA refused any additional admissions.[78] For a turbulent period that saw many Irish institutions overwhelmed by the spread of disease, it is for this reason that perhaps there were less cases at LDLA due to the closing of its doors.[79] Still, the threat of such outbreaks was always present. Patients presenting with diseases were complained about in May 1870 by an Inspector. Although the corridors, day rooms and dormitories were clean and orderly:

> …on going round the institution, I was accompanied by the Resident and Visiting Physicians, I could not but observe the very great want that exists of an infirmary for the sick, it is quite improbable that the patients labouring under bodily disease can be properly treated in different parts of the building as there is at present… I therefore beg to call the serious attention of the Governors to the great necessity there is for separate accommodation for the sick.[80]

A visitor wrote in the report book in July 1871, warning the asylum staff that cholera was likely to 'visit this country again… dysentery and diarrhoea are rife if [it] occurs.' This visitor additionally commended Dr Fitzgerald: 'frequently the forerunning of a more disastrous malady – luckily owing to continuous medical attention, but few deaths have hither occurred in this house during this present year.'[81] The spread of disease, particularly Tuberculosis, was more prominent towards the closing years of the 1800s at LDLA.

LDLA experienced a relatively high mortality rate at the turn at of the twentieth century. However, this was not the case for the early to mid-nineteenth century. In fact, concerning

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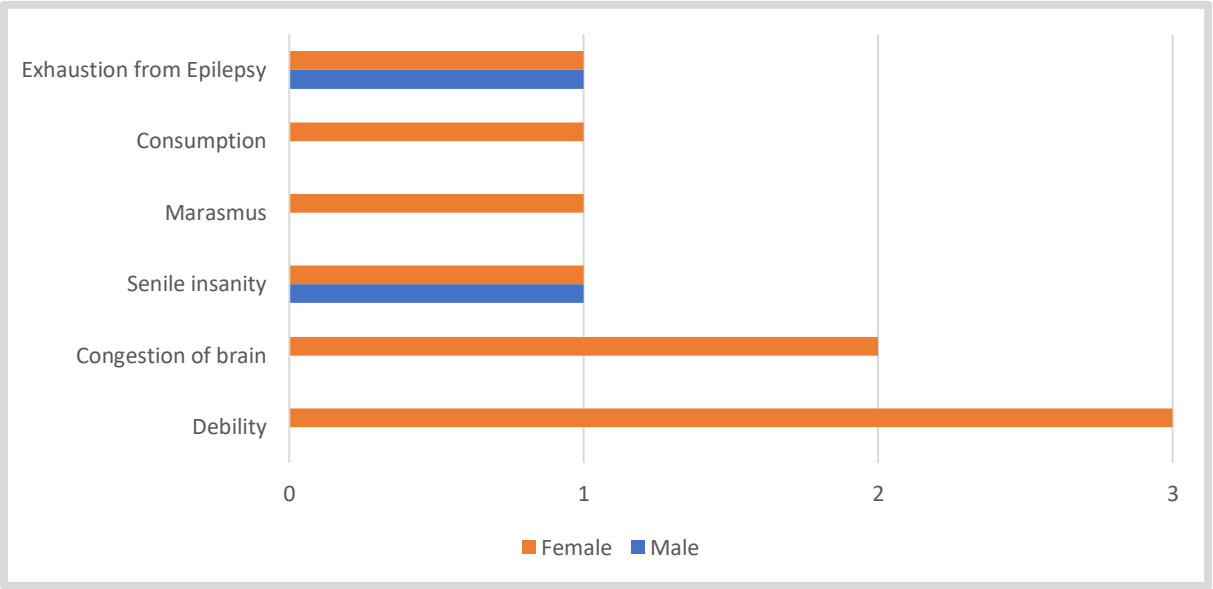
[77] *Limerick Chronicle*, 1 February 1845.
[78] Moane, 'The Limerick Workhouse: 1841-1861' p. 33. The Guardians desire to 'do good' created tensions due to the restrictions found in the Irish Poor Law. It was concluded that the final say should be with the local Board and on 25 January 1845, two lunatics deemed dangerous were admitted under 'compassionate grounds' as it was found inhumane to confine 'those unfortunate creatures in a felon's cell… debarring them from the assistance of an experienced keeper such as Mr. Simpson.' See also - *Limerick Chronical*, 25 January 1845.
[79] Laurence Geary, 'Epidemic Diseases of the Great Famine' in *History Ireland*, vol. 4, Issue 1, (1996). See also - R. Dudley Edwards and T. Desmond Williams (eds.), *The Great Famine: Studies in Irish History, 1845-52* (Dublin, 1994).
[80] JPH, LDLA, Visitor Report Book, 24 March 1870.
[81] JPH, LDLA, Visitor Report Book, 19 July 1871.

Limerick's institutions generally, between 6 June 1831 and 6 June 1841, a total of 17,492 persons were admitted into Limerick hospitals, and of these, only 6 per cent died - 1,164 patients died.[82] As of 1 November 1833, LDLA had a mortality rate of 10 per cent where sixty-four out of 630 patients had died inhouse.[83] Due to the high levels of destitution in nineteenth century Limerick, some patients arrived at the asylum quite ill and did not last long. This became quite a common pattern – patients either died very quickly having arrived in a weakened state or lasted many years due to the more considerable diet plans available at the asylum. One male patient who was admitted on 28 September 1827 was declared deceased by 2 October.[84] The following decade saw mortality rates increase somewhat and the same was true for Ballinasloe Asylum where 189 out of the 824 patients (22 per cent) died between the year of its opening, 1833 and 1841.[85] According to Cox, the death rates at Carlow Asylum are not as high to that in England such as Devon Asylum where most patients died there for the same period.[86] For Limerick, as the nineteenth century progressed, there was a consistent increase of mortality rates parallel to admission rates. By 1841, 1,039 people had been admitted into LDLA - 536 males and 523 females whilst 184 patients died in house - 109 males and 75 females. This saw a mortality rate of 17.37 per cent - 20.33 per cent of males and 14.34 per cent of females.[87] As of 1 January 1845, 169 males and 185 females were documented inhouse. Fifty-four patients were new admissions in the previous year – thirty-four males and twenty-two females. Thirty-one patients were discharged cured that year and thirty-five patients died - twenty-four males and eleven females. Though considered relatively high, the Commissioners declared: 'it will be found upon a more minute examination that most of those consisted of very old persons, who had been several years in the asylum.'[88] Eleven patients died at LDLA in 1866. As well as age-related deaths, other causes of death included debility and consumption. An undernourished child died of marasmus during this year also.

[82] *Report of the Commissioners, the Census of Ireland for the year ending 1841*, section IV.
[83] JPH, LDLA, Minute Book, 4 November 1833.
[84] JPH, LDLA, Minute book, 1 November 1827.
[85] *Report of the Commissioners, the Census of Ireland for the year ending 1841*, section III.
[86] For death rates at Carlow Asylum, see – Cox, *Negotiating insanity*, pp 135-161. For death rates at Devon Asylum, see – Joseph Melling and Bill Forsythe, *The Politics of Madness: The State, Insanity and Society in* England, 1845-1914 (London, 2006), p. 192.
[87] *Report of the Commissioners, the Census of Ireland for the year ending 1841*, section III.
[88] *Reports from the Commissioners*, vol. 34, 1845, p. 31.

Graph 5.4 Causes of death for patients at LDLA for the year ended 31 December 1866:



Source: *Report of the LDLA for the year ended 31 December 1866*, submitted by RMS Robert Fitzgerald.[89]

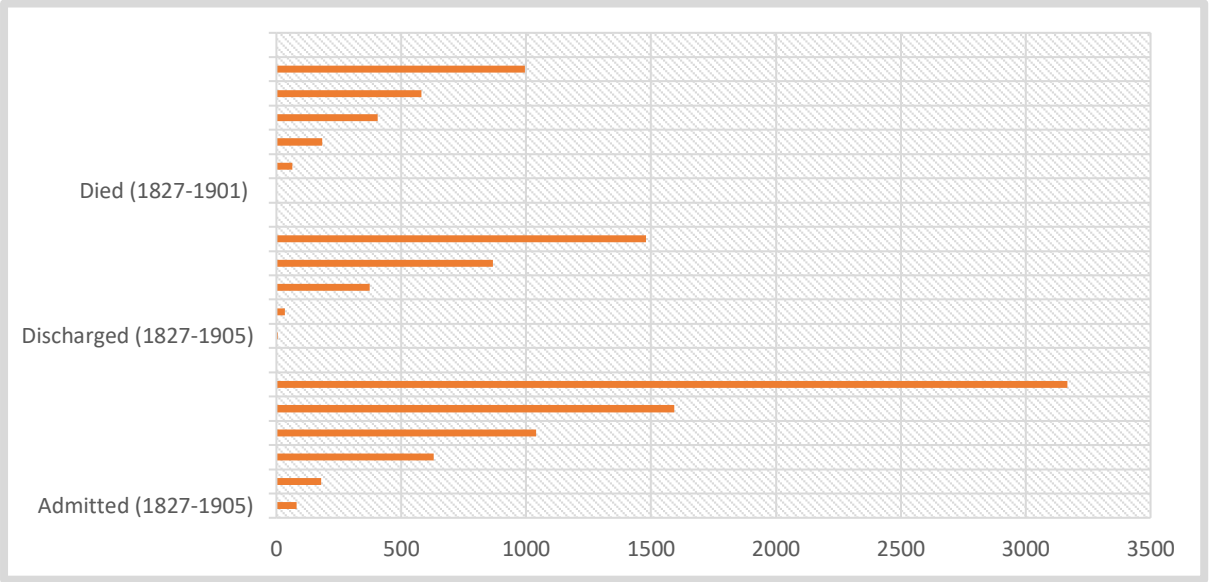
Most deaths of patients at LDLA largely resulted from apoplexy, phthisis, exhaustion and pneumonia.[90] As many patients died from chest and lung infections, it was likely because so many patients were sleeping on the floor which was recorded in 1897 to be 'saturated with moisture'.[91] Pneumonia related deaths remained common at the turn of the nineteenth century and Breathnach reveals how in certain cases, it was directly linked to poor living conditions. In a damp setting with poor ventilation, 'these conditions led to a high number of respiratory diseases.'[92] Ninety-two patients died at LDLA in 1861,[93] twenty deaths were recorded in 1862,[94] and eighteen deaths in 1873 (six males and twelve females), all of whom reportedly died of natural causes.[95] Thirty-two patients died in 1889, sixteen of whom died from thoracic infections.[96] Fifty-one patients died in 1896 at the asylum, most of whom from phthisis, later

[89] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1866*, submitted by RMS Robert Fitzgerald.
[90] *Limerick Leader*, 13 February 1895.
[91] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1897*, p. 11; O'Malley, 'Governors, staff and patients', p. 31.
[92] Tracking the emergence of domiciliary medical care and the intentions to improve public health and sanitation in the west of Ireland in the early 1900s, Breathnach discusses the work by Nurse De Largy who was dealing with a case of a baby suffering from chronic pneumonia. De Largy contended that this illness was brought on by very poor living conditions: 'The very design of this type of cabin was not conducive to good health.' Ciara Breathnach, 'Lady Dudley's District Nursing Scheme and the Congested Districts Board, 1903-1923' in Margaret H. Preston, Margaret Ó hÓgartaigh (eds), *Gender and Medicine in Ireland,1700-1950* (Syracuse, 2012), p. 148.
[93] *Census of Ireland 1861, Deaths in lunatic asylums*, table 1.
[94] *Twelfth report on the district, criminal and private lunatic asylums in Ireland*, H.C. 1863, p. 24.
[95] *Twenty-third report on the district, criminal and private lunatic asylums in Ireland*, H.C. 1874, p. 64.
[96] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1889*, p. 19, table viii.

known as tuberculosis.[97] Between 1880 and 1893, 405 patients died at the asylum which had increased to 581 by 1901.[98] By 1905, 3,166 patients had been admitted to LDLA over a seventy-eight-year period where 1,479 individuals were discharged – 46.72 per cent, as stated.[99] The remaining 1,687 (53.28 per cent) of those patients either died or were still receiving care. It is here that complications arise regarding gaps in the asylum's material. There are 996 deaths accounted for concerning the years 1833, 1841, 1845, 1861, 1862, 1873, and 1880-1901. It is therefore difficult to determine an exact death rate for LDLA's nineteenth-century history. With 996 deaths accounted for and knowing that 610 patients were documented inhouse in 1897, there are still eighty-one patients unaccounted for. This means that the death rates are inconclusive for the nineteenth century. What is evident is that death rates rose steadily on par with admission and discharge rates for the period under review, the graph below presents what these death rates somewhat looked like. Even with eighty-one patients unaccounted for on whether they were discharged or died inhouse, discharge rates are still much higher than death rates at LDLA for the nineteenth century, whilst admission rates consistently outweighed both for the period under review.

[97] Here, you have a hint that diseases were becoming more prominent in LDLA at the turn of the twentieth century when compared to earlier years. O'Malley, 'Governors, staff and patients', p. 31.
[98] *Report of the Limerick District Lunatic Asylum for the year ending 31 December 1893*, table ix, p. 26 and *Report 1901/02*, table xiii, p. 32.
[99] JPH, LDLA, Minute book 1-5; *Seventy-seventh annual report of the medical superintendent of the Limerick District Lunatic Asylum 1904-1905*, p. 5

Graph 5.5: Admissions, discharges, and death rates of patients at LDLA, 1827-1905



Sources: JPH, LDLA, Minute book 1-5; JPH, LDLA, Visitor Report Book; JPH, LDLA, Patient Register; JPH, LDLA, Dangerous Lunatic Committal booklets; *Seventy-seventh annual report of the medical superintendent of the Limerick District Lunatic Asylum 1904-1905*, p. 5; *Limerick Leader; Limerick Chronicle; Report of the Limerick District Lunatic Asylum for the year ending 31 December 1866*, submitted by RMS Robert Fitzgerald.[100]

Death rates rose dramatically from the turn of the twentieth century onwards. Between 1893 and 1951, there was a mortality rate of 78.16 per cent according to the patients' register book.[101] These were largely age-related deaths, thus revealing a higher likelihood of being institutionalised at LDLA in the twentieth century rather than in the nineteenth century. If the graph above included twentieth century rates, it would certainly paint a different picture.

Very little detail from the asylum sources offer insights on funeral procedure for the nineteenth century, but it was obligatory in the event of the death of any patient that 'notice be given to the coroner for the purpose of holding an inquest.'[102] Maps from the asylum records detail the placement of a 'disused burial ground' on the asylum grounds. Though this burial ground is

[100] JPH, LDLA, Minute book 1-5; JPH, LDLA, Visitor Report Book; JPH, LDLA, Patient Register; JPH, LDLA, Dangerous Lunatic Committal booklets; *Seventy-seventh annual report of the medical superintendent of the Limerick District Lunatic Asylum 1904-1905*, p. 5; *Limerick Leader; Limerick Chronicle; Report of the Limerick District Lunatic Asylum for the year ending 31 December 1866*, submitted by RMS Robert Fitzgerald.
[101] JPH, LDLA Register of patients, 1893 – 1951, P98/10/12
[102] JPH, LDLA, Minute Book, 24 October 1826. In determining traditional mortuary practices in Ireland in the nineteenth century, but with a focus on the twentieth century, See Patricia Lysaght, 'Old Age, Death and Mourning' in Eugenio F. Biagini, Mary E. Daly (eds), *The Cambridge Social History of Modern Ireland* (Cambridge, 2017).

not recorded on any published maps, the graveyard is at times mentioned in the course of the asylum's opening years. The neighbouring graveyard, Mount St. Lawrence Cemetery was not established until the 29 March 1849 (Appendix C).[103] Comprising eighteen acres neighbouring the lunatic asylum, this cemetery was run by the Catholic church from 1849 until 1979 when Limerick City Council took over.[104] The first patient to be buried at this new site was sixty-year old Mary E. on 22 March 1855. Therefore, for the first twenty-eight years, patients of the asylum were buried on site, a site that is still unmarked today. As stated in the introduction, there does not seem to be any record of patients buried on the asylum grounds but the burial records for Mount Saint Lawrence offer important information. Between the years 1855 and 1925, 789 graves specifically identified as LDLA patients, have been recovered at this site which in turn have become valuable sources in their own right. In addition to this, the records of LDLA do not offer detail on any children housed there aside from those admitted and discharged for the year 1866. The burial registers on the other hand reveal not only that children were admitted into the asylum, but that some were born there.[105] Mary Q. was one day old when she died at the asylum and was buried on 20 February 1903. The same was true for Patrick R. who was also born at the asylum and was buried at one day old on 22 March 1919. Economic factors, as Ó Gráda has indicated, influenced the life chances of infants and children throughout the thirty-two counties in the 1900s.[106] Breathnach accounts for poor sanitation combined with inadequate feeding that resulted in the majority of infant deaths in Dublin City at the turn of the twentieth century.[107] The graves recovered of the children who died at LDLA range from the ages of one day old to eleven years. Between 1866 and 1919, out of the eleven child graves found, 72.72 per cent of those were female – eight female patients – whilst 27.27 per cent were male children between the ages of one day old and four years old.

[103] Compiled and printed by the Ordnance Survey department and director at the ordnance survey office, phoenix park, Dublin.
[104] Limerick.ie, Mount Saint Lawrence: http://mountsaintlawrence.limerick.ie/about (accessed 17/02/2020).
[105] Staff and Students of Mary Immaculate College from the Departments of History and Geography collaborated with Limerick City Archives in April 2014 to transcribe and map the 2012 Grave Marker Database project. Mount Saint Lawrence Burial Register: http://mountsaintlawrence.limerick.ie/about (accessed 17/02/2020).
[106] In determining infant and child mortality in Dublin and Belfast during the late eighteenth and nineteenth century, see – Cormac Ó'Gráda, 'Infant and Child Mortality in Dublin a Century Ago' in Margaret H. Preston, Margaret Ó hÓgartaigh (eds), *Gender and Medicine in Ireland,1700-1950* (Syracuse, 2012), p. 148.
[107] Ciara Breathnach, 'Infant life protection and medico-legal literacy in early twentieth century Dublin' in *Women's History Review*, Vol. 26, issue 6, (November 2017) pp 781-798. This is supported in her work on 'unknown' infant fatalities, co-authored by O'Halpin: 'It is reasonable to assume that most of these unknown infants were born to mothers in poor circumstances.' See - Ciara Breathnach, Eunan O'Halpin, 'Registered "unknown" infant fatalities in Ireland, 1916-32: Gender and Power' in *Irish Historical Studies*, Vol. 38, issue 149, (May 2012), p. 71. (pp 70-88).

Figure 5.4: Graves recovered of children who died at LDLA, buried at Mount Saint Lawrence cemetery, 1903-1914:

Name	Age	Burial date	Place of Birth
Mary Q.	One day old	20 February 1903	Limerick District Lunatic Asylum
Patrick R.	One day old	22 March 1919	Limerick District Lunatic Asylum
William S.	4	16 July 1867	Unknown
Catherine S.	11	15 July 1866	Unknown
Anne L.	9	7 January 1868	Unknown
Catherine S.	4	1 July 1876	Unknown
Bridget Mc.	6	28 December 1899	Unknown
Margaret Mac.	4	13 July 1904	Sandmall Cottages, Limerick
Elizabeth O'R.	9 weeks old	3 March 1910	No. 4 Verdant Place, Limerick
Thomas S.	4 months old	14 March 1914	Rossbrien, Limerick
Mary M.	10 months old	20 March 1914	26 Catherine St., Limerick

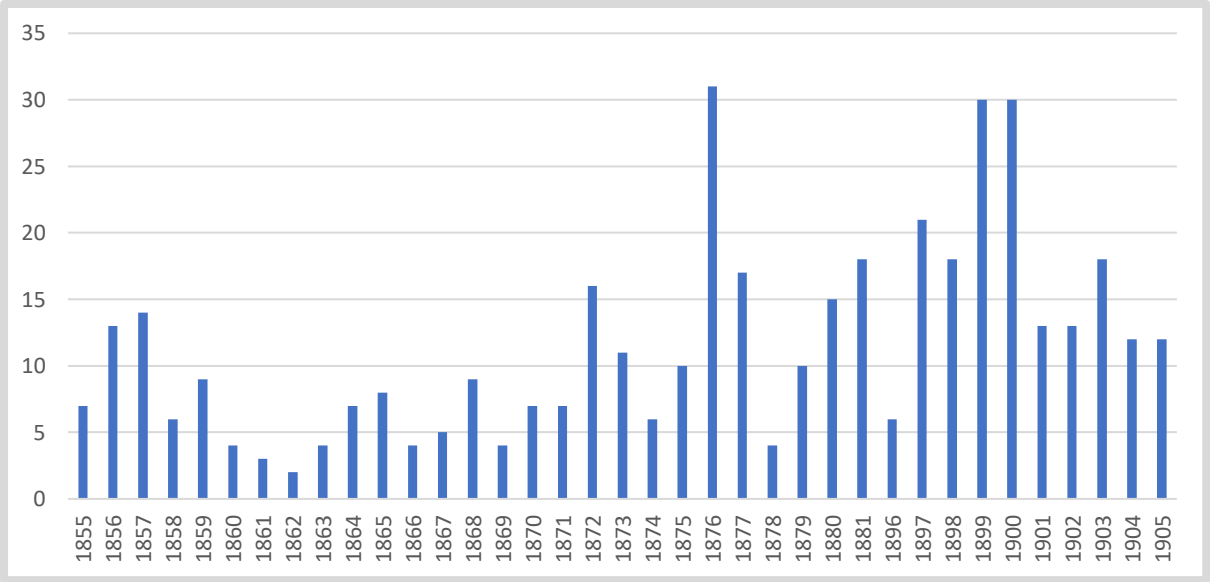
Source: Mount Saint Lawrence Burial Register: http://mountsaintlawrence.limerick.ie/about (accessed 17/02/2020).[108]

The presence of children at LDLA is extraordinary. Children were not supposed to be sent to the District Asylums – they were ruled as adult-focused establishments. As these graves were recovered quite late in this research, the history of these asylum children requires further study, especially as evidence of children similar to this cohort in any other Irish asylum is rare. Presumably, the births of the youngest children could be accounted for through the admission of pregnant women who delivered in the asylum, but this does not explain children above the new-born age. It is possible that children were permitted to stay with their ill mothers if they were being nursed. It is also possible that female patients were employed as wet nurses and nursing children were transferred from other institutions to LDLA. In this instance, it has proven difficult to determine why children were at LDLA and more so, what caused their deaths, especially as the only records that details their existence are in fact their graves. It is additionally uncertain if the children with unknown addresses were born at the asylum or admitted as patients at a later date as no alternative address is provided aside from being registered in the institution. Those whose addresses are provided are assumed to have been admitted at a very early age. What is evident, due to the burial records, is that children were definitely being housed there from the 1860s. As indicated in Figure 5.4 above, between 1866 and 1869, three children, aged four, nine and eleven years died at this establishment. The following graph represents the number of patients' graves uncovered in the Mount Saint Lawrence graveyard between the years 1855 to 1925 detailing the level of burials each year, as well as the age range of patients. Ranging from the ages of one day old to ninety-three years,

[108] Mount Saint Lawrence Burial Register: http://mountsaintlawrence.limerick.ie/about (accessed 17/02/2020).

life expectancy rates are additionally quite interesting here as many of those who had died are averaging over seventy years of age, which supports the earlier discussion regarding how death rates at LDLA consisted, for the most part, as 'very old persons, who had been several years in the asylum'.[109] This mostly remained the same for the remainder of the nineteenth century (See Appendix I).

Graph 5.6: Number of patients' graves recovered at Mount St. Laurence Cemetery, 1855-1905:



Source: Mount Saint Lawrence Burial Register: http://mountsaintlawrence.limerick.ie/about (accessed 17/02/2020). There is a significant gap between 1882 and 1895 as no graves were documented in the Mount St. Laurence Cemetery database.[110]

As established in the case of James D., burial procedure was complained about by the Lord Lieutenant on 10 April 1873 at the LDLA:

> His Excellency, however, is sorry to find that a very unsatisfactory state of things exists as regards the proper and decent burial of Lunatics. He is in communication with the Inspectors of Lunatics, with a view to a remedy being effected, and will communicate further with the Governors on the subject.[111]

James D.'s case therefore sheds light on several issues concerning burial and funeral rites. Firstly, though Mount Saint Lawrence was being used for the interment of asylum patients from 1855, the fact that James D. was still buried on the asylum grounds suggests that the

[109] *Reports from the Commissioners*, vol. 34, 1845, p. 31.
[110] Mount Saint Lawrence Burial Register: http://mountsaintlawrence.limerick.ie/about (accessed 17/02/2020).
[111] Letter from Lord Lieutenant, Dublin Castle, to the Board of Governors of the Limerick District Lunatic Asylum, 10 August 1873; JPH, LDLA, Letter Book, 10 August 1873, P98/4/2. This letter is additionally written into the Visitor's Logbook by Governor Spillane.

asylum cemetery was still being used twenty years later, parallel to Mount Saint Lawrence. No inquest was conducted after James D. died, which was contrary to the asylum rules. Circumstances surrounding not only his death but also his burial are therefore suggestive. It is possible that James D.'s body was purposely hidden to avoid the inquest, as Attendant Connell 'could not remember' where he buried him.[112] Though the asylum rules demanded such, it was revealed that another female patient who was found dead in her cell on the morning of 22 March 1872 was also buried without an inquest being held.[113] Perhaps, inquests were rarely conducted and only with deaths under unusual circumstances was this be brought to light? What is certain is that Dr Courtenay wanted to avoid any such complications during his time as RMS. He wrote to Dublin Castle in June 1873 demanding guidelines for burial practices. This letter additionally exhibits how religious affiliation affected the burial rituals of the LDLA patients:

> There is no fixed regulation with regard to the interment of Lunatics who die in District Asylums in Ireland… on the decease of a patient, it is usual for the RMS to communicate with the next of kin, if known stating the fact and leaving it optional with them to remove the body which, if not claimed is interred at the expense of the asylum and generally in the nearest burial ground. The only asylums having a cemetery within their precincts are at Omagh and Ballinasloe. Roman Catholic patients are invariably attended by their Chaplains who administer the last rites of their Church to them when dying, but who rarely attend at the funerals. The attendance of Protestant Chaplains at the interments of deceased members of their persuasion is more frequent.[114]

Particularly for those left 'unclaimed', this suggests that there was very rarely a funeral mass for the patient. When dying, the Roman Catholic patients therefore only received their last rites. It could possibly be that the chaplain was attached to a parish and therefore busy, but still, it is evident that these patients rarely, if ever, received funeral rites or a mass. The Anatomy Act of 1832 saw many unclaimed bodies of paupers in custodial establishments, primarily workhouses be made available to medical schools for the purpose of dissection.[115] It is uncertain if this was the case for LDLA patients.

Throughout Ireland, rates of suicide in 1841 were reasonably high with hanging, drowning, gun-shot wounds, stabbing, cutting, suffocation and poisoning as the main causes of death. For that year alone, 755 persons died by suicide - 474 males and 281 females. A third of these

[112] *Irish Times and Daily Advertiser*, 25 September 1872,
[113] JPH, LDLA, Minute Book, 22 March 1872.
[114] JPH, LDLA, Letter Book, 23 June 1873.
[115] O'Connor, *The Workhouses of Ireland* p. 151.

deaths were caused by hanging and a fifth by drowning. Male suicide cases mainly resulted from hanging, stabbing and cutting, and suffocation while female cases were largely found to have died from poisoning or drowning. Coroner reports saw an increase in suicides during the previous five years, increasing on average by thirteen deaths annually.[116] As Laragy has demonstrated, the relationship between suicide and insanity was first 'codified within the legal canons of medieval England.'[117] By the nineteenth century, parallel to the emergence of lunatic asylums, the responsibility of caring for the mentally ill rested on the medical profession. Concerning matters of suicide, the duty was legally placed on the coroner to investigate any sudden deaths: 'Shall go to places where any be slain, or suddenly dead or wounded.' This remained the same in the asylum setting but for all deaths and not just suicides. One LDLA patient died by suicide in 1858 where the coroner was instructed to conduct an inquest, and in this instance, some of the governors attended too. Blame was placed on one of the assistant nurses who was subsequently dismissed.[118] Another suicide was reported in 1873 concerning a male patient who set himself on fire. The coroner's report classed it as death by suicide, but no staff were held accountable in this instance.[119] For those who were admitted on the grounds of suicidal tendencies, attendants were directed to act with caution and if necessary, to procure a straitjacket. There was discussion surrounding the creation of 'sleeping rooms' for suicide cases in the 1850s but the RMS argued that the asylum did not have enough space.[120] This reveals a sense of constant threat at LDLA concerning patients attempting suicide which in turn indicates how on guard staff had to be, particularly as they were the ones held accountable. Not only were their livelihoods at risk, to be cast blame for someone dying by suicide must have taken an emotional toll too.

The public reaction to suicide and the Catholic church's attitude to it has proven complex. 'Committing' suicide was considered 'sinful' in nineteenth century Ireland. Churches punished suicides posthumously according to Laragy.[121] However, the 'sin' was forgiven if the person was found of to be of an unsound mind. This subsequently permitted the individual to be buried in consecrated ground. Temporary insanity 'would be assumed by the church but this could not be guaranteed.'[122] The attitude to mental illnesses in Ireland for the long nineteenth

[116] *Report of the Commissioners Appointed to Take the Census of Ireland, for the year ending 1841,* section II.
[117] Georgina Laragy, 'Suicide and Insanity in Post-Famine Ireland' in Catherine Cox, Maria Luddy (eds), *Cultures of Care in Irish Medical History, 1750*-1970 (Hampshire, 2010), pp 79-81. (pp 79-91).
[118] *Report of the Commissioners into the State of Lunatic Asylums*, 1858, p. 384.
[119] *Twenty-third report on the district, criminal and private lunatic asylums in Ireland,* H.C. 1874, p. 64.
[120] *Report of the Commissioners into the State of Lunatic Asylums*, 1858, p. 384.
[121] Laragy, 'Suicide and Insanity in Post-Famine Ireland' pp 81-83.
[122] Laragy, 'Suicide and Insanity in Post-Famine Ireland' p. 83.

century is difficult to ascertain but there is consistent reporting in contemporary regional newspapers concerning acts of insanity with a significant focus on suicide and attempted suicides.[123] On 22 September 1828, Judith M., mother of seven whose youngest child was one month old, died after hanging herself in the barn. Her case received quite extensive coverage.[124] Another suicide of an 'unfortunate man' was reported 17 August 1829 in the *Freeman's Journal* where Henry B. died of a suspected opium overdose.[125] Another 'distressing account' of a suicide was that of Mr. B., 'a gentleman of respectability.' Reported in May 1824, he was found 'in a fit of temporary insanity' which in turn, meant that he could be buried in a cemetery. The coverage of this case detailed how he shot himself after placing 'the muzzle of a pistol to his side and discharged the contents of it into his body. The ball came out of his left shoulder… the fatal event has thrown his friends into gloom and affliction.'[126] Though these cases might simply have been covered due to their sensational nature, they were nonetheless published in newspapers that had high rates of circulation. The *Limerick Chronicle* was the most popular paper in Limerick selling roughly 130,000 units per year (1822-1836). O'Neill finds this to be on 'par with the best-selling provincial in the larger urban areas of Belfast and Cork.'[127] Parallel to reports of suicide and attempted suicides, poems such as Mr. Harrison's (Appendix J) offer an insight into the social attitude surrounding suicide at the turn of the nineteenth century.[128] These newspapers additionally reported on suicides and suicide attempts that happened at LDLA, proving valuable as there is very little mention of suicide in the asylum's records.

Tracking rates of suicide at the asylum has therefore proven difficult, but not only due to lack of mention but because causes of death were not always documented as suicide, as revealed in Ellen O'B.'s case that was discussed in the introduction. Ellen O'B., was committed under the Dangerous Lunatic Act into LDLA on Tuesday, 16 July 1901 for attempting suicide twice. She subsequently died a few days later. However, rather than from suicide, it was recorded that she died of exhaustion, due to acute inflammation of the stomach and bowels after digesting a large amount of corrosive sublimate.[129] There was definitely a reluctance to describe such deaths as suicide, if it could at all be avoided. As a result, though featuring to

[123] *Limerick Evening Post*, 9 January 1833.
[124] *Freeman's Journal*, 22 September 1828.
[125] *Freeman's Journal*, 17 August 1829.
[126] *Freeman's Journal*, 21 May 1824.
[127] O'Neill, 'The portrayal of madness in the Limerick press, 1772 – 1845', p. 6.
[128] By 1845, the provincial press acted on the changing terms used for mental illnesses during the associated periods: 'Lunacy, Insanity or Madness depending upon the ridiculousness, perversity and collusions of temper.' O'Neill, 'The portrayal of madness in the Limerick press, 1772 – 1845,' p. 6.
[129] *Report of the Limerick District Lunatic Asylum for the financial year ended 31 March 1902 and the statistical year ended 31 December 1901*, table xv. P. 25.

some extent in the records, suicide cases and attempts thereat are recorded as quite low in many of these asylums. As found by Cox, thirty-one patients displayed suicidal tendencies at Carlow Asylum between and 1832 and 1922 with five successful suicides recorded, all male patients.[130] From what is evident, there was a number of those admitted who were legitimately struggling from suicidal tendencies and definitively needed some form of care and support. Granted, the asylum population was overwhelmed by incurable patients, admissions such as Ellen O'B's reveals that LDLA still attempted to function as a hospital for those who were treatable.

Conclusion

> The asylums were not hidden institutions. They were large and visible, if foreboding. There were tens of thousands of inpatients... Despite these numbers, there is still a gap in our social history that can only be filled by the voices of all of those people: patients, families, staff.[131]

Patrick O'C. was one of many individuals whose story was to be lost behind the asylum walls, as found in the case of David C. David C.'s father and mother signed the committal forms to have him committed at sixteen years of age. Roman Catholic and identified as a labourer by trade, David C. had allegedly been ill for the previous two months. Diagnosed as Maniac on 3 March 1860, the outcome of his case is also unknown.[132] Despite the attention given to all records surviving from LDLA's history, the patients' voice remains 'astonishingly distant', which is particularly evident in these final two chapters. For Patrick O'C., to have died five years previously without a family member contacting the asylum is especially sad. Those buried without proper funeral rites is equally so. These cases suitably fit into the Foucauldian narrative that 'Confinement, on the contrary, betrays a form of conscience to which the inhuman can suggest only shame... Confinement… explicitly drew attention to madness, pointed to it.'[133] Though these cases reveal the harder histories of nineteenth-century Ireland, the history of the lunatic asylum has proven to be much more complex. Largely revealed in the use of the Dangerous Lunatic Act, there were many other agencies recovered in this history, aside from the patients themselves that attributed to institutional care. Exploring the role of family as an interlocutor to custodial care, the efforts by the governors in discharging patients, the overwhelming demand to have patients transferred from other institutions in to the asylum,

[130] Cox, *Negotiating Insanity*, p. 224.
[131] Kelly, *Hearing Voices* p. 298.
[132] JPH, LDLA, Dangerous Lunatic Committal Forms P98/11 1850 – 1877, 3 March 1860.
[133] Foucault, *Madness and civilisation*, pp 67-70.

as well as the condition of the patients themselves, reaffirms Kelly's arguments that the 'Irish Asylum system was a social creation as much as it was a medical one.'[134]

Primary sources from asylums can also determine the spectrum of patient agency concerning acts of both resistance and conformity to the Irish asylum culture and discipline. Conforming to the requirements of the asylum setting can sometimes be exhibited when patients invent coping mechanisms such as creating or maintaining a sense of individuality. Histories have shown patients personalising their appearance, making objects, actively engaging with select aspects of asylum life, expressing gratitude, and assisting in the supervision of other patients, which in turn represents the assertion of agency by patients.[135] On the other hand, deviating from the asylum day-to-day rules are oftentimes exhibited when patients act out. Examples of such include damaging property, acts of violence, attempts to or successfully escape; use and misuse of the material world in the asylum as well as suicide and attempts at suicide. There is not much evidence detailing the Limerick patients' acts of deviance for the nineteenth century but by drawing on a select few cases of those who attempted to succeed in escape or suicide, we can glean some understanding of patients' attempts at agency. Sources like burial registers were an additional tool to exposing life at the asylum.[136] Mount Saint Lawrence cemetery did not open until 1855 as stated. This means that a gravesite on the asylum grounds was used for at least twenty-eight years. However, as found in the case of James D., this grave continued to be used well into the 1870s. It remains today, unmarked.[137]

Though there were several inconsistencies found in the records of LDLA, especially for transfer patients and death rates at the turn of the twentieth century, the primary sources are still valuable, relaying the efforts by those in charge to discharge as many patients as possible, with rates of discharge looking quite favourable for the first half of the nineteenth century.[138] In 1833, 74.89 per cent of patients were discharged.[139] This rate dropped to 54 per cent by 1843. This rate was still relatively high when compared to the mortality and discharge rates of custodial institutions but, of course, people in prison had to serve their full sentences, whereas

[134] Kelly, *Hearing Voices* p. 5.
[135] See – Jane Hamlet, Lesley Hoskins, 'Comfort in the small things? Clothing, Control and Agency in County Lunatic Asylums in nineteenth and early twentieth century England' in *Journal of Victorian Culture*, Vol. 18, Issue 1, (2013).
[136] Mount Saint Lawrence Burial Register: http://mountsaintlawrence.limerick.ie/about (accessed 17/02/2020).
[137] In addressing death and burial culture in Ireland from 1864 to 1922, see Ciara Breathnach's Irish Research Council funded project 'Death and Burial Data: Ireland 1864-1922. This project is currently in progress with updates found here: https://www.dbdirl.com/
[138] Inconsistencies were additionally found in other primary materials outside the asylum's archives. Regarding those buried at Mount Saint Lawrence, the ages of some patients were unknown.
[139] JPH, LDLA, Minute book, 4 November 1833.

patients could be released if they recovered quickly.[140] Still, this meant that half of LDLA's inmate population over a period of sixteen years were admitted, treated, and released. Again, note that those who were released were not always cured, as presented in some of the cases above.[141] Death rates rose consistently at the turn of the twentieth century, leading the causes were age-related deaths. Between 1893 and 1951, 78.16 per cent patients, who were mostly elderly, died, having lived at the asylum for three or more decades.[142] This suggests that patients were more than likely to become long-term incarcerations in the asylum setting closing to and during the twentieth century than they were in the nineteenth century. In other words, long lives were lived there, particularly for those admitted from other institutions. The statistics of these histories can oftentimes be used to present the 'success' and the failings of custodial institutions. The high mortality rate associated with this institution for the turn of the twentieth century does not demonstrate the complexity of this history. For those who were transferred from other custodial institutions, these patients came with little or even no information, thus arriving to LDLA with no family to care for them and no means of support. Having consistent access to food and accommodation was perhaps more than what they may have received outside the asylum's walls, as well as a disciplined lifestyle that saw religion, employment and generic activities practiced daily. Supporting Walsh's sentiments, 'Although asylums have been popularly read as sites of involuntary residence, they provided in many instances a haven for those with no resources.'[143]

[140] See Ferriter, *The transformation of Ireland* p. 52.
[141] JPH, LDLA, Minute book 1-5; Cooke Taylor, 'State of the lunatic poor in Ireland' in *Journal of the statistical society of London* Vol. 6, No. 4 (December 1843), pp 331-317. (p. 313).
[142] JPH, LDLA Register of patients, 1893 – 1951, P98/10/12. See also - *Reports from the Commissioners*, vol. 34, 1845, p. 31.
[143] Walsh, 'A perfectly ordered establishment' pp 246-283 (p. 265).

Conclusion

"We think considerable improvement should be made."[1]

The establishment of custodial institutions gained momentum in late eighteenth and nineteenth century Ireland when sites of containment, poor relief and health care in the form of public institutions such as gaols, houses of industry, lunatic asylums and workhouses were created throughout the country.[2] Witness to considerable social, political and economic change, the long nineteenth century represents an intensely tumultuous age that saw many groups in Irish society require institutional relief. Resting on a variety of factors, the plight of the Irish mentally ill became the focus of political, philanthropic, and medical contest, catapulting the island into a medical reformation in mental health care.[3] Comprising intense political activism and legislative advancements, a vast and very expensive district lunatic asylum system was subsequently established. Not only was this system unique to the island, Ireland actually became the first country in the western world with a system of public asylums[4] where the 'poor comprised the largest patient group'.[5] This, and the acute development of psychiatry over the course of the nineteenth century saw the vast establishment of more similar working institutions. Transforming Ireland's institutional landscape, the constant expansion of these asylums resulted in there being one in nearly all thirty-two counties of the country by the closing decades of the 1800s. The twenty-two district asylums established between 1825 (Armagh) and 1872 came with an estimated cost of £1,140,000 with the final district asylum under this new system opening in 1899 (Antrim).[6] Though this development reveals Ireland's rather turbulent reliance and 'insatiable hunger' on the nineteenth century institution dedicated to the mentally ill, this period is nonetheless revolutionary in the context of mental health care reform and for individuals who sought refuge in Ireland's first large-scale provincial asylum.

The focus of this thesis has been Limerick's District Lunatic Asylum, its interconnected institutions and the people who used them. It identified how Limerick city and county boasts a

[1] *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 with minutes of evidence and appendices.* Part I – report, tables, and returns. Dublin, 1858.
[2] Geary, *Medicine and charity in Ireland, 1718-1851* p. 211
[3] Walsh, 'Gender and insanity in nineteenth century Ireland', p, 69. (pp 69 – 92).
[4] Markus Reuber, 'Moral management and the "unseen eye": Public lunatic asylums in Ireland, 1800 – 1845' in Elizabeth Malcolm, Greta Jones (eds), *Medicine, disease and the State in Ireland, 1650-1940,* (Cork, 1999), p. 208.
[5] Cox, *Negotiating Insanity* p. 20.
[6] Finnane, *Insanity and the insane* p. 33.

significant yet largely underrepresented history in the legislative, architectural and medical narrative of Irish lunacy reform for the long nineteenth century. Heretofore, this history has been poorly served in Irish historiography which is increasingly surprising. A transformation in its custodial landscape saw the mentally ill and/or intellectually disabled receive legislative focus in the realm of institutional welfare for the first time. Locating Limerick as an ideal site in tracking the emergence of Irish lunacy reform on the island, this thesis explored how Limerick in turn influenced the movement at a national level. The product of such reform saw Limerick be selected as the site for Ireland's first large-scale provincial district asylum, erected under the 1821 Lunacy (Ireland) Act. Bringing with it an age of hope, the intent was to prioritise and segregate the pauper mentally ill who had been too long relying on ineffective and oftentimes inhumane lunatic treatment practices at Limerick's House of Industry.[7] Though the Foucauldian debate regards this occurrence as society's method in removing and segregating the 'burden' that is the 'madman', asylum-focused studies such as this thesis indicate how this was not entirely the case.[8] The history of lunacy reform and the changing methods of care for the mentally ill in nineteenth century Ireland is in fact much more complex.

This thesis provided the first detailed history of Limerick Asylum's nineteenth-century practices, its interconnected institutions, and the people who used it by investigating the ideological rationale and administrative operations of the institution. LDLA was an early and vitally important institution in the development of the District Asylum system. Though it echoes the treatments applied in other regional asylums, as this thesis has demonstrated, LDLA was in fact a flagship institution. As one of the first to experience the problems that bedevilled all the Irish asylums – overcrowding, early problems with staffing, religious tensions, socio-economic pressures that were exerted on both the institution and the patient body – this thesis itself was an examination of an asylum that identified and set trends in Irish mental health history. Though met by an unprecedented demand from the local society, the intent of those working at the asylum to provide more thoughtful approaches of care to those admitted did not waver.

> We have this day visited the Limerick District Lunatic Asylum… and have been enabled to see every portion of this vast and admirably constructed establishment… There are very many peculiar cases in the asylum, embracing nearly every variety and phase of insanity, and each and all demanding increasing … attention. The existence of such an institution is a proof of the arrangement of civilization, in the inquiry of science, and a

[7] Kelly, *Hearing Voices.*
[8] Ferrer defines the care of lunatics 'a burden to their families.' Ferrar, *The History of Limerick* p. 224. See also - Foucault, *Madness and Civilisation* (London, 2001).

> triumph of humanity in its crumbling characteristics over the miserable theories of such men who think that the public taxes should not be fully devoted to the official support and maintenance on institutions such as this.[9]

This statement was written into the Visitor Report book of LDLA on 5 August 1860 by Irish journalist and historian Maurice Lenihan. Even after being in operation for over thirty years, this entry still very much depicts a feeling of hope in what this establishment could potentially provide. Though these intentions remained, the subsequent years were met with an overwhelming and unprecedented rise in cases. Many issues were met in running LDLA, with poor conditions being identified as the leading problem due to high rates of overcrowding. This exposed how Limerick's asylum shared many features in common with other Irish asylums. Enthusiasm was undeniably evident in Ireland when the first few lunatic asylums were established. It was really believed that a select few would be sufficient to cater for the Irish pauper lunatic. However, an unprecedented demand overwhelmed many individual asylums, and in turn, the system. Some asylum-focused studies have revealed that this enthusiasm was quick to falter as a result: '…typical of the trajectory of early asylum care in Ireland, commencing with noble intentions, followed by enthusiasm, and then difficulty sustaining the enthusiasm and standards so clearly required for care of the mentally ill.'[10] What has been interesting about LDLA, is that though many asylum studies have revealed this difficulty is sustaining the enthusiasm set out at the opening of the nineteenth century, those governing and working at Limerick Asylum still presented themselves as individuals who wanted this establishment to be highly regarded, as revealed in Lenihan's report above. There is a clear sense that the endeavour to provide more thoughtful and effective approaches to care did not waver for the remainder of the nineteenth century. Any issues that arose were critiqued and discussed straight away, for the most part. The following quote, and title of this thesis, is reflective of this - 'We think considerable improvement should be made.'[11]

Still, at certain moments, this thesis revealed how difficult it must have been for the patients who were subjected to neglectful conditions and practices. As many stories were revealed in the asylum's surviving material, this work has indicated how important administrative records are. As per the information provided in such records, we learned of the people who worked and lived there. Offering insights into who charged the institution, this

[9] JPH, LDLA, Visitor Report Book, 5 August 1860.
[10] Kelly, *Hearing Voices* p. 25.
[11] *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 with minutes of evidence and appendices.* Part I – report, tables, and returns. Dublin, 1858.

research also considered the amount of effort and cost put into running such an establishment. It revealed the patients who were transferred or rejected for admission, as well as what happened to the individual if they were admitted. It showed not only the day-to-day practices at a lunatic asylum, but also the growing classifications of mental illnesses for the period under review.

This thesis also considered trending practices in lunatic provision for the long nineteenth century. Parallel to the practices implemented under the therapeutic arsenal of the moral management regime, the architectural layout of the asylum, particularly Bentham's panoptic design, was also discussed. The thought-process of the time saw confinement, segregation and inspection key in dealing with the 'insolvent mad'. Though this design was revolutionary for its time, on reflection, the panopticon was in no way suitable for the Irish asylum – implementing constant surveillance was near impossible due to the overwhelming inmate populations.[12] This unprecedented demand makes clear that the intentions to house, treat and cure the pauper lunatic at the beginning of the nineteenth century proved in many ways unrealistic and impracticable by the turn of the twentieth century. The array of illnesses that were to present at the asylum's doors were not expected, particularly regarding the individuals who were identified as incurable and those committed as dangerous lunatics. The 1846 *Report of the Commissioners into the State of Lunatic Asylums* documented how Dr O'Callaghan told Inspector James Palmer that though the patients of LDLA were in general good health, 'the asylum is so full of incurable, idiotic, and epileptic cases, that it must soon become a mere hospital for incurables, from the inability to take recent ones.'[13] Though this institution was only in operation for thirteen years at this stage, it became quickly evident that the original function of these asylums changed drastically due to the type of illnesses admitted there. This, in essence, revealed that the asylum was needed. By signifying the use of the asylum in the local context, this thesis presented how LDLA was not a feared institution by the local community. On the contrary, provision of care for the locally mentally ill was both accepted and expected.

In addition to this, it became increasingly clear that there was a larger network in play in serving the local mentally ill in Limerick. The demand made of the asylum meant that the treatment of the insane did not stop inside the boundary walls - other custodial institutions were needed. In fact, the provisions set out under the Irish Poor Law were significantly required

[12] Bentham, 'Panopticon' or the inspection-house' (Dublin, 1791).
[13] *Report of the Commissioners into the State of Lunatic Asylums*, Vol. xxii, 1846.

throughout the nineteenth century to battle the plight of the mentally ill. In addition to Limerick city and county Gaol, both Limerick House of Industry and Limerick Union Workhouse were still required to care for the mentally ill.[14] As this was particularly the case for the mid nineteenth century, this occurrence is reflective of the period and the impact of the Great Famine. The purpose and leading functions of Limerick House of Industry and Limerick Workhouse therefore changed considerably due to this, as presented. Adding to our understanding of Irish insanity and the public use of institutional welfare, it is apparent that investigations on individual lunatic asylums instruct us much more than just understanding mental health histories. In fact, the establishment of LDLA was reflective of the broader patterns of nineteenth century Ireland, revealing Irish society's dependence on custodial care and Poor Law provision. The records of lunatic asylums preserve not only medical histories but also offer fascinating insights into nineteenth century Irish culture, society, family, and institutional life.[15] By emphasising the diversity of regional experiences and the significance of local contexts, this thesis overall demonstrated that there was a distinctive social response to the pauper mentally ill of the period, in that not only was treatment needed, it was expected.

Chapter One examined Limerick's institutional landscape, indicating that the structure of public provision for the mentally ill changed drastically over a relatively short period of time in Limerick city due to the passing of the 1772 Badging the Poor Act and the 1787 Regulations of Gaols Act. The construction of the public institutions established between 1774 and 1838 brought with it a period that dramatically altered trends in serving the local mentally ill. As the theme of architecture formed the core this chapter, two catalysing features behind Ireland's lunacy reform movement came to light, firstly, architectural style and secondly, methods of treatment. Examining these features in Limerick's custodial setting indicated how national trends in lunacy reform actively transitioned into practice at a local level, subsequently ascertaining how LDLA came to be. This in turn demonstrated how Limerick acted as a site of influence to Irish mental health care reform on a national basis.

Analysing the asylum's surviving material revealed the responses of all bodies associated in running the institution in Chapter Two. Doing so demonstrated the transition from moral to medical regimes at LDLA. It also identified LDLA as an enterprise due to the

[14] The 1845 closure of Limerick's House of Industry was marked with these advances in both legislation and provision for the pauper, prosperous and criminal lunatic.

[15] Supporting Dorothy Porter's take on the history of public health and provision, policies defining health care practices offer insights into the political and social narrative. Dorothy Porter, *Health, Civilisation and the State: The History of Public Health from ancient to modern times* (Oxon, 1999), p. 24.

considerable levels of employment it offered to the locality. In addition to examining the duties of those who worked there, and the level of administration required, this chapter explored how staff, in certain cases, affected life both positively and negatively for the patient. Through the lens of the asylum's administrative files, snapshots of the active relationship with those receiving care were accordingly provided. The patient experience and the response of the community at large shaped the manner in which the asylum functioned. As Walsh had determined, 'the dynamics of asylum life were forged by a continual interaction between principal players: the aristocratic Board, the medical and nursing staff, and the large patient body, with each seeking specific advantages.'[16] There were several cases that presented how those working at LDLA affected the life of the patient, significantly. As revealed in Catherine G's case, both the governors and asylum staff came together, fulfilling her wishes to not be discharged into the care of her husband. The trial surrounding the case of James D. was additionally instructive. Similar to the transitioning of moral to medical appointments, this case revealed many moments of tension between those governing LDLA and the higher tiers of authority in Ireland. The uncertainties in which and how James D. was buried additionally opened up the discussion for later chapters concerning death and burial at this institution.

Chapter Three investigated how LDLA, once opened, was met with an almost immediate demand from the people of Limerick City and County, as well as counties Clare and Kerry.[17] This chapter discussed how one was admitted to the institution. Largely existing in the curable *versus* incurable narrative originally, classifications of insanity developed throughout the nineteenth century, and with that, rates of admissions grew. The erection of Killarney and Ennis Asylums in the post-Famine years meant that 249 patients were removed and transferred to the new establishments. Yet the demand and subsequent overcrowding at LDLA remained customary for the remainder of the nineteenth century. This demand was apparent in Michael F.'s case file, which showed why his family needed the asylum. With his widowed mother struggling to tend to his needs, the local and individual experience was exposed. It is in this material that we can begin to understand the underlying reasons for conditions in the asylum system, including why such demands were made on these facilities, especially concerning those deemed incurable.

[16] Walsh, 'A perfectly ordered establishment', p. 247.

[17] As was the case nationally, the unprecedented demand created much confusion. As articulated by Walsh, when setting up Ballinasloe Asylum, it was locally questioned if there were even one hundred and fifty lunatics on the island of Ireland, never mind in the province of Connaught. See - RTÉ Archives, 'Behind the Walls' 5 September 2011.

Chapter Four examined life once admitted to LDLA, and in particular how overcrowding affected procedure, resulting in, oftentimes, neglectful and harsh living conditions with particular issues surrounding water provision, sleeping conditions and ventilation. Exploring the group distinctions amongst the asylum population, the orderly and disorderly, revealed how the mentally ill were viewed during the nineteenth century.[18] Some patients, particularly those placed in refractory cells were forced to sleep on nothing but the cold ground with dirty and used straw as a means of bedding. This demonstrated that blame was placed on these patients for 'dirty' conditions and 'unwholesome smells'. Despite the rather optimistic outlook this asylum originally encompassed, it was soon realised that LDLA was going to struggle greatly in tending to those admitted effectively, similar to Ballinasloe Asylum.[19] Nonetheless, for the most part, governors and those in charge endeavoured to comply with the principles of the moral treatment regime and this remained throughout the nineteenth century where 'great attention is paid to the employment, amusement and instruction of the patients… few are under any restraint, and that necessary mode of treating violent cases occasionally is used with marked judgment and moderation, proving the great value of the modern method of treating this disease.'[20] This chapter therefore brought back the discussion surrounding how the asylum acted as an enterprise due to the labour completed by the patients, which in turn, added to the controversial debate of patient employment. Though Finnane contends that 'the degree of its efficacy was always unknown', this chapter determined that this was not necessarily the case, particularly for male patients from the county who were set to agricultural labour.[21]

In exploring the role of the family and friends concerning the committal process, Chapter Five indicated the rules set out by the 1838 Dangerous Lunatic Act, as well as the damaging impact it had on the asylum infrastructure. For those committed under this Act, as well as those transferred from other custodial institutions, patients quickly formed the 'core of life-long asylum inmates' as they were never to be discharged, having arrived with little or no

[18] '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.' See - Finnane, Mark John Celsus, 'Insanity and the insane in Post-Famine Ireland' (Unpublished PhD Thesis: Australian National University, 1979), p. xiv. Quoting, one-time Irish attorney-general and a lunacy reformer, Lord O'Hagan in Parliament and cited by the President (John Lentaigne) of the *Statistical and Social Inquiry Society of Ireland* in 1878, SSISI, 7, (Appendix, Part LII, p.7).

[19] 'It was intended for the care of "curable lunatics" and opened in a spirit of optimism with regard to its progressive role in public health. Its history, however, is one of continual struggle: to prevent the admission of unsuitable cases, to secure additional funding and to offer reasonable standards of care under difficult conditions.' Walsh, 'Tales from the Big House: the Connaught District Lunatic Asylum' in *History Ireland*.

[20] *Report of the Commissioners into the State of Lunatic Asylums*, Vol. xxii, 1846.

[21] Finnane, *Insanity and the insane* p. 201.

information. For some of these patients, not even their ages were known.[22] Examining the use of this legislation revealed how the asylum system was indeed 'a social creation as much as it was a medical one.'[23] This chapter additionally offered conclusions on those admitted to LDLA in the nineteenth century by investigating the rates of discharges and deaths. Though the death rates of patients for the nineteenth century were not fully conclusive, the primary sources of this institution proved valuable.[24] Relaying the efforts by those in charge to discharge as many patients as possible, the final chapter showed how rates of discharges looked quite favourable for the nineteenth century - 46.72 per cent by 1905. This somewhat resembles the findings of Walsh and Cox in their associated scholarships of Ballinasloe and Carlow Asylums. These discharge rates indicate that, if anything, the Irish patient was more likely to be institutionalised in the twentieth century asylum, rather than the nineteenth century asylum.

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This introduction of this thesis discussed the case of Catherine D. who was committed as a Dangerous Lunatic to LDLA in November 1874. Despite a brief history revealing the rationale behind her committal, there was no other information available for Catherine in the asylum's records concerning her twenty-eight years at this institution. The outset of this thesis indicated that the patient's experiences at this asylum was retrieved through the lens of administrative files and attempts to do this were made throughout this thesis. Some snapshots of the active relationship staff had with those receiving care were revealed. However, as Catherine D.s' case has indicated, the lack of case records meant that there are still some gaps in this history. Asylums in Great Britain have preserved much more asylum material that exhibit not only the voice of the patient but also the communication between asylum bodies and the family of those receiving treatment, as Smith has extensively determined.[25] Having leaned largely on the surviving material of LDLA, this thesis has thus exposed how distant the voice of the patient is. As this is the case nationally in the context of asylum life, exposing the experience of

[22] Walsh, 'The Designs of Providence' p. 225.
[23] Kelly, *Hearing Voices* p. 5.
[24] Inconsistencies were additionally found in other primary materials outside the asylum's archives. Regarding those buried at Mount Saint Lawrence, the ages of some patients were unknown.
[25] Len Smith, "Your Very Thankful Inmate": Discovering the Patients of an Early County Lunatic Asylum' in *Social History of Medicine*, 21:2 (2008), pp 237-252.

'patienthood', as Breathnach and Kelly have rightly raised, requires the need for further work in the case of Irish asylums:

> The asylums were not hidden institutions. They were large and visible, if foreboding. There were tens of thousands of inpatients; tens of thousands of staff members; tens of thousands of suppliers of goods and services. Despite these numbers, there is still a gap in our social history that can only be filled by the voices of all of those people: patients, families, staff.[26]

Roy Porter's call for those working in insanity and asylum research was to assess 'history from below' and 'articulate sufferers'.[27] Supporting Kelly's sentiments, despite the crowded existing history of insanity and asylum literature, some important gaps remain, which largely surround the patient's experience, voice and response to asylum disciplines.[28] Damaged, lost or destroyed primary sources such as patients' letters, case records and physician's notes have ensured that these nineteenth century Irish histories are difficult – almost impossible – to uncover, thereby reinforcing the importance of asylum record preservation. As Breathnach and Walsh have discussed, Medical Humanities is a relatively new discipline. Through the preservation of medical records, historians and medical practitioners can, and should, work together in contributing to our understanding of medical practices. Presenting how beneficial medical history examinations are from the point of view of medical practitioners and clinical practice, Breathnach and Walsh have indicated that practitioners can offer 'insights into therapeutic regimes and treatments that are unavailable to historians.' The approaches taken by historians in turn add to their conclusions by exploring the 'social, cultural, and political factors in explaining, for example, the rise of institutional care.' Combined, both approaches allow for a 'rounded explanation of medical dependency.'[29] The importance of asylum record preservation thus remains in locating these practices as well as the pursuit of giving voice to the subject. Though much attempt was made, this was not possible for the case of LDLA.[30] Moving forward with asylum examinations, particularly for the twentieth century, it is essential to not only save hospital records but also to record the voice of the subject. Preserving

[26] Kelly, *Hearing Voices* p. 298.
[27] Roy Porter, 'The Patient's View: Doing Medical History from below' in *Theory and Society*, Vol. 14, No. 2 (March 1985), pp 175-198.
[28] Kelly, Hearing Voices.
[29] Ciara Breathnach, Oonagh Walsh, 'Medical Humanities: New Frontier or Back to the Past?' in Jane Conroy, Margaret Kelleher (eds), *Restating the Value of the Humanities* (Dublin, 2014), pp 36-37.
[30] Ciara Breathnach and Harriot Wheelock organised an Irish Medical Heritage event in November 2016 at the Royal College of Physicians, Ireland. Brian Donnelly of the National Archives, Ireland published an overview of *The Survey of Hospital Records in Ireland*. See – Brian Donnelly, *The Survey of Hospital Records in Ireland* (National Archives, Ireland, 2016). The conclusions of the event regarded the importance of archival preservations, particularly concerning medical records, as one that warrants significant focus in moving forward.

testimonies from those who experienced or observed such histories have proven significant in not only understanding the social commentary of the time, but in investigating a history that primary documentary evidence does not and perhaps cannot always elicit. Drawing on Cronin's conclusions, there are many benefits to the 'oral over written memoir'.[31] By including the voices of the time as supported primary evidence, rare insights emerge which can relay many aspects of the asylum experience, both inside and outside its surrounding walls.[32] Not doing so will see future historical researches continue to have gaps in their assessments in identifying the patient and their experiences with mental health care in Ireland. Cases like Catherine D.'s will remain untold.

[31] Maura Cronin, 'Class and Status in Twentieth-Century Ireland: The Evidence of Oral History' in *Saothar*, vol. 32, 2007, pp 33-43. (p. 34).
[32] See - Tríona Waters, "They opened up to us because they trusted us.' Working life at St. Brigid's Psychiatric Hospital, Ballinasloe' in *Saothar Journal of the Irish Labour History Society* vol. 45, (2020), pp 55-66.

Appendices

Appendix A

Twenty-two district asylums were erected throughout Ireland between 1825 and 1899 under the Asylums for Lunatic Poor (Ireland) Act (57 Geo. 111. C. 106):

District Asylum	Year opened	Beds
Armagh	1825	120
Limerick	1827	150
Derry	1827	120
Belfast	1829	104
Carlow	1832	100
Ballinasloe	1833	150
Maryborough	1833	170
Clonmel	1834	60
Waterford	1835	50
Kilkenny	1852	152
Killarney	1852	220
Cork (Formally Eglington Asylum but was expanded.	1852	500
Omagh	1853	300
Mullingar	1855	563
Sligo	1855	470
Downpatrick	1869 (Building started in 1865)	300
Castlebar	1866	260
Letterkenny	1866	300
Ennis	1868	260
Enniscorthy	1868	330
Monaghan	1869	250
Antrim	1899 (Last District Asylum to be built in Ireland.)	400

Source: Kathryn M. Burtinshaw, John R.F. Burt, *Lunatics, Imbeciles, and Idiots: A History of Insanity in Nineteenth Century Britain and Ireland* (South Yorkshire, 2017). Pauline Prior, *Asylums, mental health care and the Irish, 1800-2010* (Dublin, 2012), p. xi. Table created using the 'Chronology of significant events in the history of the provision of mental health services in Ireland from 1634 to 2010.'[1120]

[1120] Prior, *Asylums, mental health care and the Irish* p. xi.

Appendix B - Ordnance survey map of Ireland (Limerick City) surveyed 1840

Appendix C - Ordnance survey map of Ireland (Limerick City) surveyed 1900

Appendix D
Inventory of furniture purchased for LDLA, 12 October 1826

Quantity	Furniture
30	Mahogany hair bottom chairs
24	Painted rush bottom ditto
32	Cake chairs for servants
6	Mahogany tables
4	Painted deal defining tables
6	Elliptic roof bedsteads and curtains
6	Straw pallisses (1 removed to servants' room)
6	Hair Mattresses
6	Pair of English blankets
6	Linder Blankets
6	Feather beds
6	Ditto Bolsters
6	Ditto pillows
6	Counter frames
10	Stump bedsteads
10	Strong ticks and bolsteresses
6	Short feather bolsters
4	Feather pillows
16	Pair of English Blankets
16	Coloured quilts
16	Pair of sheets
150	Iron besteads for patients
150	Ticks and bolsteresses
150	Pair English Blankets
150	Pair of sheets
150	Rag quilts
2	Superfine Kidderminster Carpets and two hearth rugs to match
4	Second quality carpets and four hearth rugs to match
4	Strong Brass fenders and four sets of casehardened fire irons
12	Painted green fenders and twelve sets of casehardened fire irons
6	Strong green fenders for servants and four sets of fire irons
22	Strong iron fenders and ten sets of plain strong fire irons
2	Sets of strong fire irons for kitchens
1	Set of large ditto
1	Poker and large fire shovel for the kitchen
6	Sweeping brushes
2	Large coal shovels
2	Large square ditto for yards
6	Metal pots and saucepans
10	Strong deal Tables for day rooms
20	Forms for ditto
4	Strong large worktables with drawers for work rooms
8	Forms for ditto

12	Small deal tables for convalescent rooms
24	Stools for ditto
10	Small deal tables for keepers' rooms
2	Strong deal tables for the Governor's Kitchen
6	Strong stools for ditto
2	Small deal tables for the Porter's Lodges
10	Potato Trays
10	Meat ditto
2	Strong deal tables for the kitchen and laundry
10	Deal presses painted and locks
6	Coal boxes
10	Square deal boxes for fuel
8	Linen looms
4	Cotton ditto
20	Spinning Wheels
4	Reels
6	Quill wheels
6	Runners

Source: JPH, LDLA, Minute book, 12 October 1826.[1121]

[1121] JPH, LDLA, Minute Book, 12 October 1826, P98/1/1.

Appendix E:
Year and number of patients admitted to LDLA between 1827 and 1897:

Year	Male	Female	Total
Mid 1827	37	37	74
Late 1827	43	41	84
Late 1829	-	-	146
1837	-	-	292
1849	-	-	331
1850	-	-	340
1851	-	-	339
1857	165	172	337
1862	-	-	391
1863	202	218	420
1871	-	-	427
1872	201	211	412
1873	215	211	426
1877	211	226	437
1880	235	244	479
1881	235	243	478
1882	244	240	484
1883	240	246	486
1884	229	243	472
1885	227	248	475
1886	242	248	490
1887	247	247	494
1888	250	250	500
1889	252	252	504
1890	257	254	511
1891	261	249	510
1893	-	-	568
August 1896	-		604
Late 1896	-	-	685
1897		-	610

Source: JPH, LDLA, Minute books 1-5, 1822-1852*;* Census of Ireland; *Annual reports of the inspectors of lunatic asylums; Annual reports of the LDLA; Limerick Chronicle,* 1872; Mark Finnane, *Insanity and the Insane in Post-Famine Ireland* (New Jersey, 1981).[1122]

[1122] The gaps in this figure reveal the difficulty in finding exact numbers for the concerned periods. This is due to gaps in the asylum records. Finnane, *Insanity and the insane*; Census of Ireland*; Annual reports of the inspectors of lunatic asylums; Annual reports of the Limerick District Lunatic Asylum;* JPH, LDLA, Minute Books 1-5, 1822-1852*; Limerick Chronicle,* 1872.

Appendix F

Letter from Dublin Castle addressed to the Governors of the LDLA regarding complaints surrounding the admission of 'incurable lunatics', January 1834.

Dublin Castle, 18 January 1834,

Your most obedient humble servant,

E. I, Littleton,

The Governors of the LDLA,

After the humane and judicious measures adopted by Parliament for the relief of Curable Lunatics in Ireland, we lament to say that the situation of Incurables calls for the serious attention of Government. It being a fact well ascertained that where persons afflicted with mental diseases which afforded a reasonable prospect of amendment were not relieved or cured within 12 or 18 months after admission into hospital. They generally fell into idiocy and from this it follows as a necessary consequence that I the working of such establishments for any length of time the Incurable Class must continually enlarge so as to encroach on the number of curable beds. The experience of Great Britain and Ireland has put this matter beyond a doubt.

It is further to be observed that on the opening of the District Asylums in Ireland many of them were filled with Incurable Patients sent in by judges and magistrates from Gaols and from Houses of Industry, and tho this measure was imperatively called for on account of local embarrassments, its adoption has crippled the exertions of the local commissioners and greatly limited the benefit expected from those institutions as to Curable Patients.

Looking generally to the Incurable Lunatics of Ireland not under any restraints, the impression on our minds amounts to this, that all such persons who may either be dangerous to their friends or to the Public at large ought to be placed in security under judicious moral and medical treatment. But we are far indeed from recommending that Harmless Idiots should be so confined, as in our humble judgment it is much more desirable that such persons should mix with their relatives and partake of that kind feeling which so generally pervades the Irish Community than to be shut up in Houses where the sigh of so great a mass of helpless misery cannot be contemplated without deep concern.

Having premised these facts we proceed to the remedy which does not appear to us to be encumbered with much difficulty in the execution. It is simply this. To empower Local Commissioners of each of the District Lunatic Asylums when occasion for it to erect an additional Hospital for the sole accommodation of Incurable Patients of such magnitude as shall be sufficient to meet the existing pressure. This Hospital is to consist of wards to contain from 12 to 16 beds, to accommodate from 50 to 100 patients on the whole and so constructed as to admit of convenient enlargement should future necessities require it.

The expense of erecting a plain building on such a plan and maintaining it would not be great or fall heavy on the several counties receiving the benefit, and the control and management of the entire establishment could not add much to the labour of the Local Commissioners or to that of the Executive officers.

G Renny, W. Disney, I. David Latouche.[1123]

[1123] JPH, LDLA, Minute book, 18 January 1834.

Appendix G

A brief commentary of soldiers committed to LDLA during the early twentieth century.

Active soldiers were also treated at LDLA after falling mentally ill following their experiences oversees. Stuart Clancy investigated soldiers admitted here who fought during the First World War. The admission of soldiers created further complications in the assessment of what qualified as insanity.[1124] Soldiers were initially admitted under Section 91 of the Army Discipline Regulation Act 1881 but as there was a dramatic increase of patients in Irish Asylums in 1919 as found in the Inspector of Lunatic's reports, much confusion arose concerning the grounds on which they should be admitted. This increase was largely prompted by the closure of war hospitals in the same year.[1125] The 1881 Act was unfit for such admissions and as a result, many soldiers were committed to the asylum as criminal lunatics. Active soldiers found lunatic were returned to their native district, accompanied by a medical certificate proving insanity, by order of the Lunatic (Ireland) Act 1867. Indeed, a Limerickman who served in India with the British Army was admitted to the purpose-built ward for insane soldiers in the Royal Victoria Hospital, at Netley, Southampton. He complained that he had been 'hearing voices in his head' for a period of four months. He was diagnosed with dementia and, after being declared potentially curable but unfit for service, he was subsequently committed to LDLA as a dangerous lunatic. There, he remained until his death, thirty-three years later.[1126] The reason why soldiers were incorrectly committed was because the Lunatic (Ireland) Act 1867 was largely based on the Criminal Lunatics (United Kingdom) Act 1884 which in turn, became the source of confusion. The 1884 Act had a typographical error which resulted in an unprecedented overreliance on the district asylum system. The 'Criminal Lunatic' was referred to as 'person' rather than 'prisoner' under this act which in turn, required the government to 'cover all expenses of those classified' as criminal lunatics. Asylum boards in turn interpreted this legislation as including ex-servicemen. This meant that though soldiers were being cared for, they were inaccurately committed.'[1127]

[1124] Stuart Clancy, 'The marginalisation of ex-servicemen in the Limerick District Lunatic Asylum, 1900-1925', (Unpublished MA Thesis: University of Limerick, 2018).

[1125] Dublin's Richmond War Hospital looked after veterans between 1916 and 1919 as did Belfast War Hospital between 1917 and 1919. In examining the mentally disabled Irish Great War veterans and the assistance they experienced, see – Michael F. Robinson, *Shell-shocked British Army veterans in Ireland, 1918-39: A difficult homecoming* (Manchester, 2020).

[1126] JPH, LDLA, Dangerous Lunatic Committal Booklet, Clancy. 'The marginalisation of ex-servicemen in the Limerick District Lunatic Asylum, 1900-1925' p. 24.

[1127] Act. 47 & $* Vict. C. 64, Criminal Lunatics Act 1885 and 1 Edw. 7 c. 17, Lunacy (Ireland) Act 1901. Clancy details the impact of this error had on asylum boards and governing members, pp 16-20. Not only was it to add to

Other soldiers used the typographical error to avoid service. Indeed, another Limerick patient of the asylum feigned suicidal tendencies in public, declaring that people were 'after him.' However, after an examination by the RMS, it was established that there was nothing wrong with him. His case concluded that he 'simply feigned mental illness to get out of the army'.[1128] After being incorrectly categorised for almost twenty-five years, it was not until the passing of the Defence Forces (Temporary Provisions) Act 1925 that the grounds for soldiers being admitted to the asylum changed where they were no longer committed as criminal lunatics. Nonetheless, for the veterans committed during these twenty-five years, this classification had similar complications that the Dangerous Lunatic Act provided, in that committal was an easy process, getting discharged was not.[1129]

the wave of stigma attached to mental illness, committals additionally affected the family concerning the payment of pensions. Clancy, 'The marginalisation of ex-servicemen', p. 24.

[1128] JPH, LDLA, Dangerous Lunatic Committal Booklet. Clancy, 'The marginalisation of ex-servicemen' p. 24.

[1129] Their treatment left much to be desired when incarcerated: 'Mentally-ill servicemen complained that their treatment was "shameful". See - Joanna Bourke, 'Effeminacy, Ethnicity and the End of Trauma: The Sufferings of "Shell-shocked" Men in Great Britain and Ireland, 1914–39' in *Journal of Contemporary History*, Vol 35(1), pp 57–69, (2000).

Appendix H

Committal form for Bridget B., certified as a Dangerous Lunatic on 30 March 1860, though was not transferred from Limerick City and County Gaol to LDLA until 19 November 1860:

Whereas it has been certified by the Governor of the Gaol of the County of Limerick that Bridget B. is detained in custody in the said Gaol, as a dangerous Lunatic, by virtue of a Warrant under the hands and Seals of William Bevan and R. I. Grace, two justices for the peace of the said County of Limerick in pursuance of an Act passed in the first year of Her Majesty's reign, entitled 'An Act to make more effectual provisions for the prevention of Offences by Insane Persons in Ireland,' and of a further Act passed in the 8th and 9th years of Her Majesty's Reign, intituled 'An Act for the establishment of a Central Asylum for Insane Persons charged with offences in Ireland, and to amend the Act relating to the prevention of Offences by Insane Persons, and the Acts respecting Asylums for the Insane Poor in Ireland, and for other purposes.'

And Whereas by another Act passed in the 9th and 10th years of Her Majesty's Reign, c. 115, it is enacted (amongst other things), that any Person not being a Criminal Lunatic within the meaning of said last recited Act, and removed from a Gaol to a District Lunatic Asylum by and under the authority of said Act, may be discharged therefrom on a Medical Certificate that such Person has become of sound mind, and has ceased to be and is not a dangerous Lunatic or dangerous Idiot.

We do hereby, by virtue of the said Acts, order and direct that the said Bridget B. shall be removed to the District Lunatic Asylum at Limerick now under your charge, there to remain in confinement until it shall be duly certified by medical Certificate, that said Bridget B. has become of sound mind, or has ceased to be, and is not, a dangerous Lunatic, or dangerous Idiot.

And for so doing this shall be your Warrant.

Given at Her Majesty's Castle of Dublin,

The 30th day of March 1860

By His Excellency's Command,

Form of Admission
For
The Limerick District Lunatic Asylum

Appendix I

Recovered graves of LDLA's patients at Mount Saint Lawrence Cemetery, 1855-1905:

Year	Number buried	Age range
1855	7	20-60 years
1856	13	20-70 years
1857	14	19-84 years
1858	6	25-65 years
1859	9	40-70 years
1860	4	40-60 years
1861	3	19-40 years
1862	2	44-60 years
1863	4	40-66 years
1864	7	26-76 years
1865	8	21-80 years (two ages unknown)
1866	4	11-60 years
1867	5	4-75 years
1868	9	9-75 years
1869	4	25-60 years (one age unknown) *
1870	7	31-64 years
1871	7	27-70 years
1872	16	23-85 years
1873	11	25-80 years
1874	6	35-76 years
1875	10	30-65 years
1876	31	4-80 years (two ages unknown)
1877	17	42-86 years
1878	4	Unknown
1879	10	60-80 (ten ages unknown)
1880	15	20-70 years
1881	18	32-79 years
1882	Unknown	Unknown
1883	Ditto	Ditto
1884	Ditto	Ditto
1885	Ditto	Ditto
1886	Ditto	Ditto
1887	Ditto	Ditto
1888	Ditto	Ditto
1889	Ditto	Ditto
1890	Ditto	Ditto
1891	Ditto	Ditto
1892	Ditto	Ditto
1893	Ditto	Ditto

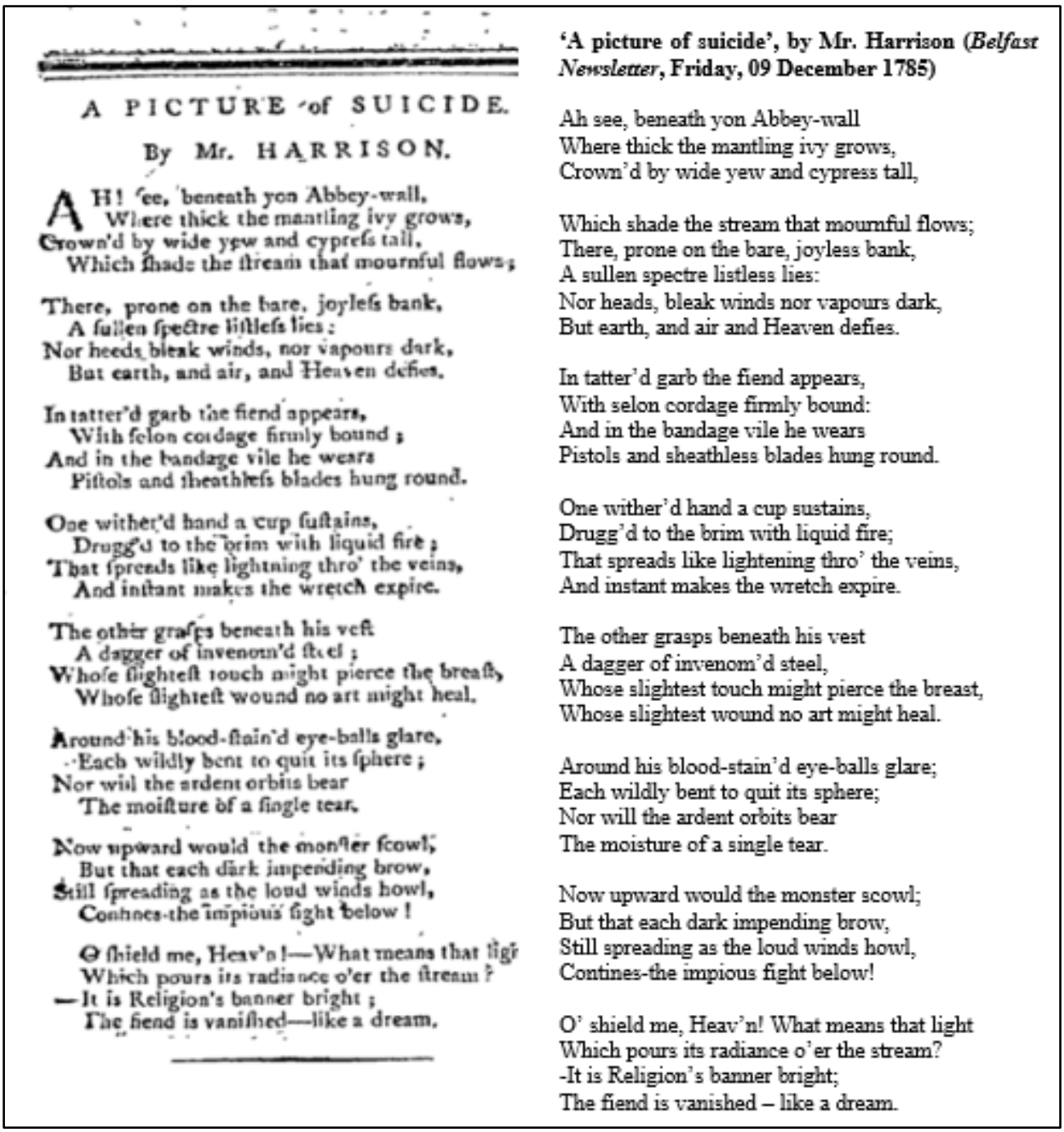
1894	Ditto	Ditto
1895	Ditto	Ditto
1896	6	36-59 years
1897	21	18-89 years
1898	18	21-70 years
1899	30	6-84 years
1900	30	16-88 years
1901	13	21-72 years
1902	13	18-64 years
1903	18	1 day old – 93 years
1904	12	4-70 years
1905	12	25-75 years

Source: Mount Saint Lawrence Burial Register: http://mountsaintlawrence.limerick.ie/about (accessed 17/02/2020).[1130]

[1130] Mount Saint Lawrence Burial Register: http://mountsaintlawrence.limerick.ie/about (accessed 17/02/2020).

Appendix J

A poem about suicide published in *Belfast Newsletter*, 09 December 1785:



A PICTURE of SUICIDE.

By Mr. HARRISON.

AH! ſee, beneath yon Abbey-wall,
Where thick the mantling ivy grows,
Crown'd by wide yew and cypreſs tall,
Which ſhade the ſtream that mournful flows;

There, prone on the bare, joyleſs bank,
A ſullen ſpectre liſtleſs lies:
Nor heeds bleak winds, nor vapours dark,
But earth, and air, and Heaven defies.

In tatter'd garb the fiend appears,
With felon cordage firmly bound;
And in the bandage vile he wears
Piſtols and ſheathleſs blades hung round.

One wither'd hand a cup ſuſtains,
Drugg'd to the brim with liquid fire;
That ſpreads like lightning thro' the veins,
And inſtant makes the wretch expire.

The other graſps beneath his veſt
A dagger of invenom'd ſteel;
Whoſe ſlighteſt touch might pierce the breaſt,
Whoſe ſlighteſt wound no art might heal.

Around his blood-ſtain'd eye-balls glare,
Each wildly bent to quit its ſphere;
Nor will the ardent orbits bear
The moiſture of a ſingle tear.

Now upward would the monſter ſcowl,
But that each dark impending brow,
Still ſpreading as the loud winds howl,
Confines the impious ſight below!

O ſhield me, Heav'n!—What means that light
Which pours its radiance o'er the ſtream?
—It is Religion's banner bright;
The fiend is vaniſhed—like a dream.

'A picture of suicide', by Mr. Harrison (*Belfast Newsletter*, Friday, 09 December 1785)

Ah see, beneath yon Abbey-wall
Where thick the mantling ivy grows,
Crown'd by wide yew and cypress tall,

Which shade the stream that mournful flows;
There, prone on the bare, joyless bank,
A sullen spectre listless lies:
Nor heads, bleak winds nor vapours dark,
But earth, and air and Heaven defies.

In tatter'd garb the fiend appears,
With selon cordage firmly bound:
And in the bandage vile he wears
Pistols and sheathless blades hung round.

One wither'd hand a cup sustains,
Drugg'd to the brim with liquid fire;
That spreads like lightening thro' the veins,
And instant makes the wretch expire.

The other grasps beneath his vest
A dagger of invenom'd steel,
Whose slightest touch might pierce the breast,
Whose slightest wound no art might heal.

Around his blood-stain'd eye-balls glare;
Each wildly bent to quit its sphere;
Nor will the ardent orbits bear
The moisture of a single tear.

Now upward would the monster scowl;
But that each dark impending brow,
Still spreading as the loud winds howl,
Contines-the impious fight below!

O' shield me, Heav'n! What means that light
Which pours its radiance o'er the stream?
-It is Religion's banner bright;
The fiend is vanished – like a dream.

Source: *Belfast Newsletter*, Friday, 09 December 1785.[1131]

[1131] A picture of suicide', by Mr. Harrison, *Belfast Newsletter*, Friday, 09 December 1785.

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