POLITICS, PROFESSIONALIZATION, AND POVERTY:

LUNATIC ASYLUMS FOR THE POOR IN IRELAND, 1817-1920

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by
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Abstract

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This dissertation examines the bureaucracy created to administer one of the largest institutional structures in nineteenth-century Ireland, the system of district asylums for the lunatic poor. I argue that although the Irish lunacy inspectorate is usually portrayed as one of many functionaries of the Irish executive, it quickly developed its own rationale and sphere of influence largely independent of government. Such development had significant ramifications for the psychiatric profession, patients’ experiences of the asylum, and the governance of a society fractured along religious, political, and class lines.

Unlike their British counterparts, the Irish lunacy inspectorate grew to monopolize the asylum system. As a consequence, Irish psychiatry professionalized differently because the inspectorate molded the position of Resident Medical Superintendent (the immediate ancestor of Irish psychiatrists) as they saw fit. In spite of their protests and efforts to the contrary, and because of the nature of the population they served, these physicians ultimately functioned more as managers of medical poor relief
than independent practitioners of medicine. Local and national funding was less ideologically problematic for lunatic poor than “healthy” poor, and thus more consistently generous. By demonstrating that the effects of the Great Famine of the 1840s and 1850s are deeper and longer-lasting than has previously been acknowledged, I argue that the district lunatic asylum system was one of the most successful poor relief ventures in nineteenth-century Ireland.
For Tony and Nuala
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INTRODUCTION

“Ireland’s historical development was the result not of Hibernian perversity, but of the way the people there made their lives in often difficult circumstances.”

Timothy Guinnane, *The Vanishing Irish*

At the turn of the twentieth century, the Office of Lunatic Asylums in Ireland sat at the top of a department that included over 1300 staff and over 20,000 patients in a variety of institutions throughout the country. Directing the office were two inspectors whose authority had expanded over the nineteenth century to grant them varying degrees of responsibility for the well-being of all of these individuals. Initially beneficiaries of political patronage expected not to do much more than quell humanitarian or reformist concerns about the state of prisons, the inspectors of lunatic asylums became civil servants par excellence, standing between local officials and the executive in Dublin Castle, overseeing the activities of the one and reporting and suggesting policy to the other. As the system of district lunatic asylums for the poor spans the nineteenth century, the development of its administration offers a compelling case for the study of the history of governance in Ireland.

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In the last three-quarters of a century, more ink has been spilled on the course of Irish politics and nationalism than perhaps any other topic in Irish history. Far less has been written on the actual governance of Ireland. Its absence from the historiography should not be taken as a sign of insignificance, as R.B. McDowell writes,

The able and energetic civil servant...had plenty of scope. And in a country where there was little industrial development the civil servant was more conspicuous than in England. Indeed an observer of Irish life at the beginning of the twentieth century with a bent for cheerful exaggeration, George A. Birmingham, once wrote that it was impossible to walk the length of an Irish railway-station platform without meeting two or three government inspectors.²

McDowell’s 1964 The Irish Administration, 1801-1914, from which the above is excerpted, remains the classic text. This work, more descriptive than analytical, is an artifact of a time when taking the broad view was the norm in Irish history. Recent writing on the government of Ireland, though quite sparse, has taken a turn for the particular, reflecting the continuing maturation of Irish historical studies on the whole.³ Examples include David Broderick’s brief survey of the responsibilities and working of the county Dublin grand jury in the nineteenth century and Mary Daly’s comprehensive institutional history of the Department of Agriculture from its founding in 1899.⁴ Virginia Crossman’s work on poor law government and Matthew Potter’s on municipal

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³ The field has been nudged along by the revisionist controversy of the mid- to late twentieth century that pitted nationalist historians against self-identified “professional” practitioners skeptical of the virtues of an independent and unified Ireland, to the extent that some authors have speculated that Irish history is “now beyond ‘Revisionism’.” Tom Dunne, “New Histories: Beyond ‘Revisionism’,” *The Irish Review* 12 (Spring-Summer 1992), 2.
government in the nineteenth and twentieth centuries are more analytical explorations of how local administrative bodies balanced local and national political concerns. While ultimately indebted to McDowell, this dissertation follows the path more recently laid down by Crossman and Potter.

The fragmentation that characterizes recent work in Irish history is further demonstrated by the small but growing historiography of Irish lunatic asylums. The field coheres around two basic features: an anomaly of population and an anomaly of administration. First, Ireland’s population change in the post-Famine period, remarkable in general terms, was made more remarkable by its apparent effects on institutional populations, and particularly asylum populations. Growing asylums are a standard feature of modernizing western societies. Asylum population growth outpaced that of general population growth everywhere until the deinstitutionalization movements of the mid-twentieth century, but in Ireland the relationship between the two was unusual. Ireland’s asylum population continued to grow in spite of the fact that Famine mortality, greatly increased emigration, and falling marital rates reduced the pre-Famine population of 8.5 million to about 4.5 million at the turn of the twentieth century.

Most of the historical work on Irish asylums begins with this quandary: how could they expand at rates far greater than anywhere else in the developing world while the general population from which they drew their patients was falling so precipitously? That it took so long for historians to address a question that weighed so heavily on the minds of administrators, members of Parliament, and contemporary commentators is only

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surprising if one doesn’t assume that there were more Irish in asylums because they were by nature or nurture more insane than anyone else.⁶ The emergence of works on Irish lunatic asylums is likely due more to the development of the histories of madness and governmentality, but Nancy Scheper-Hughes’ 1979 Saints, Scholars, and Schizophrenics cannot have been anything but an impetus for historical research. Scheper-Hughes, a cultural anthropologist, stirred enormous controversy by suggesting that high levels of commitment to mental hospitals in the rural west were a result of “schizophrenogenic” family relationships peculiar to “traditional” Irish society, as well as psychic pain and confusion stemming from a history of colonization, the Famine, and uncertainty in the context of international integration. All in all, Scheper-Hughes’ work produced a picture of a pre-modern Ireland in a modern world, pathologically unable to see its way into the future.⁷

The answers historians have proposed to this problem proceed along the same general lines, though at a safer distance. Most historians have cast high rates of asylum committal as a symptom or by-product of larger social and economic trends.⁸ The state of

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⁶ Mark Finnane’s *Insanity and the Insane in Post-Famine Ireland* (London: Croom Helm, 1981) was the first scholarly monograph on the subject, and has not been duplicated in scope since. Elizabeth Malcolm’s study of Swift’s Hospital (1989) is a notable contribution among a handful of histories of single hospitals, most of which were produced by administrators or local scholars as part of anniversary celebrations. The remainder of the academic corpus is made up of article-length works by Pauline Prior, Oonagh Walsh, Markus Reuber, and Áine McCarthy on the social, legislative, and architectural history of various Irish asylums, all published in the late 1990s and early 2000s.

⁷ Scheper-Hughes granted her community a pseudonym, but her rich descriptions of the village and its environs quickly revealed its identity, which only made the situation worse: not only had she revealed secrets, or at least information her participants thought was better left private, she had written a narrative that they believed reflected extremely poorly on their community, if not Ireland as a whole. Twenty years later, the controversy was still fresh, as Scheper-Hughes herself found on a return visit in the late 1990s, where she found little acceptance for her explanations or apologies. See Nancy Scheper-Hughes, *Saints, Scholars, and Schizophrenics* (Berkeley, CA: University of California Press, 1979) and “Ire in Ireland,” *Ethnography* 1, no. 1 (2000): 117-40.

⁸ Guinnane, *Vanishing Irish.*
lunacy law in late nineteenth-century Ireland plays a central role, as it allowed for relatives and community members to involuntarily commit friends and family members relatively easily. Much of the historical work done to date has proceeded from the mining of committal warrants and physicians’ casebooks, where they survive, to illuminate the contexts of use of these Dangerous Lunatics Acts. Áine McCarthy argues, for example, that many women committed in Enniscorthy in the second and third decade of the twentieth century were not insane at all, but rather exhibited behavior that violated gender norms. More generally, authors have argued that families struggling in a rapidly changing post-Famine economy used the asylum as a disciplinary tool against refractory members or a less humiliating alternative to the much-reviled workhouse.

One of the most comprehensive arguments along these lines comes from Elizabeth Malcolm in a study of western asylums in the late nineteenth and early twentieth centuries. Although women were were slightly more numerous in the general population in western districts (counties Sligo, Leitrim, Galway, Roscommon, and Mayo), men were significantly more numerous in the asylum. Malcolm’s analysis of

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11 Going into the workhouse required one to be destitute, while asylum inmates included even those of middling means who could not afford the £80 or more per year charged at private asylums. While the asylum’s inmates were mostly poor, it lacked the taint of pauperism.

committal warrants and physicians’ case notes from western asylums suggests that there was a robust relationship between the high levels of emigration from the post-Famine west and the preponderance of single thirty- and forty-something men in the asylums there. In an era of land consolidation, a shift to primogeniture, and reduced rates of marriage, emigration was a safety valve for a young, single, landless, but predominantly female cohort. Unmarried men, who for whatever reason were unable to escape the constraints of the households of their birth and resultant family strife through emigration, therefore ended up committed to the asylum in disproportionate numbers.  

The analyses of mental illness as a social disease whose prevalence is strongly affected by significant demographic change are valid. Mental illness is, however, as surely organic disease as it is social, and relying on socioeconomic changes to tell us something meaningful about the causes or prevalence of organic disease is misguided. In chapter four, I use recent epidemiological studies in conjunction with historical data to demonstrate that the physical and psychological experience of the Great Famine produced higher rates of mental illness for one or more generations throughout the second half of the nineteenth century. It is a partial and thus incomplete answer to the disproportionate-numbers problem, but it serves as an important reminder that nature perseveres amid massive cultural shifts, and should be accounted for.

The second striking feature that historians have identified in Irish asylums is that unlike their British counterparts, they were designed from the beginning to comprise a

centralized system. Early British asylums were voluntary affairs supported by permissive legislation and locally-administered by parish guardians until 1845. From then, Parliament required counties to make some provision for pauper lunatics, but they still remained free of strong central administration until the 1880s. Mark Finnane, author of the only substantive exploration of the idiosyncrasies of Irish asylum legislation and administration throughout the century, makes much of the contrast.\textsuperscript{14} There is much to commend this interpretation, not least of which are the basic facts of governance in Ireland under the Union. Compared with Britain, the executive in Dublin, centered on the Lord Lieutenant, Chief Secretary, and Privy Council, wielded much stronger power much earlier. There is some danger, however, in seeing administrative centralization as an immediate fait accompli rather than a decades-long process with an uncertain outcome. On this point, the history of Irish lunatic asylums is bound up in literature on the development of the modern state.

Although it has come under criticism in the British context, Oliver MacDonagh’s “revolution in government” thesis is generally accepted among historians of Ireland.\textsuperscript{15} According to this thesis, the expansive bureaucratic administration that came to characterize late nineteenth-century Britain resulted from a predictable pattern. Investigators exposed social problems, politicians attempted but failed to legislate it out

\textsuperscript{14} Finnane, \textit{op. cit.}

\textsuperscript{15} See, for example, essays in Roy MacLeod, ed. \textit{Government and Expertise: Specialists, Administrators and Professionals, 1860-1919} (Cambridge: Cambridge University Press, 1988). Histories of Irish government (as opposed to politics) are few and far between. R.B. McDowell’s \textit{The Irish Administration} is still unsurpassed as a single comprehensive volume, and though it is far more descriptive than argumentative, it tends to follow a MacDonagh-esque narrative. MacDonagh himself is responsible for most of the content on nineteenth-century government in \textit{A New History of Ireland}, ed. W.E. Vaughan, vol. 5 (Oxford: Oxford University Press, 1993).
of existence, necessitating the appointment of inspectors to enforce the law and regularly report on their progress. All of the above tended to increase demand for further legislation, further information-gathering, further regulation, and consolidation of power in administrative bodies responsible to a central authority.\textsuperscript{16}

MacDonagh’s argument, however, lends an air of inevitability to the development of administrative structures, and creates an impression of a monolithic central government rationalizing all with which it came into contact in predictable ways. In reference to the inspectorate of the Irish Board of Works, MacDonagh writes, “The inspectorate, as was not uncommonly the case, tended to produce uniformity and coherence in administration and to initiate an unanticipated cycle of governmental expansion.”\textsuperscript{17} MacDonagh pays lip service to the possibility that individual inspectors shape the process in their own ways, but still sees the ends as the same: inspectors’ personalities and administrative preferences are mere window-dressing on a skyscraper built according to the rules of irresistible force.

Finnane, who was MacDonagh’s student, sees in the Irish lunatic asylums’ history hallmarks of the “revolution in government,” but in the case of the inspectors of lunatic asylums who may be credited with bringing to maturity the centralization of the district asylum system, their desire for self-aggrandizement, underscored by a desire to professionalize asylum physicians fueled the concentration of authority in offices at


\textsuperscript{17} Oliver MacDonagh, \textit{Early Victorian Government, 1830-1870} (London: Weidenfeld and Nicolson, 1977), 185.
Dublin Castle. This is recognizable in MacDonagh’s emphasis on the rise of the expert as a government official, but we miss something integral if we speak only in generalities about expertise, sense of duty, and the power of precedent and routine. Inspectors, civil servants though they may have been, were also gentlemen with little or nothing in common with the individuals contained within the apparatus they oversaw, and they had voracious appetites for self-promotion. A supposedly merit-based bureaucracy was, in fact, powered by elitism. Essentially, we mislead ourselves by focusing on impersonal structures and machines rather than personal motives acted out one after the other.

Further, if we persist in measuring Ireland by an English yardstick, we may conclude, in the style of MacDonagh, that Ireland’s exceptionality lies in the marked degree of administrative centralization it experienced throughout the century. The tale suggested by this approach becomes, therefore, one in which an all-powerful or at least mostly-powerful imperial government runs roughshod over a dependent nation, molding it top to bottom in whatever shape it chose. The existence of vibrant and meaningful challenges to the imposition of centralizing reforms puts the lie to this tale, however. If we take administrative developments in Ireland on their own terms, we may more accurately conclude that centralization, while pervasive in many areas, was not necessarily the only option available, nor was the only option tried. Indeed, we find many attempts to introduce and increase centralization throughout, with varying degrees of success, some of which ended with a concession of control over most public institutions and funding to local authorities once again in 1898. Centralizing measures proceeded in fits and starts, and were most often regarded with great skepticism both by local

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authorities and by officials in Dublin Castle and Westminster. The centralizing narratives of MacDonagh, et al, have all but erased this skepticism.

Patrick Joyce has given historians and literary scholars another similarly powerful argument to structure their understanding of the governance of Ireland in the nineteenth century, and is a good example of how postcolonial studies have informed the writing of Irish history in recent decades. Joyce draws heavily on a Foucaultian interpretation of “governmentality,” by which is usually meant the process of making decisions about how to govern, as well as the techniques by which a society is made governable. “The nineteenth-century liberal governance of ‘society’,” he writes, no longer depended on the extension of physical force via army or police to exert power over a territory, but “seeing, knowing, and securing this ‘society’ as the free play of things, information, and persons.”

The construction of a rational system of administration, indeed the very accumulation of statistics was fundamentally about producing a society “amenable to governance.” Travel accounts of British authors, Parliamentary inquiries on various aspects of the state of Ireland, the Ordnance Survey and the multitude of similar surveys undertaken by various government departments did not simply record reality. Rather, they produced narratives that abstracted social problems so that they might be approached objectively. They offered “the promise of perfection,” the perceived ability to control through understanding.


20 Ibid., 35.

21 Joyce’s central example is the Ordnance Survey, in which surveyors John O’Donovan and Thomas Larcom strove for “authenticity,” “preferr[ing] not to simply transcribe the most commonly spoken form of a place-name, but to use the spelling most consistent with ancient orthography.” In doing so, the
In a general sense, Joyce is correct: one important purpose, and perhaps even the primary purpose of administrators such as the inspectors of lunatics and the staff they employed was to produce information that became the basis of future policy and allowed procedures of governance to intrude further into the lives of individuals. In addition, Joyce is generally correct to contrast modern liberal governance that abstracted and rationalized society and made individuals into standard units, none privileged over any others, with the organic society of a bygone era, where individuals had value as a member of a class, and each class had rights and responsibilities to others based on their position in a hierarchy. Success of the liberal state depended on alternately expanding people’s mental universe to encompass broadly shared ideas and expectations about how society functioned, and contracting it so that individuals’ awareness was focused on their own relationship to the whole, thereby instilling self-surveillance, rather than obedience to a social superior, as a virtue. Fueled by governing bodies’ insatiable appetites for objective knowledge of populations, modern society created automatons who only believed they were freer than their ancestors bound by arcane social codes.

Joyce’s big ideas fall short in application, however, as the production of theory and fine-grained historical research are entirely different projects. Insofar as it helps us understand the significance and pitfalls of translating lived experience into statistical knowledge, Joyce’s work is invaluable. It is far less helpful to our understanding of how growing bureaucracies actually functioned. The bureaucrats in the nineteenth- and early twentieth-century Irish lunacy department were only in a limited sense cogs in a massive

outsiders effectively created new, inauthentic identities for local places. Ibid., 37, 48. On the subject of British travelers creating knowledge about their new partner in the Union, see Glenn Hooper, *Travel Writing and Ireland, 1760-1860* (London: Palgrave Macmillan, 2005).
administrative machinery. They were in a more profound sense gentlemen still bound to
the rules and expectations of the organic pre-modern society Joyce says had already
withered away. The modern bureaucratic system was rational in some important ways,
but it was not nearly as abstract and rational as Joyce imagines. The structure of
administration may have changed, but its content--the men who worked within it--largely
remained the same as the Irish government moved into the twentieth century.

A final major historiographical issue to engage on the point of governance in
Ireland, related to both MacDonagh and Joyce, is that which casts Ireland as “the social
laboratory of the interventionist state.” This argument is made most clearly by Stanley
Palmer in reference to police in Ireland and England. For Palmer, Robert Peel is a central
figure. While Chief Secretary for Ireland, he introduced a national police force to address
what appeared to most in government to be endemic violence throughout the country.
Later, as Home Secretary in England, Peel built on the successes and redirected the
failures of his Irish experience to introduce the first metropolitan police force in
London. There is much to recommend in Palmer’s comparative approach, and he is
generally careful not to mistake chronology for causation in his magnum opus on the
problem of public disorder and institutional responses in England and Ireland. His
interpretation, however, can too easily be enlisted to either support the idea that Irish
government and society were permanently unfinished or imperfect versions of those of its

22 D.M. Schreuder, “Ireland and the Expertise of Imperial Administration,” in Government and
Expertise: Specialists, Administrators and Professionals, 1860-1919, ed. Roy MacLeod, 145-165
(Cambridge: Cambridge University Press, 1988). In Schreuder’s conception of the phrase, he refers to the
fact that it became usual in the nineteenth century for gentlemen to begin long careers in colonial
administration throughout the British empire in Ireland.

23 Stanley H. Palmer, Police and Protest in England and Ireland, 1780-1850 (Cambridge:
neighbor to the east, or that the Irish administration represented the vanguard in modern governance. Neither are particularly useful models.

In this dissertation, I follow the lead of Brian Jenkins and Christine Bellamy in describing the structure and function of a government department. The former argues that continuing economic and social disruption in Ireland during the first two decades of the nineteenth century resulted in a “distinctive form of administration,” in effect rendering Ireland exceptional not only in the United Kingdom but across Europe.24 Jenkins’ argument is most persuasive for its emphasis on the cumulative effect of ad hoc arrangements. In the creation and maturation of Irish health administration, we should see less building of the apparatus of state by the institution of Chadwickian ideals than, as Christopher Hamlin argues, the gradual working-out of health policy over time.25 Mental health policy evolved as the inspectors, with occasional intervention by the Lord Lieutenant and Chief Secretary, responded to changing demands of population, professional expectations, local administration, and so on.

Bellamy’s work on the Local Government Board in late nineteenth and early twentieth-century England similarly supports a more complex view. In basic terms, the parties involved in her study are analogous to those in Ireland. There were owners of property in whom the traditional overseer role was vested, who were expected to take care of the governance of towns, parishes, and counties regarding distinctly local issues. Then there were central authorities who dealt with foreign policy and broadly-based


public issues, particularly those having to do with order. Finally, there were technocrats who stood between the two, having been delegated authority by the central power to increase the efficiency of local government but whose role evolved beyond merely carrying out orders from above. In Ireland, these correspond to grand juries and other local bodies, the Executive in Dublin Castle, and the boards and inspectorates created to administer a variety of programs. Bellamy argues that the Local Government Board “should be considered an agent of boundary maintenance between local and central government.” Accordingly, rather than viewing the evolution of nineteenth-century Irish government as proceeding from a tug-of-war between local and national authorities, we should turn our attention toward the “agents of boundary maintenance,” heretofore all but ignored in the historiography.

In what follows, I will sketch out the concerns of the first two major parties by considering what Dublin Castle required of lunatic asylums and the individuals whose lives they dominated, as well as what local authorities hoped to preserve. In chapter two, I turn my attention to the lunacy inspectorate, exploring the ways it bridged the gap between Dublin and the provinces to become the major player in the formation of lunacy policy.

At first loosely overseen by the inspectors-general of prisons, lunatic asylums were separated into their own administrative office by the efforts of Francis White, a “Castle Catholic” and Dublin surgeon of eminent training and experience. As a man in tune with the best medical practices of the day and possessed of a powerful and effective...

reforming spirit, White plays a heroic role in Finnane and other historians’ narratives. Subsequent inspectors are vain shadows. White’s colleague John Nugent and successor George Hatchell, for example, were merely “political” appointees under whose thirty-year tenure the inspectorate fell into torpor punctuated by pompous sniping. Nugent’s interpersonal demeanor certainly left much to be desired, but Finnane’s expectations of the mature inspectorate tend toward the unrealistic. From the beginning, White and Nugent’s most essential duty was to manage and facilitate the flow of information from provinces to metropolis and back. Nugent and Hatchell did this even more effectively by producing longer and more complex annual reports, the contents of which allowed interested parties to make reasonable conclusions about features of the asylum population and trends in their growth, and thus to make policy. They were managers rather than innovators, which Finnane correctly identifies as an important factor in asylum expansion, but the utmost they could do in the times in which they lived was to maintain a system that cared for the helpless in which abuses could come to light and be remedied. This they did.

As gatekeepers of the asylum bureaucracy, they also were responsible for building the psychiatric profession in Ireland. There are numerous historical and theoretical approaches to the characterization of “profession,” but Finnane follows the most common definition that is grounded in the development of specialized knowledge and formation of independent associations.27 According to this definition, the Irish psychiatric profession was a late bloomer relative to its European or American counterparts. In a freer medical

market, this approach would make more sense, but in Ireland, where private practice was the exception to the rule of government-appointed service, a different notion of professional formation is required. In all but a very few cases, appointment to an asylum resulted in a career spent behind its walls building competency in dealing with a particular institutional population. Asylum physicians certainly thought of themselves as purveyors of specialized medical knowledge, though they were loath for years to admit that their specialty was as much administrative as it was medical in nature. In chapter three, I argue that the emergence of a psychiatric profession in Ireland occurred well before the turn of the twentieth century, and that defining it in terms of content knowledge and voluntary association reinforces the idea of Ireland as an outlier rather than helps us understand the nature of medical professionalization there.

My primary purpose is to discover how the machinery of nineteenth-century government actually worked, how people within a quasi-colonial bureaucracy related to one another in identifying and solving problems, and how political or social ideologies fared in the day-to-day routines of public administration. For every act of Parliament and every machine-printed form of instructions distributed from Dublin Castle to the far-flung towns and villages in the provinces, there were dozens, hundreds, even thousands of people at every level who responded as individuals based on their own circumstances. This dissertation is one attempt to illuminate the complexity that exists in a system.
For historians of madness and institutions, the central fact of Irish lunatic asylums is that they were centralized and standardized. In the historiography of Irish asylums, the 1817 legislation founding the Irish district asylum system is invariably observed to have predated anything similar in England by nearly three decades. Framed thus, it can be either a great point of pride that Ireland was ahead of its time regarding psychiatric treatment, or another disturbing piece of evidence that the government centered on Dublin Castle ran roughshod over local, native desires. Both are simplistic formulations, and thus neither is accurate. From its inception, the system of asylums for the lunatic poor in Ireland was impressively centralized and standardized only on paper. It took decades of intermittent wrangling between local and national authorities for something that deserved the “system” label to emerge. This chapter will examine this process and the structure of asylum administration in terms of government in Ireland.

Ireland presented great difficulties for England before the 1801 Act of Union. Indeed, what followed the amalgamation of the Irish and British Parliaments can be fairly said to be the first sustained attempt at actually governing Ireland. Different governments took different approaches to dealing with the unique challenges posed by Irish society, particularly social dysfunction stemming from religious, political, and economic dispossession and poverty that literally crippled great portions of the population. Most,
however, operated under the assumption that prosperity for both Ireland and the United Kingdom as a whole depended on transforming Irish society into something like English society.

In order to get to that end point, certain exceptions to the English rule would have to be made. Governments in London trusted English local authorities to carry out most functions of governance and thus refused to meddle until late in the nineteenth century, particularly where public health was concerned.¹ They showed no similar trust for Irish local authorities; indeed, the whole Irish system of governance was deemed impenetrable to most English observers.² In England, the basic unit of government was the parish, but Ireland’s ruling classes were too few in number to support parish administration. Until an 1898 act established elected county councils, county grand juries remained the basic unit of local government in Ireland. It was a distinctly unrepresentative system. High sheriffs, who selected the members of grand juries from the leading property owners in the county, were nominally appointed by the Lord Lieutenant, either chosen from a list of suitable names forwarded to him by county judges, or selected by their predecessors, usually on the basis of support for the present government.³ At no point did popular consensus enter the equation. Moreover, nothing like “virtual representation” could be said to exist, as the Lord Lieutenant, high sheriffs, county judges, and grand jurors, all of


³ Evidence given in an 1815 Select Committee Report shows that the exercise of patronage and political loyalties at each step bent basic rules of property qualifications, etc. See HCPP 1814-1815 (283) *Report of the Select Committee on Grand Jury Presentments*, 1661.
whom were Protestant, were separated from the mass of the population by an unbridgeable gulf of religion and ethnicity.

Grand juries were responsible for levying the county cess, a tax assessed on the basis of occupation rather than ownership of land, “so that grand jurors, who were by definition property owners, were engaged in taxing not themselves but their tenants.”\(^4\) Absentee landlords of large estates might escape paying the cess entirely, but the dozens of poor to middling occupiers who lived on those estates would not. To make matters worse for the majority of Irish subjects, self-interest and a lack of accountability meant that it was possible for grand juries to present funds multiple times for a single length of road, or for projects like bridges to be certified complete “when not a stone was ever laid.”\(^5\) Such cases were exceptions to the rule, but they loomed large in the minds of officials desperate to regularize local administration and reduce conflict between landlords and tenants.

If not corrupt, critics in Dublin Castle and Parliament charged that grand juries were at least ineffective.\(^6\) Under-Secretary William Gregory complained to a correspondent in 1822, “The helpless apathy of the gentry of Clare is quite provoking. Because Major Warburton is ill they do not act, and apply with complaints to and against

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\(^6\) The discrepancy in honesty and efficiency between Irish and British local authorities has been explained as the difference between eighteenth-century patronage politics and nineteenth-century “professional” politics. See for example Douglas Kanter, “Robert Peel and the Waning of the ‘Influence of the Crown’ in Ireland, 1812-1818,” *New Hibernia Review* 5, no. 2 (Summer 2001): 54-71.
the Government to know what they are to do.” It is difficult, however, to fault indecisive men for what was essentially learned helplessness. The fact of the Union had not erased one iota of the tendency for government to be run according to patronage. In fact, a Chief Secretary’s effectiveness was determined by his ability to distribute patronage to the government’s greatest advantage. The long subordination of Irish to British interests made victims not only of the Catholic masses, but also of the gentry who depended on the good graces of the government or its major opponents for their well-being.

Individual confusion and learned helplessness contributed to grand juries’ inefficiency, but some critics also argued that their impermanence made effective local administration impossible. In 1862, Waterford MP John Blake complained that grand juries “were called into existence three or four days before the assizes; they remained together perhaps, not more than a week; and the consequence was, that they were obliged to dispose of the whole of the business in a hasty and inconsiderate matter. They then separated, and in all probability did not meet again for six months, or the next assizes.” Grand juries were not as ephemeral as Blake suggested, however. Many of the same names appeared on the rolls year after year, so that in effect, any single assizes contained a portion of one ruling class. This posed serious problems for those outside the ruling

7 Major George Warburton was the Inspector-General of Police, and a major landowner in the west. Gregory to unknown recipient quoted in Mr. Gregory’s Letter-Box, 1813-1835, ed. Lady Gregory, 2nd ed. (New York: Oxford University Press, 1982), 14.

8 Peel is the preeminent example. Kanter, op.cit.

9 Hansard’s Parliamentary Debates, 9 May 1862.

10 In some cases, men from the same family took turns serving. See Kathleen S. Murphy, “Judge, Jury, Magistrate and Soldier: Rethinking Law and Authority in Late Eighteenth-Century Ireland,” The American Journal of Legal History 44, no. 3 (July 2000), 234-235. (231-256)
class seeking representation of different interests, of course, but infrequent meetings alone did not necessarily hamstring effective local administration.\textsuperscript{11}

The grand jury system created irritations for cesspayers, for representatives of the Catholic cause, and for an executive government looking to rebuild a broken society, but Protestant landowners themselves offered vigorous critiques for one basic reason: highly-publicized failures made them look bad. Be that as it may, there was precious little agitation for thoroughgoing reform that might have rectified commonly acknowledged abuses and silenced critics. Without overhauling the system entirely, the government had three possible solutions at its disposal: centralize authority in the executive and its departments; nibble around the edges with amending legislation to limit corruption and increase effectiveness; or substitute grand juries’ power with new institutions for local administration.\textsuperscript{12}

In the end, all three were tried, but the process of substitution and centralization went furthest and had the greatest impact. In 1836, to combat the combined scourge of continuous violence, crime, and a weak magistracy, the British government installed the constabulary, the United Kingdom’s first centrally-directed national police force.\textsuperscript{13} The constabulary was formed to restore order in the countryside, but within a matter of a decade, constables were acting as the salaried eyes and ears of government in Dublin, serving as census enumerators, gathering information on crops, mortality rates, and

\textsuperscript{11} Sidney and Beatrice Webb, \textit{English Local Government from the Revolution to the Municipal Corporation Act} (London: Longmans, Green, and Co., 1906), for example, found that English grand juries and the like served communities well in spite of supposed logistical drawbacks such as poor attendance, infrequent meetings, and so on.

\textsuperscript{12} Crossman 2006, 134-5.

\textsuperscript{13} Palmer, \textit{Police and Protest}. 

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evictions, reporting cases of destitution to Poor Law guardians, arranging inquests in cases of suspicious death, and apprehending and transporting the mentally ill to lunatic asylums. In 1831, to combat the prejudice of an uneducated populace and promote a spirit of improvement among the oppressed in Ireland, the government instituted a centrally-managed and theoretically non-denominational National School system.\textsuperscript{14} In 1851, to address endemic disease in the provinces, the government replaced local medical charities of a variety of sizes and purposes, many of which grand juries had neglected to fund and staff at levels adequate to demand, with more standardized and reliably-funded institutions.\textsuperscript{15}

District lunatic asylums were an early part of this process of substitution, and one of the first comprehensive measures taken to improve Irish society under the Union. It took some time, however, for lunacy reform to reach critical mass. Acts of 1772 and 1787 had permitted but not required grand juries to present funds for the establishment of county workhouses and lunatic wards therein.\textsuperscript{16} By the end of the century, only four of thirty-two counties had made any provision whatever according to these statutes. Cork had a well-provisioned asylum that had grown from two cells in a house of industry erected in 1777 to a separate building containing over two hundred patients by 1816. Clonmel, Limerick, and Waterford’s houses of industry, founded according to the act of 1787 mentioned above, contained 31, 48, and 44 lunatic inmates, respectively, by 1816.


\textsuperscript{15} Ronald D. Cassell, \textit{Medical Charities, Medical Politics: The Irish Dispensary System and the Poor Law, 1836-1872} (Woodbridge, Suffolk, England: Boydell Press, 1997).

\textsuperscript{16} 11 & 12 George III, c. 11 and 27 George III, c. 39.
Lunatics elsewhere were held in a variety of gaols, bridewells, and other less formal accommodations under the apparently lax supervision of county and town authorities (see figure 1).

The first movement toward institutions dedicated exclusively to the care of the insane in Ireland was made by Sir John Newport, member of Parliament for Waterford and one of the “Grenville whigs.” Newport came from a dissenting family, supported the Volunteers and the Union, as he believed it would be followed by emancipation for Catholics, and pursued a variety of humanitarian causes during his long Parliamentary career including abolition of the slave trade and lunacy reform. An active member for Waterford, Newport introduced a bill establishing provincial lunatic asylums in 1805. In Newport’s estimation, the permissive legislation of 1772 and 1787 had proved inadequate. Newport argued in sympathy with contemporary prison and institutional reformers like John Howard and Jeremiah Fitzpatrick that not only was accommodation inadequate in terms of numbers of institutions for the country, the existing houses of industry promoted chaos rather than reform. Proper care of lunatics could not occur anywhere but in a single-purpose institution.

Newport’s bill would have provided four provincial lunatic asylums, each to house at least 250 individuals. The Lord Lieutenant was to decide the site and architectural plan of each and appoint three resident gentlemen from each county in the province to act as governors. The establishments were to be funded primarily from grand jury presentments, the cost to be shared among counties in each province, and inspected by a gentleman chosen from among jurors and serving one-year terms. In addition,
subscriptions would have been solicited from the public, and donors of three guineas a year or twenty guineas at any one time permitted to vote as a member of the board of governors. Governors were to meet at least four times a year but ideally more often, and decide internal policy according to majority votes. As trustees of public funds, they were
to make annual reports to Parliament on receipts and expenditures, as well as admissions and discharges. Officers were to be paid no more than £60 annually, except in the case of the visiting physician, who was to receive £100, which was the usual rate for medical attendance at large county institutions.¹⁷

Newport’s scheme had one foot in the future and one in the past. By making the asylums dependent on a mixture of public and private funds, he gave a nod to the traditional custodial role of the well-to-do for those less fortunate while ensuring that if Ireland’s better classes refused or were unable to fill that role, the institutions might still continue their important mission. This was a practical solution, especially in a country increasingly bereft of noble and major landowning families in the provinces, but it stripped out the important voluntary aspect of medical charities. Governors who volunteered their time, concern, and money to support institutions were fulfilling the duties of their role in a social hierarchy characterized by interdependence and mutual responsibility. A system that relied on appointed governors cheapened the service of governors and upset the hierarchy.

Newport intended for grand juries to be required to present sufficient funds, but his bill is characteristic of eighteenth-century legislation of this type in that it specified no penalties for failure to comply. As for administration, the role he envisioned for the Irish executive was intrusive on local prerogatives, but only a shadow of what it would be in the future regarding lunatic asylums. Although the Lord Lieutenant would be given the power of siting and constructing the buildings, as well as appointing a portion of their

¹⁷ HCPP 1805 (61) A Bill for the Establishment of Provincial Asylums for Lunatics and Idiots in Ireland.
governors (assuming that subscribers joined in respectable numbers), the management of the institutions would be done by gentlemen already responsible for county business.

In the event, Newport was unable to drum up support for his bill, with critics arguing that existing legislation was sufficient for the purposes he had in mind. He withdrew his bill in short order, but continued to raise the issue whenever possible. When his colleague Charles Williams-Wynn moved a bill in 1807 to establish asylums in England that might cure rather than punish the insane, he spoke firmly in support of the measure, adding that Irish pauper lunatics deserved a similar law.\(^{18}\) Wynn reminded his colleague that his bill could not be extended to Ireland, however, because it worked through parochial poor relief, and Ireland had no poor law.

Ireland did have a strong executive, which is what the eventual legislation establishing district asylums depended on. Given the political realities of early nineteenth-century Ireland, the establishment of a network of lunatic asylums to remove troublesome lunatics from society (and hopefully cure them) can certainly be seen as one of several concerted attempts by a colonial power to impose its own sense of order on a dependent country. The lack of alternatives to what seemed an increasingly pressing problem, however, undercuts a blunt-edged interpretation.

The few establishments that existed for the poor, sane or insane, throughout the country were unable to properly serve communities reeling from small-industrial collapse and massive military mobilization following the Napoleonic wars. A trickle of pauper lunatics into Dublin became a steady stream, and when crop failures, famine, and epidemic disease struck in 1816, the stream became a flood. Dublin had its own house of

\(^{18}\) *Hansard’s Parliamentary Debates*, 6 April 1808.
industry, founded in 1773 and supported by an annual grant from Parliament from 1776, partly because it was recognized as a “national” rather than municipal institution. The grant was a mere £3000 in 1776, but had risen over £50,000 by 1813. The size of the grant matched the physical size of the institution, which by 1819 had nearly reached 3000 inmates in spite of having been “relieved” by the building of the Richmond lunatic asylum four years before.

The governors of the Dublin House of Industry had in previous years made numerous attempts to reduce the flow of inmates. First, they instituted the principle of “less eligibility” by restricting the dietary, expecting that only the truly needy would subject themselves to such conditions rather than earn what they could by their own labor. When this had little or no effect—all applicants appeared to be truly needy—they then limited admission to the sick, aged, orphaned children, and insane. This brought “a complete revolution in the Establishment, [converting] the House of Industry into a great hospital for the reception of the aforementioned classes of paupers.” The house, however, remained overcrowded. In a last-ditch effort, the governors further restricted admission to the poor only of the greater Dublin area, except where lunatics and idiots were concerned. The Richmond lunatic asylum had been opened in 1815 to divert inmates from the house of industry’s lunatic wards, but officials found that supply had

19 This was the second iteration of a house of industry in Dublin. The first, founded in 1703, had been converted into a foundling hospital by 1729. Peter Gray, The Making of the Irish Poor Law, 1815-43 (Manchester: Manchester University Press, 2009), 12.

20 HCPP 1820 (84) Report of the Commissioners Appointed by the Lord Lieutenant to Inspect the House of Industry..., 18 and HCPP 1828 (176) House of Industry and Foundling Hospital, Dublin: Accounts of the Period When First Established; Their Object, and How Supported, 2.

21 Ibid., 4.
created excess demand. Either from lack of interest, ignorance of the demand, or fear of raising increased rates on a distressed and intermittently violent tenantry, local authorities had not acted with sufficient energy to build the institutions that would keep their paupers at home. If Dublin was not going to be overrun with helpless, unproductive, and possibly violent poor lunatics, executive action appeared necessary.

Chief Secretary Peel was shy of assembling a Parliamentary committee on any subject in Ireland, as it was “very difficult to manage even the most limited inquiry,” but the Select Committee on the Lunatic Poor in Ireland was a model of planning and restraint. Peel had begun to solicit information in December 1816, and moved for the committee in early March 1817. The committee, with lord of the treasury and Peel’s close colleague William Vesey FitzGerald in the chair, met a handful of days in March and May to give and hear evidence.

Much of the evidence was general in nature, consisting of simple questions and answers from Irish committee members as to the extent and quality of accommodation in or near their constituencies. The evidence of Thomas Spring Rice, the only non-committee member to appear in the report, was the most extensive, specific, and productive. At the tender age of 26, Spring Rice had been building his reputation as a

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22 Peel to Lord Whitworth, 30 March 1816, regarding Sir John Newport’s motion for a general inquiry into the state of Ireland, in Sir Robert Peel, ed. Charles Stuart Parker (London: John Murray, 1891), 219. Peel’s reluctance was amplified by English members’ “gross ignorance” of Irish matters that encouraged them to see “abuses which do not exist.” Peel to Whitworth, 5 April 1816, in Ibid., 221. See also Gash, Mr. Secretary Peel, 197-199.

23 The committee members who gave evidence were Chief Secretary Peel, Denis Browne (MP, Mayo), Robert Shapland Carew (Whig MP, Wexford), Colonel James Crosbie (MP, Kerry), James Daly (MP, Galway), Augustine Fitzgerald (Tory MP, Clare), Maurice Fitzgerald (Whig MP, Kerry), John Leslie Foster (Tory MP, Yarmouth), Sir George Fitzgerald Hill (Tory MP, Londonderry city), John Maxwell-Barry (Tory MP, Cavan), Sir John Newport (Whig MP, Waterford), and William Conyngham Plunkett (Whig MP, Dublin University).
reformer, visiting lunatic asylums and wards at Clonmel, Cork, Waterford, and Limerick in 1815 and keeping contact with their governors and officers since. He himself had been a governor of the house of industry at Limerick for the past three years, and found conditions there for the lunatic inmates “such as we should not appropriate for our dog-kennels.” There, inmates were confined in unheated, unventilated cells “exposed during the whole of the winter to the extremities of the weather,” which in a physician’s judgment had resulted in the death of two inmates and made necessary the amputation of another’s limb. Others had been chained in beds with their hands fastened behind their knees for so long “that they have so far lost the use of their limbs, that they are utterly incapable of rising.” Medical attendance was scarcely adequate, as it consisted of a messenger running back and forth over a mile between the house and the physician’s residence, and various attendants carrying out his prescriptions and instructions. Spring Rice saved the grossest misconduct for the last, charging that “the keeper of the lunatics claimed an exclusive dominion over the females confided to his charge, and which he exercised in the most abominable manner; I decline going into the instances, the character of which are most atrocious.”

The timeline of these events are unclear from the evidence given. Spring Rice reported the above as though they were ongoing abuses, but such was not the case. In the end of his testimony, he acknowledged that he and other governors had removed the

24 He had also been busy devising improvements to Irish grand jury laws, published in a pamphlet in 1815. See Thomas Spring Rice, An Inquiry into the Effects of the Irish Grand Jury Laws, as Affecting the Industry, the Improvement, and the Moral Character, of the People of Ireland (London, 1815).

25 HCPP 1817 (430) Select Committee on Relief of the Lunatic Poor in Ireland, 14.

26 Ibid., 15.

27 Ibid.
superintendent of the house responsible, as well as the medical attendants. Acting on behalf of the governors, Spring Rice solicited the advice of Dr. Hallaran at the Cork asylum, who sent one male and one female attendant to take charge of the lunatic ward at Limerick. He then secured the agreement of the medical gentlemen of Limerick to act gratuitously, as the funds appropriated by the grand jury were inadequate to support a physician’s salary. With the exception of suboptimal architecture, the most grievous problems appear to have been solved well before the Parliamentary committee met. Spring Rice’s great value to the committee, then, was not to discover previously unknown shortcomings of the present system on behalf of the committee, but to lend the credibility and expertise of a primary witness to the committee’s agenda.28

The committee’s agenda was closely aligned with the Peelite vision of increasing administrative efficiency with conservative changes. Though Spring Rice would be elected in the 1830s to James Mill’s Political Economy Club as “an aristocrat deemed likely to be influential” to government, the ideas he expressed in the 1817 committee (which we may assume reflected the predetermined conclusions of the committee) were not necessarily utilitarian.29 As to management, Spring Rice argued that allowing local grand juries to decide if and how to provide for the lunatic poor in their neighborhoods had proved foolhardy in every county but Cork, where he found the best managed asylum he had seen in Ireland or England. He found the physician in charge, rather than the grand

28 Spring Rice alluded to this in his testimony by answering a general question about what kind of institutions might be necessary by referring specifically to “the districts in which Lunatic Asylums are to be erected,” as though it were a foregone conclusion. Ibid., 18.

jury, responsible for its excellent management, but the latter clearly deserved some credit. Unlike most grand juries, those of Cork city and county were quite willing to present large sums for maintaining the asylum—between £70,000 and £80,000 in the previous sixteen years.\textsuperscript{30} Getting other counties to present the minimum £600 per annum required by law for support of existing houses of industry was a steep challenge.

Successful though it might have been, Spring Rice deemed the Cork asylum unfit as a model for the financial and legal establishment of new provincial asylums. The Cork asylum was governed as a division of the house of industry there, and regulated entirely by local authorities. No legal limits were set for expenditure, accounting, or power of committal. His complaint seems to have been not that the grand jury failed to observe any guidelines at all, but that they operated without reference to any external power such as Parliament or Dublin Castle. Though universally acknowledged to be similarly successful, the Richmond Asylum in Dublin was regarded by Peel and his allies as an inappropriate financial model, because it derived all its support from Parliamentary grants. In light of economic contraction following the Napoleonic wars and continued pressure on Dublin Castle to reduce its expenditures, a Parliament dominated by British members of whom Peel said knew as much about Ireland as they did about Kamchatka was not likely to agree to spend tens of thousands of pounds more annually for lunatic asylums throughout the country.\textsuperscript{31}

Historians of Irish asylums universally emphasize the revolutionary nature of the legislation that emerged from the 1817 committee, but it was, like most of Peel’s

\textsuperscript{30} Ibid., 12.

\textsuperscript{31} Gash, \textit{Mr. Secretary Peel}, 197.
management of governance, fairly conservative. Dublin Castle would give grand juries a nudge to begin building, the Lord Lieutenant would reserve the significant patronage for himself to ensure efficiency and maintain fruitful political relationships, and the rest would be left up to local governors to manage. It would take decades and the intervention of unique personalities for the standardized operation, accountable in almost every respect to the executive, to emerge.

The legislation to establish district asylums passed two weeks after the report was presented to Parliament, in July 1817. It had no effect. It is difficult to say exactly why, although the timing could not have been much worse. The process set out in the legislation was for the Lord Lieutenant to move first by creating districts, and as the indefatigable engine behind Lord Whitworth, Peel would have been primarily responsible for setting the appropriate administrative processes in motion. By October 1816, however, Peel had resolved to leave the Chief Secretary’s office, though he planned to stay through Lord Whitworth’s own retirement a year later. In October 1817, Whitworth was replaced by Talbot. The transition alone might have pushed lunatic asylums down the list of priorities, but in the summer and fall of 1817, Peel’s attention was largely focused on alleviating famine and epidemic fever in Ireland. There was no great dearth of activity in other matters, as Peel had been occupied with the Catholic question in the spring and taking a seat for Oxford University in the summer. Peel was a masterful multi-tasker, but beginning a large-scale, relatively long-term public works project in the midst of all other hubbub might well have been too much to ask.

The first nine district asylums were established under amending acts brought in by Privy Counsellor Sir George Hill in 1820 and 1821, the latter of which set out the process
by which the building and maintenance of district asylums would be regulated and funded.\textsuperscript{32} The text of the bill was almost identical to the 1817 act, with the exception that courts were now empowered to compel grand juries to levy rates to support the building and maintenance of district lunatic asylums.\textsuperscript{33} The creation of districts was somewhat of a departure from tradition, although Williams-Wynn had proposed district asylums for England in his bill of 1807, and the same concept was repeated in the 1817 Irish legislation. The Act of 1\&2 Geo. IV was, however, the first measure that associated counties for public health purposes that took effect in Ireland.\textsuperscript{34} Rather than maintaining the county as the basic unit of administration, this legislation undermined the authority of individual grand juries and forced cooperation across county boundaries. It was a novel administrative structure, but a complicated one that raised potential problems because districts were expected to raise money that the executive would spend. Still, it provided an opportunity for local authorities to band together effectively against policies they believed intruded on their prerogatives. Though the arc of the nineteenth century bent towards power in the hands of the lunacy inspectorate and the executive, the existence of multi-county districts meant that local authorities were able to join forces to mount significant challenges to Dublin Castle.

\begin{itemize}
\item \textsuperscript{32} 1\&2 George IV, c. 33. No documentation in Parliamentary records or elsewhere that sheds light on the timing of the 1817 act’s revival and amendment has been found.
\item \textsuperscript{33} Spring Rice suggested splitting counties between districts to make asylums more easily accessible to the public, but those who drew up the bill thought otherwise, likely anticipating a world of confusion as to how costs of building and maintenance were to be shared by one grand jury presenting funds for two or more asylums.
\item \textsuperscript{34} The idea was not completely novel, as a bill was introduced in 1807 that would have allowed English counties to join into districts for the purpose of erecting lunatic asylums. That bill failed, however.
\end{itemize}
The power of defining districts was reserved to the Lord Lieutenant, but as with most policy matters, the actual decision-making devolved upon a group of less visible civil servants and assorted gentlemen. In the first round of asylum-building—wishfully thought by all involved to be more than adequate to house the country’s mentally disturbed—the opinions of Richmond lunatic asylum governors prevailed. The Richmond was intimately associated with the Dublin House of Industry, and shared much of the same management. Surgeons James Henthorn and Francis L’Estrange, Revs. William O’Connor of the Church of Ireland and James Horner of the Presbyterian church, and barrister Edward Houghton were long-time governors of the House of Industry and allied departments including the lying-in hospital and Richmond penitentiary. They were joined by Peter La Touche and Drs. William Harvey and Edward Perceval. La Touche was a junior member of the La Touche banking family and an active patron of Dublin’s major medical charities. Harvey had been for nearly forty years the physician to Steevens’ Hospital, as well as one of its governors. Perceval was a governor for Steevens’ as well as other medical charities in Dublin. As all of these gentlemen had experience in managing the financial and personnel affairs of institutions serving the sick and lunatic poor, and as members of the Dublin charitable-political inner circle, they were sensible of the myriad challenges of bringing public-works legislation to fruition. They were, therefore, the experts government was seeking. Need appears to have been the most important factor in the governors’ suggestions as to the definition of districts, although some clarification as to what constituted need is necessary.

The governors agreed that the Richmond might be enlarged to accept inmates from all of Leinster and Munster, that Ulster required at least two district asylums, and
that Connacht required one. They recommended further that the Ulster asylums be built at Armagh or Belfast and Derry, and that the Connacht asylum be built at Athlone, which lay on the border between counties Roscommon and Westmeath—close to the geographical center of the country, but on the eastern edge of the province. Between 1817 and the beginning of construction in the early 1820s, government expanded its scope beyond their recommendations. In the end, asylums were built at all three recommended sites in Ulster, while a single asylum was built at Ballinasloe, fifteen miles southwest of Athlone in county Galway. By 1835, district asylums had also opened at Limerick, Carlow, Clonmel, Waterford, and Maryborough (see Figure 1.2 and Table 1.1).  

The most basic method of forming districts would have been to distribute them evenly by population to ensure that favoritism towards certain areas and prejudice against others might be avoided. Indeed, within districts comprised of more than one county, each county was allotted a certain number of beds according to its population. Districts themselves, however, were not determined with such simplicity. Some ended up serving a population of less than 150,000 (Waterford) while others served a population of well over a million (Ballinasloe).  

It would not be imprudent to see in these decisions evidence of perennial preferential treatment for some areas over others. Supplying Ulster

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35 The asylum at Cork was allowed to remain outside the district system until 1845. It served only residents of the city and county of Cork after the district asylums opened.

36 HCPP 1833 (695) Return of District Lunatic Asylums in Ireland, 2.
The city and county asylum at Cork was integrated into the district system in 1845.
with three district asylums, and giving a single small county its own district asylum, while the entire province of Connacht made do with one should raise some eyebrows.

The Irish government, however, was not populating virgin fields, and it was acting under the principle of classification central to the prison and asylum reform movements. Cork, for example, had as well-functioning a lunatic asylum as one could hope for, and without any interference from Dublin. Other towns had versions of local asylums that cared for their lunatic inmates well enough to convince the committee members to look elsewhere for new construction. Thus, areas where gaols provided the only accommodation for lunatic inmates—the most pernicious evil identified by the committee and other contemporary reformers—as well as towns that attracted intense scrutiny for abusive practices (particularly Limerick) received the lion’s share of Government’s attention. In contrast to assorted towns throughout the three southern provinces, there had been no houses of industry built in Ulster, leaving lunatic inmates to the mercy of gaols and bridewells. The county and city of Waterford, whose population in 1831 numbered a mere 148,253, held ninety-three lunatics in its House of Correction in 1826.38 Because the first round of district asylums were usually built to contain one hundred beds, building a district asylum to properly house and care for the lunatic inmates of a single small county would have made sense under the government’s rubric.

38 HCPP 1826 (289) Lunatics and Idiots: Accounts of the Number of Lunatics and Idiots at Present Confined and Maintained in Gaols.
TABLE 1.1
DISTRICT ASYLUMS AND DATE OF OPENING

<table>
<thead>
<tr>
<th>District</th>
<th>Date of Opening</th>
<th>Asylum</th>
<th>Date of Opening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cork*</td>
<td>1788</td>
<td>Kilkenny</td>
<td>1852</td>
</tr>
<tr>
<td>Richmond (Dublin)**</td>
<td>1816</td>
<td>Omagh</td>
<td>1853</td>
</tr>
<tr>
<td>Armagh</td>
<td>1825</td>
<td>Sligo</td>
<td>1855</td>
</tr>
<tr>
<td>Limerick</td>
<td>1827</td>
<td>Mullingar</td>
<td>1855</td>
</tr>
<tr>
<td>Belfast</td>
<td>1829</td>
<td>Castlebar</td>
<td>1866</td>
</tr>
<tr>
<td>Londonderry</td>
<td>1832</td>
<td>Letterkenny</td>
<td>1866</td>
</tr>
<tr>
<td>Carlow</td>
<td>1832</td>
<td>Ennis</td>
<td>1868</td>
</tr>
<tr>
<td>Maryborough</td>
<td>1833</td>
<td>Enniscorthy</td>
<td>1868</td>
</tr>
<tr>
<td>Ballinasloe</td>
<td>1833</td>
<td>Downpatrick</td>
<td>1869</td>
</tr>
<tr>
<td>Clonmel</td>
<td>1834</td>
<td>Monaghan</td>
<td>1869</td>
</tr>
<tr>
<td>Waterford</td>
<td>1835</td>
<td>Portrane (Co. Dublin)</td>
<td>1896</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Holywell (Co. Antrim)</td>
<td>1899</td>
</tr>
</tbody>
</table>

*Local asylum incorporated into the district system in 1845, new building 1852.

**Incorporated into the district system in 1831.

In most cases, choosing the site for each district’s asylum was straightforward. These would often be the largest institutions in the area, and required an adequate supply of provisions and personnel, from attendants and officers to governors. If the district had a definite population center, as in Belfast, Derry, or Waterford city, it went without question that the asylum should be located there. In districts such as Connacht and county Tipperary, government had to take into account a broad expanse of territory with a handful of minor population centers, and whose county or assize towns were not always centrally-located or large enough to be well-provisioned. Inspectors-general of prisons, and later inspectors of lunatic asylums, solicited the opinions of grand juries and other local officials before recommending sites to the executive, so while a final decision would be made by the Lord Lieutenant with the advice of inspectors and members of the Board of Works, site selection began at a local level.
Grand juries were not often deterred by the expense of erecting a new asylum, particularly in cases where a new district was to be separated from another. Instead of sending payments dictated by the number of patients from their county to the original district, grand juries could keep county rates at home. More often, grand juries complained of the ongoing expenses of upkeep, including staff salaries. New asylums districts were carved out of old asylum districts in the 1840s and 1860s, which complicated the calculation of individual county responsibilities. After Parliament passed legislation in 1855 and 1867 first allowing, then mandating the payment of pensions to asylum staff based on length of service, grand juries whose counties were reassigned to new districts complained about being held responsible for the pensions of superannuated staff to whom they no longer had any connection. In spite of these difficulties, grand jurors and the titled gentlemen of the area often lobbied heavily in favor of their town. Often the largest institutions in the area, district asylums were big business. Although most asylums strove for self-sufficiency by growing produce, maintaining animals for milk and meat, and producing linens, clothing, and shoes on-site (the work performed by patients as part of their moral therapy), they were invariably a major consumer of goods from food and drink to textiles and furniture. In addition, due to the high turnover to be expected from such demanding employment, they required a growing supply of varied

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39 Under-Secretary Thomas Larcom wrote circa 1860, “The greatest opposition arose in the Limerick District, where the ratepayers were reluctant to part with Clare, but Clare was anxious to separate, and in Londonderry, where Londonderry was reluctant to part with Donegal, but Donegal was anxious to separate.” NLI Ms. 7776.

40 19 & 20 Victoria, c. 99 and 30 & 31 Victoria, c. 118. This was a nagging problem in the constitution of the new asylum at Castlebar, which was separated from Ballinasloe and opened in 1867.

41 The battle between Lifford and Letterkenny for the asylum in county Donegal featured in Parliament and national newspapers. See the Daily Express (30 May, 2 and 26 June 1860), Evening Post (29 May, 23 June, and 12 July 1860), and Evening Packet (21 June 1860).
personnel including nurses and attendants, laundresses, porters, cooks, and gardeners, as can be seen in Table 1.2. The economic benefit of bringing a district asylum to one’s town often outweighed concerns over expense.

In addition to being empowered to define districts, the Lord Lieutenant also appointed governors and senior officers, and sanctioned rules and regulations in consultation with the Privy Council for the operation of asylums. The first iteration of these rules was written by the first manager and board at Armagh at its opening in 1824, “under the immediate approval of a Gentleman, expressly deputed by Government.” They were based in large part on the rules in force at the Richmond Asylum in Dublin in the previous decade, and set out guidelines for admission and discharge as well as the duties of all staff and governors connected with the asylum. They remained in effect until 1843, when they were superseded by the first Rules and Regulations for the Management of District Lunatic Asylums, known as the Privy Council Rules.

The managers of the early Irish district asylums had no medical experience. In the late eighteenth and early nineteenth centuries, insanity was acknowledged to be a disease of the will or intellect, amenable to moral suasion exercised by a humane but firm patriarchal presence. The attentions of a physician were useful only insofar as patients’

42 Superintendent Thomas Burton at Castlebar reported that within months of the asylum’s opening in 1867, no less than nineteen attendants had left their situations. Three never showed up after being hired, three resigned because of insufficient wages, two for ill health, two for fear of patients, one for injury sustained in a fight, two when married. Two were dismissed for drunkeness and four for insubordination.

43 Thomas Jackson, Remarks on Dr. Jacob’s Pamphlet (Armagh, 1834), 4. The “Gentleman” in question was likely Inspector-General of Prisons Major James Palmer.

44 The single exception to this rule was John B. McKiernan, who was an assistant apothecary at the House of Industry in Dublin. His wife Mary had long experience as matron of the hospitals of the House of Industry, which may have encouraged Chief Secretary Stanley in his choice. For more on their appointments, see chapter 3.
TABLE 1.2

BELFAST DISTRICT ASYLUM STAFF, 1845 AND 1875

<table>
<thead>
<tr>
<th>1845</th>
<th>1875</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager</td>
<td>Resident Medical Superintendent</td>
</tr>
<tr>
<td>Matron</td>
<td>Visiting Physician</td>
</tr>
<tr>
<td>Medical Officer</td>
<td>Surgeon/Apothecary</td>
</tr>
<tr>
<td>Surgeon</td>
<td>3 Chaplains</td>
</tr>
<tr>
<td>Clerk</td>
<td>Clerk and storekeeper</td>
</tr>
<tr>
<td>Gardener</td>
<td>Matron</td>
</tr>
<tr>
<td>26 Keepers, etc.</td>
<td>House steward and bandmaster</td>
</tr>
<tr>
<td></td>
<td>Land steward and gardener</td>
</tr>
<tr>
<td></td>
<td>2 Refractory ward attendants</td>
</tr>
<tr>
<td></td>
<td>5 Assistant refractory ward attendants</td>
</tr>
<tr>
<td></td>
<td>6 General attendants</td>
</tr>
<tr>
<td></td>
<td>Gate porter</td>
</tr>
<tr>
<td></td>
<td>Night attendant</td>
</tr>
<tr>
<td></td>
<td>Hospital attendant</td>
</tr>
<tr>
<td></td>
<td>Engineman and smith</td>
</tr>
<tr>
<td></td>
<td>Carpenter</td>
</tr>
<tr>
<td></td>
<td>Tailor</td>
</tr>
<tr>
<td></td>
<td>Painter</td>
</tr>
<tr>
<td></td>
<td>Shoemaker</td>
</tr>
<tr>
<td></td>
<td>Head female attendant</td>
</tr>
<tr>
<td></td>
<td>Night attendant</td>
</tr>
<tr>
<td></td>
<td>Cook</td>
</tr>
<tr>
<td></td>
<td>Laundress</td>
</tr>
<tr>
<td></td>
<td>Attendant in refractory wards</td>
</tr>
<tr>
<td></td>
<td>3 Attendants in refractory wards</td>
</tr>
<tr>
<td></td>
<td>11 General attendants</td>
</tr>
<tr>
<td></td>
<td>2 Attendants*</td>
</tr>
<tr>
<td>Total 32 staff for 209 patients</td>
<td>Total 52 staff for 393 patients</td>
</tr>
</tbody>
</table>

Geographic, cultural, and political variation being what it was, there were no “typical” asylums. Belfast was among the largest.

*Category names are those used in the report for 1875.
bodily disease affected their mental status. The men appointed to supervise Irish district
asylums were civil servants, albeit not in the Northcote-Trevelyan sense. They passed
no standard test proving merit, and owed their careers to the favor of the men in the right
place to fill vacancies. Still, they were good examples of the disinterested, apolitical and
professional civil service that Kitson Clark argues was in formation during the middle
decades of the nineteenth century. Managers were chosen for demonstrated ability to
keep good records, attend to common expectations of humanity and cleanliness, maintain
discipline among staff in an institutional setting, and work fruitfully under the
supervision of social and political superiors. These government appointments were not
subject to the vagaries of the “trade in lunacy” as in England, and in most cases
managerships were held for life, vacancies only occurring upon death or opening of a
new asylum.

Upon the publication of new rules vesting the lion’s share of power in a
medically-qualified “resident physician,” the Dublin Medical Press would derisively
refer to the managers of the 1830s and 1840s as “no higher than stewards,” a judgment
that reflected their significantly clerical function. Managers were specifically instructed
by both the Armagh and Privy Council Rules to transcribe minutes of board meetings and
committees, serve summonses for general and special meetings, write letters on behalf of
the board, and communicate the board’s orders to other asylum staff when necessary.

46 G. Kitson Clark, “‘Statesmen in Disguise’: Reflexions on the History of the Neutrality of the
47 William Parry-Jones, The Trade in Lunacy: A Study of Private Madhouses in England in the
48 Dublin Medical Press, 2nd series 5, no. 118 (2 May 1862), 351.
Later, accountants and storekeepers would be appointed to manage the institutions’ financial records, but in the early years, managers assumed this role, presenting all accounts and bills to the governors at their monthly meetings.

The Armagh Rules also charged managers with responsibility for the conduct of junior staff, empowering them to fine, suspend, or dismiss keepers, nurses, and so on in cases of misbehavior, neglect, or abuse. The “instruments of coercion,” which included straight-jackets, straps to restrain patients in bed, and the like were to be kept in their possession, and used only under their express instructions. The manager was expected to inspect the entire establishment daily, accompanied by the matron on the female side, as his constant presence was deemed essential to enforcing discipline among staff and maintaining a healthy environment for patients. Although keepers, nurses, and other servants had the most frequent contact with patients, managers were instructed by the Armagh Rules to “consider the Convalescents as the peculiar objects of [their] watchfulness and care.” The physician’s role was restricted to care of bodily illness, while managers bore the responsibility of guiding patients back to the realm of the sane using moral therapy by “contriv[ing] the best means of keeping them employed…[using] every endeavour to supply suitable modes of recreation, and regulat[ing] their intercourse with each other in such manner as may render it most conducive to their recovery.”

Unlike the manager and matron, the physician did not reside in the institution, and instead visited at regular intervals. Physicians visited usually three times a week to attend to inmates’ bodily illnesses and injuries, and whenever summoned by the manager. Also unlike the manager and matron, their appointments were normally confirmed by the Lord

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49 Rules 14 and 15.
Lieutenant but initiated by the local board. They were generally among the most eminent private practitioners in the town, and often held appointments at other institutions (county infirmaries, fever hospitals, gaols, etc.) concurrently. Because of the physician’s elevated position in society and specialized knowledge, the manager’s authority over the physician was more ambiguous than with other staff, but he still retained the right to deny the physician access to certain patients if he deemed it necessary to preserve discipline. The changing roles and relationships of manager and physician vis-a-vis patients care are the subject of chapter three.

As keepers, nurses, servants, and the matron were subordinate to the manager, the manager was subordinate to the board of governors. The board was a body of twelve to thirty prominent gentlemen and clergy chosen by reference to status and reputation. They were thus overwhelmingly Protestant, and included magistrates, members of Parliament, and various other landed gentlemen. Governors were expected to meet regularly to attend to the financial business of the institution, and to ensure that it was in otherwise good working order. A collection of books were to be kept, including a registry, provision and want books, ledgers, morning state book, proceedings or minute books, and letter and visitors’ books. All were to be presented to governors at monthly meetings for their inspection. The relationships between boards and managers varied among asylums due to energy and interest of each, not to mention the ability of governors to actually attend meetings. Although the rolls bearing the names of governors could grow quite lengthy, the number of governors who met regularly was rarely larger than a handful. If, as it sometimes happened, the business of the asylum could not be carried on due to failure of attendance, the Lord Lieutenant appointed additional governors. Even under dire
circumstances, the expectation was that managers would keep the institutions running according to the boards’ orders, not their own; independence was not a virtue.

The Armagh Rules, and later the Privy Council Rules are the linch-pin between local and central administration throughout the century. Changes in regulations and responsibilities reflect the evolving relationship between center and periphery. Like any nascent government scheme, the organization of the new asylum system was highly fluid and experimental until disagreements as to responsibility and authority arose, making clarification necessary. MacDonagh’s “revolution in government” thesis is of some help here, insofar as it focuses on the importance of clarifying and amending acts in the development of bureaucratic regimes. Incremental changes came as the result of trial and error, and usually nibbled away at local authority in favor of executive authority embodied in the inspectorate. In the early decades, the actions carried out by the executive in relation to lunatic asylums was hardly consistent enough to even be called policy. For example, in the ten years between the opening of Armagh and 1838, successive Chief Secretaries’ staffs seem to have lost track of whether any Order in Council made the use of the Armagh Rules mandatory.\(^{50}\) Of course, the administration of nine institutions scattered across the country could hardly be expected to demand the attention of an office dealing with the myriad challenges of a newly-expanded electorate and the growth of a massive and increasingly politically-conscious underclass, agrarian unrest, epidemic disease and famine, as well as the perennial difficulty of managing a dependent nation’s finances.

\(^{50}\) Under-secretary Drummond failed to find any Privy Council order mandating the universal and strict use of the Armagh Rules, according to notes sent to and from Drummond, inspector Palmer, and staff in the Council Office in July 1838. CSORP/1838/1175.
In these early years, the novelty of the district system, the lack of managerial specialization, and a touch of benign neglect on the part of the executive fostered a cooperative spirit between local and national authorities. District asylums were set aside for a specific purpose from their inception, but their management was not specialized in any meaningful way until the entry of a medical man into the inspectorate in 1841. Laypeople, therefore, given a minimum of experience in some vaguely similar institution were seen to have sufficient expertise in managing the new district asylums. From start to finish, the first asylums were designed, provisioned, and staffed like non-medical institutions such as houses of industry or gaols. Lay managers were hired most often from posts in the Dublin House of Industry, and commended for their commitment to efficiency, discipline, and humanity rather than their experience dealing with the insane. Only the occasional presence of a physician and apothecary betrayed asylums’ purportedly medical purpose.

In 1845, the newly-formed lunacy inspectorate would insert itself into a gap between asylums and other institutions and wedge them further apart. Until then, the only bureaucratic machinery that could possibly stand between the two was the prisons inspectorate. But as I argue in the following chapter, the prison inspectors who provided general oversight to that point were either unwilling or unable to expand their role further. Before Francis White was appointed as the first medically-qualified inspector of prisons in 1841, inspectors generally fulfilled the administration’s expectations that they be loyal and efficient rather than innovative.

The inspectors of prisons who visited asylums and reported on their finances and overall condition treated the district asylums like any other of the institutions they visited.
That is to say, precious little care was given to preserving or even recognizing a different style of management at district asylums than that pursued at gaols, bridewells, and remaining local asylums, in spite of the intentions expressed in district asylums’ founding legislation. Prison inspectors visited asylums infrequently, usually only once in a year, and the reports they submitted to Parliament gave scarcely more information than the names of the principal officers, the income and expenditure of each institution, and occasionally a brief note on the present condition of the establishment.

When questions arose as to the management of the asylums, prison inspectors were no better equipped nor more inclined than anyone else in the Chief Secretary’s office to make judgments according to the novel rules set out especially for district asylums. At the opening of the new district asylums in the 1820s and 30s, prison inspectors Palmer and Woodward forwarded a copy of the Armagh Rules to boards of governors, with little instruction as to whether they were to be considered compulsory or mere suggestions flexible to unspecified “local circumstances.” In most cases, governors treated the Armagh Rules as helpful guidelines rather than inviolable laws. In Belfast, the board went so far as to ignore a request from Dublin Castle for information regarding chaplains, upon which they apparently intended to base some new standardized policy, and instead worked up their own, which gave Church of Ireland clergy the sole right of visiting patients with the manager’s consent. The executive gave no response to this turn of events. Historians have called this “rather surprising,” but in

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51 CSORP/1838/1175.
context, it hardly appears so.\textsuperscript{52} Dublin Castle officials did not initially discourage independence among asylum boards. In 1834, the manager of the new asylum at Maryborough wrote to Under-Secretary Gosset on behalf of the governors, submitting a modified version of the rules for the Lord Lieutenant’s consideration and approval.\textsuperscript{53} When asked to report on the governors’ request, Inspector Palmer recommended the Lord Lieutenant’s approval, as the rules were “calculated to be useful to that asylum.”\textsuperscript{54} In this case, Maryborough governors were not merely asking for permission to bend a minor rule here and there; they asked to set the whole Armagh structure of management on its head by giving almost the entire charge of the institution to the visiting physician, rather than the manager. The arrangement would be allowed to continue for twenty years, until a more active and medically-qualified manager was appointed, creating serious conflict and a thorough-going revision of the rules.\textsuperscript{55}

In addition to treating the Armagh rules as less than mandatory, there was ample opportunity for local input to influence decision-making in the early years. In 1834, after four new asylums had been completed, the Under-Secretary sent a circular to Richmond and the district asylums asking for their opinions on residency requirements, as many cases had arisen in recent years as to the ability of district asylums to admit patients from

\textsuperscript{52} Pauline Prior and David Griffiths, “The Chaplaincy Question: The Lord Lieutenant of Ireland versus the Belfast Lunatic Asylum,” \textit{Éire-Ireland} 33, no. 2-3 (Summer/Fall 1997), 138.

\textsuperscript{53} John Jacob, the asylum’s exceedingly active visiting physician, published a pamphlet on the management of lunatic asylums the following year which coincided with the modified rules in principle, so we may attribute the request to his influence.

\textsuperscript{54} CSORP/1834/1204.

\textsuperscript{55} See more on the Burton v. Jacob conflict in chapter 3.
other districts.\textsuperscript{56} The solicitation of governors’ opinions suggests that if standardized rules were to be imposed on all district asylums as to residency, then they should reflect the wisdom of local experience rather than the arbitrary desire of the executive in Dublin. There were, however, distinct limits to Dublin Castle’s willingness to seek advice from and accommodate the wishes of local governors. Relatively minor matters like residency requirements could be worked out cooperatively. Appointments of senior officials, on the other hand, were non-negotiable.

Asylum governors were deeply concerned with retaining traditional rights of patronage and the power of the purse; under district asylum legislation, they would relinquish both to the executive in Dublin. Local gentlemen and clergy had experience with funding and managing gaols, houses of industry, and medical charities, which were until well into the nineteenth century only loosely regulated by acts of Parliament and almost totally independent of central oversight. While some boards appear to have been more than happy to take instruction from Dublin Castle as to asylum management, the more active of the new boards of governors installed in the 1820s and 1830s were determined to exert their traditional control over the district asylums.

Under the traditional system, local notables gained the right to dole out access to medical care by subscribing to the dispensary, infirmary, or other hospital in question. Allowing one’s inferior in a patron-client relationship the privilege of a trained physician’s attention accomplished the central goal of charity by binding the disparate ranks of society together. For some landowners, it also worked as a kind of insurance for themselves and their tenants. A landowning gentleman who supported his local

\textsuperscript{56} CSORP/1834/3057.
dispensary to the tune of several admission tickets per year could distribute them as needed to those who worked his land, thereby returning them to health and productivity more quickly than those who had no such access. And by keeping those in his locality healthy and free of epidemic disease in particular, he increased the possibility of remaining healthy himself. For others even less motivated by quasi-humanitarian ideals, subscribing to the local dispensary was a way to guarantee free medical care for themselves.57

The district system, supported as it was by the cess rather than voluntary subscriptions, removed the possibility of gentleman subscribers controlling access to medical attention with the size of their donation. They could still exert some control by lobbying for certain physicians and surgeons to be appointed within the district system. By doing so, governors were not interested in securing a right to the asylum’s services for themselves. They may have been securing a right to the services of each asylum’s visiting physician or other perquisites, however. Further, the likelihood that subscribers would have been protecting themselves from the threats of an insane person in the neighborhood is slim; committal to gaols, though undesirable, occurred regularly enough for families and communities to rely on as a means of protection. The humanitarian impulse seems to have been stronger for asylum committals than for dispensary tickets. Indeed, in 1822, the moral governor of the Richmond Lunatic Asylum wrote to a Mr. Gregory, Esq. (probably under-secretary William Gregory) that vacancies for one male and one female

57 Cassell, Medical Charities, ch. 1.
patient existed, and that he would be “happy to forward the admission of the person for whom Mr. Gregory is humanely interested.”

Humanitarian impulse aside, choosing the medical officers, managers, and other staff of institutions provided gentry with an important source of power and prestige. The Lord Lieutenant, however, reserved the right to appoint senior asylum officials: managers, physicians, matrons, apothecaries, and clerks and storekeepers, with all other appointments (keepers, nurses, laundresses, cooks, porters, and so on) to be made by local boards. The purpose of this arrangement was to introduce an additional amount of accountability into the management of district asylums. In most cases, local boards found the arrangement satisfactory, and were able to form cooperative relationships with their managers. A few cases, however, illustrate the myriad difficulties and complaints that could arise from inserting an outsider, beholden to Dublin rather than local authorities, into a provincial institution.

As will be detailed in chapter three, six of the first eight district asylum managers were drawn directly from the managerial ranks of the Dublin House of Industry. They appear to have been relatively straightforward experience-based appointments, but it must not be forgotten that they had a certain kind of experience: they knew how to run institutions populated by the sick poor, but they particularly knew how to run institutions overseen by Dublin’s political elite. If any of these men actively lobbied for positions at

58 CSORP/1822/739.
60 Questions would soon arise as to whether the apothecary and clerk and storekeeper could be classed as senior officials, to be appointed by the Lord Lieutenant, or junior officials on the level of attendants, to be appointed by local board members.
the new district asylums, the relevant paperwork has not survived. It appears, on the contrary, based on a passing comment in later correspondence between one matron and the Chief Secretary, that the positions were “freely offered” by government rather than solicited by interested parties. Such was not the case with John Hitchcock, appointed by Lord Lieutenant Wellesley in October 1834.

Hitchcock’s career demonstrates the degree to which having a powerful patron could override serious professional and interpersonal difficulties. Nothing is known of Hitchcock’s own family connections, but around 1820 he married a daughter of James Johnstone, former private secretary to Augusta of Brunswick (the sister-in-law of King George IV) and later to John Beresford, a member of one of the most influential Ascendancy families in Ireland in the late eighteenth and early nineteenth centuries. Shortly thereafter, Hitchcock began pressing various chief secretaries and under-secretaries for an appointment. Generally, members of the government distributed patronage to people in a position to support them against opposition, or to reward them for loyalty. By the time Hitchcock began soliciting appointments, Beresford had withdrawn from public life. Moreover, his politics were opposed to those of Lords Lieutenant Wellesley (1821-8, 1833-4) and Anglesey (1830-3), under whose administrations Hitchcock was appointed to various posts. It is entirely possible that Hitchcock had another similar but as yet unknown patron working on his behalf, as well-connected families tended to be well-connected in a number of ways. Whether Beresford was his primary or only major patron, it is doubtless the case that Hitchcock’s career in

61 Personal communication with Barbara Stillwater, great-great-great granddaughter of John Hitchcock, 28 April 2011.
public service was owed to “persons of high local influence” rather than his efficiency and amiability.

Hitchcock served first in a temporary capacity as accountant to the Paving Board following an inquiry into its management in 1825. Perhaps eager to make a favorable impression while there, Hitchcock “discovered the most extensive frauds,” which only led the Board’s members to demand his removal. Parliamentary investigations, the report of which was published in 1835, turned up evidence that during his three-year tenure (1827-30), he himself had failed to keep regular accounts.\(^\text{62}\) Chief Secretary Stanley was nevertheless willing and able to install Hitchcock in a similar post at the House of Industry after his dismissal, with an added promise that it was to be temporary—a better position would be secured for him as soon as was possible.\(^\text{63}\) Stanley left office with Lord Lieutenant Anglesey in 1833, by which point he was either unable or unwilling to follow through with his promise. Citing Hitchcock’s support from “persons of high local influence,” Stanley’s successor Littleton (1833-4) informed his under-secretary that Hitchcock would be appointed at Clonmel in October 1834.\(^\text{64}\)

It is not known whether the governors at Clonmel had knowledge of Hitchcock’s rocky start in the civil service, although the tendency for social networks to carry such news suggests it was likely. In any case, his tenure was troubled from the start. A mere five months after his appointment was made official, thirteen members of the Clonmel board of governors adopted a resolution finding Hitchcock incompetent for conducting

\(^{62}\) HCPP 1835 [23] [24] [25] [27] [28], First report of the commissioners appointed to inquire into the municipal corporations in Ireland, 92.

\(^{63}\) CSORP/1835/827.

\(^{64}\) CSORP/1833/5714.
the management of the asylum, and suggesting that his removal would be desirable. This initial resolution was not immediately forwarded to Dublin, out of consideration for Hitchcock’s “large family, and [his] having promised to be more particular in future.”

Nevertheless, Hitchcock appealed to Under-Secretary Thomas Drummond, complaining that board members had incited disobedience among keepers and servants, making it impossible for him to maintain any discipline in the institution, and requested a transfer to some other asylum at the government’s earliest convenience.

Empowered by what he believed to be hard and fast principles in the Armagh Rules, Hitchcock had either reprimanded or attempted to dismiss servants he considered refractory. The governors, whom Drummond asked to account for Hitchcock’s charges, claimed to recognize no such authority, expressing ignorance that such rules existed and arguing that if indeed they did exist, they were to be taken as basic guidelines rather than absolute directives. They accordingly requested that government remove Hitchcock from his position. The matter was referred to prison inspectors Palmer and Woodward for investigation and report. After a brief inquiry in the spring of 1836, Palmer concluded that Hitchcock had reason for complaint according to the Armagh Rules. He was unwilling, however, to adhere to the Armagh Rules as the definitive standard of conduct; since it had become usual practice for asylum governors to hire and fire servants without reference to the manager’s wishes, Palmer blamed Hitchcock’s “hastiness of temper,” putting the onus on him to be more conciliatory. Accordingly, Drummond wrote on behalf of Chief Secretary Morpeth (1835-41) warning Hitchcock that if he was unable to gain the confidence of his superiors and the respect of his inferiors, he was not fit for the

65 CSORP/1835/827.
situation even in light of his many qualifications. Merely encouraging good behavior would not preserve the peace for long, however.

A second round of bickering took much the same form as the first, although in 1838 both Hitchcock and the board were more careful to keep documentation and recruit witnesses. This episode revolved around the character of an attendant named Lynch. Hitchcock had dismissed Lynch in April 1838 on grounds of another attendant’s sworn allegations that he “had slandered the character of Mr. Flannery the Clerk and Storekeeper,” abused patients, recruited other attendants to go over the asylum walls at night to retrieve whiskey, and kept other attendants up all night with his raucous behavior. Hitchcock considered himself well-justified in dismissing Lynch, but he apparently underestimated the desire of the board to keep him on; Lynch had originally been hired at the request of board member Rev. Walter Giles (Church of Ireland). The board ordered Hitchcock to reinstate him, and when Hitchcock refused, Inspector Palmer was again dispatched to Clonmel to investigate and mediate. Upon Palmer’s arrival, Rev. Giles renewed the board’s complaint that Hitchcock was generally unfit for the office, and added an allegation of drunkenness, but Palmer was unable corroborate such charge.

The governors’ attachment to Lynch was made a little bit clearer in a private letter of Dr. Denis Phelan to inspector-general of prisons Major James Palmer on the subject. By the late 1830s, Phelan, who served as physician to the Clonmel gaol, had gained some notoriety as author of at least two major pamphlets on medical charities and poor law reform. Phelan informed Palmer that after Lynch was dismissed, he was promptly

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66 CSORP/1833/5714.
67 CSORP/1838/1175.
installed as a turnkey at the gaol, at the request of Giles and two other gentlemen, all of whom were governors of both the gaol and the asylum. Further, Phelan asserted that this kind of behavior by a coterie of board members was nothing new. Months before, the sub-sheriff had dismissed a gaol guard after finding him drunk while on duty; instead of being left to his own devices, the guard was moved to a post in the new house of correction by the same group of governors. On a different occasion, a man convicted of aggravated manslaughter went directly from serving his twelve-month sentence to a position as clerk to the gaol master—which appeared to Phelan to be nothing more than a sinecure at £20 a year. Why the latter in particular was treated so generously, Phelan did not know, but he did not doubt that “Mr. Giles has an object in keeping him there.”

By merely alluding to a more or less nefarious “object,” Phelan was giving Palmer and the Chief Secretary’s office reason enough to limit Giles’ influence, but such a vague statement begs the question. What was Giles’ object in keeping such eminently unsuitable men in employment? Although the governors battled with the executive over appointment of managers and matrons, the latter never asserted a right to appoint any but senior officials in asylums. Instead, governors battled with managers, with whom they shared the power of hiring and firing according to the Armagh Rules. Given a troubled relationship between manager and governors, obstruction and spite go a long way toward explaining why Rev. Giles, et al insisted on keeping otherwise unsavory characters on the payroll.

68 Ibid.

69 There was some misunderstanding about which offices were “senior,” but the executive certainly never interfered in the appointment of attendants, laundresses, cooks, and other servants.
In addition, it is quite possible that these governors found ways to not only hire, but to retain employees, regardless of how troublesome they might be, to ensure that they had steady income from which to pay their rents. Landlords used similar strategies to funnel relief funds into their own purses in the early years of the Famine by hiring their tenants to work on public works. Rev. Giles was a minor landlord in Tipperary and neighboring counties in the late 1840s. From Griffith’s Valuation it appears that Giles let land and buildings almost exclusively to relatives, total value (excluding his own house and glebe) around £200 per year. However, as vicar of Rathronan and then Caher parishes, Giles was in the pocket, so to speak, of major landlords like the Earl of Glengall. The staff of public institutions were paid out of the county cess, and thus the cost of salaries was spread out among the county’s cesspayers (occupiers). Each asylum’s list of governors was composed invariably of the major landowners of the district. If landlords could find places for their tenants in public institutions, they could assure regular payment of rent, regardless of the difficulties of bad harvests or loss of productive family members. The fact that individuals appointed to public institutions usually lived within their walls is inconsequential, as servants in the asylum often worked for their family’s benefit as well as their own.  

Whether this was a common strategy among asylum governors is impossible to know for sure, as the records necessary for showing direct landlord-tenant ties do not exist for the period in question. Further, such practices show up only in the relatively rare cases where manager and governors were at each other’s throats for a variety of reasons;  

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70 For example, the gate porter’s servant at Carlow in the early 1840s was “sent out” by her father at the age of 14 or 15 to reduce her burden on and add her wages to the family’s resources. See CSORP/1843/G3954.
in most cases, both parties appear perfectly willing to allow the other latitude in recommending whomever they wanted hired. But given the improbability of governors going to bat for convicts, drunks, and abusers of patients out of a forgiving nature or sense of personal dedication, it is only money and the satisfaction of patronage that carry enough explanatory weight in this category to be satisfactory. Having one’s rent paid and holding on to the perquisites of life as a country gentleman in the face of encroaching officialdom must have been powerful motivators.

In the end, Chief Secretary Morpeth advised Lord Lieutenant Mulgrave (1835-9) to pack the Clonmel board of governors with Phelan and other more conscientious men to keep an eye on the goings-on there. In separate communications, Morpeth informed both Hitchcock and the governors that each bore responsibility for conciliation, but it cannot be said that his statement was perfectly equivocal. On the contrary, the judgment of the administration certainly gave less consideration to the governors’ feelings than it had three years earlier. For his part, Hitchcock continued to memorialize the Lord Lieutenant for a transfer elsewhere, and the governors continued to lobby for his dismissal. In July 1841, Hitchcock was finally removed and replaced by one of the first medical managers, Dr. James Flynn, who pleased both local governors and government in Dublin.

Placating the desires of provincial authorities was not the rule followed by all Chief Secretaries and Lords Lieutenant, especially those who advocated reform of the civil service. Lord Lieutenant Wellesley (1821-8, 1833-4) appointed Catholics whenever possible, which in at least one case resulted in bad feelings between a manager appointee and his board. Though legal restrictions on Catholics holding military and civil office had been removed by 1830, there remained a great dearth of Catholics in civil service
throughout the nineteenth century. Predictably, the first six managements of district asylums were awarded to Protestants. By 1833, however, Wellesley had come into office as Lord Lieutenant, and his Chief Secretary Edward Littleton embarked upon a mission to fill civil and judicial vacancies with qualified Catholics. The appointment of a replacement for Francis Crofton, manager of Carlow who had died in 1834, therefore took a more overtly political cast than previous appointments.

A local notable by the name of William Parsons had taken over many of Crofton’s duties during his long illness, without comment by Dublin Castle. Parsons had no related experience to recommend keeping him on as manager; his sole public appointment seems to have been as sub-sheriff in county Carlow in the 1820s. Letters of recommendation accompanying his official application for the post suggest that Parsons’ chief virtue was his ability to appeal to powerful local ties for employment. In addition to serving as sub-sheriff of the county, he was secretary of Carlow’s Conservative club. His letters came from prominent asylum board members, including the Bruens, the leading Tory landowners of County Carlow. One Thomas Walsh wrote a stinging letter of complaint to under-secretary Gosset, charging that Parsons’ de facto appointment was “one of those many Grand Jury jobs for party and political purposes, which brings and has brought so much discontent among the poor cesspayers.” The Conservative club had folded, and Walsh deemed his placement at the asylum a scheme to keep Parsons in employment, and at the public expense no less. He further complained that Parsons was well advanced in

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71 Thomas Jackson (Armagh, 1824); John Jackson (Limerick, 1826); James Cuming (Belfast, 1829); John McKiernan (Ballinasloe, 1832); William Abbott (Maryborough, 1832); Francis Crofton (Carlow, 1832).

72 HCPP 1826 (310) Fifteenth Report of the Commissioners of Inquiry into Courts of Justice in Ireland, 111.
years ("a stiff old man of not less than 70") but also that his obvious political loyalties made him unsuitable for the position.\textsuperscript{73}

When it became clear that Crofton was near death, Parsons officially solicited the appointment. Some consideration was given to his case, according to a note made on his memorial to the Lord Lieutenant, but ultimately the appointment was given to Patrick McCaffrey in September 1834. McCaffrey had been clerk and storekeeper at the Carlow asylum, and claimed that he, not Parsons, had taken up Crofton’s duties while Crofton was ill. He had recently solicited the managership of Clonmel, but was advised by some unknown person to apply for Carlow because of his long experience there.\textsuperscript{74} “Long experience” was apparently a relative term, as Carlow had been open for barely two years. McCaffrey’s most distinguishing characteristic was his Catholicism, not his experience. McCaffrey’s memorials and letters of recommendation had reached the office of the Chief Secretary during the Marquess Wellesley’s second tenure as Lord Lieutenant, during which Wellesley continued to promote Catholics to civil office. McCaffrey came highly recommended by William Kinsella, who was the parish priest of Ballon-Rathoe and a tenant of one of the largest holdings in Carlow.\textsuperscript{75} Even so, there can be no doubt that Parsons had far more locally powerful recommenders on his side.\textsuperscript{76}

\begin{footnotes}
\item[73] CSORP/1834/527.
\item[74] Mayo Papers, NLI Ms. 11043.
\item[76] A year after McCaffrey was appointed, the visiting physician died and was replaced by Matthew Esmonde White, also Catholic. White was considerably more politically well-connected than McCaffrey, and had been pressing for employment at a district asylum in the southeast for years.
\end{footnotes}
In spite of having been appointed over the governors’ clear favorite, McCaffrey had a fairly peaceful tenure as manager. His demise, on the other hand, was truly spectacular. For nearly eight years the only complaint that appears in the Chief Secretary’s correspondence is that the board had attempted to lower his salary at various stages, and only reluctantly and incrementally brought it back up, albeit never to the amount enjoyed by his Protestant predecessor. This, however, was not entirely uncommon among public institutions funded from the county cess; further, in the early years of the district system great confusion persisted as to the governors’ ability to set the salaries of officers appointed by the executive. In 1842, however, McCaffrey, by now a widower with several children including an infant, found himself accused of “taking freedoms” with the gate porter’s fifteen-year-old housemaid. The newly-minted inspector of prisons, Dr. Francis White, was dispatched with Queen’s Counsel to conduct a sworn investigation during which they heard a mind-boggling and deeply contradictory array of evidence from several informants. In the end, they and the board agreed that the housemaid was not raped, but more likely had consensual, if incredibly ill-advised relations with both McCaffrey and a married attendant, both of whom were dismissed.

A footnote to the scandal: McCaffrey disappears from Irish sources after his dismissal. Other sources reveal that Patrick McCaffrey sent his infant son away with a wet-nurse to England and emigrated to Pennsylvania in 1843 with his daughters, who helped found a community of Sisters of Mercy.77 McCaffrey remarried and moved to

77 The infant son Patrick McCaffrey grew up to join the army, and was tried and hanged for killing a superior officer in 1861. He is memorialized in the army ballad “McCafferty.” Roy Palmer, The Rambling Soldier: Life in the Lower Ranks, 1750-1900, through Soldiers’ Songs and Writings (Harmondsworth: Kestrel Books, 1977: 121-122.)
Trenton, New Jersey in the early 1850s, where he became the city’s first Catholic physician. McCaffrey was known about town as a medical gentleman of high reputation, and a graduate of “the celebrated medical schools of Dublin.” If McCaffrey was indeed a graduate of one of the Dublin medical schools, it was a fact he kept hidden from the Irish government. In no official documents or correspondence does his name appear with an “M.D.,” or any other title following, nor does he appear in a record of licenses granted by the apothecaries’ hall in Dublin up to 1829. It is more likely that he had some training—though not licensing—as an apothecary which he inflated to begin with a clean slate in America.

Following McCaffrey’s forced departure, William Parsons, the elderly favorite of Carlow’s conservative elite, was reinstated as manager. He would remain in that post, quietly carrying out the business of the institution, until his death five years later. If Parsons’ critic Thomas Walsh had guessed his age accurately, he would have been around eighty-five at the time of his death. A more trustworthy Catholic, the long-time visiting physician to the establishment, was appointed in his stead.

Less quantifiable, but no less important to governors’ sense of pride if not power was the ability to determine how institutions should be managed and who should be


79 USCHS, Historical Records, 58.

80 HCPP 1829 (235) Return of Persons examined and certified as Qualified by Apothecaries’ Hall in Dublin, and Number of Prosecutions, 1791-1829.

81 The failure of legislation to provide pensions for asylum staff meant that many died while still in service to the asylum, and at advanced ages.
allowed to use their services. From 1843, the Privy Council would assume responsibility for sanctioning rules for the management of district asylums, including admission standards. The lunacy inspectorate, separated from the prison inspectorate in 1845, would be ever more involved in drafting revised rules, as well as vigilant in enforcing those rules. The executive, as embodied in both Privy Council and inspectorate, threatened to usurp local governors’ power in this regard by effectively reducing them to middle-management. Yet more opportunity for wrangling between local authorities and Dublin was provided by the need for increased accommodation after the passage of the first Dangerous Lunatics Act, which not only reduced governors’ ability to decide who was admitted, but threatened perpetual increases in the cost of asylum maintenance.

Throughout the century, some commentators raised alarm about the increase of insanity, interpreting the growth of institutional populations as reflecting a rising incidence in society. This they attributed variously to the increased consumption of “spirituous liquors,” particularly those that were illicitly distilled, the mental anguish caused by nation-wide rebellion, violence, or extreme hardship, an increase in religious revivalism, or, more commonly near the end of the century, the expression of an inborn ethnic flaw. In the early 1840s, however, administrators tended to agree that the increased pressure on lunatic asylum accommodation had one major source: the 1838 Dangerous Lunatics Act. Chapter four focuses on the implications of this law for those who were

82 William Saunders Hallaran, the only Irish asylum physician to produce a widely-read textbook in mental medicine, promoted the theory that unrestrained use of “ardent spirits” and physical and mental trauma from the 1798 rebellion caused an increase in the incidence of insanity. Hallaran, An Enquiry into the Causes Promoting the Extraordinary Addition to the Number of Insane (Cork: Edwards and Savage, 1810). Physicians from elsewhere were more likely to offer explanations having to do with the increased pace of modern life. See Andrew Halliday, A General View of the State of Lunatics and of Lunatic Asylums in Great Britain, Ireland, and in Some Other Kingdoms (London, 1828).
committed, as well as their families and community members. At issue here is the conflict it engendered between local and national authorities on how best to manage growth in demand for asylum beds.

From 1799, magistrates in England had been empowered to commit dangerous lunatics to prison, where they would be detained until properly disposed of in an asylum. Inspired by James Hadfield’s attempt on the life of George III, the law was intended to prevent the harmful effects of outrageous and dangerous behavior to which lunatics were occasionally prone.\(^{83}\) The 1799 act had never been extended to Ireland, but the oversight was rectified after Nathaniel Sneyd, a well-known wine merchant, longtime member of both the Irish and Westminster Parliaments, and director of the Bank of Ireland, was murdered by a lunatic in Dublin’s Westmoreland Street in 1833. According to inspector Francis White, the murderer “was well known to be going about deranged, and neither his Family nor anyone else would take care of him; they felt themselves not warranted in placing him under Restraint.”\(^{84}\) When a bill to amend the 1799 English act was brought to the Commons in 1838, Chief Secretary Morpeth introduced a similar bill for Ireland.

There was one important difference between the Irish and British acts. Though the two were passed in the same session, the Irish act took its major provisions from the 1799 act, rather than the present amending bill.\(^{85}\) The English act of 1838 provided for the

\(^{83}\) James Hadfield, a brain-injured former soldier, was acquitted on grounds of insanity for attempting to kill the king.

\(^{84}\) HCPP 1843 (625) Report from the Select Committee of the House of Lords Appointed to Consider the State of the Lunatic Poor in Ireland, 12.

admission of dangerous insane individuals directly to county asylums rather than prisons, an innovation that would not be extended to Ireland until 1867. The Irish act of 1838 allowed the committal of “any person…discovered and apprehended in Ireland under circumstances denoting a derangement of mind, and a purpose of committing some crime, for which, if committed, such person would be liable to be indicted,” to a district asylum, but only if space was available. If space was not available, he or she would be detained in the county or city gaol to await a vacancy.

By the 1830s, prison reform had expanded beyond the province of dissenting evangelicals such as John Howard and Elizabeth Fry, becoming part of the regular business of a Parliament ever more interested in increasing the efficacy and efficiency of the criminal justice system. The 1838 act passed for Britain was much less about the “safe custody of the insane” than enhancing prison discipline. Before 1838, neither Britain nor Ireland had any special legal provisions for the dangerous or criminal insane. All those arrested for threatening or committing a crime were thrown together into whatever gaol or bridewell was available to receive them, regardless of mental state. Once a network of lunatic asylums was established—earlier in Ireland than in England—and appropriate legislation passed, prisons might therefore be relieved of their lunatic inmates who exerted a disruptive influence on those who were more amenable to the reforming effect of incarceration and discipline.

Before 1838, only governors and managers of Irish district asylums could admit new patients, and the latter usually only in urgent cases. The act of 1838 expanded the

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86 1 Victoria c. 27. It also gave the Lord Lieutenant the power to remove convicts under sentence of imprisonment or transportation, i.e. criminal lunatics, to the district asylum on the certificate of two physicians, surgeons, or apothecaries that they were or became insane while incarcerated.
powers of committal to two magistrates acting in concert with a physician unconnected with the asylum. Not only did this undermine the governors’ and managers’ power of committal, it broadened the potential asylum population significantly, although a powerful check remained in the limited number of asylum beds and prison cells available. In 1837, there were 36 lunatics detained in Irish prisons; in 1840, there were 111; and in 1846, there were 482. This was slow and steady growth compared with the spike in dangerous committals after 1867, when the Irish act was amended to bypass the gaol entirely. In 1867, less than a quarter of all admissions were made according to the dangerous lunatics statute. As the law came into full effect in 1868, this percentage doubled. Dangerous lunatics committals reached a peak of three-quarters in 1894 before settling back down to just under sixty percent by 1919. Complicating matters was the fact that dangerous lunatics could not be discharged without the approval of the Lord Lieutenant before 1846.

The increased pressure to expand asylum accommodation to meet these judicial committals brought governors into more constant conflict with Dublin Castle. The first district asylums were built with the rather rosy assumption that eighty to one hundred beds per two- to three-county district would be more than sufficient for accommodating the mentally ill and handicapped population, even taking into consideration that a natural increase would accompany the growth of the general population. What they did not take into account was the fact that many patients would prove incurable by therapeutic methods available and would remain in asylums for years on end, thereby significantly

87 HCPP 1843 (625) Report from the Select Committee of the House of Lords on the State of the Lunatic Poor in Ireland, 18.

88 9 & 10 Victoria c. 115, sec. 3.
reducing the number of beds available for acute, presumably curable cases. It would remain an intractable problem for the remainder of the century, and one which was most often addressed by the simplest remedy: keep building.

But what kind of institutions to build, and where? The first concerted attempt to provide answers came in the form of a select committee of the House of Lords, which reported in 1843. The committee acknowledged that the 1838 act must be amended to prevent an increasing number of apparently inappropriate committals, that the insane must not, as far as was possible, be committed to gaols and bridewells, and that Ireland needed a single criminal lunatic asylum under immediate control of the government. Where overcrowding was concerned, however, they had no clear solutions.

Housing the insane in the workhouses that were being built since the passage of the Irish poor law in 1838, though already a common practice, was “inexpedient.” Workhouses, like prisons, were designed neither for the reception nor care of the insane, and further, there were significant legal and political obstacles to mixing asylum and workhouse populations. Asylums were funded out of county rates levied on occupiers of land and administered by boards of governors appointed by the Lord Lieutenant. Workhouses were funded out of a separate poor rate levied on owners and occupiers and administered by guardians, some of which were elected by ratepayers. Asylum managers and governors complained that harmless incurable patients, by which they usually meant the mentally disabled, were a drag on institutions properly dedicated to the cure of the insane. Workhouse masters and guardians complained that lunatic inmates destroyed the

89 Monteagle’s motion for certain returns in the Lords focused on the evils of maintaining lunatics in gaols and ended with a hope that workhouses might be opened to harmless incurable lunatics. Hansard’s Parliamentary Debates, 23 April 1843.
discipline necessary to spur the able-bodied indigent to self-sustaining labor. Both parties worried about a financial burden being shifted from the other’s resources onto their own.

Resistance to removing the barrier between Poor Law workhouses and district asylums was firmly grounded in existing laws. Where workhouse inmates could leave the institution whenever they pleased, inmates of district asylums—dangerous or no—were obliged to stay until discharged by the assent of managers, physicians, and governors. Rewriting the statutes pertaining to both district asylums and the Poor Law would be necessary to relieve the one at the expense of the other. Irish asylum legislation generally passed with little notice in Parliament, but anything having to do with the Poor Law in England or Ireland drew high attendance and even higher scrutiny. Even though the workhouses beginning to open in the early 1840s had ample room for the incurable lunatics and idiots that undermined the district asylums’ mission, contributing any additional burden to the poor rates made the proposal a non-starter. If the insane were to be accommodated in institutions, the government could not come to any other solution than to build or enlarge institutions specifically dedicated to their care and custody.

Having acknowledged that gaols should not be used as de facto lunatic asylums and that workhouses were ill-suited to receive even the most well-behaved of the incurably insane on any other than a temporary basis, the Lords’ committee settled uneasily upon a three-part recommendation: either new district asylums should be built, old ones enlarged, or provincial asylums for strictly incurable inmates established. The first two options were familiar and successful enough to be considered viable. The third remained a viable option for the next couple of decades, but never got off the ground.
The appeal of provincial asylums was not only that they would free up space in district asylums for acute and curable cases, but that they would be less expensive to maintain than district asylums. Incurable lunatics and idiots, according to this line of thinking, were generally more sedentary and docile, and thus required fewer attendants and a lower level of diet to maintain their health. No matter how the accounts were figured, however, counties would be increasing their expenditure, either by raising one amount for their patients in the district asylum, and another for their patients in the provincial asylum, or by raising larger sums for an ever-increasing number of patients. Money-saving ideas like converting older buildings (barracks and other public buildings before the Famine, underused workhouses after) were floated and invariably abandoned because existing structures lacked open ground for exercise, or were composed largely of single cells, which medical professionals and reformers had proven to policy-makers’ satisfaction to be ill-suited for the accommodation of the insane, curable or incurable. In addition, provincial asylums would require physicians and managers to make uncomfortably arbitrary decisions about whether certain patients were incurable or curable. Further, no one could guarantee that a quiet incurable individual would refrain from the periodic outbursts of violence that might make him or her a fitter subject for the district asylum.\(^90\)

In addition, there were also serious issues concerning management which suggested that the idea of provincial asylums was unworkable. Conducting the business

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\(^{90}\) Francis White, once inspector of prisons and later inspector of lunatic asylums, elaborated on these difficulties in his evidence before the Lords’ committee. Denis Phelan, who was actively seeking an appointment to the lunacy inspectorate in 1846, elaborated on his contrary views in a pamphlet published that year. This debate is discussed in greater detail below.
of a district lunatic asylum required a sufficient number of governors to attend monthly meetings regularly, and special meetings when necessary. To promote fairness in representation, the Lord Lieutenant appointed gentlemen and clergy from each county in a multi-county district. Sometimes previous commitments or pure lack of interest prevented members from attending regularly; more often, it was distance to the asylum and difficulty of travel. So in most cases, asylums were managed most often by the gentlemen and clergy resident in or near the town in which they were situated. This was fine for asylums in larger or more accessible towns, but the asylum in Ballinasloe had great difficulty getting more than one governor at meetings on a regular basis. In the first ten years of its existence, only seven of twenty-three governors at Ballinasloe attended a single board meeting.\textsuperscript{91} To address this problem, the first iteration of the Privy Council Rules, written in large part by inspector of prisons Dr. Francis White and Lord Chancellor Sugden in 1843, required a quorum of three governors to conduct business. The reaction from the few governors who attended with any regularity at Ballinasloe was immediate. At a special meeting held in April 1843 and chaired by the Earl of Clancarty, some permutation of these seven governors unanimously agreed to and sent a complaint to Lord Lieutenant de Grey that such a requirement was too onerous for their circumstances. Nothing having been done to remedy the situation, Clancarty wrote again to Chief Secretary Eliot a year later, in June 1844, resigning his governorship. Only then were additional governors, most of whom were magistrates for Galway, appointed. Clancarty rescinded his threat and remained on the rolls.

\textsuperscript{91} HCPP 1847(597) Abstract of a Return, Showing the Number and Names of the District Lunatic Asylums in Ireland, the Number and Names of the Governors of Those Asylums, &c., 4-5.
Ballinasloe was the most extreme example of governors neglecting their duties, but by no means the only one. The problem of attendance would only be amplified in provincial asylums. If representatives from each district in the province were expected to attend, monthly meetings would certainly be out of the question, and in all likelihood, governance of the institution would be left to the gentlemen resident in the immediate neighborhood. Because the provincial asylum would be supported either equally or proportionally by each district in the province, the separation of the finances from management would ensure conflict in the future.

One sensible way to minimize if not altogether avoid such conflict would be to entrust the management of provincial asylums to national, rather than local authorities. The inspectors of lunatic asylums might have been the natural choice. In 1845, when their office was officially separated from the prison inspectorate, the new inspectors were pleased to consider provincial asylums as the best possible solution. For whatever reason, however, no suggestions were made by any party that they or any other Dublin authority assume responsibility for the management of provincial asylums.

In the end, although the government went so far as to solicit detailed plans and estimates from the Commission of Public Works in late 1844, informing them that Lord Lieutenant Heytesbury had in fact decided upon the erection of provincial asylums for incurables, objections were never overcome to the extent that a coherent provincial asylum system was put in place. The government’s attention was turned instead to providing a new district asylum for Connaught, and the 1845 legislation that was derived

92 CSORP/1845/G8338.

93 Auxiliary or incurable asylums were eventually instituted in a piecemeal manner in Dublin (Island Bridge), Clonmel, Cork (Youghal), and Belfast.
from the Lords’ committee only empowered the Lord Lieutenant to order the erection of a central criminal asylum managed directly by the inspectors, as well as the enlargement of existing district asylums or erection of new district asylums to cope with rising demand.

The Lords’ committee revealed the most profound effect of having a new inspector who took a special interest in oversight of the district asylum system. Through much of his testimony before the committee, Dr. Francis White advocated closer inspection of lunatic asylums, which he took to mean greater standardization, clarification, and enforcement of rules. Where prison inspectors had been perfectly willing to allow for local variations in management, Dr. White argued forcefully and convincingly that greater savings could be effected, and treatment for the insane improved, if government via himself as an inspector dedicated to the oversight of lunatic asylums kept a closer eye on the provinces. With few exceptions, all matters relating to lunatic asylums as well as the unaccommodated insane in Ireland were from 1845 referred to White, his colleague Dr. John Nugent in a new lunacy inspectorate, and their successors for comment, advice, and increasingly, decision-making.

From 1845, the executive proved ready and willing to turn over ever more authority to the inspectors on matters having to do with lunacy policy, as the inspectors themselves proved willing to assume ever more authority. By doing so, they effectively removed lunacy policy from the arena of local-executive conflict. In the fifty-odd years between their appointment and the Local Government Act that transferred government of asylums to elected county councils, there were only two occasions in which asylum matters caused any remarkable dissension between local authorities and the executive. In
both cases, issues of national political importance, rather than strictly lunacy issues, were at stake.

The Belfast chaplaincy dispute of the 1850s was the most notable and most serious cases of conflict in terms of local and executive prerogatives. The line between the religious and the political is well nigh impossible to ascertain in many conflicts between government officials at various levels, especially in Belfast where sectarianism posed a near-constant threat to peaceable government both inside and outside public institutions. Belfast was a bit of a special case among district asylums, as its board members were quite active in the sense that a healthy quorum was almost always present to conduct business. From the opening of the asylum, Belfast governors adopted only those of the Armagh Rules they found helpful.

Governors at Belfast concurred with the conventional wisdom that asylum patients, if sufficiently sensible and calm, derived benefit from religious worship. Appointing salaried chaplains to asylums, however, introduced the possibility that salaried chaplains would compete for patients’ attention and disrupt the tenuous order of the institution. Their approach restricted the options available to patients. If a patient requested the attendance of clergy and Dr. Stewart, the manager, thought it advisable, a Church of Ireland clergyman would visit with the patient to read scripture and “offer up prayers in their behalf.” Under normal circumstances, patients worshipped by listening to Dr. Stewart read scriptures and praying in common, which Stewart argued was altogether different from attending services led by professional clergy. He characterized

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94 This episode is covered in detail in Prior and Griffiths, “The Chaplaincy Question.”

95 Minutes of the Belfast board (3 March 1834), HOS/28/1/1/1.
his role as primarily paternal, and the informal worship he led was “more just as family prayer than a distinct service.”  

The essence of the board’s complaint was less about theology than about control and the lack thereof. Few if any other boards in Ireland worked as easily and productively with their managers. Long experience had shown them that Stewart could be trusted to safely include what they believed was nonsectarian religious content in patients’ moral treatment. Chaplains beholden to bishops and church governance outside the asylum, they feared, would make opportunities for dissension if not outright proselytism. The board conveniently ignored the fact that de facto proselytism was already occurring because Catholic, Presbyterian, and other patients had access only to Church of Ireland pastors and Stewart’s Anglican-inflected prayer. The board certainly was not placated by the fact that the newly-minted inspector of lunatic asylums that the government set on the case in 1845 was a Catholic who believed strongly in the efficacy of worship to restore the mind.

Francis White, with Lord Chancellor Edward Sugden, authored the section of the Privy Council Rules of 1843 instructing boards to appoint chaplains of the various faiths represented in their asylum population. The Belfast board refused. On White’s advice, successive Lords Lieutenant attempted to appoint chaplains and force the board to pay their salaries, but the board held fast. The conflict peaked in 1855, when the Court of

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Queen’s Bench heard the case of Rev. John Carroll v. the Governors and Directors of Belfast Lunatic Asylum, finding in the latter’s favor in January 1856. Although the Privy Council Rules had demanded it, the 1821 act establishing the district asylums had given no power to the Lord Lieutenant to require boards to pay chaplains’ salaries. The victory was relatively short-lived, however, as amending legislation passed in 1867 included a clause to make the Lord Lieutenant’s powers of appointment unambiguous where chaplains were concerned.

A few years after the Belfast skirmish, the Earl of Leitrim took the opportunity offered by the siting of a new lunatic asylum to take out his frustrations on Lord Lieutenant Carlisle, whose tenure stretched through the court case and years that followed (1855-8, 1859-64). The county lieutenancy for Leitrim had fallen vacant in 1856, and Carlisle had chosen the twenty-three-year-old Earl of Granard in an attempt to secure the constituency for the Liberal party. Frustrated by what he regarded to be a snub by Carlisle, Lord Leitrim lashed out in the House of Lords. The choice of site almost always raised some discussion among local authorities keen on securing a new public building for their town, but in 1860, Leitrim accused Carlisle of “jobbery” by ignoring the custom, if not stated policy, of locating a new asylum in an assize town. On the advice of the inspectors and Privy Council, the Lord Lieutenant had chosen Letterkenny, near the center of County Donegal, rather than Lifford, the larger town, on the border with County Omagh. Lifford may have been able to offer a broader array of medical men and staff, as well as more regular board attendance by the gentlemen who lived there rather than in Letterkenny, some seventeen miles distant. It was universally agreed

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98 CSORP/1856/16968.
among parties without an interest in taking a swipe at Carlisle, however, that Letterkenny was a perfectly reasonable choice. Centrally-located in the county, it had proven able to support a union workhouse and fever hospital well enough.\textsuperscript{99} Leitrim may have succeeded in stoking some public disapproval of government’s plans to build a new asylum at Letterkenny, but opposition was minimal, and construction continued as planned.

Increasingly throughout the second half of the nineteenth century, the power struggle between local and national authorities resolved in the concentration of power in the lunacy inspectorate. Boards of governors and grand juries could not make policy because they had no statutory power to do so. As the asylum system grew and became more complex, Irish administrations had difficulty making policy because they cycled through Dublin Castle with sufficient frequency to rarely become familiar with the wide variety of issues at stake. As the officials dedicated solely to lunacy policy and practice, inspectors Francis White and John Nugent were able to give sustained attention to complex and difficult matters involving the relative power of local and national authorities. Lords Lieutenant and Chief Secretaries could come and go, but White, Nugent, and their successors could maintain consistent positions on policy.

By virtue of its monopoly on the specialized knowledge required to successfully administer the district asylum system, the lunacy inspectorate was well-positioned to become largely independent of both local and national authorities. This was a long time in developing, however. The inspectorate before 1845 was largely of the English style. It was essentially humanitarian, and intended to secure good working or living conditions

\textsuperscript{99} \textit{Evening Mail} 12 May 1860.
for some target population or industry. The inspectorate after 1845 was novel: superficially medical and essentially administrative, it was intended to secure competence in the system. Without inspectors’ attention, the chaplaincy question and all other questions of prerogative would likely have ebbed and flowed until some unforeseen disaster made a legislative response necessary. The inspectors’ authority was by no means absolute, but the expertise they demonstrated was acknowledged by local officials, Dublin Castle, and members of Parliament to be sufficient to assume responsibility for the day-to-day, year-to-year working out of lunacy policy. This transformation is the subject of chapter two.
CHAPTER 2:
THE INSPECTORS OF LUNATIC ASYLUMS

“...a weak Prime Minister, or any minister for that matter, can be run by his civil servants. They too have power, but they are not democratically elected, and cannot be as easily got rid of as a politician.”

Helen Burke, *The People and the Poor Law in 19th-Century Ireland*

In 1910 and 1911, the Earl of Aberdeen, then Lord Lieutenant of Ireland, appointed Drs. Thomas Ivor Considine (1868-1935) and William R. Dawson (1864-1950) to be Inspectors-General of Irish Lunatic Asylums. The discrepancies in their résumés suggested that though medical qualifications were important, they alone did not form the basis of their appointments. Like many of his predecessors, Considine’s prominent family must have been more inspiring than his paltry experience. For just short of sixteen years, he served as assistant physician at the Central Criminal Lunatic Asylum at Dundrum, keeping records and carrying out the orders of his superiors. In contrast, after receiving his M.D. in 1891, Dawson began his early career at the Royal Edinburgh Asylum, and

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2 His father, Sir Heffernan Considine (1816-1885), was a minor landowner of about £1200 per year, and was a magistrate, a deputy lieutenant, and high sheriff in Co. Limerick. His brother, Heffernan Jr., became a Royal Irish Constabulary officer, eventually ending up as assistant inspector general of the RIC. See Fergus Campbell, “Who Ruled Ireland? The Irish Administration, 1879-1914,” *The Historical Journal* 50 (2007): 623-644.
was awarded the Stewart Scholarship in Mental Diseases in 1895. From 1899 to 1911, he superintended the private asylums Farnham House and Maryville Private Hospital outside Dublin. In addition, he served as Examiner in Mental Diseases at Trinity College Dublin, medical examiner on the Royal Commission on the Feeble-minded, and divisional secretary of the Medico-Psychological Association from 1902. When interested observers complained about the quality of these appointments, they neither drew attention to their possible or even probable political content nor Considine and Dawson’s work histories.

Critics charged instead that though both men had experience in the administration of individual institutions, neither had any substantial experience in the bureaucracy the Lord Lieutenant had asked them to direct. While all asylums in Ireland fell under the purview of the lunacy inspectorate, private asylums occupied a bare minority of the inspectorate’s attention. And though the Central Criminal Asylum fell under the immediate governance of the inspectorate, as a single institution it was dwarfed by the now extensive network of district asylums for the lunatic poor. The district asylum system, in operation since 1824, served nearly twenty thousand patients and formed the substance of the lunacy service in Ireland by the time Considine and Dawson came into the inspectorate. More important than occupational exposure to the district system, however, was a working knowledge of the network of relationships that allowed it to function; this, too, Considine and Dawson lacked.

In a letter to the *Irish Times* reprinted in the *British Medical Journal*, the secretary of the Poor Law Association of Ireland (the professional society of the Poor Law civil service) complained that a “practical knowledge” of bureaucratic administration, and particularly Poor Law administration, was far more desirable than any long list of degrees, hospital appointments, and honors for such an important position.\(^4\) The ultimate purpose of the inspectorate since its inception had been universally acknowledged to be supervising and safeguarding the bodily and mental treatment of the inmates of medical institutions designed for their cure and custody. By 1911, however, critics could reasonably argue that the ultimate purpose of the inspectorate was to make the massive district asylum bureaucracy function smoothly by adhering to broadly-accepted administrative procedures rather than “experimenting” with a department that had important ties with the poor law via the dispensary physicians who certified a majority of asylum patients.

How did the inspectorate get to this point? What made a good inspector at the beginning of the century was not the same as what made a good inspector at the middle or the end of the century. This chapter will address the issue of qualifications by tracing its development from the late eighteenth to the early twentieth century, focusing on how the lunacy inspectorate successfully developed its own rationale and relative autonomy from Executive government by walling itself off from lay interference.

\(^4\) Ibid.
The historiography of Irish lunacy administration is encompassed in a single monograph by Mark Finnane. Rather than analyze the inspectorate’s maturation as a bureaucratic framework, Finnane argues in the vein of his former advisor Oliver MacDonagh that once the lunacy inspectorate was set up, it evolved as a matter of inertia, expanding its jurisdiction incrementally and as a matter of course over the nineteenth century. In essence, he argues that in the second half of the nineteenth century, nothing happened in terms of defining or redefining the purpose and responsibilities of the inspectorate. I argue, on the other hand, that in this period everything happened. The inspectorate transformed itself from a minimally accountable and only vaguely responsible administrative entity into a powerful department that played an essential role in not only providing services for tens of thousands of lunatic poor and their families, but the business of governance as well by relieving pressure on the criminal justice and poor relief systems. Most importantly, because it was by design largely autonomous and clearly accountable only to the Lord Lieutenant and Chief Secretary, the inspectorate transcended the traditional localism of Irish affairs. This fact is all the more important because the notion of independence in the Irish administration has been seriously under-appreciated in the historiography.

This dissertation may be read, therefore, as an attempt to fill the conspicuous gap in not only the historiography of lunacy administration, but the equally conspicuous gap

5 Mark Finnane’s *Insanity and the Insane in Post-Famine Ireland* (London: Croom Helm, 1981) remains the only work, monograph or otherwise, that takes any account of the institutions formed to administer district asylums for the lunatic Irish poor.

in the historiography of the Irish civil service as well. Indeed, the former is an essential part of the latter. From the 1820s to the 1860s, various Lords Lieutenant and Chief Secretaries presided over the building of twenty-two district asylums to serve the thirty-two counties. More impressive than the building program was the expansion of the population housed in these institutions. From the Famine years to the end of the century, Ireland’s population diminished by nearly half. Workhouses and prisons mirrored this decline, and were either pulled down or converted into general hospitals as they gave up their inmates. The population in district asylums at the end of the century, however, had grown to almost six and a half times its size at mid-century. The disproportionate numbers of poor in lunatic asylums required a similarly large staff; each asylum also held dozens of nurses, attendants, laundresses, porters, clerks, and physicians. Add to that the small army of clerks employed directly by the inspectors, and it becomes quite clear that lunacy administration is no mere curiosity in the history of the civil service in Ireland.

2.1 Sir Jeremiah Fitzpatrick

Before the district asylum system dominated the literal and figurative landscape, however, there were dark, dank prisons filled with debtors, pickpockets, murderers, and lunatics. Our narrative begins here, with the man who first turned the eye of a central authority on conditions in provincial institutions: Sir Jeremiah Fitzpatrick, the first

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7 Brendan O Donoghue’s introduction to his biographical dictionary *The Irish County Surveyors, 1834-1944* (Dublin: Four Courts Press, 2007) is a concise but valuable first step toward sketching out the development of the civil service in Ireland.

8 In 1850, eleven district asylums held about 2560 inmates. In 1900, twenty-three district asylums held just under 16,000.
Inspector-General of Prisons. Fitzpatrick may be regarded as the Irish version of English evangelical prison reformer John Howard.\(^9\) Like Howard, Fitzpatrick came to prison reform with humanitarian motives of improving living conditions and reforming motives of replacing gaolers’ exorbitant fees with salaries and regular administration. For Fitzpatrick the physician, however, sanitary conditions and a rigorous inspection regime to ensure them were paramount.

According to his biographer Oliver MacDonagh, not much is known of Fitzpatrick’s early career, including the reason for his knighthood in 1782. We do know that he had a medical background, may have been educated on the Continent, practiced in Dublin in the early 1780s if not earlier, and had some experience as a prison physician in the 1770s. Until his appointment as Inspector-General of Prisons in 1786, he had no standing in government. He did find a patron of sorts in Walter Hussey Burgh, MP for Dublin University and influential member of Henry Grattan’s party, who stoked Fitzpatrick’s interest in prisons into passion for reform and introduced him to others who would transform his passion into policy.\(^10\) After conducting independent and voluntary medical inspections of gaols throughout the country, building on a first (failed) phase of prison reform in the 1760s, Fitzpatrick brought the attention of the Irish parliament to routine abuses.

Fitzpatrick’s basic complaint, which would remain salient for the next century, was that local governance of public institutions had failed, and only regular and


centralized oversight could correct these failures. Fitzpatrick has left no indication of his broader politics, but his association with Burgh, his focus on the ineffectiveness of local governance, and the likelihood that he was Catholic if not an openly practicing one strongly suggests that he found common cause with Grattan, as opposed to Flood, for example. If emancipation for Catholics was not to be, a centralized prison inspectorate might help to counterbalance entrenched Protestant interests in the countryside while ensuring better conditions for those unlucky enough to find themselves in prison. Fitzpatrick’s proposed reforms fell flat, however, as Grattan’s party remained in the minority in an Irish Parliament closely aligned with grand juries and conservative on social issues.¹¹

One part of Fitzpatrick’s proposal was well in line with “the eighteenth-century mode of amateur enforcement of social legislation.”¹² In his Essay on Gaol Abuses, he argued that heretofore ineffective legislation should be made effective by taking responsibility of oversight from grand juries and placing it in the hands of a physician or surgeon who would visit gaols twice weekly to see to prisoners’ health and cleanliness, and a chaplain who would visit as frequently to ensure the gaolers adhered to the remaining provisions of the law. The other part of his proposal was revolutionary. A general inspector should be appointed to oversee the whole, visit all the gaols, bridewells, and marshalseas in Ireland once or twice a year to see that the law was actually being


¹² MacDonagh, Inspector-General, 69.
carried out. The inspector would not be a “a gentleman of fortune” animated by “casual philanthropy,” but a paid and professional appointee of the state. In theory if not in fact, this would remove one important part of the administration of justice from the realm of the Ascendancy, where social and political ties rather than disinterested professional duty animated the responsible party. In putting himself forward as the first Inspector-General of Prisons, Fitzpatrick set the standard of inspectorial regimes for the rest of the nineteenth century, and demonstrated how one might undermine the legal system that kept gentlemen such as himself out of the halls of power.

Only the most basic of Fitzpatrick’s recommendations remained when the 1786 Prisons Act passed through the Irish Parliament. For Fitzpatrick, the most important qualifications of local inspectors were medical education and independence. Both would ensure that the influence of penny-pinching or overly punitive grand juries would not interfere with the important task of keeping prisoners healthy, or at least not chronically ill. Legislators, on the other hand, decided that loyalty and a sense of responsibility and humanity proven by one’s station in life were more important. Grand juries of counties and boroughs would retain the right to appoint local inspectors. Local inspectorates that carried a salary of £20 a year were to be offered first to the established church ministers or curates of the parish in which each gaol or prison lay. If they refused the appointment, the grand jury was to find a suitable physician or surgeon in the neighborhood. If he, too, refused the appointment, some other “fit and discreet person, residing within one mile of

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13 Jeremiah Fitzpatrick, *An Essay on Gaol-Abuses and on the Means of Redressing Them; Together with the General Method of Treating Disorders to Which Prisoners are Most Incident* (Dublin: Graisberry, 1784).

such Gaol or other Prison respectively,” could be appointed.\textsuperscript{15} By the turn of the century, local inspectorates were still dominated by the clergy, but they ceased to be paid a salary additional to their regular living.

The most important aspect of Fitzpatrick’s reforms remained, at least in skeleton form. Local inspectors were required to report to an inspector-general, who would inspect each prison himself and report his findings annually to Parliament. Disagreements among MPs as to the inspector-generalship, however, meant that it was not to be a permanent post, but limited to two years at the most. Fitzpatrick himself “envisaged an initial intrusion by the state to supply a want or correct a deviation, but also to produce in time a self-regulating system.”\textsuperscript{16} Once Fitzpatrick began his inspectorate, however, it became clear that two years and present legislation would not suffice.\textsuperscript{17}

Amending acts brought the workings of prison administration more into line with Fitzpatrick’s vision. First, they made it possible for the inspector-generalship to be permanent, and made the chain of command less ambiguous. Where a separate Dublin inspector had been kept aside as a special official in the 1786 act, in 1787 he became subservient to the Inspector-General, and was deprived of his right to report to Parliament separately. In addition, they expanded Fitzpatrick’s role “laterally.”\textsuperscript{18} Insofar as lunatics often ended up incarcerated in gaols, Fitzpatrick became responsible for their welfare. In

\textsuperscript{15} HCPP 1810 (276) \textit{Bill for Repealing Laws Relating to Prisons in Ireland}, 18.

\textsuperscript{16} MacDonagh, \textit{Inspector-General}, 75.

\textsuperscript{17} MacDonagh calls Fitzpatrick the central authority, and sees the consolidation and expansion of his authority in the 1787 amending Act as anticipating the ‘classic’ Amendment Acts of the 1830s and 40s that also consolidated executive authority.

\textsuperscript{18} Ibid., 116.
1787, he was also given the discretionary power to inspect all private and public madhouses. The revolution in administration at this stage was still far too dependent on the force of energy and personality, however, and did not last beyond Fitzpatrick’s retirement.

2.2 Forster Archer

Fitzpatrick left the inspectorate in 1793. The position was not filled again until March 1795, and his successor, the Rev. Forster Archer (served 1795-1821), was by no means as energetic or conscientious as he had been. MacDonagh argues that unlike Fitzpatrick, Archer was “a commonplace, untrained and unenthusiastic functionary, apparently appointed for political convenience and without any prior knowledge or interest in the gaols.”

This judgment, encapsulated in the phrase “political convenience,” obscures as much as it reveals. It is true that Archer’s career before his appointment as Inspector of Prisons in March 1795 was unexceptional. He was licensed as a curate of St. Anne Shandon in Cork in 1782. His experience beyond the church included being partner in the short-lived Cork Gazette, from which he resigned and, at the urging of the government, initiated prosecution for libel of his former friend and the paper’s current proprietor, and holding “some clerical appointments in the City of

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19 Variously Foster and Forster. Both appear in Parliamentary papers, though MacDonagh prefers Foster and Archer’s biographer in the Dictionary of Irish Biography prefers Forster.

20 MacDonagh, Inspector-General, 143. McDowell’s judgment is less critical, as he notes that Archer “wrote concise, telling reports and made an effort to compile judicial statistics,” a feat rarely attempted by the gentlemen connected with official duties. R.B. McDowell, Ireland in the Age of Imperialism and Revolution, 1760-1801 (Oxford: Clarendon Press, 1979), 75.

Cork, worth £300 per annum.” According to Fitzpatrick’s conception of the inspectorate, Archer was wholly unsuitable. He was not medically qualified, and he certainly wasn’t independent of local government; but the government was not looking for another Fitzpatrick. As France was dissolving into chaos, the United Irishmen were escalating their revolutionary rhetoric, leading government to suppress the movement and clamp down on anything smacking of sedition. It was a very good time to be a reliably conservative, reliably Protestant, and therefore reliably loyal person taking on a position of immense responsibility in the criminal justice system.

In intention if not in action, Archer kept Fitzpatrick’s concerns about prison cleanliness and discipline alive. In an 1809 Commission of Inquiry, he briefly gave evidence suggesting that his judgments on prisons and prison discipline were straight down the line with what came before, and what would come after for several decades: cleanliness, classification, and labor were the cornerstones of a well-run prison, as “…there can be no reformation of habits without labour.” Like Fitzpatrick, and indeed like any centrally-accountable functionary, he laid failure at the feet of the grand juries, who exercised their supervisory control only sporadically and ineffectively, both in terms of money presented for accommodations and repairs, and accountability for local inspection regarding expenditure and treatment of prisoners. But where Fitzpatrick had

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22 W. Maziere Brady, *Clerical and Parochial Records of Cork, Cloyne, and Ross*, vol. 1 (Dublin: Alexander Thom, 1863), 126 and HCPP 1823 (264) *Correspondence on Superannuation Allowance to Late Inspector General of Prisons*.

made searching inquiries and published exhaustive descriptions of conditions in gaols, bridewells, and lunatic asylums, agitating continuously for increased accountability, Archer reported only sporadically, ineffectively, and drifting through his long inspectorial career relatively unnoticed.\(^{24}\)

By 1821, the number of prisons and prisoners had grown to exceed Archer’s abilities, and the government’s needs and expectations had grown to exceed Archer’s performance.\(^{25}\) In 1821 and 1822, the government introduced and passed amending acts on the regulation of prisons and building of lunatic asylums that set important precedents and procedures for decades afterward (see chapter 1).\(^{26}\) These bills, which were brought in by Irish Privy Councillor Sir George Hill rather than Chief Secretaries Grant or Goulburn, were part of a project of shaping up established systems to bring a greater degree of order and efficiency of government to the provinces. Along with reform of prison administration and setting asylum-building in motion, the Irish government made a fresh attempt to revise the magistracy that resulted in a new commission of the peace for each county in 1823.\(^{27}\) Each measure granted further powers to local authorities while

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\(^{24}\) An exception is his plea for augmenting his superannuation in 1821, the relevant papers of which were published in HCPP 1823 (264) *Correspondence on Superannuation Allowances to Late Inspector General of Prisons in Ireland.*

\(^{25}\) See sec. 8 of 1 & 2 George IV, c. 57. In 1815, 5792 people were committed to prison, of whom 5 remained at the end of the year, not having been convicted or acquitted. In each of the four years following, those numbers varied between 11,273-13564 and 1051-1577 respectively. See HCPP 1821 (620) *Extracts from the Inspector General’s Report on the State of Prisons in Ireland: 1815-1820.* Archer himself referred to the “duties of the office becoming daily more difficult and expensive, the gaols being crowded to excess, the country in a state of rebellion or protracted insurrections,” in his petition for a pension in 1823. HCPP 1823 (264) *Correspondence,* 2.

\(^{26}\) 1 & 2 George IV, c. 33.

modestly expanding the responsibilities of a central authority by clarifying the relationship between the two.

In a MacDonagh-esque argument, the 1821 prisons act might be considered a step toward centralization, but this is not necessarily so. The act demanded greater responsibility from both grand juries and the inspectors-general. Grand juries retained the right to appoint local inspectors and were given greater oversight concerning the prisons’ dietary schedules and other internal regulations, as well as the responsibility of double-checking the local inspector’s work.28 A single inspector-general would be replaced by two who would divide the country into north and south districts in order to make their extensive duties feasible. For the first time, inspectors-general of prisons were required to visit not only every prison in the country, but also every “madhouse or lunatic asylum,” and on an annual basis instead of every two years. Local inspectors stood in a difficult position between Dublin and their district in this act, as they acted on behalf of and according to the wishes of the grand juries (within statutory limits) but reported to both the juries and the Inspectors-General in Dublin. Once compiled, reports of the Inspectors-General would be presented to both grand juries and Parliament, and were required to be more extensive and regular, following on Fitzpatrick’s model of exhaustive description and careful statistics. A new provision required the Inspectors-General to be fined and removed if they were found to have falsified their returns, and their pay withheld if they

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28 Apparently, more than a few grand juries interpreted the law to mean that paying local inspectors an additional salary if they were ministers or curates was optional. This was rectified by the 1826 Prisons Act, 7 George IV, c. 74.
failed to make regular reports. The new regulations came into effect when Archer was replaced by Majors James Palmer and Benjamin Blake Woodward in December 1821.

2.3 James Palmer and Benjamin Blake Woodward

The 1821 act introduced a renewed spirit to the inspectorate, but the choice of Majors James Palmer and Benjamin Blake Woodward did not signal a return to the gadfly tradition Fitzpatrick had attempted to establish. Nor again did it define the most important quality of an inspector as a proven commitment to humane ideals. For the first time, it underlined the importance of administrative efficiency and predictability. The new inspectors had no more specialized experience in prison administration than their immediate predecessor, but they were familiar with the workings of institutions. As veterans of the army, they were familiar if not comfortable with working within a chain of command, and like Archer, they had precisely the right kind of political loyalties.

Benjamin Blake Woodward was the son of Richard Woodward, bishop of Cloyne 1781-1794. Besides being a vigorous defender of the Protestant Ascendancy who lashed out at the “Papist” Jeremiah Fitzpatrick for, as he believed, undermining the legitimacy of proselytizing charter schools with his “damning criticisms,” Richard Woodward was also known as a major force behind early fundraising efforts for the new House of Industry in Dublin, established in 1773. His efforts were apparently responsible for the Irish parliament’s decision to support the institution with an annual grant from 1777.

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29 1 & 2 George IV, c.57

Benjamin Woodward’s career was less distinguished, but not by far. He was a fellow-commoner of Trinity College Dublin and admitted to Lincoln’s Inn in 1786, though it appears he never practiced law.\textsuperscript{31} Prior to his appointment as Inspector-General of Prisons, Benjamin Woodward had been a member of the Irish Parliament for Midleton, Co. Cork from 1794 to 1800, and the treasurer of the South Cork Infirmary.\textsuperscript{32} At the beginning of his tenure as Inspector-General, he also served at the behest of the Lord Lieutenant as an unpaid trustee of funds disbursed in aid of schools established by voluntary subscription.\textsuperscript{33}

James Palmer came from similar stock. His father was the Venerable Henry Palmer, archdeacon of Ossory, and his maternal grandfather had once been a high sheriff of county Fermanagh.\textsuperscript{34} Most of his male relatives went into the clergy, but an army commission was purchased for Palmer in 1794, and he served for twenty years. How he spent his time between his retirement and 1820 is unknown, but during those years he was able to secure enough patronage to be appointed sole governor of the Dublin House

\textsuperscript{31} The Records of the Honorable Society of Lincoln’s Inn, vol. 1 (London, 1896), 517.

\textsuperscript{32} Woodward voted for the Union. See Henry MacDougall, Sketches of Irish Political Characters of the Present Day, Shewing the Parts They Respectively Take on the Question of the Union (London: Davison, 1799), 230. HCPP 1823 (199) Coms. for Auditing Public Accounts in Ireland, Eleventh Report, 50.

\textsuperscript{33} Hansard’s Parliamentary Debates, 22 April 1822, and HCPP 1824 (179) (286) (350) (403) (461) Accounts and Papers Relative to Schools and Education, 59. Woodward and his two fellow board-members (the organization was informal) received and reported on memorials requesting funds to establish a school. Once they determined that at least half of the expense could be covered by voluntary subscriptions, they disbursed grants (maximum £200) and confirmed the expenditure upon completion. He testified in 1824 that many applications came from Catholic clergy in recent years, but he and his colleagues had to reject most because their requests far outran what they could raise by voluntary subscriptions, and were usually almost twice as high as the maximum grant they awarded. See HCPP 1825 (400) First Report of the Commissioners on Education in Ireland, 627-630.

\textsuperscript{34} James B. Leslie, Ossory Clergy and Parishes (Enniskillen: Fermanagh Times, 1933), 108.
of Industry. Before his appointment, the House of Industry was overseen by five governors who acted without pay. An act passed in that year replaced them with a single governor, chosen by the Lord Lieutenant, who would reside on the premises and serve for a salary of £500 per annum. Major Palmer was the first such appointee.

Palmer and Woodward came into the office at the same time as a new Lord Lieutenant and Chief Secretary, in December 1821. Lord Lieutenant Wellesley was amenable to pro-Catholic policies, but his Chief Secretary Henry Goulburn was not. The appearance of these two important officials can be read as a buttressing of the pro-Ascendancy policy Goulburn generally followed. Although Wellesley’s signature would be required for their appointment, Goulburn would have been responsible for the choice.

Although it is possible that Palmer began his career as a politically moderate appointee, reflecting Liverpool’s 1821 appointment of the pro-Catholic Lord Lieutenant Wellesley and pro-Ascendancy Chief Secretary Henry Goulburn, he did not remain so for long. In 1842, Palmer wrote to his son that he dined “with Tory Lord Lieutenant de Grey—I am turned a complete Tory, more than yourself if possible.” In a country full of people whom the government in Dublin could not trust, Palmer and Woodward were men who could be trusted.

In the modern era, civil appointments made on the basis of political loyalty rather than proven competence in the skills required are universally understood to be unethical, even if such strictures are ignored. In the early stages of development of a bureaucracy,

35 HCPP 1823 (549) Select Committee on Local Taxation of City of Dublin, Second Report, 200.
36 1 George IV, c. 40.
37 James Palmer to Thomas W. Palmer, 4 April 1842. Palmer Letters, no. 5. Manuscript copies in possession of Patricia Anne and John P. DuLong.
however, loyalty and adherence to chain of command were valuable assets. It should be no surprise that given this fact, both men proved to be able and energetic inspectors of prisons. Over the next twenty years, they performed their duties as prescribed by law, producing ever more detailed reports for Parliament’s perusal and laying blame for failures of discipline and management at the feet of the grand juries and other local authorities. For administrations increasingly interested in standardization and efficiency, pointing up the failures of local management was especially important.

Members of Parliament and grand jurors alike complained at times that the inspectorate was too costly. The inspectors’ salaries had started at £553 17s., were raised in 1826 to £900, and by 1831 had apparently reached £1200. In 1831, George Dawson, Privy Councillor and MP for Harwich, complained that Irish prisons had been adequately reformed, and thus the inspectorate was no longer needed. Thomas Spring Rice, then Secretary of the Treasury, responded that he had indeed contemplated doing away with the inspectorate, but that it had recently been made more efficient and inexpensive, and produced such good effects in terms of prison discipline that it “could not well be dispensed with.” More serious doubts about the efficacy of the prisons inspectorate were raised in the course of an 1841 Parliamentary commission on grand jury presentments, which seem to have catapulted Dr. Francis White into the vacancy created by Woodward’s death in the same year.

38 7 George IV, cap. 74, sec. 58. George Dawson, MP complained about the £2400 paid to Woodward and Palmer, although the amount he quoted probably included extras above the base salary (travel expenses and the like).

39 Hansard’s Parliamentary Debates, 31 August 1831.

40 The inspectors’ salaries had started at £553-17-0, and were raised in 1826 to £900, pursuant to amending act 7 George 4, cap. 74, sec. 58. The expense was a sore subject in August 1831 when Commons
2.4 Francis White

On first glance, Francis White’s appearance in the prisons inspectorate is surprising. He was neither a military man or a member of the established clergy, nor was he a reliably conservative upholder of the Protestant ascendency. He was, rather, a liberal Catholic raised within a social network whose members were well-practiced in the art of advancement under less than amenable circumstances. White was born in 1787 in Carrickbeg on the Waterford side of Carrick-on-Suir to a well-connected Catholic landowning family. Of his father, also Francis White, little is known except that he was well-respected in the community and conspicuous enough to be arrested on charges of sedition in June 1798. He was no revolutionary, however; White was one among a class of Catholic merchants and gentry in Tipperary and elsewhere who were eager to protect their status and future opportunities. His name appears on a list alongside ten other Catholics of Carrickbeg who swore an oath of allegiance to the king in 1775.

As a gentleman witnessing the rapid decline of a once-vital center of the wool trade due to the import of cheaper English textiles, White the elder was apparently interested in the deteriorating social and economic condition of the community. His ally was considering revenue to pay for criminal prosecutions. George Dawson recommended dispensing with the inspectorate entirely to save £2400, since “the objects for which those gentlemen were appointed had long since been accomplished.” Spring Rice responded that he had concurred at one point, but was convinced now that they couldn’t do without inspectors unless they wanted to see a diminution in prison effectiveness and discipline. Hansard, 31 August 1831.


in this concern was Major William Morton Pitt, quartered in the area with the Dorset Militia to tamp down revolutionary activity in 1798, and the future author of works on housing for the poor, public order, prison reform, and national defense. With Pitt, a distant cousin of the British Prime Minister, he founded a short-lived friendly society, and with expert assistance of the renowned Gaelic scholar and schoolmaster Patrick Lynch, Pitt and White carried out the 1799 census of Carrick-on-Suir. The census remains one of the best of very few sources of pre-Famine Irish demography.\(^43\)

In addition to the reforming spirit Francis White learned by his father’s example, he must also have learned the sort of self-preserving political skill that maximized connections and upward mobility while minimizing visibility. Retracing White’s path to Dublin Castle is therefore difficult, although enough signposts remain to suggest how it was done. Younger sons of gentry often went into the military or one of the professions, but as a Catholic, White’s options would most probably have been limited to the law or medicine. He chose the latter, or had it chosen for him. Either way, his education was among the best a Catholic could hope for in the early years of the nineteenth century. The elite of Protestant physicians graduated A.B. from the University of Dublin before embarking on the practical study of medicine, a degree in arts and letters being the marker of refinement suited to their station.\(^44\) Although Catholics were legally allowed to study at Trinity College from 1793, they faced excommunication without special permission from their bishop. Therefore, the number of Catholic graduates was


\(^{44}\) Trinity College Dublin being the only college of the University of Dublin ever formed, the two names are used interchangeably here.
vanishingly small, and White was not among them. He was, according to his long-time friend Charles Bianconi, “one of the most learned and accomplished men of his day,” and most likely received the humanistic education befitting a gentleman from the aforementioned Patrick Lynch.  

White began accruing medical qualifications at the age of fifteen, when he received his license to practice as an apothecary from Apothecaries’ Hall in Dublin. At twenty, he was apprenticed to the eminent surgeon Abraham Colles. The more prestigious the master, the higher one could climb in the profession. From early days, then, White was poised for success. Under Colles’ guidance, he attended at Steevens’ Hospital in Dublin and completed his surgical education in the schools of the Royal College of Surgeons of Ireland, where Colles was professor of surgical instruction and co-professor of anatomy and physiology. White was admitted as a licentiate of that body in 1813 and elected a member in 1815. His specialty was ocular surgery, and in January 1819, he founded St. Mary’s Hospital and Dublin Eye and Ear Infirmary, which operated until 1826.  

In 1821, White and his colleague Dr. Andrew Ellis added a school of anatomy, and White lectured on eye diseases while publishing papers on surgical topics including tracheotomy and uterine rupture. From 1835 until his promotion to the inspectorate in 1841, White served as surgeon to the Richmond district asylum in Dublin.  

On White’s life outside his profession, there are few sources. Some important points can be gleaned, however, from his association with Charles Bianconi, a fellow


46 The dates for the closure of the Eye and Ear Infirmary are disputed. In Patrick Long’s entry on White in the Dictionary of Irish Biography, the infirmary closed upon the exit of White’s colleague Dr. Andrew Ellis in 1826. Elsewhere, 1831 is recorded as the closure date. See L.B. Somerville-Large, “Dublin’s Eye Hospitals in the 19th Century,” Dublin Historical Record 20 (1965): 24.
Catholic and resident of Carrick-on-Suir. Bianconi is regarded as the founder of public transportation in Ireland, but when he met Francis White, he had been in the country only four years and was still a “better class pedler” selling inexpensive Italian prints and just then settling into a carving and gilding shop in Carrick-on-Suir. In the course of re-supplying his shop by boat from Waterford, Bianconi suffered an attack of pleurisy that lasted two months. During that time, White became “a close friend and adviser” to the upwardly mobile Bianconi, whose business acumen and charm led him to financial success and social and political respectability in short order.

Bianconi started his car service with a single eleven-mile route carrying passengers and mail between Clonmel and Cahir in 1815, and within a few years had expanded throughout Munster and Connacht. He was deeply interested in the cause of Catholic emancipation, and became a friend and frequent host to Daniel O’Connell and other members of Parliament, Chief Secretaries, and various influential gentlemen in the 1820s.

His developing transportation system attracted the official attention of the Irish Executive, as it encompassed the concerns of the postal service. As his “close friend and adviser,” it is reasonable to assume that if White did not facilitate in some measure these connections, he at least benefited from them by being a similarly regular visitor to

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47 Bianconi’s daughter produced a biography of her father three years after his death in 1875, the first chapter of which is largely in Bianconi’s own words. O’Connell, Bianconi, 12.

48 Bianconi was elected a Poor Law Guardian for Clonmel in 1839, a councillor in 1843, and mayor in 1845 and 1846. After purchasing the 1000-acre Longfield estate near Cashel (and 6000 acres in subsequent years), he became in turns a grand juror, a magistrate, and finally, deputy-lieutenant of County Tipperary in 1863.

49 O’Connell, Bianconi, 57. In the 1826 general election, Bianconi initially made an agreement with the Beresfords to transport their voters throughout Waterford to the polls, but cancelled after his cars and horses were thrown off the bridge. He went to work for the “Catholic” candidate Henry Villiers Stuart, and thus played a major role in his victory.
Bianconi’s table in the 1820s and 1830s. It seems reasonable also to assume that only part of White’s social circle was represented by his relationship with Bianconi. His career trajectory certainly suggests this is true.

After building his professional competency and reputation throughout the teens and twenties, White began in the 1830s to leverage whatever social connections he had inherited or developed on his own for political appointments. During the cholera epidemic of 1832, White served as secretary to the General Board of Health for the City of Dublin. The post was less a sinecure than its equivalent on the Central Board of Health,\(^{50}\) and gave White both experience and exposure in political medicine. In July 1833, he gave evidence before a Select Committee on the Dublin and Kingstown Ship Canal pertaining to the consequences of stagnant waters for the health of the neighborhood. In the same year, he served as honorary secretary to the Mansion House Relief Committee. His findings from an investigation undertaken at the committee’s behest became the foundation of a pamphlet he addressed to E.J. Littleton, then Chief Secretary (and one of Bianconi’s frequent guests), on the state of the poor in Dublin.

The introduction to White’s pamphlet was unusually straightforward; it is the only one of White’s surviving public statements that is so boldly partisan. In it, he united the causes of Catholic relief and “the general amelioration of our Institutions,” reacting “with delight [to] the accession of the enlightened portion of the Whigs to office [in 1830], anticipating from their professions, when in opposition, a decided course of conduct for the benefit of Ireland, and a removal of those evils under which she had so long

\(^{50}\) Francis Barker held that post from 1820 to 1851.
laboured." The following year his name appeared alongside other prominent Dublin physicians and professors of medical schools in a series of declarations on the deleterious effects of “ardent spirits” on the health and moral well-being of the working poor. At the same time, he was appointed as an assistant commissioner to the Whately Commission on the State of the Poor of Ireland, for which he compiled evidence on charitable institutions in the city of Dublin.

His election as president of the college of surgeons in January 1836 is further compelling evidence of White’s keen political ability in context of closed and often hostile environments. On the one hand, he was a protégé of Colles, and thus entitled to take a place in the upper echelon of the College of Surgeons. He had served as censor at the college, and it was on his initiative that it opened a teaching hospital in 1832 in Baggot Street. On the other hand, he was a Catholic of quite liberal tendencies, and although the college’s defenders claimed it was open to all on the basis of merit and free of political vitriol, its sharpest critics begged to differ. In the judgment of the Lancet’s “Erinensis,” the College of Surgeons was a “mansion of corporate exclusion,” animated

51 Francis White, Report and Observations on the State of the Poor of Dublin (Dublin: Joshua Porter, 1833), 4.
52 HCPP (559) Report from the Select Committee on Inquiry into Drunkenness, 112.
53 HCPP 1834 (175) Commission and Instructions to Commissioners on State of Poor of Ireland, 407.
55 “Vindex” argued that “party spirit as yet has remained dormant in this institution...” in his response to Erinensis’ first Lancet editorial. Vindex, “Royal College of Surgeons in Ireland,” The Lancet (28 Mar 1824), 422 (422-424).
56 Erinensis, “Royal College of Surgeons in Ireland,” The Lancet, (11 January 1824): 71
by intrigue and Ascendancy privilege rather than the pursuit of discovery.\textsuperscript{57} White assumed the presidency during the height of the monopoly controversy, which pitted the bulk of the Irish surgical profession against the College. The latter controlled appointments to county infirmaries throughout Ireland, thereby putting the best appointments in the provinces out of reach for an estimated three-fourths of the qualified surgeons in Ireland.\textsuperscript{58} Electing their own prominent Catholic may have been a way to counter Denis Phelan, the medical charities reformer, sometime assistant poor-law commissioner, and self-appointed defender of provincial surgeons educated elsewhere. White, however, was no mere pawn of the corporation.\textsuperscript{59}

Where many of the College of Surgeons’ leading lights spent their careers working to enhance that institution’s reputation, White used his connection to give traction to bigger ideas. While working with the Mansion House Committee and Whately Commission, White began to formulate a program of medical and social reform for the city of Dublin and, we may assume, the rest of the country. He was concerned especially with poverty and destitution as predisposing causes of epidemic disease, pointing to “the generally prevailing distress amongst the poor, the unexampled inclemency of the weather, the want of fuel, together with the scanty and bad description

\textsuperscript{57} Erinensis, “Sketches of the Surgical Profession in Ireland, No. II: Mr. Todd,” \textit{The Lancet} (14 March 1824): 390.


\textsuperscript{59} The College of Surgeons cast a jaundiced eye on the medical schools in London and Edinburgh especially, as they considered that the requirements for degrees there fell far short of what would be required of a competent surgeon. Most Irish surgeons (and physicians, for that matter) attended Scottish university courses, as they were less expensive and less exclusive than the Irish College of Surgeons. Phelan received his education in London, and was a member of their Royal College of Surgeons.
of food” as likely to produce epidemics, especially in spring. His experience with the Mansion House Committee in particular appears to have convinced him of two basic facts: because the Union had drained Ireland of its resident nobility and gentlemen, charitable giving (both in number of subscribers, and amounts subscribed) was inadequate to the demands for relief in most parishes; and preventive measures were by far more effective in reducing long-term distress than reactive, ad hoc measures.

In terms of the poor law debate that raged in the 1830s, such views put him nearer to the position painstakingly laid out by the Whately Commission than that of George Nicholls, although White was able to tread carefully enough to remain perfectly relevant after the Poor Law was passed in 1838. In early 1840, he penned an open letter to then-poor law commissioner Nicholls to press for expanded powers, preferably wielded or at least shared by a member of the medical community, to combat epidemic disease. He sought preventive measures “through the valuable assistance of the Officers of Health of the respective parishes, and the prompt and efficient co-operation of the Commissioners for Paving, &c. and the Magistrates of Police” that usually boiled down to cleansing and whitewashing the filthier alleys and lanes of congested areas. In addition, however, he argued that city authorities must prevent rack-renting landlords from subdividing tenements and allowing dozens of destitute to turn whole neighborhoods into disease-generating districts capable of poisoning the entire city in short order.

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60 Francis White to George Nicholls, January 1840. Reprinted in A Gentleman of Lincoln’s Inn, Important Suggestions in Relation to the Irish Poor Law, Designed to Ameliorate the Condition of the Labouring Class, Obviate Death from the Land, and Provide Fuel to the Poor (Dublin: John Hoare, 184-).

61 On the debate, see Peter Gray, The Making of the Irish Poor Law (Manchester: Manchester University Press, 2009), ch. 2-4.

What White apparently had in mind was for Parliament to grant the necessary powers to the Board of Poor Law Commissioners, via a separate committee under their direction, to adopt “early and well timed measures of precaution,” rather than hurried, confused, and expensive responses to disease. White urged commissioners to consider “a measure which has hitherto been totally neglected in Ireland, a country that more than any other requires its adoption. I allude to a system of medical police similar to that which has so long been attended with salutary results upon the continent.”63 In 1841, he moved a resolution at the Royal College of Surgeons, “that a professor be appointed to the College to deliver lectures on the provisions required for the preservation of the health of the public and the precautions to be adopted for preventing the extension of disease.”64 Henry Maunsell, the editorial force behind the Dublin Medical Press, was duly elected professor of hygiene and political medicine, the first chair devoted to preventive medicine in Great Britain and Ireland.

White’s enthusiasm for political medicine and medical police is all the more significant for the inspectorate he would accept in 1841. His plans were by no means novel. The idea of medical police had, as he informed Nicholls, long been put into action in varying degrees in the German states. And though it never quite caught on in Britain to the same degree, due to deep antipathy for anything smacking of Continental absolutism, British and particularly Scottish physicians were eager to see medical police take hold in its overcrowded industrializing cities. White shared identical views, for example, with his

63 White to Nicholls, 161-2.
64 J.D.H. Widdess, The Royal College of Surgeons and Its Medical School, 3rd ed. (Dublin, 1984): 76.
contemporary Dr. Robert Cowan, the first Regius Professor of Medical Jurisprudence and Forensic Medicine at the University of Glasgow. It was filth among the “lower orders,” along with overcrowding and poor ventilation in neighborhoods and tenements that caused fever, and the most judicious remedy was the “system of medical police” to which White alluded in his letter to Nicholls, to enforce sanitary regulations and cleanse congested districts.65 White did not get to apply these principles in exactly the way he might have imagined, never having been given the opportunity to direct reform from something like the Central Board of Health. He did, however, get to apply them in a basic way in a different venue altogether after 1841. Before we consider the influence of his preoccupation with medical police on his career as an inspector of lunatic asylums, however, we must discover how he got to the inspectorate in the first place.

Although his work as an assistant commissioner with Whately’s poor inquiry must have kept him busy until it reported in 1836 and 1837, White was more or less at a standstill throughout most of Melbourne’s second ministry. If indeed former Chief Secretary Littleton had been his primary patron, it is likely that Littleton’s mismanagement of tithes and coercion bills which led to the resignation of Grey’s ministry in the summer of 1834 accounted for the lull. Lull or no, White was still well-placed to receive the largesse of a government intent on fulfilling the promise of Catholic emancipation by inserting Catholics and liberal Protestants in prominent positions throughout the Irish administration.

Francis White must have been on the government’s radar for some time as a trustworthy “Castle Catholic” well-qualified for a significant government appointment,

but he has left no trace in official records of how he worked his way into the appointment.\textsuperscript{66} Shortly before his appointment in 1841, White appeared in the evidence of the commission appointed to revise the laws regarding grand jury presentments via a letter written to criticize the present system of inspection. Displaying one’s expertise in a public forum while casting doubt on the efficacy of some procedures or circumstances the government wished to change was either a good way to make one’s case as a candidate, or a good way for an administration to demonstrate the quality of the candidate they intended to appoint.\textsuperscript{67}

The commission, composed of five legal gentlemen and members of Parliament of both parties, was presented with a warrant from the Lords Justices in November 1840 to find ways to “promote General Economy and Order.”\textsuperscript{68} It was assembled five months after a bill proposing alterations in the grand jury cess failed to make it to the floor in the House of Lords. Such bodies can sometimes be read as “a means to an end,” as Ruth Richardson describes the Select Committee on Anatomy of 1828 that resulted in the expansion of the legal supply of cadavers for medical research.\textsuperscript{69} But in this case, the

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\textsuperscript{66} The *Freemans Journal* of 5 August 1861 reported a speech of John Blake (Waterford) in the House of Commons in which he claimed that White was “chiefly indebted for the position to his personal influence, and that of his brother.” Nothing is known of Francis White’s brother.

\textsuperscript{67} See, for example, the *Dublin Medical Press*’s thinly-veiled complaints about Denis Phelan’s publication of a pamphlet criticizing the present inspectorate in 1846, when a vacancy occurred. “Lunatic Asylums of Ireland,” *Dublin Medical Press* 16, no. 397, p. 110.

\textsuperscript{68} The commissioners were Anthony R. Blake, Chief Remembrancer of the Court of Exchequer; William M. Somerville, liberal MP for Drogheda and later Chief Secretary under Prime Minister Russell; John Young, conservative MP for Cavan and later Chief Secretary under Prime Minister Aberdeen; Richard W. Greene, conservative member of the National Board of Education, law advisor for Dublin Castle, and soon-to-be Solicitor-General for Ireland; and liberal John L. O’Ferrall, D.L., who was later commissioner of the Dublin Metropolitan Police.

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commission appears to have been a serious attempt by Parliament, via the Irish Executive, to grapple with what they perceived to be the perennial problems of corruption and inefficiency among grand juries. After an exhaustive survey of the numerous services and institutions funded by presentments, and examination of alternative funding and oversight schemes, the commission reported in 1842, proposing wide-ranging reforms that would result in an estimated savings of £160,000 per year, abolishing some local offices and transferring the administration and funding of medical-welfare institutions to poor law guardians.\footnote{HCPP 1842 [386] Coms. to Revise Laws by Which Monies Are Raised by Grand Jury Presentments in Ireland, lxi.}

In his letter to the commission, White directed their attention toward the inspection of district asylums, not prisons, but a major point of his critique was broadly applicable. Fitzpatrick had advocated “pop” inspections, appearing at institutions with no warning in order to see the institution in its natural state, and produced thorough descriptions of institutions and the inmates contained within. The prison inspectorate under Archer, then Palmer and Woodward, scheduled regular half-yearly visits to prisons and asylums, and were decidedly less prodigious in their reportage. White took Fitzpatrick’s approach, arguing in his letter to the commission that the inspectorate as then operating ought to be abolished, as “the present system of Inspection must, from a variety of causes, be of no use whatsoever…. The [half-yearly] period of the inspection is known beforehand; and when it takes place, is limited to an inquiry, namely, into the
number of Patients, and some few matters of minor importance, very little bearing on the state and management of the Institution, or its unhappy inmates.”

White’s complaints echoed those of the commission. The law required that gaol masters and grand juries follow strict regulations as to record-keeping and accounts, and that it was the duty of the inspectors-general to ensure that such regulations were being met. The commission found, however, that they were “very generally neglected.” Though the inspectors were “expressly authorized to enquire into the expenditure of each Gaol, and to examine all persons on oath concerned therein…they never do so.” At the same time, inspectors Woodward and Palmer apparently could not get their stories straight as to the general state of gaols’ accounts. In one part of their evidence, they assured the commissioners that there was no fraud being perpetrated by local boards or their suppliers; in another, they testified that they could not know whether that was true. In yet another, they stated that they merely assumed the accounts were accurate, and argued that it was the duty of local boards of superintendence and officers to see that such was the case.

The commissioners were clearly unsatisfied. In the inspectors’ own reports, salaries and prices charged by contractors for basic provisions were shown to vary widely among gaols, well beyond the degree of variability one might expect among different markets. These differences the commission chalked up to differing styles of management and attitudes towards economy and efficiency created by choosing clergy rather than

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72 Ibid., xxi.
73 Ibid., 5, 8, 16.
centrally-accountable civil servants such as constabulary inspectors as local inspectors. At the very least, they argued that these differences should have been minimized as much as possible by the inspectors appointed to exercise a general superintendence of all prisons in Ireland. Such variability was not a minor matter. In 1840, taken as a whole, they found that grand juries presented nearly £19,000 in excess of the amount actually expended by prison officials to keep the institutions staffed and provisioned.\textsuperscript{74}

The commission’s recommendations for addressing these evils of administration were comprehensive and well-considered. That is to say, they were almost certainly doomed to failure, as they removed too-valuable sources of patronage from local authorities. The commission suggested, for example, that greater efficiency and savings among lunatic asylums would be afforded by amalgamating both lunatic asylums and county infirmaries into the Poor Law system, and charging poor law commissioners or their assistants with inspecting those institutions. To promote efficiency of the prisons inspectorate, which the commission judged was in dire need of reform, they suggested that local inspection be given over to the inspectors of the constabulary and replace the two inspectors-general with one—all the better to fix responsibility—who would be aided in his duties by two assistants. Palmer certainly expected that this was likely to happen, as he reported to his son two days after the commission submitted their report, “I think [White] will be put out this Summer, as I hear & believe there is to be but one I.Genl kept & 2 Deputys. If he behaves himself he may get one of the Deputys.”\textsuperscript{75} What Palmer failed to realize was that the commission’s recommendations would not pass easily into

\textsuperscript{74} Ibid., xxii.

\textsuperscript{75} James Palmer to Thomas Palmer, op.cit.
law; too much power of appointment and influence would be taken from grand juries and
given over to the constabulary and poor law officers in Dublin. In the bills introduced
after the publication of the commission’s report, no mention whatsoever was made of
prisons or lunatic asylum inspection.

Inspector-general Major Woodward died at the age of 74 in June 1841, and
White’s conspicuous appearance in the commission’s evidence on the nature of the
inspectorate suggests that he was among the most competitive candidates for what must
have been a highly sought vacancy.\textsuperscript{76} According to items published in the \textit{Dublin Medical
Press} and the \textit{Provincial Medical & Surgical Journal} in August 1841, rumors had been
circulating that a medical man would be appointed, and as is often the case, the
publication of such rumors preceded the actual appointment only by a couple of days.\textsuperscript{77}
The \textit{Journal} had recommended Dr. Maunsell, the editor of the \textit{Dublin Medical Press}, but
the aforementioned rumors had informed them that Francis White and Sir James Murray,
the personal physician of former Lord Lieutenant Anglesey and member of the Central
Board of Health, were the most likely candidates.\textsuperscript{78} Both were Catholic, a sign of the
Whig ministry’s efforts to make good on the promise of emancipation by filling

\textsuperscript{76} Scant evidence remains of other applicants to the position, but Thomas Jackson, manager of the
first district asylum at Armagh, put himself forward by arguing that “the person holding that office should
be well acquainted with the \textit{Insane} and the best mode of management of these establishments.” As he was
responsible for the “Armagh Rules” that at least theoretically regulated the management of district asylums
until 1843, Jackson considered himself an ideal candidate on these terms. CSORP/1841/8852.

\textsuperscript{77} The warrant for White’s appointment was effective 6 August 1841. “Inspector-Generalship of

\textsuperscript{78} \textit{Provincial Medical & Surgical Journal} 2 (August 7, 1841): 378. White’s appointment was
made official the day before the \textit{Journal’s} story appeared in print.
administrative offices with Catholics and liberal Protestants. For their part, the *Dublin Medical Press* and the *Journal* were pleased with either choice, both men being well-known and well-qualified medical men.

Contemporaries and historians alike have been exceedingly kind to White, both considering him an inspired choice for an administration interested in reforming the management and oversight of lunatic asylums and/or prisons. He was well-regarded by the self-identified elite of the Irish medical profession, he had experience in dealing with lunatic patients and institutional practice, and he had a deep and abiding interest in ameliorating the medical and moral condition of the poor. Perhaps most importantly, he had a network of relationships with influential officials and other gentlemen to transform proposals into policy. As a bureaucratically-minded professional who had proven himself to be anything but politically radical or troublesome, he was a safe choice as well.

From the beginning of his tenure, White’s reputation was further enhanced by contrast with his colleague in the inspectorate. The grand jury commission’s careful attention had uncovered shortcomings in inspectorial practice, but also an intolerable state of affairs as regarded the superintendence of the convict service in Dublin. Upon the death of Dr. Edward Trevor, governor of Kilmainham gaol and former superintendent of the convict service in 1836, under-secretary Thomas Drummond requested that Major Palmer assume the job on a temporary basis, in addition to his normal duties, and without extra pay. Drummond made the appointment verbally, without specifying exactly how

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80 Trevor was notorious for allegations of cruelty made by political prisoners including Anne Devlin and James Tandy in 1804.
Palmer was to carry out the additional duties; such mistake was not made again. In 1841 and 1842, charges were brought against Palmer and Mr. Allison, the governor of Kilmainham gaol, by a handful of people as to their respective conduct as prison officials, which amounted to selling prison offices and “willful connivance, or culpable negligence, in respect of fraudulent charges contained in the accounts of certain functionaries under his superintendence.” After an initial investigation by Anthony Blake, chief remembrancer of the exchequer and senior member of the grand jury commission, the matter was referred to another commission of inquiry comprised of George Studdert, longtime magistrate of the Dublin city police, Thomas F. Wade, Assistant Poor Law Commissioner, and J.B. Miller, deputy assistant barrister most recently assigned to the Mayo circuit. In testimony before the commission, a Bartholemew Short recounted his efforts to secure an appointment as a turnkey or other officer at a prison, and was told by another turnkey’s wife that a place could be his for “consideration” of £30 paid to Major Palmer. Other turnkeys claimed that most of their colleagues were former servants in Palmer’s household. After examining this evidence, the committee gave it no credence, and “fully and at once acquit[ted]” the Major of those charges.

The committee’s judgment was less favorable on other points. First, Palmer had appointed Andrew Nash, his wife’s brother, to an ill-defined but sensitive position at £60 per annum without giving notice to the Chief Secretary that he had done so. For a couple

81 HCPP 1843 (547) Return of Reports by Inspector General of Prisons and Superintendent of Convict Service, 19.
82 Ibid., 119.
83 Ibid., 25.
of hours every weekday, Nash acted as a sort of assistant inspector, walking throughout the convict department at Kilmainham observing convicts’ meals, the storehouse, the hospital, and asking gaol officers if they had anything unusual or untoward to report. In the two and a half years Nash was employed by Palmer, he reported nothing but collected a respectable salary of which government had no knowledge. Moreover, Palmer employed a man named John Lamb at £65 or £70 a year to carry messages between himself and Kilmainham, which he frequently did by hiring a car. It was widely assumed among prison staff, and the commissioners appear to have believed that John Lamb was Major Palmer’s illegitimate son.\footnote{\textsuperscript{84} According to a descendant of James Palmer who has spent years researching his family, Palmer had at least one other illegitimate son, for whom he secured a minor post in the army. Personal communication with J.P. DuLong, March 15 2011.} Palmer denounced this as a “gross and utter falsehood,” and his supposed relationship with Lamb was not mentioned in the commission’s final judgment.\footnote{\textsuperscript{85} HCPP 1843 (547) \textit{Inspector General and Convict Service}, 117.} They did, however, consider it “unreasonable” that Government should pay one individual whom they did not appoint to carry out one of Palmer’s essential duties, and another to use an expensive car hire “with unaccountable frequency” to carry messages between the Castle and Kilmainham.\footnote{\textsuperscript{86} Ibid., 20.}

The committee’s second and ultimately more serious judgment was that Palmer and Allison were responsible “in a collateral and reprehensible manner” for frauds perpetrated by the late governor of Kilmainham gaol, Mr. Dunne. Allison, deputy-governor under Dunne, employed four of his family members in various positions around the gaol. In such circumstances, the committee reasoned, Allison could not have been

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\textsuperscript{84} According to a descendant of James Palmer who has spent years researching his family, Palmer had at least one other illegitimate son, for whom he secured a minor post in the army. Personal communication with J.P. DuLong, March 15 2011.

\textsuperscript{85} HCPP 1843 (547) \textit{Inspector General and Convict Service}, 117.

\textsuperscript{86} Ibid., 20.
ignorant of fraud as he claimed. The committee was similarly unimpressed by Palmer’s protest that the governor’s misconduct was no concern of his, and that he considered himself obligated neither to report Dunne’s “irregularities,” nor to give more than a cursory glance to the accounts of the convict department before certifying them with his signature.\(^87\) Palmer acknowledged that if a governor was inclined to commit fraud, he could do so, explaining, “Unless I saw something very monstrous, I would not consider it my duty to look very minutely into the accounts.”\(^88\) This was not the sort of behavior the administration expected from an inspectorate that drew regular criticism for being too expensive.

Egregious as it may have been, Palmer’s misconduct was not enough for the commission to recommend his summary removal from office. It was, however, enough for them to have him removed from superintendence of the convict service, filling that office with a separate official “selected from a class of persons of previously respectable habits and station in society” and set up in Palmer’s former office in Dublin Castle.\(^89\) More importantly, the affair indelibly stained his character, effectively cutting short his career in government service. In January 1843, three months after the committee concluded its investigation, a friend of the Palmer family alluded to the affair while soliciting assistance from another patron: “You are indeed the only person from whom I have the least expectation now; for my friend Major Palmer has got into some scrape

\(^{87}\) Ibid., 21.

\(^{88}\) Ibid., 112.

\(^{89}\) This may be a dig at Palmer himself, who had a rather undistinguished career in the military and struggled with heavy expenditures and debt during and after his career in the inspectorate, not to mention the apparently rampant rumors of bastardy. (see Palmer letters for debt concerns) Ibid., 23, 125-6.
lately and lost his influence here—and I know he never will be able to do anything for me.”

Palmer would retire in 1846, his career having been utterly thrown off course by the intense scrutiny and, as he believed, the unwillingness of Government to formally clear his name.

It is likely that Francis White would have continued to ascend the ranks of government influence without Palmer’s fall from grace. But Palmer’s failure was a crucial event in White’s rise to prominence, and the debacle proved a turning point in the history of institutional administration in Ireland. Palmer himself attributed the undue attention to his supposed misdeeds to “a quarrel with my Colleague Doctor White, the new I. genl of Prisons” five months before the convict-service commission began taking evidence. Palmer and White’s relationship was rocky from the start; in private, the former called the latter “a Roman & a nasty disagreeable man—Self conceited to a degree.”

White apparently held a similarly low view of Palmer, at least professionally, as he bluntly informed the commission that “there is not a worse conducted gaol in Ireland” than Kilmainham, for which Palmer was ultimately responsible. He may have been emboldened to speak so freely by his recent association with Anthony Blake in context of the grand jury commission, as well as his association with Thomas Wade, whom he must

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92 James Palmer to Thomas Palmer, op. cit.

93 HCPP 1843 (547) Inspector General and Convict Service, 118.
have known as an assistant poor law commissioner. In any case, the future belonged to White, not to Palmer.

In 1845, the prisons and lunacy inspectorates were separated into distinct offices, and White assumed the role of first inspector in the latter.⁹⁴ One of the most significant changes between the prison and lunacy inspectorates was the rapid diminution of the idea that a self-regulating system would eventually emerge. Fitzpatrick and the Irish parliament of 1786 expected that once a properly-functioning criminal justice system had been erected, central oversight would no longer be needed. Similarly, the first round of district asylums were built with the expectation that after the initial intrusion of the Executive in the establishment of these institutions, they could and would be handed over to local authorities to manage in perpetuity. But White’s entry into the inspectorate coincided with a shift in philosophy of management founded in the deepening divide between expert and non-expert.

Lords Lieutenant, Chief Secretaries, and other officials and members of Parliament were willing to complain about and occasionally intervene in various aspects of the prisons inspectorate, setting the inspectors on the defensive. But for the first twenty-odd years, the lunacy inspectorate and the district asylum system as a whole remained above serious reproach. Until the late 1880s, there were occasional grumbles, but there was no serious challenge to the inspectorate’s authority to guide asylum management and policy. The prison inspectorate, on the other hand, faced repeated challenges from its formation in 1786. The splitting of the lunacy and prison inspectorates in 1845, for example, gave a larger scope of action to the former than to the

⁹⁴ 8 & 9 Victoria, c. 107.
latter. In addition to inspecting district, private, and the few remaining local asylums, Inspectors of Lunatics were granted the right to inspect any institution where lunatics were held. Lunacy inspectors’ jurisdiction extended to gaols, but prison inspectors’ jurisdiction had been shut off from any but criminal establishments. The prison inspectorate was further weakened by being formally divided into two segments, ordinary and convict prisons, in 1854. In 1877, it was replaced entirely by a General Prisons Board in order to bring it finally under the control, administratively and financially, of central government.95

Prison discipline and management of the criminal element remained within reach of expertise of laymen. Indeed, the incarceration of criminals and troublemakers was a central component of the perennial “state of Ireland” problem discussed at every level of government and society. In contrast, though laypeople could and did assert their ability to oversee the financial aspects of asylum management, and the “moral treatment” in vogue at the beginning of the nineteenth century required no medical degree, White’s appointment was a clear signal that lunatic asylums were to be handed over to the jurisdiction of medical experts. The process was made complete by medicalizing both the management and inspectorate of lunatic asylums. No lay managers were appointed to asylums after 1843, and the lunacy inspectorate was staffed by medically-qualified gentlemen from 1845.

The difference in expertise had significant effects for the development of each inspectorate. It cannot be convincingly argued that the prisons inspectorate developed its

own rationale independent of government. Indeed, when Palmer assumed he had authority to act independently of the Executive, the latter wasted no time in correcting his mistaken impression. Prison inspectors’ regular visitations and reports to Parliament ensured that the institutions incarcerated criminals and alleged criminals without endangering their bodily health, but in practical terms, the inspectorate functioned as a statistic-gathering apparatus for policy-making purposes.96 Lunacy inspectors gathered statistics to guide the Executive and Parliament in policy-making, but they were also able to parlay their medical expertise into near-exclusive rights to report on and recommend major appointments, treatment regimes, and architectural features.

Under White’s direction, the management of district asylums became more predictable and efficient as the chain of command was increasingly streamlined and methods of management standardized across the country. In consultation with the Privy Council, and particularly Lord Chancellor Edward Sugden, White framed the first set of general rules and regulations for the administration of district asylums.97 More importantly, he held asylum officials accountable for following them in both letter and spirit.98

White’s long-held interest in medical police was employed to further expand the reach of the civil service in asylum administration as well. Upon assuming the lunacy

96 On this score, the inspectors were not blindly trusted. See Hansard’s Parliamentary Debates, 27 November 1837, Mulgrave and Wellington discounting the accuracy of the inspectors’ statistics on prison committals.

97 HCPP 1846 (694) Report from the Select Committee of the House of Lords on the Laws Relating to the Relief of the Destitute Poor, 590.

98 One exception may be pointed out: White’s interest in appointing medical men as managers superseded the rules which recognized no medical role for managers of lunatic asylums. For all intents and purposes, those rules were ignored until a general revision in 1862.
inspectorate, White began requesting returns from the constabulary throughout the country to estimate numbers of lunatic poor not being accommodated by district asylums. With such information, the inspectors would be able to form a more accurate idea of how much additional accommodation was required without necessarily relying on vaguely-formed—or worse, deliberately inaccurate—estimates of local boards of governors. Although the inspectors themselves raised objections to such practice on occasion, usually having to do with the inability of constables to determine whether an individual was merely odd or truly insane, it remained an important source of information for decades to come.

Though his career was short by comparison with that of other inspectors (he served from 1841 to 1857, when injuries sustained in a railway accident forced his retirement), White managed to set the stage for policy throughout the rest of the nineteenth century. By standardizing practice and encouraging oversight centralized in the inspectorate, White unwittingly became partly responsible for the bureaucratic torpor which some have argued characterized the inspectorate for most of the second half of the century.  

2.5 John Nugent

The 1845 law that separated prison and lunacy inspectorates empowered the Lord Lieutenant, among other things, to appoint “One or Two duly qualified and experienced Persons” to inspect and report on lunatic asylums in Ireland. White acted as the sole


100 8 & 9 Victoria, c. 107.
inspector for a year before a second was appointed in December 1846. The competition was intense. Although a massive bureaucracy would be created to address famine relief in 1847, thereby opening up a plethora of vacancies for so-called “place-hunters,” in late 1846, no similar bounty existed. In addition, the lunacy inspectorate was more prestigious than all but the highest relief-related appointments, as it was permanent, independent of the poor law and closely connected with executive government, and very well-remunerated. Editors of the Dublin Medical Press began commenting on the vacancy in July 1846, and knew of at least five active candidates for the position by October, among whom they assumed were “men practised in the construction of a reputation upon the ruin of that of others, who, no doubt, feel firmly convinced that the duty could not be properly performed unless discharged by themselves.”

The reference may have been general, but it was certainly directed toward Denis Phelan, the physician and assistant poor law commissioner who had, in the Dublin Medical Press’s estimation, tried to sell out the medical profession to government by suggesting that all medical charities come under the purview of poor law commissioners, including the county infirmaries over which the Irish College of Surgeons exercised a

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101 The inspectors’ salaries were £700 to £900 per annum in the 1840s and 1850s, and raised to £1200 by the mid-1870s. The base salary did not include between £200 and £400 a year for traveling expenses and personal allowance. For comparison, the two inspectors-general of prisons in 1874 each received £935 a year, but the number of institutions the lunacy inspectors visited was far higher (47 asylums, 163 workhouses, and some gaols, compared to 40 gaols and 100 bridewells), as was the number of individuals confined therein (11,300 compared to 4,570). See HCPP 1875 [C. 1256] Fifty-third Report of the Inspectors-General on the State of the Prisons of Ireland, 7, and HCPP 1875 (84) Civil Service &c. Return of the Number, Names, and Salaries of the Inspectors, Sub-Inspectors, and Assistant Inspectors in Certain Departments of the Civil Service, 48-49.

102 A Physician of a District Lunatic Asylum, “Letter to the Editor of the Dublin Evening Mail,” Dublin Medical Press 16, no. 393 (15 July 1846), 44. The letter was refused publication in the Evening Mail.
monopoly.\textsuperscript{103} Phelan represented everything reprehensible in the profession to the \textit{Dublin Medical Press} and the College with which it was intimately associated. He had an inferior education, lacked a gentlemanly sensibility and manner, and made no apologies for either, instead working to undermine the College’s privileged position and subject the medical profession to the management of unqualified laymen. A handful of pamphlets criticizing the present inspectorate as embodied by Francis White were produced in 1846, and the \textit{Dublin Medical Press} assumed that Phelan was behind all of them.

Only one bore Phelan’s name. In it, he addressed in depth a question that arose during the 1843 Lords’ committee on the lunatic poor in Ireland that he felt Dr. White had not adequately addressed in his report of 1845.\textsuperscript{104} The committee had recommended the building of additional district asylums, expansion of existing ones, and/or the erection of provincial asylums for “incurable” patients. In evidence given before the committee, White had spoken favorably of the latter option, arguing that it would probably effect a savings in cost and allow district asylums to better serve the curative purpose for which they were originally intended. By late 1845, however, White had changed his mind, arguing instead that separating curable from incurable patients was difficult to impossible, that labeling patients as incurable might irreparably damage their morale and thus worsen their condition, and that in fact no great amount of public money would be

\textsuperscript{103} On the continued row between Phelan and the \textit{Dublin Medical Press}, see Cassell, \textit{Medical Charities}, 58-59.

\textsuperscript{104} Denis Phelan, \textit{Suggestions for Carrying out the Provisions of the 8 and 9 Vict. c. 107, so as to Ensure the Necessary Increased Accommodation of the Lunatic Poor of Ireland} (Dublin: Webb and Chapman, 1846). See also his \textit{Statistical Inquiry into the Present State of the Medical Charities of Ireland: with Suggestions for a Medical Poor Law} (Dublin: Hodges and Smith, 1835). Another pamphlet in the form of a letter to Lord Ashley was published in the summer of 1846 and reprinted in some Belfast and Scottish newspapers that complained about the inspectorate, although extensive searching has not produced any results. See \textit{Dublin Medical Press} 13, no. 247 (27 August 1845), 142-143.
saved by their removal from district asylums. Phelan agreed with White of 1843, but not
White of 1845, and moreover charged him with misrepresenting the opinion of Dr. John
Conolly, the well-known physician of Hanwell asylum, one of the largest and then most
reputable asylums in England, as well as with peremptorily dismissing the valuable
recommendations of other authorities on the issue of incurable asylums.105

Phelan may have been emboldened to criticize White so openly by the reception
he got from the Lords’ committee. The tone of the minutes of evidence suggest the
committee was more favorable to Phelan than White, and at least one printed version of
Phelan’s 1846 pamphlet was addressed to Thomas Spring Rice, Baron Monteagle, who
had chaired the committee.106 Whatever warm feelings there may have been did not
extend beyond the committee, however. Phelan was a difficult man to work with and had
been booted out of service as an assistant poor law commissioner in the same year. He
was determined to resume some role in public health, and when the inspectorate opened
up in 1846, he used all means available to him to increase his chances. His pamphlet was
one part of his strategy; another was securing the recommendation of someone with
influence. Accordingly, he turned to Daniel O’Connell via the latter’s son John, who
recommended that he help “to procure some redress of his grievances from dismissal by
the Tories.”107

The Dublin Medical Press seems to have assumed a connection between Phelan
and O’Connell, which they identified as their shared religion and taste for rabble-rousing.

105 Phelan, Suggestions, 34–43.
106 The membership of the committee beyond Monteagle is unknown.
107 John O’Connell to Daniel O’Connell (2 October 1846), letter 3294 in Maurice O’Connell, ed.,
At the same time that Phelan had released his pamphlet, the Parliamentary committee of Daniel O’Connell’s Loyal National Repeal Association published a report similarly critical of the current inspectorate, insisting that the Irish asylums would obtain a much higher cure rate if they were inspected quarterly rather than annually or biannually.108 The *Dublin Medical Press* argued that the latter was written on Phelan’s behalf. Their copy of Phelan’s pamphlet had been addressed to William Smith O’Brien, who sat on the Repeal Association’s Parliamentary committee. The intended beneficiary, however, was probably O’Connell’s personal physician, John Nugent.109

By October 1846, it was apparent to Phelan and likely many others familiar with the situation that Nugent was O’Connell’s preferred candidate. In his request for patronage, Phelan asked to be “second to Nugent” in O’Connell’s recommendations.110 It was also apparent to those involved that O’Connell’s recommendation went a long way with his friend Bessborough, the present Lord Lieutenant. By late fall, Nugent had heard nothing on the appointment “except that Phelan is not appointed and probably will not, the profession being adverse to him as one not duly educated and from his obnoxious behaviour towards some members of it.”111 Nugent believed the choice was between him or Phelan, and was optimistic about his chances, as “no person can beat me on the score

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108 No copy of this report seems to have survived beyond an extract published first in the *Dublin Evening Mail*.

109 The *Dublin Medical Press* editors initially found the report’s publication in the *Evening Mail* strange, as the conservative unionist *Evening Mail* was constitutionally predisposed to argue against anything emanating from the Repeal Association. The *Dublin Medical Press* later proposed that a shared interest in “libelling the institutions of this country” accounted for the reprinting. See *Dublin Medical Press* 16, no. 397 (12 August 1846), 110, and no. 401 (9 September 1846), 174.

110 John O’Connell to Daniel O’Connell, *O’Connell Correspondence*.

111 John Nugent to Daniel O’Connell (circa October 1846), letter 3295 in ibid.
of qualification.” Whether by qualification, personal influence, or a likely potent combination of both, Nugent was in fact appointed in December 1846.

Nugent became a fairly controversial figure as inspector, described in an obituary as “a good hater” and criticized for letting his personality occlude “what should have been a great period in the development of the lunacy service in his country.”112 He has not inspired much praise from historians. Little is known of his early life except that he was born in 1806 to a Catholic family from Thomastown, Co. Kilkenny, his father adopted the gentlemanly title “Esquire,” and he was educated at the Jesuit Clongowes Wood College. He was one of the few Catholics graduating from Trinity College in 1827 (BA) and 1830 (MB), and obtained his license from the Irish College of Surgeons. He was a founding member of the Reform Club in London, Though marginally connected to the College through licensure, and possessing proof of the gentlemanly education the Dublin Medical Press claimed was necessary for the improvement of the Irish medical profession, Nugent still qualified as a target of the Dublin Medical Press’s complaint that party (religion) rather than education and reputation was being held up by government as the most important qualification.113 The complaint was moot, as no major or minor office, for that matter, escaped the considerations of political patronage and deal-making between the Irish party and bare majorities in Parliament.

The Dublin Medical Press became oddly silent for several months following Nugent’s appointment. Beating up on Phelan, a fellow member of the profession who worked against the exclusive interests of the Dublin colleges of medicine and surgery,

112 “Sir John Nugent,” Journal of Mental Science 45, no. 189 (April 1899), 431.
113 Dublin Medical Press 16, no. 401 (9 September 1846), 174.
was one thing; beating up on the actual partner of their esteemed colleague and former College of Surgeons president was another entirely. Doing so would have complicated White’s position significantly, as he was intimately connected, personally and professionally, with the *Dublin Medical Press*’s editors Henry Maunsell and Arthur Jacob. In addition, as vociferous as they could be in their denunciations of fellow medical men, Maunsell and Jacob were generally careful not to bite the hand that could feed the profession with further prestigious and lucrative appointments. By the time the *Dublin Medical Press* referenced Nugent’s appointment, it was done with restraint and accompanied by a strong reiteration of White’s great qualities.  

White and Nugent had ten years to work together, during which time six new district asylums were opened, all remaining local asylums were closed, and nine new medical managers were appointed. To all appearances, theirs was a warm and fruitful working relationship. It would come to an end on November 19, 1856, when White was traveling on the Waterford and Kilkenny railway and his train collided with another due to a failed track switch. According to the *Waterford News* and *Freemans Journal* that reprinted the story, five railroad workers died instantly and gruesomely. Several more were injured, including White, who was “removed insensible” from the train and initially feared dead.  

White was in fact paralyzed, and would never fully resume his official duties. He was pensioned in July 1857, and died two years later at the age of 72.

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114 *Dublin Medical Press* 18, no. 445 (14 July 1847), 28. Nugent would draw similarly restrained criticism in the early 1860s, when he and members of the Privy Council revised the rules governing lunatic asylums, among which was one that placed the resident physician above the visiting physician. For more on this controversy, see chapter 3.

115 *Freemans Journal*, 21 November 1856.
2.6 George W. Hatchell

Nugent assumed the senior role in the inspectorate, and the junior was filled by George W. Hatchell in 1857. Hatchell came from an Anglo-Irish family in Wexford that had several members well-connected to government at various levels. His father, encouraged by “the kindness I have already experienced from [Chief Secretary] Littleton” had solicited an appointment as visiting physician to Clonmel for him in 1834. The appointment went to Dr. Sheill instead, but Hatchell ended up attending at Steevens’ Hospital for upwards of twenty years, serving for twenty years as surgeon to the Lord Lieutenant’s household, as well as for nine years as surgeon to the Irish constabulary, in which capacity he acted on behalf of government, carrying out autopsies during particularly high-profile coroners’ inquests. His great-uncle John Hatchell served as solicitor-general in the late 1840s, then attorney-general in 1850-52 before leaving office with Prime Minister Russell’s government. His uncle (also John Hatchell) was variously a commissioner of charitable donations and bequests, justice of the peace and high sheriff for counties Dublin and Wexford, and finally private secretary to Lord Lieutenant Carlisle from the late 1850s to Carlisle’s death in 1864.

George Hatchell was appointed under Carlisle’s lieutenancy in 1857, the Medical Times and Gazette supposed as “a graceful recognition on the part of His Excellency of

116 OP/1834/771.

117 Finnane, Insanity and the Insane, 52n.108 Notice of Hatchell’s appointment was published in The Medical Times and Gazette, n.s., 15 (4 July 1857), 16, and the Provincial Medical and Surgical Journal 3, no. 63 (11 Dec 1841), 222. Hatchell appears in the Freemans Journal and the Times as the surgeon conducting a postmortem exam on Sir James Webster Wedderburne, bart. The Times (19 Aug 1840), 7E.

his long and faithful services." The Dublin Medical Press also welcomed his appointment and disparaged items in the Lancet that decried the obvious distribution of "lunacy patronage" to a man "without the least experience in a most important branch of the medical profession, and whose opinion consequently can have no weight, or in the least degree advance the interests of psychology." Family and personal connections aside, he was at least minimally qualified for the office as conceived by White. Like White, he was a fellow of the College of Surgeons and an intellectually curious gentleman. In addition to his medical qualifications (MD, Glasgow, 1834), he was elected member of the Kilkenny Historical Society in September 1860 and Royal Irish Academy in January 1866. Next to John Nugent, Hatchell was a virtual non-entity in the inspectorate. His most conspicuous acts throughout his long tenure were to shepherd two of his sons into district asylum appointments.

The appointments of Nugent and Hatchell have been held up as examples of plain and simple patronage, and it is unnecessary to attempt to explain them otherwise. The

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122 Hatchell had the good sense to recuse himself from any decision-making as to his sons’ appointments—at least, no trace of his influence appears on paper. His son Joseph Henry Hatchell was appointed as resident medical superintendent to Maryborough in 1868, and his son George W. Hatchell was appointed as assistant resident medical superintendent in 1876. The younger George W. Hatchell would later serve as superintendent of Letterkenny and Castlebar.

assumption that normally accompanies this charge is that the office and all who depended
on it for their well-being were done a disservice by the beneficiaries of patronage, but this
is not necessarily true. Fitzpatrick and White, saints in the inspectorate narrative, were
outliers compared with Archer, Woodward, Palmer, Nugent, and Hatchell. Nugent and
Hatchell were perfectly competent inspectors whose most significant shortcomings were
caused by their excessively long tenure. By the time of their retirement in 1890, they
were octogenarians responsible for the welfare of over sixteen thousand individuals in
over two hundred institutions throughout the country. 124

Finnane has charged Nugent and Hatchell with failing to carry the reforming torch
from Francis White and settling into “bureaucratic torpor,” but it is they, not White, who
are responsible for creating the extensive corpus of public records addressing one of the
most pressing public health concerns of the nineteenth century in Ireland. Mountains of
paperwork are a hallmark of bureaucratic entropy, and can give the impression of
efficacy where little exists, but in the case of asylums, the detailed annual reports
produced during Nugent and Hatchell’s tenure were the firm foundation upon which all
lunacy policy was based. White, by contrast, had reported sporadically and included only
the most basic of demographic, financial, and regulatory information. 125 and moreover, it
is they who are responsible for the birth of the Irish psychiatric profession.

124 A memo from the Chief Secretary’s Office noted in 1890 that although the Royal Commission
on Civil Establishments had fixed 65 as a maximum age of service, Nugent was allowed to serve well past
that limit. “Properly speaking,” however, “he should have been put on the shelf 10 years ago, when he was
an old man of 74 with completed service for pension of 40 years.” CSORP/1890/10738.

125 Reports during White’s inspectorate average 57 pages; reports during Nugent and Hatchell’s
were at least twice to three times as long.
The lunacy inspectorate of the nineteenth century is largely a contrast between White and Nugent. Their differences were not merely a matter of professional experience, but administrative style. White had built up his reputation by publishing a few considered and carefully-aimed pamphlets and letters to catapult himself into a career as a quiet but powerful bureaucrat. He leveraged his connections and alliances to influence policy, remaining largely out of the press and keeping his personality out of official sources. If Nugent had similar connections, he had no desire to pull strings only in the background. He built his reputation by producing ever more lengthy and detailed annual reports and insinuating himself into the structure wherever possible, resorting to the press when he felt necessary.

In contrast with his colleagues past and future, Nugent appears to have had a special relationship with conservative newspapers that became most apparent in light of controversies over asylum management. Nugent wrote letters to editors engaging asylum issues on occasion, but more often, the newspapers themselves assumed the burden of defense or promotion. When Nugent and the Privy Council revised the rules governing asylums in 1862, a handful of asylum boards protested that “having been pronounced unfit to the consulted as to the Rules to be imposed, we are, for the administration of those Rules, placed practically under the controul of the Inspectors.” Stephen Spring Rice, a member of the Limerick board, went so far as to resign his seat in protest. What local boards saw as an usurpation of authority, the Clare Journal, among others, saw as Nugent exercising “manly independence” in the face of Poor Law guardians, boards of

126 CSORP/1862/20020. See CSORP/1862/13399 for similar complaints by the Belfast board.
governors, and grand juries’ desperate attempts to increase their own power. Under such circumstances, defending Nugent was synonymous with attacking local bodies they feared were being overrun by nationalists.

The *Irish Times* and *Daily Express* also defended the Irish asylum system in general, and inspectors specifically, from any remotely critical charge emanating from politicians they opposed. John Blake, the generally liberal MP for Waterford, claimed in a speech to Parliament in August 1861 that English asylums had surpassed Irish asylums in terms of living conditions and recreation for patients in large part because the inspectors had no “previous acquaintance with the best mode of treating insanity.” In response, the editors of the *Daily Express* assured their readers, “Hatchell and Nugent will leave nothing undone to promote similar improvements in all the institutions which are under their vigilant inspection.” A year later, when Blake’s had published his critique in a pamphlet, the *Kilkenny Moderator* proclaimed, “We have no doubt that these matters will receive every attention from the Inspectors Drs Nugent and Hatchell. Both of these gentlemen have on all occasions manifested the utmost anxiety for the welfare of these valuable institutions.”

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127 *Clare Journal*, 8 August 1861. Taking John Blake’s Parliamentary speech as a critique of the whole system, the *Clare Journal* leapt to Nugent’s defense.


129 *Irish Times*, 13 August 1861.

130 *Hansard’s Parliamentary Debates*, 5 August 1861.

131 *Daily Express*, 13 August 1861.

Conservative and nationalist papers alike could defend the inspectors as an
time. The Evening Packet, for example, took great pride in Irish
institutions:

For her size, population and resources, Ireland is behind no
European country in the provision made by public grants and
private benevolence for the succour of the poor, the diseased, and
those afflicted with permanent privations, whether physical or
mental....this fact, creditable to us as a people, ought in justice to
be remembered by English critics when they strive to earn a cheap
character for liberality of sentiment by scoffing at us for our
quarrels--a thing so much easier to do than to master the points and
principles really at issue.”  

English asylums may have had more pretty pictures on the walls, but Irish
asylums had training for their inmates, work, and other practical considerations, which
the Irish Times believed added materially to their higher rate of cure. The Freemans
Journal found much to praise as well, even in terms of expense, which was always a
nagging concern. Though prices had risen considerably in the early 1860s, the inspectors
were able to keep the increase in expenditure to nine percent, “when one would expect it
to be at least 20 or 30 per cent.”

Newspapers were certainly encouraged in their praise by the fact that the
inspectors’ reports painted a favorable picture of Irish asylums, especially in comparison
with their English and Scottish counterparts. Recoveries were higher, governors and
officers were more benevolent and watchful, and the record-keeping was superior, all of
which editors could attribute to the exertions of inspectors and “the excellence of the

134 Irish Times, 13 August 1863.
135 Freemans Journal 19 December 1873. The editors also encouraged Irish officers to “take a
lesson” from their Scottish and English brethren who were beginning to agitate for higher wages.
medical and administrative staff.”¹³⁶ When the Richmond asylum in Dublin hosted members of the administration and assorted luminaries for special events, it demonstrated the “best proof of the care and vigilance of the Inspector-General, Dr Nugent, and the kindly treatment and indomitable perseverance” of the Richmond medical staff. The *Irish Times* went so far as to hope “that the time is not far distant...when no lunatic asylums will be tolerated in the country but those which are under the direct supervision of Government and the immediate management of the Inspectors-General.”¹³⁷

Chapter one identified asylum managers as good examples of Kitson Clark’s nascent apolitical and professional civil service of the mid-nineteenth century. The examples of White and Nugent are a bit more equivocal, but still illustrate Kitson Clark’s point. Neither inspector could properly be called fully-formed civil servants. White was certainly not apolitical, but he was discreet in his use of political measures to push policy change. Nugent was just as certainly not apolitical, but where White used a scalpel, Nugent used the blunt edge of the national press and broadly-addressed correspondence. In this way, he followed in the footsteps of the agitating Edwin Chadwick, who “would use the reports of Royal Commissions, which he had tuned to his purpose, reports on inquiries that he had conducted as a government servant, reports of government bodies on which he sat, to promote his ideas, or, as in 1854, to attack his enemies.”¹³⁸ Nugent’s outsized personality is central to explaining the increased bureaucratization of the lunacy service as well as the rise and fall of the inspectorate’s prestige. His habits of

¹³⁶ *Irish Times*, 4 August 1863.

¹³⁷ *Irish Times*, 26 August 1864.

administration became all the more obvious with White’s retirement, and are best summed up by reference to a series of episodes between 1860 and the late 1880s, just before the aged inspectors’ retirement.

The Maryborough affair of the 1850s was a long-running conflict of personality and duty between the resident physician and a coalition of visiting physician and board of governors, in which Nugent sided definitively with the unpopular but well-connected resident physician (see chapter 3). Its ramifications for the inspectorate as well as asylum physicians were felt long after the scandal subsided. Though public opinion in general (as gauged by the national press) remained favorable to the inspectors, and particularly Nugent, officials in the Chief Secretary’s office were not pleased. In their view, Nugent’s habits of administration had perverted the mission of the inspectorate. In a confidential note to under-secretary Larcom, Thomas Burke (Larcom’s successor) directed his attention to three items. First, he noted “the desirability of rescinding Lord Eglinton’s absurd rule making the Inspectors Members of the Boards of Governors.” There is no evidence that Hatchell did anything but reinforce the majority votes of boards and offer advice when asked. Nugent, on the other hand, attracted repeated complaints from board members that he had interfered with the making of contracts and other essential business.

Second, Burke recommended that the Inspectors be held to the original arrangement of inspection, with Ireland divided into two inspection districts, with inspectors visiting each alternately. Inspecting thus would “fix responsibility sufficiently” on each inspector, and prevent the “rambling superficial kind of inspection” which he felt was currently being done. Third, and finally, Burke urged Larcom to “put a stop to the

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139 Mayo Papers, NLI Ms. 7776.
present practice of one Inspector corresponding privately with Managers, Governors, &c. Nugent does this to a considerable extent and nothing can be more objectionable.\textsuperscript{140} The latter issue had been particularly troublesome in the Maryborough affair. On both of these counts, Hatchell had apparently expressed misgivings to Burke privately, but due to Nugent’s seniority and overbearing manner, he had not been able to correct such behavior.

In fact, some of these problems remained persistent over the remainder of the inspectors’ tenure. The Maryborough affair had concluded with resident physician Thomas Burton’s transfer first to the new auxiliary asylum at Clonmel, and then to the district asylum at Waterford, both of which he found ill-suited to his purposes. Burton expressed a strong desire to be assigned to one of the new asylums then completing construction, so he could open an institution with a clean slate. He was accordingly given superintendence of the new asylum at Castlebar in 1866. The Castlebar board was displeased with Burton’s superintendence from the start, and presented a lengthy list of charges culminating with a request for his removal in early 1867. Through the course of the following investigation, it was revealed that Nugent had again been carrying on private correspondence with Burton once again. The Castlebar board was understandably incensed at Nugent’s favoritism, and passed a resolution saying he should not have been allowed to serve on the investigation after what had happened at Maryborough. Nugent responded with characteristic high-handedness, charging the board with insulting his integrity and defaming his character. Nugent was finally coaxed into an apology by

\textsuperscript{140} Ibid.
Under-Secretary Larcom, but repeated the same sort of behavior at irregular intervals until his retirement in 1889.\textsuperscript{141}

The inspectorate, and particularly Nugent, came under fire again in 1872 following the death of a patient at Limerick District Asylum. In August 1871, a 45-year-old coachman named James D. was committed as a dangerous lunatic. He was reported to be noisy and troublesome, but not violent, and paranoid about meeting death by drowning, poisoning, or otherwise. After he assaulted an attendant with a razor strop in December, the resident medical superintendent Dr. Robert Fitzgerald instructed the same attendant to give James a bath. The patient was forcefully removed to the bath-room by the attendant and three or four other patients, undressed, and submerged in a cold or tepid bath repeatedly, about six seconds each time, for a period of two minutes. James vomited in the midst of these submersions, and when the “bathing” was over, was found to be “evidently moribund.”\textsuperscript{142} Fitzgerald initially entered James’ death in the Morning Statement Book as caused by “exhaustion,” noting that he expired after receiving a “slight plunge bath” as punishment for striking an attendant, but erased the entry and replaced it with the simpler statement, “James D. died suddenly yesterday.”

The case was not made public for several months, a fact which only increased the rancor with which various parties assigned responsibility. A coroner’s inquest was not held, nor did the inspectors acknowledge the death in their annual report published in early 1872. It was only in October 1872 that the circumstances of James’ death came to light, apparently as a result of his being buried without benefit of Protestant clergy in the

\footnotesize{\textsuperscript{141} CSORP/1867/11828.}

\footnotesize{\textsuperscript{142} CSORP/1873/12945. The narrative differs from witness to witness; this is Nugent’s report.}
asylum’s cemetery. The Lord Lieutenant dispatched Nugent to conduct an inquiry against
the wishes of the Limerick board, who had expressed dissatisfaction on previous
occasions with what they considered continuous whittling-away of their authority in
favor of the inspectors and the Executive. Nugent found fault with Fitzgerald for using
the bath as punishment rather than treatment, falsifying his statement in the Morning
State Book, and failing to report the death to the Registrar in Dublin as regulations
required. But he also found fault with the board of governors, whose members had not
met their responsibilities for visiting the asylum every month. To make up for what
Nugent claimed was their lack of attention, he himself had visited the asylum six to eight
times in the previous year, despite being required by law to visit only twice. For their
part, the governors considered the inspectors responsible, since neither Nugent nor
Hatchell inquired into the circumstances of James’ death from “maniacal exhaustion” on
their regular visits. They, not the governors, were men of education and skill paid to carry
out the work of inspection, and in any case, the governors did not consider the Privy
Council Rules requiring their monthly visitation to be binding.

In the end, the attendant who administered the bath was tried and acquitted on
charges of manslaughter, and Fitzgerald was allowed to retire in disgrace, albeit with the
comfort of a pension. This episode has been used by historians as an example of the
darker side of asylum life, and the dangers of entrusting the care of the helpless to
uneducated, overworked, poorly-trained, and poorly-remunerated attendants. It tells us
less about patient abuse in asylums, however, than it does about their governance. In the
rush to minimize responsibility for such a horrible event, disingenuous arguments took

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143 See above, p. 43.
precedence. Governors complained that the Inspectors and Government “tax[ed] them with disobedience, as if they were paid clerks,” and insisted that they were in no way responsible for personally inquiring into the condition of patients at the institution they were appointed to oversee. Neither of these arguments gained the sympathy of either the Lord Lieutenant or the press. But in the course of his exculpatory speech in response to the Lord Lieutenant’s admonition, governor and former Liberal MP Stephen de Vere made one good point. The government of district asylums was “a mongrel system. It has not the vigour of centralization, and it has not the advantage of independent local action and defined responsibility.”

2.7 Conclusion

A succession of no less than seventeen Chief Secretaries, each of whose attention was divided among a multitude of legislative and administrative issues, came through Dublin Castle in the years of Nugent and Hatchell’s tenure. The regular administration of the district asylums, then, was left to the permanent members of the administration: under-secretaries Larcom, Burke, et al, the inspectors, and their respective staffs. The protracted length of Nugent and Hatchell’s inspectorate alone contributed to considerable stability, but also to the loss of reforming zeal over these years. The changes introduced during their tenure only enhanced the stability of the system. For example, they arranged district asylums into a kind of tiered system based on the size of the establishments, with the Richmond asylum in Dublin at the top. When vacancies occurred, more experienced resident medical superintendents from smaller asylums were promoted to larger asylums,

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144 CSORP/1873/12945.
with assistant resident medical officers gradually filling up the vacancies at smaller asylums after serving in a kind of apprenticeship.\textsuperscript{145} To its credit, this system worked well for promoting professionalism among asylum physicians and predictability of expectations at all levels of the lunacy service. The trade-off, however, was an over-reliance on routine and gradually increasing insensitivity to patients’ living conditions.

By the late 1870s and early 1880s, officials at all levels of government had had enough of the aged inspectors, and the positive press which had helped sustain them through the years all but disappeared. In 1879, the King and Queen’s College of Physicians (later the Royal College of Physicians in Ireland) adopted a resolution asking the Lord Lieutenant to prevent Nugent from interfering with patients at private asylums. The English friends of a lady in Esker House in Rathmines outside Dublin had raised suspicions about her treatment there to a Mr. Arthur, JP for county Clare. After consulting with a relative who worked in the English lunacy department, Arthur contacted Nugent, who assured him that the lady in question was undoubtedly being taken care of properly, and gave him a letter of introduction to Mrs. McDowell, the proprietor, requesting Arthur to be admitted to see the lady “if [McDowell] thought proper” and if the lady agreed.\textsuperscript{146} McDowell refused, as Arthur was a stranger, but gave him no explanation. Arthur returned to Nugent, who accompanied him out to the asylum the next morning and visited with the lady himself. As they were leaving, the lady came downstairs and shook Arthur’s and Nugent’s hands while expressing her “own strong

\textsuperscript{145} There are a few exceptions. One of these was Castlebar, where the visiting physician and twenty-year veteran Myles de Exeter Jordan was passed over in favor of Arthur Daniel O’Connell Finegan, who had been trained in English asylums. Finegan had been recommended to Chief Secretary Hamilton by Sir Charles Trevelyan.

\textsuperscript{146} CSORP/1879/19809.
wish not to leave this house,” and Arthur left satisfied. Drs. Gordon and Banks, who attended the lady as her private physicians, on the other hand, were outraged.

The conflict turned out to be a tempest in a teacup, with Gordon, the president of the College of Physicians, and Nugent trading lengthy letters on the subject, each more snide than the last. In Gordon’s opinion, “the Acts of Parliament did not give [Nugent] sufficient power to act at once in [his] own person and in [his] own responsibility.” In Nugent’s opinion, “for 33 years [he had] administered the statute and never once did [he] commit an unbecoming act towards the most delicate susceptibilities of a professional Brother.” He had, rather, acted appropriately in his professional capacity to ensure the safety of a patient in an Irish asylum. The conflict eventually devolved into a sarcastic competition in Latin, as Gordon corrected Nugent’s use of a Latin phrase, and Nugent replied, “Thanks for the correction of my bad Latin, I really thought I knew the neuter gender, and was under the impression I could accurately quote from an author known by me for nearly sixty years…It certainly was a descent for the President of the College of Physicians…to become pedagogue to so humble an individual as I am.”

147 Under-secretary Burke finally intervened, advising Nugent to let the matter rest and reassuring Gordon and the College of Physicians that Nugent was “labouring under a mistake as to the extent of his legal powers,” and that he would “act more guardedly in this respect in the future.”

148 Under-secretary Robert Hamilton and Chief Secretary Spencer began questioning “whether these garrulous old gentlemen are respectively competent for the efficient

147 Ibid.

148 Ibid.
discharge of their very important duties” after a similar conflict erupted between Nugent and Richmond resident medical superintendent Lalor a few years later. Again, Nugent had inserted his influence where he had no legal standing to do so, and again, he was chastened by the Chief Secretary’s Office. Spencer and Hamilton found a way to force the “garrulous old gentlemen” out when in 1889, the Londonderry board of governors submitted a long list of complaints directed specifically at the inspectorate. The most important complaints mirrored those made about the prisons inspectorate nearly fifty years earlier: the inspectors did not visit as often as they should, they announced the hour of their arrival in advance, they were too closely and personally connected with managers and governors, and inspections had become cursory rather than intensive. The board at Letterkenny, where Hatchell’s son served as resident physician, heartily concurred and submitted their own list. The entire system of inspection had all but broken down.

The energy of the inspectorate was once again revived in 1889 with a Committee on Lunacy Administration, apparently called to force the resignations of Nugent and Hatchell, as well as to address the rising chorus of complaints from asylum staff and governors alike. Its most immediate result was the appointment of Drs. Edward Mazière Courtenay and George Plunkett O’Farrell to replace Nugent and Hatchell. Courtenay and O’Farrell were conscientious choices, as Courtenay had extensive experience in asylum medicine, and both had considerable experience in institutional administration. Their appointments showed the good judgment of Lord Londonderry and Chief Secretary

149 CSORP/1883/6130.

150 CSORP/1889/8232.

Balfour, but they were made possible by two important factors. The backlash against the old-school political process that had delivered Nugent and Hatchell into a conspicuous office provided momentum, but the substance of the appointment was due to the wealth of well-qualified professional administrators made available by the massive growth of government in the previous fifty years. Francis White had held a series of minor positions in public health administration, Nugent and Hatchell had merely been physicians to the right people, but by 1890, the inspectorate could boast a professional administrator who had risen from private practice in county Roscommon to become Medical Inspector of the Local Government Board in Cork, Inspector of industrial Schools, and Medical Commissioner on the General Prisons Board.\(^{152}\)

They were, of course, respectably connected as well. O’Farrell had behind him “an unusually brilliant” career at Trinity College Dublin, and Courtenay took first place at his M.B. exam.\(^{153}\) Courtenay, among whose family tree could be counted a Lord Chancellor of Ireland,\(^{154}\) began his asylum career as an assistant medical officer at the Derby county asylum in England. He was appointed Resident Medical Superintendent at Limerick in 1873 and had been an active member of the Medico-Psychological Association. Unlike his predecessors, Courtney’s appointment “was entirely due to his name and reputation as an authority on Lunacy,”\(^{155}\) as he was, in the words of the *British

\(^{152}\) *Journal of Mental Science* 36, no. 153 (April 1890), 309.

\(^{153}\) Ibid.

\(^{154}\) Mazière Brady, his uncle (1796-1871).

\(^{155}\) CSORP/1890/10738.
Medical Journal, “regarded as one of the three or four best medical superintendents in Ireland.”¹⁵⁶

Courtenay and O’Farrell’s tenure was marked by general satisfaction all around. With their accession to the office came a renewal of the familiar narrative that had accompanied their predecessors White and Nugent into office, with a significant difference. Commentators and administrators expected competence from previous inspectors because they were learned gentlemen who knew important people. Now, they expected excellence from inspectors because they were learned gentlemen with considerable experience in public administration and, in Courtenay’s case, intimate and active ties to the profession. Where thirty years before, editorialists had written hopefully of asylums as schools where physicians might learn essential truths about mental disease, they now wrote with confidence that such was the case. New generations of asylum physicians were learning the specialty on the job, and attending professional conferences with greater regularity than ever before. Having a specialist reach the highest position of leadership in the profession, accompanied by an administrator against whom not a single word of bad press was to be found, and upon whom the Queen (via Lord Lieutenant Cadogan) bestowed a knighthood in 1899, did much to restore the faith of government and the public in the district lunatic asylum system.

O’Farrell and Courtenay retired in 1910 and 1911, respectively, and were replaced by Drs. Considine and Dawson, with whom we began this chapter. Though Courtenay was an able administrator rather than exceptional advocate for the burgeoning

psychiatric profession, he was essentially working with an almost fully-formed product. Though Nugent had no special regard for actual asylum physicians, and in fact kept his distance from them throughout his inspectorate, he instituted gradualist reforms that gave structure to the fledgling profession. Under his watch, a closed system based on merit and seniority developed into an entrenched bureaucracy, which in turn gave rise to greater cohesion and confidence among asylum physicians.

By the time Courtenay left office, his ability to advocate for the profession was beside the point. Having successfully asserted their control over the administration of ever-expanding asylums for the lunatic poor, asylum physicians no longer needed advocates to convince government of the quality and importance of their expertise. They needed advocates to press their claims for pensions and to expand their influence vis-à-vis local Committees of Management; in short, they needed skilled bureaucrats to help make the system work for them. This is what the secretary to the Poor Law Association had in mind when he complained of the appointment of yet another duo of highly-qualified specialists in mental medicine.

Of the seven lunacy inspectors profiled in this chapter, none were mere political hacks, nor were any merely the cream of the profession. Though Nugent and Hatchell’s appointments were made as a matter of political expedience, their long and active service belies any notion that they were mere sinecures. Similarly, though Courtenay and O’Farrell’s résumés were all the more impressive for the contrast they offered to those of their predecessors, it must not be forgotten that they, too, were politically-skilled climbers. The destination to which all of the lunacy inspectors were climbing was a point of near-independence from government. And the way to achieve independence was to
provide stability in the face of wide-sweeping change, which in nineteenth- and early twentieth-century Ireland was no small feat.
CHAPTER 3:
THE PROFESSIONALIZATION OF IRISH PSYCHIATRY

The inspectors were the architects of the Irish lunatic asylum system. They, not philanthropists, reformers in Parliament, or the medical community, were the main movers. Chapter one laid out the development of the administrative framework that resulted in the concentration of policy-making power in a two-man inspectorate. Chapter two explored the changing function and the government’s expectations of the inspectorate, as well as the effect of individual personalities on its development. This chapter builds on the latter by demonstrating that as the inspectorate wielded an increasing amount of power over lunacy policy, it determined the shape and content of the nascent Irish psychiatric profession.

There are many approaches one can take to the study of professionalization. Theorists of the first half of the twentieth century tended to assume that professions were the natural expressions of the development, specialization, and abstraction of knowledge over time.¹ As society became more complex, people were given the opportunity to delve ever further into specific areas of inquiry, necessarily separating themselves from those who possessed mere general knowledge. Professionalization, by which these theorists

meant self-identified specialists walling themselves off from other workers by instituting
and enforcing academic or training requirements for membership, gave structure and
enhanced function to what already existed in the world of ideas and practice. This model
does not apply well to Ireland for reasons that will be made clear below.

Later twentieth-century sociologists have provided somewhat more useful ways
of thinking about Irish psychiatric professionalization by focusing on the relationships
between profession and government and between various professions themselves. Larson,
for example, accepts the idea that professions coalesce around specialized knowledge, but
emphasizes the economic bargain made between the professionalizing group and
“society” or government. The former essentially exchanges its body of knowledge for
status and power, which a social system or government grants because it benefits from
the services of people who employ that expertise.² Abbott posits a similarly relational
model, except he emphasizes the bargaining that occurs between rival professional
groups as they determine which tasks belong to which profession.³

These relational models help us understand precisely how Irish psychiatry was
different from other national psychiatries. Psychiatry grew up everywhere amid mostly
public institutions for the custody and treatment of the insane, and institutional
administrative structures and practices varied widely among different countries.⁴
Therefore, the route of professionalization varied depending on where institutions were


located. As the Irish administration was unique, so the public institutions it administered were unique.

There was such a thing as a system of lunatic asylums in nineteenth-century Ireland, but the same cannot be said of England in the first half of the nineteenth century. Even after mid-century legislation established public county asylums, the “system” was never quite as clearly and simply regulated as in Ireland. In early nineteenth-century England, there was “an extraordinarily wide variability in the character of mad-houses and those who ran them.”\(^5\) Some held as few as ten patients, some as many as five hundred. In the second half of the nineteenth century, publicly-funded county asylums would grow to well over one thousand. In the early nineteenth century, staff-to-patient ratios in England varied between nearly 1:1 at Ticehurst, which catered to upper-class patients, and 1:30 at Bethlem, which was funded by subscriptions.\(^6\) In many cases, private patients whose families or estates paid some or all of the cost of their maintenance were housed in the same establishments with pauper patients, whose maintenance was paid by county rates, charitable donations, or some combination of the two.

The greater variability in English asylums, not to mention the greater number and wider distribution of asylums throughout England, resulted in a “trade in lunacy,” in which proprietors of institutions competed with each other for patients, the funds that followed them, and the esteem of fellow professionals and interested laymen that came


\(^6\) Ibid., 78-82.
from effective treatment and management of the insane. This coupled with the relatively abundant supply of medical schools, medical men, and philanthropists in the country made it more likely that novel ideas on the treatment of the insane would be more significant in defining the characteristics of psychiatry in England than in Ireland. In England, professionalism narratives described by early twentieth-century ideal types work fairly well: like-minded practitioners identified and developed a niche market, then agitated to define themselves as separate from the rest of the field. The self-identification as specialists came first, followed by the recognition of their peers that the specialist group owned a distinct body of knowledge, followed by official sanction and protection.

In Ireland, there was no similar competition, and the process ran in the opposite direction. Larson’s description of an exchange of knowledge for power applies to the Irish case, but there was no exchange between a nascent profession and “society” in general. The resident medical superintendents (the immediate ancestors of psychiatrists) in Ireland exchanged their expertise for power quite explicitly with government. Superintendents gave a perfunctory nod to clientele and the remainder of the medical profession, but the knowledge-power exchange happened between themselves and government as it was embodied in the lunacy inspectorate. Only later did they go about the task of claiming exclusivity, and securing the recognition of their peers through professional association came last, when the bulk of the professionalization process was complete. In Ireland, the psychiatric profession was created and sustained by the state.

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The state determined the profession’s membership and primary characteristics on the basis of its own needs for standardized administration.

Two successive and drawn-out conflicts among asylum staff positioned inspectors to be the primary architects of the Irish psychiatric profession. In the 1830s and 1840s, disagreements erupted between lay and medical staff of asylums regarding treatment, which Francis White, first medical inspector of lunatic asylums, resolved in favor of the latter. As White and his colleague Nugent filled managerships with medically-trained men, serious questions arose between medical managers and visiting physicians as to the responsibility of each for patients’ health. Again, the inspectors’ preference was decisive, and the generalist visiting physicians were displaced by assistant resident medical staff who had trained as specialists and in most cases, spent the rest of their careers in asylum service.\(^8\) The course of these conflicts and their outcomes are the subject of this chapter.

As demonstrated in chapter one, the importance of state power in the constitution of society in nineteenth-century Ireland cannot be understated. In the decades after the Union, provincial appointments provided Dublin Castle with a more responsive alternative to the governance provided by grand juries, who were usually regarded as corrupt at worst, and inefficient at best. It also provided the government with useful political capital, as doing favors for people with votes or influence could pay off handsomely. Government appointments were an important source of income for sons of the better classes fallen on hard times. The bulk of the professional classes that emerged

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\(^8\) Inspectors’ annual reports included information on staff only sporadically, but it is still possible to get an accurate sense of the trajectory of hiring in the asylum service. In 1883, seven of the largest of Ireland’s twenty-two asylums had assistant resident medical officers, only one of whom was not later appointed to resident medical superintendent. In 1888, the number had grown to ten, and again, only one was not later appointed to superintend an Irish asylum. In 1890, the post of visiting physician was abolished entirely.
in nineteenth-century Ireland derived from impecunious landed families anxious to maintain some semblance of a respectable standard of living.  

Appointments of a certain scale of pay were so coveted that in some cases, mere rumors of vacancies were sufficient cause for young men, and parents, relations, and friends, on their behalf, to solicit them.

Until the waning decades of the century at least, there was no need to fulfill a list of qualifications for particular positions in government service. The only prerequisites for almost any public appointment were a reasonably complete general education, sufficiently respectable social standing, and the recommendation of sufficiently influential patrons. Specialized skills were learned on the job, and their acquisition, in addition to demonstrating one’s competency and usefulness to one’s superiors, formed the basis for advancement. In one case, a recently dispossessed Anglo-Irish landlord began his career as an Inspector of Finance, continued through stints as District Accountant for the Commission of Public Works and a Commissioner of Inquiry into fairs and markets, and ended it by being “perhaps the leading British proconsul in imperial service outside the Raj.”

Managing a lunatic asylum with a hundred patients and a couple of dozen staff appears to have little in common with checking the books for road and bridge-building projects, but the Chief Secretary and Lord Lieutenant used the same basic criteria for

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10 CSORP/1850/G6654. A father solicited the position of a physician for his son at a rumored convict depot on Bantry Island (Co. Cork), only to have the under-secretary reply that no such institution had even been contemplated.

11 Schreuder, “Imperial Administrators,” 147.
selecting fair and market inspectors as they did selecting asylum managers. If a man came recommended from a well-placed political ally to whom a favor was owed, his candidacy carried significantly more weight. If he had demonstrated trustworthiness by maintaining good relationships with the right people and staying well away from personal scandal, so much the better. If he had demonstrated efficiency by keeping accurate accounts and minding expenditure of money in a public institution, better still. The “moral treatment” movement that advocated specialized care of the insane had been afoot in England for decades by the time the issue of public lunatic asylums was raised in Ireland, but it had not penetrated governmental consciousness. The government was interested first and foremost with institutional machinery running smoothly and predictably.

The first lunatic asylums were specialized institutions in that they were intended to serve a single subset of the population, but they were only incidentally medical institutions. The bulk of the manager’s duties were supervisory and clerical. According to the Armagh Rules which theoretically went into effect for all district asylums upon the opening of Armagh District Asylum in 1824, the manager was “responsible for the carrying into effect all [the governors’] orders for the regulation of the Establishment in its several departments, and for the whole economy of the Institution.”12 He kept track of accounts, correspondence, patients’ and visitors’ registries, and directed all staff. He was assisted by the matron, often his wife, who supervised the female side of the institution, including patients, attendants, and servants. The manager, matron, keepers, and servants

12 Rules reprinted in HCPP 1828 (234) Correspondence and Communications on Public Lunatic Asylums in Ireland.
all lived on the premises. The manager and matron were allowed to be absent only with the permission of the board, and only when an approved substitute had clear charge of his or her duties. The visiting physician or matron might stand in for the manager if he were required to leave for several hours, but in apparently only one case was an outsider permitted to take over, and only because of protracted illness that was expected to terminate in death.¹³

The 1817 Committee members universally agreed “that the successful treatment of the insane depend[ed] more upon the adoption of a regular system of moral treatment than upon casual medical prescription.”¹⁴ Moral treatment, as Andrew Scull has noted, was a descriptive rather than prescriptive term, and is best understood in contrast to medical treatment.¹⁵ Where physicians would prescribe diet and medicines to heal bodily illness or promote regularity of biological routines, moral treatment relied on the constant benevolent presence of a parental (and especially paternal) figure. It implied a human approach to custody and care, and was understood in contrast with the bad old days in which lunatics were thought to be senseless, subhuman beasts to be controlled by beating, starvation, and restraint in iron manacles for months or years at a time. Practitioners of moral treatment used only the gentlest of restraints, including various types of cloth straitjackets, leather or cloth straps or cuffs, and padded rooms, for protecting the well-

¹³ William Parsons was previously unconnected with the asylum at Carlow, but local governors appointed him to replace the terminally ill Francis Crofton in early 1834. When Crofton died in July, the government declined to sanction Parsons’ position, and appointed Patrick McCaffrey instead. See chapter one for discussion of McCaffrey’s ignominious exit from Carlow.


¹⁵ Andrew Scull, Museums of Madness (New York: St. Martin’s Press, 1979), 68.
being of the patient. These were never to be used as punishment, and never to be used without the express permission of the manager or physician. Convalescent patients were to receive special attention, as their full recovery depended on employment, recreation, and appropriate conversation. In Irish asylums, the essence of moral treatment was the maintenance of a routine of diet, indoor and outdoor work, and rest. Chapter four will examine this regimen in detail.

The Physician and Surgeon Generals, as well as the Director General of Hospitals (W. Harvey, George Renny, and Philip Crampton), concurred with the Committee on the importance of moral treatment except where leadership was concerned. Where the Committee had in mind a system of management directed by a dedicated layman, Harvey, Renny, and Crampton argued that physicians were best suited to directing moral and medical treatment. A medical education, they maintained, enabled them to better judge the quality of accommodation, ventilation, and physical regimen most likely to ameliorate the condition of the insane.¹⁶ Health, or lack thereof, was determined by the totality of one’s existence, the interaction of one’s constitutional predisposition with environmental, emotional, and other influences. Access to pure air and the right kinds of food and exercise, and regulation of irritating physical and mental stimuli all fell within the scope of the physician’s prescription.¹⁷

By insisting on their exclusive authority for directing moral as well as medical treatment, these leading lights of the Dublin medical scene were attempting to expand the

¹⁶ Letter from Harvey, Renny, and Crampton to Robert Peel, 10/8/1816, reprinted in HCPP 1817 (430) Select Committee, 26-28.

reach of the medical profession in society. Not mere purveyors of pills and draughts, they proposed to be the guardians of behavior in a public institution, if not for the general public. It was not an auspicious time for such an argument, however. Physicians were suitable as governors of hospitals treating bodily illness, but they were suspicious as unaccountable attendants to patients stripped of their judgment and will and held captive behind high walls. A Parliamentary inquiry had uncovered scandalous abuse of patients at Bethlem and the York Asylum in England only a few years before that had forced the resignations of the physicians attached to each.\(^{18}\) By contrast, Samuel Tuke’s celebrated *Description of the Retreat* (1813) demonstrated that moral treatment of the insane could be carried out to great effect by conscientious and humane lay managers.\(^{19}\)

The government was also inclined against granting physicians supreme authority in asylums because it required accountability as much as expertise. By collecting counties into a single unit, the district system had the potential to be complicated where expenditure and governance was concerned, and the executive needed a reliable man to keep the machinery running smoothly. The manager would be the government’s link between Dublin and the provinces. He would reverse or counter decades of neglect by county authorities, and to be most effective, he needed to devote his full time and energy to the post he held. As private practitioners, visiting physicians floated in and out of public service. They juggled many competing interests, depending on the size of their practices and the number of visiting appointments they held. Most asylum physicians

\(^{18}\) HCPP 1814-15 (296) *Report from the Committee on Madhouses in England*. The Committee, informed by evidence from Edward Wakefield (surveyor, land agent, and author of Ireland, Statistical and Political, 1812) and Sir John Newport, urged legislators to consider the plight of the Irish insane.

served a variety of institutions including the county gaol, dispensary, infirmary, constabulary, fever hospital, and so on. By placing a lay manager unambiguously at the head of the establishment, responsible only to his board of governors and the Lord Lieutenant, the government created a clear chain of command. The question of lay or medical management would come under scrutiny periodically over the next forty or fifty years, but at the beginning, the government was committed to hiring men with more extensive clerical and managerial than medical skills.

Contrasting the dearth of applications for situations in the first four district asylums at Armagh, Limerick, Belfast, and Londonderry with the abundance thereafter, and considering the speed with which rumors about government appointments tended to travel, it seems clear that successive administrations followed different procedures in filling up vacancies. Lord Lieutenant Wellesley (1821-8, 1833-5) must have made it known that applications from individuals outside the Dublin House of Industry were not to be considered or accepted for the manager and matron vacancies at Armagh, Limerick, and Belfast. In later years, the long-time matron of Limerick claimed that she and her husband, former staff at the House, had not solicited the appointments, but were “freely offered” them by Wellesley.20 In all three cases, after a period of “qualification” in management of the lunatic department of the House of Industry, managers and their wives were sent off to manage a new district asylum in the provinces. The lack of records from the House of Industry and Chief Secretary’s Office from this period makes it impossible to know how formal this period of “qualification” was, but correspondence of

20 CSORP/1848/5523.
unsuccessful candidates reveals expectations that governing the lunatic wards there was a prerequisite to managing the new district asylums.21

Thomas Jackson, superintendent of the House’s lunatic wards, became manager of the first district asylum at Armagh in 1824, accompanied by his wife Matilda as matron.22 John Jackson moved into the vacancy created by Thomas Jackson and with his wife Eliza superintended the lunatic department of the HOI until 1826, when they were given management of the new district asylum at Limerick.23 The same year, James Cuming was promoted from steward of the various departments of the House of Industry to superintendent of the lunatic wards, where he served until the opening of Belfast in 1829. David and Eliza Cluff moved into Cuming’s vacancy and were appointed to manage Londonderry shortly thereafter. That asylum did not open until 1832, so the decision may have been made on the promise of “qualification” rather than its proof.

Table 3.1 illustrates the largely seamless transition House superintendents made to the first district asylums. There are three additional points to discuss. First, although James Cuming and William Abbott served as “medical clerks,” neither had any apparent medical training. Serving in a quasi-medical capacity was not a prerequisite, but it could not have been considered detrimental for someone who would be expected to carry out physicians’ orders regarding patients’ medical treatment. Second, there are only two

21 In a memorial soliciting an appointment as manager of one of the new lunatic asylums, House of Industry apothecary W. Pakenham Beatty referred to “the System hitherto pursued of selecting experienced and respectable Officers from the House of Industry,” which he believed had “invariably been attended with the most beneficial results.” OP/1835/348.

22 The female superintendent of the Dublin House of Industry was not Matilda Jackson, but Susanna Free. HCPP 1820 (84) Report of the Commissioners Appointed by the Lord Lieutenant of Ireland to Inspect the House of Industry, and to Report upon the Management Thereof, 30.

23 CSORP/1848/G5523.
TABLE 3.1
THE FIRST MANAGERS OF DISTRICT LUNATIC ASYLUMS

<table>
<thead>
<tr>
<th>Staff</th>
<th>Other Experience</th>
<th>Superintendent of Lunatic Wards, Hol</th>
<th>Date of Appointment to DLA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas and Matilda Jackson</td>
<td>Superintendent of Hol Bedford Children’s Asylum, 1818-1820s</td>
<td>Early 1820s-1824</td>
<td>1824 to Armagh</td>
</tr>
<tr>
<td>John and Eliza Jackson</td>
<td>Unknown</td>
<td>1824-1826</td>
<td>1826 to Limerick</td>
</tr>
<tr>
<td>James Cuming</td>
<td>Steward at Hol and Penitentiaries 1819-1820; Medical Clerk in Hol hospitals, 1820-1826</td>
<td>1826-1829</td>
<td>1829 to Belfast</td>
</tr>
<tr>
<td>John B. and Mary (Callan) McKiernan</td>
<td>John: Apothecary to Hol hospitals 1820s-1831. Mary: Matron of Hol hospitals 1819-1831</td>
<td>1831-1832</td>
<td>1832 to Ballinasloe</td>
</tr>
<tr>
<td>William and Eliza Abbot</td>
<td>William: First Clerk and Accountant to House and Penitentiaries, 1810-?; Temp. Medical Clerk, date unknown*</td>
<td>None</td>
<td>1832 to Maryborough</td>
</tr>
<tr>
<td>Francis Crofton</td>
<td>“Officer” of the Richmond Penitentiary</td>
<td>None</td>
<td>1832 to Carlow</td>
</tr>
</tbody>
</table>

hints of competition for these appointments. In 1824, Cuming requested to be appointed to Armagh, but he was obliged to wait until 1829 for an appointment to Belfast. In 1828, House steward Joseph Mullen requested to be appointed to Belfast, and to asylums thereafter, without success. 24 Third, it appears that while seniority was an important

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24 OP/1834/748, OP/1834/749.
principle in hiring, it was not absolute. William and Eliza Abbott had served longest at
the House of Industry, but were appointed to the fifth district asylum to open. Abbott,
however, had never been superintendent of the lunatic wards, because John McKiernan
occupied that position at the time both he and Abbott were appointed to Ballinasloe and
Maryborough, respectively. He had, however, served as accountant to the Commissioners
appointed to erect asylums.25 Essentially, it appears that the Chief Secretary had to look
further down the roster to recruit a manager for Maryborough.

Ballinasloe and Maryborough turned out to be the last of the House of Industry-
derived appointments. At least thirty-seven applications for manager, matron, and/or
physician exist in official records during the 1830s, but judging from the responses of
under-secretaries and Chief Secretaries written on the applications, there were likely
many more submitted, formally and informally. There is no indication that anyone
outside the House of Industry was considered for district asylum management until after
Maryborough and Ballinasloe’s staff were complete.

The staffing of asylums opened in 1834 and 1835 (Clonmel, Waterford, and
Carlow) represented a departure from tradition in that the government had either
exhausted the House of Industry’s supply of competent stewards and superintendents or
decided in the context of a new administration that it was profitable to look further afield
for the distribution of patronage. Wellesley was appointed Lord Lieutenant for the second
time in 1833, accompanied by E.J. Littleton as Chief Secretary. In any case, the
competition for appointments to district asylums intensified in the early 1830s. Carlow
had been opened in 1832 under the leadership of Francis Crofton, an unspecified

25 HCPP 1833 (192) Return of Expenses of Carlow District Lunatic Asylum, 2.
“officer” of the Richmond penitentiary in Dublin and the nephew of Major James Palmer, the inspector-general of prisons. Captain William Wainwright, the secretary to the board of governors at the Richmond lunatic asylum in Dublin, complained in a letter of 1831 that Crofton’s appointment to Carlow was unjustified, as he “possessed no experience whatever in the treatment of Lunatics, whereas your Memorialist had the advantage of seventeen years constant experience in that department.” Crofton did not remain in the position long. He became ill in January 1834 and died in July. William Parsons, a man “well known” to the gentry of the county, took over during Crofton’s illness at the request of the local board, but was shunted aside for Patrick McCaffrey, Carlow’s clerk and storekeeper. Chapter one details his shameful demise and replacement again by Parsons in 1842.

Many of the growing body of applicants made reference to totally unrelated appointments they had previously held or sought, and many requested to be appointed to any asylum regardless of locale. Demand for public appointments was high, even if the job promised to be arduous and often unpleasant. In almost every case, the men and women appointed to senior positions in the asylum served for the duration of their lives. Robert Rowan and John Hitchcock, the first managers at Waterford and Clonmel, respectively, are two exceptions to this rule. They are also good illustrations of the government’s wisdom in selecting individuals conversant with the duties of managing institutions for the poor mentally ill. Neither Rowan nor Hitchcock had similar experience, and each proved to be unprepared to take on the task.

26 HCPP 1826-27 (335) Report of the Commissioners of Inquiry into the State of Richmond Penitentiary, 63, and CSORP/1831/3077.

27 CSORP/1831/3077.
Appointed in 1833 to manage the asylum that opened at Waterford in 1835, Rowan seems to have had no experience in institutions, and certainly none in the House of Industry. He was a native of Carrickfergus, northeast of Belfast, and probably related to the Rowans of Carrickfergus who included justices of the peace, military men, and one Chief Commissioner of the London Metropolitan Police (Sir Charles Rowan). Before the asylum opened, Rowan had begun to express doubts about having accepted the position. “I had only the choice of the Asylum or going to the West Indies,” he wrote to under-secretary Gossett, “[and I would] have preferred the latter had I been a batchelor [sic], but to take a family there on £300 per ann[um] was impossible.”²⁸ Staying in Ireland on £200 a year and free lodging was more palatable, but not ideal.

In July 1834, Carlow’s newly-minted manager had died, and considering that opening an institution was going to be more difficult than managing one already in operation, Rowan asked to be given charge of Carlow rather than Waterford, which was scheduled to open in November. Under-secretary Gossett declined Rowan’s request, adverting to a previous conversation of theirs on the subject, and encouraged him to attend the asylum at Belfast to learn as much as he could about its management, “for the conduct of the Managers of those Establishments are properly very narrowly watched, and if the Managers are found inefficient, they are to be removed.”²⁹ Nothing exists in available sources to show that Rowan failed to fulfill his duties, but he never quite adapted to his position. In 1835, when the Cumings moved from Belfast to Swift’s Hospital, Rowan used what must have been inside knowledge to apply early for the

²⁸ CSORP/1834/527.
²⁹ Ibid.

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vacancy. Cuming had announced his intention to seek the managership of Swift’s at the meeting of the Belfast governors on 27 April, and on 8 May, Rowan sent a letter to Gossett requesting that he be transferred to Belfast, as “the salaries are the same, but having some of my children who are very young residing there and many other reasons of a private nature, makes me most anxious to be settled at that place.”

Rowan’s application was considered, but in the end, Belfast apothecary (soon to be M.D.) Robert Stewart was chosen.

Rowan held on at Waterford until 1841, when he finally offered his resignation citing “duties...unsuited to my disposition.” Retired army captain John Dobbs, previously barracks-master at Nenagh in county Tipperary, was immediately appointed his successor. Dobbs was the last of the non-medical managers, and served until pensioned in 1863 at the age of 74.

As the competition for appointments increased, the role of political patronage became more important. This is well illustrated by the ample correspondence that exists for the appointment of a manager at Clonmel in 1834, and particularly by John Hitchcock, whose case is detailed in chapter one. As a young man in the early 1820s, John Hitchcock secured the good favor of MP and later Chief Secretary E.G. Stanley thanks to the influence of his exceptionally well-connected father-in-law and possibly others. After a stint at the Paving Board and several years of unemployment, Hitchcock

30 CSORP/1835/1525.

31 CSORP/1841/G2108.
was placed by Chief Secretary Stanley at the House of Industry in 1832 or 1833 to await a better position. Hitchcock was only one among many who should have been competitive candidates. Joseph Mullen had been steward at the House of Industry since at least 1830, before Hitchcock arrived there, and his repeated applications for the management of a lunatic asylum met with no success. Those with extensive local knowledge and experience in the institutions being superseded by the district asylums found similar responses. A Mr. Switzer, who had sought an appointment as Chief Constable in 1828 and in the meantime served as manager of the Clonmel local asylum, had no luck. Nor did Manly Edward Semple, who quoted twenty-two years of experience, the last three and a half of which he spent at Clonmel local asylum; nor Stephen Ryan, who had served seventeen years as “moral governor and manager” of the same institution. Precisely how the service of these candidates overlapped at Clonmel local asylum is unclear, but what is clear is that they could offer both expertise and local knowledge, neither of which the government particularly wanted.

In district appointments, patronage was important, but having the right kind of patronage was crucial. Patrick McDonnell sent his application too late to be seriously considered for Carlow, Clonmel, or Waterford, but Chief Secretary Littleton noted him as “a likely candidate for a future vacancy.” We may assume this favorable response was

32 Letter of William Abbott to Dr. Renny (director-general of hospitals in Ireland), in response to a query about Hitchcock’s abilities and qualifications, CSORP/1834/527.

33 Semple had no medical degree, but was licensed as an apothecary in Dublin in 1812. HCPP 1829 (235) Return of Persons Examined and Qualified by Apothecaries’ Hall in Dublin.

34 CSORP/1833/5714.
due less to his experience as accountant to the Limerick asylum for eight years than his recommendation by Thomas Spring Rice, to whom Irish lunacy legislation owed so much. Nevertheless, McDonnell was unsuccessful. Henry White, who had formerly applied for manager at Ballinasloe and failed, renewed his application for the same position at Clonmel or Waterford. In addition to a previous collection of testimonials he included in his second attempt a letter from the Earl of Gosford, who assured the under-secretary that patronage would not be wasted on such a qualified and capable candidate. In reply, the under-secretary relayed a message from Chief Secretary Littleton that he would consider the application, but that his client would probably not stand up against others “backed by persons of high local influence.”35 By “local influence,” Littleton presumably referred to the Beresford family with whom John Hitchcock was connected through his father-in-law. Various Beresfords held Parliamentary seats for the county of Waterford from the union to 1826 and dominated the political scene thereafter. Switzer, Semple, and Ryan wielded strong character references from local notables whose influence paled in comparison. The first managers, “experts” in managing the insane or not, were first and foremost government men.

Until Francis White came into the inspectorate in 1841, lay management of district asylums was a foregone conclusion. The district asylums appeared to be functioning well enough under the guidance of the government’s men, according to the scant information prison inspectors reported back. White, however, begged to differ. A man well-connected with both government and the College of Surgeons, and possessed of a reforming spirit directed equally at poor relief and increasing the influence of the

35 Ibid.
medical profession, White was both motivated and perfectly positioned to institute changes in district asylum management. The changes he suggested stemmed from disagreement on several points of management that had erupted over the years. The role this disagreement played in facilitating the medicalization of the inspectorate and the subsequent expansion of their authority is discussed in chapter two. Here, I am concerned with the dispute between managers and physicians, and its resolution in the creation of resident medical superintendents under White’s tenure.

According to the Armagh Rules, the manager was held responsible for patients’ moral treatment. The visiting physician was expected to attend twice a week and at the manager’s request, to address patients’ bodily issues. The relationship between the two men is best described as a consulting one, as the physician may well have cooperatively discussed moral treatment of patients with the manager, but only the manager had clear responsibility according to these rules. Not every asylum followed the Armagh Rules, however. They were probably published and distributed to all asylums (the prison inspectors could not be certain), but if they were distributed, they were only “adopted as far as local circumstances would admit in each case.”\(^{36}\) The ambiguity created significant difficulties when a manager engaged in power struggles with his board of governors, as John Hitchcock did at Clonmel in the 1830s, and the prison inspectors who were sent to judge the matter were unable to tell who had overstepped his bounds. In other cases, the Armagh Rules were known, but altogether ignored.

A cause and consequence of ignoring the rules was the widening gulf between lay and medical managers, and the attempt of some medical men to wield influence they had

\(^{36}\) CSORP/1838/1175.
not yet earned from the government who had the power to grant it. Upon the opening of Maryborough in 1833, the visiting physician John Jacob drew up a separate set of rules, with the blessing if not active participation of the board, that gave full responsibility of moral and medical treatment to himself while relegating the manager to the role of “head attendant” and “clerk.”

Jacob visited patients three times a week, oftener as necessary to attend to ill patients, and set the course of treatment for each patient as he or she was admitted. William Abbott, the manager who had been a clerk and accountant at the House of Industry for over twenty years, carried out Jacob’s orders and was apparently pleased enough with the arrangement not to record any complaint with the board or government. Jacob published his system of management in a pamphlet of 1833. Unsurprisingly, it was well received by the medical press with whom he was well connected. Urged on by his account of Irish asylums’ management, the London Medical and Surgical Journal expressed shock that the “manager, who, without any other education than a little familiarity with madness in the large establishment in Dublin,” would be empowered to use “his system” for the moral treatment of patients, and “[consider] the physician as an almost useless appendage, to be consulted as occasionally as in a parish workhouse.”

The target of the Journal’s ire was not necessarily William Abbott, who had no “system” to speak of, and who seems to have passed his entire career at Maryborough virtually unnoticed. The target was rather Thomas Jackson, the first manager at Armagh,

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37 This is the complaint of assistant commissioners associated with the Whately Commission of the mid-1830s. See HCPP 1835 (369) Royal Commission on the Condition of Poorer Classes in Ireland. First Report, Appendix B, 400.

38 John Jacob, Observations and Suggestions on the Management of Maryborough District Lunatic Asylum (Dublin: 1833).

who, with an inspector of prisons, was responsible for framing the Armagh Rules. He had been among the earliest and most vocal of proponents of moral treatment in Ireland, and as such, was a symbol of the movement insofar as it existed there. While preparing to take charge of Armagh in the early 1820s, he had addressed a letter to Chief Secretary Henry Goulburn on the subject (no longer extant), who referred it to the physician of the Richmond lunatic asylum in Dublin for comment. Goulburn was inclined to give Thomas Jackson’s observation “great consideration,” but Dr. Alexander Jackson (relation unknown) cautioned against too strong of approval. Though sound in the abstract, the principles he advocated were “obviously taken from some recent publication on the subject of insanity,” and required “much good sense and good temper,” which he could not say whether Thomas Jackson had.40 In one sense, Alexander Jackson was being honest: he simply did not know Thomas Jackson. In another sense, he was leveling a not-too-subtle critique at a man who had neither the education nor gentlemanly bearing of a properly medically trained man. Without credentials and a recognizable intellectual ancestry, who was Thomas Jackson to claim responsibility for the health and well-being of society’s most unfortunate characters?

Thomas Jackson proved himself to be the staunchest defender of moral treatment and primacy of lay managers the Irish asylums ever knew. While the medical community appeared to prioritize elite education and high social standing, Jackson and other promoters of moral treatment prioritized practical knowledge and plain Christian decency. Jacob’s pamphlet did not escape Jackson’s notice, and he reacted sharply. “He

40 Correspondence from CSORP now missing, quoted in Arthur P. Williams, “Armagh District Lunatic Asylum: The First Phase,” Seanchas Ard Mhacha 8, no. 1 (1975/6), 113-114.
may plume himself on his professional knowledge,” he wrote, “but a few years’ observations at Maryborough will teach Dr. Jacob a new lesson: that his medical prescriptions were but a weak auxiliary when compared to a judicious course of moral management.”

Jackson may well have been right on the value of prescribed medicines to treat the insane, but his position on lay management was rapidly becoming anachronistic.

In 1819, when Jackson was preparing to move from superintendence of the Bedford children’s asylum at the House of Industry to the lunatic wards, he was in similar company throughout the United Kingdom. Five times as many lay gentlemen as physicians or surgeons were proprietors or superintendents of licensed houses for the insane in England and Wales. By 1830, however, a majority of English superintendents were physicians or surgeons. The Irish administration opened the first district asylums with lay managers in almost every case, and where they appointed medically-trained managers, their medical expertise was incidental to their qualifications. As the cause of poor law reform took hold in Parliament and beyond in the 1830s, a kind of medical lobby took form to ensure not only that physicians and surgeons would be properly represented in whatever institutional structure resulted, but that the right kind of physicians and surgeons would be represented. The lobby was less numerous in Ireland than in England, but no less vociferous. As some of the few institutions administered by the Irish executive, the district asylums were a likely target for expansion. When Jacob

41 John Jackson, Remarks on Dr. Jacob’s Pamphlet (Armagh: McWatters, 1834)

42 HCPP 1819 (271) A Return of the Number of Houses in Each County...Licensed for the Reception of Lunatics, and HCPP 1830-31 (299) Return of the Number of Public and Private Asylums or Houses Licensed for the Reception of Lunatics.
took to the press, he was arguing for the Irish medical profession and Irish institutions to catch up to their English or other similarly “advanced” peers. When Jackson took to the press, he was arguing against Jacob’s approach, but particularly against the threat Jacob represented to lay “experts” like himself.

Momentum was against Jackson, and 1841 marked a decisive turning point. In that year, Dr. James Flynn was appointed to manage Clonmel and Francis White was appointed to the prison inspectorate. Flynn succeeded John Hitchcock, who had been a source of trouble for the Clonmel board since his arrival. Prison inspectors sent to Clonmel to investigate charges and counter-charges concluded that most were either inflated or baseless, and admonished both parties to adopt more conciliatory conduct toward each other. The last straw came in 1841 when Hitchcock’s accounts proved inaccurate, an unforgivable sin for a public servant tasked with accountability above all. It would take a year and a half for Dr. Flynn and the Audit Office in London to correct the errors Hitchcock had made.

Flynn was unusual among managers because he possessed not only a medical degree, but an A.B. from Trinity, neither of which the others had at the time of their appointments.43 No sources exist which explain the rationale for Flynn’s appointment or whether White had any role in suggesting it. Nevertheless, we know that he was an active manager. He superintended the institution with great attention but also showed a strong desire to keep abreast of trends in management and treatment. By this time, there had been enough interest in Great Britain to support the first tentative steps toward

43 However rarely it was met in Ireland, a classical education terminating in a bachelor’s degree was a general expectation of medical training.
professional association, but nothing similar in Ireland. Dr. Samuel Hitch, superintending physician of Gloucester Asylum since 1828, founded the Association of the Medical Officers of Hospitals for the Insane (AMOAH) in 1841. A significant part of his job as

TABLE 3.2
THE FIRST MEDICAL MANAGERS OF IRISH DISTRICT ASYLUMS

<table>
<thead>
<tr>
<th>Asylum</th>
<th>Medical manager/resident physician</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belfast</td>
<td>Dr. Robert Stewart (succeeded James Cuming)</td>
<td>1835*</td>
</tr>
<tr>
<td>Clonmel</td>
<td>Dr. James Flynn (succeeded John Hitchcock)</td>
<td>1841</td>
</tr>
<tr>
<td>Cork</td>
<td>Dr. Thomas Power (succeeded Henry Smith)</td>
<td>1845</td>
</tr>
<tr>
<td>Carlow</td>
<td>Dr. Matthew Esmonde White (succeeded William Parsons)</td>
<td>1847</td>
</tr>
<tr>
<td>Limerick</td>
<td>Dr. John Fitzgerald (succeeded John Jackson)</td>
<td>1849</td>
</tr>
<tr>
<td>Maryborough</td>
<td>Dr. Thomas Crowe Burton (succeeded William Abbott)</td>
<td>1850</td>
</tr>
<tr>
<td>Kilkenny</td>
<td>Dr. Joseph Lalor</td>
<td>1852 (opening)</td>
</tr>
<tr>
<td>Killarney</td>
<td>Dr. Martin Shine Lawlor</td>
<td>1852 (opening)</td>
</tr>
<tr>
<td>Omagh</td>
<td>Dr. Francis J. West</td>
<td>1852 (opening)</td>
</tr>
<tr>
<td>Sligo</td>
<td>Dr. John McMunn</td>
<td>1852 (opening)</td>
</tr>
<tr>
<td>Mullingar</td>
<td>Dr. Henry Berkeley</td>
<td>1855 (opening)</td>
</tr>
<tr>
<td>Londonderry</td>
<td>Dr. W.F. Rogan (succeeded David Cluff)</td>
<td>1857</td>
</tr>
<tr>
<td>Richmond</td>
<td>Dr. Joseph Lalor (succeeded Samuel Wrigley)</td>
<td>1857</td>
</tr>
<tr>
<td>Armagh</td>
<td>Dr. Robert McKinstry, (succeeded Thomas Jackson)</td>
<td>1859</td>
</tr>
<tr>
<td>Ballinasloe</td>
<td>Dr. Richard Eaton (John B. McKiernan)</td>
<td>1859</td>
</tr>
<tr>
<td>Waterford</td>
<td>Dr. Thomas Crowe Burton (succeeded John Dobbs)</td>
<td>1863</td>
</tr>
<tr>
<td>Letterkenny</td>
<td>Dr. James A. Eames</td>
<td>1864 (opening)</td>
</tr>
<tr>
<td>Castlebar</td>
<td>Dr. Thomas Crowe Burton</td>
<td>1866 (opening)</td>
</tr>
<tr>
<td>Ennis</td>
<td>Dr. William Daxon</td>
<td>1867 (opening)</td>
</tr>
<tr>
<td>Downpatrick</td>
<td>Dr. George St. G. Tyner</td>
<td>1868 (opening)</td>
</tr>
<tr>
<td>Enniscorthy</td>
<td>Dr. Thomas W. Sheill</td>
<td>1868 (opening)</td>
</tr>
<tr>
<td>Monaghan</td>
<td>Dr. John C. Robertson</td>
<td>1868 (opening)</td>
</tr>
</tbody>
</table>

*Robert Stewart earned his M.D. in 1837
secretary for the organization, a post that he held for many years, was to correspond with asylum physicians throughout the United Kingdom. A fragment of his correspondence survives in Flynn’s letter-book at Clonmel. Flynn could barely disguise his disappointment in his response to Hitch’s query, writing, “...the anomalous position of the Irish Asylums (Lunatic) would draw forth a smile from the member of the Scientific Association which you so ably represent were not the interests of humanity too deeply involved for the indulgence of levity.” 44 By this time, he and Robert Stewart of Belfast were the only two Irish asylum managers licensed as physicians, but the Irish administration had not officially sanctioned them to act as such. Given Francis White’s subtle administrative style, discussed at length in the previous chapter, it is difficult to know how forcefully he intended to pursue this problem or whether he encountered resistance from anywhere else in the administration. As Table 3.2 illustrates, however, he and his successors in the lunacy inspectorate succeeded in filling every managerial vacancy, whether created by death or retirement of a lay manager or the opening of a new asylum, with a medical man.

White secured his place in the inspectorate by virtue of his active involvement in conversations about poor law reform and the role of the medical community in it. He was a close personal and professional associate of the brothers John and Arthur Jacob, the latter of whom was an editor and part owner of the Dublin Medical Press. Given White’s affinity to John Jacob and the appearance of an editorial deriding lay moral management of asylums in the first number of the Dublin Medical Press, it would not be imprudent to

44 James Flynn to Samuel Hitch (17 November 1842). Correspondence book (1835-1843), Clonmel District Lunatic Asylum.
assume that White shared the Jacobs’ position on the question. After 1841, he was in a
good position to effect change.

Such change came with the drafting and publication of the General Rules for the
Government of all the District Lunatic Asylums in Ireland in 1843, more commonly
known as the Privy Council Rules, as they were “made, framed, and established” by the
Lord Lieutenant and Council. The 1843 Rules were generally understood to have been
the work of Francis White and Edward Sugden, then Lord Chancellor of Ireland, who
was deeply interested in lunacy law. Their purpose was to produce “uniformity and
efficiency in the management of these Institutions so much to be desired.”

The local
variation that existed under the somewhat theoretical Armagh Rules was nagging to an
inspectorate tasked with checking the accounts and mediating the occasional staff
conflict, but it was intolerable for an inspectorate expected to devote all its time to the
superintendence of the district system.

The publication of the rules “took the local Governors somewhat by surprise,”
first because no local boards had been consulted on the changes, and second, because
they gave the responsibility of moral and medical treatment to the visiting physician.
The manager still superintended “the whole of the establishment,” but “subject to the
directions of the Physician as to the treatment of the patients.” The rules gave the
physician the explicit responsibility “to direct the course of moral and medical treatment
of the patients.” More specifically, his attendance was “not simply to have the bodily

Asylums in Ireland, 1844, 3.

46 HCPP 1843 (625) Report from the Select Committee of the House of Lords Appointed to
Consider the State of the Lunatic Poor in Ireland, 53.
ailments of the patients attended to, but to assist their recovery by moral or medical means, and to advance medical science in cases of lunacy, through the great range of experience which the public Asylums afford.**47** This arrangement was precisely what the Jacobs had advocated.

Mark Finnane argues that White left the physician-manager question unresolved in the 1843 Rules, and, while technically true, this requires further explication. In spite of the support he received from the administration, White was still the newly-appointed junior partner in the prison inspectorate in 1843, and now half as powerful or influential as he would become as a dedicated lunacy inspector after 1845. For someone interested in increasing the influence of the medical profession in the district asylums, augmenting the role of the visiting physician was more plausible than throwing out or undercutting the authority of eight of the ten managers who did not have medical degrees. In addition, judging by the appointments he promoted for the rest of his career, there is no indication that White ever intended to disturb the supremacy of the visiting physician at all.

From 1845, only medically-qualified men were appointed to manage district asylums. By virtue of hindsight, the intensity of the intra-professional conflict that resulted from this arrangement makes White’s decision to place two physicians in roles likely to lead to direct confrontation look short-sighted in the extreme. After all, if the visiting physician was supposed to direct moral and medical treatment of patients, was the manager/resident physician only a medical clerk tasked with carrying out his orders? Knowing precisely what White intended or expected to happen is difficult given his

penschant for working behind the scenes. Given the appearance of the question in pamphlets and Parliamentary committee reports at intervals, it would be safe to assume that a sustained conversation about the possibility of hiring physicians as managers was happening among the medical community and government. The dearth of sources related to this conversation, however, requires some speculation as to its contours and participants.

Judging from the evidence of Armagh’s visiting physician, Dr. William L. Kidd, at the 1843 Select Committee on Medical Charities, White appears to have been expecting that a stark difference in professional status between the two would prevent conflict. Kidd supposed that medical managers “might be of an inferior class of medical men, merely to see that the directions of the physician were carried into effect, and medicines properly and duly administered.”48 Visiting physicians were not limited to practice in the asylum, and often took a variety of appointments to bolster their private practice. Often, a single man held the most prestigious appointments in the area, including the county infirmary. County infirmary appointments were in the pocket of the College of Surgeons, the flagship corporation of the Dublin medical elite.49 A large professional and social gulf existed between the bulk of provincial practitioners educated at the less expensive and less demanding Scottish universities and the cream of the crop affiliated with the Dublin colleges. When White, a former president of the College of Surgeons, planned for visiting physicians to take the lead in patients’ treatment, he was acting on behalf of the men with whom he shared a close professional and social affinity.

48 HCPP 1843 (412) Select Committee on Medical Charities, 94.

In essence, he was strengthening the grip of the College of Surgeons and the elite practitioners it represented on provincial medical establishments.

White, however, refused to allow that “an inferior class” as low as apothecaries were remotely qualified to carry out such important duties as certifying dangerous lunatics, and attested that “there is no want of qualified Physicians and Surgeons in all parts of Ireland.” Part of White’s defensiveness was due to a typical antipathy for what he and his professional cohort regarded as the cheapening influence of apothecaries on the medical profession, but his protest carries a bit more meaning when considered in light of the quality of managerial appointments made under his aegis. White’s agenda vis-à-vis the medical profession in asylums was apparently for a rising tide to lift all boats, though his visiting physicians would be lifted higher than others.

White appears initially to have been aiming for the middle between lowly apothecaries and licentiates or members of the Dublin colleges as managers: he recommended sufficiently qualified and respectable provincial practitioners, mostly sons of impoverished landlords who were less likely to have been licensed by the College of Surgeons than their visiting-physician colleagues. A Catholic himself, White recommended the appointment of both Catholics and Protestants. Matthew Esmonde White, first visiting physician (1836), then resident physician (1847) at Carlow, came from a prominent Wexford Catholic family comprised largely of justices of the peace, officers of the army and navy, and convent superioresses. Francis John West, appointed to Omagh in 1852, came from a similarly prominent Protestant family in Mohill, county

50 CSORP/1845/G9814.

Leitrim. Martin Shine Lawlor, appointed to Killarney in the same year, was a native of the area, descended from a Catholic landowning family recently impoverished by the Famine.

The Privy Council Rules made no mention of the possibility of medical managers in 1843. There were only two medical managers in 1843. Either Francis White was not certain then that he would succeed in having more appointed, or he and Lord Chancellor Sugden concluded that writing policy for a future state of affairs was undesirable. In any case, the Rules were not revised again until 1862, at which point resident physicians were given unambiguous authority over patients’ treatment.

By 1862, however, the Rules had become an expression of regular practice regarding the relative position of physicians in asylums. From the beginning of White’s inspectorate, and especially from the beginning of the lunacy inspectorate in 1845, White and Nugent advocated a greater medical role for medical managers in addition to carrying on the day-to-day business of the asylums as lay managers had done before. Initially, the idea seems to have been for the medical manager’s qualifications to allay fears that accidents might result in death before the visiting physician could be summoned, or that the latter’s instructions might be carried out incorrectly and result in injury. Some medical managers like Flynn grew frustrated with the discrepancy between regulation and practice, and to them and other asylum staff, including boards of governors, White


53 On his tour through the county in July 1849, Thomas Carlyle dubbed Lawlor’s brother “a repeal landlord” and “a nice polite little fellow, reduced almost to extremities by the potatoe-rot,” http://carlyleletters.dukejournals.org/cgi/content/full/24/1/lt-18490721-TC-JWC-01? and http://carlyleletters.dukejournals.org/cgi/content/full/24/1/lt-18490717-TC-JWC-01? (accessed 10/9/2011).
addressed a clarification in 1849: Flynn and his peers were to be regarded as “resident physicians,” and that they and visiting physicians were to consult with each other on the medical and moral treatment of patients.⁵⁴ Along the same lines, in 1851, White recommended an increased salary for manager Dr. Thomas Burton at Maryborough, “taking into account the increased and important medical duties assigned to [him] as Resident Physician.”⁵⁵

In most cases, resident and visiting physicians carried on their duties cooperatively and efficiently. By the mid-1850s, however, each managerial/resident physician vacancy was drawing several, and in some cases, dozens of young, highly qualified, and highly motivated applicants. Although the inspectors must have resolved any conflict between themselves discreetly, certain episodes revealed the trouble brought on when upward mobility among resident physicians collided with personal influence. Dr. Thomas Crowe Burton, appointed upon the death of William Abbott at Maryborough in 1850, was the nephew of Sir Henry Marsh. Marsh was among the top of the Dublin medical elite, and a personal friend of inspector John Nugent.⁵⁶ Burton not only came from a respectable family, he had a respectable medical education and experience, having served as the staff-surgeon to the Clare Militia, Inspector of Temporary Fever Hospitals during the early years of the Great Famine, and lastly as the physician to the embassy at St. Petersburg. Throughout his tumultuous career in the district asylum system, he carried

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⁵⁴ Francis White to James Flynn, 14 September 1849, in Clonmel District Lunatic Asylum Minute Book, vol. 2.

⁵⁵ CSORP/1851/G2067.

⁵⁶ CSORP/1867/11828.
on private correspondence with Nugent, and his conduct suggests he may have been
given to expect special treatment.

If the visiting physician at Maryborough, John Jacob, had been as disengaged
from the daily working of the asylum as most visiting physicians elsewhere, Burton’s
tenure would have been more successful. Since the opening of Maryborough, however,
Jacob had, with the board’s approval, taken an expansive view of his role as director of
medical treatment, which went beyond even that advocated by White in the 1843 Rules.
He considered himself responsible not only for the bodily and moral treatment of
inmates, but also for the hiring, firing, and payment of staff.

White was inclined by a long acquaintance and shared professional ideals to
support Jacob in this role, but Nugent found little about Jacob to commend. During an
investigation into the conflict that erupted between Burton and Jacob in 1857, after White
had retired, Nugent laid much of the blame on Jacob’s “excitable temper and dictatorial
bearing.”57 Jacob, meanwhile, intimated in his correspondence to the Chief Secretary a
few years later that it was well known among asylum staff that Nugent favored Burton,
and that Nugent and Burton had carried on personal correspondence on issues of
management away from the light of official scrutiny. Consequently, Jacob had decided to
avoid the inspectorate entirely since the investigation.58

In the eleven years Burton remained at Maryborough District Asylum as resident
physician, he managed to alienate his board and staff members at all levels, especially
Jacob. According to Nugent’s report on Burton’s alleged improprieties in late 1857,

57 CSORP/1857/11549.
58 CSORP/1860/21156.
serious disagreements had arisen in 1853, when Burton charged Mr. Vanston, the clerk and storekeeper, with carelessness in his bookkeeping tantamount to fraud. Vanston also served as superintendent to the County Infirmary under Dr. Jacob. Vanston brought counter-charges against Burton, but the board felt it unnecessary to do more than reprimand each party and encourage good behavior in the future.

Soon after, the matron, Mrs. Abbott, repeated rumors to inspector White that Burton, then unmarried, at least acted improperly, and at worst “took liberties” with a number of female servants. She alleged also that he had a relationship with a nurse whom he had promoted without cause, and who had a child shortly after disappearing to Dublin. Mrs. Abbott later withdrew her allegations when the investigation was opened, insisting that they were founded on mere rumor. For his part, Jacob charged that Nugent and one of the governors who attended the institution regularly had threatened to dismiss her if she continued with the charges. Though Burton had been reprimanded by the board for similar allegations over the past few years, the inspectors determined that nothing beyond rumor could be verified.

The immediate cause of their investigation was a strange series of events beginning with Jacob reporting in the morning state book, a record of the physician’s and manager’s observations on the institution and patients made each morning, that a keeper had abused a patient. The keeper in question had been convicted at the previous quarter sessions for beating one patient with a brush-handle and breaking the arm of another. Burton backed the keeper against Jacob’s allegations, and, according to Jacob, had offered the keeper £100 to “follow him up.” Burton denied doing so, but allowed that he
had told others that he personally thought Jacob’s entry in the morning state book was libelous, and that the keeper could seek damages for it if he was so inclined.

The investigation ended with the inspectors suggesting that the Chief Secretary send letters to each party directing them to act according to the dignity of their positions and to seek some harmonious conclusion between themselves. No sooner had the investigation closed, however, than Burton renewed charges that Jacob was again interfering with his duties as manager. This time, Burton alleged that Jacob had refused to sign off on the extra payment of servants standing in for others while off duty, as was required by the Rules.\textsuperscript{59}

The conflict was made a centerpiece of the 1857-58 Commission of Inquiry into the State of Lunatic Asylums in Ireland. The commission was a result of the government’s inability to pass a bill regarding lunatic asylum governance. As discussed in chapter one, in January 1856, the Court of Queen’s Bench had found in favor of the Belfast board, who refused to pay the salaries of chaplains the Lord Lieutenant had appointed. The 1856 bill would have made payment of chaplains mandatory. In the eyes of its supporters, it simply codified existing practice. To detractors, it significantly enlarged the powers of the Lord Lieutenant. The government was beaten by a single vote on the first reading of the bill. Unwilling to pursue a losing cause, a commission was assembled to collect evidence by which a “perfect bill” could be introduced the following year.\textsuperscript{60} As it turned out, no bill--perfect or otherwise--emerged from the commission, but

\begin{flushright}
\textsuperscript{59} CSORP/1857/11549.
\textsuperscript{60} Note of Attorney-General John D. Fitzgerald to Under-Secretary Larcom, 21 June 1856, NLI Ms. 7775.
\end{flushright}
they collected a mountain of evidence on a broad variety of topics related to asylum management.

The 1843 Rules had specified no medical role for the resident physicians who, by the time the commission met, managed all but two asylums. Inspector White was convalescing from a devastating railway accident. Even if he had been available to clarify the resident-visiting physician relationship as he had done in 1849 and 1851, it is doubtful that it would have withstood the scrutiny of a royal commission. Good working relationships existed between physicians everywhere but Maryborough, but the single example of Burton and Jacob, as well as the dissonance between regulations and practice as it had evolved over time, was enough to convince the commission that ambiguous authority in management could not be tolerated.

In evidence given to the commission, visiting physicians, backed by The Dublin Medical Press, argued that they should retain control over medical and moral treatment in the asylum, because resident physicians’ knowledge and skill invariably suffered by their being sequestered in asylums. In the words of Thomas O’Meara, visiting physician at Carlow,

...the diagnosis of disease with lunatics is very difficult. We are obliged to depend in a great measure on the physical signs of a disease more than the symptoms they complain of. They will not complain. Unless a man’s ear is educated and in constant and extensive practice, and his hand is also educated, he will not have the facility that is absolutely necessary to enable him to detect disease under such unfavorable circumstances.  

61 HCPP 1857-58 [2436-I] [2436-II] Royal Commission of Inquiry into the State of Lunatic Asylums in Ireland, 275.
Resident physicians, who were barred from seeking practice outside the walls of the asylum, argued that their constant contact with insane patients, and thus greater familiarity with the ways in which the insane concealed and revealed bodily illness, was more than enough to secure their final authority over patients’ treatment. Arguments proceeded rather simply along these lines throughout the commission and the decades to come, in meetings of medical associations and in the medical and regular press.

The commission uncovered few if any surprises, and instead formalized developments already underway. Comprehensive legislation was tried again and failed again following the commission, which sat through a change in government. Edward Horsman, who spent two tumultuous years as Chief Secretary, resigned in 1857 and was succeeded by Henry Arthur Herbert, whose term was abbreviated by the fall of Palmerston’s government in 1858. Derby’s minority government lasted barely more than a year, which gave his Lord Lieutenant Eglinton and Chief Secretary Bourke (Lord Naas) little time to do anything but become acquainted with the most basic features of lunacy policy. Palmerston and Lord Lieutenant Carlisle returned to government in June 1859, accompanied by Chief Secretary Edward Cardwell, but by then, the momentum had disappeared. In the interim, the inspectors, with under-secretary Thomas Larcom, had determined that most if not all changes to be desired in asylum management could be done with a change in the Privy Council Rules, rather than by act of Parliament. Accordingly, Nugent drew up the rules that assured resident physicians’ (now resident medical superintendents’) superiority in 1862, and thus gave Irish mental medicine a firm foundation on which to build the psychiatric profession.

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62 Larcom to unknown, 10 January 1860, NLI Ms. 7776.
Francis White had been moderate on the roles of resident and visiting physician, and was careful to preserve the respectability and responsibility of the latter. White’s career was over in 1856, however, and Nugent had taken the lead in the inspectorate. Nugent set himself firmly outside the established professional bodies, and cast himself as the protector of asylum medicine as embodied in the resident medical superintendent. Throughout the forty years in which Nugent dominated the inspectorate, he maintained a steadfast commitment to respectability, primarily his own, but also to that of anyone he attached to his own ego. As personally difficult as he proved to be for any number of people, he was almost always an exceptional advocate for resident medical superintendents, and he occupied exactly the right place to make his advocacy count. The appointments Nugent encouraged rapidly evened the disparity of educational and professional attainments between resident and visiting physicians (see Table 3.3).

Under Nugent’s watch the lunacy service became a sort of closed system and a career track. With few exceptions, resident medical superintendents remained in their posts until debility or death. They were rarely asked to resign, and as in the case of Thomas Burton, an individual could continue in the profession for nearly twenty years, garnering complaints from boards of governors and fellow officers at every turn, before
## Table 3.3

### Qualifications of Medical Staff of District Asylums, 1868

<table>
<thead>
<tr>
<th>Asylum</th>
<th>Resident Physician (date of appointment)</th>
<th>Visiting Physician (date of appointment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armagh</td>
<td>Robert McKinstry: MD (1859)</td>
<td>Thomas Cuming: TCD, FKQCPI (1851)</td>
</tr>
<tr>
<td>Belfast</td>
<td>Robert Stewart: MD, Glasgow (1835)</td>
<td>Henry MacCormac: LRCS, professor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Royal Belfast Academical Institute (1849)</td>
</tr>
<tr>
<td>Carlow</td>
<td>M.P. Howlett: LRCSI, LRCP (1866)</td>
<td>Thomas O’Meara: MD, London (1849)</td>
</tr>
<tr>
<td>Castlebar</td>
<td>Joseph Edmundson: MD, St. Andrew’s,</td>
<td>Myles J. de Exeter Jordan: MRCS,</td>
</tr>
<tr>
<td></td>
<td>MRCS, LKQCPI (1863)</td>
<td>LKQCPI (1868)</td>
</tr>
<tr>
<td>Clonmel</td>
<td>James Flynn: AB, TCD (1841)</td>
<td>W.D. Hemphill: FRCSI (1867)</td>
</tr>
<tr>
<td>Clonmel Aux</td>
<td>W.H. Garner: AB, TCD; LRCP (1868)</td>
<td>Samuel Hobart: FRCSEd, MRCS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1846)</td>
</tr>
<tr>
<td>Cork</td>
<td>Thomas Power: LRCSi, LRCP (1845)</td>
<td>[vacant]</td>
</tr>
<tr>
<td>Down</td>
<td>G. St. G. Tyner: LRCSI, LKQCPI (1868)</td>
<td></td>
</tr>
<tr>
<td>Ennis</td>
<td>William Daxon: MD, QUI; FRCSI (1867)</td>
<td>Patrick M. Cullinan: MB, TCD; FRCSI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1868)</td>
</tr>
<tr>
<td>Enniscorthy</td>
<td>Thomas W. Shiell: MB, TCD; LRCSI</td>
<td>Thomas G. Cranfield (1867)</td>
</tr>
<tr>
<td></td>
<td>(1862)</td>
<td></td>
</tr>
<tr>
<td>Kilkenny</td>
<td>Barry Delany: MD, QUI (1857)</td>
<td>Lewis C. Kinchela: MD, Edin (1852)</td>
</tr>
<tr>
<td>Killarney</td>
<td>Martin Shine Lawlor: MD (1852)</td>
<td>Walter Wm. Murphy: MD, Edin; MRCS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1852)</td>
</tr>
<tr>
<td>Letterkenny</td>
<td>James Alex. Eames: FRCSI (1866)</td>
<td>Henley Thorp: FRCSI (1866)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LKQCPI (1859)</td>
</tr>
<tr>
<td>Londonderry</td>
<td>Edward Smith: AB, MB, TCD; LRCSI</td>
<td>B. White: MD, Edin; FRCSI (1854)</td>
</tr>
<tr>
<td></td>
<td>(1868)</td>
<td></td>
</tr>
<tr>
<td>Maryborough</td>
<td>Joseph H. Hatchell: LKQCPI, LRCSI</td>
<td>David Jacob: MD, QUI; FRCSI (1863)</td>
</tr>
<tr>
<td>Monaghan</td>
<td>J.C. Robertson: LRCP (1868)</td>
<td>[vacant]</td>
</tr>
<tr>
<td>Mullingar</td>
<td>Henry Berkeley: MD (1852)</td>
<td>J. Ferguson: MD (1852)</td>
</tr>
<tr>
<td>Omagh</td>
<td>Francis J. West: MRCS (1852)</td>
<td>Henry Thompson: MD, Glasgow; FRCSI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1852)</td>
</tr>
<tr>
<td>Richmond</td>
<td>Joseph Lalor: MD, Glasgow; LRCSI</td>
<td>Richard Tuohill: MD, Edin; FRCSI</td>
</tr>
<tr>
<td></td>
<td>(1857)</td>
<td>(1851)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J.F. Banks (1852)</td>
</tr>
<tr>
<td>Sligo</td>
<td>John McMunn: LKQCPI (1852)</td>
<td>William S. Little: MB, TCD; LRCSI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1852)</td>
</tr>
<tr>
<td>Waterford</td>
<td>Frederick MacCabe: LKQCPI (1865)</td>
<td>P.R. Connolly: LKQCPI, LRCSI (1856)</td>
</tr>
</tbody>
</table>

LM: licentiate of midwifery  MB: bachelor of medicine  AB: bachelor of arts  
L=licentiate  M=member  F=fellow  
JP: Justice of the Peace  
RCPEd, RCSEd: Royal College of Physicians/Surgeons of Edinburgh  
RCP, RCS: Royal College of Surgeons of England  
KQCP  KQCPI: King and Queen’s College of Physicians of Ireland  
RCSI: Royal College of Surgeons of Ireland  
QUI: Queen’s University of Ireland
finally being forced out.\textsuperscript{63} Having such close ties to Nugent, as Burton did, certainly helped. Transfers of staff between asylums were only used secondarily to resolve differences. Beginning in the 1860s, Nugent promoted experienced superintendents to newer and larger asylums with greater duties and more substantial salaries. The quality of physicians appointed as superintendents continued to rise, so that by the latter decades of the nineteenth century, most were at least licentiates of the Royal College of Surgeons of Ireland, and not a few members and fellows.

If the revision of the Privy Council Rules in 1862 was a death knell for the visiting physician as a major figure in asylum staff, the 1870 revision was the nail in the coffin. Under the 1870 rules, again written in large part by Nugent, assistant medical officers were to be appointed to relieve the resident medical superintendent of the more mundane aspects of day-to-day medical practice, streamline the chain of command, and most important, to gain the experience necessary to become a resident medical superintendent. Each successive revision of the Privy Council Rules further marginalized the visiting physician, until the post was abolished in 1892 under the new inspectors Edward Maziere Courtenay and George Plunkett O’Farrell.

According to most professionalization theory, the Irish psychiatric profession does not deserve the label “profession” until sometime in the twentieth century. It was then that medical schools began offering regular courses and examinations in psychological medicine and Samuel Hitch’s mid-century Association of Medical Officers

\textsuperscript{63} The exceptions here are in cases of sexual scandal or abuse of patients. Patrick McCaffrey, a lay manager, was forced to resign from Carlow in 1842 after a young servant became pregnant. Dr. William Heise, visiting physician at Ballinasloe, resigned and fled the country in 1846 after confessing that he had gotten a young patient pregnant “in a fit of insanity.” Dr. Robert Fitzgerald, resident medical superintendent at Limerick, was forced to resign in 1873 after an investigation into the drowning death of a patient held him culpable.
of Asylums and Hospitals for the Insane had matured into the Medico-Psychological Association, a body capable of monitoring the professional development and standards of its members. In the single article treating the professionalization of Irish psychiatry, Mark Finnane emphasizes its late development in these areas.64

Following the classic definition grounded in knowledge and association, however, directs attention away from the source of power that makes the claim of profession meaningful. Moreover, it leaves historians with a group of practitioners whose careers and experience were distinct from that of the rest of the Irish medical profession, who saw themselves as distinct from the rest of the medical profession, and whom government treated as distinct from the rest of the medical profession for at least fifty years before it could be said to conform to an ideal professional type.

The intra-professional squabbles carried out on behalf of resident and visiting physicians between bodies like the Medico-Psychological Association and publications like The Dublin Medical Press (from 1839), the Dublin Quarterly Journal of Medical Science (from 1846), and the British Journal of Mental Science (from 1858) were certainly important in promoting cohesion among Irish asylum physicians. But to argue, as Finnane does, that the consolidation of authority in the resident medical superintendent “was achieved through a war of pamphlets and medical journalism, given weight by the organised strength of the Medico-Psychological Association,” is to overlook the most salient fact of the Irish case: the power of the executive government to shape institutional organization and practice.

The discussions carried out in meetings and journals were secondary, both in chronology and importance to the *fait accompli* wrought by government policy. As early as the 1840s, Irish physicians had participated in the Association of Medical Officers of Hospitals for the Insane, but participation was generally very low. Sporadic efforts were made to corral Irish members into the association, but even when the annual meeting of the new Medico-Psychological Association was moved to Dublin in 1861, only eight of the fifteen resident physicians attended. When association members passed resolutions advocating policy change, they only seconded changes already completed or well under way.

At their annual meeting in 1857, the members of the Medico-Psychological Association urged the Chief Secretary to appoint medically-qualified men exclusively to manage district asylums. Appointing medical men had been part of Francis White’s agenda at least from the beginning of the lunacy inspectorate in 1845 if not before, however, and the last non-medical manager had received his appointment in 1842. This observation is not a serendipitous pattern made obvious by hindsight. In the ten years preceding the Association’s plea, the Chief Secretary had appointed no fewer than seven medical men to manage district asylums, and six of those seven were assigned to newly-opened asylums. Similarly, when the Association adopted a resolution at a meeting in 1888 urging the Chief Secretary to require that the appointment of resident medical superintendents be conditional on having served as assistant medical officers in asylums, the Chief Secretary’s clerk responded that such had been the practice for quite some
time. After the inspectors decided in 1892 to replace visiting physicians with assistant medical officers, Conolly Norman, the honorary secretary for the Association and the resident medical superintendent of Richmond asylum in Dublin, launched an exhaustive defense of maintaining the medical and managerial supremacy of superintendents in asylums. This was a foregone conclusion, and had been for thirty years.

The real work of the Association and journals was to refine the character and boundaries of the rough sketch of the profession created for them by the inspectorate on behalf of the executive. Though resident physicians clung to their identities as medical men, and worked to secure authority over medical treatment in the institution, the executive had defined their position as primarily administrative. Faced with a competing medical authority in the institution, they had to carry out the intra-professional debate in medical terms. Essentially, resident medical superintendents of district asylums justified their authority using medicalized rhetoric to bolster their essentially non-medical role. It was only after visiting physicians were finally replaced by assistant medical officers in 1892 that resident medical superintendents could comfortably acknowledge the extent to which their specialty relied on administrative, supervisory skill.

Resident physicians grounded their claim to expertise equally in knowledge of the law and diagnostic acumen, both of which were fostered by experience in institutions intended to relieve the functional public from the burden of its dysfunctional members. In an 1860 review of the medical profession in the British isles, William Dale wrote of asylum physicians,

65 CSORP/1888/11002. The file no longer exists: this information is contained in the index for 1888.

66 CSORP/1893/6821.
Indeed, although in many cases it is well known that little can be done in the way of ‘ministering to a mind disease,’ the medical man is the person consulted, and upon him the main dependence is placed; and, moreover, to him and to him alone, are committed the power and responsibility of separating such patients from their families, and placing them in circumstances of confinement and restraint. In other words, he is expected to know and to decide, in any individual case, whether such separation and confinement be necessary or not.  

The resident medical superintendent was responsible in part to the community he served, and the local authorities who paid his salary. In Britain, however, the “mixed economy system” of private licensed houses and Poor Law Board-regulated county asylums allowed for greater independence on the part of asylum physicians. Because the Irish district asylum system was so heavily centralized under the authority of the executive in the guise of the lunacy inspectorate, from its earliest years to the Local Government Act of 1898, the Irish superintendent’s primary responsibility was to the government for whom he provided a valuable and specialized service. 

CHAPTER 4: 
REVISITING A “DEMOGRAPHIC FREAK”

If the top of the organizational pyramid was the Irish Executive, immediately followed by lunacy inspectors, and then asylum physicians and staff, the pyramid’s broad base was the tens of thousands of patients who spent varying amounts of their lives behind asylum walls. The preceding chapters have clarified the development of the various levels of asylum bureaucracy by focusing on individuals and their idiosyncratic motives. This chapter seeks to do the same for the population who provided asylum officials, inspectors, and associated staff with a raison d’être by asking why patients were sent to the asylum, what happened to them after admission, and most importantly, how we should understand these processes. In this chapter, I will review existing literature that emphasizes the influence of socioeconomic factors in committal. Using longitudinal data from inspectors’ annual reports on district asylums, I will propose an alternative interpretation that refocuses attention on the biological fact of mental illness by examining long-term psychological effects of exposure to famine. I will then assess the efficacy of the therapeutic regimen available at Irish asylums in treating what ailed patients, and consider the broader problem of defining mental illness in post-Famine Irish society.
The demographic features of the Irish asylum population have been the focus of historians’ efforts thus far. Post-Famine Ireland has been called a “demographic freak,” as considerable emigration, reduced rates of marriage, and increased age of marriage conspired to produce a steadily dwindling population, a rarity among modernizing societies.\textsuperscript{1} Why did Ireland’s asylum population continue to grow in the face of a shrinking general population?

This question, and the answers that follow, engage three separate historiographies: those of lunatic asylums generally, the Great Famine of 1846-52, and of history of medicine in Ireland. First, it addresses a persistent question in the history of psychiatry by arguing that the size and composition of asylum populations change as a result of observable biological events, in addition to social or economic change that is usually perceptible only from a distant perspective. Asylum populations throughout the developed world experienced dramatic growth from the beginning of the nineteenth century through the middle of the twentieth. This has drawn considerable attention from historians of psychiatry, but there is still considerable disagreement about its causes.

Since Michel Foucault’s \textit{Folie et Déraison} opened the door for historians to interpret insanity as a socio-political rather than biological phenomenon, most have attributed asylums’ growth to social, rather than biological factors.\textsuperscript{2} The eminent

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189
historian of medicine Roy Porter was no great lover of Foucault, but he was as indebted to his work as any who succeeded him. For Porter, English madhouses in the Georgian period were an artifact of a modernizing culture, a resource “which a society with increased economic surplus and pretensions to civilization first found it could afford, and soon found it could not do without.”

In late eighteenth and early nineteenth-century Britain, the administration of lunatic asylums passed from the hands of clergymen and interested laymen to medical professionals, who Andrew Scull argues were eager to capitalize both financially and professionally on the lunacy problem by expanding its nosological boundaries. At the same time the supply of asylums was increasing, so was demand. Professional staff and growing admissions helped to legitimize the nineteenth-century asylum, thus lowering the threshold for odd or troublesome behavior families were willing to tolerate.

Those historians who have been less apt to follow a Foucaultian line tend to be “clinical historians.” They take a different view, arguing that the expansion of lunatic asylums reflected an actual increase in the incidence of mental disease in the late nineteenth and early twentieth centuries, rather than a merely apparent increase attributable to heightened family strife and ready-made institutions to accommodate it.

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5 There is a fundamental divide between social historians and clinical historians, the former pursuing questions about social contexts of insanity and institutionalization, the latter pursuing questions about the evolution of psychopathology, and little common ground in between. See German E. Berrios, *The History of Mental Symptoms: Descriptive Psychopathology Since the Nineteenth Century* (Cambridge: Cambridge University Press, 1996), ch. 1.
Among these are Edward Hare and E. Fuller Torrey, who propose that schizophrenia in particular is a disease of the modern world. Historian Edward Shorter has bridged the divide somewhat by attributing the increase in hospitalization to a change in the emotional relations between family members due to modernizing economies as well as a rise in incidence of certain pathologies, namely neurosyphilis, alcoholism, and schizophrenia.

The disagreement between social historians and psychiatrist-historians rests on the question of “fixed incidence,” which has yet to be answered fully. Recent research suggests, however, that when nosological inconsistencies, changes in catchment populations, differences in committal procedures, and other confounding factors are taken into account, the incidence of schizophrenia and other serious mental illness is not constant over space or time. Some contemporary Irish psychiatric researchers argue that geography is important, as incidence of schizophrenia and affective psychoses is found to be higher in urban than rural areas, while others have found a decline in the incidence of schizophrenia among Irish people born after 1940, a decline that has been more

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precipitous for women than men. Similarly, Finnish researchers have observed a “significant” drop in incidence of schizophrenia from .79 to .53 per 1000 among males, and .58 to .41 per 1000 among females in the cohort born between 1954 and 1965. These twentieth-century studies do not have much to report about causes of the decrease of schizophrenia in Ireland and Finland, respectively; however, they and the research presented below do tend to confirm Shorter’s basic observation that “psychiatric illness is real and that it can change in frequency depending on social circumstances that might affect mind and brain.”

This chapter seeks to reorient the historiography of Irish psychiatry in a similar direction. For better or worse, public asylums were by the end of the nineteenth century an integral part of the Irish landscape. While the general population was reduced almost by half by mortality during the Famine and emigration thereafter, the number of people in district asylums increased exponentially. In 1833, there were 558 patients in five public asylums. In 1899, there were just shy of 16,000 in twenty-three.

Historians of Irish asylums have tended to follow the lead of Foucault and the social historians of medicine. Mark Finnane and Elizabeth Malcolm have argued, for


12 Shorter, *History of Psychiatry*, 48. The claim Shorter makes regarding neurosyphilis cannot be adequately evaluated in the Irish context. In their 1866 report, the Inspectors of Lunatic Asylums said that 98 of the 400 deaths in district asylums that occurred in the previous year were due to ‘general paralysis, as it is termed, of the insane,’ but did not report deaths due to general paralysis on an annual basis. Instead, deaths were grouped into ‘cerebral affections,’ ‘thoracic affections,’ and so on, making a distinction between general paralysis and cerebral hemorrhage or stroke, for example, impossible.
example, that economic factors like emigration, a shift to primogeniture, and consolidation of land created “surplus” adult children. In a society increasingly bereft of family resources, both emotional and financial, they argue that the oddities of these adult children could be overstated to allow for committal to a lunatic asylum, thus relieving remaining family members of a significant burden. These arguments are plausible given the state of Irish lunacy laws, of which one deserves special mention. The Dangerous Lunatics Act was passed in 1838 to ensure the certification and conveyance to the asylum or gaol of “any person...discovered and apprehended in Ireland under circumstances denoting a derangement of mind, and a purpose of committing some crime, for which, if committed, such person would be liable to be indicted.” The signatures of two magistrates and a medical man were required for certification, and disposal of the dangerous lunatic in question depended on availability of space. If the asylum was full, she or he was sent to the gaol to await a vacancy. Up to 1838, only the Lord Lieutenant, governors, and managers of district asylums could admit new patients. This act expanded the powers of committal to magistrates and physicians unaffiliated with the asylum and insensitive to its administrators’ concerns about space and expense, and thus broadened the potential asylum population significantly and immediately.


14 1 Victoria c. 27
An amended Dangerous Lunatics Act was passed in 1867 that allowed magistrates to bypass the gaol entirely. In doing so, it opened the floodgates. Asylum superintendents were expected to immediately admit dangerous lunatics upon the magistrates’ certificate. This act made committal very easy, a fact which historians of Irish asylums have rightly emphasized, as it certainly contributed to the great numbers of people committed in the last third of the nineteenth century. Because little in the way of corroboration was required for a warrant, some historians have speculated that scores of possibly violent but likely sane individuals were committed as dangerous lunatics.\(^{15}\)

Indeed, there is not often much in physicians’ casebooks to say how serious the threats or assaults were, and whether they were rational responses to actual grievances or irrational responses to imagined ones. What is certain, however, is that after 1838 but much more so after 1867, families and communities rather than agents of the state or nascent psychiatric profession became the prime movers in the committal process.\(^{16}\) Under such circumstances, the asylum could well become an “arbiter of social and familial conflict.”\(^{17}\)

Given the quantity and nature of surviving records and perennially questionable features of psychiatric nosology, historians’ predilection for exploring the social rather

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\(^{16}\) In the few decades before and after the Famine, Dangerous Lunatics committals accounted for only a quarter of all asylum admissions. Immediately after the amending act passed in 1867, such committals rose significantly, but still accounted for less than half of all asylum admissions in the early 1870s, the majority being “ordinary” or “urgent” admissions controlled by asylum boards and asylum managers or physicians. Dangerous Lunatics committals peaked around the turn of the century at upwards of 70 percent of all admissions.

than epidemiological aspects of mental disorder is understandable.\textsuperscript{18} For most of the nineteenth century, asylum physicians and inspectors used diagnostic categories that were impressionistic at best. Mania contrasted with melancholia, dementia referred to a loss of intellectual or reasoning power, and epilepsy was identified by recurring “fits” or seizures. Mania was by far the most common diagnosis over time (see figure 4.1), and usually referred to a pathological abundance of mental and/or physical energy, even energy directed toward attempted suicide. Conversely, melancholia usually referred to a pathological lack of mental and/or physical energy. Judging by the notes in their casebooks, physicians appeared far less interested in developing and using diagnostic criteria than describing the causes for patients’ admission, and the symptoms they showed or did not show while in the asylum. They used descriptive phrases to talk about patients’ illness, many of which leave a lot of room for interpretation: “foolish speaking,” “incoherent speaking,” “morose and sullen.”\textsuperscript{19} All of these could, but do not necessarily point to mental illness. It is this flexibility that historians have emphasized in suggesting that sane but intolerable behavior or mere eccentricity, rather than serious mental disturbance, was enough for committal.

\textsuperscript{18} The ongoing revision of the \textit{Diagnostic and Statistical Manual of Mental Disorders}, for example, generates regular critiques in both the medical and popular press.

\textsuperscript{19} Omagh Physicians’ Casebook, HOS/29/1/6/1
Certainly, committal should not be regarded as iron-clad proof of mental illness, and the line between social and organic disease is often too fine to draw. However, historians of Irish asylums have hitherto operated on the assumption of fixed incidence: if susceptibility to mental illness is constant over space and time, then changes in incidence must be attributed to social factors. If, however, incidence varies without reference to changes in mental health law or diagnostic practices, as suggested by contemporary psychological and epidemiological research, we should be careful not to neglect the existence of organic disease and its consequences, which may be considerable in the Irish case.
4.1 The Patient Population

Who was in the asylum, and how did the population change over time? The most detailed records relating to patients and available to researchers are physicians’ casebooks, admissions, death, and discharge registers, committal warrants, and correspondence with physicians. All are in short supply, particularly casebooks and correspondence, which contain the most detailed records of patients’ lives. For example, in Northern Ireland, all of the existing records from public asylums in the six counties are held at the Public Record Office in Belfast. Even with excellent preservation, only two volumes of physicians’ casebooks exist, and only for Omagh from the 1880s onward. Many volumes of records from Richmond and Sligo have been preserved at the National Archives in Dublin, but include mostly minutes of boards of governors. Sligo casebooks are similarly restricted to the latter years of the nineteenth century. Assorted sources from Cork, Ennis, and Clonmel are held at local archives in counties Cork, Clare, and Tipperary respectively, but records from the majority of asylums in the republic of Ireland remain both inaccessible to researchers and unprovided-for in national legislation.\(^\text{20}\) In order to get an accurate sense of who comprised the patient population, and how it changed over time, existing manuscript records are best used in accompaniment to the fuller and more consistent records emanating from Dublin Castle.

The most complete source of information about patients in Irish district asylums is the series of annual reports published by the inspectors of lunatic asylums from 1845 to

\(^{20}\) Journalist Fintan O’Toole published a scathing critique of public policy regarding the archives of health-related institutions in Ireland in the *Irish Times* (4 April 2010).
1919.21 Except in rare instances, when cases notable for the difficult or novel legal problems they posed were presented in anonymized form, reports contained population-level data such as numbers of patients in each asylum, numbers of males and females, patients’ ages, types of committal, forms of disease, and length of stay. Although many categories changed over time according to the predilections of the inspectors, it is possible to trace changes that reveal trends of social and epidemiological significance.

Historians have been careful to remind readers that poor people were not exclusively committed to Irish district asylums. In England and elsewhere, there were a variety of institutions available for patients and families who could afford to pay some amount for their maintenance. In Ireland, there were district asylums funded out of county rates, private asylums funded by expensive fees (£80 or more charged per patient annually), and only Swift’s/St. Patrick’s in Dublin in between, so that everyone who couldn’t afford a private asylum had to resort to the district asylum.22 The great numerical disparity between the poor and the well-to-do in the general population, however, ensured that over half of asylum inmates came from impoverished, usually agricultural backgrounds.

Because admission did not require one to be absolutely destitute, the asylum population was far more diverse than that in the workhouses, which may help to account

21 There are some exceptions to the “annual” rule at the beginning and end of this period due to apparent difficulty in starting a routine of information-gathering in the early years and war with England in the later years.

for the lesser stigma attached to residence in the asylum. According to Mark Finnane, who relies on the early twentieth-century account of playwright and erstwhile folklorist J.M. Synge, “The union [workhouse], a home of refuge for ‘tramps and tinkers,’ was looked on with supreme horror by the peasants; the asylum they knew better.”23 The institutional regimes were certainly different--one disciplinary, the other custodial and therapeutic--but they were intimately associated by virtue of their respective populations. The extent of transfer of inmates between asylums and workhouses varied temporally and geographically, but it was not uncommon to admit patients from the workhouse when they became violent or unmanageable, and to discharge patients to workhouses when family members could not be engaged to bring them home again.

23 Finnane, Insanity and the Insane, 129.
Together, the workhouses and asylums formed a welfare network for families at their wits’ end dealing with troubled and troublesome relatives or extreme financial distress, which then as now, often occurred together. The two institutions experienced different changes in size and scope after the Famine, however (see figure 4.2). After reaching a population of over 200,000 at the height of the Famine, workhouse populations plummeted, settling at a per capita rate of about 1 per 100 throughout the rest of the century, varying according to the caprices of the growing season. The introduction of the Old Age Pensions Act in 1909 enabled many of the pauper elderly who resided in workhouses to live out their days at home, which resulted in a further emptying of those institutions until they were converted wholesale into general hospitals. District asylums, however, experienced continued growth well into the twentieth century.
In terms of level of education (measured by ability to read and write), the patient population mirrored the general population in 1861. About half of men and about 35% of women could read and write, a further 16% of men and 23% of women could read only, and about a quarter of men and 35% of women could neither read nor write. By 1891, the asylum population was more literate, but not as literate as the general population (see figure 4.3). Literacy is a common corollary of poverty (see figure 4.4).²⁴

²⁴ The United Nations’ Human Development Index (HDI), which includes adult literacy as a measure of socioeconomic development, has been criticized by scholars for, among other things, approaching the measurement of national characteristics for purposes of comparison.
Figure 4.4 Education of various populations, 1891

Figure 4.5 Sex of various populations, 1845-1915
Although females predominated in the general population, among asylum residents in general, males were more numerous, as shown in figure 4.5. Elizabeth Malcolm has used committal warrants and physicians’ casebooks to argue that there was a robust relationship between the high levels of emigration that characterized the post-Famine west and committal to asylums there. In an era of land consolidation, a shift to primogeniture, and reduced rates of marriage, emigration was a safety valve for a young, single, landless, and increasingly female cohort. Unmarried men, who for whatever reason were unable to escape the constraints of the households of their birth, and resultant family strife through emigration, therefore ended up in the asylum in disproportionate numbers. Malcolm’s analysis is persuasive to a point, but it does not take into account the leveling off of disparity between married and single men and women between the middle and end of the nineteenth century (see figures 4.6 and 4.7), nor does it take into account the effect of asylum residence on the chances of marriage thereafter. In addition, it may not be necessary to refer to social stresses due to major demographic shifts in order to explain the preponderance of men in Irish district asylums. While relatively stable over time, at least after 1870, gender disparity varies geographically, and has no reliable relationship with the demographic features of different districts including gender balance and rate of emigration. The overrepresentation of men in asylums could simply have been due to the greater frequency with which men were committed as dangerous lunatics, as men were seen to pose a greater physical threat than women, thus requiring the security a
district asylum provided. In 1885, for example, 71% of men and 59% of women were committed as dangerous lunatics.²⁵

Figure 4.6 Marital status of various populations, 1861

²⁵ Twenty-Ninth Report, 52.
Differences in internal arrangements of asylums, and limitations of physical space also helps to account for variation. In response to demand, more beds were generally provided in male divisions than female, and an initially small disparity may have grown over time. There are two exceptions to note in terms of gender imbalance. First is a reversal of the national trend in Dublin. Between 1860 and 1890, women outnumbered men in the Richmond asylum in Dublin, even beyond their numerical superiority in the district (see figure 4.8). Drawing on Malcolm’s argument about marginality in society, this pattern may reflect the more precarious social position of young women unaccompanied by family who flocked to the city in search of employment, usually in
domestic service. Second, where men tended to be slightly overrepresented in mostly rural districts, they were significantly overrepresented in the asylum at Letterkenny in County Donegal (see figure 4.9). The male-to-female ratio in the county grew from 94:100 to 101:100 in the period between 1871 and 1911, but the ratio in the asylum

Figure 4.8 Sex of patients, Dublin, 1841-1911

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fluctuated between 131:100 and 204:100. Emigration became common there in the later decades of the nineteenth century, but Donegal suffered the same percentage population loss from 1851 as County Mayo, with no similar effect on Castlebar’s asylum population. Seasonal migration, however, appears to have been more common, more central to the struggle for subsistence, and more linked with “immiseration rather than betterment” in the remote western districts of Donegal than similar districts in Connacht. More research is needed to tease out these potentially significant differences in patterns of committal, but it is quite possible that constant movement of laboring men in search of

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wages to pay rent pressed more heavily on family relationships and their ability to withstand hardship than one-off emigration.

As historians have shown, changes in the Irish asylum population can reveal significant demographic shifts in the general population. Historians have not, however, sufficiently dealt with the possibility that biological and psychological factors, in addition to socioeconomic factors, affected the size and shape of the asylum population over time. Their oversight is all the more surprising because lunacy inspectors, writing in 1914, concluded that a particular generation suffered greater mental illness than their near cohorts. Using census returns from 1861 to 1911, which took account of “insane and idiots” throughout Ireland in every kind of accommodation, public and private, Drs. Thomas Considine and William Dawson reduced the figures into four age groups: under twenty, twenty to forty-four, forty-five to sixty-four, and over sixty-five. Judging by the proportion of the insane and idiotic population in each age group, they identified a twenty-year trend that “appear[ed] to indicate an exceptional number of insane and idiots derived from the population born during the decade 1841-51.” The inspectors cautioned against treating the figures as perfectly authoritative, as increased emigration and reduced rates of marriage had changed the age structure of the general population in ways that were not represented in their table, but concluded nevertheless, “It seems probable that children born and partially reared amidst the horrors of the famine and the epidemics of disease that followed it were so handicapped in their nervous equipment as to be weak-minded from the start or to fall victims to mental disease later.”

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research on nutritional illness, psychological trauma, and psychiatric epidemiology carried out since the inspectors’ 1914 observations on incidence of mental illness among a certain cohort demonstrates that they should be taken seriously.

After the Famine, due to mortality, emigration, and declining rates of marriages (though not necessarily marital fertility), the age structure of the general population in Ireland became weighted toward the older end of the spectrum (see figure 4.10). Demographic change of this magnitude would have been readily apparent to asylum staff. By the early twentieth century, lunacy inspectors had begun shifting insane workhouse inmates, most of whom were elderly, to district asylums, so that by 1900, 20% of asylum admissions had come from workhouses.29 This necessarily meant that a greater proportion of asylum patients were over the age of fifty, but the number of elderly asylum patients remained proportional to their cohort in the general population, as seen in figure 4.11. On the whole, the asylum population remained relatively young, and the largest per capita rates of admission between the census years of 1861 and 1901 were associated with those in their thirties (see Table 4.1).

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29 Fifty-Fourth Report, xiv.
Figure 4.10 Age of general population, 1841-1911

Figure 4.11 Age of district asylum population, 1846-1909
## Table 4.1

**Patients Admitted to District Asylums, Per 100,000 Population**

<table>
<thead>
<tr>
<th>Age</th>
<th>1861</th>
<th>1871</th>
<th>1881</th>
<th>1891</th>
<th>1901</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-30</td>
<td>38.06</td>
<td>80.62</td>
<td>89.70</td>
<td>110.76</td>
<td>133.12</td>
</tr>
<tr>
<td>30-40</td>
<td>37.55</td>
<td>95.41</td>
<td>98.16</td>
<td>128.50</td>
<td>153.92</td>
</tr>
<tr>
<td>40-50</td>
<td>33.47</td>
<td>69.03</td>
<td>89.21</td>
<td>120.78</td>
<td>63.97</td>
</tr>
<tr>
<td>50-60</td>
<td>31.56</td>
<td>59.92</td>
<td>60.22</td>
<td>94.84</td>
<td>120.43</td>
</tr>
<tr>
<td>60+</td>
<td>15.73</td>
<td>34.09</td>
<td>23.77</td>
<td>26.52</td>
<td>73.55</td>
</tr>
</tbody>
</table>

Source: *Annual Reports of Inspectors of Lunatics, Ireland, 1862-1902* and *Census of Ireland, 1861-1901*.

Generally, the second largest per capita rates of admission were among those in their twenties, although between 1881 and 1891 they were surpassed by those in their forties. Per capita admission rates per age group can only be calculated at individual census years, which may help to explain some variability. Overall, though, the pattern holds over time: Irish people were most prone to committal to asylums in their thirties and twenties.

One way to interpret these data is to conclude, as most historians have done, that the period of life is more significant than the peculiar circumstances of any specific cohort’s birth and childhood. It is a logical conclusion, and it fits with what psychiatric professionals know about the age of onset of much chronic mental illness. There is more to this story, however. Closer attention to changes in the pattern of committals in the decades after the Great Famine, notably in the west of Ireland where the Famine’s effects were most severe, reveals other, more contingent contours in the epidemiology of mental illness. In sum, these changes suggest that the biological experience of famine had psychological effects that lingered for long after it was declared to be over.
Per capita rates of committal are unreliable as measures of incidence (occurrence of disease per population) for a few reasons. First, re-admissions comprised between 15 and 23 percent of all admissions between 1856 and 1919. A normal pattern for these patients would have been an initial admission at the first signs of illness, followed by periodic discharges and re-admissions until a final admission, after which the patient likely spent the rest of his or her days behind the asylum walls. The several years following adolescence are the most active in terms of appearance of severe psychological symptoms. The median age of onset for schizophrenia has been shown in twentieth-century populations to be 25 for men, and slightly older (28) for women, although these are better understood as the ages at which illness becomes unmanageable without intervention, rather than the ages at which individuals begin showing more subtle symptoms such as withdrawal from peers and an inability to communicate productively. The median age of onset for other serious mental illness is similar: 25 for bipolar disorder, 19 for obsessive-compulsive disorder, and “early adulthood” for borderline and other personality disorders, for example.

Tempting as retroactive diagnosis may be, we cannot transpose contemporary disease entities onto the past. The term “schizophrenia,” for example, was only coined in

30 Malcolm, “‘The House of Strident Shadows’: The Asylum, the Family, and Emigration in Post-Famine Rural Ireland,” in Medicine, Disease and the State in Ireland, 1650-1940, ed. Greta Jones and Elizabeth Malcolm (Cork: Cork University Press, 1999), 180-181.


1908 by Eugen Bleuler to rename and re-conceptualize a disorder similar to what Emil Kraepelin had been calling “dementia praecox” since the late 1880s. Where Kraepelin’s dementia praecox was a disorder characterized by disintegration of the intellect (a premature dementia), Bleuler’s schizophrenia was a fundamental division between perception and the intellect (a split mind). The primary characteristic of the history of psychiatry is changing nosologies, which makes retroactive diagnosis difficult on an individual level, and virtually impossible on a population level. We can, however, draw the general conclusion that many individuals admitted to asylums in their late teens and twenties were dealing with the first unmistakeable manifestations of serious mental illness, which might subside from time to time, but in most cases would continue to revisit them for the rest of their lives. Unfortunately, we do not have age-specific data that distinguishes between first and re-admissions, so per-capita admission rates are unreliable as measures of psychiatric morbidity among various age groups.

In addition, if we take committal to represent evidence of mental illness, which is problematic in any case, then the gross number of committals is significant. But if, as the case was in Ireland, asylums were normally filled to capacity and demand remained consistently high, then per-capita rates of committal in certain years are evidence only of how quickly managers and physicians could turn over their patient populations, or how efficiently they could rearrange furniture to accommodate extra patients, rather than how prevalent insanity had become in the general population. As Oonagh Walsh has astutely observed, “there were always more applicants than there were beds, so that the less
serious cases were simply not admitted. The admission records which survive therefore provide a picture of the “successful” cases, not necessarily one of actual need.”

There are other ways to measure changes in morbidity over time. Focusing on the change in per capita admissions from one census year to the next, rather than on the largest per capita rate of committal in individual census years switches our perspective from the snapshot to the long view. In the long view, an unmistakeable pattern attached to a specific cohort emerges.

**TABLE 4.2**

<table>
<thead>
<tr>
<th>Age</th>
<th>1861-1871</th>
<th>1871-1881</th>
<th>1881-1891</th>
<th>1891-1901</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-30</td>
<td>111.82</td>
<td>11.26</td>
<td>23.48</td>
<td>20.19</td>
</tr>
<tr>
<td>30-40</td>
<td>154.09</td>
<td>2.88</td>
<td>30.91</td>
<td>19.78</td>
</tr>
<tr>
<td>40-50</td>
<td>106.24</td>
<td>29.23</td>
<td>35.39</td>
<td>-47.04</td>
</tr>
<tr>
<td>50-60</td>
<td>89.86</td>
<td>0.5</td>
<td>57.49</td>
<td>26.98</td>
</tr>
<tr>
<td>60+</td>
<td>116.72</td>
<td>-30.27</td>
<td>11.57</td>
<td>117.35</td>
</tr>
</tbody>
</table>

Source: *Annual Reports of Inspectors of Lunatics, Ireland, 1862-1902* and *Census of Ireland, 1861-1901*.

Table 4.2 shows that from 1861 to 1901, the greatest intercensal increases in committals occurred in successive age groups, beginning with people in their thirties between 1861 and 1871. The pattern defines a cohort born approximately between 1821 and 1851, and continues to the turn of the twentieth century. The categories in which

inspectors reported admitted patients’ ages changed in 1909, but they are similar enough to see that the pattern had broken down between 1901 and 1911, when members of that cohort would presumably have died out in significant enough numbers to disappear into obscurity.\textsuperscript{34} The snapshot view demonstrates that individuals were most susceptible to committal in their thirties, regardless of time. The long view demonstrates that an 1821-1851 birth cohort was admitted at the highest per capita rate when they should have been (in their thirties in 1871), and grew at a faster rate than any other cohort between census years.\textsuperscript{35}

Additional evidence of change in morbidity among the same approximate cohort can be observed in the proportion of admissions of twenty- to thirty-year-olds a generation after the Famine. This measure has no consistent relationship with the age structure of the general population, but becomes more meaningful in context of officials creating a hierarchy of need in response to overcrowded asylums.\textsuperscript{36} In addition, abrupt changes in otherwise consistent patterns over a long period suggest a closer look is warranted. As can be seen in Figure 4.12, over the second half of the nineteenth century, the proportion of admission of patients in different age groups to district lunatic asylums remained relatively stable.

\textsuperscript{34} The greatest increase between 1901 and 1911 (17 percent) occurred among the forty-five to fifty-year-old group, and was unexceptional relative to other age groups.

\textsuperscript{35} The population considered here is national, as age-specific admissions at individual asylums are available only for census years 1861, 1871, and 1881. In addition, the numbers of admissions for individual asylums are too small and too variable year to year to produce meaningful results.

\textsuperscript{36} After 1867, asylum superintendents were powerless to turn away dangerous lunatics, so the idea of a “hierarchy of need” becomes moot. Before 1867, however, superintendents had some power of discretion in the process, as dangerous lunatics were committed first to gaol to wait for a vacancy in the nearest asylum.
Between 1857 and 1868, however, the proportion of twenty- to thirty-year-olds among all admissions rose, an increase attributable solely to asylums in the west of Ireland. Figure 4.13 shows the extraordinary change in the pattern of committal in the western counties where mortality rates during the Famine were highest. The aberration in admission patterns defines a cohort born approximately between 1826 and 1848, which coincides with the range of the cohort suggested by per-capita committal rates above.

Because those in the west were more dependent on potato crops for subsistence, tended to have a lower pre-famine income, and were less urbanised, they fared worst when the blight came. If the Famine had psychological effects, therefore, we would

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37 According to Mokyr’s estimates, the average annual excess death rates for the western province of Connacht were between 52 and 62.8 percent, about double the rate for Ireland as a whole. Joel Mokyr, *Why Ireland Starved: A Quantitative and Analytical History of the Irish Economy 1800-1850* (London: Allen & Unwin, 1983).
Figure 4.13 Admission of 20-30 year olds, Connacht

Figure 4.14 Admission of 20-30 year olds, all provinces but Connacht
expect to see the most profound in Connacht. Indeed, the same pattern of admissions in figure 4.13 is not visible in figure 4.14, which shows the proportion of twenty- to thirty-year-old admissions in Ulster, Leinster, and Munster asylums. There were pockets of extreme but periodic distress all over Ireland throughout the Famine. For example, mortality during the early part of the Famine was abysmal in parts of Munster. The collection of counties into districts, however, smoothed out those extremes that might otherwise have been observed as increases in committal. In a case of separating noise from signal, the roughly decade-long increase in the proportion of people in their twenties being admitted to Ballinasloe and Sligo asylums is signal.

Before committing to an interpretation that treats the above data as evidence of long-term Famine-related psychological malaise among a specific cohort, we must consider whether something changed in committal practices to produce changes in admission patterns. Until 1866, Ballinasloe and Sligo were the only two district asylums in the province of Connacht. Dr. John McMunn’s career as resident medical superintendent at Sligo spanned thirty years (1852-1882), and there is no evidence to suggest he approached the admission process any differently during this period than before or after. The manager of Ballinasloe, John B. McKiernan, retired in February 1859 after twenty-six years and was succeeded by Dr. Richard Eaton, who had most recently served as assistant physician at Stafford Asylum in England. Eaton was resident medical superintendent of Ballinasloe until his death in 1874 from “inflammation of the lungs.”

The rapid rise of twenty- to thirty-year-old admissions, however, begins two years before

38 “Obituary,” The Doctor 5, (1875), 20.
Eaton’s appointment, and the sharp drop downward begins four to five years before his death, so it cannot be easily attributed to any predilection Eaton may have had for admitting young adults.

In addition, as suggested by the discussion of Dangerous Lunatics committals above, the power of committal was not wielded exclusively by the manager, visiting physician, or resident medical superintendent.\textsuperscript{39} No single actor was responsible for sending people to lunatic asylums.\textsuperscript{40} The manager or resident medical superintendent acted as a sort of gatekeeper, but his judgment was not absolute. He had no power to resist the committal of a “dangerous lunatic,” nor power to indefinitely retain individuals whose families wanted them home. Defining insanity was instead a community effort, as families, magistrates, dispensary physicians, clergy, and other community members brought individuals to the lunatic asylum for evaluation and committal, and also petitioned for their release. Under the circumstances, the above data looks less like an anomaly of diagnostic criteria than a perceptible change in the prevalence of pathological behaviour among a cohort mentally damaged by the Famine.

Deprivation tending to starvation leaves both short- and long-term traces in the record of people’s lives. The mid-twentieth-century observations of physiology researcher Ancel Keys mirror those from the Famine. Keys’ pioneering Minnesota

\textsuperscript{39} The first district asylums were headed by lay managers, most of whom had experience in the Dublin House of Industry, while visiting or consulting physicians attended to the bodily health of patients. Medically-qualified managers (later called resident medical superintendents) began to take their place in the 1840s as a result of the lobbying of the first medically-qualified inspector of lunatics, Dr. Francis White.

Starvation Experiment of the 1940s involved systematically reducing conscientious objectors to a fraction of their normal weight.\textsuperscript{41} Just as Keys observed the dissolution of social ties among his subjects as they became insensible to all feelings but hunger, one physician in famine-wracked Skibbereen wrote, “I have seen mothers snatch food from the hands of their starving children; known a son to engage in a fatal struggle with his father for a potato; and have seen parents look on the putrid bodies of their offspring without evincing a symptom of sorrow.”\textsuperscript{42}

In Irish asylums, the immediate signs of famine were obvious. In their report of 1848, inspectors referred to “the palpable increase of applications for admission” and an increased number of would-be patients with “insanity arising from starvation,” whose condition was “a mere prelude to death, as the comforts and remedial treatment of our hospitals were found inoperative to restore either health or reason.”\textsuperscript{43} In terms of admissions, however, the Famine hardly registered in the short term. Because asylums were almost always at capacity, what increase there was in number of admissions largely resulted from rapid turnover as mortality rates rose. In the years 1844 to 1846, mortality in district asylums fluctuated between 7 and 8.5 percent. Famine mortality peaked in “Black ‘47” at 14 percent, then crept back down to pre-Famine levels by 1851. Inspectors made little note of the general calamity, except in the passage quoted above in their report.

\textsuperscript{41} Ancel Keys, \textit{The Biology of Human Starvation}, vol. 2 (Minneapolis: University of Minnesota Press, 1950). This is the primary psychological symptom observed by researchers in the landmark Minnesota Starvation Experiment of the mid-1940s.


\textsuperscript{43} \textit{Fourth Report}, 5-6.
from 1848, and remarking that managers had substituted bread for potatoes in their dietary schedules out of necessity.

Long-term changes were less visible. In the years following, inspectors regularly commented on the possible effects of post-Famine emigration, which they believed drained off the most robust and healthy of the population. It was only with sixty years of perspective, however, that they could propose a more direct relationship between the Famine and the augmentation of the insane Irish population with any degree of confidence. An even longer perspective enables comparison with later famines and consideration of contemporary epidemiological research, which strengthens this relationship.

The cohort defined by the committal patterns identified above include individuals who would have been in utero up to late adolescence when the Famine struck. This relatively large cohort coheres around a common characteristic of neurological impressionability and exposure to physical and psychological distress. The brain is highly plastic up to adulthood, and its physical development much more susceptible to disruption by aggravating stimuli than during adulthood. Put simply, trauma can scar anyone’s brain regardless of age, but the scars suffered during childhood and adolescence run much deeper than those suffered during adulthood.

For the majority of this cohort who were children and adolescents during the Famine, developmental psychologists’ work on “toxic stress,” or “stressful events that are chronic, uncontrollable, and/or experienced without the child having access to support
from caring adults” is most applicable. During episodes of “toxic stress,” children’s cortisol levels are elevated for prolonged periods of time, which affect both function and structure of neural systems over the long term. This can disrupt the development of brain regions responsible for regulating emotions, rob affected children of the ability to respond appropriately to stress as an adult, and even change the physical structure of areas of the brain responsible for learning and memory. There is room for variation in individual experience, but it takes little imagination to see the Famine as a sustained period of chronic, uncontrollable stress dominating the physical and psychological lives of millions of children and adolescents.

More direct evidence of long-term psychological effects of physical distress can be found in the relatively new and fast-growing field of “fetal origins.” In the Irish case, it applies not only to those who were in utero during the Great Famine, but during regular periods of scarcity if not outright famine in the west in prior decades. According to the “Barker hypothesis,” poor in-utero health can affect adult health well into middle age, making individuals more susceptible to cardiovascular disease and diabetes.

44 Jennifer S. Middlebrooks and Natalie C. Audage, The Effects of Childhood Stress on Health across the Lifespan (Atlanta: Centers for Disease Control and Prevention, 2008).


46 The famine of 1816-1818 was devastating throughout Ireland, but subsequent famines and episodes of scarcity in 1822, 1831, 1835, and 1839 hit Connacht especially hard. Ó Gráda, Ireland Before and After the Famine, 4-5.

Researchers using laboratory animals have found that growth can be made up to reverse prenatal deficits, but that shortcomings still remain: mice that were underfed in utero and well-fed after birth caught up rapidly, but also died earlier than mice that were well-fed in utero.\textsuperscript{48} There is no need to speculate about whether the experience of laboratory animals can adequately predict the experience of human beings in this respect, as other researchers have shown that prenatal vitamin C deficiency--particularly significant in the Irish case, as the disappearance of the potato coincided with the appearance of scurvy--increases oxidative damage to fetal neurons. Disruption of fetal neurological development is, in turn, suspected as a cause of delays in learning and cognitive abilities in later life.\textsuperscript{49}

“Natural experiments,” experiences of well-recorded famines in the twentieth century, show even more clearly the link between prenatal and adult health. In October 1944, German forces blockaded occupied western Holland, subjecting the population to a months-long deprivation in which daily food rations sank as low as 400-800 calories a day.\textsuperscript{50} The population was not relieved until liberation by Allied armies in May 1945. Throughout the blockade and after, hospitals continued to function, registering short- and long-term information on morbidity and mortality for generations. Epidemiologists have

\begin{center}


\end{center}
used these rich sources of data from the Dutch “Hunger Winter” to draw conclusions about the relationship between deprivation and health in later life, but particularly prenatal deprivation and health in later life.\textsuperscript{51}

In the 1990s, researchers comparing Dutch national psychiatric registers with Hunger Winter data showed that prenatal exposure to famine was strongly correlated with schizophrenia and antisocial personality disorder in adulthood.\textsuperscript{52} In 2005, researchers in another study found almost identical results using similar records from the Chinese famine of 1959-1961.\textsuperscript{53} In both of these cases, the prevalence of schizophrenia and antisocial personality disorder among those born during famine years roughly doubled that of their near contemporaries; where 1 percent of the general population usually suffers from these disorders, roughly 2 percent of those exposed to famine in utero were later so diagnosed.

Again, the records available make it extremely difficult to authoritatively confirm or refute a relationship between the Great Famine and the prevalence of mental illness or developmental delay. Without comprehensive psychiatric registers, it is impossible to get an accurate enough picture of incidence to notice a 1 percent change. Even so, a diathesis-stress model that depends on environmental factors “activating” biological

\textsuperscript{51} For a growing bibliography of studies on the long-term effects of caloric and nutritional deprivation in utero (increases in cardiovascular disease, diabetes, breast cancer, response to stress, and so on), see the online home of the Dutch Famine Birth Cohort Study at \url{http://www.hongerwinter.nl}.


tendencies strongly suggests that the evidence we do have fits together well enough to show that the calamitous experience of the Great Famine in Ireland resulted in increased mental illness among the cohort most vulnerable to its effects. 54

4.2 The Therapeutic Regime

By labeling the inhabitants of lunatic asylums victims of either socioeconomic stress or a social system intolerant of difference rather than of actual mental illness, historians espousing a generally social-control thesis have dismissed the therapeutic regimen of nineteenth-century mental medicine as misguided, ineffective, or harmful. If there was no such thing as mental illness, or if those in the asylum were troubled, troublesome, and not truly mentally ill, then the asylum could not possibly have treated anything or anyone. As the above demonstrates, however, there is ample reason to believe that asylum patients did suffer from mental illness. If, as physicians and inspectors claimed, patients were cured by treatment in the asylum, then how was a cure achieved?

Success rarely occurred because of the medical treatment on offer. In 1846, Carlow’s physician Matthew Esmonde White gave a satisfactory report of patients’ health throughout the year, acknowledging that he had provided little service that was strictly medical. “Medical treatment is of little value” in treating the insane, he argued, as most patients committed were chronic cases. Of more therapeutic importance, he

54 Shane Whelan, “Live Long and Prosper,” British Actuarial Journal 15, Supplement (2009): 3-15 shows that those who were born during the Famine had, in later life, mortality rates very similar to those who were born before or after. Mortality and morbidity, and particularly psychological morbidity, are two very different things, however, and one cannot be taken as evidence to refute the relationship argued here.
believed, was “the change of scene, the improved diet, clothing, and good air, joined to the regularity and discipline of the institution.”\textsuperscript{55} White’s opinion was typical of those expressed by nearly all physicians throughout the century, and it was largely accurate. The “regularity and discipline of the institution” included three basic elements: regular sleep, regular and nutritious diet, and productive work.

4.2.1 Sleep

Sleep is crucial to preserving one’s physical and mental health. Otherwise healthy people who experience sleep deprivation suffer a variety of cognitive and emotional symptoms such as inability to concentrate, extreme mood swings, and in severe cases, hallucinations and delusions, all of which can be relieved within two nights of restful sleep.\textsuperscript{56} Sleep disturbance is also a common symptom of mental illness, particularly sleep deprivation in the manic phase of bipolar disorder, in schizophrenia, and anxiety disorders, and oversleeping in chronic depression. Asylum physicians needed no state-of-the-art sleep laboratories to convince them of the importance of sleep to mental and bodily health. Whether, how long, and how well patients slept was standard information recorded in case books, as sleep habits were known to be directly related to the progress or arrest of disease.\textsuperscript{57}

\textsuperscript{55} Carlow District Asylum in Third Report (1847), 31.


Asylum practitioners in the eighteenth and nineteenth centuries used physically shocking treatments, but they shared with moral treatment the same basic therapeutic goal of promoting a period of restorative sleep which might become a regular pattern. Cold and warm showers and baths were used in asylums all over the world throughout the nineteenth century to alternately shock and soothe patients into bodily rest. 58 Less widely used were physical means such as rocking horses (in the 1840s by John Conolly at Hanwell Asylum in England) and the circulating swing. William Saunders Hallaran, longtime physician of the Cork Asylum, used the circulating swing designed by Erasmus Darwin and initiated by Joseph Cox. 59 The purpose was, “in obstinate cases, to affect the patient by full evacuations” by sitting the patient upright, spinning them quickly, then reversing directions every six to eight minutes. Dizziness would produce nausea, which would cause the patient to vomit and/or empty his or her bowels, and become so calm (or exhausted) as to sleep soundly. 60 In less acute cases, patients were to be lulled much more gently by a slow swinging motion to sleep. Hallaran also allowed patients to use the swing themselves, as some found it an enjoyable diversion. Except for Hallaran, Irish asylum physicians were generally very conservative in their use of appliances. The only


60 William Saunders Hallaran, An Enquiry into the Causes Producing the Extraordinary Addition to the Number of Insane (Cork: Edwards and Savage, 1810), 65.
special equipment used in Irish district asylums was a bath, and as often for cleansing as treating patients.  

Physicians did prescribe medicines to encourage sleep. Hyoscyamus (black henbane) and opium, which it closely resembled, were the most frequently prescribed. Hyoscyamus was preferred because was native and, more importantly, had no similar constipating effect. Equal in importance to producing sleep was keeping patients’ bowels open. Regularity in every respect was important to producing cures among the insane.

4.2.2 Diet

In their survey of historical Irish diets, Clarkson and Crawford found that a steady diet of potatoes and buttermilk was shared by most of the farming classes in Ireland, from the very poorest to small and middling farmers, in the several decades before the Famine. Though monotonous in the extreme, the extraordinary quantities of potatoes consumed by men and women (three to five pounds at least twice a day in the late 1830s), and their accompaniment by milk, buttermilk, or the occasional herring provided enough calories, protein, and vitamins to maintain reasonably good health. It was certainly nutritious enough to fuel the population explosion characteristic of the late eighteenth and early nineteenth centuries, and may have played a role in producing the taller relative average

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61 There were some cases of abuse recorded, where attendants used the bath or shower for punishing patients, or dropped patients into scalding-hot water without checking the temperature first. James D., patient at Limerick, died in the bath in 1871 after assaulting an attendant (CSORP/1872/12945). His death resulted in the resident superintendent’s resignation and prosecution of an attendant.

heights of Irish to Englishmen in the eighteenth and nineteenth centuries. Lest we believe that these indicators point to a healthy population, Ó Gráda reminds us that “Irish calorific and protein intakes may have been ‘good’ by contemporary standards, [but] the Irish were still very unhealthy by today’s standards, and lived brief lives by comparison.”

If a particular diet was sufficient for promoting fertility and relatively larger body size, what role did it play in mental health? Particular deficiency diseases like scurvy and pellagra, which physicians began to see in Ireland in significant numbers for the first time during the Famine, have mental symptoms that accompany the physical. Scurvy, caused by the sudden reduction or disappearance of the potato from the diets of the laboring and farming classes, causes subcutaneous hemorrhaging and swelling of joints, but also tiredness and mental depression. Pellagra, the symptoms of which physicians observed as corn (Indian meal) became a standard part of a replacement or supplementary diet, causes intestinal distress and skin lesions, but also mental confusion and insomnia.

In the opinion of Abram Hoffer, one of the founders of so-called “orthomolecular psychiatry” in the 1950s, diet was of paramount importance. “Nutritional therapy is the greatest preventer of mental disease,” he argued, “if we were deprived of our vitamin B-3 we would all be psychotic before we died of pellagra.” Hoffer and his colleague

64 Ó Gráda, New Economic History, 91.
65 Clarkson and Crawford, Feast and Famine, 146-152.
Humphry Osmond, who promoted “megavitamin therapy” consisting of massive doses of niacin and vitamin C to cure schizophrenia, and whose studies could never successfully be replicated, were relegated to the fringe of the psychiatric profession courtesy of an American Psychiatric Association task force in 1973. Their work lives on only in the literature of alternative medicine, but mainstream research on other nutritional components has been more equivocal and thus less contentious. Many studies focusing on omega-3 fatty acids, folic acid, and vitamins B-6 and B-12, C, D, and E have identified deficiencies in people with depression, schizophrenia, and other mental disorders, and therapeutic supplements have shown some promise in alleviating mental symptoms and improving outcomes when combined with psychoactive medications.

Asylum officials were well aware of the shortcomings of the diet of the Irish poor, and the importance of a good diet in promoting physical and mental health among patients. While “[guarding] against every thing bordering on superfluity,” Armagh manager Thomas Jackson proclaimed in 1831 that “the diet of the insane is of great importance,” and that a “sufficiency of wholesome food” was essential to their


recovery. Jackson and Maryborough’s John Jacob may have had intense professional disagreements, but they concurred on the point of diet. In 1845, Jacob reported to the inspectors that he considered the dietary schedule at the asylum too sparing: “A low scale of dietary is a doubtful economy, an expensive description of food and plan of treatment being generally required to support or re-establish an impaired constitution.”

The conventional wisdom throughout the century was that insane patients, indeed any sick patients, required more and better sustenance than the average healthy person. It was a sound assumption. Because mental illness affects people’s perception and ability to tend to their own well-being, the nutritional status and overall bodily health of those with mental illness tends to be more precarious than those without. Further, because district asylums derived their patients from the lower end of the socioeconomic spectrum, they dealt almost exclusively with a population who experienced hunger on a fairly regular basis. The general rise in living standards after the Famine did not negate this fact. Crop failures in 1894 produced some distress, but even before they became apparent, Dr. Fletcher of the Ballinasloe asylum attributed an alleged increase of insanity in Ireland to insufficient and innutritious diet, as “a large majority of the patients from the remote

69 CSROP/1831/260.

70 John Jacob, physician to Maryborough District Asylum, in First Report (1845), 57-58.

71 This was true of “lunatics” but not “idiots.” In discussions of how to manage the problem of overcrowding due to incurable patients in the second half of the nineteenth century, there was a consensus that the “harmless” and incurable mentally disabled could subsist on a lower diet than acute patients, and thus separate establishments--or workhouses--could provide for incurable patients at a lower cost than curable patients.
parts of [the district show] unmistakeable evidence of scant and improper food, also want of vitality and brain power--the insanity of mal-nutrition.\(^{72}\)

The regular diet at Irish district asylums was scarcely less monotonous than among the general poor population before the Famine, usually consisting of milk, bread, potatoes, “stirabout” (oatmeal), and soup (see Tables 3 and 4). It was, however, more plentiful and reliable than that at home, and more generous than that on offer at other public institutions, particularly gaols and workhouses whose managers held their diets down to minimal levels to discourage abuse of their resources.

**TABLE 4.3**

**DIETARY SCHEDULE OF ARMAGH DISTRICT ASYLUM, 1830**

<table>
<thead>
<tr>
<th></th>
<th><strong>Sunday-Monday</strong></th>
<th><strong>Tuesday-Saturday</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td>6 oz oatmeal made into 1 qt stirabout with 1/2 qt milk</td>
<td>3 lb potatoes 1 pint soup</td>
</tr>
<tr>
<td><strong>Dinner</strong></td>
<td>3 lb potatoes 1 pint soup</td>
<td>Working patients: 1/2 lb beef and vegetables on Sunday</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 lb potatoes 1/3 quart mixed milk</td>
</tr>
<tr>
<td><strong>Supper</strong></td>
<td>1/2 lb white bread 1/2 quart buttermilk</td>
<td></td>
</tr>
</tbody>
</table>

TABLE 4.4
DIETARY SCHEDULE OF BALLINASLOE DISTRICT ASYLUM, 1845

<table>
<thead>
<tr>
<th></th>
<th>4 days/week</th>
<th>3 days/week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>1 qt stirabout (8 oz oatmeal, 1/3 qt mixed milk)</td>
<td></td>
</tr>
<tr>
<td>Dinner</td>
<td>3 ½ lb potatoes, 1/3 qt buttermilk</td>
<td>1 qt soup (1/2 lb beef, oatmeal, and vegetables), ½ lb bread</td>
</tr>
<tr>
<td>Supper</td>
<td>6 oz bread</td>
<td>1/3 qt mixed milk</td>
</tr>
</tbody>
</table>

Particularly before the Famine, when the poorest might get little bits of meat only at Christmas and Easter, asylum diets were remarkable for their liberality. Patients generally ate meat (in soup or on its own) at least once a week before the Famine (more often if they worked outdoors or were ill), and at least three days a week after. During the Famine, physicians’ assessments of the value of the asylum regimen turned more bleak, as they were faced with significantly more challenging cases and mortality in the institutions rose precipitously. As the only asylum for all of Connacht from 1833 until Sligo opened in 1852, Ballinasloe attracted the most miserable patients, and the situation only got worse as the Famine took hold. In 1846, the visiting physician reported to the board and inspectors, “The patients have been all of a most wretched class, and chiefly affected with chronic disease. No great improvement can be effected even under the best treatment. The destitution and neglect in which they are found to be in [sic] on their being

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73 Clarkson and Crawford, *Feast and Famine*, 82-3, 105.
first brought to the asylum, is frightful in the extreme.”¹⁷⁴ The inspectors’ report of 1849, which covered the desperate years of 1847 and 1848, concurred with Dr. Heise’s pessimism in the face of such severe circumstances: “in many instances it would seem that the insanity arising from starvation was a mere prelude to death, as the comforts and remedial treatment of our hospitals were found inoperative to restore either health or reason.”¹⁷⁵

The Famine showed that there were definite limits to the good a steady diet could do. For most patients, a regular and sufficient diet worked miracles. Even as living standards improved over the second half of the nineteenth century, asylum diets were still more nutritious than what many patients got at home (see Table 5). For most, potatoes and milk were set aside in favor of bread and tea, Indian meal, and meat being taken a little more frequently (mostly in the north and east), and greater quantities of vegetables (cabbages and onions) consumed largely by town-dwellers.¹⁷⁶ Though bread was more reliable than potatoes, the substitution was nutritionally inferior.¹⁷⁷ This did not go unnoticed by asylum superintendents, particularly where tea was concerned. Rather than brew tea leaves once and quickly, the Irish poor tended to “stew” the tea into a bitter “decoction,” replenishing water, reusing the leaves, and drinking large quantities over the course of the day. The supposedly toxic effects of such tea on the gut and nervous system of patients was among the reasons proposed by many superintendents for the increase of

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¹⁷⁴ Ballinasloe District Asylum in Third Report, 37.

¹⁷⁵ Fourth Report, 6.

¹⁷⁶ Clarkson and Crawford, Feast and Famine, ch. 5.

¹⁷⁷ Ibid., 109.
insanity at the end of the century.\textsuperscript{78} It is likely that superintendents were noticing effects of wholesale dietary substitution, as increased tea consumption is strongly correlated with anemia, particularly when diets are largely plant-based and poor in vitamin C.\textsuperscript{79}

### TABLE 4.5
DIETARY SCHEDULE OF ARMAGH DISTRICT ASYLUM, 1880

<table>
<thead>
<tr>
<th></th>
<th>4 days/week</th>
<th>2 days/week</th>
<th>1 day/week</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td></td>
<td>8 oz oatmeal made into 1 qt stirabout with 3/8 qt milk</td>
<td></td>
</tr>
<tr>
<td><strong>Dinner</strong></td>
<td>1/2 lb bread 1 quart soup (“beef, oatmeal, barley, vegetables, &amp;c.”)</td>
<td>Beef and potatoes</td>
<td>1 qt soup (“fish, pea meal, and vegetables.”)</td>
</tr>
<tr>
<td><strong>Supper</strong></td>
<td></td>
<td>1/2 lb white bread 3/8 qt new milk</td>
<td></td>
</tr>
</tbody>
</table>

From a modern perspective, the food at Irish district asylums in the nineteenth century appears insufficient, particularly where fruits and colorful vegetables are concerned. For contemporaries, however, it could appear lavish. During and after the Famine, prison authorities feared that people (and especially workhouse inmates) were tempted to commit crimes for the sole purpose of being fed two meals a day that were meager, but enough to stave off hunger.\textsuperscript{80} By comparison, prison diets were less...

\textsuperscript{78} Clarkson and Crawford argue that people insisted on buying first-quality tea for this reason. HCPP 1894 [C.7331] Special Report on the Increase of Insanity, 5-10.


\textsuperscript{80} Clarkson and Crawford, Feast and Famine, 186.
substantial in calories and in bulk than any asylum offered. There is no similar evidence to suggest that people feigned insanity just to get a good meal and a secure place to sleep, but this may have been due to greater stigma: it was one thing to spend a week among sane thieves and drunkards; it was another entirely to spend a month among the morose, demented, and maniac. In addition, asylum managers, physicians, and boards had greater control over admissions and discharges than gaol masters, and near-constant pressure on asylum accommodation encouraged scrutiny of all prospective and current patients to ensure that beds were reserved for those who truly needed them. For those who truly needed the asylum, daily meals were an integral part of their recovery.

4.2.3 Work

Productive use of patients’ time was the most important component of moral treatment, and usually entailed physical work. For Foucault, asylum discipline, and particularly employment of patients was no less brutal in principle than the shackles and chains of an earlier era. The latter held patients physically captive, but “the regularity of the hours, the requirements of attention, the obligation to produce a result detach the sufferer from a liberty of mind.”

81 There is certainly something to be said about the coercive aspects of patients performing work that benefitted the institution that confined them. Patients’ work in the asylum was decidedly more complex than the picture Foucault paints, however.

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The goal of all treatment pursued in the asylum was to transform a dysfunctional individual into a productive member of society. By working, patients would not only “revive the technical skills of earlier employment but also strengthen the moral faculties.”\textsuperscript{82} Mentally, work would encourage regularity among the scattered delusions of maniacs and eradicate the gloomy thoughts that kept melancholics mired in their own suffering. Physically, it would produce satisfying exhaustion and thus reinforce a healthy rhythm of work and sleep. Once patients had demonstrated sufficient recovery, they would be returned to society not having lost any of their previous skills, and perhaps even

\textsuperscript{82} Digby, \textit{Madness, Morality, and Medicine}, 62.
with new skills that might increase their chances of self-support on the outside. Given the state of existing records, it is impossible to say whether women who worked in the laundry or assisted in the kitchen were able to secure jobs in private households, but an outcome such as this seems to have been a fond wish of asylum officials.

Asylum work was mostly gender-specific, reflecting both the physical division of sexes in the asylum and gender roles in Irish society, and followed the broad pattern of economic change throughout the century (see figures 4.15 and 4.16). Where houses of industry and older asylums like that at Cork were designed to enclose inmates indoors, district asylums were planned with outdoor space in mind to better occupy patients’ minds and bodies. The asylums built in the 1820s and 1830s had between ten and
fourteen acres of arable land attached, and later asylums included even more extensive grounds to better serve their larger populations. In addition to offering patients fresh air, the grounds provided opportunities for productive if not always pleasant labor. Men usually labored on the grounds outdoors or cleaned the male side of the institution, but if they were skilled workers, they were employed in weaving, tailoring, or shoemaking. As the linen industry breathed its last in Ireland, however, weaving disappeared from asylum work. Women were engaged mostly in needlework and knitting, spinning, occasionally “fancy work” and lacemaking if they were practiced in such. The more robust assisted in the laundry, kitchens, and cleaned the female side of the asylum. Because work was seen as so important by all concerned with the success of these large public institutions, managers who failed to keep their patients busy came under strong criticism from inspectors and other visitors. In spite of Thomas Jackson’s considerable efforts to the contrary, the assistant commissioners working on Archbishop Whately’s commission of inquiry noticed severe shortcomings in this aspect of the moral treatment available at Armagh in 1835:

[There was] a very striking want of employment, especially among the male patients. They sat or moped about in their day-rooms (in one of which there were 12, in another 17, and in another 15) in every stage of muttering, restless idiocy, isolated melancholy, and raving, unquiet lunacy, without a single object being present to attract attention or bring into exercise any gleam of reason, which might be returning to the diseased mind of the individual.

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83 The asylum at Cork, which was not incorporated into the district system until 1845, was an exception. It had only four acres attached. HCPP 1835 (369) Royal Commission on the Condition of the Poorer Classes in Ireland, First Report: Appendix B, 398–418.

84 HCPP 1835(369) Royal Commission, Appendix B, 414.
Like Foucault, however, the commissioners were largely ignorant of the practical realities of patient employment. Not all patients could physically work. At any given time in any asylum, several were confined by illness to their beds. Others, due to a variety of behavioral or intellectual problems, could not or would not work. At Omagh in the 1880s, physicians simply noted in patients’ notes, “does not work” or “will not work” alongside brief descriptions of their mental and bodily states. In addition, it was easier to keep women employed than men. Outdoor work depended on good weather, and in the moist Irish climate, rainy days might keep men indoors almost half the year. In any case, figures 1 and 2 show that throughout the nineteenth century, as asylums grew and managers and attendants had to manage ever-larger numbers of patients, the percentage of those unemployed throughout the year increased (46% to 49% for males, 18% to 27% for females).

The type of agricultural work made available to patients was also galling to Whately’s commissioners. Like their contemporary George Nicholls, the commissioners’ disgust for potato-farming was palpable. In his report that followed the Whately Commission, Nicholls attributed what he believed was endemic idleness among the Irish poor to the ease with which potato crops were grown, and particularly the limited time they required from farmers. At Limerick, the commissioners lamented,

The only employment for males which seems ever to be thought of in any of the asylums visited by the Assistant Commissioners, is agriculture, and that applied chiefly, if not exclusively, to potatoes,

85 HOS/29/1/6/1.
a plant which when committed to the earth, requires no further tending, and which, of all other plants, seems to offer the least varied, and the shortest occupation to the lunatic.  

The commissioners would rather have seen patients working in ornamental gardens or experimental agriculture rather than the “brief, coarse, potato-farming, pig-feeding system.”\textsuperscript{88} For them, district asylums for the Irish poor were mere microcosms of Irish poverty. This was a decidedly unhelpful way of viewing the institutions, which ran according to the diverse needs of patients but also the needs of institutional economy. Outside asylum walls, the poor raised potatoes because they were nutritious, plentiful, and easy to grow. The same was true inside the walls. Raising potatoes significantly reduced boards’ expenditure on food. In the 1840s, the average net annual profit from patients’ work indoors and out was £188 and by 1885, it had risen to £265. Most of this was consumed rather than sold outside the asylum.\textsuperscript{89} In terms of total annual expenditure, these were trifling sums, but they could constitute as much as a quarter of the annual expenditure on patients’ food. For governors always looking for ways to cut expenses, substituting ornamental gardening for potato and cabbage plots, supposed therapeutic benefits notwithstanding, was out of the question.

The question remains as to how coercive the regimen of treatment at district asylums was. There are hints throughout existing records of both moral and physical coercion. Superintendents, physicians and other asylum officials had little in common

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\textsuperscript{87} HCPP 1835 (369) Royal Commission, Appendix B, 407.

\textsuperscript{88} Ibid.

\textsuperscript{89} First Report, 36 and Thirty-Fifth Report, 80.
with the patients they tended. Though they tended to provide environments that were more aligned with patients’ normal routines than the assistant commissioners investigating in the 1830s, they did not reproduce familiar routines perfectly. Among rural laboring families, for example, women worked outdoors about as often as men.\textsuperscript{90} Asylum superintendents may have been discouraged by the difficulty in keeping male and female patients separate on the grounds, but they may also have been reinforcing middle-class values that relegated men and women to separate spheres.

How willing were patients to work? Of a sample of 139 cases admitted at Omagh between 1883 and 1888, only seven did no work, either from illness or refusal. No records of coercion exist, although that should not be taken as proof that coercion to work never occurred. On a few occasions that came to inspectors’ attention, patients were put to work in ways that were not entirely appropriate. In the course of a royal commission investigating Irish asylums in the mid-1850s, Robert Stewart, medical superintendent at Belfast, told commissioners that patients had been employed pumping water for the institution rather than paid laborers. It was physically taxing work, but no more so than tilling soil. The commissioners objected, rather, that it had “too much the appearance of prison employment.”\textsuperscript{91} Similarly, superintendent Matthew White earned a sharp rebuke from commissioners for using asylum patients to do the “nasty job” of discharging the asylum privies.\textsuperscript{92} In a more troubling case, superintendent Francis West of Omagh set

\begin{footnotes}
\footnote{HCPP 1857-58 [2436-I] [2436-II] \textit{Royal Commission of Inquiry}, 335.}
\footnote{Ibid., 15, 263.}
\end{footnotes}
patients and asylum stewards to work on his own personal land outside the asylum “whenever those persons had nothing to do,” apparently with the approval of one of the inspectors.\textsuperscript{93} No complaints from patients were reported, but again, the appearance was far too exploitative to allow the arrangement to continue.

Setting aside the issue of coercion, it is worthwhile to consider whether employment of patients was effective as treatment. Superintendents, inspectors, and governors all extolled the therapeutic value of productive labor, but it is nonsensical to blindly trust the opinions of those who had a vested interest in using patient labor to keep the institution running. The alternative, however, must have been far less palatable: dozens, even hundreds of individuals in a variety of mental states, cloistered in tight quarters, most unable to occupy themselves with reading or other quiet pursuits. In the second half of the nineteenth century, more asylums added ball courts, tabletop games, weekly dances, weekly religious worship, occasional concerts, and the like to divert patients’ attention, but for the majority of patients who were physically and mentally able, work was the major feature of their daily routine.

There is, of course, plenty in contemporary psychiatry to recommend productive work and the regular social interaction that goes along with it. Pharmacological intervention remains the most important therapeutic technique in psychiatry, but in the last several years, practitioners have been encouraged by relative stagnation in pharmaceutical development to approach mental illness differently. For example, Interpersonal and Social Rhythm Therapy, which emphasizes daily routines and

\textsuperscript{93} Ibid., 411.
productive interpersonal relationships, when used with psychoactive drugs, has been shown to be more effective in treating depression and bipolar disorder than using drugs alone. Antidepressants and mood stabilizers can flip a neurochemical switch in the brain, but “interpersonal and social rhythm” principles that include predictable routines of collaborative work, diet, and sleep help to strengthen “the cognitive cortical-subcortical systems responsible for regulating mood.” There is no doubt that many patients found the asylum routine mundane and aggravating, nor is there much doubt that therapeutic regimes suffered as asylum populations grew to several hundred per institution. Even so, the reliability of routine and relative healthfulness of diet cannot have failed to promote greater regularity in many patients’ patterns of thought.

While pursuing questions about the number and nature of asylum populations, and the role of lunacy laws in encouraging committal, historians have emphasized socioeconomic factors in the unusually high rates of committal in post-Famine Ireland. Unwilling to argue that higher-than-average rates of committal meant higher-than-average rates of mental illness, they have assumed a “fixed incidence” of mental illness, or rates of illness believed to be reliably consistent over time and space. Any extraordinary deviation from a “normal” or usual rate of committal, therefore, indicates socioeconomic pathology rather than biological pathology. If stressful socioeconomic

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conditions were responsible for Ireland’s high rates of committal after the Famine, then a large number of patients weren’t truly mentally ill; they were simply victims of families’ inability to cope without recourse to an institution.

The problem with this line of reasoning is that human beings do not generally separate their experience of living into mental and physical spheres. Historians, among others, have been encouraged by the “medicalization of society” to adopt the specialized, compartmentalized view of modern, mainstream medicine that separates physical from mental and dichotomizes mental health and mental illness based on a series of nosological characteristics. They have acknowledged, but largely underrated the degree to which mental symptoms accompanied or were caused by physical disease, undernutrition, and general ill health. The result has been a conversation that assumes the project of the history of madness is to separate “true” mental illness from all other conflating factors.

This is, ironically, where hospitalization in the pre-pharmaceutical era could be superior to contemporary medicine and psychiatry. Nineteenth- and early twentieth-century Irish asylum physicians protested that they acted in a medical rather than merely clerical capacity, but acknowledged that there was no medicine that treated insanity. Their “medicine” was, rather, separation from aggravating circumstances through confinement, and adherence to routine. Thomas Szasz’s theory of psychiatry is far more

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97 In his chapter on the contexts of committal, Finnane included a section on “ill health.” Finnane, Insanity and the Insane, 136-142.
critical and goes further down the road of social control than is plausible, but his conceptualization of mental illness as a holistic “problem in living” is useful in the Irish context. Asylum physicians knew that medical treatment of mental aberration was next to hopeless, and treated mental illness as a problem in living by offering a refuge to patients and their families, and the support many needed to recover.

The goal of this chapter, like the preceding, has been to reintroduce human elements to circumstances and processes normally described in the most impersonal terms. Regarding institutional populations, and particular lunatic asylum populations, as indicators of broader socioeconomic, political, and ideological trends can be helpful as long as one’s primary interest is broader socioeconomic, political, or ideological trends. If one’s primary interest is patients and their experiences in asylums, however, it is worthwhile to examine the considerable needs to which asylum staff responded. The supportive treatment physicians pursued was unsophisticated and largely common-sense, but it was effective, and it often succeeded in reversing the most serious deficits of lives lived in poverty.

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99 Mark Finnane, “Asylums, Families and the State.”
CONCLUSION

Colonial relationships are supposed to remove the dependent party’s autonomy, or at least reduce the possibility of independent action arising from native and ordinary desires. In Ireland, however, independence in administration developed organically from a clientelistic political organization. Colonial institutions are supposed to be dictatorial and disciplinary. Irish district asylums were neither dictatorial nor democratic, neither disciplinary in a Foucaultian sense nor thoroughly free of disciplinary intent. They were, rather, evidence of sincere and sensible attempts to deal with the manifold problems of a population beset by epidemic and demographic catastrophe. Expectations and assumptions wither in the face of evidence, as well they should.

In a colonial environment, we expect inspectors of government departments to be lackeys of a central administration whose effectiveness is defined by their ability to push successive governments’ agendas, make few waves, and above all, stay in office. This accurately characterizes the pre-1841 prison inspectorate, but from the 1840s forward, effectiveness is defined in an entirely new way, and is increasingly associated with the inspectorate’s independence from both local and national authorities.

The medicalization of insanity played a large role in the development of an inspectorate largely independent of local and national politics. Taking the care of the insane out of the hands of humane laymen and placing it in the hands of medical men
defined insanity as a medical problem best addressed by those with specialized knowledge and expertise. The process was well under way in England by the time Francis White came into the inspectorate, and as a man deeply concerned with the status of Irish medicine vis-à-vis English medicine, White was particularly concerned that the institutions under his watch did not fall any further behind their English counterparts. Turning madhouses into hospitals for the insane run by well-educated medical gentlemen was a marker of civilization. Everyone in Ireland, but especially those connected with public health and the practice of mental medicine, benefited from a rise in status.

The medicalization of insanity took a particular turn in Ireland. Medical men gradually took over the administration of lunatic asylums, but they didn’t do so because everyone simply agreed they knew much more about insanity than anyone else. The question of expertise was unsettled until at least the early 1850s. Rather, they took over because inspectors White and Nugent pushed for physicians to take the most senior role in the institutions. The most senior role happened to be a largely administrative rather than medical position, so inspectors’ advocacy was based on a broader notion of status: if they would not have prestige as medical practitioners, they would have prestige as community leaders and experts on a troubling social problem, as men of reasonably high salaries, and not least, as men with a large degree of responsibility within government.

When inspectors inspected asylums, they were careful to look for signs of abuse among patients, but they were more generally concerned with the functioning of the institution. Were governors addressing the superintendent’s needs? Was the superintendent an efficient manager of personnel and materials? Were contracts and the quality of food and supplies reasonable? Were proper procedures regarding admission
and discharge being followed? The inspectors of Irish lunatic asylums are therefore better described as inspectors of competence than of living and working conditions, as in the classical model of an inspectorate.

An equally important reason for the development of an independent inspectorate is simply because any government in any time and place has an attention span limited to a few pressing issues. In nineteenth- and early twentieth-century Ireland, lunacy matters did not rank very high. Government was most often too busy with matters far more likely to resolve in civil chaos, violence, and economic underdevelopment to keep track of the asylums, and could only spare attention when sufficient conflict erupted to make it absolutely necessary. The successful management of the district asylum system, which only grew larger and more complex as time went on, depended on the creation and maintenance of a central body of knowledge vested in its own executive authority. Although the inspectorate reported annually to Parliament, no one outside the Office of Lunatic Asylums had more than a remote acquaintance with how the system functioned. Further, no one outside the office showed much desire to learn the system well enough to challenge incumbent inspectors’ authority.\textsuperscript{100} In addition, because of the likelihood of inter-county bickering ending in stalemate, districts required a neutral, or at least supposedly neutral party to make finances and governance work correctly. Had asylums been built on the basis of counties, the inspectors might have been far less powerful, and possibly even superfluous.

\textsuperscript{100} Eugene Hasluck, \textit{Local Government} (London: Oxford University Press, 1956).
The structure of the system explains a large part of the inspectorate’s power, but an even larger part can be explained by personality. Mere functionaries and inoffensive, ineffective administrators can abound in civil service, but White had a reformer’s zeal and Nugent had a strong inclination to grandiosity, which meant that both men were eager to take the lead in management and policy-making. A preoccupied Chief Secretary and Lord Lieutenant were in most cases happy to let them fill the vacuum.

The influence of “post-” literatures (postmodern, poststructural, postcolonial) has done much to encourage certain assumptions about the purpose of institutions in dependent and independent countries alike, namely, that institutions transform vibrant, willful, and diverse human beings into docile, uniform automatons. At the very least, institutions are disciplinary rather than therapeutic or humanitarian. This sort of formulation applied to a colonial context promotes the notion that domination pervades the whole system, and that the domination of one country by another is reflected in the relationship of institutional governors and staff to institutional clients. Medical superintendents in Irish district lunatic asylums, then, become agents of the colonial state rather than caretakers and physicians trying to earn a sufficiently respectable living.

It is important to acknowledge the currents of power that flow through a hierarchy or network of people. It is important to acknowledge that medical superintendents acted according to a sense of responsibility to the government who hired them and to the local governors who paid them as often as they acted out of professional duty or humanitarian impulse. It is possible to identify these motives and competing interests, however, without reference to a theoretical formula that ties state appointees inevitably and
inescapably to an apparatus of domination. A heavily theoretical approach obscures as much as it reveals.

If lunatic asylums were disciplinary institutions in a colonial state, then asylum patients were an extreme example of unruly people who needed to be disciplined if they were going to be successfully integrated into a civilized union. The intimate involvement of law enforcement in committal procedures is powerful evidence of the disciplinary function of Irish district asylums. It is also, however, powerful evidence of a needy population using available resources to reduce families’ emotional and financial burdens in difficult circumstances.

Taking the long view and an epidemiological approach suggests that circumstances were even more difficult than has previously been appreciated. By quantifying, to some degree, the extent of psychological trauma caused by famine, it lends a certain seriousness to a discussion that often veers into vague contemplation of national consciousness or shared memory. It also refreshes perennial questions involving blame and responsibility for Famine suffering. These are beyond the scope of the present work, and perhaps as likely to end in stalemate as ever, but these questions open an opportunity to investigate contemporaneous knowledge of famine and its effects.

Although the colonial context was always present, it was far from the center of patients’ and physicians’ concerns. The odd patient grumbled about being pursued by unnamed ruffians or rogues, but more grumbled about family members who, for their part, said they had had enough. Physicians may have had time to contemplate their position in the colonial hierarchy, but none left any indication of how they felt about it. Most were likely too busy trying to solve the common problem of demand for
institutional accommodation outstripping supply. The few local boards who found cause to push back at what they believed was an encroachment on their prerogatives spent the vast majority of their time addressing ordinary issues like the price to pay for milk, the amount of a fine to assess an attendant who had gone out without permission, and whether to sanction the discharge of a patient whose wife did not want him to return home. The tightening of the inspectorate’s grasp on district asylums had far less to do with any supposed desire of Francis White or John Nugent to reform Irish society or extend the power of the state over the Irish population than the former’s desire to elevate the Irish medical profession and the latter’s desire for self-promotion. All were real and ordinary people dealing with ordinary, and sometimes extraordinary, challenges of life in a rapidly changing society.
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