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9

GENDER AND INSANITY IN IRELAND, 1800–1923

Oonagh Walsh

For as long as we have had human societies, we have had mental illness. Across the globe, irrespective of ethnicity, religion, race, or class, every community has not merely experience of individuals whose mental states changed their relationship with others, but also beliefs and therapeutic approaches to cope with their behaviour. Mental illness is part of the human condition, yet most societies have viewed it as a problem to be cured, and, if incurable, to be contained. In pre-Christian Ireland, there were an abundance of beliefs surrounding the insane, and early Irish law recognised their potentially vulnerable state, offering protections against exploitation and abuse.[1] A rich folk culture surrounded the mentally ill, with various sites, rituals, and objects associated with supposed causes and cures. It was believed, for example, that insanity could be caused by a Druid throwing an enchanted 'madman's wisp' in a person's face, or that differing stages of the moon caused people to lose their senses. Certain parts of the country, especially those associated with pagan wells and springs, were believed to offer cures to individuals in the grip of insanity. In Co. Kerry, there is a beautiful valley known as *Gleann na nGealt*, directly translated as Glannagalt or Valley of the Mad, which has a well called *Tobar na nGealt*.[2] Believed to exert an irresistible attraction to the insane, the well waters allegedly have the power to cure madness, and it has proved a place of pilgrimage for distraught sufferers and their families for several centuries. Although folk attitudes towards the insane were often inflected with fear, there were also some positive connotations. The insane were believed to possess insights beyond that of ordinary men and women, and to have the ability to see visions and supernatural manifestations inaccessible to ordinary humans. They were also credited with superhuman strength, and extraordinary feats of speed and stamina. Sadly, this belief often resulted in the maltreatment of the mentally ill, who, when in great mental distress and fear, often violently resisted efforts to restrain or pacify

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them, confirming a conviction that they were dangerous individuals who required great force to control. Even after a medicalised system of care was introduced in Ireland, these earlier attitudes persisted in the country, with excessive brutality meted out to people who were believed to be impervious to pain or cold as a consequence of their insanity. In Britain, until a system of public institutions for the care of the mentally ill developed in the eighteenth and nineteenth centuries, religious orders (especially monastic orders) had offered voluntary aid to the insane. In Ireland, the situation was quite different. As the country became increasingly devout in the post-Famine years, the Catholic church moved into many areas of medical care in Ireland. Orders of nursing nuns staffed the workhouses and hospitals throughout Ireland, concerning themselves with the care of women and children in particular, but did not seek to assume responsibility for the asylums.[3] Although the church made no effort to enter the asylums, it did assume a dominant role in the care of the intellectually disabled. These individuals were deemed worthy of care as they were believed to be part of a divine plan to allow the devout to demonstrate grace and mercy, by caring for the helpless.[4] The expression 'touched', used in Ireland to denote a person with an intellectual disability, comes from the phrase 'touched by the hand of God': unlike the insane, these were individuals under Divine protection.

The District Asylums

The District Asylum system developed from the report of the 'Select Committee on the Lunatic Poor in Ireland' of 1817, which resulted in the 'Irish Lunatic Asylums for the Poor' Act. The Select Committee had gathered evidence from the managers of institutions, including the House of Industry and existing asylums such as the Richmond and St Patrick's Asylums in Dublin, and the asylum in Limerick. The Select Committee reported on staggering levels of neglect and outright cruelty in relation to insane institutionalised inmates, as well as those cared for at home or wandering the country, dependent on casual charity for survival. The facilities at Limerick were described as

> … such as we would not appropriate for our dog-kennels … without any mode of heating or of ventilating, and exposed during the whole of the winter to the extremities of the weather. … In one of those rooms [designated for the treatment of physical illness] I found four-and-twenty individuals lying, some old, some infirm, one or two dying, some insane, and in the centre of the room was left a corpse of one who had died a few hours before. Another instance was still stronger: in the adjoining room I found a woman with the corpse of her child, left upon her knees for two days; it was almost in a state of putridity. … [I]n this establishment, with governors ex officio, and with all the parade of inspection and control, there was not to be found one attendant who would perform the common duties of humanity.[5]

As part of the British government's drive towards centralised government, and taking an increased responsibility (however reluctantly) for the health of its citizens, a national system of asylums for the care of the pauper insane was established. Michel Foucault has written imaginatively of the 'Great Confinement' which took place across Europe from the sixteenth to the eighteenth centuries, as governments embarked on a modernising agenda that included educational, infrastructural, and medical provision for their populations.[6] Foucault asserts that the development of asylums in the western world reflected an intolerance of difference or deviance, and a desire to assert state control over individuals whose behaviour threatened the body politic: in his analysis, asylums were less an effort to assist the ill, and more an agenda to incarcerate and isolate them.[7] The medical profession – growing in strength and professional status in the nineteenth century in particular – argued, however, that only within specialised institutions, with expert staff, could people be restored as productive members of society, and rescued from their distressing states of madness. The first of the District Asylums were rapidly constructed in the 1820s, at Armagh (1825), Belfast (1829), Derry (1829), and a new asylum at Limerick (1827); by 1835, an additional five institutions opened at Carlow (1832), Ballinasloe (Co. Galway, 1833: officially titled the Connaught District Lunatic Asylum, or CDLA), Maryborough (Co. Laois, 1833), Waterford (1834), and Clonmel (Co. Tipperary, 1835). This extraordinary expansion was criticised by many, who felt that this was a gross over-provision for the small number of lunatics in Ireland. In the case of the asylum at Ballinasloe, which opened with the capacity to house 150 patients, it was reported in the local press that there were not 150 lunatics in the whole country, and few in the entire province of Connaught.[8] This proved an unfortunate assessment, as the Ballinasloe asylum, in common with every other district asylum in the country, rapidly filled to capacity and began a system of continual expansion of buildings that continued throughout the nineteenth century. The case of Ballinasloe was fairly typical of the country as a whole. Opening with beds for 150 patients in 1833, it accommodated 300 by 1853, and over a thousand in 1896.[9]

One of the key drivers of this enormous increase in lunatic asylum inmates was the legislation that governed admissions in Ireland. Patients in Irish asylums were accepted under two systems. The first was by direct application to the institution, a process normally undertaken by a close relative of the afflicted person. The other was under legislation known as the Dangerous Lunatics Act (DLA), passed in 1838.[10] This Act, intended to be used only for emergency admissions, became in fact the default method of committal for Irish lunatics, and had a tremendous and damaging effect on the Irish asylum system. Described by Brendan Kelly as 'ill conceived, poorly implemented, and grossly unjust', the Act managed to achieve several negative impacts simultaneously.[11] It made a direct association between criminality and insanity that was unique to Ireland (England, Scotland and Wales were exempt from the operation of the Act, as they were governed by their own, regionally specific, legislation[12]); forced the mentally ill into wholly inappropriate custody in gaols before their removal to an asylum; offered extraordinary powers

to ordinary people to make malicious accusations of insanity against others; prioritised public safety concerns over the health of the accused; resulted immediately in gross overcrowding of Irish asylums (no person presented to an asylum under the Act could be refused admission); and gave Justices of the Peace with no medical expertise the authority to assess an individual's state of mental health. It is an extraordinary piece of legislation, which was to shape the delivery of Irish mental health services throughout the nineteenth century.

The implementation of the Act greatly increased the stress placed upon individuals with mental illness. When an accusation of 'dangerous insanity' was made against a person (and the accusation could be made by anyone, without corroborating witnesses), they were arrested, and brought before two justices of the peace. These men had no specific training in the recognition of mental illness, but nonetheless were required to judge whether the individual before them was in fact a dangerous lunatic. If they agreed with the charge, the person was taken to the local gaol (as they were now officially deemed dangerous), and from there to the district asylum closest to their normal place of residence.[13] Some unfortunate lunatics languished in gaols for months before their transfer, often treated harshly by the criminals they lodged with, who disliked and feared the mentally ill. Upon presentation at the asylum (under armed constabulary escort), they were initially evaluated by the asylum physician, but regardless of his professional opinion with regard to the person's state of mental health, the patient had to be admitted, as the asylum was legally compelled to admit anyone brought under the DLA. Originally intended as a means of ensuring public safety by swiftly removing dangerous lunatics from the community, and to be used in emergencies, it in fact became the default means of admission to Irish District Asylums, leading inevitably to overcrowding and the exploitation of vulnerable persons.

It is appropriate that many of the ancient myths in Ireland that surround mental health focused upon males: as the nineteenth century progressed, and Irish asylums filled to capacity and beyond, it was male patients who not only constituted the majority of inmates but who preoccupied the asylum inspectors, government advisers, as well as the asylum medical and nursing staff. As each asylum opened, they received a rush of patients who had previously been accommodated in gaols, houses of industry, and workhouses, and whose managers saw in the asylum an opportunity to rid themselves of long-term inmates.[14] When the asylums established themselves and admissions settled into regular rhythms, the impact of gender as a precipitating factor began to emerge. The impact of the DLA was clear from the earliest years of its operation, and became increasingly obvious in the post-Famine years.

After the depredations of the Famine, Ireland was a fundamentally different society. With changes to marriage patterns and systems of inheritance, an increasing social conservatism, and large-scale outward migration, it was an environment in which gender roles were more sharply defined, and expectations for young men and women without resources limited (these themes are all thoroughly examined in this volume in chapters by Murphy, Breathnach, Farrell and Fitzgerald). In a period in which power was increasingly visible, and the population had become

accustomed to state-provided systems such as the poor law, dispensaries, and county and municipal judicial and political administration, men and women were steadily categorised in terms of perceived strengths and weaknesses from a biological perspective. In this context, the power offered by the DLA to rapidly commit individuals if deemed dangerous had a significant impact upon male admissions. Men were regarded as being inherently more prone to violence than women, and less able to control their brutal impulses. When in the grip of insanity, these propensities were exacerbated. This meant that they were charged with dangerous insanity in great numbers than women, and were also committed to the asylum more often on a first attack. Women patients to the CDLA, for example, were more likely to be committed on their third attack of mental illness – they were cared for at home rather than in the institution – while men were most likely to be sent to the asylum as soon as they exhibited dangerous or violent behaviour.[15] There were practical reasons for this pattern: a violent man was more difficult to control than a woman, and the case notes record the often-valiant efforts made by families, with the help of neighbours, to prevent a violently disturbed person from harming themselves or others.[16] But it is also the case that an often-unsubstantiated fear of the greater potential for male violence ensured that the DLA was triggered swiftly in the case of male patients, and considerably more slowly for women.

The respective spheres which men and women occupied in nineteenth-century Ireland also played a significant role on speed and frequency of admissions, as well as the evidence upon which they were sent to the asylum. An examination of the committal warrants to the CDLA in the 1870s shows that single women were in the majority of cases admitted on the evidence of a female relative, and in most cases their mothers.[17] Single women, if they did not have paid employment as domestic servants or agricultural labourers, lived and worked (in the majority of cases without pay) on family farms, occupying a largely domestic sphere. When they started to exhibit symptoms of insanity, it was their nearest female relatives – mothers and sisters – who were the first to notice, and who were most likely to suffer injury in attempting to control their ill relation, and also to be in a position to provide the most accurate testimony. Men, occupying the broader sphere of paid work on non-family farms, as casual employees on public works, and in allied employment through which they enjoyed in general a wider physical space, were more likely to come into conflict with strangers, or at least non-family members. They were therefore much more likely to be regarded as potential public dangers and nuisances, and be arrested and sent directly to the Magistrates for assessment, than were women. Habitual male drunkards who became belligerent in communal spaces such as fairs and marts were often accused of 'offering violence' to strangers, and were rapidly processed into the asylums. In the post-Famine years, the drinking of alcohol by women was regarded as a significant indicator of immorality, and only the most 'degraded' females would drink alcohol in public. This had something of a protective effect against their admission to asylums by strangers, while the opposite was true for men.

When examining the role of the DLA in gendered admissions, it is important to interrogate the meaning of the term 'violence', and to consider the object of a disturbed individual's violent attention. The key criteria for admission under the Act was that an individual has been 'discovered and apprehended … under circumstances denoting a derangement of mind, and a purpose of committing an indictable crime'. This remarkably broad definition was most often applied to the threat or execution of a violent act, and a close examination of additional evidence offers interesting insights into the gendered admissions process. Despite the fact that the DLA accounted for the overwhelming majority of admissions to Irish asylums in the nineteenth century, the actual levels of violence, especially that offered to strangers (a key public order aspect of the DLA), were extremely low. In only 16 per cent of admissions under the DLA in 1872–73 to the Connaught Asylum were non-family members attacked, suggesting that the threat represented by the mentally ill to the public at large was low. This pattern is consistent with twenty-first-century figures. Despite a belief on the part of one-third of the UK population that 'people with a mental health issue are likely to be violent', it is in fact the mentally ill who are far more often the object of violence.[18] In nineteenth-century Ireland, a disturbed individual was far more likely to turn their violence upon themselves, and this was especially true for women. In the 1872–73 cohort, 82 per cent of the patients admitted as suicidal under the DLA were female, and those of both sexes admitted as a 'danger to self and others', 71 per cent were women. Women therefore represented a low threat to public safety, and the use of the DLA to admit them is a sadly poignant misrepresentation of the danger that they actually posed. Moreover, in many cases of actual assault by women, it would seem that the violence was often a secondary consequence of suicide attempts. In two 1872 cases, for example, a woman who was arrested because she 'did violently attack and bite, and otherwise assault' her husband, in fact did so because he was preventing her from attempting to kill herself.[19] Similarly, a young woman who 'assaulted [her father] and others in a most violent manner' attacked them because she was being prevented from seizing a knife to stab herself with.[20] These are tragic cases, regardless of the ultimate objective, but it indicates that the DLA's concern to regulate public order by removing dangerous lunatics from society was badly misdirected.

Criminal Insanity

Although violence, and violent intent, was a major precipitating factor in admissions to the District Asylums, the system was intended for the care and treatment of curable pauper lunatics. It therefore accommodated patients suffering from a wide range of illnesses, manifesting in a variety of ways, and included patients who did not exhibit violent or dangerous tendencies. By mid-century, it had become clear that a specialist institution that specifically articulated the connection between deliberate criminality and insanity was needed. In 1850, the Criminal Lunatic Asylum (CLA) was opened in Dundrum, Dublin for the treatment of 'insane persons charged with offences in Ireland'.[21] This broad definition theoretically applied

to a majority of patients admitted to the regional District Asylums, but in practice the CLA admitted those charged with the most serious of offences – in the majority of cases murder – and offered the potential for rehabilitation. To be eligible for admission, a patient had committed an act of extreme violence, but were deemed insane, and therefore not responsible for their actions. A threat of violence sent a person to the District Asylum, but the successful completion of that threat led to Dundrum. But even while murder or extreme assault linked the men and women in the CLA, there were significant gender differences in terms of the objects of their violence. In 1855–57, 60 men and 12 women were admitted because they had committed murder.[22] In addition, 19 women were committed for the crime of infanticide (the deliberate destruction of an infant under 12 months). The attitude towards the women was remarkably sympathetic, especially in those cases of infanticide committed by unmarried mothers. There was a recognition of the inordinate stress that they were under, and the difficulty of coping with a pregnancy that was, in the majority of cases, concealed.

> Great commiseration is no doubt, due to many who come within this category; for we can fully imagine how shame and anguish must weigh on an unfortunate and betrayed female, with enfeebled system, what strong temptations induce her to evade the censure of the world in the destruction of the evidence of her guilt, by a crime that outrages her most powerful instinct, maternal love of her offspring.[23]

The concern of the asylum inspectors to understand and support women who had killed their children seems remarkably enlightened, and it was an attitude shared with asylum authorities in England.[24] The Irish inspectors urged the judiciary to treat women who killed their children, especially new-born babies, 'with the utmost leniency'.[25] Although murder in this period automatically carried a potential death sentence, infanticide was regarded as a crime of an entirely different order. In 1864, the Home Office had recommended that in cases of the murder of an infant under 12 months of age by its mother, the death sentence should automatically be commuted.[26] Women who were admitted to Irish asylums having been judged insane at the time of the infanticide were normally discharged within a year of their committal, especially if a diagnosis of puerperal mania had been made.[27] However, the relative compassion and insight that this tendency suggests is not wholly positive. It was in its own way a confirmation of the presumptions regarding the imperatives of biology and madness: the act of killing one's own child was so abhorrent, and so at odds with a woman's primary function as a mother, that a woman who committed infanticide must undoubtedly be insane. The result was a much higher level of discharge of women than of men committed to the criminal asylum. There was a general acceptance that the women were suffering from a highly specific, temporary form of madness, and were not inherently violent. Although there was a concern regarding whether they might kill again following a subsequent delivery, and a good deal of

discussion about whether they should be detained until they passed childbearing years, they were discharged relatively rapidly, often within a year of committal. Men who had murdered were, on the other hand, detained indefinitely, with those who were eventually discharged often agreeing to emigrate as a condition of their release. In 1854, two recovered male patients were recommended for release because they were both 'under the certainty of emigration', and a further four were to be recommended in the following year, three of whom intended to emigrate to Australia.[28] Without this commitment to leave the country permanently (and the recommendation for discharge was made only partly on this promise), recovered male patients were sent to gaol to complete the remainder of their sentence, or if they were still deemed to be insane, even if largely recovered, they were transferred to their local District Asylum. Contrary to popular belief (which still remarkably persists today), a plea of insanity did not allow the guilty to escape penal detention. In 1872, two criminals from Castlebar, Co. Mayo attempted to feign insanity in the belief that if they were transferred to the asylum and then 'recovered' they would be released. On being told by the Resident Medical Superintendent (RMS) that that 'they were not insane, and that they would have to finish the full term of their imprisonment after leaving the asylum', they quickly dropped the pretence and resigned themselves to gaol.[29]

Within the District Asylums biology also played an important role in determining treatments. While men and women suffering from melancholia (depression), mania (bipolar disorder), or general paralysis of the insane (tertiary syphilis) were often categorised and treated in similar ways, illnesses associated specifically with reproduction resulted in a distinct therapeutic approach. Women who were admitted suffering from puerperal mania (post-partum depression), or who were judged insane as a result of childbirth, received uniquely favourable treatment once admitted. In the early stages of their stay, they were not expected to work at the usual female occupations in the institution – able-bodied female patients were normally expected to undertake tasks such as laundry work, sewing and weaving, helping with infirm patients, and cleaning the asylum – but the puerperal maniacs were encouraged to rest, and devote their time to physical recovery as much as mental.[30] This is a remarkable application of pragmatic medical practice in nineteenth-century Ireland. In the post-Famine years, Irish family size was much larger than the European average (a pattern that persisted well into the middle of the twentieth century) with an average completed family size of 6 children, and families with up to 14 children not uncommon.[31] This meant that many women experienced a relentless cycle of pregnancy, childbirth, and nursing, from marriage to menopause. The constant strain exacted a drastic toll, and resulted in chronic physical and mental ill health. The reception of these women in the asylums tended to follow a pattern. Many entered the institutions in great distress, exhibiting the kind of behaviour – delusions, hallucinations, erratic behaviour – that saw other patients placed under close observation in the expectation of violence. But when it became clear that they had broken down as a result of reproduction-related stresses, they were afforded a uniquely supportive therapeutic regime. Recognising that in fact

many of these patients were malnourished and exhausted from childbirth, they were allowed to rest and recuperate, and discharged only when they had recovered physically. Thus, they were prescribed bed rest, and put on the 'hospital diet' in order to build up their strength.[32] The normal asylum diet was somewhat monotonous (although more nutritious than that enjoyed by the general population), but the hospital diet offered meat, vegetables, wine, and spirits, all intended to restore the women to physical health. Although the symptoms that caused the admission of this group were mental, the asylum authorities implicitly recognised that what they needed was a period of physical recovery, and a removal, however temporary, from the demands of motherhood. It is significant that a key criterion for discharge for these women was a confirmation that they were 'fatter': this recognises that many were not mentally ill in the manner of other patients, but had been driven to breakdowns through physical debility.[33] Puerperal maniacs, and women patients admitted for childbirth-related treatments, held a particular value for the asylum authorities. The annual institutional reports included statistics regarding the number of patients discharged each year as 'cured', and it was a matter of professional pride to show a high cure and recovery rate. Indeed, asylum managers and RMSs routinely bemoaned the fact that they had to deal with incurable admissions foisted upon them by the workhouses and goals, and who, by the nature of their conditions, constantly depressed their cure rates. The puerperal maniacs were a cohort that had an exceptionally high recovery and cure rate, with most women being discharged within months. They were therefore valued patients from a professional perspective, and an example of how Irish asylums adapted to local circumstances, treating the women for circumstances that were, strictly speaking, not the responsibility of the mental health system.

There were other, gender-specific, diagnoses and conditions in the Irish asylums that should have been treated in other institutions. One that almost exclusively effected men was general paralysis of the insane (GPI), or tertiary syphilis, representing approximately 20 per cent of admissions to British asylums in the nineteenth century.[34] The Irish figure varied from approximately 3–5 per cent in the CDLA, to 15 per cent in the Dublin asylums, where a greater number of ex-soldiers lived: GPI was most common amongst ex-servicemen. The disease had three distinct phases, with visible lesions on the sufferer's body in the first stage, followed by an asymptomatic stage that could be extraordinarily lengthy (up to 40 years in some cases) but during which the patient was actively infectious, and ending with profound physical debility, and, in most cases, a mental state that suggested dementia. Those suffering from GPI were incurable, and required nursing care to the end of their lives. They were not appropriate admissions for the asylums, as they were incurable, and the asylum mangers and physicians argued that they should be treated in the workhouses. However, as the course of the terminal disease 'ended in loss of control over mind and body, often accompanied by grandiose delusions of wealth and power', the workhouse managers vigorously rejected these patients, arguing that they could not be asked to house these delusional and morally dubious persons.[35] The DLA was used extensively by the workhouse authorities to have these patients

removed to the local asylums, leading to an ever-increasing population of terminally ill asylum inmates who occupied beds that were intended for acutely ill patients.

Doctors and Nurses

The District Asylums were organised hierarchically, with the RMS at the apex, supported by his medical juniors, who in turn instructed the nursing staff to carry out prescribed treatments. The institution was under the care of a manager (not medically qualified) and the larger asylums had a veritable army of staff who kept the records, maintained the buildings and gardens, and marshalled the able-bodied, long-stay pacific patients into work parties. Staff supervised the groups of male patients who worked on the farms, and the teams of female patients who filled a multitude of roles in the laundry, kitchen, and throughout the asylum, engaged in the constant labour of polishing, dusting, and cleaning an institution that housed an ever-changing asylum population of several hundred individuals. They were tremendously complex institutions, and the level of organisation needed to feed, clothe, and secure the patient and staff population was considerable. All of this intensive labour need had some positive implications from a gender perspective. The asylums offered a unique opportunity to Irish women: in the nineteenth century, employment possibilities for women were few in comparison with industrial Britain, and wages in Ireland in all unskilled occupations were lower. When the asylums opened, they embarked upon recruitment campaigns to attract nurses who would attend to the patients' mental and physical needs, and also undertake the domestic work associated with a large patient body. However, the hopes of the CDLA management that dedicated and intelligent women would support the rehabilitative objectives of the institution were quickly dashed. In 1847, the manager noted:

> They [the nurses] are in general of an inferior class, and not sufficiently intelligent for their situations, particularly the females. No suitable persons offer, nor can be heard of about the country, with recommendations when vacancies occur. I minutely examined several, whom I found, with some few exceptions, very ignorant, and badly calculated to contribute to that system of moral management, upon which the value of the asylum depends.[36]

The difficulty in recruitment stemmed partly from the stigma associated with the asylum, and the nature of the work in dealing with an often-unpredictable patient body. Until Florence Nightingale initiated formal nursing training in Britain in the 1860s, nurses were regarded with some suspicion, and their necessary involvement in the physical care of patients made it a career that was frowned upon by an increasingly conservative society. It was also a relatively low-status occupation in the earlier nineteenth century, with the title 'nurse' a largely honorific one. Many women designated nurses in workhouses were themselves inmates who assisted in the care of their elderly and infirm fellows, and there was a persistent belief that such women were morally suspect. They were undoubtedly women with few other resources, and although

the work they undertook was regarded as unskilled and demeaning, it did at least offer a basic bed and board provision in exchange for their labour. As the century advanced, and the asylums were drawn firmly into the professional medical system, formal training and qualifications led to substantial rises in salaries for asylum nurses, and a consequent increase in status. The introduction of a national education system in nineteenth-century Ireland had seen a sharp rise in literacy levels, spurred on by large-scale emigration that demanded literacy and numeracy to improve employment prospects in host countries.[37] While middle-class women flocked to the general nursing ranks, regarding the asylums with a degree of suspicion owing to the 'taint' of insanity, it was the less economically advantaged women who staffed the district asylums. The system therefore supported the professionalization of a cohort who had traditionally struggled to secure paid, permanent employment, and offered a unique path to economic stability and independence in rural Ireland. The District Asylums were heralded as confirmation of a new regard for the mentally ill, and of a more enlightened, modern Ireland, but they had an equally significant impact upon the staff who worked there, and the communities that surrounded them.

The District Asylums offer rich pathways to engage with nineteenth-century Irish history, as they offer insights into the lived complexities of gender, poverty, religion and health. There remains much to research in Irish mental health, with transnational and comparative histories offering an especially rich field for exploration. Although few psychiatric hospital archives are available online, there is a wealth of accessible material, including Commissions on Inquiry into Insanity in all four elements of the United Kingdom, as well as commentary on western society's apparent descent into insanity in the pages of the *Lancet* and other medical journals.[38] On a broader stage, there is exciting potential for comparative work on race, ethnicity, and insanity, using imperial presumptions regarding the mental stability and capacity of the Irish and the Indians as a means of understanding how asylums developed in each country. Mental health and wellbeing is an increasing priority for governments worldwide in the twenty-first century, but it is only through understanding how historic systems developed that we can ensure the delivery of the best possible standards of care in the present.

Notes

1 Brendan Kelly, *Hearing Voices: The History of Psychiatry in Ireland* (Dublin: Irish Academic Press, 2016), 15–18.
2 See https://www.logainm.ie/en/24603 accessed 30 August, 2021.
3 A Catholic priest was appointed to each asylum to attend to the patients' spiritual needs, and most institutions permitted the building of a Catholic church on the asylum grounds, so that those patients could attend Mass.
4 Oonagh Walsh, "A Person of the Second Order: The Plight of the Intellectually Disabled in Nineteenth-Century Ireland," in *Philanthropy in Nineteenth-Century Ireland*, eds. Laurence M. Geary and Oonagh Walsh (Dublin: Four Courts, 2014), 169–170.
5 Select Committee on the Lunatic Poor in Ireland, *Report from the Select Committee on the Lunatic Poor in Ireland with Minutes of Evidence Taken Before the Committee and an Appendix*, VIII.33 (London: House of Commons, 1817), 14–15.

6 Michel Foucault, *Madness and Civilisation* (London: Routledge Classics, 2019) [1961].
7 In fact, the greatest growth in asylums in Britain and Ireland in particular occurs in the nineteenth century.
8 *The Connaught Journal*, February 1, 1833.
9 *Connaught Journal*, September 25, 1833; *Fifth Annual Report on the District, Criminal, and Private Lunatic Asylums in Ireland* (hereafter *Annual Report*) (1853) and *Forty-Eighth Annual Report* (1896) respectively.
10 An Act to make more effectual Provision for the Prevention of Offences by insane Persons in Ireland 1838, Vic., Cap. xxvii.
11 Kelly, *Hearing Voices*, 49.
12 David Wright, "The Certification of Insanity in Nineteenth-Century England and Wales," *History of Psychiatry* 10 (September 1998), 267–290.
13 The District Asylums were funded partly by a direct grant from government, and partly by local taxation. It was therefore important to ensure that patients were sent to their local institution, so that the cost of their care was appropriately charged to their home county.
14 These patients were actually ineligible for admission to the asylums, as they were incurable. The District Asylums were for the care of 'curable, pauper lunatics' only.
15 National Archives of Ireland, Committal warrants to the CDLA, 1860–70.
16 For cases where non-family neighbours offered assistance in caring for disturbed people prior to their admissions see Oonagh Walsh, "Gender and Insanity in Nineteenth-Century Ireland," in *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry*, eds. J. Andrews and A. Digby (Amsterdam: Rodopi, 2004), 69–93.
17 In 1871, mothers provided the sworn testimony regarding the lunatic behaviour of their daughters in 57 per cent of cases of unmarried daughters, and sisters acted in a further 14 per cent of cases. Single women were therefore committed by their closest female relatives in 71 per cent of cases.
18 This is particularly striking when considering the tragedy of suicide. An estimated 85 per cent of people who commit suicide are experiencing mental illness at the time of death. See Mental Health First Aid England (MHFA), 'Mental Health Statistics,' 15/10/2020. https://mhfaengland.org/mhfa-centre/research-and-evaluation/mental-health-statistics/ accessed March 12, 2021.
19 NAI/CDLA/Warrant no. 47, admitted 22 May, 1872.
20 NAI/CDLA/Warrant no. 8, admitted 14 January, 1872.
21 Lunatic Asylums (Ireland) Act 1850, 8 and 9 Vict. c. 107, Sect. 9.
22 Calculated from the returns in the *Seventh and Eighth Reports on the District and Lunatic Asylums in Ireland* (1855 & 1856).
23 BPP, *Seventh Report on the District, Criminal and Private Lunatic Asylums in Ireland* (1855), XVI.137, 18.
24 Pauline Prior, "Psychiatry and the Fate of Women Who Killed Infants and Young Children, 1850–1900," in *Cultures of Care in Irish Medical History, 1750–1970*, eds. C. Cox and Maria Luddy (Basingstoke: Palgrave Macmillan, 2010), 92–112 at 102. For a full discussion of women and infanticide in Britain in this period, see Hilary Marland, *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain* (Basingstoke: Palgrave Macmillan, 2004).
25 *Seventh Report* (1855), 18.
26 This direction was extended to Ireland in the same year.
27 The modern diagnosis is post-natal depression.
28 *Sixth general report on the district, criminal, and private lunatic asylums in Ireland: with appendices*, XLI.353 (1854), 16.
29 *The twenty-first report on the district, criminal, and private lunatic asylums in Ireland; with appendices* C.647 (1872), 30.
30 NNAI/CDLA, "Rough Board of Governors Minute Book," 12 April, 1879.

31 Paul Brennan, "The Family in Ireland," *Etudes Irlandaises* (2004), Vol 29, No. 1, 95–102 at 100.
32 *The twenty-first report on the district, criminal, and private lunatic asylums*, 124, 158.
33 This is not to say that these women were not mentally ill: they were in that they had suffered breakdowns and were enduring significant mental distress. They were however much more likely to recover, and not suffer a subsequent episode than other patients.
34 See Gayle Davis, *The Cruel Madness of Love: Sex, Syphilis, and Psychiatry in Scotland, 1880-1930* (Amsterdan: Rodopi, 2008) for a discussion of GPI in the psychiatric service.
35 Kelley Swain, "'Extraordinarily Arduous and Fraught with Danger': Syphilis, Salvarsan, and General Paresis of the Insane," *The Lancet* 5 (September 2018), 702.
36 BPP, Report on the district, local, and private lunatic asylums in Ireland, 1846: with appendices 820, 37.
37 John Coolahan, *Irish Education: History and Structure* (Dublin: Institute for Public Administration, 1981).
38 Fiona Fitzsimons, "Kindred Lines: Lunatic Asylum Records," *History Ireland* 25, no. 1 (January/February 2017), 31; Reports of the Commissioners in Lunacy, 1845–90 (London).