



NUI MAYNOOTH

Ollscoil na hÉireann Má Nuad

Institutional reform in mental healthcare in Ireland: the establishment of the Ardee
Mental Hospital, 1933, in its historical context.

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List of abbreviations

Archive abbreviations

LCA	Louth County Archives
NAI	National Archives of Ireland
CSOP	Chief Secretary's Office Papers (NAI)
FIN	Department of Finance Records (NAI)
LCC/ADM	Louth County Council/Administration (LCA)
LCC/HPA	Louth County Council/Health and Public Assistance (LCA)
LCC/FIN	Louth County Council/Finance (LCA)
TSCH	Department of An Taoiseach Records (NAI)

Employment positions/job titles

AMO	Assistant Medical Officer
AMS	Acting Medical Superintendent
CPN	Community Psychiatric Nurse
RMS	Resident Medical Superintendant
PP	Parish Priest

Organisations/committees/government agencies

GNC	General Nursing Council
HMC	Hospital Management Committee
HSE	Health Service Executive
NEHB	North Eastern Health Board
RDS	Royal Dublin Society
RIA	Royal Irish Academy
RMPA	Royal Medico-Psychological Association
WHO	World Health Organisation

Workers' union titles

APU	Amalgamated Plumbers' Union
ATGWU	Amalgamated Transport and General Workers' Union
IMHWU	Irish Mental Hospital Workers' Union
ITGWU	Irish Transport and General Workers' Union
IWWU	Irish Women Workers' Union
MHWPA	Mental Health Workers' Protection Association
WUI	Workers' Union of Ireland

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Timeline of institutional reform in mental healthcare in Ireland, 1699-2012

- 1699 Anonymous donation of £2,000 made to Dublin Corporation for providing services to the lunatic poor of the city
- 1708 Cells erected in the house of industry in Dublin
- 1735 Workhouse established in County Cork
- 1746 St Patrick's Hospital opens in Dublin City with accommodation for 54 lunatics
- 1772 Accommodation provided as wards or departments attached to houses of industry in several counties
- 1774 Madhouses Act under King George sought to regulate provision of care of the insane in Britain and Ireland
- 1780 Ruxton residence built on an extensive estate in Ardee, County Louth (changed to St Joseph's Hospital for sick, aged and infirm in twentieth century)
- 1787 Prison Act gave grand juries power to raise funds to establish wards or departments for destitute insane persons on the recommendation of local magistrates
- 1791 A lunatic asylum established in County Cork
- 1800 Act of Union- Ruxtons of Ardee did not support it
- 1800 James Hadfield case in England
- 1800 Dangerous Lunatics Act (as a result of James Hadfield case)
- 1800 Treason Act revised (also, in part, as a result of James Hadfield case)
- 1805 Bill to establish a national lunatic asylum in Ireland defeated in British Parliament
- 1810 Parliamentary grant made for the establishment of a national lunatic asylum in Dublin
- 1815 Richmond Lunatic Asylum opened on the North Circular Road in Dublin City
- 1817 Select Committee met to discuss provision for lunatic poor in Ireland
- 1821 The erection of lunatic asylums was legislated for in the Lunatic Asylums for the Poor Act. It empowered the Lord Lieutenant with advice from Privy Council to direct the erection of asylums. A voluntary board was established called the Board of Control for supervising the erection of asylums. Boards of Governors were appointed on agreement of Lord Lieutenant, Privy Council and Board of Control. Funding for establishing lunatic asylums was advanced from the Consolidated Fund and recouped by grand juries through the county cess

Timeline of institutional reform in mental healthcare in Ireland, 1699-2012 (cont'd)

- 1824 Armagh District Lunatic Asylum opened
- 1826 Prison (Ireland) Act gave Inspectors-General of Prisons a duty to inspect all lunatic asylums in Ireland including wards or departments attached to houses of industry
- 1826 Lunacy (Ireland) Act: asylum finances (chargeability on county cess for lunatics in asylums)
- 1827 Limerick District Lunatic Asylum opened
- 1829 Belfast District Lunatic Asylum opened
- 1829 Londonderry District Lunatic Asylum opened
- 1830 Richmond became a district asylum with County Louth part of the district alongside County Wicklow, Dublin city and the borough of Dublin
- 1832 Carlow District Lunatic Asylum opened
- 1833 Connaught District Lunatic Asylum opened
- 1833 Maryborough District Lunatic Asylum opened
- 1834 Clonmel District Asylum opened
- 1834 Railway transport started in Dublin (goods transported to lunatic asylums by rail network in post-Famine Ireland)
- 1835 Waterford District Lunatic Asylum opened
- 1835 Board of Control resigned their appointments and the Board of Works was nominated in its place
- 1838 Poor Law (Ireland) Act
- 1838 Criminal Lunatics Act
- 1842 Private Lunatic Asylums Act: licensing and regulating private establishments
- 1842 Poor Law Workhouse established on John Street, Ardee (used for Belfast refugees 1920-21)
- 1845 Cork Lunatic Asylum became Cork District Lunatic Asylum
- 1845 Criminal Lunatic Asylum Act: committal of criminal lunatics and also asylum finances (chargeability)

Timeline of institutional reform in mental healthcare in Ireland, 1699-2012 (cont'd)

- 1845 Transfer of power from Inspectors-General of Prisons to Inspectors of Lunatic Asylums (also room for appointment by the Lord Lieutenant)
- 1845-50 Famine in Ireland
- 1846 Lunatic Asylums (Ireland) Act: asylum finances (chargeability)
- 1850 Criminal Lunatic Asylum opened in Dundrum, County Dublin
- 1851 Richmond board of governors re-opened Islandbridge house of industry as accommodation for chronic lunatics (charges for care defrayed across all four districts: County Louth, County Wicklow, Dublin city and borough)
- 1852 Kilkenny District Lunatic Asylum opened
- 1852 Killarney District Lunatic Asylum opened
- 1853 Omagh District Lunatic Asylum opened
- 1855 Lunatic Asylums Repayment of Advances (Ireland) Act: asylum finances, loans and advances from Treasury
- 1855 Mullingar District Lunatic Asylum opened
- 1855 Sligo District Lunatic Asylum opened
- 1866 Letterkenny District Lunatic Asylum opened
- 1866 Castlebar District Lunatic Asylum opened
- 1867 Lunacy (Ireland) Act: dangerous lunatics transfer to gaols prohibited (had to be sent directly to a lunatic asylum)
- 1867 Lunacy (Ireland) Act: staffing of institutions and power of lord lieutenant
- 1868 Ennis District Lunatic Asylum opened
- 1868 Enniscorthy District Lunatic Asylum opened
- 1868 Downpatrick District Lunatic Asylum opened
- 1868 Lunatic Asylums (Ireland) Accounts Audit Act: accounts of asylums to be audited every year by auditor of the poor law union (previously audited by Commissioners of Audit in London)
- 1868-85 Additions, alterations and repairs made to existing network
- 1869 Monaghan District Lunatic Asylum opened

Timeline of institutional reform in mental healthcare in Ireland, 1699-2012 (cont'd)

- 1871 Lunacy Regulation (Ireland) Act: estates of lunatics, protection of property, chancery lunatics
- 1874 Parliament approved new arrangements to recoup Capitation Grant from local rates (county cess)
- 1875 Lunatic Asylums (Ireland) Act: powers of asylum authorities to detain inmates and retake them in the event of escape (reception orders and certificates)
- 1875 Lunatic Asylum (Ireland) Act: property of patient could be used for their maintenance by asylum authorities and liability of relatives for maintenance in an asylum
- 1877 Public Works Loans (Ireland) Act: end of advances from Consolidated Fund
After 1877 financial aid to lunatic asylums was made by the treasurer of a county with loans at a rate of 3.5 percent
- 1878 Lunatic Asylums Loans (Ireland) Act: asylum finances, approval by Chief Secretary transmitted to Grand Jury who had to provide the sum requested for asylum maintenance
- 1883 Trial of Lunatics Act: criminal lunatics, plea of insanity in criminal cases
- 1890 Pauper Lunatic Asylums (Ireland) (Superannuation) Act: pension to officers, staff and servants in asylums
- 1896 William Ruxton of Ardee died
- 1898 Local Government (Ireland) Act: Inspectors of Lunacy became officers of Local Government and Public Health under Saorstát Éireann in 1922
- 1901 Lunacy Act: conditional discharge of criminal lunatics, protection of lunatics from ill-treatment, Committees of Management of asylums could group together to advance pathological research on insanity in Ireland
- 1902 Portrane Lunatic Asylum opened in North County Dublin offering more accommodation for the Richmond District Lunatic Asylum
- 1902 Most patients from County Louth transferred from the Richmond District Lunatic Asylum to Portrane Lunatic Asylum in north Dublin
- 1902 Railway system used to transport materials and provisions to Portrane using Donabate Railway Station (Dundalk railway line used to transport bricks to Donabate which were used to build Portrane Lunatic Asylum 1900-2)
- 1909 Asylum Officers' Superannuation Act: staffing of institutions and superannuation
- 1912 William Doran of Clonkeen suggested that the council should purchase the Ruxton estate in Ardee on behalf of the ratepayers of the area

Timeline of institutional reform in mental healthcare in Ireland, 1699-2012 (cont'd)

- 1914 William Doran submitted the official motion to the council for the purchase of the Ruxton estate
- 1923 Local Government (Temporary Provisions) Act: official transfer of power over lunatic asylums and staff to the Ministry of Local Government and Public Health
- 1924 Peace Commissioners changed to Justice of the Peace: committal of patients to asylums could be sanctioned by a Justice of the Peace
- 1924 Deputation sent by Louth County Council to meet Ernest Blythe regarding separation from the Richmond District Lunatic Asylum. The deputation included Thomas McGahon of Dundalk and Canon Lyons (PP of Ardee)
- 1925 Local Government Act: Rural District Councils abolished (Ardee lost its rural council)
- 1925 Local Government Act: changed the name of lunatic asylums in Ireland to mental hospitals
- 1925 Defence Forces (Temporary Provisions) Act: Minister for Defence given power to send insane soldiers to a mental hospital
- 1926 Local Authorities (Officers and Employees) Act: appointment of suitable persons to positions of authority in mental hospitals or county bodies connected to mental healthcare
- 1930 Louth Mental Hospital District Order: separated County Louth from the Grangegorman Mental Hospital (previously called the Richmond District Lunatic Asylum and included Portrane Lunatic Asylum after 1902)
- 1931 Louth Mental Hospital (Adjustment) Order: details financial arrangement of separation between Louth and Grangegorman district
- 1933 Ardee Mental Hospital opened
- 1933-4 Goods transported to Ardee Mental Hospital using railway line
- 1937 Workers' strike in the Ardee Mental Hospital, January to May
- 1938 Dr J. Dunne, Grangegorman, made a tour of out-patient facilities in the United States and Canada and reported his findings to Grangegorman joint committee
- 1942 Seminar series in Ardee Mental Hospital on mental illness and treatment
- 1942 Mental Hospital Officers (General Trained Nurses) Order
- 1943 Mental Hospitals (Assistant Medical Officers) Order
- 1944 Mental Hospitals Officers (Attendants) Order

Timeline of institutional reform in mental healthcare in Ireland, 1699-2012 (cont'd)

1944	Mental Nurses (Qualification) Order
1945-7	Department of Local Government and Public Health Mental Hospital (Regulations) Order and Mental Treatment Act
1946	Department of Health established, James Ryan first Minister of Health
1950	General Nursing Council dissolved, An Bord Altranais established (Nursing Board)
1959	World Health Organisation annual theme was Mental Health
1959	Dr Patrick Moran retired as Resident Medical Superintendent of Ardee Mental Hospital. Dr John O'Connor promoted to Resident Medical Superintendent
1960	Mental Hospitals Officers (Tutors) Regulations Act Jack Halpin appointed acting nurse tutor in the Ardee Mental Hospital
1963	Open day at Ardee Mental Hospital
1963	Community nurses introduced into Ardee mental health service
1970-5	Villa and De La Salle hostels opened for high support patients in the community
1970	Health Act introduced Ireland divided into health board areas North Eastern Health Board had responsibility for Ardee Mental Hospital NEHB takes ownership of hospital site on Ruxton estate in Ardee
1972	Positions of head male nurse and matron in Ardee Mental Hospital merged into one position: chief nursing officer
1980-90	Introduction of community psychiatric nurses (CPN)
1983	Golden Jubilee event at Ardee Mental Hospital
1984	<i>Planning for the Future</i> – policy document for service reform published
1986	Drogheda Day Centre and Ladywell Day Centre, Dundalk opened
1987-9	Navan Day Centre and the Moorings high support residential unit in Dundalk established
1990s	Depot injection and out-patient clinics in Drogheda, Dundalk, Navan, Carlingford, Ardee
2001	Mental Health Act
2004	Mental Health Commission established

Timeline of institutional reform in mental healthcare in Ireland, 1699-2012 (cont'd)

- 2005 Health Service Executive established – Headquarters in Dr Steeven’s Hospital, Dublin 8
- 2006 *Vision for Change* policy document published by Department of Health – report on existing mental health services and recommendations from expert group on further development of services and support for people with a mental illness
- 2010-2 Beds available in Ardee hospital reduced significantly (20-5)
- 2012 Department of Health announced the establishment of a review group to examine the Mental Health Act (2001) and make recommendations for changes



St Brigid's Complex (2013)

Aerial photograph of St. Brigid's Complex, Ardee (previously called the Ardee Mental Hospital) commissioned by the author from Masterpiece Aerial Photography, Dundalk, County Louth.

Introduction

*O something unprov'd, something in a trance,
O madness amorous, O trembling,
O to escape utterly from others' anchors and holds,
To drive free, to love free, to dash reckless and
dangerous
To court destruction with taunts—with invitations,
To ascend—to leap to the heavens of the love indicated to me,
To rise thither with my inebriate Soul,
To be lost, if it must be so,
To feed the remainder of life with one hour of
fulness and freedom,
With one brief hour of madness and joy¹*

Walt Whitman (1819-92)

I

The mental hospital in Ardee was the only psychiatric facility built in the early twentieth century in Ireland. It opened in November 1933 and was built to accommodate 500 patients. It was constructed, on the west of Ardee town in County Louth, on land once owned by the Ruxton family. The hospital was designed by Henry Thomas Wright, a Scottish architect working in Newcastle-upon-Tyne when his design was selected for the hospital.

During the previous century patients from County Louth were treated in the Richmond asylum in Dublin. In 1830, the Richmond District Lunatic Asylum Act was introduced. Between 1830 and 1933 patients from Louth were sent to the Richmond asylum in Dublin because it was a district asylum which catered for a specific region including the mentally ill of County Louth, County Wicklow, Dublin city and the borough of Dublin. In 1902, Portrane Lunatic Asylum opened in north County Dublin as additional accommodation for the Richmond asylum. Some patients from Louth were admitted to Portrane asylum from 1902 onwards. It was not until 1930

¹ Walt Whitman, 'One hour to madness and joy' in *Leaves of grass* (Philadelphia, c.1900).

that separation between County Louth and the Richmond and Portrane occurred. The Louth Mental Hospital District Order of 1930 ended the link. The separation order meant that plans for the construction of a new mental hospital in Ardee could then be accomplished. Until construction of the new hospital was completed, patients from Louth were still treated in Dublin. In October 1933, the transfer of patients began. Over the following months over 300 patients were moved by buses to Ardee from either the Richmond in Dublin city or Portrane asylum in north county Dublin.

This study is the first examination of the establishment of the Ardee Mental Hospital in historical context. The thesis argues that the moral, political and economic justification for institutional reform in mental healthcare in Ireland started in the eighteenth century and continued in the nineteenth century. The nineteenth century showed more concentrated effort by reformers with the establishment of a system of public institutions for the insane. The Local Government (Ireland) Act (1898) reinvented the basis for reform with the transfer of power to county and district councils. In County Louth, the act of 1898 gave members of the county and district councils an opportunity to reorganise mental healthcare for the local population. The result was the establishment of the Ardee Mental Hospital by 1933.

Authorities in County Louth strongly reconsidered the long-term institutional connection with the Richmond asylum. They considered the benefit of establishing a local mental healthcare institution for the mentally ill within the county boundaries. Rather than paying for a health service outside the county using the collected rates, authorities could construct a mental health facility, use the rates to develop the local economy and generate long-term employment opportunities in the institution. Members of the county and district councils started a new healthcare strategy in County Louth in the twentieth century, one which viewed institutional reform in terms of separation from the Dublin district and the establishment of a local mental hospital.

The hospital in Ardee was a unique example of what John Coakley terms ‘significant elements of continuity’ underlying the sharp political break that occurred at the time that the state was

founded.² The hospital in Ardee demonstrated that ‘the logic of engineering culture and practice continually reasserts itself despite the vicissitudes of politics and regimes.’³ This thesis broadens the field of research because it shifts focus away from mental illness, diagnosis of illnesses and the use or misuse of mental hospitals. While chapter one examines the link between institutional reform in mental healthcare in the eighteenth and nineteenth centuries, the remainder of the study concentrates on the local historical contexts from 1898 onwards which led to the construction and opening of the new mental hospital in Ardee.

II

The terminology progresses throughout the thesis according to the period under review and in line with the use of language in primary sources. Chapter one uses the words ‘lunatic’, ‘lunatic asylum’, ‘idiots’ and ‘imbeciles.’ As the chapters move from the nineteenth century into the twentieth century these phrases are brought in line with the language used in mental healthcare in Ireland including ‘mental hospital’, ‘mentally ill’, ‘psychiatric patient’ and ‘mental illness.’

Another distinction made in this thesis is between the words ‘healthcare’ and ‘health care’. The difference is that the single word ‘healthcare’ is used to describe mental health institutions and institutional reform. The second option ‘health care’ is used to describe the care received by patients in the institutions. The single word ‘healthcare’ appears more often in the thesis due to the fact that the research focuses on institutional reform and not the nature of care received by patients. Further distinctions are made in the political, economic and religious contexts of the 1700s and 1800s which offset improvements made in twentieth-century Ireland.

III

In this thesis, the establishment of the hospital in Ardee is viewed as an institutional legacy of the old regime. The phrase old regime requires explanation in the context of this research. There

² John Coakley, ‘The foundations of statehood’ in John Coakley and Michael Gallaher (eds), *Politics in the Republic of Ireland*, (5th ed.) (London, 2010), pp 4-6, 14-8.

³ Patrick Carroll-Burke, ‘Material designs: engineering cultures and engineering states- Ireland 1650-1900’ in *Theory and Society*, xxxi, no. 1 (2002), p. 82.

are a number of ways to view the history of Ireland since the early eighteenth century. One can examine it as a time which divided Ireland in economic, political and religious terms: a time dominated by the Irish Protestant ascendancy, in both ‘a process of ascendancy’ and ‘domination by the protestant aristocracy.’⁴ One can also view it as a period of intellectual and scientific curiosity. In the western world, there was an atmosphere of reform as a result of the Enlightenment and the emergence of intellectual theories on society, the individual and the function of governments and states.⁵ Authorities and intellectuals were equipped with Enlightenment ideas and ‘set out to reform every aspect of society ranging from education through politics and social life to prisons.’⁶ In Ireland, the development of welfare and health services depended on the innovation and dedication of local reformers.⁷

The development of mental healthcare in Ireland started with significant influence from France and England. In the late eighteenth and early nineteenth centuries, France had Philippe Pinel (1745-1826) and Jean-Etienne Dominique Esquirol (1772-1840). They advocated for moral treatment and better healthcare facilities for the mentally-ill.⁸ England had the founder of the York Retreat, William Tuke and his family; John Howard in prison reform and Lord Shaftesbury.⁹ Ireland’s reformers included Alexander Jackson and Robert Stewart alongside John Newport, John Leslie Foster and Thomas Spring Rice.¹⁰

These individuals were agents of social, political and moral improvements in mental healthcare. Indeed, the first social and moral reformers paved the way for reformers in County Louth in the early twentieth century to establish the mental hospital in Ardee. Men like Newport, Spring Rice and Leslie Foster were the political and social antecedents of representatives in Louth

⁴ Ibid., p.82.

⁵ Roy Porter, *The Enlightenment* (2nd ed.) (Hampshire, 2001), pp 22-8.

⁶ Joseph Starr, ‘Prison reform in Ireland in the age of Enlightenment’ in *History Ireland*, iii, no. 2 (1995), p. 21.

⁷ Roy McClelland, ‘The madhouses and mad doctors of Ulster’ in *The Ulster Medical Journal*, lvii, no. 2 (1988), p.104.

⁸ Ibid., pp 117-8.

⁹ *Report from the select committee on the lunatic poor in Ireland with minutes of evidence taken before the committee and an appendix 1817*, H. C. 1817 (430) viii, 33; see Anne Digby, *Madness, morality and medicine: a study of the York Retreat 1796–1914* (Cambridge, 1985).

¹⁰ McClelland, *Ulster madhouses*, pp 117-8; *Report from the select committee on the lunatic poor in Ireland with minutes of evidence taken before the committee and an appendix 1817*, H. C. 1817 (430) viii, 33.

including John Ribton Garstin, William Doran of Clonkeen, James McGee of Ardee and Dr Patrick Moran, the first Resident Medical Superintendent of the Ardee Mental Hospital.

Early reformers achieved one important change in the eighteenth and nineteenth centuries: they made distinctions between vulnerable groups in society. Those who were insane were not automatically criminal. Those who were poor were not automatically insane. Those who were destitute were not necessarily criminal, insane or beggars. Intellectuals tried to shift attitudes away from the assumption that those who were less fortunate than others were consequentially more evil.¹¹ The most obvious evidence which suggested these distinctions was the establishment of institutions for the insane, prisons for criminal cases and workhouses or houses of industry for the poor and destitute.

In the nineteenth century these institutions showed an overlap of cases of lunacy, criminals, poor and destitute which meant that institutional support lacked sophistication in an Irish context. However, the argument can also be made that the way in which the institutions were used or misused over the course of the nineteenth century cannot change the fact that institutional reform in mental healthcare was achieved by authorities and reformers. The historiography of mental healthcare provides insight into the main themes in the field of research, some of which have been used to research the establishment of the Ardee Mental Hospital.

IV

Published scholarly research has produced conflicting academic views regarding the significance of institutions for the insane since the eighteenth century. On the one hand, research has concentrated on examining institutions for the insane as political and coercive entities which confined inmates indefinitely and, for the most part, unnecessarily. On the other hand, research has examined institutions for the insane as centres of mental healthcare reform and the involvement of religious representatives, in particular those from Quaker backgrounds. Neither scholarly approach acknowledges that the institutions had to be constructed in order to start the debate on whether they were political entities or examples of religious reform in

¹¹ Martin Farquhar Tupper, *Proverbial philosophy* (London, 1839), p. 106.

healthcare. As such, this thesis examines the establishment of the Ardee hospital showing the level of political and economic discourse which occurred in County Louth between 1898 and 1933 at local government level.

Scholars of nineteenth-century mental healthcare have been overly preoccupied with the concept of control and confinement of the insane in institutions. The 1800s certainly witnessed more effort by authorities to construct a network of institutions for the insane but the institutional experience in an Irish context had more meaning to society than the systematic oppression and coercion of those deemed to be mentally ill. Similarly, institutional mental healthcare covered a much wider period of Irish history and was far more endemic than the nineteenth century. There is room to develop a deeper understanding of mental healthcare in Irish history by focusing on institutional reform in the eighteenth, nineteenth and twentieth centuries showing that Ireland experienced an epidemic of institutionalisation in the last three centuries, not an epidemic of insanity.

V

Patrick Carroll-Burke has argued that in the eighteenth and nineteenth centuries Ireland witnessed a process of reform ‘that treated the cultivation of nature and the condition of the physical environment as indices of civilisation and moral worth.’¹² John Schumaker claimed that authorities with responsibility for the insane in western societies looked for ‘cultural frames of reference’ and then ‘revised cultural strategies’ in order to successfully operate the institutional environment.¹³ This study identifies ‘cultural frames of references’ relevant to mental healthcare in an Irish historical context with concentration on the development of political, economic, social and moral discourses for reform on a local level in the twentieth century.

The establishment of institutions for the insane showed the ‘incorporation of land, built environment, and bodies into governed and governing spaces’ producing an ‘index of moral

¹² Carroll-Burke, *Material design*, p. 80.

¹³ John Schumaker, *The ages of insanity: modernity and mental health* (London, 2001), p. 3.

worth' in Irish society and culture which was part of experimental statecraft.¹⁴ The 'removal of disorderly people from the streets' was part of the social, political, economic and historical discourse on Ireland.¹⁵ Nonetheless, there were strong therapeutic arguments made in favour of separate institutions for the insane which were informed by socio-political logic and enlightened humanitarianism.¹⁶ Providing services for the insane was difficult in an Irish context. Markus Reuber claimed that 'Irish authorities had been slow and reluctant to accept any public responsibility for the poor.'¹⁷ Institutions available for the pauper insane outside of the prison system were departments or wards attached to workhouses and houses of industry.¹⁸ The only specific institutions constructed for the insane in the eighteenth century were St Patrick's in Dublin, Cork private asylum and Cork public asylum.

Elizabeth Malcolm has examined the issue of confinement in the asylums stating 'families, police, magistrates, clergy and doctors co-operated to take advantage of lax procedures so as to rid their communities of those deemed troubled or troublesome' and that the committal records should not be taken as indicative of the level of mental illness in Ireland.¹⁹ Malcolm's examination of patient records exposed the complicit relationship between communities and authorities which led to the incarceration of large numbers of people in the nineteenth century. In this study, patient statistics illustrate the level of institutional reform which occurred in Ireland. The indelible mark of insanity increased the patient population substantially. The accumulation of cases led, firstly, to the establishment of a network of district asylums and, secondly, to the purchase of additional land by governors for the construction of more buildings on asylum sites. The increasing patient population in the Dublin district at the turn of the twentieth century provided a basis for further expansion of the network and resulted in the construction of the new mental health facility in Ardee.

¹⁴ Carroll-Burke, *Material design*, p. 80.

¹⁵ *Ibid.*, p. 101.

¹⁶ McClelland, *Ulster madhouses*, p.107.

¹⁷ Marcus Reuber, 'The architecture of psychological management: the Irish asylums, 1801-1922' in *Psychological Medicine*, xxvi (1996), p. 1179.

¹⁸ *Ibid.*, pp 1179-80.

¹⁹ Malcolm, Elizabeth, "'Ireland's crowded madhouses': the institutional confinement of the insane in nineteenth- and twentieth-century Ireland' in Porter, Roy and Wright, David (eds), *The confinement of the insane: international perspectives, 1800-1965* (New York, 2003), pp 322-6; Elizabeth Malcolm, 'Asylums and other "total institutions": recent studies', in *Éire-Ireland*, xxii, no. 3 (1987), pp 151-60.

Mark Finnane called the district asylum system in post-Famine Ireland ‘an unqualified instrument of social control.’²⁰ Carroll-Burke has argued that the 1800s ‘witnessed a clamp-down on scenes of immorality and uncleanness in public’ which was part of an overarching idea of social control and material organisation of the state system.²¹ Leonard Smith has argued that large institutions for the insane in England and Wales sent a powerful message to those on the outside and to those required to enter an institution. Imposing structures with high boundary walls generated fear of the madhouse in the wider population.²² Thomas Szasz has argued that institutions for the insane in the United States functioned as a ‘storage bin for society’s undesirables.’²³ Patients in institutions were held not only for their own benefit, but also for the protection of other people and of the public at large.²⁴ Finnane has argued that by 1900 ‘the grand categories of madness, mania and melancholia covered a multitude of histories and behaviours.’²⁵ Oonagh Walsh has claimed that there was a ‘significant development in the power differential between physician and patient’ creating a top-down power structure in mental healthcare in the nineteenth century which continued in the twentieth century.²⁶

Finnane stated that ‘the law was essential to the process of confinement, though its role is usually ignored in histories of the asylum.’²⁷ The introduction of laws in a specifically Irish context was integral to the establishment of the first national institution in Dublin in 1815 and, thereafter, the establishment of a system of institutions over the course of the century. The influence of new lunacy laws in Ireland was similar to reform in Scotland in the same period.

Michael Barfoot has argued that the Scottish Madhouses Act in 1815 was influential in the establishment and management of asylums. Legislation in a Scottish mental health context was practically non-existent until the new legislation in 1815 and as a result of England’s ‘historical

²⁰ Mark Finnane, *Insanity and the insane in post-famine Ireland* (London, 1981), p. 15.

²¹ Carroll-Burke, *Material design*, pp 79-100.

²² Leonard Smith, ‘The architecture of confinement: urban public asylums in England, 1750-1820’ in Leslie Topp, James Moran and Jonathan Andrews (eds), *Madness, architecture and the built environment: psychiatric spaces in historical context* (London, 2007), pp 42-3.

²³ Thomas Szasz, *Cruel compassion: psychiatric control of society’s unwanted* (New York, 1998), p. 170.

²⁴ Smith, *The architecture of confinement*, pp 42-3.

²⁵ Finnane, *Insanity*, p. 79.

²⁶ Oonagh Walsh, ‘The designs of providence: race, religion and Irish insanity’ in Joseph Melling and Bill Forsythe (eds), *Insanity, institutions, and society, 1800-1914: a social history of madness in comparative perspective* (London, 1999), p. 226.

²⁷ Finnane, *Insanity*, p. 15.

precedence, historians of Scottish reform compare the 1815 act with late-eighteenth and early nineteenth-century English lunacy measures.²⁸ The development of services for the insane showed that there was an ‘endemic competition for services and qualifications within a crowded marketplace.’²⁹ The 1815 act in Scotland highlighted a ‘developing narrative of lunacy reform within specific local contexts where it was deployed to achieve definite ends.’³⁰ Roy McClelland has argued that certain individuals were integral to reform in an Irish mental health context in the eighteenth and early nineteenth centuries. Chapter one of the thesis illustrates that authorities were faced with difficult challenges in order to establish mental health services but a number of key individuals were highly capable and diligent in their endeavours to provide better care to the mentally ill. This thesis illustrates that a new generation of mental healthcare reformers appeared in County Louth following the introduction of the Local Government (Ireland) Act (1898). Their efforts led to separation from the Dublin district and the establishment of the mental hospital in Ardee.

VI

Reformers in mental healthcare were faced with various legal, social and cultural challenges. One such challenge was to change the physical landscape of the country to meet the demand for institutions for the insane. John Schumaker has argued that ‘the physical landscape of a country molds some of the characteristics of its people.’³¹ A number of historical studies show that there was a strong structural and ideological relationship between the confinement of the mentally ill and the architecture of those institutions.³² The preoccupation of existing research into histories of institutions for the insane, which has centred on the control of society’s unwanted, has been instrumental in developing a narrative around the design of lunatic asylums.³³ In this study,

²⁸ Michael Barfoot, ‘The 1815 act to regulate madhouses in Scotland: a reinterpretation’ in *Medical History*, liii (2009), p. 58.

²⁹ *Ibid.*, p. 59.

³⁰ *Ibid.*, p. 76.

³¹ Schumaker, *Ages of insanity*, p. 4.

³² Carla Yanni, *The architecture of madness: insane asylums in the United States* (Minneapolis, 2007); Deborah Weiner, ‘“This coy and secluded dwelling”: Broadmoor asylum for the criminally insane’ in Leslie Topp, James Moran and Jonathan Andrews (eds), *Madness, architecture and the built environment: psychiatric spaces in historical context* (London, 2007), pp 131-48; Smith, pp 41-62; Andrew Scull, *The insanity of place/the place of insanity* (New York, 2006).

³³ Yanni, *The architecture of madness*, p. 17.

examination of the design of the Ardee Mental Hospital is not focused on identifying references to control and confinement but rather in recognising the achievement made by Henry Thomas Wright in producing a fine example of non-custodial architecture in mental healthcare in twentieth-century Ireland. The argument made in this thesis with regard to non-custodial architecture distinguishes itself from existing scholarly research.

Carla Yanni has argued that asylum architecture in the United States presented a paradox representing condemned spaces on the landscape yet decadent and stately from the outside.³⁴ Marcus Reuber defined five separate stages in asylum design in Ireland between 1800 and 1922. He called these phases ‘psycho-architectonic generations’ influenced by social, political and economic developments.³⁵ In the first wave of asylum building (1815-40) architects Francis Johnston and William Murray provided two designs (one classical, one panoptical) for new institutions for the insane. The panoptical design was used in Dublin, Armagh, Limerick and Derry. Michel Foucault has argued that panoptical architecture used ‘power of mind over mind’ and was a form of political technology used by authorities to control individuals, restricting their interaction with each other and creating an omnipotent, silently judging, presence in the institutions.³⁶ The panoptical design exemplified the authoritarian and totalitarian logic of institutional mental healthcare.

The corridor plan was used in the second half of the nineteenth century in Ireland and Britain and had two wings radiating outward east and west from a central block. The design gave maximum surveillance of both male and female wings of an institution from the administrative hub.³⁷ The architecture at Portrane asylum at the turn of the twentieth century was based on the echelon or arrow design with the administrative block forming the point in the arrow and wards triangulating outward and set back from the central hub.

³⁴ Yanni, *The architecture of madness*, p. 17.

³⁵ Reuber, *Psychological management*, pp 1179-89.

³⁶ Michel Foucault, *Discipline and punish: the birth of the prison*, trans. Alan Sheridan (2nd ed.) (New York, 1995), pp 205-6; Philip Schofield, *Utility and democracy: the political thought of Jeremy Bentham* (Oxford, 2006), pp 90-2.

³⁷ *Ibid.*, pp 205-6.

Annamarie Adams has examined advances in medical technology in the United States which influenced hospital design in the late nineteenth and early twentieth centuries.³⁸ The influence of advances made in psychiatric care from the nineteenth century into the twentieth century has remained largely unexamined by either architectural historians or historians in the field of research. However, the slow change in medical, cultural and social rhetoric in institutional mental healthcare had implications for the architecture of institutions, and the architects who designed them. This aspect to the relationship between architecture and psychiatry is particularly important to the establishment of the Ardee Mental Hospital as it was the only facility constructed in the first decades of the twentieth century and this research is the first attempt at examining the architecture in both its historical and institutional contexts.

The architecture of the Ardee Mental Hospital was unique. It was not a panoptic or corridor design. It was not an echelon or arrow plan. The design by Henry Thomas Wright was a modified H-plan which was used in the Wakefield Lunatic Asylum in Yorkshire, England and the Dundee Royal Lunatic Asylum in Scotland.³⁹ The plan of the hospital demonstrated an evolution from custodial to non-custodial architecture. In taking steps in the twentieth century to flatten the social and political hierarchy created in nineteenth-century asylum design, Wright provided a plan to Louth County Council which was complemented by revision of nineteenth-century lunacy laws in twentieth-century Ireland. The architectural contexts of the hospital in Ardee, which are examined in chapter six of this thesis, show that the county and district councils in County Louth, with support from the Department of Local Government and Public Health, had considerable input into the design of the institution and its establishment on the Ruxton estate in Ardee.

VII

A theme explored by scholars, to date, has been the involvement of government and states in the establishment and maintenance of institutions for the insane. These studies provide a historical platform for developing the field of research after the introduction of the Local Government

³⁸ Annmarie Adams, *Medicine by design: the architect and the modern hospital, 1893-1943* (Minnesota, 2008), p. 109.

³⁹ Miles Glendinning, Ranald MacInnes and Aonghus MacKechnie, *A history of Scottish architecture from the Renaissance to the present day* (Edinburgh, 1996), pp 191-3.

(Ireland) Act (1898) and the foundation of the Irish Free State in 1922. Elizabeth Malcolm has argued that ‘the asylums were costly to build and expensive to operate.’⁴⁰ States and governments funded the establishment of institutions alongside local taxes which gave authorities, in the first instance, a utilitarian role in the reform process.

Marcel Gauchet has argued that asylum ideology and state involvement in developing mental healthcare infrastructure in France did not start when the buildings appeared on the landscape but had already acquired legitimacy from experiences and developments in seventeenth-century enlightened society.⁴¹ The role of authorities in the development of institutions was an economic and political response to social, cultural and intellectual legitimacy in French society. Thomas Szasz has argued that ‘the idea of insanity as a condition requiring the madhousing of the insane was invented by those who needed it, the members of the dominant classes of seventeenth-century English society.’⁴² In Ireland, social and moral improvements were achieved through the ‘strategic arrangement and deployment of material forms’ that forced institutions into existence.⁴³

In the first stage of reform, small provisions for the insane were made in the prison system. Joseph Starr has examined prison reform in the 1700s showing that the experiences of the insane were deeply embedded in reform of Ireland’s prison system including the county gaols and bridewells. Prisons were ‘places overwhelmed by cruelty and extortion.’⁴⁴ Concerted reform of the prison system in the eighteenth century was initiated with the publication of Cesare di Beccaria’s influential *Essay on crimes and punishments* in 1767. The seminal text ‘stimulated a host of practical programmes of reform.’⁴⁵ The text was intended to engage the attention of all ranks of people in every part of Europe to reform prisons.⁴⁶ Ideological separation occurred with segregation in gaols between criminals and the mentally ill.⁴⁷ It was

⁴⁰ Malcolm, “Ireland’s crowded madhouses”, p. 319.

⁴¹ Marcel Gauchet and Gladys Swain, *Madness and democracy: the modern psychiatric universe*, trans. Catherine Porter (Princeton, 1999), p. 49.

⁴² Szasz, *Cruel compassion*, p. 105.

⁴³ Carroll-Burke, *Material design*, p. 93.

⁴⁴ Starr, *Prison reform*, p. 24.

⁴⁵ *Ibid.*, p. 24.

⁴⁶ Cesare di Beccaria, *An essay on crimes and punishments*, trans. Edward Ingraham (Philadelphia, 1819).

⁴⁷ Starr, *Prison reform*, pp 21-5.

not until the nineteenth century that mental healthcare formed a separate institutional identity from the prison system, houses of industry and workhouses with the establishment of district lunatic asylums.

James Moran has argued that the nineteenth-century lunatic asylums in Canada were part of a bureaucratised institutional network monitored by the inspectorate of prisons, asylums and public charities.⁴⁸ He claimed that the management of the insane asylums was part of developing statehood in nineteenth-century Canada and the system typified the ‘involvement of the complex power structures of the state and the fledgling alienist profession in asylum development.’⁴⁹ The impact of socio-political change in the nineteenth century showed how the state emerged as an omnipotent presence with ‘unlimited right to act and [its] unlimited pragmatic power over society.’⁵⁰ Although the definition of the ‘state’ changed a number of times in Ireland between 1700 and 1922, the power of the ‘state’ was evident in reform of mental health services. This study concentrates on two periods of political change in Ireland: the introduction of local government in 1898 and the Irish Free State between 1922 and 1937. The establishment of the hospital in Ardee was determined by political change on a national scale. This study examines the impact of political progress on a very local level through the activities of Louth County Council and the district councils.

The Local Government (Ireland) Act (1898) has been examined by scholars in relation to the growth of local government in Ireland and its relationship to popular representation. In 1945, John Horgan argued that:

The organs of local administration constituted by the Act were - county councils, entrusted with the management of the administrative and financial business of each county; city councils, charged with a similar duty for each city; urban district councils, dealing with public health and housing in urban districts; rural district councils dealing with the same problems in rural districts, and boards of guardians dealing with poor relief and medical charities.⁵¹

⁴⁸ James Moran, *Committed to the state asylum: insanity and society in nineteenth-century Quebec and Ontario* (Montreal, 2000), p. 167.

⁴⁹ *Ibid.*, p.115.

⁵⁰ *Ibid.*, p.49.

⁵¹ Horgan, John, ‘The development of local government in Ireland’ in *Journal of the Statistical and Social Inquiry Society of Ireland*, xvii, 3 (1945/6), pp 424.

Oonagh Walsh has argued that it was through the system of local government that Catholics started to gain a foothold in the politics of the late nineteenth century which influenced the public asylum system.⁵² Finnane claimed that the setting up of the local authorities showed a shift in asylum politics because:

The balance of power had tipped from Dublin Castle to popularly-elected local government authorities. With this change the emphasis of asylum politics shifted, from the mid-century obsession of the inspectorate with confining all the insane, to the provincial preoccupation of the early twentieth century with reducing numbers of inmates and certainly costs.⁵³

It is important to understand the transfer of power by examining the terms of the Local Government (Ireland) Act (1898). Chapter two of this thesis examines sections of the act in order to clarify, in historical, political and economic terms the influence of local government on reform of mental healthcare in County Louth. After 1898, the objectives of members of Louth County Council and subsidiary councils were to develop a strategy to face the challenges of the twentieth century in line with opportunities provided by the local government act. This included reform of mental healthcare and ultimately led to the establishment of the Ardee Mental Hospital.

Harold O'Sullivan has called the establishment of the mental hospital in Ardee an 'unexpected outcome of the rationalisation process.'⁵⁴ O'Sullivan was referring to the negotiations which occurred in County Louth during the period of re-structuring the Irish poor law system. In 1921, the Department of Local Government made practical changes to the institutional landscape of Ireland and focused on re-structuring the poor law workhouse system. The workhouses were established as a result of the Irish Poor Law (Ireland) Act (1838). In the early twentieth century the amount of poor law unions and workhouses in existence was unnecessary. During this period, Ardee representatives on the county council agreed to close the union workhouse in the

⁵² Walsh, *Designs of providence*, pp 223-42.

⁵³ Finnane, *Insanity*, p. 82.

⁵⁴ Harold O'Sullivan, *History of local government in the county of Louth from earliest times to the present time* (Dublin, 2000), p. 83.

area in return for support from members of the county and district councils for the establishment of a mental hospital on the Ruxton estate in Ardee. This period was certainly a catalyst in the reform of mental healthcare on a local level but it was just one of a number of progressive steps which led to separation from the Dublin institution. Chapter one of this thesis shows that the commissioners of lunacy, in 1857, recommended that County Louth should be separated from the Dublin district and be permitted to establish an institution for the mentally ill within its county boundaries.

The establishment of the mental hospital in Ardee was not free from the political discourse of the 1920s. The Anglo-Irish Treaty, the general election in 1922 and the foundation of the Irish Free State ‘marked a contest between two groups with very different views on the place of politics. One saw Irish society in essentially monist terms ... the other took a more pluralist view, and saw the political process as existing in order to allow the peaceful resolution of conflicts that inevitably existed within Irish society.’ The general election ‘asserted the primacy of the ballot box, at a time when this seemed very much in the balance.’⁵⁵ This thesis illustrates that councillors in County Louth exercised their newly acquired power in a unique way with reform of mental health services.

Changes had taken place on a local level in County Louth because the new utilitarian outlook of the Department of Local Government provided councillors with an opportunity to re-engage with national authorities on the asylum issue from 1922 onwards. Local representatives first approached Ernest Blythe and did not get a resolution. They then entered into talks with Blythe’s successor, Seamus Burke, in order to progress their plans. By 1928, local councillors, with the approval of Richard Mulcahy, the then Minister for Local Government and Public Health, had been given the conditional agreement that a mental health facility would be established in Ardee.

The power of government authorities in the development of services for the mentally ill in the twentieth century appeared in a range of political and economic discourses. A period of

⁵⁵ Michael Gallagher, *Irish elections 1922-44: results and analysis* (Dublin, 1993), p. 1-2.

revolution, civil war and conflict within Irish political parties had an impact on nursing practice in Ireland. Ann Sheridan has argued that:

... the securing of independence for Ireland in the 1920s, while achieving the desired wider societal objectives, in reality impeded progress for psychiatric nurses. It plunged both nurses and psychiatric services initially into a period of maintaining the status quo, but ultimately into one of stagnation, resulting in a lagging behind of accepted international practices.⁵⁶

Although nursing practice lagged behind international standards in mental healthcare as a result of significant political change in Ireland, advances were made in the unionisation of nurses and attendants in Irish mental hospitals in the 1910s and 1920s. Nurses and attendants experienced a period of stagnation in the professionalisation of health care but they were able to change working conditions and argue with national authorities for shorter working hours and better rates of pay.⁵⁷ Progress in the unionisation of nurses in Irish mental hospitals culminated in a six month strike of unionised staff in the Ardee Mental Hospital in 1937. The events of the strike illustrated the level of competition which occurred between staff in institutions and hospital management committees. Events during the strike period also provided clear insight into the relationship between the institution and the wider community of Ardee. The strike period showed a high level of political and economic connectivity between the institution and rural community within a short time of its opening in 1933.

VIII

Scholars have examined the development of an attitude that an institution should act as a home away from home. The argument made by County Louth's authorities in the 1920s was that patients from County Louth, who were accommodated in the Dublin district, would be better served by a local institution offering a community driven service. Bruce Curtis and Andrew

⁵⁶ Ann Sheridan, 'The impact of political transition on psychiatric nursing-a case study of twentieth century Ireland' in *Nursing Inquiry*, xiii, no. 4 (2006), p. 297.

⁵⁷ Pauline Prior, (ed.), *Asylums, mental health care and the Irish: historical studies 1800-2010* (Dublin, 2012), 'The Monaghan Soviet' interview on Downtown Radio (available at <https://soundcloud.com/sspsw-qub/pauline-prior-on-asylums-in>) (12/19 August 2012).

Scull explored the domestication of institutions for the insane by authorities in nineteenth-century Canada and the United States. Curtis has argued that:

The rhetoric of the annual reports and other official documents repeats an almost absurd mythology of the mental institution as a home away from home; Andrew Scull has referred to an attempted ‘domestication of madness,’ an effort on the part of doctors to transform the company of the deranged into a reflection of family life ... There is little question that doctors faced a paradox, wanting to promote the asylum in the public eye as a serious and stable institution, and at the same time calm the family’s fears with domestic allusions and spaces.⁵⁸

In the mid-twentieth century, Saint Fintan’s Mental Hospital in Portlaoise was remodelled to make the hospital environment more relaxed. The locked doors were ‘dispensed with.’⁵⁹ Internal spaces were partitioned providing more privacy to patients. The entire hospital environment was modernised. Altered spaces were intended to promote well being and comfort.⁶⁰ Throughout the twentieth century, the Ardee hospital developed in a similar way which is examined in chapter nine of this thesis. Wards were re-structured alongside the introduction of out-patient services, high support hostels, day-centres and weekly consultation clinics.

The use of work therapy was an important part of mental health institutions. The growth of institutional self-sufficiency was linked to the reproduction of gendered roles which appeared in the lunatic asylums as a result of work roles for patients in institutions. Male patients were engaged in outdoor work. Female patients were given domestic duties and craftwork. Michael Kimmel has argued that state institutions express a gendered institutional logic.⁶¹ In the case of the lunatic asylums, gender roles for male and female patients created a gendered institutional logic in an Irish mental healthcare context which helped the institutions to survive, economically and socially. Many of the nineteenth-century lunatic asylums functioned as a

⁵⁸ Bruce Curtis, *True government by choice men? Inspection, education and state formation in Canada West* (Toronto, 1992), pp 5-6; Andrew Scull, *Madhouse: a tragic tale of megalomania and modern medicine* (Cambridge, 2005); Andrew Scull, *Most solitary of afflictions: madness and society in Britain, 1700-1900* (Cambridge, 2005).

⁵⁹ Thomas Murphy, (ed.), *Tumbling walls: the evolution of a community institution over 150 years – St. Fintan’s Hospital Portlaoise, 1833-1983* (Dublin, 1983), pp 54-5.

⁶⁰ *Ibid.*, pp 54-5.

⁶¹ Michael Kimmel, *The gendered society* (Oxford, 2000), p. 94.

‘town within a town’ in Ireland, Britain and the United States.⁶² The West Riding Lunatic Asylum (High Royds in Yorkshire, England) is a leading example in British history of an institution which functioned as a town within a town.⁶³

The argument in this thesis is that the institution in Ardee was not entirely a town within a town but rather an integral part of the socio-political and economic experiences of the existing town and its townspeople. The mental hospital was constructed within the boundaries of Ardee, a short walk from the town centre, and it was a key feature of the physical landscape. The hospital was built by skilled and unskilled workers from the Ardee area. The wider community has served as custodians of the institution since 1933, not custodians of the patients but of the institution itself because it represented employment and economic opportunity.

This connection between the community of Ardee and the mental hospital is explored in terms of the economy of institutional care in twentieth-century Ireland. Jamie Saris has argued that mental health institutions were an example of how the logic of the market developed modern economic mentalities.⁶⁴ The establishment of the institution in Ardee has shaped the social and economic profile of Ardee town for generations. The ‘logic of the market’ for Ardee and its population in the twentieth century has its origins in the economics of institutional mental healthcare. This economic model has been threatened by the advent of deinstitutionalisation in recent decades which is briefly discussed in the conclusion of this thesis.

IX

Coupled with the importance of secondary sources to this research, primary material has provided invaluable insight into the development of mental healthcare in the eighteenth, nineteenth and twentieth centuries. Local and national archives are important institutions for researching the history of mental hospitals in Ireland.

⁶² Murphy, *Tumbling walls*, p. 6-7.

⁶³ Andrew Bannister, *In splendid isolation: a short history of High Royds Hospital, the former West Riding Pauper Lunatic Asylum at Menston* (London, 2003).

⁶⁴ Jamie Saris, ‘Mad kings, proper houses, and an asylum in rural Ireland’ in *American Anthropologist*, xcvi (1996), pp 539-54; Jamie Saris, ‘Producing persons and developing institutions in rural Ireland’ in *American Ethnologist*, xxvi, no. 3 (1999), pp 690-710.

On a local level, the records of the grand jury in Louth are a valuable resource. The grand jury was a long standing political body which was established in the seventeenth century. By the 1890s, it had many roles within the community. These functions included involvement in the judicial system, the provision of roads and the collection of taxes from landowners. The jury oversaw the maintenance of the county gaols and infirmaries for the sick and elderly.⁶⁵ Under the Local Government Act of 1898, the power accumulated by the grand jury transferred to the newly elected members of the county council. The minute books of Louth County Council and other local bodies have been invaluable to this research. Coupled with information provided in minute books, the historic collections of the *Belfast Monthly Magazine*, the *Freeman's Journal*, the *Dundalk Democrat*, the *Weekly Irish Times* and *The Times* (London) are newspapers and printed journals which have been accessed in this research.

The records of the chief secretary in the nineteenth century are held in the National Archives of Ireland and contain important information about the development of bureaucracy in an Irish mental health context. Later sources, held in the National Archives of Ireland, include records of the Department of Finance and Department of An Taoiseach. Alongside these sources are annual reports of the inspectors-general of prisons until the mid-1800s. After 1786 (Prisons Act), the inspectors had a duty to inspect existing institutions for the insane. This procedure changed when the inspectorate of lunatic asylums was set up in 1845. Henceforth, the main communication on the lunatic asylums in the nineteenth century can be found in the records of the inspectors of lunatic asylums. The inspectors-general of prisons still reported information but it concentrated on the transfer of prisoners or criminals who had been deemed insane in a court of law to district lunatic asylums.

Other primary sources include the *British Medical Journal* and legislation relating to insanity. Parliamentary papers relating to Ireland before 1922 are accessible through the EPPI database (Enhanced British Parliamentary Papers on Ireland). The surveys of architecture in Ireland have been used in this research to highlight the architectural significance of the mental hospital in Ardee within the context of asylum design and modern architecture after 1930. Various

⁶⁵ O'Sullivan, *Local government in the county of Louth*, pp 20-2.

biographical dictionaries provide the background details of prominent individuals discussed in this thesis including John Newport, John Leslie Foster, Thomas Spring Rice, Henry Thomas Wright, John McGahon and Vincent Kelly.

Visual sources were also important. As a primary source, photographs of the facility in Ardee are not plentiful. The photographic evidence used in this research, unless otherwise stated, is part of the author's private collection, which has been built up over the course of the research project.

Primary sources can also be accessed in the cultural and artistic sphere. These sources show how attitudes to madness and the madhouse have developed over the course of three centuries. There was a literary and artistic fascination with madness, the madhouse and a prevailing fictionalisation of the lunatic patient in both form and intellect. The lunatic patient in art, literature and poetry became an icon of the eighteenth and nineteenth centuries including the well known series of paintings *A Rake's Progress* by William Hogarth.⁶⁶ Madness and the madhouse influenced the work of European artists. From the paintings of Francisco de Goya in Spain to the etchings of Ambroise Tardieu in France, the lunatic was depicted in an animalistic form with the eyes of an untrustworthy companion.⁶⁷ Madness appeared in the imagination of Charlotte Bronte and the deconstructed memories of Austin Clarke (Clarke was a patient in St Patrick's Hospital in Dublin for one year 1919).⁶⁸ Mental illness underscores *Famine* by Liam O'Flaherty and the short stories of Edgar Allen Poe, Robert Louis Stevenson and H.P. Lovecraft.⁶⁹

⁶⁶ William Hogarth, *A rake's progress* (London, 1735).

⁶⁷ Francisco de Goya, *Casa de locos* (Madrid, 1812-18), *Corral de locos* (Madrid, 1793-94), *Raging lunatic or lunatic behind bars* (Madrid, 1828); Ambroise Tardieu, *Demented lunatic series* (Paris, c. 1838).

⁶⁸ Charlotte Bronte, *Jane Eyre* (London, 1847); Austin Clarke, *Mnemosyne lay in dust* (Dublin, 1966).

⁶⁹ Paul Marchbanks, 'Lessons in lunacy: mental illness in Liam O'Flaherty's "Famine"' in *New Hibernia Review*, x, no. 2 (2006), pp 92-105; Liam O'Flaherty, *Famine* (Dublin, 1937); Edgar Allen Poe, 'Tell tale heart' in *The murders in the Rue Morgue and other tales* (London, 2008), pp 193-8; Robert Louis Stevenson, *Dr Jekyll and Mr. Hyde* (London, 1886); H. P. Lovecraft, 'At the mountain of madness' in *Astounding Stories*, xvi, no. 6 (New York, 1936), pp 8-32.

X

Chapter one examines institutional reform in mental healthcare in Ireland between 1700 and 1898. The chapter covers an extensive historical period and acts as a platform for the remaining chapters in the thesis. A number of reforms occurred in the eighteenth century, including, but not limited to, segregation in the prison system between the insane and criminal population and the introduction of new legislation specifically for the establishment of institutions for the insane. In this period, Ireland's legal connection to Britain meant that laws enacted in Britain in the eighteenth century had implications for Irish authorities. However, authorities in Ireland were slow to act and did not establish a system of institutions for the insane until the nineteenth century.

During the early 1800s a number of reformers working in an Irish mental health context came to prominence. Individuals such as William Vesey Fitzgerald, John Newport, John Leslie Foster and Thomas Spring Rice were instrumental in the reform of services in Ireland. Their efforts to completely reform institutional care for the mentally ill led to the establishment of an extensive network of public asylums by 1870. Added to the construction of asylums in this period was the purchase of additional land by governors of asylums for the purposes of building additional accommodation for the growing number of insane in Ireland. By 1898, the landscape of institutional mental healthcare had undergone significant reform. As a result of the introduction of local government at the end of the nineteenth century, the power accumulated by grand juries and boards of governors was transferred to popularly elected politicians.

Chapter two explores the details of the Local Government (Ireland) Act of 1898 in the context of mental health reform and the establishment of county and district councils in Ireland. The act changed the governance of district asylums by transferring power to local representatives on county and district councils. In the context of County Louth, the county council and district councils had a duty and responsibility to provide appropriate facilities to the mentally ill of the county. At this time, patients from Louth were still treated in the Richmond Lunatic Asylum in Dublin. The collected rates in Louth were used to pay for treatment in the Dublin institution.

The significance of the 1898 act was that it reinvented the pathway for institutional reform and gave an opportunity to local representatives to make an application to the Local Government Board to separate from the Dublin district and to establish a mental health facility within the county boundaries. The act produced a new generation of mental health reformers in County Louth, who were comparable to earlier examples, including John Leslie Foster and Thomas Spring Rice. Reformers in Louth appeared in the early twentieth century and made representations to the Local Government Board for separation from the Dublin institution. The 1898 local government act was an agent of reform in institutional mental healthcare and its influence was most obvious in County Louth in the first decades of the twentieth century.

Chapter three investigates the development of local government in County Louth between 1905 and 1919 in the context of mental healthcare reform. The local government act had allowed for the election of local political representatives to county councils and district councils. Particular individuals came to the fore in the local government system including Thomas McGahon, William Doran and James McGee. A new cohort of politicians had a responsibility to develop the social, political and economic landscape of County Louth on behalf of the ratepayers. This included a reconsideration of links with healthcare institutions in Dublin. In this period, the Richmond asylum connection came under review as did the Peamount facility, which was a treatment hospital for tuberculosis. The aim of local representatives was to find ways to cut costs to the ratepayers of the county and provide local services for both the mentally ill and tuberculosis patients.

The first decades of the twentieth century witnessed significant change on a local level with the purchase of estates in County Louth by the council. The purchase of estates, including the Ruxton estate in Ardee, was part of developing an investment portfolio for the ratepayers with the objective of developing the estates for the benefit of the population. The council was not making purchases blindly which was evident in the case of the Ruxton estate. Within a short period of purchasing the estate, the council made representations to the Local Government Board for separation from the Richmond in Dublin city. By 1919, the Ardee local representatives had achieved two important aims. They had influenced Louth County Council to

purchase the Ruxton estate and opened up discussion on the establishment of a mental health facility on the estate if and when separation from the Richmond was achieved.

Chapter four examines progress made by Louth County Council between 1920 and 1930 with regard to separation with the Richmond asylum in Dublin. A sworn inquiry was held in June 1920 between members of the council and representatives of the Local Government Board in order to investigate whether there were grounds for separation between the Richmond institution and County Louth. The outcome of the inquiry was inconclusive but it started a process of reform on a local level and members of the council actively continued to make representations in the early 1920s. In the aftermath of the civil war, Louth County Council shifted its loyalty from the Local Government Board to the Local Government Department. This change in loyalty gave local representatives in Louth a new avenue to request separation from the Dublin institution.

Those negotiations progressed in the 1920s and led to a separation order in 1930 which gave Louth County Council the right to establish an entirely new mental health institution within the county boundaries from 1930 onwards. This achievement in the 1920s illustrated a high level of commitment and determination among local councillors. They had been willing to work towards ending the century old connection with the Dublin institution and were now in a position to establish a mental hospital in the county.

Chapter five details the construction of the Ardee Mental Hospital between 1930 and 1933. The economics of institutional reform was evident throughout the construction phase. The objective of skilled and unskilled workers in Ardee and wider County Louth was to monopolise employment opportunities on the hospital site. The level of competition between the Ardee community and workers from Northern Ireland was equalled by competition between workers from Ardee and workers from the rest of county. The construction of the hospital demonstrated the extent of economic discourse which resulted from the establishment of the mental health facility.

This period also highlighted that technology used in the building project was of a very high standard. The council used the most modern and up to date technology including machinery from England and bricks from Belgium. Construction of the Ardee Mental Hospital was completed by October 1933 and it was an impressive structure. The architecture of the hospital was equally significant to the rhetoric of mental healthcare in Ireland in the twentieth century.

Chapter six analyses the architecture of the Ardee Mental Hospital. The design for the institution was selected in 1929 through an open competition and the winning plan was submitted by Henry Thomas Wright. The architectural design was not as retrospective as one might expect in the context of institutional mental healthcare in Ireland. Wright showed awareness of early forms of architecture and only obliquely referenced previous examples in nineteenth-century asylum design in the hospital in Ardee. The design by Wright is juxtaposed with the architecture of the Richmond asylum in Dublin (1815) and Wakefield asylum in Yorkshire, England (1818).

The chapter demonstrates that the design of the hospital was influenced by non-custodial rhetoric in mental healthcare in twentieth-century Ireland as well as contemporary architectural movements. Chapter six argues that Henry Thomas Wright produced a unique example of modern architecture which was more unusual because it manifested in the context of mental healthcare. Institutional mental healthcare is not an area many scholars would consider in terms of modern architecture or modernism yet the facility in Ardee is a valuable example. The architectural significance of the institution in Ardee was made possible as result of the efforts of local politicians on the county and district councils.

Chapter seven focuses on the staffing and opening of the Ardee Mental Hospital between 1932 and 1935. The transfer of patients from Dublin to the new accommodation in Ardee also occurred in this period. The examination demonstrates that an economy developed in the locality as a result of the establishment of the hospital and employment of nurses, attendants, ground staff and auxiliary staff in the institution. In November 1933, the opening of the hospital was an important political event for members of Louth County Council, the townspeople of

Ardee and the representatives of the local government department including Sean T. O'Kelly, the then Minister for Local Government and Public Health.

Chapter eight continues with an examination of the economy of institutional mental healthcare on a local level, focusing on a six month workers' strike which occurred in the hospital between January and June, 1937. The strike period showed that the establishment of the hospital in the twentieth century had a close economic connection to the townspeople. The hospital management committee and unionised nursing staff had a fractious relationship which came to the fore during the strike and spilled onto the streets of Ardee town. The examples of civil unrest illustrated that the economy of the mental institution had developed into a modern economic mentality in a rural community in the twentieth century.⁷⁰

Chapter nine examines reform of mental healthcare between 1940 and 2000. This chapter acts as a complementary investigation to chapter one and provides an overview of reform in mental healthcare in County Louth. The period after the opening of the hospital signified important and revolutionary changes to the Irish mental healthcare system. Nursing practice became more professional and led to the accreditation of nursing staff in the institutes of technology and universities. In County Louth, nurses in mental healthcare could gain qualifications from the institute of technology in Dundalk and specialist in-service training in the Ardee hospital. Dr Moran retired in 1959 and left behind a professional ethos among the nursing staff in Ardee. His efforts to create a highly qualified body of staff in the institution progressed in the second half of the century. This was also a period of institutional reform with the introduction of community services, weekly consultation clinics and depot injection clinics. Day centres were established in Navan, Dundalk and Drogheda in which patients could attend daily classes and engage in education courses as a result of links made between the Louth mental health service, Rehab and the Vocational Education Committee.

The concluding chapter gives an overview of institutional reform in mental healthcare as discussed in this thesis. The first decade of the twenty-first century has witnessed a number of reforms on local and national level including a much reduced in-patient population. The chapter

⁷⁰ Saris, *Producing persons*, pp 690-710.

also identifies gaps in the present research and suggests avenues for further research on the history of mental healthcare (and health care) in Ireland since the eighteenth century. The start of the twenty-first century has been marked by a sharp decline in institutional mental healthcare. This has had an impact on the people of Ardee due to the loss of economic and employment opportunities. In this regard, the chapter ends with a short discussion on deinstitutionalisation in an Irish mental healthcare context. The hospital in Ardee now stands as a tribute to social, political and economic reformers who held positions on the county and district councils and worked tirelessly in the first decades of the twentieth century to separate from the Dublin district and establish of local hospital.

Chapter 1

Institutional reform in mental healthcare, 1700-1898

*No period in history can be considered in isolation: history is a continuum, and any period must be seen in relation to what came before.*¹

Dr Henry Rollin

I

This chapter examines the development of mental healthcare in Ireland in the eighteenth and nineteenth centuries. Institutional reform is examined from a range of perspectives including the attitudes of authorities to insanity and the insane and how those attitudes developed over the course of two centuries. Small changes occurred in the context of prison reform in the 1700s which is discussed in the early part of the chapter. The establishment of a small number of asylums occurred in the eighteenth century including St Patrick's Hospital in Dublin and Cork Lunatic Asylum. In the early 1800s attempts were made to establish a national institution for the insane in Dublin. This resulted in the establishment of the Richmond Lunatic Asylum in 1815. In the following years, a series of meetings were held in Dublin by order of the House of Commons to investigate the level of institutional care available in Ireland for the insane. The details of the meetings highlight the lack of services available in the early 1800s and also show that institutional reform was morally, politically and economically justified. The period between 1820 and 1870 witnessed the construction of institutions for the insane in two distinct phases: pre-Famine and post-Famine. Both phases were important to the growth of the institutional model of mental healthcare in Ireland which developed on a local level in County Louth after the introduction of the Local Government (Ireland) Act (1898).

¹ Henry Rollin, 'Psychiatry in Britain one hundred years ago' in *British Journal of Psychiatry*, clxxxiii (2003), p. 292.

II

Patrick O'Carroll-Burke has argued that the discourse of institutional reform in the eighteenth century started when Ireland became an 'agent of the English social order.'² In the eighteenth century, which coincided with the influx of Enlightenment ideas and knowledge from Europe, a process of 'moral improvement through material engineering' began in Ireland.³ Over the course of the century there was greater emphasis on building an ordered society, one in which conformity became the responsibility of every member of society.⁴

Treating insanity in the Irish population, and particularly in the poorer population, was part of the process of reform which attempted to improve Ireland's moral, social and economic problems. However, providing services for the insane was not straightforward. A plethora of social issues existed making it harder for authorities to divide poor, destitute, criminal and mentally ill into separate groups requiring specific types of services and supports. As time progressed, it became increasingly obvious that the insane in Irish society did not have a separate voice in the reform process. Throughout the 1600s and for most of the 1700s, Roy McClelland has argued that 'vagrancy, drunkenness, witchcraft all tended to disturb the social and religious order and demanded restraint. To help maintain this process a public policy developed of incarcerating the non-conforming, the nuisance and the insane as well as the criminal ... little distinction was drawn between them.'⁵ The lack of distinction between vulnerable populations meant that services for the insane were incoherent and inconsistent across much of Britain and Ireland for centuries.

The first attempt was made to establish an institution for the insane in Ireland in the late seventeenth century. In 1699 an anonymous donation of £2,000 was offered to the Dublin Corporation for the maintenance of a hospital for aged and infirm lunatics in the city but nothing was done to provide a facility.⁶ In the early 1700s beggars, vagrants, the insane and criminal were classified together rather than subsets within a larger population. In Ireland, as in

² Patrick Carroll-Burke, 'Material designs: engineering cultures and engineering states- Ireland 1650-1900' in *Theory and Society*, xxxi, no. 1 (2002), p. 80.

³ *Ibid.*, p. 92.

⁴ Roy McClelland, 'The madhouses and mad doctors of Ulster' in *Ulster Medical Journal*, lvii, no. 2 (1988), p. 102.

⁵ *Ibid.*, p. 102.

⁶ *The Irish Times*, 25 Oct. 1965.

many parts of the western world, it was generally believed that the people who were put in a prison ‘were wicked and, therefore, deserved the punishment they received.’⁷ Lunacy was considered a ‘deliberate and perverse choice rather than the inescapable consequence of a sick mind.’⁸ Consequently, the earliest type of institutional reform for the mentally ill occurred in the context of Ireland’s extensive prison system, a system which was largely managed on a local level.

III

Reform of the prison system was one of the biggest challenges facing the Irish parliament in the eighteenth century.⁹ The law provided for a gaol in every county usually in the main town. A bridewell was a smaller establishment used to confine drunkards, vagrants and petty thieves for the most part ‘crowded together in misery.’¹⁰ In 1717, Dublin Corporation built a new marshalsea prison for debtors and rented it out to the appointed marshal for £80 a year.¹¹ In 1719, Parliament showed that it was becoming increasingly active in the regulation of prisons and payment of keepers and marshals. Grand juries were ordered to raise £10 a year to pay jailers and £5 for keepers of a local bridewell.¹² Regulated annual salaries for those who worked within the existing prison system in Ireland were seen as a way to end abuse of inmates and improve conditions for both prisoners and staff. The alternative, for the insane, to the prison system in the early 1700s were workhouses but by 1720, there was only one workhouse established (Dublin) for the poor and destitute.

In 1723, a workhouse test act was introduced during the reign of King George I. The act allowed for the establishment of small institutions which provided welfare to paupers and destitute populations.¹³ At this point, the terms pauper, destitute or criminal included the mentally ill because distinctions were not made between these populations, particularly with regard to institutional services. Many of those who were destitute could also have mental health problems and many of those who were paupers had mental health problems. It is telling that

⁷ Joseph Starr, ‘Prison reform in Ireland in the age of Enlightenment’ in *History Ireland*, iii, no. 2 (1995), p. 21.

⁸ McClelland, *Ulster madhouses*, p. 102.

⁹ Starr, *Prison reform*, p. 21.

¹⁰ *Ibid.*, p. 21.

¹¹ *Ibid.*, p. 21.

¹² *Ibid.*, p. 22.

¹³ 9 Geo I, c. 7 [Eng. & Wales] (1723), *Workhouse Test Act*

Ireland specifically established a system of lunatic asylums in the nineteenth century for the pauper insane, showing the link between poverty and mental health difficulties in both centuries.

The 1723 act was intended to give localities an opportunity to provide poor relief with the expectation that people who entered the workhouse would be active and take on employment roles. A workhouse was established in Cork in 1735 adding to the existing one in Dublin but both facilities offered little by way of alleviating the suffering, poverty and poor living conditions across the Irish countryside. By contrast, in England and Wales hundreds of workhouses had been established by 1760.¹⁴ Just one specific institution for the insane was constructed in Ireland by the middle of the eighteenth century which was St Patrick's in Dublin.

IV

*He gave the little Wealth he had,
to build a House for Fools and Mad,
And shew'd by one satyric Touch,
No Nation wanted it so much:
That Kingdom he hath left his Debtor,
I wish it soon may have a Better.*¹⁵

Before he moved to Ireland, Jonathan Swift was a governor of Bethlem hospital in London and had an interest in the establishment of mental health institutions.¹⁶ In 1747, St Patrick's Hospital for Imbeciles was established with £10,000 bequeathed by Dean Swift after his death 'for fools and mad.'¹⁷ The Board of Works architect, George Semple, designed the structure, modelled in part on Bethlem in London.¹⁸ The hospital was constructed close to Dr Steeven's Hospital for general medicine which was founded in 1720.¹⁹ The two facilities created an institutional link between ailments of the body and sickness of the mind in eighteenth-century Dublin. The Latin

¹⁴ Leonard Smith, 'The architecture of confinement: urban public asylums in England, 1750-1820' in Leslie Topp, James Moran and Jonathan Andrews (eds), *Madness, architecture and the built environment: psychiatric spaces in historical context* (London, 2007), p. 41.

¹⁵ Jonathan Swift, *Verses on the death of Dr Swift* (Dublin, 1739).

¹⁶ Jackson Wyse, 'The vision of Jonathan swift' in *The legacy of Swift: a bi-centenary record of St. Patrick's Hospital, Dublin* (Dublin, 1948), pp 4-6.

¹⁷ Elizabeth Malcolm, *Swift's hospital: a history of St Patrick's Hospital, Dublin, 1746-1989* (Dublin, 1989).

¹⁸ *Ibid.*

¹⁹ Thomas Kirkpatrick, *The history of Dr Steevens' Hospital, Dublin 1720-1920* (Dublin, 2008).

motto of St Patrick's was *Festina Lente* which means 'hasten slowly.' St Patrick's Hospital or Swift's Hospital remained the only institution for the insane for three decades showing that providing separate institutions for the treatment of insanity was not at the forefront of government, local or charitable agendas for most of the 1700s.

In the late eighteenth century, some changes took place which provided for vulnerable groups within the populace. These changes laid the foundation, in law at least, for the construction of buildings for the poor, destitute and insane. For example, the houses of industry were established by an act passed in 1772 during the reign of King George III. The act stated that one body politic would be established in Ireland for relief of the poor and for punishing vagabonds and sturdy beggars.²⁰ A house of industry was established in Dublin in 1773 which was followed by a house of industry in Limerick in 1774. It was the house of industry in Dublin which provided the first patients to the Richmond asylum when it opened in 1815.

By way of comparison to Ireland in the late eighteenth century, the attitude in Britain was that institutions for the insane could improve 'the miserable fate of those unhappy people, with a view to alleviate their distresses' and 'remove a heavy and expensive burden from their parishes or families.'²¹ In Britain, no particular provision was made by law for lunatics. The parish workhouse and houses of correction were not proper for the reception of lunatics, 'either in point of accommodation, attendance, or medical assistance.'²² Experiences had shown that humane charities were incapable of receiving and providing for the relief of all the 'unhappy objects' who made application for admission. The patients committed 'the most fatal acts of violence on themselves, attendants, and relations' and had often been 'occasioned by the smallest delay in placing lunatics under the care of persons experienced in guarding against, and preventing attempts of this kind.' Lunacy was a 'disease of which the gentlemen of the faculty have but an imperfect knowledge, an institution, therefore, that promises to afford them an opportunity of enlarging their field of practice must be productive of much good to the community.'²³

²⁰ *Report from the select committee of the House of Lords appointed to consider the state of the lunatic poor in Ireland, and to report thereon to the house: with the minutes of evidence, appendix, and index 1843*, H. C. 1843 (625) x, 439.

²¹ *Annual report of the York Lunatic Asylum: with a short history of its life and progress* (York, 1785), pp 1-3.

²² *Ibid.*, pp 1-3.

²³ *Ibid.*, p. 2.

Authorities had a responsibility to protect the lunatic from themselves and the public from the lunatic. As Smith has argued:

The Usefulness and Necessity of Hospitals for Poor Lunaticks is evident, for there is no Disease to which Human Nature is subject, so terrible in its Appearances, or so fatal in its consequences; those who are Melancholy so often do violence to themselves, and those who are raving, to Others, and too often to their nearest Relations and Friends, the only Persons who can be expected to take the Trouble of these unhappy Objects upon them.²⁴

Attitudes such as the above highlighted that insanity was considered a burden on society and on authorities in both Britain and Ireland. However, even though insanity and the insane were viewed as a burden in the eighteenth century, abuse of the insane was not morally acceptable to authorities. In order to stop abuse of patients in existing institutions, the British government enacted a number of new lunacy laws in the late 1700s. One such piece of legislation was the 1774 Madhouses Act which was introduced during the reign of King George III. The act was intended to regulate the provision of care to the mentally ill in private establishments. The preamble of the act read:

Whereas many great and dangerous abuses arose from the present state of houses kept for the reception of lunatics, for want of regulations with respect to the persons keeping such houses, the admission of patients into them and the visitation by proper persons of the said houses and patients: and whereas the law, as it now stands, is insufficient for preventing or discovering such abuses.²⁵

In this period, institutional reform in Ireland had two distinct contexts. The first was Ireland's political link to Britain which meant that new laws regarding lunacy and welfare services were introduced to Ireland via the British Parliament. The second context was more local and showed that authorities were doing little to provide institutional care for the mentally ill in the eighteenth century. The result was that it was difficult to provide services for those who were poor, those who were criminal and those who required support for mental health problems. The legislative link with Britain continued in this period but, in many ways, it remained an

²⁴ Smith, *The architecture of confinement*, p. 43.

²⁵ 14 Geo III, c. 49 [Eng.] (1774), *Madhouses Act* (preamble).

ineffective legal connection because the implementation of new laws and regulations depended on local reformers and authorities. In Ireland, one could posit that authorities, including landlords, lacked an interest in reforming the social, economic and health problems occurring among the poor and insane. Gerard O' Brien has argued that state intervention in providing welfare services came as a result of wider issues such as unrest and rivalry at a local level in communities across Ireland. He has argued that it was 'a failure of landlords in their roles as magistrates to quell a serious and prolonged outbreak of agrarian unrest in the mid-1780s that brought their lack of moral authority to the attention of central government.'²⁶

In Ireland, the first major step towards institutional reform in mental health care occurred in the prison system in the late 1700s. A leading proponent of prison reform in this period was John Howard. Howard visited Ireland a number of times, starting in 1775. He had a low opinion of the state of the gaols and believed that the level of abuse in prisons and bridewells was worse in Ireland than England, Wales and Scotland.²⁷ This period was characterised by the outcry of reformers with regard to prison reform and highlighted, according to historian Joseph Starr, the 'admonitions and those of Irish reformers together with the public annoyance that so little had been accomplished despite all the laws that had been enacted.' This 'led parliament at length in 1786 to pass the greatest prison reform bill of the eighteenth century.'²⁸

The 1786 Prisons (Ireland) Act was 'an almost revolutionary code of prison regulations including a system of permanent inspectors chosen by the local grand jury.'²⁹ The inspectors-general of prisons were appointed by the Lord Viceroy. The act gave grand juries room to build lunatic wards onto existing institutions such as workhouses and houses of industry. The slow uptake on this issue meant that, by the end of the century, there were wards only in Dublin, Cork, Waterford and Limerick.³⁰ Under the new legislation, the newly appointed inspectors-general had a duty to inspect welfare institutions including relief for pauper lunatics in workhouses or houses of industry. In this period, the inspection of lunatic wards and

²⁶ Gerard O'Brien, 'State intervention and the medical relief of the Irish poor, 1787-1850' in Greta Jones and Elizabeth Malcolm (eds), *Medicine, disease and the state in Ireland, 1650-1940* (Cork,1999), p. 197.

²⁷ Starr, *Prison reform*, pp 21-2.

²⁸ *Ibid.*, p. 24.

²⁹ *Ibid.*, p. 24.

³⁰ Brendan Kelly, 'Mental health law in Ireland, 1821-1902: building the asylums' in *Medico-Legal Journal*, lxxvi, no. 1 (2008), p. 19.

workhouses by prison inspectors was manageable because so few facilities existed in Ireland. It was not until the mid-nineteenth century that a separate lunatic inspectorate was established which coincided with the establishment of a system of district lunatic asylums. The supply of institutions matched the demand for separate inspectorates in the eighteenth and nineteenth centuries.

In England, examples of abuse in institutions circulated among reformers and had a significant impact on the development of mental healthcare in nineteenth-century Britain and Ireland. York Lunatic Asylum became the focus of public attention when a patient, Hannah Mills, died in suspicious circumstances in the asylum. Visitors were not permitted to see Mills in the period leading up to her death. As a result of the Mills case and discovery of abuses in the York Lunatic Asylum, a new asylum was constructed under the guidance of William Tuke. Tuke was a member of the Society of Friends in York (Quakers) and he established the York Retreat where patients were treated humanely and with dignity.³¹ The system of moral management introduced by Tuke and other Quakers in Britain was highly influential across Britain, Ireland and France. Progress was made in Paris in the Bicetre Asylum under the guidance of Philippe Pinel who was the physician in charge of the facility. Pinel was influenced by both William Tuke at the York Retreat and the eminent Professor of Medicine at Edinburgh, William Cullen. Pinel introduced a moral approach to treatment in mental health institutions in Paris. He 'liberated his patients from their chains and ordered that henceforth they should be treated with kindness and understanding.'³²

In Ireland, Cork Lunatic Asylum opened in 1791 under the guidance of Dr William Hallaran. Dr Hallaran received his medical training under Professor William Cullen at Edinburgh. The asylum in Cork was the only specific facility for pauper lunatics in Ireland but Hallaran, like Pinel, was influenced by Cullen in Edinburgh. In turn, these reformers followed the York Retreat as an example of moral improvements in mental healthcare.³³ Another key reformer in this period was Alexander Jackson. Jackson was a native of County Tyrone and was influenced

³¹ Kathleen Jones, *Lunacy, law and conscience, 1744-1845* (London, 1955), pp 58-65.

³² Stephanie Pope, 'Philippe Pinel (1745-1826): more than liberator of the insane' in *Journal of Humanistic Psychiatry*, i, no. 1 (2013), pp 12-3.

³³ L. C., Charland, 'Benevolent theory: moral treatment at the York Retreat' in *History of Psychiatry*, xviii, no. 1 (2007), pp 61-80.

by the concept of moral management in institutions for the insane. He was also trained by Cullen in Edinburgh. Jackson was appointed the head physician in the house of industry in Dublin city which had a large number of incurable and curable lunatics resident in the facility. Jackson played a pivotal role in the establishment of the Richmond asylum in Dublin which is discussed at a later stage in this chapter.

At the turn of the nineteenth century, authorities had failed to provide an adequate number of facilities for the mentally ill across Ireland. The nineteenth-century commissioners in lunacy described the horrific conditions experienced in Ireland in the 1700s, in which they believed that ‘the poor and lunatics were confined in the same houses, a practice from which the most distressing inconveniences resulted, the method of confinement being only fitted for Malefactors, and not for lunatics.’³⁴ The nineteenth century was characterised by the construction of lunatic asylums and the substantial rise in the amount of inmates in those institutions. The early 1800s showed considerable effort by reformers to change the landscape of mental healthcare, in particular the establishment of specific institutions for the insane separate from the prison system, houses of industry or workhouses.

V

The Act of Union between Britain and Ireland was an important milestone in the development of mental health care in Ireland. The significance of the union has been examined extensively by scholars of Irish and British history but it has received little attention with regard to its role in institutional reform in mental healthcare. Local reformers engaged with the British Parliament, after the introduction of the union, in order to provide facilities for the pauper insane.

Sir John Newport (1756-1843) was a key figure in institutional reform in the early 1800s. Newport came from a banking family in County Waterford. He was a member of the Dublin Society in the decades prior to the act in 1800 and was a member of the Royal Irish Academy.

³⁴ *Correspondence between the Irish government and managers of district lunatic asylums, on report of select committee on state of lunatic poor 1843*, H. C. 1844 (233) xliii, 201.

In 1803, Newport was elected as M.P. for Waterford.³⁵ As chairman of the house of industry in Waterford, Newport was aware of the inadequacies and overcrowding in existing institutions.³⁶ He made a proposal to the British Parliament to set up a special committee to ‘consider legislative provisions for the support of the aged and infirm poor of Ireland and making provision for the care of lunatics and idiots.’³⁷ In doing so, Newport highlighted the necessity of making distinctions between vulnerable populations in Irish society and that institutional reform should ideally reflect those distinctions.

In March 1805, a bill for establishing four provincial asylums for lunatics and idiots was put forward to the House of Lords.³⁸ The proposal, called the Irish Lunatics Bill, did not pass. The failure of the proposal was not because reform was unnecessary. Opposition for Newport’s bill was linked to ‘fierce inter-party debate’ which influenced the voting pattern of Whig proposals for the reform of services for the insane in Ireland.³⁹ This example shows that reform of mental healthcare in the early 1800s was part of the political milieu of the union period. Nonetheless, reformers continued to make representations in order to bring about institutional reform. Robert Peel called for an enquiry into existing provisions for the insane. He made a request to the House of Commons that a committee be appointed ‘to enquire into the expediency of making further provision for the relief of the lunatic poor of Ireland.’⁴⁰ Reformers came from a variety of backgrounds not least those who held political positions or were significant landowners in Ireland. In 1810, Dr Thomas Hancock was a physician in Ulster with a Quaker approach to mental healthcare. He made a plea to the British parliament for the introduction of moral and humane methods of treatment and believed that the dominion of fear would not produce a change like the domination of confidence and esteem.⁴¹ In this statement, Hancock argued that insanity could be cured or helped with a more humane approach rather than with the use of mechanical restraint and inhumane treatment or poor living conditions.

³⁵ Bridget Hourican, ‘Sir John (Simon) Newport’ in *Dictionary of Irish biography* (Cambridge, 2009).

³⁶ McClelland, *Ulster madhouses*, p. 105.

³⁷ *Bill for establishment of provincial asylums for lunatics in Ireland 1805*, H. C. 1805 (61) i, 87.

³⁸ *Ibid.*

³⁹ McClelland, *Ulster madhouses*, p. 105.

⁴⁰ *Ibid.*, p. 107.

⁴¹ *Ibid.*, p. 105.

In 1810 ‘the necessity of applying some relief was brought by His Majesty’s Government under the consideration of Parliament, and liberal grants were made for the erection of an asylum in Dublin, under the name of the Richmond Lunatic Asylum, capable of accommodating over 200 patients.’⁴² The leading Irish architect, Francis Johnston, was asked to design the new asylum in Dublin. Johnston was the chief architect to the Board of Works. The architecture of the institution followed William Stark’s examples in Scotland using a panoptic style. At the heart of this design was a central block with wards radiating outward allowing the entire structure to be visible from a raised tower. The Glasgow Royal Asylum was designed using a panopticon plan.

Johnston proposed two further designs for lunatic asylums using classical and panoptic plans. In using the panoptic design for the new structure, Johnston alluded to the close architectural relationship between prisons and institutions for the insane in the early 1800s. Panoptic architecture has been discussed by scholars in light of security and policing of society.⁴³ Early forms of architecture used for institutions for the insane were based primarily on examples in the prison system in both Britain and Ireland. In Ireland, the Richmond plan echoed the design of institutions for criminals (Fig. 1.1), emphasising the all-seeing eye with wards and corridors radiating outward. The octagon on the plan was a vantage point for the governor of the institution providing an uninterrupted view of the entire structure. The architecture of lunatic asylums in England also showed awareness of prison design. For example, the Wakefield Lunatic Asylum in Yorkshire (later renamed Stanley Royd Lunatic Asylum) was established in 1818. It used a modified H-plan with a double panopticon which created two vantage points in the design of the building (Fig. 1.2).⁴⁴

⁴² *Report from the select committee on the lunatic poor in Ireland with minutes of evidence taken before the committee and an appendix 1817*, H. C. 1817 (430) viii, 33.

⁴³ Michel Foucault, *Discipline and punish: the birth of the prison*, trans. Alan Sheridan (2nd ed.) (New York, 1995); Anselm Strauss, *Psychiatric ideologies and institutions* (New Jersey, 1981).

⁴⁴ Samuel Tuke, *Practical hints on the construction and economy of pauper lunatic asylums including instructions to the architects who offered plans for the Wakefield asylum and a sketch of the most approved design* (York, 1815).

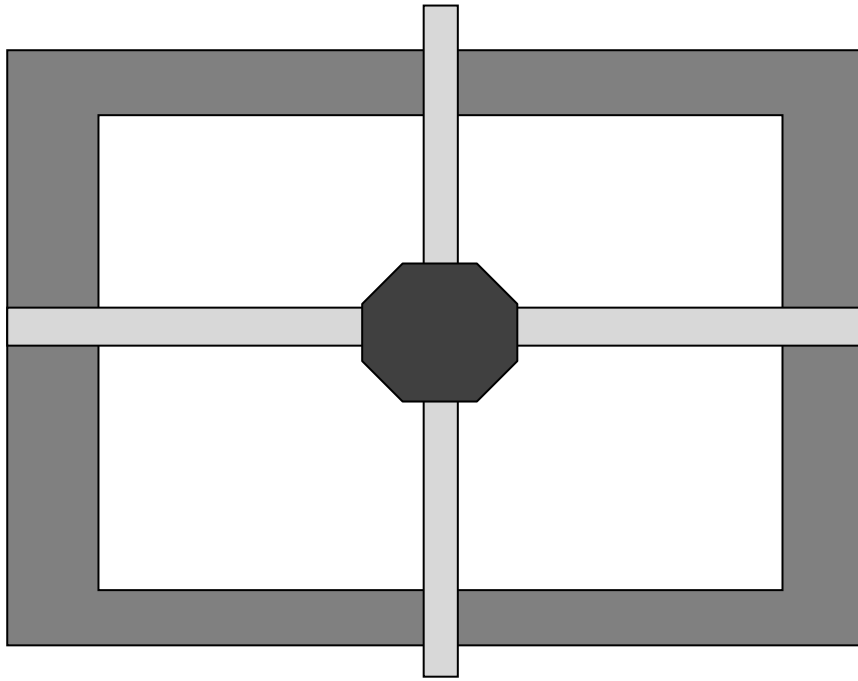


Figure 1.1 – Richmond Lunatic Asylum c.1830 (Floor plan – not to scale)
(By L. Butterly, 2012)

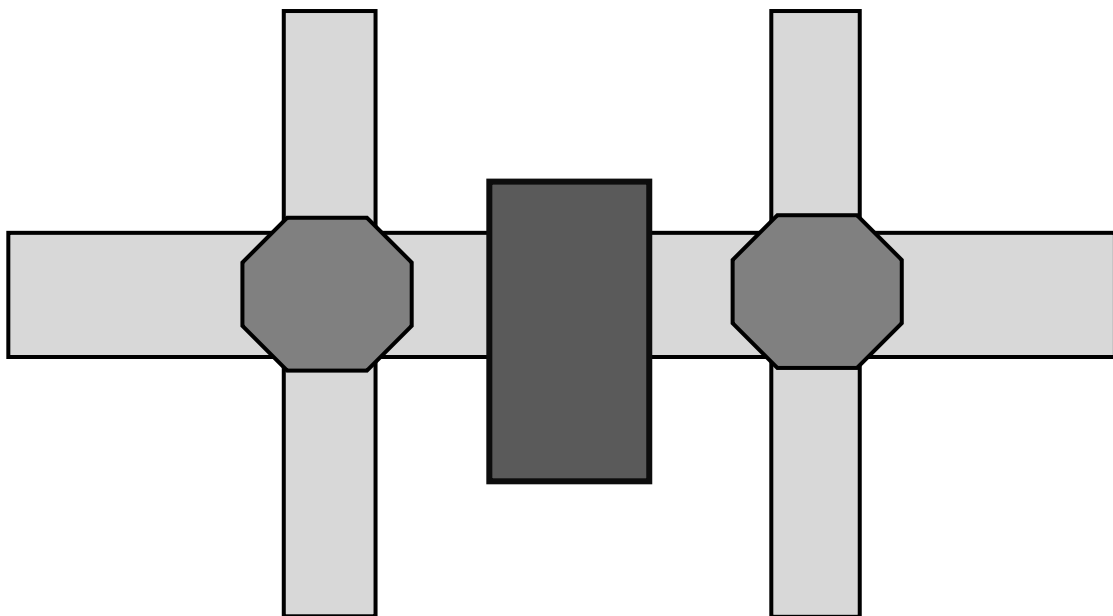


Figure 1.2 – Stanley Royd Lunatic Asylum, c.1818 (Floor plan – not to scale)
(By L. Butterly, 2012)

The plan of the Richmond and Wakefield in the early 1800s revealed a contradiction in the development of institutional care for the mentally ill. On one hand, the architecture of the institutions emphasised the importance of policing the patient population and offered a means of security to the staff in institutions. On the other hand, the first reformers such as Alexander Jackson in Dublin emphasised moral and humane treatment of the insane, viewing the patient population as ill and in need of care and rehabilitation. Therefore, the mentally ill were both prisoners and patients in the first years of reform. This contradiction evolved over the course of the century and created two courses for further reform of services: one modelled on custody and blame in institutional mental healthcare; the other, less dominant model, focussed on the care and recovery of patients.

The Richmond could accommodate between 200 and 250 patients. The accommodation included eight yards for air and exercise with sufficient privies, baths and supply of water.⁴⁵ The interior layout included 14 day rooms, 198 separate cells, corridors, 16 rooms for convalescents, 31 servant apartments, a kitchen and a laundry. The grounds comprised a garden for the use of the institution and two smaller gardens: one for the governor and one for the secretary of the board of governors.⁴⁶ The establishment opened in 1815 on the North Circular Road. When the institution opened, lunatics were immediately removed from the house of industry in the city and transferred to the Richmond.⁴⁷

In 1815, Alexander Jackson was appointed visiting physician of the Richmond (he was appointed visiting physician of the house of industry previously). He made a trip to England to examine treatments and methods used in institutions for the insane. He visited the York Retreat which was the exemplar of moral treatment and institutional care in the British Isles in this period. Jackson submitted a report to the governors of the Richmond on ways to provide holistic and humane care to inmates. His guidelines included a recommendation that ‘every patient should be examined and the state of his mind ascertained before being admitted.’⁴⁸ In doing so, Jackson suggested that the Richmond would focus on the recovery of patients and not mere

⁴⁵ *Report of the inspectors-general of prisons of Ireland 1823*, p. 24, H. C., 1823 (342) x, 291.

⁴⁶ *Ibid.*

⁴⁷ *Report from the select committee on the lunatic poor in Ireland with minutes of evidence taken before the committee and an appendix 1817*, H. C. 1817 (430) viii, 33.

⁴⁸ *Ibid.*

custody, by the selection of cases for admission into the asylum rather than indiscriminate admission. The attitude of the governors of the Richmond and individuals such as Jackson was highly idealistic. Authorities in Ireland were completely unprepared for the demand for specific accommodation for the insane in the first decades of the nineteenth century.

From 1815 to 1817, the Richmond became quickly overcrowded and it was apparent that systematic reform at national level was needed.⁴⁹ The Richmond was overcrowded for a variety of reasons. The main reason was that a high volume of incurable lunatics had been transferred from the house of industry in Dublin to the new institution and they filled a large amount of the accommodation. A second reason why the Richmond was filled so quickly was that patients were sent from all over Ireland once the new facility opened and not all patients were curable. This meant that the majority of the space in the institution from 1815 onwards was filled with incurable cases who were long-term patients.

The 1817 Irish Lunatic Asylums for the Poor Act and subsequent revision acts were introduced in order to establish a system of district lunatic asylums in all four provinces of Ireland. This pre-Famine period of asylum construction was initiated in consequence of evidence given by notable individuals in a series of meetings held in Dublin in March and May 1817. It is within the context of the select committee meetings that key individuals came to the fore in terms of the creation of the institutional model in mental healthcare in Ireland. It was also in those meetings that the full extent of their knowledge on the Irish mental healthcare context was revealed.

The establishment of the Richmond Lunatic Asylum and subsequent overcrowding of the facility, within two years of its opening, forced authorities to reconsider the extent and quality of existing institutions available across Ireland for the insane. It was necessary to find out what exactly was required in order to improve the situation in an Irish mental health context. The evidence gathered from the select committee meetings in 1817 provided the necessary moral, political and economic justification for institutional reform in the nineteenth century.

⁴⁹ Brendan Kelly, 'Mental health law in Ireland, 1821-1902: building the asylums' in *Medico-Legal Journal*, lxxvi, no. 1 (2008), p. 20.

VI

States are not moral agents, people are, and can impose moral standards on powerful institutions.

States are not moral agents; they are vehicles of power, which operate in the interests of the particular internal power structures of their societies.⁵⁰

Noam Chomsky

In 1817, a select committee was ‘appointed to inquire into the expediency of making further provision for the relief of the lunatic poor in Ireland.’⁵¹ The completed report identified that the houses of industry and other existing facilities were ‘totally inadequate for the reception of the lunatic poor.’ The successful treatment of patients ‘depended more on the adoption of a regular system of moral treatment than upon casual medical prescription.’ It was necessary to establish a network of asylums in Ireland offering better care facilities and provisions for the curable lunatic population. Key individuals including John Leslie Foster, Thomas Spring Rice and John Newport were instrumental in the establishment of insane institutions in nineteenth-century Ireland (Appendix 10).⁵²

Between March and May 1817, the select committee met to discuss the provision of care for the insane. The meetings were chaired by William Vesey Fitzgerald on each occasion.⁵³ The first meeting convened on 2 March. Colonel James Crosbie spoke on behalf of the County of Kerry. He reported that a new county infirmary had been established in Kerry but there was no separate facility for lunatics in the area. When asked if there would be space to attach a building to the

⁵⁰ Noam Chomsky, Interviewed on Phil Donahue, part 2/6 (1993) available at (<http://www.youtube.com>) accessed 10 July 2009; John Schoeffel and Peter Mitchell (eds), *Understanding power: the indispensable Chomsky* (9th ed.) (New York, 2002), pp 188, 260-6, 355-62.

⁵¹ *Report from the select committee on the lunatic poor in Ireland with minutes of evidence taken before the committee and an appendix 1817*, H. C. 1817 (430) viii, 33.

⁵² ‘John Leslie Foster’ available on the *Royal Dublin Society* past member list; Bridget Hourican, ‘Thomas Spring Rice’ in *Dictionary of Irish biography*; Bridget Hourican, ‘Sir John (Simon) Newport’ in *Dictionary of Irish biography*.

⁵³ Patrick M. Geoghegan, ‘William Vesey Fitzgerald’ in *Dictionary of Irish biography*.

current establishment for lunatics, he stated that there was a large yard available and a separate building could be constructed for lunatics.⁵⁴

On the same day, George Fitzgerald Hill from Derry was examined.⁵⁵ He reported that a separate building had been constructed in Derry with accommodation for twelve lunatics. The accommodation comprised ‘mere sheds against one of the enclosing walls.’ Pressure on accommodation in Derry meant that some lunatics were being transported and admitted to the Richmond in Dublin. Vesey asked Hill: ‘If called upon to give a precise answer and opinion, would you say that a more extended establishment than the present would be necessary at this time to accommodate the whole county of Derry?’ Hill replied: ‘With a view to accomplish the recovery of the patient, certainly; as I consider the present as merely affording an asylum for the existence of the individuals.’⁵⁶ Hill considered that institutions for the insane should be focussed on the recovery of inmates, not indefinite custody.⁵⁷ He alerted the committee to the present state of affairs which was that the twelve spaces already mentioned had to accommodate patients from both the city and county of Derry which was an unreasonable situation.

On 25 March, Robert Shapland Carew was examined. He represented County Wexford and informed those present that the old gaol was used for lunatics in the county because the building was vacant after the new gaol opened in the county. It was furnished and outfitted with funding from private subscriptions along with 600*l* from the grand jury. He also noted that prior to the acquisition of the old gaol building there was no specific provision for lunatic patients in the area but some of the dispensaries in the town and surrounding area had a very small number of spaces for lunatics.⁵⁸ The inspection of the new facility was carried out by ‘a committee from the grand jury; three, four or five of the gentlemen of Wexford, and its vicinity.’ The physician for the county infirmary was not obligated to cater to the needs or care of lunatics in the area.⁵⁹

⁵⁴ *Report from the select committee on the lunatic poor in Ireland with minutes of evidence taken before the committee and an appendix 1817*, p. 7, H. C. 1817 (430) viii, 33.

⁵⁵ Martin McElroy, ‘George Fitzgerald Hill’ in *Dictionary of Irish biography*.

⁵⁶ *Report from the select committee on the lunatic poor in Ireland with minutes of evidence taken before the committee and an appendix 1817*, p. 7, H. C. 1817 (430) viii, 33.

⁵⁷ *Ibid.*, p. 7.

⁵⁸ *Ibid.*, p. 8.

⁵⁹ *Ibid.*, p.8.

John Leslie Foster addressed the committee at length representing the governors of the Richmond Lunatic Asylum (Foster was one of the governors of the facility since it opened in 1815). The Richmond had a board of fifteen governors who met once a fortnight. Foster was asked by Vesey Fitzgerald: ‘Is not that institution rather intended for cure, than the mere custody of patients?’ Foster replied: ‘It certainly is so intended, but it was filled in the first instance by patients drafted from the house of industry, most of whose cases were of very long standing, and in such there is little or no chance of recovery.’⁶⁰ Regarding the treatment of inmates, Foster remarked that ‘there is not in the Richmond lunatic asylum to the best of my knowledge, a chain, a fetter or a handcuff.’⁶¹ However, the pressure on accommodation highlighted that further facilities were needed in Ireland. Foster stated that he had:

... no hesitation in saying that the knowledge, now general in Ireland, of there being such an institution in Dublin, has contributed to augment the pressure in a very great degree, and that the applications for admission to our institution very far exceeds the means of receiving them.⁶²

He further reported that the house of industry in Dublin submitted notice to the Richmond that it was not going to accept anymore lunatics, in lieu of the fact that the new asylum was established for these cases.⁶³ This showed that authorities were trying to separate the poor and destitute from pauper insane which was considered an entirely different category requiring support from the state. In the house of industry, the accommodation was ineffective due to overcrowding and ‘not fewer than fifty or sixty persons in one room’ with the majority insane and the rest paupers who were not insane. In one room a lunatic was chained to a bed in the same room as a sane pauper.⁶⁴ Foster argued for the establishment of more institutions as a result of overcrowding in the Richmond. He argued that:

this inconvenience is likely to increase in proportion as it becomes better known that there exists a large Institution in Dublin where patients are likely to receive a superior degree of attention. It appears to me the most eligible mode of obviating this inconvenience, to establish a few institutions in other parts of Ireland conducted

⁶⁰ Ibid., p.10.

⁶¹ Ibid., p.10.

⁶² Ibid., pp 9-10.

⁶³ Ibid., p. 9.

⁶⁴ Ibid., p. 9.

upon similar principles ... a proper mode of treatment would be adopted and well administered in a few larger Institutions dedicated exclusively to that purpose.⁶⁵

A few large institutions could manage the care of both curable and incurable lunatics separating both populations within the facilities. Vesey Fitzgerald suggested the establishment of one very large institution in Dublin which could cater to the entire country but Foster argued against the suggestion. He believed that one large institution would not be able to deal with the amount of admissions and would be difficult to manage and maintain. He also highlighted the issue of transporting patients from different parts of Ireland, which in 1817 was impractical. The only means of transport for pauper patients was a horse and cart or on foot. Given that the road system was continually developing since the eighteenth century and most of Ireland remained largely rural and without proper infrastructure, it was important that Foster presented a transport argument to the committee. Regarding the treatment of lunatics in existing institutions, he reported that in previous years:

... a much greater degree of coercion has been generally applied in the treatment of lunatics, than is now found to be necessary; a few years ago Mr. Pinel, a French physician, who had the charge of the principal receptacles for the insane at Paris, proposed and published a more gentle mode of treatment ... this mode was introduced into this country, I believe, in the first instance in the Quaker asylum near York; the good effects of which are illustrated in a publication of a Mr. Took [sic] ... this system appearing to the governors of the Richmond Lunatic Asylum to be founded in good sense, they determined on trying the experiment in their new institution ... the disorder is treated not so much as subject of medical care as of the superintendence of a person, who is termed the moral governor, and whose particular business it is to attend to the comforts of the patients ... to regulate the degree of restraint ... to provide occupation for the convalescent.⁶⁶

Foster showed that the development of mental healthcare in Ireland, institutional care in particular, was influenced by Pinel in France and Tuke in England. The purpose of the Richmond was to offer moral and humane treatment to curable lunatics and to rehabilitate inmates so that they could leave the institution. The governor of the first institution was called

⁶⁵ Ibid., p. 10.

⁶⁶ Ibid., p. 10; Charland, 'Benevolent theory', pp 61-80; Anne Digby, *Madness, morality and medicine: a study of the York Retreat 1796-1914* (Cambridge, 1985).

the moral governor and was given particular responsibility to ensure that the ethos of the institution followed the examples in England and France.

On 6 March, Foster was re-examined by the committee and asked to submit information from the governors of the Richmond. He submitted the information, as requested, and noted that in the first six weeks of 1816, 85 patients were admitted to the asylum of which 19 cases were long standing and came from the house of industry; 66 patients could possibly be cured and 27 patients had already been discharged from the institution as cured.⁶⁷

The select committee also heard from William Conyngham Plunkett regarding progress in St Patrick's Hospital or Swift's Hospital in Dublin. He did not offer personal observations but submitted a letter from the medical superintendent of the institution to the committee.⁶⁸ Plunkett's evidence was followed by Sir John Newport. Newport believed that wards or departments connected to the houses of industry were totally inadequate for the reception and care of the insane. The houses could only offer custody of lunatics rather than cure or rehabilitation. Newport was involved in the house of industry in Waterford and provided evidence from the annual returns of the institution which showed that of:

... forty-four persons confined in that establishment, more than one-third have been above seven years confined; ... several cases of more than twenty years standing ... a very considerable proportion of the entire number are idiots, who have mostly become so, having been for a certain period of time lunatic, and then sinking into idiocy.⁶⁹

This evidence proved that long-term institutional care was not suitable for the treatment of insanity in the Irish population. Patients who were confined for years in institutions were at risk of not only becoming institutionalised and unfit for life outside the institutions but also at risk of developing other problems such as catatonia or idiocy.

⁶⁷ *Report from the select committee on the lunatic poor in Ireland with minutes of evidence taken before the committee and an appendix 1817*, p. 11, H. C. 1817 (430) viii, 33.

⁶⁸ *Ibid.*, p. 11.

⁶⁹ *Ibid.*, p. 11.

On 7 May, Thomas Spring Rice was examined by the committee with Vesey Fitzgerald in the chair. He was asked the extent of his experience and reported that his knowledge and experience was concentrated on establishments in the south of Ireland. In County Limerick, Rice was a member of the regulating committee for the lunatic asylum (ward attached to the house of industry) for the previous three years. In 1815, he visited the asylums in Cork and the departments for lunatics in Waterford, Clonmel and Limerick.

Spring Rice brought to light the increasing number of insane in Ireland. In 1800, the number of lunatics in the Cork establishment was seventy-two. In 1816, the number had increased to 219. He noted that the increase of admissions may not have been an actual increase in insanity but rather an accumulation of cases because recovery was not prevalent in the institutions. He was examined further on this issue by Vesey who asked:

Do you not think, that of the persons insane, within your district, a greater number are sent to the asylum of late years than formerly, by which the increased number of patients admitted into the lunatic asylum may be accounted for, without any actual increase of insane in those districts?⁷⁰

His opinion was that the increase was in fact due to the establishment of institutions in the county and the accumulation of cases in the asylums but it was also an indication of the hereditary nature of madness and increased consumption of alcohol. He believed that the prevalent use of spirituous liquors contributed to the onset of madness and mania.⁷¹ He also believed that in Cork many admissions were of people unconnected with the city or district highlighting the need for a more extensive system of institutions for the insane.

Spring Rice believed that the institution in Cork incorporated all the advantages of Tuke's asylum at York.⁷² The management of the asylum required attention at national level. The problems highlighted by Spring Rice included the arbitrary use of power within the institution, poor regulation of the treatment of inmates and misuse of public money.⁷³ He visited County Waterford which provided a few cells for lunatics attached to the house of industry. It

⁷⁰ Ibid., p. 12.

⁷¹ Ibid., p. 12.

⁷² Ibid., p. 12.

⁷³ Ibid., p. 12.

resembled a gaol more than a place of cure.⁷⁴ The establishment received a significant amount of its funding from private subscriptions particularly from the ‘Quakers of independent fortunes and stations throughout Ireland.’ At Clonmel the wards attached to the house of industry could accommodate 200 individuals and was funded entirely by county presentments. Management and care for lunatics at Clonmel was then discussed. It was obvious to Spring Rice that so little was understood about caring for the insane that the staff ‘were unable to keep them clothed, and some were lying in the yard upon straw in a state of nakedness.’⁷⁵

In 1804, 14 lunatics were in the establishment in Limerick. This increased to 48 by 1817. The building in Limerick was brought to the attention of the committee by Spring Rice who reported that:

... the accommodation afforded to the insane will appear to be such as we should not appropriate for our dog-kennels; it consists of one arcade, an open arcade, behind which cells have been constructed with stone floors, without any mode of heating or of ventilating, and expose during the whole of the winter to the extremities of the weather. The effect of this system has been that mortification in the extremities, to which the insane are peculiarly liable ... amputation was the necessary but painful consequence.⁷⁶

The mode of treatment used in the institution was restraint ‘passing their hands (lunatic) under their knees, fastening them with manacles, fastening bolts about their ankles, and passing a chain over all, and then fastening them to a bed.’ As a result many lunatics lost the use of their limbs. In one room, 24 inmates were grouped together: some old, some infirm, some dying in the room. In another room, a woman held the corpse of her child on her knee and there was ‘not to be found one attendant who would perform the common duties of humanity.’⁷⁷

Spring Rice did not give a good impression of conditions and treatment in existing institutions nor did he hold back in his report to the select committee. He reported abuse of power within the facilities stating that one of the keepers in an establishment ‘claimed an exclusive dominion over the females confided to his charge, and which he exercised in the most abominable

⁷⁴ Ibid., p. 12.

⁷⁵ Ibid., p. 13.

⁷⁶ Ibid., p. 14.

⁷⁷ Ibid., p. 15.

manner.⁷⁸ Rice stated that the character of the abuse was ‘most atrocious.’ The keeper was dismissed from the institution and Spring Rice contacted Dr Hallaran in Cork to recommend a replacement. Hallaran provided one female and one male attendant who were promptly employed in the Limerick institution. Spring Rice was subsequently recalled by the committee and he commented that new institutions should be constructed in areas which offered the most convenient travel to families and patients. His contribution to the committee ended with the following:

If the distant asylums stood high in public repute, I should conceive they (families) would prefer sending them (relative/lunatic) there, rather than sending them to one less esteemed in their immediate vicinity.⁷⁹

A week later the committee convened for the final time and commenced by examining the right honourable Denis Browne from County Mayo.⁸⁰ He reported that for many years he had advised the gentlemen of Mayo to provide an institution for the insane but the expense of such an undertaking was too costly. After 5,000*l* was acquired from fines levied from illicit distillation in the county, Browne made representations once more to the gentlemen of Mayo to establish an asylum for lunatics. The total amount (5,000*l*) was annexed to fund the establishment of an asylum and the local charter house school, then vacant, was used for the development. The interior of the structure was re-modelled and re-furbished for the reception of lunatics and comprised twenty cells.

Browne’s contribution to the committee in 1817 was not limited to institutional reform. He gave evidence of an early example of women involved in mental health care in Ireland. He told the committee that he brought a woman down from Dublin to Mayo ‘who had been employed in the management of lunatics.’ She was recommended to Browne by a physician in Dublin. The committee assumed this woman was brought to look after only the female lunatics in the new establishment in Mayo. Browne corrected this and reported that her name was Mrs. Dogherty and she tended to both the male and female patients in the facility. She also directed the government of the institution and regulation of lunatics in her care. Her training in Dublin gave

⁷⁸ Ibid., p. 15.

⁷⁹ Ibid., p. 15.

⁸⁰ James Quinn, ‘Denis Browne’ in *Dictionary of Irish biography*.

her plenty of experience in the moral treatment of the insane and management of the institution. Mrs. Dogherty was an early reformer and was given room to manage the new facility in Mayo by the local authorities. Another early female reformer appeared in the York Retreat in England. Katherine Allen was employed in 1796 as the matron or female superintendent of the establishment.⁸¹

Browne also reported to the committee that lunatics were transported from Mayo by carriers (two guineas a piece) to Dublin but they ‘treated them in the carriages very brutally.’⁸² Browne referred to the experience of lunacy for the peasant class in Ireland. He argued that in Mayo, the existing institution had accommodation for just 24 lunatics. The lack of proper accommodation led to the most desperate situations occurring among the poorer class on the west of Ireland. Browne described the situation stating that:

There is nothing so shocking as madness in the cabin of the peasant, where the man is out labouring the fields for his bread, and the care of the woman of the house is scarcely sufficient for the attendance of children. When a strong young man or woman gets the complaint, the only way they have to manage is by making a hole in the floor of the cabin not high enough for the person to stand up in, with a crib over it to prevent his getting up, the hole is about five feet deep, and they give this wretched being his food there, and there he generally dies. Of all human calamity, I know of none equal to this, in the country parts of Ireland which I am acquainted with.⁸³

The above quotation was just one example of the moral justification for institutional reform in mental healthcare in Ireland. It was expedient for the government to sanction the construction of new institutions in all four provinces which would alleviate the suffering of the insane in Irish society.

The committee finalised their examination by asking Browne which area he thought would be the most suitable for an establishment in the west of the country. Browne suggested somewhere central between the counties of Sligo, Mayo, Roscommon and Leitrim. He also reported that the

⁸¹ Thomas Bewley, *Madness to mental illness: a history of the Royal College of Psychiatrists* (London, 2008), p. 109; see Anne Digby, *Madness, morality and medicine*; Charland, ‘Benevolent theory’, pp 61-80.

⁸² *Report from the select committee on the lunatic poor in Ireland with minutes of evidence taken before the committee and an appendix 1817*, H. C. 1817 (430) viii, 33, p. 16.

⁸³ *Ibid.*, p. 16.

existing institutions were inadequate for the reception of lunatic poor and that a system of specialised institutions focused on recovery of the patients was more appropriate.

Other notable figures were examined with regard to existing facilities and the future development of institutions for the insane. James Daly reported that no accommodation was available specifically for the reception of lunatics in County Galway. John Maxwell Barry reported the same for County Cavan and suggested Enniskillen as a suitable location for a district institution for that area of the country. Maurice Fitzgerald was examined in relation to County Kerry.⁸⁴ Fitzgerald (1774-1849) was a Whig M.P. and was the second returned after Colonel James Crosbie for the county. He reported the absence of accommodation for lunatics in the area and suggested the establishment of a district institution in a location convenient to Kerry, Limerick and Cork. Augustine Fitzgerald represented County Clare and reported that the house of industry had seven cells for lunatics and a new establishment located in Limerick would be convenient for Clare.

In consequence of the select committee evidence, a bill was introduced to parliament giving the lord lieutenant power with advice from the Privy Council to divide ‘the four provinces of Ireland into districts’ and that each of those districts should establish an asylum for the reception of lunatic poor. The bill was presented to parliament by William Vesey Fitzgerald in July 1817.⁸⁵ It was drafted by Thomas Spring Rice and resulted in a new piece of legislation called the Irish Lunatic Asylums for the Poor Act (1817). It was followed by two further acts in 1821 and 1826. The laws were tailored to the Irish context and ‘empowered the lord lieutenant of Ireland to direct the erection of asylums’ throughout the Irish countryside.⁸⁶ The construction of asylums was to be funded by central government and grand juries in selected locations.⁸⁷

There were particular aspects of the acts which are noteworthy. For instance, they were unlike previous legislation enacted in England because power for reform lay primarily in the hands of

⁸⁴ Patrick Geoghegan, ‘William Maurice Fitzgerald’ in *Dictionary of Irish biography* (Cambridge, 2009).

⁸⁵ *A bill to make more effectual provision for the establishment of asylums for the lunatic poor, and for the custody of insane persons charged with offences in Ireland 1821*, H.C. 1821 (358) iii, 1603; *A bill for the further amendment of an act of the first and second years of his present majesty, for the establishment of asylums for the lunatic poor in Ireland 1826*, H. C. 1826 (82) ii, 233.

⁸⁶ *Ibid.*

⁸⁷ *Ibid.*

the lord lieutenant not local magistrates, lords or grand juries. They permitted the construction of a ‘centrally organised network’ of asylums which could practice ‘common principles’ characterised by moral therapies and treatments.⁸⁸ This included a focus on work therapy for inmates which became a significant feature of Irish district lunatic asylums in the nineteenth century and Irish mental hospitals in the twentieth century. The act of 1817 allowed for the establishment of public insane asylums, not private institutions, which could be strictly regulated and controlled by government agents and agencies. Before the system of public lunatic asylums was constructed from 1821 onwards the work of the Richmond in Dublin progressed under the guidance of the moral governor, Richard Grace.

VII

Foster stated, in the select committee meeting, that the moral governor was expected to ‘attend to the comforts of the patients ... to regulate the degree of restraint’ and ‘to provide occupation for the convalescent.’⁸⁹ Another aspect of the moral governor’s duties was to update the Under Secretary of Ireland of vacancies in the asylum for male and female patients and consider applications for the admission of lunatics from county gaols. Between 1818 and 1822, the level of communication connected to the Richmond asylum was extensive and covered a variety of themes. However, the communication in this period was not limited to the Richmond asylum. Much of the early communication came from local representatives who requested transfers from gaols and stricter regulation of services for the insane.

In February 1818, there was a vacancy for one male lunatic in the Richmond.⁹⁰ Also in February, William Pilsworth, the inspector of Maryborough county gaol (Queen’s County now County Laois) ordered the removal of a lunatic prisoner in the gaol to the Richmond.⁹¹ From December to February 1818-19, Cusack Rooney, medical attendant in Dublin county gaol,

⁸⁸ Ibid.

⁸⁹ *Report from the select committee on the lunatic poor in Ireland with minutes of evidence taken before the committee and an appendix 1817*, p. 10, H. C. 1817 (430) viii, 33.

⁹⁰ William Pilsworth, Maryborough, Queen’s County, requesting removal of a lunatic prisoner to Richmond asylum, 17 Feb. 1818 (NA/CSO/RP/1818/380).

⁹¹ Richard Grace, Richmond Lunatic Asylum- vacancy in the institution for male patient, 19 Feb. 1818 (NA/CSO/RP/1818/381).

requested the transfer of prisoners to the Richmond asylum as he considered them lunatics.⁹² Between 1818 and 1820, Charles Todd, secretary to the commissioners for regulation of lunatic poor in Ireland, sent correspondence to the chief secretary regarding sites for future asylums and regulation for the erection of more asylums.⁹³ The board of works in Dublin requested payment for work carried out on the Richmond penitentiary and asylum.⁹⁴ In November 1819, Dr Renny sent a letter to the Chief Secretary noting his concern over problems with lunacy regulation in Ireland, in particular regulation of Irish lunatic asylums.⁹⁵

Richard Grace in the Richmond continued to update the Chief Secretary of vacancies in the asylum.⁹⁶ In August 1820, he reported vacancies for a number of male patients and one female.⁹⁷ The transfer of prisoners to the Dublin institution continued. In May 1820, John Carson, under sheriff of Roscommon gaol, made representations for a number of cases of lunatics to be transferred to Dublin.⁹⁸ In November 1820, William Wainright, secretary of the board of governors of the Richmond asylum, sent a letter to Earl Talbot requesting issue of £3,209.11.8. This sum was the balance of a grant issued by parliament for the operation of the asylum.⁹⁹

In December 1821, the governors of the asylum submitted accounts on the cost of maintenance of patients in the institution. Peter La Touche junior, Dr George Renny and Reverend James

⁹² Certificate of Cusack Rooney, medical attendant to County Dublin jail, concerning transfer of prisoners to lunatic asylum, 30 Dec. 1818-10 Feb. 1819 (NA/CSO/RP.1819/556).

⁹³ Charles H. Todd, proceedings of commissioners appointed to superintend the establishment of asylums for the lunatic poor in Ireland, 18 Dec. 1818 (NA/CSO/RP/1818/436); Letter from Charles H. Todd, secretary to commissioners for regulation of lunatic poor, concerning sites for asylums, 27 Mar. 1819 (NA/CSO/RP/1819/877); Letter from Charles H. Todd concerning transfer of land for asylums, 11 Dec. 1819 (NA/CSO/RP/1819/608); Charles H. Todd, secretary, commissioners for superintending lunatic asylums, account of expenses, 2 Apr. 1818-9 May 1818 (NA/CSO/RP/1818/402); Charles H. Todd, asylum lunatic poor in County Wexford, 31 Dec. 1818 (NA/CSO/RP/1818/433).

⁹⁴ Commissioners of Board of Works, Dublin, advance of funds for work on Richmond Penitentiary and Richmond asylum, 15 May 1818-15 Jun. 1818 (NA/CSO/RP/1818/795); Richard Grace, moral governor, Richmond asylum, no vacancy for mentally ill persons, 18 July 1820 (NA/CSO/RP/1820/834).

⁹⁵ Letter from Dr George Renny, concerning problems with regulation for Irish lunatic asylums, 2 Nov. 1819 (NA/CSO/RP/1819/812).

⁹⁶ Richard Grace, moral governor, Richmond asylum, some vacancies for female patients, 2 Aug. 1820 (NA/CSO/RP/1820/865).

⁹⁷ *Ibid.*, 2 Aug. 1820 (NA/CSO/RP/1820/865), 11 Aug. 1820 (NA/CSO/RP/1820/838).

⁹⁸ John Carson, under sheriff, Roscommon gaol regarding transport of mentally ill to asylum in Dublin, 5 May 1820 (NA/CSO/RP/1820/1070).

⁹⁹ Governors of Richmond asylum, advance of grant for institution, 15 Nov. 1820 (NA/CSO/RP/1820/1645).

Horner (governors of the Richmond) sent a letter to Charles Grant in Dublin informing him that the cost of maintenance of patients is high compared to the house of industry because of the curative element of the asylum which ‘necessitates medical expenses.’¹⁰⁰ Grace continued updating the chief secretary on the availability of space in the institution for the following years which was important considering that the Richmond was a national institution and, therefore, the primary space for pauper lunatics in Ireland.¹⁰¹

The most basic level of communication between asylum authorities and religious representatives can be traced to the first years of the Richmond institution. In 1822, a request was made for admission to the institution from Larne, County Antrim by Reverend Gwynne and in the same year representations were made for one admission to the Dublin asylum by the Church of Ireland archbishop of Tuam, Power Le Poer Trench.¹⁰² In August 1822, permission was requested to transfer a woman in Cavan gaol to the lunatic asylum in Dublin by the bishop of Kilmore, Farrell O’Reilly (served as bishop of Kilmore from 1807 to April 1829).¹⁰³

Until further institutions for the insane were established in Ireland, the Richmond set the standard for mental healthcare in the nineteenth century. The first years of the service was a busy period in terms of developing the bureaucracy of institutions for the insane including the level of communication required for admitting patients and organising transfers from other institutions such as prisons. From 1815 onwards, new institutions had to follow the standards set by the Richmond authorities in order to manage and maintain a system of mental health

¹⁰⁰ Letter from governors of Richmond Lunatic Asylum, cost of maintenance of patients, 12 Dec. 1821 (NA/CSO/RP/1821/1148); Annual report of Richmond asylum, 5 Jan. 1820-4 Jan. 1821 (NA/CSO/RP/1821/1858).

¹⁰¹ Letter from Richard Grace, concerning admission of individuals into Richmond asylum, 13 Jan. 1821 (NA/CSO/RP/1821/1147); Letter from Richard Grace, reporting admission of patient to Richmond asylum, 12 Mar. 1821 (NA/CSO/RP/1821/1151); Petition of Patrick Brady, requesting admission of three of his children to Richmond asylum Dublin, 10 Jan. 1821 (NA/CSO/RP/1821/1848).

¹⁰² Letter from Richard Grace, moral governor, Richmond asylum, reception of mentally ill patients from County Antrim, 15 June 1822 (NA/CSO/RP/1822/655); Letter from Richard Grace, moral governor, Richmond asylum, vacancy for a male patient, 7 Aug. 1822-12 Aug. 1822 (NA/CSO/RP/1822/228); Vacancy for patient at Richmond asylum, 19 Aug. 1822 (NA/CSO/RP/1822/2242).

¹⁰³ Letter from Bishop of Kilmore, County Cavan, requesting permission to transfer a woman in Cavan Gaol to a lunatic asylum, 6 Aug. 1822 (NA/CSO/RP/1822/202).

facilities in the long term.¹⁰⁴ Authorities in Armagh were the first to show initiative in the establishment of a district institution for the insane.

VIII

Roy McClelland has argued that the ‘misperception of higher prevalence of lunacy was the reason why Ulster would obtain the first of the new asylums.’¹⁰⁵ The fact that Armagh was the first choice for a district lunatic asylum may also have been the result of Foster’s influence in Dublin with the Richmond governors and his contribution to the select committee meetings in 1817. Leslie Foster was an M.P. for County Armagh between 1818 and 1820.

In 1819, negotiations started between the secretary of the lunacy commission, William Todd, and William Gregory, the then archbishop of Armagh.¹⁰⁶ Four acres of land were purchased and a board of governors established. In 1820, William Stuart was appointed the moral governor of the proposed lunatic asylum for Armagh, placing him professionally on a par with Richard Grace in the Richmond.¹⁰⁷ In 1821, the foundation stone was laid for the Armagh institution. Francis Johnston, originally from County Armagh, was asked to design the new building. He used a panoptic plan which was accepted by the governors.

In December 1824, the newly appointed board of governors for Armagh asylum met for the first time.¹⁰⁸ They agreed that a quota system should be part of the admission system into the institution. The quotas were decided upon by the census of 1822. Tyrone was allocated 27 spaces, Donegal 26, Armagh 20, Fermanagh 13 and Monaghan 18. The first patient was admitted to the institution in July 1825.¹⁰⁹ The authorities in Armagh had learned a valuable lesson from the experience in the Richmond with regard to admission into the institution.

¹⁰⁴ Charles H. Todd, details on provision of asylums for poor of counties Clare, Kerry and Limerick, 20 Sept. 1820 (NA/CSO/RP/1820/818); Dr George Renny regarding proposed lunatic asylum, in Belfast, 23 Nov. 1820 (NA/CSO/RP/1820/240); Order for the erection of Limerick asylum, 18 Feb. 1822 (NA/CSO/OPMA/89); Letter from Lord Robert Seymour, suggestions for improvement of treatment provided by lunatic asylums, 14 Aug. 1822 (NA/CSO/RP/1822/879); Major James Palmer, inspector general of prisons, regarding employment for asylum inmates, 30 Aug. 1822 (NA/CSO/RP/1822/1658).

¹⁰⁵ McClelland, *Ulster madhouses*, p. 107.

¹⁰⁶ *Ibid.*, pp 107-8.

¹⁰⁷ William Stuart, County Armagh appointed post of governor for lunatic asylum in Armagh, 17 Sept. 1820-16, Oct. 1820 (NA/CSO/RP/1820/54).

¹⁰⁸ McClelland, *Ulster madhouses*, pp 107-8.

¹⁰⁹ *Ibid.*, pp 107-8.

Instead of allowing indiscriminate applications into the asylum, they established a strict quota for each district using the census records. With the Richmond and Armagh in full operation by 1827 the Irish government made provision for the establishment of further institutions for the insane.

Correspondence between the Home Office and Irish government discussed provisions for the insane and success of implementing lunacy regulation since the introduction of the lunacy laws.¹¹⁰ Spring Rice wrote a report on the progress made in existing institutions. He noted that recovery from insanity in Armagh lunatic asylum was low with 11 patients considered curable and 44 patients incurable.¹¹¹ The same year the total number of patients in the institution in Armagh was 64 with 48 patients taking on employment roles within the institution.¹¹² The use of work therapy was implemented in Armagh following the moral management of the Richmond adopted from Paris and York. The governors actively incorporated the teachings of Tuke and Pinel in the Dublin institution and the governors of Armagh followed the principles set in 1815. The Richmond governors highlighted in a report to the chief secretary that employment for inmates was an essential part of promoting bodily health and encouraged recovery from illness.¹¹³ The Richmond and Armagh asylums were quickly followed by new institutions in Limerick in 1827 and Derry and Belfast in 1829.

In January 1827, Limerick District Lunatic Asylum opened. It had accommodation for 104 pauper lunatics and included patients from the counties of Limerick, Clare and Kerry. The institution was designed by Johnston and Murray. Again, the architects used a panoptic design, linking it architecturally to the asylums in Armagh and Dublin. The panopticon design gave the manager ‘maximum surveillance of the entire hospital complex.’¹¹⁴ The architectural dominance of Francis Johnston and William Murray in the first wave of public asylums in Ireland was evident in the pre-Famine period. In August 1827, Johnston provided a plan to the commissioners of lunatic asylums for two more asylums, one for Derry and the other for

¹¹⁰ *Lunatic Asylums (Ireland)- correspondences and communications between the home office and the Irish government, during the year 1827, on the subject of public lunatic asylums 1827*, H. C. 1828 (234) xxii, 223.

¹¹¹ *Ibid.*, p. 7.

¹¹² *Ibid.*

¹¹³ *Lunatic Asylums (Ireland) 1828*.

¹¹⁴ McClelland, *Ulster madhouses*, pp 109-10.

Belfast. Each asylum was designed to accommodate a relatively small number of patients totalling 106 in each facility. The location of the first new institutions reflected the evidence given by notable individuals in the 1817 select committee meetings.

For example, in 1817 Thomas Spring Rice gave a very negative view of existing services for the insane in Limerick. He compared the facilities to dog-kennels and that inmates lost limbs from exposure to the harsh weather.¹¹⁵ He also gave evidence regarding the use of mechanical restraint and abuse of female patients by one of the attendants. Foster and Spring Rice were the most outspoken individuals during the select committee meetings so it was possible that it was their evidence that influenced the establishment of the first two institutions for the insane after 1821 in Armagh and Limerick.

Similarly, George Fitzgerald Hill gave evidence on behalf of Derry in the meetings in 1817. He highlighted that patients were transported to the Richmond asylum in Dublin because there was only very limited space for lunatics in Derry. He also emphasised that institutions should be curative spaces promoting the recovery of inmates rather than indefinite custody. The third institution for the insane in Ireland was constructed in Derry. This evidence shows that the evidence given at the select committee meetings was integral to institutional reform in mental healthcare in Ireland once the government sanctioned the construction of new institutions in the provinces.

The opening of the institution in Derry, in 1829, relieved pressure on accommodation in Armagh because patients who came from Tyrone and Donegal were transferred to the new asylum.¹¹⁶ The transfer removed over thirty patients from these counties out of the Armagh institution which was considerable, considering that the total accommodation for patients was 104. The establishment of the asylum in Belfast followed Derry and Armagh. The Belfast

¹¹⁵ *Report from the select committee on the lunatic poor in Ireland with minutes of evidence taken before the committee and an appendix 1817*, pp 12-5, H. C. 1817 (430) viii, 33.

¹¹⁶ Based on the report on Armagh asylum in 1827, Tyrone and Derry had 16 and 11 patients respectively. Tyrone was allocated 27 places and Donegal was allocated 26 places. The allocation for each district within the Armagh institution in 1824 was decided upon by the population statistics contained in the 1822 census.

asylum catered for the city of Belfast, County Down and County Antrim. The first patients were transferred from Antrim gaol in July 1829 to the new asylum.¹¹⁷

The new institution in Belfast was a progression in mental healthcare but it was also tied to the development of social and medical care in the city and, as stated by Roy McClelland, ‘intimately bound up with the history of the Belfast Charitable Society.’¹¹⁸ For instance, in 1802, two rooms were appropriated by the society ‘for the reception of such deranged persons as may belong to and have resided two years in this town.’ The general state of misery of the insane soon led the committee of the society to ‘consider the propriety of applying to the lord lieutenant to have a lunatic asylum erected in this town.’¹¹⁹ This objective was achieved by 1829 when the Belfast Lunatic Asylum opened. McClelland remarked that:

While the new legislation of 1817 empowered the Lord Lieutenant to establish asylums, Belfast did not wait to have one proposed. Several abortive attempts were made to purchase land ... Land was finally obtained on the Falls Road. Totalling 33 acres, it was a larger site than any asylum either before or after. Indeed the grounds of the old asylum would eventually accommodate the entire Royal Victoria Hospital complex. A board of governors was formed and their first meeting was held on 20 May 1829.¹²⁰

With the establishment of district asylums in Armagh, Limerick, Derry and Belfast by 1829 it was not necessary for the Richmond Lunatic Asylum to admit patients from the north of Ireland or southwest counties. The Richmond did not now have to be a national institution and could re-organise into a district asylum.

In 1830, the Richmond Lunatic Asylum was legally renamed the Richmond District Lunatic Asylum.¹²¹ This change had implications for County Louth because it became one of the contributing districts to the Dublin institution from 1830 onwards. County Louth had a direct relationship with the Richmond board of governors for the next one hundred years. The

¹¹⁷ McClelland, *Ulster madhouses*, p. 111.

¹¹⁸ *Ibid.*, p. 110.

¹¹⁹ *Ibid.*, p. 110.

¹²⁰ *Ibid.*, p. 110.

¹²¹ 11 Geo IV, c. 22 [Ire], *Richmond Lunatic Asylum Act; A bill for appropriating the Richmond Lunatic Asylum in Dublin to the purposes of a district asylum 1830*, H. C. 1830 (328) ii, 319.

institutional development of mental healthcare for Louth authorities was connected legally, politically and economically to the Dublin district. The relationship was made up entirely of four separate districts: County Louth, County Wicklow, Dublin city and the borough of Dublin. Only patients from those districts could use the Richmond. The early 1830s was also marked by the establishment of district lunatic asylums in Waterford, Carlow, Ballinasloe and Maryborough.

IX

The *Dublin Gazette* and *Freeman's Journal* both announced the planned construction of an institution in County Waterford. In July 1830, the *Freeman's Journal* reported that:

In consequence of a memorial from the governors of the Waterford house of industry, government has, by proclamation in the *Dublin Gazette*, formed the county and city of Waterford, into a district for a lunatic asylum capable of containing one hundred persons.¹²²

The memorial of the governors of the Waterford house of industry was reminiscent of the decision taken by the house of industry in Dublin city whereby indiscriminate admission of lunatics was stopped from 1820 onwards. As the system of public lunatic asylums grew and expanded across Ireland, other welfare institutions started to restrict their admission process and viewed institutions for the insane as the primary space for insane persons within the population.

In 1832, an institution for the insane opened in County Carlow which was followed by two further asylums in 1833; one in Ballinasloe and the other in Maryborough (present day Portlaoise). The Maryborough District Lunatic Asylum was constructed on part of the Cosbie Estate and was renamed St Fintan's Mental Hospital in the twentieth century.¹²³ Ballinasloe was established for the west of Ireland. It was originally called the Connaught District Lunatic Asylum and had accommodation for 840 patients.¹²⁴ It was renamed St Brigid's Hospital in the

¹²² *Freeman's Journal*, 30 July 1830.

¹²³ Thomas Murphy (ed.), *Tumbling walls: the evolution of a community institution over 150 years – St Fintan's Hospital Portlaoise, 1833-1983* (Ireland, 1983).

¹²⁴ Oonagh Walsh, "'Tales from the big house': the Connacht district lunatic asylum in the late nineteenth century" in *History Ireland*, xiii, no. 6 (2005), pp 21-5.

twentieth century (not to be confused with St Brigid's Hospital in Ardee; two mental hospitals were called St Brigid's by 1950). Ballinasloe asylum was established to care for curable lunatics and 'opened in the spirit of optimism with regard to its progressive role in public health.'¹²⁵ Shortly after the opening of the asylums in Carlow, Maryborough and Ballinasloe, one opened in Clonmel, County Tipperary. In 1835 Waterford District Lunatic Asylum opened.

The development of the system of asylums in Ireland was noticed by authorities. The inspectors-general of prisons reported that the asylums were superior to anything of the kind in Europe. The system of cure, employment, moral government and freedom from restraint was a good example.¹²⁶ As a result of the growth of an institutional network for mental healthcare, governors and physicians started to become more interested in their professional status within the institutions and attempted to gain a separate voice within the fields of science and medicine.

In 1841, Dr Samuel Hitch in England called on his fellow medical men in lunatic asylums to form an association. As a result, the *Association of Medical Officers of Asylums and Hospitals for the Insane* was established. Hitch sent a letter to all his colleagues which included letters to physicians in asylums in Ireland.¹²⁷ The association aimed to advance knowledge on insanity, its causes and manifestations. They also planned to communicate with each other and use their positions as governors of institutions to influence policy with regard to treating insanity and the management of lunatic asylums in England, Ireland, Scotland and Wales. Through the association a link was made between the asylums in Ireland and Great Britain, particularly through the professional status of the governors of asylums. Proper regulation of the system was equally important in this period.

The Lunatic Asylums (Ireland) Act (1846) introduced a new inspectorate which was called the Commissioners of Lunacy.¹²⁸ The commissioners inspected existing institutions and reported any abuse or progress made in caring for the insane. One of the first reports from the

¹²⁵ Ibid., p. 21.

¹²⁶ James Palmer, *A treatise on the modern system of governing gaols, penitentiaries and houses of correction with a view to moral improvement and reformation of character ... on the management of lunatic asylums* (Dublin, 1832), pp 74-7.

¹²⁷ Bewley, *Madness to mental illness*, p. 114.

¹²⁸ 9 & 10 Vict. c. 115, *Lunatic Asylums (Ireland) Act*

commission highlighted a lack of accommodation for lunatic poor in certain areas of the country which led to the:

... committal to the County Prisons of many recent and violent cases of insanity, affording the friends of lunatics a ready mode of disposing of them, in this way, when they found them troublesome or inconvenient to manage. These poor creatures are often thus obliged to remain in confinement for months or even years until vacancies occur in the asylums.¹²⁹

The formation of the commissioners of lunacy coincided with the start of a period of Famine in Ireland. An early report included commentary on the impact of destitution within the population and its relationship to the lunatic asylums. The Irish Famine led to significant levels of starvation, death and emigration in the population.¹³⁰

The lunatic asylums became a theatre of despair and hopelessness during the Famine period much like the workhouses across Ireland. The utility of madness was equalled only by widespread death and deprivation occurring outside the asylum walls. Madness, death and emigration were, for a brief time, variations of the same themes: desperation and escapism. The lunatic asylums did not offer hope or protection from starvation or death; they merely offered an alternative space on the landscape for individuals to experience the full effects of the Famine.

In the 1848 report from the commissioners of lunacy the impact of the Famine was apparent in the admission rates to district lunatic asylums. The commissioners reported that:

Destitution itself was no infrequent cause of madness: independent of direct cases, which fell under our own cognizance, we have unerring testimony to the fact, in the palpable increase of applications for admission to the asylums in a diminished population; and 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. To these causes, combined with epidemic dysentery, would we attribute the unusual and

¹²⁹ *Lunatic Asylums (Ireland)- report of the district, local and private lunatic asylums in Ireland 1845*, H. C. 1846 (547) xlv, 267.

¹³⁰ Charles Trevelyan, *The Irish crisis: being a narrative of the measures for the relief of the distress caused by the great Irish famine of 1846-7* (London, 1880); Peter Gray, *Famine, land and politics: British government and Irish society, 1843-50* (Kildare, 1999).

extensive mortality which prevailed during 1847, and the commencement of 1848, amongst the insane.¹³¹

The annual returns from the lunacy commissioners for the years of the Famine showed that the level of mortality in asylums increased.¹³² The number of deaths in district asylums recorded in 1846 was 224 and deaths of lunatics in the gaols totalled 47. The following year these figures increased substantially with 422 deaths in the district lunatic asylums and 122 deaths in the gaols.

The overall picture for the country showed an increase of admissions to lunatic asylums during the Famine period but on a local level that increase was not felt in the case of County Louth in the Richmond between 1845 and 1850.¹³³ During the Famine period, the number of admissions from County Louth to the Richmond remained steady at between 20 and 25 per annum.¹³⁴

1850 was an important year in the development of institutional care in Ireland. The construction of a purpose built facility for criminal lunatics created a distinction between the insane and criminally insane within the population. The ideological separation was discussed much earlier by the board of the Richmond in Dublin when they made representations to the government for separation between classes of lunatics and the construction of a separate institution to house and treat violent inmates.¹³⁵ It was not until 1850 that a separate institution was established for criminal lunatics in Ireland.

¹³¹ *Lunatic Asylums (Ireland)- report of district, local and private lunatic asylums in Ireland 1848*, H. C. 1849 (1054) xxiii, 53.

¹³² *Lunatic Asylums (Ireland)- 1846; Lunatic Asylums (Ireland)- 1848; Lunatic Asylums (Ireland)- 1849; Lunatic Asylums (Ireland)- abstract of return to an order of the honourable the house of commons 1850*, H. C. 1850 (354) li, 497; *Lunatic Asylums (Ireland)-fifth general report on the district, criminal, and private lunatic asylums in Ireland with appendices 1851*, H. C. 1851 (1387) xxiv, 61.

¹³³ *General assizes and general gaol delivery of County Louth Grand Jury, 1845-9, 1850-4* (LCC/GJ/004-5)

¹³⁴ *Ibid.*

¹³⁵ *Lunatic Asylums (Ireland)- 1850; Lunatic Asylums (Ireland)- 1851.*

X

- Constance Kent: Confess because I'm mad?
- Inspector Whicher: Madness is not a crime Miss Kent,
The law absolves those afflicted of responsibility.
- Constance Kent: So you mean I would not face the hangman's noose?
You wish to persuade me into confession by tempting me
with an alternative?
What? A lifetime in an asylum?
Shaven headed, bound, chained, tortured?
I am neither mad nor a fool Inspector,
I would sooner hang.¹³⁶

The first construction in Europe of an institution for the criminally insane was built in County Dublin, Ireland. The Dundrum Asylum for Criminal Lunatics opened in 1850. Inmates were confined under the Criminal Lunatic Asylum (Ireland) Act of 1845.¹³⁷ Mountjoy Prison, a large national prison, was also erected in Dublin on the North Circular Road in 1850. The establishment of two large institutions, in the same year, showed considerable effort by the government to build moral authority over Irish society.

The construction of the criminal asylum attracted the attention of the governors of asylums in Britain. A meeting of the association of medical officers of asylums occurred in the Freemason's Tavern in London in July 1851 (17-19 July). It was attended by Robert Stewart who was the governor of the Belfast District Lunatic Asylum. The association members decided at the meeting to petition the British Parliament for the erection of an asylum in England for the reception of criminal lunatics. The members made the decision because the experiment had worked so well in Ireland with the establishment of the criminal asylum in Dublin.¹³⁸

¹³⁶ The dialogue is from the screen adaption of Kate Summerscale's 2008 award winning non-fiction novel *The suspicions of Mr. Whicher, or the murder at Road Hill House*. The case was one of the most prominent murder cases of the mid-nineteenth century in England. Mr. Whicher, the inspector, tries to offer Constance Kent a way to confess to the crime of murder but admit to insanity and go to an asylum rather than be convicted and hanged for the crime; see Joseph Whitaker Stapleton, *The great crime of 1860*, (London, 1861), p. 20: 'This murder invades every English home with a shudder of alarm, and shakes the sense of security in every family circle. Its very mysteriousness invests it with new terrors, and teaches parents to utter for their children, with impressive emphasis, the Church's prayer- "From murder and from sudden death, good Lord deliver them.'

¹³⁷ 8 & 9 Vict. c. 107, *Central Criminal Lunatic Asylum (Ireland) Act*

¹³⁸ Bewley, *Madness to mental illness*, p. 114.

XI

In the 1850s more space was needed in the Richmond asylum for curable pauper lunatics and a lot of space in the institution was taken up by incurable lunatics. Incurable lunatics were not necessarily violent but there was not much hope that they could recover in the Richmond so their transfer out of the institution was a way to free beds for curable lunatics. The issues with overcrowding in the institution had been noted by authorities for decades and there were a variety of actions taken by the board of governors to help improve the availability of space in the facility. The establishment of the criminal asylum was one example of the removal of violent cases from existing institutions. This meant that the institutions could focus on the recovery of patients and improve knowledge on insanity in the nineteenth century.

The house of industry at Islandbridge in Dublin had closed in the mid-1840s. It was left unused for a number of years and was in close geographical proximity to the Richmond asylum. The Richmond authorities had the building re-opened for use as a small auxiliary institution for incurable but non-violent lunatics. As a result, the Richmond board started to transfer patients out of the Richmond facility to Islandbridge asylum. In doing so, the Richmond board was able to free a small amount of space which meant that the Richmond could return to its original intention. Alexander Jackson hoped that the Richmond would focus on the recovery of patients rather than mere custody. In the 1850s, the Islandbridge facility still had to be funded by the contributing members of the Dublin district. The Richmond board made an order for collecting the charges for the care of incurable lunatics in Islandbridge from 1850 onwards. The order included charges to the grand jury in County Louth.¹³⁹

By the mid-1800s, the board of the Richmond asylum had successfully influenced the government to progress institutional mental healthcare for lunatic paupers in the population. Three categories of institutional care were available by the 1850s: the district asylum, the criminal lunatic asylum and accommodation for chronic lunatics. The workhouse system, which had been established under the Irish Poor Law Act (1838), also accommodated pauper lunatics. The hope of those involved in this process was that the new developments would allow asylum authorities to concentrate on the original ethos of 1815 which was to provide holistic care.

¹³⁹ *General assizes*, 1850-9.

This period also saw a growth in the number of district asylums constructed. The second wave of institutional reform in mental healthcare came as a result of an increase in patient admissions which put the existing system under pressure. The new asylums were the ‘golden age of corridor plan asylums in a Gothic or Tudor’ style architecture.¹⁴⁰ Institutions opened in Kilkenny and Killarney in 1852. In 1853, Omagh lunatic asylum opened and its catchment area included the populations of Counties Fermanagh and Tyrone. In 1855, two asylums opened in Mullingar and Sligo.

The post-Famine period in institutional reform in mental healthcare was important in an Irish context. The laws governing the district lunatic asylums had grown substantially since the first laws in 1817 and 1821. For example, Mark Finnane has argued that because of lunacy laws enacted in the nineteenth century the ‘great majority of inmates were committed involuntarily’ and ‘systematic review of the confined person’s status was not a statutory requirement.’¹⁴¹ It was interesting that the first half of the nineteenth century was focussed on the establishment of institutions and little information was available on the actual patient population except that they were violent, non-violent, dangerous, criminal, harmless or chronic. In the post-Famine period the commissioners of lunacy were able to give much fuller information on the patient population. For the first time in the history of institutional care patient profiles emerged.¹⁴²

XII

The 1857 report and subsequent records show that most patients were categorised as incurable and re-admission was a regular occurrence.¹⁴³ The commissioners of lunacy believed that ‘the

¹⁴⁰ *Saint Ita's Hospital, Portrane, County Dublin*,

(<http://www.buildingsofireland.ie>) accessed 14 June 2010; see Marcus Reuber, ‘The architecture of psychological management: the Irish asylums, 1801-1922’ in *Psychological Medicine*, xxvi (1996), pp 1179-89.

¹⁴¹ Mark Finnane, *Insanity and the insane in post-famine Ireland* (London, 1981), p. 15.

¹⁴² *Lunatics (Ireland)- return of the number of dangerous lunatics committed to county gaols in Ireland in 1864, and the number of insane persons confined in 1864 in each district asylum, and the number each such district asylum is capable of holding 1864*, H. C. 1864 (359) xlv, 359; *District Lunatic Asylums (Ireland)-return of the total amount of accommodation now existing in each district lunatic asylum in Ireland ... 1867*, H. C. 1867 (3556) xxi, 103.

¹⁴³ *Report of the commission of inquiry into the state of lunatic asylums and other institutions for the custody and treatment of the insane in Ireland 1857*, pp 23-4, H. C. 1858 (2436) xxvii, 159.

district asylums are, to a great degree, deprived of their utility as curative hospitals for the insane, by the large proportion of probably incurable cases which they contain.’¹⁴⁴

In 1857, the number of patients in the Richmond was just over 600. Of these, 167 were curable and 439 incurable.¹⁴⁵ The total patient number in asylums at this time was 3,824, of which 1,168 were curable and 2,656 incurable. Bearing in mind that the incurable category were confined indefinitely in an asylum, this meant that roughly two thirds of all patients in Ireland had little or no prospect of leaving an institution and returning to their communities. The treatment of patients in institutions created negative views of insanity and the insane patient with sensationalised stories being reported in the press in both Britain and Ireland.¹⁴⁶ A diagnosis of dangerous lunatic or criminal lunatic or even incurable lunatic restricted the social and political mobility of the patient. The records show that male patients were more likely to have a dangerous diagnosis which confined them in an asylum indefinitely.¹⁴⁷

The main difference between the lunatic patient and prisoner in nineteenth-century Ireland was that the prisoner had been found guilty of committing a crime against a person or the state whereas the majority of lunatic patients had committed no such crime. The crime of inmates in nineteenth-century institutions for the insane ranged from birth defects, economic hardship leading to poor mental health or feelings of hopelessness.¹⁴⁸

With a lack of attention given to maintaining the recovery and humane ethos of public asylums, the idealistic paternalism and charitable intentions of early institutions quickly turn into the

¹⁴⁴ *Ibid.*

¹⁴⁵ *Ibid.*

¹⁴⁶ *Birmingham Daily Post*, 10 July 1887- Headline in newspaper: ‘Double murder by an Irish lunatic’

¹⁴⁷ *Clonmel district lunatic asylum- correspondence between the governors of the Clonmel District Lunatic Asylum...with the Irish government and inspectors of lunatic asylums, respecting the ill-treatment of a pauper lunatic named Flynn, committed to the asylum ... 1864*, H. C. 1864 (422) liii, 27; *Report on district, local and private lunatic asylums in Ireland with appendices*, 1880, H. C. [C.2621] xxix, 459; *Return of average number of lunatics and sick persons in union workhouses in Ireland, 1880-81*, 1881, H. C. (433) lxxix, 199; *Report on district, local and private lunatic asylums in Ireland with appendices*, 1884, H. C. [c.4160] xl, 427.

¹⁴⁸ ‘Lunacy in Ireland’ in *British Medical Journal*, ii, no. 397 (1868), p. 143; ‘Lunatics in Ireland’ in *British Medical Journal*, ii, no. 506 (1870), p. 294; ‘Lunacy in Ireland’ in *British Medical Journal*, ii, no. 618 (1872), p. 502; ‘Public health and poor-law medical services’ in *British Medical Journal*, ii, no. 776 (1875), pp 626-7; ‘The Irish lunatic asylum service’ in *British Medical Journal*, ii, no. 820 (1876), pp 371-3; ‘The sick and insane poor in Ireland’ in *British Medical Journal*, i, no. 956 (1879), p. 643; ‘Neglected lunatics’ in *British Medical Journal*, ii, no. 973 (1879), pp 303-4.

systematic confinement of patients involving families, friends, medical men and magistrates.¹⁴⁹ Involuntary admission and overcrowded conditions gave an opposite image to care and benevolence. By the latter half of the nineteenth century, the asylum had lost its original purpose as a place of refuge and recovery. Nonetheless, expansion of the system of district lunatic asylums continued.

XIII

The commissioners of lunacy suggested that separate buildings should be erected ‘to cater for harmless, idiotic and imbecile patients removing them from large establishments which lack classification of the inmate population and division of accommodation except on the basis of gender.’ They argued that ‘institutions are likely to be better managed by local governors belonging to one county than by a mixed Board’ and ‘the existence of large districts is inconvenient, and injurious to patients who have to be removed from long distances.’¹⁵⁰ Closer facilities would lead more people to seek help compared with the objectionable option of travelling to other counties.

The commissioners supported the erection of smaller local asylums because they believed that very large establishments were unmanageable and ‘since the care of the inmates of a lunatic asylum can never be conducted by classes, as in a workhouse, but must rather be of the character of individual treatment.’¹⁵¹ In the case of Louth and the Richmond this point is significant because Louth’s experience throughout the nineteenth century was as a smaller entity in a much larger institution.¹⁵²

The commissioners suggested that ‘the wants of the metropolitan district (Richmond asylum in Dublin) will soon call for the separation of one of the component counties; and we should, in that case, be in favour of the erection of an asylum for Louth, Drogheda and Meath, either at

¹⁴⁹ Elizabeth Malcolm, ‘“Ireland’s crowded madhouses’: the institutional confinement of the insane in nineteenth- and twentieth-century Ireland’ in Roy Porter and David Wright (eds), *The confinement of the insane: international perspectives, 1800-1965* (New York, 2003), pp 322-6

¹⁵⁰ *Report of the commission of inquiry into the state of lunatic asylums and other institutions for the custody and treatment of the insane in Ireland 1857*, H. C. 1858 (2436) xxvii, 159, p. 23.

¹⁵¹ *Ibid.*, pp 23-4.

¹⁵² *Ibid.*, pp 23-4.

Drogheda or Navan, Meath being detached from the Mullingar district.¹⁵³ The projections of the commissioners did not take place until after the introduction of county councils in 1898. County Louth remained part of the metropolitan district for over seventy years from the time of the report until the separation order of 1930.

In the Richmond the patient capacity, in 1864 was 715. The total number of patients in the institution for that year was 863.¹⁵⁴ The same year the total accommodation in district asylums in Ireland was 4,959. The total number of insane registered under treatment in the lunatic asylums was 5,914, just under 1,000 more patients than the existing accommodation could reasonably hold. It appeared that more district asylums were needed to accommodate the mentally ill. The union workhouses shouldered the accommodation needs for the insane in the second half of the century.

In the annual returns for 1866, the number of lunatics in union workhouses across Ireland was 1,110 (391 male and 719 female). The total number of idiots was 1,638 (696 male and 942 female).¹⁵⁵ The use of union workhouses for lunatics was continually highlighted by authorities who sent communication to parliament that ‘union workhouses were not suitable for the training and care of lunatic paupers ...’¹⁵⁶ The board of guardians of the Belfast union were of the opinion that the asylums should be used as curative hospitals and receive only curable lunatics.¹⁵⁷ To solve the issues with mental health services, authorities continued to expand the system of pauper lunatic asylums.

XIV

In 1866, Letterkenny Lunatic Asylum opened, separating Donegal from the Derry district. The same year, an asylum opened in Castlebar, County Mayo. The following year, the lunatic asylum in Downpatrick was not ready to receive patients but it was in progress. The asylum cost

¹⁵³ Ibid., pp 23-4.

¹⁵⁴ *Lunatics (Ireland)- return of the number of dangerous lunatics committed to county gaols in Ireland in 1864, and the number of insane persons confined in 1864 in each district asylum, and the number each such district asylum is capable of holding 1864*, H. C. 1864 (359) xlv, 359.

¹⁵⁵ *Report on district, local and private lunatic asylums in Ireland with appendices 1866*, H. C. 1866 [3721] xxxii, 125.

¹⁵⁶ *Belfast Monthly Newsletter*, 6 Nov. 1867.

¹⁵⁷ Ibid., 6 Nov. 1867.

£52,200 to build.¹⁵⁸ In 1868 new lunatic asylums opened in County Down (Downpatrick), County Clare (Ennis) and County Wexford (Enniscorthy). Each facility could accommodate between 200 and 300 patients. The last major institution built in the nineteenth century was in County Monaghan. In 1869 the Monaghan District Lunatic Asylum opened and catered for the population of County Cavan as well as Monaghan. It cost £43,150 to build.

By the end of the 1860s, the statistics on insanity gave a total of 15,650 lunatics in Ireland (5,212 in district asylums, 626 in private asylums, 2,705 in poorhouses, 334 in gaols, 158 in Dundrum criminal asylum, 51 in Lucan private asylum and 6,564 estimated lunatics at large).¹⁵⁹ 638 lunatics were discharged from district asylums and 465 inmates had died. With many of the asylums already overflowing including the Richmond and Belfast, the only way forward for existing districts was to extend accommodation on site. Governors and boards of governors started to purchase land for asylum development.

The governors of Belfast secured additional land, in May 1868, at a cost of £3,750.¹⁶⁰ In Sligo, land was purchased, in November 1871, at a cost of £4,400. The same year, land was purchased by the governors of Omagh asylum site at a cost of £2,200. Mullingar asylum authorities purchased more land, in April 1871, at a cost of £4,200.¹⁶¹ At Maryborough asylum, land was purchased, in December 1872, at a cost of £4,000. At Clonmel asylum, land was purchased, in 1874, at a cost of £2,500. The governors of Armagh purchased land costing £8,700.

The maintenance of institutions in the 1870s was costly in this period. In 1871 repairs were made to the boundary wall at the Downpatrick asylum and additional land purchased at a total cost of £8,000. At the Richmond, work was carried out on the boundary wall, in June 1875, costing £800. In May 1877, alterations and repairs were made to the boundary wall at Belfast asylum. In July 1877, the boundary wall of Maryborough asylum was repaired costing £1,500. In Carlow, the governors purchased more land, in October 1879, at a cost of £4,500. In May

¹⁵⁸ *Lunatic Asylums (Ireland)- returns showing moneys ordered to be expended on sites and buildings of lunatic asylums in Ireland ... 1885*, H. C. 1885 (344) lxii, 439.

¹⁵⁹ *Ibid.*

¹⁶⁰ *Ibid.*

¹⁶¹ *Ibid.*

1879, new workshops and a boundary wall were constructed on the Waterford site costing £2,500.

At the Cork public asylum, a new Protestant chapel was erected, in October 1880, costing £8,000 and at Ballinasloe, a Roman Catholic chapel was erected on the asylum site which cost £10,000. Additional land was purchased at Ennis asylum, in 1883, at a cost of £2,300. In June 1884, a Roman Catholic chapel was constructed on the Mullingar asylum site and cost £4,000.¹⁶² Developing the asylum system and maintaining it, in Ireland, was expensive. In a twenty year period between 1865 and 1885, the total amount ordered by asylum authorities from the government for improvements and new buildings on asylum sites was over £500,000.¹⁶³

With increasing patient numbers across the district asylum system, the professional position of attendants and physicians in asylums improved. In 1891, the Royal Medico-Psychological Association introduced the first examination for qualification as lunatic asylum attendants. Within one decade, the number of those who had the qualification in the British Isles was 600. Until the twentieth century, the Royal Medico-Psychological Association certificate was the main source of qualification for nurses in mental healthcare in Britain and Ireland.

The sources highlighted the cost of maintaining the public district lunatic asylums in Ireland but they also show that the system was an important part of economics on a local level, including for County Louth. The county presentments in the nineteenth century continually showed that payments to the Richmond asylum were a key component of the local taxation account and the increasing costs became a source of concern for local representatives, particularly following the introduction of the Local Government (Ireland) Act (1898). In the period just prior to the introduction of local government in Louth, some changes occurred in institutional mental healthcare which had an impact on the attitude of politicians in Louth in relation to the connection with the Richmond.

¹⁶² Ibid.

¹⁶³ Ibid.

XV

The board of the Richmond asylum at this time had 33 members. This was one of the reasons the relationship between Louth and the Richmond started to unravel in the 1890s. John Ribton Garstin was an important voice for Louth. He served as the grand jury representative for the county on the board of governors in the institution. He was also the only representative for Louth in the midst of the 33 strong board which was dominated by representatives for Dublin city and county.

In May 1895, Garstin compiled a report on behalf of the board of governors of the Richmond for the royal commission on the financial relations between Great Britain and Ireland. In it he described the financial details of the previous three decades in relation to loans to lunatic asylums from the British government, the repayment of loans and the changes to the interest payable on future loans for the expansion of the network.¹⁶⁴

The maintenance and provision of institutions for pauper lunatics had been provided exclusively out of local tax, known as county cess, which was assessed on lands and houses.¹⁶⁵ Loans were advanced to boards of governors from funds at the disposal of the treasury. Until the Public Works Act of 1877, these loans were provided free of interest because of the need to expand and maintain lunatic asylums in Ireland. After 1877, interest was charged on the loans which put the boards of governors and local tax payers under greater financial pressure. With further plans to expand the asylum network, the boards felt that the issue of interest on loans needed reconsideration by government before the introduction of a new local government act. The interest on loans from the treasury, particularly, worried the Richmond governors.

The Richmond was the most expensive institution to maintain at this time. It had a patient population of over 1,500. It was the most significant in the network because it was the first public asylum to be built by the government after the union in 1800 and had the largest catchment population in Ireland compared to other districts. With the closure of workhouses in

¹⁶⁴ John Ribton Garstin, *Memorandum as to the terms on which government loans are made for public works in Ireland, and particularly for the building etc., of lunatic asylums: ... submitted ... to the royal commission ... 1895* (Dublin, 1895).

¹⁶⁵ *Ibid.*

the city, the Richmond was facing greater pressure on accommodation. The board of the Richmond made representation alongside the governors of Belfast, Antrim, Derry and Armagh (the first wave of asylums in Ireland) to the government requesting special consideration of the interest on loans from the treasury. As a result, the Public Works Loans Act of 1893 was introduced, allowing the repayment of loans to be extended to 50 years and the interest charged at 3.5 percent at a variable rate. The terms were not agreeable to all the governors but the reality was worse for the Richmond board when a loan was requested to erect an auxiliary asylum at Portrane. The loan arrangement offered by the treasury was repayment over 40 years with interest at a rate of 3.75 percent (10 years shorter repayment time and 0.25 percent higher rate of interest payable on the loan).

The Louth Grand Jury ‘finding remonstrances unavailing’ refused to pay one of the presentments, as a protest against the ‘exorbitance of the rate charged’, as well as a broader protest against the fact the county was only allowed one representative to sit on the board of the institution.¹⁶⁶ Alongside these issues, Louth ratepayers had to pay part of the cost of providing accommodation for lunatics from Dublin. Louth was not using all of its allocated space in the facility so the spaces were filled with patients from Dublin city and county. However, as the spaces were filled, Louth ratepayers had to pay the full cost of accommodation annually.¹⁶⁷ These issues put a strain on the relationship between the Dublin asylum board and Louth representatives. The situation made Louth representatives reconsider the link with Dublin and, in time, a call for separation from the institution was heard among Louth politicians. In the meantime, the establishment of new accommodation at Portrane for the Dublin institution progressed, despite the unfavourable loan criteria from the Treasury.

In 1894, a small competition was held to select a design for the new institution at Portrane in North Dublin. The winning design was submitted by George Coppinger Ashlin (1837-1912) (Fig. 1.3).

¹⁶⁶ Ibid.

¹⁶⁷ Ibid.

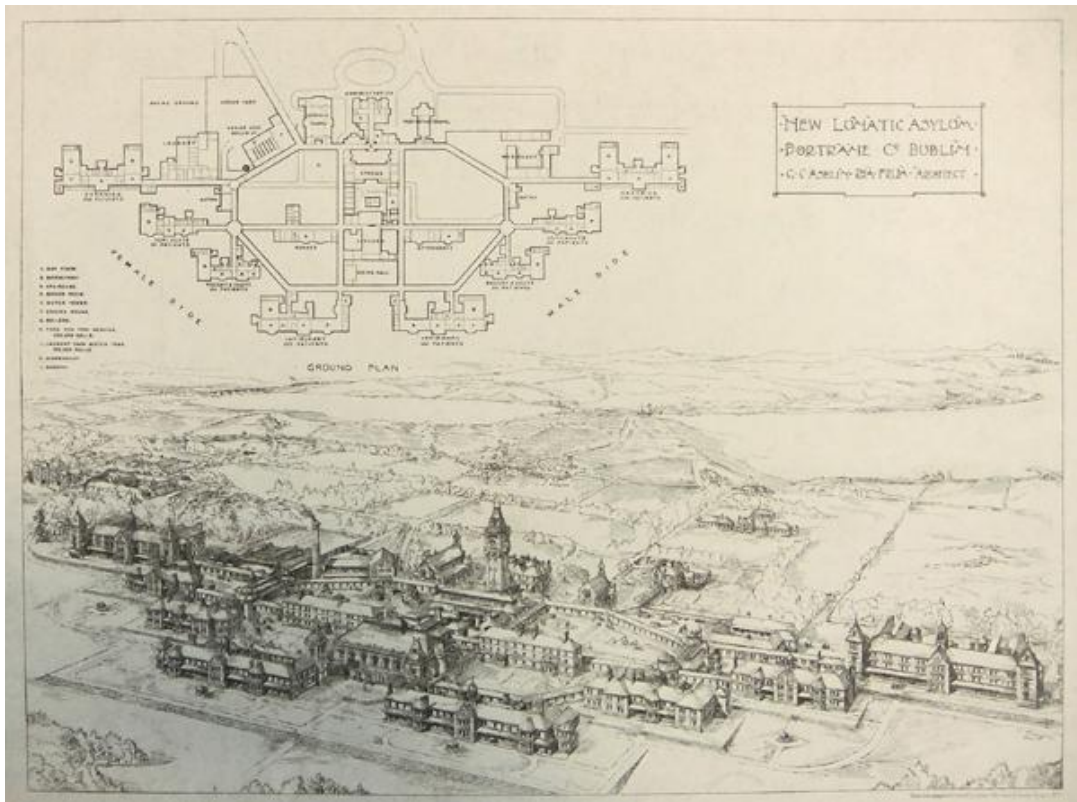


Figure 1.3 – Artist’s impression of Portrane Asylum and plan by George Coppinger Ashlin, *Building News*, 27 Apr. 1900.

A Buildings of Ireland survey described the architecture of Portrane asylum as:

... a new generation of asylums built on an echelon or broad-arrow plan, a formula first developed at Gloucester (1879). An octagonal corridor connects a series of independent pavilion buildings, allowing each of them a clear southerly view on the sea. This plan type has nothing to do with that of a prison – rather than locking up and throwing away the key, the health of a patient was to be achieved through the sensation of space and the opening towards nature. The symmetry of the plan is a familiar feature reflecting the then standard practice of institutional segregation of the sexes. A central Administration Block separated two zones designated as the female side and male side. Within each side the patients were further separated into four categories depending on the acuteness of their illness.¹⁶⁸

¹⁶⁸ *Saint Ita's Hospital, Portrane, County Dublin* (<http://www.buildingsofireland.ie>) accessed 14 June 2010; *Building News*, 27 Apr. 1900, p. 573; Reuber, 'The architecture of psychological management', pp 1179-89.

The coastal location of the new asylum echoed concerns about the outbreak of infectious diseases in the Richmond due to poor ventilation and overcrowded wards.¹⁶⁹ It was part of a much wider sanitation discourse occurring in Ireland in the late 1800s. Sea air, coming in off the coast at Portrane, was an efficient and inexpensive way to clean the air of the asylum on a daily basis, making the spread of disease less likely. The experience of high mortality rates in lunatic asylums and workhouses was discussed by authorities in the late 1890s showing awareness of the importance of good ventilation in purpose built mental health facilities.¹⁷⁰

Portrane was designed to accommodate 1,200 patients. The materials used to build the structure included slate from Antwerp and some bricks from the local Portmarnock Brick Company. The railway line between Dublin and Dundalk was significant to the establishment of Portrane asylum. A volume of bricks were made and transported to the new asylum site at Portrane from Dundalk brickworks in the 1890s.¹⁷¹ It is reasonable to assume that the direct connection between Louth and the Richmond made the commercial arrangement agreeable to all parties. The railway system made it logistically possible.

The new institution at Portrane alleviated pressure on accommodation in the Richmond in Dublin city. Patients from Louth were transferred to the new asylum, which made sense because it was closer to County Louth and meant that the city centre facility could be used primarily for patients from Dublin city and County Wicklow. The opening of the institution did not change the attitude of political representatives in County Louth with regard to separation from the Dublin district.

¹⁶⁹ *Freeman's Journal*, 6 Oct 1894, 'The Richmond Outbreak'; 'The thirty-ninth annual report of the commissioners in lunacy for Ireland' in *British Medical Journal*, ii, no. 1556 (1890), pp 980-1; 'Lunatic asylums, Ireland: annual report' in *British Medical Journal*, ii, no. 1660 (1892), p. 906; 'The increase of lunacy in Ireland' in *British Medical Journal*, i, no. 1690 (1893), p. 1086; 'Increase of lunatics in Ireland' in *British Medical Journal*, ii, no. 1708 (1893), p. 698.

¹⁷⁰ 'Medico-psychological association of Great Britain and Ireland' in *British Medical Journal*, ii, no. 1719 (1893), p. 1294; 'Medico-psychological association of Great Britain and Ireland' in *British Medical Journal*, i, no. 1748 (1894), pp 1434-5.

¹⁷¹ In conversation with Oliver Doyle, Secretary of the Irish Railway Record Society and retired schedule manager for Iarnród Éireann.

XVI

The experience for Louth Grand Jury in the nineteenth century in relation to institutional care for the mentally ill was difficult for a number of reasons. The jury were representatives of the ratepayers of Louth and had a responsibility to ensure that the collected rates were used for the economic benefit of the entire county. Throughout the nineteenth century, it was clear that the economic contribution to the Dublin institution did not have any economic benefit for the ratepayers of Louth. The jury was conscious that the care of patients from Louth was overshadowed by objectives of the board of governors which was biased in favour of Dublin city and county. The 1830 act had put the grand jury of the county in a difficult economic position because Dublin city and county had the largest population of patients. The Dublin district, compared to other lunatic asylum districts, was disproportionate in its population catchment and weighted against the Louth grand jury. In fact, Dublin city and county had the largest concentration of population compared to the rest of the country and should really have been allowed to establish as a separate district in the late 1800s, which would not include two much smaller counties: Louth and Wicklow.

The Louth Grand Jury was charged for patients in the Islandbridge facility from the 1850s onwards. They were also charged for any alterations or improvements made to the structures in Dublin. The expenditure was simply defrayed across all four districts, irrespective of whether or not those changes benefitted the patients from Louth or the ratepayers of the county.

The population imbalance was noticed by the inspectors of lunacy, in 1857, when they recommended that the metropolitan district should be divided and County Louth should have an asylum of its own in the northeast of the country.¹⁷² In the 1890s, the grand jury, represented by John Ribton Garstin, voiced their concerns with the board over the use of accommodation and expenditure in the asylum. The objections were ignored. When local government was established at the end of the century, the legacy of injustice was passed to a new breed of political representatives on the county and district councils.

¹⁷² *Report of the commission of inquiry into the state of lunatic asylums and other institutions for the custody and treatment of the insane in Ireland 1857*, H. C. 1858 (2436) xxvii, 159.

XVII

This chapter examined institutional reform in mental healthcare in Ireland between 1700 and 1898. Reform in the 1700s appeared in the prison system with small attempts made to segregate pauper insane inmates from the rest of the prison population. A small number of institutions for the insane, houses of industry and workhouses were established by the end of the century which had accommodation for pauper lunatics. It was not until the early 1800s that significant progress was made in establishing a system of district lunatic asylums for pauper insane. Central to institutional reform developing in an Irish mental health context was the series of meetings between notable politicians, including William Vesey Fitzgerald, John Leslie Foster and Thomas Spring Rice.

The committee meetings in 1817 highlighted the moral and political basis for the establishment of a network of institutions for pauper lunatics in the nineteenth century. The aim of early reformers was to force the government to respond to the needs of pauper lunatics in terms of institutional care and shelter. This had been achieved by 1870 with the establishment of district lunatic asylums across the four provinces including the central criminal asylum in Dundrum, County Dublin. Complementing the network of asylums was a substantial body of lunacy legislation designed to regulate the system of care and confinement over the course of the century.

In the nineteenth century the lunatic population of Ireland had been cared for in much improved conditions to those which prevailed in the eighteenth century but when the grand jury system was brought to a conclusion there was still a desire in County Louth for a separate institution for mentally ill patients to be established within its county boundaries. Therefore, institutional separation for County Louth from the Dublin district was an uncompleted objective of the grand jury when the Local Government (Ireland) Act (1898) was passed. The introduction of local government at the end of the century reinvented the opportunities for reform on a local level. The future of institutional mental healthcare in the twentieth century lay in the hands of local politicians and the communities they represented.

Chapter 2

The Local Government (Ireland) Act (1898): county councils and mental healthcare

... the powers and duties of the Inspectors of Lunatic Asylums should be transferred to the Local Government Board if lunacy administration in Ireland is to be rendered as satisfactory as that of England and Wales.¹

I

At the end of the nineteenth century, the Local Government (Ireland) Act (1898) embodied the ‘new beginning’ envisaged for the twentieth century. It was the most important piece of legislation to come into effect for the lunatic population because, among its many rulings, it had legislated for the future development of mental healthcare in Ireland. This act was significant because it gave responsibility for providing or improving health services, on a local level, to the locally elected representatives on the newly constituted county and district councils. The local government act opened up opportunities for membership on the county and district councils to a wider cohort of the population. This resulted in a wider spectrum of views linked by a common purpose to develop the political and economic landscape of County Louth on a local government level. The act created new avenues of negotiation and heralded a new era of reformers in County Louth who could challenge the Richmond board of governors on matters of economic and political importance to the ratepayers of the county.

Public mental healthcare was not developed through a ministry of health or department of health but through the local government system with elected representatives taking on the role of healthcare administrators in each county. This meant that the act was a mechanism for reinventing moral, political and economic justifications for institutional reform in mental healthcare from 1898 onwards. Louth County Council was the only example of how the local

¹ ‘Lunacy administration in Ireland’ in *British Medical Journal*, i, no. 1618 (1892), p. 26.

government act was instrumental in institutional reform and led to the establishment of a county mental hospital.

Louth County Council, the rural council in Ardee and urban councils in Dundalk and Drogheda (sanitary districts) worked alongside each other to ensure that the political, economic, social and cultural management of the county progressed in the first decades of the twentieth century. This chapter focuses on examining details of the local government act in relation to mental healthcare administration. The chapter also examines how the act of 1898 influenced the governance of district lunatic asylums, focusing on changes to the relationship between Louth County Council and the Richmond institution in Dublin.

II

The Local Government (Ireland) Act (1898) was introduced by the British government to improve the machinery of self-government modelled on the existing local government system in Britain.² The introduction of local government was also an attempt to calm social and agrarian unrest, and quell calls for home rule which had created tension between unionists and nationalists in the decades prior to 1898.³ Local government in Ireland was also viewed as a precursor to Home Rule.⁴ The act created a classless approach to Irish politics after 1898. It sanctioned the election of popular representatives on councils in each county and removed the political privileges of economically elite populations such as those from a Protestant, Unionist or more generally, wealthy landowner background.⁵ Harold O'Sullivan has argued that the introduction of popular representation on a local government level was reflected in the early leadership on Louth County Council and urban and rural councils.⁶ In doing so, the act gave room for the election of less economically or politically privileged Catholic or Protestant communities in the local government process. Reform on a political level was equal in

² 1898/37, *Local Government (Ireland) Act* (12 Aug. 1898).

³ *Freeman's Journal*, 15 Oct. 1894; *Belfast Monthly Newsletter*, 10 Feb. 1898. see Harold O'Sullivan, *History of local government in the county of Louth from earliest times to the present time* (Dublin, 2000); Peter Gray, *Famine, land and politics* (Ireland, 1999).

⁴ Harold O'Sullivan, *History of local government in the county of Louth from earliest times to the present time* (Dublin, 2000), p. 107.

⁵ *Ibid.*, pp 107-8.

⁶ *Ibid.*, pp 107-8.

significance to reform of public healthcare based on the interests of the electorate and the election of politicians who represented those interests in the local government system.

On a basic level, the 1898 act divided Ireland into thirty-three administrative counties: thirty-one counties, Dublin city and the county of Dublin. This was identical to the system of division used in England with each county forming a unit of local government and London divided into two units, the city of London and the borough of London. The division in Dublin or London was not created by the introduction of local government in either country but it was continued in the local government process. The significance of this division to the Richmond district asylum was that it continued to have four contributing districts after 1898. Dublin city and borough was not amalgamated into one administrative unit as a result of the introduction of local government. This meant that each of the thirty-three local government units were administrative boundaries with charges for patient care in institutions defrayed across the contributing districts in each asylum. Louth was still part of the Dublin district with regard to institutional care and the mentally ill were in treatment outside the county in either the Richmond or Portrane asylums. Until the 1898 act came into effect the:

... existing rules of the Lord Lieutenant in Council under the Lunatic Asylums Acts shall continue in force in every county and lunatic asylum district until the first regulations under this Act in respect of that county or district come into force, and upon any such regulations coming into force, the said rules shall cease as respects that county or district.⁷

The legislation referred to above was enacted in Ireland between 1821 and 1890 (Table 2.1). The table shows that the acts inherited by the local councils fell into three distinct categories, all of which were significant to institutional reform on a local level in County Louth. The first category provided for the establishment of institutions for the insane and included the 1821 and 1826 lunacy acts and criminal lunatic asylum act of 1845.⁸ The second category focused on regulation of institutional mental healthcare. The final category of lunacy laws inherited by the

⁷1898/37, *Local Government (Ireland) Act* (12 Aug. 1898)

⁸ *A bill to make more effectual provision for the establishment of asylums for the lunatic poor, and for the custody of insane persons charged with offences in Ireland 1821*, H.C. 1821 (358) iii, 1603; *A bill for the further amendment of an act of the first and second years of his present majesty, for the establishment of asylums for the lunatic poor in Ireland 1826*, H. C. 1826 (82) ii, 233; 8 & 9 Vict. c. 107, *Central Criminal Lunatic Asylum (Ireland) Act*.

county councils involved the financial regulation of district asylums and the staff who worked in them including superannuation, salaries and pensions. All three categories of lunacy laws provided a blueprint for institutional reform to county councils at the end of the nineteenth century.

Table 2.1 - Lunacy laws included in part II of Local Government Act (1898)

Lunacy (Ireland) Act, 1821	1 & 2 Geo. IV, c. 33.
Lunacy (Ireland) Act, 1826	7 Geo. IV, c. 14.
Central Criminal Lunatic Asylum (Ireland) Act, 1845	8 & 9 Vict. c. 107.
Lunatic Asylums (Ireland) Act, 1846	9 & 10 Vict. c. 115.
Lunatic Asylums Repayment of Advances (Ireland) Act, 1855	18 & 19 Vict. c. 109.
Lunacy (Ireland) Act, 1867	30 & 31 Vict. c. 118.
Lunatic Asylums (Ireland) Accounts Audit Act, 1868	31 & 32 Vict. c. 97.
Lunatic Asylums (Ireland) Act, 1875	38 & 39 Vict. c. 67.
Pauper Lunatic Asylums (Ireland) (Superannuation) Act, 1890	53 & 54 Vict. c. 31.

Source: 1898/37, *Local Government (Ireland) Act* (12 Aug. 1898)

The nineteenth-century lunacy acts allowed for the establishment of lunatic asylums in all four provinces of Ireland under the direction of the lord lieutenant. Institutional reform created a connection between the lord lieutenant, Privy Council and inspectors of lunatic asylums in the nineteenth century. The relationship between local and national authorities with regard to mental healthcare remained equally important in the first years of local government in Ireland. The local government act changed the balance of power to county councils and asylum boards but with continued regulation by the office of the lord lieutenant of Ireland. The act stated that:

The county council, through the said committee, may, and if required by the Lord Lieutenant shall, make regulations respecting the government and management of every lunatic asylum for their county, and the admission, detention, and discharge of lunatics.⁹

The arrangements between Louth and the Richmond board following the 1898 act changed because it gave absolute power to Louth County Council and the urban and rural councils in relation to the quality of care received by patients from the county in the Dublin institution. Previously, the board of the Richmond was not accountable to popularly elected representatives in Louth. It was accountable to representatives from Louth who were members of the grand jury which was a much less democratic political system. Members of a grand jury included wealthy landowners and in County Louth the most vocal member of the jury was John Ribton Garstin who sat on the board of the Richmond institution. Garstin was unable to force the board of the institution to listen to the issues concerning authorities in Louth. Louth County Council and the sanitary district councils had a much more united voice which could make the Richmond board listen to their demands for fairer financial arrangements and better quality patient care in the institution from 1898 onwards.

On a local level, Louth County Council was given particular responsibilities with regard to mental healthcare in the Dublin facility. For example, the act stipulated that:

The county council through the said committee shall properly manage and maintain every lunatic asylum for their county; and subject to the provision of this Act, may appoint and remove the officers of the asylum, and regulate the expenditure; and the powers, under the Lunatic Asylums Acts, of the Lord Lieutenant or the inspectors of lunatics, as to those matters, and as to lands and buildings, and as to the appointment of governors or directors, shall cease, and also the Board of Control for lunatic asylums shall be abolished.¹⁰

The ‘said committee’ mentioned above related to asylum committees such as in the Richmond district. The local government act changed the title ‘asylum board’ to ‘joint committee.’ Other

⁹ 1898/37, *Local Government (Ireland) Act* (12 Aug. 1898), part v, no. 6.

¹⁰ *Ibid.*, part v, no. 5.

notable changes occurred as a result of the introduction of local government including the development of a political and economic relationship between the county councils and district councils. A link was made between Louth County Council and the district councils in relation to reform of mental healthcare.

III

After 1898, the district councils in each county performed the duties of the original poor law guardians which were formed in 1838 with the introduction of poor law unions and the establishment of a system of workhouses across Ireland.¹¹ The district councils included members of the boards of guardians from the pre-1898 period, if those members had no objection in continuing their role in collecting poor rates and improving or maintaining welfare services in their district.

County Louth had three separate poor law unions in the nineteenth century: Ardee, Drogheda and Dundalk. A workhouse was established in each union under the auspices of the poor law commissioners in the early 1840s.¹² The workhouse in Ardee was on John Street and opened in 1842. The role of the poor law guardians was to ensure that rates were collected by local landowners to partly cover the expense of running the workhouses. The rates were called poor rates. The local rates were collected in County Louth over the course of the 1800s and had been used to pay for accommodation in the Dublin institution.

From 1898 onwards, Louth County Council had the power to negotiate with the district council in Ardee, Dundalk or Drogheda to organise a takeover of the union workhouse for the purposes of a lunatic asylum. The Local Government Board could receive an application from a county council, and with ‘communication with the guardians concerned’ amalgamate poor law premises and allow the council to place a workhouse at its disposal for a lunatic asylum.¹³ This

¹¹ Virginia Crossman, *The poor law in Ireland 1838-1948* (Dundalk, 2006); 1898/37, *Local Government (Ireland) Act* (12 Aug. 1898), part i, (constitution no. 1).

¹² Joseph Dolan, ‘Notes on Ardee, County Louth’ in *Journal of the Royal Society of Antiquaries of Ireland*, xxxviii, no. 3 (1908), pp 205-14; Susan Mullaney, ‘Poor law relief in late nineteenth-century County Louth: a social and economic analysis’ in *Journal of the County Louth Archaeological and Historical Society*, xxvi, no. 4 (2008), pp 599-608.

¹³ 1898/37, *Local Government (Ireland) Act* (12 Aug. 1898), part v, no. 50, (supplemental: as to the powers of county and district councils).

was the first example in the local government act that Louth County Council could, if sanctioned by the Local Government Board, take over one of the union workhouses in the county and use the building as an auxiliary lunatic asylum managed and maintained by the council through the collected rates. Until this section of the 1898 local government act, local authorities did not have the power to organise institutional reform in mental healthcare on a local level. Once County Louth was made part of the Dublin district in 1830, as a result of the Richmond District Lunatic Asylum Act, the primary place for mental healthcare for patients from County Louth had to be provided in the Dublin institution. The conversion of a workhouse was a new pathway for institutional reform on a local level after 1898.

In time, Louth County Council and the district council in Ardee responded to the section of the act that gave room to take over a union workhouse. In the early twentieth century, the argument was used to make an application to the Local Government Board for separation from the Richmond institution and to establish a local facility for harmless incurable lunatics. The council had the power:

Either by the exercise of their powers under this Act, or by taking over any workhouse for the purpose, provide an auxiliary lunatic asylum for the reception of chronic lunatics who, not being dangerous to themselves or others, are certified by the resident medical superintendent of an asylum of such council not to require special care and treatment in a fully equipped lunatic asylum ...¹⁴

Therefore, Louth County Council had a responsibility to provide appropriate facilities for chronic and harmless lunatics.¹⁵ Harmless lunatics were patients not held in an asylum under the Dangerous Lunatic Acts or Criminal Lunatics Acts. In many ways, the transfer of authority to Louth County Council offered a moral justification for the establishment of a local facility specifically for incurable lunatics. The distinction between curable and incurable lunatics, as stated in the act, meant that the facility in Louth would not have to provide ‘special care and treatment in a fully equipped lunatic asylum’ so a re-furbished union workhouse could be used for the non-specialised care of incurable lunatics. The Richmond governors were interested in removing chronic lunatics from the facility so it was not improbable that the committee would

¹⁴ Ibid., part v, no. 50, (supplemental: as to the powers of county and district councils).

¹⁵ Ibid., part iv, (as to the powers of county and district councils), no. 46, 50.

be agreeable to the removal of incurable lunatics from County Louth from the Dublin facility at the turn of the twentieth century.¹⁶

Morally, the existence of large districts was not conducive to patient well being and overcrowded conditions led to poor healthcare practices and low recovery rates among the patient population.¹⁷ County Louth was an example of being part of a much larger district and the Richmond was the largest institution on the island of Ireland based on patient volume.¹⁸ The moral issues with large overcrowded facilities had been highlighted over successive decades in the lead up to the introduction of local government in 1898. The 1857 report of the commissioners of lunacy suggested separation of the Dublin district and the establishment of a facility somewhere in the north east of the country, preferably in County Louth.

IV

The act provided economic grounds for separation from the Dublin district. In the first instance, the act defined the financial relationship between county councils and district lunatic asylum committees:

There shall be transferred to the council, acting through that committee, the business of the governors and directors of the asylum under the Lunatic Asylums Acts, and the committee, subject to the general control of the council as respects finance, may act without their acts being confirmed by the council.¹⁹

The section highlighted an increase in economic power for county councils through the local government process. For example, each county had to pay the cost for care of patients in a district asylum. The collected rates were used to pay for patient care in an institution. After 1898, the asylum committee was subject to the control of the county councils with respect to finances. Therefore, Louth County Council had more authority, after 1898, to challenge the expenditure in the Richmond and bring their concerns to the attention of the Local Government

¹⁶ 'Boarding out of lunatics in Ireland' in *British Medical Journal*, i, no. 1942 (1898), pp 778-9.

¹⁷ T. S. Clouston, *The neuroses of development* (London, 1890); T. S. Clouston, *Contributions to the study of insanity and its treatment* (London, 1891); 'Increase of lunatics in Ireland' in *British Medical Journal*, ii, no. 1708 (1893), p. 698; 'Irish pauper lunatics' in *British Medical Journal*, ii, no. 1868 (1896), p. 1175.

¹⁸ *Report on district, local and private lunatic asylums in Ireland 1898*, H. C. 1898 [C.8969] xliii, 491; *Report on district, local and private lunatic asylums in Ireland 1899*, H. C. 1899 [C.9479] xxxix, 1.

¹⁹ 1898/37, *Local Government (Ireland) Act* (12 Aug. 1898), part v, no. 3.

Board. Louth County Council was also in a better position to argue for the establishment of a local facility with both the Richmond authorities and Local Government Board using the rising cost to the local rates as an economic justification for separation from the Dublin district.

In the first decades of the twentieth century, the rating authority of Louth County Council became integral to the reform of mental healthcare in the county and the establishment of the mental hospital in Ardee. The county council held most of the power in relation to local rates as a result of the 1898 act because the council had both spending and rating authority. This meant that the council could set the rates for the entire county and spend the rates.²⁰ By comparison, rural and urban councils did not have rating authority but they did have spending authority. This meant that the district councils could spend the collected rates in their respective districts but they could not raise or lower the rates.²¹ The 1898 act was important in this regard because it highlighted the connection between local rates and payment for mental healthcare in institutions outside the county in the emerging local government system.

For Louth County Council, the economic injustice of previous years was highlighted by Louth representatives on numerous occasions.²² The political justification for separation from the Dublin institution was heavily connected to the economics of mental healthcare after 1898. The act did not create an entirely new system of governance for mental healthcare in Ireland but rather it created a direct line of communication between county councils and asylum committees and, therefore, between governors of asylums and popularly elected politicians.

Any officer from County Louth sitting on the Richmond joint committee was representing Louth County Council and the council communicated with the committee through the officer and vice versa. The county councils could intervene in committee decisions with respect to financing of a district asylum when the council was one of the contributing districts. Section

²⁰ John Horgan, *The development of local government in Ireland* (Dublin, 1945), p. 424. (available at http://www.tara.tcd.ie/bitstream/2262/5713/1/jssisiVolXVII423_437.pdf) (10 June 2010).

²¹ *Ibid.*

²² John Ribton Garstin, *Memorandum as to the terms on which government loans are made for public works in Ireland, and particularly for the building etc., of lunatic asylums: ... submitted ... to the royal commission ... 1895* (Dublin, 1895).

forty-two of the act outlined the responsibilities of councils in relation to licences and local grants:

... to each county council who satisfy the Lord Lieutenant that they have fulfilled their duty with respect to accommodation and buildings for lunatic poor and that their lunatic asylum is well managed and in good order and condition, and the lunatics therein properly maintained and cared for, sums at the rate of each lunatic in the asylum for whom the net charge is upon the council is equal to or exceeds four shillings a week throughout the period of maintenance for which the sum is calculated, of one-half of the net charge, or four shillings a week, whichever is least.²³

This section is pertinent to arrangements between the Richmond and Louth authorities with regard to payment of patients from Louth in the Dublin institution. The charges imposed by the Richmond on Louth authorities in the 1890s had been a source of tension. In particular, Louth was paying for accommodation which was not used for patients from Louth but for patients from Dublin city and borough as highlighted by Garstin. However, the 1898 act gave room to Louth authorities to use the Local Government Board to settle disputes with the Richmond committee. The act also highlighted that if disputes were not able to be settled that Louth County Council could simply apply for separation from the district asylum, establish a local facility and maintain it with funds taken from the local taxation account. The opportunities and justification for institutional reform in mental healthcare on a local level in County Louth were enshrined in the local government act.

For example, each county council was expected to have representation on district asylum committees which meant that counties Louth and Wicklow had to have a representative on the joint committee of the Richmond. The representation was proportioned to the contribution of each council based on the expenses incurred by those counties within the institution.²⁴ Louth was actually entitled to more than one representative based on the number of patients from Louth accommodated in the Dublin institution in the 1890s (Table 2.2).

²³ 1898/37, *Local Government (Ireland) Act* (12 Aug. 1898), Section 42/ 2(c)

²⁴ *Return showing in respect of each asylum district in Ireland for each of the last twenty-one years, 1882 to 1902 inclusive, the contribution towards the provision of district asylums and the maintenance of lunatics in asylums and giving details of charges 1903*, H. C. 1903 (199) lix, 455.

Table 2.2 - Richmond patient statistics, 1892-98

Year ended 31 March	City of Dublin	County Dublin	County Wicklow	County Louth
1892	817	329	118	129
1895	881	357	131	145
1898	1,088	417	158	189

Source: *Report of the Richmond joint committee, 1892-1922* (includes Portrane after 1895) (LCC/HPA/023/039); *Finance committee records for Richmond and Portrane* (Grangegorman after 1925) 1914-41 (LCC/ADM/006/121).

The patient statistics from the Richmond showed the level of contribution made by Dublin city and borough in the institution compared with County Louth and County Wicklow. Based on the number of patients in the institution in 1892, 1895 and 1898, Louth contributed 9.2%, 9.5% and 10.2% respectively of the entire patient population. This meant that, even on the most basic level, County Louth was entitled to have at least two representatives on the Richmond board. Dublin city and borough covered between 80-82% of the patient total over this period so representation on the board should have been approximately twenty-eight members not thirty-one. As it stood in the 1890s, neither Louth nor Wicklow had strong representation in the Dublin institution. The act in 1898 highlighted this discrepancy in the representational relationship for Louth and Wicklow on the Richmond board which centred on the financial contribution of each district according to the amount of accommodation required in the institution. Part five of the act stipulated that:

Where a district for a lunatic asylum comprises two or more counties, this section shall apply with the necessary modifications to those counties and to the councils thereof: and the expenses shall be defrayed by the several counties in proportion to the number of lunatics from each county according to the average of the three local financial years which ended next before the last triennial election of county councillors.²⁵

²⁵ 1898/37, *Local Government (Ireland) Act* (12 Aug. 1898), part v, no. 4.

The details of the 1898 act were important for County Louth's political representatives in the following years because local government bodies were quickly populated by members of the community elected by the ratepayers. Politicians had a duty to act in the best interest of their communities and ensure that the political and economic relationship with institutions outside the county was fair.

The 1898 act changed which government agency was bargaining with the Richmond board for better treatment of patients from County Louth. It was also important that the ratepayers of the county had their rates used in the best and most beneficial way. With the transfer of power to the county council in Louth, the local government act became both an instrument of self-government on a local level and was instrumental in the development of mental healthcare regulated by administrative and professional guidelines.

V

The act changed the professional status of staff in institutions for the insane and union workhouses. In particular, it regulated the payment of salaries and put in place an expectation that only qualified officers and nursing staff would be allowed to work in institutions for the insane changing the professional ethos of district asylums and union workhouses at the turn of the twentieth century. The reason the training level of staff in workhouses was equally important in this period was because a considerable amount of the inmates of union workhouses were diagnosed with some form of mental illness.²⁶ Authorities in healthcare noted that the:

... want of properly trained nurses, male and female, who understand the care and requirements and the protection of these poor unfortunates is a crying want in Irish workhouses, and the Medico-Psychological Association has been appealed to strengthen the hands of those who are alive to the urgent requirements of these institutions.²⁷

²⁶ *Report on district, local and private lunatic asylums in Ireland 1871*, H. C. 1871 [C.440] xxvi, 427; *Report on district, local and private lunatic asylums in Ireland 1898*, H. C. 1898 [C.8969] xliii, 491; 'Lunatic asylums, Ireland: annual report' in *British Medical Journal*, ii, no. 1660 (1892), p. 906; 'A retrospect of the Irish poor-law dispensary, lunatic asylum, and workhouse systems' in *British Medical Journal*, i, no. 2193 (1903), pp 106-7.

²⁷ 'Medico-psychological association of Great Britain and Ireland' in *British Medical Journal*, i, no. 1748 (1894), pp 1434-5.

In the local government act, particular changes were outlined to meet a growing demand for qualified nurses in institutions which had a population of insane.²⁸ The act stipulated that qualified nurses were to be paid one-half of their salary from the local taxation account. This meant that salaries were paid regularly and in line with local government regulations. It also meant that the county councils were connected to the development of professionalism in mental health care in Ireland after 1898. The change in the regulation of salaries in this period echoed the British government attempt at regulating the prison system in the eighteenth century in order to stop abuse of prisoners by keepers of prisons and bridewells.²⁹ Nearly two hundred years later, the 1898 act renewed this type of reform by focussing on the level of training of staff in institutions for the insane and linking it to the payment of salaries and quality of care received by patients. The newly appointed councils had a responsibility to:

... appoint for each lunatic asylum a resident medical superintendant and at least one assistant medical officer; and may appoint such other officers as they consider necessary; and every officer so appointed shall perform such duties and be paid such remuneration as the council may assign to him.³⁰

The act stated that ‘every resident medical superintendant shall be a legally qualified medical practitioner of not less than seven years standing, and shall have had experience in the treatment of the insane ...’³¹ The significance of this is that it started to medicalise insanity, moving the system of care away from lay superintendents to qualified professionals. Nurses and attendants in health and social welfare institutions were expected to obtain a recognised certificate of proficiency from the Royal Medico-Psychological Association in nursing.³²

It is noteworthy that the professional ethos of caring for the mentally ill, after 1898, developed primarily through the local government system and not, as one might expect, through the governors and medical superintendants in institutions. The act showed that locally elected

²⁸ 1898/37, *Local Government (Ireland) Act* (12 Aug. 1898), section 58 (provision for qualified nurses).

²⁹ Joseph Starr, *Prison reform*, p. 22.

³⁰ 1898/37, *Local Government (Ireland) Act* (12 Aug. 1898), part v, no. 52 (1) (2) (supplemental officers).

³¹ *Ibid.*

³² R. R. Leeper and J. G. Macneece, ‘Reports on medical and surgical practice in the hospitals and asylums of Great Britain, Ireland and the colonies’ in *British Medical Journal*, ii, no. 1871 (1896), pp 1382-4; 1898/37, *Local Government (Ireland) Act* (12 Aug. 1898).

politicians, who were not healthcare professionals, had the responsibility to employ trained and qualified medical superintendants and auxiliary staff. The relationship between the local government act and institutions for the insane meant that the haphazard approach experienced in the nineteenth century quickly changed with the introduction of local government and establishment of county and district councils. The employment of attendants and nurses with intelligence and humane feeling was vital to the improvement of conditions and treatment of the insane in existing institutions.³³ Properly trained nurses who worked with the mentally ill raised the status of insane institutions from the mere custody of patients to hospitals with emphasis on recovery.

This was a progressive step in terms of institutional mental healthcare at the end of the nineteenth century. Local politicians did not have to have any training in mental healthcare. They merely regulated the employment of staff and raised the professional standard of institutions. Therefore, local authorities became an integral part of the reform process without having their decisions overcomplicated by having to understand mental illness or the various categories of patients in institutions. Councillors could improve institutional care using an administrative and practical approach, without their judgement being clouded by the complexities of mental diseases and how to treat various forms of mental illness. In this way, Louth County Council had an objective view of institutional care at the turn of the twentieth century. The county and district councils were responsible for the quality of care received by patients in the Dublin institution and based progress in the treatment of insanity on the professional status of the staff employed in the system. When they received reports of overcrowding and unsanitary conditions, this gave them a political and moral obligation to reform the system of care in the best way possible for patients from Louth.

VI

A number of key statistics show that mental healthcare was a challenge, at the end of the nineteenth century and beginning of the twentieth century. Reports from asylums discussed an increasing patient population and an increase in physical illnesses in institutions for the insane.

³³ 'Insanity in Ireland' in *British Medical Journal*, ii, no. 2027 (1899), p. 1310; 'Insanity in Ireland' in *British Medical Journal*, ii, no. 2077 (1900), pp 1200-1; 'Lunacy in Ireland' in *British Medical Journal*, ii, no. 2133 (1901), pp 1477-8.

Death from disease, overcrowding and unsanitary conditions was a problem.³⁴ The total number of deaths in 1899 was 1,132 across the district asylum system. Of the total, 321 were as a result of consumption (Tuberculosis).³⁵ In the Richmond 54 inmates died from consumption in 1899, 2 from a beri-beri outbreak and 1 patient died from diarrhoea, dysentery and enteric (also called typhoid).³⁶ Dysentery, diarrhoea and enteric were recorded at Portrane asylum.³⁷

In 1901 the records also showed that there was an increase in zymotic diseases (infectious maladies) in district lunatic asylums.³⁸ Zymotic diseases were infectious diseases such as dysentery and typhoid. The Richmond recorded 24 cases of dysentery of which four were fatal, 42 cases of diarrhoea, 8 cases of erysipelas, 3 with scarlatina, 8 with influenza, 60 with enteric (typhoid fever) of which 7 were fatal cases and 4 inmates had beri-beri. On a wider scale, most of the district asylums, in 1901, had patients with infectious diseases. The only district asylums which were unaffected by zymotic diseases in 1901 were Antrim, Armagh and Castlebar.³⁹

The rise in patient numbers was recorded in the census of 1901. The number of lunatics increased over fifty years from just over 10,000 (according to the inspectors report from the 1850s) to over 25,000 in the 1901 census.⁴⁰ In response to overcrowding, a number of asylum committees planned to expand their facilities but it was proving difficult for county councils.

Monaghan and Sligo councils failed in their representations to the Local Government Board to expand accommodation. Their representations were based on the provisions in the local government act which gave county councils an opportunity to take over a union workhouse for the purposes of an auxiliary asylum. Monaghan County Council was refused permission to expand their facilities by the Local Government Board due to the projected costs of the work.⁴¹

³⁴ 'Report of the inspectors of lunatics in Ireland' in *British Medical Journal*, Vol. 2, No. 2187 (29 Nov. 1902), p. 1737.

³⁵ *Ibid.*

³⁶ *Ibid.*

³⁷ *Ibid.*

³⁸ 'Lunacy in Ireland' in *British Medical Journal*, ii, no. 2133 (1901), pp 1477-8.

³⁹ *Ibid.*

⁴⁰ 'Report of the inspectors of lunatics in Ireland' in *British Medical Journal*, Vol. 2, No. 2187 (29 Nov. 1902), p. 1737.

⁴¹ Charles Eason, 'Report of the Irish poor law commission' in *Journal of the Statistical and Social Inquiry Society of Ireland*, xiv, no. 5 (1927/28), pp 17-43.

Cavan County Council made representations to the Local Government Board and the Monaghan asylum joint committee to separate from the Monaghan district and establish an auxiliary asylum in the county by taking over a union workhouse in the county. Their representations also failed.⁴² In the early twentieth century, no workhouse had been converted into an auxiliary asylum as a result of the local government act.⁴³

Although the local government act (1898) gave room for county councils to reform mental health services, in particular institutional care for the mentally ill, no county council had been able to establish an auxiliary asylum under the terms of the act while the Local Government Board was in place. In due course, Louth County Council became the only successful application for separation from a district lunatic asylum and the establishment of a mental health institution as a result of the development of local government. However, separation from the Dublin institution was not achieved through the arrangements with the Local Government Board. Separation was achieved after 1922 when Louth County Council, like other councils, was under the management of the Local Government Department. After 1922, Louth councillors engaged directly with the ministers for local government in the Free State government with regard to separating from the Dublin district.

At the centre of making an argument for separating from the Richmond asylum in Dublin was the increasing costs to the ratepayers of Louth. Between 1882 and 1902, the cost to the rates for the contributing districts in the Dublin institutions increased from £19,776 8s 5d to £75,056 18s 9d (Table 2.3).⁴⁴

⁴² Ibid.

⁴³ Ibid.

⁴⁴ *Return showing in respect of each asylum district in Ireland for each of the last twenty-one years, 1882 to 1902 inclusive, the contribution towards the provision of district asylums and the maintenance of lunatics in asylums and giving details of charges 1903*, p. 23, H. C. 1903 (199) lix, 455.

Table 2.3- Cost of maintaining patients in the Richmond Lunatic Asylum, 1882-1902

Richmond District Asylum (including Portrane from 1895)			
Year	Total expenditure £ s. d	Parliamentary grant £ s. d	Cost to rates £ s. d
1882	£31,200 7s 6d	£10,452 0s 0d	£19,776 8s 5d
1883	£29,521 10s 0d	£10,687 12s 0d	£20,959 15s 2d
1884	£30,962 6s 1d	£10,678 16s 0d	£23,593 17s 2d
1885	£29,317 16s 7d	£10,859 0s 0d	£14,737 18s 0d
1886	£31,360 17s 2d	£10,801 16s 0d	£15,674 15s 11d
1887	£29,355 0s 5d	£10,902 8s 0d	£17,155 5s 9d
1888	£32,560 3s 7d	£11,543 16s 0d	£16,076 6s 4d
1889	£32,087 0s 3d	£12,278 4s 0d	£15,692 2s 0d
1890	£35,767 19s 11d	£13,119 0s 0d	£20,687 7s 0d
1891	£34,768 14s 6d	£13,471 3s 5d	£29,522 9s 7d
1892	£38,281 12s 8d	£14,122 14s 3d	£23,644 3s 7d
1893	£37,052 10s 2d	£14,656 5s 9d	£20,684 13s 6d
1894	£43,638 17s 5d	£14,916 5s 8d	£25,017 15s 3d
1895	£51,596 8s 10d	£15,233 4s 3d	£32,259 4s 8d
1896	£52,321 11s 7d	£15,879 2s 1d	£35,155 0s 10d
1897	£55,720 15s 5d	£17,200 13s 7d	£40,024 15s 7d
1898	£63,108 18s 3d	£18,574 16s 0d	£39,391 12s 2d
1899-31 March	£24,031 0s 7d	-	£20,814 8s 1d
1899-1900	£64,772 11s 2d	£20,011 7s 10d	£46,611 7s 1d
1900-01	£97,366 18s 11d	£21,775 1s 0d	£57,873 6s 10d
1901-02	£88,256 18s 9d	£22,696 5s 1d	£75,056 18s 9d
Compiled by L. Butterly (2013) from parliamentary papers and reports, 1882-1902			

Between 1905 and 1919, the justification for reform of mental healthcare on a local level grew. It appeared in a range of political and economic contexts, including the purchase of the Ruxton estate in Ardee by 1922.

VII

This chapter examined the Local Government (Ireland) Act (1898) in the context of reform of mental healthcare in Ireland. The act made Louth County Council the central form of government on a local level, supported by the urban and rural councils. It also detailed the relationship between county councils and the administration of district lunatic asylums. Louth County Council had a direct relationship with the Richmond asylum governors from 1898 onwards. The Local Government Board acted as an overarching agency with the authority to allow Louth County Council to separate from the Dublin institution and establish an auxiliary asylum within the administrative borders of Louth. As a result, Louth County Council could make an application to the Local Government Board to take over a union workhouse in Dundalk, Drogheda or Ardee for use as an auxiliary asylum for harmless chronic lunatics who did not require specialised treatment.

The Local Government (Ireland) Act (1898) marked a change in the administration of Ireland through the development of county councils but it also signified a change in the governance and financing of district asylums. Therefore, the board of the Richmond asylum had direct communication with Louth County Council with regard to finances and progress in the institution from 1898 onwards. A significant part of the act was that it started the process to medicalise insanity and ensured that asylum authorities employed properly trained superintendents and nursing staff. The professionalisation of mental health institutions developed through the local government system and had an impact on the relationship between the Richmond and County Louth authorities because the council expected a high standard of care for patients from the area in the Dublin institution. In the first decades of the twentieth century, a significant amount of groundwork was laid for institutional reform in mental healthcare in County Louth.

Chapter 3

Local government and mental healthcare in County Louth, 1905-19

I

Progress was made between 1905 and 1919 in laying the foundation for reform in mental healthcare for County Louth. The local government act detailed the machinery of government on a local level and elected representatives on county and district councils were made the architects of institutional mental healthcare in twentieth-century Ireland. Progress in the local government system in Louth was achieved in a variety of ways, including the purchase of estates as a result of land acts, the most recent being the Wyndham Land (Purchase) Act (1903). The efforts of local politicians with regard to land purchase in the county led to the purchase of the Ruxton estate in Ardee. Part of the estate was eventually used as the location for the Ardee Mental Hospital which was a unique outcome of land purchase in this period, not just in County Louth but Ireland. In the 1910s, the purchase of the estate was part of a wider economic conversation with regard to healthcare administration and separation from Dublin institutions including the Peamount facility.

This chapter also examines the rise of notable individuals who came to the fore in the local government system such as Thomas McGahon, William Doran, Peter Hughes, Patrick McGee and James McGee. They made considerable efforts to develop the economic and political landscape of the county for the benefit of the entire population. Their efforts in the period were characterised by the interconnectivity of political and economic discourses on a local level which justified the improvement of public healthcare in the county.

II

Popular representation in the local government system started with the introduction of the 1898 Local Government Act. The act transferred the practical duties and responsibilities of the grand jury to newly formed councils. It also gave elected politicians a responsibility to act in the best

interests of the ratepayers. Politicians in County Louth were not complacent in this regard and used the local government system to further their political careers in the process of political and economic development in the first decades of the twentieth century. They grasped the opportunities that became available to them in the local government system. The election of certain individuals to the council and district councils created a new generation of reformers in mental healthcare. Local politicians such as Thomas McGahon, William Doran, Peter Hughes, Patrick McGee and James McGee were comparable to earlier examples of reformers in the nineteenth century such as William Vesey Fitzgerald, John Leslie Foster and Thomas Spring Rice. Similar to the institutional transformation achieved by politicians between 1817 and 1870, the establishment of the Ardee Mental Hospital was the result of efforts by local reformers who had knowledge of existing services offered to the mentally ill from County Louth in the Dublin institution.

Based on the reports from the Richmond and Portrane asylums in the late nineteenth and early twentieth century, mental health authorities faced difficult challenges in existing institutions caused by an increased patient population which led to overcrowded conditions. Consequently, there was a rise in physical illnesses and, in particular, a greater impact of infectious diseases among the mentally ill patients in the overcrowded conditions.¹ Patients in the Dublin district were affected by these issues and, therefore, Louth County Council and the rural and urban councillors had grounds to argue for a better quality of care for patients from Louth in the Dublin institution. The improvement of services depended on the dedication and innovation of local reformers who were elected to prominent positions in the local government system between 1905 and 1919.

Thomas Fitzgerald McGahon (1868-1941) became a major political force in the discussions which occurred on a local level regarding the separation issue between Louth County Council and the Dublin district asylum. He was a native of Dundalk and started his journalism career in the *Dundalk Democrat* under the tutelage of the owner and editor Thomas Roe. McGahon came

¹ *Report on district, local and private lunatic asylums in Ireland 1898*, H. C. 1898 [C.8969] xliii, 491; *Report on district, local and private lunatic asylums in Ireland 1899*, H. C. 1899 [C.9479] xxxix, 1; *Poor relief (Ireland) 1900*, H. C. 1900 (261) iv, 167; *Fifty-second report of inspectors of lunatics (Ireland) with appendices 1902*, H. C. 1903 [Cd. 1762] xxvii, 515; *Fifty-fifth report of the inspectors of lunatics (Ireland) with appendices 1905*, H. C. 1906 [Cd. 3164] xxxix, 103.

from a Catholic background and was an articulate individual. In 1905, McGahon was elected to Dundalk urban council. Harold O'Sullivan has argued that McGahon was a polemical political figure who supported John Redmond and Home Rule but was opposed to the election of Sinn Fein members on the local council. In the aftermath of the Anglo-Irish Treaty, McGahon believed that the political machinations of Sinn Fein in the local government system 'copper-fastened partition' between the north and south of Ireland.² McGahon's career in local politics in the first decades of the twentieth century was guided by his sense of civic duty. He believed that local government should be non-partisan in order to develop the economic and political landscape of the county.³ In the 1908 elections, McGahon was re-elected to Dundalk urban council to continue his work for the ratepayers of the district.

In 1908, William Doran of Clonkeen was elected to the county council. In 1911, he was elected vice-chairman of Louth County Council. Doran was representative of Protestant members of Louth County Council. Protestants in the local government system came predominantly from two standpoints, either Nationalist or supporters of the Nationalist cause.⁴ Doran was Methodist and lived in Clonkeen, County Louth.⁵ He was a supporter of Home Rule and a Redmondite Nationalist. Between 1913 and 1918 Doran was re-elected to the county council. However, due to his fervent dedication to John Redmond and Home Rule in Ireland, he enlisted in the British army and left Ireland to fight in World War One in 1914. He initially resigned his position on the council but his resignation was not accepted by the other members. They agreed to keep his position as chairman open until his return from Europe. In 1918, Doran returned from the war but decided to resign from the council permanently.

In 1911, Peter Hughes was made chairman of the council. In the period between 1898 and 1930, Louth council had two politicians named Peter Hughes. The first Peter Hughes was a member of the board of guardians before the introduction of local government. He sided with the Parnellite fraction of the National League and was an experienced local politician.⁶ He was the first

² Harold O' Sullivan, *History of local government in the county of Louth from earliest times to the present time* (Dublin, 2000), p. 108.

³ *Ibid.*, p. 129.

⁴ *Ibid.*, p. 108.

⁵ Census of Ireland, 1911, William Doran, Clonkeen, County Louth (NAI).

⁶ O' Sullivan, *History of local government*, p. 123.

chairman of Louth County Council after the introduction of the local government system in 1899. Peter Hughes died in 1913 but was instrumental in the development of local government in County Louth throughout his career.⁷

Another local politician was also named Peter Hughes. He came to local political recognition in the 1905 election. He was elected to Dundalk urban council and was later made a Minister for the Free State government by William T. Cosgrave (made Minister for Defence by Cosgrave). He retired from public life in 1927 but continued to have influence in both local and national progress.⁸ For instance, he was made the director of the Hospital Trust in 1931 and worked closely with Vincent Kelly, the leading Irish architect, to develop the Irish hospital landscape in the 1930s.

In 1912, Joseph O'Reilly, a member of the county council, pointed out that it was 'advisable to express an opinion on the proposal of the council to establish an auxiliary asylum' which would 'bring a heavy tax on the ratepayers' but was the most important question ever to come before the council.⁹ It was clear that those who were elected to local councils had an interest in the institutional development of mental healthcare for County Louth. In particular, the appointment of James McGee to the council, in 1916, was important to the future development of institutional mental healthcare in County Louth.

In the 1916 elections, James Halpenny secured a seat as the Ardee representative on the council. However, after the untimely death of Halpenny, his seat on the council was co-opted by James T. McGee of Roodstown, mid-Louth.¹⁰ The phrase co-opted means that, after the death of James Halpenny, James McGee was invited to take his place on the council by the other members. McGee was instrumental in the establishment of the Ardee Mental Hospital and his political career spanned decades from 1916 onwards. McGee was made the representative for the mid-

⁷ *Grand Jury officers (Ireland) 1898*, H. C. 1898 (237) lxxiv, 47; O' Sullivan, *History of local government*, pp 108-9.

⁸ O' Sullivan, *History of local government*, pp 123-7.

⁹ Joseph O'Reilly was listed in the returning officers of the County Louth Grand Jury as keeper of Ardee court house and caretaker of the bridewell, *Grand Jury officers (Ireland) 1898*, H. C. 1898 (237) lxxiv, 47.

¹⁰ Census of Ireland, 1911, James McGee, Roodstown, Ardee, County Louth (NAI).

Louth constituency. He was a supporter of Home Rule and was experienced in local affairs.¹¹ In particular, he was an articulate spokesman for rural Ireland and farming communities. The election of key individuals on a local level was important to any progress made in reform of mental healthcare.

Patrick McGee was made chairman of Louth County Council in 1918. McGee was from Dunleer, County Louth and had acted as chairman from 1914 in the absence of William Doran.¹² Patrick McGee was a devout Catholic, a Parnellite and supporter of the Nationalist cause.¹³ His influence raised the political and economic profile of the separation question for the council. As a result, a sworn inquiry was held into separation, in June 1920, which was attended by members of Louth County Council (including Patrick and James McGee) and the Local Government Board. In the first decades of the twentieth century the political careers of new and emerging politicians took shape on a local level. In this period, John Ribton Garstin continued to represent the interests of the ratepayers of Louth and the councils on the Richmond joint committee in Dublin.

III

In 1913 John Ribton Garstin attended a meeting of the joint committee of the Richmond in which the case of one patient in the union workhouse in Ardee was discussed. A female patient had been admitted to the Ardee union workhouse but had become insane and Louth County Council requested her transfer to the Richmond.¹⁴ The problem was that the patient was originally from County Meath and the Richmond committee declined her admission into the institution. Instead she was to be sent to the Mullingar asylum. The political and economic contexts of the case in 1913 were significant.

For instance, the 1898 act led to the merging of poor law unions with the county administration system and the establishment of the county, rural and urban councils. This meant that Dundalk, Drogheda and Ardee were amalgamated into an administrative unit under Louth County

¹¹ O' Sullivan, *History of local government*, pp 120-1.

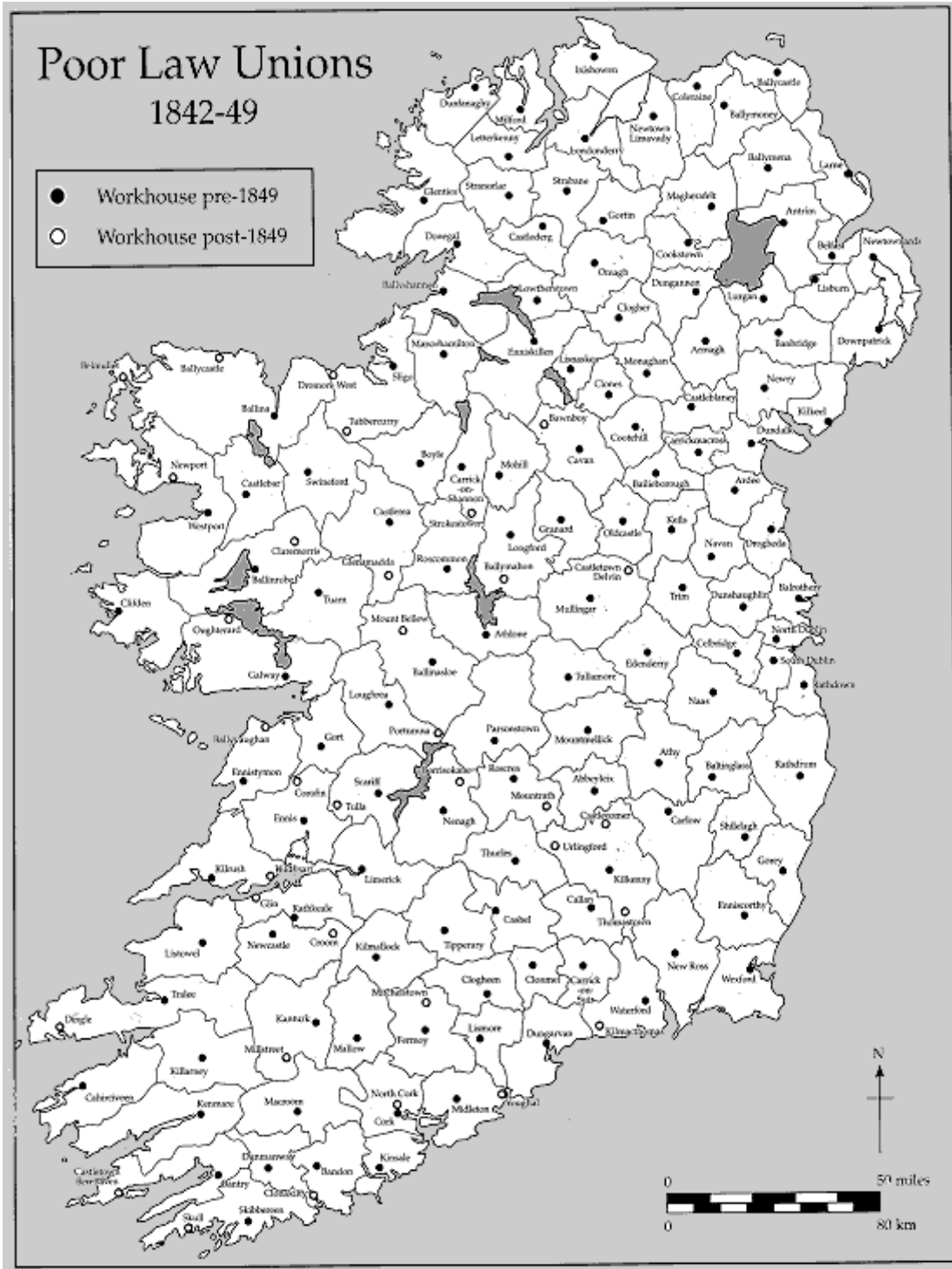
¹² *Ibid.*, p. 108; Donal Hall, *World War I and nationalist politics in County Louth, 1914-1920* (Maynooth, 2005).

¹³ *Ibid.*, p. 114.

¹⁴ *The Irish Times*, 17 Jan. 1913.

Council with regard to the development of public healthcare, sanitation and welfare services. The rationalisation of the poor law unions with county councils made the provision of services easier as a result. However, the act of 1898 was flawed with regard to mental healthcare provision because it did not reconcile the administrative relationship between asylum districts, rural, urban and county councils. The local government model left the relationship between county and district councils and mental healthcare districts open to confusion with regard to the institutional care of patients. The case of the female patient in the Ardee workhouse was important in this regard.

The patient could be treated in the union workhouse because the workhouse in Ardee accepted applications from parts of County Meath. Ardee originally formed a poor law union which included parts of Louth and east Meath. After 1898 Ardee had two district councils. The first (called no.1 rural district) catered for the population of Ardee within the county borders of County Louth. The second (called no. 2 rural district) catered for paupers from the eastern part of County Meath. The example of the removal of the female patient to the Mullingar district for mental healthcare demonstrated that County Louth extended beyond the borders of the county in relation to the workhouse system or nineteenth-century poor law unions but ended at the borders of Louth when it came to accommodating pauper insane in the Dublin institution (Fig. 3.1, 3.2).



(Based on map by Paul Ferguson, Trinity College Dublin, redrawn by Brian MacDonald.)

Figure 3.1 – Poor Law Union map of Ireland (1842-9).

Source: <http://faculty.history.wisc.edu>

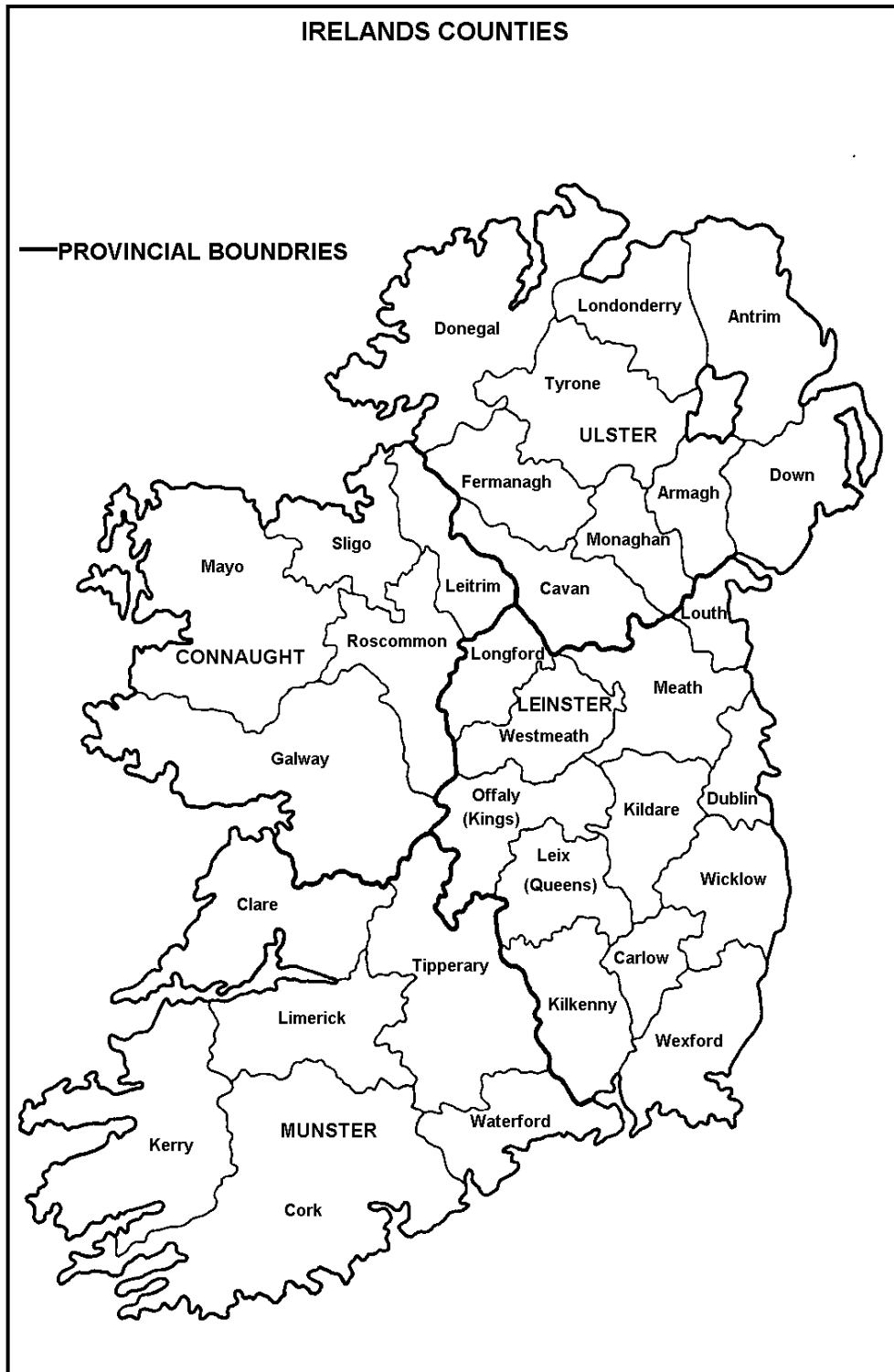


Figure 3.2 – Administrative borders (1898)

Source: Brian Mitchell, *A new genealogical atlas of Ireland* (2nd ed.) (Dublin, 2002).

The reason for refusing the application of the patient from Ardee into the Richmond facility was more than an administrative decision. It was also a financial decision. The financial relationship, as it stood between 1898 and 1913, was between Louth County Council and the Richmond, not Meath County Council and the Richmond. The charges for the care of the female patient belonged to County Meath not County Louth so her transfer to the Richmond was understandably denied.¹⁵ County Meath could not pay for treatment in the Richmond because, under the local government act, the payment for members of districts was based on the contribution of each district. Those districts were legislated for, they were not haphazard.

The challenge faced by the Richmond joint committee was which local authority was supposed to pay for accommodating the patient if she was accepted into the institution in 1913. Louth County Council, technically, did not have to pay based on the local government act and Meath County Council was not part of the district asylum so they could not be forced to pay. The solution was not to accept the application and to send the patient out of the Ardee poor law union district to the Mullingar asylum district for treatment.

The relationship between county and district councils and asylum boards was complicated. It was only when cases such as in Ardee in 1913 were discussed on a local government level that the difference between the categories of institutional care in early twentieth-century Ireland became more obvious.

IV

The early twentieth century was a time of change in the landscape of the country, in particular with the purchase of estates in each county in the aftermath of the Wyndham Land (Purchase) Act (1903). Louth County Council built up a significant investment portfolio through the purchase of land in key areas of the county. The purchase of estates was linked to reform of mental health services because the council showed an interest in purchasing the Ruxton estate in Ardee for future development.

¹⁵ *The Irish Times*, 17 Jan. 1913.

The death of William Ruxton of Ardee in 1896 was important because it meant that the estate was available for purchase in the early twentieth century (Appendix 10). After his death William Ruxton's wife, Carole Diana Vernon first let the Ruxton estate in Ardee and then sold it entirely to the Irish Land Commission.¹⁶ Louth County Council made representations to the Land Commission to purchase the estate so that it could be used for the economic development of the ratepayers of Louth, in particular the prosperity of the Ardee townspeople.

Elected politicians were generally interested in increasing revenue and developing the economic landscape of the county in the early twentieth century. The council invested in land and generated a portfolio of properties on behalf of the ratepayers. This land was to be used for economic development and the Ruxton estate in Ardee became part of the investment portfolio of the council. Another example was the purchase of Omeath Park in north County Louth. It was in the context of the purchase of Omeath Park that William Doran of Clonkeen first proposed the purchase of the Ruxton estate as an investment for the council and ratepayers.

In 1912, at a meeting of Louth County Council, a discussion arose over the purchase of Omeath Park.¹⁷ Peter Hughes was the first to voice an interest in the purchase of Omeath Park on a council level. The intention for the estate at Omeath was to make it a working plantation that would give a substantial asset in the shape of 40 or 50 acres. The purchase of Omeath Park was a commercial venture 'costing the county nothing to begin with and providing an asset the value of which might be set down 25-30 years down the road.'¹⁸ The development could maintain a picturesque area in the county and generate revenue from produce.

William Doran questioned the reasons for purchasing the land at Omeath and asked for clarification on the proposal. Peter Hughes responded to Doran by saying: 'I suppose to put ourselves in the enviable position of landlords.'¹⁹ In making this statement, Hughes drew attention to the fact that the council used the purchase of estates in the county as a way to

¹⁶ William Ruxton, 'The Ruxtons of Ardee' in *Journal of the County Louth Archaeological and Historical Society*, xxiii, no. 4,(1996), pp 387-92.

¹⁷ *Dundalk Democrat*, 28 Jan. 1912; Omeath Park purchase, minute books of Louth County Council, 1912-15, 24 Jan. 1912 (LCC/MB/2/8).

¹⁸ *Ibid.*

¹⁹ *Ibid.*

increase the amount of land owned by the council on behalf of the ratepayers. The statement also highlighted that council members were willing to make decisions with regard to land purchases when those investments could benefit the ratepayers of the county. These investments were long-term and were considered assets for the ratepayers which could be developed '25-30 years down the road.'²⁰ The ratepayers of the county were also, by and large, the electorate so it was important for county councillors to ensure that the political and economic interests of ratepayers progressed in the early twentieth century.

The council provisionally approved the scheme to purchase Omeath Park as an investment for the ratepayers of the county provided the matter could be agreed on the lines laid down in the county committee report on agriculture.²¹ The report claimed that income derivable from the letting of arable land and the house would cover the instalments payable under the land purchase act -Wyndham Land (Purchase) Act (1903).

Members of Louth County Council thought that they should also make an effort to support the re-forestation scheme in Ireland and discussed Omeath Park as a possible location for the scheme.²² Doran argued that Louth was mainly an agricultural area and a re-forestation scheme seemed unnecessary in the county. He questioned why Omeath Park should be used and not a more central area of the county such as Ardee suggesting that a re-forestation scheme could come to fruition in Ardee under the Department of Agriculture.²³ Once Ardee was brought into the discussion, Doran proposed that the council should consider purchasing the Ruxton estate for the 'prosperity of the Ardee townspeople.' The Ruxton estate amounted to 2,262 acres in and around the town of Ardee including Ardee House, extensive gardens, forested areas and agricultural land.²⁴ The entire estate was a significant part of the landscape of Ardee.

Doran asked the council that 'steps should be taken for the purchase of the Ruxton Estate ... and I am sure my good friends in Drogheda will find out a demesne in Drogheda to be purchased

²⁰ Ibid.

²¹ Ibid.

²² Ibid.

²³ Ibid.

²⁴ William Ruxton, 'The Ruxtons of Ardee' in *Journal of the County Louth Archaeological and Historical Society*, xxiii, no. 4,(1996), pp 387-92; O' Sullivan, *History of local government*, p. 79.

(laughter).²⁵ With this remark, Doran acknowledged that the representatives of each of the main towns in County Louth were in competition with each other in the early twentieth century. That competition was not aggressive. It was more co-operative with regard to the purchase of estates in the county. The purchase of Omeath Park to the north of the county would be an investment for the townspeople of Dundalk, the purchase of the Ruxton estate would be an investment for the Ardee population and an estate in Drogheda would be an investment for the Drogheda townspeople. The council discussed the purchase of estates at length in this period with regard to the economic potential of the investments for the ratepayers.²⁶ James Murphy was a member of the county council for the Dundalk area. With respect to the Omeath Park purchase he stated that ‘the council could spend £1,000 and make a beautiful mansion there (laughter).’²⁷ The chairman of the council, Peter Hughes, believed that all the county councils in Ireland should be able to buy all the estates and sell acreages of them to tenants of uneconomic holdings in order to develop the country as a whole in the early twentieth century.²⁸

The purchases of estates, as long-term investments for the ratepayers, were important to the development of local government in Louth for a number of reasons. Firstly, the councillors showed a high level of interest in the economic expansion of the county and investments made in this period offered a way to improve agriculture alongside the potential to build new industries which could offer employment and prosperity to the population. Secondly, the purchase of land created an atmosphere of progress and enthusiasm on a local level with the potential to generate revenue which could be used for other projects such the establishment of modern health facilities. In this regard, the council started to make a connection between the purchase of estates in the county and institutional healthcare.

V

In the early twentieth century the impact of tuberculosis on the Irish population came to the attention of philanthropists who were interested in making social and economic improvements in Ireland. The Peamount Hospital was established with the support of Lady Aberdeen (Ishbel

²⁵ *Dundalk Democrat*, 28 Jan. 1912; Omeath Park purchase, minute books of Louth County Council, 1912-15 (LCC/MB/2/8) (24 Jan. 1912).

²⁶ *Ibid.*

²⁷ *Ibid.*

²⁸ *Ibid.*

Maria Hamilton-Gordon, Marchioness of Aberdeen and Temair, 1857-1939). Lady Aberdeen was the wife of the lord lieutenant of Ireland, the Earl of Aberdeen, John Hamilton-Gordon. Lady Aberdeen started the Women's National Health Association and established a number of facilities to provide public services for infectious diseases such as tuberculosis.²⁹ Tuberculosis caused much suffering and death in early twentieth-century Ireland. On average the number of deaths recorded annually between 1901 and 1908 inclusive was 1,706 (Tuberculosis) and 1,205 (Tuberculosis Phthisis).³⁰ Outbreaks of tuberculosis were also recorded in the reports of district asylums including the Richmond in Dublin.³¹

The Peamount Hospital in Dublin provided institutional care for tuberculosis patients from County Louth. A connection was made between Louth County Council and the Peamount following the introduction of the Tuberculosis Prevention (Ireland) Act (1908). Louth County Council adopted the 1908 act on behalf of the rural and urban district councils.³² The rural and urban councils had a responsibility to ensure welfare and public health services were available either in the county or in institutions outside the county. Adoption of the 1908 act meant that the county and district councils in Louth were willing to provide local preventative services with dispensaries established throughout the county in Carlingford, Ardee, Dundalk and Drogheda. The councillors also made provision for specialised treatment for serious cases in the Dublin facility.

In 1913, the insurance committee of Louth County Council recommended separation from the national tuberculosis scheme which would mean breaking the connection with the Peamount facility. It was suggested that a county sanatorium could be established which could work alongside the 'small dispensaries at Drogheda and Dundalk in addition to those at Ardee and

²⁹ 'Ishbel Maria Gordon, Lady Aberdeen', available at <http://multitext.ucc.ie> (10 June 2010): 'If we could have persuaded some of the Cabinet Ministers to come across to see things for themselves, the result might have been different ... To turn from rural to the urban districts of Ireland would have surely convinced them that the housing conditions of the cities and towns of Ireland remained a blot and a menace, culminating in Dublin.'

³⁰ 'Letter from Dr Edgar Flynn, medical inspector, to the Local Government Board regarding level and impact of tuberculosis in Ireland' in *Annual report of the local government board for Ireland 1910*, H. C. 1910 [Cd. 5319] xl, 1, pp 86-9.

³¹ 'Reports of inspectors of lunatics in Ireland' in *British Medical Journal*, ii, no. 2187 (1902), p. 1737.

³² *Annual report of the local government board for Ireland 1910*, H. C. 1910 [Cd. 5319] xl, 1.

Carlingford'.³³ The chairman of the committee, Charles Duffy, strongly supported the separation scheme in the county. Duffy served on the Peamount joint committee as a representative for Louth and saw the economic benefit of separation from the Dublin institution. The cost of providing healthcare outside the county was increasing each year after the act of 1898. The increase in costs caused an increase to the local rates which meant that the council started to investigate more cost effective ways of providing tuberculosis services. If a local facility was established in the county on one of the purchased estates then 'half the annual charge for principal and interest in connection with the equipment of a County Sanatorium could be recouped from the Exchequer Grant.'³⁴ Similarly, the rates collected locally would be used to develop the service in the county. Developing the economic and political landscape of County Louth in the 1910s depended on the election of key individuals.

The result of the 1914 election showed that the same individuals were returned to office so that they could continue their efforts at local government level for the benefit of the people of the county. Thomas McGahon continued to hold a seat on the Dundalk urban council. Patrick McGee was returned to his seat on the council for Dunleer. William Doran was elected and then made chairman of the county council. It was at this stage that he left the council and Patrick McGee acted as chairman in his absence.

VI

In 1914 Louth County Council continued to purchase land as an investment for the ratepayers of the county. The council purchased the Willistown estate in the south of the county at a cost of £750. On 22 January 1914, Doran submitted notice of the motion to purchase the Ruxton estate and asked that submission was made to the trustees of the estate to sell the land to Louth County Council.³⁵ This was the last significant motion Doran submitted to the council before his departure to Europe. Even though Doran first brought up the purchase of the estate in 1912, his interest in its purchase continued until he left the council to serve in the British army in World

³³ Purchase of Omeath Park and development of tuberculosis dispensary services, minute books of Louth County Council, Jan. 1912-Jan. 1915 (LCC/MB/2/8).

³⁴ Minute book of Louth County Council, 22 Jan., 26 Feb., 16 Mar., 30 Mar., 15 Apr., 23 Apr., 22 June, 26 Aug. 1914 (LCC/MB/2/8-10).

³⁵ Notice of motion to purchase Ruxton estate in Ardee formally submitted to Louth County Council by William Doran of Clonkeen, minutes book of Louth County Council, 22 Jan. 1914 (LCC/MB/2/8).

War One. The economic principle underpinning the purchase of the estate in 1914 was clear – an investment which would be developed in the following decades for the prosperity of the townspeople and county at large. The establishment of a new mental hospital on part of the estate by 1933 was a very unique consequence of land purchases in County Louth, one which Doran himself may not have anticipated or envisioned during his time in office.

In 1914, the purchase of the Ruxton estate in Ardee was not linked to institutional reform in mental healthcare on a council level. Councillors discussed the cost of sending patients to the Dublin facility but they did not make an application to the Local Government Board for complete separation from the district asylum. In this period, councillors closely monitored the increase in costs to the local rates for providing accommodation to mentally ill patients from County Louth in the Richmond and Portrane asylums.

VII

In January 1914, the finance committee of Louth County Council met to discuss the annual estimates for patient care in the Richmond institution in Dublin.³⁶ The estimated cost of patients for the previous year (1913-14) was considered alongside the actual cost. The introduction of electric lighting reduced the actual cost for the year (1913-14) by £700 which gave a credit of £700 to Louth County Council entering the (1914-15) financial commitment with the institution in Dublin. The estimated cost to County Louth for (1914-15) in the Dublin institution was £12,025. It was suggested by members of Louth County Council that the estimate for the year (1915-16) should include a comparison in rates for the tuberculosis scheme (sending patients to the Peamount in Dublin) according to the penny in the pound of costs to the council.³⁷ This meant that the council would compare the cost of sending patients to the Richmond with the cost of sending patients to the Peamount facility according to the cost per pound on the rates collected by the council. If the council spent 2 shillings in every pound for the maintenance of each patient annually in the Richmond that would be compared to, for example, 1 shilling in every pound for the maintenance of each patient annually in the Peamount. The resulting comparison could give the council an indication of the cost of sending patients for treatment to

³⁶ Meeting of finance committee in County Louth to discuss annual estimates of cost to the county rates for patient care in the Dublin district, 14 Jan. 1914, (LCC/ADM/OO6/121).

³⁷ Ibid.

both institutions in Dublin. The council could then calculate the amount of rates spent annually outside the county for services. They would then be able to calculate the amount that could be saved by providing local facilities for both mental healthcare and tuberculosis. Added to the cost saving exercise was that economic potential of creating new healthcare industries on a county level would generate employment and labour opportunities, thus returning finances back into the local economy through the collection of rates from workers.

The credit balance heading into the billing period (1914-15) with the Richmond was £2,684. Alderman James Delahunt from Drogheda added that ‘the fifth triennial period would end on the 31 March and after that date the expenditure would be apportioned on new figures.’³⁸ He also noted that the cost to Louth County Council in the following year would be somewhat smaller than expected which included a reduction in costs to Wicklow County Council and the borough of Dublin. This was due to an increased cost to the Dublin city district as it had considerably more patients in the facility than the other three districts: Louth, Wicklow and Dublin borough. The chairman of the joint committee, Richard Jones, explained the matter claiming that the estimates were made on ascertained figures and in anticipation of an increased patient population over the period for Dublin city.

The anticipated increase for Dublin city was two-fold. Firstly, Dublin city had experienced an increase in admissions for successive decades so it was reasonable to assume that the following years would experience a similar increase. Secondly, the Richmond was receiving patients from the north Dublin workhouse and they had to be accepted under the terms of the 1898 local government act. As discussed in chapter two, each council had a responsibility to maintain and manage every asylum in their area which included providing appropriate and adequate care to lunatics. From 1907, the committee of the Richmond started to accept admissions from the workhouse which increased the population of patients in the institution for Dublin city.³⁹ Between 1905 and 1914 the increase in patients for Dublin city in the Richmond institution was

³⁸ Ibid.

³⁹ Ibid.

332 which gave a total of 1,955 patients by 1914. By comparison the total patient population for County Louth in 1914 was 331.⁴⁰

The committee discussed the increase in expenditure in the Dublin institution in two ways. Firstly, a larger inmate population highlighted the amount of tax on ratepayers for the provision of care and, secondly, showed the lack of attention and provision made by the government in connection with the local taxation account. There had been attempts to highlight these issues to successive governments but the problems were dismissed on more than one occasion.⁴¹ Concern was expressed that the medical staff were overly consumed with the internal bureaucracy of the institution which left little time for patient care. There were also welfare concerns for patients from Louth in the Dublin institution. For example, the finance committee of Louth County Council heard a report on the institution which:

told one of the saddest tales that could possibly be told about any community. It showed that in 1890 there were 1,686 inmates in that institution and at the period ending 31 December 1913, there were 3,281. Exactly double, with five of a difference. The number of inmates in an 18 year period had increased by one hundred percent.⁴²

The increase in patient numbers in the Richmond coupled with increased local taxation for the contributing counties meant that the separation question required greater consideration in Louth. The actual increase in the amount of people requiring treatment was not the focus of the discussion on the council but rather the extent to which the increase affected the economic link between the local council and Richmond committee. The historical dissatisfaction between authorities in Louth and the governors of the Richmond was not forgotten by the new generation of councillors. In the late nineteenth century, the ratepayers of Louth were being charged for accommodation not even used by the county and the Richmond governors disregarded any protest or opposition on this matter made by John Ribton Garstin on behalf of the Louth Grand Jury.

⁴⁰ Ibid.

⁴¹ Finance committee records, Jan. 1914-Jan. 1915 (LCC/HPA/023/039); 14 Jan. 1914 (LCC/ADM/006/121).

⁴² Meeting of finance committee in County Louth to discuss annual estimates of cost to the county rates for patient care in the Dublin district, 14 Jan. 1914 (LCC/ADM/006/121).

Councillors in Louth took a more proactive approach to the financial link with the Dublin institution in the twentieth century. At the finance committee meeting in 1914 it was decided to establish a sub-committee to examine the cost of sending patients to Dublin from Louth over the duration of ten years. This group was called the economic committee and its role was to examine in every detail the expenditure of the Richmond. The committee, considering the yearly expenditure and anticipated increase in patient numbers in the Dublin institution, accepted the proposal to monitor the connection between Louth and the Richmond.⁴³ If, after ten years, the county council had an economic justification to request separation from the Dublin institution, then they would make an application to the Local Government Board to establish an auxiliary asylum in the county as per the details of the 1898 act. The local government act stated that a county council could apply to the Local Government Board to take over a union workhouse for the purposes of an auxiliary asylum. This option was available to Louth County Council so the workhouse buildings in existence in the county formed part of discussions. As well as the possibility of converting the workhouse in Ardee for an auxiliary asylum, the county council also considered using Ardee House or the grounds to establish a mental health facility in the early 1920s.

In the first years of the Irish Free State, Doran's vision regarding the Ruxton estate for the prosperity of the townspeople started to take shape. With the transition from the Local Government Board to the Local Government Department, Ardee representatives on the county council actively pursued the purchase of the Ruxton estate and grounds for the purposes of a county asylum. They first purchased Ardee House and grounds and defrayed the costs to the council with a loan of £10,000.⁴⁴ The sale of the entire Ruxton Estate was not completed in a single purchase. Parts of the estate were sold as lots or parcels by the Irish Land Commission. One such sale occurred in October 1919 with advances made to the commission. The parcel totalled 14a 3r 10p (acres, roods and poles or perches) at the cost of £230.⁴⁵

⁴³ Ibid.

⁴⁴ O' Sullivan, *History of local government*, p. 70.

⁴⁵ *Index of estates comprised in the return of advances made during the year, 1919*, p. 314, H. C. 1921 [Cmd.1526] xxviii, 861.

Ardee representatives similarly gained support from other members of the county council for the conversion of the workhouse in Ardee for the purposes of a local asylum. The workhouse on John Street was still operational until 1921 until the Provisional Government sent an order that it was to be evacuated for refugees from Belfast as a result of civil and political unrest in the aftermath of the Anglo-Irish Treaty.⁴⁶ The transition from the Local Government Board to Local Government Department was integral to reform in institutional mental healthcare in Louth in the 1920s.

VIII

This chapter examined the period 1905 to 1919 in which a number of important developments occurred in County Louth in relation to mental healthcare and local government. The council gathered substantial economic, moral and political justification for separation from the Richmond district which included an increase in the local rates to pay for the treatment of patients in Dublin and an increased patient population in the facility. The increased cost of sending patients to Dublin to either the Richmond institution or Peamount hospital was discussed at length by local authorities. Key individuals came to fore in the local government system such as Thomas McGahon, William Doran, Peter Hughes and James McGee. This period highlighted that these individuals were popular in the local election system and were returned in successive elections.

Peter Hughes was instrumental in the purchase of Omeath Park creating an opportunity for the purchase of the Ruxton estate in Ardee. In 1914, William Doran submitted the motion to purchase the Ruxton estate which was partly used for the new mental hospital by 1933. The years following civil and political unrest in Ireland, which resulted in the signing of the Anglo-Irish Treaty and the establishment of the Provisional Government, appeared far removed from local discussions regarding the county asylum scheme. This period motivated local councillors to engage with representatives of the Local Government Department on the separation issue for County Louth which was an example of a very local political strategy appearing at the same time as the first Irish Free State was founded.

⁴⁶ The outbreak of violence discussed in Dáil Éireann, 6 Aug. 1920; see G. B. Kenna, *Facts and figures of the Belfast pogrom, 1920-22* (Dublin, 1922).

Chapter 4

The Richmond district and Louth County Council, 1920-30

*Past the house where he was got
In darkness, terrace, provision shop,
Wing-hidden convent opposite,
Past public-houses at lighting-up
Time, crowds outside them – Maurice
Devane
Watched from the taxi window in vain
National stir and gaiety
Beyond himself*

Austin Clarke (1896-1974)
Mnemosyne Lay in Dust (Dublin, 1966)

In the epic poem, *Mnemosyne Lay in Dust*, Austin Clarke recounted his sense of disillusionment while travelling to St Patrick's Lunatic Asylum on St Patrick's Day 1919, a day on which he was surrounded by scenes of nationalism and pride. Clarke's experience on 17 March 1919 juxtaposed opposing views of Irishness during his journey to the facility: one view illustrated the fear, anxiety and isolation associated with mental illness and institutional mental healthcare and the other view communicated a scene of celebration, togetherness and patriotism. Even in retrospect, Clarke did not attempt to reconcile this scene and, as a result, provided a complex and controversial examination of nationalism and nationhood. *Mnemosyne Lay in Dust* challenged the promise of liberty, freedom and independence which was so much a part of the political rhetoric in Ireland prior to the establishment of the Irish Free State.

I

This chapter examines the period 1920-30 in terms of institutional mental healthcare and local government in County Louth. The political meandering which occurred on a local government level in this period meant that representatives of Ardee secured the establishment of a new mental hospital on the Ruxton estate by 1930. The closure of union workhouses in the county

also occurred in this period and was part of a national policy to amalgamate the poor law unions established as a result of the 1838 Irish Poor Law Act. The relationship between County Louth representatives and the Richmond authorities is examined in this period in light of an increased patient population, the rising costs to the ratepayers of the county and its impact on the local taxation account. The 1920s witnessed the unionisation of nurses and attendants in Irish district asylums which led to shorter working hours and a substantial rise in the number of staff required in institutions for the insane. Councillors in County Louth were able to agree on a number of reform measures for mental healthcare. This included reaching a consensus that part of the Ruxton estate in Ardee would be used for the construction of a purpose built mental health facility. In 1930 Richard Mulcahy, on behalf of the Department of Local Government and Public Health, signed the official order which separated Louth from the Dublin asylum district.

II

The 1898 local government act stipulated that Louth County Council was obligated to provide appropriate mental healthcare to its population either as part of a district or by the provision of a local institution. A new institution could only be established in County Louth if there were grounds for separation from the Dublin institution. In 1920 a commission of inquiry occurred between Louth County Council and the Local Government Board regarding the separation question for the council. The inquiry was led by Patrick McGee as chairman of the council but the outcome of the meeting was inconclusive.¹ The meeting was also attended by James McGee of Ardee.

Patrick and James McGee were not related to each other and had opposing political views. Patrick McGee did not support the political machinations of the Sinn Fein party in the early 1920s. James McGee was a member of the party and leaned more toward the establishment of an independent government in Ireland.² Harold O'Sullivan has argued that James McGee propelled the county council to republican separatism under the administration of Dáil Éireann.³

¹ Harold O'Sullivan, *History of local government in the county of Louth from earliest times to the present time* (Dublin, 2000), p. 73.

² *Ibid.*, pp 107, 114.

³ *Ibid.*, pp 107, 114.

He was the main protagonist in the change of loyalty on a local government level from the Local Government Board to the newly formed Local Government Department.⁴ This period was a time of conflict between political parties in Ireland. Tension also appeared on a local level between those who supported home rule and those who wanted Ireland to become an independent state. O'Sullivan has argued that the politics of Patrick McGee and James McGee eventually converged under Fine Gael in the late 1920s.⁵ However, the asylum question had managed to unite the voices of Patrick McGee and James McGee much earlier despite their strong political differences. They both had the opinion prior to the establishment of the Irish Free State that a local asylum would be a better healthcare for the mentally ill of Louth compared to travelling to and receiving treatment in the Dublin institution.

In the 1920s, Louth County Council was in a good position to make an application to separate from the Richmond asylum and establish an institution for the mentally ill. The moral justifications included overcrowding in the Dublin asylum since the nineteenth century and an increase in infectious diseases among the patient population. Economically, the cost of sending patients to Dublin for mental healthcare had increased annually which brought a higher cost to the county rates. Historically, the financial link between authorities in Louth and the Richmond board was challenged on a number of occasions by individuals such as John Garstin but little progress was made in lowering the costs for Louth. This experience left its mark in the memory of councillors after the introduction of local government and meant that interest in separation from the Richmond grew among representatives on the council. Politically, the 1898 local government act gave councillors a number of pathways for reform in mental healthcare with the conversion of a poor law institution into an auxiliary lunatic asylum. The Local Government Board could sanction reform on a local level if councillors were able to argue that a local institution was better for patient care.

In 1920, James McGee of Ardee was made vice-chairman of Louth County Council and then made chairman of the finance committee. He had a special interest in developing the asylum

⁴ Ibid., p. 85.

⁵ Ibid., p. 85.

scheme because of its link to Ardee and its townspeople.⁶ McGee was a supporter of institutions because they were established by the ratepayers and offered employment opportunities for rural communities.⁷ McGee was ‘always ahead of his time’ and one of the best-known farmers in the country. He was acutely aware of the struggles faced by agricultural communities in Ireland in the 1920s.⁸ The price of produce had fallen considerably, the cost of maintaining agricultural land was rising and the economic depression experienced both in Britain and Ireland in the 1920s meant that rural communities had to look for other ways to boost their economies.⁹

The fact that James McGee gained a strong political voice in politics in Louth was a demonstration of his knowledge of rural communities in the county, and particularly the economic experiences of agricultural communities like Ardee in the early twentieth century. Communities that relied heavily on agriculture for maintaining the local economy needed industrial outlets to provide work to skilled and unskilled workers of the town.

The establishment of a mental hospital on part of the Ruxton estate was a significant part of the entire project in the 1920s. In March 1922, the county council purchased the estate for £9,540.¹⁰ The county council and Ardee townspeople managed to secure the estate for the asylum scheme which was testimony to the efforts of Ardee representatives such as James McGee at a local government level. The political machinations of county councillors in the 1920s were deeply embedded in an ideology which viewed institutions as a sustainable economic model. Institutions for the insane were not commercial enterprises but they provided long-term employment opportunities and became part of the political, social and economic fabric of rural communities for generations. Defending institutions in the early 1920s was an important part of the local government system. In 1921, the Department of Local Government started to rationalise the poor law system in each county which meant that union workhouses would be closed and some converted into district hospitals. In County Louth, this meant that

⁶ Ibid., p. 81.

⁷ Jamie Saris, ‘Producing persons and developing institutions in rural Ireland’ in *American Ethnologist*, xxvi, no. 3 (1999), pp 690-710.

⁸ Patrick Baxter (An Cathaoirleach), *Expression of sympathy on the death of Senator James T. McGee*, Seanad Éireann Debate, xlv, 12 (1 Feb. 1956) available at (<http://oireachtasdebates.ie>).

⁹ Roy Foster, *Modern Ireland 1600-1972* (London, 1989), pp 516- 25; Diarmaid Ferriter, *The transformation of Ireland 1900-2000* (London, 2005), pp 313-316.

¹⁰ O’ Sullivan, *History of local government*, p. 79.

representation on the council determined which workhouses would be closed in the county and which area would establish a district hospital. This period offered Ardee representatives an opportunity to secure the establishment of a county mental hospital.

III

Louth County Council engaged with the national policy of restructuring the workhouse system with an expectation that the establishment of a local mental health facility would form part of the reform process. The national policy to re-organise the workhouse system in Ireland was one of the first tasks undertaken by the Local Government Department. The high number of poor law unions in existence since the nineteenth century were no longer required in the twentieth century. The Department aimed to close union workhouses and establish district hospitals in each county. In Louth, this policy, called union re-structuring or union amalgamation, caused much debate among representatives of the three largest towns: Ardee, Drogheda and Dundalk. The union restructuring period led to a tacit consensus among local politicians that Ardee would be used to build an institution for the mentally ill of the county.

During the union restructuring period James McGee strongly opposed the closure of institutions as he believed it would ‘only raise up a body of enemies made up of the discharged employees and their friends.’¹¹ McGee was acutely aware that the closure of institutions on a local level would cause dissent among the politically conscious public in Louth and cause a rise in unemployment in the county. The union restructuring period demonstrated that there was ‘nothing more determined than local interest acting in defence of what it holds, especially a local hospital.’ The *Dundalk Democrat* ‘launched a cannonade’ against the closure of health facilities with Thomas McGahon as the main protagonist. McGahon was in a ‘strong position to influence public opinion.’¹² He believed that the restructuring scheme in the county was a matter that concerned ‘the workers of the town immediately.’ He urged workers as ratepayers to ‘pledge the county councillors individually.’¹³ During the restructuring of the poor law system, self-government in County Louth extended to the protection of ‘institutions and schemes

¹¹ Ibid., p. 80.

¹² Ibid., p. 75.

¹³ Ibid., pp 75-7.

established by the elected representatives of the people.¹⁴ This period also showed an increased level of competition between the representatives of the three main towns in the county.

Ardee was the smallest of the towns in County Louth compared to Dundalk and Drogheda based on population (Table 4.1). It was not an urban centre but what could be classed as a rural district with emphasis on agriculture and some small industries such as the furniture factory. Ardee seemed the most likely to lose out to the two larger towns in the rationalisation process.

Table 4.1 - Population statistics for County Louth, 1881-1936

Town/area	1881	1891	1901	1911	1926	1936
Ardee	2,622	2,067	1,883	1,773	1,729	2,383
Dundalk	11,913	12,449	13,076	13,128	13,996	14,684
Drogheda	12,297	11,873	12,760	12,501	12,716	14,494

Source: Vaughan, W. E. and Fitzpatrick, A. J. (eds), *Irish historical statistics: population 1821-1971* (Dublin, 1978).

Louth County Council and Ardee Rural District Council met to discuss the proposal for a lunatic asylum in the area. The district council was asked to hand over the workhouse buildings in Ardee to the council for use as an auxiliary asylum. The county council initiated the section of the local government act of 1898 which gave them authority to request the workhouse from the district council. The guardians agreed to hand over the workhouse to the council but in return requested the provision of a district hospital for the accommodation of sick, aged and infirm poor. In doing so, they started a bargaining process with the county council. The 1898 act

¹⁴ Ibid., p. 76.

did not state that county councils had to negotiate with those concerned in order to take over a workhouse for use as an asylum. It also did not state that the guardians had to hand over the workhouse unconditionally.

Ardee representatives used the workhouse conversion as an opportunity for general healthcare reform. Ardee house, the original residence of the Ruxton family, was converted into a district hospital for surgical and maternity cases.¹⁵ This meant that if separation from the Dublin institution was achieved, the county council had a number of options available in the locality. The first was the conversion of the workhouse. The second was to make a capital investment and build wards or departments onto Ardee House to care for the mentally ill, thus creating an early type of multi-disciplinary campus in County Louth. The final choice, although not fully realised in the early 1920s, was to build an entirely new mental hospital on the west of the Ruxton estate which was a much bigger and costly project. There was also another option available which was that each of the districts in the Dublin institution could raise their local rates and expand existing facilities. This option was not agreeable to the majority of representatives on local government bodies in County Louth and they went ahead with the ultimate goal of separating entirely from the Dublin district.

IV

The number of patients in the Dublin institution increased each year between 1892 and 1923. In 1920 the number of patients in the Richmond and Portrane asylums totalled 3,346 of which only 330 patients were from County Louth.¹⁶ The city of Dublin and county of Dublin still contributed the highest volume of patients spread across both the Richmond and Portrane (Tables 4.2, 4.3).¹⁷ The cost of providing accommodation and care for patients from Louth in the Dublin institution was a focal point of council meetings. In 1922-23 the total cost for the council was £19,175 with a proposed increased of £623 for the financial year 1923-24.¹⁸

¹⁵ Frances Curruthers, *History of the North Eastern Health Board, 1971-2004* (Meath, 2004), p. 29: 'When the North Eastern Health Board came into existence in 1971, it inherited a number of institutions for the care of the elderly ... St Joseph's Hospital, Ardee fifty-two beds ... St Joseph's Hospital in Ardee had been converted into a geriatric home in 1959, from a surgical and maternity unit with two huts for TB patients ...'

¹⁶ *Report of the Richmond joint committee, 1892-1922* (includes Portrane asylum after 1895) (LCC/HPA/023/039)

¹⁷ *Ibid.*

¹⁸ *Ibid.*

Table 4.2 - Richmond patient statistics, 1892-1922

Year ended 31 March	City of Dublin	County Dublin	County Wicklow	County Louth
1892	817	329	118	129
1895	881	357	131	145
1898	1,088	417	158	189
1902	1,310	506	175	226
1905	1,623	480	208	237
1908	1,791	524	249	267
1911	1,902	570	292	330
1914	1,955	616	293	331
1917	2,008	646	283	339
1920	1,966	673	266	330
1921	1,912	676	273	328
31 Mar. 1922	1,940	679	269	326
31 Dec. 1922	1,945	664	270	331

Source: *Report of the Richmond joint committee, 1892-1922* (includes Portrane after 1895) (LCC/HPA/023/039);
Finance committee records for Richmond and Portrane (Grangegorman after 1925) 1914-41
(LCC/ADM/006/121).

Table 4.2 - Richmond patient statistics with special categories, 1892-1922

Year	Total- 4 districts	Criminal Lunatics	War Hospital Patients	Total population with special categories
1892	1,393	–	–	1,393
1895	1,514	–	–	1,514
1898	1,852	–	–	1,852
1902	2,217	–	–	2,217
1905	2,548	37	–	2,585
1908	2,831	44	–	2,875
1911	3,094	43	–	3,137
1914	3,195	45	–	3,240
1917	3,276	50	14	3,340
1920	3,235	60	51	3,346
31 Mar. 1921	3,189	93	–	3,282
31 Mar. 1922	3,214	90	–	3,304

Source: *Reports of the Richmond joint committee, 1892-1922* (includes Portrane after 1895) (LCC/HPA/023/039); *Finance committee records for Richmond and Portrane* (Grangegorman after 1925) 1914-41 (LCC/ADM/006/121).

Ten years earlier the annual cost for the county was just over £12,000. The tables above show that between 1892 and 1922 all four districts in the Dublin institution experienced an increase in the number of patients admitted. In the case of County Louth, the patient total in 1892 was 129. In 1922, the patient total had increased to 326. In a twenty year period the patient volume had increased by 197 or 152 percent. By comparison the volume of patients admitted from the city of Dublin increased from 817 in 1892 to 1,940 (increase of 1,123 patients) or 137 percent. The implications of the increasing patient admissions for County Louth had two contexts.

Firstly, a higher amount of patients for Louth in the institution meant that the cost of providing the service increased. This service was paid out of the collected rates in the county. The increase across the entire four districts meant that both County Louth and County Wicklow made the least contribution to the Dublin institution. The cause of the increase to the local rates was directly connected to the number of nurses and attendants employed in the institution.¹⁹

The unionisation of staff in Irish mental hospitals started in the 1910s and progressed substantially by 1922-23. The staff demanded better working conditions and wages. The reduction in working hours from over seventy hours per week to fifty-six hours per week meant that both the Richmond and Portrane had to increase the amount of staff required to work in the service. This then increased the amount of wages paid on an annual basis by each of the contributing districts. The rise in costs to the council coincided with a small change in the county administration system and although not connected to each other, the Local Government Temporary Provisions Act (1923), had an impact on local government in Louth.

The act of 1923 established County Boards of Health and Public Assistance.²⁰ In Louth, the 1923 act was a progress step in mental healthcare because it consolidated healthcare under the county council and gave the local government system more unified control over reform of services in each county. The County Boards of Health and Public Assistance were an early

¹⁹ Debate between Robert Briscoe and Richard Mulcahy regarding Local Government Bill (committee stage) in *Dáil Éireann Debate*, xxxix, no. 5 (18 June 1931).

²⁰ 1923/9 [I.F.S.], *Local Government (Temporary) Provisions Act* (28 Mar. 1923).

example of a Department of Health in Ireland.²¹ The county boards of health were established as part of the twenty-six administrative counties in the Irish Free State. Thomas McGahon soon found a prominent position on the county board of health in the late 1920s. He used his political influence on the urban council in the early 1920s to enter into negotiations with Department of Local Government and Public Health regarding the establishment of a separate mental health institution in Louth.

In the period of civil war in Ireland, the separation question for County Louth was put on hold. In 1923, local representatives restarted the negotiations and sent a deputation to meet with Ernest Blythe, the then Minister for Local Government. Blythe did not fully support separation between Louth County Council and the Dublin district. He argued that more pressing matters concerned the national department in the aftermath of civil war.²² However, members of Louth County Council were not halted in their attempts to achieve separation from the Dublin institution.

V

In May 1924, a deputation from County Louth met with the Minister for Local Government and Public Health, Séamus Burke (1923-27). Those who attended the meeting were Canon Lyons (PP of Ardee), Peter Hughes (Louth County Council) and Thomas McGahon. McGahon presented the argument to the minister, requesting separation from the Dublin institution. McGahon made a moral and economic argument claiming that a local facility would be a better arrangement for patients from Louth. A small institution was more suitable and economic than the large Dublin asylums.

The deputation argued that the difficult history between the Richmond committee and County Louth was sufficient grounds for separation.²³ A local establishment had more advantages 'on humanitarian and medical grounds.'²⁴ The reform plan suggested by McGahon on behalf of the council was that the workhouse in Ardee could be converted into an asylum removing patients

²¹ Brendan Hensey, *The health services of Ireland* (Dublin, 1959); Basil Chubb, *A source book of Irish government* (Dublin, 1964); Chubb, *A source book of Irish government* (revised ed.) (Dublin, 1983).

²² O' Sullivan, *History of local government*, p. 80.

²³ *The Irish Times*, 31 May 1924, *Dundalk Democrat*, 1 June 1924.

²⁴ *Ibid.*

from the Richmond and Portrane asylums and returning them to their native county where they could be helped to recover and return to their communities.

The argument put forward by the Louth deputation echoed the opinion of the commissioners of lunacy in 1857. The commissioners of lunacy believed that the existence of large districts was inconvenient and injurious to patients who had to travel from long distances.²⁵ They argued that institutions were likely to be better managed by local governors belonging to one county than by a mixed board.²⁶ They considered it desirable that where a county was large enough to require an asylum (between 200 and 250 patients) it should be separated from the district, and possess an asylum for itself.²⁷ In the case of County Louth, by 1924, the patient total averaged 330 patients in the Dublin institution for the previous ten years. Louth County Council was part of the Richmond joint committee alongside representatives from the other three contributing districts. Tensions had existed for many years on this committee because of the unequal balance of power.

As a result of the meeting in 1924, the Minister for Local Government and Public Health, Seamus Burke, agreed to give the separation issue greater consideration for County Louth but ‘would not rush into a decision’ because it would have financial implications on the other districts remaining in the Dublin district (County Wicklow, Dublin city, Dublin county).²⁸ The implications of separation between the districts meant that the annual cost of providing the service would have to be spread across the remaining three districts. The separation of Louth would cause an increase in the rates of the other councils. Wicklow County Council agreed to let Louth County Council ‘cut the cable’ and separate from the Dublin district.²⁹ The Minister had to investigate the workhouse in Ardee and decide if it was suitable for use as a lunatic asylum. After a visit to Ardee by the inspectors of lunatics in 1924, the local government department did not sanction the conversion of the workhouse in Ardee for an asylum because it was deemed unsuitable for the purpose.

²⁵ *Report of the commission of inquiry into the state of lunatic asylums and other institutions for the custody and treatment of the insane in Ireland 1857*, pp 23-4, H. C. 1858 (2436) xxvii, 159.

²⁶ *Ibid.*

²⁷ *Ibid.*

²⁸ *The Irish Times*, 31 May 1924, *Dundalk Democrat*, 1 June 1924.

²⁹ *The Irish Times*, 23 May 1928.

Following this decision, James Wynne, who was the representative for County Louth on the joint committee of the Richmond, attended the meeting of the committee to hear the views of the other members on the separation proposal. He also submitted a notice of intention to separate on behalf of Louth County Council. The minutes of the meeting recorded the view of the joint committee with the following statement:

On the subject of the application of the Louth County Council for separation from Grangegorman District Asylum, and the conversion of Ardee Workhouse into a mental hospital for County Louth patients, the Clerk said that the report of the Inspector of Lunatics to the Ministry of Local Government condemned the Ardee Workhouse more strongly than the Committee had done, and stated that the Inspector saw no reason why proper accommodation could not be provided within the borders of County Louth. The District Hospital at Ardee, if it could be made available for the purpose, and extended, would provide a suitable site for the establishment of an institution, not only for senile cases, but for chronic and harmless cases also.³⁰

There were a number of reasons why the committee was under pressure to finalise the separation issue. The main problem was overcrowding at both the Richmond and Portrane asylums. At Portrane the governors remarked that they would soon have to starting putting female patients on the floor to sleep.³¹ As a result, the joint committee sanctioned the purchase of sixteen acres of land at Portrane for £1,000 and £20 legal costs which was to be used for the construction of more buildings on the site.³² A quick resolution on the separation issue was equally important to decide what further accommodation was required for Dublin city and County Wicklow. The committee stated that the ‘Minister has to decide quickly if the north Dublin workhouse would be used for accommodation or County Louth is to have an asylum.’ This highlighted a possible reversal in the use of institutions in Dublin because the north Dublin workhouse had been closed in the early twentieth century and the lunatic patients transferred to the Richmond institution.³³ In 1913 and 1914 this had increased the patient volume in the Richmond and put it under pressure for accommodation which was one of the reasons why

³⁰ *The Irish Times*, 11 Aug. 1924.

³¹ *Ibid.*

³² *Ibid.*

³³ Charles Eason, ‘Report of the Irish poor law commission’ in *Journal of the Statistical and Social Inquiry Society of Ireland*, xiv, no. 5 (1927/28), pp 17-43.

councillors in Louth started to strongly consider separating from the Dublin district. In a strange turn of events, the joint committee of the Richmond in 1924 wanted to know from the Department of Local Government and Public Health if Louth was leaving the Dublin district or was the north Dublin workhouse to be reopened and used as auxiliary accommodation for mentally ill patients. The pressure on accommodation at Portrane and the Richmond was forcing the Department of Local Government and Public Health to make a decision regarding separation for Louth. Part of the agreement made at the meeting was that someone from central government would visit Ardee to inspect the town and existing premises in order to help make the final decision.³⁴

As the workhouse in Ardee was deemed unsuitable for use as an asylum, the community was at risk of losing the entire asylum scheme to Dundalk or Drogheda. A resolution on a local level was needed quickly. The Local Government Department stated that it was sure Louth could find suitable arrangements in the county for an asylum. The department did not say that erecting a new mental hospital was not possible. The department was still open to separation if suitable accommodation could be found in County Louth. The solution came about because of the availability of the Ruxton estate with sufficient land for the establishment of an entirely new mental hospital for County Louth. It took further discussions over the following years to put the new plan into action.

VI

In 1925 a revised Local Government Act was introduced.³⁵ The act signalled an important change in the language used to describe mental health facilities in Ireland. Part five of the act stated that:

All district lunatic asylums maintained by county councils under section 9 of the Local Government (Ireland) Act, 1898, shall henceforth be styled and known as district mental hospitals, and the title of every such district lunatic asylum shall be and is hereby amended by the substitution therein of the words 'mental hospital' for the words 'lunatic asylum.'³⁶

³⁴ *The Irish Times*, 11 Aug. 1924.

³⁵ 1925/5 [I.F.S.], *Local Government Act* (26 Mar. 1925).

³⁶ *Ibid.*, part v.

The Richmond District Lunatic Asylum was renamed Grangegorman Mental Hospital (Table 4.4). Grangegorman comprised two words: Grange and Gorman. The location of the hospital in Dublin city was originally a manor farm from the fourteenth century called the Grange and was owned by the Gorman family.³⁷ The Richmond, the 1815 name given to the institution, was named after the Duke of Richmond. All the other asylums were named after the place in which they were built such as Monaghan District Lunatic Asylum or Connaught District Lunatic Asylum. After the 1925 act, Monaghan District Lunatic Asylum was renamed Monaghan Mental Hospital. The Connaught District Lunatic Asylum was renamed Ballinasloe Mental Hospital. In 1925 the total number of patients in the Dublin institution was 1,529 of which 343 patients came from County Louth (Table 4.5).

Table 4.4 – The name of mental health institutions in Dublin and Louth, 1815-2012

1st Name	2nd Name	3rd Name	4th Name
Richmond Lunatic Asylum (1815)	Richmond District Lunatic Asylum (1830)	Grangegorman Mental Hospital (1925)	St Brendan's Mental Hospital
Portrane Lunatic Asylum (1903)	Portrane Mental Hospital (1925)	St Ita's Mental Hospital	-
Ardee Mental Hospital (1933)	St Brigid's Mental Hospital	St Brigid's Complex (2012)	-

³⁷ Joseph Reynolds, *Grangegorman: psychiatric care in Dublin since 1815* (Dublin, 1992).

Table 4.5 - Richmond patient statistics, 1925-37

Year ended 31 March	City of Dublin	County Dublin	County Wicklow	County Louth
1925	2,001	703	282	343
1926	2,017	719	285	339
1927	2,025	731	285	338
1928	2,029	746	292	341
1929	2,060	759	293	339
1930	2,183	781	299	331
1931	2,217	796	296	329
1932	2,576	444	310	334
1933	2,601	461	313	341
1934	2,683	474	322	1
1935	2,718	487	317	-
1936	2,715	499	320	-
1937	2,726	494	331	-

Source: *Finance committee records for Richmond and Portrane (Grangegorman Mental Hospital after 1925) 1914-41 (LCC/ADM/006/121).*

Under the 1925 act, the rural district councils were abolished. This period of local government witnessed a consolidation of power in healthcare on a local level because the County Boards of Health were the main body concerned with improvement or reform of health services in each county. This change also demonstrated that Louth County Council was the main political force in the local government system. This was a significant development because in 1925 James McGee of Ardee was elected chairman of Louth County Council. He had openly supported large institutions and saw them as economic opportunities for rural and urban populations. Louth County Council under James McGee made considerable efforts to put Ardee on the political and economic map of Ireland by expanding the number of industries operating in the area.

In 1927 'Prosperous Ardee' was visited by Ernest Blythe (Minister for Finance, 1923-32) and Patrick Hogan (Minister for Lands and Agriculture, 1922-32). They were given a tour of the town, its factories and industries before being welcomed by James McGee at a specially organised luncheon which took place in Brophy's Hotel. The local representatives emphasised the progressive nature of industry in the area and the good work of the people of Ardee in promoting the aims of the Free State government regarding local pride and nationalism. The Ardee furniture factory was discussed as well as the growth in agricultural industries in the area.³⁸

In the same year a comprehensive report was published in Dublin which provided details on services for the sick and destitute poor including the insane poor in Ireland. The report provided details of health and welfare services in Ardee alongside those in Drogheda and Dundalk. The 1927 report was comparable to the evidence provided in the select committee meetings in 1817 in which the extent of services were discussed.³⁹ For example, the workhouse in Ardee had not been used for poor law purposes for a number of years. The district hospitals in Drogheda and Dundalk accommodated a number of classes including aged, unmarried mothers, children and lunatics. Only about one third of the entire inmate population could be classed as hospital cases proper. In 1927 authorities aimed to separate classes of lunatics into those with physical

³⁸ *The Irish Times*, 21 Jan. 1927.

³⁹ Eason, 'Report of the Irish poor law commission', pp 17-43.

disabilities, intellectual disabilities, aged and mentally ill.⁴⁰ The original residence of the Ruxton family, Ardee House, was used as a district hospital for the sick and infirmed. The decision on whether an auxiliary asylum was to be built in County Louth was unresolved according to the report in 1927.⁴¹

VII

The separation issue continued in 1928. The necessity for more accommodation in the Dublin hospitals was an opportune time for Louth County Council to actively engage with representatives of the institution and the Local Government Department regarding the separation issue for the council. The committee of Grangegorman had estimated that over £50,000 was required to expand accommodation for patients so Louth County Council suggested that they separate from the district and establish a mental hospital in the county which would free accommodation in the institution.

Members of Wicklow County Council considered taking similar action as Louth County Council with regard to separation from the Grangegorman district. At a meeting of Wicklow County Council in 1928 James Everett, T.D., raised no objection to County Louth withdrawing from the Grangegorman Mental Hospital but insisted that it would have financial implications for County Wicklow as a result. He believed that Wicklow County Council should also apply for separation and proposed converting the Shillelagh workhouse into a local mental health institution.⁴² The council members discussed the implications of separation for County Louth from the Dublin district because the costs and repayments for loans, buildings, staffing and general costs of Grangegorman would then fall on the remaining districts including County Wicklow.

The councillors in Wicklow were not all in agreement on separation for Louth County Council. They believed that the Portrane asylum was constructed to meet Louth's objections regarding the quality of care and facilities for patients. Wicklow councillors broadly opposed the separation plan for Louth purely on economic grounds because it would incur higher costs in

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² *The Irish Times*, 23 May 1928.

the Dublin district for Wicklow County Council.⁴³ Members of Wicklow County Council also feared the moral and political implications of separation for Louth on the remaining patients from Wicklow in the Dublin institution. Wicklow patients may not have received a good quality of care in the institution because it was the smallest district in a very large institution concentrated on caring for the mentally ill of Dublin city and county.

Louth County Council did not take any heed of the protestations of the Wicklow council. Councillors in Louth believed that they should have every right to spend their own money in their own county. This was the exactly the same argument Wicklow County Council could have made for separation if they were really interested in establishing a mental health facility of their own. However, Wicklow council waited to see what happened with Louth before making an official request to separate from the Grangegorman institution.⁴⁴ Some councillors believed that Louth County Council was making ‘a big mistake’ because the capital expenditure required in the first years of a new institution would not come in full from the separation arrangements with the other districts.⁴⁵ Wicklow County Council sat back and waited to see what happened with Louth County Council.

At the meeting of the urban council in Dundalk, in June 1928, members called for a halt on the separation of Louth from the Grangegorman district. They wanted an inquiry into the financial implications for separation and the projected cost of building an asylum in Ardee on the ratepayers of Louth. Councillor Thomas Clarke felt that the separation was being rushed through the council and the costs arising from separation would bring a heavy burden on ratepayers for decades.⁴⁶ The cost of erecting the institution was an estimated £100,000 including furnishings, material, construction and labour. This meant that £6,000 to £8,000 in annual charges had to be met by the ratepayers on top of existing yearly expenditure. In addition, the cost of feeding and clothing over 300 inmates in the mental hospital added an extra burden on the local taxation account. The local taxation fund would have to cover the pensions of nurses and attendants discharged from Grangegorman mental hospital as a result of Louth’s

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ *The Irish Times*, 21 June 1928.

separation from the institution.⁴⁷ Clarke reminded the council that the alternative to all of these costs was to spend £50,000 on an extension at Portrane, stay part of the Dublin district and add an additional halfpenny in the pound to the local rates. Patrick Deery refused to accept any motion to stop the progress of the asylum and stated that the 'County Council was well able to look after its own business.'⁴⁸

Clearly, local government was not without rivalry between the urban councils and county council. Clarke's concerns centred on the cost to ratepayers in the entire county, but perhaps it was the cost on the ratepayers of Dundalk that concerned him most. Louth County Council had the right to increase the rates in the county. Urban councils did not have the same right so if the rates were increased by the council to cover the cost of the asylum in Ardee, there was little the urban council could do to stop the increase.⁴⁹

Clarke had a valid argument in this regard because in a swift move at the monthly meeting of Louth County Council a few months later, James McGee increased the county rates.⁵⁰ The increase was proposed by McGee and seconded by Matthew Campbell in a matter of minutes before some members of the council had even reached the meeting chamber. McGee and Campbell were from the Ardee area and were part of a small contingent of Ardee councillors on the county council in the 1920s.⁵¹

The rates for the county were increased in the following way: Ardee 94d to 100d (6d increase), Drogheda 94¾d to 100¾d (6d increase), and Dundalk 96¼d to 102½d (6¼d increase). Dundalk had the highest increase in the rates. The rationale behind the increase to the county rates was to provide funding for the construction and maintenance of roads in the county, the costs associated with the development of the mental hospital in Ardee, and the appointment and yearly salary of a county medical officer.⁵² An argument against Clarke's protestations was that the Ardee Mental Hospital was an investment for the county at large and patients from all over

⁴⁷ Ibid.

⁴⁸ Ibid.

⁴⁹ John Horgan, 'The development of local government in Ireland' in *Journal of the Statistical and Social Inquiry Society of Ireland*, xvii, pt. 3 (1945/6), pp 423-37.

⁵⁰ *The Irish Times*, 26 Feb. 1929.

⁵¹ O' Sullivan, *History of local government*, p. 79-83.

⁵² *Dundalk Democrat*, 27 Feb. 1929; *The Irish Times*, 26 Feb. 1929.

County Louth would be treated in the new hospital, compared to removing them from the area and transporting them to Dublin for indefinite periods. If it was only an economic decision then Clarke's argument had some merit. However, there were also strong moral arguments made in the 1920s and previous decades for the establishment of a local mental health institution. In this way, the increase to the local rates was necessary in order to ensure that reform in mental healthcare occurred. The final, and perhaps most significant part of the reform process for Louth, was the enactment of the separation order between Louth County Council and the Grangegormán district.

VIII

The Louth Mental Hospital District Order (1930) ended the connection between County Louth and the Grangegormán institution which had started as a result of the Richmond District Lunatic Asylum Act (1830). The order in 1930 marked the end of one hundred years of an institutional link between Dublin and County Louth in terms of mental healthcare. The document was signed by the Minister for Local Government and Public Health, Richard Mulcahy, on the 12 March 1930. The act started by stating the nature of the relationship between the four groups in the Dublin institution:

Whereas in pursuance of the Lunacy (Ireland) Acts, 1821 to 1901, and the Richmond Lunatic Asylum Act, 1830, as amended by the Local Government (Ireland) Acts, 1898 to 1919, and the Local Government Act, 1925, the Administrative Counties of the County Borough of Dublin, Dublin, Louth and Wicklow form a joint district for the Grangegormán District Mental Hospital (formerly known as the Richmond District Lunatic Asylum).⁵³

The Louth Mental Hospital District Order (1930) stated:

An application has been made to the Minister for Local Government and Public Health by the Council of the Administrative County of Louth to separate the said County from the said joint district and to constitute it to be a separate district with a separate district mental hospital, for the purposes of the Lunacy (Ireland) Acts, 1821 to 1901.⁵⁴

⁵³ 1931/31 [I.F.S.], *Louth Mental Hospital District (Adjustment) Order* (29 Apr. 1931).

⁵⁴ *Ibid.*

The separation order was sanctioned by the following legislation; the Lunacy Acts (Adaption) Order of 1929 which was brought in by order of the executive council in Ireland and amended by the Local Government (Ireland) Acts of 1898 and 1919; and the Local Government Act of 1925. The separation order of 1930 created a direct link between Louth County Council and the Local Government Department with regard to mental healthcare. The order came into effect on the 1 April 1930 and outlined the separation arrangements:

- (a) The Administrative County of Louth shall be separated from and shall cease to form part of the joint district for the Grangegorman District Mental Hospital and such district shall comprise the Administrative Counties of the County Borough of Dublin, Dublin and Wicklow only.
- (b) The Administrative County of Louth shall be and is hereby constituted to be a separate district for the purpose of the provision and maintenance of accommodation for the lunatic poor in that County under the enactments relating thereto.⁵⁵

The following year, a further order was put in place called the Louth Mental Hospital District (Adjustment) Order (1931). The adjustment order detailed the financial arrangements of the separation. Minister Mulcahy was directly responsible for the remuneration to County Louth from the remaining districts in the Dublin institution. The adjustment order stated that Mulcahy had the authority to:

Ascertain and fix the equitable amount which shall be repaid and the proportions and instalments in which the same shall be repaid to the Administrative County of Louth by the Administrative Counties.⁵⁶

The amount to be repaid to County Louth by the other contributing districts was fixed at £32,660. Authorities for Dublin city had to pay Louth County Council £25,284. Dublin county authorities had to pay £4,389 of the total sum and Wicklow County Council was required to pay £2,993 to Louth County Council. The amounts were to be paid in three instalments on the first of the month in August 1931, April 1932 and December 1932.⁵⁷ James McGee argued in later

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Ibid.

years that the capital sum paid to Louth County Council in the order was much less than it should have been.

The capital valuation submitted by the council to the department and Grangegorman committee in 1929 was £100,000 so £32,660 was a lot less than expected by the local authority. The unfairness felt on a local level as a result of, what was perceived, financial injustice to the people of Louth by the department, left its mark on politics in Louth. In 1946, James McGee was a member of the Senate. He aired his grievance and that of the county council over the finances of the separation arrangements in 1930, illustrating that the establishment of the Ardee Mental Hospital had both a positive and negative effect on a local level.⁵⁸ It made Louth County Council more independent in terms of institutional mental healthcare from 1930 onwards. It also left local councillors with bitterness toward the national department and Grangegorman authorities. In 1930, the separation order gave Louth County Council authority to construct a mental hospital in Ardee on part of the Ruxton estate. Construction started in 1930 and ended in September 1933.

IX

In summary, the 1920s was an important time in the development of both mental health care and local government in County Louth. James McGee of Ardee started to gain power on Louth County Council in this period, first as vice-chairman and then as chairman of the council by 1925. This was significant because a consolidation of power had occurred on a local level from the early 1920s with the abolition of the boards of guardians and rural district council in Ardee. The establishment of a County Board of Health in 1925 meant that James McGee, as chairman of Louth County Council, was in a good political position to influence the establishment of a mental hospital in Ardee on part of the Ruxton estate.

In the early 1920s, the unionisation of nursing and attendant staff in Irish district asylums impacted on the local government system because it led to an increased number of staff required in institutions for the insane and, as a result, increased costs to the ratepayers of each county. In County Louth, the rise in staff numbers raised the cost of providing care to patients in the

⁵⁸ O' Sullivan, *History of local government*, pp 83-4.

Dublin institution which made local representatives more vocal about separation from Grangeegorman. In 1924, a deputation made representation to the minister for local government in this regard.

The process of separation continued over the course of the 1920s and was watched closely by the committee of the Dublin institution and members of Wicklow County Council. All parties concerned agreed on a number of issues: Louth could 'cut the cable' with the Dublin district if it was sanctioned by the department; the workhouse in Ardee was unsuitable for use as an asylum; and the cost of separation would be substantial and had implications on the remaining districts in the Dublin institution including County Wicklow.

In 1930 the Louth Mental Hospital District Order separated County Louth from the Richmond district paving the way for the construction of a new mental health facility in Ardee on part of the Ruxton estate. Chapter five examines the details of the construction phase of the new hospital between 1930 and 1933.

Chapter 5

The construction of the Ardee Mental Hospital, 1930-33: the economics of institutional reform

Progress is a force, and the most dangerous of forces. It is the Consciousness of all that is and all that can be. Though it may encounter every kind of prejudice and resentment, this must be asserted because it is the truth: to be more is in the first place to know more.¹

Pierre Teilhard de Chardin

I

This chapter examines the construction of the Ardee Mental Hospital between 1930 and 1933. The examination illustrates that the division between the north and south of Ireland as a result of the Anglo-Irish Treaty in 1921 had implications on the tendering process for the mental hospital in Louth. The council debated the political and economic merits of selecting a Belfast contractor over a Dublin firm. The ultimate selection of the Belfast tender demonstrated that members of Louth County Council were unwilling to corrupt the system of local government by renegeing on their obligation to accept the lowest tender irrespective of political division between the north and south of Ireland.

Following discussions over the building contract, construction of the hospital started under the guidance of Louth County Council with support from the architect, Henry Thomas Wright. The construction phase was an economically competitive period in the history of Ardee and County Louth as a whole. It created a local economy based on the establishment of the mental hospital which in turn formed a fiscal connection between institutional mental healthcare and the local community. Competition for employment on the site involved the workers of Ardee town, its hinterland and the wider population of the county. It also involved bricklayers from Belfast.

¹ Pierre Teilhard de Chardin, *The future of man* (London, 1964).

Contracts for fittings and furnishings for the hospital were awarded to companies in Ardee, Scotland, England and Belgium. The appointment of electrical engineers and auxiliary staff also occurred in this period.

II

Institutions constructed in the pre-Famine era had a patient capacity of between 100 and 250 patients.² The original focus of authorities was that treatment in institutions would lead to the bodily health and recovery of inmates.³ Over the course of the nineteenth century, accommodation in institutions for the insane expanded and by 1900 the system could accommodate thousands of patients. Nineteenth-century lunacy laws meant that patients were confined indefinitely.⁴ This made institutions for the insane more custodial than curative.

The Richmond asylum in Dublin was originally built to accommodate between 200 and 250 patients.⁵ In 1930, the total number of patients in the institution was 3,731 of which 2,084 were in the Richmond asylum in Dublin city and 1,250 in Portrane asylum in north Dublin.⁶ The total number of patients from Louth under treatment in 1930 in the Dublin district was 330.⁷ This figure suggested that the amount of accommodation required in County Louth in the twentieth century was in the hundreds not thousands. The construction of a 500 bed facility in Ardee allowed for a reasonable increase in the number of mentally ill in the county in the following decades. The planned construction of a smaller institution in Ardee was also testimony to changes in the discourse of mental healthcare in the twentieth century.

A mental hospital in County Louth which could accommodate over 1,000 patients was unnecessary because authorities placed more emphasis on the recovery of patients rather than

² William Stuart, Lord Primate of Armagh, County Armagh: his appointment to post of governor for proposed lunatic asylum for Armagh city and making recommendation for others, 17 Sept. 1820-16 Oct. 1820 (CSO/RP/1820/54); *Report of the inspectors-general of prisons of Ireland 1823*, p. 24, H. C., 1823 (342) x, 291.

³ *Report from the select committee on the lunatic poor in Ireland with minutes of evidence taken before the committee and an appendix 1817*, p. 10, H. C. 1817 (430) viii, 33.

⁴ 'Lunacy law reform' in *British Medical Journal*, i, no. 1099 (1882), pp 101-102; 'Report of the general prisons board (Ireland)' in *British Medical Journal*, i, no. 1671 (1893), p. 25; 'Lunacy legislation in Ireland' in *British Medical Journal*, i, no. 1936 (1898), pp 385-386; 'Lunacy and law' in *British Medical Journal*, i, no. 2212 (1903), pp 1213-1215.

⁵ *Report from the select committee*, 1817, p.10.

⁶ *Weekly Irish Times*, 29 Nov. 1930.

⁷ *Ibid.*

permanent custody. One way this appeared in the discourse of institutional care in Ireland was the change in the language used to describe illnesses of the mind. In the nineteenth century, mental illnesses came under a variety of descriptions including melancholia, hopelessness and religious excitement. The language used in the first decades of the twentieth century had evolved into medical terms such as catatonia, hebephrenia and degenerative psychosis. These terms were crafted by the observation and analysis of leading psychiatrists in Europe and the United States including Emil Kraepelin, Robert von Krafft-Ebing and Edward Charles Spitzka.⁸

Psychiatry remained the poor cousin of the medical profession in the early twentieth century. Any developments made in the treatment of mental illness, including the introduction of medical language and descriptions, was an attempt to further the field of knowledge but it was also a way for psychiatrists to gain credibility for their practice amid considerable suspicion from members of the established medical community. British psychiatrist, Henry R. Rollin has argued that:

Psychiatry *per se* was ranked about bottom in the medical curriculum for students; further, its practitioners were given a sideways glance, or were considered in frank suspicion by the medical profession and by and large by the public itself. After all, the *lingua franca* of psychiatry was not English but German and, to a lesser extent, French.⁹

The construction of a new institution in Ardee was an example of institutional reform in mental healthcare but it also legitimised the Irish psychiatric profession in the twentieth century. In order to build a modern strategy in mental healthcare in the twentieth century which covered a range of professional and ideological perspectives, members of Louth County Council had to show that they could be the architects of reform. The council was first tasked with funding the construction of the mental hospital in the early 1930s. The separation arrangements left the council with just over £32,000 and not, as James McGee had expected, closer to £100,000.¹⁰ As

⁸ Henry Rollin, 'Psychiatry in Britain one hundred years ago' in *British Journal of Psychiatry*, clxxxiii (2003), p. 294.

⁸ Michael Foster, 'Lunacy legislation' in *British Medical Journal* (1904), p. 1279.

⁹ Rollin, 'Psychiatry in Britain', p. 292.

¹⁰ The separation adjustment order signed by Richard Mulcahy stipulated that Louth County Council was to be remunerated £32, 660 for the connection with the Grangegorman Mental Hospital. 1931/31 [I.F.S.], *Louth Mental Hospital District (Adjustment) Order* (29 Apr .1931).

a result, the council had to find ways to source capital and continuous funding for the new hospital.

III

In February 1930 Louth County Council applied to the Minister for Finance for a capital loan of £50,000 towards the erection of the hospital. The loan was to be repaid over thirty years.¹¹ The council also increased the local rates to fund the development. At a meeting of the council James McGee discussed the issue. He explained that the increase was due to the cost of erecting the mental hospital as well as the construction of council houses in Dundalk.¹²

With funding sources identified, the council invited tenders for the construction of the hospital. The building competition was advertised in local and national newspapers in June 1930 and stipulated that submissions were invited from companies working in the British Isles.¹³ Sixteen tenders were submitted to Louth County Council. Thornbury Brothers, Ravenhill Road, Belfast submitted the lowest tender with an approximate cost of £79, 987 for building the new hospital. The second lowest tender was submitted by Messrs. Alexander Hull in Dublin at a cost of £80,545. The difference between the two companies was £558. A special meeting of the council took place to discuss the matter.

The background to the meeting started years earlier with the foundation of the Irish Free State.¹⁴ In the first years of independence, the government developed a protectionist policy. In response to the political division of Ireland in the aftermath of the Anglo-Irish Treaty in 1921, a trade boycott was imposed by the new government in which products, goods and contracts were not accepted from Northern Ireland. It became known as the Ulster Boycott. The policy included restrictions on products and goods from Britain and Northern Ireland. The latter two states were also experiencing a period of economic depression with high numbers of unemployment and

¹¹ Copy of an application for a capital loan to the Local Government Department and Public Health by Louth County Council for the construction of the mental hospital in Ardee, 10 Feb. 1930 (LCC/ADM/006/127).

¹² *Dundalk Democrat*, 20 Feb. 1930.

¹³ *Ibid.*, 7 June 1930.

¹⁴ Roy Foster, *Modern Ireland 1600-1972* (London, 1989), pp 516-34; Diarmaid Ferriter, *The transformation of Ireland 1900-2000* (London, 2005), pp 280-448.

poor trade prices.¹⁵ The protectionist policy also limited the importation of goods and products from other countries in order to grow indigenous industries and as a result, gave the Free State Government a level of economic stability in the aftermath of nominal separation from Britain. In this period, leaders attempted to force distance between the Irish economy and the British market. However, in the late 1920s a conservative economic policy developed under the influence of the Cumann Na nGaedheal Party, resulting in trading restrictions being eased and the removal of the Ulster boycott. This meant that when Louth County Council advertised in 1930 for submissions of tenders for the construction of the mental hospital in Ardee, the competition was open to companies in the British Isles.

James McGee, as council chairman, knew exactly his responsibilities in the unfolding circumstances but he was also well versed in political manoeuvring. In order to diffuse the tension and avoid any ill feeling emerging among the members, he used his considerable political skills to calm the situation by arranging to hold a special meeting at which the members would discuss the selection of the tender for the mental hospital, considering the small difference between the lowest two tenders.

Feelings were tense among the elected representatives at this important meeting. The members of the council wished to voice their opinions about the outcome of the tendering process- the lowest tender from a Belfast company, the second from a Dublin company but with a very small financial difference between them. The regulation about accepting the lowest tender for works being planned had always been implemented by Louth County Council from the enactment of the Local Government (Ireland) Act (1898). However, members of Louth County Council were faced with the difficulty of making an economic decision with regard to the selection of the tender for the new mental hospital. They were also faced with the long-term political and possible financial implications of refusing the tender from the Belfast Company in favour of a company working in the Free State. The selection of a tender for the hospital's construction ultimately challenged the integrity of the Local Government system in Louth. The council could select the lowest tender as stated in the brief of the contract or select the next lowest tender from

¹⁵ M. Beenstock and P. Warburton, 'Wages and unemployment in interwar Britain' in *Explorations in Economic History*, xxiii, (1986), pp 1653-172; Daniel Benjamin and Levis Kochin, ' Searching for an explanation of unemployment in interwar Britain' in *Journal of Political Economy*, lxxxvii (1979), pp 441-78.

the Dublin firm and give preference to a business in the south of Ireland.¹⁶ Members of the council voiced their opinions before the final vote occurred.

David Blood, the then Mayor of Drogheda, believed that the lowest tender for the construction of the new hospital should be accepted and any political division between north and south was not a good enough reason to take the second lowest tender. William J. O'Reilly argued that the lowest tender was the most acceptable and the contract stipulated using local labourers and materials. He believed that the council should focus on the local employment aspect of the project and accept the lowest tender irrespective of political division. Kevin O'Reilly believed that 'the removal of the Ulster boycott was the biggest mistake that was made in the Free State' but the council had to accept the lowest tender.

Councillors argued that Free State business policy was too broad-minded and they should keep all the money in the state.¹⁷ James Coburn stated that 'Free State tenders were rejected in the North, not publicly, but by a system of referring them back to a secret committee.'¹⁸ This point by Coburn is significant because he came from the construction business and had experience with submitting tenders for building contracts. The statement shows a level of mistrust and suspicion for councillors in Northern Ireland. Coburn highlighted that those who were part of the construction industry believed that the tender process in Northern Ireland was prejudiced against builders in the Free State.

Patrick Carroll on Louth County Council remarked that all the council could do was accept the lowest tender as per the regulations of the local government system.¹⁹ Others argued that the difference between the two lowest tenders was small and they were in favour of keeping the money in the Free State.

The difference of opinion of council members forced McGee, as chairman, to have the final decision made through a vote where each member of the council could decide on either

¹⁶ *Minute book of Louth County Council, Belfast tender meeting, 14 June 1930 (LCC/MB/010).*

¹⁷ *Ibid.*

¹⁸ *Ibid.*

¹⁹ *Ibid.*

Thornbury Brothers or Hull's in Dublin. The fact that a vote was even taken by Louth County Council was testimony to the tension created as a result of political and economic division in Ireland in this period. The tender from the Belfast Company was accepted by fifteen votes to seven.²⁰ In July 1930, Thornbury Brothers of Belfast was awarded the contract for building the hospital in Ardee.²¹

The outcome of the vote demonstrated that the council was divided but the majority of councillors wanted to stay loyal to the regulations of the local government system. James McGee's handling of the concerns raised at this meeting was impressive and increased his political status in the county. He had protected his previous good standing whilst allowing all the other county representatives their voice. The discussion and decision about the awarding of this contract for a large building project in a small rural town reflected the difficult circumstances existing in Ireland in the early years after the signing of the Anglo-Irish Treaty 1921.

IV

The selection of the Belfast builders over the Dublin firm did not go unnoticed in Northern Ireland. Within a short time of the award to Thornbury Brothers, David Blood and members of Drogheda Corporation visited Belfast City Hall. They were welcomed by the Lord Mayor of Belfast, William Frederick Coates, the High Sheriff, and members of Belfast Corporation. In his welcoming address, the Mayor of Belfast thanked the fairness of Louth County Council in selecting the Belfast builders as contractors for the new mental hospital. He believed that actions such as that witnessed in the local government system in County Louth alongside visits between both jurisdictions strengthened the bond of good-will and friendly feeling between Ulster and the south of Ireland.²²

The selection of the contract for the new mental hospital was noted by representatives of building workers in the south of Ireland. In a letter to the editor of the *Irish Times* Ernest Thompson, secretary of the master builders' association in Dublin, described how the wages for

²⁰ Ibid.

²¹ *Dundalk Democrat*, 10 July 1930.

²² *The Irish Times*, 17 Sept. 1930.

labourers in the south of Ireland were higher than wages in Northern Ireland. Thompson argued that the Belfast contractors were able to offer a lower price for the hospital contract compared to tenders submitted from Dublin or elsewhere in the south of Ireland.²³ The lowest tender was priced on hourly rates for builders in Belfast and the use of materials from Northern Ireland but the contract stipulated that the majority of work was supposed to be reserved for local labourers and building materials. These details became a source of tension throughout the entire construction phase of the hospital.

Labourers in County Louth believed that work on the site should be reserved for them. It was helpful that labourers in the county were members of unions including the Irish Transport and General Workers' Union. The union representatives argued that the hospital was a local project and therefore should benefit the immediate community not outsiders. The bricklayers from Belfast were considered outsiders. Competition for employment on the hospital site occurred throughout the construction phase and involved the immediate community in Ardee, the wider population of Louth and labourers from Northern Ireland.

V

In early 1930, workers from the locality were employed to clear the woodland on the most southerly part of the Ruxton estate and construct a platform for the foundation stone of the hospital (Fig. 5.1). Construction access was required for the building materials and workers. As a result, a temporary roadway was provided on the south side of the building site which brought employment to skilled and unskilled labourers from the Ardee area.²⁴

²³ *Weekly Irish Times*, 29 Nov. 1930.

²⁴ *Dundalk Democrat*, 12 Mar. 1933.

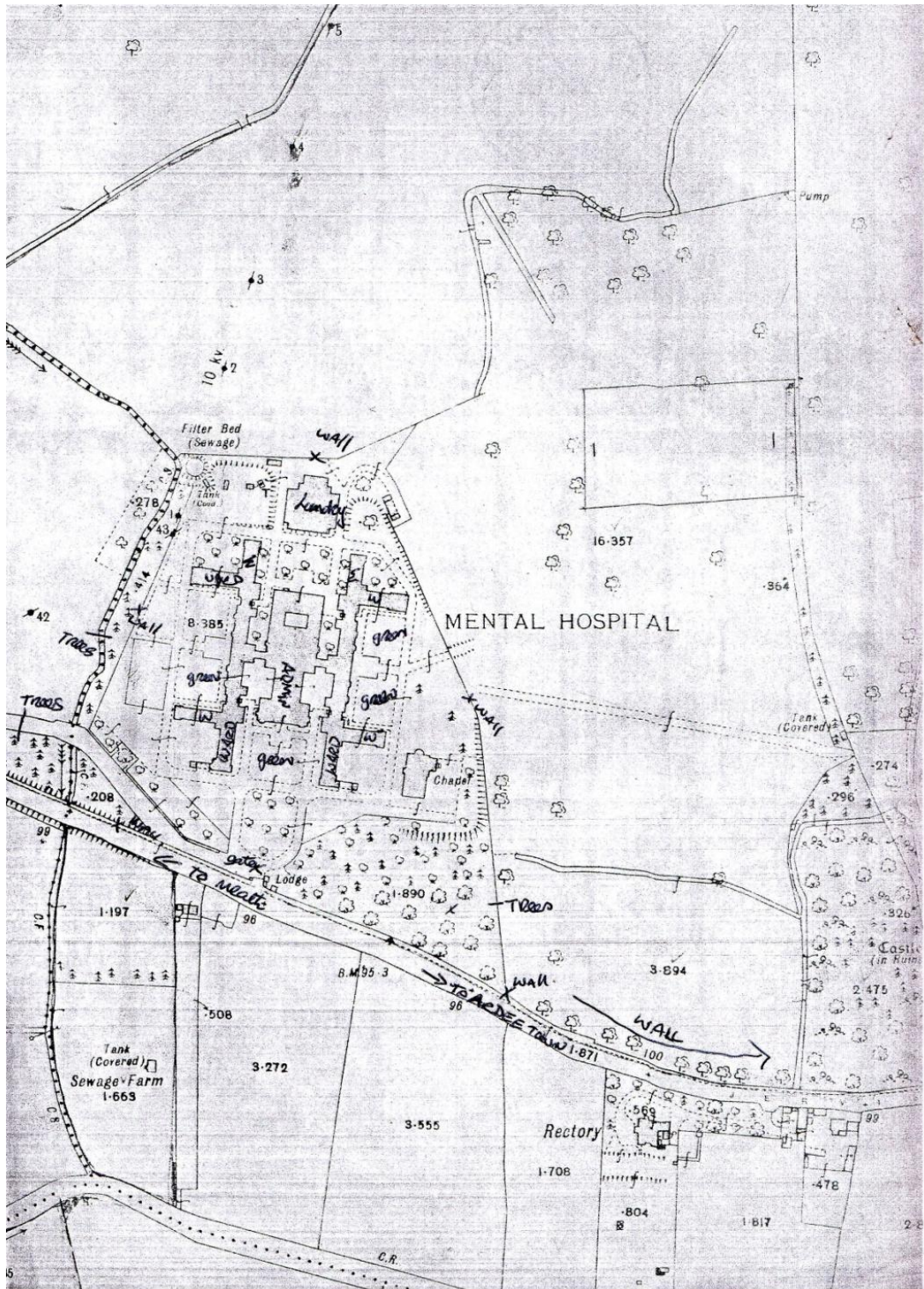


Figure 5.1 – Survey map of Ardee Mental Hospital on Ruxton estate, Ardee, 15 May 1934 (LCC/HPA/024/004)

The people of Louth witnessed the use of the most modern technology in building construction when work began on the site of the new hospital. A company in Britain called Ruston-Bucyrus had developed excavation machinery which made clearing the site easier and faster.²⁵ The photograph below shows the men who used the excavators on the hospital site and in the background is the machine itself with the name of the company partially visible on the rear of the excavator (Fig. 5.2). At the time of the opening of the new mental hospital in Ardee, an advertisement for the company appeared in the national papers promoting the new technology (Fig. 5.3). From the advertisement it is clear that the Ruston-Bucyrus machinery was available from a depot in Dublin in the early 1930s which illustrated that the Irish building industry was importing machinery from Britain.



Figure 5.2 – Ruston-Bucyrus excavator photographed on Ardee Mental Hospital site, *Dundalk Democrat*, 13 Mar. 1932.

²⁵ Peter Robinson, *Lincoln's excavators-the Ruston Bucyrus years 1930-1945* (Somerset, 2006).



Figure 5.3 – Ruston-Bucyrus advertisement, *The Irish Times*, 9 Nov. 1933.

Appointments to senior positions on the hospital site were made through open competition. James McCaul from Derry was appointed the Clerk of Works of the mental hospital on recommendation from the Local Appointments Commission.²⁶ The appointment of McCaul to this senior position during the construction phase was significant to the employment of local labourers on the site. He was a government appointed official, independent of the building company.

Nearly two hundred skilled and unskilled labourers from Ardee were employed during the construction phase.²⁷ A group of the labourers who worked on the hospital were photographed on the site (Fig. 5.4).

²⁶ Ibid, 24 Feb. 1931.

²⁷ *Dundalk Democrat*, 12 Mar. 1933.



Figure 5.4 – Labourers photographed on site, *Dundalk Democrat*, 1933

Dissatisfaction with employment issues caused disputes to arise on the building site. A small strike occurred between the Ardee labourers and contractors which delayed construction of the facility. The labourers involved were part of the Irish Transport and General Workers Union who demanded the proper rate of pay of 9½d per hour from the contractors.²⁸ The Ardee labourers were unionised and their union officials were able to negotiate with the contractors to ensure they were treated fairly and in accordance with salary regulations in place in the Irish Free State. Ernest Thompson had already highlighted in the *Irish Times* that the hourly rate for labour in Northern Ireland was lower than the hourly rate for labourers in the Free State.²⁹ He had been concerned that the selection of the Belfast contractors was misrepresentative of the costs involved in building the new hospital in Ardee in the 1930s. The protectionist attitude of local labourers and local industries evolved throughout the construction phase.

²⁸ *Weekly Irish Times*, 29 Nov. 1930.

²⁹ *The Irish Times*, 2 Aug. 1930.

James McCaul, the Clerk of Works, was involved in a dispute with some of the bricklayers from Belfast who were employed by Thornbury Brothers. The workers 'downed tools' because of a disagreement with McCaul and the time keepers on the site in relation to a problem with the personal insurance card of one of the bricklayers. When McCaul questioned the bricklayer, 'unpleasantness' ensued and the bricklayer was dismissed. As a result, all of the Belfast bricklayers walked off the site on strike.³⁰

The first years of the construction period were hindered by problems between labourers and contractors which slowed progress on the site. However, McCaul did not show favour to bricklayers from Belfast when it involved them having proper documents to allow them to work on the site. In the case of employment for local labourers on the site, the national media reported that:

Protests that work on the £80,000 mental hospital being built in Ardee for the Louth County Council was reserved for Ardee people, and that deserving labourers from others parts of the county were unable to find employment on the job, were made at the meeting of Louth County Council in Dundalk on Monday.³¹

James Duffy, a member of the council representing north Louth (Barronstown), complained that the job was being reserved almost entirely for Ardee people. He argued that other parts of the county were paying toward the cost of the institution through the rates so employment on the site should be open to the population of the entire county. McGee claimed that he agreed that the 'man from the outside had as much right to work on the job as the Ardee man, but where was the contractor to find work for everybody who wanted it?'³² Bearing in mind that Thornbury Brothers brought a number of bricklayers from Belfast to Ardee and a lot of the employment went to skilled and unskilled labourers in Ardee, the rest of the labouring population of Louth stood little chance of being employed on the site. The situation showed that, irrespective of the work for bricklayers from Belfast, the Ardee community ensured that work on the site was reserved for men from the immediate locality.

³⁰ *Dundalk Democrat*, 10 July 1931.

³¹ *Weekly Irish Times*, 20 Dec. 1930.

³² *Ibid.*, 17 Dec. 1930.

There were valid arguments for both keeping the project primarily for Ardee workers and for involving the wider population in the development. The Ruxton estate was purchased primarily for the ‘prosperity of the townspeople.’³³ From the perspective of the wider population of Louth, the construction of the hospital represented political and economic progress for the whole county so the Ardee townspeople had no right to keep the building project to themselves.

The construction phase showed the competitive nature of the project: between the immediate community and the population of the rest of the county, and between the Ardee labourers and labourers from Northern Ireland. In March 1932, a deputation of local building operatives attended a meeting of Louth County Council and protested that, while Northern Ireland plasterers were at work on the job, there were many local plasterers unemployed.³⁴ It was argued that ‘in a job the money for which was being put up by the local ratepayers they should get a fair chance of work.’ McGee visited the hospital site and spoke to the architect, Henry Thomas Wright, about localising the employment opportunities on the site. The county council was ‘anxious that every possible penny should be spent in local work.’³⁵ Aside from employment issues, Henry Thomas Wright was able to advise the council on the selection of building materials for the hospital.

VI

Henry Thomas Wright moved from Newcastle-upon-Tyne in England and resided in Ardee for the duration of the project. He took up residence at Corballis in April 1931. He offered his advice to the council on the use of building materials and use of labour. In April, Louth County Council proposed that concrete bricks made locally should be used to build the institution. Wright objected to the use of concrete bricks arguing that within a short period the bricks would disintegrate and a sheet of paper could pass through them and further crevices appear overtime. He stated that he would not accept responsibility for the building if concrete bricks were used in the structure.³⁶ The council unanimously agreed that concrete bricks would not be used, based on Wright’s strong rejection of the proposal. The council asked the architect if he was aware of

³³ *Dundalk Democrat*, 28 Jan. 1912; Omeath Park purchase, minute books of Louth County Council, 24 Jan. 1912 (LCC/MB/2/8).

³⁴ *The Irish Times*, 22 Mar. 1932.

³⁵ *The Irish Times*, 22 Mar. 1932.

³⁶ *Dundalk Democrat*, 4 Oct. 1930; *The Irish Times*, 3 Oct. 1930.

a suitable alternative. Wright reported that the cheapest local bricks would cost £4 per thousand but if the council ordered high quality red bricks from Belgium they could be delivered to the quays at Dundalk at a cost of 46s. per thousand. They could be available in two months on the site if the council agreed to the proposal. The council approved the order and purchase of two and a half million bricks from Belgium.

Wright was aware of the substantial brick industry in the Boom region of Belgium which had numerous small brick companies since the nineteenth century and some as far back as the seventeenth century.³⁷ Britain in the mid-1920s experienced an increase in the amount of bricks and tiles from Belgium and Holland being ordered by builders. This importation practice damaged indigenous building material manufacturers. Belgian bricks and Dutch tiles were imported at a cost lower than materials could be manufactured in Britain. The materials arrived in England on the Harwich-Zeebrugge ferry and were then offloaded onto trucks. The railway system in England was used to transport the bricks and tiles across England and Wales.³⁸ This could all be done at a much lower cost to councils than using local brick manufacturers. Wright was working in Newcastle-upon-Tyne prior to Ardee, so his knowledge of the building industry in England became relevant to County Louth.

Irish manufacturers had to deal with the impact on the building industry of brick and tile imports from continental countries which were priced lower than they could be manufactured in Ireland. New housing estates in Dundalk were built with bricks from Scotland. Aberdeen bricks were famous for their high quality and durability. The county surveyor and a Free State local government department representative found the durability of Irish bricks very poor which meant that the council had to purchase bricks from abroad and transport them by ferry to Dundalk quays. The Dundalk brick works had closed by 1930 although the bricks it produced were considered to be of very good quality. One million bricks from the Dundalk brick works were used in the building of Portrane Lunatic Asylum. Patrick Hughes, a member of the urban council, noted that the best bricks in Ireland were made in the Dundalk brick works and had

³⁷ Information on the brick industry in Belgium sent to author by electronic mail from Björn Rasking, Vandersanden (brick) Company, Belgium (July 2013).

³⁸ *The Irish Times*, 22 Apr. 1926.

been used to build the Town Hall in Dundalk.³⁹ Hughes believed that it was unfortunate that one hundred years after the construction of the Town Hall Free State leaders had to import bricks for public housing projects and that they could be delivered to Ireland at a lower cost than bricks made locally.

The use of bricks from Belgium meant that every effort was being made by the council to ensure that the Ardee Mental Hospital was a high quality building project. The building of the hospital also highlighted the scale of the development for Ardee in the early 1930s. Transporting over two million bricks from Belgium to County Louth was a big operation. Between May and July 1931, the transportation of the bricks to Ardee was a newsworthy topic for the locality.

VII

In early May 1931 an announcement was made in the local newspaper that the first consignment of bricks from Belgium had arrived at the train station in Ardee, been transferred onto GNR lorries, then transported through the town to the site of the mental hospital.⁴⁰ On 30 May 1931 another load of bricks arrived at the quays in Dundalk. The steamer from Belgium was called the *Bergendal* and it carried 640 tonnes of bricks. At eight in the morning the hatches were pulled off the load and by evening the load was transferred to train wagons and departed Dundalk for Ardee. Further loads of bricks came into Drogheda quays in the following weeks (20 June – 4 July).⁴¹

The official open day of the hospital site was 2 June 1931. A few weeks later a rumour circulated in Louth about the foundation stone on the hospital site. Work had stopped on the site because the foundation stone was reportedly not laid properly. Discussions arose over increasing the strength of the foundation. The concrete was reinforced before work recommenced.⁴²

³⁹ The importance of the Dundalk brick works is evident in *Journal of Irish Building News* which discussed building news in Ireland and Britain in the nineteenth and twentieth centuries. For example see *The Irish Builder*, xxix, no. 659 (1887), p. 160; *The Irish Builder*, xliii, no. 989 (1901), pp 674-5; The Town Hall in Dundalk was designed by John Murray and opened in 1859. There was a fire in 1946 which destroyed the upper floor of the building but it was replaced by an Art Deco design which remains in place today.

⁴⁰ *Dundalk Democrat*, 2 May 1931.

⁴¹ *Ibid.*, 20 June 1931; 4 July 1931.

⁴² *Ibid.*, 20 June 1931.

On 20 June 1931 a cargo of bricks arrived into Drogheda quays from Belgium. A fleet of lorries from County Louth and Meath met the cargo at the quays and were employed to deliver the material to Ardee. Before it left the quays, the load was weighed. It was a considerable operation for the quay workers to transfer the load onto GNR lorries and private company trucks on each occasion. The loads were weighed again when they arrived at the market place in Ardee. The tonnage of each load of bricks was between 600 and 650 tonnes. In Ardee, the weighing of the bricks was important because the 'revenue derived should help to swell the Commissioners receipts.'⁴³ This referred to the tax available on each load of bricks arriving in Ardee from Belgium. The full amount of bricks (2.5 million) was transported to Ireland from Belgium between April and July 1931. The last load of bricks arrived at Dundalk quays on 4 July 1931.

With considerable progress taking place on the hospital site, plans were made for the installation of electricity and gas. Advertisements appeared for a number of employment positions in late 1932. The construction of the institution also required many other materials such as glass for all the windows, bathroom fittings, fire mains, beds, chairs and tables. Between September 1932 and September 1933 the new institution was filled with an array of furnishings and fittings, highlighting a level of competition between local firms and firms from outside County Louth for their supply.

VIII

The Haden Company in Dublin installed the heating and hot water system in the mental hospital. The fitters who installed the system were photographed in 1933 standing on the hospital site (Fig. 5.5). A promotional advertisement for Hadens appeared in the media on the day of the opening of the institution (Fig. 5.6). In the background was one of the partially completed sections of the hospital with scaffolding.

In September 1932 tenders were invited for complete electrical installation at the mental hospital.⁴⁴ Notices for applications for a clerk to the Ardee Mental Hospital Committee and a storekeeper appeared in the local and national media. The clerk had a sanctioned salary of £200

⁴³ Ibid., 20 June 1931.

⁴⁴ *The Irish Times*, 1 Sept. 1932.

per annum with an age limit for applicants of 21 to 35 years old. The storekeeper was to be paid £150 per annum with an age limit of 21 to 35 years old.⁴⁵



Figure 5.5 – Haden fitters photographed on site, *Dundalk Democrat*, c.1933

ARDEE HOSPITAL.
Heating and Hot Water Service
OF
Hospital and Medical Officers' House,
Gas and Steam Cooking Plant,
Laundry Plant and Disinfector, Steam
Boiler Plant
HAVE BEEN INSTALLED BY
HADENS
ENGINEERING COMPANY, LTD.
SOLE ADDRESS:
199 PEARSE STREET,
'Phone 43987/8 **DUBLIN** Wires—
Warmth

Figure 5.6 – Haden advertisement, *The Irish Times*, 9 Nov. 1933.

⁴⁵ Ibid., 1 Sept. 1932.

Belfast companies benefitted from the building project in Ardee. William Curran and Son from Belfast were contracted to supply the sanitation, plumbing and fire mains at Ardee Hospital (Appendix 7). Graves in Waterford did the covering of the roofs of the facility and stated that there was ‘no extra insurance on buildings covered with Grave’s Patent Roofing’ (Appendix 7). Campbell Brothers in Belfast supplied the glass for the windows in the hospital (Appendix 7). J. L. Smallman in Dublin supplied some of the plumbing fittings. The name Shanks appeared on the basins in the laundry (Appendix 7). Shanks Holding Limited was a company in Glasgow, Scotland which manufactured bathroom fittings and fixtures and was established in 1878.⁴⁶ The Ardee Chair Factory supplied bentwood and other chairs to the hospital (Fig. 5.8). McGee stores in Ardee supplied building materials, gas cookers, ranges and mantels to the facility (Fig. 5.9).



Figure 5.8 – Ardee Chair Factory advertisement, *The Irish Times*, 9 Nov. 1933;
 Figure 5.9 – McGee stores advertisement, *The Irish Times*, 9 Nov. 1933.

The drying machine is a fascinating piece of engineering and technology in the early twentieth century. The clothes and bed linen were first washed in the laundry room, then moved to a separate room for drying. The drying system consisted of tall movable trolleys. Pieces of linen were hung on the trolley railings. Then each trolley, filled with sheets, was rolled back in into the steaming area and the entire system secured for the drying period (Figs. 5.10-11). The

⁴⁶ The Armitage Shanks brand was the result of a business merger between Shanks in Scotland and Incorporated Armitage Company in Staffordshire, England in c.1970. The Armitage Company was established by Thomas Bond in the early 1800s.

system reduced the drying time of the hospital bed linen considerably, a most useful advantage in caring for the physical needs of the patients. The hygienic advantages achieved by use of this system would have helped in reducing infection risk among patients. The authorities in County Louth were well aware of the problems experienced in the Richmond asylum in trying to control the spread of infection and infectious diseases.⁴⁷ The most efficient laundry system available was installed in the new mental hospital in Ardee in the early 1930s.



Figure 5.10 – Bradford machinery in laundry building, Ardee Mental Hospital (Photographed by L. Butterly, 2012)

⁴⁷ *Freeman's Journal*, 6 Oct. 1894, 'The Richmond Outbreak'; 'The thirty-ninth annual report of the commissioners in lunacy for Ireland' in *British Medical Journal*, ii, no. 1556 (1890), pp 980-81; 'Lunatic asylums, Ireland: annual report' in *British Medical Journal*, ii, no. 1660 (1892), p. 906; 'The increase of lunacy in Ireland' in *British Medical Journal*, i, no. 1690 (1893), p. 1086; 'Increase of lunatics in Ireland' in *British Medical Journal*, ii, no. 1708 (1893), p. 698.



Figure 5.11 – Bradford machinery in laundry building, Ardee Mental Hospital (Photographed by L. Butterly, 2012)

IX

Louth County Council called for tenders for the immediate supply of twenty tons of fuel oil in the Ardee Mental Hospital.⁴⁸ The Shannon Scheme provided the lighting connection to the hospital.⁴⁹ The local company McGee's in Ardee installed the main gas system to the facility.⁵⁰ Between May and July 1933, the county council called for tenders for the provision of furniture, clothing, hardware and services required in the operation of a 500 bed facility. Preference was

⁴⁸ *Dundalk Democrat*, 26 Feb. 1933; *The Irish Times*, 25 Feb. 1933.

⁴⁹ *Dundalk Democrat*, 26 Feb. 1933; see Mark Maguire, 'Socialists, savages and hydroelectric schemes: a historical anthropological account of the construction of Ardnacrusha' in *Irish Journal of Anthropology*, iii (1998), pp 60-77.

⁵⁰ *Dundalk Democrat*, 26 Feb. 1933; 'Building news' *The Irish Times*, 9 Nov. 1933.

given to goods manufactured in the Free State that had the Irish Trade Mark. Contractors were expected to deliver all the items free using the railway line in Ardee.⁵¹

Throughout the construction period, the national government encouraged the sale and purchase of goods with the Irish Trade Mark so the national economy could generate a degree of financial autonomy from Britain and support the growth of the economy under the Fianna Fail leadership. In Ardee, the shopkeepers supported the economic policy of the national leaders and displayed goods made in Ireland. A report in the *Dundalk Democrat* noted:

During the week, Irish manufactured goods of various sorts were much in evidence in local shop windows. The displays were very interesting, varied in number and attracted a good deal of attention. Certainly, the shopkeepers without exception excelled in their efforts to encourage the sale of Irish as far as possible.⁵²

The construction phase of the Ardee Mental Hospital was an important period in the economic history of Ardee and County Louth which was reported in the local media:

Ardee has been singularly fortunate in comparison with other towns in its unemployed problem and local labourers have on the whole very little cause for complaint. By far the largest numbers of skilled and unskilled labourers have been employed at the Mental Hospital. The weekly wages bill must run into many hundreds of pounds and most of it finds its way to local shopkeepers and benefits the town to a considerable extent. In addition there are many carters employed amongst whom the small farmers in the vicinity have shared in the work.⁵³

A final stage in the development of the new mental hospital was making it accessible with a new road. In 1933, Louth County Council invited tenders for the construction of a road in connection with the Ardee Mental Hospital. The new road linked the main street in Ardee to the

⁵¹ *The Irish Times*, 1 July 1933; *Dundalk Democrat*, 2 July 1933; *Dundalk Democrat*, 25 July 1933 – ‘all goods must be delivered free to Ardee rail station.’ Advertisements for contracts were signed by Dr Patrick Moran, Resident Medical Superintendent. Advertisements appeared in subsequent years for provisions and supplies for the hospital but the rail line closed in Ardee in June 1934 so the invitation for tenders from companies did not stipulate transport of goods using the railway.

⁵² *Dundalk Democrat*, 12 Mar. 1933.

⁵³ *Ibid.*, 12 Mar. 1933.

mental hospital. The brief for tenders stated that the road was a 5,502 super-yards concrete road including 786 lineal yards kerb, 1,310 super-yards Bitumac footpath and water drainage.⁵⁴

The water supply to the new institution took precedence over the supply of water to other parts of the county including Blackrock and Annagassan. The hospital connection was increased from 2 to 4 inches in diameter which provided more water to the facility compared to populated areas of the county. The increase in the amount of water supplied to the institution increased the county rates.⁵⁵

The Ardee hospital road was completed by the time of the opening event in early November 1933. The roadway symbolised the journey the county council and district councils had taken in order to separate from the Dublin institution and establish a purpose built mental hospital for the care of the mentally ill in County Louth.

It had taken just over one hundred years for Louth representatives, both grand jury and local government councils, to achieve their aim and establish a local asylum which would benefit the patients and provide an economic resource for future generations of the Ardee community. The construction phase was also very important in terms of the architecture of institutional mental healthcare in Ireland in the twentieth century. The architect, Henry Thomas Wright, had supplied the council with a design for the hospital that mirrored the innovative and progressive ethos of the project and brought the architecture of mental healthcare into the modern era. Wright has not received recognition for his contribution to the modernisation of architecture for mental healthcare in the twentieth century. Chapter six examines the architecture of the Ardee Mental Hospital in historical, social, political and cultural contexts.

X

This chapter examined the construction of the Ardee Mental Hospital. The council showed that it could negotiate the tense political and economic circumstances of the period by maintaining the integrity of the tendering process and selection of the lowest tender despite any inclination

⁵⁴ Notice for public road between Bohernamoe and the entrance to the Ardee Mental Hospital, 21 July 1933 (LCC/ADM/006/146); *Dundalk Democrat*, 21 July 1933; *The Irish Times*, 20 July 1933.

⁵⁵ *Dundalk Democrat*, 30 June 1932.

to do otherwise. The quality of building materials used to construct the hospital was of the highest available standard. High quality bricks from Belgium made the overall appearance of the building both stable and impressive. The competition for contracts provided local companies with an opportunity to compete with companies in Britain. The use of the Ruston-Bucyrus excavator, the sink fittings from Shanks in Scotland and the installed drying system in the laundry from Bradford's in Manchester were evidence of the high standards used in the establishment of the new mental hospital in the Irish Free State. In the selection of a range of materials from the north and south of Ireland and from Britain, Louth County Council showed awareness of trends occurring in the building industry in the inter-war period. By September 1933, a new mental hospital stood on part of the Ruxton estate and was ready to begin receiving patients from the Dublin hospitals (Richmond and Portrane).

Chapter 6

The architecture of the Ardee Mental Hospital in historical context

I

This chapter examines the architecture of the Ardee Mental Hospital in historical context. The examination begins with the contextual background for the selection of the design for the hospital in 1928 and 1929. A plan was submitted by Henry Thomas Wright from Scotland and was accepted by the council. The hospital design lifted the nineteenth-century quasi-prison forms to a new height creating a different way of seeing institutional mental healthcare, one which was structurally and ideologically distinct from the security conscious nineteenth-century asylums. The level of fear and mistrust of institutions for the insane in nineteenth-century Ireland was an aspect of a wider attitude of protecting the lunatic from themselves, and the public from the lunatic.¹ In the twentieth century a cultural shift had occurred whereby patients who would have previously been sent to a prison or high security lunatic asylum were sent to mental hospitals in the 1920s and 30s because they were more appropriate for the mentally afflicted.²

Wright broke from tradition and set a new standard for hospital architecture by linking it to the emerging non-custodial rhetoric of mental healthcare in the twentieth century. The design was not a variation on the theme of custody used for nineteenth-century asylums nor did it replicate or perpetuate prison architecture. Instead, the architectural design in Ardee openly and unapologetically criticised early forms of asylum architecture. As a result, by November 1933 the hospital was architecturally aware of its responsibility to acknowledge the institutional past, recognise the institutional present and shape the non-institutional future.

¹ Leonard Smith, 'The architecture of confinement: urban public asylums in England, 1750-1820' in Leslie Topp, James Moran and Jonathan Andrews (eds), *Madness, architecture and the built environment: psychiatric spaces in historical context* (London, 2007), pp 42-3.

² *Weekly Irish Times*, 29 Nov. 1930.

II

In April 1928, John McGahon was asked by Louth County Council to design the new mental hospital. He was a native of Dundalk and a leading architect in County Louth in the first decades of the twentieth century.³ John McGahon was also a brother of the aforementioned Thomas McGahon. In May 1928, E. P. McCarron, the then secretary of the Department of Local Government and Public Health, sent a letter to Louth County Council stating the objections of the Minister (Richard Mulcahy) to the selection of a local architect for the project without competition. The following June, the council ignored the letter and instructed McGahon to make a plan for the mental hospital.⁴ McGahon submitted a design for the hospital with a patient capacity of 316 and at a cost to the council of £59,425. E. P. McCarron sent correspondence alerting the council that he was not pleased with their actions.⁵ The council responded by inviting four local architects to submit a plan for the hospital, permitting them to collaborate on the project.⁶ McCarron then suggested to the council that the minister may not be able to sanction a capital loan for the establishment of the hospital if it did not open a competition inviting submissions.⁷

In September 1928, as a result of McCarron's persuasive personality, Louth County Council agreed to hold an open competition.⁸ James McGee, as chairman of the council, believed that it was better to agree to hold an open competition because it would keep the channel of communication open between the council and department.⁹ This was particularly important in 1928 because the council required a capital loan to build the hospital once separation from the Dublin institution was finalised.

³ Harold O'Sullivan, *History of local government in the county of Louth from earliest times to the present time* (Dublin, 2000), pp 82-83.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ *Dundalk Democrat*, 31 Aug., 1 Sept. 1928.

⁹ Ibid.

John McGahon was not paid for his efforts in preparing plans although representations were made on his behalf. The department claimed that as it did not agree that McGahon prepared plans in the first place, compensation for his effort was not due.¹⁰

The fact that it was an open competition for architects working in the British Isles was significant. Historically, institutions for the insane were designed by architects specifically selected by authorities. George Semple was employed by the Board of Works to design St Patrick's Hospital in Dublin city in the mid-eighteenth century. The pre-Famine institutions were designed by Francis Johnston and William Murray.¹¹ The post-Famine institutions were the golden age of asylum architecture using corridor plans. Architects were employed by the Board of Works.¹² In the 1890s, George Coppinger Ashlin provided a design for Portrane asylum in north Dublin using a broad arrow or echelon plan.¹³ Ashlin's plan was selected through a limited architectural competition, where only a small number of architects had been invited to submit designs. It was not an open competition. The competition for the design of the mental hospital in Ardee was an unusual example in Irish history of an entirely open competition being set up to select an architect and plan.

III

In June 1929, the competition was widely advertised in papers. The notice stipulated that submissions were invited from companies working in the British Isles. Louth County Council appointed an assessment board with George Sheridan as head assessor. Thirty-four plans were received. They were installed in the Municipal Technical Schools, Chapel Street, Dundalk.¹⁴ The assessment board had no knowledge of the origin of the designs.¹⁵ The plans were displayed in the council offices in September and each design was anonymised so that the assessors made an unbiased decision and selected the best quality design.¹⁶ Interestingly, only

¹⁰ O' Sullivan, *History of local government*, pp 82-3.

¹¹ Marcus Reuber, 'The architecture of psychological management: the Irish asylums, 1801-1922' in *Psychological Medicine*, xxvi (1996), pp 1179-1189; Frederick O'Dwyer, 'Building empires: architecture, politics and the board of works 1760-1860' in *Irish Architectural and Decorative Studies*, v (2002), pp 109-176; Elizabeth Malcolm, 'Asylums and other "total institutions": recent studies', in *Éire-Ireland*, xxii, no. 3 (1987), pp 151-60.

¹² Reuber, *Psychological management*, pp 1179-89.

¹³ *Ibid.*

¹⁴ *Dundalk Democrat*, 31 Aug. 1929.

¹⁵ *Ibid.*, 7 Sept. 1929.

¹⁶ *Ibid.*, 31 Aug. 1929.

eleven of those submissions were from Irish architects.¹⁷ The anonymous assessment may have been politically motivated due to the experiences in Ireland in the aftermath of the Anglo-Irish Treaty in 1921 and the tension created as a result of division with Northern Ireland.

The winning plan was submitted by Henry Thomas Wright (1875-1956) who was a Scottish born architect.¹⁸ He attended Edinburgh School of Applied Art until 1895 and entered into partnership with Charles Francis Armstrong in Newcastle upon Tyne in 1889. The pair worked together until 1910. Wright was a fellow of the Royal Institute of British Architects.¹⁹ In 1928, Wright had also submitted a design for the Town Hall and Municipal Offices at Dumfriesshire, Scotland. He was awarded third place in that competition in 1929.²⁰ The mental hospital in Ardee was his most significant achievement. No other major building project has been attributed to Wright in Ireland or Britain.²¹ However, his ability to design a mental hospital and select high quality building materials was unquestionable.

Second place in the competition was awarded to William Naseby Adams (1887-1952). Adams was a British architect working in England at the time of the competition. He studied at the Liverpool School of Architecture and was a member of the Royal Institute of British Architects.²²

Third place was awarded to two architects working in Ireland but who had been trained in England. The firm was called Beckett & Harrington. George Francis Beckett (1877-1961) was educated at Rathmines School and then apprenticed in Manchester in the firm of Thomas Worthington. He was mainly interested in ecclesiastical and industrial designs.²³ Beckett designed a number of buildings for Methodist communities throughout his career. As a member of the Civics Institute of Ireland, Beckett was part of the Town Planning Committee. He was

¹⁷ Ibid., 7 Sept. 1929.

¹⁸ 'Henry Thomas Wright' in *Dictionary of Scottish architects*, available at <http://www.scottisharchitects.org.uk>; Ardee Mental Hospital competition results in *Architect & Building News*, lxxi (1929), p. 280.

¹⁹ 'Henry Thomas Wright' obituary in *Architects Journal*, 3 Jan. 1957, pp 7-8.

²⁰ Ibid.

²¹ Ibid.

²² 'William Naseby Adams' in *Dictionary of Irish architects*, available at <http://www.dia.ie>; *Architect & Building News*, p. 280.

²³ 'George Francis Beckett and Cyril Ashlin Harrington' in *Dictionary of Irish architects; Architect & Building News*, p. 280.

also interested in the development of social building and public spaces such as children's playgrounds and inner city areas.²⁴ In the 1920s Beckett was made chairman of the organising committee for the publication of the Dublin Civic Survey. Cyril Ashlin Harrington (1890-c.1975) studied architecture at Liverpool University.²⁵ In 1919, he established a business partnership with Beckett on Lower Abbey Street in Dublin. Harrington's architectural profile was mainly ecclesiastical projects and financial buildings including branches of the Munster and Leinster Bank. Harrington was elected president of the Architectural Association of Ireland in 1931 which was the chief representative body of architects working in Ireland at the time.²⁶

John McGahon (1874-1936) submitted a design for the open competition but was unsuccessful.²⁷ In 1928, Louth County Council could not have found a more local architect to design the new mental hospital but McGahon's involvement was halted by the local government department. He was an engineer and architect and completed his apprenticeship under Peter Cahill, an engineer for the Dundalk Harbour Board. At the latter part of the nineteenth century, McGahon travelled to England to observe emerging trends in modern architecture as well as classical building forms. In the early twentieth century, he set up a private practice carrying out public and private commissions in Counties Monaghan and Louth. McGahon was well positioned in community politics, networking with influential members of Louth's political population with which he would have had contact through various local government committees.

On Monday 2 September 1929, an awards ceremony took place in the county council offices. Wright was awarded £900 for his design, Adams was awarded £125 and Messrs. Beckett and Harrington received the combined award of £75.²⁸ There was an exhibition held after the awards were given. They were available for public view in the technical school on application to view to the caretaker of the school.²⁹ In October, Louth County Council exhibited the three

²⁴ Ibid.

²⁵ Ibid.

²⁶ The Architectural Association of Ireland was founded in 1896. The aim of the association was to promote the study of architecture and the allied science and arts, and to provide a medium of friendly communication between members and others interested in the progress of architecture.

²⁷ 'John Francis McGahon' in *Dictionary of Irish architects*.

²⁸ *Dundalk Democrat*, 5 Sept. 1929.

²⁹ Ibid., 31 Aug. 1929.

winning designs in the Dundalk Technical Schools (a plural was used because there was both a boys' and girls' school on Chapel Street in Dundalk in 1929). At the event James McGee gave a speech. He hoped that any political influences would not interfere with the amount of compensation entitled to be repaid to Louth after such a long relationship with the Dublin institution.³⁰ With this statement, McGee was referring to financial remuneration as a result of separation from the Grangegorman institution. He also remarked that the council were delighted with the plan by Wright.³¹

At the quarterly meeting of Louth County Council, the council approved of the decision of the finance committee to accept the award of George Sheridan to Henry Thomas Wright for his design (16 September 1929). The ratification of the committee decision was proposed by Patrick Carroll and J. P. Carney (21 September 1929). By mid-April 1931, the Scottish architect had moved to Ardee, for the duration of the construction of the hospital, taking up residence in Corballis. He advised Louth County Council on different problems which arose particularly with regard to the use of suitable bricks.³²

Despite conflict between the county council and the department of local government over the process of selection of an architect for the hospital, Wright's plan was a positive step forward in the twentieth century. The architecture was an example of reform in institutional mental healthcare and created two avenues for historical investigation: one practical and the other ideological.

IV

From a practical viewpoint the architecture comprised red brick English bond walling, which was relieved by surface modulation and had classically-derived enrichments.³³ The clock tower, in the style of Sir Christopher Wren, was an example of classical enrichment in the architecture of the Ardee Mental Hospital (Fig. 6.1). The 'arresting disparity between the two-storey

³⁰ Ibid., 5 Sept. 1929.

³¹ Ibid.

³² Ibid., 4 Oct. 1930; *The Irish Times*, 3 Oct. 1930.

³³ 'An introduction to the architectural heritage of County Louth', *Department of Environment, Heritage and Local Government* (Dublin, 2008), p. 110.

entrance range and the emphatically tall tower that rises above it is evidently a conscious choice by the architect that adds piquancy to the design.³⁴



Figure 6.1- Clock tower and central block, Ardee Mental Hospital (Photographed by L. Butterly, 2012)

A recent assessment for the Buildings of Ireland survey described the architecture as:

A detached multiple-bay two-storey hospital ... Symmetrical plan about north-south axis, central five-bay administrative block with pedimented central breakfront, flanking single-storey projections each containing canted bay windows, two-stage pyramid-roofed tower to north, set back from, and linked to, east and west two-storey flat roofed ward wings each with two full-height projections to outside elevations.³⁵

³⁴ Ibid.

³⁵ Ibid.

The hospital was divided into male and female wards. The open plan used for wards gave more ventilation and space to patients. It optimised natural lighting by using large windows on each ward and day rooms. In early nineteenth-century asylums, such as the Richmond, small cells were used and only day rooms had open planning. In St Patrick's Hospital, the conditions were cold and dark. Most patients were crowded together in a room with only a small window close to the ceiling for light. The windows did not have glass which was perhaps due to the introduction of the glass or window taxes or the high cost of glass in the eighteenth and nineteenth centuries. Artistic representations of lunatic asylums for the late eighteenth and early nineteenth centuries in Europe emphasised the lack of natural lighting in rooms crowded with patients.³⁶ In Ardee, bright open planned wards were a sign of progress in mental healthcare in the twentieth century. Only a small number of single rooms were available at the end of each ward (3 per ward).

Each ward was a semi self-sufficient unit and had a small kitchen, a day room and a private dining area for the patients. All eight wards could operate independently of each other. This was important in the twentieth century because it was evidence that practical arrangements were made in the ward structure of the hospital between classes of patients and limited interaction between different classes of patient. All meals for patients were made in the kitchen of the hospital and produce from the hospital farm was used in preparing meals.³⁷ The staff had a separate dining hall in the central block which was catered for by the kitchen staff.

The central block was used by administrative, nursing and maintenance staff. The wards on either side of the hospital were accessible through doors leading from the central block and staircases to the first floor. The central block had an access area for maintenance staff to move between corridors. These long corridors created a network for staff to move around the facility but they could be closed off and locked at each end. However, in the twentieth century the staff in the hospital was separated. For example, the female staff worked on the female side of the building and the male staff worked on the male wings. Interaction between the male and female staff was restricted and the central block acted as a physical barrier between both sides of the

³⁶ Francisco de Goya, *Casa de locos* (Madrid, 1812-18); Goya, *Corral de locos* (Madrid, 1793-94).

³⁷ List of produce from hospital farm and supplies to mental hospital, 1963-68 (LCC/FIN/011/003).

hospital. There were also exit doors on both sides of the main block providing access to the outside of the institution (Fig. 6.2).



Figure 6.2- Exit door on corridor, Ardee Mental Hospital
(Photographed by L. Butterly, 2012)

Henry Thomas Wright is recognised for his knowledge of the growth of safety regulations in institutions in the twentieth century. At the turn of the twentieth century, a large fire at Colney Hatch asylum in London highlighted that bars on the windows of wards prevented patients from

escaping from the fire.³⁸ Authorities in Irish mental hospitals, including the Grangegorman committee, started to replace wooden buildings with stone and concrete. Wooden buildings were a serious fire hazard.³⁹ In 1931 the medical officer for County Louth, Dr Lavery, suggested that the mental hospital in Ardee should have its own fire engine manned by the staff of the institution.⁴⁰ This idea did not materialise in County Louth. However, it was not an unreasonable suggestion by Dr Lavery because the Monaghan Mental Hospital had its own fire brigade with safety clothing and helmets.⁴¹ In the annual reports of the inspectors of Irish mental hospitals the inadequacy of appliances to cope with outbreaks of fire in mental hospitals was highlighted.⁴² The issue of fire safety in mental hospitals moved the network of institutions away from the haphazard, custodial experience of the nineteenth century into a modern healthcare ideology, one which recognised that the mentally ill needed comfort, safety, treatment and shelter in order to recover and leave the hospital. Treating them like animals, as reported in the nineteenth century by the commissioners of lunacy, was not part of mental healthcare strategy in the twentieth century.⁴³

The precautions taken at the Ardee Mental Hospital in relation to fire safety were very practical. The building was constructed using brick and steel unlike earlier institutions which used corrugated iron and wood.⁴⁴ In the interior of the structure at Ardee the staircases were made of stone not wood (Figs. 6.3-4). The only area wood appeared was in the interior roof of the laundry building.

³⁸ 'Annual meeting of the medico-psychological association of Great Britain and Ireland' in *British Medical Journal*, ii, no. 2221 (1903), pp 200-202; *The Times*, 28 Jan. 1903; *Elyria Chronicle Telegram*, 27 Jan. 1903; *Bluefield Daily Telegraph*, 27 Jan. 1903; *The Mercury (Hobart)*, 29 Jan. 1903, 14 Feb. 1903.

³⁹ *The Irish Times*, 26 Apr. 1930.

⁴⁰ *Ibid.*, 23 June 1931.

⁴¹ Fire safety equipment (helmets and clothing) were inscribed with the initials MMH which was an abbreviation for Monaghan Mental Hospital (after 1925 Local Government Act). Some of these items are held in Monaghan County Museum and photographs are part of the private collection of Michael Connolly, a former psychiatric nurse in the hospital in Monaghan.

⁴² *Annual reports of Irish mental hospitals*, Department of An Taoiseach files, Dec. 1927-Oct. 1933 (NA/TSCH/3/s6667A); Louth County Council fire insurance details, 25 Mar. 1930 (LCC/ADM/LB/001/040); For more on fire safety developments in County Louth see Canice O'Mahony, 'Dundalk's fire fighting capabilities' in *An engineer remembers* (Dundalk, 2009), pp 134-8.

⁴³ *Report of the commission of inquiry into the state of lunatic asylums and other institutions for the custody and treatment of the insane in Ireland 1857*, H. C. 1858 (2436) xxvii, 159.

⁴⁴ 'Annual meeting of the medico-psychological association' (1903); *The Times*, 28 Jan. 1903.



Figure 6.3-4: Staircase, Ardee Mental Hospital (Photographed by L. Butterly, 2012)

A most revealing part of the overall design was the clear separation between the laundry and maintenance buildings from the main hospital (Fig. 6.5). The spread of fire from laundries in mental hospitals was highlighted in the late 1890s and early twentieth century in both Britain and the United States.⁴⁵ In Ardee, separation between the laundry and maintenance buildings protected the main hospital because combustible material and chemicals were moved away from the wards, staff and patients. In the event of a fire outbreak in either the laundry or maintenance building, it could not spread to the rest of the hospital because of the fire safety precautions built into Wright's design. He had provided a safety net for the main hospital structure, simply by distance.

⁴⁵ Ibid.

It was important to ensure that the Ardee Mental Hospital was protected for loss or damage because it was a major economic and political investment for the entire county. It had taken over one hundred years for Louth political representatives to separate from the Dublin institution and establish a local mental health facility. It was vital that they put in place measures to protect the institution. Wright provided a very progressive design to Louth County Council, one which made institutional reform on a local level architecturally unique in the Free State period.



Figure 6.5- Laundry building, Ardee Mental Hospital (Photographed by L. Butterly, 2012)

From an ideological perspective, the architecture of the Ardee Mental Hospital was highly developmental when compared to nineteenth-century institutions for the insane. In the 1800s institutions for the insane used a custodial architectural language with emphasis on control and confinement. Panoptic architecture was linked to prison designs which created an ideological link between criminality and insanity. Doors and long corridors were all used to manage and monitor the movement of patients.⁴⁶ Wright reconciled the custodial architecture of institutions in the 1800s with mental healthcare attitudes in the twentieth century which were influenced by developments in European and North American mental health services.⁴⁷

Two separate asylum designs explain what Wright was able to achieve in his design for the Ardee Mental Hospital. The first is the Richmond Lunatic Asylum in Dublin which opened in 1815 and was designed by Francis Johnston and William Murray. The second is Wakefield Lunatic Asylum in Yorkshire which opened in 1818.⁴⁸ Wright was living in Newcastle-upon-Tyne when he submitted the design to Louth County Council, so it is not improbable that he made the short trip from Newcastle to Yorkshire to examine buildings in order to gain a better understanding of the architecture of mental healthcare.

The architecture of the Richmond used a central vantage point so that the entire asylum could be monitored by the governor and staff (Fig. 6.6). The theory of the panopticon belonged largely to prison design and was developed by Jeremy Bentham in Scotland the eighteenth century and analysed by the French scholar Michel Foucault in the twentieth century.⁴⁹ Any interaction with other patients was controlled by the staff in the institution. The power of the architecture lay in

⁴⁶ Michel Foucault, *Discipline and punish: the birth of the prison*, trans. Alan Sheridan (2nd ed.) (New York, 1995), pp 199-204.

⁴⁷ *Appointment of Saorstat representative to take part in study tour of mental hospitals in Great Britain*, Sept. 1934 (DFA/2/31/130); *Investigation into conditions of mental hospitals and clinics in Holland*, July 1934 (DFA/2/31/121).

⁴⁸ Samuel Tuke, *Practical hints on the construction and economy of pauper lunatic asylums including instructions to the architects who offered plans for the Wakefield asylum and a sketch of the most approved design* (York, 1815); A. L. Ashworth, *Stanley Royd Hospital, Wakefield: one hundred and fifty years, a history* (Yorkshire, 1975).

⁴⁹ Janet Semple, *Bentham's prison: a study of the panopticon penitentiary* (Oxford, 1993); Philip Schofield, *Utility and democracy: The political thought of Jeremy Bentham* (Oxford, 2006), pp 90-92; Michel Foucault, *Discipline and punish: the birth of the prison*, trans. Alan Sheridan (2nd ed.) (New York, 1995); Michel Foucault, *Psychiatric power*, trans Graham Burchell (New York, 2008).

the omnipotent presence of the central tower.⁵⁰ The architecture produced an unbroken line of sight to all sides of the institution around the central point.

By comparison, the Wakefield Lunatic Asylum in Yorkshire used a double panopticon in its design which meant that the staff had two vantage points: one on either side of the institution (Fig. 6.7). The wards radiated outward from the octagon blocks. The design at Wakefield was also a modified H-plan because it included three wings not two on each side of the administration block. The male and female patients were separated through the design of the structure. An H-plan was used by William Burn at Dundee asylum in Scotland.⁵¹ At Wakefield, the administration block in the centre included the main entrance door to the asylum.⁵²

In Ardee, over one hundred years later, Wright used a design which recognised, acknowledged and then contested the architectural theory unpinning the plans used for the Richmond and Wakefield. Similarities appeared in the structural arrangement of the ward wings, administration block and corridors. The differences appeared on a conceptual level and were more in accordance with attitudes to mental healthcare in the twentieth century (Fig. 6.8).

The architecture of the hospital in Ardee was a subtle combination of a panoptic plan, H-plan and corridor plan (Littlemore asylum, Oxford, c.1846). It flattened and elongated the Wakefield plan. It was linked to the Richmond design because it used a single corridor to wrap around the central block. Wright discarded the concept of the 'all-seeing eye' which was so characteristic of prison and lunatic asylum architecture in the 1800s. The design allowed for complete separation between classes and gender of the patients and allowed for greater focus on the recovery of patients and high quality care. Wright recognised sub-groups in the institution by creating distance between patients in the design of the hospital.

⁵⁰ Michel Foucault, *Discipline and punish*, pp 199-204.

⁵¹ M. Glendinning, R. MacInnes and A. MacKechnie, *A history of Scottish architecture: from the Renaissance to the present day* (Edinburgh, 2002), pp 185-242, 253-66.

⁵² Tuke, *Practical hints*; Ashworth, *Stanley Royd Hospital*.

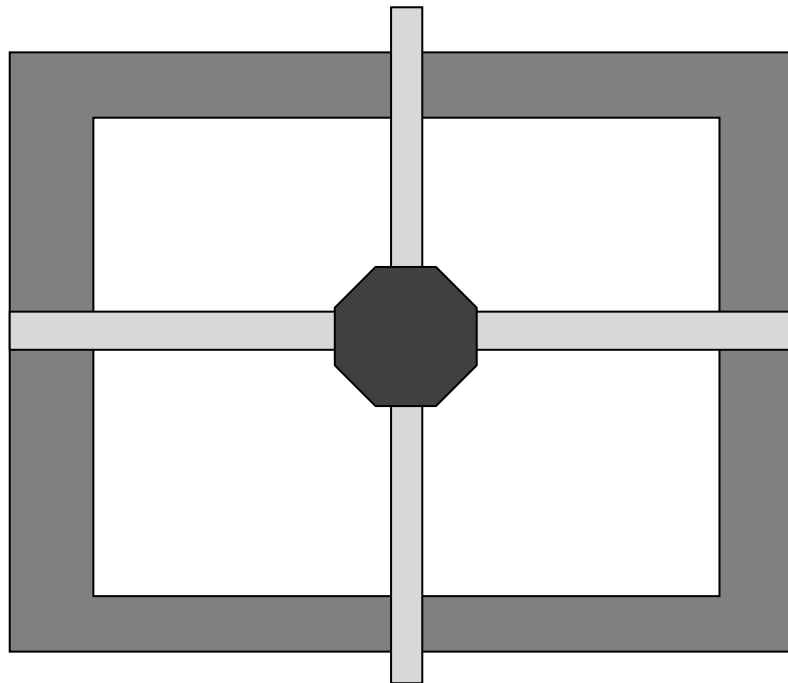


Figure 6.6 – Richmond Lunatic Asylum c. 1830, floor plan – not to scale
(By L. Butterly, 2012)

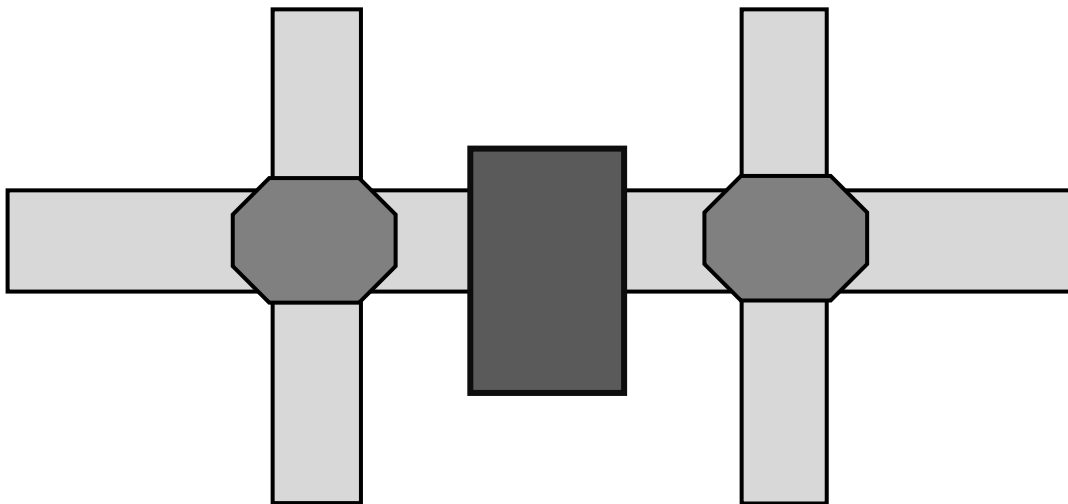


Figure 6.7. – Stanley Royd Lunatic Asylum c. 1818, floor plan – not to scale
(By L. Butterly, 2012)

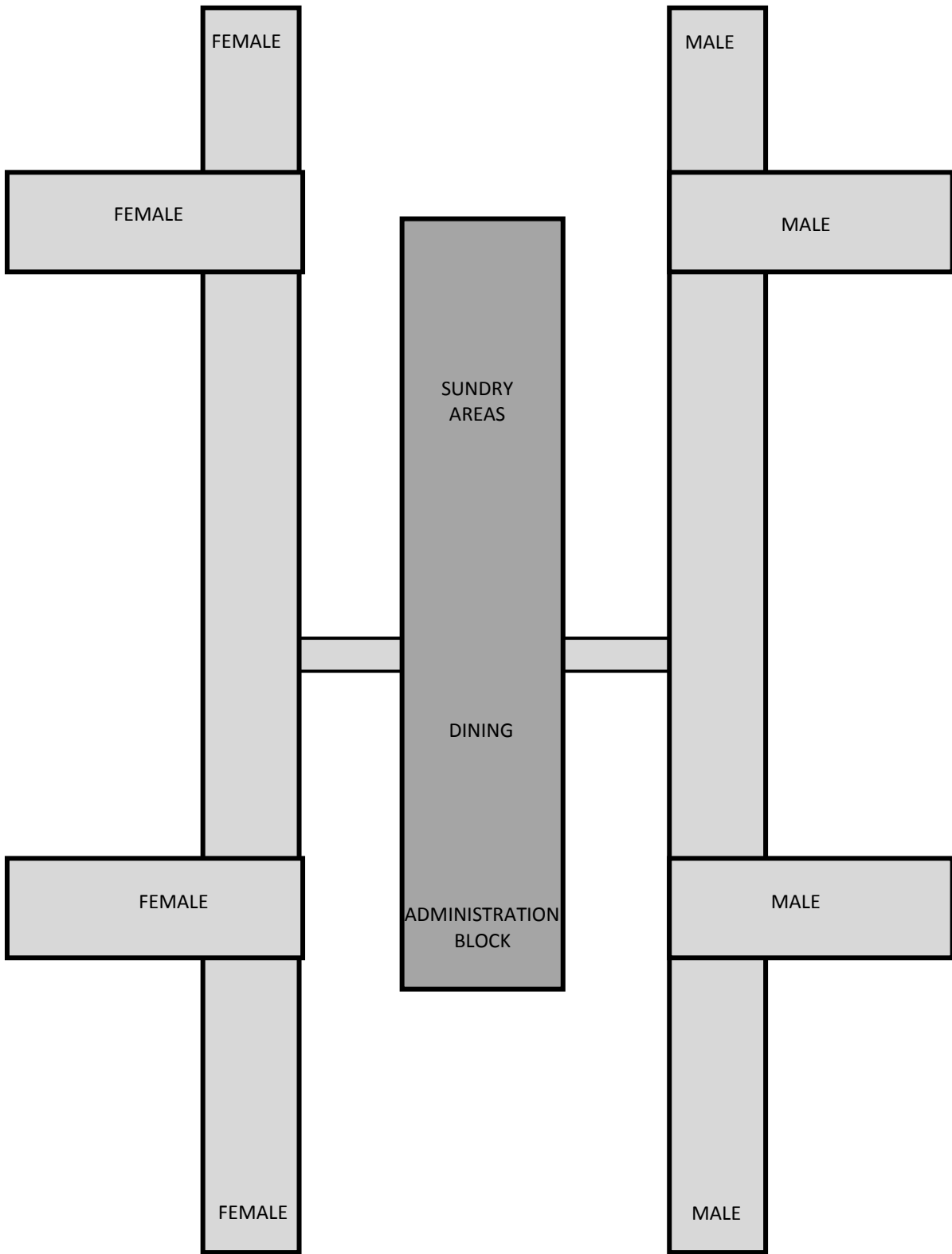


Figure 6.8 –Ardee Mental Hospital, 1933, floor plan – not to scale
 (By L. Butterly, 2012)

Wright sent a message that prison design was not appropriate for modern mental healthcare in Ireland. He showed greater awareness of the difference between interior security and architecture and may have been aware that a mental hospital could be security conscious without security concerns dictating the entire design of the institution.

On broader examination, the architecture of the Ardee hospital was unusual in Ireland between 1930 and 1940. It did not follow modern trends as a result of the influx of modern styles of architecture from Europe and the United States. Modern architecture rejected classical styles both in the design of buildings and the use of construction materials. Red-brick walling and classical motifs such as clock towers were replaced with skeletal constructions, clean vertical and horizontal lines and the extensive use of steel and concrete.⁵³ Two styles of architecture emerged in twentieth-century Ireland: Art Deco and International Style. An earlier form of Art Deco was Art Nouveau. Art Nouveau was a demonstration of wealth and opulence but Art Deco was an expression of austerity in the aftermath of World War One.⁵⁴ The most famous example of Art Deco architecture is the Chrysler building in New York City which was completed in 1930.⁵⁵ Art Deco designs first developed in Paris and spread across Europe and United States. In 1935, John McGahon used Art Deco architecture for a new Vocational Education Committee School on Chapel Street in Dundalk.⁵⁶

The development of the Ardee Mental Hospital site by Louth County Council did not ignore modern trends in architecture entirely. A Roman Catholic chapel was constructed on the hospital site which incorporated motifs from the Art Deco movement. It was designed by the office of John McGahon.

⁵³ 'An introduction to the architectural heritage of County Louth', *Department of Environment, Heritage and Local Government* (2008), p. 111.

⁵⁴ Patricia Bayer, *Art Deco architecture design, decoration and detail from the twenties and thirties* (London, 1999).

⁵⁵ David Stravitz, *The Chrysler building: creating a New York icon day by day* (New York, 2002).

⁵⁶ 'An introduction to the architectural heritage of County Louth', *Department of Environment, Heritage and Local Government* (2008), p. 113.

VI

In 1933, Dr Patrick Moran, the Resident Medical Superintendent, advertised for applications from architects 'resident and practising in the Saorstát' for the design and supervision of the construction of a Roman Catholic chapel at the Ardee Mental Hospital.⁵⁷ The restriction to architects resident in the Saorstát was a new development in institutional mental healthcare in County Louth. In 1928 the council was instructed by the Department of Local Government and Public Health to hold an open competition to select an architect for the mental hospital. By 1933 the council was able to select an architect working in the Irish Free State. This was an example of the impact of a change in leadership of the national government to Eamon deValera and the Fianna Fáil party because of the implementation of a strict economic policy which resulted in an Economic War between Britain and Ireland.⁵⁸ The influence of the protectionist policy on a local level appeared in the selection of a local architect for St Luke's chapel. The national government influenced the development of the Irish architectural landscape which was financially bolstered by the sweepstake fund.

The Department of Local Government and Public Health allocated £5,000 from the Irish Hospital Sweepstakes for the construction of the chapel on the hospital site.⁵⁹ The architect Vincent Kelly along with Peter Hughes from Dundalk headed the committee of reference which was set up to advise the government on the allocation of funds from the Sweepstakes. In this role Hughes and Kelly developed the Irish hospital landscape in the 1930s and emphasised the importance of using modern architecture for new hospital projects.⁶⁰

In 1933, the national department did not object to the selection of the Dundalk Company, John McGahon and Son, for the design of the new chapel in the same way they objected to the office of the McGahon's designing the mental hospital in 1928. This may have been also due to the

⁵⁷ *Dundalk Democrat*, 10 June 1933.

⁵⁸ Roy Foster, *Modern Ireland, 1600-1972* (London, 1990), pp 516-566.

⁵⁹ Vincent Kelly personal scrapbook, (IAA/ACC/2009/100); Vincent Kelly, 'Modern hospitals' problems: Ireland's effort towards a solution', *Irish Independent*, 25 July 1933; Kelly scrapbook contains photographs of Kelly and Peter Hughes at official events and opening of new hospitals which were funded by the Hospital Sweepstakes. The Irish Hospital Sweepstakes were established to raise funds for the government to transform and modernise the hospital landscape. Funds raised were allocated by the Committee of Reference to alter existing buildings and construct new hospitals using modern forms of architecture.

⁶⁰ Vincent Kelly scrapbook contains photographs of Kelly and Peter Hughes at official events and opening of new hospitals which were funded by the Hospital Sweepstakes.

fact that the hospital chapel was a much smaller project and the national department did not have much interest in it. The mental hospital was a larger project and showed a high level of competition between the local council and department of local government. The distinguishing aspect of the planning and construction phase of St Luke's in the 1930s was that it showed very little competition between architects, suppliers, contractors or local representatives on the county and district councils.

Donnelly Brothers of Carrickmacross, County Monaghan was commissioned to build the chapel. On Ascension Thursday 1935, the cornerstone was blessed. The chapel opened in 1939. In 1940, Canon Harmon, the parish priest of Ardee performed the dedication.⁶¹ By 1940 both the main hospital and chapel stood side by side on the same site but they were markedly different in architectural terms.

VII

The architecture of St Luke's chapel combined Romanesque Revivalism and Art Deco, both styles popular in church building projects across Europe, the United States and Canada.⁶² The chapel was a free standing rectangular shape with a semi-circle enclosure on one end, the apse (Fig. 6.9-10). The entrance door was a simple wooden structure surrounded by two concrete columns in the Doric order (Appendix 8). The chapel included a small mortuary used for the repose of patients who died in the hospital. The mortuary was attached to the chapel on the east side of the structure set away from view (Appendix 8).

⁶¹ *Dundalk Democrat*, 10 May 1940.

⁶² M. Glendinning, R. MacInnes and A. MacKechnie, *A history of Scottish architecture: from the Renaissance to the present day* (Edinburgh, 2002); Sean Rothery, *Ireland and the new architecture, 1900-1940* (Dublin, 1991).



Figure 6.9- St Luke's exterior (Photographed by L. Butterly, 2012)



Figure 6.10- St Luke's exterior (Photographed by L. Butterly, 2012)

There were six windows on either side of the chapel with semi-circular arches at the top which were characteristic of the Romanesque style (Fig. 6.11). The shape of the rectangular windows was notable. They were constructed with a semi-circle arch at the top rather than an apex point. This was not unusual for a Romanesque window but coupled with Art Deco ornamentation in the glasswork made the architecture of the chapel more interesting.



Figure 6.11 – Rectangular window - interior: 1 of 12 windows
(Photographed by L. Butterly, 2012)

Even though the overall design of the chapel followed the Romanesque Revival movement, Art Deco embellishments appeared on the exterior of the structure. The chevron motif was placed subtly in the midst of the Romanesque design (Fig. 6.12).⁶³

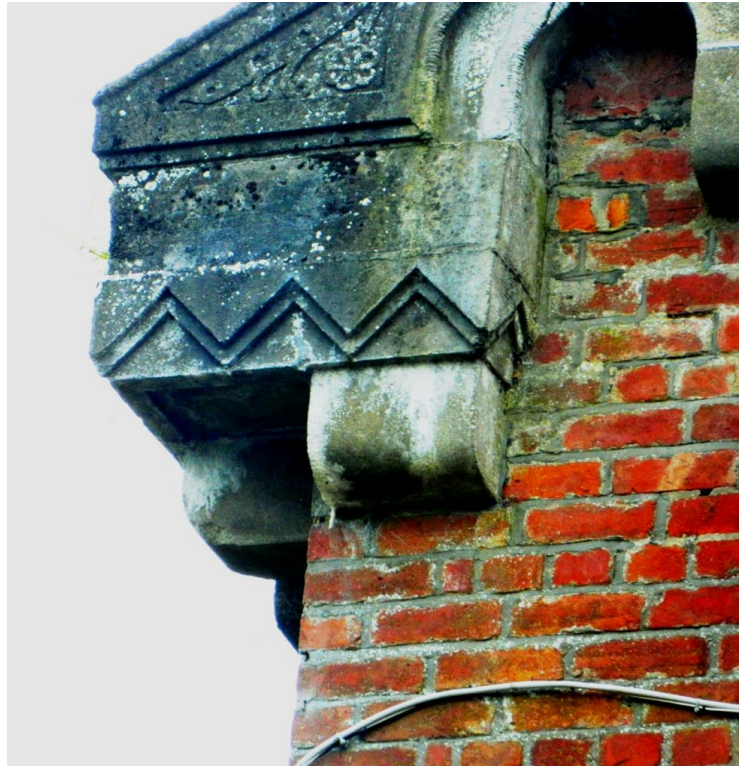


Figure 6.12- Chevron detail, St Luke's exterior
(Photographed by L. Butterly, 2012)

The main window of the chapel was circular. Rose windows were common in Gothic architecture. However, the window used in St Luke's was a Romanesque wheel window (Fig. 6.13). The difference between the two types was that the spokes radiated outward from a centre circle in the Romanesque design. Gothic rose windows were far more complex and detailed. The stained glass in St Luke's was not elaborate compared to gothic or art nouveau designs. Geometric shapes rather than religious characters or scenes were used in the stained glass in St

⁶³ An example of the Art Deco motif in County Louth is Fitzsimmons Bakery which opened in Town Parks, County Meath in 1930, 'An introduction to the architectural heritage of County Louth', *Department of Environment, Heritage and Local Government* (2008), p. 113.

Luke's. The use of geometric patterns was characteristic of Art Deco and these patterns were repeated in a single window or set of windows.

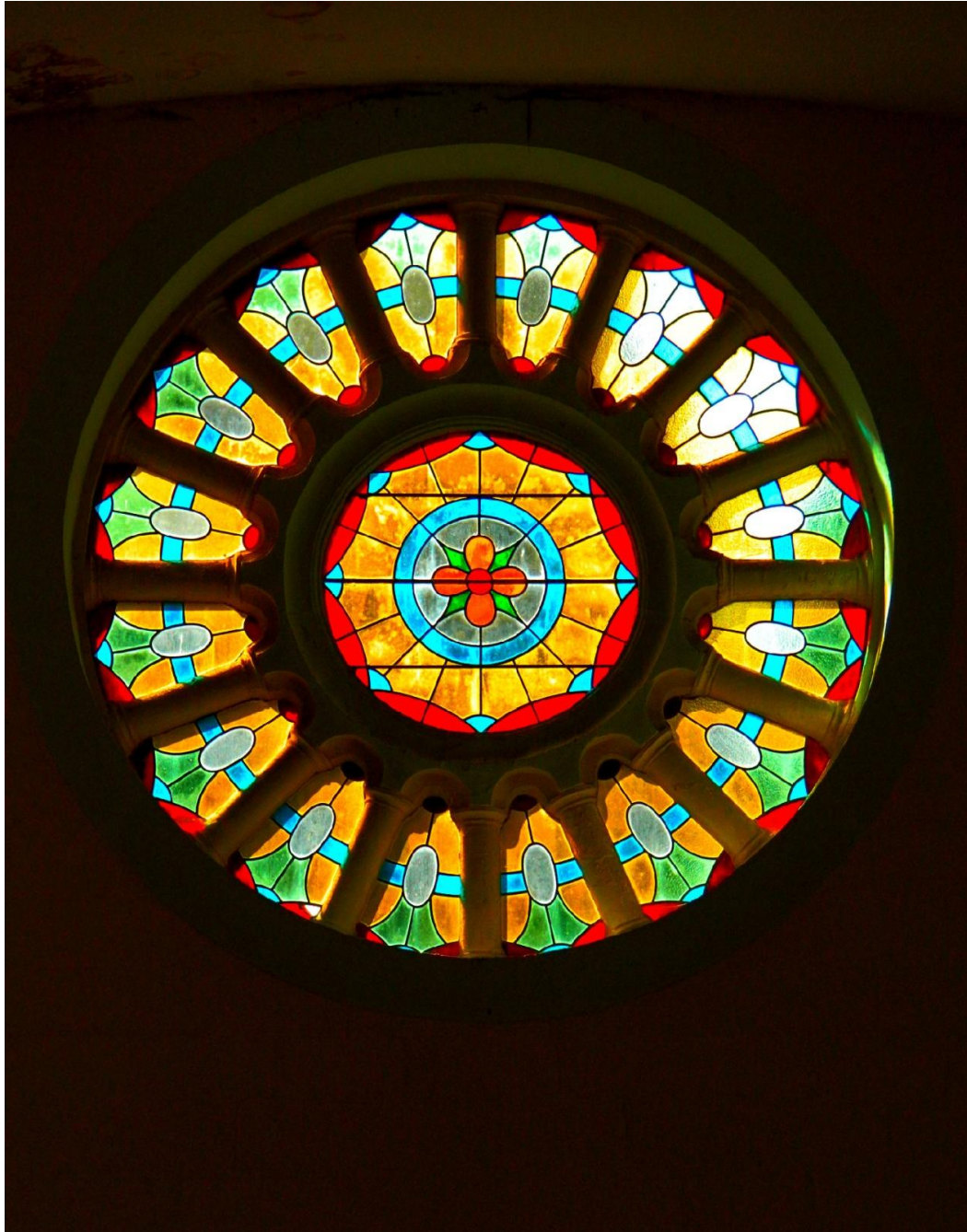


Figure 6.13- Wheel window, St Luke's (interior view)
(Photographed by L. Butterly, 2012)

Wood was used in Art Deco interior design. In the chapel, wood was used for the altar, seating, doors and pulpit (Fig. 6.14). The view from the apse showed the seating arrangements in the chapel, the entrance door and windows (Fig. 6.15). The palette used in the interior of the chapel was characteristic of Art Deco design with concentration on light blue, white, yellow, green and solid red. The contract for painting the interior was awarded to a Dundalk firm owned by the architect Vincent James O'Connell. The company had its premises on Earl Street in Dundalk. The internal painting of St Luke's was completed in 1938.⁶⁴



Figure 6.14- St Luke's interior view (Photographed by L. Butterly, 2012)

⁶⁴ 'Awarding of contract to paint the interior of St. Luke's Roman Catholic Chapel at the Ardee Mental Hospital' in *The Irish Builder*, lxxv (1933), p. 699; lxxvi (1934), p. 158.



Figure 6.15 - St Luke's interior view (Photographed by L. Butterly, 2012)

The architecture of St Luke's did not obviously connect to the mental hospital in the 1930s but a link was made on a conceptual level rather than architectural. Art Deco was not just a form of architecture. It was synonymous with streamlining designs developed in technology and engineering in Britain and the United States in the inter-war period and the style appeared in the motor industry and the making of domestic appliances.⁶⁵ The Ruston-Bucyrus machinery was an example of technological advances made in the aftermath of World War One which made construction work easier, faster and more efficient. Similarly, the drying machine in the laundry building from Bradford's was an example of new technology which made domestic work in institutions faster.

The machinery made better use of resources in the hospital including human resources. New technologies streamlined the time and effort required to complete banal tasks such as washing

⁶⁵ Christine Cogdell, *Eugenic Design: Streamlining America in the 1930s* (Pennsylvania, 2004); Barrie Down, *Art Deco and British car design – the airline cars of the 1930s* (Dorchester, 2010).

and drying linen. The conceptual link was between the Art Deco movement, St Luke's chapel and technologies used in the main hospital. In 1928, Louth County Council may have had an Art Deco architectural design for the main hospital within reach from John McGahon. If this were the case, the Ardee Mental Hospital would have been an extraordinary architectural achievement for a county council in the Free State period.

VIII

There was a strong possibility that Louth County Council had at their disposal an Art Deco design for the hospital from John McGahon but Richard Mulcahy and E. P. McCarron stopped it from being used because of a power play between local and national department members. The design by McGahon was not rejected by the department. They just believed that Louth County Council was overstepping its power by selecting a local architect for the project without competition.⁶⁶ Although the plan by McGahon has not been preserved there was evidence to suggest that his design followed modern architectural styles including Art Deco.⁶⁷ The plan may not have been entirely Art Deco but it could have included Art Deco embellishments such as chevron detail.

Irrespective of what the architecture of the mental hospital may have been under the guidance of McGahon, the design of St Luke's created an architectural polemic on the hospital site. Wright's design was progressive in terms of institutional mental healthcare and emphasised a non-custodial approach but the architecture was not an obvious example of modern styles between 1930 and 1940. McGahon constructed the chapel using Art Deco motifs so his contribution to the entire project was in introducing a design which was part of the modern trend in architecture in Ireland. The contradictory outcome in terms of the architecture on the hospital site was linked to power relations between Louth County Council and the Department of Local Government and Public Health between 1928 and 1933.

The introduction of modern architecture in this period in Ireland was encouraged and was developed because of new government funding, sourced through the Irish Hospital's

⁶⁶ O'Sullivan, *History of local government*, pp 82-3.

⁶⁷ 'An introduction to the architectural heritage of County Louth', *Department of Environment, Heritage and Local Government* (2008), p. 113.

Sweepstakes. The Committee of Reference set up to advise the government on the allocation of grants was led by Dundalk man Peter Hughes, a minister in the first Free State government, and the distinguished architect, Vincent Kelly who was one of the eleven Irish architects who had submitted a plan in 1929 for Ardee Mental Hospital open architectural competition (Appendix 9).⁶⁸

IX

This chapter examined the architecture of the Ardee Mental Hospital in historical context. In 1928 a decision was made by the Department of Local Government and Public Health to hold an open competition for the design of the new mental hospital. Louth County Council had hoped that a local architect would design the hospital and keep the economic benefit of the entire asylum scheme within the county boundaries. However, this objective did not materialise and Henry Thomas Wright was selected as the architect for the new hospital. The hospital design had classical enrichments, a central clock tower and was constructed using red brick from Belgium. Wright showed awareness of modern trends in mental healthcare and included practical considerations for fire safety in the institution. Similarly, the layout of the hospital separated mentally ill patients from those with intellectual or physical disabilities which gave more comfort to the entire patient population. This was a motivation of nineteenth-century asylum authorities which was incomplete at the turn of the twentieth century.

The board of the Richmond was the most vocal authority in the 1800s with regard to creating a division between patients within institutions. It seemed appropriate that Louth County Council achieved this objective as a result of its connection to Henry Thomas Wright in the late 1920s. The council was also able to introduce a new form of architectural rhetoric in Ireland because Wright broke the link between prison architecture and institutional mental healthcare in the twentieth century. Modern architecture was used by John McGahon in the design of St Luke's chapel which created an architectural polemic between the main hospital structure and chapel but both structures were equally significant in developing mental hospital architecture in the Irish Free State.

⁶⁸ Vincent Kelly personal scrapbook, (IAA/ACC/2009/100); Vincent Kelly, 'Modern hospitals' problems: Ireland's effort towards a solution', *Irish Independent*, 25 July 1933; Kelly scrapbook contains photographs of Kelly and Peter Hughes at official events and the opening of new hospitals which were funded by the Hospital Sweepstakes.

Chapter 7

The economy of institutional mental healthcare: staffing, populating and opening the Ardee Mental Hospital

I

This chapter examines the economic reward to the population of County Louth which was illustrated in the level of employment opportunities in the institution from 1933 onwards. The new hospital was able to receive mentally ill patients from the Dublin facilities in late 1933 and henceforth the hospital was fully operational in the community. The official opening of the hospital occurred in early November 1933 and was attended by members of the local community and national government. The event highlighted the historical, political and economic achievements made by the population of County Louth over successive decades which led to significant reform of institutional mental healthcare. The celebratory aspect of the opening event was without doubt a crucial moment in the history of local government in County Louth.

II

The question of separation from the Dublin institution was an uncompleted objective of the Louth grand jury, which then passed to a new generation of politicians and reformers elected to Louth County Council and subsidiary councils as a result of the Local Government (Ireland) Act (1898). The economic benefit to the ratepayers of Louth with sending patients to Dublin for institutional care in the nineteenth century was unsatisfactory. The collected rates were being spent outside the county with little reward to the finances of County Louth for decades. In response to this issue, local politicians applied to the local government department for separation from the Dublin district and the establishment of a mental health institution within the county boundaries. They argued that there were historical, moral and economic grounds for separation from the Dublin district. Whether the council was compelled by economics and politics more than an overwhelming sense of morality to provide better care to the mentally ill of Louth was unclear. Irrespective of the motivations of councillors, the establishment of the

Ardee Mental Hospital was an example of how the county council found common ground between economy, morality and politics in the first decades of the twentieth century. By the end of 1933 local political representatives had achieved their aim to establish a local mental health facility, ending the era of paying for patients in Dublin. The financial benefit to the ratepayers of the county became evident during the construction phase and in the first years of the service in Ardee.

III

The Local Government (Ireland) Act (1898) stipulated that county councils had to appoint a resident superintendant and at least one assistant medical officer for a mental health institution. The Resident Medical Superintendent of a mental hospital had to have at least seven year's experience of working with the insane and be fully qualified for the position before even being considered for appointment by the council.¹ Dr Patrick Moran was appointed as the Resident Medical Superintendent of the Ardee Mental Hospital by Louth County Council in September 1932.²

Dr Moran previously worked in Mullingar Mental Hospital as the Assistant Medical Officer which made him qualified to apply for the position in Ardee. The position of Resident Medical Superintendent was comparable to the first governors of asylums. Richard Grace was appointed as governor of the Richmond asylum in 1815. Dr Moran was a twentieth-century version of Richard Grace. The difference between the positions by 1932 was that Resident Medical Superintendants had to be qualified medical physicians who were specialised in the treatment of mental illness. Dr Moran's role from December 1932 was important to the development of the hospital, the staffing of the institution and the establishment of the hospital as a training centre for mental health nurses.

Dr Moran had to ensure that the regulations of the local government system were followed in relation to the appointment of staff in the institution. He also had to ensure that the new

¹ Report of the council sub-committee regarding the appointment of a Resident Medical Superintendent for the Ardee Mental Hospital, Nov. 1931 (LCC/ADM/006/157).

² Appointment of Dr Patrick Moran as the first Resident Medical Superintendent of the Ardee Mental Hospital, 10 Sept. 1932 (LCC/ADM/006/198).

regulations were put in place with regard to working conditions, wages and working hours as per changes achieved by the asylum workers' unions in the first decades of the twentieth century. One of his first duties for the council was to advertise for and appoint suitably qualified nurses and attendants for the hospital in Ardee.

In February 1933, Dr Moran submitted a report detailing staff requirements for the institution. He aimed to establish a standard for care of the insane 'in line with modern ideas and with the high standard of the other county services.'³ He required all nursing staff to be fully qualified according to modern principles and educating standards. In 1933, all the nurses and attendants employed in the Ardee Mental Hospital were expected to have the Royal Medico-Psychological Association certificate in mental health nursing.⁴ Moran also thought that nurses should be expected to live in Ardee town in private accommodation or housing provided by the county on estate grounds.⁵ Moran recommended to the council that they should construct houses on part of the Ruxton estate for the staff in the hospital.

Many nineteenth-century lunatic asylums had a live-in expectation for staff in institutions.⁶ This practice continued in the first decades of the twentieth century and was highlighted by the staff of Monaghan asylum in a strike over working conditions in the hospital in 1919.⁷ An outcome of the strike in Monaghan was that it ended the practice of forcing the nursing and attendant staff to live on the grounds of institutions as part of their employment contract. They could live in the community off the site of the hospital and travel to and from work from 1919 onwards.⁸ In Ardee, Dr Moran acknowledged this change and instead of stipulating that all staff had to live on the hospital grounds, he made a recommendation that they should at least live close to the hospital in Ardee town. He also, by way of his report, made a recommendation that the

³ Report of Dr Patrick Moran, RMS, Ardee Mental Hospital, Sept. 1932 (LCC/ADM/006/198).

⁴ The act in 1898 stipulated that only nurses with the recognised certificate from the RMPA could be employed in Irish asylums, and after 1925, Irish mental hospitals. Similarly, the efforts of staff in institutions such as Monaghan in 1919 led to a reduction in the working hours from over seventy hours per week to fifty-six. This reduction in the working week meant that a larger amount of staff was required to keep Irish mental hospitals operating twenty-four hours a day, every day of the year.

⁵ *Dundalk Democrat*, 25 Feb. 1932.

⁶ Pauline Prior, (ed.) *Asylums, mental health care and the Irish: historical studies 1800-2010* (Dublin, 2012), 'The Monaghan Soviet' interview on Downtown Radio (available at <https://soundcloud.com>) (12/19 Aug. 2012).

⁷ *Ibid.*

⁸ *Ibid.*

council should build housing for the nursing staff either on the Ruxton estate or in the vicinity of the mental hospital.⁹ The fact the nursing staff lived in the locality made the institution less remote from the community. Staff could work and live in the area creating an economic and social relationship between the mental hospital, staff and wider community from 1933 onwards.¹⁰

IV

Senior medical positions available in the hospital were advertised.¹¹ Dr Moran had to be supported by an assistant in the institution. As a result, the position of Assistant Medical Officer was advertised in the local and national newspapers. The first Assistant Medical Officer of the Ardee Mental Hospital was Dr John O'Connor. He remained in the position between 1933 and 1959. In 1959 Dr Moran retired as Resident Medical Superintendent. Dr O'Connor succeeded Dr Moran as RMS of the hospital and retired in 1963. The first administrator of the Ardee Mental Hospital was Dr William Whately. He started in the position in 1933 and continued until his retirement in 1972.¹²

Dr Moran also advertised for a matron and assistant matron on 15 July 1933.¹³ Nora Harris O'Connor was appointed matron of the hospital in September 1933. As per the regulations for experience and training stipulated in the 1898 local government act, Nora Harris O'Connor had previously worked at Ballinasloe Mental Hospital in County Galway. Rose O'Sullivan from County Cork was appointed as assistant matron in the Ardee hospital in November 1933. The assistant matron post was pensionable with a yearly salary of £130. Deductions were made for food rations and other allowances.¹⁴ In January 1935, Nora Harris O'Connor resigned from the Ardee matron's post to take up the position of matron at Portrane hospital (Previously Portrane Lunatic Asylum). Rose O'Sullivan was appointed matron of the Ardee Mental Hospital when

⁹ *Dundalk Democrat*, 25 Feb. 1932.

¹⁰ Jamie Saris, 'Mad kings, proper houses, and an asylum in rural Ireland' in *American Anthropologist*, xcvi (1996), pp 539-554; Jamie Saris, 'Producing persons and developing institutions in rural Ireland' in *American Ethnologist*, xxvi, no. 3 (1999), pp 690-710.

¹¹ *Dundalk Democrat*, Dec. 1932- July 1933.

¹² Department of Health and North Eastern Health Board, *St Brigid's Hospital, Ardee, golden jubilee celebration* (Ardee, 1983), p. 15.

¹³ *Dundalk Democrat*, 15 July 1933.

¹⁴ *Ibid.*

Nora Harris O'Connor departed. She held the position for one year between 1935 and 1936 (Appendix 1). John Hennessy was appointed Head Male Nurse in the hospital in 1935. Hennessy had previously worked as a senior charge nurse at the Mullingar Mental Hospital. He held the position in Ardee until 1958 when he retired.¹⁵

Employment in a nursing or attendant position in a mental health institution was a good career choice in the Irish labour market. Mental health nursing had pensionable posts and opportunities to advance nursing careers by having the flexibility to move up a position by applying for a vacant post in another Irish mental hospital. Another important element of a mental health nursing career was the unionisation of Irish mental hospital staff which offered a method of engagement between the hospital management committees if working conditions were not satisfactory. In Ardee, many of the senior staff remained in their positions for decades and only left when they retired from service, showing the longevity of the career in the twentieth century. The longest serving matron in the Ardee Mental Hospital was Mary Sweeney. She served as matron in the facility for over thirty years from 1941 to 1974.¹⁶

Senior nursing positions were supported by a small army of charge nurses and auxiliary staff. Dr Moran advertised in early 1933 for five charge nurses: three male and two female. He also required six deputy charge nurses: three male and three female. All of the charge nurses and deputy charge nurses had to be trained and have at least three year's previous experience of working in an Irish mental hospital. They also had to be thirty years old or younger when applying for the position. Dr Moran also requested applications for four trained nurses: two male and two female. Each applicant had to have three years previous experience working in a mental hospital. They also had to be thirty years old or younger when applying. One trained female nurse was required in the facility with the Central Midwives Board (Saorstát Éireann) Certificate. All of the candidates for these positions were interviewed on Thursday 20 April 1933 at the County Offices on Crowe Street in Dundalk.¹⁷

¹⁵ *St Brigid's Hospital, golden jubilee celebration* (Ardee, 1983), p. 12.

¹⁶ *Ibid.*

¹⁷ *Dundalk Democrat*, 26 Mar. 1933; *The Irish Times*, 25 Mar. 1933.

Complementing the trained nursing staff, Dr Moran established the hospital as a training centre in mental healthcare from 1933 onwards. He advertised over twenty positions available in the new institution for probation posts. These posts were open to nurses who wished to receive training in mental health nursing in the context of a mental health facility which was considered a clinical environment. It was important that the Ardee Mental Hospital should become a training institution for a number of reasons. By establishing the new hospital as a training institute, Dr Moran raised the professional status of the service. In doing so, the new mental hospital had a high degree of credibility when entering the wider network of mental hospitals. In the context of the 1930s, Dr Moran made it clear that the Ardee Mental Hospital was a professional mental health facility operating under the regulations of local government and emerging trends in mental healthcare which included gaining recognition from the General Nursing Council of Ireland by employing trained and untrained nursing staff.

The probationary nurses in Ardee received basic training in mental healthcare which allowed them to pursue a certified qualification within the nursing profession. In 1933 the qualification was still the certificate from the Royal Medico-Psychological Association. The nursing council in Ireland had yet to introduce a specialised examination for nurses in mental healthcare in the first years of the hospital in Ardee. With regard to applications for a training post in Ardee in 1933, Dr Moran stipulated that unsuccessful applicants would have their names placed on a waiting list and called upon in the event of a new post becoming available in the hospital. Clearly the demand for such positions was high in Ireland at this time, considering that Dr Moran stated this detail on the advertisement for applicants to a trainee position in the Ardee hospital. In 1934, seventeen out of twenty probationary nurses in the Ardee Mental Hospital took the Royal Medico-Psychological Association qualifying examination (Table 7.1).

The following year, 1935, the General Nursing Council of Ireland established its own examination system with oral, written and practical tests. Mental health nurses in Ireland who had the RMPA qualification could take the tests and acquire a higher qualification. A number of nurses in Ardee sat for the inaugural examination in 1935. Six nurses in Ardee were successful and received the General Nursing Council of Ireland certificate (Table 7.2).

Table 7.1 - Probationary nurses in Ardee Mental Hospital, 1934

Probationary nurses in Ardee who took the RMPA qualifying examination (1934)	
Patrick Callan	Bridget McCabe
Rosanna Corbally	Bernard McDonald
Mary Catherine Donnelly	Leo McDonald
John Durnin	Peter Joseph McDonnell
Michael Finnegan	Bridget McMahan
Joseph Malone	Josephine Roe
Margaret Morgan	Mary Veldon
Mary Elizabeth McArdle	Bridget Bellew
Michael Tuite	

Source: *St Brigid's Hospital, Ardee, golden jubilee celebration* (Ardee, 1983), p. 12.

Table 7.2 - Qualifying examination results in the Ardee Mental Hospital, 1935

Nurses who were successful in the qualifying examination (1935)	
Richard Callaghan	Mary Anne Bird
Peter Marron	Sara Bride
Bernard Sharkey	Anne Kirke

Source: *St. Brigid's Hospital, Ardee, golden jubilee celebration* (Ardee, 1983), p. 12.

The nursing council examination replaced the RMPA qualification for nurses in mental healthcare in Ireland. This was the start of the growth of nursing practice in an Irish mental health context, and particularly, the professional recognition for mental health nursing in Irish mental hospitals. The examination set by the nursing council continued to develop over the following decades but the evidence from Ardee between 1933 and 1935 shows that Dr Moran was establishing a sound basis for the advancement of knowledge and training in the mental hospital which was actively supported by the nursing staff.

VI

Progress in the training and qualification of nurses in Ireland highlighted a new form of competition in the Irish mental health service. The newer generation of nurses who had the nursing council qualification could apply for positions in mental hospitals but their level of experience was much less than nurses who had been working in the mental health services for years and who had the RMPA certificate. Within a short period of the introduction of the nursing council examination the RMPA certificate was considered out-dated with regard to the professional status of nurses in Irish mental hospitals. This issue was discussed at national level.

Representatives of female nurses who were members of the Irish Women Workers' Union spoke on behalf of experienced nurses in hospitals.¹⁸ The government placed emphasis on the qualifications of nurses which meant that qualified nurses were selected for positions and promotions rather than nurses with years, even decades, of experience in mental health care. The general secretary of the IWWU stated that they had taken advice on the legalities of the new employment policy which they regarded was an overstepping of the powers of the Minister for Local Government.¹⁹ The new system of qualification for mental hospital staff was intended to end negative attitudes to the mentally afflicted by making the staff more professional and medically orientated. A member of the Amalgamated Trade and General Workers' Union argued that the emphasis on qualifications in local government system was important because the:

... attitude of this and the last Government to the mentally afflicted was deplorable. These people were not being put into mental homes, but prisons. The mental hospitals in some cases were built as prisons, and were still the same. When the Committees of Management insisted upon efficiency they got very little support from either Government.²⁰

The development of nursing practice in Irish mental hospitals was an important consideration for the hospital staff, unions and local government representatives. The professional status of the Ardee Mental Hospital from 1933 onwards meant that the national debate was relevant to how the service progressed in the following years under Dr Moran. Louth County Council and the Ardee hospital committee supported Dr Moran in his endeavours to build a professional mental health service in Louth focused on the professional qualifications of its nursing staff. The state of the art mental health facility constructed by Louth County Council (1930-33) in conjunction with the professionalism of the system of care being developed under the authority of Dr Moran augured well for the mentally ill patients of County Louth in the twentieth century.

¹⁸ *Annual reports of Irish mental hospitals*, Dec. 1927-Oct. 1933, Department of An Taoiseach files, (NA/TSCH/3/s6667A).

¹⁹ *Ibid.*

²⁰ *Ibid.*

VII

The role of the local appointments commission in selecting appropriate individuals to work in the Ardee Mental Hospital extended to the appointment of skilled workers in the facility. In 1933, the commission advertised for applications for the position of an engineer electrician for the new hospital.²¹ The position was a whole-time, pensionable post with a yearly salary of £160-£200. An age limit of between twenty-five and forty years old was stipulated with an extension in favour of persons who had previously worked in a public mental hospital. Other positions advertised and available in the Ardee hospital from September 1933 onwards included a cook, an assistant cook, laundry staff, four general domestics, a gate porter, a gardener and a land steward.

Louth County Council had planned to open the Ardee Mental Hospital in March 1933 but a series of construction delays including bad weather and disputes between labourers, as discussed in chapter five, meant the completion of the mental hospital was delayed. Moreover, the delay meant that the patients from Louth in the Dublin institution had to remain there until the hospital was ready for their transfer. This placed an extra charge on the council for the use of accommodation in the Dublin district. The amount charged to the council for the delay between March and October 1933 was £6,000.²² In October 1933, the hospital was ready to receive the patients from Dublin. The table below shows the dates of most of the transfers to the Ardee Mental Hospital. They were transported by bus from either Portrane in north Dublin (St. Ita's) or the Richmond in Dublin city (St. Brendan's). The transfer of the patients to Ardee occurred between October 1933 and February 1934 (Table 7.3). In a small number of cases the patients were admitted straight from the community into the hospital in November 1933.

²¹ *Dundalk Democrat*, 4 Mar. 1933; *The Irish Times*, 3 Mar. 1933.

²² Charge to Louth County Council for extra six-months of accommodation for 300 approximately patients in the Grangegorman Mental Hospital, Oct. 1933 (LCC/ADM/006/127).

Table 7.3 - Transfer of patients from Dublin to Ardee, 1933-34

25 Oct. 1933	25 (Male) 25 (Female)	St. Ita's Portrane
1 Nov. 1933	25 (Male) 22 (Female)	St. Ita's Portrane
10 Nov. 1933	1 (Female)	Admitted from community
11 Nov. 1933	1 (Male)	Admitted from community
16 Nov. 1933	25 (Male)	St. Ita's Portrane
9 Dec. 1933	25 (Male)	St. Ita's Portrane
29 Dec. 1933	25 (Female)	St. Brendan's (Richmond)
29 Jan 1934	18 (Female)	St. Brendan's (Richmond)
29 Jan. 1934	7 (Female)	St. Ita's Portrane
27 Feb. 1934	19 (Male)	St. Brendan's (Richmond)

Source: *St. Brigid's Hospital, Ardee, golden jubilee celebration* (Ardee, 1983), p. 12.

Staffing and populating the Ardee Mental Hospital between 1933 and 1935 was an important part of the overall development of the institution. The hospital was officially opened in early November 1933. The opening of the hospital was important to local government in County Louth because it illustrated the power accumulated by Louth County Council and subsidiary bodies after the Local Government (Ireland) Act (1898). The event also demonstrated the high level of political and economic confidence experienced in County Louth as a result of separation from the Dublin district and the establishment of a local mental health facility.

VIII

In 1933 an aerial photograph was printed in the *Dundalk Democrat* showing the scale of the institution (Fig. 7.1). The hospital was an impressive structure and even more so considering the size of Ardee town which had one main street, was largely a rural community and had a population of just over 1,300 in 1933.²³ The mental hospital had a patient capacity for 500. By comparison to the entire population of the town, the facility was a sizeable institution. It may have been one of the smallest mental hospitals in the country but it was not small in the context of the town of Ardee. The aerial photograph shows that the hospital was designed with a central administrative block with wards radiating outward to the east and west of the central hub. The female wards were located on the west and the male wards on the east of the central block.



Figure 7.1 – Aerial photograph, Ardee Mental Hospital, *Dundalk Democrat*, 11 Nov. 1933

²³ W. E. Vaughan and A. J. Fitzpatrick (eds), *Irish historical statistics: population 1821-1971* (Dublin, 1978).

The opening of the hospital was an event which recognised the magnificent achievement of Louth County Council in the first decades of the twentieth century. It brought countrywide local government representatives to the area and raised the profile of Ardee town in the local and national media. The opening of the hospital in 1933 was the second significant time that the members of the national government visited Ardee to celebrate local industry and enterprise. In 1927, James McGee and representatives of the councils met with Free State government representatives who visited the town. Ernest Blythe (Minister for Finance, 1923-32) and Patrick Hogan (Minister for Lands and Agriculture, 1922-32) toured local industries, including the Ardee Chair Factory and had discussions over luncheon in Brophy's Hotel.

Comments made at the opening of the hospital by prominent individuals exemplified the amount of political posturing between the local government department and members of the county council. The large attendance at the event was testimony to the direct relationship between the local population and institution. Over 250 people attended the opening of the hospital (Appendix 11). The political significance of the event was recorded in newspapers. Sean T. O'Kelly (later became President of Ireland, 1945-59) was photographed making a speech at the entrance door in front of the staff and members of the community which was printed in the *Irish Times* (Fig. 7.2). The *Dundalk Democrat* printed a photograph of the event which captured O'Kelly, Dr Moran, the nurses and attendants at the entrance door of the mental hospital (Fig. 7.3). The *Irish Times* printed a similar image (Fig. 7.4).

The opening illustrated the level of co-operation between the Department of Local Government and Public Health and Louth County Council in the Irish Free State. In previous years agreement was made on the selection of the contractors to build the institution and an architectural design. Louth County Council did not manage to make all the decisions without input from the national department. Nonetheless, the council was able to achieve its ultimate aim which was to separate from the Dublin district and establish a mental health facility within the borders of County Louth.



Figure 7.2 – Sean T. O’Kelly, Ardee Mental Hospital opening, *Dundalk Democrat*, 11 Nov. 1933



Figure 7.3 – O’Kelly, Dr Moran and attendants at opening, *Dundalk Democrat*, 11 Nov. 1933

Minister O’Kelly posthumously congratulated John Ribton Garstin who was instrumental in the separation between the Richmond and County Louth. Garstin represented County Louth in the Grangegorman district, first as a member of the Louth Grand Jury and then as a member of the joint committee after 1898. James McGee, members of Louth County Council, Thornbury Brothers of Belfast and Henry Thomas Wright were all congratulated by the minister for their efforts in making the entire project a success in County Louth.²⁴

In his speech O’Kelly called the mental hospital a ‘tribute to the courage and civic pride of Louth.’²⁵ He discussed his close relationship to Joseph Dolan in Ardee and the privilege of meeting and getting to know the parish priest, Monsignor Lyons. In this regard, the minister highlighted that the construction of the mental hospital in Ardee was a vehicle for the formation of lasting relationships between government ministers, local politicians and religious representatives.

As was customary at the opening of new institutions in Ireland, James McGee presented Sean T. O’Kelly with a key to the institution and a gold cigarette case on behalf of the architect, Henry Thomas Wright.²⁶ The presentation of gifts was part of recognising the support of political departments or key individuals involved in the establishment of new institutions or industries. Minister O’Kelly had an opportunity to inspect the guard of honour of nurses and attendants before he opened the entrance door of the mental hospital. These aspects to the event were part of a minister’s official duties on the day. In performing his duties, he officially recognised the importance of the new institution in Ardee as both a symbol of institutional reform in mental healthcare and as a sign of co-operation between county councils and the national department.

O’Kelly hoped the patients in the hospital would receive good support and care under the guidance of the Resident Medical Superintendent, Dr Patrick Moran, and his team of nurses and attendants. He also hoped that the patients would recover and ‘return to their homes as useful

²⁴ Sean T. O’Kelly speech at the Ardee Mental Hospital opening, 9 Nov. 1933.

²⁵ Ibid.

²⁶ It was customary to give a key at the opening of a new building or institution. The case given to O’Kelly as a gift from Henry Thomas Wright could not be located over the course of this research.

citizens.²⁷ O’Kelly’s speech was full of optimism and enthusiasm that the Ardee Mental Hospital would stand in the public estimation as a modern and progressive institution.

O’Kelly made a further important statement, in which he hoped that the old lunatic asylums would become as the new name suggested ‘hospitals’ and not places of confinement and custody.²⁸ The minister did not focus on the confinement of patients but rather humane treatment which led them back into the community. The non-custodial rhetoric employed by the minister at the opening event complemented the progress made by Henry Thomas Wright with the architecture of the hospital. A third important symbol of change occurred within one decade of the opening event when new mental health laws were enacted by the Irish Government.

The fact that O’Kelly was representing the local government department in 1933 was significant because it showed that the progressive attitude in mental healthcare was communicated through the system of local government. The minister, on behalf of the local government department and executive council, showed that the government aimed to modernise mental healthcare in the 1930s bringing it in line with modern attitudes. When the minister had finished his speech outside the institution, the group moved inside the facility for a special luncheon.

IX

At the luncheon in the dining hall, James McGee spoke on behalf of Louth County Council. He acknowledged the contribution of Joseph Dolan, James Wynne and in earlier years John Garstin. He claimed that ‘these were the men who had led Louth County Council, under the chairmanship of Patrick McGee and the secretaryship of Charlie McAlester, at the Commission of Inquiry which had given County Louth the right to separate.’²⁹ The sworn inquiry occurred in June 1920 between Louth County Council and the Local Government Board. The outcome of the inquiry was inconclusive. The change of loyalty from the Local Government Board to the newly formed Local Government Department in 1922 opened a new avenue of negotiation for the council to discuss the separation issue with national representatives.

²⁷ O’Kelly speech, 9 Nov. 1933.

²⁸ *Ibid.*

²⁹ *Dundalk Democrat*, 24 June 1920.

McGee also congratulated the efforts of Monsignor Lyons, Thomas McGahon and Peter Hughes who, in 1924, made representations to the then Minister for Local Government and Public Health, Seamus Burke, with regard to separation from the Richmond and conversion of the Ardee workhouse for use as an asylum. Interestingly, McGee did not comment on the efforts of the late William Doran in 1914. Doran was instrumental in the purchase of the Ruxton estate as an economic investment for the Ardee townspeople. The event in 1933 was certainly proof that part of the Ruxton estate was eventually used for the prosperity of the townspeople. In not mentioning William Doran's input into the entire project, McGee may have highlighted a difficult part of Ireland's involvement in the First World War. Doran left to fight in the war and did not return to the council after the war had ended. The opening celebration and removal of William Doran's name from the event could be a fine example of how one individual was isolated from the Irish political experience in the aftermath of World War One, the Irish Revolution and Civil War.

A number of notable individuals spoke at the luncheon in Ardee. The Right Reverend Monsignor Lyons (formerly PP of Ardee) remarked that the new mental hospital was a 'great humanitarian undertaking' and the townspeople of Ardee were 'leaders in civic enterprise and nation-building.'³⁰ In using the phrase 'civic enterprise and nation-building', Monsignor Lyons alluded to a link between the new mental hospital and political and economic progress in the Irish Free State. He created a new political and economic context for institutional mental healthcare in Ireland, one which emerged in the context of Ireland's independence from Britain. All previous establishments of mental health institutions occurred under the guidance of the British government between 1801 and 1922. The Ardee hospital was the first and only example of the establishment of a mental health facility in the period immediately after the state was founded.

Lyons' comments negated, or at least complicated, the close historical relationship between colonialism and institutional reform in mental healthcare in Ireland. One could also argue that

³⁰ Speech made by Monsignor Lyons at the opening of the Ardee Mental Hospital, *Dundalk Democrat*, 11 Nov. 1933.

Lyons' comments were simply an example of how the nineteenth-century institutional experience extended beyond the formation of the Irish Free State and developed very local political and economic grounds for institutional mental healthcare in County Louth. The establishment of the hospital in Ardee bolstered the aims and objectives of the Free State government by generating employment opportunities and strengthening the political power of the national government as a result of the achievements of Louth County Council. The establishment of the hospital was the only example of 'civic enterprise and nation-building' overtly expressed through the mental health system in the Irish Free State.

Lyons was part of the deputation sent to Dáil Éireann in 1924, which met with the local government minister to request separation from the Richmond. In the initial years of the separation issue, local representatives planned to convert the Ardee union workhouse for use as an asylum. In 1933, the opening of the purpose built mental hospital demonstrated substantial and impressive progress from the plans made in the early 1920s. The opening event was most likely a proud moment for Lyons alongside other members of the community such as Thomas McGahon.

Thomas McGahon had put forward the argument for separation for County Louth in the meeting with Minister Burke in 1924. In November 1933, Thomas McGahon was chairman of the County Board of Health and Public Assistance for Louth and vice-chairman of Louth County Council.³¹ In his speech at the opening, he remarked that political representatives of Dundalk and Drogheda were 'skillfully out-manoeuvred' by Ardee politicians and community.³² A 'skillful triumvirate' from Ardee engaged with the representatives of the two largest towns in the county, laying claim to the establishment of a mental hospital in their area.³³ McGahon was referring to the period of poor law union amalgamation when during a discussion, Ardee locality members of the council, including James McGee, forced the representatives of Dundalk and Drogheda into a political corner when urging their support for the asylum scheme in Ardee. Representatives of the two largest towns supported the conversion of the Ardee workhouse for

³¹ Harold O'Sullivan, *History of local government in the county of Louth from earliest times to the present time* (Dublin, 2000), pp 127-30.

³² *Dundalk Democrat*, 11 Nov. 1933.

³³ O'Sullivan, *History of local government in the county of Louth*, pp 72-9.

use as an auxiliary asylum in return for the establishment of district hospitals and county homes in their areas between 1921 and 1923.³⁴ The Ardee workhouse was not sanctioned for use as an asylum but the following year the council agreed to send a deputation to the minister for local government to request separation from the Dublin institution.

A newspaper article described the event in Ardee, reporting that the ‘streets of the town were bedecked with flags and bunting to honour the distinguished visitors who came to witness the opening ceremony.’³⁵ One group of people which was not officially represented at the opening ceremony was the patients in the Ardee Mental Hospital. By early November nearly 100 patients (50 male and 47 female) had been transferred from Dublin to the new accommodation. Standing quietly, silently, unnoticed among the spectators may have been concerned family members of the patients, grateful that the day had come, at last, when their relatives would receive the best of care closer to home, as was their due.

Ardee Mental Hospital was evidence of developments in the institutional and cultural rhetoric of mental healthcare. Developments included the renaming of all lunatic asylums to mental hospitals in 1925. The opening of the Ardee Mental Hospital was unique in this regard because it was the only mental health facility in Irish history that was established and officially opened under the new title.³⁶

X

Ardee Mental Hospital became a unique institution for a number of reasons. It opened in 1933, unhindered by the legacies which encumbered the other institutions constructed in the nineteenth century. Its title signified a new era in the rhetoric of mental patient care. Staff allocations and staff training was easier to organise in a completely new setting. The innovative structure of the institution revealed a level of reform in mental healthcare from both cultural and

³⁴ Ibid.

³⁵ *Dundalk Democrat*, 11 Nov. 1933.

³⁶ 1925/5 [I.F.S.], *Local Government Act* (26 Mar. 1925).

institutional perspectives. The hospital was classed as the ‘most modern and up-to-date, not only in this country or Britain but in any European country.’³⁷

The modern technologies used in Ardee included the excavators from Ruston-Bucyrus, piped water straight into the hospital through fixtures and fittings from the Shanks Company in Scotland, roofing from Graves in Waterford and glass from Belfast.³⁸ Complete electrical and gas installation was supplied by a business in Ardee. The institution was also constructed using high quality bricks from Belgium. In Ardee, the extensive use of brick and stone in the institution made the entire structure impressive but it also made the hospital less of a fire hazard for patients and staff. Hibernian Insurance was the official insurer for the Ardee Mental Hospital against fire damage (Fig. 7.5). It was not until the end of the nineteenth that asylum authorities’ acknowledged the substantial fire risk in institutions for the insane. In the United States, the authorities of New York State protected the asylum buildings for replacement in the event of fire by putting an insurance policy in place.³⁹ In Ardee, the aerial photograph showed that bars were not used on the ward windows. The lack of bars on the ward windows showed that the cultural rhetoric around mental illness was less security driven and more focused on making the facilities look like general hospitals not quasi-prisons.

Local and national local government were central to development of mental healthcare and institutional reform in the twentieth century. Mental health reformers attempted to change negative perceptions of the institutions and those confined in them by shifting focus away from the custodial approach to temporary and, in due course, voluntary admission in public mental hospitals.

XI

This chapter examined the economy of institutional mental healthcare in Ardee between 1933 and 1935. The economic benefit of institutional care to the wider community was supported by

³⁷ Remark made by Sean T. O’Kelly at the opening of the hospital. It was not an unfair claim with regard to the hospital’s status in the twentieth century. In Ireland, Britain and the rest of Europe, authorities were still dependant on the network of institutions constructed since the eighteenth century. The Ardee Mental Hospital was a sign of progress in terms of medical, psychiatric, architectural and political rhetoric in mental healthcare.

³⁸ *The Irish Times*, 10 Nov. 1933.

³⁹ *New York Times*, 22 May 1898.

Dr Moran and Louth County Council. Dr Moran advertised positions for trained and untrained nursing staff. The employment of staff in the institution in 1933 depended on a series of regulations which had been laid down in the Local Government (Ireland) Act (1898) alongside developments which had occurred as a result of the unionisation of staff in Irish mental hospitals in the first decades of the twentieth century. The efforts of Louth County Council and subsidiary councils throughout the construction phase provided a state of the art mental health facility in which to offer a good quality of care to the patients once transferred from Dublin. The transfer of patients coupled with the staff arrangements meant that the opening of the new mental hospital was an important event in the history of local government in County Louth and mental healthcare in twentieth-century Ireland.

Chapter 8

Strike in the Ardee Mental Hospital, 1937: memory, meaning and mental healthcare

I

This chapter examines a six month workers' strike which occurred in the Ardee Mental Hospital between January and June 1937. The strike period illustrated that the connection between the institution and wider population was historical, political, economic and social. The strike was evidence that there was nothing more determined than a community acting in defence of its economy and industries.¹ The mental hospital, which had taken decades to materialise on the landscape of Ardee, was the greatest achievement to date of the economic progress of this small rural County Louth town. The community had a vested interest in the proper operation of the hospital, which became most obvious during the strike period, when nursing staff challenged the Hospital Management Committee with regard to working conditions and wages. The unionisation of nurses and attendants in Irish mental health hospitals grew in the first decades of the twentieth century and by the time the hospital opened in Ardee the staff were members of workers' unions. A strike in Monaghan asylum in 1919 acted as a precursor to events in Ardee. The strike, in Ardee, highlighted that the relationship between staff in Irish mental hospitals and hospital management committees was more competitive than cooperative, particularly when an institution became an integral part of rural economic progress.

II

The growth of a union mentality for practitioners in both general and mental health nursing developed in response to the rise of labour unions in Ireland in the 1910s.² Although nursing practice was still in an early stage of professional development in the early twentieth century, the power of collective bargaining appeared in the context of mental health care and local

¹ Harold O'Sullivan, *History of local government in the county of Louth from earliest times to the present time* (Dublin, 2000), pp 79-83.

² Roy Foster, *Modern Ireland 1600-1972* (London, 1989), pp 516- 25; Diarmaid Ferriter, *The transformation of Ireland 1900-2000* (London, 2005), pp 280-445.

government. In 1917, a national union, the Asylum Workers' Union, was formed which held meetings around the country to discuss working conditions, working hours and salaries. Throughout 1918 a number of disputes occurred regarding these issues in asylums across Ireland. In December 1918, the Asylum Workers' Union requested the support of Peadar O'Donnell to negotiate better working terms for attendants in Monaghan asylum.³ O'Donnell was head of the Irish Transport and General Workers' Union.

In January 1919, the attendants in Monaghan staged an occupying strike in the asylum. They did not allow medical staff to enter until the strike ended twelve days later. During the strike the attendants displayed a red flag over the asylum and called it the Monaghan Soviet. The attendants did not stop working in the asylum over the duration of the strike. They continued to care for the patients, feed them and carry out their normal working duties.⁴

A total of 200 attendants occupied the asylum over the strike period. The purpose of the strike centred on working conditions and salaries. In Monaghan, a male attendant was paid £20 per annum and a female attendant was paid just £12 per annum. All staff had to live on the asylum site regardless of whether they were married or single. This issue was examined in chapter seven of this thesis with regard to Dr Moran's expectations for nursing and attendant staff in the Ardee Mental Hospital. Neither Dr Moran nor Louth County Council imposed a live-in expectation on staff in the new mental hospital from 1933 onwards. The strike in Monaghan in 1919 was the first to highlight that the live-in expectation was unreasonable and it was subsequently revoked following the twelve day strike in the facility.

During the strike period in Monaghan, 125 members of the Royal Irish Constabulary surrounded the asylum site but the atmosphere was reportedly relaxed over the twelve days. A password was used to enter the asylum site which was 'O'Donnell Abu.'⁵ O'Donnell was the aforementioned head of the ITGWU and 'abu' is the Irish word for victory so the password meant 'O'Donnell for victory.' The context for the phrase is not difficult to ascertain. The staff

³ Pauline Prior, (ed.) *Asylums, mental health care and the Irish: historical studies 1800-2010* (Dublin, 2012), 'The Monaghan Soviet' interview on Downtown Radio (available at <https://soundcloud.com>) (12, 19 Aug. 2012).

⁴ Ibid.

⁵ Ibid.

saw the success of the strike as linked to support from union representatives such as Peadar O'Donnell.

After twelve days of strike, the hospital committee engaged with the workers in the asylum. The settlement reached was that the weekly working hours of nurses and attendants was reduced to 56 hours. Overtime was paid at time and a half from 1919 onwards. An increase of £1 to salaries was paid to all attendants, male and female as part of the settlement. Married male attendants were allowed to live away from the asylum site.⁶

III

In 1919, the Nurses' Registration (Ireland) Act established the General Nursing Council. At this time, the register had a category for nurses trained in caring for persons with mental diseases. The certificate from the Royal Medico-Psychological Association remained the main source of qualification for nurses in mental healthcare in Ireland.

In 1920, the general committee of the Irish Asylums' Conference met with representatives of the hospital committees and the Irish Asylum Workers' Union to discuss increasing the wages of nurses and attendants. The issue of wages and working hours for asylum staff coupled with the local authorities goal to reduce county rates in the early 1920s was a key issue in asylum discourse, one which Louth representatives watched closely. Separation between County Louth and Grangegorman was not achieved until 1930 but any developments with salaries or working conditions in Irish mental hospitals had implications for Louth County Council and its ratepayers. All of the mental hospital nursing and attendant staff agreed to a resolution to increase wages. The resolution was accepted by the majority of mental hospital committees in the early 1920s except in Sligo and Kerry which did not pass the resolution until 1926.⁷ Furthermore, all nurses who held the nursing certificate from the Royal Medico-Psychological Association received an additional increase to their salary.⁸

⁶ Ibid.

⁷ Debate between Robert Briscoe and Richard Mulcahy regarding Local Government Bill (committee stage) in *Dáil Éireann Debate*, xxxix, no. 5 (18 June 1931).

⁸ Ibid.

In the Grangegorman hospital the number of nurses and attendants increased from 331 in 1914 to 454 in 1925, an increase of 35 percent. The annual cost of wages increased from £21,538 in 1913-14 to £76,913 in 1923-24, an increase of £55,375. The working hours of nurses and attendants was reduced from 72.5 hours to 56 hours per week.⁹

The employment of staff in the Ardee Mental Hospital who had the certificate in mental nursing, followed a precedent set by Grangegorman and other hospital committees in the 1920s. At a meeting of the Grangegorman hospital committee, 18 December 1929, the Resident Medical Superintendent, Dr Donnellan, submitted results of the November RMPA examination. In Grangegorman, fourteen candidates out of sixteen passed the preliminary examination, but all twenty-five candidates who presented themselves for the final examination failed. In Portrane, two candidates out of five passed the preliminary examination and six out of twenty passed the final examination.¹⁰ In 1930, the number of attendants and nurses in the Grangegorman institution was 481 of which 303 had the certificate for proficiency in mental nursing.¹¹ This meant that 63% of the entire nursing and attendant staff had the Royal Medico-Psychological Association qualification. In 1932, the Ardee RMS, Dr Moran, stipulated that all the nursing staff employed in the mental hospital had to be qualified according to modern educating standards. With one hundred percent of its nursing staff qualified to RMPA standard, the hospital authority avoided difference in status and salary among its new employees.

The annual reports of mental health institutions detailed the number of patients in comparison to the number of attendants and nurses (Table 8.1).

⁹ Ibid.

¹⁰ *Dundalk Democrat*, 21 Dec. 1929.

¹¹ *Weekly Irish Times*, 29 Nov. 1930.

Table 8.1 – Number of patients and staff in Grangegorman Mental Hospital, 1914-25

Number of patients and staff in Grangegorman Mental Hospital (rate of increase)				
	1914	1925	Increase	% Increase
Patients	3,240	3,413	173	5%
Staff	331	454	131	37%
Finance	£21,538	£76,913	£55,375	257%

The number of patients in the Grangegorman hospital in 1914 was 3,240 and in 1925 the total was 3,413. The number of nurses and attendants increased from 331 in 1914 to 454 in 1925.¹² The number of patients did not increase substantially in a ten year period but the number of staff required in the operation of the institution had increased more rapidly. The wages bill had increased considerably, causing an increase in local rates for the county authorities. Following the strike in Monaghan asylum the working hours of nurses and attendants were reduced from 72 hours to 56 hours per week and an overtime rate at time and a half was to be paid for 1919 onwards.¹³ The very high increase in financial costs was the result of a higher number employed in the institution. However, the greatest impact on expenditure was due to the introduction of a shorter working schedule for each employee coupled with the amount of overtime paid annually to staff. The unions had made a strong case for their members and the local government representatives, including E. P. McCarron, focused on the costs to the local rates.¹⁴

The ten year review report showed statistics which soon led to repercussions. The escalating costs had to be reined in. In 1925, the ITGWU sent a letter to the ministry of local government

¹² *Weekly Irish Times*, 29 Nov. 1930.

¹³ Prior, *Asylums*; 'The Monaghan Soviet' (12, 19 Aug. 2012).

¹⁴ Robert Briscoe and Richard Mulcahy, *Dáil Éireann Debate*.

regarding the reduction in salaries for staff working in the Grangegorman hospital. The joint committee of the hospital believed that the views of other unions, including the Transport Union, should be heard by the ministry in order to find a suitable resolution on the issue of reducing wages for staff in the institution.¹⁵

The three unions which sent letters to the Ministry of Local Government and Public Health regarding reduction in wages for staff in Grangegorman were The Workers' Union of Ireland (WUI), the ITGWU and the Irish Mental Hospitals Workers' Union (IMHWU). The Irish Women Workers' Union (IWWU) was not established until mid-1927, neither was the Mental Hospitals Workers' Protection Association (MHWPA).¹⁶

In 1933, the Irish Transport and General Workers' Union enlisted the new nursing and attendant employees at the Ardee Mental Hospital into the union. This meant that the staff had support, through membership in a national workers' union if conflict with the hospital committee occurred. In 1935, a special conference was held on Parnell Street in Dublin for staff representatives from mental hospitals organised by the ITGWU. The conference was called 'to review the conditions of service, rates of wages, and working hours of attendants and nurses.'¹⁷ The union called for shorter working hours (56 to 48 hours per week), longer yearly holidays and standard rates of pay across the entire mental hospital system. Another issue was that the nursing staff wanted authority removed from the hospital management committees and transferred to central government. The struggle for power in an Irish mental health context made the relationship between hospital management committees and nursing staff difficult.

The difficulties appeared on a local level in Ardee in 1937. In January, the staff submitted a list of demands to the hospital committee. The demands included a reduction in the weekly working hours from 56 to 48 and an increase in the annual salaries of nurses and attendants in line with national pay scales. The union also demanded that the hospital committee provide housing or private accommodation for the nursing staff and attendants. This point related to the recommendation made by Dr Moran in the report in 1932 that staff should be expected to live in

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ *The Irish Times*, 27 June 1935.

private rented accommodation in Ardee town or in housing provided by the council on estate grounds. By 1937 housing had not been provided specifically for the nursing staff on the Ruxton estate. The hospital committee refused to meet the demands of the ITGWU on behalf of the unionised staff. As a result, the staff decided to take official labour action.

IV

A notice of intention to withdraw labour was served on the hospital management committee by staff in Ardee in early January 1937. A special meeting of the hospital management committee was held on 19 January, attended by Dr Moran, regarding the staff strike notice. It was the intention of the hospital committee to interview each nurse and attendant to find out if they definitely intended to leave their posts in February. If they provided a definite notice of intention to strike the hospital committee gave Moran permission to notify them that their services would be no longer required from the 10th instant.¹⁸ In effect, the hospital committee's response to union staff was to threaten their employment status in the facility.

The monthly meeting of the hospital management committee occurred on the 12 February. No further communication had been received by the committee from the nursing staff with regard to their intention to take labour action. The staff were informed that the hospital committee did not make new working arrangements and planned to proceed with replacing the current staff due to the threat of strike. In consequence, the unionised nursing staff held a special meeting in the dining hall of the hospital to discuss the situation (Fig. 9.1).

¹⁸ *Weekly Irish Times*, 20 Feb. 1937.



Figure 8.1 – Dining hall of Ardee Mental Hospital: free standing mezzanine level (Photographed by L. Butterly, 2012)

The meeting was addressed by ex-Senator Duffy and Michael Connor, chairman of the Drogheda Trades Council who represented the strikers union. After unanimous agreement to strike, the staff marched out of the facility and proceeded to the town of Ardee.¹⁹ They awaited the next move of the hospital committee.²⁰

In total, 62 members of the nursing and attendant staff left the hospital ‘in consequence of the refusal of the Committee of Management to grant in full their applications for wage increases made previous to October last.’²¹ The wage increase issue was the outcome of the conference held in Dublin in which representatives of workers’ unions from the Irish mental hospitals adopted a resolution for standardised wages for staff on a countrywide basis.²²

¹⁹ Ibid.

²⁰ Ibid.

²¹ Robert Briscoe and Richard Mulcahy, *Dáil Éireann Debate*.

²² Ibid.

On the day on which the staff walked out of the hospital a bus arrived at the Ardee Mental Hospital from Dublin carrying thirteen nurses and attendants. In the absence of the staff, the hospital committee had organised for replacement staff to be transported from Grangegorman. The availability of emergency staff to travel to Ardee was part of a prior arrangement made between Louth County Council and the Grangegorman joint committee in 1930. Newly appointed nursing staff in Grangegorman between 1930 and 1940 agreed to work in the Ardee Mental Hospital if called upon to do so by the joint committee.²³ This procedure had not been invoked until 1937 when the strike occurred. The emergency nurses were transported to Ardee from Dublin to work in the hospital. based on the timeline of events that day, the hospital committee appeared to have no intention of yielding to the demands of the staff and anticipated that they would take strike action and leave the facility.

The replacement staff who had travelled from Dublin to Ardee carried out the work of the hospital under the direction of Dr Moran. The work on the farm was usually carried out by male patients and it continued as usual during the strike period. The strikers placed pickets at the entrance gate and close proximity to the institution. No negotiations occurred between the strikers and committee of management in the hospital in the first weeks of the strike.²⁴ However, the strike in Ardee gained recognition at both local and national level.

The emergency staff continued to work in the hospital under the guidance of Dr Moran (RMS) and Dr O'Connor (AMO). More nurses were due to arrive in Ardee from Dublin by the end of February. The total number of patients in the hospital was 380 with nearly one third of those confined to bed with influenza. Some of the able patients helped the emergency staff keep the institution running 'lending a hand wherever possible.'²⁵

Hairdressers in Ardee town were asked by the hospital committee to visit the hospital to cut patients hair while the strike continued. The male attendants usually did this job but as they were on strike, outside support was required. The local hairdressers refused to pass the picket

²³ Ibid.

²⁴ *Weekly Irish Times*, 20/27 Feb. 1937.

²⁵ Ibid.

lines and supported the nurses' strike.²⁶ Negotiations had not taken place and the chance of such talks occurring was unlikely. The strike in Ardee, unlike the strike in Monaghan in 1919, escalated very quickly, with the local community united with the nursing staff against the hospital management committee.

In 1919, the Monaghan strike lasted just twelve days in total and the circumstances of the labour action were very different to what happened in Ardee less than twenty years later. The staff in Monaghan did not walk out of the hospital. They forced a lock-in in the hospital, continued to work as normal and had a good relationship with the staff and local community over the strike period.²⁷ In Ardee the strike was a much more aggressive affair from all sides of the dispute: staff, hospital management committee and community.

The emergency nurses in the institution sent a message to the *Irish Times* stating that they had taken the jobs as temporary positions and did not intend to permanently take other nurses jobs in Ardee. The newspaper printed their statement so that the public perception of the emergency staff was not negative and to remind the public that nurses were required for patients in the hospital even in a strike situation.²⁸ They clarified that the temporary work would cease as soon as the dispute between the hospital committee and nursing staff ended. Social workers in Ireland offered to work in the facility during the strike but their offer was refused by the hospital committee as they had no nursing experience.²⁹

The ITGWU announced that the Amalgamated Plumbers' Union planned to withdraw their union member in support of the strike in the institution. The boilerman walked out of the hospital as instructed by his union in mid-February (the APU).³⁰ The domestic and kitchen staffs were not part of the strike so the laundry and kitchen activities continued.³¹

²⁶ Ibid.

²⁷ Prior, *Asylums*; 'The Monaghan Soviet' (12, 19 Aug. 2012).

²⁸ *The Irish Times*, 16 Feb. 1937, *Weekly Irish Times*, 20 Feb. 1937.

²⁹ Ibid.

³⁰ Ibid.

³¹ *Weekly Irish Times*, 20 Feb. 1937.

The routine in the hospital continued as normal while the strike situation developed. Much of the work in the hospital was being carried out by the patients under the direction of the emergency nursing staff. The fact that the patients carried out duties in the hospital during the strike was, arguably, a missed opportunity by the hospital management committee to end the strike, gain public support for the return of staff to their positions and open up negotiations between the disputing parties to discuss the grievances and find a settlement agreeable to both sides. If the hospital management committee made a moral argument against the patients working in the institution they may have changed the unfortunate atmosphere and situation which had developed. With the patients filling in for the absent unionised staff, the strike situation was able to continue indefinitely because the necessity of providing care to the entire patient population was not urgent.

Patients milked and fed the cows on the hospital farm. They exercised the horses and cared for them daily. They fed the pigs and collected vegetables under the supervision of the land steward at the facility. The *Dundalk Democrat* reported that it was ‘extraordinary how the patients rose to the occasion in the matter of looking after one another. The necessity for attending to all the flu cases seems to have acted as a stimulus to their energy and their charity, and all are well catered for.’³² The attitude toward patients in Ardee in 1937 differed significantly from nineteenth-century reports.

The mentally ill in the 1800s were ‘dangerous’, ‘untrustworthy’, ‘a danger to themselves and the public’, and unfit for life outside an institution. By the twentieth century, the mentally ill in County Louth were caring, charitable and worthy of respect and admiration by authorities. The patients showed that there was a sense of community and solidarity in the institution: between patients; between staff and patients; and between staff, patients and the local community. The strike period was important to making progress for staff in mental hospitals in the twentieth century. It was equally important to changing public attitudes to the mentally ill. At the centre of that change were the patients in Ardee who ‘rose to the occasion.’³³ The patients who helped during the strike period revealed that mental hospitals were not ‘bedlam’ or that the patients

³² *The Irish Times*, 5 Mar. 1937.

³³ *Ibid.*

could not be trusted or that they required constant restraint.³⁴ The Ardee strike was an example of progress in human relations between the staff, the authorities, the patients and society. Paradoxically, as a result of some of the more violent and emotional events which occurred during the strike period on the streets of Ardee, it appeared that the mental hospital may have been the safest place in the town.

Extra nurses were still required in the facility but they had been delayed by a flu outbreak in Ireland. They arrived within a few weeks to relieve the original group of thirteen who had arrived on the day the strike started.³⁵ By early March the strike situation was the same with ‘no change in the general position.’³⁶ Those interested in the strike in Louth decided to hold a meeting in order to find a way to open negotiations between the staff and hospital committee. At that stage, the strike had lasted nearly a month and a resolution was needed on all sides to improve the situation.³⁷

The position of the hospital committee came into question in March when a patient was found dead in the vicinity of the hospital. The case was discussed at national level in Dáil Éireann as well as local and national media.³⁸ The body of a patient was found drowned near the River Dee which was close to the hospital. He reportedly died of asphyxia according to the judgement of the coroner’s jury. The man was called Hugh Meegan. He was a farmer, 52 years old and a native of Toprass, Kilcurry. He was admitted to the hospital in September 1936 suffering from depression. His health improved and he had been given privileges to come and go from the hospital as he pleased but he had to return for meal times. Dr Moran stated at the coroner’s court that the patient showed no suicidal tendencies and was ‘always strongly against the idea.’ Moran said to the jury that it was possible that Meegan was so anxious to go home that he may

³⁴ See chapter one- *Clonmel district lunatic asylum- correspondence between the governors of the Clonmel District Lunatic Asylum...with the Irish government and inspectors of lunatic asylums, respecting the ill-treatment of a pauper lunatic named Flynn, committed to the asylum ... 1864*, H. C. 1864 (422) liii, 27; Elizabeth Malcolm, “‘Ireland’s crowded madhouses’”: the institutional confinement of the insane in nineteenth- and twentieth-century Ireland’ in Roy Porter and David Wright (eds), *The confinement of the insane: international perspectives, 1800-1965* (New York, 2003), pp 322-6; Elizabeth Malcolm, ‘Asylums and other “total institutions”: recent studies’, in *Éire-Ireland*, xxii, no. 3 (1987), pp 151-60.

³⁵ *The Irish Times*, 5 Mar. 1937.

³⁶ *Ibid.*

³⁷ *Ibid.*

³⁸ ‘Drowning of patient near hospital during the strike’ in *Dáil Éireann Debate*, lxvi, no. 12 (27 Apr. 1937); *The Irish Times*, 9 Mar. 1937.

have tried to cross the river and drowned as a result.³⁹ The jury decided that no one was to blame for the death of the patient and Dr Moran's evidence was 'clear and conclusive.' They decided that 'some unforeseen freak in his mental condition apparently caused him to throw himself into the river, or it might possibly be a case of misadventure.'⁴⁰ The impact for hospital authorities was that it gave a moral justification to open negotiations with the union staff.

The strike at the mental hospital gained much public and official attention over successive months. A protectionist economic policy emerged between members of the local community and those who were employed in the institution as labourers, attendants or ground staff. Tension was heightened when the hospital committee advertised vacancies in the hospital and called for applications from any region of Ireland to fill the positions in the hospital. Until this time, the local community enjoyed an unofficial right to employment opportunities in the hospital and the open call for applications in 1937 threatened the local economy. As a result, the local community became embroiled in events in the town over the strike period.

V

In April, a number of men were charged at Dundalk district court with 'alleged attacks on attendants' in Ardee. Four men (Peter McDonnell, Michael Sullivan, Arthur Dempsey, Frank Sullivan) were accused of using violence and intimidation towards Patrick Murray, Patrick McDonald and Bartholomew Hannon. The latter three were allegedly intimidated into not working as attendants in the hospital while the strike occurred. Evidence was given by Guard Hearty of Ardee who arrested some of the accused. All the defendants denied the charges before them. Hearty stated that he saw:

McDonnell, Dempsey and the two Sullivans in a crowd of about 100 or 150. These men were leading the party and following four attendants who had entered the service of the Mental Hospital named Patrick Murray, Patrick McDonnell, Bartholomew Hannon and Patrick Byrne. He saw Frank Sullivan armed with a porter bottle, saw the four attendants run away, and heard the crash of glass.⁴¹

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ *The Irish Times*, 22 Apr. 1937.

Some of the defendants charged with offences were strikers at the hospital and some were workers of the Ardee chair factory who were also on strike in April 1937.⁴² In 1932-3 the Ardee chair factory company had supplied some of the furnishings for the mental hospital prior to the opening creating an economic connection between industries in Ardee and the mental hospital. Hearty continued with his evidence on the scene in Ardee:

... the crowd had followed the attendants from the town. When the attendants saw them they entered the grounds of the RMS's residence, but he saw that Patrick Byrne was held up against a pillar of the gate by Peter McDonnell and a crowd more or less of onlookers ... 25 or 30 men got through and followed the attendants, two of whom got towards the Mental Hospital and two towards the District Hospital.⁴³

Hearty telephoned for extra guards to help and did not see the attendants 'doing anything to provoke the assault.' The incident reported by Guard Hearty was not the only one to occur which was linked to the strike in the mental hospital. In a similar court case Francis Callan and James Mallon of Ardee were charged with setting a rick of hay on fire which was valued at £32 and was the property of the Ardee mental hospital authorities. Guard Doyle gave evidence on the arson charge against the two locals. The men were picked up after the hay was discovered on fire on the hospital farm. While they were under the influence of alcohol and found asleep in their beds on the night in question 'their shoes and trousers were covered with mud.'⁴⁴ Both men had previously been attendants in the hospital and had not worked since the strike started over two months earlier.

The 'conspiracy to intimidate' was widespread in Ardee and twenty men went to the hospital farm and ordered the men working there to stop ploughing and leave the field. As stated, the male patients worked on the hospital farm. The accused unyoked the harness and threw it in a drain. All the men accused of crimes in relation to the mental hospital strike were remanded in

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Ibid.

custody to Mountjoy prison in Dublin and were to reappear in Ardee for a special sitting of the county court the following week.

Three weeks later Justice Goff made a statement at a special meeting of the Drogheda court in relation to the Ardee intimidation cases. He believed that ‘if a crowd assembled, and there were catch-cries and insulting remarks directed towards some people, that was intimidation within the strict meaning of the law – it was using violence in the legal sense.’⁴⁵ All the accused were returned for trial at Dundalk circuit court and allowed bail, for a future court hearing to return verdict. Before the men were brought before the courts again, the strike ended in the Ardee hospital on June 3.

The hospital committee conceded to some of the demands of the unionised staff. Salaries were increased, the working conditions for probation nurses would be reviewed, the issue of accommodation was to be investigated and a grant would be sought from the national department to build accommodation for nursing staff on the estate grounds. Not all the strike staff was allowed to return to work by the hospital committee. Some were taken back to duty, some were dismissed permanently and others were put on a waiting list and would be employed when and if required by the hospital committee at a future date.⁴⁶

On June 25, the verdict of the circuit court was returned with regard to the intimidation and violence of the strikers in Ardee. Three of the accused were found not guilty of having used violence and intimidation towards the labourers on the farm of the hospital: Patrick Quinn, Francis Callan and James Mallon – all former attendants in the mental hospital.⁴⁷ Eight others were found guilty of using intimidation but not guilty of violence.⁴⁸ The eight men were Francis Sullivan, Arthur Dempsey, Michael Sullivan, Peter McDonnell, Jerry Watters, Christopher O’Neill, Joseph Malone and Albert Carroll. They were bound over (bound to the peace) for one year as punishment.⁴⁹

⁴⁵ *The Irish Times*, 12 May 1937.

⁴⁶ *Ibid.*, 5 June 1937.

⁴⁷ *Ibid.*, 25 June 1937.

⁴⁸ *Ibid.*

⁴⁹ *Ibid.*

The impact of the six-month strike period emphasised the role of the hospital committee in employment arrangements within the facility. It also demonstrated that employment within the institution was an important part of the locality with workers, union and community acting in defence of local interests. The strike period in Ardee also showed that mental health institutions in twentieth-century Ireland were deeply embedded in the economic biographies of rural communities. The changing attitude toward patients in mental hospitals was revealed during the strike period with local media celebrating the care and benevolence of fit patients in helping the other patients. The close relationship between patients on wards may have been an unexpected result of the design of the hospital by Wright. His plan had provided separate areas for sleeping and day care in each unit. By this innovative design in institutional reform, he created a more communal atmosphere on each ward, the benefits of which surfaced during the strike in 1937.

VI

This chapter examined the unionisation of nursing staff in Irish mental hospitals in the first decades of the twentieth century. In 1919, a short strike occurred at the Monaghan lunatic asylum which highlighted the difficult relationship between hospital committees and staff in mental hospitals. The outcome of the strike was a reduction in the weekly working hours to fifty-six hours and an increase in salaries. After 1919, staff no longer had to live on asylum sites: in particular, married male staff could live away from hospital grounds. Further changes were made in the 1920s in relation to the number of staff working in mental hospitals. The resultant cost to the local rates of providing these new services and staff conditions was a continuous problem to be solved by the hospital committees. By 1933 in Ardee, Dr Moran did not require staff to live on the hospital site but preferred that they live in the vicinity of the hospital either in rented accommodation or housing provided by the council on the Ruxton estate.

The strike which occurred in Ardee Mental Hospital between January and June 1937 was an important though difficult time in the history of the new state of the art institution. Firstly, it showed the contentious relationship between nursing staff and the hospital management committee with regard to workers' rights and working conditions. Secondly, the strike showed

the strong relationship between the nursing staff and unions in Ireland. The nursing staff used the power of collective bargaining to argue for better salaries and working conditions. The strike in Ardee highlighted the close relationship developing between the local community and the institution. Violence and intimidation spilled out onto the streets of the town and led to a number of court cases. The defensive actions of the townspeople showed that the wider community acted as custodians of the Ardee Mental Hospital, not custodians of the patients but of the institution itself.

Chapter 9

Institutional reform in mental healthcare in County Louth, 1940-2000

After centuries when mentally sick people were regarded simply as 'lunatics', creatures irrevocably cut off from their fellows who had to be locked up in institutions or even chained in prisons, society is slowly losing its horror of mental disease and is coming to regard it as curable like any other sickness.¹

I

This chapter examines institutional reform in mental healthcare at local and national levels between 1940 and 2000. Much like the period covered in chapter one of this thesis, 1700 to 1898, mental health reform occurred on both practical and ideological levels in the twentieth century. Between 1940 and 2000 Irish society witnessed a decline in institutional mental healthcare. This period of reform was a response to changes in mental healthcare which focused on recovery rather than custody of the mentally ill. Until revision of the lunacy laws in the mid-1940s, mental hospital authorities were in a difficult ideological and developmental position because patients were still held indefinitely in hospitals and had to be admitted involuntarily. The themes covered in this chapter include, but are not limited to, general attitudes to the mentally ill in the twentieth century and changes in the governance of mental hospitals from the Department of Local Government and Public Health to a Department of Health under the guidance of a Minister of Health. Nursing practice evolved in the second half of the twentieth century and was complemented by the introduction of community and out-patient mental health services.

II

The end of the 1930s showed increased awareness among mental health professionals for reform of mental healthcare in Ireland. Dr James Dunne was Resident Medical Superintendent

¹ *The Irish Times*, 7 Apr. 1959.

of Grangegorman Mental Hospital. In 1938 he proposed at the monthly committee meeting that a deputation from Ireland make a tour of clinics and institutions in the United States to examine the most modern forms of treatment for mental illness. He also proposed that the deputation focus on progress made with out-patient services. In-patient services were the traditional model of care based around institutional care and confinement. Out-patient services were the non-traditional model offering care in the community whereby patients would not need to be committed to an institution. This type of service started to emerge in the rhetoric of mental healthcare and was a positive step forward from all perspectives: patients would not be institutionalised; the problems with overcrowding in institutions would be helped by a smaller in-patient population; and psychiatrists could improve knowledge and research moving away from earlier rhetoric which focused on societal, religious or cultural origins for mental illness.

The proposal by Dr Dunne included a trip to Toronto in Canada. The International Hospitals' Association held a conference in 1938 and Dr Dunne believed that the deputation could use the trip to learn firsthand knowledge of modern mental healthcare facilities and network with medical professionals in Canada and the United States. The Grangegorman committee accepted the proposal and agreed to give Dr Dunne a leave of absence from his post. He also received part payment for travel and accommodation expenses.² The following year, upon hearing the report from Dr Dunne, the committee of Grangegorman had the opinion that Ireland was 'far behind in modern treatment of mental diseases' and that 'lunacy was utterly neglected in this country.'³

As a result of the fact-finding mission, Dr Dunne was able to identify a number of problems in the Irish mental hospital system. It was clear that the traditional institutional model of mental healthcare used since the 1800s was not progressive. The increase of patients over successive decades was not, as reported by Dr Dunne, an actual increase in admissions but an accumulative rate of increase in institutions. Dr Dunne argued that the only actual increase in mental diseases

² Dr Dunne, trip to United States and Canada to investigate mental health services- out-patients services and facilities, *Annual reports of the Inspector of Mental Hospital*, 18 May-10 Aug. 1939 (NA/TSCH/3/s6667B); see also Charles Eason, 'Report of the Irish poor law commission' in *Journal of the Statistical and Social Inquiry Society of Ireland*, xiv, no. 5 (1928), pp 17-43.

³ *Annual reports of the Inspector of Mental Hospital*, 18 May-10 Aug. 1938.

in the Grangegorman hospital occurred in 1908 and 1929 when the union workhouses closed.⁴ The closure of the workhouse in 1908 led to considerable increase in the population of Grangegorman and Louth County Council voiced their concerns about the quality of care patients received as a result of overcrowded conditions.⁵ The separation order of 1930 gave authorities in Grangegorman a bit more optimism that space would become available in Dublin once the mental hospital was constructed in Ardee. The transfer of patients in 1933 cleared 330 beds in the Dublin district.

Dr Dunne reported that the year 1938 was a ‘peak’ in the problems experienced in Irish mental hospitals in terms of the average age of patients and high mortality rates as a result of an aging patient population.⁶ This period in mental healthcare in Ireland was difficult. On one hand the psychiatric profession had a recovery ethos and public perception started to see mental illness in more medical terms not medieval. On the other hand the existing mental health laws detained patients indefinitely and did not allow voluntary and temporary admission to Irish mental hospitals. This led to an accumulation of patients from all age ranges: those who became institutionalised over decades and were unfit for life outside the hospital environment; and those who were temporarily unwell and had a chance of recovery if provided with appropriate accommodation and treatment.

A comparison between nineteenth-century and twentieth-century institutions could be made at this juncture. In the early 1800s members of the select committee including Thomas Spring Rice highlighted that the increase in lunacy in Ireland between 1800 and 1817 was as a result of the accumulation of permanent cases in the houses of industry and private facilities. He argued that the problem arose because the existing services confined patients in institutions indefinitely and staff were unable to help inmates recover from insanity once admitted into an institution.⁷ The response of authorities was to erect a network of specific institutions for treating insanity in the Irish population. The establishment of a network of institutions was achieved by the end of

⁴ Ibid.

⁵ Meeting of finance committee in County Louth to discuss annual estimates of cost to the county rates for patient care in the Dublin district, 14 Jan. 1914 (LCC/ADM/006/121).

⁶ *Annual reports of the Inspector of Mental Hospitals*, 18 May-10 Aug., 1938.

⁷ *Report from the select committee on the lunatic poor in Ireland with minutes of evidence taken before the committee and an appendix 1817*, H. C. 1817 (430) viii, 33.

the nineteenth century. In the twentieth century, authorities such as Dr Dunne in Grangegorman saw the stagnation of institutional care as a consequence of overcrowding of patients in hospitals and the restrictions in lunacy laws which imposed unrealistic expectations on mental hospital authorities in the first decades of the century. Patients were still held indefinitely and, as a result, the population in institutions accumulated. The nineteenth-century lunacy laws still controlled the admission and retention of patients in mental hospitals in the 1930s. The response of authorities in the twentieth century was to call for revision of mental health legislation so that temporary and voluntary care options were introduced into the Irish mental health system.

The Ardee Mental Hospital in the 1930s was the only institution which had a chance to make a fresh start in an Irish mental health context. It was a state of the art facility, all the staff were qualified to modern education standards and the local authorities were fully behind Dr Moran and his team of nurses and attendants. The only set back faced by hospital authorities and the county council was the institutional legacy of nineteenth-century lunacy laws. Representatives of the Department of Local Government and Public Health were aware of the need to revise the laws. Sean T. O'Kelly remarked at the opening in Ardee, in 1933, that the laws relating to insanity needed to be up-dated so that voluntary admission could be incorporated into the Irish mental health system. Voluntary admission would give patients more responsibility over their mental health and raise the nineteenth-century asylums to the status of hospitals.

The establishment of the Ardee Mental Hospital was testimony to a more general shift in attitude among local government authorities and medical professionals, which viewed mental illness as treatable and not 'a perverse choice' on the part of the individual.⁸ Coupled with voluntary admission procedures was a growing interest in providing out-patient services in each locality. Authorities, within and without the mental hospitals, viewed reform of mental healthcare in the twentieth century in non-institutional terms, with trained staff working in the community as well as in hospitals.

⁸ Roy McClelland, 'The madhouses and mad doctors of Ulster' in *The Ulster Medical Journal*, lvii, no. 2 (1988), p. 102.

At a meeting of Louth County Council in September 1938 the level of education for mental health nurses was discussed. James McGee stated that one of the questions set for the examination for probation nurses at Ardee hospital was ‘If a man eats one lb. of meat a day, how much meat will four men eat in 365 days?’⁹ Those present at the meeting questioned if the hospital authorities were looking for ‘brawn or brain’ in the nursing staff. McGee believed that nursing staff should have intelligence to treat the mentally ill not brawn. In fact, the brawn based argument came from the nineteenth-century institutional approach when most patients were physically restrained. The county council highlighted that the attitude of authorities in the late 1930s was that those with a mental illness required understanding and education from the staff rather than ignorance and physical force.

In the early 1940s, the Department of Local Government and Public Health introduced a number of statutory instruments raising the professional status of nurses and officers working in Irish mental hospitals. These reforms were developed through the local government system until the formation of a Department of Health in the mid-1940s.

III

In the Ardee hospital, Dr Moran ensured that the education and training of nurses progressed in the twentieth century. Training for nurses and attendants consisted of lectures from Dr Moran and the matron of the hospital. Nurses in training were expected to attend lectures and seminars when they were off-duty.¹⁰ In 1942, a photograph was taken of mental health professionals who attended a series of lectures at the mental hospital (Fig. 9.1).¹¹

⁹ James McGee, the education level of nurses in the Ardee Mental Hospital, 27 Sept. 1938 (LCC/MB) - out of eighteen candidates who answered the question only six answered it correctly.

¹⁰ Ibid.

¹¹ Department of Health and North Eastern Health Board, *St Brigid's Hospital, Ardee, golden jubilee celebration* (Ardee, 1983), p. 10.



Figure 9.1 – Photograph at Ardee Mental Hospital of attendees at a seminar series (1942)

Source: Department of Health and North Eastern Health Board, *St Brigid's Hospital, Ardee, golden jubilee celebration* (Ardee, 1983).

In a legal capacity, the Mental Hospitals Officers (General Trained Nurses) Order (1942) stipulated that only qualified nurses in mental healthcare could work in Irish mental hospitals.¹²

The order stated that:

Every holder of the office of general trained nurse in a district mental hospital who is appointed to such office after the date of this Order, shall cease to hold such office at the expiration of three years after such appointment unless before such expiration such holder has been registered in the supplementary part of the register kept under section 2 of the Nurses Registration (Ireland) Act, 1919, containing the names of nurses trained in the nursing and care of persons suffering from mental diseases.¹³

¹² 1942/509 [Éire], *Mental Hospitals Officers (General Trained Nurses) Order* (26 Nov. 1942).

¹³ *Ibid.*

The impact of the order was that it established a professional basis in the Irish legal system for all staff working in mental hospitals. Any nurse who did not hold the qualification from the General Nursing Council for mental health nursing could not work in an Irish mental hospital after 1945-46. This meant that the expectations set out by Dr Moran in 1933 for trained staff in the Ardee Mental Hospital was highly important to the development of the service on a local level. He made sure that training and qualifications were at the centre of the nursing ethos in Ardee. Dr Moran gave access to staff to lectures on mental diseases. All probation nurses employed in the hospital started with an expectation that they would work toward qualifying as mental health nurses. The professionalism of the Ardee Mental Hospital meant that when new regulations such as the 1942 order came into effect, the nurses in Ardee were in a more certain position with regard to their employment status. If Dr Moran did not build the service with due regard to the changing professional status of nurses, attendants and medical officers, the mental hospital would be required to enforce new regulations rapidly in the 1940s.

In 1943 a further order came into effect focused on the qualification of assistant medical officers in Irish mental hospitals. It was called the Mental Hospitals (Assistant Medical Officers) Order.¹⁴ It stated that each assistant medical officer in a mental hospital had to ‘have been granted a post graduate diploma or degree in psychological medicine or mental disease by a university or other body.’¹⁵ When Dr Moran advertised for an assistant medical officer for the Ardee Mental Hospital he stipulated that all applicants had to hold the necessary qualifications for the position before being considered for interview. Dr Moran was not only working to meet the existing terms and conditions of nursing and officer staff but he was also forward looking in terms of how the service would progress with regard to qualifications and education level of staff in Irish mental hospitals. In 1944 the final of three specific orders were put into legislation. It was called the Mental Hospitals Officers (Attendants) Order. The order detailed the qualification expectations for attendants in Irish mental hospitals.¹⁶

The qualification of nurses, medical officers and attendants had altered significantly with legal emphasis on education, training and certification of staff who worked in a mental health facility.

¹⁴ 1943/165 [Éire], *Mental Hospitals (Assistant Medical Officers) Order* (5 May 1943).

¹⁵ Ibid.

¹⁶ 1944/17 [Éire], *Mental Hospitals Officers (Attendants) Order* (15 Jan. 1944).

The culmination of the orders came in 1944 with the Mental Nurses (Qualification) Order (1944).¹⁷ It established the basis for all nursing expectations in Irish mental hospitals by stating that every person qualified as a mental nurse (male or female) had to:

- (a) be of good character.
- (b) be free from any defect or disease which would render such person unsuitable to hold the said office, and be in a state of health such as would indicate a reasonable prospect of ability to render regular and efficient service.
- (c) male nurses had to be at least five feet eight inches in height.
- (d) female nurses had to be at least five feet four inches in height.¹⁸

The order also stated that any woman should be either unmarried or a widow to hold the office of mental nurse. The height restrictions were the start of normalising the system of care and making it more ‘intelligent’ and less ‘brawn’ based. The physical stature and character guidelines set out for nurses in mental hospitals was not unlike the regulations of An Garda Síochána in the twentieth century.¹⁹ All nurses had to be a minimum age of twenty-two before applying for a position in an Irish mental hospital.²⁰ The regulations for nursing and medical staff in Irish mental hospitals were along the lines of the civil service with age restrictions, qualification levels, health of staff and pay standards. The twentieth-century health system was quite different to the haphazard nineteenth-century regulations whereby staff did not have to have any medical or nursing training and had total control of the patients left in their care.²¹ The twentieth-century mental hospitals had made great strides in shaping a modern healthcare system, as a result of the input of local and national government authorities.

¹⁷ 1944/290 [Éire], *Mental Nurses (Qualification) Order* (23 Sept. 1944).

¹⁸ *Ibid.*, part i [schedule], 1-3.

¹⁹ 1924/30/06/ [I.F.S.], *Garda Síochána (Designations, Appointments and Discipline) Regulations*, part v [appointments], ‘must (unless he has had previous service in a police force) be unmarried and between the ages of 19 and 27 years (c) must be not less than 5 feet 9 inches in height, with a mean chest measurement of at least 36 inches, or, if 5 feet 11 inches or over in height, with a mean chest, measurement of at least 37 inches (d) must be certified by the Surgeon of the Force to be in good health, of sound constitution, and fitted physically and mentally to perform the duties of a member of the Force.’

²⁰ 1944/290 [Éire], *Mental Nurses (Qualification) Order* (23 Sept. 1944), part i [schedule], 4(a).

²¹ *Report from the select committee on the lunatic poor*, 1817.

In 1946 a new order called the Department of Local Government and Public Health Mental Treatment (Regulations) Order came into effect.²² The order detailed how patients were to be treated in Irish mental hospitals. The regulations included classification of patients within institutions which on a basic level meant proper separation between male and female patients. Rules regarding the bathing of patients were part of health and safety in mental hospitals and regulated for in the 1946 order. Every patient had to have privacy while taking a bath except for the presence of a nurse or attendant. They had to have access to clean hot water for each bath.²³ In Ardee, authorities had ensured that the facility included piped water and up to date water technology.²⁴ The wards were separated between male and female patients and the modern laundry facilities provided clean linen and towels for use in the institution. In 1933 the Ardee Mental Hospital already provided many of the features of health and safety regulations legislated for in the 1940s. The new orders from the department of local government confirmed that Louth County Council had taken innovative steps in the introduction and implementation of a modern mental healthcare strategy in the twentieth century.

All patients had to be treated with gentleness.²⁵ Any type of physical restraint was only to be used sparingly and in extreme cases. Each time restraint was used in an institution, it had to be recorded by the staff and medical officer. The employment of patients while in a mental hospital continued in the 1940s. Patients in a mental institution could in so far as suitable employment could work while in a hospital ‘according to their capacity and ability.’²⁶ In Ardee, Dr Moran encouraged work therapy for patients on the hospital farm supervised by the nursing staff. The nursing staff also worked on the farm, general office area, the laundry and store room.²⁷

²² 1946/202 [Éire], *Department of Local Government and Public Health Mental Hospital (Regulations) Order and Mental Treatment Act* (6 Apr. 1946).

²³ *Ibid.*, part xviii-xxii [treatment of patients].

²⁴ Piped water supply was a recurring theme in mental hospital development in Ireland. The first institution, St Patrick’s Hospital in Dublin, was supplied with a constant piped water supply which was part of the improvement discourse led by agencies of reform such as the Royal Dublin Society. In the twentieth century these reforms and developments were performed by local authorities; see J. D. Widdes, ‘St Patrick’s Hospital, 1746-1899’ in *The Legacy of Swift: a bi-centenary record of St Patrick’s Hospital, Dublin with catalogue of the exhibition* (Dublin, 1948), p. 14; see Canice O’Mahony, ‘Dundalk water supply 1870-1990’ in *An engineer remembers* (Dundalk, 2009), pp 105-27.

²⁵ 1946/202 [Éire], *Department of Local Government and Public Health Mental Hospital (Regulations) Order and Mental Treatment Act* (6 Apr. 1946), part xviii-xxii [treatment of patients].

²⁶ *Ibid.*

²⁷ Pdraig MacBennett, ‘A brief history of St Brigid’s’ (Ardee, 1991), p. 4.

An important change occurred in 1947 when the Department of Health was established as a result of the Ministers and Secretaries (Amendment) Act.²⁸ The first Minister for Health was James Ryan (previously the Minister for Agriculture between 1932 and 1946). The formation of the Department of Health meant that governance of mental healthcare in Ireland moved laterally away from the Department of Local Government and Public Health. The 1946 act also formed a social welfare aspect to public health in the Irish legal system. The Department of Health assumed the duties and responsibilities of the Department of Local Government. This created a new political and economic relationship between the hospital committee, Dr Moran, his team of nurses, the patients and ministry of health. The new relationship showed a number of important developments in mental healthcare in Ireland in the twentieth century. The first was that reform had occurred in County Louth under the auspices of popularly elected representatives working on a local government level. The second was that the mental health services portfolio, alongside general healthcare, had become a distinct branch of the Irish government with a Minister of Health and Department of Health. Further reforms occurred throughout the twentieth century under this new healthcare governance system. In retrospect, the Ardee Mental Hospital was established as a direct result of the political capabilities of local councillors negotiating with national representatives in the Department of Local Government. They were not healthcare specialists. They were, however, very skilled strategists and negotiators who were able to engage with national politicians to ensure that reform of services occurred by 1933.

The 1940s was characterised by substantial reconsideration of the political and ideological status of mental healthcare in an Irish context. The introduction of a new mental health act was the first and most innovative legal exercise undertaken in mental health care by the authorities in independent Ireland. Nineteenth-century asylum administration had been a much debated topic for decades prior to the introduction of a ministry of health in Ireland.

IV

In 1886, Dr George Sigerson (1836-1925) made reference to the widening definitions of insanity and its relationship to lunacy laws. Sigerson was a physician and neurologist and trained in Belfast and Paris. He believed that the principles upon which the medical profession

²⁸ 1946/38 [Éire], *Ministers and Secretaries (Amendment) Act* (24 Dec. 1946).

confined a person of unsound mind were so broad and subjective that any member of society could be diagnosed insane and placed in an asylum.²⁹ Sigerson referenced comments by Lord Shaftesbury who had similar concerns about the obvious potential for abuse of the existing lunacy laws. The confined person, once within the walls of an institution, had no recourse with the authorities and could be held for the remainder of their lives in a lunatic asylum in Britain or Ireland.³⁰ At the turn of the twentieth century, a debate ensued in the *British Medical Journal* over the progress of medical knowledge with regard to insanity and the law. An anonymous contributor stated that:

In no branch of science had there been greater progress during the last generation than in the knowledge of the brain and the central nervous system, and whereas when the lunacy laws were framed they were based more or less on the view that the case of a person of unsound mind was hopeless, and their main purpose was to protect the lunatic from ill-treatment and the public from the lunatic.³¹

The general attitude in the late nineteenth and early twentieth centuries was that the lunacy laws used in Britain and Ireland were wholly inadequate and unfit for purpose. In 1927, the poor law commissioners believed that revision of the laws was necessary in order to change the lunatic asylum system to a mental hospital system.³² Sean T. O’Kelly remarked at the opening of the Ardee Mental Hospital that the existing laws governing Irish mental hospitals were problematic. He alluded to the fact that the mental hospital in Ardee could not really be considered a hospital until the laws were changed to include temporary and voluntary admission procedures.³³

The problem with Irish mental hospitals in the period after the Irish Free State was that they were hospitals in name but resembled prisons. In a ‘hospital’ a patient would be admitted for treatment and discharged once recovered. In a lunatic asylum, the primary goal was to commit

²⁹ George Sigerson, *Irish commission on lunacy: the law and the lunatic* (Dublin, 1886), pp 7-8.

³⁰ *Clonmel district lunatic asylum- correspondence between the governors of the Clonmel District Lunatic Asylum...with the Irish government and inspectors of lunatic asylums, respecting the ill-treatment of a pauper lunatic named Flynn, committed to the asylum ... 1864*, H. C. 1864 (422) liii, 27.

³¹ Michael Foster, ‘Lunacy legislation’ in *British Medical Journal*, i, no. 2265 (1904), pp 1279-80.

³² Eason, ‘Report of the Irish poor law commission’, pp 17-43.

³³ *Dundalk Democrat*, 11 Nov. 1933.

inmates. Therefore, the difference between the nineteenth- and twentieth-century institutional models was the difference between the words ‘admit’ and ‘commit.’ The word ‘admit’ was synonymous with temporary and voluntary care. The word ‘commit’ was synonymous with custody and confinement. Criminals were in custody, patients were in care. In order to make the Ardee Mental Hospital be held in the public estimation as a hospital and not a prison required significant overhaul of mental health laws.

The Mental Treatment Act (1945) was a complete revision of mental health law in an Irish context and was an extensive volume.³⁴ The law set legal precedence in mental healthcare and was a culmination of previous laws which were updated and combined into a single piece of legislation.

The act covered various aspects of Irish mental hospitals including the treatment of patients, the acquisition of land by hospital authorities, the pensions and superannuation of nursing and medical staff, and provision for voluntary admission to approved mental health institutions.³⁵ The fact that the Mental Treatment Act came into law at the same time as the ministry of health was established signified a change in the governance of mental healthcare. Both developments transferred power from local government authorities to the health department under a minister of health whose main legal source for improving the mental health service was the 1945 Mental Treatment Act.

The introduction of voluntary and temporary admission to mental health institutions was a significant shift in the cultural and legal rhetoric of mental healthcare. The temporary care option had economic implications for hospital authorities because it meant that costs could be reduced to the rates for county councils as patients were not permanently housed in a mental hospital. The new system of care was a reminder of the failures of the nineteenth century in which the patient population accumulated over successive decades and hindered progress. The

³⁴ 1945/19 [Éire], *Mental Treatment Act* (22 May 1945).

³⁵ *Ibid.*, part v, no. 23 [Accommodation for temporary and voluntary patients – ‘The Minister may by order require a mental hospital authority to provide within a specified time specified accommodation for temporary and voluntary patients and it shall be the duty of the authority to comply with the order.’].

economics of healthcare in the twentieth century ended the era of institutional care and was motivated, in part at least, by authorities interest in reducing costs to county councils.

The cost of maintaining patients in the Ardee hospital increased in the 1940s. The cost per week per patient in 1945 was £1 3s 6d. In 1946 the cost per week was £1 5s 1d. In 1947 the cost increased to £1 8s 6d per week per patient. These increases occurred across the entire network of mental hospitals and highlighted the level of expenditure to councils for institutional mental healthcare (Table 9.1).³⁶

³⁶ Cost of patients in Ardee Mental Hospital, 31 Mar. 1945-7 (LCC/ADM/006/098).

Table 9.1- Average weekly cost per head of the maintenance of patients in Irish mental hospitals (1945-47)

Mental Hospital	31/3/1945 p/w	31/3/1946 p/w	31/3/1947 p/w
Ardee	£1 3s 6d	£1 5s 1d	£1 8s 6d
Ballinasloe and Castlerea	£1 6s 2d	£1 7s 7d	£1 11s 7d
Carlow	£1 4s 7d	£1 6s 3d	£1 8s 8d
Castlebar	£1 3s 8d	£1 4s 1d	£1 5s 10d
Clonmel	£1 7s 7d	£1 6s 4d	£1 7s 10d
Cork	£1 4s 5d	£1 4s 10	£1 6s 1d
Ennis	£1 9s 2d	£1 7s 10d	£1 11s 10d
Enniscorthy	£1 7s 1d	£1 9s 6d	£1 13s 9d
Grangegorman and Portrane	£2 0s 7d	£2 2s 3d	£2 2s 0d
Kilkenny	£1 3s 6d	£1 7s 1d	£1 8s 11d
Killarney	£1 4s 9d	£1 3s 7d	£1 6s 7d
Letterkenny	£1 5s 7d	£1 5s 2d	£1 9s 11d
Limerick	£1 6s 8d	£1 7s 3d	£1 10s 8d
Monaghan	£1 10s 10d	£1 8s 8d	£1 13s 7d
Mullingar	£1 11s 3d	£1 11s 8d	£1 16s 0d
Portlaoighise	£1 5s 11d	£1 6s 2d	£1 11s 8d
Sligo	£1 6s 4d	£1 5s 10d	£1 7s 9d
Waterford	£1 8s 6d	£1 9s 8d	£1 12s 2d
Youghal	£1 1s 3d	£0 19s 4d	£1 0s 5d

Source: Louth County Council, cost of patients in Ardee Mental Hospital, 31 Mar 1945-7 (LCC/ADM/006/098).

The cost of maintaining patients in mental hospitals added to the payment of salaries for auxiliary staff in the institutions. In Ardee the land steward was paid £630 per annum for keeping the farm operating. Nine farm labourers were paid over £5 per week for a five day week on the hospital farm. Two farm labourers were employed five days a week for £5 per week. The deputy charge nurse who worked on the mental hospital farm was paid £440 per year for carrying out his duties for the hospital committee. The total annual wages paid to agricultural staff in Ardee in 1958 was £4,471 17s 2d. By comparison the total annual wages paid to agricultural staff in the Dublin institution for 1958 was £28,962 1s 4d for a total of forty-five staff including labourers and mental nurses who worked on the hospital farm.

In 1950 mental health nurses gained recognition as a specialism within general nursing practice and training in Ireland. The General Nursing Council was dissolved and An Bord Altranais (The Nursing Board) was established. The final examination for nurses in mental health institutions was called the red book and it allowed qualifying nurses to be a Registered Mental Nurse (RMN).

In 1954, 440 patients were being treated in the mental hospital in Ardee. This total was important for a number of reasons. Firstly, it showed that the purpose built 500-bed mental hospital did not operate on full capacity. Secondly, the patient volume started to decrease from 1954 onwards highlighting a change in the institutional model used in County Louth in the second half of the twentieth century. The mental hospital in Ardee started to move away from the traditional to a non-traditional model of care and authorities experimented with community care and out-patient clinics. The second half of the twentieth century showed a marked improvement in the regulation of Irish mental hospitals which included increased accountability of the behaviour of staff in institutions.

V

As per the regulations set out in the 1945 Mental Treatment Act, yearly inspections of Irish mental hospitals occurred. The visiting committees published a report on each institution. They spoke to patients, inspected patient records and conditions. A report for Grangegorman

highlighted that the diet was well balanced, the patients were well behaved, one woman had become a ‘second mother to a little blind child’ and another patient requested the supply of history books to the library as she was ‘particularly fond of reading history.’³⁷ Some patients told the visiting committee that they wanted to go home and asked for assistance in doing so. The visiting committee had an obligation based on the Mental Treatment Act to enquire further into the comments of patients. If patients requested discharge from an institution, the inspectors had a duty to investigate the circumstances of the case and report to the Minister for Health on whether further investigation or action was required.

In Ardee, the annual reports showed a number of important developments in the service. The patients were all clean and comfortable. They were ‘happy and content’ and ‘no complaints were made.’³⁸ Billiard tables and wireless sets were purchased for the hospital.³⁹ The hospital was always well kept, clean and maintained at the highest standard. The patients attended dances, had daily sports and occupational therapy. By the end of 1957 the hospital authorities acquired two television sets for the patients, weekly dances occurred during the winter months and weekly trips to the local cinema in Ardee occurred (the Bohemian Cinema was within walking distance from the hospital on Jervis Street).⁴⁰ The patients attended circus shows, played football and croquet on the grounds and played tennis. The tennis courts of the hospital were located on the east side of the hospital and were used by patients until the late 1990s when the courts were converted into a parking area for hospital staff.

The evidence from the reports showed that the Ardee Mental Hospital was markedly different from a nineteenth-century lunatic asylum. The patients had access to activities and games. They had more freedom than nineteenth-century patients and could go outside to play football or tennis. They were not entirely isolated from the wider community of Ardee because they were brought on trips to the local cinema and dances during the winter months in the area. The ethos of mental healthcare had changed in the twentieth century. Dr Moran aimed to make the facility

³⁷ *Annual reports of the Inspector of Mental Hospital*, Grangegorman report, 1945 (NA/TSCH/3/s6667C).

³⁸ *Annual reports of the Inspector of Mental Hospital*, *Ardee Mental Hospital reports*, 1945-57 (NA/TSCH/3/S6667C).

³⁹ *Ibid*; *Annual Report of Ardee Mental Hospital*, 31 Dec. 1957 (LCC/HPA/24/4).

⁴⁰ *Dundalk Democrat*, 23 Feb. 2011 - ‘Vincent’s (Farrelly) legacy to Ardee town’; Canice O’Mahony, ‘Early cinema in Louth’ in *An engineer remembers* (Dundalk, 2009), pp 171-81.

an example of modern mental healthcare. He retired in 1959 and Dr John O'Connor was made the Resident Medical Superintendent in the mental hospital in Ardee.

In the same year Dr Moran retired from the mental hospital in Ardee, an article appeared in the *Irish Times* in April to mark World Health Day. The day was established by the World Health Organisation which had become the most powerful health organisation in the post-war period. The theme of the WHO in 1959 was mental health. Dr Marcolino Gomes Candau was the Director-General of the WHO. He made a speech outlining developments in mental healthcare in the twentieth century. Candau reported that:

Psychiatry is now accepted by the public on a par with other major branches of medicine and gone are the days when the mental asylums main purpose was to 'protect society' by keeping patients indiscriminately shut away where they could do no harm. If treatment is begun early enough, between 70% and 80% of mental patients can nowadays be restored to a useful place in society ... there are more and more voluntary patients at mental hospitals.⁴¹

In this way, Candau acknowledged the shift in attitude among governments from institutional care to a non-traditional model of care focusing on temporary and voluntary admission to mental hospitals. Candau's comments highlighted that psychiatric professionals identified the importance of early intervention in cases of mental illness whereby the faster an individual was treated for an illness, the greater their chances of making a full recovery. The fact that mental health was on the agenda of the most prominent international health organisation was testimony to achievements made in the reform of mental healthcare in the twentieth century. The influence of changes on an international stage was evident in progress made in mental healthcare in County Louth in the following decades with staffing arrangements and the introduction of community psychiatric services.

VI

Dr Moran's attitude to professional mental healthcare was his greatest achievement for the county council and hospital staff and continued long after he retired from the service. Jack

⁴¹ *The Irish Times*, 7 Apr. 1959.

Halpin was appointed Acting Nurse Tutor in the Ardee hospital. Halpin was given the responsibility for overseeing the training of nurses in the hospital. He also undertook a Nurse Tutor Course at University College Dublin and was made permanent tutor of nurses in the hospital and taught trainee nurses between 1965 and 1967.⁴² This development illustrated that progress in the education of trainee nurses depended on the willingness of existing staff in the local service to update their skills and knowledge in order to properly train the younger generation of mental health nurses.

In 1963 an open day was held at the hospital in Ardee. The event was attended by members of the medical profession and members of Dundalk and Ardee Civil Defence. The nursing staff gave visitors a tour of the hospital while the Ardee bands played music. Dr Martin Rahill was the Assistant Medical Superintendent in Ardee hospital. He made a speech at the event in which he highlighted ‘community responsibility’ in developing the local mental health service.⁴³ This statement heralded a new era in the service with the introduction of community nurses and community care for the mentally ill of County Louth.

The first nurse in Ardee to hold the position of community nurse was Anne Curtis. Two further nurses were added to the community nurse team by the end of the 1960s. The growth of community nursing in County Louth meant that it was easier to divide the county into sectors in which the nurses could be delegated an area to perform their duties. Out-patient clinics were established in Dundalk and Drogheda. The nurses handed out medication to patients in weekly or fortnightly clinics. The local service branched out into the community and developed a strong healthcare relationship with the two largest towns of Louth: Dundalk and Drogheda. The emergence of out-patient services in the twentieth century was progressive because it meant mental healthcare became less dependent on the institutional model of mental healthcare.

The first day centre in Ireland for psychiatric patients was established on the grounds of the Louth County Hospital in Dundalk. A further day centre opened Drogheda in 1975 where

⁴² McBennett, *St Brigid's*, p. 8.

⁴³ *Dundalk Democrat*, 1 Sept. 1963; *The Irish Times*, 2 Sept. 1963.

patients were occupied with 'light industrial work for local enterprises.'⁴⁴ In Ardee a hostel opened called the Villa which was followed by the De La Salle hostel for patients who were removed from the hospital situation but still required considerable care in a community setting. The difference between these hostels was that one was a high support unit for patients who required a lot of support outside the institution and the other hostel was low support for patients who could manage daily tasks such as cooking and cleaning.

Further important developments occurred in this period. Monthly or bi-monthly out-patient services were set up in Dundalk, Drogheda, Carlingford and Ardee. These were called depot clinics. These clinics meant that patients could attend and receive their medication directly from a nurse through the injection. The community nurse was also able to talk to the patient at the clinic and made a report to the psychiatrist on the mental health of each patient in the service. If a patient needed an urgent appointment with the psychiatrist, the community nurse could arrange a visit to Ardee or one of the clinics in the area.

In the mental hospital in Ardee, the positions of matron and head male nurse were merged into one position called the chief nursing officer. The first person to hold this position in Ardee was Patrick Black.⁴⁵ Over twenty student nurses were undertaking training in the hospital in Ardee and working toward qualification as mental health nurses.

The nursing and administrative staff involved in mental healthcare in County Louth was very proactive in terms of developing a modern mental health services for patients with mental health difficulties. By 1970 the local service had introduced out-patient clinics, hostels and day centres. At the centre of the local service was the Ardee Mental Hospital, a symbol of progress and reform in mental health care in County Louth. On a national scale, 1970 saw the restructuring of health boundaries which had an impact on mental health services in County Louth but also had unique consequences for Louth County Council.

⁴⁴ McBennett, *St Brigid's*, pp 8-10.

⁴⁵ *St Brigid's Hospital, Ardee, golden jubilee celebration*, p. 12.

VII

The Health Act (1970) divided Ireland into health board areas.⁴⁶ The twenty-six counties in the Republic of Ireland were divided into eight health boards each with its own functional and administrative boundary. This meant that the boundaries of healthcare changed significantly. From 1970 County Louth was not an independent unit for mental healthcare because it became part of the North Eastern Health Board. The NEHB comprised a large administrative area: County Meath, County Cavan, County Monaghan and County Louth.⁴⁷

In the early stages of re-structuring the health boundaries under the Minister for Health, Erskine Childers, the newly formed North Eastern Health Board claimed ownership of the Ruxton estate in Ardee. Louth County Council made the argument to the minister that the NEHB was not entitled to the entire Ruxton estate but rather only the immediate area used for the mental hospital.⁴⁸ The outcome of the conflict was that the NEHB took ownership of the mental hospital, Ardee House (which was at this stage St Joseph's Hospital for the elderly) and the immediate grounds of each facility. Louth County Council, on behalf of the ratepayers, continued to own the rest of the land for future development. This example showed that the county council was very capable of protecting the original investment made by members of Louth County Council in the early twentieth century.

The conflict between the Department of Health and the county council over rightful ownership of the land demonstrated that the council members were aware of the historical, political and economic importance of the purchase of the Ruxton estate in Ardee. The efforts of William Doran, Peter Hughes, Patrick McGee and James McGee alongside other members of the county and district councils were not forgotten by new generations of councillors in the local government system in the twentieth century. William Doran stated in January 1914 that the council should purchase the Ruxton estate for the 'prosperity of the Ardee townspeople.' He did not say that the council should purchase the estate for the prosperity of the Department of Health, North Eastern Health Board or any other government department. In the early 1970s the county council had a duty and responsibility to respect the original purpose of the purchase and

⁴⁶ 1970/47 [R.I.], *Health Act (Commencement) Order* (10 Mar. 1970).

⁴⁷ *Ibid.*

⁴⁸ *Dundalk Democrat*, 5 Mar. 1971.

ensure that it was developed, in as much as possible, for the economic benefit of the ratepayers. With the conflict on ownership of land in Ardee resolved to the satisfaction of all parties, reform of the mental health services continued in County Louth for the final decades of the twentieth century.

VIII

In looking forward we are mindful of the importance of looking back also. In doing so we are constantly reminded of the dedication and loyalty shown by so many staff ... in providing care for the mentally ill whose needs and rights were far too often forgotten in a society filled with suspicion and prejudice.⁴⁹

The 1980s witness a new era in mental health nursing in County Louth. It was the first time in the history of the hospital that Community Psychiatric Nurses (CPN) were employed. They practiced mainly in the community clinics and day-centres which had been established in the 1960s and 1970s. The new CPN positions were filled by staff already employed in the local mental health service and hospital in Ardee.⁵⁰ The change to a new terminology such as ‘psychiatric’ service was complemented by the formation of new community positions. Henceforth, the mental health service in County Louth was called the Louth psychiatric service or services.

The 1980s also saw a sharp decline in the number of patients accommodated in the Ardee facility. In 1983 there were just 230 patients in the hospital which was a little less than half the number of patients twenty years previously (in 1954 there was 440 patients recorded in the hospital). Five of the patients who were originally transferred from Dublin in 1933 were still patients in St Brigid’s Mental Hospital (new name for Ardee Mental Hospital) of which 3 were female and 2 male.⁵¹

⁴⁹ *St Brigid’s Hospital, Ardee, golden jubilee celebration*, p. 15.

⁵⁰ McBennett, *St Brigid’s*, p. 4.

⁵¹ *St Brigid’s Hospital, Ardee, golden jubilee celebration*, p.14.

A special event marked the fiftieth anniversary of the opening in Ardee. At the Golden Jubilee celebration, held in September 1983, Barry Desmond, T. D., the then Minister for Health and Social Welfare, noted that the facility was ‘one of the smallest district mental hospitals in the country’.⁵² He also made the point that the structure was the ‘only purpose built psychiatric hospital to be erected since Ireland became an independent state.’⁵³ These comments were modest compared to the comments made in November 1933 at the door of the new institution. At the opening event the townspeople were ‘leaders in civic enterprise and nation-building’. The hospital was a ‘great humanitarian undertaking.’ The new hospital was a ‘tribute to the courage and civic pride of Louth.’ With considerable developments and reforms made in Ardee since the opening in 1933, the hospital was an icon of mental health care in modern Ireland. The staff and community had worked for decades to ensure that the hospital was maintained to a high standard and that the service expanded into the community offering clinics and care outside the institution.

Fifty years after the opening of the Ardee Mental Hospital significant changes had occurred. Attitudes to the mentally ill and mental illness were becoming less fearful and more educated, particularly among the professionals who were involved in mental health services. Early intervention, understanding and inclusiveness in society were key to recovery in the opinion of medical professionals and international health authorities. The professionalisation of the nursing staff in County Louth had progressed in line with modern attitudes and expectations in mental health care. Indeed, mental ‘healthcare’ was quickly starting to be replaced by mental ‘health care’ with focus on patient recovery and treatment. The introduction of community services, and the trained staff who worked in those services, made considerable efforts to shift emphasis away from the nineteenth-century custodial rhetoric to a modern out-patient mental health care idiom. Medication could be handed out in clinics around the county. Nurses specialised in administering depot injections provided a community service to patients. They were also able to see the patients more often than the psychiatrist making it easier to monitor a patient’s progress with medication. The amount of patients under the care of the Louth psychiatric services was

⁵² Ibid., p. 4.

⁵³ Ibid.

not isolated to the patients who were being treated in the hospital in Ardee. The introduction of community care increased the catchment area of the Louth mental health services.

IX

In 1985 the population catchment area for the Louth service was extended to include approximately 1,600 of the population of County Meath who would have originally belonged to the Mullingar district in the nineteenth century.⁵⁴ The difference between county and district boundaries was discussed in chapter three of this thesis but these boundaries continued to be important throughout the twentieth century. Patients from County Meath would have originally been treated in Mullingar Mental Hospital (renamed St Loman's Mental Hospital) but by 1985 some of the patients could now be treated in St Brigid's Mental Hospital or in out-patient services belonging to the Louth psychiatric service.

This was an interesting development for mental health care in the late twentieth century. The boundary for the mental health district of County Louth appeared to go full circle from the recommendations made by the commissioners of lunacy in the 1857 report discussed in chapter one of this thesis. In 1857, the commissioners believed that County Louth should have been separated from the Richmond district and an asylum established in either County Meath or County Louth. The commissioners believed that the north east of Leinster required its own asylum for the insane. This development did not occur in the nineteenth century and when the Ardee Mental Hospital opened in 1933 it was built to service only the population of County Louth. Therefore, between 1857 and 1985 the recommendations of the commissioners of lunacy were realised through a long developmental and ideological process of institutional reform which included separation between Louth County Council and the Dublin district, the establishment of the hospital in Ardee, the formation of the North Eastern Health Board and the advent of community services.

Further boundary changes occurred in the mid-1980s when healthcare sectors were formed and divided Louth into smaller administrative regions: North Louth, Mid-Louth/East Meath, South

⁵⁴ The Richmond District Lunatic Asylum catered for County Louth, County Wicklow, Dublin city and county. Mullingar District Lunatic Asylum catered for County Meath, County Westmeath and parts of Longford and Cavan. It was the lunatic asylum for the midlands region.

Louth/East Meath, Meath, South Meath.⁵⁵ Each sector had its own team of nurses, psychiatrists and support staff. They also had separate out-patient services and consultation clinics. For instance, the day centres in Dundalk and Drogheda offered nursing support and crisis intervention to patients in their respective catchment sectors. The patients were occupied with light industrial therapy in connection with the National Rehabilitation Board and Rehab Ireland. In Navan, a day care centre opened in August 1987 providing a variety of occupational, social and life skills classes on a daily basis except weekends. The service also linked with external voluntary agencies such the Vocational Education Committee.⁵⁶ Staff who worked in the mental health system in County Louth since 1933 had shown considerable innovation and dedication to reforming mental health services so that patients received the best possible treatment in the fastest possible time and in the most appropriate form. The goal of all involved in the services was simple: patients could return to lives mentally well and better equipped to face hardship and periods of mental ill-health. The service continued with this programme of reform in the last decade of the twentieth century.

X

Out-patient services in County Louth included hostels, day centres, depot injection clinics and weekly consultation clinics where patients could meet with their psychiatrist and stay outside the hospital system. Multi-disciplinary teams included a psychiatrist, a community nurse and auxiliary staff involved in each case in the local mental health service.⁵⁷ In Dundalk the weekly clinics were held in the community welfare building at the front of the county hospital on the Dublin Road. A hostel opened on the Point Road in Dundalk called the Moorings which was used as high support accommodation for long term mentally ill patients. The depot clinic was held in the Ladywell Centre at the rear of the county hospital on the Dublin Road, Dundalk. In Carlingford, north Louth, the psychiatric clinic was held monthly in the 1990s and a nurse clinic was held fortnightly.⁵⁸ Patients in the service would only be admitted into St Brigid's hospital if it was a crisis situation or change of medication. Psychiatric medications could cause a number

⁵⁵ Pdraig McBennett, 'A brief history of St Brigid's' (Ardee, 1991), p. 4; see also Frances Curruthers, *History of the North Eastern Health Board, 1974-2000* (Kells, 2004). Department of Health, *The psychiatric services: planning for the future – report of a study group on the development of the psychiatric services* (Dublin, 1984).

⁵⁶ Pdraig McBennett, 'A brief history of St Brigid's' (Ardee, 1991), p. 5.

⁵⁷ *Ibid.*, pp 5-6.

⁵⁸ *Ibid.*, pp 5-6.

of physical problems and at times it was the best form of care to admit patients into the hospital setting in order to change from one medication to another. The staff could monitor the side effects experienced by the patients and provide twenty-four hour emergency help if a problem occurred during the change of medications.

In the hospital in Ardee, the wards were upgraded to meet the non-institutional model of mental health care at the end of the century. The number of wards was reduced from eight to four. Only one side of the entire building was used as accommodation for patients. What was originally just the female side of the building was amalgamated into male and female wards. Both male and female patients occupied the ground and first floor wards but were separated by the wing layout in the original structure.⁵⁹ The wards at the back of the hospital were left unchanged. These were the 'mental handicap unit and the female psycho-geriatric unit.'⁶⁰ All the wards in the hospital were redecorated 'providing an atmosphere of comfort and elegance for patients.'⁶¹

The dining hall of the mental hospital was changed. A free standing mezzanine level was constructed for office space in the early twenty-first century (Fig. 9.2). The dining hall was the room where staff gathered in February 1937 to discuss taking strike action. As stated in chapter eight, the staff made a unanimous decision to walk out of the hospital because the management committee refused to meet the union demands.

⁵⁹ Ibid.

⁶⁰ Ibid., p. 7.

⁶¹ Ibid.



Figure 9.2 – Dining hall in Ardee Mental Hospital (2012): mezzanine level with office furniture
(Photographed by L. Butterly, 2012)

In-service training was an integral part of staff training in Ardee. Nursing staff was expected to continue developing their skills and knowledge on mental health care (and mental healthcare although on a lesser extent at the end of the century). The education of nurses became far more academic and in-service training for nurses in the institutes of technology or universities were completed through work placements in mental hospitals including St Brigid's Psychiatric Hospital (change from mental hospital to psychiatric hospital). Nurses who were working in St Brigid's in the 1990s worked toward completing a Bachelor of Arts degree in Public Administration from the Dundalk Regional Technical College. Other members of staff completed diplomas in psychiatric nursing through the regional college. The Ardee hospital accepted student nurses as part of the degree programme offered in psychiatric nursing in Dundalk Regional Technical College. In the Dundalk Centre for Counselling and Personal Development nurses from Ardee attended courses to become qualified in therapeutic

counselling.⁶² A curriculum committee was established in the Louth psychiatric service and included staff representatives from the clinical service and community care.⁶³

XI

In summary, this chapter examined institutional reform in mental health care in County Louth between 1940 and 2000. Considerable change in the attitudes of authorities in mental healthcare occurred in this period. The Grangegorman Mental Hospital joint committee sent a deputation to the United States and Canada to investigate modern mental health services including out-patient care. Out-patient services grew in County Louth over the course of the twentieth century and were symbolic of a general shift across Ireland from the nineteenth-century institutional model to non-institutional mental health services. In the 1940s new statutory instruments were introduced by the Department of Local Government regarding the qualification and certification of nursing staff. The introduction of an entirely new mental health act in 1945 provided room for voluntary and temporary admission into recognised mental health facilities. Temporary admission meant that patients could receive treatment in a facility for a short time and be discharged once they recovered from mental ill-health.

Community Psychiatric Nurses became part of the evolutionary and progressive ethos of mental health care on a local level. The new era of non-institutional care included weekly consultation clinics and day centres for patients in Navan, Dundalk, Drogheda, Ardee and Carlingford. A further introduction came in the form of depot injection clinics. The combination of progress in mental healthcare had an impact on the amount of accommodation required for in-patient care in the mental hospital in Ardee. Consequently, the numbers of wards used for in-patient care were reduced. Male and female wards were amalgamated with a female and male ward on each wing floor on the west of the hospital. The end of the twentieth century saw academic recognition of psychiatric nursing practice. In County Louth, nurses in the mental health service gained academic qualifications from Dundalk Regional Technical College. By 2000, the mental health service in County Louth had made significant progress. The institutional model which

⁶² McBennett, *St Brigid's*, pp 8-9.

⁶³ *Ibid.*

had started in 1933 in Ardee had evolved into a community driven mental health service with staff appropriately qualified to care for the mentally ill as either in-patients or out-patients.

The conclusion of this thesis recounts the extent of institutional reform experienced in Ireland between 1700 and 2000 with specific focus on achievements made between 1898 and 1933 on a local level in County Louth. The conclusion also provides a brief examination of reform in the twenty-first century Ireland which started with the introduction of a new Mental Health Act (2001). The 2001 act replaced the Mental Treatment Act (1945). In 2004 the Mental Health Commission was established to monitor and develop the mental hospital system. The following year, 2005, the government established the Health Service Executive which was the administrative wing of the Department of Health and Minister for Health. The mental health portfolio is now under the remit of a Minister for Disability, Equality and Mental Health (2011-present). The planned closure of mental hospitals across Ireland in the coming decades starts a new era of mental health care which has been termed deinstitutionalisation. This thesis ends with a short discussion on the impact of deinstitutionalisation on a local level for the townspeople of Ardee and wider community of County Louth.

Conclusion

*He moves in darkness as it seems to me,
Not of woods only and the shade of trees.
He will not go behind his father's saying,
And he likes having thought of it so well,
He says again- Good fences make good
Neighbors.¹*

Robert Frost (1874-1963)

I

This thesis examined the establishment of the Ardee Mental Hospital in historical, political and economic contexts. Chapter one investigated institutional reform in mental healthcare in the eighteenth and nineteenth centuries. Reform in the 1700s occurred on an ideological rather than structural level and the most significant change occurred in the prison system. Attitudes to crime and punishment, influenced by the writings of Cesare di Beccaria, led to organisational changes in Ireland's prison system including segregation between the insane and the rest of the prison population.² The early 1800s was marked by a contest between notable representatives in Ireland vying for support from the British Parliament to establish a national institution for the insane. The outcome was the establishment of the Richmond Lunatic Asylum in 1815. Ireland's reformers were influenced by reforms made by Philip Pinel in the Bicetre Asylum in Paris and the efforts of the Tuke family in the York Retreat in England.

The main achievement made by reformers in the eighteenth and nineteenth centuries was to build institutions for the poor and destitute including the insane poor. In doing so, distinctions were made between various forms of human misfortune which was echoed in the philosophy of Martin Farquhar Tupper who remarked 'Judge not of things by their events; neither of character by providence; and count not a man more evil because he is more unfortunate.'³ The ideological

¹ Robert Frost, 'Mending Wall' in *North of Boston* (New York, 1915).

² Cesare di Beccaria, Beccaria, Cesare di, *An essay on crimes and punishments*, trans. Edward Ingraham (Philadelphia, 1819); Joseph Starr, 'Prison reform in Ireland in the age of Enlightenment' in *History Ireland*, iii, no. 2 (1995), pp 21-5.

³ Martin Farquhar Tupper, *Proverbial philosophy* (London, 1839), p. 106.

distinctions led to structural reform with the construction of places and spaces which had specific functions in Irish society. The nineteenth-century workhouse, the large scale prison such as Mountjoy, the houses of industry, and the public insane asylum were all borne in the minds of reformers who attempted to create order and organisation based on Enlightenment ideas.

Structural change occurred in 1815 with the establishment of the Richmond Lunatic Asylum in Dublin. This was followed by a series of committee meetings ordered by the House of Commons which was focused on examining the level of support services available to the lunatic poor in Ireland. Recommendations were made by John Leslie Foster and Thomas Spring Rice to divide the country into regions and establish four asylums for treating insanity in the population. The outcome was the establishment of lunatic asylums in Armagh, Limerick, Derry and Belfast in the 1820s and further asylums in the 1830s.

The impact of the Famine showed an increase in the number of insane presenting in the district lunatic asylums for treatment, or more simply, refuge and shelter. The demand for accommodation increased and the existing structures were unable to cope with the demand. In the post-Famine period more district lunatic asylums were constructed but County Louth remained part of the Dublin district.

The system of public asylums was completed by 1870. The last major construction occurred in County Monaghan. Between 1870 and 1902 governors and boards of governors purchased additional land to expand asylum accommodation on existing sites.⁴ At the turn of the twentieth century Portrane asylum opened in north Dublin and was intended to be used as additional accommodation for the Richmond institution.

Reform had not been achieved by members of the Louth Grand Jury although they challenged the Richmond board of governors over expenditure in the institution. The dissatisfaction over

⁴ John Ribton Garstin, *Memorandum as to the terms on which government loans are made for public works in Ireland, and particularly for the building etc., of lunatic asylums: ... submitted ... to the royal commission ... 1895* (Dublin, 1895); *Return showing in respect of each asylum district in Ireland for each of the last twenty-one years, 1882 to 1902 inclusive, the contribution towards the provision of district asylums and the maintenance of lunatics in asylums and giving details of charges 1903*, p. 23, H. C. 1903 (199) lix, 455.

unfair treatment of authorities from Louth in the Dublin district simmered until the introduction of the Local Government (Ireland) Act (1898). The act created a new generation of popularly elected political representatives who were willing to engage with the board of the Richmond for fairer economic relations between the two districts. Justification for reform in the early twentieth century was focused on the increasing cost to the ratepayers of County Louth for paying for accommodation for mentally ill patients in the Dublin facility.

Louth County Council required more control over how the rates were being used outside the county for mental healthcare. The establishment of a local mental health facility had the potential to improve the efficiency of county rates expenditure. The establishment of a new institution also provided an economic platform for the townspeople of Ardee to benefit from the construction phase and subsequent regular employment positions in the facility once it was completed and operating in the area. Therefore, separation from the Dublin district and the establishment of a local mental health facility represented an increase in economic and political power on a local level for the county and district councils as well as representing an important sign of social progress in the newly formed Irish Free State by 1933.

As a result of negotiations between Louth County Council, the board of the Richmond and the Department of Local Government and Public Health, separation between the council and the Dublin institution was reached by 1930. Construction of the new hospital on part of the Ruxton estate in Ardee began. By late 1933, the hospital was constructed, the nursing staff was gathered and the transfer of patients from Dublin to Ardee had started. The opening event in November was attended by local and national political representatives, members of the community of Ardee and Louth, the nursing staff and auxiliary employees of the hospital.

The purpose built mental health facility was an icon of modern healthcare in twentieth-century Ireland with greater emphasis on non-custodial rhetoric which appeared on a local level through architecture, politics and a professional mental healthcare strategy. The progressive ethos of the Ardee Mental Hospital was further enhanced with the introduction of new statutory instruments and mental health laws in the 1940s. The following decades continued to show substantial development in the local mental health service with the growth of community care and out-

patient clinics. The nursing staff continued to update their skills and, in time, gained accreditation from the technical colleges and universities for mental health nursing practice. By the end of the twentieth century mental health care in County Louth was not obsessed with confining the mentally ill but rather helping them to recover and reintegrate back into the wider community. Institutional reform in the twenty-first century was started with significant overhaul of mental health legislation and the introduction of regulatory bodies such as the Mental Health Commission under the auspices of the Department of Health.

II

The first decade of the twenty-first century witnessed a sharp decline in the use of the Ardee Mental Hospital as a primary care centre for psychiatric patients. The hospital has now twenty beds available for patients and most people are treated in the community with medication and in regular consultation clinics with psychiatrists around County Louth. The facility in Ardee has been used as office space for the administrators of mental healthcare in County Louth. A number of key changes occurred on a national level which impacted the institutional landscape of mental healthcare between 2001 and 2012.

A new regulatory body was established to oversee the development of mental healthcare and professional practice in 2004. It was called the Mental Health Commission. The commission was founded as a result of the 2001 Mental Health Act. The new act replaced the Mental Treatment Act of 1945 and was intended to provide a new law for mental health care which could reflect the non-institutional model in the twenty-first century. The mandate of the Mental Health Commission was to:

... promote, encourage and foster the establishment and maintenance of high standards and good practices in the delivery of mental health services and to take all reasonable steps to protect the interests of persons detained in approved centres.⁵

Visiting committees have to write annual reports of the mental health service and those documents made are made public through the Mental Health Commission online publication

⁵ 2001/25 [R.I.], *Mental Health Act*, (8 Jul. 2001), part 33 (1).

system.⁶ By comparison, the nineteenth-century institutions were largely closed off from the wider community. Official documentation was held in the institutions and became part of the state collection of the National Archives of Ireland. A high degree of secrecy and mystery surrounded the entire lunatic asylum network for centuries. As a result of public participation and commentary on mental health care, the mental health system and the staff therein have become far more accountable to the patient population, their families and the general public. The Irish government introduced new policies to improve mental health care and the participation of people with mental health difficulties in all facets of society.

In 2006, the Department of Health and Children published a progressive mental health policy called a *Vision for Change*.⁷ The new policy identified the main issues concerning people with mental health difficulties both within and without the mental health services. The twenty-first century approach to mental health services in Ireland has been more socially inclusive. The reintegration of people with a long term mental illness has been a priority of government and non-governmental agencies. Access to education, adequate housing and employment are components of the new inclusive attitudes to the mentally ill in Irish society. In County Louth, the development of nursing practice, community services and linkages made with external education and employment agencies such as the VEC have changed attitudes to people with mental health problems. The hospital in Ardee has been visited annually by representatives of the Mental Health Commission.

In the 2009 report of the hospital, the visiting committee noted that in ‘spite of the age of the building, the accommodation was bright, modern and well maintained.’⁸ A television set, pool table, quizzes and crosswords, arts and crafts were available to the residents (previously called patients). There was an enclosed garden area. Residents had access to an internet ‘pay as you go’ service offered by the Health Service Executive. There were a number of relaxation rooms throughout the building. A second occupational therapist was due to take up a position in May 2010 and a large area for therapy had become available following the transfer of residents to St Ita’s ward at the rear of the hospital. Issues of privacy raised in the 2008 inspection report had

⁶ *Annual reports of Irish mental hospitals*, available at <http://www.mhcirl.ie> (10 June 2009).

⁷ Department of Health, *A vision for change* (Dublin, 2006), pp 37, 87.

⁸ *Annual report of St Brigid’s Complex, Ardee* (2009) available at <http://www.mhcirl.ie> (15 Aug. 2010).

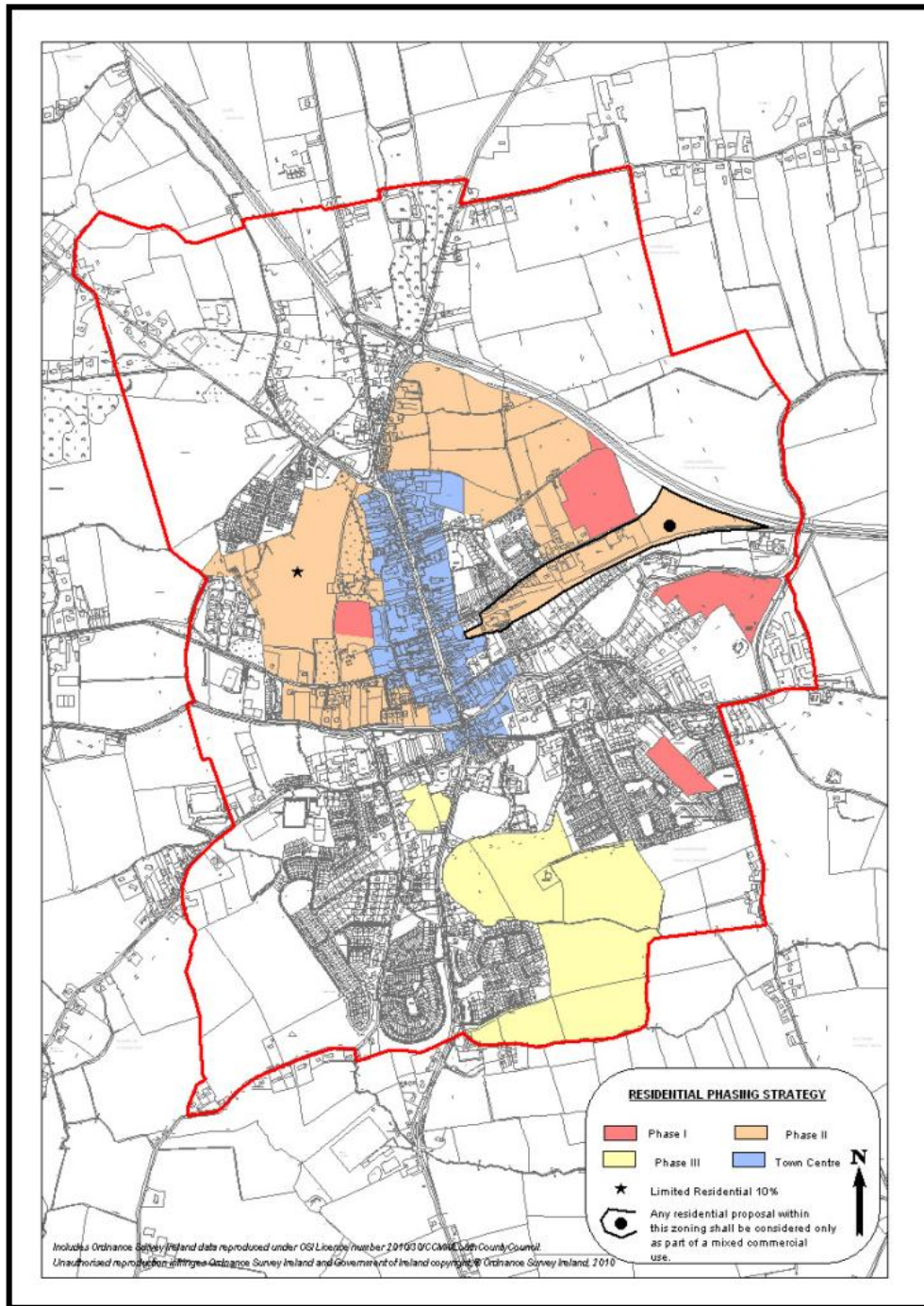
been addressed. Frosting had been placed on the windows to ensure privacy. All the bed areas had curtains placed around them to give the patients more privacy on the dormitory style wards. The outside grounds and hospital buildings were well maintained, bright and clean.⁹ The visiting committee of the Mental Health Commission are most likely unaware of the significant historical and political background of the Ruxton estate in Ardee. However, the Ruxton estate has continually formed part of the history of the hospital.

III

The land discourse surrounding the establishment of the mental hospital in Ardee has continued to form part of local interests and development. In chapter nine of this thesis it was shown that a conflict occurred between Louth County Council and authorities of the newly formed North Eastern Health Board. In 1971 the health board claimed ownership of the entire Ruxton estate which was purchased by the ratepayers of Louth in the early twentieth century. The outcome at that time was that the Department of Health was given permission to take ownership of the hospital site and the ratepayers of the county would hold onto the majority of the land investment in Ardee. A recent development plan contained vital information for the future development of the remaining parts of the Ruxton estate. The *Ardee Local Area Plan, 2010-16* had a number of key aspects to it which were noteworthy in the context of institutional reform in County Louth.

⁹ Ibid.

Conservation and Management Plan: Ardee Local Area Plan, 2010-6



Source: Margaret Gowen and Siobhan Deery-Moraghan, *Conservation and Management Plan: Ardee Local Area Plan, 2010-6 [draft]* (Dundalk, 2010), p. 53.

The plan preserved the institutions in Ardee. It stated that the authorities would:

... conserve and protect the setting of institutional buildings, the woodlands, the town hall and the earthen rampart. Provide for a 1.6 hectare primary school site, further institutional uses and use ancillary to and associated with this land use and limited residential development (not more than 10% of complex area).¹⁰

The map showed the mental hospital and St Joseph's hospital on the west of the town. The area marked with a star and coloured in orange is the remainder of the Ruxton estate area between Ardee House and the mental hospital. This is the area which was fought for by the council in the early 1970s on behalf of the ratepayers. This area has been zoned for phase two of local area development. The mental hospital is located outside the coloured area which signified the agreement reached in the early 1970s between the North Eastern Health Board, Erskine Childers and Louth County Council. If the North Eastern Health Board had been given the land by the Department of Local Government without challenge from Louth County Council then the Department of Health and Health Service Executive would now own a significant part of Ardee town.

The contexts for institutional reform in mental healthcare in County Louth in the twentieth century has much to offer academic research, not least with the extent of political meandering which occurred between 1898 and 1933 which resulted in the establishment of the mental hospital in Ardee. Nonetheless, there are research gaps in this study which provide avenues for further academic inquiry into institutional care in an Irish historical and mental health care context.

IV

The link between the poor law system and mental healthcare in the second half of the nineteenth century has not been fully developed in this study. New research can focus on developing more comprehensive knowledge and understanding of the institutional relationship between the

¹⁰ Ibid.

workhouses and lunatic asylums.¹¹ The workhouses were a separate institutional model but there were similarities and differences with the district lunatic asylum system in the nineteenth century.

The gender bias in the inmate population requires further attention by scholars. The lunatic asylums had a larger male than female population in the category of lunatic or idiot whereas the workhouses had more females than males categorised as lunatic or idiot.¹² The stark imbalance between male and female inmates in the workhouse system and lunatic asylums system can be examined from a range of perspectives: socio-economic realities in post-Famine Ireland; differences between male and female diagnosis manifesting in nineteenth-century institutions; and the gendering of welfare institutions in the post-Famine period.

The linkages between the workhouse system and lunatic asylum system extended to the development of staffing in mental healthcare. For example, further research can examine the training of staff in workhouses compared with staff in lunatic asylums in relation to mental health care. Similarly, the closure of workhouses in the early twentieth century may have shown increased mobility of staff moving from the workhouses to mental hospitals. When the working hours for mental nurses were decreased from 72.5 hours to 56 hours per week the amount of staff required in institutions for the insane increased. The new mental hospital staff may have originally worked in the workhouse system. This aspect to mental health nursing in an Irish context would provide greater insight into the overall development of nursing practice in the twentieth century and the modernisation of the Irish mental hospital system from the time the state was founded.

V

Chapter eight of this thesis explored the nursing strike in the Ardee Mental Hospital which lasted six months in 1937. This was a significant part of the development of the hospital in the community in the twentieth century and the strike period has the potential to be an isolated piece of research for new scholars. The full extent of the strike period was not realised in this

¹¹ *Report on district, local and private lunatic asylums in Ireland with appendices 1866*, H. C. 1866 [3721] xxxii, 125; see Anne Falvey, 'Mayo workhouses and lunatic asylums' in *Westport Historical Society*, xix (1999), pp 65-76.

¹² *Ibid.*

study which was focused on the establishment of the hospital in Ardee in the wider context of institutional reform in mental healthcare. However, further research into the events of the strike and its full impact on the community would lead to more knowledge of the economic, political and social connection between local communities and institutions in the twentieth century.

VI

A complex area requiring further attention by scholars of Irish history is the development of work as therapy for patients in institutions in the nineteenth and twentieth centuries. This thesis touched on employment for patients in institutions but the topic is very complex. A clear distinction can be made between the nineteenth and twentieth centuries in light of the use of work therapy for the mentally ill. In the nineteenth century, the work ethos in institutions was influenced by ‘moral management’ which viewed work therapy as a way to help inmates recover from illness. In the twentieth century, work therapy was considered more exploitative than therapeutic. This marked a significant shift in attitude among authorities and society. The change in attitude came in the second half of the twentieth century and coincided with the end of World War Two, the formation of the United Nations and signing of the Declaration of Human Rights.¹³ States and governments became increasingly aware of human rights issues. This led to a redefinition of work therapy in closed institutions where it became a violation of the human rights of the patient population.¹⁴

In Ardee, patients worked on the hospital farm until the late twentieth century. They were not paid for their work and were not considered employees of the institution. In the 1960s the hospital authorities considered paying patients a weekly wage, a nominal payment in recognition of their work.¹⁵ Paying a weekly wage to patients who worked while in the institution, however small the salary, would have changed their status from patients to employees. The employment of patients in institutions lacked legal clarity and led to the eventual end of work as therapy in Irish mental hospitals.

¹³ Michael Haas, *International human rights* (London, 2008), pp 10-36, 37-71, 101, 104, 117-9, 121.

¹⁴ *Ibid.*

¹⁵ *Annual report of St Brigid's Mental Hospital, Ardee- Farm progress, sales and profit, employment of patients and potential to pay wages to patients*, 17 June 1964 (LCC/FIN/011/003).

VII

In the twentieth century a close relationship developed between sport and mental hospitals. The growth of the district lunatic asylum system in the nineteenth century meant that asylum authorities had considerable grounds available by the twentieth century. This land was used to hold sporting events in the twentieth century with annual football competitions and links made between Irish mental hospitals, the Football Association of Ireland and Gaelic Athletic Association. These organisations gained access to the grounds of mental hospitals and used them as sporting fixtures.¹⁶ This aspect to the history of mental hospitals and psychiatric care in Ireland warrants deeper consideration by scholars with an interest in Irish sports history in the twentieth century.

VIII



Beyond them, the far peoples stirring faintly, waiting for us to return with leaves, promises. The world is safe again, open the doors. They stand there, listening, their hands heavy with keys as many and as ancient as our own.¹⁷

Peter Sirr

Disused beds in St Brigid's Complex
(Photographed by L. Butterly, 2013)

¹⁶ In conversation with Oliver Doyle, secretary of the Irish Railway Record Society Archive and former schedule manager for Iarnród Éireann.

¹⁷ Peter Sirr, *From the sunken kingdom* (Dublin, 2000).

The closure of the hospital in Ardee (exact date unknown) signals a move away from institutionalisation of the mentally ill to deinstitutionalisation. Thomas Szasz has discussed deinstitutionalisation in the United States in the twentieth century. He has argued that the ‘volume of patients in mental hospitals decreased while the number of patients admitted to psychiatric wings of general hospitals increased.’¹⁸ Szasz claimed that the term deinstitutionalisation concealed simple truths that ‘young, unwanted persons, formerly housed in state hospitals, are now housed in prisons or para-psychiatric facilities; and [both groups of] inmates are systematically drugged with psychiatric medications.’¹⁹

Research into deinstitutionalisation in the United States is not entirely relevant to the closure of the Irish mental hospital system because wards attached to general hospitals were not constructed in the twentieth century. However, it would be an interesting social and historical study to investigate whether or not the number of mentally ill in the prison system has increased in Ireland since the hospital system reduced the number of beds available for in-patient treatment. It may be the case that Ireland is experiencing a similar problem as the eighteenth century when ‘little distinction’ was drawn between criminals and the insane. Unlike the experience in the United States, Ireland’s authorities have tried to provide out-patient services and clinics and did not substitute large institutions for wards in general hospitals. Therefore, Ireland’s experience of deinstitutionalisation will result in the complete closure of the network of hospitals and further progress will depend on the creation of a fully staffed and recovery driven community service. In this context, the institutional community will be much broader and impact a wider population than, for example, the population of Ardee.

Mark Finnane has argued that deinstitutionalisation means ‘getting patients back into the community ... opening the doors, throwing away the keys, pulling down the fences, closing down wards, and eventually terminating hospitals.’ Deinstitutionalisation also means ‘reshaping workplaces, increasing accountability, changing the balance of power between staff and

¹⁸ Thomas Szasz, *Cruel compassion: psychiatric control of society’s unwanted* (New York, 1998), p. 175.

¹⁹ *Ibid.*, p. 174.

patients, flattening hierarchies.²⁰ The closure of mental hospitals has also been characterised by a focus on the changing status and experience of psychiatric patients.²¹ In an Irish mental health care context, these changes are just starting to unfold and it will take some time before the impact of closing the hospital system will be fully realised.

Mark Finnane and Jamie Saris have examined institutions in small communities and the impact that the loss of employment has had on those communities.²² Institutions for the insane were not commercial enterprises but they had certain enterprising features including employment for the immediate locality and the production of salable goods from hospital farms. Many of the institutions also had an amount of livestock for sale or production of dairy goods. The hospital in Ardee was part of the agricultural and industrial history of institutional mental healthcare in the twentieth century which gave the institution social and economic legitimacy for decades. A bond was made between the townspeople of Ardee and the hospital from 1930s onwards. The closure of the hospital will affect the rural community and has already brought concerns to the fore in the locality in recent years.

In 2011, a local newspaper published an article about the closure of the hospital in Ardee and removal of patients from the facility. The headline in the newspaper was: ‘Ardee jobs at risk as patients to move.’²³ The mental hospital clearly represented an economy for the community of Ardee for generations. It provided employment during and after the construction phase. It also created auxiliary economic opportunities with the provision of goods and services to the institution. The hospital farm provided employment for farm labourers. The staff in the institution lived and worked in the area of the hospital adding to the economic profile of the town for decades. The closure of the hospital will undoubtedly have implications not only for the nursing staff but for the townspeople, the patients, their families and anyone involved in mental health care in County Louth.

²⁰ Mark Finnane, ‘Opening up and closing down: notes on the end of an asylum’ in *Health and History*, xi, no. 1 (2009), pp 9-11.

²¹ Ibid.

²² Ibid; Jamie Saris, ‘Mad kings, proper houses, and an asylum in rural Ireland’ in *American Anthropologist*, xcvi (1996), pp 539-54.

²³ *Argus*, 11 Feb. 2011.

IX

Irish history has revealed outspoken reformers such as John Leslie Foster, Thomas Spring Rice and representatives in County Louth including John Ribton Garstin, William Doran, Patrick McGee and James McGee. They worked tirelessly for reform of mental health services within the historical and cultural contexts of the nineteenth and early twentieth centuries. Collectively, their efforts led to the establishment of a system of public mental hospitals in the 1800s and the Ardee Mental Hospital by 1933.

Separating from the Dublin district and establishing a new institution in the 1930s in Ireland was a risk but it was a risk local councillors and ratepayers were willing to take in order to develop the mental healthcare landscape. Members of Louth County Council, although confident in their endeavours, could not have known whether or not the hospital would survive, politically or economically, in the decades after the Irish Free State. The institution did survive. It not only survived but became an icon of modern mental healthcare in the twentieth century. This was evident in terms of architecture, the professionalisation of staff, the unionisation of staff and continuous reinvention of psychiatric services through out-patient and community clinics in the 1970s and 1980s. In the 1990s, staff in the service ensured that they had the most up to date professional qualifications in psychiatric nursing and had options to pursue further qualifications in the technical colleges and universities.

The establishment of the Ardee Mental Hospital was a fine example of what could be achieved by local councillors in a time of economic austerity and significant political change. The limitations and challenges faced by authorities in the first decades of the twentieth century did not halt progress in mental healthcare on a local level. Reformers endured challenges and adapted to changing circumstances because it was morally, socially, economically and politically justified to do so. The hospital in Ardee still stands as a tribute to the ‘courage and civic pride’ of the people of County Louth and the individuals who represented them in the local government system between 1898 and 1933.

Reform and progress in mental health care in the twenty-first century will come at a price, an actual economic cost to the taxpayer and the Irish government. Progress can be achieved, once

again, by making a commitment to change. Reform in more recent years has been focused on establishing properly funded and staffed mental health services, reintegrating the mentally ill into communities and providing proper access to housing, employment and education.

Appendix 1

Matrons and Head Male Nurses, Ardee Mental Hospital, 1933-79

Matron	Head Male Nurse
Nora O'Connor (1933-5)	John Hennessy (1935-58)
Mary Rose O'Sullivan (1935-6)	Peter McDonnell (1959-79)
Miss Rooney (1936-40)	
Mary Sweeney (1941-74)	
Elizabeth O'Neill, Acting Matron (1959-79)	

Source: Department of Health and North Eastern Health Board, *St Brigid's Hospital, Ardee, golden jubilee celebration* (Ardee, 1983), p. 12.

Appendix 2

Administrators in Ardee Mental Hospital, 1933-91

Hospital Administrators 1933-77
William Whately (1933-72)
Patrick Gaffney (1974-77)
Adrian Magennis (1977-1991?)

Source: Department of Health and North Eastern Health Board, *St Brigid's Hospital, Ardee, golden jubilee celebration* (Ardee, 1983), p. 14.

Appendix 3

Resident Medical Superintendants in Ardee Mental Hospital, 1933-2009

Resident Medical Superintendants
Dr P. Moran (1932-59)
Dr J. O'Connor (1959-63)
Dr J. J. Wilson (1964-80)
Dr F. Breen (1980-2009)

Source: Department of Health and North Eastern Health Board, *St Brigid's Hospital, Ardee, golden jubilee celebration* (Ardee, 1983), p. 15.

Appendix 4

**Average weekly cost per head of the maintenance of patients in Irish mental hospitals,
(1945-7)**

Mental Hospital	31/3/1945 p/w	31/3/1946 p/w	31/3/1947 p/w
Ardee	£1 3s 6d	£1 5s 1d	£1 8s 6d
Ballinasloe and Castlerea	£1 6s 2d	£1 7s 7d	£1 11s 7d
Carlow	£1 4s 7d	£1 6s 3d	£1 8s 8d
Castlebar	£1 3s 8d	£1 4s 1d	£1 5s 10d
Clonmel	£1 7s 7d	£1 6s 4d	£1 7s 10d
Cork	£1 4s 5d	£1 4s 10	£1 6s 1d
Ennis	£1 9s 2d	£1 7s 10d	£1 11s 10d
Enniscorthy	£1 7s 1d	£1 9s 6d	£1 13s 9d
Grangegorman and Portrane	£2 0s 7d	£2 2s 3d	£2 2s 0s
Kilkenny	£1 3s 6d	£1 7s 1d	£1 8s 11d
Killarney	£1 4s 9d	£1 3s 7d	£1 6s 7d
Letterkenny	£1 5s 7d	£1 5s 2d	£1 9s 11d
Limerick	£1 6s 8d	£1 7s 3d	£1 10s 8d
Monaghan	£1 10s 10d	£1 8s 8d	£1 13s 7d
Mullingar	£1 11s 3d	£1 11s 8d	£1 16s 0d
Portlaoighise	£1 5s 11d	£1 6s 2d	£1 11s 8d
Sligo	£1 6s 4d	£1 5s 10d	£1 7s 9d
Waterford	£1 8s 6d	£1 9s 8d	£1 12s 2d
Youghal	£1 1s 3d	£0 19s 4d	£1 0s 5d

Compiled by L. Butterly (2013) from government and council records

Appendix 5

Irish Mental Hospital farm expenditure (1958): wages

Mental Hospital	Workers	Wages p/a – p/w	Total wages paid to agricultural staff, 31/3/1958
Ardee	1 Land Steward	£630	£4,471 17s 2d
	1 Deputy Charge Nurse	£440	
	9 Farm Labourers	£5 5s p/w	
	2 Farm Labourers	£5 0s p/w	
Ballinasloe	1 Land Steward	£670	£4,093 19s 10d
	1 Assistant Land Steward	£350	
	1 Deputy Charge Nurse (farmyard)	£440	
	1 Mental Nurse (Gardener)	£410	
	2 Tractor Drivers	£4 15s p/w	
	1 Herd	£4 15s p/w	
	1 Casual Labourer	£4 15s p/w	
	1 Land Steward	£600	
Castlerea	1 Gardener	£7 p/w	£3,494 2s 11d
	1 Tractor Driver	£4 15s p/w	
	1 Herd	£4 15s p/w	
	7 Farm Labourers	£4 15s p/w	
	1 Land Steward	£670	
Carlow	1 Gardener	£225	£3,891 13s 2d
	1 Farm Attendant	£415	
	1 Farm Attendant	£180	
	3 Farm Attendants	£162 10s	
	2 Farm Attendants	£90	

Compiled by L. Butterly (2013) from government and council records

Irish Mental Hospital farm expenditure (1958): wages (cont'd)

Mental Hospital	Workers	Wages p/a – p/w	Total wages paid to agricultural staff, 31/3/1958
Castlebar	1 Land Steward	£650	£4,265 15s 5d
	1 Herd	£312	
	1 Assistant Herd	£299	
	6 Agricultural Workers	£273	
Clonmel	1 Land Steward	£540	£2,016 9s 7d
	1 Mental Nurse (Tractor Driver)	£415	
	1 Piggery Hand	£234	
	1 Ploughman	£209	
	1 Gardener	£9 10s p/w	
Cork	1 Land Steward	£585	£2,242 6s 10d
	1 Deputy Charge Nurse	£430	
	1 Tractor Driver	£5 15s p/w	
	1 Gardener	£5 11s p/w	
Youghal (Auxiliary)	1 Foreman Farm Labourer	£5 15s p/w	£727 16s 7d
	1 Farm Labourer	£4 15s p/w	
	1 Gardener (Mental Nurse)	£395	
Ennis	1 Land Steward	£670	£3,875 12s 11d
	1 Gardener (Charge Nurse)	£460	
	1 Ploughman (Charge Nurse)	£455	
	1 Lorry Driver (Mental Nurse)	£395	
	1 Farm Labourer	£328 5s	
	1 Farm Labourer	£6 p/w	

Compiled by L. Butterly (2013) from government and council records

Irish Mental Hospital farm expenditure (1958): wages (cont'd)

Mental Hospital	Workers	Wages p/a – p/w	Total wages paid to agricultural staff, 31/3/1958	
Enniscorthy	1 Land Steward	£670	£2,720 2s 8d	
	1 Gardener (Mental Nurse)	£415		
	3 Farm Labourers	£254 16s		
Kilkenny	1 Land Steward (Vacant)	£450-£670	£2,011 12s 10d	
	1 Charge Nurse (Acting Land Steward)	£460		
	2 Deputy Charge Nurses (Tractor Drivers)	£440		
	1 Mental Nurse (General)	£415		
	3 Farm Labourers	£5 7s 6d p/w		
	1 Farm Labourer	£4 15s		
Killarney	1 Land Steward	£480		£3,039 16s 2d
	1 Gardener (Charge Nurse)	£455		
	1 Lorry Driver	£364		
	1 Herd	£307		
	1 Second Hand	£299		
	1 Ploughman	£299		
Letterkenny	1 Land Steward	£525	£3,618 5s 0d	
	1 Gardener	£312		
	8 Agricultural Labourers	£5 5s p/w		

Compiled by L. Butterly (2013) from government and council records

Irish Mental Hospital farm expenditure (1958): wages (cont'd)

Mental Hospital	Workers	Wages p/a- p/w	Total wages paid to agricultural staff, 31/3/1958
Limerick	1 Land Steward	£670	£7,084 14s 3d
	1 Assistant Land Steward	£370	
	1 Charge Nurse	£450	
	1 Mental Nurse	£440	
	1 Gardener	£390	
	2 Tractor Ploughmen	£6 p/w	
	1 Pig Herd	£5 9s p/w	
	1 Pig Herd	£3 5s	
	7 Labourers	£5	
	Monaghan	1 Land Steward	
1 Assistant Land Steward		£330	
1 Tractor Driver		£5 15s p/w	
1 Agricultural Labourer		£4 15s	
Mullingar	1 Land Steward	£510	£3,615 6s 1d
	1 Assistant Land Steward	£340	
	1 Gardener	£530 8s	
	1 Mental Nurse (Herd)	£415	
	1 Tractor Driver	£240	
	1 Farm Labourer	£233	
	2 Agricultural Workers	£4 15s p/w	
	Port Laoighise	1 Land Steward	
1 Assistant Land Steward		£340	
1 Charge Nurse		£460	
4 Agricultural Workers		£273	

Compiled by L. Butterly (2013) from government and council records

Irish Mental Hospital farm expenditure (1958): wages (cont'd)

Mental Hospital	Workers	Wages p/a – p/w	Total wages paid to agricultural staff, 31/3/1958
Sligo	1 Land Steward	£510	£5,176 15s 6d
	1 Charge Nurse	£460	
	1 Deputy Charge Nurse	£440	
	1 Deputy Charge Nurse (Gardener)	£435	
	1 Mental Nurse (Gardener)	£375	
	2 Tractor Drivers	£4 15s p/w	
	1 Land Steward	£630	
Waterford	1 Charge Nurse	£460	
	1 Mental Nurse	£405	
	1 Utility Worker	£8 3s 9d p/w	
	1 Lorry Driver	£7 18s 8d p/w	
	1 Gardener	£6 p/w	
	2 Ploughmen	£6 p/w	
	1 Caretaker/Herd	£214 18s	
	1 Assistant Herd	£6 p/w	
	5 Agricultural Workers	£5 10s p/w	

Compiled by L. Butterly (2013) from government and council records

Irish Mental Hospital farm expenditure (1958): wages (cont'd)

Mental Hospital	Workers	Wages p/a- p/w	Total wages paid to agricultural staff, 31/3/1958
Grangegorman and Portrane	1 Agricultural Manager	£720	£28,962 1s 4d
	1 Head Gardener	£601 13s 7d	
	1 Farmyard Foreman	£9 18s 6d p/w	
	1 Steward and Herd	£8 19s p/w	
	1 Tillage Foreman	£8 18s 6d p/w	
	1 Assistant Gardener	£8 13s 3d p/w	
	2 Herds and Milkers	£7 14s 10d p/w	
	1 Senior Tractor Driver	£7 13s p/w	
	1 Assistant Herd and Milker	£7 13s p/w	
	1 Under Foreman	£6 18s 6d p/w	
	1 Charge Milker	£6 18s 6d p/w	
	1 Milker (Dairy)	£6 11s 6d p/w	
	8 Milkers	£6 8s 6d p/w	
	1 Pig Herd	£6 8s 6d p/w	
	4 Tractor Drivers	£6 8s 6d p/w	
	1 Senior Labourer	£6 8s 6d p/w	
	1 Assistant Steward and Herd	£6 4s 6d p/w	
	11 Labourers	£5 18s 6d p/w	
	1 Scavenger	£5 18s 6d p/w	
	3 Juvenile Milkers	£5 2s 0d p/w	
	1 Juvenile Labourer	£4 1s 6d p/w	
	1 Juvenile Labourer	£3 11s 6d p/w	

Compiled by L. Butterly (2013) from government and council records

Appendix 6

James Moonan, the Ruxton estate, Ardee

LETTING OF LAND
AT
ARDEE DEMESNE
ARDEE.

I am favoured with instructions from the Louth County Council to
Receive

TENDERS

For the undermentioned Lands on above Demesne :--

Bull Field	-	2	Ares	0	roods	26	per.	I.P.M.	grazing	to	1-12-22
Mount Park	-	4	"	2	"	28	"	"	"	"	"
Irish Meadow	-	8	"	3	"	3	"	"	"	"	"
The Lawn	-	5	"	2	"	9	"	"	"	"	"
Part of Irish Meadow	-	1	"	1	"	10	"		Manured Land for Corn or Green Crop.		

Tenders will be received by me up to 3 o'clock on Saturday, 6th May,
next

CONDITIONS.--The Lands will be Let subject to the herding,
fencing and watering by the tenants who take them. No responsibility
by Vendors. Bills payable 1st October, 1922, with 5 per cent. Com-
mission,

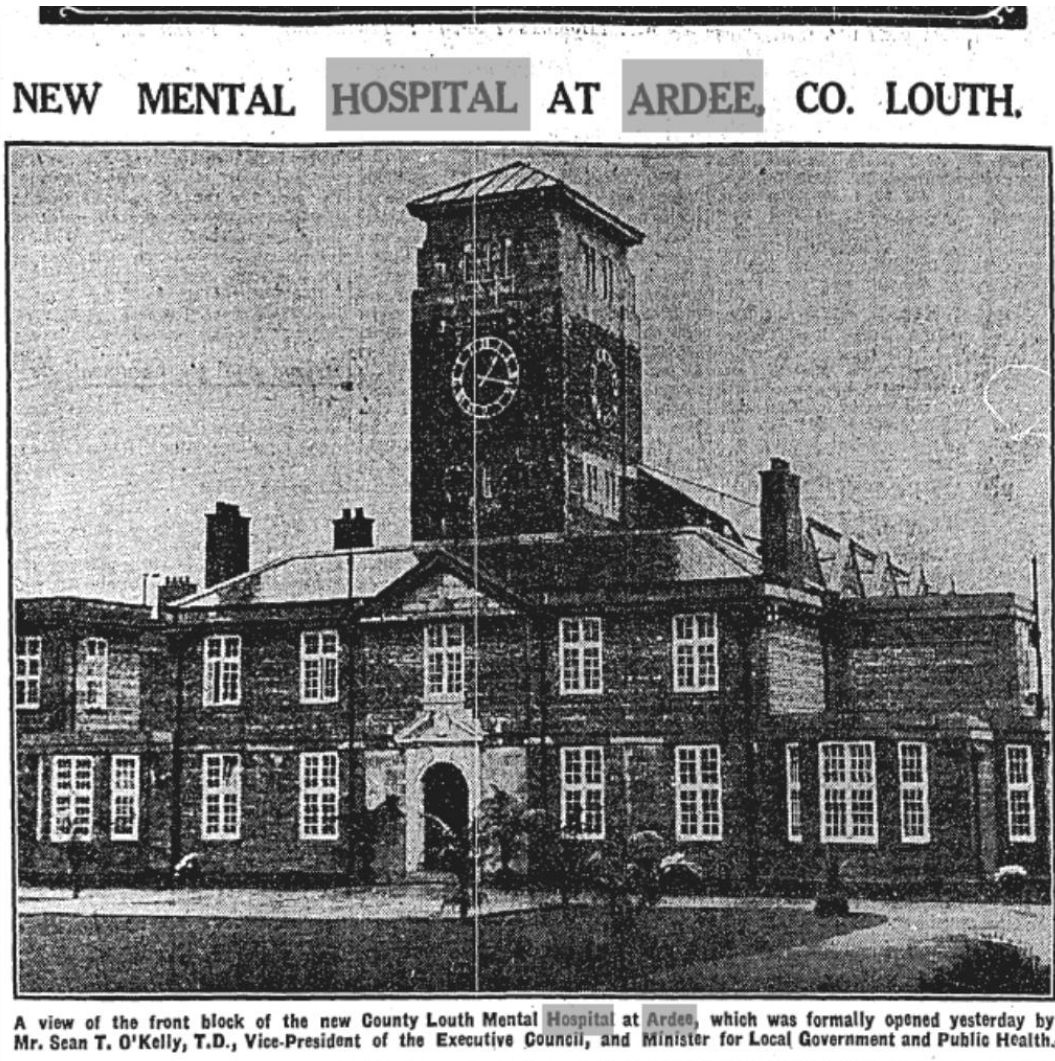
JAMES MOONAN,
Auctioneer, Ardee, Dunleer and Drogheda.

A local Ardee auctioneer, James Moonan, was employed by Louth County Council to 'look after the property and pay the men employed in the garden.' Charles Douglas was employed as the gardener and was paid £1 10s per week along with one ton of coal, a yearly supply of firewood and ownership of a cow all year round. The earnings from produce grown in the garden were to be lodged with the auctioneer with a bonus allowance of 2.5 percent if the total exceeded £200 per year. Thomas Flanagan was employed as assistant gardener earning £1 10s 6d per week. Both men took up their positions in November 1919. The advertisement in the *Dundalk Democrat* detailed the areas of the demesne that were made available to let to the local community.

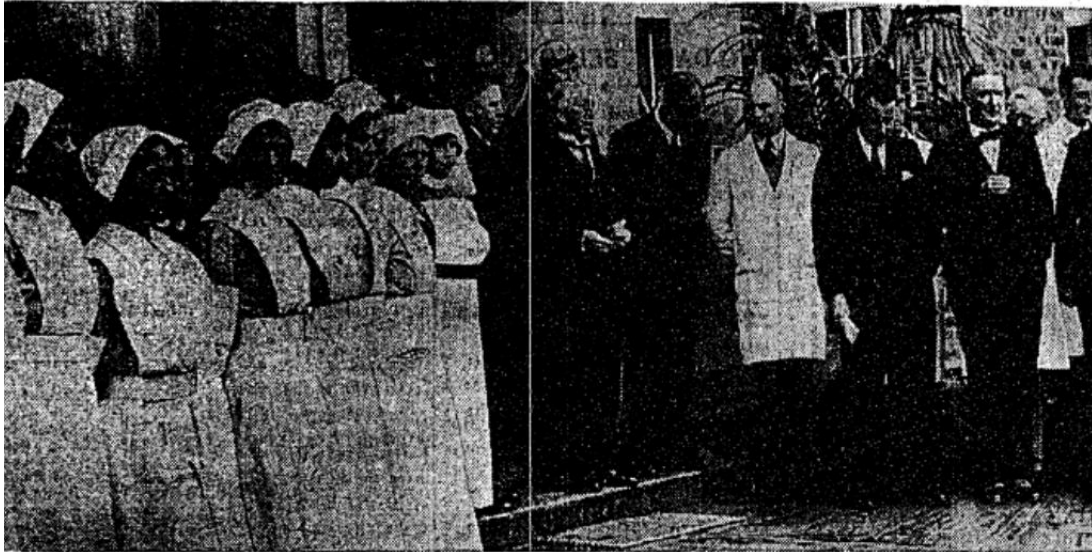
LCC/HPA/023/021

Appendix 7

Photographs, advertisements – Ardee Mental Hospital (1933)



Ardee Mental Hospital, *The Irish Times* (1933)



NEW MENTAL HOSPITAL.—Mr. Sean T. O'Kelly, Vice-President of the Free State Executive Council, delivering his address after he had opened the new mental hospital at Ardee, County Louth, yesterday. On his right is Mr. J. McGee, chairman of Louth County Council, and on his left Dr. Moran, the resident medical officer.

Sean T. O'Kelly, Dr Patrick Moran, nurses and attendants at opening of the Ardee Mental Hospital, *The Irish Times* (1933)

WM. CURRAN & SON
LTD.

**SANITARY AND
ELECTRICAL ENGINEERS,
58 ANTRIM ROAD, BELFAST.**

The entire Sanitary, Plumbing and Fire
Mains at Ardee Mental Hospital were
carried out by us.

'PHONE : BELFAST 1579.

Curran and Son from Belfast, *The Irish Times* advertisement (1933)

GRAVES & CO., LIMITED, WATERFORD.
ESTABLISHED 1811.

Roofs covered with Graves' Patent Roofing over thirty years ago are as good to-day as when first laid. No other Roofing of a similar nature will give such life-long service, and if allowed to lay the material ourselves we will willingly guarantee our work. Further, there is no extra Insurance on buildings covered with Graves' Patent Roofing. *Illustrated catalogue and samples free.*

ALL OUR PRODUCTS ARE MANUFACTURED IN THE FREE STATE.

DUBLIN OFFICE: 21 SOUTH ANNE STREET.

Graves, Waterford, *The Irish Times* advertisement (1933)

CAMPBELL BROTHERS
 IRELAND'S LEADING
 GLASS MERCHANTS & GLAZIERS,
MILLFIELD, BELFAST.

Phones: 812141 8201202. Telegrams: "CAMBELL."

Campbell Brothers, Belfast, *The Irish Times* advertisement (1933)

FOR HOSPITAL OR HOME
 "SHANKS" SANITARY FITTINGS
 CANNOT BE EXCELLED.
J. L. SMALLMAN, LTD.
 3 WILLIAMS ROW, DUBLIN
 CARRY HUGE STOCKS AND SUPPLY
 AT PRICES WHICH DEFTY COMPETITION.
 INSIST ON "SHANKS" GOODS
 THEY DO NOT COST MORE.

J. L. Smallman, Dublin, *The Irish Times* advertisement (1933)



Maintenance area, central block, Ardee Mental Hospital (Photographed by L. Butterly, 2012)



Maintenance building, exterior view, Ardee Mental Hospital (Photographed by L. Butterly, 2012)

Laundry building



Smallman and Shanks fittings, Ardee Mental Hospital (Photographed by L. Butterly, 2012)



Smallman and Shanks fittings, Ardee Mental Hospital (Photographed by L. Butterly, 2012)



Bradford machinery in laundry building, Ardee Mental Hospital (Floor tracks for rolling shelves)
(Photographed by L. Butterly, 2012)

Appendix 8

Photographs, St Luke's, Ardee Mental Hospital (2012)



St Luke's, entrance door (Photographed by L. Butterly, 2012)



Interior view, St Luke's, Ardee Mental Hospital (Photographed by L. Butterly, 2012)



Pulpit, St Luke's, Ardee Mental Hospital (Photographed by L. Butterly, 2012)



Mortuary, St Luke's, Ardee Mental Hospital (Photographed by L. Butterly, 2012)



Mortuary entrance, St Luke's, Ardee Mental Hospital (Photographed by L. Butterly, 2012)



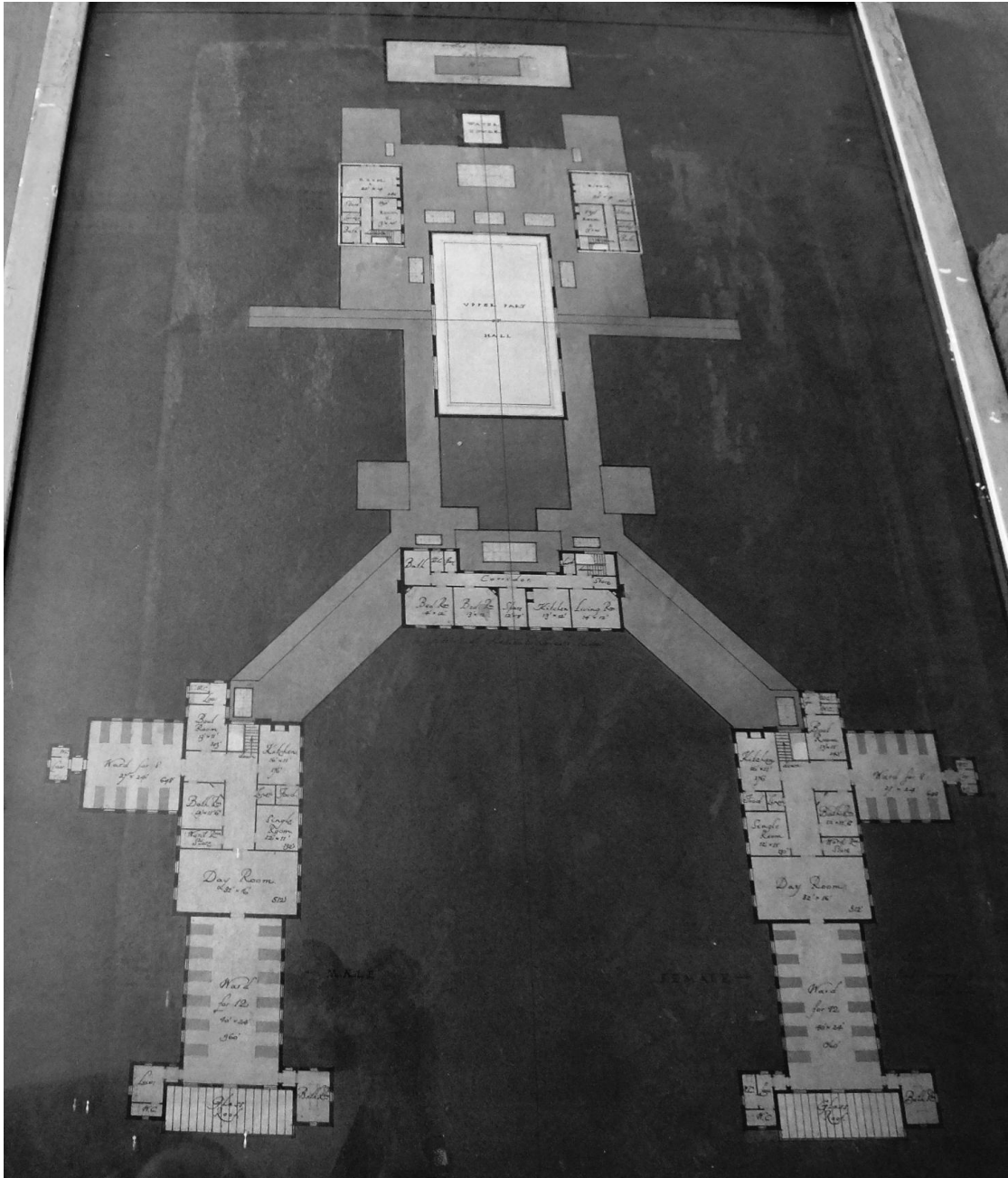
Windows (interior view), St Luke's, Ardee Mental Hospital (Photographed by L. Butterly, 2012)



Windows (exterior view), St Luke's, Ardee Mental Hospital (Photographed by L. Butterly, 2012)

Appendix 9

Vincent Kelly floor plan for Ardee Mental Hospital, submitted for competition in 1928.



Source: Irish Architectural Archive, framed and submitted to archives by Vincent Kelly

Appendix 10

Biographies

Fitzgerald, William Vesey (1783-1843) was the son of James Fitzgerald. He was a member of parliament for Ennis (1808-12) and was defeated in the election of 1812. He was re-elected the following year and held the position until 1818 when he took a seat in parliament for County Clare. He served in this position for the following decade. Fitzgerald was ‘a moderate Tory who held several offices under successive Tory governments including chancellor of the Irish exchequer between 1812 and 1816.’¹

Foster, John Leslie (1781-1842) was a Tory Member of Parliament for County Louth (1824-30). He was elected as an MP for Armagh in 1818 and is remembered as ‘a conservative protestant intellectual’ who spoke ‘eloquently against catholic emancipation in 1812 and 1817.’ Throughout his lifetime, Foster resided in Mountjoy Square and Merrion Square in Dublin, and Rathescar, Dunleer, County Louth. He was a prominent member of the Howard Society for prison reform and sat on a committee to investigate school instruction for poor Catholics in Ireland.²

Newport, John (Simon) (1756-1843) was from County Waterford. He was elected an alderman in the Waterford Corporation and a member of local development committees. Newport was politically ambitious, a supporter of the Irish Volunteers, an advocate of Catholic relief and held a seat for County Waterford after the union in 1801 until 1832. He married Eleanor Shapland Carew. He was an articulate politician who explained his views in ‘plain and practical’ language. Newport had a nickname which was the ‘political ferret’. He died in Waterford in 1843 and is buried in Waterford cathedral.³

Rice, Thomas Spring (1790–1866) ‘first drew attention to himself in 1816 when he published a pamphlet censuring abuses of the grand jury system.’ Rice was ‘an improving, paternalistic

¹ Patrick M. Geoghegan, ‘William Vesey Fitzgerald’ in *Dictionary of Irish biography* (Cambridge, 2009).

² ‘John Leslie Foster’ available on the Royal Dublin Society past member list (<http://www.rds.ie>).

³ Bridget Hourican, ‘Sir John (Simon) Newport’ in *Dictionary of Irish biography*.

landlord, during the crisis years (Famine). He was characterised by his concern for his tenants, energetic attempts to influence policy, and a mounting bitterness towards the government. Rice made a number of speeches in the lords throughout the famine period which ‘were studded with rhetorical invective against Britain's long mistreatment of Ireland.’ He believed that landlords in Ireland were as ‘much victims of British mismanagement as tenants’ and ‘rejected forcibly any claim that they should be held responsible and continually advocated state intervention, though he felt it should not be limited to road works, but extended to agricultural improvements.’⁴

Ruxton, William (April 1823-April 1895) was the eldest son of John Fitzherbert Ruxton and Anna Elizabeth Coddington. He was High Sheriff of County Cavan in 1847 and Justice of the Peace for County Louth. William went to Oxford. In 1854 he married Carole Diana Vernon and they lived in Ardee House until his death at age 71 years old. In 1878, before he died, according to Hussey de Burgh's Landowners of Ireland, the estate totalled 2.262 acres. Carole Diana Vernon left Ardee House, originally letting and then selling. Ruxton children: Florence Elizabeth Ruxton, Georgina Anna Ruxton, Caroline Lydia Ruxton, Helen Vernon Ruxton, Beatrice Geraldine Ruxton, John Fitzherbert Vernon Ruxton, Charles Harcourt Vernon Ruxton.⁵

⁴ Bridget Hourican, ‘Thomas Spring Rice’ in *Dictionary of Irish biography*.

⁵ William Ruxton, ‘The Ruxtons of Ardee’ in *Journal of the County Louth Archaeological and Historical Society*, xxiii, no. 4,(1996), pp 387-92.

Appendix 11

Attendees at the opening of the Ardee Mental Hospital (November, 1933) listed in the *Dundalk Democrat*, 9 Nov. 1933

Seated at the main table at the luncheon:

Mr Sean T. O'Kelly
Senator Mrs Clarke,
Mgr Lyons PP [In the absence of his Eminence Cardinal Mac Rory]
T. F. McGahon [Chairman of Louth Board of Health and Vice-Chairman of the County Council]
Rev. Canon Forde, Ardee
Mr H. T. Wright, architect
Mr Thornbury Senior, Messrs. Thornbury Brothers, Belfast
Mr John Dowd, Mayor of Drogheda
Most Rev. Dr Orr, Protestant Bishop of Meath
Mr E. P. McCarron, Secretary of the Local Government Department
Mr James Coburn T. D.
E. A. Joyce, Secretary of Louth County Council
Mr Edward Kelly, member of the Hospitals Commission
Dr Kelly, Local Government Department Inspector
Mr Patrick Hughes, Chairman Dundalk Urban Council
Very Rev. Canon Johnson, PP, Dromiskin

Others present at the opening:

Rev. Fr. Maguire PP, Louth	Mr T.C. O'Mahony, Town Clerk, Dundalk
Mr T. F. Donegan, County Council	Mr J. F. Doris, Town Surveyor, Dundalk
Dr Niall McGahon	Mr J. C. Kiernan
Superintendent Casserly	Mr Matthew Campbell, Louth County Council
Dr Clarke	Mr Patrick Deery, Louth County Council
Very Rev. Canon Donnelan, PP, Haggardstown	Mr Jas Duff, Louth County Council
Rev. P. Rogers, CC, Ardee	Mr Peter Woods, Louth County Council
Rev. T. Soraghan, CC	Mr P. H. McCann, Louth County Council
Rev. H. Tohal, Adm., Dundalk	Dr Butterly
Rev. T. Woods, PP, Tallanstown	Dr Lavery
J.B. Hamill, State Solicitor	Rev. J.B. Leslie, Kilsaran
Dr Steen	Mr Thomas L. McGee, Ardee
P.J. Kearney, Secretary Louth Board of Health	Mrs Gibson, Belfast
Rev. T. F. Campbell M.A.	Miss Thornbury (Representing Thornbury Brothers of Belfast)
Rev. James Moody, M.A.	Mr Kevin Reilly
Mr J.M. Carroll, Dundalk	Mr C. P. Kearney
Rev. A. Byrne, CC, Tallanstown	Sir A. Vere Foster
Dr Hardy, Drogheda	Dr Finegan

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