CHAPTER 1

# Introduction

Recent decades have witnessed growing fascination with the development of Irish mental healthcare.[1] Scholars have delved into nineteenth-century records to uncover astonishingly colourful and detailed accounts of institutionalisation. Their studies have recaptured the very fabric of asylum life: the sort of people committed, their behaviour, the treatments they received and their experiences and views of incarceration. The emerging pictures tend to be punctuated by staff violence, filth, overcrowding and a mounting pessimism about medicine's ability to cure 'insanity'. In spite of this undeniable progress in reclaiming the history of Ireland's mentally ill and their caregivers, scholarship has focused overwhelmingly on the poor.

This tendency arguably reflects a historical reality. Those admitted to asylums, but not as paupers, were relatively few. Yet by shifting our focus away from the poor and assessing the assortment of care options for other social groups, we can gain vivid insights into how families from a variety of social backgrounds coped with mental illness. A far cry from Charlotte Brontë's 'madwoman in the attic', more than one of Ireland's asylums was kept exclusively for respectable ladies. As this book will reveal, the sense of class identity and social status shared by families, along with their collective spending power, had overwhelming consequences for patients' care and treatment. The high importance rural Irish families placed on property—especially land—lends to this study a particularly interesting dimension. This book interrogates the popular notion that relatives were routinely locked away to be deprived of land

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or inheritance and queries how often "land grabbing" Irish families really abused the asylum system for personal economic gain.

Focusing on Britain, wide-ranging and sophisticated studies have grappled with non-pauper patients' institutionalisation, diagnosis, experience and treatment.[2] But save for Elizabeth Malcolm's study of Dublin's Swift's Hospital, their Irish counterparts have been awarded little more than a supporting role.[3] This may be rooted in an expectation that the Irish experience differed little from Britain's. Ireland and Britain, after all, had forceful political and cultural ties. As Mark Finnane noted in his highly regarded exploration of Ireland's public asylum system, 'the Irish government was, of course, the English government in Ireland'.[4] Moreover, some historians have convincingly suggested that post-Famine Ireland was mid-Victorian, at least where the absorption of Victorian attitudes towards living standards, devotional routine and the decline of the Irish language were concerned.[5] Nonetheless, to assume that Ireland is unworthy of separate investigation would be to ignore key disparities between Ireland and Britain. These include Ireland's overwhelmingly rural character, greater poverty levels and prominent religious and political divisions, which permeated the welfare landscape and resulted in Catholic and Protestant controlled hospitals. This book builds on existing surveys of Ireland's lunatic asylums by arguing that a myriad of political, religious, economic and socio-cultural factors came to define public, voluntary and private provision, creating a uniquely Irish institutional framework. It also considers the type of people institutionalised, their expectations of asylum life and the roles played by families, communities and doctors in their care and treatment.

## Case Studies

To address these questions, nine asylums were selected as case studies. These were the three private asylums, Hampstead House, Highfield House and St John of God's; two voluntary asylums, Bloomfield Retreat and Stewarts Institution; and the four district asylums at Belfast, Ennis, Enniscorthy and Dublin (Richmond). Together these hospitals housed patients from urban and rural settings in the north, south, east and west of the country. Of the nine asylums, six were in Dublin, reflecting the geographical concentration of private and voluntary care in Ireland's capital.

Nineteenth-century Ireland, subject to a quasi-colonial administration in Dublin Castle (1801–1922), famine, massive land-agitation, emigration and, at the end of the century, an enduring economic depression (c. 1879–1895), lends a stimulating backdrop. From 1801 until the Great Famine (c. 1845–1850), the rising middle classes began to gain a footing in both urban and rural Ireland. When Irish peers and the richest gentry steadily withdrew from Dublin after the union (1801), this vacuum was filled by the rising professional classes, especially lawyers and physicians.[6] From the eighteenth century, Dublin had become a key player in medical education and by the mid-nineteenth century had numerous teaching hospitals and medical schools as well as being home to the Irish medical colleges.[7] In this era, the focus of power had shifted from the Protestant ascendancy towards Catholics, who gradually came to control local politics and, to a lesser degree, Dublin's businesses and professions.[8] In relation to occupational profile, late nineteenth-century Dublin was much closer to London than any other English or Irish provincial city.[9] Several industries also registered steady progress in Dublin, including flour milling, brewing and textiles.[10] Of course, like other cities in the United Kingdom, there also existed extreme poverty and Dublin's poorest inhabitants fell victim to contagious diseases, poor sanitation, tenement accommodation and overcrowding.[11]

But Dublin remained both geographically and demographically isolated from the rest of Ireland. While the north-east of Ireland and particularly Belfast continued to industrialise and areas such as Cork in the south of Ireland urbanised, a staggering residual population inhabited the 'very backward', 'little urbanised or industrialised' and 'overpopulated' landscape of rural Ireland.[12] In rural communities, there were immense inequalities in income and holding size prior to the Famine.[13] While the effects of the Famine on Ireland's population are well known, there is a lesser-told tale underlying the more common chronicles of death, disease and economic downturn. Although some landlords suffered from declining net incomes and land values, others held fast to their position and even as late as the 1880s, almost half of Ireland comprised estates of 5000 acres or more owned by only 700 landlords.[14] While this was taking place, a middling class of farmer, not poles apart from his British equivalent, began to strengthen his position in rural Ireland.[15] The smaller tenants and cottiers who suffered during the Famine paved the way for a more successful commercial farmer. In post-Famine Ireland, the growing non-renewal of long leases meant an

increasing consolidation of farmland, which in turn engendered a rural landscape not dissimilar in appearance to Britain.[16] In the words of R.V. Comerford, 'the newly progressing—if not universally prosperous—multitudes of rural society were ready for a lifestyle more obviously "respectable" than that of their parents'.[17]

Post-Famine rural Ireland saw greater social diversity than previous eras, with the increased visibility of a growing middle class. The extension of railways and introduction of bank branches to rural towns attracted people with reasonably paid jobs, while growing numbers of specialised retail shops 'gave an air of progress, even modest affluence, to the streets'. Those who prospered included managers, shopkeepers, bankers, professional men, administrators and the upper levels of skilled artisans.[18] Landless labourers, unskilled or semi-skilled industrial workers and the unemployed, however, were more precariously positioned and for many, emigration offered the most hopeful future.[19] Thus, after the Famine, the landscape inhabited by Irish asylums had undergone dramatic changes. This trend continued following the Land Wars of the late nineteenth century, which brought about a decline in landlords' incomes and a gradual emergence of land ownership among peasants.[20] From 1879, Ireland experienced an agricultural depression that affected most areas of the economy.[21] These shifts, along with the cultural and political upheaval of the nineteenth century, had complex ramifications for the institutions and actors at the centre of this story.

Within this setting, Irish asylum care flourished. In 1817, the state authorised the creation of public asylums intended exclusively for the 'lunatic poor' and these institutions, which became known as district asylums, quickly expanded beyond all expectations.[22] By 1830, four district asylums housed some 300 patients; by 1900, twenty-two accommodated almost 16,000.[23] Importantly, these asylums preceded their English and Welsh equivalents, predating the Poor Law and falling instead under the direct control of central government. This fashioned the criteria for those eligible for relief. While the substantial accommodation in workhouse lunatic wards from the 1840s was restricted to the destitute, the only requirement for entering a district asylum was a certificate of poverty, which stated that neither the patient nor their family or 'friends' could afford accommodation in a private asylum. As a result, most of the patients committed to district asylums were considered poor but not destitute.[24]

By the 1840s, national and local lunacy administrators came under increasing pressure due to overcrowding and high admissions rates to district asylums. The continuing expansion of this system on a scale seemingly far higher than elsewhere in the United Kingdom provoked debates and anxieties about Irish susceptibility to mental illness.[25] Against this backdrop, care options for the non-pauper insane began to increase. In 1870, new rules allowing paying patients into district asylums were introduced. Private asylums catered for a much smaller pool of potential patients. In 1830, seven private asylums housed 117 patients and by 1900, only 306 patients resided in thirteen such institutions.[26] While parishes in England and Wales often boarded-out paupers in private asylums,[27] the Irish Poor Law was never allowed to adopt this practice, partly because the public system had been established earlier there. This, combined with the expense of private asylum care, was the principal reason why Irish private asylums remained comparatively small, catering instead for primarily wealthier clients.[28]

Meanwhile, four separate charitable asylums were founded from the bequests and donations of various philanthropic groups interested in lunacy. These voluntary institutions, often termed 'mixed' because they admitted both charity and private patients, were considered distinct from private asylums because their managing bodies did not profit from patient fees. Instead, any surplus funds were diverted towards the care of less wealthy patients or improvements to the accommodation provided. Although these voluntary hospitals eventually housed more patients than the private asylums, they remained small compared with the district system. In 1830, two voluntary asylums accommodated 154 patients; by 1900, there were four catering for 403 patients.[29]

Together, the records of the nine selected institutions are the foundations for this book's exploration of public, voluntary and private asylum care. The three private asylums, Hampstead House, its sister asylum, Highfield House, and the Hospital of St John of God, were in Dublin City's suburbs. Hampstead was founded in 1825, when Drs. John Eustace, Isaac Ryall and Richard Grattan formed a partnership to manage it. Ryall purchased the property on the north side of Dublin, which included Hampstead House, and co-leased the house and an acre of land to Grattan and Eustace.[30] Ryall left the partnership the following year and a new contract was drawn up between Eustace and Grattan for the joint ownership of Hampstead. A further twenty-three acres were leased in 1836, and in 1862, all of Hampstead's female patients were removed

to the nearby Highfield House, which occupied the same demesne. Both Hampstead and Highfield remained small. Within five years of opening, Hampstead had only thirteen patients; by 1900, Hampstead had twelve male patients and Highfield had eighteen female patients.[31] Based in the south Dublin suburb of Stillorgan, St John of God's had its origins in the arrival of members of the Hospitaller Order of St John of God from France in 1877. Members of this order, which had a tradition of caring for the mentally ill, established and gave their name to the private asylum in 1885.[32] St John of God's was run by these religious brothers and admitted only men. In contrast to Hampstead and Highfield, it quickly became one of the largest private asylums in Ireland. Within five years of opening, twenty-nine patients resided at St John of God's and by 1900, there were seventy-six.[33]

The two voluntary asylums selected for study are the Bloomfield Retreat and Stewarts Institution, also located in Dublin's suburbs. Members of the Society of Friends founded the Bloomfield Retreat in Donnybrook in 1812. Society members supported this asylum through donations and subscriptions and were also allowed to nominate charity patients, while a committee composed of Society members managed the asylum.[34] This managing committee modelled Bloomfield on the principles developed at the York Retreat in England, where the Tuke family had famously advocated moral therapy (see Chaps. 5, 6 and 7).[35] Like the York Retreat, Bloomfield was small by national standards. Within five years of opening, Bloomfield had only eleven patients and by 1900, there were thirty-three.[36]

The other voluntary asylum chosen was originally called the Lucan Spa but was renamed Stewarts Institution in the 1870s after its proprietor, Dr. Henry Hutchinson Stewart, a medical doctor and philanthropist with an especial interest in the welfare of the insane.[37] Following the introduction of the Poor Law in 1838, he became a governor of the Hardwicke Hospital, which housed chronic pauper lunatics. This hospital had formed part of the House of Industry in North Brunswick Street, Dublin, which was remodelled as the North Union Workhouse. No further patients were admitted to the Hardwicke and by 1856, its remaining chronic patients had been transferred to a former military barracks at Islandbridge, Dublin.[38] The following year, Stewart purchased the former Spa Hotel in Lucan and transferred the 102 Islandbridge patients under his charge to these premises.[39] Vacancies arose as these mainly elderly patients died and Stewart began to admit paying patients

of an 'intermediate class' at a 'moderate rate' of payment. By 1867, there were thirty-seven paying patients along with the sixty-two remaining Islandbridge patients.[40] Despite his best efforts, demand for accommodation persistently outstripped supply and in the same year, Stewart wrote that he had 'constantly been obliged to refuse patients for want of room'.[41]

Around this time, Stewart became interested in the plight of 'idiot' children and this had lasting consequences for his asylum. In 1865, Dr. George Kidd, the editor of the *Dublin Quarterly Journal of Medical Science* (1863–1868) published an appeal in that journal for the establishment of an institution for 'idiotic' children.[42] Kidd, who would later become an obstetric surgeon (1868–1875), assistant master (1875–1876) and finally master (1876–1883) at the Coombe Lying-In Hospital in Dublin, was sensitive to the needs of 'idiot' children and visited asylums in Scotland and England in 1865.[43] The following year, Kidd and Stewart formed part of a committee to establish a special institution for the education of 'idiot' children and the two men co-founded a children's institution.[44] A property adjacent to the Lucan Spa asylum was acquired and admitted the first twelve children in 1869. The committee took charge of both the asylum and the children's institution and Stewart agreed to divert the asylum's profits to the latter.[45] While the children's branch catered for both charity and private patients, the asylum reserved its accommodation for paying patients.[46] In the early 1870s, the committee purchased a new site in nearby Palmerstown and building work commenced. Once completed, patients from both the children's institution and the Lucan Spa asylum were transferred to this new facility, which was, at this point, named the Stewarts Institution.[47] Stewarts was principally devoted to caring for 'idiot' children but in the late 1890s, the accommodation for private patients was greatly enlarged. By 1900, there were sixty-two private patients and ninety-six 'imbecile' patients.[48] With the exception of St John of God's, both the private and voluntary asylums in this study had a Protestant ethos and, accordingly, accommodated mainly patients who were Church of Ireland (see Chaps. 2 and 4).

The last Dublin-based asylum was the Richmond district asylum (est. 1815), known in more recent years as Grangegorman. While Richmond served the bordering counties of Wicklow and Louth, its primary catchment area was Dublin City and County and most of the paying patients admitted came from Dublin. The other three district asylums selected

were in Belfast (est. 1829), Ennis (est. 1868) and Enniscorthy (est. 1868). Belfast, an industrial city located in the north of Ireland, had, by the end of the nineteenth century, overtaken Dublin to become Ireland's largest city and had the country's largest port. Internationally renowned for its strong shipbuilding industry, including Harland and Wolff, Belfast was also host to expanding textiles industries in the later part of the century and had a higher proportion of skilled workers, higher female participation rates and higher incomes than Dublin.[49] The religious profile of Belfast's population was at odds with other cities in Ireland, with a comparatively high proportion of members of the Church of Ireland and Presbyterians, and this is mirrored among the asylum's paying patients.[50] Ennis, a small town in the rural west of Ireland, experienced a short-lived retail boom in the immediate aftermath of the Famine. Although the railway was extended to Ennis from the neighbouring city of Limerick in 1859, both the town and its surrounding parishes settled into a slow decline from the 1860s, with little opportunity for any significant commercial or industrial development or the expansion of local trades.[51] Enniscorthy, a town in the more prosperous County Wexford in the rural south-east of Ireland, had strong trade compared with towns like Ennis. Wexford was also traditionally one of the wealthier farming areas in Ireland and boasted many large estates as well as smaller holdings.[52] These four district asylums differed in size. Richmond and Belfast were mammoth institutions, accommodating some 2200 (forty-nine paying) patients and 1300 (six paying) patients respectively in 1900. By comparison, Enniscorthy and Ennis were moderately sized, housing approximately 450 (twenty-four paying) patients and 380 (twelve paying) patients in the same year.[53]

While the proportion of paying patients in the four district asylums was small, their numbers equalled those in many of the smaller private and voluntary asylums in this era, revealing that district asylums had become an important form of care for non-paupers. Meanwhile, accommodation for paying patients had greatly increased within the private and voluntary sectors from 270 patients in 1830 to 700 in 1900.[54] This expansion is particularly significant given that the general Irish population had halved between 1845 and 1900. While the immediate consequences of the Famine brought about a dramatic population decline in Ireland through both death and emigration, further depopulation occurred after 1850 when famine conditions had all but disappeared.[55]

## Context

In contrast to the plethora of research on the history of Irish psychiatry, sparse scholarly attention has been devoted to paying patients. Finnane's survey fails to acknowledge the existence of paying patients in the district system. Catherine Cox has briefly outlined the legalisation of paying patients' admission into district asylums and contended that the resulting revenue generated was negligible, yet her discussion of patients in the Enniscorthy and Carlow asylums does not distinguish between paying and pauper patients.[56] Although several scholars have examined the social profile of district asylum patients,[57] few have focused on patients in other asylums.[58] Malcolm's commissioned history of St Patrick's (Swift's) Hospital is the only academic study of a non-public asylum in Ireland. While much of Malcolm's work concerns administrative and financial aspects of the hospital's history, she also examines patients' social profile in the 1870s and 1880s. This analysis, however, falls short of distinguishing between paying and charitable patients.[59] Oonagh Walsh has completed an article-length investigation of the implications of patients' gender on their admission, treatment and discharge in both district and private asylums in nineteenth-century Ireland. Yet her study relies solely on the reports of the lunacy inspectors for her analysis of private patients.[60] My own previous research on the social role of Irish private asylums also focuses primarily on these reports.[61]

This book expands on current scholarship to provide a more rounded and focused study of paying patients in nineteenth-century Ireland. It considers the role of public, voluntary and private asylums and assesses the social profile of paying patients in these sectors. Given the existence of substantial surveys of the pauper insane, much of the research underpinning this book focuses on non-paupers, while comparisons are drawn with existing findings on pauper patient groups. It therefore adds complexity to our understanding of the impact of factors such as class, social status, spending power, religion and gender on patterns of committal, care and treatment in Ireland.

Throughout, comparisons are drawn between Ireland and Britain. Scholarship on British asylums and paying patients has focused mainly on urban and industrial settings.[62] One notable exception is the work of Joseph Melling and Bill Forsythe, which explores public and private mental healthcare in Devon in the largely rural south-west of England.[63] The emphasis on the urban and industrial has its origins in Andrew

Scull's revisionist argument that the institutionalisation of the insane was evidence of bourgeois elites' concerns to regulate insanity within the labouring masses. For Scull, the expansion of the English county asylum system was a consequence of the 'commercialisation of existence', as those who were unable to function in a capitalist market economy were no longer tolerated and essentially 'dumped' in these institutions.[64]

Subsequent counter- and post-revisionist scholarship has revised Scull's model, re-assessing the role of the family in the committal and discharge process and recognising the existence of family bonds.[65] Scholars, including David Wright and, in the Irish context, Finnane, have stressed the importance of the role of the family in identifying mental illness and in committing relatives to asylums.[66] However, Cox has shown that there were limits to the degree of autonomy families enjoyed and that they were 'obliged to negotiate with other actors, including police, magistrates and dispensary doctors, and to operate within specific legal frameworks'.[67] Various studies have also highlighted how predominantly rural Ireland offers a context in which industrially focused models can be challenged.[68] As Scull has acknowledged, his model cannot so readily be applied to rural contexts, arguing, for example, that Wales' 'economic backwardness' meant more traditional modes of care persisted because rural families were less likely to 'dump' inconvenient relatives into asylums.[69] This book engages with these debates, in demonstrating that the families of paying patients negotiated fees with asylum authorities and often had the luxury of selection between the three sectors of asylum care. In doing so, it reveals that families did not simply pay to 'dump' relatives in institutions but, rather, their decision to commit a relative was complicated by property and business interests and the welfare of the entire family unit.

## Records

This study investigates a range of sources from government records to medical literature and asylum records. Government sources are indispensable for situating Irish lunacy provision within the wider context of state affairs. At national level, the Irish prison inspectors and, from 1845, the lunacy inspectors were central figures in lunacy administration. These inspectors, based in Dublin Castle, were required to visit all 'receptacles for the insane' and reported annually on their observations. During the nineteenth century, the government also initiated several commissions

of inquiry into lunacy provision, the reports of which contain evidence from protagonists including the lunacy inspectors, asylum managing bodies and resident physicians.[70] During these inquiries, interest groups debated, contested and explored the various methods of providing for Ireland's non-pauper insane.

Drawing on admissions registers, casebooks, minute books and annual reports for the nine selected asylums, two databases of paying patients' social profile were compiled for the periods 1826–1867 and 1868–1900. Analysis of this material establishes the sectors of Irish society found in different types of asylums (see Chap. 4). As outlined in Appendix A, for the district asylums, paying patients were identified using admissions registers, minute books and financial accounts and then, through nominal linkage, in the casebooks. By using all available records to identify paying patients, those who were admitted as paupers but were later charged maintenance are captured in the study. Where patients were admitted as paying patients but later maintained at the expense of the asylum, this is noted in discussions of their case histories. The decision was made to include all patients who were charged at one point or another during their stay to highlight the fluidity between paying and pauper patients in the district asylum system.

Chapters 5, 6 and 7 draw heavily on asylum doctors' case notes on patients. Analysis of this source is still a relatively new practice in the history of psychiatry and scholars have adopted differing stances on its credibility.[71] Aside from its time-consuming nature, problems with censorship are rife. While case notes often contain direct statements from patients, friends and relatives, historians including Jonathan Andrews have cautioned that these sources are mediated through the reporting physician, therefore reflecting medical preoccupations and biases.[72] Yet, as Andrews has acknowledged, case notes 'may provide the surest basis we have' for understanding the changing nature of the experience of the insane in asylums since 1800.[73] Certainly, as Hilary Marland has suggested, lay commentary in case notes should not be ignored.[74] In the Irish context, Cox has found that patients, relatives and friends often provided medical and social histories of patients which, while lacking contextual information, can be useful, particularly where they appear in quotations in case notes.[75]

In addition, many scholars have begun to seek out the patient's view in such diverse materials as their letters, accounts by their family and friends, their art and poetry, their diaries and memoirs and even fictional

literature on patient experiences.[76] This has largely been in response to Roy Porter's call to arms, in 1985, for a 'patient-orientated history'. Despite the enthusiasm of the 1980s, however, much work remains to be done. Some thirty years after Porter's call, Flurin Condrau observed that the history of the patient's experience was still undeveloped.[77] Patients' letters provide unrivalled insight into their experiences of asylum life. However, where letters have survived, they are often those withheld by the asylum authorities, which might be expected to contain complaints about the asylum, casting it in a disproportionately negative light. Yet, as Allan Beveridge has shown, frequent similarities in patients' responses to the Morningside Asylum in Scotland demand that their 'claims are considered seriously'.[78] In the course of researching this book, several hundred letters were found, mostly appended to case notes.

## Social Class in Ireland

Defining class boundaries in nineteenth-century Ireland is a difficult, even impenetrable, task, and poses challenges for most historians. The label 'middle classes'—rather than 'middle class'—is often adopted when discussing any individual or group who could not be described as working class or aristocratic.[79] Such appellations are unhelpful in an Irish context and Irish historians have favoured a Weberian understanding of class, which more heavily relies on notions of social status.[80] This book does not purport to resolve these challenges. Instead, by analysing various social groups, it meditates on the influence of social class and status on responses to mental illness. In this regard, it engages simultaneously with the hitherto unrelated discourses of social class and psychiatry in nineteenth-century Ireland.

Ireland's class boundaries were not rigidly defined. Ireland's lack of urbanisation and industrialisation did not allow for clear-cut economic stratification. Instead, the rural Irish placed a high importance on land, which was inextricably bound up in both social status and class-specific gender constructions.[81] Among the rural Irish, inheritance was a determining factor for living standards. After the Famine, families abandoned the practice of subdividing their land between all heirs and this adoption of impartible inheritance fostered succession disputes, family tensions and class and gender conflicts.[82] Despite the immense importance the rural Irish placed on land, Maura Cronin has suggested that appropriate or 'respectable' behaviour, rather than economic position, defined class

boundaries in Ireland.[83] In consequence, there is little sense of the emergence of a working-class identity in rural Irish contexts. Instead, divisions were often in terms of the amount of land owned, if it was owned at all. Designations such as ‘small farmer’, broadly speaking those with at least five acres of land, ‘grazier’, those occupying at least one holding of 150–200 acres, and ‘large farmer’ are thus commonly found.[84]

This book draws on these existing approaches in its definition of class boundaries. Within the realm of asylum provision, it distinguishes between the ‘pauper’ insane, or those considered unable to contribute towards their maintenance, and the ‘non-pauper’ insane, those who were considered capable of contributing. It is important to note that the labels of pauper and non-pauper do not accurately reflect patients’ social or economic condition, nor does the term pauper in this context imply destitution.[85] Rather, they best represent contemporary characterisations of asylum populations.

More nuanced class boundaries are identified among diverse groups of asylum patients—those committed to district, voluntary and private asylums as paying patients. While it is difficult to accurately assess the social origins of asylum patients solely based on their occupational profile, a more complete picture begins to emerge when a comprehensive survey of patients’ occupational status, maintenance fees and, where possible, landholdings is undertaken (see Chap. 4). The importance placed on social class in nineteenth-century Ireland is further measured against the perceptions, expectations and experiences of the patients themselves (see Chaps. 5 and 6). In addition, the responses of families, communities and doctors to non-pauper insanity reveal the forms of behaviour and lifestyle deemed appropriate for distinct social groups.

## Outline of Chapters

This book comprises seven chapters, each focusing on the complex interplay between various actors involved in providing for the non-pauper insane. Chapter 2 outlines the political development of non-pauper lunacy provision in nineteenth-century Ireland. Focusing on Ireland’s lunacy inspectors, the national press and the emerging psychiatric community, it is concerned with the debates aired at national level on how best to accommodate different social groups. It concludes that in the absence of a single effective model, the result was a patchwork of public, voluntary and private accommodation, each the outcome of a set of

shared convictions as to how, why and by whom the non-pauper insane should be treated.

Chapter 3 considers the realities of providing care at local level. Concentrating on the managing bodies and resident physicians of the nine selected asylums, it traces their experiences of administrating non-pauper lunacy. It also considers the interactions between families, communities and these administrative figures when negotiating patients' maintenance fees. Revisiting the conclusion of Chap. 2, this chapter contends that the piecemeal and fragmented approach to non-pauper lunacy provision resulted in an institutional marketplace. As will be argued, patients and their relatives often had the luxury of selection, which created competition between the voluntary and private sectors. Families choosing between these sectors based their decisions not only on price and location, but on the religious ethos of institutions and the standard of accommodation provided. An analysis of the duration of stay and outcome for patients committed to these asylums suggests that more expensive asylums offered a greater chance of cure, or at least relief from the symptoms of insanity, than did the district asylums.

Centring on patients in the nine case studies, Chap. 4 delineates the socio-economic background of paying patients committed to public, voluntary and private asylums in the periods 1826–1867 and 1868–1900. It reveals that many paying patients in district asylums occupied a precarious social position just above the rank of pauper. Charitable and especially private asylum patients, meanwhile, were usually drawn from comparably comfortable circumstances. Exploration of patients' social profile is supplemented by analysis of their maintenance fees and property holdings, shedding further light on the spending power of discrete social groups. The existence of an institutional marketplace is further depicted through evidence of the socio-economic overlap of patients in the three types of asylums.

Focusing primarily on the period from 1868 to 1900, Chap. 5 considers the extent to which the social class, gender and occupational profile of paying patients influenced medical and lay identification of the causes of their insanity. It argues that asylum doctors in Ireland often constructed gender- as well as class-specific aetiologies for their non-pauper patients: primarily work for men and domesticity for women. Contrary to Britain, 'alcohol' was often attributed as a cause of illness, particularly among private asylum patients, reflecting cultural disparities in attitudes towards alcohol consumption on the two islands.

As Chap. 6 examines, the emphasis on work went beyond the medical identification of causes and symptoms of non-pauper insanity to encompass therapy. A significant tenet of moral therapy, which remained the dominant form of treatment in nineteenth-century Irish asylums, was work therapy. However, patients' social origins impacted on this component of their treatment as, not unlike the British context, those caring for patients from more privileged backgrounds struggled to offer what was considered class-appropriate employment.[86] Instead, doctors at the voluntary and private asylums prescribed more varied and extensive programmes of recreation consistent with patients' accustomed pastimes outside the asylum.

Chapter 7 centres specifically on the experiences and impressions of paying patients in the selected asylums, exploring their care and treatment primarily in the 1890s. It suggests that social status and class identity heavily influenced expectations of care. In district asylums, paying patients were particularly anxious to affirm their social standing to distance themselves from the pauper patients with whom they were forced to share lodgings. This led to the kind of class, religious and political tensions between patients largely absent in the voluntary and private asylums. Asylum doctors' expectations of paying patients were equally informed by class and status. Yet, staff's attempts to maintain a sense of social decorum in even the most expensive asylums were often frustrated by patients' violence and 'inappropriate' behaviour.

Overall, this book argues that the failure of the nineteenth-century Irish state to provide accommodation for the non-pauper insane when setting up the district asylum system gained public, state and medical recognition, both at national and local level. Fresh and revised legislation and increased centralisation sought to address the challenges of accommodating this social cohort, while the lunacy inspectors, the medical community and the press raised the question of who should be legally, financially and morally accountable. No single solution was reached; instead, the state, philanthropists and private asylum proprietors came to share responsibility. This enabled many families to select between rival sectors of asylum provision. Meanwhile, the emerging psychiatric profession, sometimes sharing a sense of social equality with their paying patients, constructed class- and gender-based readings of their disorders, fashioning treatments and accommodation accordingly. The patients, acutely conscious of their own status and the threat incarceration posed to their social standing, entertained certain expectations of what their

care should entail. Ultimately, however, mental illness apparently overtook class identity and often patients themselves threatened to disrupt the social decorum of the institutions in which they resided.

## Notes

1. For example, Finnane (1981), Robins (1986), Malcolm (1989, 1999, 2003), Reynolds (1992), Walsh (2001, 2004), Cox (2012), Kelly (2016).
2. Most notably Parry-Jones (1972), Digby (1985), MacKenzie (1992), Marland (2004), Andrews and Digby (2004), Melling and Forsythe (2006).
3. Malcolm (1989).
4. Finnane (1981, p. 14).
5. Comerford (1989, pp. 372–373, 387, 391). See also Lane (2010b).
6. MacDonagh (1989, p. 193).
7. Jones and Malcolm (1999, p. 1).
8. Daly (1984, p. 1).
9. Ibid., p. 4.
10. Ó Gráda (1989a, p. 146), Ó Gráda (1989b, p. 113).
11. Prunty (1998, p. 1).
12. Guinnane (1997, pp. 55–56), Ó Gráda (1989b, pp. 110, 119), Comerford (1989, p. 373).
13. Ó Gráda (1989b, pp. 117, 114).
14. Ó Gráda (1999, p. 127), Hoppen (1998, p. 574), Vaughan (1994, p. 6).
15. Ó Gráda (1989b, p. 114).
16. Daly (1986, p. 27).
17. Comerford (1989, p. 387).
18. Gribbon (1989, pp. 334–335).
19. Ibid., p. 335.
20. Daly (1984, p. 12).
21. See Ó Gráda (1994, pp. 236–254).
22. 57 Geo. III, c. 106, see Finnane (1981, pp. 18–52).
23. Ninth Report of the Inspectors General on the General State of the Prisons of Ireland [172], H.C. 1830–1831, iv, p. 269; Fiftieth Report of the Inspectors of Lunatics (Ireland) [CD 760], H.C. 1901, xxviii, p. 487.
24. Cox (2012, p. 172). See also Finnane (1981, pp. 29–30).
25. Cox (2012, p. 34). See also Finnane (1981).
26. Ninth Report of the Inspectors General on the General State of the Prisons of Ireland, H.C. 1830–1831; Fiftieth Report of the Inspectors of Lunatics (Ireland), H.C. 1901.
27. Parry-Jones (1972, p. 7), Melling and Forsythe (2006, pp. 31–32).

28. Cox (2012, p. 2), Mauger (2012).
29. Ninth Report of the Inspectors General on the General State of the Prisons of Ireland, H.C. 1830–1831; Fiftieth Report of the Inspectors of Lunatics (Ireland), H.C. 1901.
30. O'Hare (1998, pp. 1–2).
31. Admissions Registers, 1826–1900 (Highfield Hospital Group, Hampstead and Highfield Records); Fiftieth Report of the Inspectors of Lunatics (Ireland), H.C. 1901.
32. O'Donnell (1991, pp. 18–49).
33. Admissions Registers, 1885–1900 (SJOGH, Patient Records); Fiftieth Report of the Inspectors of Lunatics (Ireland), H.C. 1901.
34. *Annual Report of the State of the Retreat* (Dublin 1811, p. 23).
35. For the York Retreat see Digby (1983, pp. 52–72).
36. Admissions Registers, 1812–1900 (FHL, Bloomfield Records); Fiftieth Report of the Inspectors of Lunatics (Ireland), H.C. 1901.
37. For more on Henry Hutchinson Stewart see (Breathnach 1998, pp. 27–33).
38. O'Brien and Lunney (2002).
39. Report on District, Local and Private Lunatic Asylums in Ireland [3894], H.C. 1867, xviii, 453, p. 40.
40. Eighteenth Report on the District, Criminal, and Private Lunatic Asylums in Ireland [4181], H.C. 1868–1869, xxvii, 419, p. 36.
41. Report on District, Local and Private Lunatic Asylums in Ireland, H.C. 1867, p. 40.
42. O'Brien and Lunney (2002), Andrews (2002).
43. Ibid.
44. Ibid.
45. O'Brien and Lunney (2002). Stewart also donated £5000 to the children's institution.
46. Eighteenth Report on the District, Criminal, and Private Lunatic Asylums in Ireland, H.C. 1868–1869, p. 36.
47. Twenty-First Report on the District, Criminal, and Private Lunatic Asylums in Ireland [C 647], H.C. 1872, xxvii, 323, p. 33.
48. Fiftieth Report of the Inspectors of Lunatics (Ireland), H.C. 1901.
49. Daly (1984, pp. 2, 11, 39, 317–318). For more on industry in the North of Ireland and particularly Belfast see Gribbon (1989, pp. 298–309).
50. Vaughan and Fitzpatrick (1978, pp. 88–89).
51. Ó Murchadha (1998, pp. 232–233, 243–244).
52. Bell and Watson (2009, p. 18).
53. Admissions and Receptions Registers, 1841–1900 (PRONI, Purdysburn Hospital, HOS/28/1/3); Admissions-Refusals, 1868–1900 (CCA, Our Lady's Hospital, OL3/1.3); Admissions Registers, 1868–1900 (WCC, St

Senan's Hospital, Enniscorthy); Admissions Registers, 1870–1900 (GM, Richmond District Lunatic Asylum); *Fiftieth Report of the Inspectors of Lunatics (Ireland)*, H.C. 1901. The number of paying patients resident is an estimate based on those identified in the admissions registers.

54. Fiftieth Report of the Inspectors of Lunatics (Ireland), H.C. 1901.
55. Guinnane (1997, p. 3).
56. Cox (2012).
57. Malcolm (1999), Walsh (2004), Cox (2012). See also Finnane (1981).
58. Fiachra Byrne's examination of the representations of twentieth-century Irish mental hospitals and patients for the period includes a survey of St Patrick's hospital. See Byrne (2011).
59. Malcolm (1989).
60. Walsh (2004).
61. Mauger (2012).
62. Especially Parry-Jones (1972), Wright (1997, pp. 137–155), Smith (1999), Suzuki (2006), Houston (2001, pp. 19–44).
63. Melling and Forsythe (2006), Melling (2004, pp. 177–221), Melling et al. (2001, pp. 153–180), Forsythe, Melling and Adair (1999, pp. 68–92).
64. Scull (1993, pp. 3, 10–11, 26–29, 32–34, 45–46, 62–63, 105–107, 352).
65. See, for example Walsh (2001, p. 145), Cox (2012, pp. xviii, 108–109, 148–149), Wright (1998, pp. 93–112), Michael (2003), Cherry (2003), Wright (1997), Suzuki (1991, 1992, 2001, 2006).
66. For example, Wright (1998), Finnane (1981, pp. 175–220, 1985, pp. 134-48), Walton (1979–1980, pp. 1–22).
67. Cox (2012, p. 241).
68. See, for example, Cox (2012), Malcolm (1999).
69. Scull (1982, p. 247).
70. Report of the Commissioners of Inquiry into the State of the Lunatic Asylums and Other Institutions for the Custody and Treatment of the Insane in Ireland, Part II [2436], H.C. 1857–1858, xxvii (henceforth cited as Report into the State of Lunatic Asylums); Poor Law Union and Lunacy Inquiry Commission (Ireland) Report [C 2239], H.C. 1878–1879, xxxi (henceforth cited as Trench Commission Report); First and Second Reports of the Committee appointed by the Lord Lieutenant of Ireland on Lunacy Administration (Ireland) [C 6434], H.C. 1890–1891, xxxvi (henceforth cited as Report of Committee on Lunacy Administration).
71. See, for example, Cox (2012, pp. 195–196), Marland (2004, pp. 99–105), Andrews (1998, pp. 255–281), Condrau (2007, pp. 525–540).
72. Andrews (1998), Melling and Forsythe (2006, p. 200).
73. Andrews (1998, p. 281).

74. Marland (2004, p. 101).
75. Cox (2012, pp. 195–196).
76. See for example, Cox (2012, pp. 195–239), Andrews (1998), Beveridge (1998, pp. 431–469), Ingram (1998), Lane (2002, pp. 205–248), Marland (2004), Porter (1987).
77. Porter (1985, p. 181), Condrau (2007, p. 526).
78. Beveridge (1998, p. 461).
79. Lane (2010a, pp. 1–2).
80. Ibid., p. 2.
81. Cronin (2010, pp. 107–129).
82. Ó Gráda (1993).
83. Cronin (2010).
84. Jones (1995, pp. ix, 1).
85. As Cox has pointed out, 'the language of pauperism pervaded prison and lunacy inspectors' reports' wherein district asylums were referred to as institutions for the reception of 'pauper' insanity. Cox (2012, p. 170).
86. For discussion of this issue in a colonial context see Ernst (1996, pp. 357–382).

## References


Andrews, Helen. 'George Hugh Kidd.' In *Dictionary of Irish Biography*, edited by James McGuire and James Quinn. Cambridge: Cambridge University Press, 2002.

Andrews, Jonathan. 'Case Notes, Case Histories and the Patient's Experience of Insanity at Gartnaval Royal Asylum, Glasgow, in the Nineteenth Century.' *Social History of Medicine* 11, no. 2 (1998): 255–281.

Andrews, Jonathan and Anne Digby (eds.). *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British Psychiatry.* Amsterdam and New York: Rodopi, 2004.

Bell, Jonathan and Mervyn Watson. *A History of Irish Farming 1750–1950.* Dublin: Four Courts Press, 2009.

Beveridge, Allan. 'Life in the Asylum: Patient's Letters from Morningside, 1873–1908.' *History of Psychiatry* 9 (1998): 431–469.

Breathnach, C.S. 'Henry Hutchinson Stewart (1798–1879): From Page to Philanthropist.' *History of Psychiatry* 9 (1998): 27–33.

Byrne, Fiachra. 'Madness and Mental Illness in Ireland: Discourses, People and Practices, 1900 to c. 1960.' PhD diss., University College Dublin, 2011.

Cherry, Steven. *Mental Healthcare in Modern England: The Norfolk Lunatic Asylum/St Andrew's Hospital circa 1810–1998.* Suffolk: The Boydell Press, 2003.

Comerford, R.V. 'Ireland 1850–1870: Post-Famine and Mid-Victorian.' In *A New History of Ireland V: Ireland under the Union, I, 1801–1870*, edited by W.E. Vaughan, 371–385. Oxford: Oxford University Press, 1989.

Condrau, Flurin. 'The Patient's View meets the Clinical Gaze.' *Social History of Medicine* 20, no. 3 (Dec 2007): 525–540.

Cox, Catherine. *Negotiating Insanity in the Southeast of Ireland 1830–1900.* Manchester: Manchester University Press, 2012.

Cronin, Maura. '"You'd be Disgraced!": Middle-Class Women and Respectability in Post-Famine Ireland.' In *Politics, Society and Middle Class in Modern Ireland*, edited by Fintan Lane, 107–129. Basingstoke: Palgrave MacMillan, 2010.

Daly, Mary E. *Dublin, The Deposed Capital: A Social and Economic History, 1860–1914.* Cork: Cork University Press, 1984.

Daly, Mary E. *The Famine in Ireland*. Dublin: Dundalgan Press, 1986.

Digby, Anne. 'Moral Treatment at the Retreat 1796–1846.' In *The Anatomy of Madness: Essays in The History of Psychiatry Vol. II: Institutions and Society*, edited by W.F. Bynum, Roy Porter and Michael Shepherd, 52–72. London and New York: Tavistock, 1983.

Digby, Anne. *Madness, Morality and Medicine: A Study of the York Retreat, 1796–1914.* Cambridge: Cambridge University Press, 1985.

Ernst, Waltraud. 'European Madness and Gender in Nineteenth-Century British India.' *Social History of Medicine* 9 (1996): 357–382.

Finnane, Mark. *Insanity and the Insane in Post-Famine Ireland*. London: Croom Helm, 1981.

Finnane, Mark. 'Asylums, Families and the State.' *History Workshop Journal* 20, no. 1 (1985): 134–148.

Forsythe, Bill, Joseph Melling and Richard Adair. 'Politics of Lunacy: Central State Regulation and the Devon Pauper Lunatic Asylum, 1845–1914.' In *Insanity, Institutions and Society, 1800–1914*, edited by Joseph Melling and Bill Forsythe, 68–92. London and New York: Routledge, 1999.

Gribbon, H.D. 'Economic and Social History, 1850–1921.' In *A New History of Ireland VI: Ireland Under Union, 1870–1921*, edited by W.E. Vaughan, 260–356. Oxford: Oxford University Press, 1989.

Guinnane, Timothy. *The Vanishing Irish: Households, Migration, and the Rural Economy in Ireland, 1850–1914.* Princeton: Princeton University Press, 1997.

Hoppen, K. Theodore. *The Mid-Victorian Generation, 1846–1886.* Oxford: Oxford University Press, 1998.

Houston, Robert A. '"Not Simply Boarding": Care of the Mentally Incapacitated in Scotland during the long Eighteenth Century.' In *Outside the Walls of the Asylum: The History of Care in the Community, 1750–2000*, edited by Peter Bartlett and David Wright, 19–44. London: Athlone Press, 2001.

Ingram, Allan. *Patterns of Madness in the Eighteenth Century: A Reader.* Liverpool: Liverpool University Press, 1998.

Jones, David Seth. *Graziers, Land Reform, and Political Conflict in Ireland*. Washington D.C.: Catholic University of America Press, 1995.

Jones, Greta and Elizabeth Malcolm. 'Introduction: An Anatomy of Irish Medical History.' In *Medicine, Disease and the State in Ireland, 1650–1940*, edited by Elizabeth Malcolm and Greta Jones, 1–17. Cork: Cork University Press, 1999.

Kelly, Brendan. *Hearing Voices: The History of Psychiatry in Ireland*. Newbridge: Irish Academic Press, 2016.

Lane, Fintan. Introduction to *Politics, Society and Middle Class in Modern Ireland*, edited by Fintan Lane, 1–6. Basingstoke: Palgrave Macmillan, 2010a.

Lane, Fintan (ed.). *Politics, Society and the Middle Class in Modern Ireland*. Basingstoke: Palgrave Macmillan, 2010b.

Lane, Joan. '"The Doctor Scolds Me": The Diaries and Correspondence of Patients in Eighteenth-Century England.' In *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society*, edited by Roy Porter, 205–248. Cambridge: Cambridge University Press, 2002.

MacDonagh, Oliver. 'Ideas and Institutions, 1830–1845.' In *A New History of Ireland V: Ireland under the Union, I, 1801–1870*, edited by W.E. Vaughan, 193–217. Oxford: Oxford University Press, 1989.

MacKenzie, Charlotte. *Psychiatry for the Rich: A History of the Private Madhouse at Ticehurst in Sussex, 1792–1917*. London: Routledge, 1992.

Malcolm, Elizabeth. *Swift's Hospital: A History of St. Patrick's Hospital, Dublin, 1746–1989*. Dublin: Gill and Macmillan, 1989.

Malcolm, Elizabeth. 'The House of Strident Shadows: The Asylum, the Family and Emigration in Post-Famine Rural Ireland.' In *Medicine, Disease and the State in Ireland 1650–1940*, edited by Elizabeth Malcolm and Greta Jones, 177–195, Cork: Cork University Press, 1999.

Malcolm, Elizabeth. '"Ireland's Crowded Madhouses": The Institutional Confinement of the Insane in Nineteenth- and Twentieth-Century Ireland.' In *The Confinement of the Insane: International Perspectives, 1800–1965*, edited by Roy Porter and David Wright, 315–333. Cambridge: Cambridge University Press, 2003.

Marland, Hilary. *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain*. Basingstoke: Palgrave Macmillan, 2004.

Mauger, Alice. '"Confinement of the Higher Orders": The Social Role of Private Lunatic Asylums in Ireland, c. 1820–1860.' *Journal of the History of Medicine and Allied Sciences* 67, no. 2 (2012): 281–317.

Melling, Joseph. 'Sex and Sensibility in Cultural History: The English Governess and the Lunatic Asylum, 1845–1914.' In *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British Psychiatry*,

edited by Jonathan Andrews and Anne Digby, 177–221. Amsterdam and New York: Rodopi, 2004.

Melling, Joseph and Bill Forsythe. *The Politics of Madness: The State, Insanity and Society in England, 1845–14.* London and New York: Routledge, 2006.

Melling, Joseph, Bill Forsythe and Richard Adair. 'Families, Communities and the Legal Regulation of Lunacy in Victorian England: Assessments of Crime, Violence and Welfare in Admissions to the Devon Asylum, 1845–1914.' In *Outside the Walls of the Asylum: The History of Care in the Community, 1750–2000*, edited by Peter Bartlett and David Wright, 153–180. London: Athlone Press, 2001.

Michael, Pamela. *Care and Treatment of the Mentally Ill in North Wales 1800–2000.* Cardiff: University of Wales Press, 2003.

Ó Gráda, Cormac. 'Industry and Communications, 1801–45.' In *A New History of Ireland V: Ireland under the Union, I, 1801–70*, edited by W. E. Vaughan, 137–157. Oxford: Oxford University Press, 1989a.

Ó Gráda, Cormac. 'Poverty, Population, and Agriculture, 1801–1845.' In *A New History of Ireland V: Ireland under the Union, I, 1801–70*, edited by W.E. Vaughan, 108–136. Oxford: Oxford University Press, 1989b.

Ó Gráda, Cormac. *Ireland before and after the Famine: Exploration in Economic History, 1800–1925.* Manchester: Manchester University Press, 1993.

Ó Gráda, Cormac. *Ireland: A New Economic History, 1780–1939.* Oxford: Oxford University Press, 1994.

Ó Gráda, Cormac. *Black '47 and Beyond: The Great Irish Famine in History, Economy, and Memory.* Princeton: Princeton University Press, 1999.

Ó Murchadha, Ciarán. *Sable Wings over the Land: Ennis County Clare and its Wider Community during the Great Famine.* Ennis: CLASP Press, 1998.

O'Brien, Andrew and Linde Lunney. 'Henry Hutchinson Stewart.' In *Dictionary of Irish Biography*, edited by James McGuire and James Quinn. Cambridge: Cambridge University Press, 2002.

O'Donnell, Brian. *John of God: Father of the Poor.* Burwood, Australia: Oceania Province, 1991.

O'Hare, Pauline. *In the Care of Friends.* Dublin: Highfield Healthcare, 1998.

Parry-Jones, William Ll. *The Trade in Lunacy: A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries.* London: Routledge & Kegan Paul, 1972.

Porter, Roy. 'The Patient's View: Doing Medical History from Below.' *History and Society*, 14 (1985): 175–198.

Porter, Roy. *A Social History of Madness: Stories of the Insane.* London: Weidenfeld and Nicolson, 1987.

Prunty, Jacinta. *Dublin Slums, 1800–1925: A Study in Urban Geography, 1800–1925.* Dublin and Portland: Irish Academic Press, 1998.

Reynolds, Joseph. *Grangegorman: Psychiatric Care in Dublin Since 1815.* Dublin: Institute of Public Administration, 1992.

Robins, Joseph. *Fools and Mad: A History of the Insane in Ireland*. Dublin: Institute of Public Administration, 1986.

Scull, Andrew. *Museums of Madness: The Social Organisation of Insanity in Nineteenth-Century England*. Harmondsworth: Penguin, 1982.

Scull, Andrew. *The Most Solitary of Afflictions: Madness and Society in Britain, 1700–1900*. New Haven: Yale University Press, 1993.

Smith, Leonard D. *Cure, Comfort and Safe Custody: Public Lunatic Asylums in Early Nineteenth-Century England*. London and New York: Leicester University Press, 1999.

Suzuki, Akihito. 'Lunacy in Seventeenth- and Eighteenth-Century England: Analysis of Quarter Sessions Records.' Parts I and II. *History of Psychiatry* 2 (1991): 437–456; 3 (1992): 29–44.

Suzuki, Akihito. 'Enclosing and Disclosing Lunatics within the Family Walls: Domestic Psychiatric Regime and the Public Sphere in Early Nineteenth-Century England.' In *Outside the Walls of the Asylum: The History of Care in the Community, 1750–2000*, edited by Peter Bartlett and David Wright, 115–132. London: Athlone Press, 2001.

Suzuki, Akihito. *Madness at Home: The Psychiatrist, the Patient and the Family in England, 1820–1860*. Berkeley and Los Angeles: University of California Press, 2006.

Vaughan, W.E. *Landlords and Tenants in Mid-Victorian Ireland*. New York: Oxford University Press, 1994.

Vaughan, W.E. and A.J. Fitzpatrick (eds.). *Irish Historical Statistics: Population, 1821–1971*. Dublin: Royal Irish Academy, 1978.

Walsh, Oonagh. 'Lunatic and Criminal Alliances in Nineteenth-Century Ireland.' In *Outside the Walls of the Asylum: The History of Care in the Community 1750–2000*, edited by Peter Bartlett and David Wright, 132–152. London: Athlone Press, 2001.

Walsh, Oonagh. 'Gender and Insanity in Nineteenth-Century Ireland.' In *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British Psychiatry*, edited by Jonathan Andrews and Anne Digby, 69–93. Amsterdam and New York: Rodopi, 2004.

Walton, John. 'Lunacy in the Industrial Revolution: A Study of Asylum Admission in Lancashire, 1848–1850.' *Journal of Social History* 13, no. 1 (1979–1980): 1–22.

Wright, David. 'Getting out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century.' *Social History of Medicine* 10, no. 1 (1997): 137–155.

Wright, David. 'Family Strategies and the Institutional Confinement of "Idiot" Children in Victorian England.' *Journal of Family History*, 23, no. 2 (April, 1998): 190–208.

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