Custody, Care and Criminality:
Clinical Aspects of Forensic Psychiatric Institutionalisation in Late Nineteenth- and Early Twentieth-Century Ireland

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Brendan D Kelly

Contents

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Kelly BD. (2008g) Learning disability and forensic mental healthcare in nineteenth-century Ireland. Irish Journal of Psychological Medicine, 25, 116-118. 109

Kelly BD. (2008h) The Mental Treatment Act 1945 in Ireland: an historical enquiry. History of Psychiatry, 19, 47-67. 110

Kelly BD. (2008i) Mental health law in Ireland, 1945 to 2001: reformation and renewal. Medico-Legal Journal, 76, 65-72. 111

Kelly BD. (2009a) *Folie à plusieurs*: forensic cases from nineteenth-century Ireland. History of Psychiatry, 20, 47-60. 112

Kelly BD. (2009b) Syphilis, psychiatry and offending behaviour: clinical cases from nineteenth-century Ireland. Irish Journal of Medical Science, 178, 73-77. 113

Kelly BD. (2009c) Criminal insanity in nineteenth-century Ireland, Europe and the United States: cases, contexts and controversies. International Journal of Law and Psychiatry, 32, 362-368. 114

Abstract

Ireland experienced a rapid rise in psychiatric committals in the nineteenth and early twentieth centuries. While there have been (limited) explorations of selected aspects of the social, institutional and legislative factors underlying this phenomenon, there is a paucity of literature relating to clinical aspects.

The published works in this Doctorate demonstrate that individuals committed to institutional forensic psychiatric care during the late nineteenth and early twentieth centuries (with a particular focus on women) showed evidence of social, psychiatric *and* medical problems. Archival case records present clear evidence of a range of medical and psychiatric disorders (including syphilis, intellectual disability, *folie à plusieurs*).

At population level, there was significant diagnostic reclassification (from intellectual disability to mental illness) in parallel with the asylum-building of the 1800s. Other contributors to institutionalisation include the emergence of the insanity defence in Irish courts in the late 1800s and high levels of medical, psychiatric and social need *outside* Ireland's system of asylum care (e.g. in workhouses), especially during the Great Famine (1845-1849). There is also evidence of therapeutic enthusiasm and institutional protectionism on the part of doctors, perpetuating Ireland's asylum system. Key figures included Dr. William Saunders Hallaran in Cork in the early 1800s, Dr. Conolly Norman in Dublin in the early 1900s, and Professor John Dunne in Dublin in the early- to mid-1900s.

Overall, individuals with mental illness and/or intellectual disability who engaged in offending behaviour in nineteenth- and early twentieth-century Ireland experienced lengthy periods of detention, high levels of mental and physical illness, and a relatively high risk of dying in the asylum, despite contemporary awareness of this problem amongst asylum managers and doctors. Archival clinical case-notes present strong evidence that medical and psychiatric need contributed substantially to this situation, alongside institutional, legislative and societal factors promoting committal.

1 Introduction

1.1 Background and Context

In Ireland, there was scant provision for individuals with mental illness throughout the seventeenth and eighteenth centuries (Psychiatrist, 1944; Robins, 1986; Bartlett, 1999). As a result, the mentally ill tended towards lives of vagrancy and destitution (Finnane, 1981). The nineteenth century was, however, a time of intensive legislative activity, resulting in the establishment of a large network of asylums: in 1851 there were 3,234 individuals in Irish asylums and by 1891 this had increased to 11,265 (Inspectors of Lunatics (Ireland), 1893; Walsh and Daly, 2004). This trend continued well into the twentieth century: in 1961, one in every 70 Irish people above the age of 24 was in a psychiatric hospital (Lyons, 1985).

Ireland was not alone in experiencing this problem, as there were increases in committal rates in many countries, including France, England and the United States (Shorter, 1997; Stone, 1998). Ireland's rates were, however, especially high at their peak and especially slow to decline (Shorter, 1997; Torrey and Miller, 2001). Notwithstanding this background of Irish 'exceptionalism' or, more precisely, Irish 'extremism', there is a remarkably limited literature examining the history of mental health services in Ireland (Finnane, 1981; Robins, 1986; Walsh, 2006) and, in particular, the clinical underpinnings (if any) of Ireland's high committal rates (Anonymous, 1861; Tuke, 1894; Torrey and Miller, 2001).

Finnane (1981) provides a general overview of "insanity and the insane in post-Famine Ireland", and examines governmental policy and institutional practices from the mid-1800s to the mid-1900s. Finnane (1981), however, like most of the historical literature, focuses on selected aspects of the experience of the mentally ill, such as particular elements of social policy (Williamson, 1970; Finnane, 1981; Williamson, 1992), the history of specific institutions (Henry, 1989; Malcolm, 1989; Clare, 1998; Reynolds, 1992; Mulholland, 1998), institutionalisation in

general (Finnane, 1981; Walsh and Daly, 2004) and mental health legislation (McAuley, 1993; Cooney and O'Neill, 1996; Gibbons et al, 1997; Prior, 2003; 2004).

As is the case elsewhere (Shorter, 1997), the historiography of Irish mental health care demonstrates a particularly strong focus on the history of institutions, echoing the emphasis government placed on institutional provision (Finnane, 1981; Walsh and Daly, 2004). There has been particular engagement with the histories of earlier, larger institutions such as St Brendan's Hospital, Dublin (Reynolds, 1992), St Patrick's Hospital, Dublin (Malcolm, 1989; Clare, 1998), Our Lady's Hospital, Cork (Henry, 1989) and Holywell Hospital, Belfast (Mulholland, 1998). These histories are uniform in their "top-down" approach, with the institution providing the primary framework for analysis: in the case of St. Brendan's Hospital, this approach demonstrates that governmental policy bluntly determined the size, structure and function of the institution, which aimed to accommodate the many, with scant regard for quality of care (Reynolds, 1992). From this institutional perspective, even the relatively enlightened Dr Conolly Norman, resident medical superintendent at St Brendan's Hospital (then called the Richmond District Asylum) towards the end of the 1800s, "was authoritarian, and his insistence on order, privacy and security ensured the perpetuation of a closed society within the asylum's walls" (Reynolds, 1992: p. 180).

By way of contrast, St. Patrick's Hospital, founded following the benevolent bequest of Jonathan Swift, was a private, charitable institution, aiming to provide high quality care to a finite number, without the broader, population-level responsibilities of government-run institutions (Clare, 1998). Even so, a dedicated history of St. Patrick's, replete with minute detail about "the estate", "the building" and other aspects of the *institution*, finds "it is no easy matter to reconstruct the living conditions of patients" (Malcolm, 1989: p. 84). Insofar as the patient experience is mentioned, most attention is paid to administrative matters (fees, diet); from a clinical perspective, the patients themselves are remarkably "elusive" (p. 83). Notwithstanding a similar dearth of clinical data for Holywell Hospital, Belfast, another institution-based history of that institution concludes that many patients were admitted "because the untidiness, dissipation

and foul language of the mentally ill offended social norms" (Mulholland, 1998: p. 24) and *not* for reasons related to mental illness.

A similar "top-down" approach is apparent in the (limited) historiography framed by historical considerations of Irish mental health (or "insanity") legislation. The tendency to approach psychiatric history from the perspective of legislation is rooted in the long-standing association between mental illness and involuntary institutionalisation (McAuley, 1993; Walsh and Daly, 2004), and is evident in both the international (Brand, 1965) and (limited) Irish literature (McAuley, 1993; Cooney and O'Neill, 1996; Gibbons et al, 1997), which emerged against the background of broader historical and philosophical considerations of psychiatry and power, especially by Foucault (1961; 1975; 2003).

The Irish literature draws attention to social arrangements which provided a backdrop to involuntary committal to general and forensic asylums (Prior, 2003; 2004), and the evolution of a legal culture which enthusiastically incorporated the insanity defence (McAuley, 1993), resulting in greatly increased "guilty but insane" verdicts as the nineteenth century drew to a close (Gibbons et al, 1997). This approach to psychiatric history, framed by mental health law, also takes a "top-down" perspective, looking at changes in national legislation and their consequences for institutional function, and emphasising legal and administrative dimensions of committal, rather than the clinical status of individuals committed.

There is a strong need to expand considerations of Irish psychiatric history beyond these "top-down" considerations from institutional and legislative level:

> Any interpretation of the lunatic asylum as essentially a monolithic instrument of social control does an injustice to many of its practitioners. Madness was (and is) rather more than a blatant manifestation of deviance. It constituted deep human suffering, likely to be accompanied by risk and danger both to the sufferer and to other people (Smith, 1999a: p. 5).

The key clinical question, relatively neglected in the Irish historiography to date, is this: notwithstanding the legal, institutional and societal factors promoting

committal (Section 2), and notwithstanding methodological difficulties interpreting archival records (Section 1.2), were the individuals who were committed at this time mentally and/or medically ill? Torrey and Miller (2001: p. 160), in a social and political overview of committal rates in England, Ireland and the United States during the nineteenth century, conclude there was indeed an "epidemic" of insanity which cannot be fully explained by demographic change, legislative reform or changes to public policy, especially in Ireland: "Something unusual happened in Ireland to cause a sharp increase in insanity" (p. 160).

Torrey and Miller (2001), however, also adopt a "top down" approach, focussing on official reports (e.g. national rates of certification) and governmental policy (e.g. the establishment of institutions) rather than primary clinical material, and are, thus, limited in their ability to explore the detailed clinical underpinnings (if any) of committals *at the level of the individual patient*. Torrey and Miller (2001) focus, moreover, on general asylums, and devote limited attention to inpatient forensic care, which forms the focus of this Doctorate.

Notwithstanding these limitations, Torrey and Miller (2001) suggest that true epidemiological change at population level contributed to increased committal rates in Ireland. Their work, however, highlights a need for fine-grained analysis of primary clinical material at the level of the individual patient, to determine to what extent, precisely, committed individuals demonstrated features of identifiable psychiatric or medical disorders (Sections 3 and 4), and re-evaluate the extent to which committal was truly attributable to institutional exuberance (Walsh and Daly, 2004), legislative enthusiasm (Williamson, 1970) and general societal pressures towards the asylum (Robins, 1986) (Section 2).

At present, there is a remarkable paucity of Irish historical *clinical* literature to elucidate these issues (Walsh, 1992; Prior, 2008). Moreover, there is virtually *no Irish literature whatsoever* in relation to certain patient groups, such as those with apparent intellectual disability. There are many possible reasons for this, including a lack of systematic contemporaneous clinical data, difficulties interpreting clinical information from archives (Section 1.2), and a strong emphasis on institutional and legislative factors in the historiography of

nineteenth-century Irish psychiatry (Walsh and Daly, 2004; Williamson, 1970). The perspective from the level of the individual patient's clinical experience, rooted in archival medical records and provided in this Doctorate, explores clinical issues underpinning committal, in order to both address this neglected dimension of the asylum experience and integrate it into institutional and legal considerations of committal in the existing literature.

The next section in this Critical Appraisal (Section 1.2) focuses on specific methodological issues relating to this Doctorate. These methodological issues are contextualised further in later sections of this Critical Appraisal, in which the central arguments of this Doctorate are presented and explored.

1.2 Primary Research Methodology

The published works in this Doctorate use primary material from diverse sources, including: (a) archival medical case-records at the Central Mental Hospital, Dublin, relating to individuals admitted to forensic psychiatric care in Ireland between 1868 and 1948; (b) minutes from Ballinrobe Poor Law Union (workhouse), County Mayo (1845 to1900); and (c) Richmond Asylum (Dublin) Joint Committee Minutes (1907).

Tosh and Lang (2006) identify two approaches to using primary source material for historical research. According to the first approach, the researcher uses sources within his or her general area of interest and extracts information that is of value, allowing the content of the source to determine, at least in part, the nature of the study. According to the second approach, a specific historical research question is posed (often based on secondary material) and the researcher actively seeks primary sources to answer this question, essentially ignoring material not relevant to the specific question posed. Much historical research involves combinations of both approaches, as historians develop areas of interest over time, engage in multiple related programmes of enquiry, and generate research groups which share ideas and methodological approaches.

The published works in this Doctorate reflect both approaches, as well as consideration of published works (McDowell, 2002) relating to different aspects of the archives at the Central Mental Hospital, Dublin (e.g. Gibbons et al, 1997; Mulryan et al, 2002; Prior, 2008), contemporary literature from the nineteenth and twentieth centuries (e.g. Hallaran, 1810; Anonymous, 1861; Lasègue and Falret, 1877; Ireland, 1885; Tuke, 1888; Woods, 1889; Tuke, 1894; Halberstadt, 1906; M'Manus, 1914; Boyd Barrett, 1924; Gralnick, 1942; Psychiatrist, 1944; Guthrie, 1945; Dewhurst and Todd, 1956; Dunne, 1950; 1956), and official governmental reports (e.g. Inspector of Lunatics (Ireland), 1893).

The first approach outlined by Tosh and Lang (2006), whereby the content of the primary source helps shape the nature of the study, is reflected in several of the published works in this Doctorate. In Kelly (2008d; 2008e), a single researcher (BDK) studied medical case-records of all women admitted to the Central Mental Hospital, Dublin, between 1868 and 1908 (n=70) and between 1910 and 1948 (n=42), and extracted available data relating to age, marital status, religion, offence, mental status, diagnosis, clinical course and outcome.

The Statistical Package for the Social Sciences (computer software) was used for analysis of numeric data (SPSS Inc., 2003). This software facilitates storage and analysis of numeric data (e.g. age in years) and categorical data which can be converted into numbers (e.g. female=1, male=2). The Statistical Package for the Social Sciences is a flexible, user-friendly, statistically-sophisticated package, designed for quantitative analysis. Not all information can, however, be transformed into numbers, so a narrative approach was used for the study of medical follow-up notes and anonymised case histories, in order to contextualise and deepen meaning provided through quantitative methods (e.g. Kelly, 2008d).

From a methodological perspective, there are several important considerations raised by the use of nineteenth-century and early twentieth-century clinical notes. These considerations centre, firstly, on the methods used to select particular cases for analysis and, secondly, interpretation of clinical notes and translation of meanings from up to two centuries ago. With regard to selection bias, many of the published works in this Doctorate relate to women committed to forensic care

and are based on the most comprehensive analysis of these clinical records to date: Kelly (2008d) analyses records of *all* women committed to forensic impatient care in Ireland between 1868 and 1908, while Kelly (2008e) examines records of *all* women so committed between 1910 and 1948. The inclusion of records relating to *all* women committed to Ireland's *only* inpatient forensic hospital (Central Criminal Lunatic Asylum, later Central Mental Hospital) during these periods has the effects of minimising selection bias.

With regard to potential bias in the selection of case-histories for detailed narrative exploration, the selection of such cases was guided by second approach to primary material outlined by Tosh and Lang (2006), whereby a specific historical research question is posed and the researcher actively seeks out primary sources to answer this question. Kelly (2007a) looks at an area of pre-existing interest (infanticide) through the use of both archival material and published works (Guthrie, 1945; Merrit et al, 1946; Guilbride, 2004; McCarthy, 2004). A similar approach is reflected in works focusing on syphilis (Kelly, 2009b), intellectual disability (Kelly, 2008f; 2008g) and *folie à plusieurs* (Kelly, 2009a), which also includes reference to appropriate published works (Lasègue and Falret, 1877; Ireland, 1885; Tuke, 1888; Woods, 1889; Halberstadt, 1906; M'Manus, 1914; Gralnick, 1942; Dewhurst and Todd, 1956), to explore a diagnosis of particular interest in nineteenth century Ireland (Woods, 1889) and contemporary forensic mental health-care (Mentjox et al, 1993; Enoch and Ball, 2001; Mela, 2005).

A second key methodological issue concerns the decision to use archival patient records in the first instance. The central merit of this approach is that archival patient records are uniquely useful "for tracing shifts over time in clinical practice, perceptions as well as the texture of hospital life; for understanding the roles played by ethnicity, gender, class, race, and geography in shaping patient care" (Risse and Warner, 1992: p. 183). Compared to approaches framed by primarily institutional or legislative perspectives, approaches based on clinical notes also move somewhat towards Porter's conceptualisation of "medical history from below" (Porter, 1985: 175), although they rely on official medical records written by medical superintendents and others, rather than direct patient accounts,

such as patients' own correspondence (Smith, 2008). Official medical records can be manipulated by the individual writing the record to affirm "the fulfillment of certain norms in the behavior of the individual constructing the record"; e.g. "showing that the doctor who had made the record had behaved in a way appropriate to a doctor-patient relationship" (Bartlett, 1999: p. 159).

Nonetheless, comparing record-based approaches to those rooted in "authentic" patient accounts, Armstrong (1984: p. 737) argues that "attempts to establish the authentic version of what the patient says are misplaced as investigation can only reveal what is heard, not what is said". Compared to "top down" approaches framed by national policy, law or institutional history, reliance on archival case records (as in this Doctorate) represents, at the very least, a move *towards* this more "authentic" understanding of the patient experience, even if it does not accord precisely with Porter's "medical history from below". Moreover, since the case record reflects both the patient's behaviour and the interpretation of such behaviour by medical authorities, the case record presents a unique and crucial account of the patient's experience – an account which generally played an important role in determining how the patient was treated in and by the institution.

Other limitations with approaches based on archival case-notes include unclearness about how systematic medical note-taking was in the nineteenth century; potentially inconsistent use of medical terms; and inclusion of clinical descriptions which may be challenging to interpret today (Walsh, 1992). These issues, however, present both challenges and opportunities: in relation to individuals with apparent intellectual disability, for example, Kelly (2008f; 2008g) moves beyond the diagnostic labels used loosely throughout case records, and focuses on more objective details of clinical descriptions, in order to provide the literature's first *clinical* examination of the extent to which such patients in nineteenth- and early twentieth-century Ireland were truly intellectually disabled by today's standards (Section 4.3). In this fashion, archival accounts of patients' experiences meet "the clinical gaze" (Condrau, 2007: p. 525), with an emphasis on descriptive pathology rather than loosely-applied diagnoses, and clinical rather than institutional or legislative dimensions of patient experiences.

The methods of medical history often differ from those of non-medical history: the history of medicine was, from the outset, "a separate and narrow field, cultivated entirely by and for physicians" (Burnham, 2005: p.1). Even today, many "recruits" to the history of psychiatry "have turned to historical enquiry during or after distinguished careers in psychiatric practice," providing them with "perspectives rooted both in professional identity and in active attempts to relieve the victims of mental distress" (Smith, 1999a: p. 1).

In the early twentieth century, general historians developed significant interest in medical history and, in the 1920s and 1930s, there was an upsurge of activity amongst social historians. These developments contributed to the centrality of the concepts of "medicalization" and "demedicalization" in medical history (Burnham, 2005). According to this paradigm, "medicalization" refers to attempts (deliberate and non-deliberate) by the medical establishment to use ideas derived from medical practice to impose social controls on the population (increasing diagnostic categories, expanding client populations). "Demedicalization" refers to the opposite process, whereby populations seek to reduce the reach of the medical establishment (re-framing psychological distress as spiritual problems, choosing "folk remedies validated by tradition, not new-fangled vaccinations") (Burnham, 2005: p. 7).

The dynamic balance between medicalization and demedicalization is especially prominent in the history of psychiatry, as mental illnesses have been variously conceptualised as spiritual manifestations, medical diseases, legal conundrums, social issues, or all of the above, with the balance between competing conceptualisations varying over time (Shorter, 1997; Stone, 1998; Porter, 2004). A further difference between medical and psychiatric history is the prominence accorded to "institutions" (Henry, 1989; Malcolm, 1989; Clare, 1998; Reynolds, 1992; Mulholland, 1998; Walsh and Daly, 2004) and "legislation" (McAuley, 1993; Cooney and O'Neill, 1996; Gibbons et al, 1997; Prior, 2003; 2004) in psychiatric history. These issues are reflected throughout the published works in this Doctorate, with particular reference to the relationship between mental health

law and institutional management of mental illness within the "medical" context of forensic psychiatry (Sections 1.1 and 2.1).

More broadly, Burnham (2005: p. 9) identifies five key "dramas" in the history of medicine, relating to the histories of (a) "the healer"; (b) "the sick person"; (c) "diseases"; (d) "discovering and communicating knowledge"; and (e) "medicine and health interacting with society". These "dramas" are reflected in a variety of ways throughout the published works in this Doctorate, and each "drama" is considered in the appropriate section of this Critical Appraisal.

Against this methodological background, the remainder of this Critical Appraisal examines the contributions that published works in this Doctorate make to the historical literature, starting with a consideration of legal, therapeutic and social reasons underlying the rapid rise in psychiatric committals in nineteenth- and early twentieth-century Ireland (Section 2). This is followed by detailed consideration of the published works relating to women committed to the Central Mental Hospital, Dundrum, in the nineteenth and early twentieth centuries (Section 3), with particular focus on infanticide (Section 3.3). Section 4 examines archival records supporting diagnoses of specific medical and psychiatric disorders amongst individuals committed to forensic psychiatric care (syphilis, intellectual disability, *folie à plusieurs*).

Section 5 provides an overview of key themes of continuity and change over the century and a half covered by these published works, focussing especially on Burnham's fifth and final medical historical "drama", "medicine and health interacting with society" (Burnham, 2005: p. 9). This section concludes the Critical Appraisal by outlining useful directions for future research.

1.3 A Note on Terminology

Ireland's first and only inpatient forensic psychiatric institution was established under the Lunatics Asylums (Ireland) Act (1845) as the Central Criminal Lunatic Asylum. Throughout some of the published works in this Doctorate, especially those in historical journals (e.g. Kelly, 2008e), the institution is referred to using

its original name, Central Criminal Lunatic Asylum. In other works, especially those in medical or psychiatric journals (e.g. Kelly, 2008f), the institution's current name (Central Mental Hospital) is most commonly used. This disparity reflects the preferences and practices of different journals in which these works were published.

This also applies to the word "psychiatrist" (amongst other terms), which is used in certain published works, especially those in medical rather than historical journals (e.g. Kelly, 2008a), despite the fact that the word "psychiatrist" was not in use during the period to which specific works refer. Again, this reflects the preferences and practices of different journals in which these works were published. The different terms used throughout the published works are reflected in the Critical Appraisal.

The terms "lunatic" and "idiot" also appear throughout certain works and in this Critical Appraisal, most commonly in inverted commas (e.g. Kelly, 2008c). Such terms are included in order to reflect the terminology used in the nineteenth and early twentieth centuries. The inclusion of such terms was especially important when considering issues surrounding revisions of terminology, such as the Mental Deficiency Act (1913) (Kelly, 2008f). As all the published works in this Doctorate are in the public domain, some included specific notes regarding terminology; e.g.: "In order to maintain patient confidentiality, the patient's name has been changed so as to render him unidentifiable. In all other respects, original language and terminology from the 19th-century records have been maintained; this represents an attempt to optimise fidelity to historical sources and does not represent an endorsement of the broader use of such terminology in contemporary settings" (Kelly, 2008g: p116).

2 The Roles of Legal, Therapeutic and Social Factors in the Rapid Rise in Psychiatric Committals in Nineteenth- and Early Twentieth-Century Ireland

2.1 The Rise of Insanity Legislation

The plight of the mentally ill in early nineteenth-century Ireland was grave (Robins, 1986; Shorter, 1997). Notwithstanding the opening of Cork Lunatic Asylum in 1791 (Robins, 1986) and the Richmond Asylum, Dublin in 1815 (Reynolds, 1992; Kelly, 2007b), it was apparent that systematic reform at national level was needed. A bill to establish a system of asylums, presented by William Vesey Fitzgerald, was passed on 11 July 1817 (Williamson, 1970) and the remainder of the nineteenth century was a time of intensive legislative activity, resulting in the establishment of a network of asylums across Ireland (Walsh and Daly, 2004), analogous to that in England (Smith, 1999b; 2007).

In 1838, the Criminal Lunatics (Ireland) Act was passed, permitting the transfer of an individual from prison to an asylum if they were considered dangerous and either mentally ill or intellectually disabled. This soon became the admission pathway of choice, because it dispensed with the need for a certificate of poverty and gave police full responsibility for transporting the individual to the asylum, which was then under an obligation to admit them (O'Neill, 2005). As a result, the "dangerous lunacy" procedure was widely abused and contributed significantly to the rise in committals as the 1800s progressed (Prior, 2003). The increasingly clear articulation of the insanity defence and emergence of forensic psychiatry as a medical specialty contributed further to the rise in committals (Kelly, 2009c).

The historiography to date has largely ignored the role of the insanity defence in fuelling increased rates of committal, especially to the Central Criminal Lunatic Asylum (later Central Mental Hospital). Kelly (2009c), however, places Irish developments in the context of the work of Dr Isaac Ray (1807-1881), founding father of forensic psychiatry in the United States (Quen, 1974; Payne and Luthe,

1980; Quen, 1983; Hughes, 1986) and author of *A Treatise on the Medical Jurisprudence of Insanity* (Ray, 1838; 1853) (Figure 1), amongst other works (Ray, 1869).

Ray was especially interested in female offenders and his views of female criminal responsibility referred, in large part, to menstruation, pregnancy and child-birth (Ray, 1838; 1853). These views were clearly reflected in psychiatric attitudes towards female offenders in Ireland (Churchill, 1850; Kelly, 2009c): Ms. D, for example, was charged with "the manslaughter of her illegitimate child" but diagnosed as "very excited and violent at each menstrual period" (archival case-notes from the Central Mental Hospital, quoted in Kelly 2009c; p. 366) (Section 3.2). Notwithstanding this diagnostic interpretation, Ms. D spent fourteen years in the Central Mental Hospital, before transfer back to a District Asylum where, in all probability, she died (Walsh, 2004). Cases such as this suggest that while women who killed children were not executed in the latter half of the nineteenth century, they still experienced lengthy periods of detention, casting doubt on the assertion of the Inspectors-General on District, Criminal and Private Lunatic Asylums in Ireland (1855; p. 155) that they were "judged with utmost leniency".[1]

One of the unintended effects of the intensive legislative activity and institutional expansion during the nineteenth century concerned rates of diagnosis of mental illness, as opposed to intellectual disability (Kelly, 2008c; 2008f). The new legislation resulted in the creation of thousands of asylum beds for the mentally ill and, as a result, a strong incentive to favour diagnoses of mental illness ("lunatic") rather than intellectual disability ("idiot"), in order to access beds. Kelly (2008f) demonstrates strong evidence of diagnostic reclassification along these lines, resulting in an apparent increase in the number of individuals with mental illness and decrease in numbers with intellectual disability as more

[1] Harris (1987) notes the relative leniency with which women were treated in French courtrooms, as compared with the severity of approach assumed towards young males whose offences had a political dimension. One of the factors contributing to this tendency was the assumption that women were more generally frail than men and, therefore, more susceptible to mental illness. Kelly (2009c) provides the first clear demonstration of this in the Irish forensic context.

asylum beds for the mentally ill became available (Inspector of Lunatics (Ireland), 1893; Torrey and Miller, 2001; Walsh and Daly, 2004) (Figure 2). Interpretation of such trends is complicated by changes in diagnostic categories for mental illness at this time (Walsh, 1992; Kelly, 2008c), but Kelly (2008f, 2008g) presents significant *clinical* evidence of intellectual disability amongst certain committed patients, demonstrating that institutionalisation of the intellectually disabled is a neglected element in historical explanations of Ireland's rising committal rates (Section 4.3).

2.2 Therapeutic Enthusiasms Contributing to the Asylum Population

Asylum psychiatry in early nineteenth-century Ireland was dominated by Dr William Saunders Hallaran, a pioneering psychiatrist who founded a public asylum in Cork in 1791, to accommodate twenty-four patients: by 1822, Cork Lunatic Asylum had expanded to cater for over three hundred patients (Robins, 1986). In 1810, Hallaran published Ireland's first textbook of psychiatry, *An Enquiry into the Causes producing the Extraordinary Addition to the Number of Insane together with Extended Observations on the Cure of Insanity with Hints as to the Better Management of Public Asylums for Insane Persons* (Hallaran, 1810) (Figure 3).

Fleetwood (1983: p. 172) wrote that Hallaran, "at least, made some effort at active treatment" of the mentally ill. Hallaran's contribution was considerably greater than such modest praise suggests: Hallaran brought unprecedented critical rigour to the evaluation of treatments for, and causes of, mental illness (Kelly, 2008a). Blood-letting, for example, was commonly performed in psychiatric settings throughout the 1700s, and often involved leeches (Farmar, 2004), but Hallaran (1810: p. 50) wrote that blood-letting "to any great extent does not often seem to be desirable, and except in recent cases, does not even appear to be admissible". This unconventional view was soon shared by other prominent psychiatrists including Dr Philippe Pinel (1745-1826) at the *Hospice de la Salpêtrière* in Paris (Stone, 1998).

Hallaran was also doubtful about emetics and purgatives (Millon, 2004), even as this placed him at odds with such prominent physicians as Dr Martin Tuomy of the Royal College of Physicians of Ireland, in his *Treatise on the Principal Diseases of Dublin* (1810). Hallaran was similarly independent-minded in relation to digitalis, opium, camphor (Weber and Emrich, 1988; Leonard, 2004; Breckenridge, 2006), and, especially, mercury, despite the latter's established use for syphilis (Guthrie, 1945; Fleetwood, 1983; Farmar, 2004) and neuro-syphilis (Merrit et al, 1946; Brown, 2000). Again, Hallaran's prescient doubts were borne out as the nineteenth century progressed and mercury declined in popularity (Waugh, 1974; Kelly, 2008a).

From an international historical perspective, there are similarities between the broadly humanitarian approach of Hallaran and those of Dr Phillipe Pinel who pioneered less custodial approaches to asylum care in Paris (Stone, 1998), and William Tuke (1732-1822), an English Quaker businessman who founded the York Retreat in 1796, based on policies of care and gentleness, as well as medical supervision (Robins, 1986; Reynolds, 1992; Williamson, 1992; Shorter, 1997). While this humane approach was much-needed in nineteenth-century Ireland owing to a history of under-provision for the mentally ill (Psychiatrist, 1944; Robins, 1986), Hallaran's therapeutic and institutional enthusiasms clearly supported "the extraordinary addition to the number of insane" committed to asylums (Hallaran, 1810: p. 1) – a trend which, ironically, caused Hallaran profound concern (Kelly, 2008a).

This demonstration of Hallaran's critical engagement with a range of therapies (Kelly, 2008a) redresses the literature's overwhelming focus on another aspect of Hallaran's practice: his enthusiasm for the "circulating swing" (Hallaran, 1810; 1818; Fleetwood, 1983; Wade, 2005; Wade et al, 2005), originally described by Dr Joseph Mason Cox (1763–1818), a Scottish psychiatrist and author of *Practical Observations on Insanity* (Cox 1804; 1806; Figure 4). Cox described a "rotative couch" aimed at inducing sleep and treating mania (Cox, 1806; Stone, 1998; Porter, 2004; Wade, 2005; Wade et al, 2005). Hallaran assembled a similar apparatus which, in the "obstinate and furious", generated "a sufficiency of alarm

to insure obedience", and, in the "melancholic", generated "a natural interest in the affairs of life" (Hallaran, 1810: pp. 63–64; Figure 5).

Hallaran's enthusiasm for the "circulating swing", which would clearly violate contemporary human rights standards (United Nations, 1991), has substantially over-shadowed his other contributions in the historical literature to date (Fleetwood, 1983; Wade, 2005; Wade et al, 2005; Kelly, 2008a). Greater engagement with Hallaran's interests in the causes of mental illness, critical approach to therapeutic agents, and desire to accommodate the "hurried weight of human calamity" (Hallaran, 1810: p. 10), highlights the role of his therapeutic enthusiasm in increasing committal rates (Kelly 2008a).

This role of such therapeutic enthusiasm is relatively ignored in the literature to date, despite its clear persistence into the twentieth century: in 1955, Professor John Dunne (Figure 6), resident medical superintendent at Grangegorman Mental Hospital (formerly Richmond Asylum) delivered his presidential address to the Royal Medico-Psychological Association (1955) and demonstrated an enthusiasm for novel paradigms in mental health, which was deeply reminiscent of Hallaran (Kelly, 2005). Dunne's chosen themes included such provocative topics as cybernetics and partial models of cerebral functioning (Grey Walter's Conditioned Reflex Analogue, Electronic Delayed Storage Automatic Computer of Cambridge) (Jeffery and Reid, 1997; Stone, 1998); the work of Hans Selye in relation to stress and psychosomatic symptoms (Claes, 2004); and integrated models of cerebral functioning and treatment (Dunne, 1956). Five years earlier, Dunne had published Ireland's first positive studies of electro-convulsive therapy (Figure 7), insulin coma (Figure 8) and leucotomy (frontal lobotomy; Figure 9) (Dunne 1950). Kelly (2005) provides the first dedicated examination of these and other key themes in Dunne's medical and scientific career, and places his presidential address in the context of contemporary literature, as well as the addresses delivered by other presidents of the Royal Medico-Psychological Association, including Dr. Beveridge Spence (1899), Dr. J. Wiglesworth (1902), Dr. R.P. Smith (1904), Dr. F.D. Turner (1933) and Dr. W.G. Masefield (1948) (Renvoise, 1991; Healy, 1991; 1996).

Exploration of the therapeutic enthusiasms of Hallaran (Kelly, 2008a) and Dunne (Kelly, 2005) demonstrates that therapeutic enthusiasm was a further contributory factor to Ireland's rising committal rates and highlights historiographical neglect of the role of "the healer" (Burnham, 2005: p. 10) in Irish psychiatry. The importance of these enthusiastic "healers" is further underlined by the contribution of Dr Conolly Norman, medical superintendent of the Richmond Asylum in the late-1800s and early-1900s, who demonstrated both exceptional clinical insight (e.g. in relation to intellectual disability) and strong institutional protectionism which, like Hallaran's, had the ironic effect of worsening the over-crowding that so concerned him (Kelly, 2007b; 2008b).

The dominance of such powerful medical figures also led to complexity in interpreting Ireland's rising rates of committal: Kelly (2008c), for example, demonstrates Dr Hack Tuke's reliance on Norman's views in deciding that the increase in insanity was an epidemiological fact rather than a methodological artifact (Tuke, 1894). The view of Norman that emerges from Kelly (2008b), however, casts doubt on the wisdom of Tuke's unquestioning reliance on Norman, as a certain degree of institutional protectionism was evident in Norman. This reflects the institutional implications of broader therapeutic enthusiasm amongst asylum doctors: in the absence of developed models of outpatient care, therapeutic enthusiasm translated all too frequently into simple enthusiasm for the asylum. This echoes, at least in part, the way in which a broader societal impulse to help the poor resulted in the creation of a network of workhouses throughout England and Ireland (Bartlett, 1999) – a development which, in turn, generated further challenges for the asylums (Section 2.3).

2.3 Problems Presented by Workhouse Populations

The humanitarian approach to the mentally ill adopted by Hallaran (1810), consistent with Pinel (Stone, 1998) and Tuke (Shorter, 1997), was much-needed in nineteenth-century Ireland owing not only to general under-provision for the mentally ill (Psychiatrist, 1944; Robins, 1986), but also the Great Famine (1845-1849). Between 1841 and 1851, the population of Ireland fell by more than 20%,

as over a million people died as a direct result of famine and approximately one million emigrated (Kennedy et al, 1999).

The Great Famine is essentially absent from the historiography of mental illness in Ireland: there is virtually no mention of the Great Famine in Robins's (1986) "history of the insane in Ireland", while Finnane's (1981) history of "insanity and the insane" focuses explicitly on "post-Famine Ireland". This neglect of the Great Famine is attributable, at least in part, to the literature's strong focus on the building of asylums which occurred around the same time (Walsh and Daly, 2004).

Torrey and Miller (2001), who briefly consider the Great Famine in passing, suggest its effect on committal rates was minimal:

> Remarkably, the number of insane persons continued to rise steadily in Ireland during and after the famine, apparently unaffected by the potato blight and its devastating consequences… It thus appears that the major economic and social event in Ireland's history exerted little immediate influence on its steadily rising number of hospitalized insane persons (p. 133).

Given the devastation wrought by the Great Famine and simultaneous opening of thousands of new asylum beds, it is unsurprising that committal rates continued to rise: the asylum offered, at the very least, food and shelter in times when both were in short supply (Kennedy et al, 1999).

In contrast to the social needs clearly generated by famine, the biological relationship (if any) between famine and mental illness is relatively under-researched: while there is evidence that social deprivation is generally associated with mental illness (Kovess, 2002), research on the psychiatric consequences of disasters has focussed on man-made disasters (e.g. warfare) or sudden natural disasters (e.g. cyclones), rather than protracted famine (Bromet and Havenaar, 2002). This may be attributable to the relative dearth of protracted famines in the

recent history of "developed" countries with Western-style systems of psychiatric care, suited to the collection of epidemiological data (Kennedy et al, 1999).

One possible exception is the "famine" which occurred in French psychiatric hospitals between 1940 and 1944, when France was under Nazi rule and rations to French asylums were reduced to levels incompatible with life (Birley, 2002). This resulted in increased mortality in French asylums and a sharp intensification of all forms of mental illness. The philosopher Simone Weil (1909-1943), herself in an English asylum at the time, starved herself to death in protest at the conditions endured by her compatriots in French asylums (McLellan, 1989).

The famine in French asylums was a specific, demarcated phenomenon which only affected individuals *already in* asylums, at a particular moment in France's history (Birley, 2002). Nonetheless, the deterioration in mental health produced by the famine in French asylums provides strong evidence that famine conditions have adverse effects on mental health, at least amongst the mentally ill. This adds further to the need to address the significant gap in the historiography of the mentally ill in Ireland: i.e., during Ireland's Great Famine, did many of the mentally ill enter the workhouses and, if so, what was the nature and outcome of their stays there?

Kelly (2004) provides a unique insight into the workhouse's attempts to provide care for the mentally ill, through examination of previously unpublished archives from Ballinrobe Poor Law Union (workhouse), County Mayo, which was located in one of the areas worst affected by the Great Famine (Bartlett, 1999; Kennedy et al, 1999). This material demonstrates that attempts at mental health care in the workhouse were generally inconsistent and unsuccessful: in August 1846, a man "who was confined to the workhouse as a cured patient from the Castlebar Lunatic Asylum took his discharge and went to his home" and there is no record of any attempt at follow-up (archival records from Ballinrobe Poor Law Union, quoted in Kelly, 2004: p. 54). On the other hand, in October 1896, the workhouse employed "a woman at a shilling a day to mind…a woman who is insane" (p. 54).

The problems presented by the mentally ill in Irish workhouses persisted well after the Great Famine: Kelly (2007b) considers the Richmond Asylum (Dublin) Joint Committee Minutes some fifty years later, with a particular focus on challenges presented by workhouse populations (Norman, 1907). The workhouse issue came to the fore at the Richmond District Asylum Joint Committee meeting on 31 January 1907, when there were approximately 1600 patients in the Richmond Asylum, and the Chairman noted that "a large number of our admissions come here direct from workhouses" although many "would come under the head of Chronic and Harmless Lunatics" (Richmond District Asylum Joint Committee, 1907, quoted in Kelly, 2007b: pp. 111-112). Mr. W. Dillon, law advisor, stated that the asylum was under a clear legal obligation to provide care to this population under the Local Government (Ireland) Act, 1898 (Dillon, 1907).

The workhouse problem at the Richmond Asylum in the early twentieth-century reflected a continuation of the issue identified almost a century earlier by Hallaran (1810: p. 10) in his reference to the **"**hurried weight of human calamity" (Kelly, 2008a), made more acute by the Great Famine (Kelly, 2004) and, possibly, industrialisation, which diminished the ability of families and communities to care for individuals with mental illness and intellectual disability (Walsh, 1992). The published works in this Doctorate advance the literature by demonstrating the social *and* clinical needs of these populations, especially in workhouses (Kelly, 2004; Kelly 2007b), as one of the neglected drivers of institutional expansion. The historical literature subsequent to these published works shows increased academic engagement with mental illness in workhouse settings (Walsh, 2010), although the role of the Great Famine remains comparatively neglected.

2.4 Conclusions

This Doctorate explores the role of insanity legislation and the insanity defence in increasing committal rates in nineteenth-century Ireland (Section 2.1), but also demonstrates the roles of therapeutic and institutional enthusiasm in supporting this trend (Section 2.2). This reflects the apparently inexorable rise in the power

and influence of psychiatrists ("alienists") as the 1800s progressed, and demonstrates, in the Irish context, the institutional implications of the "medicalisation" of insanity which was also in evidence in England and elsewhere (Foucault 1961; 1975; Scull, 1993; Shorter, 1997; Foucault, 2003).

In terms of historiography, this trend reflects the medical historical "dramas" of "the sick person" (Burnham, 2005: p. 32) and "diseases" (p. 55) in Irish psychiatric history, as the mentally ill were increasingly dealt with by medical practitioners rather than judges or justices of the peace. An increased focus on these "dramas" counter-balances the literature's general emphasis on the history of institutions rather than individuals (Henry, 1989; Malcolm, 1989; Clare, 1998; Reynolds, 1992; Mulholland, 1998).

Institutional enthusiasm remained, however, an important determinant of the experiences of the mentally ill, and a key feature of the historiography. The impulse towards institutional solutions was further manifest in the expansion of the workhouse system, especially during Ireland's Great Famine (Kennedy et al, 1999), which remains curiously absent from the historiography of the mentally ill (Section 2.3). While a similar trend was apparent in England (Bartlett, 1999), Ireland's Great Famine generated even deeper social need amongst the Irish (Kennedy et al, 1999), including the mentally ill (Kelly, 2004). The deterioration in mental health associated with famine (Birley, 2002) represents another factor fuelling the rise in psychiatric committals (Kelly, 2004).

Notwithstanding the adverse effects of famine on mental health, and diagnostic shifts from intellectual disability to mental illness (Section 2.1), it remains unclear, however, whether or not the increase in numbers certified as lunatics and admitted to asylums reflected a true epidemiological increase in mental illness. Kelly (2008c) provides a detailed exploration of professional opinions on this issue from the 1800s, including that of Dr Hack Tuke, who, after careful consideration of various statistics and possible confounding factors, was

"disposed to admit [that] there is … some actual as well as apparent increase of mental disorder" (Tuke, 1894: p. 555).[2]

A true epidemiological increase in mental illness, if such occurred (Torrey and Miller, 2001), might be accounted for, at least in part, by urbanisation, which not only diminished family and community supports for the mentally ill throughout the1800s (Walsh, 1992), but is also strongly associated with increased rates of schizophrenia (Kelly et al, 2010). Hallaran (1810; Kelly 2008a) had attributed the "the extraordinary increase of insanity in Ireland" to both "corporeal" and "mental excitement" (p. 12). Hallaran associated the latter with social unrest (p. 13) and "terror from religious enthusiasm" (p. 22). Both were reasonable concerns, given the strong association between conflict and mental illness (Farhood et al, 2006) and Ireland's tumultuous political circumstances throughout the 1800s and, later, the early 1900s (Foster, 1988).

The possibility of true epidemiological change in the incidence of mental illness in nineteenth-century Ireland is especially difficult to resolve definitively owing to the absence of reliable data about both the incidence of mental illness *and* the precise population of Ireland in the 1800s (Powell, 1813). It is also possible that substantial increases in life expectancy around 1800 increased the survival of individuals prone to develop schizophrenia, thus increasing the *prevalence* of mental illness (and, therefore, burden of care and pressure on asylums) but not necessarily the *incidence* of new cases (Walsh, 1992). In addition, increased preoccupation with quality of life, rather than mere survival, may have further increased rates of presentation to asylums.

Overall, it appears most likely that the increase in Ireland's committal rates was attributable to a complex combination of factors, many of which have been

[2] Harris (1987), in her considerations of medicine, law and insanity in *fin de siècle* France, highlights the emergence of the concept of "degeneration" and the idea that insanity was becoming more common than it had been in the past. This preoccupation echoed similar concerns in the Irish medical community in the nineteenth and early twentieth centuries (Hallaran, 1810; Anonymous, 1861; Inspectors of Lunatics (Ireland), 1893; Tuke, 1894; Torrey and Miller, 2001; Walsh and Daly, 2004; Kelly, 2008b; Kelly, 2008c).

addressed in this Critical Appraisal to this point, including the emergence of new insanity legislation (Section 2.1), subsequent diagnostic reclassification (Section 2.1), therapeutic and institutional enthusiasms (Section 2.2) and rising workhouse populations (Section 2.3).

These considerations provide the background to the key *clinical* question which lies at the heart of this Doctorate and is relatively neglected in the historiography to date: at the level of the individual, did those committed to Irish asylums during the late nineteenth and early twentieth centuries demonstrate evidence of mental and/or medical illness? Is it possible today, up to two centuries later, to evaluate archival clinical material and determine objectively whether or not these individuals were ill? Some of the methodological challenges presented by this enterprise were outlined in Section 1.2, and its results are explored in Sections 3 and 4, with particular focus on women committed to inpatient forensic psychiatric care.

3 Gender, Infanticide and Forensic Psychiatric Committal

3.1 Introduction

There is an emerging, although still limited, literature on gender and insanity in nineteenth- and early twentieth-century Ireland. While the relationship between gender and diagnosis is difficult to study retrospectively, Walsh (2004) notes that women accounted for the majority of cases of "insanity" attributed to "moral" causes (poverty, stress, grief, emotions) and men accounted for the majority attributed to "physical causes" (head injury, alcohol abuse, sunstroke).[3]

Substantial emphasis was placed on menstrual and reproductive matters as causes of mental illness in Ireland (Churchill, 1850; Kelly, 2009c) and elsewhere: Levine-Clark (2004: p. 139), in a study of case-notes from West Riding Pauper Lunatic Asylum, England (1834-1852), found that "assumptions about the fragility of women's reproductive functions" were regarded as significant "causes of insanity", along with "poverty and work issues".

The emphasis accorded to female sexual and reproductive matters increased as the nineteenth century progressed:

> Periodicity – the impact of menstruation on woman's body – childbirth and menopause had always played a part in the assessment of mental health, but not until the 1860s did these specifically sexual characteristics take on quite so prominent a public place in the interpretation of the 'nervous' symptoms that women might present (Appignanesi, 2008: p. 105).

These trends were reflected and underpinned in relevant text-books (Bucknill and Tuke, 1874) and largely persisted into the twentieth century: McCarthy (2004), in

[3] "Love, from misguided affections and disappointed hopes, is a much more fertile source of the disease, particularly among the female sex, who, from their habits and sensibilities, are more susceptible than men to those influences recognised under the designation of moral" (Inspectors-General on District, Criminal and Private Lunatic Asylums in Ireland, 1855: p. 13).

a study of women admitted to Enniscorthy District Lunatic Asylum (County Wexford) between 1916 and 1925, found that both socio-economic factors and, especially, menstrual considerations still played key roles in female admissions.

Gender is of particular relevance in relation to forensic psychiatry because patterns of crime and punishment were highly gendered in nineteenth-century Ireland: as was the case in other jurisdictions, women had generally lower rates of offending than men (Prior, 2008). As a result, women formed a minority of patients committed to inpatient forensic psychiatric care in Ireland: in 1853, three years after opening, the Central Criminal Lunatic Asylum (later Central Mental Hospital), Dundrum contained 69 male and 40 female patients (Smith, 1990; Kelly, 2008d). Women's rates of offending varied, however, across different offences, as they were more likely than men to kill children (Prior, 2008). Accordingly, the phenomenon of infanticide was selected for exploration in particular depth in this Doctorate (Section 3.3).

3.2 Women Committed to the Central Mental Hospital, Dundrum, in the Nineteenth and Early Twentieth Centuries

While considerations relating to menstruation, pregnancy and child-birth were to the fore throughout much of nineteenth-century psychiatry, they were especially prominent in *forensic* psychiatry (Smith, 1981). Dr. Isaac Ray, in his *Treatise on the Medical Jurisprudence of Insanity* (Ray, 1853), described a link between menstruation and fire-setting, citing several cases "in which the incendiary propensity was excited by disordered menstruation" (p. 198). In addition to his discussion of "incendiary girls" (p. 202), Dr. Ray described a link between "the propensity to steal" and "certain physiological changes" in women, including pregnancy (p.192) (Kelly, 2009c).

In England, Dr. Henry Maudsley (1863) pinpointed "irregularities of menstruation" as "recognised causes of mental disorder" which could generate a "suicidal or homicidal impulse" in women. In Ireland, Dr. Fleetwood Churchill (1850; p. 39) wrote that, "if a very slight deviation from bodily health distorts or upturns [the] mental operations" of men, then:

> How much more exposed must women be to such disturbances, who, in addition to the causes common to both, possess a more delicate organisation, more refined sensibilities, more exquisite perceptions, and are, moreover, the subjects of repeated constitutional changes and developments of a magnitude and importance unknown to the other sex (Churchill, 1850: p. 39; quoted in Kelly, 2009c: p. 366).

The clinical, forensic and institutional consequences of this approach to mental illness in Ireland are demonstrated in the examination of primary, archival clinical material in this Doctorate: Kelly (2009c), for example, documents the case of Ms. D, an 18-year old woman charged with "the manslaughter of her illegitimate child" but found "insane on arraignment" and detained "at the Lord Lieutenant's pleasure" in the Central Mental Hospital, in the late 1880s (archival case-notes from the Central Mental Hospital, quoted in Kelly 2009c: p. 366). While the medical officer felt Ms. D was "the subject of tubercular diathesis, probably," she repeatedly became "very excited and violent at each menstrual period" and "was quiet but for these attacks" (p. 366). Fourteen years later, Ms. D was transferred back to her local district asylum. Consistent with this case-history, Prior (2006) notes that the link between killing and menstruation or pregnancy was associated specifically with the killing of children (*not* men) in Irish medical and legal circles.

Prior (2008) notes that criminal activity among women tended to be linked not only to psychiatric or medical condition, but also socio-economic circumstances, and that the nature of crimes differed between men and women: women were more likely to be committed following theft, larceny or burglary, and less likely to be committed following assault or indecent assault. Kelly (2008d; 2008e), based on records of *all* women committed to forensic care between 1868 and 1908, and 1910 and 1948, shows that majority of women so committed between 1868 and 1908 (n=70) were Roman Catholic (82.6%) and single (57.6%), with between one and 12 children (Kelly, 2008d). Over half were convicted of killing, of whom a majority were convicted of child-killing. Almost one woman in 10 was "sane" on admission; "mania" (41.4%) and "melancholia" (25.7%)

constituted the largest diagnostic groupings. This diagnostic profile is broadly consistent with data from Enniscorthy District Lunatic Asylum (1916-1925), where "mania" (47%) was also the most common diagnosis and "melancholia" (36%) was especially common amongst women (McCarthy, 2004). This diagnostic profile is also apparent in women admitted to the Central Mental Hospital between 1910 and 1948 (n=42), amongst whom the most common diagnoses were "mania" or "delusional insanity" (38.1%) and "melancholia" (23.8%), although 7.1% were "sane" (Kelly, 2008e).

Compared to admission to a district asylum (e.g. Enniscorthy), admission to the Central Mental Hospital required that women fulfil one important, additional criterion: they had to be charged with, or convicted of, crime (Smith, 1990). Relatively lower rates of offending amongst women compared to men accounted for the fact that women formed a minority in the Central Mental Hospital (Prior, 2008). The diagnostic data for women committed to the Central Mental Hospital (1868 to 1908, 1910 to 1948) (Kelly, 2008d; 2008e) are sufficiently similar to the diagnostic data for Enniscorthy District Lunatic Asylum (1916-1925) (McCarthy, 2004), however, to suggest that the additional criterion required for admission to the Central Mental Hospital (i.e. being charged with, or convicted of, crime) did not significantly alter the clinical status of women committed, diagnostic practices of asylum staff, or both.

This novel finding may be attributable, at least in part, to unclearness about how systematic medical note-taking was within and across institutions, and potentially inconsistent use of medical terms over the period studied (Walsh, 1992). In addition, however, staff at the Central Mental Hospital were not always party to decisions to admit given individuals because such decisions were made by the courts (Smith, 1990). As a result, medical records at the Central Mental Hospital may have been used, at least in part, to affirm "the fulfillment of certain norms in the behavior of the individual constructing the record" (Bartlett, 1999: p. 159); i.e. there may have been significant bias towards making a diagnosis in order to "justify" admissions over which staff had no control.

This issue might usefully be clarified through comparisons with committal and diagnostic practices in other forensic institutions or jurisdictions, but the Central Mental Hospital was (and still is) Ireland's only inpatient forensic facility and there is a dearth of systematic, diagnostic data from other jurisdictions to facilitate comparison. This dearth of comparative of data makes it difficult to clarify the precise roles of various psychiatric, medical, legal and institutional factors in determining diagnostic practices for this group of patients. In order to explore certain clinical, legal and socio-economic dimensions of these issues further in the Irish context, the next section of this Critical Appraisal focuses on a particular subset of women committed to forensic psychiatric care in the nineteenth and early twentieth centuries: women charged with killing children.

3.3 Infanticide in Nineteenth- and Early Twentieth-Century Ireland

While there is significant literature on infanticide and mental illness in other jurisdictions (Schwartz and Isser, 2000; Jackson, 2002; Marland, 2004), the Irish historiography is more limited (McLoughlin, 2002; Mulryan et al, 2002; Guilbride, 2004; Prior, 2008). Mulryan et al (2002) identified 64 women admitted to the Central Mental Hospital between 1850 and 2000, following infanticide and child murder. Length of stay varied between 3 months and 38 years, with an average of 9.3 years. Consistent with this, and the observations of Walsh (2004) regarding district asylums, Gibbons et al (1997) note that women declared "guilty but insane" in Ireland (1850-1950) had a shorter average "time to discharge" (9.0 years) than men (11.7 years).

The published works in this Doctorate use original clinical material from the archives of the Central Mental Hospital to provide unique, clinically-based explorations of several cases of infanticide (2007a; 2008d; 2008f; 2009c) and other forms of child-killing (Kelly 2008c; 2009a; 2009c) from nineteenth- and early twentieth-century Ireland. These cases occurred in a range of diagnostic and socio-economic contexts, including "melancholia" (Kelly, 2008c); "melancholia" resulting from "intemperance", in the context of poverty (Kelly, 2008d); "chronic mania" (Kelly, 2009c); apparent intellectual disability (Kelly,

2008f; 2009c); possible cerebral tumour (Kelly, 2007a); possible tuberculosis (2009c); and *folie à plusieurs* (Kelly, 2009a).

This work adds to the literature by demonstrating the medical and psychiatric, as well as social and legal, problems experienced by these patients: the individuals described in these papers demonstrated strong evidence of various recognizable *illnesses*, based not only on diagnoses applied by asylum staff but also on clinical symptoms and signs described in vivid detail in archival case notes. This clinical dimension of their experiences is generally absent from the Irish historiography and adds a further dimension to the historical understanding of the experiences of this group, subject to the general limitations of historical analysis of archival case-notes (Section 1.2): many were demonstrably ill.

These papers also demonstrate that enthusiastic treatment with agents such as potassium iodide and mercury (Hallaran, 1810; Guthrie, 1945; Merrit et al, 1946; Waugh, 1974; Fleetwood, 1983; Brown, 2000; Farmar, 2004), in addition to "moral management" (Williamson, 1992; Reuber, 1999), did not generate positive outcomes for many of these individuals, many of whom died in the asylum (e.g. Kelly, 2007a). Overall, these papers demonstrate that as well as being subject to socio-economic disadvantage, constantly-evolving insanity legislation, unfettered therapeutic enthusiasm and inexorable institutional expansionism, many patients also displayed strong evidence of psychiatric and medical illness.

In terms of legal arrangements in nineteenth-century Ireland, the law took an ostensibly severe stance in relation to infanticide: while the last execution for infanticide in the United Kingdom (then including Ireland) occurred in 1849 (Mulryan et al, 2002), it was not until 1949 that Ireland's Infanticide Act re-categorised infanticide from a crime equivalent to murder into one equivalent to manslaughter, thus tilting the balance toward psychiatric rather than purely judicial responses. Discharge from forensic psychiatric care was, however, deeply challenging: Kelly (2008c) shows that almost one-third of women discharged from the Central Mental Hospital were ultimately sent to local district asylums, and it is likely most died there (Walsh, 2004).

The reluctance to use the death penalty for infanticide likely reflected not only attempts at leniency by judges and juries, but also broad-based public acceptance of the occurrence of infanticide, which was widely reported in Irish newspapers (Ryan, 2004), if not always to authorities (Langan-Egan, 1999; Prior, 2005). This echoes Wright's arguments in the context of learning disability and, in particular, his emphasis on the role of popular and lay attitudes, rather than medical approaches, in changing clinical practices (Wright, 1996).

Marland (2004) draws attention to the description, in 1820, of "puerperal insanity", which emphasized medical rather than criminal dimensions of infanticide. This trend was reinforced by the occurrence of infanticide in all social classes and the influence of higher social classes in promoting more acceptable description of infanticide in medical rather than criminal terms, as now demonstrated in the Irish context (Kelly, 2007a; 2008e). Nineteenth-century efforts to establish psychiatry as a respected branch of medical practice also contributed to the psychiatric "appropriation" of infanticide, often via "puerperal insanity" (Marland, 1999; Kelly, 2009c). The works in this Doctorate provide strong evidence of psychiatric disorder amongst women committed, emphasising this clinical dimension of post-partum mental illness, in addition to gender-related and social factors which also contributed to the fates of these women (Kelly, 2007a; 2008e).

The socio-economic challenges faced by women committed to the Central Mental Hospital (poverty, single-parenthood, etc.) are also highlighted throughout this Doctorate, consistent with patterns amongst women committed to British asylums following infanticide (Jackson, 2002) and general patterns of female psychiatric committal in other countries, such as Canada (Wright et al, 2003). Coleborne (2003) draws particular attention to the policing of "sex" in nineteenth-century Australia and use of lunacy charges to facilitate arrest of prostitutes. In Kelly (2008e), only two of the 42 women committed were described as "prostitutes", but the recording of occupation was unlikely to have been systematic: only 26 out of 42 had any occupation noted. Notwithstanding this methodological limitation, the socio-economic disadvantages faced by this group are apparent throughout

these published works and undoubtedly compounded the totality of challenges (legal, institutional, psychiatric and medical) that they faced.

3.4 Conclusions

The data presented in Kelly (2008d; 2008e), taken in conjunction with the broader literature, indicate that women committed to forensic psychiatric care in late nineteenth- and early twentieth-century Ireland tended to be convicted of child-killing, and, on admission, were accorded diagnoses of significant mental illnesses, especially "mania" and "melancholia" (Kelly, 2008d; 2008e).

From a clinical perspective, the preponderance of diagnoses of serious mental illness amongst women committed to the Central Mental Hospital between 1868 and 1948 is broadly consistent with high levels of mental illness currently seen amongst women in Irish prisons (Wright et al, 2006). Historical comparisons are, however, complicated by changes in diagnostic categories over time: Walsh (1992) notes that in the nineteenth century there were four terms ("mania", "melancholia", "mono-mania" and "dementia") which appear to have been the equivalent of contemporary "functional psychoses" (schizophrenia and bipolar affective disorder), both of which are still common amongst female offending populations (Wright et al, 2006). Given the difficulties with interpreting archival medical records up to two centuries after they were created (Bartlett, 1999), however, it is extremely difficult precisely to equate nineteenth-century terminology with twenty-first century diagnostic categories (Section 1.2).

It is generally more informative to perform comparisons within the same historical period, when there is likely to have been greater (although still imperfect) consistency in diagnostic practices. Kelly (2008d; 2008e) demonstrates that the diagnostic profile of women admitted to the Central Mental Hospital between 1868 and 1948 (Kelly, 2008d; 2008e) did not differ significantly from that amongst women committed to a district (non-forensic) asylum between 1916 and 1925 (McCarthy, 2004). This finding suggests that the additional criterion required for admission to the Central Mental Hospital (being charged with, or convicted of, crime) did not significantly alter the clinical

status of women committed, diagnostic practices of asylum staff, or both. This, in turn, suggests the combination of social, legislative, therapeutic, institutional and clinical factors supporting high committal rates to district asylums applied equally to the Central Mental Hospital, notwithstanding its unique position as Ireland's only inpatient forensic psychiatric facility.

This novel finding adds an additional dimension to Finnane's (1981: p. 17) contention that practices in nineteenth- and early twentieth-century Irish psychiatry were substantially shaped by the "realities of social power…rather than the attainment of special knowledge of the constituent elements of sanity and insanity".[4] Kelly (2008d; 2008e) demonstrates that these "realities of social power" were in clear evidence in the lives and circumstances of many of the women committed to the Central Mental Hospital between 1868 and 1948, but also provides strong, new evidence of psychiatric and medical illnesses amongst those committed (Kelly, 2008d; 2008f; 2009c) resulting, in certain cases, in end-stage brain disease (Kelly, 2007a). These published works would be complemented by further research looking at court-based populations in relation to infanticide (i.e. including women who were not committed to inpatient forensic care) in order to further contextualise and deepen understanding of this group.

The body of published work in this Doctorate constitutes the first clinically-rooted evidence of the full combination of challenges faced by women committed to forensic psychiatric care, involving mental and physical ill-health, social disadvantage, therapeutic enthusiasm, and a set of legal and institutional provisions which facilitated and supported lengthy detention. Continuing this Doctorate's emphasis on therapeutic, psychiatric and medical aspects of committal, further published works which elucidate specific diagnoses are explored and contextualised in the next section of this Critical Appraisal.

[4] See also: Foucault 1961; 1975; 2003.

4 Medical and Psychiatric Disorders Amongst Individuals Committed to Forensic Psychiatric Care (Syphilis, Intellectual Disability, *Folie à Plusieurs*)

4.1 Introduction

Psychiatric diagnosis at the Central Criminal Lunatic Asylum (later Central Mental Hospital) in the late nineteenth and early twentieth centuries was a complicated matter. Not only were diagnostic categories constantly changing (Walsh, 1992; Shorter, 1997), but legal arrangements in Ireland and elsewhere did not prioritise medical involvement in committal (Prior, 2003), resulting in situations where, like in England, "confinement was a *sine qua non* for classification, not the other way round" (Wright, 2004: p. 170). The latter challenge was especially acute in forensic psychiatry because courts generally decided who was committed (Smith, 1990). As a result, staff at the institution may have been biased towards making *any* diagnosis in order retrospectively to "justify" the admission, and such bias would likely be duly reflected in the creation of the medical record (Bartlett, 1999).

As the nineteenth century progressed, the process of diagnosis was further complicated by the fact that "the changing and more nuanced psychiatric classification system employed by medical superintendents was a function of a growing desire for greater specialization in diagnosis and classification" (Wright, 2004: p. 170), adding the search for professional prestige to the complex of factors affecting diagnostic practice (Scull, 1993). Against this background, the identification (in this Doctorate) of medical and psychiatric need as one of the key drivers of rising committal rates in Ireland (Sections 3 and 4) prompts a further clinical and historical question: which diagnoses were applied to individuals who were committed, and, subject to the limitations of all studies of archival medical records (Section 1.2), do records provide clear descriptions of identifiable medical or psychiatric disorders?

This section of the Critical Appraisal focuses on published works examining archival case-records relating to three diagnoses of medical, psychiatric and legal interest: syphilis (Section 4.2), intellectual disability (Section 4.3) and *folie à plusieurs* (Section 4.4).

4.2 Syphilis

Syphilis and neurosyphilis presented substantial challenges to medical and psychiatric services throughout the 1800s (Fleetwood, 1983; Quetel, 1990; Shorter, 1997; Hutto, 2001; Dayan and Ooi, 2005; Rothschild, 2005). At Sainte-Anne Asylum in Paris "general paralysis of the insane" (neurosyphilis) accounted for 30.5% of voluntary and 17.4% of involuntary male admissions between 1876 and 1914 (Prestwich, 2003). In Germany, syphilis-related disorders were similarly problematic and later formed one of the three categories in the *Würzburger Schlüssel* classification of psychological disorders (1930); the others were alcohol-related disorders and psychopathies (Dörries and Beddies, 2003).

In Ireland, too, venereal diseases presented public health problems (Fleetwood, 1983) and challenges within the asylum system (Finnane, 1981), although this has not been explored in depth in the literature to date. Kelly (2009b) presents the first detailed clinical examination of syphilis in relation to forensic psychiatry in late nineteenth- and early twentieth-century Ireland, through examination of archival clinical records from the Central Mental Hospital. The cases presented in Kelly (2009b) demonstrate (a) nineteenth-century clinical descriptions of "general paralysis of the insane" (a form of syphilis affecting the brain, with psychiatric manifestations); (b) diagnostic difficulties presented by such cases, prior to the introduction, in 1906, of the complement-fixation test for syphilis developed by August Paul von Wasserman (German bacteriologist, 1866–1925); and (c) the limitations of treatment, based on potassium iodide and mercury (Guthrie, 1945; Merrit et al, 1946; Fleetwood, 1983; Brown, 2000; Farmar, 2004), as well as "moral management" (Williamson, 1992; Reuber, 1999).

Mr. A, for example, was convicted of "felonious entry", declared "insane on arraignment" in the mid-1890s (archival case-notes from the Central Mental

Hospital, quoted in Kelly 2009b: p. 74) and displayed many features highly suggestive of neurosyphilis (Clarke, 1994; Kaplan and Saddock, 1996; Ances et al, 2004), for which there was no effective treatment. Mr. A duly deteriorated, with "seizures at night, epileptiform in character", "hallucinations and delusions". He became "feeble and paralytic, dirty in habits, demented" (p. 74) and died in the hopsital at the age of 35 years. By way of contrast, Mr. B also displayed several signs of neurosyphilis ("tongue tremors"; "pupils irregular and dilated") (p. 75) but, unlike Mr. A, was "weak-minded" and "scrofulous" (p. 75) (which refers to a form of tuberculosis, common in Irish asylums) (Finnane, 1981; Jones, 1999; Kelly, 2007b). Mr. B regained "good bodily health" (p. 75) and was discharged to a district asylum after seven years (Kelly, 2009b).

This disparity of outcome reflects the diversity of courses syphilis can follow in the absence of effective treatment (Clarke, 1994). In the nineteenth century, mercury and potassium iodide were treatments of choice (Guthrie, 1945; Merrit et al, 1946; Fleetwood, 1983; Brown, 2000; Farmar, 2004) and, although there is no record of their use for Mr. A or Mr. B, records for other patients indicate these treatments were used in the Central Mental Hospital at this time (Kelly, 2007a), although there is no systematic record of effectiveness.

These cases demonstrate the nature of clinical, diagnostic and management problems that syphilis presented to Irish asylums (Kelly, 2007a; 2009b), but the extent of such problems at national level is less clear. The first systematic study of this matter was performed by Hallaran, who attempted to identify the causes of insanity in 1,431 individuals admitted to Cork Lunatic Asylum between 1798 and 1818 (Kelly, 2008a; Hallaran, 1810; 1818). Of the 351 in whom Hallaran identified a "cause", only 13 (3.7%) were categorised as having "venereal disease" (a category including syphilis). In addition, "general paralysis of the insane" accounted for 26.4% of male and 7% of female public asylum deaths in England in 1905, but only 5.3% of male and 1.1% of female public asylum deaths in Ireland (Finnane, 1981). Dr Thomas Drapes, resident medical superintendent in Enniscorthy District Asylum attributed the disparity to "the virtue of [Ireland's] inhabitants" (Drapes, 1894: p. 529).

This apparent disparity in the prevalence of syphilis in Irish and English asylums may relate to diagnostic difficulties prior to the Wasserman test (1906), the establishment of several dedicated hospitals to treat venereal diseases in Ireland in the latter half of the eighteenth century (Fleetwood, 1983), or a true difference in incidence of syphilis in the general populations in the two jurisdictions. The latter possibility merits particular study: in Victorian England, the prevalence of syphilis amongst the general population in cities was approximately 10% (Carpenter, 2010); while there is no comparable figure for Irish cities, if the Irish figure was lower, that might account, in turn, for lower rates of syphilis in Irish asylums (Torrey and Miller, 2001).

In any case, Kelly (2009b) adds to the literature in relation to syphilis and mental health care in Ireland by demonstrating that while the prevalence of syphilis may have been relatively low compared to England (Hallaran, 1818; Finnane, 1981), syphilis still presented significant clinical challenges to Irish asylums, even in relation to asylum deaths (e.g. Mr. A).

4.3 Intellectual Disability

As more asylum beds became available for individuals with mental illness throughout the nineteenth century (Kelly, 2008b; 2008c; Torrey and Miller, 2001), the number of certified "lunatics" (mentally ill) rose dramatically and the number of certified "idiots" (intellectually disabled) fell dramatically (Inspector of Lunatics (Ireland), 1893; Walsh and Daly, 2004; Kelly 2008c; 2008f) (Figure 2). In terms of historiography, individuals with intellectual disability who were committed to psychiatric institutions in the late nineteenth and early twentieth centuries are a much-neglected population: even the limited international literature relating to this group does not include considerations of Ireland (e.g. Dale and Melling, 2006; Wright and Digby, 1996).

The published works in this Doctorate (especially Kelly, 2007b; 2008c; 2008f; 2008g; 2009b; 2009c) demonstrate that there was at least some awareness of the problem in early twentieth-century Ireland. Dr. Conolly Norman, medical superintendent of the Richmond District Asylum, Dublin (Kelly 2007b; Figure

10), reported to the Richmond District Asylum Joint Committee about this issue in 1907, when there were approximately 1600 patients in the Asylum:

> In the Asylum [there are] about 200 idiots, and this is probably an underestimate. There are stated to be in the workhouses, 143. In the whole island there are said to be between five and six thousand idiots (Richmond District Asylum Joint Committee, 1907, quoted in Kelly, 2008g: p. 117).

Norman noted that "an ordinary asylum is not a suitable place for them in any way" and recommended that "an institution specially equipped for teaching the teachable and improving the improvable is essential... It is neither wise nor humane to neglect this class as they are neglected in this country" (p. 117).

Notwithstanding this concern, individuals with intellectual disability still presented in increasing numbers to the emerging psychiatric institutions of the nineteenth century, and evidence from England suggests they often experienced lengthy institutional stays (Gladstone, 1996). There was no similar published evidence in relation to Ireland, so Kelly (2008f; 2008g) used primary, archival case-material from the Central Mental Hospital to provide the first dedicated examination of the institutional *and* clinical experiences of one particular group of individuals with apparent intellectual disability: those committed to the Central Mental Hospital in the late nineteenth and early twentieth centuries. These cases provide strong evidence that individuals with intellectual disability, but without evidence of co-existing mental illness, experienced lengthy institutional stays similar to those experienced by the mentally ill, especially after offending behaviour.

In the early 1890s, for example, Mr. W, a 35-year old "messenger", charged with "assault" and "insane on arraignment", was detained at the Central Mental Hospital (Kelly, 2008g). Mr. W was a "congenital imbecile" (archival case-notes from the Central Mental Hospital, quoted in Kelly 2008g: p. 116), and the detailed clinical description of Mr. W is indeed highly suggestive of intellectual disability by today's diagnostic standards (World Health Organisation, 1992; pp. 225-231):

> [Mr. W's] expression of face is characteristic, especially while laughing. His gait is slouching; [he] manages his legs badly... He has slight nystagmus. Teeth are decayed, irregular and somewhat crowded together. The hard palate is much arched. His speech is indistinct, halting and stammering, and becomes much worse if the patient is excited (Kelly, 2008g: p. 116).

Mr. W adjusted quickly to institutional life and, eight months after admission, was "much brighter and tidier, and is useful and trustworthy. He presents the usual physical characteristics of imbecility and no improvement in mental power is possible" (p. 116). Mr. W spent the remainder of his life at the Central Mental Hospital, taking part "in all amusements, cricket, football, etc." and being "perfectly happy" although "very childish in his ways". Fourteen years after admission, having shown no signs of mental illness at any point, Mr. W "died from pneumonia" in the hospital (p. 116)

The position of individuals such as Mr. W was slow to change, notwithstanding the Mental Deficiency Act of 1913, which attempted to clarify diagnostic issues by defining four "classes" of "mental deficiency": (1) "idiot" (unable to protect oneself from common dangers); (2) "imbecile" (unable to take care of oneself); (3) "feeble-minded" (requires care to protect oneself); and (4) "moral defectives" (a broad category, which could include criminals) (Simmons, 1978). Kelly (2008f) demonstrates that, notwithstanding efforts to standardise terminology, a range of descriptive terms remained in common use; e.g. "weakminded", "devoid of reason" and others (archival case-notes from the Central Mental Hospital, quoted in Kelly 2008f: p. 4). Diagnosis was also influenced by contemporary social mores and circumstances (Kelly, 2008f), with the result that precise diagnosis remained deeply challenging well into the twentieth century.[5]

Taken together, the cases presented in Kelly (2008f; 2008g; 2009b), demonstrate that the experiences of the intellectually disabled who were institutionalised in

[5] See the case of Patricia, in Kelly (2008f).

nineteenth- early twentieth-century Irish asylums were characterised by lengthy periods of detention in non-therapeutic facilities, compounded by poor mental and physical health (Kelly, 2008c; 2007b; 2009b). Many of these issues remain relevant today (Irish College of Psychiatrists, 2008). The published works in this Doctorate demonstrate, for the first time, that the institutional experiences of individuals with intellectual disability in nineteenth- early twentieth-century Ireland were similar to those in jurisdictions such as England (Digby, 1996; Atkinson et al, 1997; Dale and Melling, 2006) where lengthy institutional stays were also part of their experience (Gladstone, 1996).

There were also, however, various reasons why individuals with intellectual disability might have been kept at home or in the workhouse, and *not* committed to asylums, during this period (Digby, 1996; Egan, 2006; Thomson, 1996). These reasons included, most notably, the use of able-bodied individuals with intellectual disability as labourers:

> The English workhouse was the likeliest location for the imbecile, and local guardians found such imbecilic inmates useful – more especially as numbers of other able-bodied inmates soon declined to a point where they were insufficient in numbers for labour in the laundry or the kitchen. In many such cases the establishment gained more from the inmate in work, than did the individual from the institution through care (Digby, 1996: p. 7).

Kelly (2007b) demonstrates similar problems in Irish workhouses, where many individuals with intellectual disability were housed. There was also, however, a contesting trend toward institutionalization as the 1800s progressed, especially following the emergence of the principle of "segregation" (the separation of the intellectually disabled from the rest of society) and a commitment to "permanent segregation", deemed to be in the best interests of the individual and society (Jackson, 1996). This idea supported a more general move towards the management of the intellectually disabled outside the private, family sphere and in the public, social sphere, so that individuals with intellectual disability became a "social problem", necessitating the development of institutional provisions,

similar to Ireland's emerging asylum system (Simmons, 1978; Gladstone, 1996; Kelly, 2008f; 2008g).

These competing trends towards care in the home, workhouse or asylum are grossly under-researched in the Irish context. The published works in this Doctorate (Kelly, 2007b; 2008c; 2008f; 2008g), however, viewed in the context of the broader literature on Irish psychiatric institutionalisation (Inspector of Lunatics (Ireland), 1893; Torrey and Miller, 2001; Walsh and Daly, 2004), present compelling evidence that individuals with intellectual disability were present in significant numbers in Irish workhouses (Kelly, 2008g), thus creating challenges for asylums such as the Richmond (Kelly, 2007b), and that individuals with intellectual disability who were committed to the Central Mental Hospital often experienced lengthy institutional stays, compounded by poor health (Kelly, 2008c; 2008f; 2008g).

4.4 *Folie à Plusieurs* [6]

In terms of historiography, identifying the point of "discovery" or first description of any psychiatric symptom or disease is a complex task (Berrios, 1996; 1998). Writing in the context of "communicated insanity" (including *folie à plusieurs*), Berrios (1998: p. 385) argues that, when attempting to locate the *locus classicus*, "it is imperative to separate the history of *words*, *concepts* and *behaviours* and return to the notion of '*convergence*' (i.e., the historical moment when all three come together in the work of a particular author)."

Although a small number of authors have written clinical and historical reviews of *folie à deux* and *folie à plusieurs* (Gralnick, 1942; Dewhurst and Todd, 1956; Franzini and Grossberg, 1995; Enoch and Ball, 2001), this point of "*convergence*" has not been fully determined. There was, however, a number of clinical descriptions of shared psychotic illnesses throughout the seventeenth and

[6] *Folie à plusieurs* is a disorder in which one or more delusions (fixed, false beliefs, not amenable to reason or affected by contrary evidence) are shared by several individuals, often within a close-knit group or family (Lasègue and Falret, 1877; World Health Organisation, 1992: pp. 104-105).

eighteenth centuries (Enoch and Ball, 2001), and the term *folie à deux* was coined by Lasègue and Falret (1877), and subsequently translated as "communicated insanity" by William Wetherspoon Ireland, a Scottish adventurer and polymath (Ireland, 1885). The emergence of these syndromes appears related, at least in part, to contemporary concepts of "contagion" and "induction" in nineteenth century medicine and, possibly, psychiatry (Berrios, 1998; Halberstadt, 1906).

Three years after W.W. Ireland (1885) wrote about "communicated insanity", Dr. Daniel Hack Tuke, formerly of the York Retreat (Anonymous, 1895), published a detailed account of "double insanity" in *Brain* (Tuke, 1888). In August of the previous year, Tuke had read a paper on "communicated insanity" to a meeting of the British Medical Association in Dublin, and this prompted Dr. Oscar T. Woods, medical superintendent of Killarney Asylum, County Kerry to publish *Notes of a Case of* Folie à Deux *in Five Members of One Family* in the *Journal of Mental Science* (Woods, 1889). This was the first clinical description of an Irish case of *folie à plusieurs* with forensic complications: the deluded family described by Woods killed one of their sons while "they were all evidently insane, jumping about and shouting in an excited way" (p. 535).

Kelly (2009a) uses clinical case-notes from the archives of the Central Mental Hospital to follow-up on Woods's paper, and demonstrate that the mother in the family ("Bridget") was committed to the Central Mental Hospital following the trial: Bridget was diagnosed with "chronic mania" and described as "most incoherent and erotic" (archival case-notes from the Central Mental Hospital, quoted in Kelly 2009a: p. 53). Kelly (2009a) explores this case in depth and also explores a further case of *folie à plusieurs* involving siblings who "all became insane at the same time" and killed their brother (archival case-notes from the Central Mental Hospital, quoted in Kelly 2009a: p. 49).

Kelly (2009a) constitutes the most detailed consideration to date of individuals with *folie à plusieurs* in an Irish context, and provides clinical evidence of substantial diagnostic difficulties in this group: careful re-examination of the clinical notes of the siblings who "all became insane at the same time", for example, indicates that at least some of them suffered from physical rather than

mental illness at the time of the killing (as evidenced by recordings of high body temperature in the clinical notes). This provides further primary evidence to support the key argument at the heart of this Doctorate: that there is strong evidence of physical and/or mental illness amongst individuals committed to inpatient forensic care in the late nineteenth and early twentieth centuries, and that medical and psychiatric need was one of the drivers of psychiatric institutionalisation, along with various other societal, legislative, therapeutic and institutional factors (Section 2).

The considerations of *folie à plusieurs* presented in these published works are, of necessity, subject to the limitations of studies of archival case notes (Section 1.2), including potential bias in the selection of cases for examination and difficulties interpreting clinical notes from up to two centuries ago. The cases of the siblings who "all became insane at the same time" (Kelly, 2009a), however, demonstrate an important methodological point in this context, which is the particular usefulness of *objective* signs (e.g. recordings of body temperature), as opposed to vague, subjective diagnostic impressions (e.g. "weakminded") (archival case-notes from the Central Mental Hospital, quoted in Kelly 2008f: p. 4), in interpreting archival records. Overall, these cases demonstrate the general clarity with which signs and symptoms were recorded during this period, and the enduring usefulness of their clear descriptions of the psychiatric symptoms which formed the basis of the diagnoses of *folie à plusieurs* in the nineteenth and early twentieth centuries – and still do so today (World Health Organisation, 1992: pp. 104-105).

Kelly (2009a) also places these clinical cases in the context of relevant areas of Irish heritage and folklore: following her arrest, "Bridget" stated that when the family killed her son, he "was not my son, he was a devil, a bad fairy" (p. 54). This is consistent with the "changeling" myth (Eberly, 1988; M'Manus, 1914), prevalent in the south of Ireland (Bourke, 1999; Hoff and Yeates, 2000), whereby a human child was thought to be replaced by an unpleasant fairy (Wilde, 1887; Yeats, 1907). This approach (Kelly, 2009a) deepens Woods' (1889) consideration of *folie à plusieurs*, by integrating clinically-rooted considerations with the broader folkloric literature, demonstrating that a clinically-based

approach complements rather than supplants considerations of the folkloric dimension, and that both approaches add texture to the historiography of *folie à plusieurs* in general and, especially, in Ireland.

4.5 Conclusions

While the prevalence of syphilis may have been relatively low compared to England (Hallaran, 1818; Finnane, 1981), syphilis still presented significant clinical challenges to Irish asylums, even in relation to asylum deaths (Kelly, 2009b). Intellectual disability, too, presented challenges, especially as the intellectually disabled migrated from workhouses to asylums (Norman, 1907; Kelly, 2007b), where they experienced lengthy institutional stays, similar to those described in England (Digby, 1996; Atkinson et al, 1997; Dale and Melling, 2006) and often complicated further by ill-health (Kelly, 2008c; 2008f; 2008g). Their fate reflects both societal and institutional practices, as well as tensions between a desire to keep the intellectually disabled as labourers in workhouses or at home (Digby, 1996; Egan, 2006; Thomson, 1996), and nineteenth-century enthusiasms for their "segregation" (Jackson, 1996) and institutionalisation (Simmons, 1978; Gladstone, 1996; Torrey and Miller, 2001).

The cases of *folie à plusieurs* demonstrate not only the forensic complications of *folie à plusieurs* and diagnostic difficulties, but also the role of cultural factors in shaping psychopathology (Kelly, 2009c) (Section 4.4). This work emphasizes the multiplicity of factors involved in determining psychopathology, and the failure of the literature to accord sufficient weight to clinical elements within that complex matrix.

Taken together, these works strongly underscore the central argument in this Doctorate; i.e. that individuals committed to institutional forensic psychiatric care during the late nineteenth and early twentieth centuries showed significant evidence of psychiatric and/or medical problems. They experienced lengthy periods of detention, high levels of morbidity, and a significant risk of dying in the asylum, despite contemporary awareness of these problems amongst asylum managers and doctors. These published works strongly support the thesis that

medical and psychiatric need made substantive contributions to Ireland's rising committal rates, alongside societal, legislative, therapeutic and institutional factors promoting committal throughout the nineteenth and early twentieth centuries.

The fifth and final section of this Critical Appraisal provides an overview of key themes of continuity and change over the century and a half covered by these published works, focussing especially on Burnham's medical historical "drama" of "medicine and health interacting with society" (Burnham, 2005: p. 9). Section 5 concludes by outlining useful directions for future research.

5 Conclusions: Continuity and Change, 1810-1955

5.1 Introduction

The history of medicine in nineteenth-century Ireland is, according to Carpenter (2010, p. 5), both neglected and different to that of England and Scotland:

> The history of medicine in nineteenth-century Ireland, which appears to have followed quite a different course from that of England and Scotland, is only just beginning to be studied by historians.

In the context of Irish mental health services, this assertion merits examination in two important respects. In the first instance, the history of Irish mental health services has not been *completely* neglected: there *is* an historiography, albeit limited in size and narrowly focussed on specific themes; i.e. particular elements of social policy (Williamson, 1970; Finnane, 1981; Williamson, 1992), specific institutions (Henry, 1989; Malcolm, 1989; Clare, 1998; Reynolds, 1992; Mulholland, 1998), institutionalisation in general (Finnane, 1981; Walsh and Daly, 2004) and legislation (McAuley, 1993; Cooney and O'Neill, 1996; Gibbons et al, 1997; Prior, 2003; 2004). This Doctorate addresses a significant gap in this historiography by focussing substantially (although not exclusively) on clinical dimensions of psychiatric institutionalisation in the nineteenth and early twentieth centuries, placing this in the context of social, legal and historical considerations, and demonstrating unmet clinical need as a key driver of committal rates.

In the second instance, it is not at all clear that nineteenth-century Irish psychiatry "followed quite a different course from that of England and Scotland." There is, in the first instance, a logical problem with this assertion: in the absence of a substantial historiography relating to Ireland, it is not possible to engage in informed speculation on the point. Moreover, this Doctorate presents substantial evidence of similarities between Ireland and England (e.g. patterns in the management of individuals with intellectual disability) (Section 4.3) as well as

dissimilarities (e.g. Ireland's exceptionally high committal rates) (Sections 1.1 and 2).

It is comparatively clearer that the *historiography* of Irish mental health services has "followed quite a different course from that of England and Scotland", at least to a certain extent. While there are some similarities between the historiography in Ireland and elsewhere (e.g. a focus on psychiatric institutions), there are also substantial dissimilarities, most notably the fact that the Irish literature is substantially smaller than that pertaining to England (Section 1.1). The primary reason for this is that Ireland is a smaller country: Ireland has a population of 6 million, compared to 51 million in England. This reduces both the volume of primary material available to study, and the pool of historians likely to work on it.

There may be other reasons too, for Ireland's limited historiography, including the content of Irish psychiatric history itself and especially Ireland's comparatively high rates of psychiatric institutionalisation (Walsh and Daly, 2004; Kelly, 2008c), which persisted into the 1960s (Viney, 1968). Ireland has, in recent decades, struggled very deeply to come to terms with the histories of other programmes of institutionalisation including, most notably, a vast system of industrial schools and reformatories in which children were commonly abused (Raftery and O'Sullivan, 2000). In 2002, the government established a Residential Institutional Redress Board to make financial awards to individuals abused as children in such residential (non-psychiatric) institutions: between May 2003 and December 2008, the Board made financial awards to 11,848 individuals, totaling €760.6 million (Residential Institutions Redress Board, 2008).

In the context of this troubled relationship with past institutional practices, the history of Irish psychiatry has received limited historical attention to date. This limited historiography has, like that in other jurisdictions, focussed primarily on the histories of named institutions (Henry, 1989; Malcolm, 1989; Clare, 1998; Reynolds, 1992; Mulholland, 1998) and largely avoided the more vivid, troubling histories of individuals committed to them - or, in the words of Burnham (2005:

p. 32), the medical historical "drama" of "the sick person." This is partly because the history of individual patients may be simply more difficult to study: Malcolm (1989: p. 83), in her exhaustively detailed history of St. Patrick's Hospital, Dublin *as an institution*, found that the patients themselves were remarkably "elusive."

In addition, however, this avoidance may reflect a more general reluctance to focus on the troubled, troubling human experiences that underpinned the network of asylums that grew so remarkably quickly in the 1800s and was so exceptionally slow to decline in the 1900s (Kelly 2008b; 2008c; 2008i). The published works in this Doctorate address this gap, at least in part, by focussing unflinchingly on individual patients, looking at detailed clinical descriptions from archival case records, and providing case-histories to demonstrate the societal, legislative, institutional, therapeutic and clinical factors promoting their lengthy detentions. This work has highlighted several important areas of continuity (Section 5.2) and change (Section 5.3) over the period studied.

5.2 Continuity

The published works in this Doctorate span a period of one hundred and fifty years, bookended by two remarkable demonstrations of Irish psychiatric therapeutic enthusiasm: Ireland's first textbook of psychiatry, written by Dr. William Saunders Hallaran (1810; Kelly 2008a) and published in 1810 (Figure 3), and, almost a century and a half later, Professor John Dunne's ebullient presidential address to the Royal Medico-Psychological Association (Dunne, 1956; Kelly 2005) (Figure 6).

From an historical perspective, this spirit of therapeutic enthusiasm reflects Burnham's (2005: p. 80) medical historical "drama" relating to "discovering and communicating knowledge" - in this instance, communicating the almost evangelical belief that various novel approaches should be used more widely in the management of mental illness (Kelly, 2005; Kelly, 2008a). This therapeutic enthusiasm was consistent with (but, arguably, greater than) that seen elsewhere, including England (Shorter, 1997); fuelled, at least in part, by the search for

professional prestige (Scull, 1993); remarkably constant over the century and half covered by these published works (1810-1955); and, most of all, commonly translated into institutional expansionism (Kelly, 2008b; 2008c; 2008i).

Another remarkable continuity over this period was the ever-increasing number of individuals committed to Irish psychiatric institutions. Kelly (2008h) provides the first detailed historical examination of Ireland's Mental Treatment Act 1945, which attempted to change this situation by introducing voluntary admission status, outpatient care and enhanced medical involvement in committal. Ireland lagged behind other countries in this respect: voluntary admission status had already been introduced in France (1876) (Prestwich, 2003), England (1930), Northern Ireland (1932), Switzerland (1936-9) (Gasser and Heller, 2003) and elsewhere (O'Neill, 2005). There were also analogous revisions of policy and legislation in Japan (1919) (Suzuki, 2003), India (1930s) (Jain, 2003) and the US (1946) (Brand, 1965).

Ireland's Mental Treatment Act 1945 failed, however, to reduce inpatient numbers: in 1945, there were 17,708 individuals in asylums and by 1960 this had risen to 20,506 (Kelly, 2008h). By 1961, one in every 70 Irish people above the age of 24 was in a psychiatric hospital bed (Lyons, 1985). Consistent with the therapeutic and institutional enthusiasms of Hallaran in the 1800s (Kelly, 2008a), institutional protectionism of Norman in the early 1900s (Kelly, 2007b; 2008b) and biological enthusiasms of Dunne in the 1900s (Kelly, 2005), Kelly (2008h; 2008i) highlights that the reduction in inpatient numbers, when it finally occurred, came following substantial public concern: in October 1968, the *Irish Times* published an influential series of articles highlighting the broad range of problems related to mental health care and, in particular, the large numbers in asylums (Viney, 1968). In the 1970s, numbers finally began to decline (Kelly, 2008i).

From an historical perspective, the published works in this Doctorate demonstrate that these two (linked) themes which persisted over the century and a half studied (therapeutic enthusiasm, institutional expansionism) were joined by two more themes of equal import and persistence: the challenges presented by the mentally

ill poor and medical/psychiatric need as an underlying driver of committal. With regard to the mentally ill poor, Kelly (2004) demonstrates the profound challenges presented by the mentally ill in Irish workhouses during the Great Famine (1845-1849), while Kelly (2007b) demonstrates the persistence of this problem into the 1900s (Dillon, 1907; Norman, 1907). Archival records from the Central Mental Hospital between 1868 and 1948 also confirm the role of poverty in creating the context for forensic committal (Kelly, 2008d; 2008e). This is consistent with the international literature which supports a strong network of relationships between poverty, mental illness and institutional care (Shorter, 1997; Bartlett, 1999; Porter, 2004).

A further point of notable continuity, explored in unique depth throughout this Doctorate, is the presence of medical and psychiatric illness amongst individuals committed to psychiatric institutions throughout the late 1800s and early 1900s (Kelly, 2005; 2007a; 2007b; 2008a; 2008c; 2009b), as well as many who remained outside the system of formal psychiatric care, in workhouses (Kelly, 2004; 2007b). These published works use original archival material to demonstrate identifiable medical and psychiatric disorders, as well as profound social disadvantage, in these populations. This level of pathology and unmet psychiatric and medical need contributed to the expansion of Ireland's asylum system.

The fate of the intellectually disabled is an especially neglected area in the historiography of Irish institutions and mental health services. Kelly (2007b; 2008c; 2008f; 2008g; 2009b; 2009c) demonstrates that such individuals, with evidence of intellectual disability but not mental illness, experienced lengthy detentions similar to those of the mentally ill, especially after engaging in offending behaviour, despite an awareness of the problem amongst asylum authorities (Kelly, 2008g). A process of diagnostic re-classification (from intellectual disability to mental illness) as asylum beds became available throughout the 1800s contributed further to this trend (Kelly, 2008f) (Figure 2).

These areas of relative continuity across the period studied (therapeutic enthusiasm, institutional expansionism, the challenges of the mentally ill poor,

and medical/psychiatric need underpinning committal) are similar, although not identical, to trends in England and elsewhere. While therapeutic enthusiasm was present elsewhere over this period (Shorter, 1997), the trend was remarkably ebullient (Kelly, 2008a) and persistent (Kelly, 2005) in Ireland. While institutional expansionism was present in England, France and elsewhere (Stone, 1998), Ireland's committal rates were, especially high at their peak and especially slow to decline (Torrey and Miller, 2001; Kelly, 2008i), attributable to the complex of social, legal, therapeutic and clinical factors explored in this Doctorate.

Similarly, the challenges of the mentally ill poor, especially in workhouses, were present in England and elsewhere (Bartlett, 1999), and were also pressing in Ireland (Norman, 1907; Kelly, 2007b), but were particularly intensified by Ireland's Great Famine (1845-1849), contributing further to Ireland's comparative "extremism" in terms of rising committal rates (Kelly, 2004). Finally, while the institutional fate of individuals with intellectual disability in nineteenth- and early twentieth-century Ireland echoes, at least in part, that described in England and elsewhere (Digby, 1996; Atkinson et al, 1997; Dale and Melling, 2006), progressive diagnostic re-classification, in order to access asylum beds, was an additional factor contributing to Ireland's exceptionally high committal rates (Kelly, 2008f).

5.3 Change

Against the background of these areas of thematic continuity throughout the 1800s and 1900s, and notwithstanding the intensive legislative activity of the 1800s (O'Neill, 2005), there was little real change in the conditions of Irish public asylums in the opening decades of the twentieth century.[7]

[7] "Thanks to the indifference of the public, our asylums are in a bad way. They are over-crowded. They are both understaffed and inefficiently staffed. Curable and incurable cases are herded together. There is practically no treatment. The percentage of cures remains at a very low figure. Public money is wasted. The asylums are unsuited for their purpose in almost every respect" (Boyd Barrett, 1924: p. 29; quoted in Kelly 2008h: p. 54).

There was a particular need for reform of mental health legislation, as identified by an anonymous psychiatrist writing in *The Bell*, an influential periodical:

> Many cases reach institutions at least one year too late to have a reasonable hope of recovery. In many of these the delay is due to the existing laws regarding admission of patients to public Mental Hospitals. Before admission, each case must be certified by one or two doctors, and one or two Peace Commissioners [PC] or a District Judge. In its simplest form, certification of a patient needs one doctor and one PC, and unless the case is a bad one, relatives are slow to take action. It is not too much to hope that legislation in the near future will remedy this and provide for the admission of voluntary patients (Psychiatrist, 1944: p. 307; quoted in Kelly 2008h: p. 54).

While the Mental Treatment Act 1945 duly introduced voluntary admission status, it failed to reduce asylum populations (Kelly, 2008h), which only fell substantially in the 1970s (Kelly, 2008i). The published works in this Doctorate do, however, identify some early signs of change in the mid-1900s. Professor John Dunne's presidential address to the Royal Medico-Psychological Association in 1955, notwithstanding its myriad therapeutic enthusiasms, outlined a broad-based approach to care which eschewed custodial tradition and prefigured contemporary models of bio-psycho-social psychiatry (Dunne, 1956; Gabbard and Kay, 2001; Kelly, 2005).[8]

Dunne's holistic rhetoric echoed the spirit of change which had inspired the Mental Treatment Act 1945 (Kelly, 2008h), although this progressive vision was remarkably slow to produce real change in psychiatric and institutional practice (Kelly, 2008i). This may be attributable to lingering institutional protectionism (Kelly, 2007b; 2008b) and an ongoing search for professional prestige amongst

[8] "The various scientific approaches to the explanation of mental functioning by physiologists, neurologists, bio-chemists, electrologists, cyberneticists, not only appear to harmonize, even synchronize, in the elucidation of mental mechanistics, but also appear to harmonize very closely with the concepts of the psychological purist" (Dunne, 1956: pp. 216-217; quoted in Kelly, 2005: p. 71).

psychiatrists (Scull, 1993), but may also relate to the troubled relationship between psychiatry (especially psychiatric institutionalisation) and broader society (Torrey and Miller, 2001).

This final issue reflects Burnham's fifth and final medical historical "drama", which relates to "medicine and health interacting with society" (Burnham, 2005: p. 108). In the context of psychiatry, two of the key themes in this area are the role of the psychiatric institution in broader society (Scull, 1993; Shorter, 1997; Stone, 1998; Torrey and Miller, 2001; Porter, 2004; Penney et al, 2008; Payne and Sacks, 2009) and the interaction between mental health and law (Ray, 1838; 1853; Payne and Luthe, 1980; Hughes, 1986; Watson, 1992; McAuley, 1993; Spiegel and Spiegel, 1998; Prior, 2003; O'Neill, 2005).

This Doctorate contributes to the elucidation of these relationships in the Irish context by demonstrating that individuals committed to institutional forensic psychiatric care during the late nineteenth and early twentieth centuries (with a particular focus on women) showed evidence of substantial social *and* medical or psychiatric problems, suggesting that while psychiatric committal was related, at least in part, to non-medical factors (e.g. law, societal change, poverty), it was also related to unmet clinical need, especially amongst the poor: archival case records present clear evidence of a range of medical and psychiatric disorders amongst those committed (Sections 3 and 4). This suggests that, while future historical studies of Irish psychiatry may well identify further troubling institutional practices, they are also likely to demonstrate further dimensions of unmet medical and psychiatric need underpinning committal in individual cases.

At population level, however, it remains apparent that, notwithstanding evidence of unmet clinical need, societal trends substantially affected psychiatric and medical practice throughout the 1800s and 1900s. The opening of thousands of new asylum beds throughout the 1800s demonstrates this point clearly (Torrey and Miller, 2001; Kelly, 2008b; 2008c). The opening of these beds occurred on the basis of both governmental *and* medical concern, and not only had significant implications for those committed, but also for medical practice, including, for example, extensive diagnostic reclassification from intellectual disability to

mental illness (Kelly, 2008f; Figure 2). Other societal, non-medical contributors to psychiatric institutionalisation included intensive legislative activity throughout the 1800s (Robins, 1986) and growing enthusiasm for the insanity defence in the late 1800s (Kelly, 2009c).

The relationship between society and psychiatry worked the other way too, as psychiatric practices affected society. For example, therapeutic enthusiasm and institutional protectionism on the part of doctors was responsible, at least in part, for increasing and sustaining Ireland's high committal rates throughout the 1800s and 1900s (Section 2.2). These trends reflect relationships between psychiatric practices and both professional and social power in promoting committal and retention of patients in psychiatric institutions (Foucault, 1961; 1975; 2003), and support, at least in part, Finnane's (1981: p. 17) contention that practices in Ireland were substantially shaped by "realities of social power…rather than the attainment of special knowledge of the constituent elements of sanity and insanity".

Recognition of high levels of medical and psychiatric need *outside* Ireland's system of asylum care (e.g. in workhouses), especially during the Great Famine (1845-1849) (Kelly, 2004) and by Dr. Conolly Norman in the early 1900s (Norman, 1907; Kelly, 2007b), further increased pressure on asylums, as did the domination of Irish psychiatry by a series of powerful, protectionist, therapeutically-enthusiastic medical figures over the period studied, including Dr. William Saunders Hallaran in Cork in the early 1800s (Kelly, 2008a), Dr. Conolly Norman in Dublin in the early 1900s (Kelly, 2007b; 2008b), and Professor John Dunne in Dublin in the early- to mid-1900s (Kelly, 2005).

The resultant rises in committal rates had, in turn, substantial effects on Irish society (Lyons, 1985; Ferriter, 2004). In some towns, the asylum single-handedly dominated the local economy: by 1951, the town of Ballinasloe had a population of 5,596, of whom no fewer than 2,078 were patients in the asylum (Walsh, 2006; Kelly, 2008h). Future research could usefully focus in greater detail on the broader societal ramifications of Ireland's high committal rates

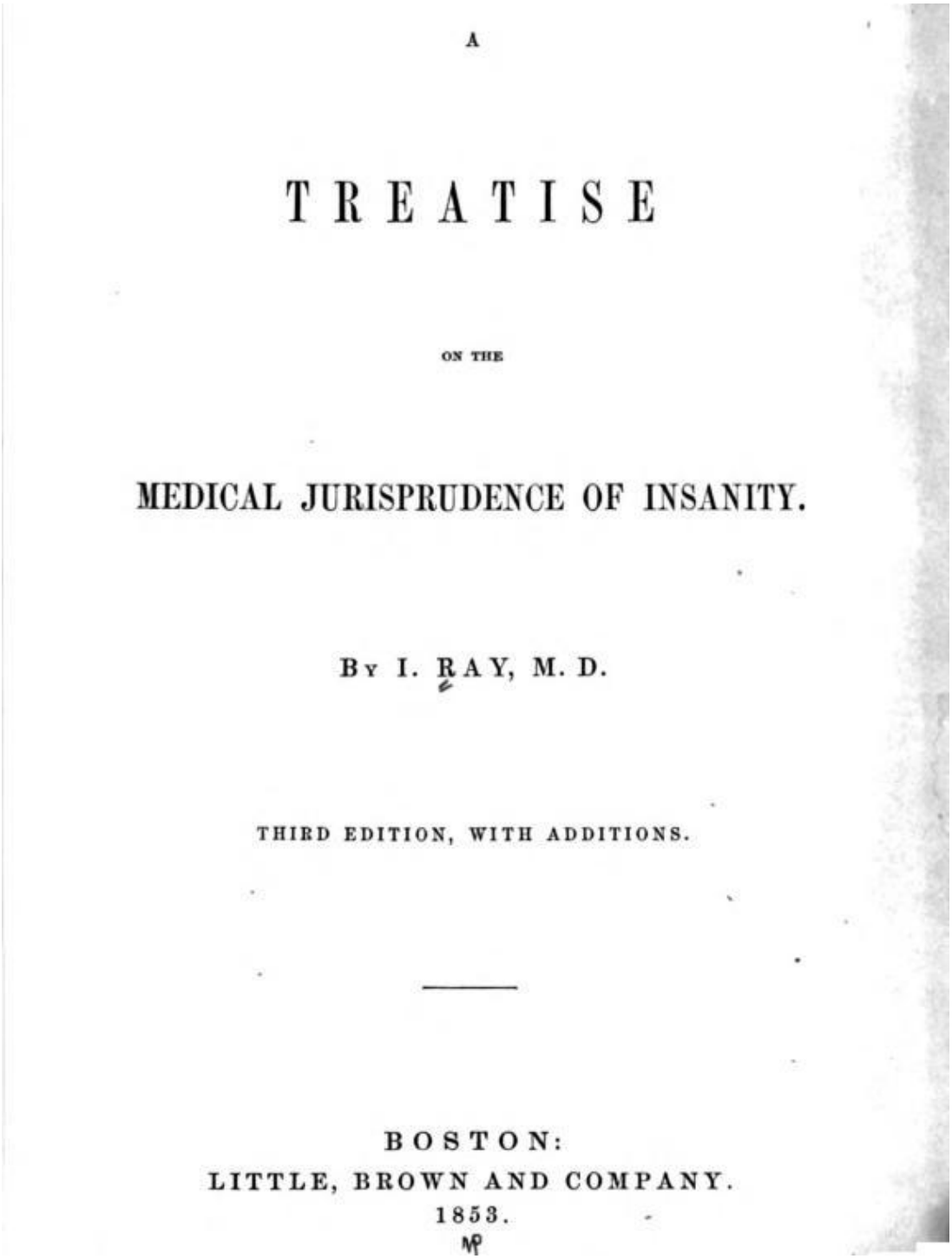
throughout the nineteenth and early twentieth centuries, especially in relatively small towns, such as Ballinasloe.

Future research could also usefully focus on the precise extent to which Irish committal rates were attributable to the kind of psychiatric and medical need demonstrated in this Doctorate, and the relationship of such unmet clinical need to societal and legal factors also linked with committal (e.g. legislative change). From an historiographic perspective, the reasons underpinning the relative neglect of Irish psychiatric history also merit further examination, especially in the context of Ireland's ongoing struggle with other elements of its troubled institutional past (Raftery and O'Sullivan, 2000).

Finally, notwithstanding the clinical perspectives explored throughout this Doctorate, there remains a need for further examination of the experiences of individuals with mental illness and, especially, intellectual disability committed to forensic and non-forensic psychiatric institutions in nineteenth-century Ireland. There is a similar need for further study of the ultimate fate of patients who were discharged from inpatient forensic care to district asylums: while current evidence suggests most such individuals died behind asylum walls (Walsh, 2004; Kelly 2009c), their case-histories merit further study and commemoration.

6 Figures

Figure 1 Front cover of *A Treatise on the Medical Jurisprudence of Insanity (Third Edition, with Additions)* by Dr. Isaac Ray (1853)



A

TREATISE

ON THE

MEDICAL JURISPRUDENCE OF INSANITY.

By I. RAY, M. D.

THIRD EDITION, WITH ADDITIONS.

BOSTON:
LITTLE, BROWN AND COMPANY.
1853.

Figure 2 Numbers of individuals certified as “lunatics” (mentally ill) and “idiots” (intellectually disabled) in Ireland, 1851-1891 (Kelly, 2008f)

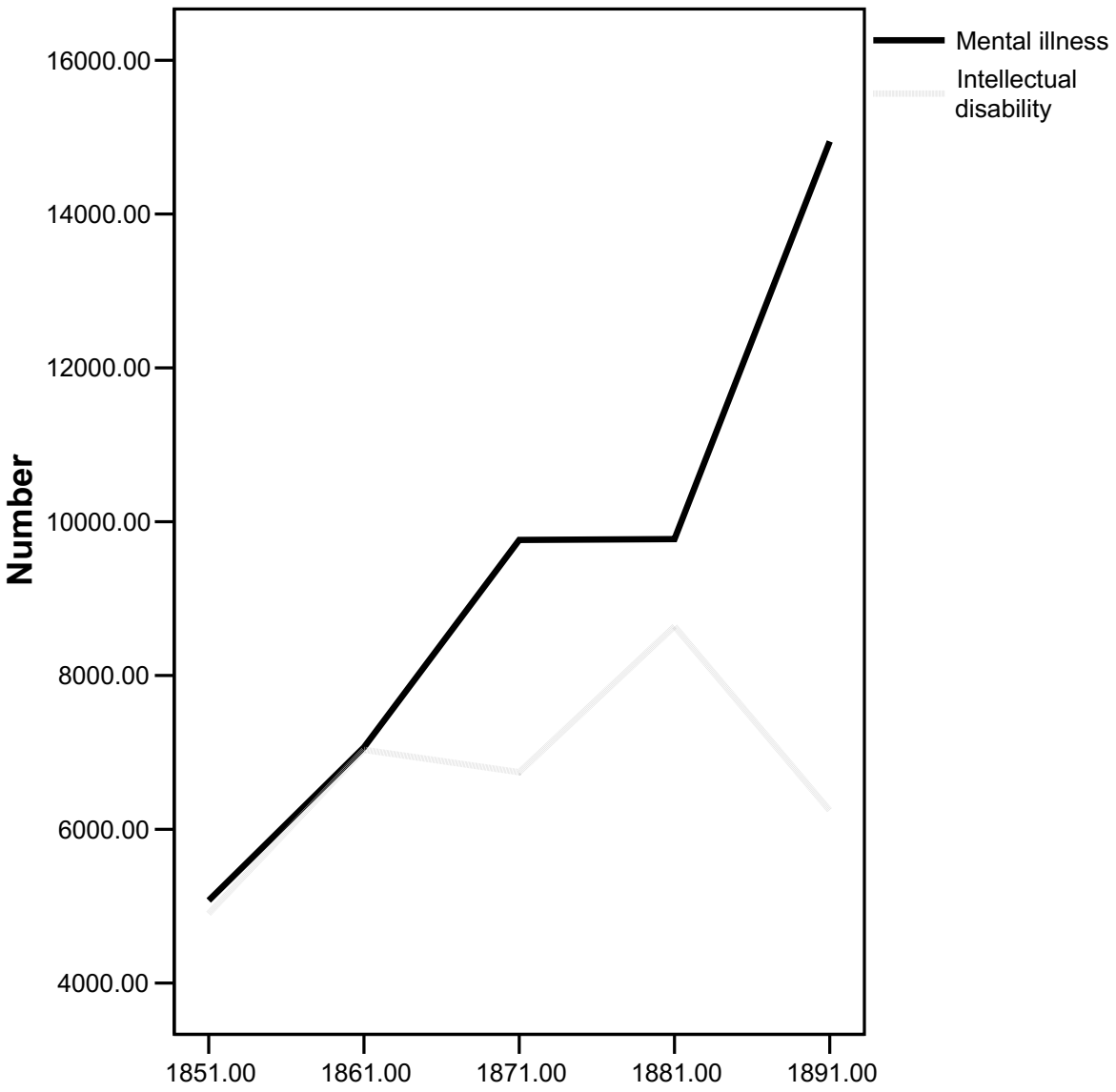
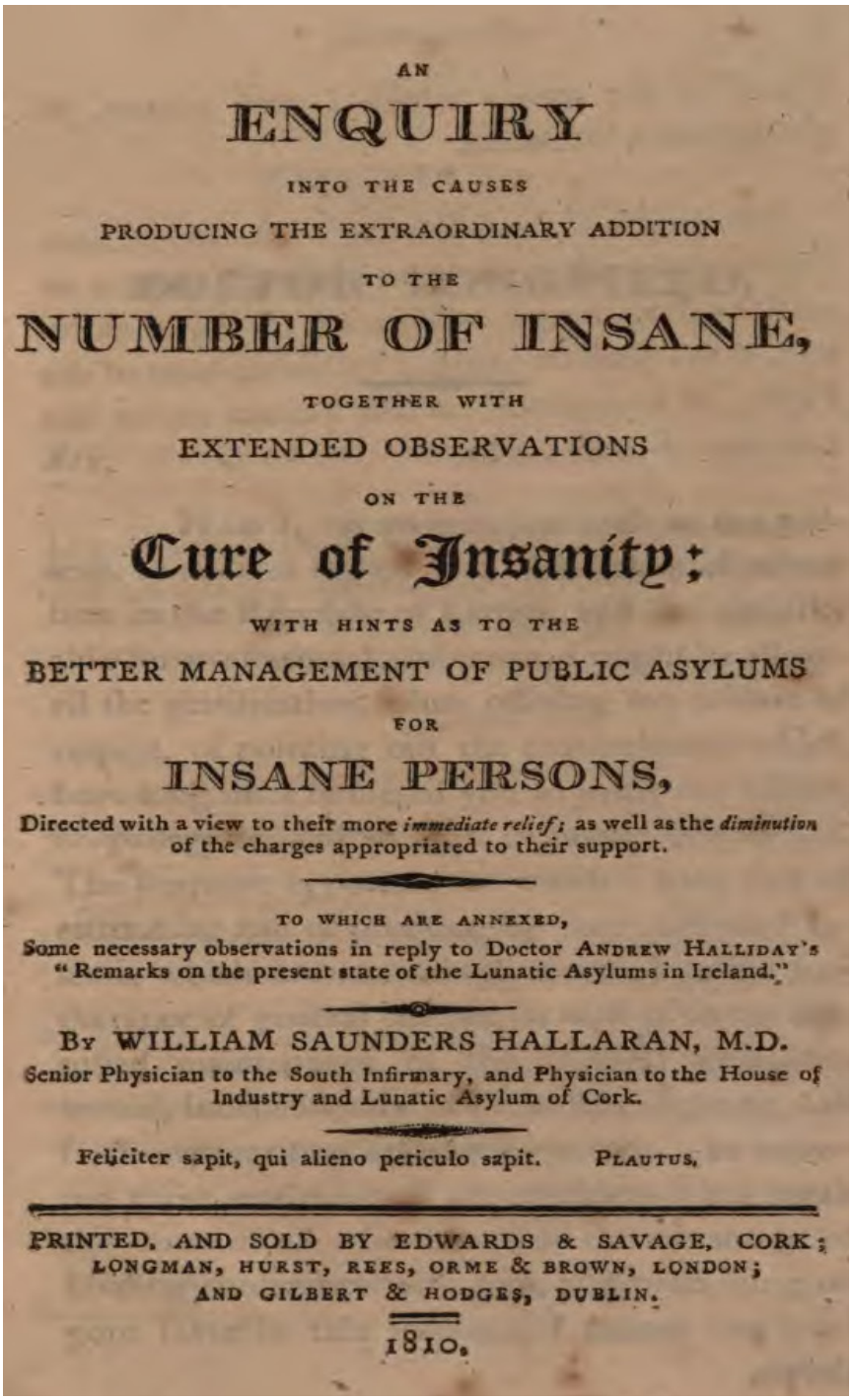


Figure 3 Front cover of the first Irish textbook of psychiatry, entitled *An Enquiry into the Causes producing the Extraordinary Addition to the Number of Insane together with Extended Observations on the Cure of Insanity with Hints as to the Better Management of Public Asylums for Insane Persons* by Dr. William Saunders Hallaran (1810)



AN

ENQUIRY

INTO THE CAUSES

PRODUCING THE EXTRAORDINARY ADDITION

TO THE

NUMBER OF INSANE,

TOGETHER WITH

EXTENDED OBSERVATIONS

ON THE

Cure of Insanity;

WITH HINTS AS TO THE

BETTER MANAGEMENT OF PUBLIC ASYLUMS

FOR

INSANE PERSONS,

Directed with a view to their more *immediate relief*; as well as the *diminution* of the charges appropriated to their support.

TO WHICH ARE ANNEXED,

Some necessary observations in reply to Doctor ANDREW HALLIDAY's "Remarks on the present state of the Lunatic Asylums in Ireland."

By WILLIAM SAUNDERS HALLARAN, M.D.

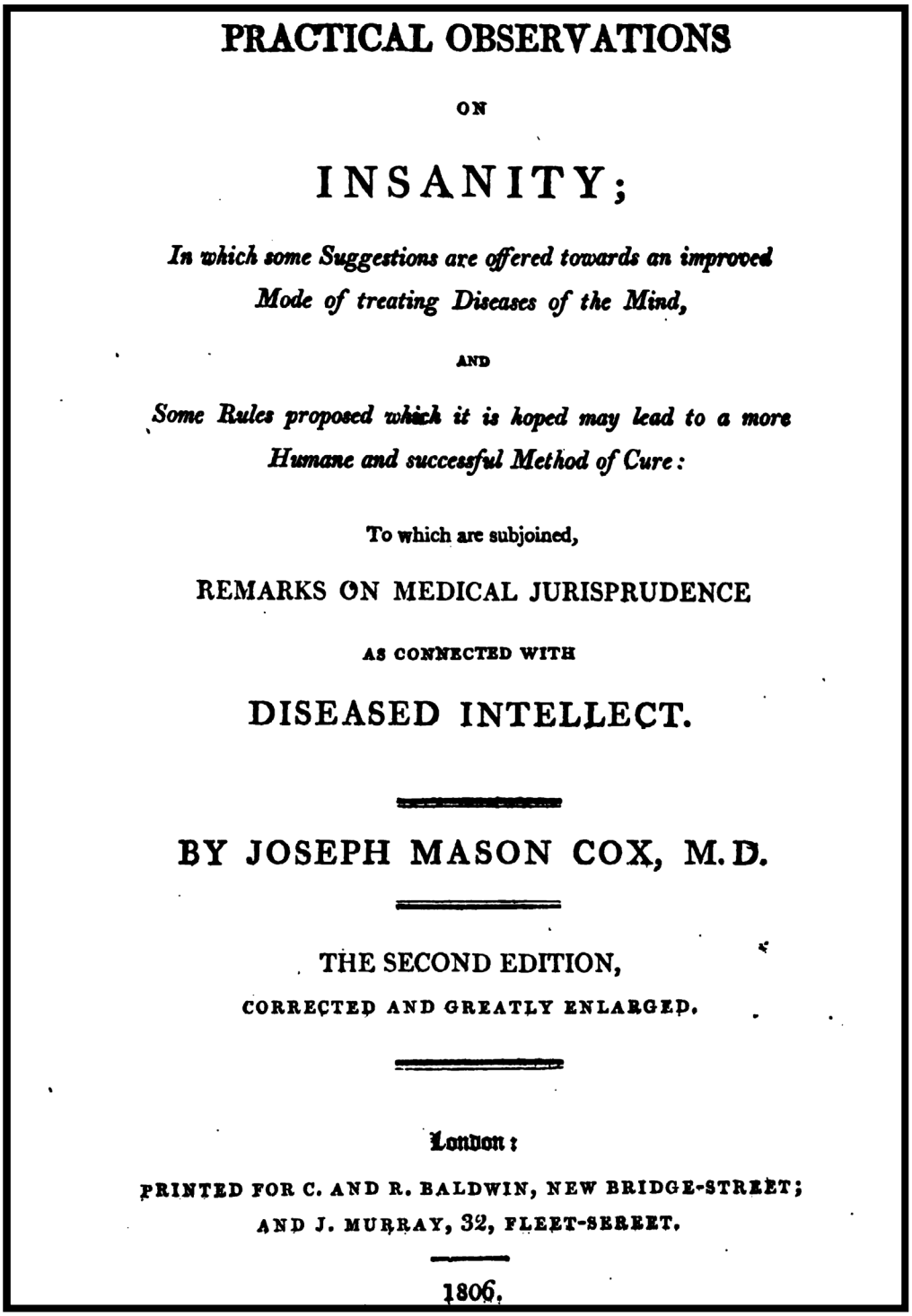
Senior Physician to the South Infirmary, and Physician to the House of Industry and Lunatic Asylum of Cork.

Feliciter sapit, qui alieno periculo sapit. PLAUTUS.

PRINTED, AND SOLD BY EDWARDS & SAVAGE, CORK;
LONGMAN, HURST, REES, ORME & BROWN, LONDON;
AND GILBERT & HODGES, DUBLIN.

1810.

Figure 4 Front cover of *Practical Observations on Insanity (Second Edition)* by Dr. Joseph Mason Cox (1806)



PRACTICAL OBSERVATIONS

ON

INSANITY;

In which some Suggestions are offered towards an improved Mode of treating Diseases of the Mind,

AND

Some Rules proposed which it is hoped may lead to a more Humane and successful Method of Cure:

To which are subjoined,

REMARKS ON MEDICAL JURISPRUDENCE

AS CONNECTED WITH

DISEASED INTELLECT.

BY JOSEPH MASON COX, M.D.

THE SECOND EDITION,

CORRECTED AND GREATLY ENLARGED.

London:

PRINTED FOR C. AND R. BALDWIN, NEW BRIDGE-STREET;

AND J. MURRAY, 32, FLEET-STREET.

1806.

Figure 5 Diagram of the circulating swing, from the second edition of Dr. William Saunders Hallaran's textbook, entitled *Practical Observations on the Causes and Cures of Insanity* (Hallaran, 1818)

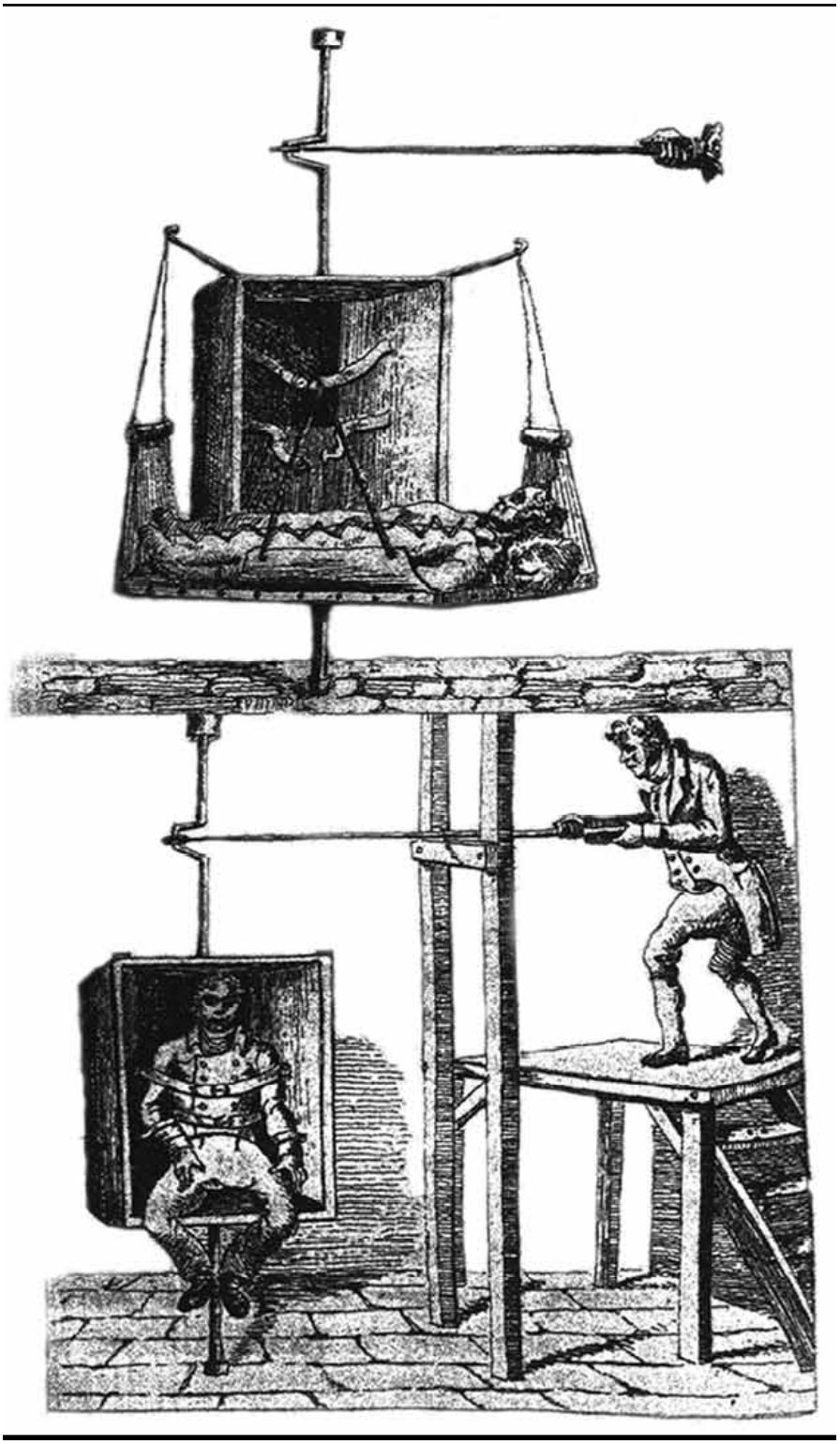


Figure 6 Professor John Dunne, resident medical superintendent of Grangegorman Mental Hospital (1937-1965) and president of the Royal Medico-Psychological Association (1955) (Kelly, 2005)

Figure 7 Recovery rates following electro-convulsive therapy at Grangegorman Mental Hospital, Dublin (Dunne, 1950)

327 were Involutional cases, of which 209 recovered 63.9%
153 ,, Maniac Depressive cases, of which 91 recovered ... ... 60 %
41 ,, Psycho Neuroses, of which 37 recovered ... ... 90 %
15 ,, Puerperal cases, of which 11 recovered ... ... 73 %
191 ,, Schizophrenic cases, of which 23 recovered ... ... 12 %
38 remaining cases were a mixed bag of Paranoia, Paraphrenic and Psychopathic states, none of which recovered.

	Total	Recovered	No Change
Involutional Melancholia	327	209	118
Manic Depressive	153	91	62
Psychoneuroses	41	37	4
Puerperal Psychoses	15	11	4
Schizophrenia	191	23	168
Remaining (Paranoia, Paraphrenia, Psychopathic States, etc.)	38	—	38

Figure 8 Recovery rates following insulin coma therapy at Grangegorman Mental Hospital, Dublin (Dunne, 1950)

INSULIN CASES

MALES and FEMALES

Duration of Illness		6 Months		1 Year		2 Years		3 Years		4 Years		Over 4 Years	
Age Group	Number Treated	Recovered	Not Recovered	Recovered	Not Recovered	Recovered	Not Recovered	Recovered	Not Recovered	Recovered	Not Recovered	Recovered	Not Recovered
15-20	66	37	9	8	5	1	4	2	—	—	—	—	—
20-25	207	105	27	19	12	15	9	7	5	2	2	1	3
25-30	164	66	27	25	8	12	9	6	5	3	2	—	1
30-35	103	40	14	8	8	10	8	2	3	2	1	1	6
35-40	56	11	10	7	3	6	3	1	2	2	1	3	7
40	9	—	3	2	—	1	—	—	1	—	—	—	2
	605	259	90	69	36	45	33	18	16	9	6	5	19

Total Number Treated	Recovered	Not Recovered
605	405	200

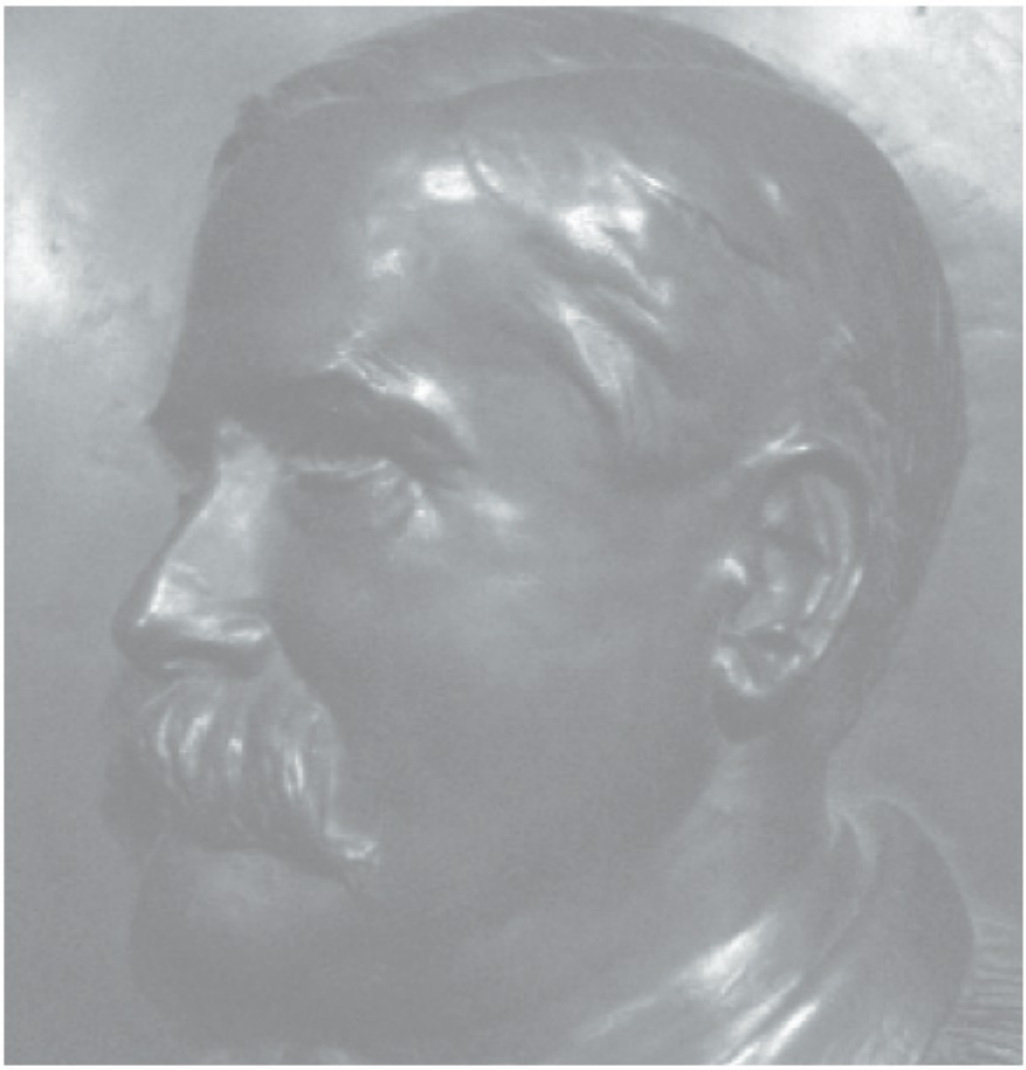
A comparison has not been made in this table of the actual proportion of recoveries to the duration of illness.

Figure 9 Recovery rates following leucotomy (frontal lobotomy) at Grangegorman Mental Hospital, Dublin (Dunne, 1950)

RESULTS OF THE USE OF LEUCOTOMY IN VARIOUS MENTAL DISORDERS.

		Total	Recovered	Slight Improvement	Disimprove-ment	No Change	Died
Schizophrenia	Under 30	32	10	7	2	12	1
	„ 40	26	9	10	2	4	1
	„ 45	5	—	2	—	2	1
Involutional	„ 50	4	—	3	—	1	—
Melancholia	„ 60	6	4	2			
Senile	60 to	3	3	—	—	—	—
Depressives	75						
Manic	Under 50	6		4		1	
Depressives	„ 60	3	2	1	—	—	—
Obsessives	„ 40	1	1	—	—	—	—
	„ 50	4	4	—	—	—	—
	„ 60	—	—	—	—	—	—
	„ 70	1	1	—	—	—	—
	„ 80	1	1	—	—	—	—
Puerperal	„ 30	1	—	1	—	—	—
Psychoses	„ 40	1	—	—	—	1	—
Paranoia	„ 50	1	—	—	—	1	—

Figure 10 Dr. Conolly Norman, medical superintendent of the Richmond Asylum, Dublin (1886-1908) (Kelly, 2007b)



Dr Conolly Norman (1853-1908) was medical superintendent of the Richmond Asylum from 1886 to 1908. This photograph shows the medallion in his memory in St Patrick's Cathedral, Dublin. Photograph by Scott E Hayes, Administrator, St Patrick's Cathedral (used with permission).

7 Bibliography

7.1 Primary Sources

7.1.1 Archival Sources

Central Mental Hospital (Central Criminal Lunatic Asylum), Dundrum, Dublin 14, Ireland
Male and female medical case-records, 1868 to 1948 (except for female records for 1909, which are missing)

Ballinrobe Parish, County Mayo, Ireland
Minutes from Ballinrobe Poor Law Union (workhouse), County Mayo, 1845 to 1900

St Brendan's Hospital (Richmond Asylum), Rathdown Road, Phibsborough, Dublin 7, Ireland
Richmond Asylum Joint Committee Minutes, 1907

7.1.2 Legislation

Lunacy (Ireland) Act 1821 (1 & 2 Geo. 4, c. 33)
Criminal Lunatics (Ireland) Act 1838 (1 & 2 Vict. c. 27)
Central Criminal Lunatic Asylum (Ireland) Act 1845 (8 & 9 Vict., c. 107)
Lunacy Regulations (Ireland) Act 1871 (34 & 35 Vict., c. 22)
Local Government (Ireland) Act 1898 (61 & 62 Vict. c. 37)
Mental Deficiency Act 1913 (3 & 4, Geo. 5, c. 38)
Mental Treatment Act 1945 (No. 19 of 1945)
Infanticide Act 1949 (No. 16 of 1949)
Mental Health Act 2001 (No. 25 of 2001)

7.1.3 Reports of the Inspectorates of Lunatics and Asylums

Inspector of Lunatics (Ireland). (1893) The Forty-Second Report (With Appendices) of the Inspector of Lunatics (Ireland). Dublin: Thom and Co./Her Majesty's Stationery Office.

Inspectors-General on District, Criminal and Private Lunatic Asylums in Ireland. (1855). Report of the Inspectors-General on District, Criminal and Private Lunatic Asylums in Ireland. Dublin: Her Majesty's Stationery Office.

7.1.4 Printed Works Published In or Before 1956

Anonymous. (1861) Increase in insanity. American Journal of Insanity, 18, 95.

Anonymous. (1895) Obituary: Daniel Hack Tuke. Lancet, 145, 718–719.

Boyd Barrett E. (1924) Modern psycho-therapy and our asylums. Studies, 8, 29-43.

Bucknill JC, Tuke DH. (1874) A Manual of Psychological Medicine containing History, Nosology, Description, Statistics, Diagnosis, Pathology, and Treatment of Insanity, with an Appendix of Cases. London: Churchill.

Churchill F. (1850). On the mental disorders of pregnancy and childbed. Dublin Quarterly Journal of Medical Science, 17, 39.

Cox JM. (1804) Practical Observations on Insanity. London: Baldwin and Murray.

Cox JM. (1806) Practical Observations on Insanity (Second Edition). London: Baldwin and Murray.

Dewhurst K, Todd J. (1956) The psychosis of association – *folie à deux.* Journal of Nervous and Mental Disease, 124, 451–459.

Dillon W. (1907) Law adviser's report on the liability of the joint committee of management of the Richmond District Asylum to maintain lunatics sent from workhouses and as to their powers to erect and maintain auxiliary asylums for harmless and chronic lunatics. In: Richmond Asylum Joint Committee Minutes. Dublin: Richmond Asylum.

Drapes T. (1894) On the alleged increase in insanity in Ireland. Journal of Mental Science, 40, 519-543.

Dunne J. (1950) Survey of modern physical methods of treatment for mental illness carried out in Grangegorman Mental Hospital. Journal of the Medical Association of Eire, 27, 4-9.

Dunne J. (1956) The contribution of the physical sciences to psychological medicine. Journal of Mental Science, 102, 209-220.

Gralnick A. (1942) *Folie à deux*. Psychiatric Quarterly, 16, 230–263.

Guthrie D. (1945) A History of Medicine. London: Thomas Nelson and Sons Limited.

Halberstadt G. (1906) La Folie Par Contagion Mentale. Paris: Baillière.

Hallaran WS. (1810) An Enquiry into the Causes Producing the Extraordinary Addition to the Number of Insane together with Extended Observations on the Cure of Insanity with Hints as to the Better Management of Public Asylums for Insane Persons. Cork: Edwards and Savage.

Hallaran WS (1818) Practical Observations on the Causes and Cures of Insanity (Second Edition). Cork: Edwards and Savage.

Ireland WW. (1885) *Folie à deux* – a mad family. In: WW Ireland (ed.), The Blot upon the Brain (First Edition) (pp. 201–208). Edinburgh: Bell and Bradfute.

Lasègue C, Falret J. (1877) La folie à deux ou folie communiquée. Annales Medicopsychologiques, 18, 321–355.

Masefield WG. (1948) Psychiatric ruminations; the presidential address delivered at the One Hundred and Sixth Annual Meeting of the Royal Medico-Psychological Association held at Eastbourne, 10 July 1947. Journal of Mental Science, 94, 217-224.

Maudsley H. (1863). Homicidal insanity. Journal of Mental Science, 47, 327−343.

Merrit HH, Adams R, Solomon HC. (1946) Neurosyphilis. Oxford: Oxford University Press.

M'Manus L. (1914) Folk-tales from western Ireland. Folklore, 25, 324–341.

Norman C. (1907) Report of Dr Norman. In: Richmond Asylum Joint Committee Minutes. Dublin: Richmond Asylum.

Powell R. (1813) Observations upon the comparative prevalence of insanity at different periods. Medical Transactions, 4, 131–159.

Psychiatrist. (1944) Insanity in Ireland. The Bell, 7, 303-310.

Ray I. (1838) A Treatise on the Medical Jurisprudence of Insanity. Cambridge, Massachusetts: Little, Brown and Company.

Ray I. (1853) A Treatise on the Medical Jurisprudence of Insanity (Third Edition, with Additions). Cambridge, Massachusetts: Little, Brown and Company.

Ray I. (1869). Confinement of the insane. American Law Review, 3, 193−221.

Spence B. (1899) Presidential address to the Medico-Psychological Association. Journal of Mental Science, XLV, 635-642.

Tuke DH. (1888) *Folie à deux*. Brain, 10, 408–421.

Tuke DH. (1894) Increase of insanity in Ireland. Journal of Mental Science, 40, 549-558.

Tuomy M. (1810) Treatise on the Principal Diseases of Dublin. Dublin: William Folds.

Turner FD. (1933) Mental deficiency: presidential address at the 92nd annual meeting of the Royal Medico-Psychological Association, July, 1933. Journal of Mental Science, 79, 563-577.

Wiglesworth J. (1902) The Presidential Address, delivered at the Sixty-first Annual Meeting of the Medico-Psychological Association, held at Liverpool on July 24th, 1902. Journal of Mental Science, XLVIII, 611-645.

Wilde FS. (1887) Ancient Legends, Mystic Charms, and Superstitions of Ireland. London: Ward and Downey.

Woods OT. (1889) Notes of a case of folie à deux in five members of one family. Journal of Mental Science, 34, 535-539.

Yeats WB. (1907) Irish Fairy Tales. New York: Scott.

7.2 Secondary Sources

Ances BM, Shelhaus R, Brown MJ, Rios OV, Herman ST, French JA. (2004) Neurosyphilis and status epilepticus: case report and literature review. Epilepsy Research, 59, 67–70.

Appignanesi L. (2008) Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present. London: Virago.

Armstrong D. (1984) The patient's view. Social Science and Medicine, 18, 737-744.

Atkinson D, Jackson M, Walmsley J. (1997) Introduction: Methods and themes. In: D Atkinson, M Jackson, J Walmsley (eds.), Forgotten Lives: Exploring the History of Learning Disability (pp. 1-20). Worcestershire, United Kingdom: British Institute of Learning Disabilities.

Bartlett P. (1999) The Poor Law of Lunacy. London and Washington: Leicester University Press.

Berrios GE. (1996) The History of Mental Symptoms. Descriptive Psychopathology since the 19th Century. Cambridge: Cambridge University Press.

Berrios GE. (1998) Introduction. Classic Text No. 35: *Folie à deux* – a mad family. History of Psychiatry, 9, 383–395.

Birley JLT. (2002) Famine: the distant shadow over French psychiatry. British Journal of Psychiatry,180, 298-299.

Bourke A. (1999) The Burning of Bridget Cleary: A True Story. London: Pimlico.

Brand JL. (1965) The National Mental Health Act of 1946: A retrospect. Bulletin of the History of Medicine, 39, 231-245.

Breckenridge A. (2006) William Withering's legacy – for the good of the patient. Clinical Medicine, 6, 393-397.

Bromet EJ, Havenaar JM. (2002) Mental health consequences of disasters. In: N Sartorius, W Gaebel, JJ López-Ibor, M Maj (eds.), Psychiatry in Society (pp. 241-61). Chichester, West Sussex: John Wiley and Sons, Ltd.

Brown EM. (2000) Why Wagner-Jauregg won the Nobel Prize for discovering malaria therapy for general paralysis of the insane. History of Psychiatry, 11, 371-382.

Burnham JC. (2005) What is Medical History? Cambridge and Malden, Massachusetts: Polity Press.

Carpenter MW. (2010) Health, Medicine and Society in Victorian England. Santa Barbara, California: Praeger.

Claes SJ. (2004) Corticotropin-releasing hormone (CRH) in psychiatry: from stress to psychopathology. Annals of Medicine, 36, 50-61.

Clare AW. (1998) St. Patrick's Hospital. American Journal of Psychiatry, 155, 1599.

Clarke CRA. (1994) Neurological diseases and diseases of voluntary muscle. In: P Kumar, M Clark (eds.), Clinical Medicine (Third edition) (pp. 871–955). London: Baillière Tindall.

Coleborne C. (2003) Passage to the asylum: The role of the police in committals of the insane in Victoria, Australia, 1848–1900. In: R Porter, D Wright (eds.), The Confinement of the Insane: International Perspectives, 1800–1965 (pp. 129–148). Cambridge: Cambridge University Press.

Condrau F. (2007) The patient's view meets the clinical gaze. Social History of Medicine, 20, 525-540.

Cooney T, O'Neill O. (1996) Psychiatric Detention: Civil Commitment in Ireland (Kritik 1). Wicklow: Baikonur.

Dale P, Melling J. (2006) The politics of mental welfare: Fresh perspectives on the history of institutional care for the mentally ill and disabled. In: P Dale, J Melling (eds.), Mental Illness and Learning Disability: Finding a Place for Mental Disorder in the United Kingdom (Routledge Studies in the Social History of Medicine) (pp. 1-23). London and New York: Routledge/Taylor and Francis Group.

Dayan L, Ooi C. (2005) Syphilis treatment: old and new. Expert Opinion on Pharmacotherapy, 6, 2271–2280.

Digby A. (1996) Contexts and perspectives. In: D Wright, A Digby (eds.), From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Disabilities (Studies in the Social History of Medicine) (pp. 1-21). London and New York: Routledge.

Dörries A, Beddies T. (2003) The Wittenauer Heilstätten in Berlin: a case record study of psychiatric patients in Germany, 1919–1960. In: R Porter, D Wright (eds.), The Confinement of the Insane: International Perspectives, 1800-1965 (pp. 149-172). Cambridge: Cambridge University Press.

Eberly SS. (1988) Fairies and the folklore of disability: changelings, hybrids and the solitary fairy. Folklore, 99, 58–77.

Egan M. (2006) The 'manufacture' of mental defectives: Why the numner of mental defectives increased in Scotland, 1857-1939. In: P Dale, J Melling (eds.), Mental Illness and Learning Disability: Finding a Place for Mental Disorder in

the United Kingdom (Routledge Studies in the Social History of Medicine) (pp. 131-153). London and New York: Routledge/Taylor and Francis Group.

Enoch D, Ball H. (2001) Uncommon Psychiatric Syndromes (Fourth Edition). London: Hodder Arnold.

Farhood L, Dimassi H, Lehtinen T. (2006) Exposure to war-related traumatic events, prevalence of PTSD, and general psychiatric morbidity in a civilian population from Southern Lebanon. Journal of Transcultural Nursing, 17, 333-340.

Farmar T. (2004) Patients, Potions and Physicians: A Social History of Medicine in Ireland. Dublin: A and A Farmar in association with the Royal College of Physicians of Ireland.

Ferriter D. (2004) The Transformation of Ireland 1900-2000. London: Profile Books.

Finnane P. (1981) Insanity and the Insane in Post-Famine Ireland. London: Croon Helm.

Fleetwood JF. (1983) The History of Medicine in Ireland (Second Edition). Dublin: Skellig Press.

Foster R. (1988) Modern Ireland, 1600-1972. London: Allen Lane.

Foucault M. (1961) Folie et Déraison: Histoire de la Folie à L'Âge Classique. Paris : Librarie Plon.

Foucault M. (1975). Surveiller et Punir : Naissance de la Prison, Paris: Gallimard.

Foucault M. (2003) Le Pouvoir Psychiatrique. Cours au Collège de France (1973-1974). Paris : Gallimard/Seuil.

Franzini LR, Grossberg JM. (1995) Eccentric and Bizarre Behaviours. New York: John Wiley.

Gabbard GO, Kay J. (2001) The fate of integrated treatment: whatever happened to the biopsychosocial psychiatrist? American Journal of Psychiatry, 158, 1956-1963.

Gasser J, Heller G. (2003) The confinement of the insane in Switzerland, 1900-1970: Cery (Vaud) and Bel-Air (Geneva) asylums. In: R Porter, D Wright (eds.), The Confinement of the Insane: International Perspectives, 1800-1965 (pp. 54-78). Cambridge: Cambridge University Press.

Gibbons P, Mulryan N, O'Connor A. (1997) Guilty but insane: The insanity defence in Ireland, 1850-1995. British Journal of Psychiatry, 170, 467-472.

Gladstone D. (1996) The changing dynamic of institutional care: the Western Counties Idiot Asylum, 1864-1914. In: D Wright, A Digby (eds.), From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Disabilities (Studies in the Social History of Medicine) (pp. 134-160). London and New York: Routledge.

Guilbride A. (2004) Infanticide: The Crime of Motherhood. In: P Kennedy (ed.), Motherhood in Ireland (pp. 170-180). Cork: Mercier Press.

Harris R. (1987) "Risk", law and hygiene in late nineteenth-century France. Society for the Social History of Medicine Bulletin, 40, 86–89.

Healy D. (1991) Irish psychiatry. Part 2: Use of the Medico-Psychological Association by its Irish members - plus ca change! In: GE Berrios, H Freeman (eds.), 150 Years of British psychiatry, 1841-1991 (pp. 314-320). London: Gaskell/Royal College of Psychiatrists.

Healy D. (1996) Irish psychiatry in the twentieth century. In: H Freeman, GE Berrios (eds.), 150 Years of British Psychiatry. Volume II: The Aftermath (pp. 268-291). London: Athlone Press.

Henry HM. (1989) Our Lady's Hospital, Cork: History of the Mental Hospital in Cork Spanning 200 Years. Cork: Haven Books.

Hoff J, Yeates M. (2000) The Cooper's Wife is Missing: The Ritual Murder of Bridget Cleary. New York: Basic Books.

Hughes JS. (1986) Isaac Ray's "Project of a Law" and the 19th-century debate over involuntary commitment. International Journal of Law and Psychiatry, 9, 191−200.

Hutto B. (2001) Syphilis in clinical psychiatry: a review. Psychosomatics, 42, 453–460.

Irish College of Psychiatrists. (2008) People with a Learning Disability who Offend: Forgiven but Forgotten? (Occasional Paper OP63). Dublin: Irish College of Psychiatrists.

Jackson M. (1996) Institutional provision for the feeble-minded in Edwardian England: Sandlebridge and the scientific morality of permanent care. In: D Wright, A Digby (eds.), From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Disabilities (Studies in the Social History of Medicine) (pp. 161-183). London and New York: Routledge.

Jackson M. (ed.) (2002) Infanticide: Historical Perspectives on Child Murder and Concealment. Aldershot: Ashgate.

Jain S. (2003) Psychiatry and confinement in India. In: R Porter, D Wright (eds.), The Confinement of the Insane: International Perspectives, 1800-1965 (pp. 273-98). Cambridge: Cambridge University Press.

Jeffery KJ, Reid IC. (1997) Modifiable neuronal connections: an overview for psychiatrists. American Journal of Psychiatry, 154, 156-164.

Jones G. (1999) The campaign against tuberculosis in Ireland, 1899–1914. In: E Malcolm, G Jones (eds.), Medicine, Disease and the State in Ireland, 1650–1940 (pp 158–176). Cork: Cork University Press.

Kaplan HI, Saddock BJ. (1996) Concise Textbook of Clinical Psychiatry. Baltimore: Williams and Wilkins.

Kelly BD. (2004) Mental illness in nineteenth century Ireland: a qualitative study of workhouse records. Irish Journal of Medical Science, 173, 53-55.

Kelly BD. (2005) Physical sciences and psychological medicine: the legacy of Prof John Dunne. Irish Journal of Psychological Medicine, 22, 67-72.

Kelly BD. (2007a) Murder, mercury, mental illness: infanticide in nineteenth-century Ireland. Irish Journal of Medical Science, 176, 149-152.

Kelly BD. (2007b) One hundred years ago: the Richmond Asylum, Dublin in 1907. Irish Journal of Psychological Medicine 24, 108-114.

Kelly BD. (2008a) Dr William Saunders Hallaran and psychiatric practice in nineteenth-century Ireland. Irish Journal of Medical Science, 177, 79-84.

Kelly BD. (2008b) Mental health law in Ireland, 1821-1902: building the asylums. Medico-Legal Journal, 76, 19-25.

Kelly BD. (2008c) Mental health law in Ireland, 1821-1902: dealing with the "increase of insanity in Ireland." Medico-Legal Journal, 76, 26-33.

Kelly BD. (2008d) Clinical and social characteristics of women committed to inpatient forensic psychiatric care in Ireland, 1868-1908. Journal of Forensic Psychiatry and Psychology, 19, 261-273.

Kelly BD. (2008e) Poverty, crime and mental illness: female forensic psychiatric committal in Ireland, 1910-1948. Social History of Medicine, 21, 311-328.

Kelly BD. (2008f) Intellectual disability, mental illness and offending behaviour: forensic cases from early twentieth-century Ireland. Irish Journal of Medical Science, July 16 [Epub ahead of print] (i.e. at time of registration this paper was fully accepted, already published online, and due to appear in the 'print' journal in due course; it appeared in a 'print' issue of the journal in 2010; 179: 409-416).

Kelly BD. (2008g) Learning disability and forensic mental healthcare in nineteenth-century Ireland. Irish Journal of Psychological Medicine, 25, 116-118.

Kelly BD. (2008h) The Mental Treatment Act 1945 in Ireland: an historical enquiry. History of Psychiatry, 19, 47-67.

Kelly BD. (2008i) Mental health law in Ireland, 1945 to 2001: reformation and renewal. Medico-Legal Journal, 76, 65-72.

Kelly BD. (2009a) *Folie à plusieurs*: forensic cases from nineteenth-century Ireland. History of Psychiatry, 20, 47-60.

Kelly BD. (2009b) Syphilis, psychiatry and offending behaviour: clinical cases from nineteenth-century Ireland. Irish Journal of Medical Science, 178, 73-77.

Kelly BD. (2009c) Criminal insanity in nineteenth-century Ireland, Europe and the United States: cases, contexts and controversies. International Journal of Law and Psychiatry, 32, 362-368.

Kelly BD, O'Callaghan E, Waddington JL, Feeney L, Browne S, Scully PJ, Clarke M, Quinn JF, McTigue O, Morgan MG, Kinsella A, Larkin C. (2010) Schizophrenia and the city: A review of literature and prospective study of psychosis and urbanicity in Ireland. Schizophrenia Research, 116, 75-89.

Kennedy L, Ell PS, Crawford EM, Clarkson LA. (1999) Mapping the Great Irish Famine. Dublin: Four Courts Press Ltd.

Kovess V. (2002) The homeless mentally ill. In: N Sartorius, W Gaebel, JJ López-Ibor, M Maj (eds.), Psychiatry in Society (pp. 221-40). Chichester, West Sussex: John Wiley and Sons, Ltd.

Langan-Egan M. (1999). Galway Women in the Nineteenth Century. Dublin: Four Courts Press.

Leonard EC Jr. (2004) Did some 18th and 19th century treatments for mental disorders act on the brain? Medical Hypotheses, 62, 219-221.

Levine-Clark M. (2004) 'Embarrassed circumstances': Gender, poverty and insanity in the West Riding of England in the early-Victorian years. Clio Medica, 73, 123-148.

Lyons FSL. (1985) Ireland Since the Famine. London: Fontana.

Malcolm E. (1989) Swift's Hospital: A History of St Patrick's Hospital, Dublin, 1746-1989. Dublin: Gill and Macmillan.

Marland H. (1999) "Destined to a perfect recovery": The confinement of puerperal insanity in the nineteenth century. In: J Melling, B Forsythe (eds.), Insanity Institutions and Society, 1800– 1914: A Social History of Madness in Comparative Perspective (pp. 137–56). London and New York: Routledge.

Marland H. (2004) Dangerous Motherhood: Insanity and Childbirth in Victorian Britain. Basingstoke: Palgrave MacMillan.

McAuley F. (1993) Insanity, psychiatry and criminal responsibility. Dublin: Round Hall Press.

McCarthy A (2004) hearths, bodies and minds: gender ideology and women's committal to Enniscorthy Lunatic Asylum, 1916–1925. In: A Hayes, D Urquhart (eds.), Irish Women's History (pp. 115–136). Dublin and Portland, Oregon: Irish Academic Press.

McDowell WH. (2002) Historical Research: A Guide. London: Longman.

McLellan D. (1989) Utopian Pessimist: The Life and Thought of Simone Weil. London: Macmillan.

McLoughlin D. (2002) Infanticide in nineteenth-century Ireland. In: A Bourke, S Kilfeather, M Luddy, M McCurtin, G Meaney, M Ní Donnchadha, M O'Dowd, C Wills (eds.), Field Day Anthology of Irish Writing, Volume 4: Irish Women's Writing and Traditions (pp. 915-922). Cork: Cork University Press.

Mela M. (2005) *Folie à trios* in a multilevel security forensic treatment center: forensic and ethics-related implications. Journal of the American Academy of Psychiatry and the Law, 33, 310–316.

Mentjox R, van Houten, CA Kooiman CG. (1993) Induced psychotic disorder: clinical aspects, theoretical considerations, and some guidelines for treatment. Comprehensive Psychiatry, 34, 120–126.

Millon T. (2004) Masters of the Mind: Exploring the Story of Mental Illness from Ancient Times to the New Millennium. Hoboken, New Jersey: John Wiley and Sons, Inc.

Mulholland M. (1998) To Comfort Always: A History of Holywell Hospital, 1898-1998. Ballymena: Homefirst Community Trust.

Mulryan N, Gibbons P, O'Connor A. (2002) Infanticide and child murder: Admissions to the Central Mental Hospital, 1850-2000. Irish Journal of Psychological Medicine, 19, 8-12.

O'Neill A-M. (2005) Irish Mental Health Law. Dublin: First Law.

Payne H, Luthe R. (1980) Isaac Ray and forensic psychiatry in the United States. Forensic Science International, 15, 115−127.

Payne C, Sacks O (2009). Asylum: Inside the Closed World of State Mental Hospitals. Cambridge, Massachusetts and London: The Massachusetts Institute of Technology Press.

Penney D, Stastny P, Rinzler L. (2008) The Lives They Left Behind: Suitcases from a State Hospital Attic. New York: Bellevue Literary Press.

Porter R. (1985) The patient's view. Doing medical history from below. Theory and Society, 14, 175-198.

Porter R. (2004) Madmen: A Social History of Madhouses, Mad-Doctors and Lunatics. Gloucestershire, United Kingdom: Tempus.

Prestwich PE. (2003) Family strategies and medical power: 'voluntary' committal in a Parisian asylum, 1876-1914. In: R Porter, D Wright (eds.), The Confinement of the Insane: International Perspectives, 1800-1965 (pp. 79-99). Cambridge: Cambridge University Press.

Prior P. (2003) Dangerous lunacy: The misuse of mental health law in nineteenth-century Ireland. Journal of Forensic Psychiatry and Psychology, 14, 525-541.

Prior P. (2004) Prisoner or patient? The official debate on the criminal lunatic in nineteenth-century Ireland. History of Psychiatry, 15, 177-192.

Prior PM. (2005) Murder and madness: Gender and the insanity defense in nineteenth-century Ireland. New Hibernia Review, 9, 19-36.

Prior P. (2006) Roasting a man alive: The case of Mary Reilly, criminal lunatic. Éire Ireland, 41, 169-191.

Prior PM. (2008) Madness and Gender: Gender, Crime and Mental Disorder in Nineteenth-Century Ireland. Dublin and Portland, Oregon: Irish Academic Press.

Quen JM. (1974) Isaac Ray: Have we learned his lessons? Bulletin of the American Academy of Psychiatry and the Law, 2, 137−147.

Quen JM. (1983) Isaac Ray and the development of American psychiatry and the law. Psychiatric Clinics of North America, 6, 527−537.

Quetel C. (1990) The History of Syphilis. Oxford: Polity Press.

Raftery M, O'Sullivan E. (2000) Suffer the Little Children: The Inside Story of Ireland's Industrial Schools. Dublin: New Island Books.

Renvoize E. (1991) The Association of Medical Officers of Asylums and Hospitals for the Insane, the Medico-Psychological Association, and their Presidents. In: GE Berrios, H Freeman (eds.), 150 Years of British psychiatry, 1841-1991 (pp. 29-78). London: Gaskell/Royal College of Psychiatrists.

Residential Institutions Redress Board. (2008) Annual Report of The Residential Institutions Redress Board 2008. Dublin: The Residential Institutions Redress Board.

Reuber M. (1999) Moral management and the 'unseen eye': public lunatic asylums in Ireland, 1800-1845. In: E Malcolm, G Jones (eds.), Medicine, Disease and the State in Ireland, 1650-1940 (pp. 208-33). Cork: Cork University Press.

Reynolds J. (1992) Grangegorman: Psychiatric Care in Dublin since 1815. Dublin: Institute of Public Administration in association with Eastern Health Board.

Risse GB, Warner JH. (1992) Reconstructing clinical activities: Patient records in medical history. Social History of Medicine, 5, 183-205.

Robins J. (1986) Fools and Mad: A History of the Insane in Ireland. Dublin: Institute of Public Administration.

Rothschild BM. (2005) History of syphilis. Clinical Infectious Diseases, 40, 1454–1463.

Ryan L. (2004) The press, police and prosecution: Perspectives on infanticide in the 1920s. In: A Hayes, D Urquhart (eds.), Irish Women's History (pp. 137–151). Dublin and Portland, Oregon: Irish Academic Press.

Schwartz LL, Isser NK. (2000). Endangered Children: Neonaticide, Infanticide and Filicide (Pacific Institute Series on Forensic Psychology). Boca Raton, Florida: CRC Press Inc.

Scull A. (1993) The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900. New Haven and London: Yale University Press.

Shorter E. (1997) A History of Psychiatry: From the Era of the Asylum to the Age of Prozac. New York: John Wiley and Sons.

Simmons HG. (1978) Explaining social policy: the English Mental Deficiency Act of 1913. Journal of Social History, 11, 387-403.

Smith C. (1990) The Central Mental Hospital, Dundrum, Dublin. In: R Bluglass, P Bowden (eds.), Principles and Practice of Forensic Psychiatry (pp. 1351-3). Edinburgh: Churchill Livingstone.

Smith L. (1999a) 'Cure, Comfort and Safe Custody': Public Lunatic Asylums in Early Nineteenth-Century England. London and New York: Leicester University Press.

Smith LD. (1999b) The county asylum in the mixed economy of care, 1808-1845. In: J Melling, B Forsythe (eds.), Insanity Institutions and Society, 1800– 1914: A

Social History of Madness in Comparative Perspective (pp. 33-47). London and New York: Routledge.

Smith L. (2007) Lunatic Hospitals in Georgian England, 1750-1830 (Routledge Studies in the Social History of Medicine). London: Routledge.

Smith L. (2008) 'Your very thankful inmate': Discovering the patients of an early county lunatic asylum. Social History of Medicine, 21, 237-252.

Smith R. (1981) Trial by Medicine: Insanity and Responsibility in Victorian Trials. Edinburgh: Edinburgh University Press.

Smith RP. (1904) The presidential address, on paranoia, delivered at the sixty-third annual meeting of the Medico-Psychological Association, held in London on July 21 and 22, 1904. Journal of Mental Science, L, 607-633.

Spiegel AD, Spiegel MB. (1998) The insanity plea in early nineteenth-century America. Journal of Community Health, 23, 227−247.

SPSS Inc. (2003) SPSS 12.0 Base User's Guide. Upper Saddle River, New Jersey: Prentice-Hall Regents.

Stone MH. (1998) Healing the Mind: A History of Psychiatry from Antiquity to the Present. London: Pimlico.

Suzuki A. (2003) The state, family, and the insane in Japan, 1900-1945. In: R Porter, D Wright (eds.), The Confinement of the Insane: International Perspectives, 1800-1965 (pp. 193-225). Cambridge: Cambridge University Press.

Thomson M. (1996) Family, community and state: The micro-politics of mental deficiency. In: D Wright, A Digby (eds.), From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Disabilities (Studies in the Social History of Medicine) (pp. 207-230). London and New York: Routledge.

Tosh J, Lang S. (2006) The Pursuit of History (Fourth Edition). Harlow: Pearson Longman.

Torrey, EF, Miller, J. (2001) The Invisible Plague: The Rise of Mental Illness from 1750 to the Present. New Brunswick, New Jersey and London: Rutgers University Press.

United Nations. (1991) Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care. New York: United Nations, Secretariat Centre for Human Rights.

Viney M. (1968) Mental illness: an enquiry. Irish Times, 23–30 October.

Wade NJ. (2005) The original spin doctors—the meeting of perception and insanity. Perception, 34, 253–260.

Wade NJ, Norrsell U, Presly A. (2005) Cox's chair 'a moral and a medical mean in the treatment of maniacs'. History of Psychiatry, 16, 73–88.

Walsh D. (1992) The ups and downs of schizophrenia in Ireland. Irish Journal of Psychiatry, 13, 12–16.

Walsh D. (2010) The Ennis District Lunatic Asylum and the Clare Workhouse Lunatic Asylums in 1901. Irish Journal of Psychological Medicine, 26, 206-211.

Walsh D. (2006) Mental Illness in Ireland and its management. In: D McCluskey (ed.), Health Policy and Practice in Ireland (pp. 29-43). Dublin: University College Dublin Press.

Walsh D, Daly A. (2004) Mental Illness in Ireland, 1750-2002: Reflections on the Rise and Fall of Institutional Care. Dublin: Health Research Board.

Walsh O. (2004) Gender and insanity in nineteenth-century Ireland. Clio Medica, 73, 69-93.

Watson AS. (1992) The evolution of legal methods for dealing with mind-states in crimes. Bulletin of the American Academy of Psychiatry and the Law, 20, 211−220

Waugh MA. (1974) Alfred Fournier, 1832-1914: His influence on venereology. British Journal of Venereal Disease, 50, 232-236.

Weber MM, Emrich HM. (1988) Current and historical concepts of opiate treatment in psychiatric disorders. International Journal of Clinical Psychopharmacology, 3, 255-266.

Williamson A. (1970) The beginnings of state care for the mentally ill in Ireland, Economic and Social Review, 10, 280–291.

Williamson AP. (1992) Psychiatry, moral management and the origins of social policy for mentally ill people in Ireland. Irish Journal of Medical Science, 161, 556-558.

World Health Organisation. (1992) The ICD-10 Classification of Mental and Behavioural Disorders. Geneva: World Health Organisation.

Wright D. (1996) “Childlike in his innocence”: Lay attitudes to “idiots” and “imbeciles” in Victorian England. In: D Wright, A Digby (eds.), From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Disabilities (Studies in the Social History of Medicine) (pp. 118-133). London and New York: Routledge.

Wright D, Digby A (eds.) (1996) From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Disabilities (Studies in the Social History of Medicine). London and New York: Routledge.

Wright D, Moran JE, Gouglas S. (2003) The confinement of the insane in Victorian Canada: The Hamilton and Toronto asylums, c. 1861–1891. In: R

Porter, D Wright (eds.), The Confinement of the Insane: International Perspectives, 1800–1965 (pp. 100–128). Cambridge: Cambridge University Press.

Wright D. (2004) Lay identification and clinical diagnosis of insanity in Victorian England. Clio Medica, 73, 149-176.

Wright B, Duffy D, Curtin K, Linehan S, Monks S, Kennedy HG. (2006) Psychiatric morbidity among women prisoners newly committed and amongst remanded and sentenced women in the Irish prison system. Irish Journal of Psychological Medicine, 23, 47-53.

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Figure 10 shows a medallion in St Patrick's Cathedral, Dublin, commemorating Dr. Conolly Norman (medical superintendent of the Richmond Asylum, Dublin, 1886-1908); photograph is by Scott E. Hayes, Administrator, St. Patrick's Cathedral and was used in Kelly (2007b) with permission.

This work is dedicated to
Regina, Eoin and Isabel
without whom none of this
would be possible.

9 Published Works in this Doctorate

The published, single-author works in this Doctorate were all published in academic journals with international circulation. The editorial processes in these journals involved submission, consideration by editors and/or peer-reviewers, revision by the author, and resubmission to the journal for further consideration. The editors and/or peer-reviewers then considered each revised paper and the editors then made decisions about whether or not to publish each paper. All of the papers that constitute the published works in this Doctorate underwent such processes and all were accepted, published and in the public domain at time of registration (19 April 2010).

page number

Kelly BD. (2008d) Clinical and social characteristics of women committed to inpatient forensic psychiatric care in Ireland, 1868-1908. Journal of Forensic Psychiatry and Psychology, 19, 261-273. 106

Kelly BD. (2008e) Poverty, crime and mental illness: female forensic psychiatric committal in Ireland, 1910-1948. Social History of Medicine, 21, 311-328. 107

Kelly BD. (2008f) Intellectual disability, mental illness and offending behaviour: forensic cases from early twentieth-century Ireland. Irish Journal of Medical Science, July 16 [Epub ahead of print] (i.e. at time of registration this paper was fully accepted, already published online, and due to appear in the 'print' journal in due course; it appeared in a 'print' issue of the journal in 2010; 179: 409-416). 108

Kelly BD. (2008g) Learning disability and forensic mental healthcare in nineteenth-century Ireland. Irish Journal of Psychological Medicine, 25, 116-118. 109

Kelly BD. (2008h) The Mental Treatment Act 1945 in Ireland: an historical enquiry. History of Psychiatry, 19, 47-67. 110

Kelly BD. (2008i) Mental health law in Ireland, 1945 to 2001: reformation and renewal. Medico-Legal Journal, 76, 65-72. 111

Kelly BD. (2009a) *Folie à plusieurs*: forensic cases from nineteenth-century Ireland. History of Psychiatry, 20, 47-60. 112

Kelly BD. (2009b) Syphilis, psychiatry and offending behaviour: clinical cases from nineteenth-century Ireland. Irish Journal of Medical Science, 178, 73-77. 113

Kelly BD. (2009c) Criminal insanity in nineteenth-century Ireland, Europe and the United States: cases, contexts and controversies. International Journal of Law and Psychiatry, 32, 362-368. 114

Kelly BD. (2004) Mental illness in nineteenth century Ireland: a qualitative study of workhouse records. Irish Journal of Medical Science, 173, 53-55.

https://doi.org/10.1007/BF02914526

Kelly BD. (2005) Physical sciences and psychological medicine: the legacy of Prof John Dunne. Irish Journal of Psychological Medicine, 22, 67-72.

http://dx.doi.org/10.1017/S0790966700008983

Kelly BD. (2007a) Murder, mercury, mental illness: infanticide in nineteenth-century Ireland. Irish Journal of Medical Science, 176, 149-152.

https://doi.org/10.1007/s11845-007-0045-7

Kelly BD. (2007b) One hundred years ago: the Richmond Asylum, Dublin in 1907. Irish Journal of Psychological Medicine 24, 108-114.

https://doi.org/10.1017/S0790966700010430

Kelly BD. (2008a) Dr William Saunders Hallaran and psychiatric practice in nineteenth-century Ireland. Irish Journal of Medical Science, 177, 79-84.

https://doi.org/10.1007/s11845-007-0046-6

Kelly BD. (2008b) Mental health law in Ireland, 1821-1902: building the asylums. Medico-Legal Journal, 76, 19-25.

https://doi.org/10.1258%2Frsmmlj.76.1.19

Kelly BD. (2008c) Mental health law in Ireland, 1821-1902: dealing with the "increase of insanity in Ireland." Medico-Legal Journal, 76, 26-33.

https://doi.org/10.1258%2Frsmmlj.76.1.26

Kelly BD. (2008d) Clinical and social characteristics of women committed to inpatient forensic psychiatric care in Ireland, 1868-1908. Journal of Forensic Psychiatry and Psychology, 19, 261-273.

https://doi.org/10.1080/14789940801999710

Kelly BD. (2008e) Poverty, crime and mental illness: female forensic psychiatric committal in Ireland, 1910-1948. Social History of Medicine, 21, 311-328.

https://doi.org/10.1093/shm/hkn027

Kelly BD. (2008f) Intellectual disability, mental illness and offending behaviour: forensic cases from early twentieth-century Ireland. Irish Journal of Medical Science, July 16 [Epub ahead of print] (i.e. at time of registration this paper was fully accepted, already published online, and due to appear in the 'print' journal in due course; it appeared in a 'print' issue of the journal in 2010; 179: 409-416).

https://doi.org/10.1007/s11845-008-0188-1

Kelly BD. (2008g) Learning disability and forensic mental healthcare in nineteenth-century Ireland. Irish Journal of Psychological Medicine, 25, 116-118.

https://doi.org/10.1017/S0790966700011149

Kelly BD. (2008h) The Mental Treatment Act 1945 in Ireland: an historical enquiry. History of Psychiatry, 19, 47-67.

https://doi.org/10.1177/0957154X06075949

Kelly BD. (2008i) Mental health law in Ireland, 1945 to 2001: reformation and renewal. Medico-Legal Journal, 76, 65-72.

https://doi.org/10.1258/rsmmlj.76.2.65

Kelly BD. (2009a) ***Folie à plusieurs*****: forensic cases from nineteenth-century Ireland. History of Psychiatry, 20, 47-60.**

https://doi.org/10.1177/0957154X08094236

Kelly BD. (2009b) Syphilis, psychiatry and offending behaviour: clinical cases from nineteenth-century Ireland. Irish Journal of Medical Science, 178, 73-77.

https://doi.org/10.1007/s11845-008-0259-3

Kelly BD. (2009c) Criminal insanity in nineteenth-century Ireland, Europe and the United States: cases, contexts and controversies. International Journal of Law and Psychiatry, 32, 362-368.

https://doi.org/10.1016/j.ijlp.2009.09.005