

'A Lightness of Mind': Gender and Insanity in Nineteenth-Century Ireland

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The Connaught District Lunatic Asylum (CDLA) was opened at Ballinasloe, Co. Galway in 1833, the first public institution for the care of the insane in the west of Ireland. Although the asylum accepted paying patients, at a rate of between £12 and £25 per annum,¹ the majority of the residents were labourers, and skilled and unskilled tradespeople, drawn from the counties of Galway, Roscommon, Sligo, Leitrim and Mayo. The CDLA was originally built to house 150 patients, but within twenty years of its opening had expanded (with very little additional construction) to accommodate more than double that number. Within the asylum, as with all such public institutions, men and women were strictly segregated, occupying initially separate dormitories and cells, and eventually separate wings. In the later nineteenth century, the two sexes were also fed at different times in the asylum refectory, to ensure that boundaries were fully maintained. Transgressions did occur, including a number of elopements, but ironically the first such scandal involved not two patients, but rather the asylum physician and one of his charges.² In 1848, he tendered his resignation because he had made a young patient pregnant. Although he had signed a certificate stating that she was recovered from her psychiatric illness the week before the board of governors received his resignation, they refused to release her, and actually referred the case to the government (the asylums were under the direct control of the lord lieutenant). This incident was something of an exception to the normal running of the asylum, however.

When the CDLA began to accept cases, there were two principal means of admitting alleged lunatics to asylums in Ireland. The first, which accounted for a large majority of admissions to Ballinasloe between 1840 and 1860, was through the use of the Dangerous Lunatics Act of 1838, which allowed any two justices of the peace to commit a person 'apprehended under circumstances denoting a Derangement of Mind, and a Purpose of committing some Crime' to prison. From gaol, they were removed to a lunatic asylum by order of the Lord Lieutenant. Although a medical opinion could be sought by the justices, it was not actually required by law. What left the act open to particular abuse was the fact that the justices could act on 'other proof' to make the committal, usually a statement by a third party alleging insane behaviour on the part of the proposed patient. This evidence did not have to be corroborated, and neither did the statement have to

¹ Board of Governors Minutes, Connaught District Lunatic Asylum (hereafter CDLA), 2 September 1835. ² *Ibid.*, 31 March 1848.

be sworn. Strenuous objections were raised to the act, but not necessarily through concern for the lunatics. Rather, the inspectors of gaols complained that lunatics confined in prison on their way to the asylum were having a disruptive effect on the sane prisoners.³ (In the early years of the act, lunatics were routinely confined in gaols for up to a year after their committal, before being transferred to the district asylums.) When the act was amended in 1867, it did little to protect the alleged lunatics. A medical examination was now required, and evidence provided by the person seeking committal had to be given on oath, but the patient could be sent directly to the asylum, which had no power to refuse cases (apart from lack of space). If a patient was deemed a dangerous lunatic, he or she was automatically confined.

The repercussions of a far-reaching act such as this were felt in Ballinasloe. Admissions rose sharply, with a greater number of relations seeking direct access to the asylum for their charges, and a significant number of workhouses attempting to transfer inmates whom they found disruptive within their own institutions to the asylum. It is from this period onwards that female admissions rise. Although one could interpret this increase as an instance of male authority over women in nineteenth-century Ireland, since it was fathers in the majority of cases who sought the admissions, it does need to be placed against a background of enormous increases in asylum populations generally, both male and female. Also, there is a significant difference in the patterns of male and female histories prior to admission. Women were far more likely to have been kept at home during the initial stages of an illness, and admitted when they became uncontrollably violent. The history provided by the father of a twenty-year-old woman in 1887 was not untypical:

He states this is the first time for her being insane. The present attack is more violent than any of the former. She is under no restraint, out in the fields, and she says she would sooner commit suicide than to be always suffering. She must be constantly watched and she is violent.⁴

Another married woman, committed two years previously following the death of one of her children, was taken home by her husband, but her condition deteriorated. She was readmitted after relatives and friends feared she was going to harm her remaining children.⁵ Male patients on the other hand were more often committed on their first attack, and were less likely to be taken back by families voluntarily, unless they appeared quite cured. Part of the reason for this difference in male and female patterns may be the fact that women were physically easier to control than many men, and families could cope to a greater extent with them, even in periods of violence. In addition, an apparent reluctance to commit women to the asylum may be an indication of their importance to

³ Board minutes, CDLA, 18 April 1846. ⁴ Form of Admission (hereafter FOA), 3 April 1887. ⁵ FOA, 30 March 1867.

the rural domestic and agricultural economy. This pattern, and also a greater degree of reassimilation of women back into the family after discharge from the asylum, was also echoed in England during this period.

This is not to say however that the asylum was not used as a means of disposing of wayward female relations. The board of governors kept a careful check on recently admitted patients, and in 1842 they discharged an eighteen-year-old woman whom they noted in the register was 'Not insane. Admitted in a pregnant state.' Similarly the asylum would often refuse to accept mentally handicapped patients, if they had previously been cared for at home, on the grounds that they were incurable cases.⁶ It was less from private citizens however that the asylum received blatantly false applications, but rather other government institutions, particularly the workhouses and gaols, who saw in the expansion of the asylum system a perfect opportunity to rid themselves of long-term or troublesome inmates. In 1867 for example, Tuam workhouse sought the admission of a fifty-year-old woman whom the Matron claimed was insane.⁷ The evidence provided was that 'she is restless and constantly crying and wandering about the ward at night attempting to climb the Boundary wall'. This behaviour might more rationally be attributed to an understandable desire to get out of the workhouse, rather than symptoms of insanity, and the asylum refused the case, on the grounds of insufficient room.

The asylum registers cast some interesting light on perceived causes of lunacy amongst men and women in nineteenth-century Ireland. Although it was clearly recognised that insanity could take many forms, attribution was a very generalised affair. Until the 1880s, patients at Ballinasloe were almost without exception diagnosed as suffering from mania, or occasionally monomania. The exceptions were those labelled epileptic or idiotic, both conditions which were classed as diseases in the nineteenth century. This does not mean that analysis of cases did not take place. On the contrary, the detailed case books and notes for each patient indicate a high level of engagement with the various manifestations of psychiatric illness, but a distinct lack of an appropriate vocabulary to describe and comprehend it. The records reveal an anxiety to tie, clearly, aberrant behaviour to a specific cause, in an understandable desire to explain otherwise incomprehensible states. In the nineteenth century, the causes of mental illness were broken down into two main categories, moral and physical. Physical afflictions included mental handicap, as well as physical damage to the brain. Moral reasons for insanity covered a huge range of possibilities, but could broadly be categorised as stress related illness in one form or other. There is a striking split between men and women with regard to which category they were judged to fit. For example, an analysis of the reasons for admission to the Central Asylum at Dundrum indicated that 70 per cent of the total women admitted in 1861 were judged insane as a result of moral causes.⁸ Insanity amongst men, on the other hand, was believed

6 Board Minutes, CDLA, 7 September 1836. 7 FOA 26 June 1867. 8 Parliamentary Report of Inspectors-General on District, Local and Private Lunatic Asylums in Ireland, 1861.

to be caused by physical reasons in almost 60 per cent of cases. In examining the breakdown of causes within the moral category, 30 per cent of the women were believed to have become ill as a result of 'grief, fear and anxiety', and a further 21 per cent because of 'poverty or reverse of fortune'. The corresponding figures for men are 19 and 21 per cent respectively. These are proportionate percentages – the actual numbers of men and women in the moral category are 368 men and 532 women. Given the later nineteenth-century emphasis within psychiatric medicine upon the supposed links between women's physiology and mental illness, it is interesting to note that only 14 per cent of women were admitted as a result of the effects of 'love, jealousy and seduction', and that this figure is almost matched amongst the male group at 11 per cent. The only entry within the moral category in which men outnumber women is that of 'religious excitement', which accounts for 26 per cent of the men, and 16 per cent of the women.

In the physical category, the so-called 'idiots' were included, as well as those who had suffered injuries to the brain, or been brain damaged by fever. However, the largest single physical cause of insanity in this category occurred amongst men, and was attributed to 'intemperance', accounting for 48 per cent of all male patients. Alcohol abuse remained the main reason for admission of males to the Ballinasloe Asylum until the mid-twentieth century. The figure for women was far lower, at 18 per cent. An interesting category within the physical causes was that of 'climate'. This was applied almost exclusively to soldiers, and in fact, under cause of admission in the registers, 'climate' is entered practically without exception, regardless of the actual history of the individual soldier concerned. Of course, these categorisations apply only to those patients for whom the asylum received case histories. As the nineteenth century progressed, greater attention was paid to the maintenance of comprehensive patient records, but in the 1860s, on average less than half of those admitted had anything more than the most cursory of details regarding their illnesses. Those inmates who had been transferred from gaols were least likely to have any useful information provided for them, apart from their name, county of origin and perhaps their age.

When the Connaught District Lunatic Asylum was in its planning stages, it was believed that the institution would cater mainly for curable and convalescent cases. As a result, the buildings were constructed along hospital lines, with no barred windows and with wooden rather than flagged floors. As soon as the asylum opened, and the prison governors began passing their lunatic inmates to Ballinasloe, the asylum buildings were found to be unsuitable. In 1837, they underwent extensive reconstruction, based on the manager's report of that year. He noted that: 'No portion of the building [is] properly adapted for very violent and refractory cases ... no cells, day rooms or corridors [exist] wherein the windows are above the reach of patients ... [There are] no flagged day rooms for wet and filthy patients.'⁹ The adaptations which were made to the institution also mark the moment of recognition by the board of governors that the resident

⁹ Manager's Report, Board Minutes, CDLA, 7 June 1837.

asylum population differed substantially in fact from the type of short-term, curable cases they had originally envisaged. In 1835 the board had written to the Lord Lieutenant asking for funds to expand the accommodation for incurable cases. They stated that of the 146 patients presently in the asylum, eighty-six of whom had been long-term inmates in the various county gaols, approximately thirty, or just over 20 per cent, were potentially curable cases.¹⁰ The asylum then was rapidly resigned to tending for many patients on a life-long basis. However, the experiences of male and female patients regarding how long that life might be, and the circumstances under which they might eventually leave the asylum, often differed radically.

In Ballinasloe, as in the other district asylums in Ireland, male patients formed the majority of the inmates. This majority varied throughout the nineteenth century from 73 per cent in 1837 to a more balanced 57 per cent in 1861.¹¹ In the early years of its establishment, men were more likely to die prematurely in the asylum than women, although as a long-term resident body developed, and a greater aged female population emerged, the number of female patient deaths increased. It consistently remained below that of men, however. It was also the case that when an unusual element was added to asylum life, men were more vulnerable to its effects than women. One example is the cholera outbreak of 1849, but more startling is the impact of the Great Famine and its allied diseases on male and female death rates in the asylum.

The Connaught District Lunatic Asylum had in literal terms nothing to do with the famine, in terms of relief administration or tending to victims in any way. However, the scale of the disaster, particularly in the west of Ireland, made a significant impression on the asylum residents. Once famine hit, admissions to the institution rose sharply. If we focus on just one year, 1847, we find that 113 patients were admitted, an increase of 53 per cent on the previous year. Men account for almost 60 per cent of this 'surplus' admission. The reason for this huge jump in new patients is unclear. 78 per cent of these patients were received from the county gaols under the Dangerous Lunatics Act, an increase of almost 30 per cent in such admissions from the previous year. There are two possible explanations. One is that the families who had been caring for mentally ill members at home were no longer able to do so, and the scarcity of food caused them to seek admission for their charges by swearing to their violent state before a Justice of the Peace. Another explanation is that the so-called 'lunatics at large', the generally harmless wandering population, were being admitted to the asylum in increasing numbers as a result of the famine. These people had traditionally depended upon the charity of individual households for their survival, but famine conditions eliminated this form of support.

One would logically expect chronic overcrowding in the asylum as a result of the new influx of inmates. This did occur, but ironically the institution was

¹⁰ Register of patients, CDLA Schedule I, January 1846 to December 1860. ¹¹ General Registers, CDLA, 1837-1861.

saved from collapse by a sudden rise in the death rate. In 1847, ninety-five out of a total asylum population of 340 died.¹² At over a quarter of all the patients, this actually exceeded the proportionate death rate at the Ballinasloe Workhouse and Fever Hospital combined. Before and after the famine, deaths ran at an average rate of 20 per year.¹³ Given the fact that the group in the wider population normally most vulnerable to famine, children, were largely absent from the asylum (there were a few children, those designated 'congenital idiots' or 'idiots born', but their numbers never exceeded seven or eight in any one year), the 1847 death rate was particularly high. Men accounted for 72 per cent of the dead.

When one analyses the causes of these excess deaths, they appear even more surprising. A total of sixty-eight were attributed to Marasmus, which literally means wasting, and was usually associated with starvation as opposed to disease. A further eleven cases were designated Pthisis, which was also associated with wasting but appears to have tubercular associations and which is accelerated by malnutrition. Another death was attributed to dropsy, or an accumulation of fluid, a condition often confused in this period with famine oedema, or swelling. Thus in 1847, only five patients died of what could be described as natural causes (gangrene, aneurism and apoplexy), or at least deaths which had no direct association with the famine.

The average age of those who died is also interesting. This stood at thirty-seven, and again there is a higher representation of men than women. However, this male age group represents the third least vulnerable group in the wider population, after adolescents and adult women.¹⁴ The asylum physician's explanation for this phenomenon was that 'the patients have been all of a most wretched class, and chiefly afflicted with chronic disease. No great improvement can be effected even under the best treatment. The destitution and neglect in which they are found to be in on being first brought to the asylum, is frightful in the extreme.'¹⁵ This is indeed a valid explanation for many of the deaths which took place shortly after the patients' arrival at the asylum, and a small number of deaths are in fact marked 'admitted in a dying state' in the register. These patients tended to live for only a few weeks or months at most. However, the majority of those who died in the asylum during the famine were long-term residents. The average length of stay before death was actually five years and five months, with those resident for under one year averaging almost six months in the asylum before death.¹⁶ In other words, the huge jump in deaths cannot be attributed to recently admitted patients who were also famine victims when outside the asylum. In addition, the asylum inmates received three meals per day by law. Their diet, consisting mainly of bread, milk, oatmeal, and, before famine struck, potatoes, was described by the asylum inspector as 'sufficient and wholesome'.¹⁷ Although

¹² Register of Patients for 1847. ¹³ Register of Discharges and Deaths, CDLA, December 1844 to December 1853. ¹⁴ Mary Daly, *The Famine in Ireland* (Dublin, 1986), p. 100. ¹⁵ Parliamentary Report, 1847. ¹⁶ Registers of Discharges and Deaths, CDLA, to 1847. ¹⁷ Appendix to the Report of the Inspectors-General on District, Local and Private Lunatic Asylums in Ireland, 1845.

it seldom varied, nutritionally it was more than adequate. When famine was at its height, and the population outside of the asylum literally had not eaten for days, the inmate's diet could be described as positively sumptuous. There is no indication from the asylum accounts or from the board of governor's minutes that the patients' diet was cut significantly during the famine years. How then did a relatively well-fed and housed group succumb in such large numbers?

In a sense, escape from famine-associated death within the asylum depended upon a combination of genuine severity of psychiatric illness, and gendered assumptions regarding the innate characteristics of men and women in the nineteenth century. These two factors combined to determine where each patient was housed within the asylum buildings. Although males and females were increasingly segregated in asylums through separate male and female wings, their separate accommodation was not identically planned or allocated. The women, although housed for the most part in dormitories similar to the men, had greater access to uncrowded rooms within the asylum buildings during the daytime. When the asylum was constructed, it was hoped that the female inmates would produce clothes for the patients, and a large workroom at the top of the main building was stocked with the various necessary materials, including two quilting frames. Recuperative female patients who demonstrated a docile temperament were encouraged to work there, thereby taking them out of the often oppressive dormitories during the day. The female day room was also at the top of the main building, and was described by the Inspector in 1845 as 'present[ing] a very busy scene and pleasing appearance'.¹⁸ The male day room, on the other hand, was small and dark, with no occupation or diversion for the patients. In addition, those cases which were considered dangerously violent, or clearly incurable, were kept in the basement and ground floor wards and cells, and were frequently confined by day as well as night. Once a patient, and particularly a male patient, acquired a reputation for being difficult, the asylum staff were slow to revise it. The following case, described by the Inspector in 1847, was typical:

I found a patient ... locked up in his cell, lying on a straw bed placed upon the ground. He was represented as being subject to occasional attacks of great excitement, bordering on violence. On questioning him, he expressed a wish to be allowed out about the corridor and airing-yard, which request I got the Manager to comply with. I saw him in the airing yard afterwards; he appeared to conduct himself properly, and was quite tranquil.¹⁹

On the same corridor, the inspector visited a ward in which ten patients were confined to bed with dysentery. 'This ward was evidently overcrowded, and the air at night must consequently be rendered foul and highly injurious to the patients; and to add to the evil, we find that, from want of an infirmary, the sick and healthy classes are obliged to be accommodated in the same apartment, which

is very objectionable, but at the same time unavoidable under existing circumstances.²⁰ The spread of disease in these conditions was accelerated by the fact that the inmates spent between ten and twelve hours out of twenty-four locked in their dormitories. The state of a patient's health was therefore significantly determined by, literally, their level of occupation within the hospital buildings, and in 1847, men constituted a majority amongst the lower strata, along with the incurable females. When describing the three basement wards, the Inspector conjured up a monstrous picture:

It is truly melancholy to behold the number of unfortunate inmates who are destined to spend so great a portion of their lives in these underground apartments. The excitement, noise, and confusion which occurred amongst this class on my first entrance was most distressing to behold; and it struck me that there was evidently not a sufficient number of intelligent or active nurses to superintend a class labouring under the severest and most appalling forms of insanity, and which require, above all others, the most vigilant care and attention.²¹

Outside of moments of crisis such as the famine, men also tended to have less occupation than their female counterparts. The board of governors, along with the administrators of the other district asylums in Ireland, recognised the therapeutic value of manual work for patients. As the majority of inmates at Ballinasloe, both men and women, were designated 'from the labouring classes', it was considered important that such work be provided for them. However, the original grounds surrounding the asylum were quite small, with only eleven acres of farm land, so there was always a shortage of work for able-bodied men. In 1863, the asylum manager reported to the board of governors that he could find work within the asylum grounds for only twelve labouring men, out of a total male patient population of 178. Another four men were at work indoors, occupied in tailoring and repairing shoes. Women patients, on the other hand, fared rather better. Sixty-one of them were employed, twenty-seven at needlework and knitting, nineteen in the laundry, and a further fifteen in cleaning the asylum.²² Thus, although the women were literally unskilled, their domestic training, and their gender-specific roles within society as house workers, allowed them greater scope for occupation within the asylum. For the remainder of the patients, there was literally nothing to do all day long. As many were unable to read, the small library purchased by the manager in 1845 of 'light amusing books, such as have been approved by the National Board of Education' was of little use.²³ The board fretted about the adverse effects of prolonged inactivity, particularly on the male convalescent cases, but were hampered by a lack of trained staff, equipment and finances to alter the situation.²⁴

20 Ibid. 21 Ibid. 22 Parliamentary Report, 1863. 23 Board minutes, CDLA, 8 January 1845. 24 'The Medical Officer and Manager feel considerable embarrassment in not being able to have the inmates put to any other occupation, consequently a great

The overall picture of the experiences of men and women within the Connaught District Lunatic Asylum is a varied one, but it would appear that women fared somewhat better than men in terms of frequency of discharge, lower death rate, slightly better living conditions and the eventual possibility of being released permanently. Residence in the asylum undoubtedly carried a significant degree of stigma in nineteenth-century Ireland, but what is most surprising, in Ballinasloe as in the other district asylums, is the enormous expansion within the system throughout the century. From the administrators' point of view, the asylums offered a refuge and sanctuary to the mentally-ill population which raised them above anything they had previously experienced. The Inspector in 1862 declared of Ballinasloe:

Its inmates – at least, the great majority – belong to the humblest classes of the rural population, and are in every way most carefully attended to; indeed were we to adduce an instance of the benevolent and liberal spirit which pervades the management of Irish District Asylums, we would most appropriately refer to that at Ballinasloe, where patients, hitherto living in a destitute condition, are afforded food, raiment, lodging, and other domestic comforts previously unknown to them.²⁵

Whether the residents would actually have agreed with this assessment of the asylum is open to question; however it is true that the institution had a significant impact not merely in the immediate area, but throughout the whole of the province of Connaught for the nineteenth century.²⁶

part of the time which these unfortunate individuals spend in the Asylum, is of that monotonous and listless nature as to operate injuriously upon them.' Parliamentary Report, 1845. ²⁵ Parliamentary Report, 1862. ²⁶ My thanks to the staff of St Brigid's Hospital, Ballinasloe, for their help in the preparation of this paper.