“Confinement of the Higher Orders”: The Social Role of Private Lunatic Asylums in Ireland, c. 1820–60

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ABSTRACT The period 1820–60 marked an era of transition and diversity in Ireland that rapidly transformed the face of Irish society. Inextricably linked with these processes was the expansion of Ireland’s private asylum system. This system diverged from its British counterpart both in the socio-economic cohort it served and in the role it played within the mental health-care system as a whole. The implementation of the 1842 Private Asylums (Ireland) Act, the first legislative measure geared exclusively toward the system, highlighted the growing importance of private care in Ireland as well as providing for the licensing and regulation of these institutions for the first time. To date, historians of Irish medicine have focused almost exclusively on the pauper insane. This article aims to shift this emphasis toward other categories of the Irish insane through exploration of the Irish private asylum system, its growth throughout the period, and the social profile of private patients. I shall also interrogate the trade in lunacy model through exploration of financial considerations, discharge and recovery rates, and conditions of care and argue that while Irish private institutions were a lucrative business venture, the quality of care upheld was apparently high. Finally, I shall argue that Irish private asylums catered primarily for the upper classes and briefly explore alternative provisional measures for other non-pauper sectors of society. **KEYWORDS:** private asylums, madhouses, history of psychiatry, Ireland, Irish medical

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history, Irish mental health care, nineteenth century, class, trade in lunacy, Irish psychiatry.

THE period 1820–60 marked an era of transition and diversity in Ireland that rapidly transformed the face of Irish society. Inextricably linked with these processes was the expansion of Ireland's private asylum system. The social role of this network has yet to be examined, the tendency of medical historians in Ireland being the primary focus on the pauper insane.¹ This article will bridge this gap in order to expose a unique facet of Irish lunacy management and provide a more rounded understanding of Irish mental health care. Statistical analysis of the rising number of private asylums and their patients in Ireland will demonstrate the distinctive relationship between the Irish private and district (public) asylum systems. New perspectives will be added to existing historiographical models based on institutional provision and care in England and Wales, encompassing Ireland's unique social, political, and class structures.² Following the Act of Union in 1801, the British government controlled Ireland's administrative interests and directed Irish lunacy regulation. However, Ireland's asylum system diverged greatly from the British model, demonstrating the impact

1. See Mark Finnane, *Insanity and the Insane in Post-Famine Ireland* (London: Croom Helm, 1981); Elizabeth Malcolm, "'Ireland's Crowded Madhouses': The Institutional Confinement of the Insane in Nineteenth- and Twentieth-Century Ireland," in *The Confinement of the Insane: International Perspectives, 1800–1965*, ed. Roy Porter and David Wright (Cambridge: Cambridge University Press, 2003); Mark Finnane, "Asylums, Families and the State," *Hist. Workshop J.*, 1985, 20, 134–48; Oonagh Walsh, "'The Designs of Providence': Race, Religion and Irish Insanity," in *Insanity, Institutions and Society, 1800–1914*, ed. Joseph Melling and Bill Forsythe (London and New York: Routledge, 1999); Oonagh Walsh, "Gender and Insanity in Nineteenth-Century Ireland," in *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British Psychiatry*, ed. Jonathan Andrews and Anne Digby (Amsterdam and New York: Rodopi, 2004), 70; Oonagh Walsh, "Lunatic and Criminal Alliances in Nineteenth-Century Ireland," in *Outside the Walls of the Asylum: The History of Care in the Community 1750–2000*, ed. Peter Bartlett and David Wright (London and New Brunswick, New Jersey: Athlone Press, 2001); Catherine Cox, *Managing Insanity in Nineteenth-Century Ireland* (Manchester: Manchester University Press, 2010).

2. There are numerous works on private asylum provision in England and Wales, for example, William Parry-Jones, *The Trade in Lunacy: A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries* (Suffolk, UK: Boydell Press, 1972), and Leonard D. Smith, "The County Asylum in the Mixed Economy of Care, 1808–1845," in *Insanity, Institutions and Society, 1800–1914*, ed. Melling and Forsythe.

of Ireland's unique socio-cultural developments on asylum provision.

In 1823, the Prison Inspectors, who inspected Irish asylums until 1844, characterized private asylums as being for the confinement of the higher orders.³ The following year, they refined their definition to read: "private establishments, for the confinement of those who pay an annual sum . . . conducted on humane and judicious principles."⁴ These interpretations accentuate some of the key concerns of this study. First, the Inspectors distinguished a higher order of patient, implying the specificity and exclusivity of the private asylum system. Exploration of private patients' socioeconomic background will emphasize this trend, and the precise cohort in private care will be identified. Secondly, the Inspectors stated that private asylum patients must pay an annual sum for their up-keep, while from the outset describing these institutions as being kept for profit.⁵ This study will examine a number of the financial considerations within the private asylum system and question whether a trade in lunacy was sustainable in nineteenth-century Ireland. Thirdly, and contrary to the trade in lunacy model, the Inspectors identified the humane and judicious principles on which private asylums were expected to be run. Brief investigation of private asylum conditions in Ireland will ascertain whether these principles were at least upheld within the system.

This article will also emphasize the lack of asylum provision in place for the Irish middle classes during this period. In the wake of socioeconomic and demographic instability, the middle classes were gaining increasing footing in both urban and rural Ireland. In Dublin, the vacuum created by the decline of the upper classes after

3. House of Commons, "First Report of the Inspectors General on the General State of Prisons of Ireland, 1823," *Sessional Papers, 1823, Prisons of Ireland*, 14 May 1823, vol. 10, 299. From 1823 to 1844, the annual reports were compiled by the Prison Inspectors. Following this date, the newly established, separate Lunacy Inspectorate was responsible for the reports, which now comprised a separate document.

4. House of Commons, "Second Report of the Inspectors General on the General State of Prisons of Ireland, 1824," *Sessional Papers, 1824, Prisons of Ireland*, 6 May 1824, vol. 22, 279.

5. House of Commons, "First Report of the Inspectors General on the General State of Prisons of Ireland, 1823," 320. Parry-Jones likewise highlights this concern in the English context in *Trade in Lunacy*.

the union was being filled by these rising professional classes.⁶ Yet, the capital city remained both geographically and demographically isolated from the rest of the country. Even taking into account the increasing industrialization of the northeast, as well as trends toward urbanization in other random pockets, this left a staggering residual population to inhabit the “very backward,” “little urbanized or industrialized,” and “overpopulated” landscape of rural Ireland.⁷

While the effects of the famine on Ireland’s population are well documented, there is a lesser-told tale of triumph underlying the usual chronicles of death, disease, and economic downturn. After the famine, some upper-class landlords had become even stronger and by 1881, 48 percent of Ireland consisted of estates of 5,000 acres or more, controlled by only seven hundred landlords.⁸ However, to assume that other socioeconomic groups of the postfamine Irish were simply lucky survivors, struggling to get by and still fixed firmly under the thumbs of a handful of powerful landlords would be utterly misleading; for out of the ashes of the famine years rose a very distinct middling class of farmer, not poles apart from his British equivalent. The smaller tenants and cottiers who diminished during the famine paved the way for a more successful, middle-class farmer. Furthermore, the growing nonrenewal of long leases meant an increasing consolidation of farmland, which in turn engendered a countryside more similar in appearance to Britain.⁹

In many ways, postfamine Ireland can be broadly characterized as being mid-Victorian.¹⁰ This tendency toward the adoption of Victorian attitudes extended far beyond the parameters of living standards and prompted an altering of mind-sets toward a whole range of social and cultural customs. This included a steady growth in the level of literacy, the decline of the Irish language, and a

6. Oliver MacDonagh, “Ideas and Institutions, 1830–45,” in *A New History of Ireland V: Ireland under the Union, 1801–70*, ed. William Edward Vaughan (Oxford: Clarendon Press, 1989), 1: 193.

7. Cormac Ó Gráda, “Poverty, Population, and Agriculture, 1801–1845,” in *A New History of Ireland V*, 119; 110; R. V. Comerford, “Ireland 1850–70: Post-Famine and Mid-Victorian,” in *A New History of Ireland V*, 373.

8. K. Theodore Hoppen, *The Mid-Victorian Generation, 1846–1886* (Oxford: Clarendon Press, 1998), 574; William Edward Vaughan, *Landlords and Tenants in Mid-Victorian Ireland* (Oxford: Clarendon Press, 1994), 6.

9. Mary E. Daly, *The Famine in Ireland* (Dundalk: Dublin Historical Association/Dundalgan, 1986), 27.

10. Comerford, “Ireland 1850–70,” 372.

dramatic alteration in devotional routine.¹¹ In fact, although not universally prosperous, these progressing middle classes in rural society were becoming increasingly keen to assert their respectability, distancing themselves from associations with those of a lower ranking.¹² Because of this, one might suppose that access to private asylum care was among the new benefits enjoyed by the rising middle classes. However, as this article will argue, private asylum care remained primarily an upper-class commodity in Ireland, as the middle classes were forced to seek treatment elsewhere.

SOURCES

As institutional records were not available to this study, the annual reports of the Lunacy Inspectors are by far the most important source regarding private asylums. From 1823 to 1844, the reports were compiled by the Prison Inspectorate, forming part of their Prison Reports for Ireland. Following this date, the newly established, separate Lunacy Inspectorate were responsible for the reports which now comprised a separate document known as the *Annual Reports on the District, Criminal and Private Lunatic Asylums in Ireland*. Before the establishment of the Lunacy Inspectorate, the Annual Reports lacked any distinctive format, and even thereafter, the depth of information varied from year to year. Up until 1844, the reports tended to examine private asylums individually, demonstrating no clear awareness of an emerging private asylum system per se. Yet in 1844, the format changed, the reports became lengthier and far more detailed and included appendices detailing statistics on increasingly wide-ranging topics. As the century progressed, the appendices to the reports, in particular, often provide valuable statistics regarding private asylums and their inmates. They include information concerning admissions, discharges, and cure rates; patient numbers and number of private asylums; mode of commitment; proportion of attendants to patients; means of restraint employed in institutions; and patients' previous occupations, marital status, and gender.

11. Ibid., 391, 373, 387.

12. Ibid., 387. The key text regarding respectability in the British context is E. P. Thompson, *The Rise of Respectable Society: A Social History of Victorian Britain, 1830-1900* (Cambridge, Massachusetts: Harvard University Press, 1988).

Such details, however, appear sporadically, and do not include information on patients' religion. Furthermore, the title "Annual" Report is misleading as the Inspectors often skipped years, at times disclosing two years' findings in one report, or even failing to supply any report at all. This inconsistency poses difficulties when attempting to trace trends at specific intervals. For these reasons, statistical information examined in this study is often selective. The reports in 1846 and 1854, for instance, often provide the bulk of statistical evidence. The reports are by no means unbiased and this becomes particularly apparent following the establishment of the Lunacy Inspectorate as the reports adopt an increasingly medicalized approach and tone. It is furthermore difficult to obtain any information from the reports regarding *unlicensed* asylums in Ireland, as the Inspectorate only conducted inspections of licensed houses. While additional records of the Office of the Lunacy Inspectors have survived, their poor quality has rendered them unavailable to this study.

THE IRISH ASYLUM SYSTEM

The manner by which Ireland acquired a national system of public asylums has been well documented.¹³ However, its relationship to the private asylum system has been largely ignored. In 1817, an Act was passed empowering the Lord Lieutenant to direct the erection and establishment of asylums for the lunatic poor in Ireland and between the 1820s and 1860s, twenty-one asylums were built.¹⁴ Simultaneously, the Irish private asylum system experienced a rapid expansion. As demonstrated in Figure 1, the number of Irish private asylums multiplied from six in 1825 to twenty in 1865, of which thirteen were in the county of Dublin. The remaining seven were dispersed throughout Armagh, Cork, Limerick, Wexford, and Queens (Laois). Thus over a forty-year span, the number of Irish private asylums more than tripled, while simultaneously spreading north and south of the capital. As their name suggests, district asylums were more evenly distributed throughout the country,

13. See Finnane, *Insanity and the Insane in Post-Famine Ireland*.

14. Asylums for Lunatic Poor (Ireland) Act, 1817, 57 Geo. 3, c.106; Malcolm, "Ireland's Crowded Madhouses," 319.

Fig. 1. Number of private asylums in Ireland: 1825–1900. (Compiled from House of Commons, “Report of the Inspectors General on the General State of Prisons in Ireland”, 1825; 1830; 1835; 1840, and House of Commons, “Report on District, Local and Private Lunatic Asylums in Ireland”, 1845; 1848; 1854; 1861; 1865; 1872; 1880; 1890; 1900; 1910; 1919.)

providing the only available care for the rural inhabitants of the west of Ireland where private asylums failed to gain foothold.

The concurrent expansion of the two Irish asylum systems contrasts sharply with trends in England and Wales, where public and private asylums competed for their clientele. This can be attributed to the impact of the 1845 Lunacy Act on the private asylum system in England and Wales.¹⁵ The previous Lunacy Act of 1808 had permitted the establishment of county asylums but had not made them mandatory and by 1844, only fifteen asylums had been erected under this Act.¹⁶ Within a few years of the implementation of the 1845 Act however, wherein the establishment of county asylums became compulsory, the number of private asylums began to decrease dramatically and continued to plummet right through to the end of the century. These trends were largely due to the boarding-out of paupers in private dwelling houses in England and Wales, prior to the passing of the 1845 Act.¹⁷

As Irish district asylums had become compulsory in 1817, this phenomenon was not mirrored in the Irish context. On the

15. Parry-Jones, *Trade in Lunacy*, 15.

16. *Ibid.*

17. *Ibid.*, 7.

Fig. 2. Number of private asylums in England and Wales: 1815–1900. (Compiled from Parry-Jones, *Trade in Lunacy*, 30–31.)

contrary, by 1846 the Local Board of Governors and the Irish Lunacy Inspectors were suggesting that district asylums admit some paying patients.¹⁸ The growth of the Irish private asylum system also continued long after the decline of its British counterpart, due to this very separate relationship between public and private asylums in Ireland. Comparing Figures 1 and 2, by 1860 the number of private asylums in England and Wales had begun to decline, yet in Ireland they had doubled, and continued to rise up until 1890. If, as Parry-Jones has suggested, there existed a “trade-off” between public and private mental health care in nineteenth-century England and Wales, this was not the case in Ireland. The number of Irish private asylums in fact rose, *despite* the growth of the district system, suggesting that private mental health care occupied a distinctive role in Ireland during this period.

The number of patients in Irish private asylums also rose significantly during this period. As Figures 1 and 3 demonstrate, in 1830 there were 272 patients distributed among ten asylums, or on average, 27.2 patients per asylum.¹⁹ By 1865, there were 553 patients in twenty asylums, giving an average of 27.65 per asylum and demonstrating only a negligible increase per asylum. Such averages,

18. House of Commons, “Report on District, Local and Private Lunatic Asylums in Ireland, 1846,” *Sessional Papers, 1847, Lunatic Asylums*, 1847, vol. 17, 366.

19. 1830 was the first year in which patient numbers were included in the annual reports.

Fig. 3. The number of patients in private asylums in Ireland: 1830–1920. (Compiled from House of Commons, “Report of the Inspectors General on the General State of Prisons of Ireland”, 1830; 1835; 1840, and House of Commons, “Report of District, Local and Private Lunatic Asylums in Ireland”, 1845; 1848; 1854; 1861; 1865; 1872; 1880; 1890; 1900; 1910; 1919.)

however, are misleading as they imply that patient numbers were spread evenly across the numerous institutions in the country. In reality, asylums differed greatly in size. For example, in 1854 there were 459 patients in the fourteen private asylums in Ireland. Swift’s Hospital, however, housed 145 of these patients while the mean average among the other thirteen asylums was approximately twenty-four. As Table 1 demonstrates, many institutions were smaller still, with Jamestown House in Dublin admitting just three patients in the same year and Bushy Park in Limerick only four. These averages do, however, reveal a relatively unchanged capacity among private asylums during the period, suggesting that supply was meeting demand.

The practically uninterrupted rise in patient numbers during this period is remarkable given the wider demographic environment in Ireland. In 1821, the population of Ireland was just over 6.8 million.²⁰ The population peaked at just over 8.1 million in 1841, but by 1861 it had fallen to just under 5.8 million.²¹ With the exception of a drop in eleven patients between 1845 and 1850, during which time the famine was depleting a large portion of the

20. Alvin Jackson, *Ireland, 1798–1998: Politics and War* (Oxford, UK: Blackwell, 1999), 441.

21. *Ibid.*, 442, 444.

TABLE 1

The Number of Patients in Private Asylums in Ireland in 1854

<i>Name of asylum</i>	<i>No. of patients</i>
Retreat, Armagh	27
Cittadella, Cork	20
Lindeville, Cork	36
Bellevue, Dublin	33
Eagle House, Dublin	25
Farnham House, Dublin	37
Jamestown House, Dublin	3
Hampstead House, Dublin	28
Hartfield House, Dublin	42
Lysle House, Dublin	9
Bloomfield Retreat, Dublin	25
Midland Retreat, Queen's County	20
Bushy Park, County Limerick	9
Swift's Hospital	145

House of Commons, "Seventh Report on the District, Criminal, and Private Lunatic Asylums in Ireland, 1854," *Sessional Papers, 1854-5, Lunatic Asylums*, 1855, vol. 16, 54.

population as a whole, patient numbers retained a steady increase until 1872.

Another important point of note is that the number of patients in private asylums does not reflect the number of private patients in Ireland. St. Patrick's Hospital, the largest private institution in the country, was a semi-charitable establishment and received a considerable number of "free," pauper patients. In 1845, eighty-seven of St. Patrick's 144 patients were paupers.²² Furthermore, other smaller institutions such as the Retreats at Armagh and Donnybrook also took in some "charitable" patients. The above statistics regarding the number of patients in private asylums must thus be considered with this in mind.

The Irish private asylum system contained a significantly smaller number of patients than public asylums in Ireland or private asylums in England and Wales. Although the number of district and

22. House of Commons, "Report on District, Local and Private Lunatic Asylums in Ireland, 1845," *Sessional Papers, 1845, Lunatic Asylums*, 1846, vol. 22, 420.

private asylums in Ireland rose contemporaneously during the period, the rate of increase was drastically different. While in 1830 there were 272 inmates in private asylums in Ireland, this number was considerably larger in district asylums where in the same year there were beds for 791 pauper lunatics.²³ By 1869, the number of beds in district asylums had increased almost tenfold to 7,593. Yet, in private asylums, in 1868, there were only 632, representing little more than a twofold rise.²⁴

Given the vast disparities in general population between Ireland, and England and Wales, it is difficult to gain a sense of the relative significance of private asylum provision in Ireland in real terms. Proportionate numbers are therefore more instructive. As Table 2 demonstrates, in 1847 provincial and metropolitan licensed houses accommodated approximately 48 percent of the total incarcerated population in England and Wales. A year previously, Irish private asylums catered for only 12.3 percent of the same population, demonstrating a far more significant role for private asylums within the British mental health-care system. While the role of private asylums in England and Wales had become less significant by 1860, catering now for only 18.1 percent of all incarcerated individuals, the relative significance of Ireland's private asylums had also declined to 10.4 percent. This is surprising, given the rise in the number of Irish private asylums during this period. It also reaffirms the greater social significance of private mental health care in England and Wales, demonstrating that even after the county asylum system had been established and the majority of pauper patients transferred out of private care, just under a fifth of all incarcerated individuals remained in these institutions.

It was as a consequence of the earlier establishment of the Irish district asylum system that this trend occurred. Their independence from the district system meant that Irish private asylums catered primarily for those who paid fees, with the exception of a handful of semi-charitable institutions such as St. Patrick's Asylum and the Retreats at Donnybrook and Armagh. The Irish private asylum

23. Walsh, "Gender and Insanity," 69.

24. Walsh, "The Designs of Providence," 227; House of Commons, "The Eighteenth Report on District, Local and Private Lunatic Asylums in Ireland, 1868," *Sessional Papers, 1868-9, Lunatic Asylums*, 1869, vol. 27, 418.

TABLE 2

The Proportion of Patients in Private Asylums in Ireland, and England and Wales

	<i>Ireland</i>		<i>England and Wales</i>	
	1846	1860	1847	1860
Total in private asylums	418	498	6,629	4,300
Total in all asylums	3,386	4,803	13,832	23,717
Percentage of patients in private asylums	12.3	10.4	47.9	18.1

Compiled from Parry-Jones, *Trade in Lunacy*, 55, and House of Commons, “Report on District, Local and Private Lunatic Asylums in Ireland,” 1846 and 1860.

system thus occupied a very unique role in the management of lunacy in Ireland, which diverged greatly from its equivalent model in Britain.

CONFINEMENT OF THE HIGHER ORDERS

So far I have suggested that Irish private institutions were intended for an exclusive sector of society. A survey of the social profile of private patients is particularly illustrative of this trend. As already noted, there was a large emphasis placed upon private patients’ affluence, leading the Inspectors to define private asylums as existing for the “confinement of the higher orders.”²⁵ While several scholars have explored the socioeconomic background of Irish public asylum (mainly pauper) patients,²⁶ little literature has been devoted to the unique socioeconomic background of private asylum

25. House of Commons, “First Report of the Inspectors General on the State of Prisons of Ireland, 1823,” 299.

26. See Elizabeth Malcolm, *Swift’s Hospital: A History of St. Patrick’s Hospital, Dublin, 1746–1989* (Dublin: Gill and Macmillan, 1989); Finnane, *Insanity and the Insane*; Walsh, “Gender and Insanity”; Walsh, “The Designs of Providence”; Walsh, “Lunatic and Criminal Alliances”; Patricia Prestwich, “Family Strategies and Medical Power: ‘Voluntary’ Committal in a Parisian Asylum, 1876–1914,” *J. Soc. Hist.*, 1994, 27, 799–818. For the British case, see David Wright, “Family Strategies and the Institutional Confinement of ‘Idiot’ Children in Victorian England,” *J. Fam. Hist.*, 1998, 23, 190–208; David Hirst and Pamela Michael, “Family, Community and the Lunatic in Mid-Nineteenth-Century North Wales,” in *Outside the Walls of the Asylum: The History of Care in the Community 1750–2000*, ed. Peter Bartlett and David Wright (London: Athlone Press, 2001).

inmates. Analysis of the gender, marital status, previous occupation, and discussion of private patients' religion will allow further assessment of the significance of their social status.

Taking 1846 and 1854 as sample years, Figure 4 demonstrates that a majority of private patients were either single or widowed, outnumbering their married counterparts by more than three to one.²⁷ This element of patients' social profile was similar in Irish district asylums, wherein just 34.1 percent of the asylum population were married in 1846.²⁸

The high rates of unmarried in private asylums (86.6 percent in 1846 and 77.1 percent in 1854) must however be regarded within the wider social context of the Irish population as a whole. First, nineteenth-century Ireland had the latest and lowest marriage rates of any country for which statistics are available.²⁹ Secondly, the latest and rarest marriage rates in all of Ireland were in prosperous urban areas.³⁰ Timothy Guinnane has even suggested that "the worst marriers were on the best land in the country," indicating that the landlord classes, who famously neglected their daughters' dowries in favor of indulging their sons, had an especial aversion toward marriage.³¹

The high numbers of unmarried private patients proved conspicuous enough to warrant remark from the Lunacy Inspectors, who went so far as to attribute the single status of many patients as a cause of insanity. The inspectors asserted that "the unsettledness of a single state, particularly if attended with disappointments and the want of domestic occupations, may occasionally, at certain ages, and in certain constitutions, produce deleterious

27. The first year in which the Annual Reports provided statistics on marital status and occupation was 1846. The 1854 report contains the latest detailed account for the period 1820–60. For these reasons, the years 1846 and 1854 have been selected as sample years.

28. House of Commons, "Report on District, Local and Private Lunatic Asylums in Ireland, 1846," 425. For a full discussion of marital status of the pauper insane in the later decades of the nineteenth century, see Finnane, *Insanity and the Insane*, 129–36.

29. Kenneth Hugh Connell, "Peasant Marriage in Ireland: Its Structure and Development since the Famine," *Econ. Hist. Rev.*, 1962, 14, 502.

30. Catriona Clear, *Social Change and Everyday Life in Ireland, 1850–1922* (Manchester: Manchester University Press, 2007).

31. Timothy Guinnane, *The Vanishing Irish: Households, Migration and the Rural Economy in Ireland 1850–1914* (Princeton: Princeton University Press, 1997); Clear, *Social Change*, 84.

	Married			Single or Widowed			Total	
	M	F	T	M	F	T	M	F
1846	9.4	19.8	13.4	90.5	80.1	86.6	61.6	38.4
%								
1854	19	27.5	22.9	81	72.5	77.1	54.9	45.1
%								

Fig. 4. Gender and marital status of private asylum patients in Ireland in 1846 and 1854. (Compiled from House of Commons, “Report on District, Local and Private Lunatic Asylums in Ireland, 1846,” 84, and “Report on District, Local and Private Lunatic Asylums in Ireland, 1854,” 54.)

effects on the mind.”³² Such an interpretation demonstrates a broader linkage between single life and insanity which has been noted in the British case. In Britain, this has mostly been referred to as a female problem, characterized by diagnostic terms such as “old maid’s insanity.”³³

However, Figure 4 shows a prevalence of single men over women in the Irish context, running counter to the British model. Unlike England, there were a higher proportion of men in private asylums in Ireland. The Inspectors commented on this phenomenon, surmising that “in the more affluent grades of society, men, having greater opportunities, and being under less personal control than females, indulge more frequently in a course of life which occasionally leads to that perversity of action and idea recognized under the term of moral insanity.”³⁴ This male predominance in

32. House of Commons, “Sixth Report on the District, Criminal, and Private Lunatic Asylums in Ireland, 1852,” *Sessional Papers, 1852–3, Lunatic Asylums*, 1853, vol. 41, 353, 370.

33. Anne Digby, “Women’s Biological Straightjacket,” in *Sexuality and Subordination: Interdisciplinary Studies of Gender in the Nineteenth-Century*, ed. Susan Mendus and Jane Rendall (London and New York: Routledge, 1989), 204.

34. House of Commons, “Sixth Report on the District, Criminal, and Private Lunatic Asylums in Ireland, 1852,” 370.

private asylums may either be due to a greater willingness to pay highly for the treatment of male family members or to the fact that women could be more easily cared for in the home.³⁵

Table 3 details patients' occupational background as recorded in 1846 and 1854.³⁶ Those who previously held "no occupation" comprise just over half the patient population, at approximately 56 percent in 1846 and approximately 59 percent in 1854. This trend, may, at a glance, appear unusual, as it suggests that a majority of patients were previously unemployed, implying that their maintenance in a private establishment was more than likely due to family contributions. It might also suggest that there was a tendency among unemployed individuals to descend into insanity, or that the potentially insane had been unable to secure employment previous to incarceration. Yet, the Lunacy Inspectors paint a rather different picture, stating that "those under the heading 'No Occupation' are mainly comprised of females and persons of independent fortune."³⁷ The significance of this interpretation should not be underestimated. The landlord class was the smallest, but economically most significant, group in rural Irish society. Furthermore, that they might be classed as having "no occupation" is unsurprising. Landlords usually let their land to intermediate landlords, commonly called middlemen or agents, who sublet their holdings to smaller tenants and cottiers.³⁸ For this reason, one might easily deduce that landlords, recorded as holding "no occupation" were in fact the people of independent fortune.

Table 3 also demonstrates both an actual and proportionate rise in the number of farmers in private asylums. While in 1846 there were eight farmers, by 1854 this number had doubled. Following the famine, and due to the increasing consolidation of farmland, Irish farmers were becoming wealthier and growing numbers were availing of the benefits associated with a middle-class status, in this case, the private asylum. Most surprising, however, is the relative

35. Walsh, "Gender and Insanity," 73–74.

36. Once again the intervals at which statistical information are selected are determined by the availability of information in the Annual Reports.

37. House of Commons, "Seventh Report on the District, Criminal, and Private Lunatic Asylums in Ireland, 1854," *Sessional Papers, 1854–5, Lunatic Asylums*, 1855, vol. 16, 158.

38. James S. Donnelly, "Landlords and Tenants," in *A New History of Ireland V*, 332.

TABLE 3

Previous Occupations of Patients in Private Asylums in Ireland in 1846 and 1854

	<i>Navy</i>	<i>Church</i>	<i>Medicine</i>	<i>Farmer</i>	<i>Student</i>	<i>Law</i>	<i>Other occupation</i>	<i>Army</i>	<i>Trade</i>	<i>No occupation</i>
1846	1.2	1.2	1.2	3.3	4	4.9	5.3	11.4	11.4	56
1854	0.7	4.1	1.3	3.5	3.3	3.9	10.7	5.4	7.8	59.3

Compiled from House of Commons, "Report on District, Local and Private Lunatic Asylums in Ireland," 1846, 84, and 1850, 54.

under-representation of the professional middle classes in private asylums. Those under the heading "medicine" represent only 1 percent of inmates in both 1846 and 1854, demonstrating that although the medical profession was on the rise in Ireland during this period, medical practitioners were not accommodated in a significant way. Those in law were only slightly higher at 5 percent in 1846 and only 4 percent in 1854, while there were also proportionate decreases in inmates under the headings of "student," "army," and "trade." Those under "other occupation" are slightly better represented at approximately 5 percent in 1847 and 11 percent in 1854, although it is difficult to ascertain the nature of their employment. However, the rise in this category might be due to the emergence of "new" professions during this period such as civil engineers, photographers, authors, editors, writers and architects.³⁹

Of course these statistics do not take into account the number of women in private asylums during this period. In 1846 female inmates accounted for just over a third of all patients, and by 1854 this number had risen to just under half. As the majority of women were usually recorded as having "no occupation," they would account for a sizable proportion of this category. However, there are two points of note here. First, assuming that all female inmates were recorded as having no occupation, this still left 19 percent of men "unemployed" in 1846 and 14 percent in 1854, a position unrivaled by any other profession. Secondly, it is highly possible that a number of women were entered into the records under the profession of their husband or father, as was often the tendency in district asylums.⁴⁰ If this was the case, then the number of men recorded as having "no occupation" would be even more significant, as many women might fall under the category of farmer, army, etc.

Although private asylum patients' religion is not recorded in the annual reports, it is likely that at least a significant proportion of patients were Protestant. Focusing exclusively on St. Patrick's hospital, Malcolm asserts that the typical 1840s admission would be an

39. William Edward Vaughan, "Ireland, c. 1870," in *A New History of Ireland* V, 741.

40. See Finnane, *Insanity and the Insane*, 133.

unmarried Protestant male.⁴¹ Malcolm also notes that if not financially dependent upon his family, the typical inmate would be a lawyer, doctor, clergyman, farmer, clerk, soldier, or sailor.⁴² This superficial profiling compares well with the findings of this study. As St. Patrick was semi-charitable, with a graded maintenance fee system, it is likely that higher numbers of professionals would be accommodated within this asylum than the percentage found within the system as a whole. Furthermore, the social profile of those in the private asylum system points to the Protestant community within Dublin city and county, in the vicinity of which the majority of private asylums were located. In his examination of the links between religious and occupational profiles in 1871, William Edward Vaughan has argued that while 78 percent of farmers were Catholic, they were under-represented among doctors, barristers, solicitors, clergymen, and merchants.⁴³ Moreover, he contends that Protestants often retained the higher incomes.⁴⁴ Malcolm is thus likely to be correct in her assumption that while Catholics were over-represented in the district asylum system, Protestants were over-represented in private asylums.⁴⁵

A COSTLY BUSINESS

It is difficult to escape historiographical associations with the trade in lunacy when investigating the financial considerations of any private asylum system. This model, which traditionally emphasizes the profiteering nature of the private asylum over any real concern for the welfare of its inmates, immediately distinguishes private asylums from their public or district counterparts, necessitating completely separate legislative measures.⁴⁶ Indeed, in the Irish context, the steady rise in the number of both private asylums and their inmates necessitated a form of governmental surveillance

41. Malcolm, *Swift's Hospital*, 142.

42. *Ibid.*, 143.

43. Vaughan, "Ireland c. 1870," 741.

44. *Ibid.*

45. Elizabeth Malcolm, "The House of Strident Shadows: The Asylum, the Family and Emigration in Post-Famine Rural Ireland," in *Medicine, Disease and the State in Ireland 1650–1940*, ed. Elizabeth Malcolm and Greta Jones (Cork: Cork University Press, 1999), 179.

46. For a full discussion of this historiographical model, see Parry-Jones, *Trade in Lunacy*.

previously uncalled for. Prior to 1842, there was no legislation specifically geared at the licensing of Irish private asylums. Licensing was introduced in England and Wales in 1774, yet it was not until 1842 that such a provision was deemed necessary in Ireland, possibly due to the smaller scale and later establishment of Ireland's private asylum system.⁴⁷ Along with the introduction of licensing, the 1842 Private Asylums (Ireland) Act provided for the rigorous tightening up of the regulation and inspection of Irish private asylums, along with protective measures for committal procedures, as will be examined later.⁴⁸ This reflects a marked tendency toward centralization during this period and in many ways the Act may be viewed as just one element of a wider governmental reform in Ireland.⁴⁹ However, it is also important to consider the impact of this legislation on the Irish private asylum system specifically, in terms of the proprietor, asylum staff, and the inmate.

The introduction of private asylum licensing under the 1842 Act proved an expensive, though by no means crippling, measure for the proprietor. The fee for a license to be stamped was ten shillings, with an additional ten shillings payable for every proposed inmate. This latter figure could not amount to less than five pounds, exclusive of the stamp duty, meaning that the minimum rate payable in full would amount to £5 10s.⁵⁰ Some variables of the licensing fees are included in Table 4. It demonstrates that asylums proposing to receive ten inmates or less were charged the minimum fee of £5 10s. Thereafter, each proposed patient would cost the asylum proprietor an additional 10s with no upper limit.

The license, once granted, was transmitted to the Inspectors.⁵¹ The money received for the license was then paid toward the Inspectors' expenses while the balance was "paid into the Exchequer to the Account of the Consolidated Fund," from where it could once again be extracted and paid toward any expenses as deemed necessary.⁵² That the licensing fees might be necessarily

47. Regulation of the Madhouses Act, 1774, 14 Geo. 3, c.49.

48. Private Lunatic Asylums (Ireland) Act, 1842, 5 & 6 Vict., c.123.

49. For more on centralization and Irish government reform, see MacDonagh, "Ideas and Institutions."

50. Private Lunatic Asylums (Ireland) Act, 1842, 5 & 6 Vict., c.123, s.7.

51. *Ibid.*, s.8.

52. *Ibid.*, s.9 and 10.

high in order to generate the revenue required for the implementation of the new regulations is unlikely given the musings of the Inspectorate in 1862 that during a nine-month period:

sixteen licenses were issued, authorizing the reception of 303 patients, the fees paid on which amount to £161. These fees in full now produce annually upwards of £200, or *more than double* the sum necessary to cover the expenses attendant on the supervision of private licensed houses (own emphasis).⁵³

This would suggest that the annual expenditure of the Lunacy Inspectorate amounted to roughly £100, leaving a remarkably generous surplus to the Exchequer. However, this measure was by no means unusual by contemporary standards. In England and Wales, the minimum payment for a license was raised to £15 in 1828, having previously been set at £10 under the 1774 Act.⁵⁴

The direct impact of the licensing fee on private asylum proprietors is difficult to estimate accurately. To begin with, it is necessary to establish the average fee charged by the asylum to inmates. In 1831, the Inspectors stated that the three patients in the Retreat at Armagh, a semi-charitable institution, paid between £30 and £50 each annually.⁵⁵ In 1840, it was recorded that St. Patrick's Asylum in Dublin received patients "from so high a rate as £100 each a year in a graduated scale, down to a large class of free patients."⁵⁶ However, the vast majority of patients at St. Patrick's asylum paid a considerably lower price. Only five patients paid £100 each, eighteen paid £60 each, thirty-five paid "less," and the remaining ninety-four were free.⁵⁷ By 1845, new rules directed that the fees at St. Patrick's were not to exceed £60 each.⁵⁸ However, St. Patrick's hospital and the Retreat were both semi-charitable institutions and

53. House of Commons, "Eleventh Report on the District, Criminal, and Private Lunatic Asylums in Ireland, 1862," *Sessional Papers, 1862, Lunatic Asylums, 1862*, vol. 23, 572.

54. Parry-Jones, *Trade in Lunacy*, 296–97.

55. House of Commons, "Ninth Report of the Inspectors General on the State of the Prisons of Ireland, 1831," *Sessional Papers, 1830–1, Prisons of Ireland*, 21 February 1831, vol. 4, 301.

56. House of Commons, "Nineteenth Report of the Inspectors General on the State of the Prisons of Ireland, 1840," *Sessional Papers, 1841 Session 1, Prisons of Ireland, 1841*, vol. 6, 767.

57. *Ibid.*, 9.

58. House of Commons, "Report on District, Local and Private Lunatic Asylums in Ireland, 1845," 423.

TABLE 4
Breakdown of License Fees

No. of patients	Minimum license fee	Additional charges for inmates	Total license fee
2	£5 10s	—	£5 10s
10	£5 10s	—	£5 10s
15	£5 10s	£2 10s	£8
20	£5 10s	£5	£10 10s

Compiled from Private Lunatic Asylums (Ireland) Act, 1842, 5 & 6 Vict., c. 123.

are thus not illustrative of the standard private asylum fee. Several advertisements for private asylums in contemporary editions of the *Medical Directory for Ireland* detail the cost of lodging at the more traditional institutions. In 1846 Eagle Lodge in Dublin charged a maximum of £80 and a minimum of £56 annually; in 1858 Hampstead House in Glasnevin also charged £80.⁵⁹ All of these examples, taken together, indicate that the approximate fee for one year's board at a standard private asylum lay at £80.

Thus taking £80 as a standard private asylum fee, the impact of licensing fees on the asylum proprietor's finances may be established. The minimum license fee of £5 10s, charged by the government, was obviously less of a burden on the larger institutions, namely those comprising ten or more patients. Table 5 illustrates the inequalities between larger and smaller asylums.

Asylums with larger numbers such as Hampstead House, which in 1844 housed twenty inmates, would be charged an additional 10s each for its additional ten patients, resulting in a total license fee of £10 10s.⁶⁰ In this instance, however, such a hefty fee was easily softened by the revenue generated from the asylum's own fees, at £80 per patient, amounting to £1,600. However, it is clear that the licensing system was operating against smaller institutions. Nevertheless, the costs entailed by the new licensing legislation

59. Henry Croly, *Medical Directory for Ireland*, 1846; *Medical Directory for Ireland*, 1858.

60. House of Commons, "Report of the Inspectors General on the District, Local, and Private Lunatic Asylums in Ireland, 1844," *Sessional Papers*, 1845, *Lunatic Asylums*, 1845, vol. 26, 299.

TABLE 5

Impact of License Fee on Proprietors' Profit

<i>No. of patients</i>	<i>Fee per patient</i>	<i>Total fees received</i>	<i>Total license fee</i>	<i>Profit before expenses</i>
2	£80	£160	£5 10s	£154 10s
10	£80	£800	£5 10s	£794 10s
20	£80	£1600	£10 10s	£1589 10s

Compiled from Private Lunatic Asylums (Ireland) Act, 1842, 5 & 6 Vict., c. 123.

were by no means exorbitant compared with the amount generated in fees.

The income produced by fees was also required for the general upkeep of the asylum itself. Among the primary expenses incurred by asylum proprietors were the wages of physicians and other staff. The Annual Reports again provide some insight into these figures, although the evidence is admittedly limited. The only information available regarding wages concerns those employed at St. Patrick's and since it was a semi-charitable institution, it did not require a license. Furthermore, St. Patrick's was considerably larger in size than any other private asylum in Ireland, receiving fifty-seven patients in 1844 and thus the figures outlined in Figure 5 should be considered with this in mind.⁶¹

Figure 5 indicates that institutions of a larger size required considerable attention and upkeep. As demonstrated in the "servants" section, staff also required rations and clothing. The physician's salary of £100 per annum certainly placed him in the category of upper-middle class during this period. The estimated annual wage of a "poor landless laborer" during this period was £15–20.⁶² The opening of a private asylum also provided well-paid positions for asylum staff. One such example is the female attendant at the garden gate. While her salary stands at only £5 per annum, her rations and clothing amount to three times this figure, thus supplying her with a gross annual income of £20. This immediately

61. *Ibid.*, 31.

62. Ó Gráda, "Poverty, Population, and Agriculture," 113.

OFFICERS.

Physician – Dr. C. P. Croker, £100 per annum,	Matron – Catherine Cumming, £100 per annum,
Surgeon – W. J. Cusack, Esq., 100 –	Accountant – Joseph Goslett, 50 –
Master – James Cumming, 150 –	Clerk – Veale Dillon Cole 50 –
	Total £550

SERVANTS.

	Yearly Salary.			Estimated Value of Rations.			Estimated Value of Clothing.		
	£	s.	d.	£	s.	d.	£	s.	d.
1 Gardener									
1 Male Keeper	21	0	0	13	0	0	3	0	0
1 Ditto	18	0	0	13	0	0	3	0	0
4 Ditto, each	16	0	0	13	0	0	3	0	0
1 Gate Porter	15	0	0	13	0	0	3	0	0
1 Hall Porter and Messenger	12	0	0	13	0	0	3	0	0
1 Female Keeper	10	0	0	13	0	0	3	0	0
2 Ditto, each	12	0	0	13	0	0	2	0	0
1 Head Nurse	10	0	0	13	0	0	2	0	0
1 Cook	12	0	0	13	0	0	2	0	0
1 Laundress	12	0	0	13	0	0	2	0	0
4 Laundry Maids, each	15	0	0	13	0	0	2	0	0
2 Kitchen Maids	5	0	0	13	0	0	1	0	0
11 Ward Maids	5	0	0	13	0	0	1	0	0
1 Female Attendant, Garden	5	0	0	13	0	0	1	0	0
Gate	5	0	0	13	0	0	2	0	0
Totals £	173	0	0	195	0	0	34	10	0

Fig. 5. Lists of officers and servants on 1 January 1844. (Compiled from House of Commons, “Report of the Inspectors General on the District, Local, and Private Lunatic Asylums in Ireland, 1844,” *Sessional Papers, 1845, Lunatic Asylums*, 1845, vol. 26.)

equates her with the “poor landless laborer,” yet frees her from the hardships and struggle generally associated with this class of farmer. Furthermore, the wages of other attendants compete well with those in Britain.⁶³ This indicates that not only the proprietor, but also the staff of a private asylum in Ireland benefited from the system in place.

Irish fees were high compared with private asylum fees in England and were affordable for only a very distinguished element of the population.⁶⁴ Modes of committal into a private asylum placed the burden of maintenance costs upon the lunatic and/or their family. If committed as a result of a Commission in Lunacy, the lunatic's own estate would provide the costs for care. If a friend or relative applied directly to the asylum, without a Commission, either they or the lunatic's estate were again liable. Estimated gross incomes in Ireland determine that less than 4 percent of earners, or 96,000 individuals, made in excess of £100 for the year 1867, while the average income for “each person of independent means” was estimated at £31.⁶⁵ This meant that the target market of the Irish private asylum system was extremely narrow, very upper class and essentially discriminatory toward the rising middle classes.

The 1842 Act also provided a degree of protection for the private asylum inmate, most notably in its provision regarding committal. The road into a private asylum differed from that of the district system. While committal under the 1838 Dangerous Lunatics Act became the most common form of admission in Ireland, this applied to district asylums.⁶⁶ The 1842 Act stipulated that no person might be admitted to a private asylum without “an order under the Hand of the Person by whose Direction such Insane Persons shall have been sent,” nor without “a Medical Certificate of Two Physicians, Surgeons, or Apothecaries.”⁶⁷ This provision differed to the district asylum committal system, where only one medical certificate was required. Finnane suggests that the reason

63. See Leonard D. Smith, “Behind Closed Doors; Lunatic Asylum Keepers, 1800–60,” *Soc. Hist. Med.*, 1988, 1, 311.

64. See Parry-Jones, *Trade in Lunacy*, 104, 125.

65. Vaughan, “Ireland, c. 1870,” 779; R. Dudley Baxter, *National Income: The United Kingdom (Read before the Statistical Society of London, January 21, 1868)* (London, 1868), 61.

66. Criminal Lunatics (Ireland) Act, 1838, 1 & 2 Vict., c.27; Finnane, *Insanity and the Insanity*, 91–92.

67. Private Lunatic Asylums (Ireland) Act, 1842, 5 & 6 Vict., c.123, s.14.

for this disparity was the assumption that “no advantage, other than a social one, would accrue to the partners in the committal of a poor person.”⁶⁸ However, he argues, private asylums “had an infamous reputation as places where profit was made out of madness and where wealthy people might be shut up to the pecuniary advantage of their relatives” and for this reason two medical certificates were “deemed to be necessary protection against abuse.”⁶⁹ In England and Wales, only one medical certificate was required for nonpauper patients under the 1774 Madhouses Act.⁷⁰ This provision was amended by the 1828 Madhouses Act, whereby “certificates signed by two medical men” were required.⁷¹ It is thus clear that committal legislation in both Ireland and in England and Wales was geared toward the protection of the fee-paying patient.

HUMANE AND JUDICIOUS PRINCIPLES

A second element of the trade in lunacy model is the assumption that the profiteering nature of private asylums opened the system up to an array of abuses; ill-treatment, confinement after cure, poor staffing levels, etc. Indeed, in 1860, the editors of *The Irish Times* launched an attack on private asylums labeling them a “crying evil,” “moral pest-houses,” and desiring that these “engines of ill so monstrous are swept from our land.”⁷² The editors went so far as to express their disbelief that “any person would be so hardhearted as, knowing the nature of these dens, to consign an afflicted relative or friend to such misery and woe.”⁷³ Such grievances echoed those expressed in Britain since the eighteenth century where the care provided in private asylums was challenged by humanitarian reformers as “cruel in nature and inadequate in scale.”⁷⁴ Parry-Jones, however, has argued against this model, highlighting instead the major public service which private asylums provided in the late-eighteenth and nineteenth centuries and attributes the

68. Finnane, *Insanity and the Insane*, 92.

69. *Ibid.*, 92.

70. Parry-Jones, *Trade in Lunacy*, 9–10.

71. *Ibid.*, 17.

72. Anon., “Editorial,” *The Irish Times and Daily Advertiser* 1859–1874, 29 February 1860, 2.

73. *Ibid.*, 2.

74. Peter Bartlett, “The Asylum and the Poor Law: The Productive Alliance,” in *Insanity, Institutions and Society, 1800–1914*, ed. Melling and Forsythe, 48.

longstanding prejudices against the British private asylum system to an over hasty acceptance of sensationalist disclosures.⁷⁵

From the outset, the treatment employed in private asylums in Ireland at least aspired to the humane and judicious principles outlined by the Prison Inspectors.⁷⁶ The recommended regime of care was extremely similar to that employed in the York Retreat in England, wherein the Tukes developed moral therapy.⁷⁷ Indeed, both the annual reports and the private asylums' own advertisements highlighted the adherence to several aspects of moral therapy. In 1846, Farnham House in Finglass, Dublin, advertised the various occupations and amusements available to its inmates, including "a billiard table, springboard and other exercises," "newspapers, periodicals and the use of an extensive Library," and "music, cheerful society and interesting amusements" which "occupy the evening."⁷⁸ On the subject of bodily restraint, Cittadella in Blackrock, County Cork, was quick to stress the "total absence," combined with the "uniform kindness and liberality of treatment" employed therein, to which it attributed its "unusually large proportion of cures."⁷⁹ Indeed, heavy emphasis was placed on the disuse of mechanical restraint by the Lunacy Inspectorate throughout the period 1820–60, as they attempted to track the incidence of use of restraint in all private asylums. This tendency is illustrated in Table 6, which was taken from the 1846 Annual Report. However, this does not necessarily confirm the nonexistence of abuses within the private asylum system.

One such abuse which is inextricably bound up with the trade in lunacy model is the detention of inmates long after cure for profit. Table 7 demonstrates the percentage of patients cured or improved, and discharged from private and district asylums, taking 1846 and 1860 as sample years. Counter to the trade in lunacy model, it emerges that in both years, private asylum patients were actually

75. Parry-Jones, *Trade in Lunacy*, 282.

76. House of Commons, "First Report of the Inspectors General on the State of Prisons of Ireland, 1823," 299.

77. See Anne Digby, "Moral Treatment at the Retreat 1796–1846," in *The Anatomy of Madness: Essays in The History of Psychiatry Vol. II: Institutions and Society*, ed. W. F. Bynum, Roy Porter, and Michael Shepherd (London and New York: Tavistock, 1983), 52–72; Akihito Suzuki, "The Politics and Ideology of Non-Restraint: The Case of the Hanwell Asylum," *Med. Hist.*, 1995, 39, 1–17.

78. Croly, *Medical Directory for Ireland*, 1846.

79. *Medical Directory for Ireland*, 1858.

TABLE 6

Means of Restraint for Refractory Patients in Private Asylums in 1846

<i>Name of asylum</i>	<i>Restraint employed</i>	<i>Under restraint at present</i>
Armagh Retreat	Arm and ankle straps	None
Cittadella	Leather gloves	None
Lindville	Straight waistcoat, arm straps, muffs	None
Bellevue	Muffs	2 occasionally, to prevent them tearing their clothes and stripping themselves
Eagle Lodge	Straight vest and muffs	None
Farnham House	Arm straps, straight waistcoats	None
Finglass House	Muffs occasionally	None
Hampstead	Arm straps, muffs, straight vests	None
Hartfield	Confinement to restraint room	None
Lisle	Muffs	None
Bushy Park	Straps	None
Midland Retreat, Woodville	No instrumental restraint	None
Midland Retreat, Anne Brook	No instrumental restraint	None
Check Point House	No restraint	None

Compiled from House of Commons, "Report on District, Local and Private Lunatic Asylums in Ireland, 1846," 84.

more likely to be discharged and/or cured than those in the district system. This disproves the commonly held principle that private establishments, eager to generate profit from their fee-paying inmates, often detained patients long after they were cured.

The quality of staff employed in asylums could also determine the quality of care within the asylum.⁸⁰ As earlier demonstrated, the salaries and working conditions of Irish private asylum attendants

80. See Smith, "Behind Closed Doors."

TABLE 7

Percentage of private patients cured/improved and discharged in 1846 and 1854

	<i>Cured/Improved</i>			<i>Discharged</i>		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
1846 (Private)	15	22.7	18.1	19	28.6	22.9
1846 (District)	13.5	14.7	14	14.9	15.8	15.3
1860 (Private)	16.9	12.3	14.8	20.3	14.7	17.7
1860 (District)	13.3	16	14.7	14.6	17.5	16

Compiled from House of Commons, "Report on District, Local and Private Lunatic Asylums in Ireland," 1846 and 1860.

were competitive. However, these positions held little, if any, professional prestige.⁸¹ Furthermore, in England asylum staff was generally recruited from the lower ranks of society, which could become problematic as class tensions could come into play.⁸² Another issue at stake, in the English context, was that of poor staffing levels, particularly among private asylums.⁸³ However, the average proportion of attendants to patients in Irish private asylums in 1846 was an encouraging one to three, the worst being one to six and the best standing at one to one.⁸⁴ Thus, in the absence of actual asylum records, and at least on the basis of staffing levels, disuse of restraint, and discharge and recovery rates, Irish private asylums upheld a high standard of care.

On what grounds then did the editors of *The Irish Times* cast private asylums in such a negative light? In 1843, the Lunacy Inspectors were able to state "we have seen no abuse, and the inmates in every instance were kindly treated."⁸⁵ By the end of the period 1820–60, there had been a few incidents, usually concerning escapes and suicidal behavior, but such examples were by no means

81. Malcolm, "Ireland's Crowded Madhouses," 331.

82. Smith, "Behind Closed Doors," 326, 302.

83. See *Ibid.*, 314.

84. House of Commons, "Report on District, Local and Private Lunatic Asylums in Ireland, 1846," 438.

85. House of Commons, "Twenty-First Report of the Inspectors General on the State of Prisons of Ireland, 1842," *Sessional Papers, 1843, Prisons of Ireland*, 1843, vol. 27, 94.

out of the ordinary, given that they occurred, after all, in asylums for the insane. Although the editors of *The Irish Times* did complain of the “cruelties often perpetrated in these places,” little evidence was put forward to support this claim. The most prominent case in the press during this period was that of Captain Crosbie, an inmate at Bellevue Asylum in Finglass, Dublin. Crosbie’s Commission in Lunacy received vast newspaper coverage in 1859 for a number of reasons and, in many ways, initiated an extreme public interest in lunacy in the Irish press. Practically abandoned by his family, his brother living in Italy and his wife estranged from him for some months, Crosbie found himself detained in Mr. Gregory’s private asylum in Finglass.⁸⁶ This committal apparently contradicted the wishes of the Jury who were “told and impressed with the idea that there was no intention, nor did it follow as a consequence, that Capt. Crosbie was to be shut up in a mad-house.”⁸⁷ Their reluctance, however, does not appear to be due to any abuses, per se, in the private asylum, but more concerned with the implied deterioration of the patient’s living conditions if incarcerated. Once committed, Crosbie’s solicitor wrote a letter to the editor of *The Irish Times*, reporting his findings upon visiting his insane client: “I found him confined in a small room, about 10 feet square, and about 8 feet high, with one small window and a fireplace. This room contained his bed, one chair, a small table, about two feet square on top, a basin-stand and jug, and an old press, with a small bit of carpet before the fireplace.”⁸⁸ While this description is obviously negative in tone, the word, “small” recurring no less than four times, it is by no means evocative of the usual abuses and maltreatment associated with private asylum care. The solicitor proceeds, in the letter, to illustrate his client’s own views:

To use his own words, he is compelled to herd with madmen. He has no books, pens, or ink allowed him; no sitting-room or place to exercise except in a courtyard some 20 yards square . . . and when he does walk in this yard has to submit to the threats, shouts, obscene language, and annoyances of the unfortunate creatures there assembled.⁸⁹

86. Emor Harte, “Correspondence; in the Matter of G. Crosbie, Found to Be of Unsound Mind,” *The Irish Times and Daily Advertiser* 1859–1874, 12 November 1859, 4.

87. Ibid.

88. Ibid.

89. Ibid.

This depiction certainly contrasts with that put forward by the prominent medical men J. W. Cusack and J. T. Banks in response to the solicitor's letter:

We have inspected the room occupied by Mr. John G. Crosbie, in the Private Asylum of Dr. Gregory, at Finglass and we consider that it is very neat, clean, and most comfortable, and suited for the care of a gentlemen [*sic*] in his present state of health. Large pleasure-grounds are attached to the house. From our knowledge and experience of this Asylum, we can with great satisfaction certify that it is extremely well conducted, and that the patients get a most liberal maintenance, and that they receive excellent medical treatment.⁹⁰

The Lunacy Inspectors also took issue with the suitability of private asylums accommodation to the class of patient within, yet their only qualm was apparently that “neither raiment suitable to their former position in life, nor other domestic niceties” were afforded to the lunatic.⁹¹ It becomes clear that what really is at issue, from both the public and medical perspective, is an alteration in accustomed living conditions. Crosbie, as the patient, complained not of his actual living arrangements, nor the medical care he received, but of the lack of amusements or occupations. He also disliked mixing with other lunatics. His solicitor concluded sardonically, “such, Mr. Editor, are the comforts provided for Captain Crosbie, and for which his estate is to pay Dr. Gregory £100 per annum.”⁹² Thus public concern surrounding private asylums in Ireland did not focus on any abuses within the system. Indeed, it is exceptionally difficult to discern any abuses at all. What was at stake, however, was the “value-for-money” afforded by private asylum accommodation and whether it would, or could, live up to the luxuries to which its higher order of patient had grown accustomed.

90. J. W. Cusack and J. T. Banks, “Article 11—No Title,” *The Irish Times and Daily Advertiser* 1859–1874, 25 November 1859, 2.

91. House of Commons, “The Ninth Report on the District, Criminal, and Private Lunatic Asylums in Ireland, 1859,” *Sessional Papers, 1859 Session 2, Lunatic Asylums*, 1859, vol. 10, 443, 464.

92. Harte, “Correspondence; in the Matter of G. Crosbie,” 4.

THE "LOST" MIDDLE CLASSES

Perhaps the only clear "failing" of Irish private asylums was their primary, if not exclusive, provision for the Irish upper classes. Due to this, there was a large class of insane simply not accommodated within the system. This sector of the population neither qualified for pauper status nor could meet the expense of private asylum fees, and primarily comprised the middle classes. The inspectorate defined this group as "principally belonging to the farming classes" and of "people in trade," and devoted much deliberation to this "extensive class of the community."⁹³ Some provision was made for this group through the partly charitable institutions of the Bloomfield Retreat at Donnybrook and Swift's asylum. The former, which was a Quaker institution, was largely, though not exclusively, intended for members of that religion. Like the York Retreat in England, it remained a small institution relative to national standards; by 1841, the maximum number of patients at the York Retreat had been 108.⁹⁴ In 1854, Bloomfield received only twenty-five patients.⁹⁵ Furthermore, Bloomfield did not appear to cater for the "residual" middle classes in Ireland. In 1845, it was recorded that three patients paid "highly," while seven paupers were admitted.⁹⁶ This had not been the case in 1827, when it was reported that "the patients pay for their support according to their ability; several now inmates not being able to afford more than one third of the actual amount of expense attending their maintenance and care."⁹⁷ Thus the term "pauper," adopted later on, may be misleading, as some middle-class patients must have been admitted, at least early on in the institution's history. The Retreat at Armagh

93. House of Commons, "Report on the District, Local, and Private Lunatic Asylums in Ireland, 1848," *Sessional Papers, 1849, Lunatic Asylums*, 1849, vol. 33, 73; House of Commons, "Sixth Report on the District, Criminal, and Private Lunatic Asylums in Ireland, 1852," 363.

94. Digby, "Moral Treatment at the Retreat," 68.

95. *Ibid.*, 52-72; House of Commons, "Seventh Report on the District, Criminal, and Private Lunatic Asylums in Ireland, 1854," 190.

96. House of Commons, "Report on District, Local, and Private Lunatic Asylums in Ireland, 1848," 65.

97. House of Commons, "Fifth Report of the Inspectors General on the State of the Prisons of Ireland, 1827," *Sessional Papers, 1826-7, Prisons of Ireland*, 13 June 1827, vol. 6, 357.

also appeared to cater for a lower class of patient; from as early as 1831, it was charging between £30 and £50 each annually.⁹⁸

By and large, Swift's asylum became the principal private receptacle for these middle-class patients. In 1845, it was reported that provisions had been made for this institution to receive two classes of paying patient "at a moderate rate," the Lord Chancellor believing that "it was a breach of trust to supply the funds to the support and care of the *rich*."⁹⁹ This moderate rate consisted of a minimum sum of £30, not to exceed £40, presumably per annum, and according to the Inspectorate "by this arrangement, several find relief... who were previously left completely unprovided [*sic*] for."¹⁰⁰ Such arrangements existed in England, but to a much greater extent, in what Leonard D. Smith has termed the "mixed economy of care."¹⁰¹ As early as the eighteenth century in England, provision had been made "for people whose relatives could not afford private care—members of the artisan, trading and lower professional classes" in the form of public subscription hospitals.¹⁰² With the passing of the 1808 Lunacy Act in England, four "joint asylums" were established, through the facilities of both the county and charitable bodies "to cater for paupers, charity patients and private patients."¹⁰³ Aside from this provision, arrangements were also made for the reception of private patients into county asylums, under legislation passed in 1815 and 1819.¹⁰⁴ Such private patients paid fees that were competitive with the private sector and were thus enabled access to the county asylum system.¹⁰⁵

If the middle classes were not accommodated within Irish private asylums, then it is likely that many ended up in the district system through the Dangerous Lunatics Act. Indeed, Finnane argues that this was a common enough trend.¹⁰⁶ He arrives at this conclusion

98. House of Commons, "Ninth Report of the Inspectors General on the State of the Prisons of Ireland, 1831," 301.

99. House of Commons, "Report on District, Local and Private Lunatic Asylums in Ireland, 1845," 423.

100. *Ibid.*, 15. For more on the role of St. Patrick's Hospital, see Malcolm, *Swift's Hospital*.

101. Smith, "The County Asylum in the Mixed Economy of Care," 33.

102. *Ibid.*, 34.

103. *Ibid.*, 43, 35.

104. *Ibid.*, 37.

105. *Ibid.*

106. Finnane, *Insanity and the Insane*, 145.

through an examination of patient occupations stating that they “list small but significant numbers of doctors, clergymen, merchants, clerks and the wives or daughters of similar people,” thus demonstrating an alternative outlet for the middle classes.¹⁰⁷ Interestingly, a survey of the occupational profile of district asylum patients reveals a sector within the system who were far from paupers. Indeed, this sector would seem far better placed among the small numbers of their professional colleagues within the private system.

In his analysis of the tax base for district asylums, Finnane has noted that the key issue regarding committal was a financial one, from the point of view of policy-makers, asylum governors, and particularly the family.¹⁰⁸ As I have argued, the family of a lunatic could limit the financial burden of maintenance in a private asylum through requesting a Commission in Lunacy. However, this was dependant on two factors. First, to qualify for a Commission in Lunacy, the individual would have to have property, or at least a substantial degree of wealth. Secondly, if the accused was not found insane by the Commission, it would presumably be very difficult to convince an asylum proprietor to admit them, particularly if the Commission had received newspaper coverage, as was often the case. However, committal to a district asylum through the Dangerous Lunatics Act was extremely common, less uncertain, and most importantly, free. While the asylum board could attempt to negotiate a maintenance fee for a patient once committed under the Act, they could not enforce it.¹⁰⁹ In this manner, there must have been a large proportion of patients within the district system who could contribute to their maintenance but effectively eluded it through use of this act.

The Lunacy Inspectorate appeared well aware of the limited and inappropriate nature of accommodation for middle-class patients. In 1846, they recommended that paying patients should be received into Irish district asylums.¹¹⁰ They were, however, conscious of the

107. Ibid.

108. Mark Finnane, “Law and the Social Uses of Asylum in Nineteenth-Century Ireland,” in *Asylum in the Community*, ed. John Carrier and Dylan Tomlinson (New York: Routledge, 1996), 96.

109. Ibid., 97.

110. House of Commons, “Report on District, Local and Private Lunatic Asylums in Ireland, 1846,” 366.

criticisms this proposal might meet. While, they surmised, such a provision would create “a distinction in the inmates” which might “perhaps act unfavourably towards the paupers,” they conceded that it was the right of the middle and lower class farmers “to participate in the benefits of institutions, towards the erection and support of which they are assessed.”¹¹¹ That these middle class patients might be better accommodated in a private asylum, at a reduced rate, was apparently never discussed. The Inspectors instead suggested an alternative measure, maintaining that this class of patients would be “more comfortably located” in a public asylum, where the “stipend being small, would go simply to the support of the lunatic, without any derivable profit to a third party.”¹¹²

The appeal for the reception of private patients in public asylums was reiterated for a decade to no avail, save for a few isolated admissions here and there. In 1857, the Inspectors reported, “the more sanguine in these hopes” that “a bequest of many thousand pounds” had been made to a “committee of gentlemen” toward the erection of a new institution “capable of accommodating thirty lunatics.”¹¹³ This institution, christened St. Vincent’s Asylum was opened in the same year and by 1862 it already housed thirty-five inmates.¹¹⁴ The intended fee per patient stood at “an average cost of twenty guineas per head,” or £21, and the asylum would be directed by the committee, “assisted by a religious sisterhood.”¹¹⁵ By 1882, just twenty years later, this number had almost tripled to ninety-three patients residing therein.¹¹⁶ However, such a capacity did little to accommodate the “extensive class of the community”

111. *Ibid.*, 12. For more on the tax base support of the district asylum system, see Finnane, “Law and the Social Uses of Asylum in Nineteenth-Century Ireland.”

112. House of Commons, “Sixth Report on the District, Criminal, and Private Lunatic Asylums in Ireland, 1852,” 363.

113. House of Commons, “Eighth Report on the District, Criminal, and Private Lunatic Asylums in Ireland, 1857,” *Sessional Papers 1857 Session 2, Lunatic Asylums*, 1857, vol. 17, 90.

114. House of Commons, “Twelfth Report on the District, Criminal, and Private Lunatic Asylums in Ireland, 1863,” *Sessional Papers, 1836, Lunatic Asylums*, 1863, vol. 20, 710.

115. House of Commons, “Eighth Report on the District, Criminal, and Private Lunatic Asylums in Ireland, 1857,” 90.

116. House of Commons, “Thirty-Second Report on the District, Criminal, and Private Lunatic Asylums in Ireland, 1882,” *Sessional Papers, 1882, Lunatic Asylums*, 1882, vol. 30, 593.

who could not afford private care.¹¹⁷ Furthermore, St. Vincent's limited its admissions to women only and there was thus no similar provision for middle-class men.

The limited provision for the middle classes also captured the attention of the media. The editors of *The Irish Times* highlighted the difficulties associated with meeting private asylum fees, arguing that "lunacy can be cured if taken in its early stages, but the expense of a Private Lunatic Asylum often prevents that prompt and immediate attention that is required."¹¹⁸ Indeed, less than a year later the press also lamented the plight of the "lost" group of middle-class insane:

These men may be able, or their friends may be willing, to pay £20 or £25 a year for their support. The philanthropic keeper of a Private Asylum will not take them into his paradise for that. If a District Asylum opens its doors to them it *is against the law*. One would think that our legislators imagined insanity to spring only from the pride of wealth or the misery of poverty. They have never thought of making provision for the lunatic of the great class which lies between.¹¹⁹

The editors' proposed solution was the "substitution of institutions under Government management for those conducted by private individuals" that would cater for all classes of patients.¹²⁰

Some members of the medical profession in Ireland were strictly opposed to the operation of a national asylum system. For example, Dr. James Foulis Duncan, who had medical charge of patients at several Dublin district asylums, took pains to highlight the shortcomings of such an ideal both in his treatise and in his letter to *The Irish Times*. In the former, Duncan proclaimed himself against the idea of government-run asylums replacing all private ones.¹²¹ His reasons included that they would not prove an attractive alternative to the public and that it was in the financial interest of the private

117. House of Commons, "Sixth Report on the District, Criminal, and Private Lunatic Asylums in Ireland, 1852," 363.

118. Anonymous, first editorial article, 12 December 1859, 2.

119. Anonymous, second editorial article, *The Irish Times and Daily Advertiser* 1859–1874, 12 June 1860, 2.

120. Anonymous, first untitled article, *The Irish Times and Daily Advertiser* 1859–1874, 14 December 1859, 2.

121. Duncan, *Popular Errors*.

asylum proprietor to effect a “large number of cures . . . in a short time,” thus going against contemporary concerns regarding wrongful confinement.¹²² He furthermore sets the scene for the possible outcomes of having only government-run asylums:

Admitting that the Government were even to do this, the question remains to be asked, will they create several asylums of each grade, and by doing so, leave the parties requiring accommodation the power of selecting between rival institutions, so as to have in some measure the option of disposing their invalid relative where they may think most for his advantage? Or will they, by creating one only of each kind, virtually establish a monopoly which they must necessarily be satisfied with?¹²³

No such government initiative was put in place and by 1860, it was clear that neither they nor the Irish medical profession were willing to satisfy contemporary public appeals for a solution to the problem of the “lost” middle classes.

CONCLUSIONS

This article has demonstrated that during the period 1820–60, the number of both asylums and their patients rose steadily. However, the concurrent but independent rise of the Irish district asylum system meant that private asylums did not cater for the lower classes, as was often the case in Britain. Through analysis of private patients’ social profile I have argued that Irish private asylums provided accommodation almost exclusively for “the higher orders” of society and primarily the upper classes. While there were a small number of farmers, professionals, and tradesmen present, their numbers were not represented in any significant way.

The cost of licensing says much about state policies regarding private asylum care. The system in place automatically discriminated against smaller institutions, while the high tax rates generated more than double the revenue required to fund the lunacy inspectorate. In this manner, private asylum proprietors, and particularly those of smaller establishments, were encouraged to sustain their exorbitant fees. Indeed, the average private asylum fee proved extremely

122. *Ibid.*, 257, 260–61.

123. *Ibid.*, 258.

discriminatory, as the target market consisted exclusively of only a very elite sector of society. Furthermore, it has been shown that both proprietors and asylum staff also benefited from the Irish system, the former from the revenue generated by fees and the latter from competitive salaries. However, the usual associations of a trade in lunacy are not applicable to the Irish context. Legislation was geared toward the protection of private patients while, as far as can be established, the quality of the standard of care was high. Analysis of cure and discharge rates also compare well with those in district asylums. Any complaints which have been identified were concerned with the “value for money” and luxuries afforded by accommodation in the asylum, further highlighting the upper-class ranking of patients.

Finally, the growth and development of the Irish private asylum system would seemingly go hand in hand with the rise in the standard of living in Ireland during the period, as tenant farmers and professionals alike engendered the birth of a Victorian style, middle-class Irishman. Yet, despite these developments, there was no clear initiative, either medical or governmental, to provide adequate accommodation for this large number of, mainly middle-class, insane. Due to this, the middle classes were forced to seek asylum elsewhere. Although, as the century progressed, an increasing number of farmers and professionals were catered for, this did little to accommodate the large number of middle-class madmen left behind by the polarized Irish system. I have suggested that at least a significant proportion of this class utilized the district asylum system. It is also likely that community care may have played a role. However, a good deal more research is required if we are to fully understand the complexities of provision for this class in nineteenth-century Ireland.

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